



List of Covered Drugs (Formulary) 2024

UHC Senior Care Options MA-Y001 (HMO D-SNP)
UHC Senior Care Options NHC MA-Y002 (HMO D-SNP)

PLEASE READ: This document has information about the drugs covered by this plan. For more recent information or if you have questions, call Member Services at:



Toll-free **1-888-867-5511**, TTY **711**

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



myuhc.com/communityplan

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 Part D vaccines at no cost to you.

**United
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Community Plan**

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Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter (OTC) drugs are covered by UHC Senior Care Options. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UHC Senior Care Options.

Our contact information, along with the date we last updated the Drug List, appears on the front and back covers of this document. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of contents

| | |
|--|----|
| A. Disclaimers..... | 4 |
| B. Frequently Asked Questions (FAQ)..... | 5 |
| B1. What prescription drugs are on the List of Covered Drugs? (We call the List of Covered Drugs the “Drug List” for short.)..... | 5 |
| B2. Does the Drug List ever change?..... | 5 |
| B3. What happens when there is a change to the Drug List?..... | 6 |
| B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?..... | 7 |
| B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?..... | 7 |
| B6. What happens if UHC Senior Care Options changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?.. | 8 |
| B7. How can I find a drug on the Drug List?..... | 8 |
| B8. What if the drug I want to take is not on the Drug List?..... | 8 |
| B9. What if I am a new UHC Senior Care Options member and can’t find my drug on the Drug List or have a problem getting my drug?..... | 9 |
| B10. Can I ask for an exception to cover my drug?..... | 9 |
| B11. How can I ask for an exception?..... | 10 |

This section is continued on the next page.

| | |
|---|-----|
| B12. How long does it take to get an exception?..... | 10 |
| B13. What are generic drugs?..... | 10 |
| B14. What are OTC drugs?..... | 10 |
| B15. Does UHC Senior Care Options cover non-drug OTC products?..... | 10 |
| B16. Can I get a long-term supply of drugs?..... | 11 |
| B17. What is my copay?..... | 11 |
| C. Overview of the List of Covered Drugs..... | 12 |
| C1. List of Drugs by Medical Condition..... | 12 |
| C2. Covered Drugs with a quantity limit (QL)..... | 95 |
| C3. Over-the-counter Medicaid Drug List..... | 130 |
| D. Index of Covered Drugs..... | 137 |

If you have questions, please call UHC Senior Care Options Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. The call is free. **For more information**, visit myuhc.com/communityplan.

A. Disclaimers

This is a list of drugs that members can get in UHC Senior Care Options.

- ❖ UnitedHealthcare Senior Care Options is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- ❖ The Drug List (formulary) may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.
- ❖ You can always check UHC Senior Care Options' up-to-date *List of Covered Drugs* online at **myuhc.com/communityplan** or by calling Member Services toll-free at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week.
- ❖ This document is available for free in Spanish.
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If you have questions, please call UHC Senior Care Options Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **myuhc.com/communityplan**.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the Drug List that starts on page 12 are the drugs covered by UHC Senior Care Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.” The prescription drugs included on this Drug List are covered by UHC Senior Care Options.

- UHC Senior Care Options will cover all medically necessary drugs on the Drug List if:
 - Your doctor or other prescriber says you need them to get better or stay healthy,
 - UHC Senior Care Options agrees that the drug is medically necessary for you, **and**
 - You fill the prescription at a UHC Senior Care Options network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at myuhc.com/communityplan or call Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week.

B2. Does the Drug List ever change?

Yes, and UHC Senior Care Options must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from UHC Senior Care Options before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

This section is continued on the next page.

If you have questions, please call UHC Senior Care Options Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. The call is free. **For more information**, visit myuhc.com/communityplan.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- A new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- We learn that a drug is not safe, **or**
- A drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check UHC Senior Care Options' up-to-date Drug List online at **myuhc.com/communityplan**.
- You can also call Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week to check the current Drug List.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10 - B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Contact your doctor or other prescriber and ask about your other options.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
- Replace a brand name drug currently on the Drug List **or**

This section is continued on the next page.

If you have questions, please call UHC Senior Care Options Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. The call is free. **For more information**, visit **myuhc.com/communityplan**.

- Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10 - B12 for more information.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes. Some drugs have coverage rules or have limits on the amount you can get. In some cases, you, your doctor, or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you, your doctor, or other prescriber must get authorization from UHC Senior Care Options before you fill your prescription. Prior authorization is different from a referral. UHC Senior Care Options may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes UHC Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes UHC Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor or other prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 14 - 94. You can also get more information by visiting our website at myuhc.com/communityplan. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please refer to questions B10 - B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

This section is continued on the next page.

If you have questions, please call UHC Senior Care Options Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. The call is free. **For more information**, visit myuhc.com/communityplan.

The table of drugs on pages 14 - 94 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if UHC Senior Care Options changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it on page 137. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 12. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

If you don’t find your drug on the Drug List, call Member Services at **1-888-867-5511**, TTY **711** and ask about it. If you learn that UHC Senior Care Options will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask UHC Senior Care Options to make an exception to cover your drug. Refer to questions B10 - B12 for more information about exceptions.

This section is continued on the next page.

If you have questions, please call UHC Senior Care Options Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. The call is free. **For more information**, visit myuhc.com/communityplan.

B9. What if I am a new UHC Senior Care Options member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UHC Senior Care Options. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead, or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- You are taking a drug that is not on our Drug List, **or**
- Health plan rules do not let you get the amount ordered by your prescriber, **or**
- The drug requires prior authorization by UHC Senior Care Options, **or**
- You are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new UHC Senior Care Options member.
- This is in addition to the temporary supply during the first 90 days you are a member of UHC Senior Care Options.

If you 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, we may cover a temporary 31-day supply of the drug you need. This will give you time to talk to your doctor or other prescriber about other treatment options or to try to get an exception. Refer to questions B10 - B12 for more information about exceptions.

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

B10. Can I ask for an exception to cover my drug?

Yes. You can ask UHC Senior Care Options to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

This section is continued on the next page.

If you have questions, please call UHC Senior Care Options Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. The call is free. **For more information**, visit myuhc.com/communityplan.

- For example, UHC Senior Care Options may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your doctor or other prescriber can fax or mail the statement to us. Or your doctor or other prescriber can tell us on the phone, and then fax or mail the statement. If you have questions, call Member Services at **1-888-867-5511**, TTY **711**.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

UHC Senior Care Options covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." UHC Senior Care Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the UHC Senior Care Options Drug List to find out what OTC drugs are covered.

B15. Does UHC Senior Care Options cover non-drug OTC products?

UHC Senior Care Options covers some non-drug OTC products when they are written as prescriptions by your provider. Examples of non-drug OTC products include gauze pads and bandages.

This section is continued on the next page.

If you have questions, please call UHC Senior Care Options Member Services at **1-888-867-5511**, TTY **711**, 8 a.m.-8 p.m. local time, 7 days a week. The call is free. **For more information**, visit myuhc.com/communityplan.

You can read the Drug List to find out what non-drug OTC products are covered.

B16. Can I get a long-term supply of drugs?

Yes. UHC Senior Care Options offers two ways to get a long-term supply of “maintenance” drugs on our plan’s Drug List. (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

- **Retail pharmacy.** Some retail pharmacies in our network allow you to get a long-term supply of maintenance drugs. Your *Provider and Pharmacy Directory* tells you which pharmacies in our network can give you a long-term supply of maintenance drugs.
- **Mail-order.** For certain kinds of drugs, you can use the plan’s network mail-order service. Our plan’s mail-order service requires you to order a 90-day supply. To get order forms and information about filling your prescriptions by mail, please reference your *Provider and Pharmacy Directory* to find the mail service pharmacies in our network.

For more information about getting a long-term supply of drugs, call Member Services at **1-888-867-5511**, TTY **711**.

B17. What is my copay?

UHC Senior Care Options members have no copays for prescription and OTC drugs and non-drug products as long as the member follows the plan’s rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List. Your plan has 1 tier named “Covered Drugs.” All covered drugs are in this tier.

- Tier 1 Generic drugs have a \$0 copay.
- Tier 1 Brand name drugs have a \$0 copay.
- OTCs have a \$0 copay.

If you have questions, call Member Services at **1-888-867-5511**, TTY **711**.

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C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by UHC Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 137. The index alphabetically lists all drugs covered by UHC Senior Care Options.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*) and brand name drugs are capitalized (for example, HUMALOG). The information in the “Necessary actions, restrictions, or limits on use” column tells you if UHC Senior Care Options has any rules for covering your drug. OTC drugs and non-drug products are listed in the tables beginning on page 130. Generic drugs are in lower-case italics (for example, *aspirin*) and brand name drugs are capitalized (for example, TYLENOL).

Coverage rules and limits

PA – Prior authorization

For some drugs, you, your doctor, or other prescriber must get authorization from UHC Senior Care Options before you fill your prescription. Prior authorization is different from a referral. UHC Senior Care Options may not cover the drug if you don’t get prior authorization.

QL – Quantity limits

Sometimes UHC Senior Care Options limits the amount of a drug you can get.

ST – Step therapy

Sometimes UHC Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor or other prescriber thinks the first drug doesn’t work for you, then we will cover the second.

This section is continued on the next page.

Other special coverage rules

B/D – Medicare Part B or Part D

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

LA – Limited access

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

MME – Morphine milligram equivalent

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

7D – 7-day limit

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.

