

Complete Drug List (Formulary) 2025

UHC Preferred Dual Complete FL-Y2 (HMO-POS D-SNP)

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



myPreferredCare.com



Toll-free 1-866-480-1086, TTY 711

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



**Preferred
Care Partners**

A UnitedHealthcare Company

Formulary ID Number 00025002
Y0066_070524_102030_C v173.11

Last updated November 1, 2025

Table of contents

What is a Drug List?	3
Note to existing members:.....	3
How can I find a drug on the Drug List?	4
What are generic drugs?.....	4
What are original biological products and how are they related to biosimilars?	4
What is a compounded drug?	5
Are there any rules or limits on my drug coverage?	5
What if my drug is not on this list?	7
How can I get an exception?	7
Can I get my drug while I wait for an exception?	8
Can the Drug List change?	9
Covered drugs by name (Drug index).....	11
Covered drugs by category	30
Covered drugs with a quantity limit (QL)	94

Questions?

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



Toll-free **1-866-480-1086**, 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 November 1, 2025.

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 Dual Complete.

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

How can I find a drug on the Drug List?

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

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 11-29 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 30-93. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

Can't find your drug?

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

What are generic drugs?

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

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

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

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

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

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

What is a compounded drug?

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

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 30. The codes and what they mean are shown below and on the next page.

You can also get more information about the coverage rules and/or limits applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. If you would like a copy sent to you, please call Customer Service. Our contact information is on the cover.

Coverage rules and limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

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

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

Other special coverage rules

B/D - Medicare Part B or Part D

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

- **Drug List exception:** Ask the plan to cover your Medicare Part D drug even if it's not on the Drug List.
- **Utilization exception:** Ask the plan to revise the coverage rules or limits on your drug. For example, if your drug has a quantity limit, you can ask the plan to change the limit and cover more.

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

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

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

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

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

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

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

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

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

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.

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	53	Akeega45	
Abacavir Sulfate -Lamivudine	53	Ala -Cort67	
Abilify Asimtufii	55	Albendazole49	
Abilify Maintena	55	Albuterol Sulfate91	
Abiraterone Acetate	44	Albuterol Sulfate HFA91	
Abrysvo	85	Alclometasone Dipropionate	67
Acamprosate Calcium	32	Alcohol Prep Pads.....	87
Acarbose	56	Alecensa	45
Accutane	67	Alendronate Sodium	87
Acebutolol HCl	61	Alfuzosin HCl ER	75
Acetaminophen -Codeine	31	Aliskiren Fumarate	62
Acetazolamide	62	Allopurinol	43
Acetazolamide ER	62	Alosetron HCl	72
Acetic Acid	90	Alphagan P	89
Acetylcysteine	92	Alprazolam	55
Acitretin	67	Altavera	76
ActHIB	85	Alunbrig	45
Actimmune	83	Alyacen 1/35	76
Acyclovir	52	Alyq	92
Acyclovir Sodium	52	Amantadine HCl	50
Adacel	85	Ambrisentan	92
Adalimumab -aaty	83	Amikacin Sulfate	33
Adalimumab -adbm	84	Amiloride HCl	63
Adapalene	67	Amiloride -Hydrochlorothiazide	62
Adefovir Dipivoxil	52	Amiodarone HCl	61
Adempas	92	Amitriptyline HCl	41
Aimovig	43	Amlodipine Besylate	61
Airsupra	92	Amlodipine -Atorvastatin	62
		Amlodipine -Benazepril	62
		Amlodipine -Olmesartan	62
		Amlodipine -Valsartan	62
		Amlodipine -Valsartan -HCTZ	62
		Ammonium Lactate	67
		Amnesteem	67
		Amoxapine	41
		Amoxicillin	35
		Amoxicillin -Potassium Clavulanate	35
		Amoxicillin -Potassium Clavulanate ER	35
		Amphetamine -Dextroamphetamine	65
		Amphetamine -Dextroamphetamine ER	65
		Amphotericin B	42
		Amphotericin B Liposome	42
		Ampicillin	35
		Ampicillin Sodium	35
		Ampicillin -Sulbactam Sodium	35
		Anagrelide HCl	59
		Anastrozole	45
		Anoro Ellipta	92
		Apraclonidine HCl	89
		Aprepitant	42
		Apri	76
		Apriso	86
		Aptivus	54
		Aralast NP	74
		Aranelle	76
		Aranesp	59
		Arcalyst	82

Arexvy	85	Azelaic Acid	67	Betamethasone Dipropionate .	68
Arformoterol Tartrate	91	Azelastine HCl	90	Betamethasone Dipropionate	
Arikayce	33	Azithromycin	36	Aug	68
Aripiprazole	55	Aztreonam	33	Betamethasone Valerate	68
Aripiprazole ODT	55	Azurette	76	Betaseron	66
Aristada	55	B			
Aristada Initio	55	BCG Vaccine	85	Bethanechol Chloride	75
Armodafinil	93	BIVIGAM	82	Betamol	89
Arnuity Ellipta	90	BRIVIACT	37	Bevespi Aerosphere	92
Asenapine Maleate	55	Bacitracin	88	Bexarotene	49
Ashlyna	76	Bacitracin -Polymyxin B	88	Bexsero	85
Aspirin -Dipyridamole ER	60	Baclofen	52	Bicalutamide	44
Atazanavir Sulfate	54	Balsalazide Disodium	86	Bicillin C -R	35
Atenolol	61	Balversa	45	Bicillin C -R 900/300	35
Atenolol -Chlorthalidone	62	Balziva	76	Bicillin L -A	35
Atomoxetine HCl	65	Baqsimi One Pack	57	Biktarvy	52
Atorvastatin Calcium	64	Baraclude	52	Bisoprolol Fumarate	61
Atovaquone	49	Belsomra	93	Bisoprolol -Hydrochlorothiazide	62
Atovaquone -Proguanil HCl	49	Benazepril HCl	60	Blisovi 24 Fe	76
Atropine Sulfate	87	Benazepril		Blisovi Fe 1.5/30	76
Atrovent HFA	91	-Hydrochlorothiazide	62	Bonsity	87
Aubra EQ	76	Benlysta	82	Boostrix	85
Augtyro	45	Benzoyl Peroxide		Bosentan	92
Austedo	66	-Erythromycin	67	Bosulif	45
Auvelity	40	Benztropine Mesylate	50	Braftovi	46
Aviane	76	Bepotastine Besilate	88	Breo Ellipta	92
Avmapki Fakzynja Co -Pack .		Bepreve	88	Breztri Aerosphere	92
.....	45	Berinert	81	Briellyn	76
Ayvakit	45	Besivance	88	Brilinta	60
Azathioprine	84	Besremi	83	Brimonidine Tartrate	89
		Betaine	74		

Brimonidine Tartrate -Timolol87	Candesartan Cilexetil60	Cefuroxime Axetil34
Brinzolamide89	Candesartan Cilexetil -HCTZ62	Cefuroxime Sodium34
Bromfenac Sodium89	Caplyta51	Celecoxib30
Bromocriptine Mesylate81	Caprelsa46	Cephalexin34
Brukinsa46	Captopril60	Cetirizine HCl90
Budesonide90	Carbamazepine39	Chemet71
Budesonide ER86	Carbamazepine ER39	Chenodal73
Bumetanide63	Carbidopa50	Chlordiazepoxide HCl55
Buprenorphine30	Carbidopa -Levodopa50	Chlorhexidine Gluconate67
Buprenorphine HCl32	Carbidopa -Levodopa ER50	Chloroquine Phosphate49
Buprenorphine HCl -Naloxone HCl32	Carbidopa -Levodopa ODT ..50	Chlorpromazine HCl50
Bupropion HCl40	Carbidopa -Levodopa -Entacapone50	Chlorthalidone63
Bupropion HCl SR40	Carglumic Acid70	Chlorzoxazone93
Bupropion HCl XL40	Carteolol HCl89	Cholbam74
Buspiron HCl55	Cartia XT62	Cholestyramine64
Butalbital -Acetaminophen -Caffeine31	Carvedilol61	Cholestyramine Light64
Butalbital -Aspirin -Caffeine .31	Cayston91	Ciclopirox69
Butorphanol Tartrate31	Cefaclor34	Ciclopirox Olamine69
Bylvy72	Cefadroxil34	Cilostazol60
C		
Cabergoline81	Cefazolin Sodium34	Ciloxan88
Cablivi60	Cefdinir34	Cimduo53
Cabometyx46	Cefepime HCl34	Cimetidine73
Calcipotriene69	Cefixime34	Cimetidine HCl73
Calcitonin Salmon87	Cefotetan Disodium34	Cinacalcet HCl87
Calcitriol87	Cefoxitin Sodium34	Cipro HC90
Calquence46	Cefpodoxime Proxetil34	Ciprofloxacin HCl88
Camila80	Cefprozil34	Ciprofloxacin in D5W36
Camrese Lo76	Ceftazidime34	Ciprofloxacin -Dexamethasone90
	Ceftriaxone Sodium34	Citalopram Hydrobromide40

Claravis	67	Coartem	49	Cycloset	56
Clarithromycin	36	Cobenfy	66	Cyclosporine	84
Clarithromycin ER	36	Cobenfy Starter Pack	66	Cyclosporine Modified	84
Clenpiq	73	Colchicine	43	Cyproheptadine HCl	90
Climara Pro	76	Colchicine -Probenecid	43	Cyred EQ	76
Clindacin ETZ	69	Colesevelam HCl	64	Cystagon	74
Clindamycin HCl	33	Colestipol HCl	64	Cystaran	87
Clindamycin Palmitate HCl	33	Colistimethate Sodium	33	D	
Clindamycin Phosphate	70	Combigan	87	Dalfampridine ER	66
Clindamycin Phosphate in D5W	33	Combivent Respimat	92	Danazol	76
Clindamycin Phosphate -Benzoyl Peroxide	67	Cometriq	46	Dantrolene Sodium	52
Clinolipid	70	Complera	53	Danziten	46
Clobazam	38	Compro	41	Dapsone	44
Clobetasol Propionate	68	Constulose	72	Daptacel	85
Clobetasol Propionate Emollient Base	68	Copiktra	46	Daptomycin	33
Clodan	68	Cordran	68	Darunavir	54
Clomipramine HCl	41	Corlanor	62	Dasatinib	46
Clonazepam	55	Cosentyx	82	Daurismo	46
Clonazepam ODT	55	Cosentyx Sensoready	82	Deblitane	80
Clonidine	60	Cosentyx UnoReady	82	Deferasirox	72
Clonidine HCl	60	Cotellic	46	Deferasirox Granules	71
Clonidine HCl ER	65	Creon	74	Deferiprone	72
Clopidogrel Bisulfate	60	Crinone	80	Delstrigo	53
Clorazepate Dipotassium	55	Cromolyn Sodium	91	Demeclocycline HCl	36
Clotrimazole	70	Cryselle -28	76	Depo -Estradiol	76
Clotrimazole -Betamethasone	69	Ctexli	73	Depo -SubQ Provera 104	80
Clozapine	51	Cyclobenzaprine HCl	93	Descovy	53
Clozapine ODT	51	Cyclophosphamide	44	Desipramine HCl	41
		Cycloserine	44	Desloratadine	90

Desmopressin Acetate	75	Dilantin	39	Doxycycline Hyclate	37
Desmopressin Acetate Spray	75	Dilantin INFATABS	39	Doxycycline Monohydrate	37
Desonide	68	Dilt -XR	62	Drizalma Sprinkle	66
Desoximetasone	68	Diltiazem HCl	62	Dronabinol	42
Desvenlafaxine Succinate ER	40	Diltiazem HCl ER	62	Drospirenone -Ethinyl Estradiol	76
Dexamethasone	75	Diltiazem HCl ER Beads	62	Droxidopa	60
Dexamethasone Sodium Phosphate	89	Diltiazem HCl ER Coated Beads	62	Duavee	76
Dexlansoprazole	73	Dimethyl Fumarate	66	Dulera	92
Dexmethylphenidate HCl	65	Dimethyl Fumarate Starter Pack	66	Duloxetine HCl	66
Dexmethylphenidate HCl ER	65	Dipentum	86	Dupixent	82
Dextroamphetamine Sulfate	65	Diphenoxylate -Atropine	72	Dutasteride	75
Dextroamphetamine Sulfate ER	65	Disulfiram	32	Dymista	90
Dextrose	70	Diuril	63	E	
Dextrose -Sodium Chloride ..	70	Divalproex Sodium	56	Ebglyss	82
Diacomit	38	Divalproex Sodium ER	56	Econazole Nitrate	70
Diazepam	55	Dofetilide	61	Edarbi	60
Diazepam Intensol	55	Dolishale	76	Edarbyclor	62
Diazoxide	57	Donepezil HCl	39	Edurant	53
Diclofenac Epolamine	30	Donepezil HCl ODT	39	Edurant PED	53
Diclofenac Potassium	30	Doptelet	60	Efavirenz	53
Diclofenac Sodium	89	Dorzolamide HCl	89	Efavirenz -Emtricitabine -Tenofovir	53
Diclofenac Sodium ER	30	Dorzolamide HCl -Timolol Maleate	87	Efavirenz -Lamivudine -Tenofovir	53
Dicloxacillin Sodium	35	Dorzolamide HCl -Timolol Maleate Preservative Free	87	Elestrin	77
Dicyclomine HCl	72	Dovato	52	Eligard	81
Dificid	36	Doxazosin Mesylate	60	Eliquis	58
Diffunisal	30	Doxepin HCl	68	Eliquis Starter Pack	59
Digoxin	62	Doxercalciferol	87	Elmiron	75
Dihydroergotamine Mesylate	43	Doxy 100	36	Eltrombopag Olamine	59
				EluRyng	77

Emgality	43	Erleada	44	Ezetimibe	64
Emsam	40	Erlotinib HCl	46	Ezetimibe -Simvastatin	64
Emtricitabine	53	Errin	80	F	
Emtricitabine -Rilpivirine -Tenofovir DF	53	Ertapenem Sodium	35	FML Forte	89
Emtricitabine -Tenofovir Disoproxil Fumarate	53	Ery	70	Falmina	77
Emtriva	53	Erythromycin	88	Famciclovir	52
Enalapril Maleate	60	Erythromycin Base	36	Famotidine	73
Enalapril -Hydrochlorothiazide	62	Erythromycin Ethylsuccinate	36	Fanapt	51
Enbrel	84	Escitalopram Oxalate	40	Fanapt Titration Pack A	51
Enbrel Mini	84	Eslicarbazepine Acetate	39	Farxiga	65
Enbrel SureClick	84	Esomeprazole Magnesium .	73	Fasenra	92
Endocet	31	Estarylla	77	Fasenra Pen	92
Engerix -B	85	Estradiol	77	Febuxostat	43
EnilloRing	77	Estradiol Valerate	77	Feirza 1.5/30	77
Enoxaparin Sodium	59	Estring	77	Feirza 1/20	77
Enpresse -28	77	Eszopiclone	93	Felbamate	37
Enskyce	77	Ethacrynic Acid	63	Felodipine ER	61
Entacapone	50	Ethambutol HCl	44	Femring	77
Entecavir	52	Ethosuximide	38	Fenofibrate	64
Entresto	62	Ethynodiol Diacetate -Ethinyl Estradiol	77	Fenofibrate Micronized	64
Enulose	72	Etodolac	30	Fenofibric Acid	64
Envarsus XR	84	Etodolac ER	30	Fentanyl	31
Epidiolex	37	Etonogestrel -Ethinyl Estradiol	77	Fetzima	40
Epinastine HCl	88	Etravirine	53	Fetzima Titration	40
Epinephrine	91	Eulexin	44	Finacea	67
Eplerenone	64	Everolimus	84	Finasteride	75
Eprontia	37	Evotaz	54	Fingolimod HCl	66
Ergotamine -Caffeine	43	Exemestane	45	Fintepla	37
Erivedge	46	Exenatide	56	Finzala	77

Firmagon	81	Fosinopril Sodium	60	Gengraf	84
Flac	90	Fosinopril Sodium -HCTZ	62	Genotropin	76
Flarex	89	Fotivda	46	Genotropin MiniQuick	76
Flecainide Acetate	61	Fruzaqla	46	Gentamicin Sulfate	88
Fluconazole	42	Furosemide	63	Gentamicin Sulfate -0.9% Sodium Chloride	33
Fluconazole in Sodium Chloride	42	Fyavolv	77	Genvoya	52
Flucytosine	42	Fycompa	37	Gilotrif	46
Fludrocortisone Acetate	75	G		Glatiramer Acetate	66
Flunisolide	90	Gabapentin	38	Glatopa	66
Fluocinolone Acetonide	90	Galantamine Hydrobromide	39	Gleostine	44
Fluocinolone Acetonide Scalp	68	Galantamine Hydrobromide ER	39	Glimepiride	56
Fluocinonide	68	Galbriela	77	Glipizide	56
Fluocinonide Emulsified Base	68	Gallifrey	80	Glipizide ER	56
Fluorometholone	89	Gammagard	82	Glipizide -Metformin HCl	57
Fluorouracil	69	Gammagard S/D Less IgA	82	Glucagon Emergency	57
Fluoxetine HCl	40	Gammaked	82	Glycopyrrolate	72
Fluphenazine Decanoate	50	Gammaplex	82	Glyxambi	57
Fluphenazine HCl	51	Gamunex -C	82	Gomekli	46
Flurbiprofen	30	Gardasil 9	85	Granisetron HCl	42
Flurbiprofen Sodium	89	Gatifloxacin	88	Griseofulvin Microsize	42
Fluticasone Propionate	90	Gauze	87	Griseofulvin Ultramicrosize	42
Fluticasone -Salmeterol	92	GaviLyte -C	73	Guanfacine HCl ER	65
Fluvastatin Sodium	64	GaviLyte -G	73	Gvoke HypoPen 2 -Pack	58
Fluvastatin Sodium ER	64	GaviLyte -N with Flavor Pack	73	Gvoke Kit	58
Fluvoxamine Maleate	40	Gavreto	46	Gvoke PFS	58
Fondaparinux Sodium	59	Gefitinib	46	H	
Formoterol Fumarate	91	Gemfibrozil	64	Haegarda	81
Forteo	87	Gemtesa	74	Hailey 24 Fe	77
Fosamprenavir Calcium	54	Generlac	72	Halobetasol Propionate	68

