Complete Drug List (Formulary) 2024

UHC Preferred Complete Care FL-0003 (HMO C-SNP)

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

Toll-free **1-866-231-7201,** TTY **711**
8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

myPreferredCare.com

Preferred Care Partners
A UnitedHealthcare Company

Formulary ID Number 00024005, Version 20
Y0066_070823_162534_C v247.09

Last updated September 1, 2024

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Questions?

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

Toll- free **1-866-231-7201**, TTY **711**
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What is a Drug List?

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

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

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

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

Note to existing members:

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

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

Important message about what you pay for insulin - You will pay a maximum of $3 for each 1-month supply of Part D covered insulin drug through all drug payment stages, except Catastrophic drug payment stage, where you pay $0.

Important message about what you pay for Paxlovid - You will pay $0 for Paxlovid through December 31, 2024, even if you haven’t met your deductible.

How can I find a drug on the Drug List?

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

1. **By name**. Turn to the section "Covered drugs by name **(Drug index)**" on pages 12-30 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 31-100. 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 complete Drug List by visiting our plan website at **myPreferredCare.com**. You can use online tools to look up your drugs. This information is updated on a regular basis.

What are generic drugs?

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

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

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

What is a compounded drug?

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

Drug payment stage and drug tiers

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

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

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

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

* You will pay a maximum of $3 for each 1-month supply of Part D covered insulin drug through all drug payment stages, except Catastrophic drug payment stage, where you pay $0.

In addition, your plan has added coverage of some prescription drugs that are not normally covered under Medicare Part D. Please see the section "Additional covered drugs" on page 137 for a list of these drugs.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the Evidence of Coverage Rider for people who get Extra Help paying for prescription drugs (also called a Low Income Subsidy (LIS) Rider). Please read it to learn about your costs. You can also call Customer Service. Our contact information is on the cover.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the "Coverage rules or limits on use" column of the "Covered drugs by category" chart starting on page 31. 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 to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used 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 cover only a certain amount of this drug for 1 copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

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

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

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

Other special coverage rules

B/D - Medicare Part B or Part D
Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor 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 be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy.

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

7D - 7-day limit
An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy 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, along with the date we last updated the Drug List, is on the cover.

If you find out that your drug is not covered, you can do 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 and ask them to prescribe a covered drug.
2. **Ask the plan to make an exception** and cover your drug. Review the next section for more exception information.

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

Changes that can affect you this year

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions.

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the Drug List, or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change.

  We will notify members at least 30 days before the change becomes effective, or when the member requests a refill of the drug, at which time the member will receive at least a 30-day supply of the drug.

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

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will let you know and take it off the Drug List right away.

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, please call 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 57
Abacavir Sulfate -Lamivudine 57
Abelcet 44
Abilify Maintena 53
Abiraterone Acetate 46
Abrysvo 90
Acamprosate Calcium 33
Acarbose 59
Accutane 71
Acebutolol HCl 64
Acetaminophen -Caffeine -Dihydrocodeine 32
Acetaminophen -Codeine 32
Acetazolamide 66
Acetazolamide ER 66
Acetic Acid 95
Acetylcysteine 98
Acitretin 71
ActHIB 90
Actemra 87
Actemra ACTPen 87
Actimmune 88
Acyclovir 56
Acyclovir Sodium 56
Adacel 90
Adapalene 71
Adefovir Dipivoxil 55
Adempas 97
Advair Diskus 98
Advair HFA 98
Aimovig 45
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Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the "Covered drugs by name **(Drug index)"** on pages 12-30.

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 101-136.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	2	QL ♦
Diclofenac Epolamine (External Patch)	B	4	PA; QL
Diclofenac Potassium (50MG Oral Tablet)	G	2	♦
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	2	♦
Diclofenac Sodium (Oral Tablet Delayed Release)	G	2	♦
Diflunisal (Oral Tablet)	G	3	♦
EC-Naproxen (500MG Oral Tablet Delayed Release)	G	2	♦
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	4	
Etodolac (Oral Capsule)	G	3	♦
Etodolac (Oral Tablet Immediate Release)	G	3	♦
Flurbiprofen (100MG Oral Tablet)	G	2	♦
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	2	♦
Ibuprofen (Oral Suspension)	G	2	♦
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	2	♦
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	2	♦
Ketoprofen (50MG Oral Capsule Immediate Release)	G	3	♦
Meloxicam (Oral Tablet)	G	1	♦
Nabumetone (Oral Tablet)	G	2	♦
Naproxen (Oral Suspension)	G	5	DL
Naproxen (Oral Tablet Immediate Release)	G	2	♦
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	♦
Piroxicam (Oral Capsule)	G	3	♦
Sulindac (Oral Tablet)	G	2	♦
Opioid Analgesics, Long-acting			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Buprenorphine (Transdermal Patch Weekly)	G	4	7D; DL; QL
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	4	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	4	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	3	7D; MME; DL; QL ♦
Methadone HCl (Oral Tablet)	G	3	7D; MME; DL; QL ♦
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	3	7D; MME; DL; QL ♦
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	4	7D; MME; DL; QL
Tramadol HCl (ER Biphasic) (Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL ♦
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL ♦
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	4	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	4	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	2	7D; MME; DL; QL ♦
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	2	7D; MME; DL; QL ♦
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	3	QL ♦
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	3	QL ♦
Butorphanol Tartrate (Nasal Solution)	G	3	7D; MME; DL; QL ♦
Codeine Sulfate (Oral Tablet)	G	4	7D; MME; DL; QL
Endocet (Oral Tablet)	G	3	7D; MME; DL; QL ♦
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	5	PA; DL; QL
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)	G	4	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	3	7D; MME; DL; QL ♦

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL ♦
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	3	7D; MME; DL; QL ♦
Hydromorphone HCl (1MG/ML Oral Liquid)	G	4	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL ♦
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	4	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	3	7D; MME; DL; QL ♦
Morphine Sulfate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	3	7D; MME; DL; QL ♦
Morphine Sulfate (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL ♦
Oxycodone HCl (Oral Concentrate)	G	4	7D; MME; DL; QL
Oxycodone HCl (Oral Solution)	G	4	7D; MME; DL; QL
Oxycodone HCl (Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL ♦
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL ♦
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL ♦
Tramadol-Acetaminophen (Oral Tablet)	G	2	7D; MME; DL; QL ♦
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	3	QL ♦
Lidocaine (5% External Patch)	G	4	PA; QL
Lidocaine HCl (4% External Solution)	G	4	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	♦
Lidocaine-Prilocaine (External Cream)	G	3	♦
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	4	
Disulfiram (Oral Tablet)	G	3	♦
Naltrexone HCl (Oral Tablet)	G	3	♦
Vivitrol (Intramuscular Suspension Reconstituted)	B	5	DL
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	2	QL ♦
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	4	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	2	QL ♦
Suboxone (Sublingual Film)	B	4	QL
Opioid Reversal Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Naloxone HCl (0.4MG/ML Injection Solution)	G	2	♦
Naloxone HCl (Injection Solution Cartridge)	G	2	♦
Naloxone HCl (2MG/2ML Injection Solution Prefilled Syringe)	G	2	♦
Naloxone HCl (Nasal Liquid)	G	3	♦
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	2	♦
Nicotrol (Inhalation Inhaler)	B	4	
Nicotrol NS (Nasal Solution)	B	4	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	3	♦
Varenicline Tartrate (Oral Tablet)	G	3	♦
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	4	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	4	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	4	
Neomycin Sulfate (Oral Tablet)	G	2	♦
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	5	DL
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	4	
Antibacterials, Other			
Aztreonam (Injection Solution Reconstituted)	G	4	
Clindamycin HCl (Oral Capsule)	G	2	♦
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	4	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	4	
Clindamycin Phosphate (900MG/6ML Injection Solution)	G	4	
Clindamycin Phosphate (Vaginal Cream)	G	3	♦
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	5	DL
Daptomycin (Intravenous Solution Reconstituted)	G	5	DL
Linezolid (Intravenous Solution)	G	4	
Linezolid (Oral Suspension Reconstituted)	G	5	DL; QL
Linezolid (Oral Tablet)	G	4	QL
Methenamine Hippurate (Oral Tablet)	G	3	♦

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Metronidazole (0.75% External Cream)	G	3	♦
Metronidazole (0.75% External Gel)	G	3	♦
Metronidazole (1% External Gel)	G	4	
Metronidazole (0.75% External Lotion)	G	4	
Metronidazole (500MG/100ML Intravenous Solution)	G	4	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	2	♦
Metronidazole (0.75% Vaginal Gel)	G	3	♦
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin)	G	3	♦
Nitrofurantoin Monohydrate (Generic Macrobid)	G	3	♦
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	4	
Tigecycline (Intravenous Solution Reconstituted)	G	5	DL
Tinidazole (Oral Tablet)	G	4	
Trimethoprim (Oral Tablet)	G	2	♦
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	4	
Vancomycin HCl (Oral Capsule)	G	4	QL
Xifaxan (200MG Oral Tablet)	B	4	PA
Xifaxan (550MG Oral Tablet)	B	5	PA; DL
Beta-lactam, Cephalosporins			
Cefaclor (Oral Capsule)	G	3	♦
Cefadroxil (Oral Capsule)	G	2	♦
Cefadroxil (Oral Suspension Reconstituted)	G	2	♦
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	
Cefdinir (Oral Capsule)	G	3	♦
Cefdinir (Oral Suspension Reconstituted)	G	3	♦
Cefepime HCl (Injection Solution Reconstituted)	G	4	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	4	
Cefixime (Oral Capsule)	G	3	♦
Cefixime (Oral Suspension Reconstituted)	G	4	
Cefotetan Disodium (Injection Solution Reconstituted)	G	4	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	4	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	4	
Cefpodoxime Proxetil (Oral Tablet)	G	4	
Cefprozil (Oral Suspension Reconstituted)	G	3	♦
Cefprozil (Oral Tablet)	G	3	♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ceftazidime (Injection Solution Reconstituted)	G	4	
Ceftazidime (Intravenous Solution Reconstituted)	G	4	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Cefuroxime Axetil (Oral Tablet)	G	2	♦
Cefuroxime Sodium (Injection Solution Reconstituted)	G	4	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	4	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	2	♦
Cephalexin (750MG Oral Capsule)	G	3	♦
Cephalexin (Oral Suspension Reconstituted)	G	2	♦
Tazicef (Injection Solution Reconstituted)	G	4	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	4	
Teflaro (Intravenous Solution Reconstituted)	B	5	DL
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	♦
Amoxicillin (Oral Suspension Reconstituted)	G	1	♦
Amoxicillin (Oral Tablet Immediate Release)	G	1	♦
Amoxicillin (Oral Tablet Chewable)	G	1	♦
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	4	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	2	♦
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	2	♦
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	2	♦
Ampicillin (Oral Capsule)	G	2	♦
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	4	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	4	

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	4	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	4	
Bicillin C-R (Intramuscular Suspension)	B	4	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	4	
Dicloxacillin Sodium (Oral Capsule)	G	2	♦
Nafcillin Sodium (Injection Solution Reconstituted)	G	4	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Oxacillin Sodium in Dextrose (Intravenous Solution)	B	4	
Oxacillin Sodium (Injection Solution Reconstituted)	G	4	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	4	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	4	
Penicillin G Sodium (Injection Solution Reconstituted)	G	4	
Penicillin V Potassium (Oral Solution Reconstituted)	G	2	♦
Penicillin V Potassium (Oral Tablet)	G	2	♦
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	4	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	4	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	4	
Meropenem (1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted)	G	4	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	4	
Azithromycin (Oral Suspension Reconstituted)	G	1	♦
Azithromycin (Oral Tablet)	G	1	♦
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	4	
Clarithromycin (Oral Suspension Reconstituted)	G	4	
Clarithromycin (Oral Tablet Immediate Release)	G	3	♦
Dificid (Oral Suspension Reconstituted)	B	5	DL
Dificid (Oral Tablet)	B	5	DL
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	B	4	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Erythromycin Base (Oral Tablet Immediate Release)	G	4	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	4	
Erythromycin Ethylsuccinate (Oral Tablet)	G	4	
Erythromycin (Oral Tablet Delayed Release)	G	4	
Quinolones			
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	2	♦
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	4	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	4	
Levofloxacin (Oral Solution)	G	4	
Levofloxacin (Oral Tablet)	G	1	♦
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	4	
Moxifloxacin HCl (Oral Tablet)	G	3	♦
Ofloxacin (Oral Tablet)	G	3	♦
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	4	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	3	♦
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	2	♦
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	4	
Doxy 100 (Intravenous Solution Reconstituted)	G	4	
Doxycycline Hyclate (Oral Capsule)	G	3	♦
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	3	♦
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	3	♦
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	4	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	3	♦
Minocycline HCl (Oral Capsule)	G	2	♦
Minocycline HCl (Oral Tablet Immediate Release)	G	4	
Tetracycline HCl (Oral Capsule)	G	4	
Anticonvulsants			