DL – Dispensing limit

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

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Analgesics | | |
| Nonsteroidal Anti-inflammatory Drugs | | |
| <i>celecoxib (oral capsule)</i> | \$0 (Tier 1) | QL |
| DICLOFENAC EPOLAMINE (EXTERNAL PATCH) | \$0 (Tier 1) | PA; QL |
| <i>diclofenac potassium (50mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium (1% external gel)</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium (oral tablet delayed release)</i> | \$0 (Tier 1) | |
| <i>diflunisal (oral tablet)</i> | \$0 (Tier 1) | |
| <i>etodolac er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>etodolac (oral capsule)</i> | \$0 (Tier 1) | |
| <i>etodolac (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>flurbiprofen (100mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>ibu (600mg oral tablet, 800mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>ibuprofen (oral suspension)</i> | \$0 (Tier 1) | |
| <i>ibuprofen (400mg oral tablet, 600mg oral tablet, 800mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>indomethacin (25mg oral capsule immediate release, 50mg oral capsule immediate release)</i> | \$0 (Tier 1) | |
| <i>ketoprofen (50mg oral capsule immediate release)</i> | \$0 (Tier 1) | |
| <i>meloxicam (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nabumetone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>naproxen (oral suspension)</i> | \$0 (Tier 1) | DL |
| <i>naproxen (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>naproxen dr (oral tablet delayed release) (generic ec-naprosyn)</i> | \$0 (Tier 1) | |
| <i>piroxicam (oral capsule)</i> | \$0 (Tier 1) | |
| <i>sulindac (oral tablet)</i> | \$0 (Tier 1) | |
| Opioid Analgesics, Long-acting | | |
| <i>buprenorphine (transdermal patch weekly)</i> | \$0 (Tier 1) | 7D; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>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)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>hydromorphone hcl er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>methadone hcl (oral solution)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>methadone hcl (oral tablet)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>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)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>morphine sulfate er (200mg oral tablet extended release) (generic ms contin)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>tramadol hcl (er biphasic) (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>tramadol hcl er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| XTAMPZA ER (ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT) | \$0 (Tier 1) | 7D; MME; DL; QL |
| Opioid Analgesics, Short-acting | | |
| <i>acetaminophen-caffeine-dihydrocodeine (oral capsule)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>acetaminophen-codeine (120-12mg/5ml oral solution)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>acetaminophen-codeine (300-15mg oral tablet, 300-30mg oral tablet, 300-60mg oral tablet)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>butalbital-acetaminophen-caffeine (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>butalbital-aspirin-caffeine (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>butorphanol tartrate (nasal solution)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>codeine sulfate (oral tablet)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>endocet (oral tablet)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>fentanyl citrate (1200mcg buccal lozenge on a handle, 1600mcg buccal lozenge on a handle, 400mcg buccal lozenge on a handle, 600mcg buccal lozenge on a handle, 800mcg buccal lozenge on a handle)</i> | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>fentanyl citrate (200mcg buccal lozenge on a handle)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>hydrocodone-acetaminophen (7.5-325mg/15ml oral solution)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>hydrocodone-acetaminophen (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>hydrocodone-ibuprofen (7.5-200mg oral tablet)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>hydromorphone hcl (1mg/ml oral liquid)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>hydromorphone hcl (2mg oral tablet immediate release, 4mg oral tablet immediate release, 8mg oral tablet immediate release)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>hydromorphone hcl preservative free (10mg/ml injection solution, 50mg/5ml injection solution)</i> | \$0 (Tier 1) | 7D; DL |
| <i>morphine sulfate (concentrate) (20mg/ml oral solution)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>morphine sulfate (oral solution)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>morphine sulfate (oral tablet immediate release)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>oxycodone hcl (oral concentrate)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>oxycodone hcl (oral solution)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>oxycodone hcl (oral tablet immediate release)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>oxycodone-acetaminophen (10-325mg oral tablet, 2.5-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>tramadol hcl (50mg oral tablet immediate release)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| <i>tramadol-acetaminophen (oral tablet)</i> | \$0 (Tier 1) | 7D; MME; DL; QL |
| Anesthetics | | |
| Local Anesthetics | | |
| <i>lidocaine (5% external ointment)</i> | \$0 (Tier 1) | QL |
| <i>lidocaine (5% external patch)</i> | \$0 (Tier 1) | PA; QL |
| <i>lidocaine hcl (4% external solution)</i> | \$0 (Tier 1) | |
| <i>lidocaine viscous (2% mouth/throat solution)</i> | \$0 (Tier 1) | |
| <i>lidocaine-prilocaine (external cream)</i> | \$0 (Tier 1) | |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| Alcohol Deterrents/Anti-craving | | |
| <i>acamprosate calcium (oral tablet delayed release)</i> | \$0 (Tier 1) | |
| <i>disulfiram (oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>naltrexone hcl (oral tablet)</i> | \$0 (Tier 1) | |
| VIVITROL (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | DL |
| Opioid Dependence | | |
| <i>buprenorphine hcl (tablet sublingual)</i> | \$0 (Tier 1) | QL |
| <i>buprenorphine hcl-naloxone hcl (sublingual film)</i> | \$0 (Tier 1) | QL |
| <i>buprenorphine hcl-naloxone hcl (tablet sublingual)</i> | \$0 (Tier 1) | QL |
| SUBOXONE (SUBLINGUAL FILM) | \$0 (Tier 1) | QL |
| Opioid Reversal Agents | | |
| <i>naloxone hcl (0.4mg/ml injection solution)</i> | \$0 (Tier 1) | |
| <i>naloxone hcl (injection solution cartridge)</i> | \$0 (Tier 1) | |
| <i>naloxone hcl (injection solution prefilled syringe)</i> | \$0 (Tier 1) | |
| <i>naloxone hcl (nasal liquid)</i> | \$0 (Tier 1) | |
| Smoking Cessation Agents | | |
| <i>bupropion hcl sr (150mg oral tablet extended release 12 hour smoking-deterrent)</i> | \$0 (Tier 1) | |
| NICOTROL (INHALATION INHALER) | \$0 (Tier 1) | |
| NICOTROL NS (NASAL SOLUTION) | \$0 (Tier 1) | |
| <i>varenicline tartrate (starter) (oral tablet therapy pack)</i> | \$0 (Tier 1) | |
| <i>varenicline tartrate (oral tablet)</i> | \$0 (Tier 1) | |
| Antibacterials | | |
| Aminoglycosides | | |
| <i>amikacin sulfate (500mg/2ml injection solution)</i> | \$0 (Tier 1) | |
| <i>gentamicin sulfate-0.9% sodium chloride (intravenous solution)</i> | \$0 (Tier 1) | |
| <i>gentamicin sulfate (40mg/ml injection solution)</i> | \$0 (Tier 1) | |
| <i>neomycin sulfate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>streptomycin sulfate (intramuscular solution reconstituted)</i> | \$0 (Tier 1) | DL |
| <i>tobramycin sulfate (10mg/ml injection solution, 80mg/2ml injection solution)</i> | \$0 (Tier 1) | |
| Antibacterials, Other | | |
| <i>aztreonam (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>clindamycin hcl (oral capsule)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>clindamycin palmitate hcl (oral solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate in d5w (intravenous solution)</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate (600mg/4ml injection solution, 900mg/6ml injection solution)</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate (vaginal cream)</i> | \$0 (Tier 1) | |
| <i>colistimethate sodium (cba) (injection solution reconstituted)</i> | \$0 (Tier 1) | DL |
| <i>daptomycin (intravenous solution reconstituted)</i> | \$0 (Tier 1) | DL |
| <i>linezolid (intravenous solution)</i> | \$0 (Tier 1) | |
| <i>linezolid (oral suspension reconstituted)</i> | \$0 (Tier 1) | DL; QL |
| <i>linezolid (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>methenamine hippurate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>metronidazole (0.75% external cream)</i> | \$0 (Tier 1) | |
| <i>metronidazole (0.75% external gel)</i> | \$0 (Tier 1) | |
| <i>metronidazole (1% external gel)</i> | \$0 (Tier 1) | |
| <i>metronidazole (0.75% external lotion)</i> | \$0 (Tier 1) | |
| <i>metronidazole (500mg/100ml intravenous solution)</i> | \$0 (Tier 1) | |
| <i>metronidazole (250mg oral tablet, 500mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>metronidazole (0.75% vaginal gel)</i> | \$0 (Tier 1) | |
| <i>nitrofurantoin macrocrystal (100mg oral capsule, 50mg oral capsule) (generic macrodantin)</i> | \$0 (Tier 1) | |
| <i>nitrofurantoin monohydrate (generic macrobid)</i> | \$0 (Tier 1) | |
| <i>polymyxin b sulfate (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>tigecycline (intravenous solution reconstituted)</i> | \$0 (Tier 1) | DL |
| <i>tinidazole (oral tablet)</i> | \$0 (Tier 1) | |
| <i>trimethoprim (oral tablet)</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl (10gm intravenous solution reconstituted, 1gm intravenous solution reconstituted, 500mg intravenous solution reconstituted, 750mg intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl (oral capsule)</i> | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| XIFAXAN (200MG ORAL TABLET) | \$0 (Tier 1) | PA |
| XIFAXAN (550MG ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| Beta-lactam, Cephalosporins | | |
| <i>cefaclor (oral capsule)</i> | \$0 (Tier 1) | |
| <i>cefadroxil (oral capsule)</i> | \$0 (Tier 1) | |
| <i>cefadroxil (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefazolin sodium (10gm injection solution reconstituted, 1gm injection solution reconstituted, 500mg injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefdinir (oral capsule)</i> | \$0 (Tier 1) | |
| <i>cefdinir (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefepime hcl (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefepime hcl (2gm intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefixime (oral capsule)</i> | \$0 (Tier 1) | |
| <i>cefixime (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefotetan disodium (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefoxitin sodium (intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefpodoxime proxetil (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefpodoxime proxetil (oral tablet)</i> | \$0 (Tier 1) | |
| <i>cefprozil (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefprozil (oral tablet)</i> | \$0 (Tier 1) | |
| <i>ceftazidime (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>ceftazidime (intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>ceftriaxone sodium (1gm injection solution reconstituted, 250mg injection solution reconstituted, 2gm injection solution reconstituted, 500mg injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>ceftriaxone sodium (10gm intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefuroxime axetil (oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>cefuroxime sodium (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>cefuroxime sodium (intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>cephalexin (250mg oral capsule, 500mg oral capsule)</i> | \$0 (Tier 1) | |
| <i>cephalexin (750mg oral capsule)</i> | \$0 (Tier 1) | |
| <i>cephalexin (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>tazicef (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>tazicef (2gm intravenous solution reconstituted, 6gm intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| TEFLARO (INTRAVENOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | DL |
| Beta-lactam, Penicillins | | |
| <i>amoxicillin (oral capsule)</i> | \$0 (Tier 1) | |
| <i>amoxicillin (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>amoxicillin (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>amoxicillin (oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>amoxicillin-potassium clavulanate er (oral tablet extended release 12 hour)</i> | \$0 (Tier 1) | |
| <i>amoxicillin-potassium clavulanate (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>amoxicillin-potassium clavulanate (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>amoxicillin-potassium clavulanate (oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>ampicillin (oral capsule)</i> | \$0 (Tier 1) | |
| <i>ampicillin sodium (125mg injection solution reconstituted, 1gm injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>ampicillin sodium (10gm intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>ampicillin-sulbactam sodium (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>ampicillin-sulbactam sodium (15 (10-5)gm intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| BICILLIN C-R 900/300 (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| BICILLIN C-R (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | |
| BICILLIN L-A (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | |
| <i>dicloxacillin sodium (oral capsule)</i> | \$0 (Tier 1) | |
| <i>nafcillin sodium (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>nafcillin sodium (10gm intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| OXACILLIN SODIUM IN DEXTROSE (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | |
| <i>oxacillin sodium (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>oxacillin sodium (intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>penicillin g potassium (20000000unit injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>penicillin g sodium (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>penicillin v potassium (oral solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>penicillin v potassium (oral tablet)</i> | \$0 (Tier 1) | |
| <i>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)</i> | \$0 (Tier 1) | |
| Carbapenems | | |
| <i>ertapenem sodium (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>imipenem-cilastatin (intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>meropenem (1gm intravenous solution reconstituted, 500mg intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| Macrolides | | |
| <i>azithromycin (intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>azithromycin (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>azithromycin (oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>clarithromycin er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>clarithromycin (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>clarithromycin (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| DIFICID (ORAL SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | DL |
| DIFICID (ORAL TABLET) | \$0 (Tier 1) | DL |
| ERYTHROCIN LACTOBIONATE (INTRAVENOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | |
| <i>erythromycin base (oral capsule delayed release particles)</i> | \$0 (Tier 1) | |
| <i>erythromycin base (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>erythromycin ethylsuccinate (200mg/5ml oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>erythromycin ethylsuccinate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>erythromycin (oral tablet delayed release)</i> | \$0 (Tier 1) | |
| Quinolones | | |
| <i>ciprofloxacin hcl (250mg oral tablet immediate release, 500mg oral tablet immediate release, 750mg oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>ciprofloxacin in d5w (200mg/100ml intravenous solution)</i> | \$0 (Tier 1) | |
| <i>levofloxacin in d5w (500mg/100ml intravenous solution, 750mg/150ml intravenous solution)</i> | \$0 (Tier 1) | |
| <i>levofloxacin (oral solution)</i> | \$0 (Tier 1) | |
| <i>levofloxacin (oral tablet)</i> | \$0 (Tier 1) | |
| <i>moxifloxacin hcl in nacl (intravenous solution)</i> | \$0 (Tier 1) | |
| <i>moxifloxacin hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>ofloxacin (oral tablet)</i> | \$0 (Tier 1) | |
| Sulfonamides | | |
| <i>sulfadiazine (oral tablet)</i> | \$0 (Tier 1) | |
| <i>sulfamethoxazole-trimethoprim (oral suspension)</i> | \$0 (Tier 1) | |
| <i>sulfamethoxazole-trimethoprim (oral tablet)</i> | \$0 (Tier 1) | |
| Tetracyclines | | |
| <i>demeclocycline hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>doxy 100 (intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>doxycycline hyclate (oral capsule)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>doxycycline hyclate (100mg oral tablet immediate release, 20mg oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>doxycycline monohydrate (100mg oral capsule, 50mg oral capsule)</i> | \$0 (Tier 1) | |
| <i>doxycycline monohydrate (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>doxycycline monohydrate (100mg oral tablet, 50mg oral tablet, 75mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>minocycline hcl (oral capsule)</i> | \$0 (Tier 1) | |
| <i>minocycline hcl (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>tetracycline hcl (oral capsule)</i> | \$0 (Tier 1) | |
| VIBRAMYCIN (50MG/5ML ORAL SYRUP) | \$0 (Tier 1) | |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |
| BRIVIACT (ORAL SOLUTION) | \$0 (Tier 1) | PA; DL; QL |
| BRIVIACT (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| EPIDIOLEX (ORAL SOLUTION) | \$0 (Tier 1) | PA; DL |
| EPRONTIA (ORAL SOLUTION) | \$0 (Tier 1) | |
| <i>felbamate (oral suspension)</i> | \$0 (Tier 1) | |
| <i>felbamate (oral tablet)</i> | \$0 (Tier 1) | |
| FINTEPLA (ORAL SOLUTION) | \$0 (Tier 1) | PA; DL; QL |
| FYCOMPA (ORAL SUSPENSION) | \$0 (Tier 1) | DL; QL |
| FYCOMPA (10MG ORAL TABLET, 12MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| FYCOMPA (2MG ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>lamotrigine (100mg oral tablet immediate release, 150mg oral tablet immediate release, 200mg oral tablet immediate release, 25mg oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>lamotrigine (25mg oral tablet chewable, 5mg oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>levetiracetam er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>levetiracetam (oral solution)</i> | \$0 (Tier 1) | |
| <i>levetiracetam (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>roweepra (oral tablet immediate release)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| SPRITAM ODT (ORAL TABLET DISINTEGRATING SOLUBLE) | \$0 (Tier 1) | |
| <i>subvenite (100mg oral tablet, 150mg oral tablet, 200mg oral tablet, 25mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>topiramate (oral capsule sprinkle immediate release)</i> | \$0 (Tier 1) | |
| <i>topiramate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>valproic acid (oral capsule)</i> | \$0 (Tier 1) | |
| <i>valproic acid (oral solution)</i> | \$0 (Tier 1) | |
| XCOPRI (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| XCOPRI (350MG DAILY DOSE) (150MG & 200MG ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| XCOPRI (100MG ORAL TABLET, 150MG ORAL TABLET, 200MG ORAL TABLET, 50MG ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| XCOPRI (14 X 12.5MG & 14 X 25MG ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; QL |
| XCOPRI (14 X 150MG & 14 X 200MG ORAL TABLET THERAPY PACK, 14 X 50MG & 14 X 100MG ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| Calcium Channel Modifying Agents | | |
| <i>ethosuximide (oral capsule)</i> | \$0 (Tier 1) | |
| <i>ethosuximide (oral solution)</i> | \$0 (Tier 1) | |
| <i>methsuximide (oral capsule)</i> | \$0 (Tier 1) | |
| Gamma-aminobutyric Acid (GABA) Augmenting Agents | | |
| <i>clobazam (oral suspension)</i> | \$0 (Tier 1) | PA; QL |
| <i>clobazam (oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| DIACOMIT (ORAL CAPSULE) | \$0 (Tier 1) | DL; QL |
| DIACOMIT (ORAL PACKET) | \$0 (Tier 1) | DL; QL |
| <i>diazepam (10mg rectal gel, 2.5mg rectal gel, 20mg rectal gel)</i> | \$0 (Tier 1) | QL |
| <i>gabapentin (oral capsule)</i> | \$0 (Tier 1) | |
| <i>gabapentin (250mg/5ml oral solution)</i> | \$0 (Tier 1) | |
| <i>gabapentin (600mg oral tablet, 800mg oral tablet)</i> | \$0 (Tier 1) | |
| NAYZILAM (NASAL SOLUTION) | \$0 (Tier 1) | PA; QL |
| <i>phenobarbital (oral elixir)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>phenobarbital (oral tablet)</i> | \$0 (Tier 1) | |
| <i>primidone (oral tablet)</i> | \$0 (Tier 1) | |
| SYMPAZAN (ORAL FILM) | \$0 (Tier 1) | PA; DL; QL |
| <i>tiagabine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| VALTOCO 10MG DOSE (NASAL LIQUID) | \$0 (Tier 1) | PA; DL; QL |
| VALTOCO 15MG DOSE (NASAL LIQUID THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| VALTOCO 20MG DOSE (NASAL LIQUID THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| VALTOCO 5MG DOSE (NASAL LIQUID) | \$0 (Tier 1) | PA; DL; QL |
| <i>vigabatrin (oral packet)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>vigabatrin (oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>vigadrone (oral packet)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>vigadrone (oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>vigpoder (oral packet)</i> | \$0 (Tier 1) | PA; DL; QL |
| ZTALMY (ORAL SUSPENSION) | \$0 (Tier 1) | PA; DL |
| Sodium Channel Agents | | |
| APTIOM (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| <i>carbamazepine er (oral capsule extended release 12 hour)</i> | \$0 (Tier 1) | |
| <i>carbamazepine er (oral tablet extended release 12 hour)</i> | \$0 (Tier 1) | |
| <i>carbamazepine (oral suspension)</i> | \$0 (Tier 1) | |
| <i>carbamazepine (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>carbamazepine (oral tablet chewable)</i> | \$0 (Tier 1) | |
| DILANTIN INFATABS (ORAL TABLET CHEWABLE) | \$0 (Tier 1) | |
| DILANTIN (ORAL CAPSULE) | \$0 (Tier 1) | |
| <i>epitol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>lacosamide (oral solution)</i> | \$0 (Tier 1) | QL |
| <i>lacosamide (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>oxcarbazepine (oral suspension)</i> | \$0 (Tier 1) | |
| <i>oxcarbazepine (oral tablet)</i> | \$0 (Tier 1) | |
| <i>phenytek (oral capsule)</i> | \$0 (Tier 1) | |
| <i>phenytoin (125mg/5ml oral suspension)</i> | \$0 (Tier 1) | |
| <i>phenytoin (oral tablet chewable)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>phenytoin sodium extended (oral capsule)</i> | \$0 (Tier 1) | |
| <i>rufinamide (oral suspension)</i> | \$0 (Tier 1) | DL |
| <i>rufinamide (200mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>rufinamide (400mg oral tablet)</i> | \$0 (Tier 1) | DL |
| ZONISADE (ORAL SUSPENSION) | \$0 (Tier 1) | ST |
| <i>zonisamide (oral capsule)</i> | \$0 (Tier 1) | |
| Antidementia Agents | | |
| Antidementia Agents, Other | | |
| NAMZARIC (ORAL CAPSULE ER 24 HOUR THERAPY PACK) | \$0 (Tier 1) | PA; QL |
| NAMZARIC (ORAL CAPSULE EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | PA; QL |
| Cholinesterase Inhibitors | | |
| <i>donepezil hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>donepezil hcl odt (oral tablet dispersible)</i> | \$0 (Tier 1) | QL |
| <i>galantamine hydrobromide er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>galantamine hydrobromide (oral solution)</i> | \$0 (Tier 1) | QL |
| <i>galantamine hydrobromide (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>rivastigmine tartrate (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>rivastigmine (transdermal patch 24 hour)</i> | \$0 (Tier 1) | ST; QL |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist | | |
| <i>memantine hcl er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | PA; QL |
| <i>memantine hcl (oral solution)</i> | \$0 (Tier 1) | PA; QL |
| <i>memantine hcl (10mg oral tablet, 5mg oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| <i>memantine hcl titration pak (oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| Antidepressants | | |
| Antidepressants, Other | | |
| AUVELITY (ORAL TABLET EXTENDED RELEASE) | \$0 (Tier 1) | DL |
| <i>bupropion hcl sr (oral tablet extended release 12 hour)</i> | \$0 (Tier 1) | |
| <i>bupropion hcl xl (150mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>bupropion hcl (oral tablet immediate release)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>mirtazapine (oral tablet)</i> | \$0 (Tier 1) | |
| <i>mirtazapine odt (oral tablet dispersible)</i> | \$0 (Tier 1) | |
| ZURZUVAE (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| Monoamine Oxidase Inhibitors | | |
| EMSAM (TRANSDERMAL PATCH 24 HOUR) | \$0 (Tier 1) | DL; QL |
| MARPLAN (ORAL TABLET) | \$0 (Tier 1) | |
| <i>phenelzine sulfate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tranylcypromine sulfate (oral tablet)</i> | \$0 (Tier 1) | |
| SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors) | | |
| CITALOPRAM HYDROBROMIDE (ORAL CAPSULE) | \$0 (Tier 1) | |
| <i>citalopram hydrobromide (oral solution)</i> | \$0 (Tier 1) | |
| <i>citalopram hydrobromide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>desvenlafaxine succinate er (oral tablet extended release 24 hour) (generic pristiq)</i> | \$0 (Tier 1) | QL |
| <i>escitalopram oxalate (oral solution)</i> | \$0 (Tier 1) | |
| <i>escitalopram oxalate (oral tablet)</i> | \$0 (Tier 1) | |
| FETZIMA (ORAL CAPSULE EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | ST; QL |
| FETZIMA TITRATION (ORAL CAPSULE ER 24 HOUR THERAPY PACK) | \$0 (Tier 1) | ST; QL |
| <i>fluoxetine hcl (10mg oral capsule immediate release, 20mg oral capsule immediate release, 40mg oral capsule immediate release)</i> | \$0 (Tier 1) | |
| <i>fluoxetine hcl (90mg oral capsule delayed release)</i> | \$0 (Tier 1) | |
| <i>fluoxetine hcl (20mg/5ml oral solution)</i> | \$0 (Tier 1) | |
| <i>fluvoxamine maleate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nefazodone hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>paroxetine hcl (oral suspension)</i> | \$0 (Tier 1) | |
| <i>paroxetine hcl (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>sertraline hcl (oral concentrate)</i> | \$0 (Tier 1) | |
| <i>sertraline hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>trazodone hcl (100mg oral tablet, 150mg oral tablet, 50mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>trazodone hcl (300mg oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| TRINTELLIX (ORAL TABLET) | \$0 (Tier 1) | QL |
| VENLAFAXINE BESYLATE ER (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | |
| <i>venlafaxine hcl er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>venlafaxine hcl (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| VIIBRYD (ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>vilazodone hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| Tricyclics | | |
| <i>amitriptyline hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>amoxapine (oral tablet)</i> | \$0 (Tier 1) | |
| <i>clomipramine hcl (oral capsule)</i> | \$0 (Tier 1) | |
| <i>desipramine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>doxepin hcl (oral capsule)</i> | \$0 (Tier 1) | |
| <i>doxepin hcl (oral concentrate)</i> | \$0 (Tier 1) | |
| <i>imipramine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>imipramine pamoate (oral capsule)</i> | \$0 (Tier 1) | |
| <i>nortriptyline hcl (oral capsule)</i> | \$0 (Tier 1) | |
| <i>nortriptyline hcl (oral solution)</i> | \$0 (Tier 1) | |
| <i>protriptyline hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>trimipramine maleate (oral capsule)</i> | \$0 (Tier 1) | |
| Antiemetics | | |
| Antiemetics, Other | | |
| <i>compro (rectal suppository)</i> | \$0 (Tier 1) | |
| <i>meclizine hcl (12.5mg oral tablet, 25mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>metoclopramide hcl (5mg/5ml oral solution)</i> | \$0 (Tier 1) | |
| <i>metoclopramide hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>perphenazine (oral tablet)</i> | \$0 (Tier 1) | |
| <i>prochlorperazine maleate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>prochlorperazine (rectal suppository)</i> | \$0 (Tier 1) | |
| <i>promethazine hcl (oral syrup)</i> | \$0 (Tier 1) | |
| <i>promethazine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>promethazine hcl (rectal suppository)</i> | \$0 (Tier 1) | QL |
| <i>promethegan (25mg rectal suppository)</i> | \$0 (Tier 1) | QL |
| <i>scopolamine (transdermal patch 72 hour)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Emetogenic Therapy Adjuncts | | |
| ANZEMET (ORAL TABLET) | \$0 (Tier 1) | B/D, PA; QL |
| <i>aprepitant (oral therapy pack, oral capsule)</i> | \$0 (Tier 1) | PA; QL |
| <i>dronabinol (oral capsule)</i> | \$0 (Tier 1) | PA |
| <i>granisetron hcl (oral tablet)</i> | \$0 (Tier 1) | B/D, PA; QL |
| <i>ondansetron hcl (oral solution)</i> | \$0 (Tier 1) | B/D, PA; QL |
| <i>ondansetron hcl (4mg oral tablet, 8mg oral tablet)</i> | \$0 (Tier 1) | B/D, PA; QL |
| <i>ondansetron odt (oral tablet dispersible)</i> | \$0 (Tier 1) | B/D, PA; QL |
| SANCUSO (TRANSDERMAL PATCH) | \$0 (Tier 1) | DL; QL |
| Antifungals | | |
| Antifungals | | |
| ABELCET (INTRAVENOUS SUSPENSION) | \$0 (Tier 1) | B/D, PA |
| <i>amphotericin b (intravenous solution reconstituted)</i> | \$0 (Tier 1) | B/D, PA |
| <i>amphotericin b liposome (intravenous suspension reconstituted)</i> | \$0 (Tier 1) | B/D, PA; DL |
| <i>clotrimazole (mouth/throat troche)</i> | \$0 (Tier 1) | |
| <i>fluconazole in sodium chloride (200-0.9mg/100ml-% intravenous solution, 400-0.9mg/200ml-% intravenous solution)</i> | \$0 (Tier 1) | |
| <i>fluconazole (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>fluconazole (oral tablet)</i> | \$0 (Tier 1) | |
| <i>flucytosine (oral capsule)</i> | \$0 (Tier 1) | DL |
| <i>griseofulvin microsize (oral suspension)</i> | \$0 (Tier 1) | |
| <i>griseofulvin microsize (oral tablet)</i> | \$0 (Tier 1) | |
| <i>griseofulvin ultramicrosize (oral tablet)</i> | \$0 (Tier 1) | |
| <i>itraconazole (oral capsule)</i> | \$0 (Tier 1) | PA; QL |
| <i>ketoconazole (oral tablet)</i> | \$0 (Tier 1) | |
| <i>miconazole sodium (intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>miconazole 3 (vaginal suppository)</i> | \$0 (Tier 1) | |
| NOXAFIL (ORAL SUSPENSION) | \$0 (Tier 1) | DL; QL |
| <i>nystatin (mouth/throat suspension)</i> | \$0 (Tier 1) | |
| <i>nystatin (oral tablet)</i> | \$0 (Tier 1) | |
| <i>posaconazole (oral suspension)</i> | \$0 (Tier 1) | DL; QL |
| <i>posaconazole (oral tablet delayed release)</i> | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>terbinafine hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>terconazole (vaginal cream)</i> | \$0 (Tier 1) | |
| <i>terconazole (vaginal suppository)</i> | \$0 (Tier 1) | |
| <i>voriconazole (intravenous solution reconstituted)</i> | \$0 (Tier 1) | PA; DL |
| <i>voriconazole (oral suspension reconstituted)</i> | \$0 (Tier 1) | DL; QL |
| <i>voriconazole (oral tablet)</i> | \$0 (Tier 1) | QL |
| Antigout Agents | | |
| Antigout Agents | | |
| <i>allopurinol (100mg oral tablet, 300mg oral tablet)</i> | \$0 (Tier 1) | |
| COLCHICINE (0.6MG ORAL CAPSULE) (BRAND EQUIVALENT MITIGARE) | \$0 (Tier 1) | QL |
| <i>colchicine (0.6mg oral tablet) (generic colcrys)</i> | \$0 (Tier 1) | QL |
| <i>colchicine-probenecid (oral tablet)</i> | \$0 (Tier 1) | |
| <i>febuxostat (oral tablet)</i> | \$0 (Tier 1) | ST |
| <i>probenecid (oral tablet)</i> | \$0 (Tier 1) | |
| Antimigraine Agents | | |
| Acute | | |
| <i>naratriptan hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| NURTEC ODT (ORAL TABLET DISPERSIBLE) | \$0 (Tier 1) | PA; DL; QL |
| <i>rizatriptan benzoate (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>rizatriptan benzoate odt (oral tablet dispersible)</i> | \$0 (Tier 1) | QL |
| <i>sumatriptan (nasal solution)</i> | \$0 (Tier 1) | QL |
| <i>sumatriptan succinate (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>sumatriptan succinate (subcutaneous solution auto-injector)</i> | \$0 (Tier 1) | QL |
| <i>sumatriptan succinate (subcutaneous solution)</i> | \$0 (Tier 1) | QL |
| UBRELVY (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| Ergot Alkaloids | | |
| <i>dihydroergotamine mesylate (nasal solution)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>ergotamine-caffeine (oral tablet)</i> | \$0 (Tier 1) | |
| Prophylactic | | |
| AIMOVIG (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; QL |
| EMGALITY (300MG DOSE) (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; QL |
| EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; QL |
| QULIPTA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| <i>timolol maleate (oral tablet)</i> | \$0 (Tier 1) | |
| Antimyasthenic Agents | | |
| Parasympathomimetics | | |
| <i>pyridostigmine bromide er (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>pyridostigmine bromide (60mg oral tablet immediate release)</i> | \$0 (Tier 1) | |
| Antimycobacterials | | |
| Antimycobacterials, Other | | |
| <i>dapsone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>rifabutin (oral capsule)</i> | \$0 (Tier 1) | |
| Antituberculars | | |
| <i>ethambutol hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>isoniazid (oral syrup)</i> | \$0 (Tier 1) | |
| <i>isoniazid (oral tablet)</i> | \$0 (Tier 1) | |
| PRIFTIN (ORAL TABLET) | \$0 (Tier 1) | |
| <i>pyrazinamide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>rifampin (intravenous solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>rifampin (oral capsule)</i> | \$0 (Tier 1) | |
| SIRTURO (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| TRECTOR (ORAL TABLET) | \$0 (Tier 1) | |
| Antineoplastics | | |
| Alkylating Agents | | |
| <i>cyclophosphamide (oral capsule)</i> | \$0 (Tier 1) | B/D, PA |
| CYCLOPHOSPHAMIDE (ORAL TABLET) | \$0 (Tier 1) | B/D, PA |
| GLEOSTINE (100MG ORAL CAPSULE) | \$0 (Tier 1) | DL |
| GLEOSTINE (10MG ORAL CAPSULE, 40MG ORAL CAPSULE) | \$0 (Tier 1) | |
| LEUKERAN (ORAL TABLET) | \$0 (Tier 1) | DL |
| MATULANE (ORAL CAPSULE) | \$0 (Tier 1) | DL |
| VALCHLOR (EXTERNAL GEL) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Antiandrogens | | |
| <i>abiraterone acetate (250mg oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| <i>abiraterone acetate (500mg oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>bicalutamide (oral tablet)</i> | \$0 (Tier 1) | |
| ERLEADA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| <i>nilutamide (oral tablet)</i> | \$0 (Tier 1) | DL |
| NUBEQA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| XTANDI (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| XTANDI (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| Antiangiogenic Agents | | |
| FOTIVDA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| <i>lenalidomide (oral capsule)</i> | \$0 (Tier 1) | PA; DL; QL |
| POMALYST (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| QINLOCK (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| REVLIMID (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| TABRECTA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| THALOMID (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| Antiestrogens/Modifiers | | |
| EMCYT (ORAL CAPSULE) | \$0 (Tier 1) | |
| ORSERDU (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| SOLTAMOX (ORAL SOLUTION) | \$0 (Tier 1) | DL |
| <i>tamoxifen citrate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>toremifene citrate (oral tablet)</i> | \$0 (Tier 1) | DL |
| Antimetabolites | | |
| DROXIA (ORAL CAPSULE) | \$0 (Tier 1) | |
| <i>hydroxyurea (oral capsule)</i> | \$0 (Tier 1) | |
| <i>mercaptopurine (oral tablet)</i> | \$0 (Tier 1) | |
| ONUREG (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| PURIXAN (ORAL SUSPENSION) | \$0 (Tier 1) | PA; DL |
| TABLOID (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| Antineoplastics, Other | | |
| AKEEGA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| IDHIFA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| IWILFIN (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| KRAZATI (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| LONSURF (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| LUMAKRAS (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| NINLARO (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| OGSIVEO (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| PEMAZYRE (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| RETEVMO (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| TAZVERIK (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| TUKYSA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| VONJO (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| XPOVIO (100MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| XPOVIO (40MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| XPOVIO (40MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| XPOVIO (60MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| XPOVIO (60MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| XPOVIO (80MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| XPOVIO (80MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| ZOLINZA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL |
| Aromatase Inhibitors, 3rd Generation | | |
| <i>anastrozole (oral tablet)</i> | \$0 (Tier 1) | |
| <i>exemestane (oral tablet)</i> | \$0 (Tier 1) | |
| <i>letrozole (oral tablet)</i> | \$0 (Tier 1) | |
| Molecular Target Inhibitors | | |
| ALECENSA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| ALUNBRIG (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| ALUNBRIG (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| AUGTYRO (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| AYVAKIT (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| BALVERSA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| BOSULIF (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| BOSULIF (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| BRAFTOVI (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| BRUKINSA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| CABOMETYX (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| CALQUENCE (100MG ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| CALQUENCE (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| CAPRELSA (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| COMETRIQ (100MG DAILY DOSE) (ORAL KIT) | \$0 (Tier 1) | PA; DL; QL |
| COMETRIQ (140MG DAILY DOSE) (ORAL KIT) | \$0 (Tier 1) | PA; DL; QL |
| COMETRIQ (60MG DAILY DOSE) (ORAL KIT) | \$0 (Tier 1) | PA; DL; QL |
| COPIKTRA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| COTELLIC (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| DAURISMO (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| ERIVEDGE (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL |
| <i>erlotinib hcl (oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>everolimus (10mg oral tablet, 2.5mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i> | \$0 (Tier 1) | PA; DL |
| <i>everolimus (oral tablet soluble)</i> | \$0 (Tier 1) | PA; DL |
| EXKIVITY (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| FRUZAQLA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| GAVRETO (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| <i>gefitinib (oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| GILOTRIF (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| IBRANCE (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| IBRANCE (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| ICLUSIG (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| <i>imatinib mesylate (oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| IMBRUVICA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| IMBRUVICA (ORAL SUSPENSION) | \$0 (Tier 1) | PA; DL; QL |
| IMBRUVICA (140MG ORAL TABLET, 280MG ORAL TABLET, 420MG ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| INLYTA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| INQOVI (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| INREBIC (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| JAKAFI (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| JAYPIRCA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| KISQALI (200MG DOSE) (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| KISQALI (400MG DOSE) (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| KISQALI (600MG DOSE) (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| KISQALI FEMARA (200MG DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| KISQALI FEMARA (400MG DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| KISQALI FEMARA (600MG DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| KOSELUGO (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| <i>lapatinib ditosylate (oral tablet)</i> | \$0 (Tier 1) | PA; DL |
| LENVIMA 10MG DAILY DOSE (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; DL |
| LENVIMA 12MG DAILY DOSE (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; DL |
| LENVIMA 14MG DAILY DOSE (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; DL |
| LENVIMA 18MG DAILY DOSE (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; DL |
| LENVIMA 20MG DAILY DOSE (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; DL |
| LENVIMA 24MG DAILY DOSE (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; DL |
| LENVIMA 4MG DAILY DOSE (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; DL |
| LENVIMA 8MG DAILY DOSE (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; DL |
| LORBRENA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| LYNPARZA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| LYTGOBI (12MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| LYTGOBI (16MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| LYTGOBI (20MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| MEKINIST (ORAL SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| MEKINIST (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| MEKTOVI (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| NERLYNX (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| ODOMZO (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| OJJAARA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| <i>pazopanib hcl (oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| PIQRAY (200MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| PIQRAY (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| PIQRAY (300MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| REZLIDHIA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| ROZLYTREK (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| RUBRACA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| RYDAPT (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| SCSEMBLIX (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| <i>sorafenib tosylate (oral tablet)</i> | \$0 (Tier 1) | PA; DL |
| SPRYCEL (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| STIVARGA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| <i>sunitinib malate (oral capsule)</i> | \$0 (Tier 1) | PA; DL; QL |
| TAFINLAR (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL |
| TAFINLAR (ORAL TABLET SOLUBLE) | \$0 (Tier 1) | PA; DL |
| TAGRISSE (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| TALZENNA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| TASIGNA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| TEPMETKO (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| TIBSOVO (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| TRUQAP (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| TURALIO (125MG ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| VANFLYTA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| VENCLEXTA (100MG ORAL TABLET, 50MG ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| VENCLEXTA (10MG ORAL TABLET) | \$0 (Tier 1) | PA; QL |
| VENCLEXTA STARTING PACK (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| VERZENIO (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| VITRAKVI (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| VITRAKVI (ORAL SOLUTION) | \$0 (Tier 1) | PA; DL; QL |
| VIZIMPRO (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| VOTRIENT (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| WELIREG (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| XALKORI (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL |
| XALKORI (ORAL CAPSULE SPRINKLE) | \$0 (Tier 1) | PA; DL |
| XOSPATA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| ZEJULA (100MG ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| ZEJULA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| ZELBORAF (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| ZYDELIG (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| ZYKADIA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| Retinoids | | |
| <i>bexarotene (external gel)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>bexarotene (oral capsule)</i> | \$0 (Tier 1) | PA; DL |
| PANRETIN (EXTERNAL GEL) | \$0 (Tier 1) | PA; DL |
| <i>tretinoin (oral capsule)</i> | \$0 (Tier 1) | DL |
| Treatment Adjuncts | | |
| <i>leucovorin calcium (10mg oral tablet, 15mg oral tablet, 5mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>leucovorin calcium (25mg oral tablet)</i> | \$0 (Tier 1) | |
| MESNEX (ORAL TABLET) | \$0 (Tier 1) | |
| Antiparasitics | | |
| Anthelmintics | | |
| <i>albendazole (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>ivermectin (oral tablet)</i> | \$0 (Tier 1) | PA |
| <i>praziquantel (oral tablet)</i> | \$0 (Tier 1) | |
| Antiprotozoals | | |
| <i>atovaquone (oral suspension)</i> | \$0 (Tier 1) | DL; QL |
| <i>atovaquone-proguanil hcl (oral tablet)</i> | \$0 (Tier 1) | |
| BENZNIDAZOLE (ORAL TABLET) | \$0 (Tier 1) | |
| <i>chloroquine phosphate (oral tablet)</i> | \$0 (Tier 1) | QL |
| COARTEM (ORAL TABLET) | \$0 (Tier 1) | |
| <i>hydroxychloroquine sulfate (200mg oral tablet)</i> | \$0 (Tier 1) | QL |
| IMPAVIDO (ORAL CAPSULE) | \$0 (Tier 1) | DL |
| <i>mefloquine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nitazoxanide (oral tablet)</i> | \$0 (Tier 1) | DL; QL |
| <i>pentamidine isethionate (inhalation solution reconstituted)</i> | \$0 (Tier 1) | B/D, PA; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>pentamidine isethionate (injection solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>primaquine phosphate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>pyrimethamine (oral tablet)</i> | \$0 (Tier 1) | DL |
| <i>quinine sulfate (oral capsule)</i> | \$0 (Tier 1) | PA |
| Antiparkinson Agents | | |
| Anticholinergics | | |
| <i>benztropine mesylate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>trihexyphenidyl hcl (oral solution)</i> | \$0 (Tier 1) | |
| <i>trihexyphenidyl hcl (oral tablet)</i> | \$0 (Tier 1) | |
| Antiparkinson Agents, Other | | |
| <i>amantadine hcl (oral capsule)</i> | \$0 (Tier 1) | |
| <i>amantadine hcl (oral solution)</i> | \$0 (Tier 1) | |
| <i>amantadine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa-entacapone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>entacapone (oral tablet)</i> | \$0 (Tier 1) | |
| Dopamine Agonists | | |
| <i>bromocriptine mesylate (oral capsule)</i> | \$0 (Tier 1) | |
| <i>bromocriptine mesylate (oral tablet)</i> | \$0 (Tier 1) | |
| NEUPRO (TRANSDERMAL PATCH 24 HOUR) | \$0 (Tier 1) | |
| <i>pramipexole dihydrochloride (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>ropinirole hcl (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors | | |
| <i>carbidopa (oral tablet)</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa er (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa odt (oral tablet dispersible)</i> | \$0 (Tier 1) | |
| INBRIJA (INHALATION CAPSULE) | \$0 (Tier 1) | PA; DL |
| RYTARY (ORAL CAPSULE EXTENDED RELEASE) | \$0 (Tier 1) | ST |
| Monoamine Oxidase B (MAO-B) Inhibitors | | |
| <i>rasagiline mesylate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>selegiline hcl (oral capsule)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>selegiline hcl (oral tablet)</i> | \$0 (Tier 1) | |
| Antipsychotics | | |
| 1st Generation/Typical | | |
| <i>chlorpromazine hcl (oral concentrate)</i> | \$0 (Tier 1) | |
| <i>chlorpromazine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>fluphenazine decanoate (injection solution)</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl (2.5mg/ml injection solution)</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl (5mg/ml oral concentrate)</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl (2.5mg/5ml oral elixir)</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl (10mg oral tablet, 1mg oral tablet, 2.5mg oral tablet, 5mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>haloperidol decanoate (intramuscular solution)</i> | \$0 (Tier 1) | |
| <i>haloperidol lactate (injection solution)</i> | \$0 (Tier 1) | |
| <i>haloperidol lactate (oral concentrate)</i> | \$0 (Tier 1) | |
| <i>haloperidol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>loxapine succinate (oral capsule)</i> | \$0 (Tier 1) | |
| <i>molindone hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>pimozide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>thioridazine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>thiothixene (oral capsule)</i> | \$0 (Tier 1) | |
| <i>trifluoperazine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| 2nd Generation/Atypical | | |
| ABILIFY MAINTENA (INTRAMUSCULAR PREFILLED SYRINGE) | \$0 (Tier 1) | DL |
| ABILIFY MAINTENA (INTRAMUSCULAR SUSPENSION RECONSTITUTED ER) | \$0 (Tier 1) | DL |
| <i>aripiprazole (1mg/ml oral solution)</i> | \$0 (Tier 1) | QL |
| <i>aripiprazole (10mg oral tablet, 15mg oral tablet, 20mg oral tablet, 2mg oral tablet, 30mg oral tablet, 5mg oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>aripiprazole odt (10mg oral tablet dispersible, 15mg oral tablet dispersible)</i> | \$0 (Tier 1) | DL; QL |
| ARISTADA INITIO (INTRAMUSCULAR PREFILLED SYRINGE) | \$0 (Tier 1) | DL |
| ARISTADA (INTRAMUSCULAR PREFILLED SYRINGE) | \$0 (Tier 1) | DL |
| <i>asenapine maleate (tablet sublingual)</i> | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| CAPLYTA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| FANAPT (10MG ORAL TABLET, 12MG ORAL TABLET, 1MG ORAL TABLET, 2MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET) | \$0 (Tier 1) | ST; DL; QL |
| FANAPT TITRATION PACK (ORAL TABLET) | \$0 (Tier 1) | ST; QL |
| INVEGA HAFYERA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | 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) | \$0 (Tier 1) | DL |
| INVEGA SUSTENNA (39MG/0.25ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | |
| INVEGA TRINZA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | DL |
| <i>lurasidone hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| LYBALVI (ORAL TABLET) | \$0 (Tier 1) | ST; DL; QL |
| NUPLAZID (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| NUPLAZID (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| <i>olanzapine (intramuscular solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>olanzapine (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>olanzapine odt (oral tablet dispersible)</i> | \$0 (Tier 1) | QL |
| <i>paliperidone er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| PERSERIS (SUBCUTANEOUS PREFILLED SYRINGE) | \$0 (Tier 1) | DL |
| <i>quetiapine fumarate er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>quetiapine fumarate (oral tablet immediate release)</i> | \$0 (Tier 1) | QL |
| REXULTI (ORAL TABLET) | \$0 (Tier 1) | DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| RISPERDAL CONSTA (12.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 25MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER) | \$0 (Tier 1) | |
| RISPERDAL CONSTA (37.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 50MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER) | \$0 (Tier 1) | DL |
| <i>risperidone microspheres er (12.5mg intramuscular suspension reconstituted er, 25mg intramuscular suspension reconstituted er, 37.5mg intramuscular suspension reconstituted er)</i> | \$0 (Tier 1) | |
| <i>risperidone microspheres er (50mg intramuscular suspension reconstituted er)</i> | \$0 (Tier 1) | DL |
| <i>risperidone (oral solution)</i> | \$0 (Tier 1) | |
| <i>risperidone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>risperidone odt (oral tablet dispersible)</i> | \$0 (Tier 1) | |
| SECUADO (TRANSDERMAL PATCH 24 HOUR) | \$0 (Tier 1) | ST; DL; QL |
| VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| VRAYLAR (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; QL |
| <i>ziprasidone hcl (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>ziprasidone mesylate (intramuscular solution reconstituted)</i> | \$0 (Tier 1) | |
| ZYPREXA RELPREVV (210MG INTRAMUSCULAR SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | DL |
| Treatment-Resistant | | |
| <i>clozapine (100mg oral tablet, 200mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>clozapine odt (100mg oral tablet dispersible, 12.5mg oral tablet dispersible, 150mg oral tablet dispersible, 200mg oral tablet dispersible, 25mg oral tablet dispersible)</i> | \$0 (Tier 1) | QL |
| VERSACLOZ (ORAL SUSPENSION) | \$0 (Tier 1) | DL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Antispasticity Agents | | |
| Antispasticity Agents | | |
| <i>baclofen (oral tablet)</i> | \$0 (Tier 1) | |
| <i>dantrolene sodium (oral capsule)</i> | \$0 (Tier 1) | |
| <i>tizanidine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| Antivirals | | |
| Anti-cytomegalovirus (CMV) Agents | | |
| PREVYMIS (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| <i>valganciclovir hcl (oral solution reconstituted)</i> | \$0 (Tier 1) | DL; QL |
| <i>valganciclovir hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| ZIRGAN (OPHTHALMIC GEL) | \$0 (Tier 1) | |
| Anti-hepatitis B (HBV) Agents | | |
| <i>adefovir dipivoxil (oral tablet)</i> | \$0 (Tier 1) | |
| BARACLUDE (ORAL SOLUTION) | \$0 (Tier 1) | |
| <i>entecavir (oral tablet)</i> | \$0 (Tier 1) | |
| <i>lamivudine (100mg oral tablet)</i> | \$0 (Tier 1) | |
| VEMLIDY (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| Anti-hepatitis C (HCV) Agents | | |
| EPCLUSA (ORAL PACKET) | \$0 (Tier 1) | PA; DL; QL |
| EPCLUSA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| MAVYRET (ORAL PACKET) | \$0 (Tier 1) | PA; DL; QL |
| MAVYRET (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| <i>ribavirin (oral tablet)</i> | \$0 (Tier 1) | |
| SOFOSBUVIR-VELPATASVIR (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| VOSEVI (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| Antiherpetic Agents | | |
| <i>acyclovir (external ointment)</i> | \$0 (Tier 1) | QL |
| <i>acyclovir (oral capsule)</i> | \$0 (Tier 1) | |
| <i>acyclovir (oral suspension)</i> | \$0 (Tier 1) | |
| <i>acyclovir (oral tablet)</i> | \$0 (Tier 1) | |
| <i>acyclovir sodium (intravenous solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>famciclovir (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>valacyclovir hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| Anti-HIV Agents, Integrase Inhibitors (INSTI) | | |
| BIKTARVY (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| DOVATO (ORAL TABLET) | \$0 (Tier 1) | DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| GENVOYA (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| ISENTRESS HD (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| ISENTRESS (ORAL PACKET) | \$0 (Tier 1) | QL |
| ISENTRESS (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| ISENTRESS (100MG ORAL TABLET CHEWABLE) | \$0 (Tier 1) | QL |
| ISENTRESS (25MG ORAL TABLET CHEWABLE) | \$0 (Tier 1) | QL |
| JULUCA (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| STRIBILD (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| TIVICAY (10MG ORAL TABLET, 25MG ORAL TABLET) | \$0 (Tier 1) | QL |
| TIVICAY (50MG ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| TIVICAY PD (ORAL TABLET SOLUBLE) | \$0 (Tier 1) | DL; QL |
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) | | |
| COMPLERA (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| DELSTRIGO (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| EDURANT (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| <i>efavirenz (200mg oral capsule, 50mg oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>efavirenz (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>efavirenz-emtricitabine-tenofovir (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>efavirenz-lamivudine-tenofovir (oral tablet)</i> | \$0 (Tier 1) | DL; QL |
| <i>etravirine (oral tablet)</i> | \$0 (Tier 1) | DL; QL |
| INTELENCE (25MG ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>nevirapine er (400mg oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>nevirapine (oral suspension)</i> | \$0 (Tier 1) | QL |
| <i>nevirapine (oral tablet immediate release)</i> | \$0 (Tier 1) | QL |
| PIFELTRO (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | | |
| <i>abacavir sulfate (oral solution)</i> | \$0 (Tier 1) | QL |
| <i>abacavir sulfate (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>abacavir sulfate-lamivudine (oral tablet)</i> | \$0 (Tier 1) | QL |
| CIMDUO (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| DESCOVY (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| <i>emtricitabine (oral capsule)</i> | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>emtricitabine-tenofovir disoproxil fumarate (100mg-150mg oral tablet, 133mg-200mg oral tablet, 167mg-250mg oral tablet)</i> | \$0 (Tier 1) | DL; QL |
| <i>emtricitabine-tenofovir disoproxil fumarate (200mg-300mg oral tablet)</i> | \$0 (Tier 1) | QL |
| EMTRIVA (ORAL SOLUTION) | \$0 (Tier 1) | QL |
| <i>lamivudine (10mg/ml oral solution)</i> | \$0 (Tier 1) | QL |
| <i>lamivudine (150mg oral tablet, 300mg oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>lamivudine-zidovudine (oral tablet)</i> | \$0 (Tier 1) | QL |
| ODEFSEY (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| <i>tenofovir disoproxil fumarate (oral tablet)</i> | \$0 (Tier 1) | QL |
| TRIUMEQ (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| TRIUMEQ PD (ORAL TABLET SOLUBLE) | \$0 (Tier 1) | DL; QL |
| TRIZIVIR (300-150-300MG ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| VIREAD (ORAL POWDER) | \$0 (Tier 1) | DL; QL |
| VIREAD (150MG ORAL TABLET, 200MG ORAL TABLET, 250MG ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| <i>zidovudine (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>zidovudine (oral syrup)</i> | \$0 (Tier 1) | QL |
| <i>zidovudine (oral tablet)</i> | \$0 (Tier 1) | QL |
| Anti-HIV Agents, Other | | |
| FUZEON (SUBCUTANEOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | DL; QL |
| <i>maraviroc (oral tablet)</i> | \$0 (Tier 1) | DL; QL |
| RUKOBIA (ORAL TABLET EXTENDED RELEASE 12 HOUR) | \$0 (Tier 1) | DL; QL |
| SELZENTRY (ORAL SOLUTION) | \$0 (Tier 1) | DL; QL |
| SELZENTRY (25MG ORAL TABLET) | \$0 (Tier 1) | QL |
| SELZENTRY (75MG ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| SUNLENCA (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | DL; QL |
| TYBOST (ORAL TABLET) | \$0 (Tier 1) | QL |
| Anti-HIV Agents, Protease Inhibitors | | |
| APTIVUS (ORAL CAPSULE) | \$0 (Tier 1) | DL; QL |
| <i>atazanavir sulfate (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>darunavir (oral tablet)</i> | \$0 (Tier 1) | DL; QL |
| EVOTAZ (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| <i>fosamprenavir calcium (oral tablet)</i> | \$0 (Tier 1) | DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| LEXIVA (50MG/ML ORAL SUSPENSION) | \$0 (Tier 1) | QL |
| <i>lopinavir-ritonavir (oral solution)</i> | \$0 (Tier 1) | QL |
| <i>lopinavir-ritonavir (oral tablet)</i> | \$0 (Tier 1) | QL |
| NORVIR (ORAL PACKET) | \$0 (Tier 1) | QL |
| PREZCOBIX (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| PREZISTA (ORAL SUSPENSION) | \$0 (Tier 1) | DL; QL |
| PREZISTA (150MG ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| PREZISTA (75MG ORAL TABLET) | \$0 (Tier 1) | QL |
| REYATAZ (ORAL PACKET) | \$0 (Tier 1) | DL; QL |
| <i>ritonavir (oral tablet)</i> | \$0 (Tier 1) | QL |
| SYMTUZA (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| VIRACEPT (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| Anti-influenza Agents | | |
| <i>oseltamivir phosphate (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>oseltamivir phosphate (oral suspension reconstituted)</i> | \$0 (Tier 1) | QL |
| RELENZA DISKHALER (INHALATION AEROSOL POWDER BREATH ACTIVATED) | \$0 (Tier 1) | QL |
| <i>rimantadine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| XOFLUZA (40MG DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | QL |
| XOFLUZA (80MG DOSE) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | QL |
| Anxiolytics | | |
| Anxiolytics, Other | | |
| <i>buspirone hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>hydroxyzine hcl (oral syrup)</i> | \$0 (Tier 1) | |
| <i>hydroxyzine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>hydroxyzine pamoate (oral capsule)</i> | \$0 (Tier 1) | |
| Benzodiazepines | | |
| <i>alprazolam (oral tablet immediate release)</i> | \$0 (Tier 1) | QL |
| <i>chlordiazepoxide hcl (oral capsule)</i> | \$0 (Tier 1) | |
| <i>clonazepam (0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet)</i> | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>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)</i> | \$0 (Tier 1) | QL |
| <i>clorazepate dipotassium (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>diazepam intensol (oral concentrate)</i> | \$0 (Tier 1) | QL |
| <i>diazepam (5mg/5ml oral solution)</i> | \$0 (Tier 1) | |
| <i>diazepam (10mg oral tablet, 2mg oral tablet, 5mg oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>lorazepam intensol (oral concentrate)</i> | \$0 (Tier 1) | QL |
| <i>lorazepam (oral tablet)</i> | \$0 (Tier 1) | QL |
| Bipolar Agents | | |
| Mood Stabilizers | | |
| <i>divalproex sodium er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>divalproex sodium (oral capsule delayed release sprinkle)</i> | \$0 (Tier 1) | |
| <i>divalproex sodium (oral tablet delayed release)</i> | \$0 (Tier 1) | |
| <i>lithium carbonate er (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>lithium carbonate (oral capsule)</i> | \$0 (Tier 1) | |
| <i>lithium carbonate (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>lithium (oral solution)</i> | \$0 (Tier 1) | |
| Blood Glucose Regulators | | |
| Antidiabetic Agents | | |
| <i>acarbose (oral tablet)</i> | \$0 (Tier 1) | QL |
| BYDUREON BCISE (SUBCUTANEOUS AUTO-INJECTOR) | \$0 (Tier 1) | PA; QL |
| BYETTA 10MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; QL |
| BYETTA 5MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; QL |
| CYCLOSET (ORAL TABLET) | \$0 (Tier 1) | PA; QL |
| FARXIGA (ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>glimepiride (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>glipizide er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>glipizide (10mg oral tablet immediate release, 5mg oral tablet immediate release)</i> | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>glipizide-metformin hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| GLYXAMBI (ORAL TABLET) | \$0 (Tier 1) | QL |
| JANUMET (ORAL TABLET IMMEDIATE RELEASE) | \$0 (Tier 1) | QL |
| JANUMET XR (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | QL |
| JANUVIA (ORAL TABLET) | \$0 (Tier 1) | QL |
| JARDIANCE (ORAL TABLET) | \$0 (Tier 1) | QL |
| JENTADUETO (2.5-1000MG ORAL TABLET, 2.5-500MG ORAL TABLET) | \$0 (Tier 1) | QL |
| JENTADUETO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | QL |
| <i>metformin hcl er (oral tablet extended release 24 hour) (generic glucophage xr)</i> | \$0 (Tier 1) | QL |
| <i>metformin hcl (oral solution)</i> | \$0 (Tier 1) | QL |
| <i>metformin hcl (1000mg oral tablet immediate release, 500mg oral tablet immediate release, 850mg oral tablet immediate release)</i> | \$0 (Tier 1) | QL |
| <i>miglitol (oral tablet)</i> | \$0 (Tier 1) | QL |
| MOUNJARO (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; QL |
| <i>nateglinide (oral tablet)</i> | \$0 (Tier 1) | QL |
| OZEMPIC (0.25MG/DOSE OR 0.5MG/DOSE) (2MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; QL |
| OZEMPIC (1MG/DOSE) (4MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; QL |
| OZEMPIC (2MG/DOSE) (8MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; QL |
| <i>pioglitazone hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>pioglitazone hcl-glimepiride (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>pioglitazone hcl-metformin hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>repaglinide (oral tablet)</i> | \$0 (Tier 1) | QL |
| RYBELSUS (ORAL TABLET) | \$0 (Tier 1) | PA; QL |
| SOLIQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; QL |
| SYNJARDY (ORAL TABLET IMMEDIATE RELEASE) | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| SYNJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | QL |
| TRADJENTA (ORAL TABLET) | \$0 (Tier 1) | QL |
| TRIJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | QL |
| TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; QL |
| XIGDUO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | QL |
| Glycemic Agents | | |
| BAQSIMI ONE PACK (NASAL POWDER) | \$0 (Tier 1) | |
| <i>diazoxide (oral suspension)</i> | \$0 (Tier 1) | |
| GLUCAGEN HYPOKIT (INJECTION SOLUTION RECONSTITUTED) | \$0 (Tier 1) | |
| GLUCAGON (INJECTION KIT) (LILLY) | \$0 (Tier 1) | |
| GVOKE HYOPEN 2-PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | |
| GVOKE KIT (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | |
| GVOKE PFS (1MG/0.2ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | |
| Insulins | | |
| HUMALOG (INJECTION SOLUTION) | \$0 (Tier 1) | |
| HUMALOG JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | |
| HUMALOG KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | |
| HUMALOG MIX 50/50 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) | \$0 (Tier 1) | |
| HUMALOG MIX 75/25 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) | \$0 (Tier 1) | |
| HUMALOG MIX 75/25 (SUBCUTANEOUS SUSPENSION) | \$0 (Tier 1) | |
| HUMALOG (SUBCUTANEOUS SOLUTION CARTRIDGE) | \$0 (Tier 1) | |
| HUMULIN 70/30 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| HUMULIN 70/30 (SUBCUTANEOUS SUSPENSION) | \$0 (Tier 1) | |
| HUMULIN N KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) | \$0 (Tier 1) | |
| HUMULIN N (SUBCUTANEOUS SUSPENSION) | \$0 (Tier 1) | |
| HUMULIN R (INJECTION SOLUTION) | \$0 (Tier 1) | |
| HUMULIN R U-500 (CONCENTRATED) (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | |
| HUMULIN R U-500 KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | |
| INSULIN LISPRO (1 UNIT DIAL) (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG) | \$0 (Tier 1) | |
| INSULIN LISPRO (INJECTION SOLUTION) (BRAND EQUIVALENT HUMALOG) | \$0 (Tier 1) | |
| INSULIN LISPRO JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG) | \$0 (Tier 1) | |
| INSULIN LISPRO PROT & LISPRO (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG) | \$0 (Tier 1) | |
| LANTUS SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | |
| LANTUS (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | |
| LEVEMIR FLEXPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | |
| LEVEMIR (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | |
| LYUMJEV (INJECTION SOLUTION) | \$0 (Tier 1) | |
| LYUMJEV KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | |
| TOUJEO MAX SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | |
| TOUJEO SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | |
| TRESIBA FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | |
| TRESIBA (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | |
| Blood Products and Modifiers | | |
| Anticoagulants | | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ELIQUIS (ORAL TABLET) | \$0 (Tier 1) | QL |
| ELIQUIS STARTER PACK (ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>enoxaparin sodium (injection solution prefilled syringe)</i> | \$0 (Tier 1) | QL |
| <i>fondaparinux sodium (10mg/0.8ml subcutaneous solution, 5mg/0.4ml subcutaneous solution, 7.5mg/0.6ml subcutaneous solution)</i> | \$0 (Tier 1) | DL |
| <i>fondaparinux sodium (2.5mg/0.5ml subcutaneous solution)</i> | \$0 (Tier 1) | |
| <i>heparin sodium (10000unit/ml injection solution, 20000unit/ml injection solution, 5000unit/ml injection solution)</i> | \$0 (Tier 1) | |
| <i>heparin sodium (1000unit/ml injection solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>jantoven (oral tablet)</i> | \$0 (Tier 1) | |
| <i>warfarin sodium (oral tablet)</i> | \$0 (Tier 1) | |
| XARELTO (ORAL TABLET) | \$0 (Tier 1) | QL |
| XARELTO STARTER PACK (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | QL |
| Blood Products and Modifiers, Other | | |
| <i>anagrelide hcl (oral capsule)</i> | \$0 (Tier 1) | |
| ARANESP (ALBUMIN FREE) (100MCG/ML INJECTION SOLUTION, 200MCG/ML INJECTION SOLUTION) | \$0 (Tier 1) | PA; DL |
| ARANESP (ALBUMIN FREE) (25MCG/ML INJECTION SOLUTION, 40MCG/ML INJECTION SOLUTION, 60MCG/ML INJECTION SOLUTION) | \$0 (Tier 1) | PA |
| ARANESP (ALBUMIN FREE) (100MCG/0.5ML INJECTION SOLUTION PREFILLED SYRINGE, 150MCG/0.3ML INJECTION SOLUTION PREFILLED SYRINGE, 200MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE, 300MCG/0.6ML INJECTION SOLUTION PREFILLED SYRINGE, 500MCG/ML INJECTION SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ARANESP (ALBUMIN FREE) (10MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE, 25MCG/0.42ML INJECTION SOLUTION PREFILLED SYRINGE, 40MCG/0.4ML INJECTION SOLUTION PREFILLED SYRINGE, 60MCG/0.3ML INJECTION SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA |
| NEULASTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL |
| PROCRIT (10000UNIT/ML INJECTION SOLUTION, 2000UNIT/ML INJECTION SOLUTION, 3000UNIT/ML INJECTION SOLUTION, 4000UNIT/ML INJECTION SOLUTION) | \$0 (Tier 1) | PA |
| PROCRIT (20000UNIT/ML INJECTION SOLUTION, 40000UNIT/ML INJECTION SOLUTION) | \$0 (Tier 1) | PA; DL |
| PROMACTA (ORAL PACKET) | \$0 (Tier 1) | PA; DL; QL |
| PROMACTA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| PYRUKYND (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| PYRUKYND TAPER PACK (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| RETACRIT (INJECTION SOLUTION) | \$0 (Tier 1) | PA |
| UDENYCA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL |
| UDENYCA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL |
| ZARXIO (INJECTION SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | DL |
| Hemostasis Agents | | |
| <i>tranexamic acid (oral tablet)</i> | \$0 (Tier 1) | |
| Platelet Modifying Agents | | |
| <i>aspirin-dipyridamole er (oral capsule extended release 12 hour)</i> | \$0 (Tier 1) | QL |
| BRILINTA (ORAL TABLET) | \$0 (Tier 1) | QL |
| CABLIVI (INJECTION KIT) | \$0 (Tier 1) | PA; DL; QL |
| <i>cilostazol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>clopidogrel bisulfate (75mg oral tablet)</i> | \$0 (Tier 1) | QL |
| DOPTELET (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>prasugrel hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| Cardiovascular Agents | | |
| Alpha-adrenergic Agonists | | |
| <i>clonidine hcl (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>clonidine (transdermal patch weekly)</i> | \$0 (Tier 1) | |
| <i>droxidopa (100mg oral capsule, 200mg oral capsule)</i> | \$0 (Tier 1) | PA; QL |
| <i>droxidopa (300mg oral capsule)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>midodrine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| Alpha-adrenergic Blocking Agents | | |
| <i>doxazosin mesylate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>prazosin hcl (oral capsule)</i> | \$0 (Tier 1) | |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan cilexetil (oral tablet)</i> | \$0 (Tier 1) | QL |
| EDARBI (ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>irbesartan (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>losartan potassium (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>olmesartan medoxomil (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>telmisartan (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>valsartan (oral tablet)</i> | \$0 (Tier 1) | QL |
| Angiotensin-converting Enzyme (ACE) Inhibitors | | |
| <i>benazepril hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>captopril (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>enalapril maleate (oral solution)</i> | \$0 (Tier 1) | |
| <i>enalapril maleate (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>fosinopril sodium (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>lisinopril (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>moexipril hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>perindopril erbumine (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>quinapril hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>ramipril (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>trandolapril (oral tablet)</i> | \$0 (Tier 1) | QL |
| Antiarrhythmics | | |
| <i>amiodarone hcl (200mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>dofetilide (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>flecainide acetate (oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>mexiletine hcl (oral capsule)</i> | \$0 (Tier 1) | |
| MULTAQ (ORAL TABLET) | \$0 (Tier 1) | QL |
| PACERONE (200MG ORAL TABLET) | \$0 (Tier 1) | |
| <i>propafenone hcl er (oral capsule extended release 12 hour)</i> | \$0 (Tier 1) | |
| <i>propafenone hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>quinidine gluconate er (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>quinidine sulfate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>sorine (120mg oral tablet, 160mg oral tablet, 80mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>sotalol hcl (af) (oral tablet)</i> | \$0 (Tier 1) | |
| <i>sotalol hcl (oral tablet)</i> | \$0 (Tier 1) | |
| Beta-adrenergic Blocking Agents | | |
| <i>acebutolol hcl (oral capsule)</i> | \$0 (Tier 1) | |
| <i>atenolol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>betaxolol hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>bisoprolol fumarate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>carvedilol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>labetalol hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>metoprolol succinate er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>metoprolol tartrate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nadolol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nebivolol hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>pindolol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>propranolol hcl er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>propranolol hcl (oral solution)</i> | \$0 (Tier 1) | |
| <i>propranolol hcl (oral tablet)</i> | \$0 (Tier 1) | |
| Calcium Channel Blocking Agents, Dihydropyridines | | |
| <i>amlodipine besylate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>felodipine er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>nicardipine hcl (oral capsule)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>nifedipine er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>nifedipine er osmotic release (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>nimodipine (oral capsule)</i> | \$0 (Tier 1) | |
| Calcium Channel Blocking Agents, Nondihydropyridines | | |
| <i>cartia xt (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>diltiazem hcl er beads (360mg oral capsule extended release 24 hour, 420mg oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>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)</i> | \$0 (Tier 1) | |
| <i>diltiazem hcl er (oral capsule extended release 12 hour)</i> | \$0 (Tier 1) | |