Haloette	77	Hydralazine HCl	65	Imipramine HCl	41
Haloperidol	51	Hydrochlorothiazide	63	Imipramine Pamoate .	41
Haloperidol Decanoate	51	Hydrocodone -Acetaminophen	31	Imiquimod	69
Haloperidol Lactate	51	Hydrocodone -Ibuprofen .	31	Imkeldi	46
Havrix	85	Hydrocortisone	86	Imovax Rabies	85
Heather .	80	Hydrocortisone Butyrate	68	Impavido	49
Heparin Sodium	59	Hydrocortisone Valerate .	68	Imvexxy Maintenance Pack .	77
Heplisav -B .	85	Hydrocortisone -Acetic Acid .	90	Imvexxy Starter Pack .	77
Hernexeos	46	Hydromorphone HCl .	31	Inbrija	50
Hiberix	85	Hydromorphone HCl Preservative Free .	31	Incassia .	80
Humalog	58	Hydroxychloroquine Sulfate .	49	Increlex	76
Humalog Junior KwikPen	58	Hydroxyurea .	45	Incruse Ellipta	91
Humalog KwikPen .	58	Hydroxyzine HCl	55	Indapamide	63
Humalog Mix 50/50 KwikPen .	58	Hydroxyzine Pamoate .	55	Indomethacin .	30
Humalog Mix 75/25 .	58			Infanrix	85
Humalog Mix 75/25 KwikPen .	58			Ingrezza .	66
Humatin	33			Inlyta .	46
Humira .	84			Inqovi .	45
Humira Pen Psoriasis/Uveitis Starter	84			Inrebic .	46
Humira Pen -Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter .	84			Insulin Lispro .	58
Humulin 70/30 .	58			Insulin Lispro Junior KwikPen .	58
Humulin 70/30 KwikPen	58			Insulin Lispro Prot & Lispro .	58
Humulin N .	58			Insulin Syringes, Needles.	87
Humulin N KwikPen	58			Intelence	53
Humulin R .	58			Intralipid .	70
Humulin R U -500 .	58			Introvale .	77
Humulin R U -500 KwikPen .	58			Invega Hafyera .	51
				Invega Sustenna .	51
				Invega Trinza .	51

Ipratropium Bromide	91	Jardiance	65	Ketorolac Tromethamine	89
Ipratropium -Albuterol	92	Jasmiel	77	Kinrix	85
Irbesartan	60	Jaypirca	47	Kisqali	47
Irbesartan -Hydrochlorothiazide	62	Jentadueto	57	Kisqali Femara	47
Isentress	53	Jentadueto XR	57	Klor -Con	71
Isentress HD	52	Jinteli	77	Klor -Con 10	70
Isibloom	77	Jubbonti	87	Klor -Con 8	71
Isolyte -P in D5W	70	Jublia	70	Klor -Con M10	70
Isolyte -S pH 7.4	70	Juleber	77	Klor -Con M15	70
Isoniazid	44	Juluca	53	Klor -Con M20	71
Isosorbide Dinitrate	65	Junel 1.5/30	77	Kloxxado	32
Isosorbide Dinitrate -Hydralazine	63	Junel 1/20	77	Koselugo	47
Isosorbide Mononitrate	65	Junel Fe 1.5/30	77	Kourzeq	67
Isosorbide Mononitrate ER	65	Junel Fe 1/20	77	Krazati	47
Isotretinoin	67	Junel Fe 24	77	Kurvelo	78
Isturisa	81	Jylamvo	84	L	
Itovebi	46	Jynneos	85	L -Glutamine	71
Itraconazole	42	K		LARIN 1.5/30	78
Ivabradine HCl	63	KCl in Dextrose -NaCl	70	LARIN 1/20	78
Ivermectin	49	KCl -Lactated Ringers -D5W	70	LARIN Fe 1.5/30	78
Iwilfin	45	Kaitlib Fe	78	LARIN Fe 1/20	78
Ixiaro	85	Kaletra	54	Labetalol HCl	61
J		Kalydeco	91	Lacosamide	39
Jaimiess	77	Kariva	78	Lactulose	72
Jakafi	47	Kelnor 1/35	78	Lamivudine	53
Jantoven	59	Kerendia	64	Lamivudine -Zidovudine	53
Janumet	57	Kesimpta	66	Lamotrigine	37
Janumet XR	57	Ketoconazole	70	Lanoxin	63
Januvia	57	Ketoprofen	30	Lansoprazole	73

Lantus	58	Levonest	78	Lorazepam	55
Lantus SoloStar	58	Levonorgestrel -Ethinyl Estradiol	78	Lorazepam Intensol	55
Lapatinib Ditosylate	47	Levonorgestrel -Ethinyl Estradiol 91 -Day	78	Lorbrena	47
Latanoprost	90	Levonorgestrel -Ethinyl Estradiol Triphasic	78	Loryna	78
Lazcluze	45	Levora 0.15/30	78	Losartan Potassium	60
Leflunomide	84	Levothyroxine Sodium	81	Losartan Potassium -HCTZ	63
Lenalidomide	44	Levoxyl	81	Lotemax	89
Lenvima 10MG Daily Dose	47	Lidocaine	32	Lotemax SM	89
Lenvima 12MG Daily Dose	47	Lidocaine HCl	32	Loteprednol Etabonate	89
Lenvima 14MG Daily Dose	47	Lidocaine Viscous	32	Lovastatin	64
Lenvima 18MG Daily Dose	47	Lidocaine -Prilocaine	32	Low -Ogestrel	78
Lenvima 20MG Daily Dose	47	Liletta	80	Loxapine Succinate	51
Lenvima 24MG Daily Dose	47	Linezolid	33	Lubiprostone	72
Lenvima 4MG Daily Dose	47	Linzess	72	Lumakras	47
Lenvima 8MG Daily Dose	47	Liothyronine Sodium	81	Lumigan	90
Lessina	78	Lisdexamfetamine Dimesylate	65	Lumryz	93
Letrozole	45	Lisinopril	60	Lumryz Starter Pack	93
Leucovorin Calcium	49	Lisinopril -Hydrochlorothiazide	63	Lupron Depot	81
Leukeran	44	Lithium	56	Lupron Depot -Ped	81
Leuprolide Acetate	81	Lithium Carbonate	56	Lurasidone HCl	56
Levalbuterol HCl	91	Lithium Carbonate ER	56	Lutera	78
Levalbuterol Tartrate	91	Livalo	64	Lybalvi	56
Levetiracetam	37	Livtency	52	Lyleq	80
Levetiracetam ER	37	LoJaimiess	78	Lynparza	47
Levobunolol HCl	89	Lokelma	72	Lysodren	45
Levocarnitine	74	Lonsurf	45	Lytgobi	47
Levocetirizine Dihydrochloride	90	Loperamide HCl	72	Lyumjev	58
Levofloxacin	88	Lopinavir -Ritonavir	54	Lyumjev KwikPen	58
Levofloxacin in D5W	36			Lyza	80

M		
M -M -R II	85	Mesalamine ER86
MResvia	85	Mesna49
Magnesium Sulfate	71	Mesnex49
Malathion	69	Metformin HCl57
Maraviroc	54	Metformin HCl ER57
Marlissa	78	Methadone HCl31
Marplan	40	Methazolamide89
Matulane	44	Methenamine Hippurate33
Matzim LA	62	Methimazole81
Mavyret	52	Methocarbamol93
Mayzent	66	Methotrexate Sodium84
Mayzent Starter Pack	66	Methoxsalen Rapid69
Meclizine HCl	41	Methscopolamine Bromide . 72
Medroxyprogesterone Acetate	80	Methsuximide38
Mefloquine HCl	49	Methylphenidate HCl66
Megestrol Acetate	80	Methylphenidate HCl ER66
Mekinist	47	Methylprednisolone75
Mektovi	47	Metoclopramide HCl41
Melelya	80	Metolazone63
Meloxicam	30	Metoprolol Succinate ER61
Memantine HCl	40	Metoprolol Tartrate61
Memantine HCl ER	40	Metoprolol -Hydrochlorothiazide63
Memantine HCl Titration Pak	40	Metronidazole33
MenQuadfi	85	Metyrosine63
Menveo	85	Mexiletine HCl61
Mercaptopurine	45	Mibelas 24 Fe78
Meropenem	36	Micafungin Sodium42
Mesalamine	86	Miconazole 342
		Microgestin 1.5/3078
		Microgestin 1/2078
		Microgestin Fe 1.5/3078
		Microgestin Fe 1/2078
		Midodrine HCl60
		Miebo87
		Mifepristone81
		Miglitol57
		Miglustat74
		Mili78
		Minocycline HCl37
		Minoxidil65
		Mirtazapine40
		Mirtazapine ODT40
		Misoprostol73
		Modafinil93
		Modeysa45
		Moexipril HCl60
		Molindone HCl51
		Mometasone Furoate90
		Montelukast Sodium91
		Morphine Sulfate31
		Morphine Sulfate ER31
		Motegrity72
		Mounjaro57
		Movantik72
		Moxifloxacin HCl88
		Moxifloxacin HCl in NaCl36
		Multaq61
		Multiple Electrolytes Type 1 pH 7.471

Mupirocin	70	Neomycin -Polymyxin -HC	90	Nora -BE	80
Mupirocin Calcium	70	Nerlynx	47	Norelgestromin -Ethinyl Estradiol	78
Mycophenolate Mofetil	84	Neuac	67	Norethindrone	80
Mycophenolate Sodium	84	Neulasta	59	Norethindrone Acetate	80
Myhibbin	84	Neupro	50	Norethindrone Acetate -Ethinyl Estradiol	78
Myrbetriq	74	Nevirapine	53	Norethindrone Acetate -Ethinyl Estradiol -Fe	78
N		Nevirapine ER	53	Norethindrone -Ethinyl Estradiol -Fe	78
Nabumetone	30	Nexletol	64	Norgestimate -Ethinyl Estradiol	78
Nadolol	61	Nexlizet	64	Norgestimate -Ethinyl Estradiol Triphasic	78
Nafcillin Sodium	35	Nexplanon	80	Nortrel 0.5/35	79
Naloxone HCl	32	Niacin	64	Nortrel 1/35	79
Naltrexone HCl	32	Niacin ER	64	Nortrel 7/7/7	79
Namzaric	39	Niacor	64	Nortriptyline HCl	41
Naproxen	30	Nicardipine HCl	61	Norvir	54
Naproxen DR	30	Nicotrol NS	32	Nubeqa	44
Naratriptan HCl	43	Nifedipine ER	61	Nucala	93
Natacyn	88	Nifedipine ER Osmotic Release	61	Nuedexta	66
Nateglinide	57	Nikki	78	Nuplazid	51
Nayzilam	38	Nilotinib HCl	47	Nurtec ODT	43
Nebivolol HCl	61	Nilutamide	44	Nutrilipid	71
Necon 0.5/35	78	Nimodipine	61	Nuzyra	37
Nefazodone HCl	41	Ninlaro	47	Nyamyc	70
Neo -Polycin	88	Nitazoxanide	49	Nylia 1/35	79
Neo -Polycin HC	88	Nitisinone	74	Nylia 7/7/7	79
Neomycin Sulfate	33	Nitro -Bid	65	Nystatin	70
Neomycin -Bacitracin -Polymyxin	88	Nitrofurantoin Macrocrystal ..	33	Nystop	70
Neomycin -Polymyxin -Bacitracin -Hydrocortisone ..	87	Nitrofurantoin Monohydrate ..	33		
Neomycin -Polymyxin -Dexamethasone	87	Nitroglycerin	65	O	
Neomycin -Polymyxin -Gramicidin	88	Nizatidine	73	Ocella	79

Octagam	82	Orkambi	91	Penbraya	85
Octreotide Acetate	81	Orquidea	80	Penicillamine	75
Odefsey	53	Orserdu	44	Penicillin G Potassium	35
Odomzo	47	Oseltamivir Phosphate	54	Penicillin G Sodium	35
Ofev	92	Osphena	80	Penicillin V Potassium	35
Ofloxacin	90	Otezla	82	Penmenvy	85
Ogsiveo	45	Oxacillin Sodium	35	Pentacel	85
Ojemda	47	Oxacillin Sodium in Dextrose	35	Pentamidine Isethionate	50
Ojjaara	47	Oxcarbazepine	39	Pentasa	86
Olanzapine	56	Oxybutynin Chloride	74	Pentoxifylline ER	63
Olanzapine ODT	56	Oxybutynin Chloride ER	74	Perindopril Erbumine	60
Olmesartan Medoxomil	60	Oxycodone HCl	32	Periogard	67
Olmesartan Medoxomil -HCTZ	63	Oxycodone -Acetaminophen	32	Permethrin	69
Olmesartan -Amlodipine -HCTZ	63	Ozempic	57	Perphenazine	41
Omega -3 -Acid Ethyl Esters	64	P		Perseris	56
Omeprazole	73	PEG -3350 -Electrolytes	73	Phenelzine Sulfate	40
Ondansetron HCl	42	PEG -3350 -NaCl -Na Bicarbonate -KCl	73	Phenobarbital	38
Ondansetron ODT	42	Paliperidone ER	51	Phenytek	39
Onureg	45	Panretin	49	Phenytoin	39
Opipza	56	Pantoprazole Sodium	73	Phenytoin Sodium Extended	39
Opsumit	92	Panzyga	82	Pifeltro	53
Opvee	32	Paricalcitol	87	Pilocarpine HCl	90
Orencia	82	Paroxetine HCl	41	Pimecrolimus	69
Orencia ClickJect	82	Paxlovid	55	Pimozide	51
Orenitram	92	Pazopanib HCl	47	Pimtrea	79
Orenitram Month 1	92	Pediarix	85	Pindolol	61
Orenitram Month 2	92	Pedvax HIB	85	Pioglitazone HCl	57
Orenitram Month 3	92	Pegasys	83	Pioglitazone HCl -Glimepiride	57
Orgovyx	45	Pemazyre	47	Pioglitazone HCl -Metformin HCl	57

Piperacillin -Tazobactam35	Prednisone Intensol75	Propranolol HCl61
Piqray48	Pregabalin66	Propranolol HCl ER61
Pirfenidone92	Premarin79	Propylthiouracil81
Piroxicam30	Premasol71	Prosol71
Plenamaine71	Premphase79	Protriptyline HCl41
Podofilox69	Prempro79	Pulmozyme91
Polycin88	Prenatal72	Pyrazinamide44
Polymyxin B Sulfate33	Prevalite64	Pyridostigmine Bromide43
Polymyxin B -Trimethoprim .88	Prevymis52	Pyridostigmine Bromide ER .43
Pomalyst44	Prezcobix54	Pyrimethamine50
Portia -2879	Prezista54	Pyrukynd74
Posaconazole42	Priftin44	Pyrukynd Taper Pack74
Potassium Chloride71	Primaquine Phosphate50	Q
Potassium Chloride ER71	Primidone38	Qinlock48
Potassium Chloride Microencapsulated ER71	Priorix85	Quadracel85
Potassium Chloride in Dextrose 5%71	Privigen82	Quetiapine Fumarate56
Potassium Chloride in NaCl .71	ProQuad85	Quetiapine Fumarate ER56
Potassium Citrate ER71	Probenecid43	Quinapril HCl60
Pramipexole Dihydrochloride50	Prochlorperazine41	Quinapril -Hydrochlorothiazide63
Prasugrel HCl60	Prochlorperazine Maleate41	Quinidine Gluconate ER61
Pravastatin Sodium64	Procrit59	Quinidine Sulfate61
Praziquantel49	Procto -Med HC86	Quinine Sulfate50
Prazosin HCl60	Progesterone80	Qulipta43
Pred Mild89	Prograf84	Quviviq93
Prednisolone75	Prolastin -C74	Qvar RediHaler90
Prednisolone Acetate89	Promethazine HCl42	R
Prednisolone Sodium Phosphate89	Promethegan42	RabAvert86
Prednisone75	Propafenone HCl61	Rabeprazole Sodium73
	Propafenone HCl ER61	Raldesy41

Raloxifene HCl	80	Rinvoq	82	S	
Ramelteon	93	Rinvoq LQ	82	SPS	72
Ramipril	60	Risedronate Sodium	87	SSD	69
Ranolazine ER	63	Risperidone	56	Sancuso	42
Rasagiline Mesylate	50	Risperidone Microspheres ER	56	Santyl	69
Rasuvo	84	Risperidone ODT	56	Sapropterin Dihydrochloride	74
Royaldee	87	Ritonavir	54	Savella	66
Reclipsen	79	Rivastigmine	40	Savella Titration Pack	66
Recombivax HB	86	Rivastigmine Tartrate	39	Scemblix	48
Relenza Diskhaler	54	Rivelsa	79	Scopolamine	42
Repaglinide	57	Rizatriptan Benzoate	43	Secuado	56
Repatha	64	Rizatriptan Benzoate ODT	43	Selegiline HCl	50
Repatha SureClick	64	Rocklatan	88	Selenium Sulfide	69
Restasis MultiDose	88	Roflumilast	91	Selzentry	54
Restasis Single -Use Vials	88	Romvimza	48	Serevent Diskus	91
Retacrit	59	Ropinirole HCl	50	Sertraline HCl	41
Retevmo	48	Rosuvastatin Calcium	64	Setlakin	79
Revcovi	74	Rosyrax	79	Sharobel	80
Revuforj	45	RotaTeq	86	Shingrix	86
Rexulti	51	Rotarix	86	Signifor	81
Reyataz	54	Roweepra	37	Sildenafil Citrate	92
Rezlidhia	48	Rozlytrek	48	Silodosin	75
Rhopressa	90	Rubraca	48	Silver Sulfadiazine	69
Ribavirin	52	Rufinamide	39	Simbrinza	90
Ridaura	82	Rukobia	54	Simvastatin	64
Rifabutin	44	Ryaltris	90	Sirolimus	84
Rifampin	44	Rybelsus	57	Sirturo	44
Riluzole	66	Rydapt	48	Skyclarys	66
Rimantadine HCl	54	Rytary	50	Skyrizi	82