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	5	PA; DL; QL
BRIVIACT (Oral Tablet)	B	5	PA; DL; QL
Epidiolex (Oral Solution)	B	5	PA; DL
Eprontia (Oral Solution)	B	4	
Felbamate (Oral Suspension)	G	4	
Felbamate (Oral Tablet)	G	4	
Fintepla (Oral Solution)	B	5	PA; DL; QL
Fycompa (Oral Suspension)	B	5	DL; QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	5	DL; QL
Fycompa (2MG Oral Tablet)	B	4	QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	2	♦
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	3	♦
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	3	♦
Levetiracetam (100MG/ML Oral Solution)	G	2	♦
Levetiracetam (Oral Tablet Immediate Release)	G	2	♦
Roweepra (Oral Tablet Immediate Release)	G	2	♦
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	4	
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	2	♦
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	♦
Topiramate (Oral Tablet)	G	1	♦
Valproic Acid (Oral Capsule)	G	2	♦
Valproic Acid (Oral Solution)	G	2	♦
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	B	5	PA; DL; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Calcium Channel Modifying Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ethosuximide (Oral Capsule)	G	3	♦
Ethosuximide (Oral Solution)	G	3	♦
Methsuximide (Oral Capsule)	G	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (Oral Suspension)	G	4	PA; QL
Clobazam (Oral Tablet)	G	4	PA; QL
Diacomit (Oral Capsule)	B	5	DL; QL
Diacomit (Oral Packet)	B	5	DL; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	4	QL
Gabapentin (Oral Capsule)	G	2	♦
Gabapentin (250MG/5ML Oral Solution)	G	3	♦
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	2	♦
Libervant (Buccal Film)	B	5	PA; DL; QL
Nayzilam (Nasal Solution)	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	2	♦
Phenobarbital (Oral Tablet)	G	2	♦
Primidone (Oral Tablet)	G	2	♦
Sympazan (Oral Film)	B	5	PA; DL; QL
Tiagabine HCl (Oral Tablet)	G	4	
Valtoco 10MG Dose (Nasal Liquid)	B	5	PA; DL; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	5	PA; DL; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	5	PA; DL; QL
Valtoco 5MG Dose (Nasal Liquid)	B	5	PA; DL; QL
Vigabatrin (Oral Packet)	G	5	PA; DL; QL
Vigabatrin (Oral Tablet)	G	5	PA; DL; QL
Vigadrone (Oral Packet)	G	5	PA; DL; QL
Vigadrone (Oral Tablet)	G	5	PA; DL; QL
Vigpoder (Oral Packet)	G	5	PA; DL; QL
Ztalmy (Oral Suspension)	B	5	PA; DL
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	5	DL; QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	3	♦
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	3	♦

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carbamazepine (Oral Suspension)	G	3	♦
Carbamazepine (Oral Tablet Immediate Release)	G	3	♦
Carbamazepine (Oral Tablet Chewable)	G	3	♦
Dilantin INFATABS (Oral Tablet Chewable)	B	3	♦
Dilantin (Oral Capsule)	B	3	♦
Epitol (Oral Tablet)	G	3	♦
Lacosamide (10MG/ML Oral Solution)	G	4	QL
Lacosamide (Oral Tablet)	G	4	QL
Oxcarbazepine (Oral Suspension)	G	4	
Oxcarbazepine (Oral Tablet)	G	3	♦
Phenytek (Oral Capsule)	G	2	♦
Phenytoin (Oral Suspension)	G	2	♦
Phenytoin (Oral Tablet Chewable)	G	2	♦
Phenytoin Sodium Extended (Oral Capsule)	G	2	♦
Rufinamide (Oral Suspension)	G	5	DL
Rufinamide (200MG Oral Tablet)	G	4	
Rufinamide (400MG Oral Tablet)	G	5	DL
Zonisade (Oral Suspension)	B	4	ST
Zonisamide (Oral Capsule)	G	2	♦
Antidementia Agents			
Antidementia Agents, Other			
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	3	PA; QL ♦
Namzaric (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL ♦
Cholinesterase Inhibitors			
Donepezil HCl (Oral Tablet)	G	1	QL ♦
Donepezil HCl ODT (Oral Tablet Dispersible)	G	2	QL ♦
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Galantamine Hydrobromide (Oral Solution)	G	4	QL
Galantamine Hydrobromide (Oral Tablet)	G	4	QL
Rivastigmine Tartrate (Oral Capsule)	G	3	QL ♦
Rivastigmine (Transdermal Patch 24 Hour)	G	4	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	PA; QL ♦
Memantine HCl (Oral Solution)	G	4	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	PA; QL ♦
Memantine HCl Titration Pak (Oral Tablet)	G	3	PA; QL ♦
Antidepressants			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antidepressants, Other			
Auvelity (Oral Tablet Extended Release)	B	5	DL
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	2	♦
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	2	♦
Bupropion HCl (Oral Tablet Immediate Release)	G	2	♦
Mirtazapine (Oral Tablet)	G	2	♦
Mirtazapine ODT (Oral Tablet Dispersible)	G	2	♦
Zurzuvae (Oral Capsule)	B	5	PA; DL; QL
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	5	DL; QL
Marplan (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	3	♦
Tranylcypromine Sulfate (Oral Tablet)	G	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (Oral Capsule)	B	4	
Citalopram Hydrobromide (Oral Solution)	G	3	♦
Citalopram Hydrobromide (Oral Tablet)	G	1	♦
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	3	QL ♦
Escitalopram Oxalate (Oral Solution)	G	2	♦
Escitalopram Oxalate (Oral Tablet)	G	1	♦
Fetzima (Oral Capsule Extended Release 24 Hour)	B	4	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	4	ST; QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	♦
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	4	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	2	♦
Fluvoxamine Maleate (Oral Tablet)	G	3	♦
Nefazodone HCl (Oral Tablet)	G	4	
Paroxetine HCl (Oral Suspension)	G	4	
Paroxetine HCl (Oral Tablet Immediate Release)	G	2	♦
Sertraline HCl (Oral Concentrate)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sertraline HCl (Oral Tablet)	G	1	♦
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	1	♦
Trazodone HCl (300MG Oral Tablet)	G	2	♦
Trintellix (Oral Tablet)	B	4	QL
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	4	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	2	♦
Venlafaxine HCl (Oral Tablet Immediate Release)	G	3	♦
Viibryd (Oral Tablet)	B	4	QL
Vilazodone HCl (Oral Tablet)	G	4	QL
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	4	
Amoxapine (Oral Tablet)	G	3	♦
Clomipramine HCl (Oral Capsule)	G	4	
Desipramine HCl (Oral Tablet)	G	3	♦
Doxepin HCl (Oral Capsule)	G	3	♦
Doxepin HCl (Oral Concentrate)	G	3	♦
Imipramine HCl (Oral Tablet)	G	4	
Imipramine Pamoate (Oral Capsule)	G	4	
Nortriptyline HCl (Oral Capsule)	G	2	♦
Nortriptyline HCl (Oral Solution)	G	2	♦
Protriptyline HCl (Oral Tablet)	G	4	
Trimipramine Maleate (Oral Capsule)	G	4	
Antiemetics			
Antiemetics, Other			
Compro (Rectal Suppository)	G	4	
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	2	♦
Metoclopramide HCl (5MG/5ML Oral Solution)	G	2	♦
Metoclopramide HCl (Oral Tablet)	G	1	♦
Perphenazine (Oral Tablet)	G	4	
Prochlorperazine Maleate (Oral Tablet)	G	2	♦
Prochlorperazine (Rectal Suppository)	G	4	
Promethazine HCl (Oral Solution)	G	3	♦
Promethazine HCl (Oral Tablet)	G	3	♦
Promethazine HCl (Rectal Suppository)	G	4	QL
Promethegan (25MG Rectal Suppository)	G	4	QL
Scopolamine (Transdermal Patch 72 Hour)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Emetogenic Therapy Adjuncts			
Anzemet (Oral Tablet)	B	4	B/D,PA; QL
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	4	PA; QL
Dronabinol (Oral Capsule)	G	4	PA
Granisetron HCl (Oral Tablet)	G	4	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	4	B/D,PA; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	2	B/D,PA; QL ♦
Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible)	G	2	B/D,PA; QL ♦
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	4	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	5	B/D,PA; DL
Clotrimazole (Mouth/Throat Troche)	G	2	♦
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	4	
Fluconazole (Oral Suspension Reconstituted)	G	2	♦
Fluconazole (Oral Tablet)	G	2	♦
Flucytosine (Oral Capsule)	G	5	DL
Griseofulvin Microsize (Oral Suspension)	G	4	
Griseofulvin Microsize (Oral Tablet)	G	4	
Griseofulvin Ultramicrosize (Oral Tablet)	G	4	
Itraconazole (Oral Capsule)	G	4	PA; QL
Ketoconazole (Oral Tablet)	G	2	♦
Micafungin Sodium (Intravenous Solution Reconstituted)	G	4	
Miconazole 3 (Vaginal Suppository)	G	3	♦
Noxafil (Oral Suspension)	B	5	DL; QL
Nystatin (Mouth/Throat Suspension)	G	2	♦
Nystatin (Oral Tablet)	G	2	♦
Posaconazole (Oral Suspension)	G	5	DL; QL
Posaconazole (Oral Tablet Delayed Release)	G	5	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	2	QL ♦
Terconazole (Vaginal Cream)	G	3	♦
Terconazole (Vaginal Suppository)	G	3	♦

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Voriconazole (Intravenous Solution Reconstituted)	G	5	PA; DL
Voriconazole (Oral Suspension Reconstituted)	G	5	DL; QL
Voriconazole (Oral Tablet)	G	4	QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	♦
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	3	QL ♦
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	3	QL ♦
Colchicine-Probenecid (Oral Tablet)	G	3	♦
Febuxostat (Oral Tablet)	G	3	ST ♦
Probenecid (Oral Tablet)	G	3	♦
Antimigraine Agents			
Acute			
Naratriptan HCl (Oral Tablet)	G	3	QL ♦
Nurtec ODT (Oral Tablet Dispersible)	B	5	PA; DL; QL
Rizatriptan Benzoate (Oral Tablet)	G	3	QL ♦
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	3	QL ♦
Sumatriptan (Nasal Solution)	G	4	QL
Sumatriptan Succinate (Oral Tablet)	G	2	QL ♦
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	4	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	4	QL
Ubrelvy (Oral Tablet)	B	5	PA; DL; QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	5	PA; DL; QL
Ergotamine-Caffeine (Oral Tablet)	G	3	♦
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Qulipta (Oral Tablet)	B	5	PA; DL; QL
Timolol Maleate (Oral Tablet)	G	3	♦
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	3	♦
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	3	♦
Rifabutin (Oral Capsule)	G	4	
Antituberculars			
Cycloserine (Oral Capsule)	G	4	
Ethambutol HCl (Oral Tablet)	G	3	♦
Isoniazid (Oral Syrup)	G	4	
Isoniazid (Oral Tablet)	G	2	♦
Priftin (Oral Tablet)	B	4	
Pyrazinamide (Oral Tablet)	G	4	
Rifampin (Intravenous Solution Reconstituted)	G	4	
Rifampin (Oral Capsule)	G	3	♦
Sirturo (Oral Tablet)	B	5	PA; DL
Trecator (Oral Tablet)	B	4	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	3	B/D,PA ♦
Cyclophosphamide (Oral Tablet)	B	3	B/D,PA ♦
Gleostine (100MG Oral Capsule)	B	5	DL
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	4	
Leukeran (Oral Tablet)	B	5	DL
Matulane (Oral Capsule)	B	5	DL
Valchlor (External Gel)	B	5	PA; DL; QL
Antiandrogens			
Abiraterone Acetate (250MG Oral Tablet)	G	4	PA; QL
Abiraterone Acetate (500MG Oral Tablet)	G	5	PA; DL; QL
Bicalutamide (Oral Tablet)	G	2	♦
Erleada (Oral Tablet)	B	5	PA; DL; QL
Nilutamide (Oral Tablet)	G	5	DL
Nubeqa (Oral Tablet)	B	5	PA; DL; QL
Xtandi (Oral Capsule)	B	5	PA; DL; QL
Xtandi (Oral Tablet)	B	5	PA; DL; QL
Antiangiogenic Agents			