| <i>diltiazem hcl er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>diltiazem hcl (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>dilt-xr (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>matzim la (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>taztia xt (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>tiadylt er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>verapamil hcl er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>verapamil hcl er (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>verapamil hcl (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| Cardiovascular Agents, Other | | |
| <i>acetazolamide er (oral capsule extended release 12 hour)</i> | \$0 (Tier 1) | |
| <i>acetazolamide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>aliskiren fumarate (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>amiloride-hydrochlorothiazide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>amlodipine-atorvastatin (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>amlodipine-benazepril (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>amlodipine-olmesartan (oral tablet)</i> | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>amlodipine-valsartan (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>amlodipine-valsartan-hctz (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>atenolol-chlorthalidone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>benazepril-hydrochlorothiazide (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>bisoprolol-hydrochlorothiazide (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>candesartan cilexetil-hctz (oral tablet)</i> | \$0 (Tier 1) | QL |
| CORLANOR (ORAL SOLUTION) | \$0 (Tier 1) | PA; QL |
| CORLANOR (ORAL TABLET) | \$0 (Tier 1) | PA; QL |
| <i>digoxin (oral solution)</i> | \$0 (Tier 1) | |
| <i>digoxin (125mcg oral tablet, 250mcg oral tablet)</i> | \$0 (Tier 1) | |
| <i>digoxin (62.5mcg oral tablet)</i> | \$0 (Tier 1) | |
| EDARBYCLOR (ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>enalapril-hydrochlorothiazide (oral tablet)</i> | \$0 (Tier 1) | QL |
| ENTRESTO (ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>fosinopril sodium-hctz (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>irbesartan-hydrochlorothiazide (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>isosorbide dinitrate-hydralazine (20-37.5mg oral tablet)</i> | \$0 (Tier 1) | QL |
| KERENDIA (ORAL TABLET) | \$0 (Tier 1) | PA; QL |
| LANOXIN (ORAL TABLET) | \$0 (Tier 1) | |
| <i>lisinopril-hydrochlorothiazide (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>losartan potassium-hctz (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>metoprolol-hydrochlorothiazide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>metyrosine (oral capsule)</i> | \$0 (Tier 1) | DL |
| <i>olmesartan medoxomil-hctz (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>olmesartan-amlodipine-hctz (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>pentoxifylline er (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>ranolazine er (oral tablet extended release 12 hour)</i> | \$0 (Tier 1) | QL |
| <i>spironolactone-hctz (oral tablet)</i> | \$0 (Tier 1) | |
| <i>telmisartan-amlodipine (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>telmisartan-hctz (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>trandolapril-verapamil hcl er (oral tablet extended release)</i> | \$0 (Tier 1) | QL |
| <i>triamterene-hctz (oral capsule)</i> | \$0 (Tier 1) | |
| <i>triamterene-hctz (oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>valsartan-hydrochlorothiazide (oral tablet)</i> | \$0 (Tier 1) | QL |
| Diuretics, Loop | | |
| <i>bumetanide (injection solution)</i> | \$0 (Tier 1) | |
| <i>bumetanide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>ethacrynic acid (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>furosemide (injection solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>furosemide (oral solution)</i> | \$0 (Tier 1) | |
| <i>furosemide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>toremide (oral tablet)</i> | \$0 (Tier 1) | |
| Diuretics, Potassium-sparing | | |
| <i>amiloride hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>eplerenone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>spironolactone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>triamterene (oral capsule)</i> | \$0 (Tier 1) | |
| Diuretics, Thiazide | | |
| <i>chlorthalidone (oral tablet)</i> | \$0 (Tier 1) | |
| DIURIL (ORAL SUSPENSION) | \$0 (Tier 1) | |
| <i>hydrochlorothiazide (oral capsule)</i> | \$0 (Tier 1) | |
| <i>hydrochlorothiazide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>indapamide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>metolazone (oral tablet)</i> | \$0 (Tier 1) | |
| Dyslipidemics, Fibric Acid Derivatives | | |
| <i>fenofibrate micronized (134mg oral capsule, 200mg oral capsule, 43mg oral capsule, 67mg oral capsule)</i> | \$0 (Tier 1) | |
| <i>fenofibrate (50mg oral capsule)</i> | \$0 (Tier 1) | |
| <i>fenofibrate (145mg oral tablet, 48mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>fenofibrate (160mg oral tablet, 54mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>fenofibric acid (oral capsule delayed release)</i> | \$0 (Tier 1) | |
| <i>gemfibrozil (oral tablet)</i> | \$0 (Tier 1) | |
| Dyslipidemics, HMG CoA Reductase Inhibitors | | |
| <i>atorvastatin calcium (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>fluvastatin sodium er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>fluvastatin sodium (oral capsule)</i> | \$0 (Tier 1) | QL |
| LIVALO (ORAL TABLET) | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>lovastatin (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>pravastatin sodium (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>rosuvastatin calcium (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>simvastatin (oral tablet)</i> | \$0 (Tier 1) | QL |
| Dyslipidemics, Other | | |
| <i>cholestyramine light (oral packet)</i> | \$0 (Tier 1) | |
| <i>cholestyramine (oral packet)</i> | \$0 (Tier 1) | |
| <i>colesevelam hcl (oral packet)</i> | \$0 (Tier 1) | |
| <i>colesevelam hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>colestipol hcl (oral packet)</i> | \$0 (Tier 1) | |
| <i>colestipol hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>ezetimibe (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>ezetimibe-simvastatin (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>niacin (antihyperlipidemic) (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>niacin er (antihyperlipidemic) (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>niacor (oral tablet)</i> | \$0 (Tier 1) | |
| <i>omega-3-acid ethyl esters (oral capsule) (generic lovaza)</i> | \$0 (Tier 1) | QL |
| PRALUENT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; QL |
| <i>prevalite (oral packet)</i> | \$0 (Tier 1) | |
| REPATHA PUSHTRONEX SYSTEM (SUBCUTANEOUS SOLUTION CARTRIDGE) | \$0 (Tier 1) | PA; QL |
| REPATHA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; QL |
| REPATHA SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; QL |
| VASCEPA (ORAL CAPSULE) | \$0 (Tier 1) | |
| Vasodilators, Direct-acting Arterial | | |
| <i>hydralazine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>minoxidil (oral tablet)</i> | \$0 (Tier 1) | |
| Vasodilators, Direct-acting Arterial/Venous | | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>isosorbide dinitrate (10mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 5mg oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>isosorbide mononitrate er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>isosorbide mononitrate (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| NITRO-BID (TRANSDERMAL OINTMENT) | \$0 (Tier 1) | |
| <i>nitroglycerin (tablet sublingual)</i> | \$0 (Tier 1) | |
| <i>nitroglycerin (transdermal patch 24 hour)</i> | \$0 (Tier 1) | |
| <i>nitroglycerin (translingual solution)</i> | \$0 (Tier 1) | |
| NITROSTAT (TABLET SUBLINGUAL) | \$0 (Tier 1) | |
| RECTIV (RECTAL OINTMENT) | \$0 (Tier 1) | QL |
| VERQUVO (ORAL TABLET) | \$0 (Tier 1) | PA; QL |
| Central Nervous System Agents | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines | | |
| <i>amphetamine-dextroamphetamine er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>amphetamine-dextroamphetamine (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>dextroamphetamine sulfate er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>dextroamphetamine sulfate (10mg oral tablet, 15mg oral tablet, 20mg oral tablet, 30mg oral tablet, 5mg oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>lisdexamfetamine dimesylate (oral capsule)</i> | \$0 (Tier 1) | |
| <i>lisdexamfetamine dimesylate (oral tablet chewable)</i> | \$0 (Tier 1) | |
| VYVANSE (ORAL CAPSULE) | \$0 (Tier 1) | |
| VYVANSE (ORAL TABLET CHEWABLE) | \$0 (Tier 1) | |
| Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines | | |
| <i>atomoxetine hcl (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>clonidine hcl er (oral tablet extended release 12 hour)</i> | \$0 (Tier 1) | PA |
| <i>dexmethylphenidate hcl er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>dexmethylphenidate hcl (oral tablet)</i> | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>guanfacine hcl er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>methylphenidate hcl er (10mg oral tablet extended release, 20mg oral tablet extended release)</i> | \$0 (Tier 1) | QL |
| <i>methylphenidate hcl (oral solution)</i> | \$0 (Tier 1) | QL |
| <i>methylphenidate hcl (oral tablet immediate release) (generic ritalin)</i> | \$0 (Tier 1) | QL |
| Central Nervous System, Other | | |
| AUSTEDO (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| INGREZZA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| INGREZZA (ORAL CAPSULE THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| NUEDEXTA (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| QUVIVIQ (ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>riluzole (oral tablet)</i> | \$0 (Tier 1) | |
| SKYCLARYS (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| <i>tetrabenazine (12.5mg oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| <i>tetrabenazine (25mg oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| Fibromyalgia Agents | | |
| <i>duloxetine hcl (20mg oral capsule delayed release particles, 30mg oral capsule delayed release particles, 60mg oral capsule delayed release particles)</i> | \$0 (Tier 1) | QL |
| <i>pregabalin (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>pregabalin (oral solution)</i> | \$0 (Tier 1) | QL |
| SAVELLA (ORAL TABLET) | \$0 (Tier 1) | |
| SAVELLA TITRATION PACK (ORAL TABLET) | \$0 (Tier 1) | |
| Multiple Sclerosis Agents | | |
| AVONEX PEN (INTRAMUSCULAR AUTO-INJECTOR KIT) | \$0 (Tier 1) | DL; QL |
| AVONEX PREFILLED (INTRAMUSCULAR PREFILLED SYRINGE KIT) | \$0 (Tier 1) | DL; QL |
| BETASERON (SUBCUTANEOUS KIT) | \$0 (Tier 1) | DL; QL |
| <i>dalfampridine er (oral tablet extended release 12 hour)</i> | \$0 (Tier 1) | QL |
| <i>dimethyl fumarate (oral capsule delayed release)</i> | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>dimethyl fumarate starter pack (oral capsule delayed release therapy pack)</i> | \$0 (Tier 1) | QL |
| <i>fingolimod hcl (oral capsule)</i> | \$0 (Tier 1) | DL; QL |
| <i>glatiramer acetate (subcutaneous solution prefilled syringe)</i> | \$0 (Tier 1) | DL; QL |
| <i>glatopa (subcutaneous solution prefilled syringe)</i> | \$0 (Tier 1) | DL; QL |
| KESIMPTA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | DL |
| MAYZENT (ORAL TABLET) | \$0 (Tier 1) | DL; QL |
| MAYZENT STARTER PACK (12 X 0.25MG ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | DL; QL |
| MAYZENT STARTER PACK (7 X 0.25MG ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | QL |
| REBIF REBIDOSE (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | ST; DL; QL |
| REBIF REBIDOSE TITRATION PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | ST; DL; QL |
| REBIF (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | ST; DL; QL |
| REBIF TITRATION PACK (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | ST; DL; QL |
| <i>teriflunomide (oral tablet)</i> | \$0 (Tier 1) | DL; QL |
| VUMERITY (ORAL CAPSULE DELAYED RELEASE) (MAINTENANCE DOSE BOTTLE) | \$0 (Tier 1) | ST; DL; QL |
| Dental and Oral Agents | | |
| Dental and Oral Agents | | |
| <i>chlorhexidine gluconate (mouth solution)</i> | \$0 (Tier 1) | |
| <i>kourzeq (mouth/throat paste)</i> | \$0 (Tier 1) | |
| <i>periogard (mouth solution)</i> | \$0 (Tier 1) | |
| <i>pilocarpine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide (dental paste)</i> | \$0 (Tier 1) | |
| Dermatological Agents | | |
| Acne and Rosacea Agents | | |
| <i>accutane (10mg oral capsule, 20mg oral capsule, 40mg oral capsule)</i> | \$0 (Tier 1) | PA |
| <i>acitretin (oral capsule)</i> | \$0 (Tier 1) | |
| <i>adapalene (external cream)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>adapalene (0.3% external gel)</i> | \$0 (Tier 1) | |
| <i>amnesteem (oral capsule)</i> | \$0 (Tier 1) | PA |
| <i>azelaic acid (external gel)</i> | \$0 (Tier 1) | QL |
| <i>benzoyl peroxide-erythromycin (external gel)</i> | \$0 (Tier 1) | |
| <i>claravis (oral capsule)</i> | \$0 (Tier 1) | PA |
| <i>clindamycin phosphate-benzoyl peroxide (1-5% external gel, 1.2-5% external gel)</i> | \$0 (Tier 1) | |
| FINACEA (EXTERNAL FOAM) | \$0 (Tier 1) | QL |
| <i>isotretinoin (oral capsule)</i> | \$0 (Tier 1) | PA |
| <i>neuac (external gel)</i> | \$0 (Tier 1) | |
| <i>tazarotene (external cream)</i> | \$0 (Tier 1) | PA; QL |
| <i>tretinoin (external cream)</i> | \$0 (Tier 1) | PA |
| <i>tretinoin (0.01% external gel, 0.025% external gel)</i> | \$0 (Tier 1) | PA |
| <i>tretinoin microsphere (0.04% external gel, 0.1% external gel)</i> | \$0 (Tier 1) | PA |
| <i>zenatane (oral capsule)</i> | \$0 (Tier 1) | PA |
| Dermatitis and Pruritus Agents | | |
| <i>ala-cort (external cream)</i> | \$0 (Tier 1) | |
| <i>alclometasone dipropionate (external cream)</i> | \$0 (Tier 1) | |
| <i>alclometasone dipropionate (external ointment)</i> | \$0 (Tier 1) | |
| <i>ammonium lactate (external cream)</i> | \$0 (Tier 1) | |
| <i>ammonium lactate (external lotion)</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate aug (external cream)</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate aug (external gel)</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate aug (external lotion)</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate aug (external ointment)</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate (external cream)</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate (external lotion)</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate (external ointment)</i> | \$0 (Tier 1) | |
| <i>betamethasone valerate (external cream)</i> | \$0 (Tier 1) | |
| <i>betamethasone valerate (external lotion)</i> | \$0 (Tier 1) | |
| <i>betamethasone valerate (external ointment)</i> | \$0 (Tier 1) | |
| <i>clobetasol propionate emollient base (external cream)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>clobetasol propionate (external cream)</i> | \$0 (Tier 1) | |
| <i>clobetasol propionate (external gel)</i> | \$0 (Tier 1) | |
| <i>clobetasol propionate (external ointment)</i> | \$0 (Tier 1) | |
| <i>clobetasol propionate (external shampoo)</i> | \$0 (Tier 1) | |
| <i>clobetasol propionate (external solution)</i> | \$0 (Tier 1) | |
| <i>clodan (external shampoo)</i> | \$0 (Tier 1) | |
| CORDRAN (EXTERNAL TAPE) | \$0 (Tier 1) | |
| <i>desonide (external ointment)</i> | \$0 (Tier 1) | QL |
| <i>desoximetasone (external cream)</i> | \$0 (Tier 1) | QL |
| <i>doxepin hcl (external cream)</i> | \$0 (Tier 1) | PA; QL |
| <i>fluocinolone acetonide (external cream)</i> | \$0 (Tier 1) | |
| <i>fluocinolone acetonide (external ointment)</i> | \$0 (Tier 1) | |
| <i>fluocinolone acetonide (external solution)</i> | \$0 (Tier 1) | |
| <i>fluocinolone acetonide scalp (external oil)</i> | \$0 (Tier 1) | |
| <i>fluocinonide emulsified base (external cream)</i> | \$0 (Tier 1) | QL |
| <i>fluocinonide (0.05% external cream)</i> | \$0 (Tier 1) | QL |
| <i>fluocinonide (external gel)</i> | \$0 (Tier 1) | QL |
| <i>fluocinonide (external ointment)</i> | \$0 (Tier 1) | QL |
| <i>fluocinonide (external solution)</i> | \$0 (Tier 1) | QL |
| <i>fluticasone propionate (external cream)</i> | \$0 (Tier 1) | |
| <i>fluticasone propionate (external ointment)</i> | \$0 (Tier 1) | |
| <i>halobetasol propionate (external cream)</i> | \$0 (Tier 1) | |
| <i>halobetasol propionate (external ointment)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone butyrate (external ointment)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone (1% external cream)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone (2.5% external lotion)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone (1% external ointment, 2.5% external ointment)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone valerate (external cream)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone valerate (external ointment)</i> | \$0 (Tier 1) | |
| <i>mometasone furoate (external cream)</i> | \$0 (Tier 1) | |
| <i>mometasone furoate (external ointment)</i> | \$0 (Tier 1) | |
| <i>mometasone furoate (external solution)</i> | \$0 (Tier 1) | |
| <i>pimecrolimus (external cream)</i> | \$0 (Tier 1) | ST; QL |
| <i>selenium sulfide (external lotion)</i> | \$0 (Tier 1) | |
| <i>tacrolimus (external ointment)</i> | \$0 (Tier 1) | ST |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>triamcinolone acetonide (external cream)</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide (external lotion)</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide (0.025% external ointment, 0.1% external ointment, 0.5% external ointment)</i> | \$0 (Tier 1) | |
| <i>triderm (external cream)</i> | \$0 (Tier 1) | |
| Dermatological Agents, Other | | |
| <i>calcipotriene (external cream)</i> | \$0 (Tier 1) | QL |
| <i>calcipotriene (external ointment)</i> | \$0 (Tier 1) | QL |
| <i>calcipotriene (external solution)</i> | \$0 (Tier 1) | |
| <i>calcitriol (external ointment)</i> | \$0 (Tier 1) | |
| <i>clotrimazole-betamethasone (external cream)</i> | \$0 (Tier 1) | QL |
| <i>clotrimazole-betamethasone (external lotion)</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium (3% external gel)</i> | \$0 (Tier 1) | PA; QL |
| <i>fluorouracil (5% external cream)</i> | \$0 (Tier 1) | QL |
| <i>fluorouracil (external solution)</i> | \$0 (Tier 1) | |
| <i>imiquimod (5% external cream)</i> | \$0 (Tier 1) | QL |
| <i>methoxsalen rapid (oral capsule)</i> | \$0 (Tier 1) | DL |
| <i>podofilox (external solution)</i> | \$0 (Tier 1) | |
| REGRANEX (EXTERNAL GEL) | \$0 (Tier 1) | PA; DL |
| SANTYL (EXTERNAL OINTMENT) | \$0 (Tier 1) | |
| <i>silver sulfadiazine (external cream)</i> | \$0 (Tier 1) | |
| <i>ssd (external cream)</i> | \$0 (Tier 1) | |
| Pediculicides/Scabicides | | |
| <i>malathion (external lotion)</i> | \$0 (Tier 1) | |
| <i>permethrin (external cream)</i> | \$0 (Tier 1) | |
| Topical Anti-infectives | | |
| <i>ciclopirox (external gel)</i> | \$0 (Tier 1) | |
| <i>ciclopirox (external shampoo)</i> | \$0 (Tier 1) | |
| <i>ciclopirox (external solution)</i> | \$0 (Tier 1) | |
| <i>ciclopirox olamine (external cream)</i> | \$0 (Tier 1) | |
| <i>ciclopirox olamine (external suspension)</i> | \$0 (Tier 1) | |
| <i>clindacin etz (external swab)</i> | \$0 (Tier 1) | QL |
| <i>clindamycin phosphate (external gel)</i> | \$0 (Tier 1) | QL |
| <i>clindamycin phosphate (external lotion)</i> | \$0 (Tier 1) | QL |
| <i>clindamycin phosphate (external solution)</i> | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|---|--|
| <i>clindamycin phosphate (external swab)</i> | \$0 (Tier 1) | QL |
| <i>clotrimazole (external cream)</i> | \$0 (Tier 1) | |
| <i>clotrimazole (external solution)</i> | \$0 (Tier 1) | |
| <i>econazole nitrate (external cream)</i> | \$0 (Tier 1) | QL |
| <i>ery (external pad)</i> | \$0 (Tier 1) | |
| <i>erythromycin (external gel)</i> | \$0 (Tier 1) | |
| <i>erythromycin (external solution)</i> | \$0 (Tier 1) | |
| <i>gentamicin sulfate (external cream)</i> | \$0 (Tier 1) | |
| <i>gentamicin sulfate (external ointment)</i> | \$0 (Tier 1) | |
| JUBLIA (EXTERNAL SOLUTION) | \$0 (Tier 1) | |
| <i>ketoconazole (external cream)</i> | \$0 (Tier 1) | QL |
| <i>ketoconazole (external shampoo)</i> | \$0 (Tier 1) | |
| <i>mupirocin calcium (external cream)</i> | \$0 (Tier 1) | |
| <i>mupirocin (external ointment)</i> | \$0 (Tier 1) | QL |
| <i>naftifine hcl (external cream)</i> | \$0 (Tier 1) | |
| <i>naftifine hcl (external gel)</i> | \$0 (Tier 1) | |
| NAFTIN (2% EXTERNAL GEL) | \$0 (Tier 1) | |
| <i>nyamyc (external powder)</i> | \$0 (Tier 1) | QL |
| <i>nystatin (external cream)</i> | \$0 (Tier 1) | |
| <i>nystatin (external ointment)</i> | \$0 (Tier 1) | |
| <i>nystatin (external powder)</i> | \$0 (Tier 1) | QL |
| <i>nystop (external powder)</i> | \$0 (Tier 1) | QL |
| SULFAMYLON (EXTERNAL CREAM) | \$0 (Tier 1) | |
| Electrolytes/Minerals/Metals/Vitamins | | |
| Electrolyte/Mineral Replacement | | |
| <i>carglumic acid (oral tablet soluble)</i> | \$0 (Tier 1) | DL |
| <i>dextrose (10% intravenous solution)</i> | \$0 (Tier 1) | |
| <i>dextrose (5% intravenous solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>dextrose-nacl (10-0.2% intravenous solution, 10-0.45% intravenous solution, 2.5-0.45% intravenous solution, 5-0.2% intravenous solution, 5-0.45% intravenous solution)</i> | \$0 (Tier 1) | |
| <i>dextrose-nacl (5-0.9% intravenous solution)</i> | \$0 (Tier 1) | B/D, PA |
| ENDARI (ORAL PACKET) | \$0 (Tier 1) | PA; DL |
| INTRALIPID (INTRAVENOUS EMULSION) | \$0 (Tier 1) | B/D, PA |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ISOLYTE-P IN D5W (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | |
| ISOLYTE-S PH 7.4 (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | |
| <i>kcl in dextrose-nacl (intravenous solution)</i> | \$0 (Tier 1) | |
| <i>kcl-lactated ringers-d5w (intravenous solution)</i> | \$0 (Tier 1) | |
| <i>klor-con 10 (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>klor-con m10 (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>klor-con m15 (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>klor-con m20 (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>klor-con (oral packet)</i> | \$0 (Tier 1) | |
| <i>klor-con 8 (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>magnesium sulfate (injection solution)</i> | \$0 (Tier 1) | |
| <i>multiple electrolytes type 1 ph 5.5 (intravenous solution)</i> | \$0 (Tier 1) | |
| NUTRILIPID (INTRAVENOUS EMULSION) | \$0 (Tier 1) | B/D, PA |
| PLASMA-LYTE 148 (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | |
| PLASMA-LYTE A (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | |
| PLENAMINE (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | B/D, PA |
| <i>potassium chloride microencapsulated er (oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>potassium chloride er (oral capsule extended release)</i> | \$0 (Tier 1) | |
| <i>potassium chloride er (10meq oral tablet extended release, 20meq oral tablet extended release, 8meq oral tablet extended release)</i> | \$0 (Tier 1) | |
| <i>potassium chloride in nacl (20-0.45meq/l-% intravenous solution, 20-0.9meq/l-% intravenous solution, 40-0.9meq/l-% intravenous solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>potassium chloride (10meq/100ml intravenous solution, 20meq/100ml intravenous solution, 2meq/ml (30ml) intravenous solution, 2meq/ml (20ml) intravenous solution, 40meq/100ml intravenous solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>potassium chloride (oral packet)</i> | \$0 (Tier 1) | |
| <i>potassium chloride (20meq/15ml(10%) oral solution, 40meq/15ml(20%) oral solution)</i> | \$0 (Tier 1) | |
| <i>potassium citrate er (oral tablet extended release)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>potassium chloride in dextrose 5% (20meq/l intravenous solution)</i> | \$0 (Tier 1) | B/D, PA |
| PREMASOL (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | B/D, PA |
| PROSOL (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | B/D, PA |
| <i>sodium chloride (0.45% intravenous solution)</i> | \$0 (Tier 1) | |
| <i>sodium chloride (0.9% intravenous solution, 3% intravenous solution, 5% intravenous solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>sodium chloride (irrigation solution)</i> | \$0 (Tier 1) | |
| <i>sodium fluoride (oral tablet)</i> | \$0 (Tier 1) | |
| TPN ELECTROLYTES (INTRAVENOUS CONCENTRATE) | \$0 (Tier 1) | |
| TRAVASOL (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | B/D, PA |
| TROPHAMINE (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | B/D, PA |
| Electrolyte/Mineral/Metal Modifiers | | |
| CHEMET (ORAL CAPSULE) | \$0 (Tier 1) | DL |
| <i>deferasirox granules (oral packet)</i> | \$0 (Tier 1) | PA; DL |
| <i>deferasirox (oral tablet) (generic jadenu)</i> | \$0 (Tier 1) | PA |
| <i>deferasirox (125mg oral tablet soluble) (generic exjade)</i> | \$0 (Tier 1) | PA |
| <i>deferasirox (250mg oral tablet soluble, 500mg oral tablet soluble) (generic exjade)</i> | \$0 (Tier 1) | PA; DL |
| <i>deferiprone (oral tablet)</i> | \$0 (Tier 1) | PA; DL |
| <i>trientine hcl (250mg oral capsule)</i> | \$0 (Tier 1) | PA; DL; QL |
| Phosphate Binders | | |
| <i>calcium acetate (phosphate binder) (oral capsule)</i> | \$0 (Tier 1) | |
| <i>calcium acetate (667mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>sevelamer carbonate (oral packet)</i> | \$0 (Tier 1) | |
| <i>sevelamer carbonate (oral tablet) (generic renvela)</i> | \$0 (Tier 1) | |
| VELPHORO (ORAL TABLET CHEWABLE) | \$0 (Tier 1) | DL |
| Potassium Binders | | |
| LOKELMA (ORAL PACKET) | \$0 (Tier 1) | QL |
| <i>sodium polystyrene sulfonate (oral powder)</i> | \$0 (Tier 1) | |
| <i>sps (oral suspension)</i> | \$0 (Tier 1) | |
| VELTASSA (ORAL PACKET) | \$0 (Tier 1) | QL |
| Vitamins | | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>prenatal (27-1mg oral tablet)</i> | \$0 (Tier 1) | |
| Gastrointestinal Agents | | |
| Anti-Constipation Agents | | |
| <i>constulose (oral solution)</i> | \$0 (Tier 1) | |
| <i>enulose (oral solution)</i> | \$0 (Tier 1) | |
| <i>generlac (oral solution)</i> | \$0 (Tier 1) | |
| <i>lactulose (10gm/15ml oral solution)</i> | \$0 (Tier 1) | |
| LINZESS (ORAL CAPSULE) | \$0 (Tier 1) | QL |
| <i>lubiprostone (oral capsule)</i> | \$0 (Tier 1) | QL |
| MOTEGRITY (ORAL TABLET) | \$0 (Tier 1) | QL |
| MOVANTIK (ORAL TABLET) | \$0 (Tier 1) | QL |
| RELISTOR (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| RELISTOR (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| TRULANCE (ORAL TABLET) | \$0 (Tier 1) | QL |
| Anti-Diarrheal Agents | | |
| <i>alosetron hcl (oral tablet)</i> | \$0 (Tier 1) | PA; DL |
| <i>diphenoxylate-atropine (oral liquid)</i> | \$0 (Tier 1) | |
| <i>diphenoxylate-atropine (oral tablet)</i> | \$0 (Tier 1) | |
| <i>loperamide hcl (oral capsule)</i> | \$0 (Tier 1) | |
| XERMELO (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| Antispasmodics, Gastrointestinal | | |
| <i>dicyclomine hcl (oral capsule)</i> | \$0 (Tier 1) | |
| <i>dicyclomine hcl (oral solution)</i> | \$0 (Tier 1) | |
| <i>dicyclomine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>glycopyrrolate (oral solution) (generic curvposa)</i> | \$0 (Tier 1) | PA |
| <i>methscopolamine bromide (oral tablet)</i> | \$0 (Tier 1) | |
| Gastrointestinal Agents, Other | | |
| CHENODAL (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| CLENPIQ (ORAL SOLUTION) | \$0 (Tier 1) | |
| <i>gavilyte-c (oral solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>gavilyte-g (oral solution reconstituted)</i> | \$0 (Tier 1) | |
| <i>sodium sulfate-potassium sulfate-magnesium sulfate (oral solution)</i> | \$0 (Tier 1) | |
| <i>peg-3350-nacl-na bicarbonate-kcl (oral solution) (generic nulytely)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>peg-3350-electrolytes (oral solution) (generic golytely)</i> | \$0 (Tier 1) | |
| SUFLAVE (ORAL SOLUTION RECONSTITUTED) | \$0 (Tier 1) | |
| SUTAB (ORAL TABLET) | \$0 (Tier 1) | |
| <i>ursodiol (300mg oral capsule)</i> | \$0 (Tier 1) | |
| <i>ursodiol (oral tablet)</i> | \$0 (Tier 1) | |
| VOWST (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL |
| Histamine2 (H2) Receptor Antagonists | | |
| <i>cimetidine (oral tablet)</i> | \$0 (Tier 1) | |
| <i>famotidine (oral suspension reconstituted)</i> | \$0 (Tier 1) | |
| <i>famotidine (20mg oral tablet, 40mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>nizatidine (oral capsule)</i> | \$0 (Tier 1) | |
| Protectants | | |
| <i>misoprostol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>sucralfate (oral suspension)</i> | \$0 (Tier 1) | |
| <i>sucralfate (oral tablet)</i> | \$0 (Tier 1) | |
| Proton Pump Inhibitors | | |
| <i>dexlansoprazole (oral capsule delayed release)</i> | \$0 (Tier 1) | QL |
| <i>esomeprazole magnesium (oral capsule delayed release) (generic nexium)</i> | \$0 (Tier 1) | QL |
| <i>esomeprazole magnesium (oral packet)</i> | \$0 (Tier 1) | |
| <i>lansoprazole (oral capsule delayed release)</i> | \$0 (Tier 1) | QL |
| <i>omeprazole (10mg oral capsule delayed release)</i> | \$0 (Tier 1) | QL |
| <i>omeprazole (20mg oral capsule delayed release, 40mg oral capsule delayed release)</i> | \$0 (Tier 1) | |
| <i>pantoprazole sodium (oral tablet delayed release)</i> | \$0 (Tier 1) | QL |
| <i>rabeprazole sodium (oral tablet delayed release)</i> | \$0 (Tier 1) | |
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | |
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | |
| ARALAST NP (1000MG INTRAVENOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| <i>betaine (oral powder)</i> | \$0 (Tier 1) | DL |
| CHOLBAM (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL |
| CREON (ORAL CAPSULE DELAYED RELEASE PARTICLES) | \$0 (Tier 1) | |
| <i>cromolyn sodium (oral concentrate)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| CYSTAGON (ORAL CAPSULE) | \$0 (Tier 1) | |
| <i>levocarnitine (oral solution)</i> | \$0 (Tier 1) | |
| <i>levocarnitine (oral tablet)</i> | \$0 (Tier 1) | |
| <i>miglustat (oral capsule)</i> | \$0 (Tier 1) | PA; DL |
| <i>nitisinone (oral capsule)</i> | \$0 (Tier 1) | DL |
| PROLASTIN-C (INTRAVENOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| REVCovi (INTRAMUSCULAR SOLUTION) | \$0 (Tier 1) | PA; DL |
| <i>sapropterin dihydrochloride (oral packet)</i> | \$0 (Tier 1) | DL |
| <i>sapropterin dihydrochloride (oral tablet)</i> | \$0 (Tier 1) | DL |
| <i>sodium phenylbutyrate (oral powder)</i> | \$0 (Tier 1) | DL |
| <i>sodium phenylbutyrate (oral tablet)</i> | \$0 (Tier 1) | DL |
| SUCRAID (ORAL SOLUTION) | \$0 (Tier 1) | DL |
| VYNDAMAX (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| VYNDaqEL (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| ZEMAIRA (1000MG INTRAVENOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| ZENPEP (ORAL CAPSULE DELAYED RELEASE PARTICLES) | \$0 (Tier 1) | |
| ZOKINVY (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| GEMTESA (ORAL TABLET) | \$0 (Tier 1) | |
| MYRBETRIQ (ORAL SUSPENSION RECONSTITUTED ER) | \$0 (Tier 1) | |
| MYRBETRIQ (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | |
| <i>oxybutynin chloride er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | QL |
| <i>oxybutynin chloride (oral solution)</i> | \$0 (Tier 1) | |
| <i>oxybutynin chloride (5mg oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>solifenacin succinate (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>tolterodine tartrate er (oral capsule extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>tolterodine tartrate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tropium chloride (oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Benign Prostatic Hypertrophy Agents | | |
| <i>alfuzosin hcl er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>dutasteride (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>finasteride (5mg oral tablet) (generic proscar)</i> | \$0 (Tier 1) | |
| <i>silodosin (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>tamsulosin hcl (oral capsule)</i> | \$0 (Tier 1) | |
| <i>terazosin hcl (oral capsule)</i> | \$0 (Tier 1) | |
| Genitourinary Agents, Other | | |
| <i>bethanechol chloride (oral tablet)</i> | \$0 (Tier 1) | |
| ELMIRON (ORAL CAPSULE) | \$0 (Tier 1) | DL |
| <i>penicillamine (oral tablet)</i> | \$0 (Tier 1) | DL |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | |
| <i>dexamethasone (oral solution)</i> | \$0 (Tier 1) | |
| <i>dexamethasone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>fludrocortisone acetate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>methylprednisolone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>methylprednisolone (oral tablet therapy pack)</i> | \$0 (Tier 1) | |
| <i>prednisolone (oral solution)</i> | \$0 (Tier 1) | |
| <i>prednisolone sodium phosphate (25mg/5ml oral solution, 6.7mg/5ml oral solution)</i> | \$0 (Tier 1) | |
| <i>prednisone intensol (oral concentrate)</i> | \$0 (Tier 1) | |
| <i>prednisone (5mg/5ml oral solution)</i> | \$0 (Tier 1) | |
| <i>prednisone (oral tablet)</i> | \$0 (Tier 1) | |
| <i>prednisone (oral tablet therapy pack)</i> | \$0 (Tier 1) | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | |
| <i>desmopressin acetate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>desmopressin acetate spray (nasal solution)</i> | \$0 (Tier 1) | |
| GENOTROPIN MINIQUICK (SUBCUTANEOUS PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL |
| GENOTROPIN (SUBCUTANEOUS CARTRIDGE) | \$0 (Tier 1) | PA; DL |
| INCRELEX (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | |
| KORLYM (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | |
| Androgens | | |
| <i>danazol (oral capsule)</i> | \$0 (Tier 1) | |
| <i>testosterone cypionate (intramuscular solution)</i> | \$0 (Tier 1) | |
| <i>testosterone enanthate (intramuscular solution)</i> | \$0 (Tier 1) | |
| <i>testosterone (25mg/2.5gm 1% transdermal gel, 50mg/5gm 1% transdermal gel), testosterone pump (1% transdermal gel)</i> | \$0 (Tier 1) | |
| <i>testosterone (20.25mg/1.25gm 1.62% transdermal gel, 40.5mg/2.5gm 1.62% transdermal gel), testosterone pump (1.62% transdermal gel)</i> | \$0 (Tier 1) | |
| Estrogens | | |
| <i>altavera (oral tablet)</i> | \$0 (Tier 1) | |
| <i>alyacen 1/35 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>amethia (oral tablet)</i> | \$0 (Tier 1) | |
| <i>apri (oral tablet)</i> | \$0 (Tier 1) | |
| <i>aranelle (oral tablet)</i> | \$0 (Tier 1) | |
| <i>ashlyna (oral tablet)</i> | \$0 (Tier 1) | |
| <i>aubra eq (oral tablet)</i> | \$0 (Tier 1) | |
| <i>aviane (oral tablet)</i> | \$0 (Tier 1) | |
| <i>balziva (oral tablet)</i> | \$0 (Tier 1) | |
| <i>blisovi 24 fe (oral tablet)</i> | \$0 (Tier 1) | |
| <i>blisovi fe 1.5/30 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>briellyn (oral tablet)</i> | \$0 (Tier 1) | |
| <i>camrese lo (oral tablet)</i> | \$0 (Tier 1) | |
| CLIMARA PRO (TRANSDERMAL PATCH WEEKLY) | \$0 (Tier 1) | |
| <i>cryselle-28 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>cyred eq (oral tablet)</i> | \$0 (Tier 1) | |
| DEPO-ESTRADIOL (INTRAMUSCULAR OIL) | \$0 (Tier 1) | |
| <i>desogestrel-ethinyl estradiol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>dolishale (oral tablet)</i> | \$0 (Tier 1) | |
| <i>drospirenone-ethinyl estradiol (oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| DUAVEE (ORAL TABLET) | \$0 (Tier 1) | |
| ELESTRIN (TRANSDERMAL GEL) | \$0 (Tier 1) | |
| <i>eluryng (vaginal ring)</i> | \$0 (Tier 1) | |
| <i>enilloring (vaginal ring)</i> | \$0 (Tier 1) | |
| <i>enpresse-28 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>enskyce (oral tablet)</i> | \$0 (Tier 1) | |
| <i>estarylla (oral tablet)</i> | \$0 (Tier 1) | |
| <i>estradiol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>estradiol (transdermal patch weekly)</i> | \$0 (Tier 1) | QL |
| <i>estradiol (vaginal cream)</i> | \$0 (Tier 1) | |
| <i>estradiol (vaginal tablet)</i> | \$0 (Tier 1) | QL |
| <i>estradiol valerate (intramuscular oil)</i> | \$0 (Tier 1) | |
| ESTRING (VAGINAL RING) | \$0 (Tier 1) | |
| <i>ethynodiol diacetate-ethinyl estradiol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>etonogestrel-ethinyl estradiol (vaginal ring)</i> | \$0 (Tier 1) | |
| <i>falmina (oral tablet)</i> | \$0 (Tier 1) | |
| FEMRING (VAGINAL RING) | \$0 (Tier 1) | |
| <i>finzala (oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>fyavolv (oral tablet)</i> | \$0 (Tier 1) | |
| <i>hailey 24 fe (oral tablet)</i> | \$0 (Tier 1) | |
| <i>haloette (vaginal ring)</i> | \$0 (Tier 1) | |
| <i>iclevia (oral tablet)</i> | \$0 (Tier 1) | |
| IMVEXXY MAINTENANCE PACK (VAGINAL INSERT) | \$0 (Tier 1) | PA; QL |
| IMVEXXY STARTER PACK (VAGINAL INSERT) | \$0 (Tier 1) | PA; QL |
| <i>introvale (oral tablet)</i> | \$0 (Tier 1) | |
| <i>isibloom (oral tablet)</i> | \$0 (Tier 1) | |
| <i>jasmiel (oral tablet)</i> | \$0 (Tier 1) | |
| <i>jinteli (oral tablet)</i> | \$0 (Tier 1) | |
| <i>juleber (oral tablet)</i> | \$0 (Tier 1) | |
| <i>junel 1.5/30 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>junel 1/20 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>junel fe 1.5/30 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>junel fe 1/20 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>junel fe 24 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>kaitlib fe (oral tablet chewable)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>kariva (oral tablet)</i> | \$0 (Tier 1) | |
| <i>kelnor 1/35 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>kelnor 1/50 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>kurvelo (oral tablet)</i> | \$0 (Tier 1) | |
| <i>larin 1.5/30 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>larin 1/20 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>larin fe 1.5/30 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>larin fe 1/20 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>layolis fe (oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>leena (oral tablet)</i> | \$0 (Tier 1) | |
| <i>lessina (oral tablet)</i> | \$0 (Tier 1) | |
| <i>levonest (oral tablet)</i> | \$0 (Tier 1) | |
| <i>levonorgestrel-ethinyl estradiol & ethinyl estradiol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>levonorgestrel-ethinyl estradiol 91-day (oral tablet)</i> | \$0 (Tier 1) | |
| <i>levonorgestrel-ethinyl estradiol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>levonorgestrel-ethinyl estradiol triphasic (oral tablet)</i> | \$0 (Tier 1) | |
| <i>levora 0.15/30 (28) (oral tablet)</i> | \$0 (Tier 1) | |
| <i>loryna (oral tablet)</i> | \$0 (Tier 1) | |
| <i>low-ogestrel (oral tablet)</i> | \$0 (Tier 1) | |
| <i>lutera (oral tablet)</i> | \$0 (Tier 1) | |
| <i>marlissa (oral tablet)</i> | \$0 (Tier 1) | |
| MENEST (ORAL TABLET) | \$0 (Tier 1) | |
| <i>mibelas 24 fe (oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>microgestin 1.5/30 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>microgestin 1/20 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>microgestin 24 fe (oral tablet)</i> | \$0 (Tier 1) | |
| <i>microgestin fe 1.5/30 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>microgestin fe 1/20 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>mili (oral tablet)</i> | \$0 (Tier 1) | |
| <i>necon 0.5/35 (28) (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nikki (oral tablet)</i> | \$0 (Tier 1) | |
| <i>norelgestromin-ethinyl estradiol (transdermal patch weekly)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>norethindrone acetate-ethinyl estradiol-fe (1-20mg-mcg oral tablet)</i> | \$0 (Tier 1) | |
| <i>norethindrone acetate-ethinyl estradiol-fe (1-20mg-mcg oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>norethindrone acetate-ethinyl estradiol (1-20mg-mcg oral tablet)</i> | \$0 (Tier 1) | |
| <i>norethindrone acetate-ethinyl estradiol (0.5-2.5mg-mcg oral tablet, 1-5mg-mcg oral tablet)</i> | \$0 (Tier 1) | |
| <i>norethindrone-ethinyl estradiol-fe (1-20mg-mcg/1-30mg-mcg/1-35mg-mcg oral tablet)</i> | \$0 (Tier 1) | |
| <i>norethindrone acetate-ethinyl estradiol-fe (0.4-35mg-mcg oral tablet chewable, 0.8-25mg-mcg oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>norgestimate-ethinyl estradiol (oral tablet)</i> | \$0 (Tier 1) | |
| <i>norgestimate-ethinyl estradiol triphasic (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nortrel 0.5/35 (28) (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nortrel 1/35 (21) (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nortrel 1/35 (28) (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nortrel 7/7/7 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nylia 1/35 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nylia 7/7/7 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nymyo (oral tablet)</i> | \$0 (Tier 1) | |
| <i>ocella (oral tablet)</i> | \$0 (Tier 1) | |
| <i>pimtreea (oral tablet)</i> | \$0 (Tier 1) | |
| <i>portia-28 (oral tablet)</i> | \$0 (Tier 1) | |
| PREMARIN (ORAL TABLET) | \$0 (Tier 1) | QL |
| PREMARIN (VAGINAL CREAM) | \$0 (Tier 1) | |
| PREMPHASE (ORAL TABLET) | \$0 (Tier 1) | QL |
| PREMPRO (ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>reclipsen (oral tablet)</i> | \$0 (Tier 1) | |
| <i>rivelsa (oral tablet)</i> | \$0 (Tier 1) | |
| <i>setlakin (oral tablet)</i> | \$0 (Tier 1) | |
| <i>sprintec 28 (oral tablet)</i> | \$0 (Tier 1) | |
| <i>sronyx (oral tablet)</i> | \$0 (Tier 1) | |
| <i>syeda (oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|---|--|
| <i>tarina 24 fe (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tarina fe 1/20 eq (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tilia fe (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tri-estarylla (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tri-legest fe (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tri-lo-estarylla (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tri-lo-sprintec (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tri-mili (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tri-nymyo (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tri-sprintec (oral tablet)</i> | \$0 (Tier 1) | |
| <i>trivora (28) (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tri-vylibra lo (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tri-vylibra (oral tablet)</i> | \$0 (Tier 1) | |
| <i>turqoz (oral tablet)</i> | \$0 (Tier 1) | |
| <i>tyblume (oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>velivet (oral tablet)</i> | \$0 (Tier 1) | |
| <i>vestura (oral tablet)</i> | \$0 (Tier 1) | |
| <i>vienva (oral tablet)</i> | \$0 (Tier 1) | |
| <i>vyfemla (oral tablet)</i> | \$0 (Tier 1) | |
| <i>vylibra (oral tablet)</i> | \$0 (Tier 1) | |
| <i>wymzya fe (oral tablet chewable)</i> | \$0 (Tier 1) | |
| <i>xulane (transdermal patch weekly)</i> | \$0 (Tier 1) | |
| <i>yuvafem (vaginal tablet)</i> | \$0 (Tier 1) | QL |
| <i>zafemy (transdermal patch weekly)</i> | \$0 (Tier 1) | |
| <i>zovia 1/35 (28) (oral tablet)</i> | \$0 (Tier 1) | |
| Progestins | | |
| <i>camila (oral tablet)</i> | \$0 (Tier 1) | |
| CRINONE (VAGINAL GEL) | \$0 (Tier 1) | PA |
| <i>deblitane (oral tablet)</i> | \$0 (Tier 1) | |
| DEPO-SUBQ PROVERA 104 (SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | |
| <i>errin (oral tablet)</i> | \$0 (Tier 1) | |
| <i>incassia (oral tablet)</i> | \$0 (Tier 1) | |
| <i>lyleq (oral tablet)</i> | \$0 (Tier 1) | |
| <i>lyza (oral tablet)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>medroxyprogesterone acetate (intramuscular suspension)</i> | \$0 (Tier 1) | |
| <i>medroxyprogesterone acetate (intramuscular suspension prefilled syringe)</i> | \$0 (Tier 1) | |
| <i>medroxyprogesterone acetate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>megestrol acetate (40mg/ml oral suspension)</i> | \$0 (Tier 1) | |
| <i>megestrol acetate (625mg/5ml oral suspension)</i> | \$0 (Tier 1) | |
| <i>megestrol acetate (oral tablet)</i> | \$0 (Tier 1) | |
| <i>nora-be (oral tablet)</i> | \$0 (Tier 1) | |
| <i>norethindrone acetate (5mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>norethindrone (0.35mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>progesterone (oral capsule)</i> | \$0 (Tier 1) | |
| <i>sharobel (oral tablet)</i> | \$0 (Tier 1) | |
| Selective Estrogen Receptor Modifying Agents | | |
| OSPHENA (ORAL TABLET) | \$0 (Tier 1) | PA; QL |
| <i>raloxifene hcl (oral tablet)</i> | \$0 (Tier 1) | QL |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |
| <i>euthyrox (oral tablet)</i> | \$0 (Tier 1) | |
| <i>levothyroxine sodium (oral tablet)</i> | \$0 (Tier 1) | |
| <i>levoxyl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>liothyronine sodium (oral tablet)</i> | \$0 (Tier 1) | |
| SYNTHROID (ORAL TABLET) | \$0 (Tier 1) | |
| <i>unithroid (oral tablet)</i> | \$0 (Tier 1) | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| ISTURISA (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| LYSODREN (ORAL TABLET) | \$0 (Tier 1) | DL |
| Hormonal Agents, Suppressant (Pituitary) | | |
| Hormonal Agents, Suppressant (Pituitary) | | |
| <i>cabergoline (oral tablet)</i> | \$0 (Tier 1) | |
| ELIGARD (SUBCUTANEOUS KIT) | \$0 (Tier 1) | PA; QL |
| FIRMAGON (240MG DOSE) (120MG/VIAL SUBCUTANEOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| FIRMAGON (80MG SUBCUTANEOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; QL |
| <i>leuprolide acetate (subcutaneous injection kit)</i> | \$0 (Tier 1) | PA; QL |
| LUPRON DEPOT (1-MONTH) (INTRAMUSCULAR KIT) | \$0 (Tier 1) | PA; DL; QL |
| LUPRON DEPOT (3-MONTH) (INTRAMUSCULAR KIT) | \$0 (Tier 1) | PA; DL; QL |
| LUPRON DEPOT (4-MONTH) (INTRAMUSCULAR KIT) | \$0 (Tier 1) | PA; DL; QL |
| LUPRON DEPOT (6-MONTH) (INTRAMUSCULAR KIT) | \$0 (Tier 1) | PA; DL; QL |
| LUPRON DEPOT-PED (1-MONTH) (7.5MG INTRAMUSCULAR KIT) | \$0 (Tier 1) | PA; DL; QL |
| LUPRON DEPOT-PED (3-MONTH) (11.25MG INTRAMUSCULAR KIT) | \$0 (Tier 1) | PA; DL; QL |
| LUPRON DEPOT-PED (6-MONTH) (INTRAMUSCULAR KIT) | \$0 (Tier 1) | PA; DL; QL |
| <i>octreotide acetate (injection solution)</i> | \$0 (Tier 1) | PA |
| ORGOVYX (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| SIGNIFOR (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| SOMAVERT (SUBCUTANEOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL; QL |
| SYNAREL (NASAL SOLUTION) | \$0 (Tier 1) | DL; QL |
| TRELSTAR MIXJECT (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | PA; QL |
| Hormonal Agents, Suppressant (Thyroid) | | |
| Antithyroid Agents | | |
| <i>methimazole (oral tablet)</i> | \$0 (Tier 1) | |
| <i>propylthiouracil (oral tablet)</i> | \$0 (Tier 1) | |
| Immunological Agents | | |
| Angioedema Agents | | |
| BERINERT (INTRAVENOUS KIT) | \$0 (Tier 1) | PA; DL |
| CINRYZE (INTRAVENOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| HAEGARDA (SUBCUTANEOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| <i>icatibant acetate (subcutaneous solution prefilled syringe)</i> | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>sajazir (subcutaneous solution prefilled syringe)</i> | \$0 (Tier 1) | PA; DL; QL |
| Immunoglobulins | | |
| BIVIGAM (5GM/50ML INTRAVENOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| GAMMAGARD (2.5GM/25ML INJECTION SOLUTION) | \$0 (Tier 1) | PA; DL |
| GAMMAGARD S/D LESS IGA (INTRAVENOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| GAMMAKED (1GM/10ML INJECTION SOLUTION) | \$0 (Tier 1) | PA; DL |
| GAMMAPLEX (10GM/100ML INTRAVENOUS SOLUTION, 10GM/200ML INTRAVENOUS SOLUTION, 20GM/200ML INTRAVENOUS SOLUTION, 5GM/50ML INTRAVENOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| GAMUNEX-C (1GM/10ML INJECTION SOLUTION) | \$0 (Tier 1) | PA; DL |
| OCTAGAM (1GM/20ML INTRAVENOUS SOLUTION, 2GM/20ML INTRAVENOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| PANZYGA (INTRAVENOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| PRIVIGEN (20GM/200ML INTRAVENOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| Immunological Agents, Other | | |
| ACTEMRA ACTPEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| ACTEMRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| ARCALYST (SUBCUTANEOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| BENLYSTA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL |
| BENLYSTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL |
| COSENTYX (300MG DOSE) (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| COSENTYX SENSOREADY (300MG) (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| COSENTYX (75MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| COSENTYX UNOREADY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| DUPIXENT (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| DUPIXENT (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| ORENCIA CLICKJECT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| ORENCIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| OTEZLA (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| OTEZLA (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| RIDAURA (ORAL CAPSULE) | \$0 (Tier 1) | DL |
| RINVOQ (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | PA; DL; QL |
| SKYRIZI PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| SKYRIZI (SUBCUTANEOUS SOLUTION CARTRIDGE) | \$0 (Tier 1) | PA; DL; QL |
| SKYRIZI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| STELARA (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | PA; DL; QL |
| STELARA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| XELJANZ (ORAL SOLUTION) | \$0 (Tier 1) | PA; DL; QL |
| XELJANZ (ORAL TABLET IMMEDIATE RELEASE) | \$0 (Tier 1) | PA; DL; QL |
| XELJANZ XR (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | PA; DL; QL |
| XOLAIR (150MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE, 75MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL |
| XOLAIR (SUBCUTANEOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| Immunostimulants | | |
| ACTIMMUNE (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | DL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| BESREMI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL |
| PEGASYS (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| PEGASYS (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL |
| Immunosuppressants | | |
| <i>azathioprine (50mg oral tablet)</i> | \$0 (Tier 1) | B/D, PA |
| CIMZIA (SUBCUTANEOUS KIT) | \$0 (Tier 1) | PA; DL; QL |
| CIMZIA PREFILLED (2 X 200MG/ML SUBCUTANEOUS PREFILLED SYRINGE KIT) | \$0 (Tier 1) | PA; DL; QL |
| <i>cyclosporine modified (oral capsule)</i> | \$0 (Tier 1) | B/D, PA |
| <i>cyclosporine modified (oral solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>cyclosporine (oral capsule)</i> | \$0 (Tier 1) | B/D, PA |
| CYLTEZO (2 PEN) (SUBCUTANEOUS AUTO-INJECTOR KIT) | \$0 (Tier 1) | PA; DL; QL |
| CYLTEZO (2 SYRINGE) (SUBCUTANEOUS PREFILLED SYRINGE KIT) | \$0 (Tier 1) | PA; DL; QL |
| CYLTEZO-CD/UC/HS STARTER (SUBCUTANEOUS AUTO-INJECTOR KIT) | \$0 (Tier 1) | PA; DL |
| CYLTEZO-PSORIASIS/UV STARTER (SUBCUTANEOUS AUTO-INJECTOR KIT) | \$0 (Tier 1) | PA; DL |
| ENBREL MINI (SUBCUTANEOUS SOLUTION CARTRIDGE) | \$0 (Tier 1) | PA; DL; QL |
| ENBREL (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | PA; DL; QL |
| ENBREL (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| ENBREL SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| ENVARUSUS XR (ORAL TABLET EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | B/D, PA |
| <i>everolimus (0.25mg oral tablet, 0.5mg oral tablet, 0.75mg oral tablet, 1mg oral tablet)</i> | \$0 (Tier 1) | B/D, PA; DL |
| <i>gengraf (oral capsule)</i> | \$0 (Tier 1) | B/D, PA |
| <i>gengraf (oral solution)</i> | \$0 (Tier 1) | B/D, PA |
| HUMIRA (2 PEN) (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE) | \$0 (Tier 1) | PA; DL; QL |
| HUMIRA (2 SYRINGE) (SUBCUTANEOUS PREFILLED SYRINGE KIT) (ABBVIE) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| HUMIRA PEN CROHN'S DISEASE/ULCERATIVE COLITIS/HIDRADENITIS SUPPURATIVA STARTER (SUBCUTANEOUS PEN-INJECTOR KIT) | \$0 (Tier 1) | PA; DL |
| HUMIRA PEDIATRIC CROHNS START (SUBCUTANEOUS PREFILLED SYRINGE KIT) (ABBVIE) | \$0 (Tier 1) | PA; DL; QL |
| HUMIRA PEN-PEDIATRIC UC START (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE) | \$0 (Tier 1) | PA; DL |
| HUMIRA PEN PSORIASIS STARTER (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE) | \$0 (Tier 1) | PA; DL |
| HUMIRA PEN PSORIASIS/UVEITIS STARTER (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE) | \$0 (Tier 1) | PA; DL; QL |
| <i>leflunomide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>methotrexate sodium (50mg/2ml injection solution prefilled syringe)</i> | \$0 (Tier 1) | |
| <i>methotrexate sodium (50mg/2ml injection solution)</i> | \$0 (Tier 1) | |
| <i>methotrexate sodium (oral tablet)</i> | \$0 (Tier 1) | |
| <i>mycophenolate mofetil (oral capsule)</i> | \$0 (Tier 1) | B/D, PA |
| <i>mycophenolate mofetil (oral suspension reconstituted)</i> | \$0 (Tier 1) | B/D, PA; DL |
| <i>mycophenolate mofetil (oral tablet)</i> | \$0 (Tier 1) | B/D, PA |
| <i>mycophenolate sodium (oral tablet delayed release)</i> | \$0 (Tier 1) | B/D, PA |
| PROGRAF (ORAL PACKET) | \$0 (Tier 1) | B/D, PA |
| RASUVO (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA |
| SANDIMMUNE (ORAL SOLUTION) | \$0 (Tier 1) | B/D, PA |
| SIMPONI (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| SIMPONI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| <i>sirolimus (oral solution)</i> | \$0 (Tier 1) | B/D, PA; DL |
| <i>sirolimus (oral tablet)</i> | \$0 (Tier 1) | B/D, PA |
| <i>tacrolimus (oral capsule)</i> | \$0 (Tier 1) | B/D, PA |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| TREXALL (ORAL TABLET) | \$0 (Tier 1) | |
| XATMEP (ORAL SOLUTION) | \$0 (Tier 1) | PA |
| YUFLYMA (1 PEN) (40MG/0.4ML SUBCUTANEOUS AUTO-INJECTOR KIT) | \$0 (Tier 1) | PA; DL |
| YUFLYMA (2 SYRINGE) (SUBCUTANEOUS PREFILLED SYRINGE KIT) | \$0 (Tier 1) | PA; DL |
| Vaccines | | |
| ABRYSVO (INTRAMUSCULAR SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; QL |
| ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED) | \$0 (Tier 1) | QL |
| ADACEL (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| AREXVY (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | PA; QL |
| BCG VACCINE (INJECTION SOLUTION RECONSTITUTED) | \$0 (Tier 1) | QL |
| BEXSERO (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| BOOSTRIX (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| BOOSTRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| DAPTACEL (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| DIPHtheria-TETANUS TOXoids DT (25-5LFU/ 0.5ML INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| ENGERIX-B (INJECTION SUSPENSION) | \$0 (Tier 1) | B/D, PA; QL |
| ENGERIX-B (INJECTION SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | B/D, PA; QL |
| GARDASIL 9 (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| GARDASIL 9 (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| HAVRIX (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| HEPLISAV-B (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | B/D, PA; QL |
| HIBERIX (INJECTION SOLUTION RECONSTITUTED) | \$0 (Tier 1) | QL |
| IMOVAX RABIES (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | B/D, PA; QL |
| INFANRIX (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| IPOL (INJECTION) | \$0 (Tier 1) | QL |
| IXIARO (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| JYNNEOS (SUBCUTANEOUS SUSPENSION) | \$0 (Tier 1) | QL |
| KINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| MENACTRA (INTRAMUSCULAR SOLUTION) | \$0 (Tier 1) | QL |
| MENQUADFI (INTRAMUSCULAR SOLUTION) | \$0 (Tier 1) | QL |
| MENVEO (INTRAMUSCULAR SOLUTION RECONSTITUTED) | \$0 (Tier 1) | QL |
| M-M-R II (INJECTION SOLUTION RECONSTITUTED) | \$0 (Tier 1) | QL |
| PEDIARIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| PEDVAX HIB (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| PENBRAYA (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | QL |
| PENTACEL (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | QL |
| PREHEVBRIO (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | B/D, PA; QL |
| PRIORIX (SUBCUTANEOUS SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | QL |
| PROQUAD (SUBCUTANEOUS SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | QL |
| QUADRACEL (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| QUADRACEL (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| RABAVERT (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | B/D, PA; QL |
| RECOMBIVAX HB (INJECTION SUSPENSION) | \$0 (Tier 1) | B/D, PA; QL |
| RECOMBIVAX HB (INJECTION SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | B/D, PA; QL |
| ROTARIX (ORAL SUSPENSION) | \$0 (Tier 1) | QL |
| ROTARIX (ORAL SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | QL |
| ROTATEQ (ORAL SOLUTION) | \$0 (Tier 1) | QL |
| SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | \$0 (Tier 1) | PA; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| TDVAX (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| TENIVAC (INTRAMUSCULAR INJECTABLE) | \$0 (Tier 1) | QL |
| TICOVAC (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| TRUMENBA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| TWINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| TYPHIM VI (INTRAMUSCULAR SOLUTION) | \$0 (Tier 1) | QL |
| TYPHIM VI (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| VAQTA (INTRAMUSCULAR SUSPENSION) | \$0 (Tier 1) | QL |
| VARIVAX (SUBCUTANEOUS INJECTABLE) | \$0 (Tier 1) | QL |
| YF-VAX (SUBCUTANEOUS INJECTABLE) | \$0 (Tier 1) | QL |
| Inflammatory Bowel Disease Agents | | |
| Aminosalicylates | | |
| APRISO (ORAL CAPSULE EXTENDED RELEASE 24 HOUR) | \$0 (Tier 1) | QL |
| <i>balsalazide disodium (oral capsule)</i> | \$0 (Tier 1) | |
| DIPENTUM (ORAL CAPSULE) | \$0 (Tier 1) | DL |
| <i>mesalamine er (500mg oral capsule extended release) (generic pentasa)</i> | \$0 (Tier 1) | QL |
| <i>mesalamine er (0.375gm oral capsule extended release 24 hour) (generic apriso)</i> | \$0 (Tier 1) | QL |
| <i>mesalamine (1.2gm oral tablet delayed release) (generic lialda)</i> | \$0 (Tier 1) | QL |
| <i>mesalamine (rectal enema)</i> | \$0 (Tier 1) | QL |
| <i>mesalamine (rectal suppository)</i> | \$0 (Tier 1) | QL |
| PENTASA (ORAL CAPSULE EXTENDED RELEASE) | \$0 (Tier 1) | QL |
| <i>sulfasalazine (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>sulfasalazine (oral tablet delayed release)</i> | \$0 (Tier 1) | |
| Glucocorticoids | | |
| <i>budesonide er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | ST; DL |
| <i>budesonide (oral capsule delayed release particles)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>hydrocortisone (perianal) (2.5% external cream)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone (rectal enema)</i> | \$0 (Tier 1) | |
| <i>procto-med hc (external cream)</i> | \$0 (Tier 1) | |
| <i>proctosol hc (external cream)</i> | \$0 (Tier 1) | |
| <i>proctozone-hc (external cream)</i> | \$0 (Tier 1) | |
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| <i>alendronate sodium (oral solution)</i> | \$0 (Tier 1) | |
| <i>alendronate sodium (10mg oral tablet, 35mg oral tablet, 70mg oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>calcitonin salmon (nasal solution)</i> | \$0 (Tier 1) | QL |
| <i>calcitriol (oral capsule)</i> | \$0 (Tier 1) | B/D, PA |
| <i>calcitriol (oral solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>cinacalcet hcl (oral tablet)</i> | \$0 (Tier 1) | B/D, PA; QL |
| <i>doxercalciferol (oral capsule)</i> | \$0 (Tier 1) | B/D, PA |
| FORTEO (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| <i>ibandronate sodium (oral tablet)</i> | \$0 (Tier 1) | QL |
| NATPARA (100MCG SUBCUTANEOUS CARTRIDGE, 25MCG SUBCUTANEOUS CARTRIDGE, 50MCG SUBCUTANEOUS CARTRIDGE, 75MCG SUBCUTANEOUS CARTRIDGE) | \$0 (Tier 1) | PA; DL |
| <i>paricalcitol (oral capsule)</i> | \$0 (Tier 1) | B/D, PA |
| PROLIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | QL |
| RAYALDEE (ORAL CAPSULE EXTENDED RELEASE) | \$0 (Tier 1) | DL; QL |
| <i>risedronate sodium (oral tablet immediate release)</i> | \$0 (Tier 1) | QL |
| TERIPARATIDE (RECOMBINANT) (620MCG/2.48ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| TYMLOS (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| XGEVA (SUBCUTANEOUS SOLUTION) | \$0 (Tier 1) | PA; DL |
| Miscellaneous Therapeutic Agents | | |
| Miscellaneous Therapeutic Agents | | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| ALCOHOL PREP PADS | \$0 (Tier 1) | |
| GAUZE (NON-MEDICATED 2X2 PAD) | \$0 (Tier 1) | |
| INSULIN SYRINGES, NEEDLES | \$0 (Tier 1) | |
| LAGEVRIO (ORAL CAPSULE) | \$0 (Tier 1) | DL; QL |
| PAXLOVID (150/100MG) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | DL; QL |
| PAXLOVID (300/100MG) (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | DL; QL |
| Ophthalmic Agents | | |
| Ophthalmic Agents, Other | | |
| <i>atropine sulfate (1% ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-bacitracin-hydrocortisone (ophthalmic ointment)</i> | \$0 (Tier 1) | |
| <i>brimonidine tartrate-timolol (ophthalmic solution)</i> | \$0 (Tier 1) | |
| COMBIGAN (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | |
| CYSTARAN (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | DL |
| <i>dorzolamide hcl-timolol maleate (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>dorzolamide hcl-timolol maleate preservative free (ophthalmic solution)</i> | \$0 (Tier 1) | |
| LACRISERT (OPHTHALMIC INSERT) | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-dexamethasone (ophthalmic ointment)</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-dexamethasone (3.5-10000-0.1 ophthalmic suspension)</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-hc (ophthalmic suspension)</i> | \$0 (Tier 1) | |
| <i>neo-polycin hc (ophthalmic ointment)</i> | \$0 (Tier 1) | |
| RESTASIS MULTIDOSE (OPHTHALMIC EMULSION) | \$0 (Tier 1) | QL |
| RESTASIS SINGLE-USE VIALS (OPHTHALMIC EMULSION) | \$0 (Tier 1) | QL |
| ROCKLATAN (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | ST |
| <i>sulfacetamide-prednisolone (ophthalmic solution)</i> | \$0 (Tier 1) | |
| TOBRADEX (OPHTHALMIC OINTMENT) | \$0 (Tier 1) | |
| TOBRADEX ST (OPHTHALMIC SUSPENSION) | \$0 (Tier 1) | |
| <i>tobramycin-dexamethasone (ophthalmic suspension)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| TYRVAYA (NASAL SOLUTION) | \$0 (Tier 1) | QL |
| XIIDRA (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | QL |
| Ophthalmic Anti-allergy Agents | | |
| ALOMIDE (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | |
| <i>azelastine hcl (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>bepotastine besilate (ophthalmic solution)</i> | \$0 (Tier 1) | |
| BEPREVE (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | |
| <i>cromolyn sodium (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>epinastine hcl (ophthalmic solution)</i> | \$0 (Tier 1) | |
| Ophthalmic Anti-Infectives | | |
| <i>bacitracin (ophthalmic ointment)</i> | \$0 (Tier 1) | |
| <i>bacitracin-polymyxin b (ophthalmic ointment)</i> | \$0 (Tier 1) | |
| BESIVANCE (OPHTHALMIC SUSPENSION) | \$0 (Tier 1) | |
| CILOXAN (OPHTHALMIC OINTMENT) | \$0 (Tier 1) | |
| <i>ciprofloxacin hcl (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>erythromycin (ophthalmic ointment)</i> | \$0 (Tier 1) | |
| <i>gatifloxacin (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>gentamicin sulfate (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>levofloxacin (0.5% ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>moxifloxacin hcl (ophthalmic solution) (generic vigamox)</i> | \$0 (Tier 1) | |
| NATACYN (OPHTHALMIC SUSPENSION) | \$0 (Tier 1) | |
| <i>neomycin-bacitracin-polymyxin (5-400-10000 ophthalmic ointment)</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-gramicidin (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>neo-polycin (ophthalmic ointment)</i> | \$0 (Tier 1) | |
| <i>ofloxacin (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>polycin (ophthalmic ointment)</i> | \$0 (Tier 1) | |
| <i>polymyxin b-trimethoprim (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>sulfacetamide sodium (ophthalmic ointment)</i> | \$0 (Tier 1) | |
| <i>sulfacetamide sodium (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>tobramycin (ophthalmic solution)</i> | \$0 (Tier 1) | |
| TOBREX (OPHTHALMIC OINTMENT) | \$0 (Tier 1) | |
| <i>trifluridine (ophthalmic solution)</i> | \$0 (Tier 1) | |
| Ophthalmic Anti-inflammatories | | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>dexamethasone sodium phosphate (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium (ophthalmic solution)</i> | \$0 (Tier 1) | |
| FLAREX (OPHTHALMIC SUSPENSION) | \$0 (Tier 1) | |
| <i>fluorometholone (ophthalmic suspension)</i> | \$0 (Tier 1) | |
| <i>flurbiprofen sodium (ophthalmic solution)</i> | \$0 (Tier 1) | |
| FML FORTE (OPHTHALMIC SUSPENSION) | \$0 (Tier 1) | |
| ILEVRO (OPHTHALMIC SUSPENSION) | \$0 (Tier 1) | |
| <i>ketorolac tromethamine (ophthalmic solution)</i> | \$0 (Tier 1) | |
| LOTEMAX (OPHTHALMIC GEL) | \$0 (Tier 1) | |
| LOTEMAX (OPHTHALMIC OINTMENT) | \$0 (Tier 1) | |
| LOTEMAX (OPHTHALMIC SUSPENSION) | \$0 (Tier 1) | |
| LOTEMAX SM (OPHTHALMIC GEL) | \$0 (Tier 1) | |
| <i>loteprednol etabonate (ophthalmic gel)</i> | \$0 (Tier 1) | |
| <i>loteprednol etabonate (0.5% ophthalmic suspension)</i> | \$0 (Tier 1) | |
| PRED MILD (OPHTHALMIC SUSPENSION) | \$0 (Tier 1) | |
| <i>prednisolone acetate (ophthalmic suspension)</i> | \$0 (Tier 1) | |
| <i>prednisolone sodium phosphate (1% ophthalmic solution)</i> | \$0 (Tier 1) | |
| PROLENSA (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | |
| Ophthalmic Beta-Adrenergic Blocking Agents | | |
| <i>betaxolol hcl (ophthalmic solution)</i> | \$0 (Tier 1) | |
| BETIMOL (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | |
| <i>carteolol hcl (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>levobunolol hcl (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>timolol maleate ophthalmic gel forming (ophthalmic solution) (generic timoptic-xe)</i> | \$0 (Tier 1) | |
| <i>timolol maleate (ophthalmic solution) (generic timoptic)</i> | \$0 (Tier 1) | |
| Ophthalmic Intraocular Pressure Lowering Agents, Other | | |
| ALPHAGAN P (0.1% OPHTHALMIC SOLUTION) | \$0 (Tier 1) | |
| <i>apraclonidine hcl (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>brimonidine tartrate (0.15% ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>brimonidine tartrate (0.2% ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>brinzolamide (ophthalmic suspension)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| <i>dorzolamide hcl (ophthalmic solution)</i> | \$0 (Tier 1) | |
| <i>methazolamide (oral tablet)</i> | \$0 (Tier 1) | |
| <i>pilocarpine hcl (ophthalmic solution)</i> | \$0 (Tier 1) | |
| RHOPRESSA (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | ST |
| SIMBRINZA (OPHTHALMIC SUSPENSION) | \$0 (Tier 1) | |
| Ophthalmic Prostaglandin and Prostanamide Analogs | | |
| <i>latanoprost (ophthalmic solution)</i> | \$0 (Tier 1) | |
| LUMIGAN (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | |
| <i>travoprost (bak free) (ophthalmic solution)</i> | \$0 (Tier 1) | |
| VYZULTA (OPHTHALMIC SOLUTION) | \$0 (Tier 1) | |
| Otic Agents | | |
| Otic Agents | | |
| <i>acetic acid (otic solution)</i> | \$0 (Tier 1) | |
| CIPRO HC (OTIC SUSPENSION) | \$0 (Tier 1) | |
| <i>ciprofloxacin-dexamethasone (otic suspension)</i> | \$0 (Tier 1) | |
| <i>flac (otic oil)</i> | \$0 (Tier 1) | |
| <i>fluocinolone acetonide (otic oil)</i> | \$0 (Tier 1) | |
| <i>hydrocortisone-acetic acid (otic solution)</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-hc (1% otic solution)</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-hc (otic suspension)</i> | \$0 (Tier 1) | |
| <i>ofloxacin (otic solution)</i> | \$0 (Tier 1) | |
| Respiratory Tract/Pulmonary Agents | | |
| Antihistamines | | |
| <i>azelastine hcl (0.1% nasal solution)</i> | \$0 (Tier 1) | |
| <i>azelastine-fluticasone (nasal suspension)</i> | \$0 (Tier 1) | |
| <i>cetirizine hcl (1mg/ml oral solution)</i> | \$0 (Tier 1) | |
| <i>cyproheptadine hcl (oral syrup)</i> | \$0 (Tier 1) | |
| <i>cyproheptadine hcl (oral tablet)</i> | \$0 (Tier 1) | |
| <i>desloratadine (oral tablet)</i> | \$0 (Tier 1) | |
| DYMISTA (NASAL SUSPENSION) | \$0 (Tier 1) | |
| <i>levocetirizine dihydrochloride (oral tablet)</i> | \$0 (Tier 1) | QL |
| Anti-inflammatories, Inhaled Corticosteroids | | |
| ARNUIITY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | \$0 (Tier 1) | QL |
| <i>budesonide (inhalation suspension)</i> | \$0 (Tier 1) | B/D, PA |
| <i>flunisolide (nasal solution)</i> | \$0 (Tier 1) | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| <i>fluticasone propionate (nasal suspension)</i> | \$0 (Tier 1) | |
| <i>mometasone furoate (nasal suspension)</i> | \$0 (Tier 1) | |
| QVAR REDHALER (INHALATION AEROSOL BREATH ACTIVATED) | \$0 (Tier 1) | QL |
| Antileukotrienes | | |
| <i>montelukast sodium (oral packet)</i> | \$0 (Tier 1) | QL |
| <i>montelukast sodium (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>montelukast sodium (oral tablet chewable)</i> | \$0 (Tier 1) | QL |
| <i>zafirlukast (oral tablet)</i> | \$0 (Tier 1) | QL |
| Bronchodilators, Anticholinergic | | |
| ATROVENT HFA (INHALATION AEROSOL SOLUTION) | \$0 (Tier 1) | |
| INCRUSE ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | \$0 (Tier 1) | QL |
| <i>ipratropium bromide (inhalation solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>ipratropium bromide (nasal solution)</i> | \$0 (Tier 1) | |
| SPIRIVA HANDHALER (INHALATION CAPSULE) | \$0 (Tier 1) | QL |
| SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION) | \$0 (Tier 1) | QL |
| Bronchodilators, Sympathomimetic | | |
| <i>albuterol sulfate hfa (108 (90 base)mcg/act inhalation aerosol solution) (generic proair), albuterol sulfate hfa (108 (90 base)mcg/act inhalation aerosol solution) (generic proventil)</i> | \$0 (Tier 1) | |
| <i>albuterol sulfate (inhalation nebulization solution)</i> | \$0 (Tier 1) | B/D, PA |
| <i>albuterol sulfate (oral syrup)</i> | \$0 (Tier 1) | |
| <i>albuterol sulfate (oral tablet immediate release)</i> | \$0 (Tier 1) | |
| <i>arformoterol tartrate (inhalation nebulization solution)</i> | \$0 (Tier 1) | B/D, PA; QL |
| <i>epinephrine (injection solution auto-injector)</i> | \$0 (Tier 1) | QL |
| <i>formoterol fumarate (inhalation nebulization solution)</i> | \$0 (Tier 1) | B/D, PA; QL |
| <i>levalbuterol hcl (inhalation nebulization solution)</i> | \$0 (Tier 1) | B/D, PA |
| LEVALBUTEROL TARTRATE (INHALATION AEROSOL) | \$0 (Tier 1) | |
| PERFOROMIST (INHALATION NEBULIZATION SOLUTION) | \$0 (Tier 1) | B/D, PA; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| SEREVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED) | \$0 (Tier 1) | QL |
| VENTOLIN HFA (INHALATION AEROSOL SOLUTION) | \$0 (Tier 1) | |
| Cystic Fibrosis Agents | | |
| CAYSTON (INHALATION SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL |
| KALYDECO (ORAL PACKET) | \$0 (Tier 1) | PA; DL; QL |
| KALYDECO (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| ORKAMBI (ORAL PACKET) | \$0 (Tier 1) | PA; DL; QL |
| ORKAMBI (ORAL TABLET) | \$0 (Tier 1) | PA; DL; QL |
| PULMOZYME (INHALATION SOLUTION) | \$0 (Tier 1) | B/D, PA; DL; QL |
| TOBI PODHALER (INHALATION CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| <i>tobramycin (300mg/5ml inhalation nebulization solution)</i> | \$0 (Tier 1) | B/D, PA; DL; QL |
| Mast Cell Stabilizers | | |
| <i>cromolyn sodium (inhalation nebulization solution)</i> | \$0 (Tier 1) | B/D, PA |
| Phosphodiesterase Inhibitors, Airways Disease | | |
| <i>roflumilast (oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| <i>theophylline er (300mg oral tablet extended release 12 hour, 450mg oral tablet extended release 12 hour)</i> | \$0 (Tier 1) | |
| <i>theophylline er (oral tablet extended release 24 hour)</i> | \$0 (Tier 1) | |
| <i>theophylline (oral solution)</i> | \$0 (Tier 1) | |
| Pulmonary Antihypertensives | | |
| ADEMPAS (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| <i>alyq (oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| <i>ambrisentan (oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>bosentan (oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| OPSUMIT (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| ORENITRAM MONTH 1 (ORAL TABLET EXTENDED RELEASE THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| ORENITRAM MONTH 2 (ORAL TABLET EXTENDED RELEASE THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| ORENITRAM MONTH 3 (ORAL TABLET EXTENDED RELEASE THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| ORENITRAM (0.125MG ORAL TABLET EXTENDED RELEASE) | \$0 (Tier 1) | PA |
| ORENITRAM (0.25MG ORAL TABLET EXTENDED RELEASE, 1MG ORAL TABLET EXTENDED RELEASE, 2.5MG ORAL TABLET EXTENDED RELEASE, 5MG ORAL TABLET EXTENDED RELEASE) | \$0 (Tier 1) | PA; DL |
| <i>sildenafil citrate (20mg oral tablet) (generic revatio)</i> | \$0 (Tier 1) | PA; QL |
| <i>tadalafil (pah) (20mg oral tablet) (generic adcirca)</i> | \$0 (Tier 1) | PA; QL |
| TRACLEER (ORAL TABLET SOLUBLE) | \$0 (Tier 1) | PA; DL; QL |
| UPTRAVI (ORAL TABLET) | \$0 (Tier 1) | PA; DL |
| UPTRAVI TITRATION (ORAL TABLET THERAPY PACK) | \$0 (Tier 1) | PA; DL; QL |
| VENTAVIS (INHALATION SOLUTION) | \$0 (Tier 1) | PA; DL; QL |
| Pulmonary Fibrosis Agents | | |
| OFEV (ORAL CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| <i>pirfenidone (oral capsule)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>pirfenidone (oral tablet)</i> | \$0 (Tier 1) | PA; DL; QL |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine (inhalation solution)</i> | \$0 (Tier 1) | B/D, PA |
| ADVAIR DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED) | \$0 (Tier 1) | QL |
| ADVAIR HFA (INHALATION AEROSOL) | \$0 (Tier 1) | QL |
| ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | \$0 (Tier 1) | QL |
| BEVESPI AEROSPHERE (INHALATION AEROSOL) | \$0 (Tier 1) | QL |
| BREO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | \$0 (Tier 1) | QL |
| BREZTRI AEROSPHERE (INHALATION AEROSOL) | \$0 (Tier 1) | QL |
| BRONCHITOL (INHALATION CAPSULE) | \$0 (Tier 1) | PA; DL; QL |
| COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION) | \$0 (Tier 1) | QL |
| DULERA (INHALATION AEROSOL) | \$0 (Tier 1) | QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|---|--|---|
| FASENRA PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL |
| FASENRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL |
| <i>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)</i> | \$0 (Tier 1) | QL |
| FLUTICASONE-SALMETEROL (113-14MCG/ACT INHALATION AEROSOL POWDER BREATH ACTIVATED, 232-14MCG/ACT INHALATION AEROSOL POWDER BREATH ACTIVATED, 55-14MCG/ACT INHALATION AEROSOL POWDER BREATH ACTIVATED) (BRAND EQUIVALENT AIRDUO RESPICLICK) | \$0 (Tier 1) | QL |
| <i>ipratropium-albuterol (inhalation solution)</i> | \$0 (Tier 1) | B/D, PA |
| NUCALA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | \$0 (Tier 1) | PA; DL; QL |
| NUCALA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | \$0 (Tier 1) | PA; DL; QL |
| NUCALA (SUBCUTANEOUS SOLUTION RECONSTITUTED) | \$0 (Tier 1) | PA; DL; QL |
| STIOLTO RESPIMAT (INHALATION AEROSOL SOLUTION) | \$0 (Tier 1) | QL |
| SYMBICORT (INHALATION AEROSOL) | \$0 (Tier 1) | QL |
| TRELEGY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | \$0 (Tier 1) | QL |
| <i>wixela inhub (inhalation aerosol powder breath activated) (generic advair)</i> | \$0 (Tier 1) | QL |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>chlorzoxazone (500mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>cyclobenzaprine hcl (10mg oral tablet, 5mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>cyclobenzaprine hcl (7.5mg oral tablet)</i> | \$0 (Tier 1) | |
| <i>methocarbamol (500mg oral tablet, 750mg oral tablet)</i> | \$0 (Tier 1) | |
| Sleep Disorder Agents | | |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