Skyrizi Pen	82	Sucralfate	73	Tagrisso	48
Sodium Chloride	71	Suflave	73	Talzenna	48
Sodium Fluoride	71	Sulfacetamide Sodium	88	Tamoxifen Citrate	45
Sodium Phenylbutyrate	74	Sulfacetamide -Prednisolone	88	Tamsulosin HCl	75
Sodium Polystyrene Sulfonate	72	Sulfadiazine	36	Tarina 24 Fe	79
Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate	73	Sulfamethoxazole -Trimethoprim	36	Tarina Fe 1/20 EQ	79
Sofosbuvir -Velpatasvir	52	Sulfamylon	70	Tasigna	48
Solifenacin Succinate	74	Sulfasalazine	86	Tasimelteon	93
Soliqua	57	Sulindac	30	Tazarotene	67
Soltamox	45	Sumatriptan	43	Tazicef	34
Somavert	81	Sumatriptan Succinate	43	Tazverik	48
Sorafenib Tosylate	48	Sunitinib Malate	48	Teflaro	35
Sotalol HCl	61	Sunlenca	54	Telmisartan	60
Sotyktu	83	Sutab	73	Telmisartan -Amlodipine	63
Spiriva HandiHaler	91	Syeda	79	Telmisartan -HCTZ	63
Spiriva Respimat	91	Symbicort	93	Temazepam	93
Spirolactone	65	Sympazan	38	Tenivac	86
Spirolactone -HCTZ	63	Symtuza	54	Tenofovir Disoproxil Fumarate	53
Sprintec 28	79	Synarel	81	Tepmetko	48
Spritam ODT	37	Synjardy	57	Terazosin HCl	75
Sronyx	79	Synjardy XR	57	Terbinafine HCl	42
Steqeyma	83	Synthroid	81	Terconazole	42
Stiolto Respimat	93	T		Teriflunomide	66
Stivarga	48	TPN Electrolytes	71	Teriparatide	87
Streptomycin Sulfate	33	Tabloid	45	Testosterone	76
Stribild	53	Tabrecta	48	Testosterone Cypionate	76
Suboxone	32	Tacrolimus	84	Testosterone Enanthate	76
Subvenite	37	Tadalafil	92	Tetrabenazine	66
Sucraid	74	Tafinlar	48	Tetracycline HCl	37

Thalomid	44	Torse mide	63	Tri -Sprintec	79
Theophylline	92	Toujeo Max SoloStar	58	Tri -VyLibra	79
Theophylline ER	91	Toujeo SoloStar	58	Tri -VyLibra Lo	79
Thioridazine HCl	51	Tradjenta	57	Triamcinolone Acetonide	69
Thiothixene	51	Tramadol HCl	32	Triamterene	63
Tiadyt ER	62	Tramadol HCl ER	31	Triamterene -HCTZ	63
Tiagabine HCl	38	Tramadol -Acetaminophen	32	Triderm	69
Tibsovo	48	Trandolapril	61	Trientine HCl	72
Ticovac	86	Trandolapril -Verapamil HCl ER	63	Trifluoperazine HCl	51
Tigecycline	33	Tranexamic Acid	60	Trifluridine	89
Tilia Fe	79	Tranlycypromine Sulfate	40	Trihexyphenidyl HCl	50
Timolol Maleate	89	Travasol	71	Trijardy XR	57
Timolol Maleate Ophthalmic Gel Forming	89	Travoprost	90	Trimethoprim	33
Tinidazole	33	Trazodone HCl	41	Trimipramine Maleate	41
Tivicay	53	Trelegy Ellipta	93	Trintellix	41
Tivicay PD	53	Tremfya	83	Triumeq	54
Tizanidine HCl	52	Tremfya Crohns Induction	83	Triumeq PD	54
Tobi Podhaler	91	Tremfya One -Press	83	TrophAmine	71
TobraDex	88	Tremfya Pen	83	Trospium Chloride	74
TobraDex ST	88	Tresiba	58	Trulance	72
Tobramycin	91	Tresiba FlexTouch	58	Trulicity	57
Tobramycin Sulfate	33	Tretinoin	67	Trumenba	86
Tobramycin -Dexamethasone	88	Tretinoin Microsphere	67	Truqap	48
Tobrex	88	Trexall	84	Tukysa	48
Tolterodine Tartrate	74	Tri -Estarylla	79	Turalio	48
Tolterodine Tartrate ER	74	Tri -Legest Fe	79	Turqoz	79
Topiramate	38	Tri -Lo -Estarylla	79	Twinrix	86
Toremifene Citrate	45	Tri -Lo -Sprintec	79	Tybost	54
Torpenz	48	Tri -Mili	79	Tyenne	83

Tymlos	87	Vemlidy	52	Voriconazole	43
Typhim VI	86	Venclexta	48	Vosevi	52
Tyrvaya	88	Venclexta Starting Pack	48	Vowst	73
U		Venlafaxine Besylate ER	41	Vraylar	51
Ubrelvy	43	Venlafaxine HCl	41	Vumerity	67
Udenyca	59	Venlafaxine HCl ER	41	VyLibra	80
Unithroid	81	Ventolin HFA	91	Vyfemla	79
Ursodiol	73	Veozah	66	Vyndamax	74
V		Verapamil HCl	62	Vyndaqel	74
Valacyclovir HCl	52	Verapamil HCl ER	62	Vyzulta	90
Valchlor	44	Verquvo	65	W	
Valganciclovir HCl	52	Versacloz	51	Warfarin Sodium	59
Valproic Acid	38	Verzenio	48	Welireg	74
Valsartan	60	Vestura	79	Wixela Inhub	93
Valsartan -Hydrochlorothiazide	63	Vienna	79	Wymzya Fe	80
Valtoco 10MG Dose	38	Vigabatrin	38	Wyost	87
Valtoco 15MG Dose	38	Vigadrone	38	X	
Valtoco 20MG Dose	38	Vigafyde	38	Xalkori	48
Valtoco 5MG Dose	38	Vigpoder	38	Xarah Fe	80
Valtya 1/50	79	Vilazodone HCl	41	Xarelto	59
Vancomycin HCl	34	Vimkunya	86	Xarelto Starter Pack	59
Vanflyta	48	Viracept	54	Xatmep	84
Vaqta	86	Viread	54	Xcopri	39
Varenicline Tartrate	32	Vitrakvi	48	Xdemvy	89
Varivax	86	Vivitrol	32	Xeljanz	83
Vascepa	64	Vivotif	86	Xeljanz XR	83
Vaxchora	86	Vizimpro	48	Xelria Fe	80
Velivet	79	Vonjo	45	Xermelo	72
Veltassa	72	Voranigo	48	Xifaxan	34

Xigduo XR	57	Zolinza	45
Xiidra	88	Zolpidem Tartrate	93
Xofluza	55	Zonisade	39
Xolair	83	Zonisamide	39
Xolremdi	59	Zovia 1/35	80
Xospata	49	Ztalmy	38
Xpovio	49	Zurzuva	40
Xtampza ER	31	Zydelig	49
Xtandi	44	Zykadia	49
Xulane	80		

Y

YF -VAX	86
Yargesa	74
Yesintek	83
Yuvaferm	80

Z

Zafemy	80
Zafirlukast	91
Zaleplon	93
Zarxio	59
Zejula	49
Zelboraf	49
Zemaira	74
Zenatane	67
Zenpep	74
Zidovudine	54
Ziprasidone HCl	56
Ziprasidone Mesylate	56
Zirgan	52

Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 11-29.

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 94-127.

Drug name	Brand or Generic	Coverage rules or limits on use
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
Celecoxib (Oral Capsule)	G	QL
Diclofenac Epolamine (External Patch)	B	PA; DL; QL
Diclofenac Potassium (50MG Oral Tablet)	G	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	
Diclofenac Sodium (1.5% External Solution)	G	PA
Diclofenac Sodium (Oral Tablet Delayed Release)	G	
Diflunisal (Oral Tablet)	G	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	DL
Etodolac (Oral Capsule)	G	
Etodolac (Oral Tablet Immediate Release)	G	
Flurbiprofen (100MG Oral Tablet)	G	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	
Ibuprofen (100MG/5ML Oral Suspension)	G	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	
Indomethacin (Oral Capsule Immediate Release)	G	
Ketoprofen (50MG Oral Capsule Immediate Release)	G	
Meloxicam (Oral Tablet)	G	
Nabumetone (Oral Tablet)	G	
Naproxen DR (Oral Tablet Delayed Release)	G	
Naproxen (Oral Tablet Immediate Release)	G	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	
Piroxicam (Oral Capsule)	G	
Sulindac (Oral Tablet)	G	
Opioid Analgesics, Long-acting		
Buprenorphine (Transdermal Patch Weekly)	G	7D; DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	7D; MME; DL; QL
Opioid Analgesics, Short-acting		
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	QL
Butorphanol Tartrate (Nasal Solution)	G	7D; MME; DL; QL
Endocet (Oral Tablet)	G	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 10-325MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution)	G	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	7D; MME; DL; QL
Morphine Sulfate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	7D; MME; DL; QL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	7D; MME; DL; QL
Anesthetics		
Local Anesthetics		
Lidocaine (5% External Ointment)	G	QL
Lidocaine (5% External Patch)	G	PA; DL; QL
Lidocaine HCl (4% External Solution)	G	DL
Lidocaine Viscous (2% Mouth/Throat Solution)	G	
Lidocaine-Prilocaine (External Cream)	G	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium (Oral Tablet Delayed Release)	G	DL
Disulfiram (Oral Tablet)	G	
Naltrexone HCl (Oral Tablet)	G	
Vivitrol (Intramuscular Suspension Reconstituted)	B	DL
Opioid Dependence		
Buprenorphine HCl (Tablet Sublingual)	G	
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	DL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	
Suboxone (Sublingual Film)	B	DL
Opioid Reversal Agents		
Kloxxado (Nasal Liquid)	B	
Naloxone HCl (0.4MG/ML Injection Solution)	G	
Naloxone HCl (Injection Solution Cartridge)	G	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	
Opvee (Nasal Solution)	B	DL
Smoking Cessation Agents		
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	
Nicotrol NS (Nasal Solution)	B	DL
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	
Varenicline Tartrate (Oral Tablet)	G	
Antibacterials		
Aminoglycosides		

Drug name	Brand or Generic	Coverage rules or limits on use
Amikacin Sulfate (500MG/2ML Injection Solution)	G	DL
Arikayce (Inhalation Suspension)	B	PA; DL
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	DL
Gentamicin Sulfate (40MG/ML Injection Solution)	G	DL
Humatin (Oral Capsule)	B	DL
Neomycin Sulfate (Oral Tablet)	G	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	DL
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	DL
Antibacterials, Other		
Aztreonam (Injection Solution Reconstituted)	G	DL
Clindamycin HCl (Oral Capsule)	G	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	DL
Clindamycin Phosphate in D5W (Intravenous Solution)	G	DL
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	DL
Clindamycin Phosphate (Vaginal Cream)	G	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	DL
Daptomycin (Intravenous Solution Reconstituted)	G	DL
Linezolid (Intravenous Solution)	G	DL
Linezolid (Oral Suspension Reconstituted)	G	DL; QL
Linezolid (Oral Tablet)	G	DL; QL
Methenamine Hippurate (Oral Tablet)	G	
Metronidazole (0.75% External Cream)	G	
Metronidazole (0.75% External Gel)	G	
Metronidazole (1% External Gel)	G	DL
Metronidazole (0.75% External Lotion)	G	DL
Metronidazole (500MG/100ML Intravenous Solution)	G	DL
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	
Metronidazole (0.75% Vaginal Gel)	G	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	DL
Tigecycline (Intravenous Solution Reconstituted)	G	DL
Tinidazole (Oral Tablet)	G	DL
Trimethoprim (Oral Tablet)	G	

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

Drug name	Brand or Generic	Coverage rules or limits on use
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	DL
Vancomycin HCl (Oral Capsule)	G	DL; QL
Xifaxan (200MG Oral Tablet)	B	PA; DL
Xifaxan (550MG Oral Tablet)	B	PA; DL
Beta-lactam, Cephalosporins		
Cefaclor (Oral Capsule)	G	
Cefadroxil (Oral Capsule)	G	
Cefadroxil (Oral Suspension Reconstituted)	G	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	DL
Cefdinir (Oral Capsule)	G	
Cefdinir (Oral Suspension Reconstituted)	G	
Cefepime HCl (Injection Solution Reconstituted)	G	DL
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	DL
Cefixime (Oral Capsule)	G	
Cefixime (Oral Suspension Reconstituted)	G	DL
Cefotetan Disodium (Injection Solution Reconstituted)	G	DL
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	DL
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	DL
Cefpodoxime Proxetil (Oral Tablet)	G	DL
Cefprozil (Oral Suspension Reconstituted)	G	
Cefprozil (Oral Tablet)	G	
Ceftazidime (Injection Solution Reconstituted)	G	DL
Ceftazidime (Intravenous Solution Reconstituted)	G	DL
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	DL
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	DL
Cefuroxime Axetil (Oral Tablet)	G	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	DL
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	DL
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	
Cephalexin (750MG Oral Capsule)	G	
Cephalexin (Oral Suspension Reconstituted)	G	
Tazicef (Injection Solution Reconstituted)	G	DL
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	DL

Drug name	Brand or Generic	Coverage rules or limits on use
Teflaro (Intravenous Solution Reconstituted)	B	DL
Beta-lactam, Penicillins		
Amoxicillin (Oral Capsule)	G	
Amoxicillin (Oral Suspension Reconstituted)	G	
Amoxicillin (Oral Tablet Immediate Release)	G	
Amoxicillin (Oral Tablet Chewable)	G	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	DL
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	
Ampicillin (Oral Capsule)	G	
Ampicillin Sodium (1GM Injection Solution Reconstituted)	G	DL
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	DL
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	DL
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	DL
Bicillin C-R 900/300 (Intramuscular Suspension)	B	DL
Bicillin C-R (Intramuscular Suspension)	B	DL
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	DL
Dicloxacillin Sodium (Oral Capsule)	G	
Nafcillin Sodium (Injection Solution Reconstituted)	G	DL
Nafcillin Sodium (Intravenous Solution Reconstituted)	G	DL
Oxacillin Sodium in Dextrose (2GM/50ML Intravenous Solution)	B	DL
Oxacillin Sodium (Injection Solution Reconstituted)	G	DL
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	DL
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	DL
Penicillin G Sodium (Injection Solution Reconstituted)	G	DL
Penicillin V Potassium (Oral Solution Reconstituted)	G	
Penicillin V Potassium (Oral Tablet)	G	
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	DL
Carbapenems		
Ertapenem Sodium (Injection Solution Reconstituted)	G	DL
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	DL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Meropenem (1GM Intravenous Solution Reconstituted)	G	DL
Meropenem (500MG Intravenous Solution Reconstituted)	G	
Macrolides		
Azithromycin (Intravenous Solution Reconstituted)	G	DL
Azithromycin (Oral Suspension Reconstituted)	G	
Azithromycin (Oral Tablet)	G	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	DL
Clarithromycin (Oral Suspension Reconstituted)	G	DL
Clarithromycin (Oral Tablet Immediate Release)	G	
Difcid (Oral Suspension Reconstituted)	B	DL
Difcid (Oral Tablet)	B	DL
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	DL
Erythromycin Base (Oral Tablet Immediate Release)	G	DL
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	DL
Erythromycin Ethylsuccinate (Oral Tablet)	G	DL
Erythromycin (Oral Tablet Delayed Release)	G	DL
Quinolones		
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	DL
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	DL
Levofloxacin (Oral Solution)	G	DL
Levofloxacin (Oral Tablet)	G	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	DL
Moxifloxacin HCl (Oral Tablet)	G	
Ofloxacin (Oral Tablet)	G	
Sulfonamides		
Sulfadiazine (Oral Tablet)	G	DL
Sulfamethoxazole-Trimethoprim (200-40MG/5ML Oral Suspension)	G	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	
Tetracyclines		
Demeclocycline HCl (Oral Tablet)	G	DL
Doxy 100 (Intravenous Solution Reconstituted)	G	DL
Doxycycline Hyclate (Intravenous Solution Reconstituted)	G	DL
Doxycycline Hyclate (Oral Capsule)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	DL
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	
Minocycline HCl (Oral Capsule)	G	
Minocycline HCl (Oral Tablet Immediate Release)	G	DL
Nuzyra (Intravenous Solution Reconstituted)	B	PA; DL
Nuzyra (Oral Tablet)	B	PA; DL; QL
Tetracycline HCl (Oral Capsule)	G	DL
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (Oral Solution)	B	PA; DL; QL
BRIVIACT (Oral Tablet)	B	PA; DL; QL
Epidiolex (Oral Solution)	B	PA; DL
Eprontia (Oral Solution)	B	DL
Felbamate (Oral Suspension)	G	DL
Felbamate (Oral Tablet)	G	DL
Fintepla (Oral Solution)	B	PA; DL; QL
Fycompa (Oral Suspension)	B	DL; QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	DL; QL
Fycompa (2MG Oral Tablet)	B	DL; QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	
Levetiracetam (100MG/ML Oral Solution)	G	
Levetiracetam (1000MG Oral Tablet Immediate Release, 250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	
Roweepra (Oral Tablet Immediate Release)	G	
Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	DL; QL
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	