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fotivda (Oral Capsule)	B	5	PA; DL; QL
Lenalidomide (Oral Capsule)	G	5	PA; DL; QL
Pomalyst (Oral Capsule)	B	5	PA; DL; QL
Qinlock (Oral Tablet)	B	5	PA; DL; QL
Revlimid (Oral Capsule)	B	5	PA; DL; QL
Tabrecta (Oral Tablet)	B	5	PA; DL; QL
Thalomid (Oral Capsule)	B	5	PA; DL; QL
Antiestrogens/Modifiers			
Orserdu (Oral Tablet)	B	5	PA; DL; QL
Soltamox (Oral Solution)	B	5	DL
Tamoxifen Citrate (Oral Tablet)	G	2	♦
Toremifene Citrate (Oral Tablet)	G	5	DL
Antimetabolites			
Droxia (Oral Capsule)	B	4	
Hydroxyurea (Oral Capsule)	G	2	♦
Mercaptopurine (Oral Tablet)	G	3	♦
Onureg (Oral Tablet)	B	5	PA; DL; QL
Purixan (Oral Suspension)	B	5	PA; DL
Tabloid (Oral Tablet)	B	5	PA; DL
Antineoplastics, Other			
Akeega (Oral Tablet)	B	5	PA; DL; QL
IDHIFA (Oral Tablet)	B	5	PA; DL; QL
Iwilfin (Oral Tablet)	B	5	PA; DL; QL
Krazati (Oral Tablet)	B	5	PA; DL; QL
Lonsurf (Oral Tablet)	B	5	PA; DL; QL
Lumakras (Oral Tablet)	B	5	PA; DL; QL
Ninlaro (Oral Capsule)	B	5	PA; DL; QL
Ogsiveo (Oral Tablet)	B	5	PA; DL; QL
Pemazyre (Oral Tablet)	B	5	PA; DL; QL
Retevmo (Oral Capsule)	B	5	PA; DL; QL
Tazverik (Oral Tablet)	B	5	PA; DL; QL
Tukysa (Oral Tablet)	B	5	PA; DL; QL
Vonjo (Oral Capsule)	B	5	PA; DL; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Zolinza (Oral Capsule)	B	5	PA; DL
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	♦
Exemestane (Oral Tablet)	G	4	
Letrozole (Oral Tablet)	G	2	♦
Molecular Target Inhibitors			
Alecensa (Oral Capsule)	B	5	PA; DL; QL
Alunbrig (Oral Tablet)	B	5	PA; DL; QL
Alunbrig (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Augtyro (Oral Capsule)	B	5	PA; DL; QL
Ayvakit (Oral Tablet)	B	5	PA; DL; QL
Balversa (Oral Tablet)	B	5	PA; DL; QL
Bosulif (Oral Capsule)	B	5	PA; DL; QL
Bosulif (Oral Tablet)	B	5	PA; DL; QL
Braftovi (Oral Capsule)	B	5	PA; DL
Brukinsa (Oral Capsule)	B	5	PA; DL; QL
Cabometyx (Oral Tablet)	B	5	PA; DL; QL
Calquence (100MG Oral Capsule)	B	5	PA; DL; QL
Calquence (Oral Tablet)	B	5	PA; DL; QL
Caprelsa (Oral Tablet)	B	5	PA; DL
Cometriq (100MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Cometriq (60MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Copiktra (Oral Capsule)	B	5	PA; DL; QL
Cotellic (Oral Tablet)	B	5	PA; DL; QL
Daurismo (Oral Tablet)	B	5	PA; DL; QL
Erivedge (Oral Capsule)	B	5	PA; DL
Erlotinib HCl (Oral Tablet)	G	5	PA; DL; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	5	PA; DL
Everolimus (Oral Tablet Soluble)	G	5	PA; DL
Fruzaqla (Oral Capsule)	B	5	PA; DL; QL
Gavreto (Oral Capsule)	B	5	PA; DL; QL
Gefitinib (Oral Tablet)	G	5	PA; DL; QL
Gilotrif (Oral Tablet)	B	5	PA; DL
Ibrance (Oral Capsule)	B	5	PA; DL; QL
Ibrance (Oral Tablet)	B	5	PA; DL; QL
Iclusig (Oral Tablet)	B	5	PA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	3	PA; QL ♦
Imbruvica (Oral Capsule)	B	5	PA; DL; QL
Imbruvica (Oral Suspension)	B	5	PA; DL; QL
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	5	PA; DL; QL
Inlyta (Oral Tablet)	B	5	PA; DL; QL
Inqovi (Oral Tablet)	B	5	PA; DL; QL
Inrebic (Oral Capsule)	B	5	PA; DL; QL
Jakafi (Oral Tablet)	B	5	PA; DL; QL
Jaypirca (Oral Tablet)	B	5	PA; DL; QL
Kisqali (200MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali (400MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali (600MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali Femara (200MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Kisqali Femara (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Koselugo (Oral Capsule)	B	5	PA; DL; QL
Lapatinib Ditosylate (Oral Tablet)	G	5	PA; DL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lorbrena (Oral Tablet)	B	5	PA; DL; QL
Lynparza (Oral Tablet)	B	5	PA; DL; QL
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Mekinist (Oral Solution Reconstituted)	B	5	PA; DL
Mekinist (Oral Tablet)	B	5	PA; DL
Mektovi (Oral Tablet)	B	5	PA; DL
Nerlynx (Oral Tablet)	B	5	PA; DL; QL
Odomzo (Oral Capsule)	B	5	PA; DL
Ojemda (Oral Suspension Reconstituted)	B	5	PA; DL; QL
Ojemda (Oral Tablet)	B	5	PA; DL; QL
Ojjaara (Oral Tablet)	B	5	PA; DL; QL
Pazopanib HCl (Oral Tablet)	G	5	PA; DL; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Rezlidhia (Oral Capsule)	B	5	PA; DL; QL
Rozlytrek (Oral Capsule)	B	5	PA; DL; QL
Rozlytrek (Oral Packet)	B	5	PA; DL; QL
Rubraca (Oral Tablet)	B	5	PA; DL; QL
Rydapt (Oral Capsule)	B	5	PA; DL; QL
Scemblix (Oral Tablet)	B	5	PA; DL; QL
Sorafenib Tosylate (Oral Tablet)	G	5	PA; DL
Sprycel (Oral Tablet)	B	5	PA; DL; QL
Stivarga (Oral Tablet)	B	5	PA; DL; QL
Sunitinib Malate (Oral Capsule)	G	5	PA; DL; QL
Tafinlar (Oral Capsule)	B	5	PA; DL
Tafinlar (Oral Tablet Soluble)	B	5	PA; DL
Tagrisso (Oral Tablet)	B	5	PA; DL; QL
Talzenna (Oral Capsule)	B	5	PA; DL; QL
Tasigna (Oral Capsule)	B	5	PA; DL; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tepmetko (Oral Tablet)	B	5	PA; DL; QL
Tibsovo (Oral Tablet)	B	5	PA; DL; QL
Truqap (Oral Tablet)	B	5	PA; DL; QL
Turalio (125MG Oral Capsule)	B	5	PA; DL; QL
Vanflyta (Oral Tablet)	B	5	PA; DL; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	5	PA; DL; QL
Venclexta (10MG Oral Tablet)	B	3	PA; QL ♦
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Verzenio (Oral Tablet)	B	5	PA; DL; QL
Vitrakvi (Oral Capsule)	B	5	PA; DL; QL
Vitrakvi (Oral Solution)	B	5	PA; DL; QL
Vizimpro (Oral Tablet)	B	5	PA; DL; QL
Votrient (Oral Tablet)	B	5	PA; DL; QL
Welireg (Oral Tablet)	B	5	PA; DL; QL
Xalkori (Oral Capsule)	B	5	PA; DL
Xalkori (Oral Capsule Sprinkle)	B	5	PA; DL
Xospata (Oral Tablet)	B	5	PA; DL; QL
Zejula (Oral Tablet)	B	5	PA; DL; QL
Zelboraf (Oral Tablet)	B	5	PA; DL
Zydelig (Oral Tablet)	B	5	PA; DL; QL
Zykadia (Oral Tablet)	B	5	PA; DL; QL
Retinoids			
Bexarotene (External Gel)	G	5	PA; DL; QL
Bexarotene (Oral Capsule)	G	5	PA; DL
Panretin (External Gel)	B	5	PA; DL
Tretinoin (Oral Capsule)	G	5	DL
Treatment Adjuncts			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	G	3	♦
Leucovorin Calcium (25MG Oral Tablet)	G	4	
Mesnex (Oral Tablet)	B	4	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	4	QL
Ivermectin (Oral Tablet)	G	3	PA ♦
Praziquantel (Oral Tablet)	G	4	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	5	DL; QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	3	♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Benznidazole (Oral Tablet)	B	4	
Chloroquine Phosphate (Oral Tablet)	G	4	QL
Coartem (Oral Tablet)	B	4	
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	2	QL ♦
Impavido (Oral Capsule)	B	5	DL
Mefloquine HCl (Oral Tablet)	G	2	♦
Nitazoxanide (Oral Tablet)	G	5	DL; QL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	4	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	4	
Primaquine Phosphate (Oral Tablet)	G	4	
Pyrimethamine (Oral Tablet)	G	5	DL
Quinine Sulfate (Oral Capsule)	G	4	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	2	♦
Trihexyphenidyl HCl (Oral Solution)	G	2	♦
Trihexyphenidyl HCl (Oral Tablet)	G	2	♦
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	3	♦
Amantadine HCl (Oral Solution)	G	2	♦
Amantadine HCl (Oral Tablet)	G	3	♦
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	4	
Entacapone (Oral Tablet)	G	4	
Dopamine Agonists			
Bromocriptine Mesylate (Oral Capsule)	G	3	♦
Bromocriptine Mesylate (Oral Tablet)	G	3	♦
Neupro (Transdermal Patch 24 Hour)	B	4	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	2	♦
Ropinirole HCl (Oral Tablet Immediate Release)	G	2	♦
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	4	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	♦
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	♦

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	2	♦
Inbrija (Inhalation Capsule)	B	5	PA; DL
Rytary (Oral Capsule Extended Release)	B	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	4	
Selegiline HCl (Oral Capsule)	G	3	♦
Selegiline HCl (Oral Tablet)	G	3	♦
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	4	
Chlorpromazine HCl (Oral Tablet)	G	4	
Fluphenazine Decanoate (Injection Solution)	G	4	
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	4	
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	3	♦
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	4	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	♦
Haloperidol Decanoate (Intramuscular Solution)	G	4	
Haloperidol Lactate (Injection Solution)	G	4	
Haloperidol Lactate (2MG/ML Oral Concentrate)	G	2	♦
Haloperidol (Oral Tablet)	G	2	♦
Loxapine Succinate (Oral Capsule)	G	2	♦
Molindone HCl (Oral Tablet)	G	4	
Pimozide (Oral Tablet)	G	4	
Thioridazine HCl (Oral Tablet)	G	3	♦
Thiothixene (Oral Capsule)	G	3	♦
Trifluoperazine HCl (Oral Tablet)	G	3	♦
2nd Generation/Atypical			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	5	DL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	5	DL
Aripiprazole (1MG/ML Oral Solution)	G	4	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	3	QL ♦
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	5	DL; QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	5	DL
Aristada (Intramuscular Prefilled Syringe)	B	5	DL
Asenapine Maleate (Tablet Sublingual)	G	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Caplyta (Oral Capsule)	B	5	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	5	ST; DL; QL
Fanapt Titration Pack (Oral Tablet)	B	4	ST; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	5	DL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	5	DL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	4	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	5	DL
Lurasidone HCl (Oral Tablet)	G	3	QL ♦
Lybalvi (Oral Tablet)	B	5	ST; DL; QL
Nuplazid (Oral Capsule)	B	5	PA; DL; QL
Nuplazid (Oral Tablet)	B	5	PA; DL; QL
Olanzapine (Intramuscular Solution Reconstituted)	G	4	
Olanzapine (Oral Tablet)	G	2	QL ♦
Olanzapine ODT (Oral Tablet Dispersible)	G	4	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Perseris (Subcutaneous Prefilled Syringe)	B	5	DL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	3	QL ♦
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	2	QL ♦
Rexulti (Oral Tablet)	B	5	DL; QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	4	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	5	DL
Risperidone Microspheres ER (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER)	G	4	

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risperidone Microspheres ER (50MG Intramuscular Suspension Reconstituted ER)	G	5	DL
Risperidone (Oral Solution)	G	4	
Risperidone (Oral Tablet)	G	2	♦
Risperidone ODT (Oral Tablet Dispersible)	G	4	
Secuado (Transdermal Patch 24 Hour)	B	5	ST; DL; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	5	DL; QL
Ziprasidone HCl (Oral Capsule)	G	3	QL ♦
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	4	
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	5	DL
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	3	♦
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	4	QL
Versacloz (Oral Suspension)	B	5	DL
Antispasticity Agents			
Antispasticity Agents			
Baclofen (10MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet)	G	2	♦
Dantrolene Sodium (Oral Capsule)	G	4	
Tizanidine HCl (Oral Tablet)	G	2	♦
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	5	PA; DL; QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	5	DL; QL
Valganciclovir HCl (Oral Tablet)	G	3	QL ♦
Zirgan (Ophthalmic Gel)	B	4	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	4	
Baraclude (Oral Solution)	B	4	
Entecavir (Oral Tablet)	G	4	
Lamivudine (100MG Oral Tablet)	G	3	♦
Vemlidy (Oral Tablet)	B	5	DL; QL
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Epclusa (Oral Tablet)	B	5	PA; DL; QL
Mavyret (Oral Packet)	B	5	PA; DL; QL
Mavyret (Oral Tablet)	B	5	PA; DL; QL
Ribavirin (Oral Tablet)	G	3	♦
Sofosbuvir-Velpatasvir (Oral Tablet)	B	5	PA; DL; QL
Vosevi (Oral Tablet)	B	5	PA; DL; QL
Antiherpetic Agents			
Acyclovir (External Ointment)	G	4	QL
Acyclovir (Oral Capsule)	G	2	♦
Acyclovir (Oral Suspension)	G	3	♦
Acyclovir (Oral Tablet)	G	1	♦
Acyclovir Sodium (Intravenous Solution)	G	4	B/D,PA
Famciclovir (Oral Tablet)	G	3	QL ♦
Valacyclovir HCl (Oral Tablet)	G	3	QL ♦
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	5	DL; QL
Dovato (Oral Tablet)	B	5	DL; QL
Genvoya (Oral Tablet)	B	5	DL; QL
Isentress HD (Oral Tablet)	B	5	DL; QL
Isentress (Oral Packet)	B	4	QL
Isentress (Oral Tablet)	B	5	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	4	QL
Isentress (25MG Oral Tablet Chewable)	B	3	QL ♦
Juluca (Oral Tablet)	B	5	DL; QL
Stribild (Oral Tablet)	B	5	DL; QL
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	4	QL
Tivicay (50MG Oral Tablet)	B	5	DL; QL
Tivicay PD (Oral Tablet Soluble)	B	5	DL; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Complera (Oral Tablet)	B	5	DL; QL
Delstrigo (Oral Tablet)	B	5	DL; QL
Edurant (Oral Tablet)	B	5	DL; QL
Efavirenz (Oral Capsule)	G	4	QL
Efavirenz (Oral Tablet)	G	4	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	4	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	5	DL; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Etravirine (Oral Tablet)	G	5	DL; QL
Intelence (25MG Oral Tablet)	B	4	QL
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	4	QL
Nevirapine (Oral Suspension)	G	4	QL
Nevirapine (Oral Tablet Immediate Release)	G	3	QL ♦
Pifeltro (Oral Tablet)	B	5	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	4	QL
Abacavir Sulfate (Oral Tablet)	G	4	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	4	QL
Cimduo (Oral Tablet)	B	5	DL; QL
Descovy (Oral Tablet)	B	5	DL; QL
Emtricitabine (Oral Capsule)	G	4	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (100MG-150MG Oral Tablet, 133MG-200MG Oral Tablet, 167MG-250MG Oral Tablet)	G	5	DL; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (200MG-300MG Oral Tablet)	G	4	QL
Emtriva (Oral Solution)	B	4	QL
Lamivudine (10MG/ML Oral Solution)	G	3	QL ♦
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	3	QL ♦
Lamivudine-Zidovudine (Oral Tablet)	G	4	QL
Odefsey (Oral Tablet)	B	5	DL; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	4	QL
Triumeq (Oral Tablet)	B	5	DL; QL
Triumeq PD (Oral Tablet Soluble)	B	5	DL; QL
Trizivir (300-150-300MG Oral Tablet)	B	5	DL; QL
Viread (Oral Powder)	B	5	DL; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	5	DL; QL
Zidovudine (Oral Capsule)	G	3	QL ♦
Zidovudine (Oral Syrup)	G	3	QL ♦
Zidovudine (Oral Tablet)	G	3	QL ♦
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	5	DL; QL
Maraviroc (Oral Tablet)	G	5	DL; QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	5	DL; QL
Selzentry (Oral Solution)	B	5	DL; QL
Selzentry (25MG Oral Tablet)	B	3	QL ♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Selzentry (75MG Oral Tablet)	B	5	DL; QL
Sunlenca (Oral Tablet Therapy Pack)	B	5	DL; QL
Tybost (Oral Tablet)	B	4	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	5	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	4	QL
Darunavir (Oral Tablet)	G	5	DL; QL
Evotaz (Oral Tablet)	B	5	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	5	DL; QL
Lexiva (50MG/ML Oral Suspension)	B	4	QL
Lopinavir-Ritonavir (Oral Solution)	G	4	QL
Lopinavir-Ritonavir (Oral Tablet)	G	4	QL
Norvir (Oral Packet)	B	4	QL
Prezcobix (Oral Tablet)	B	5	DL; QL
Prezista (Oral Suspension)	B	5	DL; QL
Prezista (150MG Oral Tablet)	B	5	DL; QL
Prezista (75MG Oral Tablet)	B	4	QL
Reyataz (Oral Packet)	B	5	DL; QL
Ritonavir (Oral Tablet)	G	3	QL ♦
Symtuza (Oral Tablet)	B	5	DL; QL
Viracept (Oral Tablet)	B	5	DL; QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	3	QL ♦
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	3	QL ♦
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	3	QL ♦
Rimantadine HCl (Oral Tablet)	G	4	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	3	QL ♦
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	3	QL ♦
Anxiolytics			
Anxiolytics, Other			
Buspirone HCl (Oral Tablet)	G	2	♦
Hydroxyzine HCl (Oral Syrup)	G	3	♦
Hydroxyzine HCl (Oral Tablet)	G	3	♦
Hydroxyzine Pamoate (Oral Capsule)	G	3	♦
Benzodiazepines			