| Name of drug | What the drug will cost you (tier level) | Necessary actions, restrictions, or limits on use |
|--|--|---|
| Sleep Promoting Agents | | |
| BELSOMRA (ORAL TABLET) | \$0 (Tier 1) | QL |
| <i>eszopiclone (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>ramelteon (oral tablet)</i> | \$0 (Tier 1) | QL |
| <i>tasimelteon (oral capsule)</i> | \$0 (Tier 1) | PA; DL; QL |
| <i>temazepam (15mg oral capsule, 30mg oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>zaleplon (oral capsule)</i> | \$0 (Tier 1) | QL |
| <i>zolpidem tartrate (oral tablet immediate release)</i> | \$0 (Tier 1) | QL |
| Wakefulness Promoting Agents | | |
| <i>armodafinil (oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| LUMRYZ (ORAL PACKET) | \$0 (Tier 1) | PA; DL; QL |
| <i>modafinil (oral tablet)</i> | \$0 (Tier 1) | PA; QL |
| SODIUM OXYBATE (ORAL SOLUTION) | \$0 (Tier 1) | PA; DL; QL |

You can find information on what the symbols and abbreviations in this table mean by referring to pages 12 and 13.

C2. Covered Drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the tables below.

| Drug name | Quantity limit |
|---|--|
| <i>abacavir sulfate (oral solution)</i> | Maximum of 32 ml per day |
| <i>abacavir sulfate (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>abacavir sulfate-lamivudine (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>abiraterone acetate (250mg oral tablet)</i> | Maximum of 4 tablets per day |
| <i>abiraterone acetate (500mg oral tablet)</i> | Maximum of 2 tablets per day |
| ABRYSVO (INTRAMUSCULAR SOLUTION RECONSTITUTED) | 1 vaccination dose (0.5 ml) per day |
| <i>acarbose (100mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>acarbose (25mg oral tablet)</i> | Maximum of 12 tablets per day |
| <i>acarbose (50mg oral tablet)</i> | Maximum of 6 tablets per day |
| <i>acetaminophen-caffeine-dihydrocodeine (oral capsule)</i> | Maximum of 10 capsules per day |
| <i>acetaminophen-codeine (120-12mg/5ml oral solution)</i> | Maximum of 150 ml per day |
| <i>acetaminophen-codeine (300-15mg oral tablet, 300-30mg oral tablet, 300-60mg oral tablet)</i> | Maximum of 13 tablets per day |
| ACTEMRA ACTPEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 4 pens (3.6 ml) per 28 days |
| ACTEMRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 4 syringes (3.6 ml) per 28 days |
| ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |
| <i>acyclovir (external ointment)</i> | Maximum of 1 tube (30 grams) per 30 days |
| ADACEL (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| ADVAIR DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED) | Maximum of 1 inhaler (60 blisters) per 30 days |
| ADVAIR HFA (INHALATION AEROSOL) | Maximum of 1 inhaler (12 grams) per 30 days |
| AIMOVIG (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 1 pen (1 ml) per 28 days |
| AKEEGA (ORAL TABLET) | Maximum of 2 tablets per day |

| Drug name | Quantity limit |
|---|--|
| <i>albendazole (oral tablet)</i> | Maximum of 16 tablets per day |
| ALECENSA (ORAL CAPSULE) | Maximum of 8 capsules per day |
| <i>alendronate sodium (10mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>alendronate sodium (35mg oral tablet)</i> | Maximum of 8 tablets per 28 days |
| <i>alendronate sodium (70mg oral tablet)</i> | Maximum of 4 tablets per 28 days |
| <i>aliskiren fumarate (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>alprazolam (0.25mg oral tablet immediate release, 0.5mg oral tablet immediate release, 1mg oral tablet immediate release)</i> | Maximum of 4 tablets per day |
| <i>alprazolam (2mg oral tablet immediate release)</i> | Maximum of 5 tablets per day |
| ALUNBRIG (180MG ORAL TABLET, 90MG ORAL TABLET) | Maximum of 1 tablet per day |
| ALUNBRIG (30MG ORAL TABLET) | Maximum of 4 tablets per day |
| ALUNBRIG (ORAL TABLET THERAPY PACK) | Maximum of 2 packs (60 tablets) per year |
| <i>alyq (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>ambrisentan (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>amlodipine-atorvastatin (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>amlodipine-benazepril (oral capsule)</i> | Maximum of 1 capsule per day |
| <i>amlodipine-olmesartan (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>amlodipine-valsartan (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>amlodipine-valsartan-hctz (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>amphetamine-dextroamphetamine er (oral capsule extended release 24 hour)</i> | Maximum of 2 capsules per day |
| <i>amphetamine-dextroamphetamine (10mg oral tablet, 12.5mg oral tablet, 15mg oral tablet, 30mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>amphetamine-dextroamphetamine (20mg oral tablet)</i> | Maximum of 3 tablets per day |
| ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | Maximum of 1 inhaler (60 blisters) per 30 days |
| ANZEMET (ORAL TABLET) | Maximum of 2 tablets per day |
| <i>aprepitant (125mg oral capsule)</i> | Maximum of 2 capsules per 28 days |
| <i>aprepitant (40mg oral capsule, 80mg oral capsule)</i> | Maximum of 4 capsules per 28 days |
| <i>aprepitant (80 & 125mg oral capsule)</i> | Maximum of 6 capsules (2 packs) per 28 days |
| APRISO (ORAL CAPSULE EXTENDED RELEASE 24 HOUR) | Maximum of 4 capsules per day |
| APTIOM (200MG ORAL TABLET, 400MG ORAL TABLET) | Maximum of 1 tablet per day |
| APTIOM (600MG ORAL TABLET, 800MG ORAL TABLET) | Maximum of 2 tablets per day |
| APTIVUS (ORAL CAPSULE) | Maximum of 4 capsules per day |

| Drug name | Quantity limit |
|--|--|
| AREXVY (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | 1 vaccination dose (0.5 ml) per day |
| <i>arformoterol tartrate (inhalation nebulization solution)</i> | Maximum of 2 vials (4 ml) per day |
| <i>aripiprazole (1mg/ml oral solution)</i> | Maximum of 25 ml per day |
| <i>aripiprazole (10mg oral tablet, 15mg oral tablet, 20mg oral tablet, 2mg oral tablet, 30mg oral tablet, 5mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>aripiprazole odt (10mg oral tablet dispersible, 15mg oral tablet dispersible)</i> | Maximum of 2 tablets per day |
| <i>armodafinil (150mg oral tablet, 200mg oral tablet, 250mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>armodafinil (50mg oral tablet)</i> | Maximum of 2 tablets per day |
| ARNUIITY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | Maximum of 1 inhaler (30 blisters) per 30 days |
| <i>asenapine maleate (tablet sublingual)</i> | Maximum of 2 tablets per day |
| <i>aspirin-dipyridamole er (oral capsule extended release 12 hour)</i> | Maximum of 2 capsules per day |
| <i>atazanavir sulfate (150mg oral capsule, 300mg oral capsule)</i> | Maximum of 1 capsule per day |
| <i>atazanavir sulfate (200mg oral capsule)</i> | Maximum of 2 capsules per day |
| <i>atomoxetine hcl (100mg oral capsule, 60mg oral capsule, 80mg oral capsule)</i> | Maximum of 1 capsule per day |
| <i>atomoxetine hcl (10mg oral capsule, 18mg oral capsule, 25mg oral capsule, 40mg oral capsule)</i> | Maximum of 2 capsules per day |
| <i>atorvastatin calcium (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>atovaquone (oral suspension)</i> | Maximum of 14 ml per day |
| AUGTYRO (ORAL CAPSULE) | Maximum of 8 capsules per day |
| AUSTEDO (ORAL TABLET) | Maximum of 4 tablets per day |
| AVONEX PEN (INTRAMUSCULAR AUTO-INJECTOR KIT) | Maximum of 1 kit per 28 days |
| AVONEX PREFILLED (INTRAMUSCULAR PREFILLED SYRINGE KIT) | Maximum of 1 kit per 28 days |
| AYVAKIT (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>azelaic acid (external gel)</i> | Maximum of 50 grams per 30 days |
| BALVERSA (3MG ORAL TABLET) | Maximum of 3 tablets per day |
| BALVERSA (4MG ORAL TABLET) | Maximum of 2 tablets per day |
| BALVERSA (5MG ORAL TABLET) | Maximum of 1 tablet per day |
| BCG VACCINE (INJECTION SOLUTION RECONSTITUTED) | 1 vaccination dose (1 vial) per day |
| BELSOMRA (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>benazepril hcl (oral tablet)</i> | Maximum of 2 tablets per day |