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

Drug name	Brand or Generic	Coverage rules or limits on use
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	
Topiramate (Oral Solution)	G	DL
Topiramate (Oral Tablet)	G	
Valproic Acid (Oral Capsule)	G	
Valproic Acid (250MG/5ML Oral Solution)	G	
Xcopri (25MG Oral Tablet)	B	PA; DL; QL
Calcium Channel Modifying Agents		
Ethosuximide (Oral Capsule)	G	
Ethosuximide (Oral Solution)	G	
Methsuximide (Oral Capsule)	G	DL
Gamma-aminobutyric Acid (GABA) Modulating Agents		
Clobazam (2.5MG/ML Oral Suspension)	G	PA; DL; QL
Clobazam (Oral Tablet)	G	PA; DL; QL
Diacomit (Oral Capsule)	B	DL; QL
Diacomit (Oral Packet)	B	DL; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	DL; QL
Gabapentin (Oral Capsule)	G	
Gabapentin (250MG/5ML Oral Solution)	G	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	
Nayzilam (Nasal Solution)	B	PA; DL; QL
Phenobarbital (20MG/5ML Oral Elixir)	G	
Phenobarbital (Oral Tablet)	G	
Primidone (Oral Tablet)	G	
Sympazan (10MG Oral Film, 20MG Oral Film)	B	PA; DL; QL
Sympazan (5MG Oral Film)	B	PA; DL; QL
Tiagabine HCl (Oral Tablet)	G	DL
Valtoco 10MG Dose (Nasal Liquid)	B	PA; DL; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	PA; DL; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	PA; DL; QL
Valtoco 5MG Dose (Nasal Liquid)	B	PA; DL; QL
Vigabatrin (Oral Packet)	G	PA; DL; QL
Vigabatrin (Oral Tablet)	G	PA; DL; QL
Vigadrone (Oral Packet)	B	PA; DL; QL
Vigadrone (Oral Tablet)	B	PA; DL; QL
Vigafyde (Oral Solution)	B	PA; DL
Vigpoder (500MG Oral Packet)	G	PA; DL; QL
Ztalmy (Oral Suspension)	B	PA; DL
Sodium Channel Agents		
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	
Carbamazepine (100MG/5ML Oral Suspension)	G	
Carbamazepine (Oral Tablet Immediate Release)	G	
Carbamazepine (Oral Tablet Chewable)	G	
Dilantin INFATABS (Oral Tablet Chewable)	B	
Dilantin (Oral Capsule)	B	
Eslicarbazepine Acetate (Oral Tablet)	G	DL; QL
Lacosamide (10MG/ML Oral Solution)	G	DL; QL
Lacosamide (Oral Tablet)	G	DL; QL
Oxcarbazepine (Oral Suspension)	G	DL
Oxcarbazepine (Oral Tablet Immediate Release)	G	
Phenytek (Oral Capsule)	G	
Phenytoin (Oral Suspension)	G	
Phenytoin (Oral Tablet Chewable)	G	
Phenytoin Sodium Extended (100MG Oral Capsule)	G	
Rufinamide (Oral Suspension)	G	DL
Rufinamide (200MG Oral Tablet)	G	DL
Rufinamide (400MG Oral Tablet)	G	DL
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	PA; DL; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Zonisade (Oral Suspension)	B	ST; DL
Zonisamide (Oral Capsule)	G	
Antidementia Agents		
Antidementia Agents, Other		
Namzaric (Oral Capsule Extended Release 24 Hour)	B	PA; QL
Cholinesterase Inhibitors		
Donepezil HCl (Oral Tablet)	G	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	DL; QL
Galantamine Hydrobromide (Oral Solution)	G	DL; QL
Galantamine Hydrobromide (Oral Tablet)	G	DL; QL
Rivastigmine Tartrate (Oral Capsule)	G	QL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Rivastigmine (Transdermal Patch 24 Hour)	G	ST; DL; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	PA; QL
Memantine HCl (2MG/ML Oral Solution)	G	PA; DL; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	PA; QL
Antidepressants		
Antidepressants, Other		
Auvelity (Oral Tablet Extended Release)	B	DL
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	
Bupropion HCl (Oral Tablet Immediate Release)	G	
Mirtazapine (Oral Tablet)	G	
Mirtazapine ODT (Oral Tablet Dispersible)	G	
Zurzuva (Oral Capsule)	B	PA; DL; QL
Monoamine Oxidase Inhibitors		
Emsam (Transdermal Patch 24 Hour)	B	DL; QL
Marplan (Oral Tablet)	B	DL
Phenelzine Sulfate (Oral Tablet)	G	
Tranlycypromine Sulfate (Oral Tablet)	G	DL
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Citalopram Hydrobromide (Oral Capsule)	B	DL
Citalopram Hydrobromide (10MG/5ML Oral Solution)	G	
Citalopram Hydrobromide (Oral Tablet)	G	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	QL
Escitalopram Oxalate (5MG/5ML Oral Solution)	G	
Escitalopram Oxalate (Oral Tablet)	G	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	ST; DL; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	ST; DL; QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	DL
Fluoxetine HCl (20MG/5ML Oral Solution)	G	
Fluoxetine HCl (10MG Oral Tablet, 20MG Oral Tablet, 60MG Oral Tablet)	G	
Fluvoxamine Maleate (Oral Tablet)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Nefazodone HCl (Oral Tablet)	G	DL
Paroxetine HCl (10MG/5ML Oral Suspension)	G	DL
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)	G	
Raldesy (Oral Solution)	B	DL
Sertraline HCl (Oral Concentrate)	G	DL
Sertraline HCl (Oral Tablet)	G	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	
Trazodone HCl (300MG Oral Tablet)	G	
Trintellix (Oral Tablet)	B	DL; QL
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	DL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	
Vilazodone HCl (Oral Tablet)	G	DL; QL
Tricyclics		
Amitriptyline HCl (Oral Tablet)	G	DL
Amoxapine (Oral Tablet)	G	
Clomipramine HCl (Oral Capsule)	G	DL
Desipramine HCl (Oral Tablet)	G	
Doxepin HCl (Oral Capsule)	G	
Doxepin HCl (Oral Concentrate)	G	
Imipramine HCl (Oral Tablet)	G	DL
Imipramine Pamoate (Oral Capsule)	G	DL
Nortriptyline HCl (Oral Capsule)	G	
Nortriptyline HCl (Oral Solution)	G	
Protriptyline HCl (Oral Tablet)	G	DL
Trimipramine Maleate (Oral Capsule)	G	DL
Antiemetics		
Antiemetics, Other		
Compro (Rectal Suppository)	B	DL
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	
Metoclopramide HCl (Oral Tablet)	G	
Perphenazine (Oral Tablet)	G	DL
Prochlorperazine Maleate (Oral Tablet)	G	
Prochlorperazine (Rectal Suppository)	G	DL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Promethazine HCl (6.25MG/5ML Oral Solution)	G	
Promethazine HCl (Oral Tablet)	G	
Promethazine HCl (Rectal Suppository)	G	DL; QL
Promethegan (25MG Rectal Suppository)	B	DL; QL
Scopolamine (Transdermal Patch 72 Hour)	G	DL
Emetogenic Therapy Adjuncts		
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	PA; DL; QL
Dronabinol (Oral Capsule)	G	PA; DL
Granisetron HCl (Oral Tablet)	G	B/D,PA; DL; QL
Ondansetron HCl (Oral Solution)	G	B/D,PA; DL; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	B/D,PA; QL
Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible)	G	B/D,PA; QL
Sancuso (Transdermal Patch)	B	DL; QL
Antifungals		
Antifungals		
Amphotericin B (Intravenous Solution Reconstituted)	G	B/D,PA; DL
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	B/D,PA; DL
Clotrimazole (Mouth/Throat Troche)	G	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	DL
Fluconazole (Oral Suspension Reconstituted)	G	
Fluconazole (Oral Tablet)	G	
Flucytosine (Oral Capsule)	G	PA; DL
Griseofulvin Microsize (Oral Suspension)	G	DL
Griseofulvin Microsize (Oral Tablet)	G	DL
Griseofulvin Ultramicrosize (125MG Oral Tablet, 250MG Oral Tablet)	G	DL
Itraconazole (Oral Capsule)	G	PA; DL; QL
Ketoconazole (Oral Tablet)	G	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	DL
Miconazole 3 (Vaginal Suppository)	G	
Nystatin (Mouth/Throat Suspension)	G	
Nystatin (Oral Tablet)	G	
Posaconazole (Oral Suspension)	G	DL; QL
Posaconazole (Oral Tablet Delayed Release)	G	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	QL
Terconazole (Vaginal Cream)	G	
Terconazole (Vaginal Suppository)	G	

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

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

Drug name	Brand or Generic	Coverage rules or limits on use
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Oral Tablet)	G	
Rifabutin (Oral Capsule)	G	DL
Antituberculars		
Cycloserine (Oral Capsule)	G	DL
Ethambutol HCl (Oral Tablet)	G	
Isoniazid (Oral Syrup)	G	DL
Isoniazid (Oral Tablet)	G	
Priftin (Oral Tablet)	B	DL
Pyrazinamide (Oral Tablet)	G	DL
Rifampin (Intravenous Solution Reconstituted)	G	DL
Rifampin (Oral Capsule)	G	
Sirturo (Oral Tablet)	B	PA; DL
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (25MG Oral Capsule, 50MG Oral Capsule)	G	B/D,PA
Cyclophosphamide (25MG Oral Tablet, 50MG Oral Tablet)	B	B/D,PA
Gleostine (100MG Oral Capsule)	B	DL
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	DL
Leukeran (Oral Tablet)	B	DL
Matulane (Oral Capsule)	B	DL
Valchlor (External Gel)	B	PA; DL; QL
Antiandrogens		
Abiraterone Acetate (250MG Oral Tablet)	G	PA; DL; QL
Abiraterone Acetate (500MG Oral Tablet)	G	PA; DL; QL
Bicalutamide (Oral Tablet)	G	
Erleada (Oral Tablet)	B	PA; DL; QL
Eulexin (Oral Capsule)	B	DL
Nilutamide (Oral Tablet)	G	DL
Nubeqa (Oral Tablet)	B	PA; DL; QL
Xtandi (Oral Capsule)	B	PA; DL; QL
Xtandi (Oral Tablet)	B	PA; DL; QL
Antiangiogenic Agents		
Lenalidomide (Oral Capsule)	G	PA; DL; QL
Pomalyst (Oral Capsule)	B	PA; DL; QL
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	PA; DL; QL
Antiestrogens/Modifiers		
Orserdu (Oral Tablet)	B	PA; DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Soltamox (Oral Solution)	B	DL
Tamoxifen Citrate (Oral Tablet)	G	
Toremifene Citrate (Oral Tablet)	G	DL
Antimetabolites		
Hydroxyurea (Oral Capsule)	G	
Mercaptopurine (Oral Suspension)	G	PA; DL
Mercaptopurine (Oral Tablet)	G	
Onureg (Oral Tablet)	B	PA; DL; QL
Tabloid (Oral Tablet)	B	PA; DL
Antineoplastics, Other		
Akeega (Oral Tablet)	B	PA; DL; QL
Inqovi (Oral Tablet)	B	PA; DL; QL
Iwilfin (Oral Tablet)	B	PA; DL; QL
Lazcluze (Oral Tablet)	B	PA; DL; QL
Lonsurf (Oral Tablet)	B	PA; DL; QL
Lysodren (Oral Tablet)	B	DL
Modeyso (Oral Capsule)	B	PA; DL; QL
Ogsiveo (Oral Tablet)	B	PA; DL; QL
Orgovyx (Oral Tablet)	B	PA; DL; QL
Revuforj (Oral Tablet)	B	PA; DL; QL
Vonjo (Oral Capsule)	B	PA; DL; QL
Zolanza (Oral Capsule)	B	PA; DL
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Oral Tablet)	G	
Exemestane (Oral Tablet)	G	DL
Letrozole (Oral Tablet)	G	
Enzyme Inhibitors		
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	B	PA; DL; QL
Molecular Target Inhibitors		
Alecensa (Oral Capsule)	B	PA; DL; QL
Alunbrig (Oral Tablet)	B	PA; DL; QL
Alunbrig (Oral Tablet Therapy Pack)	B	PA; DL; QL
Augtyro (Oral Capsule)	B	PA; DL; QL
Ayvakit (Oral Tablet)	B	PA; DL; QL
Balversa (Oral Tablet)	B	PA; DL; QL
Bosulif (Oral Capsule)	B	PA; DL; QL
Bosulif (Oral Tablet)	B	PA; DL; QL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Braftovi (Oral Capsule)	B	PA; DL
Brukina (Oral Capsule)	B	PA; DL; QL
Cabometyx (Oral Tablet)	B	PA; DL; QL
Calquence (Oral Tablet)	B	PA; DL; QL
Caprelsa (Oral Tablet)	B	PA; DL
Cometriq (100MG Daily Dose) (Oral Kit)	B	PA; DL; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	PA; DL; QL
Cometriq (60MG Daily Dose) (Oral Kit)	B	PA; DL; QL
Copiktra (Oral Capsule)	B	PA; DL; QL
Cotellic (Oral Tablet)	B	PA; DL; QL
Danziten (Oral Tablet)	B	PA; DL; QL
Dasatinib (Oral Tablet)	G	PA; DL; QL
Daurismo (Oral Tablet)	B	PA; DL; QL
Erivedge (Oral Capsule)	B	PA; DL
Erlotinib HCl (Oral Tablet)	G	PA; DL; QL
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	PA; DL
Everolimus (Oral Tablet Soluble)	G	PA; DL
Fotivda (Oral Capsule)	B	PA; DL; QL
Fruzaqla (Oral Capsule)	B	PA; DL; QL
Gavreto (Oral Capsule)	B	PA; DL; QL
Gefitinib (Oral Tablet)	G	PA; DL; QL
Gilotrif (Oral Tablet)	B	PA; DL
Gomekli (Oral Capsule)	B	PA; DL; QL
Gomekli (Oral Tablet Soluble)	B	PA; DL; QL
Hernexeos (Oral Tablet)	B	PA; DL; QL
Ibrance (Oral Capsule)	B	PA; DL; QL
Ibrance (Oral Tablet)	B	PA; DL; QL
Ibuprofen (Oral Capsule)	B	PA; DL; QL
Iclusig (Oral Tablet)	B	PA; DL; QL
IDHIFA (Oral Tablet)	B	PA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	PA; QL
Imbruvica (Oral Capsule)	B	PA; DL; QL
Imbruvica (Oral Suspension)	B	PA; DL; QL
Imbruvica (Oral Tablet)	B	PA; DL; QL
Imkeldi (Oral Solution)	B	PA; DL; QL
Inlyta (Oral Tablet)	B	PA; DL; QL
Inrebic (Oral Capsule)	B	PA; DL; QL
Itovebi (Oral Tablet)	B	PA; DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Jakafi (Oral Tablet)	B	PA; DL; QL
Jaypirca (Oral Tablet)	B	PA; DL; QL
Kisqali (200MG Dose) (Oral Tablet)	B	PA; DL; QL
Kisqali (400MG Dose) (Oral Tablet)	B	PA; DL; QL
Kisqali (600MG Dose) (Oral Tablet)	B	PA; DL; QL
Kisqali Femara (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Koselugo (Oral Capsule)	B	PA; DL; QL
Krazati (Oral Tablet)	B	PA; DL; QL
Lapatinib Ditosylate (Oral Tablet)	G	PA; DL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lorbrena (Oral Tablet)	B	PA; DL; QL
Lumakras (Oral Tablet)	B	PA; DL; QL
Lynparza (Oral Tablet)	B	PA; DL; QL
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Mekinist (Oral Solution Reconstituted)	B	PA; DL
Mekinist (Oral Tablet)	B	PA; DL
Mektovi (Oral Tablet)	B	PA; DL
Nerlynx (Oral Tablet)	B	PA; DL; QL
Nilotinib HCl (Oral Capsule) (Generic Tassigna)	G	PA; DL; QL
Ninlaro (Oral Capsule)	B	PA; DL; QL
Odomzo (Oral Capsule)	B	PA; DL
Ojemda (Oral Suspension Reconstituted)	B	PA; DL; QL
Ojemda (Oral Tablet)	B	PA; DL; QL
Ojjaara (Oral Tablet)	B	PA; DL; QL
Pazopanib HCl (Oral Tablet)	G	PA; DL; QL
Pemazyre (Oral Tablet)	B	PA; DL; QL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Qinlock (Oral Tablet)	B	PA; DL; QL
Retevmo (Oral Tablet)	B	PA; DL; QL
Rezlidhia (Oral Capsule)	B	PA; DL; QL
Romvimza (Oral Capsule)	B	PA; DL; QL
Rozlytrek (Oral Capsule)	B	PA; DL; QL
Rozlytrek (Oral Packet)	B	PA; DL; QL
Rubraca (Oral Tablet)	B	PA; DL; QL
Rydapt (Oral Capsule)	B	PA; DL; QL
Scemblix (Oral Tablet)	B	PA; DL; QL
Sorafenib Tosylate (Oral Tablet)	G	PA; DL
Stivarga (Oral Tablet)	B	PA; DL; QL
Sunitinib Malate (Oral Capsule)	G	PA; DL; QL
Tabrecta (Oral Tablet)	B	PA; DL; QL
Tafinlar (Oral Capsule)	B	PA; DL
Tafinlar (Oral Tablet Soluble)	B	PA; DL
Tagrisso (Oral Tablet)	B	PA; DL; QL
Talzenna (Oral Capsule)	B	PA; DL; QL
Tasigna (Oral Capsule)	B	PA; DL; QL
Tazverik (Oral Tablet)	B	PA; DL; QL
Tepmetko (Oral Tablet)	B	PA; DL; QL
Tibsovo (Oral Tablet)	B	PA; DL; QL
Torpenz (Oral Tablet)	G	PA; DL
Truqap (Oral Tablet)	B	PA; DL; QL
Tukysa (Oral Tablet)	B	PA; DL; QL
Turalio (Oral Capsule)	B	PA; DL; QL
Vanflyta (Oral Tablet)	B	PA; DL; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	PA; DL; QL
Venclexta (10MG Oral Tablet)	B	PA; DL; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	PA; DL; QL
Verzenio (Oral Tablet)	B	PA; DL; QL
Vitrakvi (Oral Capsule)	B	PA; DL; QL
Vitrakvi (Oral Solution)	B	PA; DL; QL
Vizimpro (Oral Tablet)	B	PA; DL; QL
Voranigo (Oral Tablet)	B	PA; DL; QL
Xalkori (Oral Capsule)	B	PA; DL
Xalkori (Oral Capsule Sprinkle)	B	PA; DL