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Alprazolam (Oral Tablet Immediate Release)	G	1	QL ♦
Chlordiazepoxide HCl (Oral Capsule)	G	2	♦
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	2	QL ♦
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	G	4	QL
Clorazepate Dipotassium (Oral Tablet)	G	3	QL ♦
Diazepam Intensol (Oral Concentrate)	G	2	QL ♦
Diazepam (5MG/5ML Oral Solution)	G	2	♦
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	2	QL ♦
Lorazepam Intensol (Oral Concentrate)	G	2	QL ♦
Lorazepam (Oral Tablet)	G	1	QL ♦
Bipolar Agents			
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	2	♦
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	2	♦
Divalproex Sodium (Oral Tablet Delayed Release)	G	2	♦
Lithium Carbonate ER (Oral Tablet Extended Release)	G	2	♦
Lithium Carbonate (Oral Capsule)	G	2	♦
Lithium Carbonate (Oral Tablet Immediate Release)	G	2	♦
Lithium (Oral Solution)	G	3	♦
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	QL ♦
Bydureon BCise (Subcutaneous Auto-Injector)	B	3	PA; QL ♦
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Cycloset (Oral Tablet)	B	4	PA; QL
Farxiga (Oral Tablet)	B	3	QL ♦
Glimepiride (Oral Tablet)	G	1	QL ♦
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL ♦
Glipizide (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	QL ♦
Glipizide-Metformin HCl (Oral Tablet)	G	1	QL ♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Glyxambi (Oral Tablet)	B	3	QL ♦
Janumet (Oral Tablet Immediate Release)	B	3	QL ♦
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	3	QL ♦
Januvia (Oral Tablet)	B	3	QL ♦
Jardiance (Oral Tablet)	B	3	QL ♦
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	3	QL ♦
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	3	QL ♦
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL ♦
Metformin HCl (Oral Solution)	G	1	QL ♦
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL ♦
Miglitol (Oral Tablet)	G	4	QL
Mounjaro (Subcutaneous Solution Pen-Injector)	B	3	PA; QL ♦
Nateglinide (Oral Tablet)	G	1	QL ♦
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)	B	3	PA; QL ♦
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	3	PA; QL ♦
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	3	PA; QL ♦
Pioglitazone HCl (Oral Tablet)	G	1	QL ♦
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	QL ♦
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL ♦
Repaglinide (Oral Tablet)	G	1	QL ♦
Rybelsus (Oral Tablet)	B	3	PA; QL ♦
Soliqua (Subcutaneous Solution Pen-Injector)	B	3	PA; QL ♦
Synjardy (Oral Tablet Immediate Release)	B	3	QL ♦
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	3	QL ♦
Tradjenta (Oral Tablet)	B	3	QL ♦
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	3	QL ♦
Trulicity (Subcutaneous Solution Pen-Injector)	B	3	PA; QL ♦
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	3	QL ♦
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	3	♦

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Diazoxide (Oral Suspension)	G	4	
Glucagon (Injection Kit) (Lilly)	B	3	♦
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	3	♦
Gvoke Kit (Subcutaneous Solution)	B	3	♦
Gvoke PFS (1MG/0.2ML Subcutaneous Solution Prefilled Syringe)	B	3	♦
Insulins			
Humalog (Injection Solution)	B	3	♦
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	3	♦
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	3	♦
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	♦
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	♦
Humalog Mix 75/25 (Subcutaneous Suspension)	B	3	♦
Humalog (Subcutaneous Solution Cartridge)	B	3	♦
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	♦
Humulin 70/30 (Subcutaneous Suspension)	B	3	♦
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	♦
Humulin N (Subcutaneous Suspension)	B	3	♦
Humulin R (Injection Solution)	B	3	♦
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	3	♦
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	3	♦
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	3	♦
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	3	♦
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	3	♦
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	3	♦
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	3	♦
Lantus (Subcutaneous Solution)	B	3	♦
Levemir FlexPen (Subcutaneous Solution Pen-Injector)	B	3	♦
Levemir (Subcutaneous Solution)	B	3	♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lyumjev (Injection Solution)	B	3	♦
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	3	♦
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	3	♦
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	3	♦
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	♦
Tresiba (Subcutaneous Solution)	B	3	♦
Blood Products and Modifiers			
Anticoagulants			
Eliquis (Oral Tablet)	B	3	QL ♦
Eliquis Starter Pack (Oral Tablet)	B	3	QL ♦
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	4	QL
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	5	DL
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	4	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	3	♦
Heparin Sodium (1000UNIT/ML Injection Solution)	G	3	B/D,PA ♦
Jantoven (Oral Tablet)	G	1	♦
Warfarin Sodium (Oral Tablet)	G	1	♦
Xarelto (Oral Tablet)	B	3	QL ♦
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	3	QL ♦
Blood Products and Modifiers, Other			
Anagrelide HCl (Oral Capsule)	G	3	♦
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	5	PA; DL
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	4	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe)	B	5	PA; DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	4	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	4	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	5	PA; DL
Promacta (Oral Packet)	B	5	PA; DL; QL
Promacta (Oral Tablet)	B	5	PA; DL; QL
Pyrukynd (Oral Tablet)	B	5	PA; DL; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Retacrit (Injection Solution)	B	4	PA
Udenyca (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Zarxio (Injection Solution Prefilled Syringe)	B	5	DL
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	3	♦
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	3	QL ♦
Brilinta (Oral Tablet)	B	3	QL ♦
Cablivi (Injection Kit)	B	5	PA; DL; QL
Cilostazol (Oral Tablet)	G	2	♦
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	QL ♦
Doptelet (Oral Tablet)	B	5	PA; DL; QL
Prasugrel HCl (Oral Tablet)	G	1	QL ♦
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	1	♦
Clonidine (Transdermal Patch Weekly)	G	4	
Droxidopa (100MG Oral Capsule, 200MG Oral Capsule)	G	4	PA; QL
Droxidopa (300MG Oral Capsule)	G	5	PA; DL; QL
Midodrine HCl (Oral Tablet)	G	3	♦
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	1	♦
Prazosin HCl (Oral Capsule)	G	2	♦
Angiotensin II Receptor Antagonists			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Candesartan Cilexetil (Oral Tablet)	G	1	QL ♦
Edarbi (Oral Tablet)	B	4	QL
Irbesartan (Oral Tablet)	G	1	QL ♦
Losartan Potassium (Oral Tablet)	G	1	QL ♦
Olmesartan Medoxomil (Oral Tablet)	G	1	QL ♦
Telmisartan (Oral Tablet)	G	1	QL ♦
Valsartan (Oral Tablet)	G	1	QL ♦
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	QL ♦
Captopril (Oral Tablet)	G	1	QL ♦
Enalapril Maleate (Oral Solution)	G	4	
Enalapril Maleate (Oral Tablet)	G	1	QL ♦
Fosinopril Sodium (Oral Tablet)	G	1	QL ♦
Lisinopril (Oral Tablet)	G	1	QL ♦
Moexipril HCl (Oral Tablet)	G	1	QL ♦
Perindopril Erbumine (Oral Tablet)	G	1	QL ♦
Quinapril HCl (Oral Tablet)	G	1	QL ♦
Ramipril (Oral Capsule)	G	1	QL ♦
Trandolapril (Oral Tablet)	G	1	QL ♦
Antiarrhythmics			
Amiodarone HCl (200MG Oral Tablet)	G	1	♦
Dofetilide (Oral Capsule)	G	3	QL ♦
Flecainide Acetate (Oral Tablet)	G	2	♦
Mexiletine HCl (Oral Capsule)	G	3	♦
Multaq (Oral Tablet)	B	3	QL ♦
Pacerone (200MG Oral Tablet)	B	1	♦
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	4	
Propafenone HCl (Oral Tablet)	G	2	♦
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	4	
Quinidine Sulfate (Oral Tablet)	G	2	♦
Sorine (120MG Oral Tablet, 160MG Oral Tablet)	G	1	♦
Sotalol HCl (AF) (Oral Tablet)	G	1	♦
Sotalol HCl (Oral Tablet)	G	1	♦
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	2	♦

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Atenolol (Oral Tablet)	G	1	♦
Betaxolol HCl (Oral Tablet)	G	3	♦
Bisoprolol Fumarate (Oral Tablet)	G	1	♦
Carvedilol (Oral Tablet)	G	1	♦
Labetalol HCl (Oral Tablet)	G	1	♦
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	♦
Metoprolol Tartrate (Oral Tablet)	G	1	♦
Nadolol (Oral Tablet)	G	4	
Nebivolol HCl (Oral Tablet)	G	3	QL ♦
Pindolol (Oral Tablet)	G	3	♦
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	2	♦
Propranolol HCl (Oral Solution)	G	2	♦
Propranolol HCl (Oral Tablet)	G	1	♦
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	♦
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	♦
Nicardipine HCl (Oral Capsule)	G	4	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL ♦
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	QL ♦
Nimodipine (Oral Capsule)	G	4	
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	2	♦
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	2	♦
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	2	♦
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	2	♦
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	♦
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	♦
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	2	♦
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	2	♦
Tiadylt ER (Oral Capsule Extended Release 24 Hour)	G	2	♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Verapamil HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	♦
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	♦
Verapamil HCl (Oral Tablet Immediate Release)	G	1	♦
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	4	
Acetazolamide (Oral Tablet)	G	3	♦
Aliskiren Fumarate (Oral Tablet)	G	1	QL ♦
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	2	♦
Amlodipine-Atorvastatin (Oral Tablet)	G	1	QL ♦
Amlodipine-Benazepril (Oral Capsule)	G	1	QL ♦
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL ♦
Amlodipine-Valsartan (Oral Tablet)	G	1	QL ♦
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	QL ♦
Atenolol-Chlorthalidone (Oral Tablet)	G	1	♦
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL ♦
Corlanor (Oral Solution)	B	4	PA; QL
Corlanor (Oral Tablet)	B	4	PA; QL
Digoxin (Oral Solution)	G	3	♦
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	1	♦
Digoxin (62.5MCG Oral Tablet)	G	4	
Edarbyclor (Oral Tablet)	B	4	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Entresto (Oral Tablet)	B	3	QL ♦
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL ♦
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	3	QL ♦
Kerendia (Oral Tablet)	B	4	PA; QL
Lanoxin (Oral Tablet)	B	4	
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL ♦
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	2	♦
Metyrosine (Oral Capsule)	G	5	DL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL ♦
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL ♦
Pentoxifylline ER (Oral Tablet Extended Release)	G	2	♦
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	2	QL ♦
Spironolactone-HCTZ (Oral Tablet)	G	1	♦
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL ♦
Telmisartan-HCTZ (Oral Tablet)	G	1	QL ♦
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	QL ♦
Triamterene-HCTZ (Oral Capsule)	G	1	♦
Triamterene-HCTZ (Oral Tablet)	G	1	♦
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL ♦
Diuretics, Loop			
Bumetanide (Injection Solution)	G	4	
Bumetanide (Oral Tablet)	G	1	♦
Ethacrynic Acid (Oral Tablet)	G	4	QL
Furosemide (Injection Solution)	G	4	B/D,PA
Furosemide (Oral Solution)	G	1	♦
Furosemide (Oral Tablet)	G	1	♦
Torsemide (Oral Tablet)	G	1	♦
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	2	♦
Eplerenone (Oral Tablet)	G	2	♦
Spironolactone (Oral Tablet)	G	1	♦
Triamterene (Oral Capsule)	G	4	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	1	♦
Diuril (Oral Suspension)	B	4	
Hydrochlorothiazide (Oral Capsule)	G	1	♦
Hydrochlorothiazide (Oral Tablet)	G	1	♦
Indapamide (Oral Tablet)	G	1	♦
Metolazone (Oral Tablet)	G	1	♦
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	1	♦
Fenofibrate (50MG Oral Capsule)	G	1	♦
Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	G	1	♦
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gemfibrozil (Oral Tablet)	G	1	♦
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvastatin Calcium (Oral Tablet)	G	1	QL ♦
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	QL ♦
Fluvastatin Sodium (Oral Capsule)	G	1	QL ♦
Livalo (Oral Tablet)	B	3	QL ♦
Lovastatin (Oral Tablet)	G	1	QL ♦
Pravastatin Sodium (Oral Tablet)	G	1	QL ♦
Rosuvastatin Calcium (Oral Tablet)	G	1	QL ♦
Simvastatin (Oral Tablet)	G	1	QL ♦
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	4	
Cholestyramine (Oral Packet)	G	4	
Colesevelam HCl (Oral Packet)	G	3	♦
Colesevelam HCl (Oral Tablet)	G	3	♦
Colestipol HCl (Oral Packet)	G	4	
Colestipol HCl (Oral Tablet)	G	3	♦
Ezetimibe (Oral Tablet)	G	1	QL ♦
Ezetimibe-Simvastatin (Oral Tablet)	G	1	QL ♦
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	4	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	3	♦
Niacor (Oral Tablet)	G	4	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	4	QL
Praluent (Subcutaneous Solution Auto-Injector)	B	3	PA; QL ♦
Prevalite (Oral Packet)	G	4	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	3	PA; QL ♦
Repatha (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL ♦
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	3	PA; QL ♦
Vascepa (Oral Capsule)	B	3	♦
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	♦