| Drug name | Quantity limit |
|---|--|
| <i>benazepril-hydrochlorothiazide (oral tablet)</i> | Maximum of 1 tablet per day |
| BETASERON (SUBCUTANEOUS KIT) | Maximum of 1 kit (15 vials) per 30 days |
| BEVESPI AEROSPHERE (INHALATION AEROSOL) | Maximum of 1 inhaler (10.7 grams) per 30 days |
| <i>bexarotene (external gel)</i> | Maximum of 60 grams per 30 days |
| BEXSERO (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| BIKTARVY (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>bisoprolol-hydrochlorothiazide (oral tablet)</i> | Maximum of 2 tablets per day |
| BOOSTRIX (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| BOOSTRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| <i>bosentan (oral tablet)</i> | Maximum of 2 tablets per day |
| BOSULIF (100MG ORAL CAPSULE) | Maximum of 6 capsules per day |
| BOSULIF (50MG ORAL CAPSULE) | Maximum of 11 capsules per day |
| BOSULIF (100MG ORAL TABLET) | Maximum of 6 tablets per day |
| BOSULIF (400MG ORAL TABLET, 500MG ORAL TABLET) | Maximum of 1 tablet per day |
| BREO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | Maximum of 1 inhaler (60 blisters) per 30 days |
| BREZTRI AEROSPHERE (120 INHALATION AEROSOL) | Maximum of 1 inhaler (10.7 grams) per 30 days |
| BRILINTA (ORAL TABLET) | Maximum of 2 tablets per day |
| BRIVIACT (10MG/ML ORAL SOLUTION) | Maximum of 20 ml per day |
| BRIVIACT (100MG ORAL TABLET, 10MG ORAL TABLET, 25MG ORAL TABLET, 50MG ORAL TABLET, 75MG ORAL TABLET) | Maximum of 2 tablets per day |
| BRONCHITOL (INHALATION CAPSULE) | Maximum of 20 capsules per day |
| BRUKINSA (ORAL CAPSULE) | Maximum of 4 capsules per day |
| <i>buprenorphine hcl (tablet sublingual)</i> | Maximum of 3 tablets per day |
| <i>buprenorphine hcl-naloxone hcl (12-3mg sublingual film)</i> | Maximum of 2 films per day |
| <i>buprenorphine hcl-naloxone hcl (2-0.5mg sublingual film, 4-1mg sublingual film, 8-2mg sublingual film)</i> | Maximum of 3 films per day |
| <i>buprenorphine hcl-naloxone hcl (tablet sublingual)</i> | Maximum of 3 tablets per day |
| <i>buprenorphine (transdermal patch weekly)</i> | Maximum of 4 patches per 28 days |
| <i>butalbital-acetaminophen-caffeine (oral tablet)</i> | Maximum of 6 tablets per day |
| <i>butalbital-aspirin-caffeine (oral capsule)</i> | Maximum of 6 capsules per day |
| <i>butorphanol tartrate (nasal solution)</i> | Maximum of 2 bottles (5 ml) per 30 days |

| Drug name | Quantity limit |
|--|--|
| BYDUREON BCISE (SUBCUTANEOUS AUTO-INJECTOR) | Maximum of 4 pens (3.4 ml) per 28 days |
| BYETTA 10MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 1 pen (2.4 ml) per 30 days |
| BYETTA 5MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 1 pen (1.2 ml) per 30 days |
| CABLIVI (INJECTION KIT) | Maximum of 1 kit per day |
| CABOMETYX (20MG ORAL TABLET, 60MG ORAL TABLET) | Maximum of 1 tablet per day |
| CABOMETYX (40MG ORAL TABLET) | Maximum of 2 tablets per day |
| <i>calcipotriene (external cream)</i> | Maximum of 120 grams per 30 days |
| <i>calcipotriene (external ointment)</i> | Maximum of 120 grams per 30 days |
| <i>calcitonin salmon (nasal solution)</i> | Maximum of 1 bottle per 28 days |
| CALQUENCE (100MG ORAL CAPSULE) | Maximum of 2 capsules per day |
| CALQUENCE (ORAL TABLET) | Maximum of 2 tablets per day |
| <i>candesartan cilexetil (16mg oral tablet, 32mg oral tablet, 4mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>candesartan cilexetil (8mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>candesartan cilexetil-hctz (oral tablet)</i> | Maximum of 1 tablet per day |
| CAPLYTA (ORAL CAPSULE) | Maximum of 1 capsule per day |
| <i>captopril (100mg oral tablet)</i> | Maximum of 4 tablets per day |
| <i>captopril (12.5mg oral tablet, 25mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>captopril (50mg oral tablet)</i> | Maximum of 9 tablets per day |
| <i>celecoxib (oral capsule)</i> | Maximum of 2 capsules per day |
| <i>chloroquine phosphate (oral tablet)</i> | Maximum of 2 tablets per day |
| CIMDUO (ORAL TABLET) | Maximum of 1 tablet per day |
| CIMZIA (SUBCUTANEOUS KIT) | Maximum of 2 kits per 28 days |
| CIMZIA PREFILLED (2 X 200MG/ML SUBCUTANEOUS PREFILLED SYRINGE KIT) | Maximum of 2 kits per 28 days |
| <i>cinacalcet hcl (30mg oral tablet, 60mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>cinacalcet hcl (90mg oral tablet)</i> | Maximum of 4 tablets per day |
| <i>clindacin etz (external swab)</i> | Maximum of 69 pads per 30 days |
| <i>clindamycin phosphate (external gel)</i> | Maximum of 75 grams per 30 days |
| <i>clindamycin phosphate (external lotion)</i> | Maximum of 60 ml per 30 days |
| <i>clindamycin phosphate (external solution)</i> | Maximum of 60 ml per 30 days |
| <i>clindamycin phosphate (external swab)</i> | Maximum of 69 pads per 30 days |
| <i>clobazam (2.5mg/ml oral suspension)</i> | Maximum of 16 ml per day |
| <i>clobazam (10mg oral tablet, 20mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>clonazepam (0.5mg oral tablet, 1mg oral tablet)</i> | Maximum of 4 tablets per day |
| <i>clonazepam (2mg oral tablet)</i> | Maximum of 10 tablets per day |

| Drug name | Quantity limit |
|---|--|
| <i>clonazepam odt (0.125mg oral tablet dispersible, 0.25mg oral tablet dispersible, 0.5mg oral tablet dispersible, 1mg oral tablet dispersible)</i> | Maximum of 4 tablets per day |
| <i>clonazepam odt (2mg oral tablet dispersible)</i> | Maximum of 10 tablets per day |
| <i>clopidogrel bisulfate (75mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>clorazepate dipotassium (15mg oral tablet)</i> | Maximum of 6 tablets per day |
| <i>clorazepate dipotassium (3.75mg oral tablet)</i> | Maximum of 24 tablets per day |
| <i>clorazepate dipotassium (7.5mg oral tablet)</i> | Maximum of 12 tablets per day |
| <i>clotrimazole-betamethasone (external cream)</i> | Maximum of 90 grams per 30 days |
| <i>clozapine odt (100mg oral tablet dispersible)</i> | Maximum of 9 tablets per day |
| <i>clozapine odt (12.5mg oral tablet dispersible)</i> | Maximum of 2 tablets per day |
| <i>clozapine odt (150mg oral tablet dispersible)</i> | Maximum of 6 tablets per day |
| <i>clozapine odt (200mg oral tablet dispersible)</i> | Maximum of 4 tablets per day |
| <i>clozapine odt (25mg oral tablet dispersible)</i> | Maximum of 3 tablets per day |
| <i>codeine sulfate (oral tablet)</i> | Maximum of 6 tablets per day |
| COLCHICINE (0.6MG ORAL CAPSULE) (BRAND EQUIVALENT MITIGARE) | Maximum of 4 capsules per day |
| <i>colchicine (0.6mg oral tablet) (generic colcrys)</i> | Maximum of 4 tablets per day |
| COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION) | Maximum of 1 inhaler (4 grams) per 20 days |
| COMETRIQ (100MG DAILY DOSE) (ORAL KIT) | Maximum of 1 carton (56 capsules) per 28 days |
| COMETRIQ (140MG DAILY DOSE) (ORAL KIT) | Maximum of 1 carton (112 capsules) per 28 days |
| COMETRIQ (60MG DAILY DOSE) (ORAL KIT) | Maximum of 1 carton (84 capsules) per 28 days |
| COMPLERA (ORAL TABLET) | Maximum of 1 tablet per day |
| COPIKTRA (ORAL CAPSULE) | Maximum of 2 capsules per day |
| CORLANOR (ORAL SOLUTION) | Maximum of 15 ml per day |
| CORLANOR (ORAL TABLET) | Maximum of 2 tablets per day |
| COSENTYX (300MG DOSE) (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 10 syringes (10 ml) per 30 days |
| COSENTYX SENSOREADY (300MG) (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 10 pens (10 ml) per 30 days |
| COSENTYX (75MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 20 syringes (10 ml) per 30 days |
| COSENTYX UNOREADY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 5 pens (10 ml) per 30 days |
| COTELLIC (ORAL TABLET) | Maximum of 3 tablets per day |
| CYCLOSET (ORAL TABLET) | Maximum of 6 tablets per day |
| CYLTEZO (2 PEN) (SUBCUTANEOUS AUTO-INJECTOR KIT) | Maximum of 4 pens per 28 days |

| Drug name | Quantity limit |
|---|-------------------------------------|
| CYLTEZO (2 SYRINGE) (10MG/0.2ML SUBCUTANEOUS PREFILLED SYRINGE KIT, 20MG/0.4ML SUBCUTANEOUS PREFILLED SYRINGE KIT) | Maximum of 2 syringes per 28 days |
| CYLTEZO (2 SYRINGE) (40MG/0.8ML SUBCUTANEOUS PREFILLED SYRINGE KIT) | Maximum of 4 syringes per 28 days |
| <i>dalfampridine er (oral tablet extended release 12 hour)</i> | Maximum of 2 tablets per day |
| DAPTACEL (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| <i>darunavir (600mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>darunavir (800mg oral tablet)</i> | Maximum of 1 tablet per day |
| DAURISMO (100MG ORAL TABLET) | Maximum of 1 tablet per day |
| DAURISMO (25MG ORAL TABLET) | Maximum of 2 tablets per day |
| DELSTRIGO (ORAL TABLET) | Maximum of 1 tablet per day |
| DESCOVY (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>desonide (external ointment)</i> | Maximum of 120 grams per 30 days |
| <i>desoximetasone (external cream)</i> | Maximum of 100 grams per 30 days |
| <i>desvenlafaxine succinate er (100mg oral tablet extended release 24 hour) (generic pristin)</i> | Maximum of 4 tablets per day |
| <i>desvenlafaxine succinate er (25mg oral tablet extended release 24 hour, 50mg oral tablet extended release 24 hour) (generic pristin)</i> | Maximum of 1 tablet per day |
| <i>dexlansoprazole (oral capsule delayed release)</i> | Maximum of 1 capsule per day |
| <i>dexmethylphenidate hcl (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>dextroamphetamine sulfate er (10mg oral capsule extended release 24 hour)</i> | Maximum of 6 capsules per day |
| <i>dextroamphetamine sulfate er (15mg oral capsule extended release 24 hour)</i> | Maximum of 4 capsules per day |
| <i>dextroamphetamine sulfate er (5mg oral capsule extended release 24 hour)</i> | Maximum of 3 capsules per day |
| <i>dextroamphetamine sulfate (10mg oral tablet, 5mg oral tablet)</i> | Maximum of 6 tablets per day |
| <i>dextroamphetamine sulfate (15mg oral tablet, 20mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>dextroamphetamine sulfate (30mg oral tablet)</i> | Maximum of 2 tablets per day |
| DIACOMIT (250MG ORAL CAPSULE) | Maximum of 12 capsules per day |
| DIACOMIT (500MG ORAL CAPSULE) | Maximum of 6 capsules per day |
| DIACOMIT (250MG ORAL PACKET) | Maximum of 12 packets per day |
| DIACOMIT (500MG ORAL PACKET) | Maximum of 6 packets per day |
| <i>diazepam intensol (oral concentrate)</i> | Maximum of 8 ml per day |
| <i>diazepam (10mg oral tablet, 2mg oral tablet, 5mg oral tablet)</i> | Maximum of 4 tablets per day |

| Drug name | Quantity limit |
|---|---|
| <i>diazepam (10mg rectal gel, 2.5mg rectal gel, 20mg rectal gel)</i> | Maximum of 5 packages per 30 days |
| DICLOFENAC EPOLAMINE (EXTERNAL PATCH) | Maximum of 2 patches per day |
| <i>diclofenac sodium (3% external gel)</i> | Maximum of 100 grams per 30 days |
| <i>dihydroergotamine mesylate (nasal solution)</i> | Maximum of 16 vials (16 ml) per 28 days |
| <i>dimethyl fumarate (120mg oral capsule delayed release)</i> | Maximum of 2 capsules per day |
| <i>dimethyl fumarate (240mg oral capsule delayed release)</i> | Maximum of 2 capsules per day |
| <i>dimethyl fumarate starter pack (oral capsule delayed release therapy pack)</i> | Maximum of 2 packs (120 capsules) per year |
| DIPHTHERIA-TETANUS TOXOIDS DT (25-5LFU/0.5ML INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| <i>dofetilide (125mcg oral capsule)</i> | Maximum of 6 capsules per day |
| <i>dofetilide (250mcg oral capsule, 500mcg oral capsule)</i> | Maximum of 2 capsules per day |
| <i>donepezil hcl (10mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>donepezil hcl (23mg oral tablet, 5mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>donepezil hcl odt (10mg oral tablet dispersible)</i> | Maximum of 2 tablets per day |
| <i>donepezil hcl odt (5mg oral tablet dispersible)</i> | Maximum of 1 tablet per day |
| DOPTELET (ORAL TABLET) | Maximum of 3 tablets per day |
| DOVATO (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>doxepin hcl (external cream)</i> | Maximum of 90 grams per 30 days |
| <i>droxidopa (100mg oral capsule)</i> | Maximum of 3 capsules per day |
| <i>droxidopa (200mg oral capsule, 300mg oral capsule)</i> | Maximum of 6 capsules per day |
| DULERA (120 INHALATION AEROSOL) | Maximum of 1 inhaler (13 grams) per 30 days |
| <i>duloxetine hcl (20mg oral capsule delayed release particles)</i> | Maximum of 4 capsules per day |
| <i>duloxetine hcl (30mg oral capsule delayed release particles)</i> | Maximum of 3 capsules per day |
| <i>duloxetine hcl (60mg oral capsule delayed release particles)</i> | Maximum of 2 capsules per day |
| DUPIXENT (200MG/1.14ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 4 pens (4.56 ml) per 28 days |
| DUPIXENT (300MG/2ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 4 pens (8 ml) per 28 days |
| DUPIXENT (100MG/0.67ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 2 syringes (1.34 ml) per 28 days |
| DUPIXENT (200MG/1.14ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 4 syringes (4.56 ml) per 28 days |

| Drug name | Quantity limit |
|--|--|
| DUPIXENT (300MG/2ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 4 syringes (8 ml) per 28 days |
| <i>dutasteride (oral capsule)</i> | Maximum of 1 capsule per day |
| <i>econazole nitrate (external cream)</i> | Maximum of 90 grams per 30 days |
| EDARBI (ORAL TABLET) | Maximum of 1 tablet per day |
| EDARBYCLOR (ORAL TABLET) | Maximum of 1 tablet per day |
| EDURANT (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>efavirenz (200mg oral capsule, 50mg oral capsule)</i> | Maximum of 3 capsules per day |
| <i>efavirenz (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>efavirenz-emtricitabine-tenofovir (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>efavirenz-lamivudine-tenofovir (oral tablet)</i> | Maximum of 1 tablet per day |
| ELIGARD (22.5MG SUBCUTANEOUS KIT) | Maximum of 1 kit per 84 days |
| ELIGARD (30MG SUBCUTANEOUS KIT) | Maximum of 1 kit per 112 days |
| ELIGARD (45MG SUBCUTANEOUS KIT) | Maximum of 1 kit per 168 days |
| ELIGARD (7.5MG SUBCUTANEOUS KIT) | Maximum of 1 kit per 28 days |
| ELIQUIS (ORAL TABLET) | Maximum of 2 tablets per day |
| ELIQUIS STARTER PACK (ORAL TABLET) | Maximum of 2 packs (148 tablets) per year |
| EMGALITY (300MG DOSE) (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 3 syringes or pens (3 ml) per 28 days |
| EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 2 syringes or pens (2 ml) per 28 days |
| EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 2 syringes or pens (2 ml) per 28 days |
| EMSAM (TRANSDERMAL PATCH 24 HOUR) | Maximum of 1 patch per day |
| <i>emtricitabine (oral capsule)</i> | Maximum of 1 capsule per day |
| <i>emtricitabine-tenofovir disoproxil fumarate (oral tablet)</i> | Maximum of 1 tablet per day |
| EMTRIVA (ORAL SOLUTION) | Maximum of 5 bottles (850 ml) per 30 days |
| <i>enalapril maleate (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>enalapril-hydrochlorothiazide (10-25mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>enalapril-hydrochlorothiazide (5-12.5mg oral tablet)</i> | Maximum of 1 tablet per day |
| ENBREL MINI (SUBCUTANEOUS SOLUTION CARTRIDGE) | Maximum of 8 cartridges per 28 days |
| ENBREL (SUBCUTANEOUS SOLUTION) | Maximum of 8 vials (4 ml) per 28 days |
| ENBREL (25MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 8 syringes (4 ml) per 28 days |
| ENBREL (50MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 8 syringes (8 ml) per 28 days |

| Drug name | Quantity limit |
|--|--|
| ENBREL SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 8 pens per 28 days |
| <i>endocet (oral tablet)</i> | Maximum of 12 tablets per day |
| ENGERIX-B (INJECTION SUSPENSION) | 1 vaccination dose (1 ml) per day |
| ENGERIX-B (10MCG/0.5ML INJECTION SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| ENGERIX-B (20MCG/ML INJECTION SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (1 ml) per day |
| <i>enoxaparin sodium (100mg/ml injection solution prefilled syringe, 150mg/ml injection solution prefilled syringe)</i> | Maximum of 2 syringes (2 ml) per day |
| <i>enoxaparin sodium (120mg/0.8ml injection solution prefilled syringe, 80mg/0.8ml injection solution prefilled syringe)</i> | Maximum of 2 syringes (1.6 ml) per day |
| <i>enoxaparin sodium (30mg/0.3ml injection solution prefilled syringe)</i> | Maximum of 2 syringes (0.6 ml) per day |
| <i>enoxaparin sodium (40mg/0.4ml injection solution prefilled syringe)</i> | Maximum of 2 syringes (0.8 ml) per day |
| <i>enoxaparin sodium (60mg/0.6ml injection solution prefilled syringe)</i> | Maximum of 2 syringes (1.2 ml) per day |
| ENTRESTO (ORAL TABLET) | Maximum of 2 tablets per day |
| EPCLUSA (ORAL PACKET) | Maximum of 1 carton (28 packets) per 28 days |
| EPCLUSA (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>epinephrine (injection solution auto-injector)</i> | Maximum of 4 pens (2 boxes) per 30 days |
| ERLEADA (240MG ORAL TABLET) | Maximum of 1 tablet per day |
| ERLEADA (60MG ORAL TABLET) | Maximum of 4 tablets per day |
| <i>erlotinib hcl (100mg oral tablet, 150mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>erlotinib hcl (25mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>esomeprazole magnesium (20mg oral capsule delayed release) (generic nexium)</i> | Maximum of 3 capsules per day |
| <i>esomeprazole magnesium (40mg oral capsule delayed release) (generic nexium)</i> | Maximum of 2 capsules per day |
| <i>estradiol (transdermal patch weekly)</i> | Maximum of 4 patches per 28 days |
| <i>estradiol (vaginal tablet)</i> | Maximum of 18 tablets per 28 days |
| <i>eszopiclone (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>ethacrynic acid (oral tablet)</i> | Maximum of 16 tablets per day |
| <i>etravirine (oral tablet)</i> | Maximum of 2 tablets per day |
| EVOTAZ (ORAL TABLET) | Maximum of 1 tablet per day |
| EXKIVITY (ORAL CAPSULE) | Maximum of 4 capsules per day |
| <i>ezetimibe (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>ezetimibe-simvastatin (oral tablet)</i> | Maximum of 1 tablet per day |

| Drug name | Quantity limit |
|---|--|
| <i>famciclovir (125mg oral tablet, 250mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>famciclovir (500mg oral tablet)</i> | Maximum of 3 tablets per day |
| FANAPT (10MG ORAL TABLET, 12MG ORAL TABLET, 1MG ORAL TABLET, 2MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET) | Maximum of 2 tablets per day |
| FANAPT TITRATION PACK (ORAL TABLET) | Maximum of 2 packs per year |
| FARXIGA (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>fentanyl citrate (buccal lozenge on a handle)</i> | Maximum of 4 lozenges per day |
| <i>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)</i> | Maximum of 15 patches per 30 days |
| FETZIMA (ORAL CAPSULE EXTENDED RELEASE 24 HOUR) | Maximum of 1 capsule per day |
| FETZIMA TITRATION (ORAL CAPSULE ER 24 HOUR THERAPY PACK) | Maximum of 2 packs (56 capsules) per year |
| FINACEA (EXTERNAL FOAM) | Maximum of 50 grams per 30 days |
| <i> fingolimod hcl (oral capsule)</i> | Maximum of 1 capsule per day |
| FINTEPLA (ORAL SOLUTION) | Maximum of 12 ml per day |
| FIRMAGON (240MG DOSE) (120MG/VIAL SUBCUTANEOUS SOLUTION RECONSTITUTED) | Maximum of 2 kits (4 vials) per 365 days |
| FIRMAGON (80MG SUBCUTANEOUS SOLUTION RECONSTITUTED) | Maximum of 1 kit per 28 days |
| <i>fluocinonide emulsified base (external cream)</i> | Maximum of 60 grams per 30 days |
| <i>fluocinonide (0.05% external cream)</i> | Maximum of 60 grams per 30 days |
| <i>fluocinonide (external gel)</i> | Maximum of 60 grams per 30 days |
| <i>fluocinonide (external ointment)</i> | Maximum of 60 grams per 30 days |
| <i>fluocinonide (external solution)</i> | Maximum of 60 ml per 30 days |
| <i>fluorouracil (5% external cream)</i> | Maximum of 40 grams per 30 days |
| <i>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)</i> | Maximum of 1 inhaler (60 blisters) per 30 days |

| Drug name | Quantity limit |
|---|--|
| FLUTICASONE-SALMETEROL (113-14MCG/ACT INHALATION AEROSOL POWDER BREATH ACTIVATED, 232-14MCG/ACT INHALATION AEROSOL POWDER BREATH ACTIVATED, 55-14MCG/ACT INHALATION AEROSOL POWDER BREATH ACTIVATED) (BRAND EQUIVALENT AIRDUO RESPICLICK) | Maximum of 1 inhaler per 30 days |
| <i>fluvastatin sodium er (oral tablet extended release 24 hour)</i> | Maximum of 1 tablet per day |
| <i>fluvastatin sodium (20mg oral capsule)</i> | Maximum of 1 capsule per day |
| <i>fluvastatin sodium (40mg oral capsule)</i> | Maximum of 2 capsules per day |
| <i>formoterol fumarate (inhalation nebulization solution)</i> | Maximum of 2 vials (4 ml) per day |
| FORTEO (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 1 pen (2.4 ml) per 28 days |
| <i>fosamprenavir calcium (oral tablet)</i> | Maximum of 4 tablets per day |
| <i>fosinopril sodium (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>fosinopril sodium-hctz (oral tablet)</i> | Maximum of 4 tablets per day |
| FOTIVDA (ORAL CAPSULE) | Maximum of 21 capsules per 28 days |
| FRUZAQLA (1MG ORAL CAPSULE) | Maximum of 84 capsules per 28 days |
| FRUZAQLA (5MG ORAL CAPSULE) | Maximum of 21 capsules per 28 days |
| FUZEON (SUBCUTANEOUS SOLUTION RECONSTITUTED) | Maximum of 2 vials per day |
| FYCOMPA (ORAL SUSPENSION) | Maximum of 24 ml per day |
| FYCOMPA (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>galantamine hydrobromide er (oral capsule extended release 24 hour)</i> | Maximum of 1 capsule per day |
| <i>galantamine hydrobromide (oral solution)</i> | Maximum of 2 bottles (200 ml) per 30 days |
| <i>galantamine hydrobromide (oral tablet)</i> | Maximum of 2 tablets per day |
| GARDASIL 9 (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| GARDASIL 9 (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| GAVRETO (ORAL CAPSULE) | Maximum of 4 capsules per day |
| <i>gefitinib (oral tablet)</i> | Maximum of 2 tablets per day |
| GENVOYA (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>glatiramer acetate (20mg/ml subcutaneous solution prefilled syringe)</i> | Maximum of 1 syringe (1 ml) per day |
| <i>glatiramer acetate (40mg/ml subcutaneous solution prefilled syringe)</i> | Maximum of 12 syringes (12 ml) per 28 days |
| <i>glatopa (20mg/ml subcutaneous solution prefilled syringe)</i> | Maximum of 1 syringe (1 ml) per day |

| Drug name | Quantity limit |
|--|--|
| <i>glatopa (40mg/ml subcutaneous solution prefilled syringe)</i> | Maximum of 12 syringes (12 ml) per 28 days |
| <i>glimepiride (1mg oral tablet)</i> | Maximum of 8 tablets per day |
| <i>glimepiride (2mg oral tablet)</i> | Maximum of 4 tablets per day |
| <i>glimepiride (4mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>glipizide er (10mg oral tablet extended release 24 hour)</i> | Maximum of 2 tablets per day |
| <i>glipizide er (2.5mg oral tablet extended release 24 hour)</i> | Maximum of 8 tablets per day |
| <i>glipizide er (5mg oral tablet extended release 24 hour)</i> | Maximum of 4 tablets per day |
| <i>glipizide (10mg oral tablet immediate release)</i> | Maximum of 4 tablets per day |
| <i>glipizide (5mg oral tablet immediate release)</i> | Maximum of 8 tablets per day |
| <i>glipizide-metformin hcl (2.5-250mg oral tablet)</i> | Maximum of 8 tablets per day |
| <i>glipizide-metformin hcl (2.5-500mg oral tablet, 5-500mg oral tablet)</i> | Maximum of 4 tablets per day |
| GLYXAMBI (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>granisetron hcl (oral tablet)</i> | Maximum of 2 tablets per day |
| HAVRIX (1440EL U/ML INTRAMUSCULAR SUSPENSION) | Maximum of 2 vaccines per lifetime |
| HAVRIX (720EL U/0.5ML INTRAMUSCULAR SUSPENSION) | Maximum of 2 vaccines per lifetime |
| HEPLISAV-B (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| HIBERIX (INJECTION SOLUTION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |
| HUMIRA (2 PEN) (40MG/0.4ML SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE) | Maximum of 2 kits (4 pens) per 28 days |
| HUMIRA (2 PEN) (40MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT, 80MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE) | Maximum of 1 kit (2 pens) per 28 days |
| HUMIRA (2 SYRINGE) (10MG/0.1ML SUBCUTANEOUS PREFILLED SYRINGE KIT, 20MG/0.2ML SUBCUTANEOUS PREFILLED SYRINGE KIT, 40MG/0.8ML SUBCUTANEOUS PREFILLED SYRINGE KIT) (ABBVIE) | Maximum of 1 kit (2 syringes) per 28 days |
| HUMIRA (2 SYRINGE) (40MG/0.4ML SUBCUTANEOUS PREFILLED SYRINGE KIT) (ABBVIE) | Maximum of 2 kits (4 syringes) per 28 days |
| HUMIRA PEDIATRIC CROHNS START (80MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS PREFILLED SYRINGE KIT) (ABBVIE) | Maximum of 2 kits per year |

| Drug name | Quantity limit |
|---|--|
| HUMIRA PEDIATRIC CROHNS START (80MG/0.8ML SUBCUTANEOUS PREFILLED SYRINGE KIT) (ABBVIE) | Maximum of 2 kits per year |
| HUMIRA PEN PSORIASIS/UEVITIS STARTER (SUBCUTANEOUS PEN-INJECTOR KIT) (ABBVIE) | Maximum of 2 kits per year |
| <i>hydrocodone-acetaminophen (7.5-325mg/15ml oral solution)</i> | Maximum of 180 ml per day |
| <i>hydrocodone-acetaminophen (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i> | Maximum of 12 tablets per day |
| <i>hydrocodone-ibuprofen (7.5-200mg oral tablet)</i> | Maximum of 5 tablets per day |
| <i>hydromorphone hcl er (oral tablet extended release 24 hour)</i> | Maximum of 2 tablets per day |
| <i>hydromorphone hcl (1mg/ml oral liquid)</i> | Maximum of 50 ml per day |
| <i>hydromorphone hcl (2mg oral tablet immediate release, 4mg oral tablet immediate release)</i> | Maximum of 8 tablets per day |
| <i>hydromorphone hcl (8mg oral tablet immediate release)</i> | Maximum of 6 tablets per day |
| <i>hydroxychloroquine sulfate (200mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>ibandronate sodium (oral tablet)</i> | Maximum of 1 tablet per 28 days |
| IBRANCE (ORAL CAPSULE) | Maximum of 1 capsule per day |
| IBRANCE (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>icatibant acetate (subcutaneous solution prefilled syringe)</i> | Maximum of 12 syringes (36 ml) per 30 days |
| ICLUSIG (ORAL TABLET) | Maximum of 1 tablet per day |
| IDHIFA (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>imatinib mesylate (oral tablet)</i> | Maximum of 3 tablets per day |
| IMBRUVICA (140MG ORAL CAPSULE) | Maximum of 4 capsules per day |
| IMBRUVICA (70MG ORAL CAPSULE) | Maximum of 1 capsule per day |
| IMBRUVICA (ORAL SUSPENSION) | Maximum of 8 ml per day |
| IMBRUVICA (140MG ORAL TABLET, 280MG ORAL TABLET, 420MG ORAL TABLET) | Maximum of 1 tablet per day |
| <i>imiquimod (5% external cream)</i> | Maximum of 24 packets per 30 days |
| IMOVAX RABIES (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |
| IMVEXXY MAINTENANCE PACK (VAGINAL INSERT) | Maximum of 8 vaginal inserts per 28 days |
| IMVEXXY STARTER PACK (VAGINAL INSERT) | Maximum of 2 packs per year |
| INCRUSE ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | Maximum of 1 inhaler (30 blisters) per 30 days |
| INFANRIX (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| INGREZZA (ORAL CAPSULE) | Maximum of 1 capsule per day |

| Drug name | Quantity limit |
|---|---|
| INGREZZA (ORAL CAPSULE THERAPY PACK) | Maximum of 1 pack (28 capsules) per 28 days |
| INLYTA (ORAL TABLET) | Maximum of 4 tablets per day |
| INQOVI (ORAL TABLET) | Maximum of 1 pack (5 tablets) per 28 days |
| INREBIC (ORAL CAPSULE) | Maximum of 4 capsules per day |
| INTELENCE (25MG ORAL TABLET) | Maximum of 4 tablets per day |
| IPOL (INJECTION) | 1 vaccination dose (0.5 ml) per day |
| <i>irbesartan (150mg oral tablet, 300mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>irbesartan (75mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>irbesartan-hydrochlorothiazide (oral tablet)</i> | Maximum of 1 tablet per day |
| ISENTRESS HD (ORAL TABLET) | Maximum of 2 tablets per day |
| ISENTRESS (ORAL PACKET) | Maximum of 2 packets per day |
| ISENTRESS (ORAL TABLET) | Maximum of 2 tablets per day |
| ISENTRESS (ORAL TABLET CHEWABLE) | Maximum of 6 tablets per day |
| <i>isosorbide dinitrate-hydralazine (20-37.5mg oral tablet)</i> | Maximum of 6 tablets per day |
| <i>itraconazole (oral capsule)</i> | Maximum of 4 capsules per day |
| IWILFIN (ORAL TABLET) | Maximum of 8 tablets per day |
| IXIARO (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| JAKAFI (ORAL TABLET) | Maximum of 2 tablets per day |
| JANUMET (ORAL TABLET IMMEDIATE RELEASE) | Maximum of 2 tablets per day |
| JANUMET XR (100-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 50-500MG ORAL TABLET EXTENDED RELEASE 24 HOUR) | Maximum of 1 tablet per day |
| JANUMET XR (50-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR) | Maximum of 2 tablets per day |
| JANUVIA (ORAL TABLET) | Maximum of 1 tablet per day |
| JARDIANCE (ORAL TABLET) | Maximum of 1 tablet per day |
| JAYPIRCA (100MG ORAL TABLET) | Maximum of 3 tablets per day |
| JAYPIRCA (50MG ORAL TABLET) | Maximum of 1 tablet per day |
| JENTADUETO (2.5-1000MG ORAL TABLET, 2.5-500MG ORAL TABLET) | Maximum of 2 tablets per day |
| JENTADUETO XR (2.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR) | Maximum of 2 tablets per day |
| JENTADUETO XR (5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR) | Maximum of 1 tablet per day |
| JULUCA (ORAL TABLET) | Maximum of 1 tablet per day |
| JYNNEOS (SUBCUTANEOUS SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| KALYDECO (ORAL PACKET) | Maximum of 2 packets per day |
| KALYDECO (ORAL TABLET) | Maximum of 2 tablets per day |
| KERENDIA (ORAL TABLET) | Maximum of 1 tablet per day |

| Drug name | Quantity limit |
|---|--|
| <i>ketoconazole (external cream)</i> | Maximum of 90 grams per 30 days |
| KINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| KISQALI (200MG DOSE) (ORAL TABLET) | Maximum of 1 tablet per day |
| KISQALI (400MG DOSE) (ORAL TABLET) | Maximum of 2 tablets per day |
| KISQALI (600MG DOSE) (ORAL TABLET) | Maximum of 3 tablets per day |
| KISQALI FEMARA (200MG DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 1 pack (49 tablets) per 28 days |
| KISQALI FEMARA (400MG DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 1 pack (70 tablets) per 28 days |
| KISQALI FEMARA (600MG DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 1 pack (91 tablets) per 28 days |
| KORLYM (ORAL TABLET) | Maximum of 4 tablets per day |
| KOSELUGO (10MG ORAL CAPSULE) | Maximum of 8 capsules per day |
| KOSELUGO (25MG ORAL CAPSULE) | Maximum of 4 capsules per day |
| KRAZATI (ORAL TABLET) | Maximum of 6 tablets per day |
| <i>lacosamide (oral solution)</i> | Maximum of 40 ml per day |
| <i>lacosamide (oral tablet)</i> | Maximum of 2 tablets per day |
| LAGEVRIO (ORAL CAPSULE) | Maximum of 8 capsules per day and 40 capsules per prescription |
| <i>lamivudine (10mg/ml oral solution)</i> | Maximum of 32 ml per day |
| <i>lamivudine (150mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>lamivudine (300mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>lamivudine-zidovudine (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>lansoprazole (oral capsule delayed release)</i> | Maximum of 2 capsules per day |
| <i>lenalidomide (oral capsule)</i> | Maximum of 1 capsule per day |
| <i>leuprolide acetate (subcutaneous injection kit)</i> | Maximum of 2 kits per 28 days |
| <i>levocetirizine dihydrochloride (oral tablet)</i> | Maximum of 1 tablet per day |
| LEXIVA (50MG/ML ORAL SUSPENSION) | Maximum of 60 ml per day |
| <i>lidocaine (5% external ointment)</i> | Maximum of 152 grams per 30 days |
| <i>lidocaine (5% external patch)</i> | Maximum of 3 patches per day |
| <i>linezolid (oral suspension reconstituted)</i> | Maximum of 60 ml per day |
| <i>linezolid (oral tablet)</i> | Maximum of 2 tablets per day |
| LINZESS (ORAL CAPSULE) | Maximum of 1 capsule per day |
| <i>lisinopril (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>lisinopril-hydrochlorothiazide (10-12.5mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>lisinopril-hydrochlorothiazide (20-12.5mg oral tablet)</i> | Maximum of 4 tablets per day |
| <i>lisinopril-hydrochlorothiazide (20-25mg oral tablet)</i> | Maximum of 2 tablets per day |
| LIVALO (ORAL TABLET) | Maximum of 1 tablet per day |

| Drug name | Quantity limit |
|---|---|
| LOKELMA (ORAL PACKET) | Maximum of 3 packets per day |
| LONSURF (15-6.14MG ORAL TABLET) | Maximum of 10 tablets per day |
| LONSURF (20-8.19MG ORAL TABLET) | Maximum of 8 tablets per day |
| <i>lopinavir-ritonavir (oral solution)</i> | Maximum of 3 bottles (480 ml) per 30 days |
| <i>lopinavir-ritonavir (100-25mg oral tablet)</i> | Maximum of 8 tablets per day |
| <i>lopinavir-ritonavir (200-50mg oral tablet)</i> | Maximum of 4 tablets per day |
| <i>lorazepam intensol (oral concentrate)</i> | Maximum of 5 ml per day |
| <i>lorazepam (0.5mg oral tablet, 1mg oral tablet)</i> | Maximum of 4 tablets per day |
| <i>lorazepam (2mg oral tablet)</i> | Maximum of 5 tablets per day |
| LORBRENA (100MG ORAL TABLET) | Maximum of 1 tablet per day |
| LORBRENA (25MG ORAL TABLET) | Maximum of 3 tablets per day |
| <i>losartan potassium (100mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>losartan potassium (25mg oral tablet, 50mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>losartan potassium-hctz (100-12.5mg oral tablet, 100-25mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>losartan potassium-hctz (50-12.5mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>lovastatin (10mg oral tablet, 20mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>lovastatin (40mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>lubiprostone (oral capsule)</i> | Maximum of 2 capsules per day |
| LUMAKRAS (120MG ORAL TABLET) | Maximum of 8 tablets per day |
| LUMAKRAS (320MG ORAL TABLET) | Maximum of 3 tablets per day |
| LUMRYZ (ORAL PACKET) | Maximum of 1 packet per day |
| LUPRON DEPOT (1-MONTH) (INTRAMUSCULAR KIT) | Maximum of 1 kit per 28 days |
| LUPRON DEPOT (3-MONTH) (INTRAMUSCULAR KIT) | Maximum of 1 kit per 84 days |
| LUPRON DEPOT (4-MONTH) (INTRAMUSCULAR KIT) | Maximum of 1 kit per 112 days |
| LUPRON DEPOT (6-MONTH) (INTRAMUSCULAR KIT) | Maximum of 1 kit per 168 days |
| LUPRON DEPOT-PED (1-MONTH) (7.5MG INTRAMUSCULAR KIT) | Maximum of 1 kit per 28 days |
| LUPRON DEPOT-PED (3-MONTH) (11.25MG INTRAMUSCULAR KIT) | Maximum of 1 kit per 84 days |
| LUPRON DEPOT-PED (6-MONTH) (INTRAMUSCULAR KIT) | Maximum of 1 kit per 168 days |
| <i>lurasidone hcl (120mg oral tablet, 20mg oral tablet, 40mg oral tablet, 60mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>lurasidone hcl (80mg oral tablet)</i> | Maximum of 2 tablets per day |
| LYBALVI (ORAL TABLET) | Maximum of 1 tablet per day |

| Drug name | Quantity limit |
|--|--|
| LYNPARZA (ORAL TABLET) | Maximum of 4 tablets per day |
| LYTGOBI (12MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 4 packs (84 tablets) per 28 days |
| LYTGOBI (16MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 4 packs (112 tablets) per 28 days |
| LYTGOBI (20MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 4 packs (140 tablets) per 28 days |
| <i>maraviroc (150mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>maraviroc (300mg oral tablet)</i> | Maximum of 4 tablets per day |
| MAVYRET (ORAL PACKET) | Maximum of 5 cartons (140 packets) per 28 days |
| MAVYRET (ORAL TABLET) | Maximum of 3 tablets per day |
| MAYZENT (0.25MG ORAL TABLET) | Maximum of 4 tablets per day |
| MAYZENT (1MG ORAL TABLET, 2MG ORAL TABLET) | Maximum of 1 tablet per day |
| MAYZENT STARTER PACK (12 X 0.25MG ORAL TABLET THERAPY PACK) | Maximum of 2 packs (24 tablets) per year |
| MAYZENT STARTER PACK (7 X 0.25MG ORAL TABLET THERAPY PACK) | Maximum of 2 packs (14 tablets) per year |
| <i>memantine hcl er (oral capsule extended release 24 hour)</i> | Maximum of 1 capsule per day |
| <i>memantine hcl (oral solution)</i> | Maximum of 10 ml per day |
| <i>memantine hcl (10mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>memantine hcl titration pak (oral tablet)</i> | Maximum of 2 packs per year |
| <i>memantine hcl (5mg oral tablet)</i> | Maximum of 3 tablets per day |
| MENACTRA (INTRAMUSCULAR SOLUTION) | 1 vaccination dose (0.5 ml) per day |
| MENQUADFI (INTRAMUSCULAR SOLUTION) | 1 vaccination dose (0.5 ml) per day |
| MENVEO (INTRAMUSCULAR SOLUTION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |
| <i>mesalamine er (500mg oral capsule extended release) (generic pentasa)</i> | Maximum of 8 capsules per day |
| <i>mesalamine er (0.375gm oral capsule extended release 24 hour) (generic apriso)</i> | Maximum of 4 capsules per day |
| <i>mesalamine (1.2gm oral tablet delayed release) (generic lialda)</i> | Maximum of 4 tablets per day |
| <i>mesalamine (rectal enema)</i> | Maximum of 1 bottle (60 ml) per day |
| <i>mesalamine (rectal suppository)</i> | Maximum of 1 suppository per day |
| <i>metformin hcl er (500mg oral tablet extended release 24 hour) (generic glucophage xr)</i> | Maximum of 4 tablets per day |
| <i>metformin hcl er (750mg oral tablet extended release 24 hour) (generic glucophage xr)</i> | Maximum of 2 tablets per day |
| <i>metformin hcl (oral solution)</i> | Maximum of 25.5 ml per day |