Drug name	Brand or Generic	Coverage rules or limits on use
Xospata (Oral Tablet)	B	PA; DL; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Zejula (Oral Tablet)	B	PA; DL; QL
Zelboraf (Oral Tablet)	B	PA; DL
Zydelig (Oral Tablet)	B	PA; DL; QL
Zykadia (Oral Tablet)	B	PA; DL; QL
Retinoids		
Bexarotene (External Gel)	G	PA; DL; QL
Bexarotene (Oral Capsule)	G	PA; DL
Panretin (External Gel)	B	PA; DL
Tretinoin (Oral Capsule)	G	DL
Treatment Adjuncts		
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	G	
Leucovorin Calcium (25MG Oral Tablet)	G	DL
Mesna (Oral Tablet)	G	DL
Mesnex (Oral Tablet)	B	DL
Antiparasitics		
Anthelmintics		
Albendazole (Oral Tablet)	G	DL; QL
Ivermectin (3MG Oral Tablet)	G	PA
Praziquantel (Oral Tablet)	G	DL
Antiprotozoals		
Atovaquone (Oral Suspension)	G	DL; QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	
Chloroquine Phosphate (Oral Tablet)	G	DL; QL
Coartem (Oral Tablet)	B	DL
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	QL
Impavido (Oral Capsule)	B	DL
Mefloquine HCl (Oral Tablet)	G	
Nitazoxanide (Oral Tablet)	G	DL; QL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	B/D,PA; DL; QL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Pentamidine Isethionate (Injection Solution Reconstituted)	G	DL
Primaquine Phosphate (Oral Tablet)	G	DL
Pyrimethamine (Oral Tablet)	G	DL
Quinine Sulfate (Oral Capsule)	G	PA; DL
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (Oral Tablet)	G	
Trihexyphenidyl HCl (Oral Solution)	G	
Trihexyphenidyl HCl (Oral Tablet)	G	
Antiparkinson Agents, Other		
Amantadine HCl (Oral Capsule)	G	
Amantadine HCl (Oral Solution)	G	
Amantadine HCl (Oral Tablet)	G	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	DL
Entacapone (Oral Tablet)	G	DL
Dopamine Agonists		
Neupro (Transdermal Patch 24 Hour)	B	DL
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	
Ropinirole HCl (Oral Tablet Immediate Release)	G	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Oral Tablet)	G	DL
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	
Inbrija (Inhalation Capsule)	B	PA; DL
Rytary (Oral Capsule Extended Release)	B	ST; DL
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Oral Tablet)	G	DL
Selegiline HCl (Oral Capsule)	G	
Selegiline HCl (Oral Tablet)	G	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Oral Concentrate)	G	DL
Chlorpromazine HCl (Oral Tablet)	G	DL
Fluphenazine Decanoate (Injection Solution)	G	DL
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	DL
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	DL

Drug name	Brand or Generic	Coverage rules or limits on use
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	
Haloperidol Decanoate (Intramuscular Solution)	G	DL
Haloperidol Lactate (Injection Solution)	G	DL
Haloperidol Lactate (2MG/ML Oral Concentrate)	G	
Haloperidol (Oral Tablet)	G	
Loxapine Succinate (Oral Capsule)	G	
Molindone HCl (10MG Oral Tablet, 25MG Oral Tablet)	G	DL
Molindone HCl (5MG Oral Tablet)	G	DL
Pimozide (Oral Tablet)	G	DL
Thioridazine HCl (Oral Tablet)	G	
Thiothixene (Oral Capsule)	G	
Trifluoperazine HCl (Oral Tablet)	G	
2nd Generation/Atypical		
Caplyta (Oral Capsule)	B	DL; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	ST; DL; QL
Fanapt Titration Pack A (Oral Tablet)	B	ST; DL; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	DL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	DL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	DL
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	DL
Nuplazid (Oral Capsule)	B	PA; DL; QL
Nuplazid (Oral Tablet)	B	PA; DL; QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	DL; QL
Rexulti (Oral Tablet)	B	DL; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	DL; QL
Treatment-Resistant		
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	DL; QL
Versacloz (Oral Suspension)	B	DL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Antispasticity Agents		
Antispasticity Agents		
Baclofen (10MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet)	G	
Dantrolene Sodium (Oral Capsule)	G	DL
Tizanidine HCl (Oral Tablet)	G	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Livtencity (Oral Tablet)	B	PA; DL; QL
Prevymis (Oral Packet)	B	PA; DL; QL
Prevymis (Oral Tablet)	B	PA; DL; QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	DL; QL
Valganciclovir HCl (Oral Tablet)	G	QL
Zirgan (Ophthalmic Gel)	B	DL
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Oral Tablet)	G	DL
Baraclude (Oral Solution)	B	DL
Entecavir (Oral Tablet)	G	DL
Lamivudine (100MG Oral Tablet)	G	
Vemlidy (Oral Tablet)	B	DL; QL
Anti-hepatitis C (HCV) Agents		
Mavyret (Oral Packet)	B	PA; DL; QL
Mavyret (Oral Tablet)	B	PA; DL; QL
Ribavirin (Oral Tablet)	G	
Sofosbuvir-Velpatasvir (Oral Tablet)	B	PA; DL; QL
Vosevi (Oral Tablet)	B	PA; DL; QL
Antiherpetic Agents		
Acyclovir (External Ointment)	G	DL; QL
Acyclovir (Oral Capsule)	G	
Acyclovir (200MG/5ML Oral Suspension)	G	
Acyclovir (Oral Tablet)	G	
Acyclovir Sodium (Intravenous Solution)	G	B/D,PA; DL
Famciclovir (Oral Tablet)	G	QL
Valacyclovir HCl (Oral Tablet)	G	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Biktarvy (Oral Tablet)	B	DL; QL
Dovato (Oral Tablet)	B	DL; QL
Genvoya (Oral Tablet)	B	DL; QL
Isentress HD (Oral Tablet)	B	DL; QL
Isentress (Oral Packet)	B	DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Isentress (Oral Tablet)	B	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	DL; QL
Isentress (25MG Oral Tablet Chewable)	B	QL
Juluca (Oral Tablet)	B	DL; QL
Stribild (Oral Tablet)	B	DL; QL
Tivicay (50MG Oral Tablet)	B	DL; QL
Tivicay PD (Oral Tablet Soluble)	B	DL; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Complera (Oral Tablet)	B	DL; QL
Delstrigo (Oral Tablet)	B	DL; QL
Edurant (Oral Tablet)	B	DL; QL
Edurant PED (Oral Tablet Soluble)	B	DL; QL
Efavirenz (Oral Tablet)	G	DL; QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	DL; QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	DL; QL
Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet)	G	DL; QL
Etravirine (Oral Tablet)	G	DL; QL
Intelence (25MG Oral Tablet)	B	DL; QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	DL; QL
Nevirapine (Oral Suspension)	G	DL; QL
Nevirapine (Oral Tablet Immediate Release)	G	QL
Pifeltro (Oral Tablet)	B	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir Sulfate (Oral Solution)	G	DL; QL
Abacavir Sulfate (Oral Tablet)	G	DL; QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	DL; QL
Cimduo (Oral Tablet)	B	DL; QL
Descovy (Oral Tablet)	B	DL; QL
Emtricitabine (Oral Capsule)	G	DL; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	DL; QL
Emtriva (Oral Solution)	B	DL; QL
Lamivudine (10MG/ML Oral Solution)	G	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	QL
Lamivudine-Zidovudine (Oral Tablet)	G	DL; QL
Odefsey (Oral Tablet)	B	DL; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	DL; QL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Triumeq (Oral Tablet)	B	DL; QL
Triumeq PD (Oral Tablet Soluble)	B	DL; QL
Viread (Oral Powder)	B	DL; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	DL; QL
Zidovudine (Oral Capsule)	G	QL
Zidovudine (Oral Syrup)	G	QL
Zidovudine (Oral Tablet)	G	QL
Anti-HIV Agents, Other		
Maraviroc (Oral Tablet)	G	DL; QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	DL; QL
Selzentry (Oral Solution)	B	DL; QL
Sunlenca (Oral Tablet)	B	DL; QL
Sunlenca (Oral Tablet Therapy Pack)	B	DL; QL
Tyboost (Oral Tablet)	B	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (Oral Capsule)	B	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	DL; QL
Darunavir (Oral Tablet)	G	DL; QL
Evotaz (Oral Tablet)	B	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	DL; QL
Kaletra (Oral Solution)	B	DL; QL
Lopinavir-Ritonavir (Oral Tablet)	G	DL; QL
Norvir (Oral Packet)	B	DL; QL
Prezcobix (800-150MG Oral Tablet)	B	DL; QL
Prezista (Oral Suspension)	B	DL; QL
Prezista (150MG Oral Tablet)	B	DL; QL
Prezista (75MG Oral Tablet)	B	DL; QL
Reyataz (Oral Packet)	B	DL; QL
Ritonavir (Oral Tablet)	G	QL
Symtuza (Oral Tablet)	B	DL; QL
Viracept (Oral Tablet)	B	DL; QL
Anti-influenza Agents		
Oseltamivir Phosphate (Oral Capsule)	G	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	QL
Rimantadine HCl (Oral Tablet)	G	DL
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	QL

Drug name	Brand or Generic	Coverage rules or limits on use
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	QL
Antiviral, Coronavirus Agents		
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	QL
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	QL
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	B	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Oral Tablet)	G	
Hydroxyzine HCl (Oral Syrup)	G	
Hydroxyzine HCl (Oral Tablet)	G	
Hydroxyzine Pamoate (Oral Capsule)	G	
Benzodiazepines		
Alprazolam (Oral Tablet Immediate Release)	G	QL
Chlordiazepoxide HCl (Oral Capsule)	G	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	G	DL; QL
Clorazepate Dipotassium (Oral Tablet)	G	QL
Diazepam Intensol (Oral Concentrate)	G	QL
Diazepam (5MG/5ML Oral Solution)	G	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	QL
Lorazepam Intensol (Oral Concentrate)	G	QL
Lorazepam (Oral Tablet)	G	QL
Bipolar Agents		
Bipolar Agents, Other		
Abilify Asimtufii (Intramuscular Prefilled Syringe)	B	DL
Abilify Maintena (Intramuscular Prefilled Syringe)	B	DL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	DL
Aripiprazole (1MG/ML Oral Solution)	G	DL; QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	QL
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	DL; QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	DL
Aristada (Intramuscular Prefilled Syringe)	B	DL
Asenapine Maleate (Tablet Sublingual)	G	DL; QL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Lurasidone HCl (Oral Tablet)	G	QL
Lybalvi (Oral Tablet)	B	ST; DL; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	DL
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	DL; QL
Opipza (Oral Film)	B	PA; DL; QL
Perseris (Subcutaneous Prefilled Syringe)	B	DL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	QL
Risperidone Microspheres ER (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER)	G	DL
Risperidone Microspheres ER (50MG Intramuscular Suspension Reconstituted ER)	G	DL
Risperidone (Oral Solution)	G	DL
Risperidone (Oral Tablet)	G	
Risperidone ODT (Oral Tablet Dispersible)	G	DL
Secuado (Transdermal Patch 24 Hour)	B	ST; DL; QL
Ziprasidone HCl (Oral Capsule)	G	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	DL
Mood Stabilizers		
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	
Divalproex Sodium (Oral Tablet Delayed Release)	G	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	
Lithium Carbonate (Oral Capsule)	G	
Lithium Carbonate (Oral Tablet Immediate Release)	G	
Lithium (Oral Solution)	G	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Oral Tablet)	G	QL
Cycloset (Oral Tablet)	B	PA; DL; QL
Exenatide (Subcutaneous Solution Pen-Injector)	B	PA; DL; QL
Glimepiride (1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet)	G	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	QL
Glipizide (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	QL

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

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

Drug name	Brand or Generic	Coverage rules or limits on use
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	
Gvoke Kit (Subcutaneous Solution)	B	
Gvoke PFS (1MG/0.2ML Subcutaneous Solution Prefilled Syringe)	B	
Insulins		
Humalog (Injection Solution)	B	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	
Humalog (Subcutaneous Solution Cartridge)	B	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	
Humulin 70/30 (Subcutaneous Suspension)	B	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	
Humulin N (Subcutaneous Suspension)	B	
Humulin R (Injection Solution)	B	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	
Lantus (Subcutaneous Solution)	B	
Lyumjev (Injection Solution)	B	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	
Tresiba (Subcutaneous Solution)	B	
Blood Products and Modifiers		
Anticoagulants		
Eliquis (Oral Tablet)	B	QL

Drug name	Brand or Generic	Coverage rules or limits on use
Eliquis Starter Pack (Oral Tablet)	B	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	DL; QL
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	DL
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	DL
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	B/D,PA
Jantoven (Oral Tablet)	G	
Warfarin Sodium (Oral Tablet)	G	
Xarelto (Oral Tablet)	B	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	QL
Blood Products and Modifiers, Other		
Anagrelide HCl (Oral Capsule)	G	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	PA; DL
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	PA; DL
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe)	B	PA; DL
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	PA; DL
Eltrombopag Olamine (Oral Packet)	G	PA; DL; QL
Eltrombopag Olamine (Oral Tablet)	G	PA; DL; QL
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	PA; DL
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	PA; DL
Retacrit (Injection Solution)	B	PA; DL
Udenyca (Subcutaneous Solution Auto-Injector)	B	PA; DL
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Xolremdi (Oral Capsule)	B	PA; DL; QL
Zarxio (Injection Solution Prefilled Syringe)	B	DL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Hemostasis Agents		
Tranexamic Acid (Oral Tablet)	G	
Platelet Modifying Agents		
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	QL
Brilinta (Oral Tablet)	B	QL
Cablivi (Injection Kit)	B	PA; DL; QL
Cilostazol (Oral Tablet)	G	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	QL
Doptelet (Oral Tablet)	B	PA; DL; QL
Prasugrel HCl (Oral Tablet)	G	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (Oral Tablet Immediate Release)	G	
Clonidine (Transdermal Patch Weekly)	G	DL
Droxidopa (Oral Capsule)	G	PA; DL; QL
Midodrine HCl (Oral Tablet)	G	
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Oral Tablet)	G	
Prazosin HCl (Oral Capsule)	G	
Angiotensin II Receptor Antagonists		
Candesartan Cilexetil (Oral Tablet)	G	
Edarbi (Oral Tablet)	B	DL; QL
Irbesartan (Oral Tablet)	G	
Losartan Potassium (Oral Tablet)	G	
Olmesartan Medoxomil (Oral Tablet)	G	QL
Telmisartan (Oral Tablet)	G	QL
Valsartan (Oral Tablet)	G	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Oral Tablet)	G	
Captopril (Oral Tablet)	G	QL
Enalapril Maleate (Oral Solution)	G	DL
Enalapril Maleate (Oral Tablet)	G	QL
Fosinopril Sodium (Oral Tablet)	G	
Lisinopril (Oral Tablet)	G	QL
Moexipril HCl (Oral Tablet)	G	
Perindopril Erbumine (Oral Tablet)	G	
Quinapril HCl (Oral Tablet)	G	
Ramipril (Oral Capsule)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Trandolapril (Oral Tablet)	G	
Antiarrhythmics		
Amiodarone HCl (200MG Oral Tablet)	G	
Dofetilide (Oral Capsule)	G	QL
Flecainide Acetate (Oral Tablet)	G	
Mexiletine HCl (Oral Capsule)	G	
Multaq (Oral Tablet)	B	QL
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	DL
Propafenone HCl (Oral Tablet)	G	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	DL
Quinidine Sulfate (Oral Tablet)	G	
Sotalol HCl (AF) (Oral Tablet)	G	
Sotalol HCl (Oral Tablet)	G	
Beta-adrenergic Blocking Agents		
Acebutolol HCl (Oral Capsule)	G	
Atenolol (Oral Tablet)	G	
Betaxolol HCl (Oral Tablet)	G	
Bisoprolol Fumarate (Oral Tablet)	G	
Carvedilol (Oral Tablet)	G	
Labetalol HCl (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet)	G	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	
Metoprolol Tartrate (Oral Tablet)	G	
Nadolol (Oral Tablet)	G	DL
Nebivolol HCl (Oral Tablet)	G	QL
Pindolol (Oral Tablet)	G	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	
Propranolol HCl (Oral Solution)	G	
Propranolol HCl (Oral Tablet)	G	
Calcium Channel Blocking Agents, Dihydropyridines		
Amlodipine Besylate (Oral Tablet)	G	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	
Nicardipine HCl (Oral Capsule)	G	DL
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	QL
Nimodipine (Oral Capsule)	G	DL
Calcium Channel Blocking Agents, Nondihydropyridines		

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

Drug name	Brand or Generic	Coverage rules or limits on use
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	
Diltiazem HCl (Oral Tablet Immediate Release)	G	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	
Verapamil HCl ER (Oral Capsule Extended Release 24 Hour)	G	
Verapamil HCl ER (Oral Tablet Extended Release)	G	
Verapamil HCl (Oral Tablet Immediate Release)	G	
Cardiovascular Agents, Other		
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	DL
Acetazolamide (Oral Tablet)	G	
Aliskiren Fumarate (Oral Tablet)	G	
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	
Amlodipine-Atorvastatin (Oral Tablet)	G	
Amlodipine-Benazepril (Oral Capsule)	G	
Amlodipine-Olmesartan (Oral Tablet)	G	QL
Amlodipine-Valsartan (Oral Tablet)	G	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	
Corlanor (Oral Solution)	B	PA; DL; QL
Digoxin (Oral Solution)	G	
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	
Digoxin (62.5MCG Oral Tablet)	G	DL
Edarbyclor (Oral Tablet)	B	DL; QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	QL
Entresto (Oral Capsule Sprinkle)	B	QL
Entresto (Oral Tablet)	B	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	QL
Ivabradine HCl (Oral Tablet)	G	PA; DL; QL
Lanoxin (Oral Tablet)	B	DL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	
Metyrosine (Oral Capsule)	G	DL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	QL
Spironolactone-HCTZ (Oral Tablet)	G	
Telmisartan-Amlodipine (Oral Tablet)	G	QL
Telmisartan-HCTZ (Oral Tablet)	G	QL
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	
Triamterene-HCTZ (Oral Capsule)	G	
Triamterene-HCTZ (Oral Tablet)	G	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	QL
Diuretics, Loop		
Bumetanide (Injection Solution)	G	DL
Bumetanide (Oral Tablet)	G	
Ethacrynic Acid (Oral Tablet)	G	DL; QL
Furosemide (Injection Solution)	G	DL
Furosemide (Oral Solution)	G	
Furosemide (Oral Tablet)	G	
Torsemide (Oral Tablet)	G	
Diuretics, Potassium-sparing		
Amiloride HCl (Oral Tablet)	G	
Triamterene (Oral Capsule)	G	DL
Diuretics, Thiazide		
Chlorthalidone (Oral Tablet)	G	
Diuril (Oral Suspension)	B	DL
Hydrochlorothiazide (Oral Capsule)	G	
Hydrochlorothiazide (Oral Tablet)	G	
Indapamide (Oral Tablet)	G	
Metolazone (Oral Tablet)	G	