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Minoxidil (Oral Tablet)	G	2	♦
Vasodilators, Direct-acting Arterial/Venous			
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	♦
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	1	♦
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	1	♦
Nitro-Bid (Transdermal Ointment)	B	4	
Nitroglycerin (Rectal Ointment)	G	4	QL
Nitroglycerin (Tablet Sublingual)	G	1	♦
Nitroglycerin (Transdermal Patch 24 Hour)	G	2	♦
Nitroglycerin (Translingual Solution)	G	3	♦
Nitrostat (Tablet Sublingual)	B	3	♦
Rectiv (Rectal Ointment)	B	4	QL
Verquvo (Oral Tablet)	B	3	PA; QL ♦
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	3	QL ♦
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Dextroamphetamine Sulfate (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	4	QL
Lisdexamfetamine Dimesylate (Oral Capsule)	G	4	
Lisdexamfetamine Dimesylate (Oral Tablet Chewable)	G	4	
Vyvanse (Oral Capsule)	B	4	
Vyvanse (Oral Tablet Chewable)	B	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Atomoxetine HCl (Oral Capsule)	G	4	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	3	PA ♦
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	4	
Dexmethylphenidate HCl (Oral Tablet)	G	3	QL ♦
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	4	
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Methylphenidate HCl (Oral Solution)	G	4	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	3	QL ♦
Central Nervous System, Other			
Austedo (Oral Tablet)	B	5	PA; DL; QL
Ingrezza (Oral Capsule)	B	5	PA; DL; QL
Ingrezza (Oral Capsule Sprinkle)	B	5	PA; DL; QL
Ingrezza (Oral Capsule Therapy Pack)	B	5	PA; DL; QL
Nuedexta (Oral Capsule)	B	5	PA; DL; QL
Quviviq (Oral Tablet)	B	4	QL
Riluzole (Oral Tablet)	G	3	♦
Skyclarys (Oral Capsule)	B	5	PA; DL; QL
Tetrabenazine (12.5MG Oral Tablet)	G	4	PA; QL
Tetrabenazine (25MG Oral Tablet)	G	5	PA; DL; QL
Fibromyalgia Agents			
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	2	QL ♦
Pregabalin (Oral Capsule)	G	3	QL ♦
Pregabalin (Oral Solution)	G	3	QL ♦
Savella (Oral Tablet)	B	3	♦
Savella Titration Pack (Oral Tablet)	B	3	♦
Multiple Sclerosis Agents			
Avonex Pen (Intramuscular Auto-Injector Kit)	B	5	DL; QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	5	DL; QL
Betaseron (Subcutaneous Kit)	B	5	DL; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL ♦
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	4	QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	4	QL
Fingolimod HCl (Oral Capsule)	G	5	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	5	DL; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	5	DL; QL
Kesimpta (Subcutaneous Solution Auto-Injector)	B	5	DL
Mayzent (Oral Tablet)	B	5	DL; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	5	DL; QL
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	4	QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	5	ST; DL; QL
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	5	ST; DL; QL
Rebif (Subcutaneous Solution Prefilled Syringe)	B	5	ST; DL; QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	5	ST; DL; QL
Teriflunomide (Oral Tablet)	G	5	DL; QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	5	ST; DL; QL
Dental and Oral Agents			
Dental and Oral Agents			
Chlorhexidine Gluconate (Mouth Solution)	G	1	♦
Kourzeq (Mouth/Throat Paste)	G	3	♦
Periogard (Mouth Solution)	G	1	♦
Pilocarpine HCl (Oral Tablet)	G	4	
Triamcinolone Acetonide (Dental Paste)	G	3	♦
Dermatological Agents			
Acne and Rosacea Agents			
Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	G	4	PA
Acitretin (Oral Capsule)	G	4	
Adapalene (External Cream)	G	4	
Adapalene (0.3% External Gel)	G	3	♦
Amnesteem (Oral Capsule)	G	4	PA
Azelaic Acid (External Gel)	G	4	QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	3	♦
Claravis (Oral Capsule)	G	4	PA
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	4	
Finacea (External Foam)	B	4	QL
Isotretinoin (Oral Capsule)	G	4	PA
Neuac (External Gel)	G	4	
Tazarotene (External Cream)	G	4	PA; QL
Tretinoin (External Cream)	G	4	PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	G	4	PA
Tretinoin Microsphere (0.04% External Gel, 0.1% External Gel)	G	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zenatane (Oral Capsule)	G	4	PA
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	2	♦
Alclometasone Dipropionate (External Cream)	G	3	♦
Alclometasone Dipropionate (External Ointment)	G	3	♦
Ammonium Lactate (External Cream)	G	3	♦
Ammonium Lactate (External Lotion)	G	3	♦
Betamethasone Dipropionate Aug (External Cream)	G	3	♦
Betamethasone Dipropionate Aug (External Gel)	G	3	♦
Betamethasone Dipropionate Aug (External Lotion)	G	3	♦
Betamethasone Dipropionate Aug (External Ointment)	G	3	♦
Betamethasone Dipropionate (External Cream)	G	3	♦
Betamethasone Dipropionate (External Lotion)	G	3	♦
Betamethasone Dipropionate (External Ointment)	G	3	♦
Betamethasone Valerate (External Cream)	G	3	♦
Betamethasone Valerate (External Lotion)	G	3	♦
Betamethasone Valerate (External Ointment)	G	3	♦
Clobetasol Propionate Emollient Base (External Cream)	G	4	
Clobetasol Propionate (External Cream)	G	4	
Clobetasol Propionate (External Gel)	G	4	
Clobetasol Propionate (External Ointment)	G	4	
Clobetasol Propionate (External Shampoo)	G	4	
Clobetasol Propionate (External Solution)	G	3	♦
Clodan (External Shampoo)	G	4	
Cordran (External Tape)	B	4	
Desonide (External Ointment)	G	4	QL
Desoximetasone (External Cream)	G	4	QL
Doxepin HCl (External Cream)	G	4	PA; QL
Fluocinolone Acetonide (External Cream)	G	3	♦
Fluocinolone Acetonide (External Ointment)	G	3	♦
Fluocinolone Acetonide (External Solution)	G	3	♦
Fluocinolone Acetonide Scalp (External Oil)	G	4	
Fluocinonide Emulsified Base (External Cream)	G	3	QL ♦
Fluocinonide (0.05% External Cream)	G	3	QL ♦
Fluocinonide (External Gel)	G	3	QL ♦
Fluocinonide (External Ointment)	G	3	QL ♦

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
SSD (External Cream)	G	3	♦
Pediculicides/Scabicides			
Malathion (External Lotion)	G	4	
Permethrin (External Cream)	G	3	♦
Topical Anti-infectives			
Ciclopirox (External Gel)	G	3	♦
Ciclopirox (External Shampoo)	G	3	♦
Ciclopirox (External Solution)	G	3	♦
Ciclopirox Olamine (External Cream)	G	3	♦
Ciclopirox Olamine (External Suspension)	G	3	♦
Clindacin ETZ (External Swab)	G	3	QL ♦
Clindamycin Phosphate (External Gel)	G	3	QL ♦
Clindamycin Phosphate (External Lotion)	G	3	QL ♦
Clindamycin Phosphate (External Solution)	G	3	QL ♦
Clindamycin Phosphate (External Swab)	G	3	QL ♦
Clotrimazole (External Cream)	G	2	♦
Clotrimazole (External Solution)	G	2	♦
Econazole Nitrate (External Cream)	G	4	QL
Ery (External Pad)	G	3	♦
Erythromycin (External Gel)	G	4	
Erythromycin (External Solution)	G	2	♦
Gentamicin Sulfate (External Cream)	G	3	♦
Gentamicin Sulfate (External Ointment)	G	3	♦
Jublia (External Solution)	B	4	
Ketoconazole (External Cream)	G	2	QL ♦
Ketoconazole (External Shampoo)	G	2	♦
Mupirocin Calcium (External Cream)	G	4	
Mupirocin (External Ointment)	G	2	QL ♦
Naftifine HCl (External Cream)	G	4	
Naftifine HCl (External Gel)	G	4	
Naftin (2% External Gel)	B	4	
Nyamyc (External Powder)	G	2	QL ♦
Nystatin (External Cream)	G	2	♦
Nystatin (External Ointment)	G	2	♦
Nystatin (External Powder)	G	2	QL ♦
Nystop (External Powder)	G	2	QL ♦

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sulfamylon (External Cream)	B	4	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carglumic Acid (Oral Tablet Soluble)	G	5	DL
Dextrose (10% Intravenous Solution)	G	4	
Dextrose (5% Intravenous Solution)	G	4	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	4	
Dextrose-Sodium Chloride (5-0.9% Intravenous Solution)	G	4	B/D,PA
Endari (Oral Packet)	B	5	PA; DL
Intralipid (Intravenous Emulsion)	B	4	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	4	
Isolyte-S pH 7.4 (Intravenous Solution)	B	4	
KCl in Dextrose-NaCl (Intravenous Solution)	G	4	
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	4	
Klor-Con 10 (Oral Tablet Extended Release)	G	2	♦
Klor-Con M10 (Oral Tablet Extended Release)	G	2	♦
Klor-Con M15 (Oral Tablet Extended Release)	G	2	♦
Klor-Con M20 (Oral Tablet Extended Release)	G	2	♦
Klor-Con (Oral Packet)	G	3	♦
Klor-Con 8 (Oral Tablet Extended Release)	G	2	♦
Magnesium Sulfate (Injection Solution)	G	4	
Multiple Electrolytes Type 1 pH 5.5 (Intravenous Solution)	G	4	
Nutrilipid (Intravenous Emulsion)	B	4	B/D,PA
Plasma-Lyte 148 (Intravenous Solution)	B	4	
Plasma-Lyte A (Intravenous Solution)	B	4	
Plenamine (Intravenous Solution)	B	4	B/D,PA
Potassium Chloride Microencapsulated ER (Oral Tablet Extended Release)	G	1	♦
Potassium Chloride ER (Oral Capsule Extended Release)	G	1	♦
Potassium Chloride ER (10MEQ Oral Tablet Extended Release, 20MEQ Oral Tablet Extended Release, 8MEQ Oral Tablet Extended Release)	G	1	♦
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	4	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	4	B/D,PA
Potassium Chloride (Oral Packet)	G	3	♦
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	3	♦
Potassium Citrate ER (Oral Tablet Extended Release)	G	3	♦
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	4	B/D,PA
Premasol (Intravenous Solution)	B	4	B/D,PA
Prosol (Intravenous Solution)	B	4	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	4	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	4	B/D,PA
Sodium Chloride (Irrigation Solution)	G	3	♦
Sodium Fluoride (Oral Tablet)	G	1	♦
TPN Electrolytes (Intravenous Concentrate)	B	4	
Travasol (Intravenous Solution)	B	4	B/D,PA
TrophAmine (Intravenous Solution)	B	4	B/D,PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	5	DL
Deferasirox Granules (Oral Packet)	G	5	PA; DL
Deferasirox (Oral Tablet) (Generic Jadenu)	G	3	PA ♦
Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade)	G	4	PA
Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade)	G	5	PA; DL
Deferiprone (Oral Tablet)	G	5	PA; DL
Trientine HCl (Oral Capsule)	G	5	PA; DL; QL
Phosphate Binders			
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	3	♦
Calcium Acetate (667MG Oral Tablet)	G	3	♦
Sevelamer Carbonate (Oral Packet)	G	4	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	4	
Velphoro (Oral Tablet Chewable)	B	5	DL
Potassium Binders			

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lokelma (Oral Packet)	B	4	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	3	♦
SPS (Oral Suspension)	G	3	♦
Veltassa (Oral Packet)	B	4	QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	3	♦
Gastrointestinal Agents			
Anti-Constipation Agents			
Constulose (Oral Solution)	G	2	♦
Enulose (Oral Solution)	G	2	♦
Generlac (Oral Solution)	G	2	♦
Lactulose (10GM/15ML Oral Solution)	G	2	♦
Linzess (Oral Capsule)	B	3	QL ♦
Lubiprostone (Oral Capsule)	G	3	QL ♦
Motegrity (Oral Tablet)	B	4	QL
Movantik (Oral Tablet)	B	3	QL ♦
Relistor (Oral Tablet)	B	5	PA; DL; QL
Relistor (Subcutaneous Solution)	B	5	PA; DL
Trulance (Oral Tablet)	B	4	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	5	PA; DL
Diphenoxylate-Atropine (Oral Liquid)	G	4	
Diphenoxylate-Atropine (Oral Tablet)	G	4	
Loperamide HCl (Oral Capsule)	G	2	♦
Xermelo (Oral Tablet)	B	5	PA; DL; QL
Antispasmodics, Gastrointestinal			
Dicyclomine HCl (Oral Capsule)	G	2	♦
Dicyclomine HCl (Oral Solution)	G	2	♦
Dicyclomine HCl (Oral Tablet)	G	2	♦
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	4	PA
Methscopolamine Bromide (Oral Tablet)	G	4	
Gastrointestinal Agents, Other			
Chenodal (Oral Tablet)	B	5	PA; DL
Clenpiq (Oral Solution)	B	3	♦
GaviLyte-C (Oral Solution Reconstituted)	G	2	♦
GaviLyte-G (Oral Solution Reconstituted)	G	2	♦
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	3	♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	2	♦
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	2	♦
Suflave (Oral Solution Reconstituted)	B	4	
Sutab (Oral Tablet)	B	3	♦
Ursodiol (300MG Oral Capsule)	G	3	♦
Ursodiol (Oral Tablet)	G	4	
Vowst (Oral Capsule)	B	5	PA; DL
Histamine2 (H2) Receptor Antagonists			
Cimetidine (Oral Tablet)	G	3	♦
Famotidine (Oral Suspension Reconstituted)	G	4	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	2	♦
Nizatidine (Oral Capsule)	G	3	♦
Protectants			
Misoprostol (Oral Tablet)	G	3	♦
Sucralfate (Oral Suspension)	G	4	
Sucralfate (Oral Tablet)	G	2	♦
Proton Pump Inhibitors			
Dexlansoprazole (Oral Capsule Delayed Release)	G	4	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	3	QL ♦
Esomeprazole Magnesium (Oral Packet)	G	3	♦
Lansoprazole (Oral Capsule Delayed Release)	G	2	QL ♦
Omeprazole (10MG Oral Capsule Delayed Release)	G	2	QL ♦
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	2	♦
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL ♦
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	3	♦
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	5	PA; DL
Betaine (Oral Powder)	G	5	DL
Cholbam (Oral Capsule)	B	5	PA; DL
Creon (Oral Capsule Delayed Release Particles)	B	3	♦
Cromolyn Sodium (Oral Concentrate)	G	3	♦