| Drug name | Quantity limit |
|--|--|
| <i>metformin hcl (1000mg oral tablet immediate release)</i> | Maximum of 2.5 tablets per day |
| <i>metformin hcl (500mg oral tablet immediate release)</i> | Maximum of 5 tablets per day |
| <i>metformin hcl (850mg oral tablet immediate release)</i> | Maximum of 3 tablets per day |
| <i>methadone hcl (10mg/5ml oral solution)</i> | Maximum of 60 ml per day |
| <i>methadone hcl (5mg/5ml oral solution)</i> | Maximum of 120 ml per day |
| <i>methadone hcl (10mg oral tablet)</i> | Maximum of 12 tablets per day |
| <i>methadone hcl (5mg oral tablet)</i> | Maximum of 8 tablets per day |
| <i>methylphenidate hcl er (10mg oral tablet extended release)</i> | Maximum of 4 tablets per day |
| <i>methylphenidate hcl er (20mg oral tablet extended release)</i> | Maximum of 3 tablets per day |
| <i>methylphenidate hcl (10mg/5ml oral solution)</i> | Maximum of 30 ml per day |
| <i>methylphenidate hcl (5mg/5ml oral solution)</i> | Maximum of 60 ml per day |
| <i>methylphenidate hcl (oral tablet immediate release) (generic ritalin)</i> | Maximum of 3 tablets per day |
| <i>miglitol (100mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>miglitol (25mg oral tablet)</i> | Maximum of 12 tablets per day |
| <i>miglitol (50mg oral tablet)</i> | Maximum of 6 tablets per day |
| M-M-R II (INJECTION SOLUTION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |
| <i>modafinil (100mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>modafinil (200mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>moexipril hcl (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>montelukast sodium (oral packet)</i> | Maximum of 1 packet per day |
| <i>montelukast sodium (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>montelukast sodium (oral tablet chewable)</i> | Maximum of 1 tablet per day |
| <i>morphine sulfate (concentrate) (20mg/ml oral solution)</i> | Maximum of 10 ml per day |
| <i>morphine sulfate er (100mg oral tablet extended release, 15mg oral tablet extended release) (generic ms contin)</i> | Maximum of 3 tablets per day |
| <i>morphine sulfate er (200mg oral tablet extended release) (generic ms contin)</i> | Maximum of 2 tablets per day |
| <i>morphine sulfate er (30mg oral tablet extended release, 60mg oral tablet extended release) (generic ms contin)</i> | Maximum of 4 tablets per day |
| <i>morphine sulfate (10mg/5ml oral solution)</i> | Maximum of 100 ml per day |
| <i>morphine sulfate (20mg/5ml oral solution)</i> | Maximum of 50 ml per day |

| Drug name | Quantity limit |
|---|--------------------------------------|
| <i>morphine sulfate (15mg oral tablet immediate release)</i> | Maximum of 8 tablets per day |
| <i>morphine sulfate (30mg oral tablet immediate release)</i> | Maximum of 6 tablets per day |
| MOTEGRITY (ORAL TABLET) | Maximum of 1 tablet per day |
| MOUNJARO (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 4 pens (2 ml) per 28 days |
| MOVANTIK (ORAL TABLET) | Maximum of 1 tablet per day |
| MULTAQ (ORAL TABLET) | Maximum of 2 tablets per day |
| <i>mupirocin (external ointment)</i> | Maximum of 110 grams per 30 days |
| NAMZARIC (ORAL CAPSULE ER 24 HOUR THERAPY PACK) | Maximum of 1 capsule per day |
| NAMZARIC (ORAL CAPSULE EXTENDED RELEASE 24 HOUR) | Maximum of 1 capsule per day |
| <i>naratriptan hcl (oral tablet)</i> | Maximum of 12 tablets per 30 days |
| <i>nateglinide (120mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>nateglinide (60mg oral tablet)</i> | Maximum of 6 tablets per day |
| NAYZILAM (NASAL SOLUTION) | Maximum of 10 devices per 30 days |
| <i>nebivolol hcl (10mg oral tablet, 2.5mg oral tablet, 5mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>nebivolol hcl (20mg oral tablet)</i> | Maximum of 2 tablets per day |
| NERLYNX (ORAL TABLET) | Maximum of 6 tablets per day |
| <i>nevirapine er (400mg oral tablet extended release 24 hour)</i> | Maximum of 1 tablet per day |
| <i>nevirapine (oral suspension)</i> | Maximum of 40 ml per day |
| <i>nevirapine (oral tablet immediate release)</i> | Maximum of 2 tablets per day |
| <i>nifedipine er (oral tablet extended release 24 hour)</i> | Maximum of 2 tablets per day |
| <i>nifedipine er osmotic release (oral tablet extended release 24 hour)</i> | Maximum of 2 tablets per day |
| NINLARO (ORAL CAPSULE) | Maximum of 3 capsules per 28 days |
| <i>nitazoxanide (oral tablet)</i> | Maximum of 2 tablets per day |
| NORVIR (ORAL PACKET) | Maximum of 12 packets per day |
| NOXAFIL (ORAL SUSPENSION) | Maximum of 20 ml per day |
| NUBEQA (ORAL TABLET) | Maximum of 4 tablets per day |
| NUCALA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 3 ml per 28 days |
| NUCALA (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 3 ml per 28 days |
| NUCALA (40MG/0.4ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 0.4 ml per 28 days |
| NUCALA (SUBCUTANEOUS SOLUTION RECONSTITUTED) | Maximum of 3 vials per 28 days |

| Drug name | Quantity limit |
|---|--|
| NUEDEXTA (ORAL CAPSULE) | Maximum of 2 capsules per day |
| NUPLAZID (ORAL CAPSULE) | Maximum of 1 capsule per day |
| NUPLAZID (ORAL TABLET) | Maximum of 1 tablet per day |
| NURTEC ODT (ORAL TABLET DISPERSIBLE) | Maximum of 18 tablets per 30 days |
| <i>nyamyc (external powder)</i> | Maximum of 120 grams per 30 days |
| <i>nystatin (external powder)</i> | Maximum of 120 grams per 30 days |
| <i>nystop (external powder)</i> | Maximum of 120 grams per 30 days |
| ODEFSEY (ORAL TABLET) | Maximum of 1 tablet per day |
| OFEV (ORAL CAPSULE) | Maximum of 2 capsules per day |
| OGSIVEO (ORAL TABLET) | Maximum of 6 tablets per day |
| OJJAARA (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>olanzapine (10mg oral tablet, 2.5mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>olanzapine (15mg oral tablet, 20mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>olanzapine odt (10mg oral tablet dispersible, 5mg oral tablet dispersible)</i> | Maximum of 2 tablets per day |
| <i>olanzapine odt (15mg oral tablet dispersible, 20mg oral tablet dispersible)</i> | Maximum of 1 tablet per day |
| <i>olmesartan medoxomil (20mg oral tablet, 40mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>olmesartan medoxomil (5mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>olmesartan medoxomil-hctz (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>olmesartan-amlodipine-hctz (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>omega-3-acid ethyl esters (oral capsule) (generic lovaza)</i> | Maximum of 4 capsules per day |
| <i>omeprazole (10mg oral capsule delayed release)</i> | Maximum of 3 capsules per day |
| <i>ondansetron hcl (oral solution)</i> | Maximum of 30 ml per day |
| <i>ondansetron hcl (4mg oral tablet)</i> | Maximum of 6 tablets per day |
| <i>ondansetron hcl (8mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>ondansetron odt (4mg oral tablet dispersible)</i> | Maximum of 6 tablets per day |
| <i>ondansetron odt (8mg oral tablet dispersible)</i> | Maximum of 3 tablets per day |
| ONUREG (ORAL TABLET) | Maximum of 14 tablets per 28 days |
| ORENCIA CLICKJECT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 4 pens (4 ml) per 28 days |
| ORENCIA (125MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 4 syringes (4 ml) per 28 days |
| ORENCIA (50MG/0.4ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 4 syringes (1.6 ml) per 28 days |
| ORENCIA (87.5MG/0.7ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 4 syringes (2.8 ml) per 28 days |

| Drug name | Quantity limit |
|--|---|
| ORENITRAM MONTH 1 (ORAL TABLET EXTENDED RELEASE THERAPY PACK) | Maximum of 2 packs (336 tablets) per year |
| ORENITRAM MONTH 2 (ORAL TABLET EXTENDED RELEASE THERAPY PACK) | Maximum of 2 packs (672 tablets) per year |
| ORENITRAM MONTH 3 (ORAL TABLET EXTENDED RELEASE THERAPY PACK) | Maximum of 2 packs (504 tablets) per year |
| ORGOVYX (ORAL TABLET) | Maximum of 30 tablets per 28 days |
| ORKAMBI (ORAL PACKET) | Maximum of 56 packets per 28 days |
| ORKAMBI (ORAL TABLET) | Maximum of 4 tablets per day |
| ORSERDU (345MG ORAL TABLET) | Maximum of 1 tablet per day |
| ORSERDU (86MG ORAL TABLET) | Maximum of 3 tablets per day |
| <i>oseltamivir phosphate (oral capsule)</i> | Maximum of 2 capsules per day |
| <i>oseltamivir phosphate (oral suspension reconstituted)</i> | Maximum of 26 ml per day |
| OSPHENA (ORAL TABLET) | Maximum of 1 tablet per day |
| OTEZLA (ORAL TABLET) | Maximum of 2 tablets per day |
| OTEZLA (ORAL TABLET THERAPY PACK) | Maximum of 2 kits per year |
| <i>oxybutynin chloride er (10mg oral tablet extended release 24 hour)</i> | Maximum of 3 tablets per day |
| <i>oxybutynin chloride er (15mg oral tablet extended release 24 hour)</i> | Maximum of 2 tablets per day |
| <i>oxybutynin chloride er (5mg oral tablet extended release 24 hour)</i> | Maximum of 1 tablet per day |
| <i>oxycodone hcl (oral concentrate)</i> | Maximum of 6 ml per day |
| <i>oxycodone hcl (oral solution)</i> | Maximum of 130 ml per day |
| <i>oxycodone hcl (10mg oral tablet immediate release, 5mg oral tablet immediate release)</i> | Maximum of 12 tablets per day |
| <i>oxycodone hcl (15mg oral tablet immediate release)</i> | Maximum of 8 tablets per day |
| <i>oxycodone hcl (20mg oral tablet immediate release, 30mg oral tablet immediate release)</i> | Maximum of 6 tablets per day |
| <i>oxycodone-acetaminophen (10-325mg oral tablet, 2.5-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg oral tablet)</i> | Maximum of 12 tablets per day |
| OZEMPIC (0.25MG/DOSE OR 0.5MG/DOSE) (2MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 1 pen (3 ml) per 28 days |
| OZEMPIC (1MG/DOSE) (4MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 1 pen (3 ml) per 28 days |
| OZEMPIC (2MG/DOSE) (8MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 1 pen (3 ml) per 28 days |

| Drug name | Quantity limit |
|---|--|
| <i>paliperidone er (1.5mg oral tablet extended release 24 hour, 3mg oral tablet extended release 24 hour, 9mg oral tablet extended release 24 hour)</i> | Maximum of 1 tablet per day |
| <i>paliperidone er (6mg oral tablet extended release 24 hour)</i> | Maximum of 2 tablets per day |
| <i>pantoprazole sodium (20mg oral tablet delayed release)</i> | Maximum of 3 tablets per day |
| <i>pantoprazole sodium (40mg oral tablet delayed release)</i> | Maximum of 2 tablets per day |
| PAXLOVID (150/100MG) (ORAL TABLET THERAPY PACK) | Maximum of 4 tablets per day and 20 tablets per prescription |
| PAXLOVID (300/100MG) (ORAL TABLET THERAPY PACK) | Maximum of 6 tablets per day and 30 tablets per prescription |
| <i>pazopanib hcl (oral tablet)</i> | Maximum of 4 tablets per day |
| PEDIARIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| PEDVAX HIB (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| PEMAZYRE (ORAL TABLET) | Maximum of 14 tablets per 21 days |
| PENBRAYA (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |
| PENTACEL (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |
| <i>pentamidine isethionate (inhalation solution reconstituted)</i> | Maximum of 1 vial (300 mg) per 28 days |
| PENTASA (250MG ORAL CAPSULE EXTENDED RELEASE) | Maximum of 16 capsules per day |
| PENTASA (500MG ORAL CAPSULE EXTENDED RELEASE) | Maximum of 8 capsules per day |
| PERFOROMIST (INHALATION NEBULIZATION SOLUTION) | Maximum of 2 vials (4 ml) per day |
| <i>perindopril erbumine (oral tablet)</i> | Maximum of 2 tablets per day |
| PIFELTRO (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>pimecrolimus (external cream)</i> | Maximum of 100 grams per 30 days |
| <i>pioglitazone hcl (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>pioglitazone hcl-glimepiride (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>pioglitazone hcl-metformin hcl (oral tablet)</i> | Maximum of 3 tablets per day |
| PIQRAY (200MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 1 tablet per day |
| PIQRAY (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 2 tablets per day |
| PIQRAY (300MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 2 tablets per day |

| Drug name | Quantity limit |
|---|---|
| <i>pirfenidone (oral capsule)</i> | Maximum of 9 capsules per day |
| <i>pirfenidone (267mg oral tablet)</i> | Maximum of 6 tablets per day |
| <i>pirfenidone (534mg oral tablet, 801mg oral tablet)</i> | Maximum of 3 tablets per day |
| POMALYST (ORAL CAPSULE) | Maximum of 1 capsule per day |
| <i>posaconazole (oral suspension)</i> | Maximum of 20 ml per day |
| <i>posaconazole (oral tablet delayed release)</i> | Maximum of 6 tablets per day |
| PRALUENT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 2 pens (2 ml) per 28 days |
| <i>prasugrel hcl (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>pravastatin sodium (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>pregabalin (100mg oral capsule, 25mg oral capsule, 50mg oral capsule, 75mg oral capsule)</i> | Maximum of 4 capsules per day |
| <i>pregabalin (150mg oral capsule, 200mg oral capsule)</i> | Maximum of 3 capsules per day |
| <i>pregabalin (225mg oral capsule, 300mg oral capsule)</i> | Maximum of 2 capsules per day |
| <i>pregabalin (oral solution)</i> | Maximum of 30 ml per day |
| PREHEVBRIO (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (1 ml) per day |
| PREMARIN (ORAL TABLET) | Maximum of 1 tablet per day |
| PREMPHASE (ORAL TABLET) | Maximum of 1 tablet per day |
| PREMPRO (ORAL TABLET) | Maximum of 1 tablet per day |
| PREVYMIS (ORAL TABLET) | Maximum of 1 tablet per day |
| PREZCOBIX (ORAL TABLET) | Maximum of 1 tablet per day |
| PREZISTA (ORAL SUSPENSION) | Maximum of 2 bottles (400 ml) per 30 days |
| PREZISTA (150MG ORAL TABLET) | Maximum of 6 tablets per day |
| PREZISTA (75MG ORAL TABLET) | Maximum of 10 tablets per day |
| PRIORIX (SUBCUTANEOUS SUSPENSION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |
| PROLIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 1 syringe per 180 days |
| PROMACTA (ORAL PACKET) | Maximum of 6 packets per day |
| PROMACTA (12.5MG ORAL TABLET, 25MG ORAL TABLET) | Maximum of 1 tablet per day |
| PROMACTA (50MG ORAL TABLET, 75MG ORAL TABLET) | Maximum of 2 tablets per day |
| <i>promethazine hcl (12.5mg rectal suppository)</i> | Maximum of 6 suppositories per day |
| <i>promethazine hcl (25mg rectal suppository)</i> | Maximum of 4 suppositories per day |
| <i>promethegan (25mg rectal suppository)</i> | Maximum of 4 suppositories per day |
| PROQUAD (SUBCUTANEOUS SUSPENSION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |

| Drug name | Quantity limit |
|--|--|
| PULMOZYME (INHALATION SOLUTION) | Maximum of 2 ampules (5 ml) per day |
| PYRUKYND (20MG ORAL TABLET, 5MG ORAL TABLET) | Maximum of 1 pack (56 tablets) per 28 days |
| PYRUKYND (50MG ORAL TABLET) | Maximum of 2 packs (112 tablets) per 28 days |
| PYRUKYND TAPER PACK (5MG ORAL TABLET THERAPY PACK) | 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) | Maximum of 1 pack (14 tablets) per 14 days |
| QINLOCK (ORAL TABLET) | Maximum of 3 tablets per day |
| QUADRACEL (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| QUADRACEL (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| <i>quetiapine fumarate er (150mg oral tablet extended release 24 hour, 200mg oral tablet extended release 24 hour)</i> | Maximum of 1 tablet per day |
| <i>quetiapine fumarate er (300mg oral tablet extended release 24 hour, 400mg oral tablet extended release 24 hour, 50mg oral tablet extended release 24 hour)</i> | Maximum of 2 tablets per day |
| <i>quetiapine fumarate (100mg oral tablet immediate release, 150mg oral tablet immediate release, 200mg oral tablet immediate release, 50mg oral tablet immediate release)</i> | Maximum of 3 tablets per day |
| <i>quetiapine fumarate (25mg oral tablet immediate release)</i> | Maximum of 4 tablets per day |
| <i>quetiapine fumarate (300mg oral tablet immediate release, 400mg oral tablet immediate release)</i> | Maximum of 2 tablets per day |
| <i>quinapril hcl (oral tablet)</i> | Maximum of 2 tablets per day |
| QULIPTA (ORAL TABLET) | Maximum of 1 tablet per day |
| QUVIVIQ (ORAL TABLET) | Maximum of 1 tablet per day |
| QVAR REDIHALER (INHALATION AEROSOL BREATH ACTIVATED) | Maximum of 2 inhalers (21.2 grams) per 30 days |
| RABAVERT (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |
| <i>raloxifene hcl (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>ramelteon (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>ramipril (oral capsule)</i> | Maximum of 2 capsules per day |
| <i>ranolazine er (oral tablet extended release 12 hour)</i> | Maximum of 2 tablets per day |
| RAYALDEE (ORAL CAPSULE EXTENDED RELEASE) | Maximum of 2 capsules per day |

| Drug name | Quantity limit |
|--|---|
| REBIF REBIDOSE (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 12 pens (6 ml) per 28 days |
| REBIF REBIDOSE TITRATION PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 2 packs per year |
| REBIF (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 12 syringes (6 ml) per 28 days |
| REBIF TITRATION PACK (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 2 packs per year |
| RECOMBIVAX HB (10MCG/ML INJECTION SUSPENSION, 40MCG/ML INJECTION SUSPENSION) | 1 vaccination dose (1 ml) per day |
| RECOMBIVAX HB (5MCG/0.5ML INJECTION SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| RECOMBIVAX HB (10MCG/ML INJECTION SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (1 ml) per day |
| RECOMBIVAX HB (5MCG/0.5ML INJECTION SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| RECTIV (RECTAL OINTMENT) | Maximum of 30 grams per 30 days |
| RELENZA DISKHALER (INHALATION AEROSOL POWDER BREATH ACTIVATED) | Maximum of 3 inhalers (60 blisters) per 30 days |
| RELISTOR (ORAL TABLET) | Maximum of 3 tablets per day |
| <i>repaglinide (0.5mg oral tablet)</i> | Maximum of 32 tablets per day |
| <i>repaglinide (1mg oral tablet)</i> | Maximum of 16 tablets per day |
| <i>repaglinide (2mg oral tablet)</i> | Maximum of 8 tablets per day |
| REPATHA PUSHTRONEX SYSTEM (SUBCUTANEOUS SOLUTION CARTRIDGE) | Maximum of 2 cartridges (7 ml) per 28 days |
| REPATHA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 3 syringes (3 ml) per 28 days |
| REPATHA SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 3 pens (3 ml) per 28 days |
| RESTASIS MULTIDOSE (OPHTHALMIC EMULSION) | Maximum of 1 bottle (5.5 ml) per 25 days |
| RESTASIS SINGLE-USE VIALS (OPHTHALMIC EMULSION) | Maximum of 2 vials per day |
| RETEVMO (40MG ORAL CAPSULE) | Maximum of 6 capsules per day |
| RETEVMO (80MG ORAL CAPSULE) | Maximum of 4 capsules per day |
| REVLIMID (ORAL CAPSULE) | Maximum of 1 capsule per day |
| REXULTI (ORAL TABLET) | Maximum of 1 tablet per day |
| REYATAZ (ORAL PACKET) | Maximum of 6 packets per day |
| REZLIDHIA (ORAL CAPSULE) | Maximum of 2 capsules per day |

| Drug name | Quantity limit |
|---|---|
| RINVOQ (ORAL TABLET EXTENDED RELEASE 24 HOUR) | Maximum of 1 tablet per day |
| <i>risedronate sodium (150mg oral tablet immediate release)</i> | Maximum of 1 tablet per 30 days |
| <i>risedronate sodium (30mg oral tablet immediate release, 5mg oral tablet immediate release)</i> | Maximum of 1 tablet per day |
| <i>risedronate sodium (35mg oral tablet immediate release, 35mg (12 pack) oral tablet immediate release, 35mg (4 pack) oral tablet immediate release)</i> | Maximum of 4 tablets per 28 days |
| <i>ritonavir (oral tablet)</i> | Maximum of 12 tablets per day |
| <i>rivastigmine tartrate (oral capsule)</i> | Maximum of 2 capsules per day |
| <i>rivastigmine (transdermal patch 24 hour)</i> | Maximum of 1 patch per day |
| <i>rizatriptan benzoate (oral tablet)</i> | Maximum of 12 tablets per 30 days |
| <i>rizatriptan benzoate odt (oral tablet dispersible)</i> | Maximum of 12 tablets per 30 days |
| <i>roflumilast (250mcg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>roflumilast (500mcg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>rosuvastatin calcium (oral tablet)</i> | Maximum of 1 tablet per day |
| ROTARIX (ORAL SUSPENSION) | 1 vaccination dose (1.5 ml) per day |
| ROTARIX (ORAL SUSPENSION RECONSTITUTED) | 1 vaccination dose (1 ml) per day |
| ROTATEQ (ORAL SOLUTION) | 1 vaccination dose (2 ml) per day |
| ROZLYTREK (100MG ORAL CAPSULE) | Maximum of 5 capsules per day |
| ROZLYTREK (200MG ORAL CAPSULE) | Maximum of 3 capsules per day |
| RUBRACA (ORAL TABLET) | Maximum of 4 tablets per day |
| RUKOBIA (ORAL TABLET EXTENDED RELEASE 12 HOUR) | Maximum of 2 tablets per day |
| RYBELSUS (ORAL TABLET) | Maximum of 1 tablet per day |
| RYDAPT (ORAL CAPSULE) | Maximum of 8 capsules per day |
| <i>sajazir (subcutaneous solution prefilled syringe)</i> | Maximum of 12 syringes (36 ml) per 30 days |
| SANCUSO (TRANSDERMAL PATCH) | Maximum of 4 patches per 28 days |
| SCEMBLIX (20MG ORAL TABLET) | Maximum of 2 tablets per day |
| SCEMBLIX (40MG ORAL TABLET) | Maximum of 10 tablets per day |
| SECUADO (TRANSDERMAL PATCH 24 HOUR) | Maximum of 1 patch per day |
| SELZENTRY (ORAL SOLUTION) | Maximum of 8 bottles (1840 ml) per 30 days |
| SELZENTRY (25MG ORAL TABLET) | Maximum of 16 tablets per day |
| SELZENTRY (75MG ORAL TABLET) | Maximum of 2 tablets per day |
| SEREVENT DISKUS (60 INHALATION AEROSOL POWDER BREATH ACTIVATED) | Maximum of 1 inhaler (60 inhalations) per 30 days |
| SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED) | 1 vaccination dose (1 injection) per day |

| Drug name | Quantity limit |
|--|---|
| <i>sildenafil citrate (20mg oral tablet) (generic revatio)</i> | Maximum of 3 tablets per day |
| <i>silodosin (oral capsule)</i> | Maximum of 1 capsule per day |
| SIMPONI (100MG/ML SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 3 syringes (3 ml) per 28 days |
| SIMPONI (50MG/0.5ML SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 1 syringe (0.5 ml) per 30 days |
| SIMPONI (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 3 syringes (3 ml) per 28 days |
| SIMPONI (50MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 1 syringe (0.5 ml) per 30 days |
| <i>simvastatin (oral tablet)</i> | Maximum of 1 tablet per day |
| SKYCLARYS (ORAL CAPSULE) | Maximum of 3 capsules per day |
| SKYRIZI PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR) | Maximum of 1 pen (1 ml) per 28 days |
| SKYRIZI (180MG/1.2ML SUBCUTANEOUS SOLUTION CARTRIDGE) | Maximum of 1 cartridge (1.2 ml) per 56 days |
| SKYRIZI (360MG/2.4ML SUBCUTANEOUS SOLUTION CARTRIDGE) | Maximum of 1 cartridge (2.4 ml) per 56 days |
| SKYRIZI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 1 syringe (1 ml) per 28 days |
| SODIUM OXYBATE (ORAL SOLUTION) | Maximum of 18 ml per day |
| SOFOSBUVIR-VELPATASVIR (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>solifenacin succinate (oral tablet)</i> | Maximum of 1 tablet per day |
| SOLIQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 5 pens (15 ml) per 25 days |
| SOMAVERT (SUBCUTANEOUS SOLUTION RECONSTITUTED) | Maximum of 1 vial per day |
| SPIRIVA HANDIHALER (INHALATION CAPSULE) | Maximum of 1 capsule per day |
| SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION) | Maximum of 1 inhaler (4 grams) per 30 days |
| SPRYCEL (100MG ORAL TABLET, 140MG ORAL TABLET, 70MG ORAL TABLET) | Maximum of 1 tablet per day |
| SPRYCEL (20MG ORAL TABLET, 50MG ORAL TABLET) | Maximum of 3 tablets per day |
| SPRYCEL (80MG ORAL TABLET) | Maximum of 2 tablets per day |
| STELARA (SUBCUTANEOUS SOLUTION) | Maximum of 6 vials (3 ml) per 84 days |
| STELARA (45MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 6 syringes (3 ml) per 84 days |
| STELARA (90MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) | Maximum of 3 syringes (3 ml) per 84 days |
| STIOLTO RESPIMAT (INHALATION AEROSOL SOLUTION) | Maximum of 1 inhaler (4 grams) per 30 days |

| Drug name | Quantity limit |
|---|---|
| STIVARGA (ORAL TABLET) | Maximum of 4 tablets per day |
| STRIBILD (ORAL TABLET) | Maximum of 1 tablet per day |
| SUBOXONE (12-3MG SUBLINGUAL FILM) | Maximum of 2 films per day |
| SUBOXONE (2-0.5MG SUBLINGUAL FILM, 4-1MG SUBLINGUAL FILM, 8-2MG SUBLINGUAL FILM) | Maximum of 3 films per day |
| <i>sumatriptan (nasal solution)</i> | Maximum of 12 devices per 30 days |
| <i>sumatriptan succinate (oral tablet)</i> | Maximum of 12 tablets per 30 days |
| <i>sumatriptan succinate refill (subcutaneous solution cartridge)</i> | Maximum of 12 injections (6 ml) per 30 days |
| <i>sumatriptan succinate (subcutaneous solution)</i> | Maximum of 12 injections (6 ml) per 30 days |
| <i>sumatriptan succinate (subcutaneous solution auto-injector)</i> | Maximum of 12 injections (6 ml) per 30 days |
| <i>sunitinib malate (12.5mg oral capsule, 25mg oral capsule, 50mg oral capsule)</i> | Maximum of 1 capsule per day |
| <i>sunitinib malate (37.5mg oral capsule)</i> | Maximum of 2 capsules per day |
| SUNLENCA (4 X 300MG ORAL TABLET THERAPY PACK) | Maximum of 2 packs (8 tablets) per year |
| SUNLENCA (5 X 300MG ORAL TABLET THERAPY PACK) | Maximum of 2 packs (10 tablets) per year |
| SYMBICORT (120 INHALATION AEROSOL) | Maximum of 1 inhaler (10.2 grams) per 30 days |
| SYMPAZAN (ORAL FILM) | Maximum of 2 films per day |
| SYMTUZA (ORAL TABLET) | Maximum of 1 tablet per day |
| SYNAREL (NASAL SOLUTION) | Maximum of 4 bottles (32 ml) per 26 days |
| SYNJARDY (ORAL TABLET IMMEDIATE RELEASE) | 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) | Maximum of 2 tablets per day |
| SYNJARDY XR (25-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR) | Maximum of 1 tablet per day |
| TABRECTA (ORAL TABLET) | Maximum of 4 tablets per day |
| <i>tadalafil (pah) (20mg oral tablet) (generic adcirca)</i> | Maximum of 2 tablets per day |
| TAGRISSO (ORAL TABLET) | 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) | Maximum of 1 capsule per day |
| TALZENNA (0.25MG ORAL CAPSULE) | Maximum of 3 capsules per day |
| TASIGNA (150MG ORAL CAPSULE) | Maximum of 5 capsules per day |
| TASIGNA (200MG ORAL CAPSULE) | Maximum of 4 capsules per day |

| Drug name | Quantity limit |
|---|--|
| TASIGNA (50MG ORAL CAPSULE) | Maximum of 14 capsules per day |
| <i>tasimelteon (oral capsule)</i> | Maximum of 1 capsule per day |
| <i>tazarotene (external cream)</i> | Maximum of 60 grams per 30 days |
| TAZVERIK (ORAL TABLET) | Maximum of 8 tablets per day |
| TDVAX (INTRAMUSCULAR SUSPENSION) | 1 vaccination dose (0.5 ml) per day |
| <i>telmisartan (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>telmisartan-amlodipine (oral tablet)</i> | Maximum of 1 tablet per day |
| <i>telmisartan-hctz (40-12.5mg oral tablet, 80-25mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>telmisartan-hctz (80-12.5mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>temazepam (15mg oral capsule, 30mg oral capsule)</i> | Maximum of 1 capsule per day |
| TENIVAC (INTRAMUSCULAR INJECTABLE) | 1 vaccination dose (0.5 ml) per day |
| <i>tenofovir disoproxil fumarate (oral tablet)</i> | Maximum of 1 tablet per day |
| TEPMETKO (ORAL TABLET) | Maximum of 2 tablets per day |
| <i>terbinafine hcl (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>teriflunomide (oral tablet)</i> | Maximum of 1 tablet per day |
| TERIPARATIDE (RECOMBINANT) (620MCG/2.48ML SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 1 pen (2.48 ml) per 28 days |
| <i>tetrabenazine (12.5mg oral tablet)</i> | Maximum of 3 tablets per day |
| <i>tetrabenazine (25mg oral tablet)</i> | Maximum of 4 tablets per day |
| THALOMID (100MG ORAL CAPSULE, 50MG ORAL CAPSULE) | Maximum of 1 capsule per day |
| THALOMID (150MG ORAL CAPSULE, 200MG ORAL CAPSULE) | Maximum of 2 capsules per day |
| TIBSOVO (ORAL TABLET) | Maximum of 2 tablets per day |
| TICOVAC (1.2MCG/0.25ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.25 ml) per day |
| TICOVAC (2.4MCG/0.5ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| TIVICAY (10MG ORAL TABLET, 25MG ORAL TABLET) | Maximum of 1 tablet per day |
| TIVICAY (50MG ORAL TABLET) | Maximum of 2 tablets per day |
| TIVICAY PD (ORAL TABLET SOLUBLE) | Maximum of 6 tablets per day |
| TOBI PODHALER (INHALATION CAPSULE) | Maximum of 8 capsules per day |
| <i>tobramycin (300mg/5ml inhalation nebulization solution)</i> | Maximum of 2 ampules (10 ml) per day |
| TRACLEER (ORAL TABLET SOLUBLE) | Maximum of 8 tablets per day |
| TRADJENTA (ORAL TABLET) | Maximum of 1 tablet per day |

| Drug name | Quantity limit |
|---|--|
| <i>tramadol hcl (er biphasic) (oral tablet extended release 24 hour)</i> | Maximum of 1 tablet per day |
| <i>tramadol hcl er (oral tablet extended release 24 hour)</i> | Maximum of 1 tablet per day |
| <i>tramadol hcl (50mg oral tablet immediate release)</i> | Maximum of 8 tablets per day |
| <i>tramadol-acetaminophen (oral tablet)</i> | Maximum of 8 tablets per day |
| <i>trandolapril (1mg oral tablet, 2mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>trandolapril (4mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>trandolapril-verapamil hcl er (oral tablet extended release)</i> | Maximum of 1 tablet per day |
| TRELEGY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED) | Maximum of 1 inhaler (60 blisters) per 30 days |
| TRELSTAR MIXJECT (11.25MG INTRAMUSCULAR SUSPENSION RECONSTITUTED) | Maximum of 1 vial per 84 days |
| TRELSTAR MIXJECT (22.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED) | Maximum of 1 vial per 168 days |
| TRELSTAR MIXJECT (3.75MG INTRAMUSCULAR SUSPENSION RECONSTITUTED) | Maximum of 1 vial per 28 days |
| <i>trientine hcl (250mg oral capsule)</i> | Maximum of 8 capsules per day |
| TRIJARDY XR (10-5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 25-5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR) | 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) | Maximum of 2 tablets per day |
| TRINTELLIX (ORAL TABLET) | Maximum of 1 tablet per day |
| TRIUMEQ (ORAL TABLET) | Maximum of 1 tablet per day |
| TRIUMEQ PD (ORAL TABLET SOLUBLE) | Maximum of 6 tablets per day |
| TRIZIVIR (300-150-300MG ORAL TABLET) | Maximum of 2 tablets per day |
| TRULANCE (ORAL TABLET) | Maximum of 1 tablet per day |
| TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 4 pens (2 ml) per 28 days |
| TRUMENBA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| TRUQAP (ORAL TABLET) | Maximum of 64 tablets per 28 days |
| TUKYSA (150MG ORAL TABLET) | Maximum of 4 tablets per day |
| TUKYSA (50MG ORAL TABLET) | Maximum of 12 tablets per day |
| TURALIO (125MG ORAL CAPSULE) | Maximum of 4 capsules per day |

| Drug name | Quantity limit |
|--|--|
| TWINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE) | 1 vaccination dose (1 ml) per day |
| TYBOST (ORAL TABLET) | Maximum of 1 tablet per day |
| TYMLOS (SUBCUTANEOUS SOLUTION PEN-INJECTOR) | Maximum of 1.56 ml per 30 days |
| TYPHIM VI (INTRAMUSCULAR SOLUTION) | 1 vaccination dose (0.5 ml) per day |
| TYPHIM VI (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE) | 1 vaccination dose (0.5 ml) per day |
| TYRVAYA (NASAL SOLUTION) | Maximum of 2 bottles (8.4 ml) per 30 days |
| UBRELVY (ORAL TABLET) | Maximum of 16 tablets per 30 days |
| UPTRAVI TITRATION (ORAL TABLET THERAPY PACK) | Maximum of 2 packs (400 tablets) per year |
| <i>valacyclovir hcl (1gm oral tablet)</i> | Maximum of 4 tablets per day |
| <i>valacyclovir hcl (500mg oral tablet)</i> | Maximum of 2 tablets per day |
| VALCHLOR (EXTERNAL GEL) | Maximum of 60 grams per 30 days |
| <i>valganciclovir hcl (oral solution reconstituted)</i> | Maximum of 36 ml per day |
| <i>valganciclovir hcl (oral tablet)</i> | Maximum of 4 tablets per day |
| <i>valsartan (160mg oral tablet, 40mg oral tablet, 80mg oral tablet)</i> | Maximum of 2 tablets per day |
| <i>valsartan (320mg oral tablet)</i> | Maximum of 1 tablet per day |
| <i>valsartan-hydrochlorothiazide (oral tablet)</i> | Maximum of 1 tablet per day |
| VALTOCO 10MG DOSE (NASAL LIQUID) | Maximum of 10 blister packs (10 spray devices) per 30 days |
| VALTOCO 15MG DOSE (NASAL LIQUID THERAPY PACK) | Maximum of 10 blister packs (20 spray devices) per 30 days |
| VALTOCO 20MG DOSE (NASAL LIQUID THERAPY PACK) | Maximum of 10 blister packs (20 spray devices) per 30 days |
| VALTOCO 5MG DOSE (NASAL LIQUID) | Maximum of 10 blister packs (10 spray devices) per 30 days |
| <i>vancomycin hcl (125mg oral capsule)</i> | Maximum of 4 capsules per day |
| <i>vancomycin hcl (250mg oral capsule)</i> | Maximum of 8 capsules per day |
| VANFLYTA (ORAL TABLET) | Maximum of 2 tablets per day |
| VAQTA (25UNIT/0.5ML INTRAMUSCULAR SUSPENSION, 25UNIT/0.5ML 0.5ML INTRAMUSCULAR SUSPENSION) | Maximum of 2 vaccines per lifetime |
| VAQTA (50UNIT/ML INTRAMUSCULAR SUSPENSION, 50UNIT/ML 1ML INTRAMUSCULAR SUSPENSION) | Maximum of 2 vaccines per lifetime |
| VARIVAX (SUBCUTANEOUS INJECTABLE) | 1 vaccination dose (1 injection) per day |
| VELTASSA (ORAL PACKET) | Maximum of 1 packet per day |
| VEMLIDY (ORAL TABLET) | Maximum of 1 tablet per day |
| VENCLEXTA (100MG ORAL TABLET) | Maximum of 6 tablets per day |

| Drug name | Quantity limit |
|--|--|
| VENCLEXTA (10MG ORAL TABLET) | Maximum of 2 tablets per day |
| VENCLEXTA (50MG ORAL TABLET) | Maximum of 1 tablet per day |
| VENCLEXTA STARTING PACK (ORAL TABLET THERAPY PACK) | Maximum of 2 packs per year |
| VENTAVIS (10MCG/ML INHALATION SOLUTION) | Maximum of 7 ml per day |
| VENTAVIS (20MCG/ML INHALATION SOLUTION) | Maximum of 3 ml per day |
| VERQUVO (ORAL TABLET) | Maximum of 1 tablet per day |
| VERZENIO (ORAL TABLET) | Maximum of 2 tablets per day |
| <i>vigabatrin (oral packet)</i> | Maximum of 6 packets per day |
| <i>vigabatrin (oral tablet)</i> | Maximum of 6 tablets per day |
| <i>vigadrone (oral packet)</i> | Maximum of 6 packets per day |
| <i>vigadrone (oral tablet)</i> | Maximum of 6 tablets per day |
| <i>vigpoder (oral packet)</i> | Maximum of 6 packets per day |
| VIIBRYD (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>vilazodone hcl (oral tablet)</i> | Maximum of 1 tablet per day |
| VIRACEPT (250MG ORAL TABLET) | Maximum of 10 tablets per day |
| VIRACEPT (625MG ORAL TABLET) | Maximum of 4 tablets per day |
| VIREAD (ORAL POWDER) | Maximum of 4 bottles (240 grams) per 30 days |
| VIREAD (150MG ORAL TABLET, 200MG ORAL TABLET, 250MG ORAL TABLET) | Maximum of 1 tablet per day |
| VITRAKVI (100MG ORAL CAPSULE) | Maximum of 4 capsules per day |
| VITRAKVI (25MG ORAL CAPSULE) | Maximum of 6 capsules per day |
| VITRAKVI (ORAL SOLUTION) | Maximum of 20 ml per day |
| VIZIMPRO (ORAL TABLET) | Maximum of 1 tablet per day |
| VONJO (ORAL CAPSULE) | Maximum of 4 capsules per day |
| <i>voriconazole (oral suspension reconstituted)</i> | Maximum of 20 ml per day |
| <i>voriconazole (200mg oral tablet)</i> | Maximum of 4 tablets per day |
| <i>voriconazole (50mg oral tablet)</i> | Maximum of 16 tablets per day |
| VOSEVI (ORAL TABLET) | Maximum of 1 tablet per day |
| VOTRIENT (ORAL TABLET) | Maximum of 4 tablets per day |
| VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL CAPSULE) | Maximum of 1 capsule per day |
| VRAYLAR (ORAL CAPSULE THERAPY PACK) | Maximum of 2 packs (14 capsules) per year |
| VUMERITY (ORAL CAPSULE DELAYED RELEASE) (MAINTENANCE DOSE BOTTLE) | Maximum of 4 capsules per day |
| VYNDAMAX (ORAL CAPSULE) | Maximum of 1 capsule per day |
| VYNDAQEL (ORAL CAPSULE) | Maximum of 4 capsules per day |
| WELIREG (ORAL TABLET) | Maximum of 3 tablets per day |

| Drug name | Quantity limit |
|--|--|
| <i>wixela inhub (inhalation aerosol powder breath activated) (generic advair)</i> | Maximum of 1 inhaler (60 blisters) per 30 days |
| XARELTO (10MG ORAL TABLET, 20MG ORAL TABLET) | Maximum of 1 tablet per day |
| XARELTO (15MG ORAL TABLET, 2.5MG ORAL TABLET) | Maximum of 2 tablets per day |
| XARELTO STARTER PACK (ORAL TABLET THERAPY PACK) | Maximum of 2 packs per year |
| XCOPRI (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 1 pack (56 tablets) per 28 days |
| XCOPRI (350MG DAILY DOSE) (150MG & 200MG ORAL TABLET THERAPY PACK) | Maximum of 1 pack (56 tablets) per 28 days |
| XCOPRI (100MG ORAL TABLET, 50MG ORAL TABLET) | Maximum of 1 tablet per day |
| XCOPRI (150MG ORAL TABLET, 200MG ORAL TABLET) | 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) | Maximum of 2 packs per year |
| XELJANZ (ORAL SOLUTION) | Maximum of 10 ml per day |
| XELJANZ (ORAL TABLET IMMEDIATE RELEASE) | Maximum of 2 tablets per day |
| XELJANZ XR (ORAL TABLET EXTENDED RELEASE 24 HOUR) | Maximum of 1 tablet per day |
| XERMELO (ORAL TABLET) | 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) | 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) | Maximum of 2 tablets per day |
| XIIDRA (OPHTHALMIC SOLUTION) | Maximum of 2 vials per day |
| XOFLUZA (40MG DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 2 tablets per 30 days |
| XOFLUZA (80MG DOSE) (ORAL TABLET THERAPY PACK) | Maximum of 1 tablet per 30 days |
| XOSPATA (ORAL TABLET) | Maximum of 3 tablets per day |
| XPOVIO (100MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK) | Maximum of 8 tablets per 28 days |

| Drug name | Quantity limit |
|--|--|
| XPOVIO (40MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK) | Maximum of 4 tablets per 28 days |
| XPOVIO (40MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK) | Maximum of 8 tablets per 28 days |
| XPOVIO (60MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK) | Maximum of 4 tablets per 28 days |
| XPOVIO (60MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK) | Maximum of 24 tablets per 28 days |
| XPOVIO (80MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK) | Maximum of 8 tablets per 28 days |
| XPOVIO (80MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK) | Maximum of 32 tablets per 28 days |
| XTAMPZA ER (13.5MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT, 18MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT, 9MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT) | Maximum of 3 capsules per day |
| XTAMPZA ER (27MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT, 36MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT) | Maximum of 6 capsules per day |
| XTANDI (ORAL CAPSULE) | Maximum of 4 capsules per day |
| XTANDI (40MG ORAL TABLET) | Maximum of 4 tablets per day |
| XTANDI (80MG ORAL TABLET) | Maximum of 2 tablets per day |
| YF-VAX (SUBCUTANEOUS INJECTABLE) | 1 vaccination dose (1 injection) per day |
| <i>yuvaferm (vaginal tablet)</i> | Maximum of 18 tablets per 28 days |
| <i>zafirlukast (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>zaleplon (10mg oral capsule)</i> | Maximum of 2 capsules per day |
| <i>zaleplon (5mg oral capsule)</i> | Maximum of 1 capsule per day |
| ZEJULA (100MG ORAL CAPSULE) | Maximum of 3 capsules per day |
| ZEJULA (ORAL TABLET) | Maximum of 1 tablet per day |
| <i>zidovudine (oral capsule)</i> | Maximum of 6 capsules per day |
| <i>zidovudine (oral syrup)</i> | Maximum of 64 ml per day |
| <i>zidovudine (oral tablet)</i> | Maximum of 2 tablets per day |
| <i>ziprasidone hcl (oral capsule)</i> | Maximum of 2 capsules per day |
| ZOKINVY (ORAL CAPSULE) | Maximum of 4 capsules per day |
| <i>zolpidem tartrate (oral tablet immediate release)</i> | Maximum of 1 tablet per day |
| ZURZUVAE (20MG ORAL CAPSULE, 25MG ORAL CAPSULE) | Maximum of 28 capsules per 14 days |
| ZURZUVAE (30MG ORAL CAPSULE) | Maximum of 14 capsules per 14 days |
| ZYDELIG (ORAL TABLET) | Maximum of 2 tablets per day |
| ZYKADIA (ORAL TABLET) | Maximum of 3 tablets per day |

C3. Over-the-counter Medicaid Drug List

UHC Senior Care Options covers some prescription OTC drugs that aren't normally covered under our Medicare Part D benefit.