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

Drug name	Brand or Generic	Coverage rules or limits on use
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	
Fenofibrate (50MG Oral Capsule)	G	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	G	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	
Fenofibric Acid (Oral Capsule Delayed Release)	G	
Gemfibrozil (Oral Tablet)	G	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Oral Tablet)	G	
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	
Fluvastatin Sodium (Oral Capsule)	G	
Livalo (Oral Tablet)	B	QL
Lovastatin (Oral Tablet)	G	
Pravastatin Sodium (Oral Tablet)	G	
Rosuvastatin Calcium (Oral Tablet)	G	QL
Simvastatin (Oral Tablet)	G	QL
Dyslipidemics, Other		
Cholestyramine Light (Oral Packet)	G	DL
Cholestyramine (Oral Packet)	G	DL
Colesevelam HCl (Oral Packet)	G	
Colesevelam HCl (Oral Tablet)	G	
Colestipol HCl (Oral Packet)	G	DL
Colestipol HCl (Oral Tablet)	G	
Ezetimibe (Oral Tablet)	G	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	
Nexletol (Oral Tablet)	B	PA; QL
Nexlizet (Oral Tablet)	B	PA; QL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	DL
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	
Niacor (Oral Tablet)	G	DL
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	DL; QL
Prevalite (Oral Packet)	G	DL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	PA; QL
Vascepa (Oral Capsule)	B	
Mineralocorticoid Receptor Antagonists		
Eplerenone (Oral Tablet)	G	
Kerendia (Oral Tablet)	B	PA; DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Spironolactone (Oral Tablet)	G	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
Farxiga (Oral Tablet)	B	QL
Jardiance (Oral Tablet)	B	QL
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Oral Tablet)	G	
Minoxidil (Oral Tablet)	G	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	
Nitro-Bid (Transdermal Ointment)	B	DL
Nitroglycerin (Rectal Ointment)	G	DL; QL
Nitroglycerin (Tablet Sublingual)	G	
Nitroglycerin (Transdermal Patch 24 Hour)	G	
Nitroglycerin (Translingual Solution)	G	
Verquvo (Oral Tablet)	B	PA; QL
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	DL; QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	DL; QL
Dextroamphetamine Sulfate (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	DL; QL
Lisdexamfetamine Dimesylate (Oral Capsule)	G	DL
Lisdexamfetamine Dimesylate (Oral Tablet Chewable)	G	DL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Atomoxetine HCl (Oral Capsule)	G	DL; QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	PA
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	DL
Dexmethylphenidate HCl (Oral Tablet)	G	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	DL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	DL; QL
Methylphenidate HCl (Oral Solution)	G	DL; QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	QL
Central Nervous System, Other		
Austedo (Oral Tablet Immediate Release)	B	PA; DL; QL
Cobenfy (Oral Capsule)	B	PA; DL; QL
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	PA; DL; QL
Ingrezza (Oral Capsule)	B	PA; DL; QL
Ingrezza (Oral Capsule Sprinkle)	B	PA; DL; QL
Ingrezza (Oral Capsule Therapy Pack)	B	PA; DL; QL
Nuedexta (Oral Capsule)	B	PA; DL; QL
Riluzole (Oral Tablet)	G	
Skyclarys (Oral Capsule)	B	PA; DL; QL
Tetrabenazine (Oral Tablet)	G	PA; DL; QL
Veozah (Oral Tablet)	B	PA; DL; QL
Fibromyalgia Agents		
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	ST; DL; QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	QL
Pregabalin (Oral Capsule)	G	QL
Pregabalin (Oral Solution)	G	QL
Savella (Oral Tablet)	B	
Savella Titration Pack (Oral Tablet)	B	
Multiple Sclerosis Agents		
Betaseron (Subcutaneous Kit)	B	DL; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	DL; QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	DL; QL
Fingolimod HCl (Oral Capsule)	G	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	DL; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	DL; QL
Kesimpta (Subcutaneous Solution Auto-Injector)	B	DL
Mayzent (Oral Tablet)	B	DL; QL
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	DL; QL
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	DL; QL
Teriflunomide (Oral Tablet)	G	DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	ST; DL; QL
Dental and Oral Agents		
Dental and Oral Agents		
Chlorhexidine Gluconate (Mouth Solution)	G	
Kourzeq (Mouth/Throat Paste)	B	
Periogard (Mouth Solution)	G	
Pilocarpine HCl (Oral Tablet)	G	DL
Triamcinolone Acetonide (Dental Paste)	G	
Dermatological Agents		
Acne and Rosacea Agents		
Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	G	PA; DL
Acitretin (Oral Capsule)	G	DL
Adapalene (External Cream)	G	DL
Adapalene (0.3% External Gel)	G	
Amnesteem (Oral Capsule)	G	PA; DL
Azelaic Acid (External Gel)	G	DL; QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	
Claravis (Oral Capsule)	G	PA; DL
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	DL
Finacea (External Foam)	B	DL; QL
Isotretinoin (Oral Capsule)	G	PA; DL
Neuac (External Gel)	G	DL
Tazarotene (0.1% External Cream)	G	PA; DL; QL
Tretinoin (External Cream)	G	PA; DL
Tretinoin (0.01% External Gel, 0.025% External Gel)	G	PA; DL
Tretinoin Microsphere (0.04% External Gel, 0.1% External Gel)	G	PA; DL
Zenatane (Oral Capsule)	G	PA; DL
Dermatitis and Pruritus Agents		
Ala-Cort (External Cream)	G	
Alclometasone Dipropionate (External Cream)	G	
Alclometasone Dipropionate (External Ointment)	G	
Ammonium Lactate (External Cream)	G	
Ammonium Lactate (External Lotion)	G	
Betamethasone Dipropionate Aug (External Cream)	G	
Betamethasone Dipropionate Aug (External Gel)	G	

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

Drug name	Brand or Generic	Coverage rules or limits on use
Betamethasone Dipropionate Aug (External Lotion)	G	
Betamethasone Dipropionate Aug (External Ointment)	G	
Betamethasone Dipropionate (External Cream)	G	
Betamethasone Dipropionate (External Lotion)	G	
Betamethasone Dipropionate (External Ointment)	G	
Betamethasone Valerate (External Cream)	G	
Betamethasone Valerate (External Lotion)	G	
Betamethasone Valerate (External Ointment)	G	
Clobetasol Propionate Emollient Base (External Cream)	G	DL
Clobetasol Propionate (0.05% External Cream)	G	DL
Clobetasol Propionate (External Gel)	G	DL
Clobetasol Propionate (External Ointment)	G	DL
Clobetasol Propionate (External Shampoo)	G	DL
Clobetasol Propionate (External Solution)	G	
Clodan (External Shampoo)	G	DL
Cordran (External Tape)	B	DL
Desonide (External Ointment)	G	DL; QL
Desoximetasone (External Cream)	G	DL; QL
Doxepin HCl (External Cream)	G	PA; DL; QL
Fluocinolone Acetonide (External Cream)	G	
Fluocinolone Acetonide (External Ointment)	G	
Fluocinolone Acetonide (External Solution)	G	
Fluocinolone Acetonide Scalp (External Oil)	G	DL
Fluocinonide Emulsified Base (External Cream)	G	QL
Fluocinonide (0.05% External Cream)	G	QL
Fluocinonide (External Gel)	G	QL
Fluocinonide (External Ointment)	G	QL
Fluocinonide (External Solution)	G	QL
Fluticasone Propionate (External Cream)	G	
Fluticasone Propionate (External Ointment)	G	
Halobetasol Propionate (External Cream)	G	DL
Halobetasol Propionate (External Ointment)	G	DL
Hydrocortisone Butyrate (External Ointment)	G	
Hydrocortisone (1% External Cream)	G	
Hydrocortisone (2.5% External Lotion)	G	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	
Hydrocortisone Valerate (External Cream)	G	DL
Hydrocortisone Valerate (External Ointment)	G	DL
Mometasone Furoate (External Cream)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Mometasone Furoate (External Ointment)	G	
Mometasone Furoate (External Solution)	G	
Pimecrolimus (External Cream)	G	ST; DL; QL
Selenium Sulfide (External Lotion)	G	
Tacrolimus (External Ointment)	G	ST; DL
Triamcinolone Acetonide (External Cream)	G	
Triamcinolone Acetonide (External Lotion)	G	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	
Triderm (External Cream)	G	
Dermatological Agents, Other		
Calcipotriene (External Cream)	G	DL; QL
Calcipotriene (External Ointment)	G	DL; QL
Calcipotriene (External Solution)	G	
Calcitriol (External Ointment)	G	DL
Clotrimazole-Betamethasone (External Cream)	G	QL
Clotrimazole-Betamethasone (External Lotion)	G	DL
Diclofenac Sodium (3% External Gel)	G	PA; DL; QL
Fluorouracil (5% External Cream)	G	DL; QL
Fluorouracil (External Solution)	G	
Imiquimod (5% External Cream)	G	DL; QL
Methoxsalen Rapid (Oral Capsule)	G	DL
Podofilox (External Solution)	G	
Santyl (External Ointment)	B	DL
Silver Sulfadiazine (External Cream)	G	
SSD (External Cream)	G	
Pediculicides/Scabicides		
Malathion (External Lotion)	G	DL
Permethrin (External Cream)	G	
Topical Anti-infectives		
Ciclopirox (External Gel)	G	
Ciclopirox (External Shampoo)	G	
Ciclopirox (External Solution)	G	
Ciclopirox Olamine (External Cream)	G	
Ciclopirox Olamine (External Suspension)	G	
Clindacin ETZ (External Swab)	G	QL
Clindamycin Phosphate (Once-Daily) (External Gel)	G	QL
Clindamycin Phosphate (Twice-Daily) (External Gel)	G	QL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Clindamycin Phosphate (External Lotion)	G	QL
Clindamycin Phosphate (External Solution)	G	QL
Clindamycin Phosphate (External Swab)	G	QL
Clotrimazole (External Cream)	G	
Clotrimazole (External Solution)	G	
Econazole Nitrate (External Cream)	G	DL; QL
Ery (External Pad)	G	
Erythromycin (External Gel)	G	DL
Erythromycin (External Solution)	G	
Gentamicin Sulfate (External Cream)	G	
Gentamicin Sulfate (External Ointment)	G	
Jublia (External Solution)	B	DL
Ketoconazole (External Cream)	G	QL
Ketoconazole (External Shampoo)	G	
Mupirocin Calcium (External Cream)	G	DL
Mupirocin (External Ointment)	G	QL
Nyamyc (External Powder)	G	QL
Nystatin (External Cream)	G	
Nystatin (External Ointment)	G	
Nystatin (External Powder)	G	QL
Nystop (External Powder)	G	QL
Sulfamylon (External Cream)	B	DL
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Carglumic Acid (Oral Tablet Soluble)	G	DL
Clinolipid (Intravenous Emulsion)	B	B/D,PA; DL
Dextrose (10% Intravenous Solution, 5% Intravenous Solution)	G	DL
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, 5-0.9% Intravenous Solution)	G	DL
Intralipid (Intravenous Emulsion)	B	B/D,PA; DL
Isolyte-P in D5W (Intravenous Solution)	B	DL
Isolyte-S pH 7.4 (Intravenous Solution)	B	DL
KCl in Dextrose-NaCl (Intravenous Solution)	G	DL
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	DL
Klor-Con 10 (Oral Tablet Extended Release)	G	
Klor-Con M10 (Oral Tablet Extended Release)	G	
Klor-Con M15 (Oral Tablet Extended Release)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Klor-Con M20 (Oral Tablet Extended Release)	G	
Klor-Con (Oral Packet)	G	
Klor-Con 8 (Oral Tablet Extended Release)	G	
L-Glutamine (Oral Packet)	G	PA; DL
Magnesium Sulfate (Injection Solution)	G	DL
Multiple Electrolytes Type 1 pH 7.4 (Intravenous Solution)	G	DL
Nutrilipid (Intravenous Emulsion)	B	B/D,PA; DL
Plenamine (Intravenous Solution)	B	B/D,PA; DL
Potassium Chloride Microencapsulated ER (Oral Tablet Extended Release)	G	
Potassium Chloride ER (Oral Capsule Extended Release)	G	
Potassium Chloride ER (Oral Tablet Extended Release)	G	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	DL
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution)	G	B/D,PA; DL
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	DL
Potassium Chloride (Oral Packet)	G	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	
Potassium Citrate ER (Oral Tablet Extended Release)	G	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	B/D,PA; DL
Premasol (Intravenous Solution)	B	B/D,PA; DL
Prosol (Intravenous Solution)	B	B/D,PA; DL
Sodium Chloride (0.45% Intravenous Solution, 0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	DL
Sodium Chloride (Irrigation Solution)	G	
Sodium Fluoride (Oral Tablet)	G	
TPN Electrolytes (Intravenous Concentrate)	B	DL
Travasol (Intravenous Solution)	B	B/D,PA; DL
TrophAmine (Intravenous Solution)	B	B/D,PA; DL
Electrolyte/Mineral/Metal Modifiers		
Chemet (Oral Capsule)	B	DL
Deferasirox Granules (180MG Oral Packet, 360MG Oral Packet)	G	PA; DL
Deferasirox Granules (90MG Oral Packet)	G	PA; DL
Deferasirox (Oral Tablet) (Generic Jadenu)	G	PA

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

Drug name	Brand or Generic	Coverage rules or limits on use
Deferasirox (125MG Oral Tablet Soluble, 250MG Oral Tablet Soluble) (Generic Exjade)	G	PA; DL
Deferasirox (500MG Oral Tablet Soluble) (Generic Exjade)	G	PA; DL
Deferiprone (Oral Tablet)	G	PA; DL
Trientine HCl (Oral Capsule)	G	PA; DL; QL
Potassium Binders		
Lokelma (Oral Packet)	B	DL; QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	
SPS (Sodium Polystyrene Sulfate) (Combination Suspension)	B	DL
Veltassa (Oral Packet)	B	DL; QL
Vitamins		
Prenatal (27-1MG Oral Tablet)	G	
Gastrointestinal Agents		
Anti-Constipation Agents		
Constulose (Oral Solution)	G	
Enulose (Oral Solution)	G	
Generlac (Oral Solution)	G	
Lactulose (10GM/15ML Oral Solution)	G	
Linzess (Oral Capsule)	B	QL
Lubiprostone (Oral Capsule)	G	QL
Motegrity (Oral Tablet)	B	DL; QL
Movantik (Oral Tablet)	B	QL
Trulance (Oral Tablet)	B	QL
Anti-Diarrheal Agents		
Alosetron HCl (0.5MG Oral Tablet)	G	PA; DL
Alosetron HCl (1MG Oral Tablet)	G	PA; DL
Diphenoxylate-Atropine (Oral Liquid)	G	DL
Diphenoxylate-Atropine (Oral Tablet)	G	DL
Loperamide HCl (Oral Capsule)	G	
Xermelo (Oral Tablet)	B	PA; DL; QL
Antispasmodics, Gastrointestinal		
Dicyclomine HCl (Oral Capsule)	G	
Dicyclomine HCl (10MG/5ML Oral Solution)	G	
Dicyclomine HCl (20MG Oral Tablet)	G	
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	PA; DL
Methscopolamine Bromide (Oral Tablet)	G	DL
Gastrointestinal Agents, Other		
Bylvy (Pellets) (Oral Capsule Sprinkle)	B	PA; DL
Bylvy (Oral Capsule)	B	PA; DL

Drug name	Brand or Generic	Coverage rules or limits on use
Chenodal (Oral Tablet)	B	PA; DL
Clenpiq (Oral Solution)	B	
Ctexli (Oral Tablet)	B	PA; DL
GaviLyte-C (Oral Solution Reconstituted)	G	
GaviLyte-G (Oral Solution Reconstituted)	G	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	
Suflave (Oral Solution Reconstituted)	B	DL
Sutab (Oral Tablet)	B	
Ursodiol (300MG Oral Capsule)	G	
Ursodiol (Oral Tablet)	G	DL
Vowst (Oral Capsule)	B	PA; DL
Histamine2 (H2) Receptor Antagonists		
Cimetidine HCl (Oral Solution)	G	
Cimetidine (Oral Tablet)	G	
Famotidine (Oral Suspension Reconstituted)	G	DL
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	
Nizatidine (Oral Capsule)	G	
Protectants		
Misoprostol (Oral Tablet)	G	
Sucralfate (Oral Suspension)	G	DL
Sucralfate (Oral Tablet)	G	
Proton Pump Inhibitors		
Dexlansoprazole (Oral Capsule Delayed Release)	G	DL; QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	QL
Esomeprazole Magnesium (Oral Packet)	G	
Lansoprazole (Oral Capsule Delayed Release)	G	QL
Omeprazole (10MG Oral Capsule Delayed Release)	G	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		