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cystagon (Oral Capsule)	B	4	
Levocarnitine (Oral Solution)	G	3	♦
Levocarnitine (Oral Tablet)	G	3	♦
Miglustat (Oral Capsule)	G	5	PA; DL
Nitisinone (Oral Capsule)	G	5	DL
Prolastin-C (Intravenous Solution)	B	5	PA; DL
Revcovi (Intramuscular Solution)	B	5	PA; DL
Sapropterin Dihydrochloride (Oral Packet)	G	5	DL
Sapropterin Dihydrochloride (Oral Tablet)	G	5	DL
Sodium Phenylbutyrate (Oral Powder)	G	5	DL
Sodium Phenylbutyrate (Oral Tablet)	G	5	DL
Sucraid (Oral Solution)	B	5	DL
Vyndamax (Oral Capsule)	B	5	PA; DL; QL
Vyndaqel (Oral Capsule)	B	5	PA; DL; QL
Yargesa (Oral Capsule)	G	5	PA; DL
Zemaira (1000MG Intravenous Solution Reconstituted)	B	5	PA; DL
Zenpep (Oral Capsule Delayed Release Particles)	B	3	♦
Zokinvy (Oral Capsule)	B	5	PA; DL; QL
Genitourinary Agents			
Antispasmodics, Urinary			
Gemtesa (Oral Tablet)	B	4	
Myrbetriq (Oral Suspension Reconstituted ER)	B	3	♦
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	3	♦
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	QL ♦
Oxybutynin Chloride (Oral Solution)	G	2	♦
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	2	♦
Solifenacin Succinate (Oral Tablet)	G	3	QL ♦
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	4	
Tolterodine Tartrate (Oral Tablet)	G	3	♦
Trospium Chloride (Oral Tablet)	G	3	♦
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	♦
Dutasteride (Oral Capsule)	G	2	QL ♦
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	♦
Silodosin (Oral Capsule)	G	3	QL ♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tamsulosin HCl (Oral Capsule)	G	1	♦
Terazosin HCl (Oral Capsule)	G	1	♦
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	2	♦
Elmiron (Oral Capsule)	B	5	DL
Penicillamine (Oral Tablet)	G	5	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Dexamethasone (Oral Solution)	G	2	♦
Dexamethasone (Oral Tablet)	G	2	♦
Fludrocortisone Acetate (Oral Tablet)	G	2	♦
Hydrocortisone (Oral Tablet)	G	3	♦
Methylprednisolone (Oral Tablet)	G	2	♦
Methylprednisolone (Oral Tablet Therapy Pack)	G	2	♦
Prednisolone (Oral Solution)	G	2	♦
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	2	♦
Prednisone Intensol (Oral Concentrate)	G	2	♦
Prednisone (5MG/5ML Oral Solution)	G	2	♦
Prednisone (Oral Tablet)	G	1	♦
Prednisone (Oral Tablet Therapy Pack)	G	1	♦
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	3	♦
Desmopressin Acetate Spray (Nasal Solution)	G	4	
Genotropin MiniQuick (Subcutaneous Prefilled Syringe)	B	5	PA; DL
Genotropin (Subcutaneous Cartridge)	B	5	PA; DL
Increlex (Subcutaneous Solution)	B	5	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	5	PA; DL; QL
Mifepristone (300MG Oral Tablet)	G	5	PA; DL; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
Danazol (Oral Capsule)	G	4	

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Testosterone Cypionate (Intramuscular Solution)	G	2	♦
Testosterone Enanthate (Intramuscular Solution)	G	3	♦
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	G	3	♦
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	G	4	
Estrogens			
Altavera (Oral Tablet)	G	4	
Alyacen 1/35 (Oral Tablet)	G	4	
Amethia (Oral Tablet)	G	4	
Apri (Oral Tablet)	G	4	
Aranelle (Oral Tablet)	G	4	
Ashlyna (Oral Tablet)	G	4	
Aubra EQ (Oral Tablet)	G	4	
Aviane (Oral Tablet)	G	4	
Balziva (Oral Tablet)	G	4	
Blisovi 24 Fe (Oral Tablet)	G	4	
Blisovi Fe 1.5/30 (Oral Tablet)	G	4	
Briellyn (Oral Tablet)	G	4	
Camrese Lo (Oral Tablet)	G	4	
Climara Pro (Transdermal Patch Weekly)	B	4	
Cryselle-28 (Oral Tablet)	G	4	
Cyred EQ (Oral Tablet)	G	4	
Depo-Estradiol (Intramuscular Oil)	B	4	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Dolishale (Oral Tablet)	G	4	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	4	
Duavee (Oral Tablet)	B	4	
Elestrin (Transdermal Gel)	B	4	
EluRyng (Vaginal Ring)	G	4	
EnilloRing (Vaginal Ring)	G	4	
Enpresse-28 (Oral Tablet)	G	4	
Enskyce (Oral Tablet)	G	4	
Estarylla (Oral Tablet)	G	4	
Estradiol (Oral Tablet)	G	1	♦
Estradiol (Transdermal Patch Weekly)	G	3	QL ♦
Estradiol (Vaginal Cream)	G	3	♦
Estradiol (Vaginal Tablet)	G	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Estradiol Valerate (Intramuscular Oil)	G	4	
Estring (Vaginal Ring)	B	4	
Ethynodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	4	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	4	
Falmina (Oral Tablet)	G	4	
Femring (Vaginal Ring)	B	4	
Finzala (Oral Tablet Chewable)	G	4	
Fyavolv (Oral Tablet)	G	4	
Hailey 24 Fe (Oral Tablet)	G	4	
Haloette (Vaginal Ring)	G	4	
Iclevia (Oral Tablet)	G	4	
Imvexxy Maintenance Pack (Vaginal Insert)	B	3	PA; QL ♦
Imvexxy Starter Pack (Vaginal Insert)	B	3	PA; QL ♦
Introvale (Oral Tablet)	G	4	
Isibloom (Oral Tablet)	G	4	
Jasmiel (Oral Tablet)	G	4	
Jinteli (Oral Tablet)	G	4	
Juleber (Oral Tablet)	G	4	
Junel 1.5/30 (Oral Tablet)	G	4	
Junel 1/20 (Oral Tablet)	G	4	
Junel Fe 1.5/30 (Oral Tablet)	G	4	
Junel Fe 1/20 (Oral Tablet)	G	4	
Junel Fe 24 (Oral Tablet)	G	4	
Kaitlib Fe (Oral Tablet Chewable)	G	4	
Kariva (Oral Tablet)	G	4	
Kelnor 1/35 (Oral Tablet)	G	4	
Kelnor 1/50 (Oral Tablet)	G	4	
Kurvelo (Oral Tablet)	G	4	
LARIN 1.5/30 (Oral Tablet)	G	4	
LARIN 1/20 (Oral Tablet)	G	4	
LARIN Fe 1.5/30 (Oral Tablet)	G	4	
LARIN Fe 1/20 (Oral Tablet)	G	4	
Layolis Fe (Oral Tablet Chewable)	G	4	
Leena (Oral Tablet)	G	4	
Lessina (Oral Tablet)	G	4	
Levonest (Oral Tablet)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol Triphasic (Oral Tablet)	G	4	
Levora 0.15/30 (28) (Oral Tablet)	G	4	
Loryna (Oral Tablet)	G	4	
Low-Ogestrel (Oral Tablet)	G	4	
Lutera (Oral Tablet)	G	4	
Marlissa (Oral Tablet)	G	4	
Menest (Oral Tablet)	B	3	♦
Mibelas 24 Fe (Oral Tablet Chewable)	G	4	
Microgestin 1.5/30 (Oral Tablet)	G	4	
Microgestin 1/20 (Oral Tablet)	G	4	
Microgestin 24 Fe (Oral Tablet)	G	4	
Microgestin Fe 1.5/30 (Oral Tablet)	G	4	
Microgestin Fe 1/20 (Oral Tablet)	G	4	
Mili (Oral Tablet)	G	4	
Necon 0.5/35 (28) (Oral Tablet)	G	4	
Nikki (Oral Tablet)	G	4	
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable)	G	4	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	4	
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable)	G	4	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	4	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	4	
Nortrel 0.5/35 (28) (Oral Tablet)	G	4	
Nortrel 1/35 (21) (Oral Tablet)	G	4	
Nortrel 1/35 (28) (Oral Tablet)	G	4	
Nortrel 7/7/7 (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nylia 1/35 (Oral Tablet)	G	4	
Nylia 7/7/7 (Oral Tablet)	G	4	
Nymyo (Oral Tablet)	G	4	
Ocella (Oral Tablet)	G	4	
Pimtrea (Oral Tablet)	G	4	
Portia-28 (Oral Tablet)	G	4	
Premarin (Oral Tablet)	B	4	QL
Premarin (Vaginal Cream)	B	3	♦
Premphase (Oral Tablet)	B	4	QL
Prempro (Oral Tablet)	B	4	QL
Reclipsen (Oral Tablet)	G	4	
Rivelsa (Oral Tablet)	G	4	
Setlakin (Oral Tablet)	G	4	
Sprintec 28 (Oral Tablet)	G	4	
Sronyx (Oral Tablet)	G	4	
Syeda (Oral Tablet)	G	4	
Tarina 24 Fe (Oral Tablet)	G	4	
Tarina Fe 1/20 EQ (Oral Tablet)	G	4	
Tilia Fe (Oral Tablet)	G	4	
Tri-Estarylla (Oral Tablet)	G	4	
Tri-Legest Fe (Oral Tablet)	G	4	
Tri-Lo-Estarylla (Oral Tablet)	G	4	
Tri-Lo-Sprintec (Oral Tablet)	G	4	
Tri-Mili (Oral Tablet)	G	4	
Tri-Nymyo (Oral Tablet)	G	4	
Tri-Sprintec (Oral Tablet)	G	4	
Trivora (28) (Oral Tablet)	G	4	
Tri-VyLibra Lo (Oral Tablet)	G	4	
Tri-VyLibra (Oral Tablet)	G	4	
Turqoz (Oral Tablet)	G	4	
Tyblume (Oral Tablet Chewable)	G	4	
Velivet (Oral Tablet)	G	4	
Vestura (Oral Tablet)	G	4	
Vienva (Oral Tablet)	G	4	
Vyfemla (Oral Tablet)	G	4	
VyLibra (Oral Tablet)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Wymzya Fe (Oral Tablet Chewable)	G	4	
Xulane (Transdermal Patch Weekly)	G	4	
Yuvafem (Vaginal Tablet)	G	4	QL
Zafemy (Transdermal Patch Weekly)	G	4	
Zovia 1/35 (28) (Oral Tablet)	G	4	
Progestins			
Camila (Oral Tablet)	G	4	
Crinone (Vaginal Gel)	B	4	PA
Deblitane (Oral Tablet)	G	4	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	4	
Errin (Oral Tablet)	G	4	
Heather (Oral Tablet)	G	4	
Incassia (Oral Tablet)	G	4	
Lyleq (Oral Tablet)	G	4	
Lyza (Oral Tablet)	G	4	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	4	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	4	
Medroxyprogesterone Acetate (Oral Tablet)	G	2	♦
Megestrol Acetate (40MG/ML Oral Suspension)	G	3	♦
Megestrol Acetate (625MG/5ML Oral Suspension)	G	4	
Megestrol Acetate (Oral Tablet)	G	3	♦
Nora-BE (Oral Tablet)	G	4	
Norethindrone Acetate (5MG Oral Tablet)	G	2	♦
Norethindrone (0.35MG Oral Tablet)	G	4	
Progesterone (Oral Capsule)	G	2	♦
Sharobel (Oral Tablet)	G	4	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	3	PA; QL ♦
Raloxifene HCl (Oral Tablet)	G	2	QL ♦
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Euthyrox (Oral Tablet)	G	3	♦
Levothyroxine Sodium (Oral Tablet)	G	1	♦
Levoxyl (Oral Tablet)	G	3	♦
Liothyronine Sodium (Oral Tablet)	G	2	♦
Synthroid (Oral Tablet)	B	3	♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Unithroid (Oral Tablet)	G	3	♦
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
Isturisa (Oral Tablet)	B	5	PA; DL
Lysodren (Oral Tablet)	B	5	DL
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			
Cabergoline (Oral Tablet)	G	3	♦
Eligard (Subcutaneous Kit)	B	4	PA; QL
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	4	PA; QL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	4	PA; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (6-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Octreotide Acetate (Injection Solution)	G	4	PA
Orgovyx (Oral Tablet)	B	5	PA; DL; QL
Signifor (Subcutaneous Solution)	B	5	PA; DL
Somavert (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Synarel (Nasal Solution)	B	5	DL; QL
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	4	PA; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	♦
Propylthiouracil (Oral Tablet)	G	2	♦
Immunological Agents			
Angioedema Agents			
Berinert (Intravenous Kit)	B	5	PA; DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ridaura (Oral Capsule)	B	5	DL
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	5	PA; DL; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	5	PA; DL; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Stelara (Subcutaneous Solution)	B	5	PA; DL; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Xeljanz (Oral Solution)	B	5	PA; DL; QL
Xeljanz (Oral Tablet Immediate Release)	B	5	PA; DL; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	5	PA; DL; QL
Xolair (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Xolair (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	5	DL
Besremi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Pegasys (Subcutaneous Solution)	B	5	PA; DL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Immunosuppressants			
Azathioprine (50MG Oral Tablet)	G	2	B/D,PA ♦
Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL; QL
Cimzia (Subcutaneous Kit)	B	5	PA; DL; QL
Cyclosporine Modified (Oral Capsule)	G	3	B/D,PA ♦
Cyclosporine Modified (Oral Solution)	G	3	B/D,PA ♦
Cyclosporine (Oral Capsule)	G	3	B/D,PA ♦
Cyltezo (2 Pen) (Subcutaneous Auto-Injector Kit)	B	5	PA; DL; QL
Cyltezo (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL; QL
Cyltezo-Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Cyltezo-Psoriasis/Uveitis Starter (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Enbrel Mini (Subcutaneous Solution Cartridge)	B	5	PA; DL; QL
Enbrel (Subcutaneous Solution)	B	5	PA; DL; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	4	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	5	B/D,PA; DL
Gengraf (Oral Capsule)	G	3	B/D,PA ♦
Gengraf (Oral Solution)	G	3	B/D,PA ♦
Humira (2 Pen) (Subcutaneous Pen-Injector Kit) (AbbVie)	B	5	PA; DL; QL
Humira (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	5	PA; DL; QL
Humira Pen Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter (Subcutaneous Pen-Injector Kit) (AbbVie)	B	5	PA; DL
Humira Pen-Pediatric Ulcerative Colitis Start (Subcutaneous Pen-Injector Kit) (AbbVie)	B	5	PA; DL
Humira Pen Psoriasis/Uveitis Starter (40MG/0.4ML & 80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)	B	5	PA; DL; QL
Jylamvo (Oral Solution)	B	4	PA
Leflunomide (Oral Tablet)	G	2	♦
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	2	♦
Methotrexate Sodium (50MG/2ML Injection Solution)	G	2	♦
Methotrexate Sodium (Oral Tablet)	G	1	♦
Mycophenolate Mofetil (Oral Capsule)	G	3	B/D,PA ♦
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	5	B/D,PA; DL
Mycophenolate Mofetil (Oral Tablet)	G	3	B/D,PA ♦
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	4	B/D,PA
Myhibbin (Oral Suspension)	B	5	B/D,PA; DL
Prograf (Oral Packet)	B	4	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	4	PA
Sandimmune (100MG/ML Oral Solution)	B	4	B/D,PA
Simponi (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Simponi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Sirolimus (Oral Solution)	G	5	B/D,PA; DL
Sirolimus (Oral Tablet)	G	4	B/D,PA
Tacrolimus (Oral Capsule)	G	3	B/D,PA ♦
Trexall (Oral Tablet)	B	4	
Xatmep (Oral Solution)	B	4	PA
Yuflyma (1 Pen) (Subcutaneous Auto-Injector Kit)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Yuflyma (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL
Yuflyma-Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Vaccines			
Abrysvo (Intramuscular Solution Reconstituted)	B	3	PA; QL ♦
ActHIB (Intramuscular Solution Reconstituted)	B	3	QL ♦
Adacel (Intramuscular Suspension)	B	3	QL ♦
Arexvy (Intramuscular Suspension Reconstituted)	B	3	PA; QL ♦
BCG Vaccine (Injection Solution Reconstituted)	B	3	QL ♦
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	3	QL ♦
Boostrix (Intramuscular Suspension)	B	3	QL ♦
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL ♦
Daptacel (Intramuscular Suspension)	B	3	QL ♦
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	3	QL ♦
Engerix-B (Injection Suspension)	B	3	B/D,PA; QL ♦
Engerix-B (Injection Suspension Prefilled Syringe)	B	3	B/D,PA; QL ♦
Gardasil 9 (Intramuscular Suspension)	B	3	QL ♦
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	3	QL ♦
Havrix (Intramuscular Suspension)	B	3	QL ♦
Heplisav-B (Intramuscular Solution Prefilled Syringe)	B	3	B/D,PA; QL ♦
Hiberix (Injection Solution Reconstituted)	B	3	QL ♦
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL ♦
Infanrix (Intramuscular Suspension)	B	3	QL ♦
IPOL (Injection)	B	3	QL ♦
Ixchiq (Intramuscular Solution Reconstituted)	B	3	QL ♦
Ixiaro (Intramuscular Suspension)	B	3	QL ♦
Jynneos (Subcutaneous Suspension)	B	3	QL ♦
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL ♦
Menactra (Intramuscular Solution)	B	3	QL ♦
MenQuadfi (Intramuscular Solution)	B	3	QL ♦
Menveo (Intramuscular Solution Reconstituted)	B	3	QL ♦
M-M-R II (Injection Solution Reconstituted)	B	3	QL ♦