You need a prescription from your doctor to have drugs on this list covered. If your prescription is for a brand name drug, you will get the generic version of the drug if it's available. Your doctor should write "no substitution" on the prescription to get the brand name drug.

Some of these drugs may need prior authorization. Please check with your doctor and the plan. If the drug requires a prior authorization, you or your doctor will need to get approval from the plan before the drug may be covered.

The list below shows the prescription OTC and Medicaid covered drugs.

| Drug name | Drug name |
|--|---|
| Analgesics | <i>bacitracin zinc (ointment)</i> |
| Nonsteroidal Anti-inflammatory Drugs | <i>bacitracin-polymyxin (ointment)</i> |
| <i>acetaminophen (elixir)</i> | <i>hydrogen peroxide (solution)</i> |
| <i>acetaminophen (suspension)</i> | <i>iodine (tincture)</i> |
| <i>acetaminophen (tablet chewable)</i> | <i>isopropyl alcohol (gel)</i> |
| <i>acetaminophen (tablet er)</i> | <i>isopropyl alcohol (solution)</i> |
| <i>acetaminophen (tablet)</i> | <i>neomycin-bacitracin-polymyxin (ointment)</i> |
| <i>aspirin (tablet chewable)</i> | <i>povidone-iodine (solution)</i> |
| <i>aspirin (tablet dr)</i> | <i>povidone-iodine (swab)</i> |
| <i>aspirin (tablet)</i> | Antiemetics |
| <i>aspirin buffered (tablet)</i> | Antiemetics, Other |
| <i>ibuprofen (capsule)</i> | <i>meclizine hcl (tablet chewable)</i> |
| <i>ibuprofen (suspension)</i> | <i>meclizine hcl (tablet)</i> |
| <i>ibuprofen (tablet chewable)</i> | Antifungals |
| <i>ibuprofen (tablet)</i> | Antifungals |
| <i>naproxen sodium (capsule)</i> | <i>clotrimazole (cream)</i> |
| <i>naproxen sodium (tablet)</i> | <i>clotrimazole (solution)</i> |
| Anti-Addiction/Substance Abuse Treatment Agents | <i>miconazole nitrate (aerosol)</i> |
| Smoking Cessation Agents | <i>miconazole nitrate (cream)</i> |
| <i>nicotine (kit)</i> | <i>miconazole nitrate (powder)</i> |
| <i>nicotine (patch 24 hr)</i> | <i>tolnaftate (aerosol powder)</i> |
| <i>nicotine (patch)</i> | <i>tolnaftate (cream)</i> |
| <i>nicotine polacrilex (gum)</i> | <i>tolnaftate (solution)</i> |
| <i>nicotine polacrilex (lozenge)</i> | Antiparasitics |
| Antibacterials | Anthelmintics |
| Antibacterials, Other | <i>pyrantel pamoate (suspension)</i> |
| | Blood Glucose Regulators |

| Drug name |
|---|
| Glycemic Agents |
| <i>glucose (gel)</i> |
| <i>glucose (liquid)</i> |
| <i>glucose (tablet chewable)</i> |
| Dental and Oral Agents |
| Dental and Oral Agents |
| <i>artificial saliva (lozenge)</i> |
| <i>artificial saliva (solution)</i> |
| <i>cavarest (gel)</i> |
| <i>chlorhexidine gluconate (solution)</i> |
| <i>eql anticavity fluoride rinse kids (solution)</i> |
| <i>eql anticavity mouthwash/multiple benefit (solution)</i> |
| <i>eql dental travel pack (kit)</i> |
| <i>fluoride mouth rinse (solution)</i> |
| <i>ra anticavity fluoride rinse (solution)</i> |
| <i>sm anticavity fluoride rinse (solution)</i> |
| Dermatological Agents |
| Dermatitis and Pruritus Agents |
| <i>hydrocortisone (cream)</i> |
| <i>hydrocortisone (lotion)</i> |
| <i>hydrocortisone (ointment)</i> |
| <i>selenium sulfide (lotion)</i> |
| Dermatological Agents, Other |
| <i>calamine (lotion)</i> |
| <i>capsaicin (cream)</i> |
| <i>capsaicin (liquid)</i> |
| <i>capsaicin (patch)</i> |
| <i>colloidal oatmeal (cream)</i> |
| <i>colloidal oatmeal (lotion)</i> |
| <i>lanolin (gel)</i> |
| <i>lanolin (ointment)</i> |
| <i>vitamin a & d (ointment)</i> |
| <i>witch hazel (liquid)</i> |
| <i>witch hazel (pad)</i> |
| <i>zinc oxide (ointment)</i> |
| <i>zinc oxide (paste)</i> |
| Pediculicides/Scabicides |
| <i>pyrethrins-piperonyl butoxide (shampoo)</i> |

| Drug name |
|---|
| Topical Anti-infectives |
| <i>benzoyl peroxide (cream)</i> |
| <i>benzoyl peroxide (gel)</i> |
| <i>benzoyl peroxide (liquid)</i> |
| Electrolytes/Minerals/Metals/Vitamins |
| Electrolyte/Mineral Replacement |
| <i>calcium (capsule)</i> |
| <i>calcium (tablet)</i> |
| <i>calcium carbonate (tablet chewable)</i> |
| <i>calcium carbonate (tablet)</i> |
| <i>calcium citrate (tablet)</i> |
| <i>calcium gluconate (tablet)</i> |
| <i>calcium lactate (tablet)</i> |
| <i>calcium w/ vitamin d (tablet)</i> |
| <i>coral calcium (capsule)</i> |
| <i>iodine (kelp) (tablet)</i> |
| <i>iron (capsule)</i> |
| <i>magnesium citrate (tablet)</i> |
| <i>magnesium oxide (capsule)</i> |
| <i>magnesium oxide (tablet chewable)</i> |
| <i>magnesium oxide (tablet er)</i> |
| <i>magnesium oxide (tablet)</i> |
| <i>multiple minerals (tablet)</i> |
| <i>oral electrolyte (solution)</i> |
| <i>oyster shell calcium (tablet)</i> |
| <i>potassium & sodium phosphates (packet)</i> |
| <i>potassium (tablet)</i> |
| <i>sodium chloride (tablet)</i> |
| Phosphate Binders |
| <i>calcium acetate (tablet)</i> |
| Vitamins |
| <i>b-complex (capsule)</i> |
| <i>b-complex (tablet er)</i> |
| <i>b-complex (tablet)</i> |
| <i>b-complex w/ c & calcium (tablet)</i> |
| <i>calcium ascorbate (tablet)</i> |
| <i>cod liver oil (capsule)</i> |
| <i>cod liver oil (oil)</i> |
| <i>folic acid (capsule)</i> |

| Drug name |
|--|
| <i>folic acid (tablet)</i> |
| <i>iron (elixir)</i> |
| <i>iron (tablet dr)</i> |
| <i>iron (tablet er)</i> |
| <i>iron (tablet)</i> |
| <i>multiple vitamins w/ calcium (tablet)</i> |
| <i>multiple vitamins w/ minerals (capsule)</i> |
| <i>multiple vitamins w/ minerals (tablet chewable)</i> |
| <i>multiple vitamins w/ minerals (tablet er)</i> |
| <i>multiple vitamins w/ minerals (tablet)</i> |
| <i>multivitamins (capsule)</i> |
| <i>multivitamins (tablet)</i> |
| <i>niacin (tablet)</i> |
| <i>niacinamide (tablet er)</i> |
| <i>niacinamide (tablet)</i> |
| <i>ped multiple vitamins w/ fluoride (tablet chewable)</i> |
| <i>ped multiple vitamins w/ fluoride (tablet)</i> |
| <i>ped multiple vitamins w/ iron (tablet chewable)</i> |
| <i>ped multiple vitamins w/ iron (tablet)</i> |
| <i>ped multiple vitamins w/ minerals (tablet chewable)</i> |
| <i>ped multiple vitamins w/ minerals (tablet)</i> |
| <i>pediatric multiple vitamins (tablet chewable)</i> |
| <i>pediatric multiple vitamins (tablet)</i> |
| <i>pediatric vitamins (tablet chewable)</i> |
| <i>pediatric vitamins (tablet)</i> |
| <i>prenatal vitamins (capsule)</i> |
| <i>prenatal vitamins (tablet)</i> |
| <i>pyridoxine hcl (tablet er)</i> |
| <i>pyridoxine hcl (tablet)</i> |
| <i>vitamin a (capsule)</i> |
| <i>vitamin a (tablet)</i> |
| <i>vitamin b-1 (tablet)</i> |
| <i>vitamin b-12 (capsule)</i> |
| <i>vitamin b-12 (liquid)</i> |
| <i>vitamin b-12 (tablet dr)</i> |
| <i>vitamin b-12 (tablet er)</i> |
| <i>vitamin b-12 (tablet)</i> |
| <i>vitamin b-2 (tablet)</i> |

| Drug name |
|--------------------------------------|
| <i>vitamin c (capsule er)</i> |
| <i>vitamin c (lozenge)</i> |
| <i>vitamin c (tablet chewable)</i> |
| <i>vitamin c (tablet er)</i> |
| <i>vitamin c (tablet)</i> |
| <i>vitamin d2 (capsule)</i> |
| <i>vitamin d2 (solution)</i> |
| <i>vitamin d2 (tablet)</i> |
| <i>vitamin d3 (capsule)</i> |
| <i>vitamin d3 (liquid)</i> |
| <i>vitamin d3 (tablet chewable)</i> |
| <i>vitamin d3 (tablet)</i> |
| <i>vitamin e (capsule)</i> |
| <i>vitamin e (tablet chewable)</i> |
| <i>vitamin e (tablet)</i> |
| Gastrointestinal Agents |
| Anti-Constipation Agents |
| <i>bisacodyl (suppository)</i> |
| <i>bisacodyl (tablet dr)</i> |
| <i>corn dextrin (powder)</i> |
| <i>docusate sodium (capsule)</i> |
| <i>docusate sodium (liquid)</i> |
| <i>docusate sodium (syrup)</i> |
| <i>docusate sodium (tablet)</i> |
| <i>glycerin (suppository)</i> |
| <i>magnesium citrate (solution)</i> |
| <i>methylcellulose (tablet)</i> |
| <i>mineral oil (enema)</i> |
| <i>mineral oil (oil)</i> |
| <i>polyethylene glycol (packet)</i> |
| <i>polyethylene glycol (powder)</i> |
| <i>psyllium (capsule)</i> |
| <i>psyllium (packet)</i> |
| <i>psyllium (powder)</i> |
| <i>psyllium w/ calcium (capsule)</i> |
| <i>sennosides (capsule)</i> |
| <i>sennosides (liquid)</i> |
| <i>sennosides (syrup)</i> |
| <i>sennosides (tablet chewable)</i> |

| Drug name |
|---|
| <i>sennosides (tablet)</i> |
| <i>sodium phosphates (enema)</i> |
| <i>wheat dextrin (powder)</i> |
| <i>wheat dextrin-calcium (capsule)</i> |
| Anti-Diarrheal Agents |
| <i>loperamide hcl (capsule)</i> |
| Gastrointestinal Agents, Other |
| <i>4x probiotic (tablet)</i> |
| <i>abatineX (capsule)</i> |
| <i>acidophilus (capsule)</i> |
| <i>acidophilus (tablet chewable)</i> |
| <i>acidophilus (tablet)</i> |
| <i>acidophilus (wafer)</i> |
| <i>acidophilus extra strength (capsule)</i> |
| <i>acidophilus lactobacilli (capsule)</i> |
| <i>acidophilus probiotic (capsule)</i> |
| <i>acidophilus probiotic (tablet)</i> |
| <i>acidophilus probiotic blend (capsule)</i> |
| <i>acidophilus probiotic blend (tablet)</i> |
| <i>acidophilus probiotic complex (tablet)</i> |
| <i>acidophilus probiotic formula (tablet)</i> |
| <i>acidophilus super probiotic (capsule)</i> |
| <i>acidophilus with bifidus (tablet chewable)</i> |
| <i>acidophilus/bifidus (wafer)</i> |
| <i>acidophilus/goat milk (capsule)</i> |
| <i>acidophilus/l-sporogenes extra strength (tablet)</i> |
| <i>acidophilus/pectin (capsule)</i> |
| <i>advanced probiotic (capsule)</i> |
| <i>advanced probiotic 10 (capsule)</i> |
| <i>advanced probiotic-14 (capsule)</i> |
| ALIGN (CAPSULE) |
| ALIGN (TABLET CHEWABLE) |
| ALIGN EXTRA STRENGTH (CAPSULE) |
| ALIGN JR FOR KIDS (TABLET CHEWABLE) |
| <i>aloe 10000 & probiotics (capsule)</i> |
| <i>aluminum hydroxide (suspension)</i> |
| <i>biohm childrens probiotic supplement (tablet chewable)</i> |
| <i>biohm probiotic supplement (capsule)</i> |

| Drug name |
|---|
| <i>biohm probiotic supplement/vitamin c (capsule)</i> |
| <i>biotinex (capsule)</i> |
| <i>bismuth subsalicylate (suspension)</i> |
| <i>bismuth subsalicylate (tablet chewable)</i> |
| <i>bismuth subsalicylate (tablet)</i> |
| <i>calcium carbonate (tablet chewable)</i> |
| <i>calcium carbonate (tablet)</i> |
| <i>calcium carbonate-mag hydroxide (tablet chewable)</i> |
| <i>calcium carbonate-simethicone (tablet chewable)</i> |
| <i>childrens probiotic (tablet chewable)</i> |
| CULTURELLE (CAPSULE) |
| CULTURELLE ADVANCED IMMUNE DEFENSE (CAPSULE) |
| CULTURELLE DIGESTIVE HEALTH WOMENS HEALTHY BALANCE (CAPSULE) |
| CULTURELLE HEALTH & WELLNESS (CAPSULE) |
| CULTURELLE IMMUNE DEFENSE (TABLET CHEWABLE) |
| CULTURELLE IMMUNITY SUPPORT FORMULA (CAPSULE) |
| CULTURELLE KIDS (PACKET) |
| CULTURELLE KIDS (TABLET CHEWABLE) |
| CULTURELLE KIDS IMMUNE DEFENSE (TABLET CHEWABLE) |
| CULTURELLE KIDS PURELY PROBIOTICS (PACKET) |
| CULTURELLE KIDS REGULARITY (PACKET) |
| CULTURELLE PROBIOTICS (TABLET CHEWABLE) |
| CULTURELLE PROBIOTICS KIDS (PACKET) |
| CULTURELLE PROBIOTICS KIDS (TABLET CHEWABLE) |
| CULTURELLE PRO-WELL (CAPSULE) |
| <i>cvs acidophilus (capsule)</i> |
| <i>cvs acidophilus probiotic (tablet)</i> |
| <i>cvs acidophilus probiotic formula (tablet)</i> |
| <i>cvs adult 50+ probiotic (capsule)</i> |

| Drug name |
|--|
| <i>cvs adult probiotic (capsule)</i> |
| <i>cvs advanced probiotic gummies (tablet chewable)</i> |
| <i>cvs digestive probiotic (capsule)</i> |
| <i>cvs mood support probiotic (capsule)</i> |
| <i>cvs probiotic (capsule)</i> |
| <i>cvs probiotic (tablet chewable)</i> |
| <i>cvs probiotic childrens (tablet chewable)</i> |
| <i>cvs probiotic maximum strength (capsule)</i> |
| <i>cvs probiotic pearls extra strength (capsule)</i> |
| <i>cvs resistance formula probiotic (capsule)</i> |
| <i>cvs senior probiotic (capsule)</i> |
| <i>daily probiotic (capsule)</i> |
| <i>daily probiotic supplement (capsule)</i> |
| <i>digestive advantage daily digestive & immune support (tablet chewable)</i> |
| <i>digestive advantage kids daily digestive & immune support (tablet chewable)</i> |
| <i>digestive advantage kids daily probiotic gummies (tablet chewable)</i> |
| <i>digestive advantage kids daily probiotic+gen prebiotic fiber (tablet chewable)</i> |
| <i>digestive advantage multi-strain probiotic ultra (tablet chewable)</i> |
| <i>digestive advantage prebiotic+probiotic (tablet chewable)</i> |
| <i>digestive advantage probiotic gummies (tablet chewable)</i> |
| <i>digestive health probiotic (capsule)</i> |
| <i>eq probiotic digestive system support (capsule)</i> |
| <i>eql 2 in 1 probiotic (tablet)</i> |
| <i>eql 4x probiotic (tablet)</i> |
| <i>eql daily probiotic (capsule)</i> |
| <i>eql digestive probiotic (capsule)</i> |
| <i>eql probiotic colon support (capsule)</i> |
| <i>floranex (tablet)</i> |
| FLORASTOR (CAPSULE) |
| FLORASTOR BABY (PACKET) |
| FLORASTOR KIDS (PACKET) |
| FLORASTOR PLUS (CAPSULE) |

| Drug name |
|---|
| FLORASTOR PRE (CAPSULE) |
| FLORASTORMAX (PACKET) |
| <i>freeze dried acidophilus (capsule)</i> |
| <i>gnp 4x probiotic (tablet)</i> |
| <i>gnp acidophilus high potency (capsule)</i> |
| <i>gnp probiotic digestive support (capsule)</i> |
| <i>high potency probiotic (capsule)</i> |
| <i>hm 4x probiotic (tablet)</i> |
| <i>hm acidophilus (capsule)</i> |
| <i>hm probiotic digestive health (capsule)</i> |
| <i>intestinex (capsule)</i> |
| <i>lactobacillus (packet)</i> |
| <i>lactobacillus (tablet)</i> |
| <i>lactobacillus extra strength (capsule)</i> |
| <i>lactobacillus probiotic (tablet)</i> |
| <i>lacto-bifidus-600 (capsule)</i> |
| <i>lacto-key-100 (capsule)</i> |
| <i>lacto-key-600 (capsule)</i> |
| <i>lacto-pectin (capsule)</i> |
| <i>loperamide hcl (tablets)</i> |
| <i>mega probiotic (capsule)</i> |
| <i>more-dophilus acidophilus (powder)</i> |
| <i>natrul probiotic (capsule)</i> |
| <i>preorbolic (capsule)</i> |
| <i>primadophilus (capsule)</i> |
| <i>probiomax daily df (capsule)</i> |
| <i>probiotic & acidophilus formula extra strength (capsule)</i> |
| <i>probiotic (capsule)</i> |
| <i>probiotic + omega-3 (capsule)</i> |
| <i>probiotic acidophilus (capsule)</i> |
| <i>probiotic acidophilus beads (capsule)</i> |
| <i>probiotic blend (capsule)</i> |
| <i>probiotic chewable childrens (tablet chewable)</i> |
| <i>probiotic chocolate bears childrens (tablet chewable)</i> |
| <i>probiotic colic drops (liquid)</i> |
| <i>probiotic colon support (capsule)</i> |
| <i>probiotic complex/acidophilus (capsule)</i> |
| <i>probiotic daily (capsule)</i> |

| Drug name |
|--|
| <i>probiotic gold extra strength (capsule)</i> |
| <i>probiotic gummies (tablet chewable)</i> |
| <i>probiotic mature adult (capsule)</i> |
| <i>probiotic multi-enzyme (tablet)</i> |
| <i>probiotic packets childrens (packet)</i> |
| <i>probiotic/prebiotic/cranberry (capsule)</i> |
| <i>probiotic+turmeric extract (capsule)</i> |
| <i>quad-probiotic (capsule)</i> |
| <i>ra digestive health (capsule)</i> |
| <i>ra probiotic colon care (capsule)</i> |
| <i>ra probiotic complex (capsule)</i> |
| <i>ra probiotic digestive support (capsule)</i> |
| <i>ra probiotic gummies (tablet chewable)</i> |
| <i>ra probiotic maximum strength (capsule)</i> |
| <i>saccharomyces boulardii (capsule)</i> |
| <i>sd probiotic-10 complex ultra (capsule)</i> |
| <i>simethicone (capsule)</i> |
| <i>simethicone (suspension)</i> |
| <i>simethicone (tablet chewable)</i> |
| <i>sm 4x probiotic (tablet)</i> |
| <i>sm acidophilus (capsule)</i> |
| <i>sm acidophilus pearls (capsule)</i> |
| <i>sm probiotic (capsule)</i> |
| <i>sodium bicarbonate (powder)</i> |
| <i>sodium bicarbonate (tablet)</i> |
| <i>soluble fiber/probiotics (tablet chewable)</i> |
| <i>super probiotic (capsule)</i> |
| <i>super probiotic digestive support (capsule)</i> |
| <i>triple probiotic (tablet)</i> |
| <i>ultimate probiotic formula (capsule)</i> |
| <i>womens 50 billion (capsule)</i> |
| Histamine2 (H2) Receptor Antagonists |
| <i>cimetidine (tablet)</i> |
| <i>famotidine (tablet)</i> |
| Genitourinary Agents |
| Genitourinary Agents, Other |
| <i>nonoxynol-9 (gel)</i> |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) |

| Drug name |
|---|
| Progestins |
| <i>levonorgestrel (tablet)</i> |
| Miscellaneous Therapeutic Agents |
| Miscellaneous Therapeutic Agents |
| <i>coenzyme q10 (capsule)</i> |
| <i>coenzyme q10 (tablet)</i> |
| HYDROPHILIC OINTMENT (OINTMENT) |
| LMA MAD NASAL (MISCELLANEOUS) |
| <i>melatonin (liquid)</i> |
| <i>melatonin (tab sublingual)</i> |
| <i>melatonin (tablet chewable)</i> |
| <i>melatonin (tablet disintegrating)</i> |
| <i>melatonin (tablet er)</i> |
| <i>melatonin (tablet)</i> |
| <i>melatonin-pyridoxine (tab sublingual)</i> |
| <i>melatonin-pyridoxine (tablet er)</i> |
| <i>melatonin-pyridoxine (tablet)</i> |
| SPACER/AEROSOL-HOLDING CHAMBERS (DEVICE) |
| <i>white petrolatum (gel)</i> |
| Ophthalmic Agents |
| Ophthalmic Agents, Other |
| <i>allergy eye drops (solution)</i> |
| <i>artificial tear (solution)</i> |
| <i>cvs eye allergy relief (solution)</i> |
| <i>eq eye allergy relief (solution)</i> |
| <i>eye allergy relief (solution)</i> |
| NAPHCN-A (SOLUTION) |
| OPCON-A (SOLUTION) |
| <i>ra eye allergy relief (solution)</i> |
| <i>tgt eye allergy relief (solution)</i> |
| Ophthalmic Anti-inflammatories |
| <i>ketotifen fumarate (solution)</i> |
| Otic Agents |
| Otic Agents |
| <i>carbamide peroxide (solution)</i> |
| <i>isopropyl alcohol (liquid)</i> |
| Respiratory Tract/Pulmonary Agents |
| Antihistamines |

| Drug name |
|--|
| <i>cetirizine hcl (tablet chewable)</i> |
| <i>cetirizine hcl (tablet)</i> |
| <i>cetirizine-pseudoephedrine (tablet er 12hr)</i> |
| <i>chlorpheniramine maleate (syrup)</i> |
| <i>chlorpheniramine maleate (tablet er)</i> |
| <i>chlorpheniramine maleate (tablet)</i> |
| <i>diphenhydramine hcl (capsule)</i> |
| <i>diphenhydramine hcl (elixir)</i> |
| <i>diphenhydramine hcl (liquid)</i> |
| <i>diphenhydramine hcl (tablet chewable)</i> |
| <i>diphenhydramine hcl (tablet disintegrating)</i> |
| <i>diphenhydramine hcl (tablet)</i> |
| <i>doxylamine succinate (tablet)</i> |
| <i>loratadine & pseudoephedrine (tablet er 12hr)</i> |

| Drug name |
|---|
| <i>loratadine (syrup)</i> |
| <i>loratadine (tablet chewable)</i> |
| <i>loratadine (tablet disintegrating)</i> |
| <i>loratadine (tablet)</i> |
| Anti-inflammatories, Inhaled Corticosteroids |
| <i>budesonide (suspension)</i> |
| <i>triamcinolone acetonide (aerosol)</i> |
| Respiratory Tract Agents, Other |
| <i>doxylamine-dm (liquid)</i> |
| <i>pseudoephedrine hcl (capsule)</i> |
| <i>pseudoephedrine hcl (tablet er 12hr)</i> |
| <i>pseudoephedrine hcl (tablet)</i> |
| <i>sodium chloride (aerosol solution)</i> |

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

| A | | | | | |
|--|--------|--|----|--|----|
| Abacavir Sulfate..... | 43 | Advair HFA..... | 92 | Amiodarone HCl..... | 52 |
| Abacavir Sulfate-Lamivudine | 43 | Aimovig..... | 30 | Amitriptyline HCl..... | 28 |
| Abelcet..... | 29 | Akeega..... | 32 | Amlodipine Besylate..... | 53 |
| Abilify Maintena..... | 39 | Ala-Cort..... | 61 | Amlodipine-Atorvastatin..... | 54 |
| Abiraterone Acetate..... | 32 | Albendazole..... | 37 | Amlodipine-Benazepril..... | 54 |
| Abrysvo..... | 82 | Albuterol Sulfate..... | 90 | Amlodipine-Olmesartan..... | 54 |
| Acamprosate Calcium..... | 16 | Albuterol Sulfate HFA..... | 90 | Amlodipine-Valsartan..... | 55 |
| Acarbose..... | 46 | Alclometasone Dipropionate | 61 | Amlodipine-Valsartan-HCTZ | 55 |
| Accutane..... | 60 | Alcohol Prep Pads..... | 86 | Ammonium Lactate..... | 61 |
| Acebutolol HCl..... | 53 | Alecensa..... | 33 | Amnesteem..... | 61 |
| Acetaminophen-Caffeine- Dihydrocodeine..... | 15 | Alendronate Sodium..... | 85 | Amoxapine..... | 28 |
| Acetaminophen-Codeine..... | 15 | Alfuzosin HCl ER..... | 70 | Amoxicillin..... | 20 |
| Acetazolamide..... | 54 | Aliskiren Fumarate..... | 54 | Amoxicillin-Potassium Clavulanate..... | 20 |
| Acetazolamide ER..... | 54 | Allopurinol..... | 30 | Amoxicillin-Potassium Clavulanate ER..... | 20 |
| Acetic Acid..... | 89 | Alomide..... | 87 | Amphetamine- Dextroamphetamine..... | 58 |
| Acetylcysteine..... | 92 | Alosetron HCl..... | 67 | Amphetamine- Dextroamphetamine ER..... | 58 |
| Acitretin..... | 60 | Alphagan P..... | 88 | Amphotericin B..... | 29 |
| Actemra..... | 78 | Alprazolam..... | 45 | Amphotericin B Liposome..... | 29 |
| Actemra ACTPen..... | 78 | Altavera..... | 71 | Ampicillin..... | 20 |
| ActHIB..... | 82 | Alunbrig..... | 33 | Ampicillin Sodium..... | 20 |
| Actimmune..... | 79 | Alyacen 1/35..... | 71 | Ampicillin-Sulbactam Sodium | 20 |
| Acyclovir..... | 42 | Alyq..... | 91 | Anagrelide HCl..... | 50 |
| Acyclovir Sodium..... | 42 | Amantadine HCl..... | 38 | Anastrozole..... | 33 |
| Adacel..... | 82 | Ambrisentan..... | 91 | Anoro Ellipta..... | 92 |
| Adapalene..... | 60, 61 | Amethia..... | 71 | Anzemet..... | 29 |
| Adefovir Dipivoxil..... | 42 | Amikacin Sulfate..... | 17 | | |
| Adempas..... | 91 | Amiloride HCl..... | 56 | | |
| Advair Diskus..... | 92 | Amiloride-Hydrochlorothiazide | 54 | | |

| | | | | | |
|------------------------------|--------|---|--------|---|--------|
| Apraclonidine HCl..... | 88 | Aviane..... | 71 | Betaine..... | 68 |
| Aprepitant..... | 29 | Avonex Pen..... | 59 | Betamethasone Dipropionate | 61 |
| Apri..... | 71 | Avonex Prefilled..... | 59 | Betamethasone Dipropionate Aug..... | 61 |
| Apriso..... | 84 | Ayvakit..... | 33 | Betamethasone Valerate..... | 61 |
| Aptiom..... | 25 | Azathioprine..... | 80 | Betaseron..... | 59 |
| Aptivus..... | 44 | Azelaic Acid..... | 61 | Betaxolol HCl..... | 53, 88 |
| Aralast NP..... | 68 | Azelastine HCl..... | 87, 89 | Bethanechol Chloride..... | 70 |
| Aranelle..... | 71 | Azelastine-Fluticasone..... | 89 | Betimol..... | 88 |
| Aranesp..... | 50, 51 | Azithromycin..... | 21 | Bevespi Aerosphere..... | 92 |
| Arcalyst..... | 78 | Aztreonam..... | 17 | Bexarotene..... | 37 |
| Arexvy..... | 82 | B | | Bexsero..... | 82 |
| Arformoterol Tartrate..... | 90 | Bacitracin..... | 87 | Bicalutamide..... | 32 |
| Aripiprazole..... | 39 | Bacitracin-Polymyxin B..... | 87 | Bicillin C-R..... | 21 |
| Aripiprazole ODT..... | 39 | Baclofen..... | 42 | Bicillin C-R 900/300..... | 20 |
| Aristada..... | 39 | Balsalazide Disodium..... | 84 | Bicillin L-A..... | 21 |
| Aristada Initio..... | 39 | Balversa..... | 33 | Biktarvy..... | 42 |
| Armodafinil..... | 94 | Balziva..... | 71 | Bisoprolol Fumarate..... | 53 |
| Arnuity Ellipta..... | 89 | Baqsimi One Pack..... | 48 | Bisoprolol-Hydrochlorothiazide | 55 |
| Asenapine Maleate..... | 39 | Baraclude..... | 42 | BIVIGAM..... | 78 |
| Ashlyna..... | 71 | BCG Vaccine..... | 82 | Blisovi 24 Fe..... | 71 |
| Aspirin-Dipyridamole ER..... | 51 | Belsomra..... | 94 | Blisovi Fe 1.5/30..... | 71 |
| Atazanavir Sulfate..... | 44 | Benazepril HCl..... | 52 | Boostrix..... | 82 |
| Atenolol..... | 53 | Benazepril-Hydrochlorothiazide | 55 | Bosentan..... | 91 |
| Atenolol-Chlorthalidone..... | 55 | Benlysta..... | 78 | Bosulif..... | 33 |
| Atomoxetine HCl..... | 58 | Benznidazole..... | 37 | Braftovi..... | 33 |
| Atorvastatin Calcium..... | 56 | Benzoyl Peroxide-Erythromycin | 61 | Breo Ellipta..... | 92 |
| Atovaquone..... | 37 | Benzotropine Mesylate..... | 38 | Breztri Aerosphere..... | 92 |
| Atovaquone-Proguanil HCl.... | 37 | Bepotastine Besilate..... | 87 | Briellyn..... | 71 |
| Atropine Sulfate..... | 86 | Bepreve..... | 87 | Brilinta..... | 51 |
| Atrovent HFA..... | 90 | Berinert..... | 77 | Brimonidine Tartrate..... | 88 |
| Aubra EQ..... | 71 | Besivance..... | 87 | Brimonidine Tartrate-Timolol | 86 |
| Augtyro..... | 33 | Besremi..... | 80 | | |
| Austedo..... | 59 | | | | |
| Auvelity..... | 26 | | | | |

| | | | | | |
|---------------------------------|--------|----------------------------|----|------------------------------|--------|
| Brinzolamide..... | 88 | Candesartan Cilexetil..... | 52 | Cephalexin..... | 20 |
| BRIVIACT..... | 23 | Candesartan Cilexetil-HCTZ | 55 | Cetirizine HCl..... | 89 |
| Bromocriptine Mesylate..... | 38 | | 55 | Chemet..... | 66 |
| Bronchitol..... | 92 | Caplyta..... | 40 | Chenodal..... | 67 |
| Brukinsa..... | 34 | Caprelsa..... | 34 | Chlordiazepoxide HCl..... | 45 |
| Budesonide..... | 84, 89 | Captopril..... | 52 | Chlorhexidine Gluconate..... | 60 |
| Budesonide ER..... | 84 | Carbamazepine..... | 25 | Chloroquine Phosphate..... | 37 |
| Bumetanide..... | 56 | Carbamazepine ER..... | 25 | Chlorpromazine HCl..... | 39 |
| Buprenorphine..... | 14 | Carbidopa..... | 38 | Chlorthalidone..... | 56 |
| Buprenorphine HCl..... | 17 | Carbidopa-Levodopa..... | 38 | Chlorzoxazone..... | 93 |
| Buprenorphine HCl-Naloxone | | Carbidopa-Levodopa ER..... | 38 | Cholbam..... | 68 |
| HCl..... | 17 | Carbidopa-Levodopa ODT.... | 38 | Cholestyramine..... | 57 |
| Bupropion HCl..... | 26 | Carbidopa-Levodopa- | | Cholestyramine Light..... | 57 |
| Bupropion HCl SR..... | 17, 26 | Entacapone..... | 38 | Ciclopirox..... | 63 |
| Bupropion HCl XL..... | 26 | Carglumic Acid..... | 64 | Ciclopirox Olamine..... | 63 |
| Buspiron HCl..... | 45 | Carteolol HCl..... | 88 | Cilostazol..... | 51 |
| Butalbital-Acetaminophen- | | Cartia XT..... | 54 | Ciloxan..... | 87 |
| Caffeine..... | 15 | Carvedilol..... | 53 | Cimduo..... | 43 |
| Butalbital-Aspirin-Caffeine.... | 15 | Cayston..... | 91 | Cimetidine..... | 68 |
| Butorphanol Tartrate..... | 15 | Cefaclor..... | 19 | Cimzia..... | 80 |
| Bydureon BCise..... | 46 | Cefadroxil..... | 19 | Cimzia Prefilled..... | 80 |
| Byetta 10MCG Pen..... | 46 | Cefazolin Sodium..... | 19 | Cinacalcet HCl..... | 85 |
| Byetta 5MCG Pen..... | 46 | Cefdinir..... | 19 | Cinryze..... | 77 |
| C | | Cefepime HCl..... | 19 | Cipro HC..... | 89 |
| Cabergoline..... | 76 | Cefixime..... | 19 | Ciprofloxacin HCl..... | 22, 87 |
| Cablivi..... | 51 | Cefotetan Disodium..... | 19 | Ciprofloxacin in D5W..... | 22 |
| Cabometyx..... | 34 | Cefoxitin Sodium..... | 19 | Ciprofloxacin-Dexamethasone | 89 |
| Calcipotriene..... | 63 | Cefpodoxime Proxetil..... | 19 | | 89 |
| Calcitonin Salmon..... | 85 | Cefprozil..... | 19 | Citalopram Hydrobromide.... | 27 |
| Calcitriol..... | 63, 85 | Ceftazidime..... | 19 | Claravis..... | 61 |
| Calcium Acetate..... | 66 | Ceftriaxone Sodium..... | 19 | Clarithromycin..... | 22 |
| Calquence..... | 34 | Cefuroxime Axetil..... | 19 | Clarithromycin ER..... | 22 |
| Camila..... | 75 | Cefuroxime Sodium..... | 20 | Clenpiq..... | 67 |
| Camrese Lo..... | 71 | Celecoxib..... | 14 | Climara Pro..... | 71 |

| | | | | | |
|---|------------|------------------------------------|------------|-------------------------------------|----|
| Clindacin ETZ..... | 63 | Combivent Respimat..... | 92 | Daptacel..... | 82 |
| Clindamycin HCl..... | 17 | Cometriq..... | 34 | Daptomycin..... | 18 |
| Clindamycin Palmitate HCl.... | 18 | Complera..... | 43 | Darunavir..... | 44 |
| Clindamycin Phosphate..... | 18, 63, 64 | Compro..... | 28 | Daurismo..... | 34 |
| Clindamycin Phosphate in D5W | 18 | Constulose..... | 67 | Deblitane..... | 75 |
| Clindamycin Phosphate-Benzoyl Peroxide..... | 61 | Copiktra..... | 34 | Deferasirox..... | 66 |
| Clobazam..... | 24 | Cordran..... | 62 | Deferasirox Granules..... | 66 |
| Clobetasol Propionate..... | 62 | Corlanor..... | 55 | Deferiprone..... | 66 |
| Clobetasol Propionate Emollient Base..... | 61 | Cosentyx..... | 78, 79 | Delstrigo..... | 43 |
| Clodan..... | 62 | Cosentyx Sensoready..... | 78 | Demeclocycline HCl..... | 22 |
| Clomipramine HCl..... | 28 | Cosentyx UnoReady..... | 79 | Depo-Estradiol..... | 71 |
| Clonazepam..... | 45 | Cotellic..... | 34 | Depo-SubQ Provera 104..... | 75 |
| Clonazepam ODT..... | 46 | Creon..... | 68 | Descovy..... | 43 |
| Clonidine..... | 52 | Crinone..... | 75 | Desipramine HCl..... | 28 |
| Clonidine HCl..... | 52 | Cromolyn Sodium..... | 68, 87, 91 | Desloratadine..... | 89 |
| Clonidine HCl ER..... | 58 | Cryselle-28..... | 71 | Desmopressin Acetate..... | 70 |
| Clopidogrel Bisulfate..... | 51 | Cyclobenzaprine HCl..... | 93 | Desmopressin Acetate Spray | 70 |
| Clorazepate Dipotassium..... | 46 | Cyclophosphamide..... | 31 | Desogestrel-Ethinyl Estradiol | 71 |
| Clotrimazole..... | 29, 64 | Cycloset..... | 46 | Desonide..... | 62 |
| Clotrimazole-Betamethasone | 63 | Cyclosporine..... | 80 | Desoximetasone..... | 62 |
| Clozapine..... | 41 | Cyclosporine Modified..... | 80 | Desvenlafaxine Succinate ER | 27 |
| Clozapine ODT..... | 41 | Cyltezo..... | 80 | Dexamethasone..... | 70 |
| Coartem..... | 37 | Cyltezo-CD/UC/HS Starter.... | 80 | Dexamethasone Sodium Phosphate..... | 88 |
| Codeine Sulfate..... | 15 | Cyltezo-Psoriasis/UV Starter | 80 | Dexlansoprazole..... | 68 |
| Colchicine..... | 30 | Cyproheptadine HCl..... | 89 | Dexamethylphenidate HCl..... | 58 |
| Colchicine-Probenecid..... | 30 | Cyred EQ..... | 71 | Dexamethylphenidate HCl ER | 58 |
| Colesevelam HCl..... | 57 | Cystagon..... | 69 | Dextroamphetamine Sulfate | 58 |
| Colestipol HCl..... | 57 | Cystaran..... | 86 | Dextroamphetamine Sulfate ER | 58 |
| Colistimethate Sodium..... | 18 | D | | | |
| Combigan..... | 86 | Dalfampridine ER..... | 59 | | |
| | | Danazol..... | 71 | | |
| | | Dantrolene Sodium..... | 42 | | |
| | | Dapsone..... | 31 | | |