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

Drug name	Brand or Generic	Coverage rules or limits on use
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	PA; DL
Betaine (Oral Powder)	G	DL
Cholbam (Oral Capsule)	B	PA; DL
Creon (Oral Capsule Delayed Release Particles)	B	
Cromolyn Sodium (Oral Concentrate)	G	
Cystagon (Oral Capsule)	B	DL
Levocarnitine (Oral Solution)	G	
Levocarnitine (Oral Tablet)	G	
Miglustat (Oral Capsule)	G	PA; DL
Nitisinone (Oral Capsule)	G	DL
Prolastin-C (Intravenous Solution)	B	PA; DL
Pyrukynd (Oral Tablet)	B	PA; DL; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	PA; DL; QL
Revcovi (Intramuscular Solution)	B	PA; DL
Sapropterin Dihydrochloride (Oral Packet)	G	DL
Sapropterin Dihydrochloride (Oral Tablet)	G	DL
Sodium Phenylbutyrate (Oral Powder)	G	DL
Sodium Phenylbutyrate (Oral Tablet)	G	DL
Sucraid (Oral Solution)	B	DL
Vyndamax (Oral Capsule)	B	PA; DL; QL
Vyndaqel (Oral Capsule)	B	PA; DL; QL
Welireg (Oral Tablet)	B	PA; DL; QL
Yargesa (Oral Capsule)	G	PA; DL
Zemaira (1000MG Intravenous Solution Reconstituted)	B	PA; DL
Zenpep (Oral Capsule Delayed Release Particles)	B	
Genitourinary Agents		
Antispasmodics, Urinary		
Gemtesa (Oral Tablet)	B	DL
Myrbetriq (Oral Suspension Reconstituted ER)	B	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	QL
Oxybutynin Chloride (Oral Solution)	G	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	
Solifenacin Succinate (Oral Tablet)	G	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	DL
Tolterodine Tartrate (Oral Tablet)	G	
Trospium Chloride (Oral Tablet)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	
Dutasteride (Oral Capsule)	G	QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	
Silodosin (Oral Capsule)	G	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	PA; DL; QL
Tamsulosin HCl (Oral Capsule)	G	
Terazosin HCl (Oral Capsule)	G	
Genitourinary Agents, Other		
Bethanechol Chloride (Oral Tablet)	G	
Elmiron (Oral Capsule)	B	DL
Penicillamine (Oral Tablet)	G	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Dexamethasone (Oral Solution)	G	
Dexamethasone (Oral Tablet)	G	
Fludrocortisone Acetate (Oral Tablet)	G	
Hydrocortisone (Oral Tablet)	G	
Methylprednisolone (Oral Tablet)	G	
Methylprednisolone (Oral Tablet Therapy Pack)	G	
Prednisolone (Oral Solution)	G	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 5MG/5ML Oral Solution)	G	
Prednisone Intensol (Oral Concentrate)	G	
Prednisone (5MG/5ML Oral Solution)	G	
Prednisone (Oral Tablet)	G	
Prednisone (Oral Tablet Therapy Pack)	G	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Desmopressin Acetate (Oral Tablet)	G	
Desmopressin Acetate Spray (Nasal Solution)	G	DL
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)	B	PA; DL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe)	B	PA; DL
Genotropin (Subcutaneous Cartridge)	B	PA; DL
Increlex (Subcutaneous Solution)	B	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Danazol (Oral Capsule)	G	DL
Testosterone Cypionate (Intramuscular Solution)	G	
Testosterone Enanthate (Intramuscular Solution)	G	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	G	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	G	DL
Estrogens		
Altavera (Oral Tablet)	G	
Alyacen 1/35 (Oral Tablet)	G	DL
Apri (Oral Tablet)	G	DL
Aranelle (Oral Tablet)	G	DL
Ashlyna (Oral Tablet)	G	DL
Aubra EQ (Oral Tablet)	G	DL
Aviane (Oral Tablet)	G	DL
Azurette (Oral Tablet)	G	DL
Balziva (Oral Tablet)	G	DL
Blisovi 24 Fe (Oral Tablet)	G	DL
Blisovi Fe 1.5/30 (Oral Tablet)	G	DL
Briellyn (Oral Tablet)	G	DL
Camrese Lo (Oral Tablet)	G	DL
Climara Pro (Transdermal Patch Weekly)	B	DL
Cryselle-28 (Oral Tablet)	G	DL
Cyred EQ (Oral Tablet)	G	DL
Depo-Estradiol (Intramuscular Oil)	B	DL
Dolishale (Oral Tablet)	G	DL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	DL
Duavee (Oral Tablet)	B	DL

Drug name	Brand or Generic	Coverage rules or limits on use
Elestrin (Transdermal Gel)	B	DL
EluRyng (Vaginal Ring)	G	
EnilloRing (Vaginal Ring)	G	
Enpresse-28 (Oral Tablet)	G	DL
Enskyce (Oral Tablet)	G	DL
Estarylla (Oral Tablet)	G	DL
Estradiol (Oral Tablet)	G	
Estradiol (Transdermal Patch Weekly)	G	QL
Estradiol (0.1MG/GM Vaginal Cream)	G	
Estradiol (Vaginal Tablet)	G	DL; QL
Estradiol Valerate (Intramuscular Oil)	G	DL
Estring (Vaginal Ring)	B	DL
Ethinodiol Diacetate-Ethinyl Estradiol (1-35MG-MCG Oral Tablet)	G	DL
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	
Falmina (Oral Tablet)	G	DL
Feirza 1.5/30 (Oral Tablet)	G	DL
Feirza 1/20 (Oral Tablet)	G	DL
Femring (Vaginal Ring)	B	DL
Finzala (Oral Tablet Chewable)	G	DL
Fyavolv (Oral Tablet)	G	DL
Galbriela (Oral Tablet Chewable)	G	DL
Hailey 24 Fe (Oral Tablet)	G	DL
Haloette (Vaginal Ring)	G	
Iclevia (Oral Tablet)	G	DL
Imvexxy Maintenance Pack (Vaginal Insert)	B	PA; QL
Imvexxy Starter Pack (Vaginal Insert)	B	PA; QL
Introvale (Oral Tablet)	G	DL
Isibloom (Oral Tablet)	G	DL
Jaimiess (Oral Tablet)	G	DL
Jasmiel (Oral Tablet)	G	DL
Jinteli (Oral Tablet)	G	DL
Juleber (Oral Tablet)	G	DL
Junel 1.5/30 (Oral Tablet)	G	DL
Junel 1/20 (Oral Tablet)	G	DL
Junel Fe 1.5/30 (Oral Tablet)	G	DL
Junel Fe 1/20 (Oral Tablet)	G	DL
Junel Fe 24 (Oral Tablet)	G	DL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Kaitlib Fe (Oral Tablet Chewable)	G	DL
Kariva (Oral Tablet)	G	DL
Kelnor 1/35 (Oral Tablet)	G	DL
Kurvelo (Oral Tablet)	G	
LARIN 1.5/30 (Oral Tablet)	G	DL
LARIN 1/20 (Oral Tablet)	G	DL
LARIN Fe 1.5/30 (Oral Tablet)	G	DL
LARIN Fe 1/20 (Oral Tablet)	G	DL
Lessina (Oral Tablet)	G	DL
Levonest (Oral Tablet)	G	DL
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	DL
Levonorgestrel-Ethinyl Estradiol (0.1-20MG-MCG Oral Tablet, 90-20MCG Oral Tablet)	G	DL
Levonorgestrel-Ethinyl Estradiol (0.15-30MG-MCG Oral Tablet)	G	
Levonorgestrel-Ethinyl Estradiol Triphasic (Oral Tablet)	G	DL
Levora 0.15/30 (28) (Oral Tablet)	G	
LoJaimiess (Oral Tablet)	G	DL
Loryna (Oral Tablet)	G	DL
Low-Ogestrel (Oral Tablet)	G	DL
Lutera (Oral Tablet)	G	DL
Marlissa (Oral Tablet)	G	
Mibelas 24 Fe (Oral Tablet Chewable)	G	DL
Microgestin 1.5/30 (Oral Tablet)	G	DL
Microgestin 1/20 (Oral Tablet)	G	DL
Microgestin Fe 1.5/30 (Oral Tablet)	G	DL
Microgestin Fe 1/20 (Oral Tablet)	G	DL
Mili (Oral Tablet)	G	DL
Necon 0.5/35 (28) (Oral Tablet)	G	DL
Nikki (Oral Tablet)	G	DL
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable)	G	DL
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	DL
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	DL
Norethindrone-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable)	G	DL
Norgestimate-Ethinyl Estradiol (0.25-35MG-MCG Oral Tablet)	G	DL
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	DL

Drug name	Brand or Generic	Coverage rules or limits on use
Nortrel 0.5/35 (28) (Oral Tablet)	G	DL
Nortrel 1/35 (21) (Oral Tablet)	G	DL
Nortrel 1/35 (28) (Oral Tablet)	G	DL
Nortrel 7/7/7 (Oral Tablet)	G	DL
Nylia 1/35 (Oral Tablet)	G	DL
Nylia 7/7/7 (Oral Tablet)	G	DL
Ocella (Oral Tablet)	G	DL
Pimtreea (Oral Tablet)	G	DL
Portia-28 (Oral Tablet)	G	
Premarin (Oral Tablet)	B	DL; QL
Premarin (Vaginal Cream)	B	
Premphase (Oral Tablet)	B	DL; QL
Prempro (Oral Tablet)	B	DL; QL
Reclipsen (Oral Tablet)	G	DL
Rivelsa (Oral Tablet)	G	DL
Rosyrah (Oral Tablet)	G	DL
Setlakin (Oral Tablet)	G	DL
Sprintec 28 (Oral Tablet)	G	DL
Sronyx (Oral Tablet)	G	DL
Syeda (Oral Tablet)	G	DL
Tarina 24 Fe (Oral Tablet)	G	DL
Tarina Fe 1/20 EQ (Oral Tablet)	G	DL
Tilia Fe (Oral Tablet)	G	DL
Tri-Estarylla (Oral Tablet)	G	DL
Tri-Leigest Fe (Oral Tablet)	G	DL
Tri-Lo-Estarylla (Oral Tablet)	G	DL
Tri-Lo-Sprintec (Oral Tablet)	G	DL
Tri-Mili (Oral Tablet)	G	DL
Tri-Sprintec (Oral Tablet)	G	DL
Tri-VyLibra Lo (Oral Tablet)	G	DL
Tri-VyLibra (Oral Tablet)	G	DL
Turqoz (Oral Tablet)	G	DL
Valtya 1/50 (Oral Tablet)	G	DL
Velivet (Oral Tablet)	G	DL
Vestura (Oral Tablet)	G	DL
Vienva (Oral Tablet)	G	DL
Vyfemla (Oral Tablet)	G	DL

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

Drug name	Brand or Generic	Coverage rules or limits on use
VyLibra (Oral Tablet)	G	DL
Wymzya Fe (Oral Tablet Chewable)	G	DL
Xarah Fe (Oral Tablet)	G	DL
Xelria Fe (Oral Tablet Chewable)	G	DL
Xulane (Transdermal Patch Weekly)	G	
Yuvaferm (Vaginal Tablet)	G	DL; QL
Zafemy (Transdermal Patch Weekly)	G	
Zovia 1/35 (28) (Oral Tablet)	G	DL
Progestins		
Camila (Oral Tablet)	G	
Crinone (Vaginal Gel)	B	PA; DL
Deblitane (Oral Tablet)	G	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	
Errin (Oral Tablet)	G	
Gallifrey (Oral Tablet)	G	
Heather (Oral Tablet)	G	
Incassia (Oral Tablet)	G	
Liletta (52MG) (Intrauterine Device)	B	
Lyleq (Oral Tablet)	G	
Lyza (Oral Tablet)	G	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	
Medroxyprogesterone Acetate (Oral Tablet)	G	
Megestrol Acetate (40MG/ML Oral Suspension)	G	
Megestrol Acetate (625MG/5ML Oral Suspension)	G	DL
Megestrol Acetate (Oral Tablet)	G	
Meleya (Oral Tablet)	G	
Nexplanon (Subcutaneous Implant)	B	
Nora-BE (Oral Tablet)	G	
Norethindrone Acetate (5MG Oral Tablet)	G	
Norethindrone (0.35MG Oral Tablet)	G	
Orquidea (Oral Tablet)	G	
Progesterone (Oral Capsule)	G	
Sharobel (Oral Tablet)	G	
Selective Estrogen Receptor Modifying Agents		
Osphena (Oral Tablet)	B	PA; QL
Raloxifene HCl (Oral Tablet)	G	QL

Drug name	Brand or Generic	Coverage rules or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Levothyroxine Sodium (Oral Tablet)	G	
Levoxyl (Oral Tablet)	G	
Liothyronine Sodium (Oral Tablet)	G	
Synthroid (Oral Tablet)	B	
Unithroid (Oral Tablet)	G	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Bromocriptine Mesylate (Oral Capsule)	G	
Bromocriptine Mesylate (Oral Tablet)	G	
Cabergoline (Oral Tablet)	G	
Eligard (Subcutaneous Kit)	B	PA; DL; QL
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	PA; DL; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	PA; DL; QL
Isturisa (Oral Tablet)	B	PA; DL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	PA; DL; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	PA; DL; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	PA; DL; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	PA; DL; QL
Lupron Depot (6-Month) (Intramuscular Kit)	B	PA; DL; QL
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	PA; DL; QL
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	PA; DL; QL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	PA; DL; QL
Mifepristone (300MG Oral Tablet)	G	PA; DL; QL
Octreotide Acetate (Injection Solution)	G	PA; DL
Signifor (Subcutaneous Solution)	B	PA; DL
Somavert (Subcutaneous Solution Reconstituted)	B	PA; DL; QL
Synarel (Nasal Solution)	B	DL; QL
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Oral Tablet)	G	
Propylthiouracil (Oral Tablet)	G	
Immunological Agents		
Angioedema Agents		
Beriner (Intravenous Kit)	B	PA; DL
Haegarda (Subcutaneous Solution Reconstituted)	B	PA; DL

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

Drug name	Brand or Generic	Coverage rules or limits on use
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	PA; DL; QL
Immunoglobulins		
BIVIGAM (5GM/50ML Intravenous Solution)	B	PA; DL
Gammagard (2.5GM/25ML Injection Solution)	B	PA; DL
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	PA; DL
Gammaked (1GM/10ML Injection Solution)	B	PA; DL
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	PA; DL
Gamunex-C (1GM/10ML Injection Solution)	B	PA; DL
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	PA; DL
Panzyga (Intravenous Solution)	B	PA; DL
Privigen (20GM/200ML Intravenous Solution)	B	PA; DL
Immunological Agents, Other		
Arcalyst (Subcutaneous Solution Reconstituted)	B	PA; DL
Benlysta (Subcutaneous Solution Auto-Injector)	B	PA; DL
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Dupixent (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe, 300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Ebglyss (Subcutaneous Solution Auto-Injector)	B	PA; DL
Ebglyss (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Otezla (Oral Tablet)	B	PA; DL; QL
Otezla (Oral Tablet Therapy Pack)	B	PA; DL; QL
Ridaura (Oral Capsule)	B	DL
Rinvoq LQ (Oral Solution)	B	PA; DL; QL
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	PA; DL; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	PA; DL; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Sotyktu (Oral Tablet)	B	PA; DL; QL
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Tremfya Crohns Induction (200MG/2ML Subcutaneous Solution Auto-Injector)	B	PA; DL
Tremfya One-Press (100MG/ML Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Tyenne (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Tyenne (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Xeljanz (Oral Solution)	B	PA; DL; QL
Xeljanz (Oral Tablet Immediate Release)	B	PA; DL; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	PA; DL; QL
Xolair (Subcutaneous Solution Auto-Injector)	B	PA; DL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Xolair (Subcutaneous Solution Reconstituted)	B	PA; DL
Yesintek (Subcutaneous Solution)	B	PA; DL; QL
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Immunostimulants		
Actimmune (Subcutaneous Solution)	B	DL
Besremi (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Pegasys (Subcutaneous Solution)	B	PA; DL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Immunosuppressants		
Adalimumab-aaty (1 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit)	B	PA; DL
Adalimumab-aaty (2 Pen) (Subcutaneous Auto-Injector Kit)	B	PA; DL
Adalimumab-aaty (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	PA; DL
Adalimumab-aaty (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit)	B	PA; DL
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	PA; DL; QL

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

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

Drug name	Brand or Generic	Coverage rules or limits on use
Vaccines		
Abrysvo (Intramuscular Solution Reconstituted)	B	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	QL
Adacel (Intramuscular Suspension)	B	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	PA; QL
BCG Vaccine (Injection Solution Reconstituted)	B	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	PA; QL
Boostrix (5-2.5-18.5LF-MCG/0.5 Intramuscular Suspension)	B	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	QL
Daptacel (Intramuscular Suspension)	B	QL
Engerix-B (Injection Suspension)	B	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	QL
Havrix (1440EL U/ML Intramuscular Suspension)	B	QL
Havrix (720EL U/0.5ML Intramuscular Suspension Prefilled Syringe)	B	QL
Hepilisav-B (Intramuscular Solution Prefilled Syringe)	B	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	QL
IPOL (Injection)	B	QL
Ixiaro (Intramuscular Suspension)	B	QL
Jynneos (Subcutaneous Suspension)	B	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	QL
MenQuadfi (Intramuscular Solution)	B	PA; QL
Menveo (Intramuscular Solution Reconstituted)	B	PA; QL
M-M-R II (Injection Solution Reconstituted)	B	QL
MResvia (Intramuscular Suspension Prefilled Syringe)	B	PA; QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	QL
Pedvax HIB (Intramuscular Suspension)	B	QL
Penbraya (Intramuscular Suspension Reconstituted)	B	PA; QL
Penmenvy (Intramuscular Suspension Reconstituted)	B	PA; QL
Pentacel (Intramuscular Suspension Reconstituted)	B	QL
Priorix (Subcutaneous Suspension Reconstituted)	B	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	QL
Quadracel (Intramuscular Suspension)	B	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	QL