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	3	QL ♦
Pedvax HIB (Intramuscular Suspension)	B	3	QL ♦
Penbraya (Intramuscular Suspension Reconstituted)	B	3	QL ♦
Pentacel (Intramuscular Suspension Reconstituted)	B	3	QL ♦
PreHevbrio (Intramuscular Suspension)	B	3	B/D,PA; QL ♦
Priorix (Subcutaneous Suspension Reconstituted)	B	3	QL ♦
ProQuad (Subcutaneous Suspension Reconstituted)	B	3	QL ♦
Quadracel (Intramuscular Suspension)	B	3	QL ♦
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	3	QL ♦
RabAvert (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL ♦
Recombivax HB (Injection Suspension)	B	3	B/D,PA; QL ♦
Recombivax HB (Injection Suspension Prefilled Syringe)	B	3	B/D,PA; QL ♦
Rotarix (Oral Suspension)	B	3	QL ♦
Rotarix (Oral Suspension Reconstituted)	B	3	QL ♦
RotaTeq (Oral Solution)	B	3	QL ♦
Shingrix (Intramuscular Suspension Reconstituted)	B	3	PA; QL ♦
TDVAX (Intramuscular Suspension)	B	3	QL ♦
Tenivac (Intramuscular Injectable)	B	3	QL ♦
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	3	QL ♦
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	3	QL ♦
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL ♦
Typhim VI (Intramuscular Solution)	B	3	QL ♦
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	3	QL ♦
Vaqta (Intramuscular Suspension)	B	3	QL ♦
Varivax (Subcutaneous Injectable)	B	3	QL ♦
YF-VAX (Subcutaneous Injectable)	B	3	QL ♦
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Apriso (Oral Capsule Extended Release 24 Hour)	B	3	QL ♦
Balsalazide Disodium (Oral Capsule)	G	4	
Dipentum (Oral Capsule)	B	5	DL
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	4	QL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	3	QL ♦
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	3	QL ♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mesalamine (Rectal Enema)	G	4	QL
Mesalamine (Rectal Suppository)	G	4	QL
Pentasa (Oral Capsule Extended Release)	B	4	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	2	♦
Sulfasalazine (Oral Tablet Delayed Release)	G	2	♦
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	5	ST; DL
Budesonide (Oral Capsule Delayed Release Particles)	G	4	
Hydrocortisone (Perianal) (2.5% External Cream)	G	2	♦
Hydrocortisone (Rectal Enema)	G	4	
Procto-Med HC (External Cream)	G	2	♦
Proctosol HC (External Cream)	G	2	♦
Proctozone-HC (External Cream)	G	2	♦
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (Oral Solution)	G	4	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL ♦
Calcitonin Salmon (Nasal Solution)	G	3	QL ♦
Calcitriol (Oral Capsule)	G	2	B/D,PA ♦
Calcitriol (Oral Solution)	G	2	B/D,PA ♦
Cinacalcet HCl (Oral Tablet)	G	4	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	4	B/D,PA
Forteo (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Ibandronate Sodium (Oral Tablet)	G	2	QL ♦
Paricalcitol (Oral Capsule)	G	4	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Rayaldee (Oral Capsule Extended Release)	B	5	DL; QL
Risedronate Sodium (Oral Tablet Immediate Release)	G	3	QL ♦
Teriparatide (Recombinant) (620MCG/2.48ML Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Xgeva (Subcutaneous Solution)	B	5	PA; DL
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	2	♦

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gauze (Non-medicated 2X2 Pad)	B	2	♦
Insulin Syringes, Needles	B	2	♦
Lagevrio (Oral Capsule)	B	5	DL; QL
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	3	♦
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	3	♦
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	3	♦
Combigan (Ophthalmic Solution)	B	3	♦
Cystaran (Ophthalmic Solution)	B	5	DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	♦
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	4	
Lacrisert (Ophthalmic Insert)	B	4	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	2	♦
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	2	♦
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	4	
Neo-Polycin HC (Ophthalmic Ointment)	G	3	♦
Restasis MultiDose (Ophthalmic Emulsion)	B	3	QL ♦
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	3	QL ♦
Rocklatan (Ophthalmic Solution)	B	3	ST ♦
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	2	♦
TobraDex (Ophthalmic Ointment)	B	3	♦
TobraDex ST (Ophthalmic Suspension)	B	4	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	3	♦
Tyrvaya (Nasal Solution)	B	4	QL
Xiidra (Ophthalmic Solution)	B	4	QL
Ophthalmic Anti-allergy Agents			
Alomide (Ophthalmic Solution)	B	4	
Azelastine HCl (Ophthalmic Solution)	G	3	♦
Bepotastine Besilate (Ophthalmic Solution)	G	4	
Bepreve (Ophthalmic Solution)	B	4	
Cromolyn Sodium (Ophthalmic Solution)	G	2	♦
Epinastine HCl (Ophthalmic Solution)	G	3	♦
Ophthalmic Anti-Infectives			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bacitracin (Ophthalmic Ointment)	G	2	♦
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	2	♦
Besivance (Ophthalmic Suspension)	B	4	
Ciloxan (Ophthalmic Ointment)	B	4	
Ciprofloxacin HCl (Ophthalmic Solution)	G	2	♦
Erythromycin (Ophthalmic Ointment)	G	2	♦
Gatifloxacin (Ophthalmic Solution)	G	3	♦
Gentamicin Sulfate (Ophthalmic Solution)	G	2	♦
Levofloxacin (0.5% Ophthalmic Solution)	G	3	♦
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	4	
Natacyn (Ophthalmic Suspension)	B	4	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	3	♦
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	3	♦
Neo-Polycin (Ophthalmic Ointment)	G	3	♦
Ofloxacin (Ophthalmic Solution)	G	2	♦
Polycin (Ophthalmic Ointment)	G	2	♦
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	2	♦
Sulfacetamide Sodium (Ophthalmic Ointment)	G	2	♦
Sulfacetamide Sodium (Ophthalmic Solution)	G	2	♦
Tobramycin (Ophthalmic Solution)	G	2	♦
Tobrex (Ophthalmic Ointment)	B	4	
Trifluridine (Ophthalmic Solution)	G	3	♦
Xdemvy (Ophthalmic Solution)	B	5	DL; QL
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	2	♦
Diclofenac Sodium (Ophthalmic Solution)	G	2	♦
Flarex (Ophthalmic Suspension)	B	4	
Fluorometholone (Ophthalmic Suspension)	G	3	♦
Flurbiprofen Sodium (Ophthalmic Solution)	G	2	♦
FML Forte (Ophthalmic Suspension)	B	4	
Ilevro (Ophthalmic Suspension)	B	3	♦
Ketorolac Tromethamine (Ophthalmic Solution)	G	3	♦
Lotemax (Ophthalmic Gel)	B	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lotemax (Ophthalmic Ointment)	B	4	
Lotemax (Ophthalmic Suspension)	B	4	
Lotemax SM (Ophthalmic Gel)	B	4	
Loteprednol Etabonate (Ophthalmic Gel)	G	4	
Loteprednol Etabonate (0.5% Ophthalmic Suspension)	G	4	
Pred Mild (Ophthalmic Suspension)	B	4	
Prednisolone Acetate (Ophthalmic Suspension)	G	3	♦
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	2	♦
Prolensa (Ophthalmic Solution)	B	4	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	3	♦
Betimol (Ophthalmic Solution)	B	4	
Carteolol HCl (Ophthalmic Solution)	G	2	♦
Levobunolol HCl (Ophthalmic Solution)	G	2	♦
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	3	♦
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	♦
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (0.1% Ophthalmic Solution)	B	3	♦
Apraclonidine HCl (Ophthalmic Solution)	G	3	♦
Brimonidine Tartrate (0.15% Ophthalmic Solution)	G	4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	1	♦
Brinzolamide (Ophthalmic Suspension)	G	3	♦
Dorzolamide HCl (Ophthalmic Solution)	G	2	♦
Methazolamide (Oral Tablet)	G	4	
Pilocarpine HCl (Ophthalmic Solution)	G	3	♦
Rhopressa (Ophthalmic Solution)	B	3	ST ♦
Simbrinza (Ophthalmic Suspension)	B	3	♦
Ophthalmic Prostaglandin and Prostamide Analogs			
Latanoprost (Ophthalmic Solution)	G	1	♦
Lumigan (Ophthalmic Solution)	B	3	♦
Travoprost (BAK Free) (Ophthalmic Solution)	G	3	♦
Vyzulta (Ophthalmic Solution)	B	4	
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	2	♦
Cipro HC (Otic Suspension)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	4	
Flac (Otic Oil)	G	4	
Fluocinolone Acetonide (Otic Oil)	G	4	
Hydrocortisone-Acetic Acid (Otic Solution)	G	3	♦
Neomycin-Polymyxin-HC (1% Otic Solution)	G	3	♦
Neomycin-Polymyxin-HC (Otic Suspension)	G	3	♦
Ofloxacin (Otic Solution)	G	3	♦
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution)	G	3	♦
Azelastine-Fluticasone (Nasal Suspension)	G	4	
Cetirizine HCl (5MG/5ML Oral Solution)	G	2	♦
Cyproheptadine HCl (Oral Syrup)	G	4	
Cyproheptadine HCl (Oral Tablet)	G	4	
Desloratadine (Oral Tablet)	G	3	♦
Dymista (Nasal Suspension)	B	4	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	QL ♦
Ryaltris (Nasal Suspension)	B	4	
Anti-inflammatories, Inhaled Corticosteroids			
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL ♦
Budesonide (Inhalation Suspension)	G	4	B/D,PA
Flunisolide (Nasal Solution)	G	1	♦
Fluticasone Propionate (Nasal Suspension)	G	2	♦
Mometasone Furoate (Nasal Suspension)	G	4	
Qvar RediHaler (Inhalation Aerosol Breath Activated)	B	3	QL ♦
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	2	QL ♦
Montelukast Sodium (Oral Tablet)	G	1	QL ♦
Montelukast Sodium (Oral Tablet Chewable)	G	2	QL ♦
Zafirlukast (Oral Tablet)	G	3	QL ♦
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	4	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL ♦
Ipratropium Bromide (Inhalation Solution)	G	2	B/D,PA ♦