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

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

Drug name	Brand or Generic	Coverage rules or limits on use
Alendronate Sodium (Oral Solution)	G	DL
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	QL
Bonsity (Subcutaneous Solution Pen-Injector)	B	PA; DL; QL
Calcitonin Salmon (Nasal Solution)	G	QL
Calcitriol (Oral Capsule)	G	B/D,PA
Calcitriol (Oral Solution)	G	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	B/D,PA; DL; QL
Doxercalciferol (Oral Capsule)	G	B/D,PA; DL
Forteo (Subcutaneous Solution Pen-Injector)	B	PA; DL; QL
Ibandronate Sodium (Oral Tablet)	G	QL
Jubbonti (Subcutaneous Solution Prefilled Syringe)	B	DL; QL
Paricalcitol (Oral Capsule)	G	B/D,PA; DL
Rayaldee (Oral Capsule Extended Release)	B	DL; QL
Risedronate Sodium (Oral Tablet Immediate Release)	G	QL
Teriparatide (Subcutaneous Solution Pen-Injector)	B	PA; DL; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	PA; DL; QL
Wyost (Subcutaneous Solution)	B	DL
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	B	
Gauze (Non-medicated 2X2 Pad)	B	
Insulin Syringes, Needles	B	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (1% Ophthalmic Solution)	G	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	
Combigan (Ophthalmic Solution)	B	
Cystaran (Ophthalmic Solution)	B	DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	DL
Miebo (Ophthalmic Solution)	B	DL; QL
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	DL

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

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

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

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

Drug name	Brand or Generic	Coverage rules or limits on use
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	G	
Rhopressa (Ophthalmic Solution)	B	ST
Simbrinza (Ophthalmic Suspension)	B	
Ophthalmic Prostaglandin and Prostanamide Analogs		
Latanoprost (Ophthalmic Solution)	G	
Lumigan (Ophthalmic Solution)	B	
Travoprost (BAK Free) (Ophthalmic Solution)	G	
Vyzulta (Ophthalmic Solution)	B	DL
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	G	
Cipro HC (Otic Suspension)	B	DL
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	DL
Flac (0.01% Otic Oil)	G	DL
Fluocinolone Acetonide (Otic Oil)	G	DL
Hydrocortisone-Acetic Acid (Otic Solution)	G	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	
Neomycin-Polymyxin-HC (Otic Suspension)	G	
Ofloxacin (Otic Solution)	G	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution)	G	
Cetirizine HCl (5MG/5ML Oral Solution)	G	
Cyproheptadine HCl (Oral Syrup)	G	DL
Cyproheptadine HCl (Oral Tablet)	G	DL
Desloratadine (Oral Tablet)	G	
Dymista (Nasal Suspension)	B	
Levocetirizine Dihydrochloride (Oral Tablet)	G	QL
Ryaltris (Nasal Suspension)	B	
Anti-inflammatories, Inhaled Corticosteroids		
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	QL
Budesonide (Inhalation Suspension)	G	B/D,PA; DL
Flunisolide (Nasal Solution)	G	
Fluticasone Propionate (Nasal Suspension)	G	
Mometasone Furoate (Nasal Suspension)	G	DL
Qvar ReditHaler (Inhalation Aerosol Breath Activated)	B	QL
Antileukotrienes		
Montelukast Sodium (Oral Packet)	G	QL

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

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

Drug name	Brand or Generic	Coverage rules or limits on use
Theophylline (Oral Solution)	G	
Pulmonary Antihypertensives		
Adempas (Oral Tablet)	B	PA; DL
Alyq (Oral Tablet)	G	PA; DL; QL
Ambrisentan (Oral Tablet)	G	PA; DL; QL
Bosentan (Oral Tablet)	G	PA; DL; QL
Opsumit (Oral Tablet)	B	PA; DL
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	PA; DL; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	PA; DL; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	PA; DL; QL
Orenitram (0.125MG Oral Tablet Extended Release)	B	PA; DL
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	PA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	PA; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	PA; DL; QL
Pulmonary Fibrosis Agents		
Ofev (Oral Capsule)	B	PA; DL; QL
Pirfenidone (Oral Capsule)	G	PA; DL; QL
Pirfenidone (Oral Tablet)	G	PA; DL; QL
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	G	B/D,PA
Airsupra (Inhalation Aerosol)	B	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	QL
Breztri Aerosphere (Inhalation Aerosol)	B	QL
Combivent Respimat (Inhalation Aerosol Solution)	B	QL
Dulera (Inhalation Aerosol)	B	DL; QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	PA; DL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	QL
Ipratropium-Albuterol (Inhalation Solution)	G	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Nucala (Subcutaneous Solution Reconstituted)	B	PA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	QL
Symbicort (Inhalation Aerosol)	B	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Chlorzoxazone (500MG Oral Tablet)	G	
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	
Cyclobenzaprine HCl (7.5MG Oral Tablet)	G	DL
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	
Sleep Disorder Agents		
Sleep Promoting Agents		
Belsomra (Oral Tablet)	B	QL
Eszopiclone (Oral Tablet)	G	QL
Quviviq (Oral Tablet)	B	DL; QL
Ramelteon (Oral Tablet)	G	DL; QL
Tasimelteon (Oral Capsule)	G	PA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	QL
Zaleplon (Oral Capsule)	G	QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	QL
Wakefulness Promoting Agents		
Armodafinil (Oral Tablet)	G	PA; DL; QL
Lumryz (Oral Packet)	B	PA; DL; QL
Lumryz Starter Pack (Oral Therapy Pack)	B	PA; DL; QL
Modafinil (Oral Tablet)	G	PA; QL

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

Covered drugs with a quantity limit (QL)

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

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

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

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

Drug name	Brand or Generic	Quantity limit
Airsupra (Inhalation Aerosol)	B	Maximum of 3 inhalers (32.1 grams) per 30 days
Akeega (Oral Tablet)	B	Maximum of 2 tablets per day
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Alecensa (Oral Capsule)	B	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet)	G	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
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 Therapy Pack)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules 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

Drug name	Brand or Generic	Quantity limit
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Augtyro (160MG Oral Capsule)	B	Maximum of 2 capsules per day
Augtyro (40MG Oral Capsule)	B	Maximum of 8 capsules per day
Austedo (Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	B	Maximum of 66 capsules 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
Bacitracin (Ophthalmic Ointment)	G	Maximum of 2 tubes (7 grams) per 28 days
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Betaseron (Subcutaneous Kit)	B	Maximum of 1 kit (15 vials) per 30 days
Bevespi Aerosphere (Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Bonsity (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.24 ml) per 28 days
Boostrix (5-2.5-18.5LF-MCG/0.5 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
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
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 (3.7 ml) per 28 days
Calquence (Oral Tablet)	B	Maximum of 2 tablets per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindamycin Phosphate (Once-Daily) (External Gel)	G	Maximum of 75 ml per 30 days
Clindamycin Phosphate (Twice-Daily) (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	G	Maximum of 1 tablet per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
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
Cobenfy (Oral Capsule)	B	Maximum of 2 capsules per day
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (112 capsules) per year
Colchicine (0.6MG Oral Capsule) (Generic Mitigare)	G	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days

Drug name	Brand or Generic	Quantity limit
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
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	Maximum of 5 pens (10 ml) per 30 days
Cotellic (Oral Tablet)	B	Maximum of 3 tablets per day
Cycloset (Oral Tablet)	B	Maximum of 6 tablets per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Danziten (Oral Tablet)	B	Maximum of 4 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
Dasatinib (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	G	Maximum of 1 tablet per day
Dasatinib (20MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 3 tablets per day
Dasatinib (80MG Oral Tablet)	G	Maximum of 2 tablets 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

Drug name	Brand or Generic	Quantity limit
Dexlansoprazole (Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dextroamphetamine Sulfate (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Diclofenac Epolamine (External Patch)	B	Maximum of 2 patches per day
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	Maximum of 2 packs (120 capsules) per year
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

Drug name	Brand or Generic	Quantity limit
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day
Drizalma Sprinkle (30MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 3 capsules per day
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 Auto-Injector)	B	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (8 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
Edurant PED (Oral Tablet Soluble)	B	Maximum of 6 tablets 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

Drug name	Brand or Generic	Quantity limit
Eltrombopag Olamine (Oral Packet)	G	Maximum of 6 packets per day
Eltrombopag Olamine (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 1 tablet per day
Eltrombopag Olamine (50MG Oral Tablet, 75MG Oral Tablet)	G	Maximum of 2 tablets per day
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-Rilpivirine-Tenofovir DF (Oral Tablet)	G	Maximum of 1 tablet per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (Injection Suspension)	B	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.6 ml) per day

Drug name	Brand or Generic	Quantity limit
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 Capsule Sprinkle)	B	Maximum of 8 capsules per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
Erleada (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Erleada (60MG Oral Tablet)	B	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets per day
Eslicarbazepine Acetate (200MG Oral Tablet, 400MG Oral Tablet)	G	Maximum of 1 tablet per day
Eslicarbazepine Acetate (600MG Oral Tablet, 800MG Oral Tablet)	G	Maximum of 2 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Estradiol (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Ethacrynic Acid (Oral Tablet)	G	Maximum of 16 tablets per day
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Exenatide (10MCG/0.04ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Exenatide (5MCG/0.02ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	G	Maximum of 3 tablets per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack A (Oral Tablet)	B	Maximum of 2 packs per year

Drug name	Brand or Generic	Quantity limit
Farxiga (Oral Tablet)	B	Maximum of 1 tablet 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
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Forteo (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fruzaqla (1MG Oral Capsule)	B	Maximum of 84 capsules per 28 days
Fruzaqla (5MG Oral Capsule)	B	Maximum of 21 capsules per 28 days
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

Drug name	Brand or Generic	Quantity limit
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
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
Gomekli (1MG Oral Capsule)	B	Maximum of 126 capsules per 28 days
Gomekli (2MG Oral Capsule)	B	Maximum of 84 capsules per 28 days
Gomekli (Oral Tablet Soluble)	B	Maximum of 168 tablets per 28 days
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Havrix (1440EL U/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime

Drug name	Brand or Generic	Quantity limit
Havrix (720EL U/0.5ML Intramuscular Suspension Prefilled Syringe)	B	Maximum of 2 vaccines per lifetime
Hepilisav-B (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Hernexeos (Oral Tablet)	B	Maximum of 6 tablets per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Humira (2 Pen) (40MG/0.4ML Subcutaneous Auto-Injector Kit, 40MG/0.8ML Subcutaneous Auto-Injector Kit) (AbbVie)	B	Maximum of 2 kits (4 pens) per 28 days
Humira (2 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit) (AbbVie)	B	Maximum of 1 kit (2 pens) per 28 days
Humira (2 Syringe) (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	Maximum of 1 kit (2 syringes) per 28 days
Humira (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	Maximum of 2 kits (4 syringes) per 28 days
Humira Pen Psoriasis/Uveitis Starter (40MG/0.4ML & 80MG/0.8ML Subcutaneous Auto-Injector Kit) (AbbVie)	B	Maximum of 2 kits per year
Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 10-325MG/15ML Oral Solution)	G	Maximum of 90 ml per day
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-Acetaminophen (2.5-325MG Oral Tablet)	G	Maximum of 8 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 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
Ibuprofen (Oral Capsule)	B	Maximum of 3 capsules 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

Drug name	Brand or Generic	Quantity limit
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 (Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imkeldi (Oral Solution)	B	Maximum of 10 ml per day
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Imvexxy Maintenance Pack (Vaginal Insert)	B	Maximum of 8 vaginal inserts per 28 days
Imvexxy Starter Pack (Vaginal Insert)	B	Maximum of 2 packs per year
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Sprinkle)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	Maximum of 6 tablets per day
Itovebi (3MG Oral Tablet)	B	Maximum of 2 tablets per day
Itovebi (9MG Oral Tablet)	B	Maximum of 1 tablet per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ivabradine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Iwilfin (Oral Tablet)	B	Maximum of 8 tablets per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
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 Immediate Release, 2.5-500MG Oral Tablet Immediate Release)	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
Jubbonti (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 180 days
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kaletra (Oral Solution)	B	Maximum of 3 bottles (480 ml) per 30 days
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 (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (70 tablets) per 28 days
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day
Lacosamide (10MG/ML Oral Solution)	G	Maximum of 40 ml per day

Drug name	Brand or Generic	Quantity limit
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Lazcluze (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Lazcluze (80MG Oral Tablet)	B	Maximum of 2 tablets 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
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livalo (Oral Tablet)	B	Maximum of 1 tablet per day
Livtency (Oral Tablet)	B	Maximum of 12 tablets 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 (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (240MG Oral Tablet)	B	Maximum of 4 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Lumryz (Oral Packet)	B	Maximum of 1 packet per day
Lumryz Starter Pack (Oral Therapy Pack)	B	Maximum of 2 packs (56 tablets) per 365 days
Lupron Depot (1-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot (3-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot (4-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 112 days
Lupron Depot (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Lybalvi (Oral Tablet)	B	Maximum of 1 tablet per day
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (84 tablets) per 28 days
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (140 tablets) per 28 days
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Mayzent (0.25MG Oral Tablet)	B	Maximum of 4 tablets per day
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 (2MG/ML 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
MenQuadfi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
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
Miebo (Ophthalmic Solution)	B	Maximum of 12 ml (4 bottles) per 30 days
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

Drug name	Brand or Generic	Quantity limit
Modeyso (Oral Capsule)	B	Maximum of 20 capsules per 28 days
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Mounjaro (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
MResvia (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) 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 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 spray devices per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Nevirapine ER (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
Nexletol (Oral Tablet)	B	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	B	Maximum of 1 tablet 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
Nilotinib HCl (150MG Oral Capsule)	G	Maximum of 5 capsules per day
Nilotinib HCl (200MG Oral Capsule)	G	Maximum of 4 capsules per day
Nilotinib HCl (50MG Oral Capsule)	G	Maximum of 14 capsules per day
Ninlaro (Oral Capsule)	B	Maximum of 3 capsules per 28 days
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Nitroglycerin (Rectal Ointment)	G	Maximum of 30 grams per 30 days
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
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
Nuzyra (Oral Tablet)	B	Maximum of 30 tablets per 14 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

Drug name	Brand or Generic	Quantity limit
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
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
Opipza (10MG Oral Film, 5MG Oral Film)	B	Maximum of 3 films per day
Opipza (2MG Oral Film)	B	Maximum of 1 film per day
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

Drug name	Brand or Generic	Quantity limit
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
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML 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) (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

Drug name	Brand or Generic	Quantity limit
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
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 11 tablets per 5 days and 11 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
Penmenvy (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	B	Maximum of 16 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	B	Maximum of 8 capsules per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Posaconazole (Oral Suspension)	G	Maximum of 20 ml per day

Drug name	Brand or Generic	Quantity limit
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
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 Packet)	B	Maximum of 4 packs per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (800-150MG Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
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)	B	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

Drug name	Brand or Generic	Quantity limit
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
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Qulipta (Oral Tablet)	B	Maximum of 1 tablet per day
Quviviq (Oral Tablet)	B	Maximum of 1 tablet per day
Qvar RediHaler (Inhalation Aerosol Breath Activated)	B	Maximum of 2 inhalers (21.2 grams) per 30 days
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 3 inhalers (60 blisters) per 30 days
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
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 (120MG Oral Tablet, 160MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 2 tablets per day
Retevmo (40MG Oral Tablet)	B	Maximum of 3 tablets per day
Revuforj (110MG Oral Tablet)	B	Maximum of 4 tablets per day
Revuforj (160MG Oral Tablet)	B	Maximum of 2 tablets per day
Revuforj (25MG Oral Tablet)	B	Maximum of 8 tablets 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 LQ (Oral Solution)	B	Maximum of 12 ml 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 (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
Romvimza (Oral Capsule)	B	Maximum of 8 capsules per 28 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 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

Drug name	Brand or Generic	Quantity limit
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 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
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
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
Sotyktu (Oral Tablet)	B	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	Maximum of 2 tablets per day
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
Steqeyma (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
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 (Oral Tablet)	B	Maximum of 24 tablets per 168 days
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synarel (Nasal Solution)	B	Maximum of 4 bottles (32 ml) per 26 days
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Synjardy XR (25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	Maximum of 2 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Tasigna (150MG Oral Capsule)	B	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	B	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	B	Maximum of 14 capsules per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tazarotene (0.1% External Cream)	G	Maximum of 60 grams per 30 days
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
Teriparatide (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
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 (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
Tradjenta (Oral Tablet)	B	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

Drug name	Brand or Generic	Quantity limit
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Tremfya One-Press (100MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 56 days
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (2 ml) per 28 days
Tremfya (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 ml) per 56 days
Tremfya (200MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (2 ml) 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
Trintellix (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trulance (Oral Tablet)	B	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Auto-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 (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
Tyenne (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Tyenne (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
Tymlos (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.56 ml) per 30 days
Typhim VI (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
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
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valganciclovir HCl (Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanflyta (Oral Tablet)	B	Maximum of 2 tablets per day
VAQTA (25UNIT/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Injection Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Vaxchora (Oral Suspension Reconstituted)	B	1 vaccination dose (100 ml) per day
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet, 8.4GM Oral Packet)	B	Maximum of 1 packet per day
Veltassa (1GM Oral Packet)	B	Maximum of 4 packets 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

Drug name	Brand or Generic	Quantity limit
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Veozah (Oral Tablet)	B	Maximum of 1 tablet per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	B	Maximum of 6 packets per day
Vigadrone (Oral Tablet)	B	Maximum of 6 tablets per day
Vigpoder (500MG Oral Packet)	G	Maximum of 6 packets per day
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Vimkunya (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.8 ml) 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
Vivotif (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per 5 years
Vizimpro (Oral Tablet)	B	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voranigo (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Voranigo (40MG Oral Tablet)	B	Maximum of 1 tablet per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	Maximum of 4 capsules per day
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

Drug name	Brand or Generic	Quantity limit
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
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days
Xolremdi (Oral Capsule)	B	Maximum of 4 capsules per day
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) (10MG Oral Tablet Therapy Pack)	B	Maximum of 16 tablets per 28 days
Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (40MG 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

Drug name	Brand or Generic	Quantity limit
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
Yesintek (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
YF-VAX (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Yuvaferm (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
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zurzuva (20MG Oral Capsule, 25MG Oral Capsule)	B	Maximum of 28 capsules per 14 days
Zurzuva (30MG Oral Capsule)	B	Maximum of 14 capsules per 14 days
Zydelig (Oral Tablet)	B	Maximum of 2 tablets per day
Zykadia (Oral Tablet)	B	Maximum of 3 tablets per day

Required information

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

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

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

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