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Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ipratropium Bromide (Nasal Solution)	G	2	♦
Spiriva HandiHaler (Inhalation Capsule)	B	3	QL ♦
Spiriva Respimat (Inhalation Aerosol Solution)	B	3	QL ♦
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	2	♦
Albuterol Sulfate (Inhalation Nebulization Solution)	G	2	B/D,PA ♦
Albuterol Sulfate (Oral Syrup)	G	4	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	4	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	4	B/D,PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	3	QL ♦
Formoterol Fumarate (Inhalation Nebulization Solution)	G	4	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	4	B/D,PA
Levalbuterol Tartrate (Inhalation Aerosol)	B	3	♦
Perforomist (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL ♦
Ventolin HFA (Inhalation Aerosol Solution)	B	3	♦
Cystic Fibrosis Agents			
Cayston (Inhalation Solution Reconstituted)	B	5	PA; DL
Kalydeco (Oral Packet)	B	5	PA; DL; QL
Kalydeco (Oral Tablet)	B	5	PA; DL; QL
Orkambi (Oral Packet)	B	5	PA; DL; QL
Orkambi (Oral Tablet)	B	5	PA; DL; QL
Pulmozyme (Inhalation Solution)	B	5	B/D,PA; DL; QL
Tobi Podhaler (Inhalation Capsule)	B	5	PA; DL; QL
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	5	B/D,PA; DL; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	4	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Roflumilast (Oral Tablet)	G	4	PA; QL
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	2	♦
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	2	♦
Theophylline (Oral Solution)	G	2	♦
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	5	PA; DL
Alyq (Oral Tablet)	G	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ambrisentan (Oral Tablet)	G	5	PA; DL; QL
Bosentan (Oral Tablet)	G	5	PA; DL; QL
Opsumit (Oral Tablet)	B	5	PA; DL
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram (0.125MG Oral Tablet Extended Release)	B	4	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	5	PA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	3	PA; QL ♦
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	4	PA; QL
Tracleer (Oral Tablet Soluble)	B	5	PA; DL; QL
Uptravi (Oral Tablet)	B	5	PA; DL
Uptravi Titration (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Pulmonary Fibrosis Agents			
Ofev (Oral Capsule)	B	5	PA; DL; QL
Pirfenidone (Oral Capsule)	G	5	PA; DL; QL
Pirfenidone (Oral Tablet)	G	5	PA; DL; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	2	B/D,PA ♦
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL ♦
Advair HFA (Inhalation Aerosol)	B	3	QL ♦
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL ♦
Bevespi Aerosphere (Inhalation Aerosol)	B	3	QL ♦
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL ♦
Breztri Aerosphere (Inhalation Aerosol)	B	3	QL ♦
Bronchitol (Inhalation Capsule)	B	5	PA; DL; QL
Combivent Respimat (Inhalation Aerosol Solution)	B	3	QL ♦
Dulera (Inhalation Aerosol)	B	4	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	5	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	3	QL ♦
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	B	3	QL ♦
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D,PA ♦
Nucala (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Nucala (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	3	QL ♦
Symbicort (Inhalation Aerosol)	B	3	QL ♦
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL ♦
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	3	QL ♦
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	3	♦
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	♦
Cyclobenzaprine HCl (7.5MG Oral Tablet)	G	4	
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	3	♦
Sleep Disorder Agents			
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	3	QL ♦
Eszopiclone (Oral Tablet)	G	3	QL ♦
Ramelteon (Oral Tablet)	G	4	QL
Tasimelteon (Oral Capsule)	G	5	PA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	2	QL ♦
Zaleplon (Oral Capsule)	G	3	QL ♦
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	2	QL ♦
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	4	PA; QL
Lumryz (Oral Packet)	B	5	PA; DL; QL
Modafinil (Oral Tablet)	G	3	PA; QL ♦

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sodium Oxybate (Oral Solution)	B	5	PA; DL; QL

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

Covered drugs with a quantity limit (QL)

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

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist. You can also call 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
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (3.6 ml) per 28 days
Actemra (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (3.6 ml) per 28 days
ActHIB (Intramuscular Solution Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Acyclovir (External Ointment)	G	Maximum of 1 tube (30 grams) per 30 days
Adacel (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	**B**	Maximum of 1 inhaler (12 grams) per 30 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
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (60 tablets) per year
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
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

Drug name	Brand or Generic	Quantity limit
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
Arexvy (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (0.5 ml) per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (30 blisters) per 30 days
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Augtyro (Oral Capsule)	**B**	Maximum of 8 capsules per day
Austedo (Oral Tablet)	**B**	Maximum of 4 tablets per day
Avonex Pen (Intramuscular Auto-Injector Kit)	**B**	Maximum of 1 kit per 28 days
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	**B**	Maximum of 1 kit per 28 days
Ayvakit (Oral Tablet)	**B**	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
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

Drug name	Brand or Generic	Quantity limit
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Betaseron (Subcutaneous Kit)	**B**	Maximum of 1 kit (15 vials) per 30 days
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
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

Drug name	Brand or Generic	Quantity limit
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
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
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Caplyta (Oral Capsule)	**B**	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	**B**	Maximum of 2 kits per 28 days
Cimzia (Subcutaneous Kit)	**B**	Maximum of 2 kits per 28 days
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

Drug name	Brand or Generic	Quantity limit
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
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
Codeine Sulfate (Oral Tablet)	G	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	**B**	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

Drug name	Brand or Generic	Quantity limit
Cotellic (Oral Tablet)	**B**	Maximum of 3 tablets per day
Cycloset (Oral Tablet)	**B**	Maximum of 6 tablets per day
Cyltezo (2 Pen) (Subcutaneous Auto-Injector Kit)	**B**	Maximum of 4 pens per 28 days
Cyltezo (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit)	**B**	Maximum of 2 syringes per 28 days
Cyltezo (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	**B**	Maximum of 4 syringes per 28 days
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
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

Drug name	Brand or Generic	Quantity limit
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
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

Drug name	Brand or Generic	Quantity limit
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 Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eligard (22.5MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 84 days
Eligard (30MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 112 days
Eligard (45MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 168 days
Eligard (7.5MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 28 days
Eliquis (Oral Tablet)	**B**	Maximum of 2 tablets per day
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

Drug name	Brand or Generic	Quantity limit
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
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
Epclusa (Oral Packet)	**B**	Maximum of 1 carton (28 packets) per 28 days
Epclusa (Oral Tablet)	**B**	Maximum of 1 tablet 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

Drug name	Brand or Generic	Quantity limit
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
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
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
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

Drug name	Brand or Generic	Quantity limit
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
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	**B**	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
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
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	**B**	Maximum of 21 capsules per 28 days
Fruzaqla (1MG Oral Capsule)	**B**	Maximum of 84 capsules per 28 days
Fruzaqla (5MG Oral Capsule)	**B**	Maximum of 21 capsules per 28 days
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
Genvoya (Oral Tablet)	**B**	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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) (AbbVie)	**B**	Maximum of 2 kits (4 pens) per 28 days
Humira (2 Pen) (40MG/0.8ML Subcutaneous Pen-Injector Kit, 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, 40MG/0.8ML 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) (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 ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 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 4 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

Drug name	Brand or Generic	Quantity limit
Ingrezza (Oral Capsule Therapy Pack)	**B**	Maximum of 1 pack (28 capsules) per 28 days
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
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Isentress HD (Oral Tablet)	**B**	Maximum of 2 tablets per day
Isentress (Oral Packet)	**B**	Maximum of 2 packets per day
Isentress (Oral Tablet)	**B**	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	**B**	Maximum of 6 tablets per day
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	Maximum of 6 tablets per day
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

Drug name	Brand or Generic	Quantity limit
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
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
Korlym (Oral Tablet)	**B**	Maximum of 4 tablets per day
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
Lagevrio (Oral Capsule)	**B**	Maximum of 8 capsules per day and 40 capsules per prescription
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
Lexiva (50MG/ML Oral Suspension)	**B**	Maximum of 60 ml 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

Drug name	Brand or Generic	Quantity limit
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
Lokelma (Oral Packet)	**B**	Maximum of 3 packets per day
Lonsurf (15-6.14MG Oral Tablet)	**B**	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Lopinavir-Ritonavir (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
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lumakras (120MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Lumakras (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

Drug name	Brand or Generic	Quantity limit
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
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 ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 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

Drug name	Brand or Generic	Quantity limit
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
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
Moexipril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
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
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 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

Drug name	Brand or Generic	Quantity limit
Nitroglycerin (Rectal Ointment)	G	Maximum of 30 grams per 30 days
Norvir (Oral Packet)	**B**	Maximum of 12 packets per day
Noxafil (Oral Suspension)	**B**	Maximum of 20 ml per day
Nubeqa (Oral Tablet)	**B**	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 ml per 28 days
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	**B**	Maximum of 3 vials per 28 days
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
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

Drug name	Brand or Generic	Quantity limit
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
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	**B**	Maximum of 2 packs (336 tablets) per year
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	**B**	Maximum of 2 packs (672 tablets) per year
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	**B**	Maximum of 2 packs (504 tablets) per year
Orgovyx (Oral Tablet)	**B**	Maximum of 30 tablets per 28 days
Orkambi (Oral Packet)	**B**	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	**B**	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	**B**	Maximum of 1 tablet per day
Otezla (Oral Tablet)	**B**	Maximum of 2 tablets per day
Otezla (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

Drug name	Brand or Generic	Quantity limit
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
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

Drug name	Brand or Generic	Quantity limit
Pentasa (500MG Oral Capsule Extended Release)	**B**	Maximum of 8 capsules per day
Perforomist (Inhalation Nebulization Solution)	**B**	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	**B**	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 2 tablets per day
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (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
Praluent (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 pens (2 ml) per 28 days
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
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
Prezcobix (Oral Tablet)	**B**	Maximum of 1 tablet per day
Prezista (Oral Suspension)	**B**	Maximum of 2 bottles (400 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
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 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
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

Drug name	Brand or Generic	Quantity limit
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
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
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Rayaldee (Oral Capsule Extended Release)	**B**	Maximum of 2 capsules per day
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 12 pens (6 ml) per 28 days
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 packs per year
Rebif (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 12 syringes (6 ml) per 28 days
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 packs per year
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
Rectiv (Rectal Ointment)	**B**	Maximum of 30 grams per 30 days
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (Oral Tablet)	**B**	Maximum of 3 tablets per day
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

Drug name	Brand or Generic	Quantity limit
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
Revlimid (Oral Capsule)	**B**	Maximum of 1 capsule per day
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

Drug name	Brand or Generic	Quantity limit
Rydapt (Oral Capsule)	**B**	Maximum of 8 capsules per day
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
Scemblix (100MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Scemblix (20MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	**B**	Maximum of 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
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
Simponi (100MG/ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 syringe (0.5 ml) per 30 days
Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (0.5 ml) per 30 days
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
Sodium Oxybate (Oral Solution)	**B**	Maximum of 18 ml per day
Sofosbuvir-Velpatasvir (Oral Tablet)	**B**	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 5 pens (15 ml) per 24 days
Somavert (Subcutaneous Solution Reconstituted)	**B**	Maximum of 1 vial per day

Drug name	Brand or Generic	Quantity limit
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
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
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

Drug name	Brand or Generic	Quantity limit
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
Tagrisso (Oral Tablet)	**B**	Maximum of 1 tablet per day
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	**B**	Maximum of 1 capsule per day
Talzenna (0.25MG Oral Capsule)	**B**	Maximum of 3 capsules per day
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 (14MG Oral Tablet)	G	Maximum of 1 tablet per day
Teriflunomide (7MG Oral Tablet)	G	Maximum of 2 tablets 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)	**B**	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	**B**	Maximum of 2 capsules per day
Thalomid (50MG Oral Capsule)	**B**	Maximum of 3 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
Tracleer (Oral Tablet Soluble)	**B**	Maximum of 8 tablets per day
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
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
Trelstar Mixject (11.25MG Intramuscular Suspension Reconstituted)	**B**	Maximum of 1 vial per 84 days
Trelstar Mixject (22.5MG Intramuscular Suspension Reconstituted)	**B**	Maximum of 1 vial per 168 days
Trelstar Mixject (3.75MG Intramuscular Suspension Reconstituted)	**B**	Maximum of 1 vial per 28 days
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trientine HCl (500MG Oral Capsule)	G	Maximum of 4 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
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
Trizivir (300-150-300MG Oral Tablet)	**B**	Maximum of 2 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 1.56 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
Ubrelvy (Oral Tablet)	**B**	Maximum of 16 tablets per 30 days
Uptravi Titration (Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (400 tablets) per year
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

Drug name	Brand or Generic	Quantity limit
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
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
Vigadrone (Oral Tablet)	G	Maximum of 6 tablets per day
Vigpoder (Oral Packet)	G	Maximum of 6 packets per day
Viibryd (Oral Tablet)	**B**	Maximum of 1 tablet 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

Drug name	Brand or Generic	Quantity limit
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
Votrient (Oral Tablet)	**B**	Maximum of 4 tablets 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
Vyndamax (Oral Capsule)	**B**	Maximum of 1 capsule 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
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

Drug name	Brand or Generic	Quantity limit
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
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

Drug name	Brand or Generic	Quantity limit
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

Additional covered drugs

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

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

Required information

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

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.

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