| | | | | | |
|--|------------|--|--------|--|--------|
| Dextrose..... | 64 | Divalproex Sodium ER..... | 46 | Efavirenz-Emtricitabine- Tenofovir..... | 43 |
| Dextrose-NaCl..... | 64 | Dofetilide..... | 52 | Efavirenz-Lamivudine-Tenofovir | 43 |
| Diacomit..... | 24 | Dolishale..... | 71 | Elestrin..... | 72 |
| Diazepam..... | 24, 46 | Donepezil HCl..... | 26 | Eligard..... | 76 |
| Diazepam Intensol..... | 46 | Donepezil HCl ODT..... | 26 | Eliquis..... | 50 |
| Diazoxide..... | 48 | Doptelet..... | 51 | Eliquis Starter Pack..... | 50 |
| Diclofenac Epolamine..... | 14 | Dorzolamide HCl..... | 89 | Elmiron..... | 70 |
| Diclofenac Potassium..... | 14 | Dorzolamide HCl-Timolol Maleate..... | 86 | EluRyng..... | 72 |
| Diclofenac Sodium.... | 14, 63, 88 | Dorzolamide HCl-Timolol Maleate Preservative Free.... | 86 | Emcyt..... | 32 |
| Diclofenac Sodium ER..... | 14 | Dovato..... | 42 | Emgality..... | 30, 31 |
| Dicloxacillin Sodium..... | 21 | Doxazosin Mesylate..... | 52 | Emsam..... | 27 |
| Dicyclomine HCl..... | 67 | Doxepin HCl..... | 28, 62 | Emtricitabine..... | 43 |
| Dificid..... | 22 | Doxercalciferol..... | 85 | Emtricitabine-Tenofovir | |
| Diflunisal..... | 14 | Doxy 100..... | 22 | Disoproxil Fumarate..... | 44 |
| Digoxin..... | 55 | Doxycycline Hyclate..... | 22, 23 | Emtriva..... | 44 |
| Dihydroergotamine Mesylate | 30 | Doxycycline Monohydrate.... | 23 | Enalapril Maleate..... | 52 |
| Dilantin..... | 25 | Dronabinol..... | 29 | Enalapril-Hydrochlorothiazide | 55 |
| Dilantin INFATABS..... | 25 | Drospirenone-Ethinyl Estradiol | 71 | Enbrel..... | 80 |
| Dilt-XR..... | 54 | Droxia..... | 32 | Enbrel Mini..... | 80 |
| Diltiazem HCl..... | 54 | Droxidopa..... | 52 | Enbrel SureClick..... | 80 |
| Diltiazem HCl ER..... | 54 | Duavee..... | 72 | Endari..... | 64 |
| Diltiazem HCl ER Beads..... | 54 | Dulera..... | 92 | Endocet..... | 15 |
| Diltiazem HCl ER Coated Beads..... | 54 | Duloxetine HCl..... | 59 | Engerix-B..... | 82 |
| Dimethyl Fumarate..... | 59 | Dupixent..... | 79 | EnilloRing..... | 72 |
| Dimethyl Fumarate Starter Pack..... | 60 | Dutasteride..... | 70 | Enoxaparin Sodium..... | 50 |
| Dipentum..... | 84 | Dymista..... | 89 | Enpresse-28..... | 72 |
| Diphenoxylate-Atropine..... | 67 | E | | Enskyce..... | 72 |
| Diphtheria-Tetanus Toxoids DT | 82 | Econazole Nitrate..... | 64 | Entacapone..... | 38 |
| Disulfiram..... | 16 | Edarbi..... | 52 | Entecavir..... | 42 |
| Diuril..... | 56 | Edarbyclor..... | 55 | Entresto..... | 55 |
| Divalproex Sodium..... | 46 | Edurant..... | 43 | Enulose..... | 67 |
| | | Efavirenz..... | 43 | Envarsus XR..... | 80 |

| | | | | | |
|--|------------|-----------------------------|--------|--|---------------------------------|
| Epclusa..... | 42 | Etravirine..... | 43 | Flac..... | 89 |
| Epidiolex..... | 23 | Euthyrox..... | 76 | Flarex..... | 88 |
| Epinastine HCl..... | 87 | Everolimus..... | 34, 80 | Flecainide Acetate..... | 52 |
| Epinephrine..... | 90 | Evotaz..... | 44 | Fluconazole..... | 29 |
| Epitol..... | 25 | Exemestane..... | 33 | Fluconazole in Sodium Chloride..... | 29 |
| Eplerenone..... | 56 | Exkivity..... | 34 | Flucytosine..... | 29 |
| Eprontia..... | 23 | Ezetimibe..... | 57 | Fludrocortisone Acetate..... | 70 |
| Ergotamine-Caffeine..... | 30 | Ezetimibe-Simvastatin..... | 57 | Flunisolide..... | 89 |
| Erivedge..... | 34 | F | | | Fluocinolone Acetonide...62, 89 |
| Erleada..... | 32 | Falmina..... | 72 | Fluocinolone Acetonide Scalp | 62 |
| Erlotinib HCl..... | 34 | Famciclovir..... | 42 | Fluocinonide..... | 62 |
| Errin..... | 75 | Famotidine..... | 68 | Fluocinonide Emulsified Base | 62 |
| Ertapenem Sodium..... | 21 | Fanapt..... | 40 | Fluorometholone..... | 88 |
| Ery..... | 64 | Fanapt Titration Pack..... | 40 | Fluorouracil..... | 63 |
| Erythrocin Lactobionate..... | 22 | Farxiga..... | 46 | Fluoxetine HCl..... | 27 |
| Erythromycin..... | 22, 64, 87 | Fasenra..... | 93 | Fluphenazine Decanoate..... | 39 |
| Erythromycin Base..... | 22 | Fasenra Pen..... | 93 | Fluphenazine HCl..... | 39 |
| Erythromycin Ethylsuccinate | 22 | Febuxostat..... | 30 | Flurbiprofen..... | 14 |
| Escitalopram Oxalate..... | 27 | Felbamate..... | 23 | Flurbiprofen Sodium..... | 88 |
| Esomeprazole Magnesium.... | 68 | Felodipine ER..... | 53 | Fluticasone Propionate....62, 90 | |
| Estarylla..... | 72 | Femring..... | 72 | Fluticasone-Salmeterol..... | 93 |
| Estradiol..... | 72 | Fenofibrate..... | 56 | Fluvastatin Sodium..... | 56 |
| Estradiol Valerate..... | 72 | Fenofibrate Micronized..... | 56 | Fluvastatin Sodium ER..... | 56 |
| Estring..... | 72 | Fenofibric Acid..... | 56 | Fluvoxamine Maleate..... | 27 |
| Eszopiclone..... | 94 | Fentanyl..... | 15 | FML Forte..... | 88 |
| Ethacrynic Acid..... | 56 | Fentanyl Citrate..... | 15, 16 | Fondaparinux Sodium..... | 50 |
| Ethambutol HCl..... | 31 | Fetzima..... | 27 | Formoterol Fumarate..... | 90 |
| Ethosuximide..... | 24 | Fetzima Titration..... | 27 | Forteo..... | 85 |
| Ethinodiol Diacetate-Ethinyl Estradiol..... | 72 | Finacea..... | 61 | Fosamprenavir Calcium..... | 44 |
| Etodolac..... | 14 | Finasteride..... | 70 | Fosinopril Sodium..... | 52 |
| Etodolac ER..... | 14 | Fingolimod HCl..... | 60 | Fosinopril Sodium-HCTZ..... | 55 |
| Etonogestrel-Ethinyl Estradiol | 72 | Fintepla..... | 23 | Fotivda..... | 32 |
| | | Finzala..... | 72 | | |
| | | Firmagon..... | 76, 77 | | |

| | | | | | |
|---|------------|------------------------------------|----|--|------------|
| Fruzaqla..... | 34 | Glatopa..... | 60 | Humalog Mix 75/25..... | 48 |
| Furosemide..... | 56 | Gleostine..... | 31 | Humalog Mix 75/25 KwikPen | 48 |
| Fuzeon..... | 44 | Glimepiride..... | 46 | Humira..... | 80 |
| Fyavolv..... | 72 | Glipizide..... | 46 | Humira Pediatric Crohns Start | 81 |
| Fycompa..... | 23 | Glipizide ER..... | 46 | Humira Pen Crohn's Disease/ Ulcerative Colitis/Hidradenitis Suppurativa Starter..... | 81 |
| G | | | | | |
| Gabapentin..... | 24 | Glipizide-Metformin HCl..... | 47 | Humira Pen Psoriasis Starter | 81 |
| Galantamine Hydrobromide | 26 | GlucaGen HypoKit..... | 48 | Humira Pen Psoriasis/Uveitis Starter..... | 81 |
| Galantamine Hydrobromide ER | 26 | Glucagon..... | 48 | Humira Pen-Pediatric UC Start | 81 |
| Gammagard..... | 78 | Glycopyrrolate..... | 67 | Humulin 70/30..... | 49 |
| Gammagard S/D Less IgA.... | 78 | Glyxambi..... | 47 | Humulin 70/30 KwikPen..... | 48 |
| Gammaked..... | 78 | Granisetron HCl..... | 29 | Humulin N..... | 49 |
| Gammaplex..... | 78 | Griseofulvin Microsize..... | 29 | Humulin N KwikPen..... | 49 |
| Gamunex-C..... | 78 | Griseofulvin Ultramicrosize.... | 29 | Humulin R..... | 49 |
| Gardasil 9..... | 82 | Guanfacine HCl ER..... | 59 | Humulin R U-500..... | 49 |
| Gatifloxacin..... | 87 | Gvoke HypoPen 2-Pack..... | 48 | Humulin R U-500 KwikPen.... | 49 |
| Gauze..... | 86 | Gvoke Kit..... | 48 | Hydralazine HCl..... | 57 |
| GaviLyte-C..... | 67 | Gvoke PFS..... | 48 | Hydrochlorothiazide..... | 56 |
| GaviLyte-G..... | 67 | H | | | |
| Gavreto..... | 34 | Haegarda..... | 77 | Hydrocodone-Acetaminophen | 16 |
| Gefitinib..... | 34 | Hailey 24 Fe..... | 72 | Hydrocodone-Ibuprofen..... | 16 |
| Gemfibrozil..... | 56 | Halobetasol Propionate..... | 62 | Hydrocortisone..... | 62, 70, 85 |
| Gemtesa..... | 69 | Haloette..... | 72 | Hydrocortisone Butyrate..... | 62 |
| Generlac..... | 67 | Haloperidol..... | 39 | Hydrocortisone Valerate..... | 62 |
| Gengraf..... | 80 | Haloperidol Decanoate..... | 39 | Hydrocortisone-Acetic Acid... | 89 |
| Genotropin..... | 70 | Haloperidol Lactate..... | 39 | Hydromorphone HCl..... | 16 |
| Genotropin MiniQuick..... | 70 | Havrix..... | 82 | Hydromorphone HCl ER..... | 15 |
| Gentamicin Sulfate.... | 17, 64, 87 | Heparin Sodium..... | 50 | Hydromorphone HCl Preservative Free..... | 16 |
| Gentamicin Sulfate-0.9% Sodium Chloride..... | 17 | Heplisav-B..... | 82 | | |
| Genvoya..... | 43 | Hiberix..... | 82 | | |
| Gilotrif..... | 34 | Humalog..... | 48 | | |
| Glatiramer Acetate..... | 60 | Humalog Junior KwikPen..... | 48 | | |
| | | Humalog KwikPen..... | 48 | | |
| | | Humalog Mix 50/50 KwikPen | 48 | | |

| | | | | |
|-----------------------------|---------------------------------|---------|-----------------------------|--------|
| Hydroxychloroquine Sulfate | Inqovi..... | 34 | Ixiaro..... | 83 |
|37 | Inrebic..... | 34 | J | |
| Hydroxyurea..... | Insulin Lispro..... | 49 | Jakafi..... | 34 |
| Hydroxyzine HCl..... | Insulin Lispro Junior KwikPen |49 | Jantoven..... | 50 |
| Hydroxyzine Pamoate..... |49 | 49 | Janumet..... | 47 |
| I | | | | |
| Ibandronate Sodium..... | Insulin Lispro Prot & Lispro... | 49 | Janumet XR..... | 47 |
| Ibrance..... | Insulin Syringes, Needles..... | 86 | Januvia..... | 47 |
| Ibu..... | Intelence..... | 43 | Jardiance..... | 47 |
| Ibuprofen..... | Intralipid..... | 64 | Jasmiel..... | 72 |
| Icatibant Acetate..... | Introvale..... | 72 | Jaypirca..... | 34 |
| Iclevia..... | Invega Hafyera..... | 40 | Jentadueto..... | 47 |
| Iclusig..... | Invega Sustenna..... | 40 | Jentadueto XR..... | 47 |
| IDHIFA..... | Invega Trinza..... | 40 | Jinteli..... | 72 |
| Ilevro..... | IPOL..... | 83 | Jublia..... | 64 |
| Imatinib Mesylate..... | Ipratropium Bromide..... | 90 | Juleber..... | 72 |
| Imbruvica..... | Ipratropium-Albuterol..... | 93 | Juluca..... | 43 |
| Imipenem-Cilastatin..... | Irbesartan..... | 52 | Junel 1.5/30..... | 72 |
| Imipramine HCl..... | Irbesartan-Hydrochlorothiazide |55 | Junel 1/20..... | 72 |
| Imipramine Pamoate..... | Isentress..... | 43 | Junel Fe 1.5/30..... | 72 |
| Imiquimod..... | Isentress HD..... | 43 | Junel Fe 1/20..... | 72 |
| Imovax Rabies..... | Isibloom..... | 72 | Junel Fe 24..... | 72 |
| Impavido..... | Isolyte-P in D5W..... | 65 | Jynneos..... | 83 |
| Imvexxy Maintenance Pack... | Isolyte-S pH 7.4..... | 65 | K | |
| Imvexxy Starter Pack..... | Isoniazid..... | 31 | Kaitlib Fe..... | 72 |
| Inbrija..... | Isosorbide Dinitrate..... | 58 | Kalydeco..... | 91 |
| Incassia..... | Isosorbide Dinitrate- |55 | Kariva..... | 73 |
| Increlex..... | Hydralazine..... | 55 | KCl in Dextrose-NaCl..... | 65 |
| Incruse Ellipta..... | Isosorbide Mononitrate..... | 58 | KCl-Lactated Ringers-D5W... | 65 |
| Indapamide..... | Isosorbide Mononitrate ER... | 58 | Kelnor 1/35..... | 73 |
| Indomethacin..... | Isotretinoin..... | 61 | Kelnor 1/50..... | 73 |
| Infanrix..... | Isturisa..... | 76 | Kerendia..... | 55 |
| Ingrezza..... | Itraconazole..... | 29 | Kesimpta..... | 60 |
| Inlyta..... | Ivermectin..... | 37 | Ketoconazole..... | 29, 64 |
| | Iwilfin..... | 32 | Ketoprofen..... | 14 |

| | | | | | |
|-----------------------------|--------|--|--------|--|----|
| Ketorolac Tromethamine..... | 88 | Layolis Fe..... | 73 | Levonorgestrel-Ethinyl Estradiol 91-Day..... | 73 |
| Kinrix..... | 83 | Leena..... | 73 | Levonorgestrel-Ethinyl Estradiol Triphasic..... | 73 |
| Kisqali..... | 34, 35 | Leflunomide..... | 81 | Levora 0.15/30..... | 73 |
| Kisqali Femara..... | 35 | Lenalidomide..... | 32 | Levothyroxine Sodium..... | 76 |
| Klor-Con..... | 65 | Lenvima 10MG Daily Dose.... | 35 | Levoxyl..... | 76 |
| Klor-Con 10..... | 65 | Lenvima 12MG Daily Dose.... | 35 | Lexiva..... | 45 |
| Klor-Con 8..... | 65 | Lenvima 14MG Daily Dose.... | 35 | Lidocaine..... | 16 |
| Klor-Con M10..... | 65 | Lenvima 18MG Daily Dose.... | 35 | Lidocaine HCl..... | 16 |
| Klor-Con M15..... | 65 | Lenvima 20MG Daily Dose.... | 35 | Lidocaine Viscous..... | 16 |
| Klor-Con M20..... | 65 | Lenvima 24MG Daily Dose.... | 35 | Lidocaine-Prilocaine..... | 16 |
| Korlym..... | 71 | Lenvima 4MG Daily Dose..... | 35 | Linezolid..... | 18 |
| Koselugo..... | 35 | Lenvima 8MG Daily Dose..... | 35 | Linzess..... | 67 |
| Kourzeq..... | 60 | Lessina..... | 73 | Liothyronine Sodium..... | 76 |
| Krazati..... | 32 | Letrozole..... | 33 | Lisdexamfetamine Dimesylate | 58 |
| Kurvelo..... | 73 | Leucovorin Calcium..... | 37 | Lisinopril..... | 52 |
| L | | Leukeran..... | 31 | Lisinopril-Hydrochlorothiazide | 55 |
| Labetalol HCl..... | 53 | Leuprolide Acetate..... | 77 | Lithium..... | 46 |
| Lacosamide..... | 25 | Levalbuterol HCl..... | 90 | Lithium Carbonate..... | 46 |
| Lacrisert..... | 86 | Levalbuterol Tartrate..... | 90 | Lithium Carbonate ER..... | 46 |
| Lactulose..... | 67 | Levemir..... | 49 | Livalo..... | 56 |
| Lagevrio..... | 86 | Levemir FlexPen..... | 49 | Lokelma..... | 66 |
| Lamivudine..... | 42, 44 | Levetiracetam..... | 23 | Lonsurf..... | 32 |
| Lamivudine-Zidovudine..... | 44 | Levetiracetam ER..... | 23 | Loperamide HCl..... | 67 |
| Lamotrigine..... | 23 | Levobunolol HCl..... | 88 | Lopinavir-Ritonavir..... | 45 |
| Lanoxin..... | 55 | Levocarnitine..... | 69 | Lorazepam..... | 46 |
| Lansoprazole..... | 68 | Levocetirizine Dihydrochloride | 89 | Lorazepam Intensol..... | 46 |
| Lantus..... | 49 | Levofloxacin..... | 22, 87 | Lorbrena..... | 35 |
| Lantus SoloStar..... | 49 | Levofloxacin in D5W..... | 22 | Loryna..... | 73 |
| Lapatinib Ditosylate..... | 35 | Levonest..... | 73 | Losartan Potassium..... | 52 |
| LARIN 1.5/30..... | 73 | Levonorgestrel-Ethinyl Estradiol | 73 | Losartan Potassium-HCTZ..... | 55 |
| LARIN 1/20..... | 73 | Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol..... | 73 | Lotemax..... | 88 |
| LARIN Fe 1.5/30..... | 73 | | | | |
| LARIN Fe 1/20..... | 73 | | | | |
| Latanoprost..... | 89 | | | | |

| | | | | | |
|----------------------------|----|-----------------------------------|----|--------------------------------------|--------|
| Lotemax SM..... | 88 | Medroxyprogesterone Acetate | 76 | Metoclopramide HCl..... | 28 |
| Loteprednol Etabonate..... | 88 | Mefloquine HCl..... | 37 | Metolazone..... | 56 |
| Lovastatin..... | 57 | Megestrol Acetate..... | 76 | Metoprolol Succinate ER..... | 53 |
| Low-Ogestrel..... | 73 | Mekinist..... | 35 | Metoprolol Tartrate..... | 53 |
| Loxapine Succinate..... | 39 | Mektovi..... | 35 | Metoprolol-Hydrochlorothiazide | 55 |
| Lubiprostone..... | 67 | Meloxicam..... | 14 | Metronidazole..... | 18 |
| Lumakras..... | 33 | Memantine HCl..... | 26 | Metyrosine..... | 55 |
| Lumigan..... | 89 | Memantine HCl ER..... | 26 | Mexiletine HCl..... | 53 |
| Lumryz..... | 94 | Memantine HCl Titration Pak | 26 | Mibelas 24 Fe..... | 73 |
| Lupron Depot..... | 77 | Menactra..... | 83 | Micafungin Sodium..... | 29 |
| Lupron Depot-Ped..... | 77 | Menest..... | 73 | Miconazole 3..... | 29 |
| Lurasidone HCl..... | 40 | MenQuadfi..... | 83 | Microgestin 1.5/30..... | 73 |
| Lutera..... | 73 | Menveo..... | 83 | Microgestin 1/20..... | 73 |
| Lybalvi..... | 40 | Mercaptopurine..... | 32 | Microgestin 24 Fe..... | 73 |
| Lyleq..... | 75 | Meropenem..... | 21 | Microgestin Fe 1.5/30..... | 73 |
| Lynparza..... | 35 | Mesalamine..... | 84 | Microgestin Fe 1/20..... | 73 |
| Lysodren..... | 76 | Mesalamine ER..... | 84 | Midodrine HCl..... | 52 |
| Lytgobi..... | 35 | Mesnex..... | 37 | Miglitol..... | 47 |
| Lyumjev..... | 49 | Metformin HCl..... | 47 | Miglustat..... | 69 |
| Lyumjev KwikPen..... | 49 | Metformin HCl ER..... | 47 | Mili..... | 73 |
| Lyza..... | 75 | Methadone HCl..... | 15 | Minocycline HCl..... | 23 |
| M | | | | | |
| M-M-R II..... | 83 | Methazolamide..... | 89 | Minoxidil..... | 57 |
| Magnesium Sulfate..... | 65 | Methenamine Hippurate..... | 18 | Mirtazapine..... | 27 |
| Malathion..... | 63 | Methimazole..... | 77 | Mirtazapine ODT..... | 27 |
| Maraviroc..... | 44 | Methocarbamol..... | 93 | Misoprostol..... | 68 |
| Marlissa..... | 73 | Methotrexate Sodium..... | 81 | Modafinil..... | 94 |
| Marplan..... | 27 | Methoxsalen Rapid..... | 63 | Moexipril HCl..... | 52 |
| Matulane..... | 31 | Methscopolamine Bromide... 67 | | Molindone HCl..... | 39 |
| Matzim LA..... | 54 | Methsuximide..... | 24 | Mometasone Furoate..... | 62, 90 |
| Mavyret..... | 42 | Methylphenidate HCl..... | 59 | Montelukast Sodium..... | 90 |
| Mayzent..... | 60 | Methylphenidate HCl ER..... | 59 | Morphine Sulfate..... | 16 |
| Mayzent Starter Pack..... | 60 | Methylprednisolone..... | 70 | Morphine Sulfate ER..... | 15 |
| Meclizine HCl..... | 28 | | | Motegrity..... | 67 |

| | | | | | |
|--|--------|---|--------|---|----|
| Mounjaro..... | 47 | Neomycin-Bacitracin-Polymyxin | 87 | Nitroglycerin..... | 58 |
| Movantik..... | 67 | Neomycin-Polymyxin-Bacitracin-Hydrocortisone..... | 86 | Nitrostat..... | 58 |
| Moxifloxacin HCl..... | 22, 87 | Neomycin-Polymyxin-Dexamethasone..... | 86 | Nizatidine..... | 68 |
| Moxifloxacin HCl in NaCl..... | 22 | Neomycin-Polymyxin-Gramicidin..... | 87 | Nora-BE..... | 76 |
| Multaq..... | 53 | Neomycin-Polymyxin-HC..... | 86, 89 | Norelgestromin-Ethinyl Estradiol..... | 73 |
| Multiple Electrolytes Type 1 pH 5.5..... | 65 | Nerlynx..... | 35 | Norethindrone..... | 76 |
| Mupirocin..... | 64 | Neuac..... | 61 | Norethindrone Acetate..... | 76 |
| Mupirocin Calcium..... | 64 | Neulasta..... | 51 | Norethindrone Acetate-Ethinyl Estradiol..... | 74 |
| Mycophenolate Mofetil..... | 81 | Neupro..... | 38 | Norethindrone Acetate-Ethinyl Estradiol-Fe..... | 74 |
| Mycophenolate Sodium..... | 81 | Nevirapine..... | 43 | Norethindrone-Ethinyl Estradiol-Fe..... | 74 |
| Myrbetriq..... | 69 | Nevirapine ER..... | 43 | Norgestimate-Ethinyl Estradiol Triphasic..... | 74 |
| N | | | | | |
| Nabumetone..... | 14 | Niacin..... | 57 | Norgestimate-Ethinyl Estradiol Triphasic..... | 74 |
| Nadolol..... | 53 | Niacin ER..... | 57 | Nortrel 0.5/35..... | 74 |
| Nafcillin Sodium..... | 21 | Niacor..... | 57 | Nortrel 1/35..... | 74 |
| Naftifine HCl..... | 64 | Nicardipine HCl..... | 53 | Nortrel 7/7/7..... | 74 |
| Naftin..... | 64 | Nicotrol..... | 17 | Nortriptyline HCl..... | 28 |
| Naloxone HCl..... | 17 | Nicotrol NS..... | 17 | Norvir..... | 45 |
| Naltrexone HCl..... | 17 | Nifedipine ER..... | 54 | Noxafil..... | 29 |
| Namzaric..... | 26 | Nifedipine ER Osmotic Release | 54 | Nubeqa..... | 32 |
| Naproxen..... | 14 | Nikki..... | 73 | Nucala..... | 93 |
| Naproxen DR..... | 14 | Nilutamide..... | 32 | Nuedexta..... | 59 |
| Naratriptan HCl..... | 30 | Nimodipine..... | 54 | Nuplazid..... | 40 |
| Natacyn..... | 87 | Ninlaro..... | 33 | Nurtec ODT..... | 30 |
| Nateglinide..... | 47 | Nitazoxanide..... | 37 | Nutrilipid..... | 65 |
| Natpara..... | 85 | Nitisinone..... | 69 | Nyamyc..... | 64 |
| Nayzilam..... | 24 | Nitro-Bid..... | 58 | Nylia 1/35..... | 74 |
| Nebivolol HCl..... | 53 | Nitrofurantoin Macrocrystal... .. | 18 | Nylia 7/7/7..... | 74 |
| Necon 0.5/35..... | 73 | Nitrofurantoin Monohydrate | 18 | Nymyo..... | 74 |
| Nefazodone HCl..... | 27 | Nystatin..... | 29, 64 | | |
| Neo-Polycin..... | 87 | | | | |
| Neo-Polycin HC..... | 86 | | | | |
| Neomycin Sulfate..... | 17 | | | | |

| | | | | | |
|----------------------------------|------------|---------------------------------------|----|--------------------------------------|--------|
| Nystop..... | 64 | Osphena..... | 76 | Pentamidine Isethionate..... | 37, 38 |
| O | | | | | |
| Ocella..... | 74 | Otezla..... | 79 | Pentasa..... | 84 |
| Octagam..... | 78 | Oxacillin Sodium..... | 21 | Pentoxifylline ER..... | 55 |
| Octreotide Acetate..... | 77 | Oxacillin Sodium in Dextrose | 21 | Perforomist..... | 90 |
| Odefsey..... | 44 | Oxcarbazepine..... | 25 | Perindopril Erbumine..... | 52 |
| Odomzo..... | 35 | Oxybutynin Chloride..... | 69 | Periogard..... | 60 |
| Ofev..... | 92 | Oxybutynin Chloride ER..... | 69 | Permethrin..... | 63 |
| Ofloxacin..... | 22, 87, 89 | Oxycodone HCl..... | 16 | Perphenazine..... | 28 |
| Ogsiveo..... | 33 | Oxycodone-Acetaminophen | 16 | Perseris..... | 40 |
| Ojjaara..... | 36 | Ozempic..... | 47 | Phenelzine Sulfate..... | 27 |
| Olanzapine..... | 40 | P | | | |
| Olanzapine ODT..... | 40 | Pacerone..... | 53 | Phenytek..... | 25 |
| Olmesartan Medoxomil..... | 52 | Paliperidone ER..... | 40 | Phenytoin..... | 25 |
| Olmesartan Medoxomil-HCTZ | 55 | Panretin..... | 37 | Phenytoin Sodium Extended | 26 |
| Olmesartan-Amlodipine-HCTZ | 55 | Pantoprazole Sodium..... | 68 | Pifeltro..... | 43 |
| Omega-3-Acid Ethyl Esters.... | 57 | Panzyga..... | 78 | Pilocarpine HCl..... | 60, 89 |
| Omeprazole..... | 68 | Paricalcitol..... | 85 | Pimecrolimus..... | 62 |
| Ondansetron HCl..... | 29 | Paroxetine HCl..... | 27 | Pimozide..... | 39 |
| Ondansetron ODT..... | 29 | Paxlovid..... | 86 | Pimtrea..... | 74 |
| Onureg..... | 32 | Pazopanib HCl..... | 36 | Pindolol..... | 53 |
| Opsumit..... | 91 | Pediarix..... | 83 | Pioglitazone HCl..... | 47 |
| Orencia..... | 79 | Pedvax HIB..... | 83 | Pioglitazone HCl-Glimepiride | 47 |
| Orencia ClickJect..... | 79 | PEG-3350-Electrolytes..... | 68 | Pioglitazone HCl-Metformin HCl | 47 |
| Orenitram..... | 92 | PEG-3350-NaCl-Na Bicarbonate-KCl..... | 67 | Piperacillin-Tazobactam..... | 21 |
| Orenitram Month 1..... | 91 | Pegasys..... | 80 | Piqray..... | 36 |
| Orenitram Month 2..... | 91 | Pemazyre..... | 33 | Pirfenidone..... | 92 |
| Orenitram Month 3..... | 92 | Penbraya..... | 83 | Piroxicam..... | 14 |
| Orgovyx..... | 77 | Penicillamine..... | 70 | Plasma-Lyte 148..... | 65 |
| Orkambi..... | 91 | Penicillin G Potassium..... | 21 | Plasma-Lyte A..... | 65 |
| Orserdu..... | 32 | Penicillin G Sodium..... | 21 | Plenamaine..... | 65 |
| Oseltamivir Phosphate..... | 45 | Penicillin V Potassium..... | 21 | Podofilox..... | 63 |
| | | Pentacel..... | 83 | | |

| | | | | | |
|--------------------------------|--------|-------------------------------|----|-------------------------------|----|
| Polycin..... | 87 | Prenatal..... | 67 | Purixan..... | 32 |
| Polymyxin B Sulfate..... | 18 | Prevalite..... | 57 | Pyrazinamide..... | 31 |
| Polymyxin B-Trimethoprim.... | 87 | Prevymis..... | 42 | Pyridostigmine Bromide..... | 31 |
| Pomalyst..... | 32 | Prezcobix..... | 45 | Pyridostigmine Bromide ER | |
| Portia-28..... | 74 | Prezista..... | 45 | | 31 |
| Posaconazole..... | 29 | Priftin..... | 31 | Pyrimethamine..... | 38 |
| Potassium Chloride..... | 65 | Primaquine Phosphate..... | 38 | Pyrukynd..... | 51 |
| Potassium Chloride ER..... | 65 | Primidone..... | 25 | Pyrukynd Taper Pack..... | 51 |
| Potassium Chloride in Dextrose | | Priorix..... | 83 | | |
| 5%..... | 66 | Privigen..... | 78 | Q | |
| Potassium Chloride in NaCl | | Probenecid..... | 30 | Qinlock..... | 32 |
| | 65 | Prochlorperazine..... | 28 | Quadracel..... | 83 |
| Potassium Chloride | | Prochlorperazine Maleate..... | 28 | Quetiapine Fumarate..... | 40 |
| Microencapsulated ER..... | 65 | Procrit..... | 51 | Quetiapine Fumarate ER..... | 40 |
| Potassium Citrate ER..... | 65 | Procto-Med HC..... | 85 | Quinapril HCl..... | 52 |
| Praluent..... | 57 | Proctosol HC..... | 85 | Quinidine Gluconate ER..... | 53 |
| Pramipexole Dihydrochloride | | Proctozone-HC..... | 85 | Quinidine Sulfate..... | 53 |
| | 38 | Progesterone..... | 76 | Quinine Sulfate..... | 38 |
| Prasugrel HCl..... | 52 | Prograf..... | 81 | Qulipta..... | 31 |
| Pravastatin Sodium..... | 57 | Prolastin-C..... | 69 | Quviviq..... | 59 |
| Praziquantel..... | 37 | Prolensa..... | 88 | Qvar RediHaler..... | 90 |
| Prazosin HCl..... | 52 | Prolia..... | 85 | | |
| Pred Mild..... | 88 | Promacta..... | 51 | R | |
| Prednisolone..... | 70 | Promethazine HCl..... | 28 | RabAvert..... | 83 |
| Prednisolone Acetate..... | 88 | Promethegan..... | 28 | Rabeprazole Sodium..... | 68 |
| Prednisolone Sodium | | Propafenone HCl..... | 53 | Raloxifene HCl..... | 76 |
| Phosphate..... | 70, 88 | Propafenone HCl ER..... | 53 | Ramelteon..... | 94 |
| Prednisone..... | 70 | Propranolol HCl..... | 53 | Ramipril..... | 52 |
| Prednisone Intensol..... | 70 | Propranolol HCl ER..... | 53 | Ranolazine ER..... | 55 |
| Pregabalin..... | 59 | Propylthiouracil..... | 77 | Rasagiline Mesylate..... | 38 |
| PreHevbrio..... | 83 | ProQuad..... | 83 | Rasuvo..... | 81 |
| Premarin..... | 74 | Prosol..... | 66 | Rayaldee..... | 85 |
| Premasol..... | 66 | Protriptyline HCl..... | 28 | Rebif..... | 60 |
| Premphase..... | 74 | Pulmozyme..... | 91 | Rebif Rebidose..... | 60 |
| Prempro..... | 74 | | | Rebif Rebidose Titration Pack | |
| | | | | | 60 |

| | | | | | |
|--------------------------------------|----|--------------------------------------|--------|--|----|
| Rebif Titration Pack..... | 60 | Risperidone ODT..... | 41 | Selenium Sulfide..... | 62 |
| Reclipsen..... | 74 | Ritonavir..... | 45 | Selzentry..... | 44 |
| Recombivax HB..... | 83 | Rivastigmine..... | 26 | Serevent Diskus..... | 91 |
| Rectiv..... | 58 | Rivastigmine Tartrate..... | 26 | Sertraline HCl..... | 27 |
| Regranex..... | 63 | Rivelsa..... | 74 | Setlakin..... | 74 |
| Relenza Diskhaler..... | 45 | Rizatriptan Benzoate..... | 30 | Sevelamer Carbonate..... | 66 |
| Relistor..... | 67 | Rizatriptan Benzoate ODT..... | 30 | Sharobel..... | 76 |
| Repaglinide..... | 47 | Rocklatan..... | 86 | Shingrix..... | 83 |
| Repatha..... | 57 | Roflumilast..... | 91 | Signifor..... | 77 |
| Repatha Pushtronex System | 57 | Ropinirole HCl..... | 38 | Sildenafil Citrate..... | 92 |
| Repatha SureClick..... | 57 | Rosuvastatin Calcium..... | 57 | Silodosin..... | 70 |
| Restasis MultiDose..... | 86 | Rotarix..... | 83 | Silver Sulfadiazine..... | 63 |
| Restasis Single-Use Vials..... | 86 | RotaTeq..... | 83 | Simbrinza..... | 89 |
| Retacrit..... | 51 | Roweepra..... | 23 | Simponi..... | 81 |
| Retevmo..... | 33 | Rozlytrek..... | 36 | Simvastatin..... | 57 |
| Revcovi..... | 69 | Rubraca..... | 36 | Sirolimus..... | 81 |
| Revlimid..... | 32 | Rufinamide..... | 26 | Sirturo..... | 31 |
| Rexulti..... | 40 | Rukobia..... | 44 | Skyclarys..... | 59 |
| Reyataz..... | 45 | Rybelsus..... | 47 | Skyrizi..... | 79 |
| Rezlidhia..... | 36 | Rydapt..... | 36 | Skyrizi Pen..... | 79 |
| Rhopressa..... | 89 | Rytary..... | 38 | Sodium Chloride..... | 66 |
| Ribavirin..... | 42 | S | | Sodium Fluoride..... | 66 |
| Ridaura..... | 79 | Sajazir..... | 78 | Sodium Oxybate..... | 94 |
| Rifabutin..... | 31 | Sancuso..... | 29 | Sodium Phenylbutyrate..... | 69 |
| Rifampin..... | 31 | Sandimmune..... | 81 | Sodium Polystyrene Sulfonate | 66 |
| Riluzole..... | 59 | Santyl..... | 63 | Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate... | 67 |
| Rimantadine HCl..... | 45 | Sapropterin Dihydrochloride | 69 | Sofosbuvir-Velpatasvir..... | 42 |
| Rinvoq..... | 79 | Savella..... | 59 | Solifenacin Succinate..... | 69 |
| Risedronate Sodium..... | 85 | Savella Titration Pack..... | 59 | Soliqua..... | 47 |
| Risperdal Consta..... | 41 | Scemblix..... | 36 | Soltamox..... | 32 |
| Risperidone..... | 41 | Scopolamine..... | 28 | Somavert..... | 77 |
| Risperidone Microspheres ER | 41 | Secuado..... | 41 | Sorafenib Tosylate..... | 36 |
| | | Selegiline HCl..... | 38, 39 | | |

| | | | | | | |
|--|----|-----------------------------|--------|--|-----------------------------|----|
| Sorine..... | 53 | Sunlenca..... | 44 | Tenivac..... | 84 | |
| Sotalol HCl..... | 53 | Sutab..... | 68 | Tenofovir Disoproxil Fumarate | 44 | |
| Spiriva HandiHaler..... | 90 | Syeda..... | 74 | Tepmetko..... | 36 | |
| Spiriva Respimat..... | 90 | Symbicort..... | 93 | Terazosin HCl..... | 70 | |
| Spirolactone..... | 56 | Sympazan..... | 25 | Terbinafine HCl..... | 30 | |
| Spirolactone-HCTZ..... | 55 | Symtuza..... | 45 | Terconazole..... | 30 | |
| Sprintec 28..... | 74 | Synarel..... | 77 | Teriflunomide..... | 60 | |
| Spritam ODT..... | 24 | Synjardy..... | 47 | Teriparatide..... | 85 | |
| Sprycel..... | 36 | Synjardy XR..... | 48 | Testosterone..... | 71 | |
| SPS..... | 66 | Synthroid..... | 76 | Testosterone Cypionate..... | 71 | |
| Sronyx..... | 74 | T | | | Testosterone Enanthate..... | 71 |
| SSD..... | 63 | Tabloid..... | 32 | Tetrabenazine..... | 59 | |
| Stelara..... | 79 | Tabrecta..... | 32 | Tetracycline HCl..... | 23 | |
| Stiolto Respimat..... | 93 | Tacrolimus..... | 62, 81 | Thalomid..... | 32 | |
| Stivarga..... | 36 | Tadalafil..... | 92 | Theophylline..... | 91 | |
| Streptomycin Sulfate..... | 17 | Tafinlar..... | 36 | Theophylline ER..... | 91 | |
| Stribild..... | 43 | Tagrisso..... | 36 | Thioridazine HCl..... | 39 | |
| Suboxone..... | 17 | Talzenna..... | 36 | Thiothixene..... | 39 | |
| Subvenite..... | 24 | Tamoxifen Citrate..... | 32 | Tiadyt ER..... | 54 | |
| Sucraid..... | 69 | Tamsulosin HCl..... | 70 | Tiagabine HCl..... | 25 | |
| Sucralfate..... | 68 | Tarina 24 Fe..... | 75 | Tibsovo..... | 36 | |
| Suflave..... | 68 | Tarina Fe 1/20 EQ..... | 75 | Ticovac..... | 84 | |
| Sulfacetamide Sodium..... | 87 | Tasigna..... | 36 | Tigecycline..... | 18 | |
| Sulfacetamide-Prednisolone | 86 | Tasimelteon..... | 94 | Tilia Fe..... | 75 | |
| Sulfadiazine..... | 22 | Tazarotene..... | 61 | Timolol Maleate..... | 31, 88 | |
| Sulfamethoxazole- Trimethoprim..... | 22 | Tazicef..... | 20 | Timolol Maleate Ophthalmic Gel Forming..... | 88 | |
| Sulfamylon..... | 64 | Taztia XT..... | 54 | Tinidazole..... | 18 | |
| Sulfasalazine..... | 84 | Tazverik..... | 33 | Tivicay..... | 43 | |
| Sulindac..... | 14 | TDVAX..... | 84 | Tivicay PD..... | 43 | |
| Sumatriptan..... | 30 | Teflaro..... | 20 | Tizanidine HCl..... | 42 | |
| Sumatriptan Succinate..... | 30 | Telmisartan..... | 52 | Tobi Podhaler..... | 91 | |
| Sunitinib Malate..... | 36 | Telmisartan-Amlodipine..... | 55 | TobraDex..... | 86 | |
| | | Telmisartan-HCTZ..... | 55 | | | |
| | | Temazepam..... | 94 | | | |

| | | | | | |
|--|--------|------------------------------|--------|--|----|
| TobraDex ST..... | 86 | Trexall..... | 82 | Turalio..... | 36 |
| Tobramycin..... | 87, 91 | Tri-Estarylla..... | 75 | Turqoz..... | 75 |
| Tobramycin Sulfate..... | 17 | Tri-Legest Fe..... | 75 | Twinrix..... | 84 |
| Tobramycin-Dexamethasone | 86 | Tri-Lo-Estarylla..... | 75 | Tyblume..... | 75 |
| Tobrex..... | 87 | Tri-Lo-Sprintec..... | 75 | Tybost..... | 44 |
| Tolterodine Tartrate..... | 69 | Tri-Mili..... | 75 | Tymlos..... | 85 |
| Tolterodine Tartrate ER..... | 69 | Tri-Nymyo..... | 75 | Typhim VI..... | 84 |
| Topiramate..... | 24 | Tri-Sprintec..... | 75 | Tyrvaya..... | 87 |
| Toremifene Citrate..... | 32 | Tri-VyLibra..... | 75 | U | |
| Torse mide..... | 56 | Tri-VyLibra Lo..... | 75 | Ubrelvy..... | 30 |
| Toujeo Max SoloStar..... | 49 | Triamcinolone Acetonide..... | 60, 63 | Udenyca..... | 51 |
| Toujeo SoloStar..... | 49 | Triamterene..... | 56 | Unithroid..... | 76 |
| TPN Electrolytes..... | 66 | Triamterene-HCTZ..... | 55 | Uptravi..... | 92 |
| Tracleer..... | 92 | Triderm..... | 63 | Uptravi Titration..... | 92 |
| Tradjenta..... | 48 | Trientine HCl..... | 66 | Ursodiol..... | 68 |
| Tramadol HCl..... | 15, 16 | Trifluoperazine HCl..... | 39 | V | |
| Tramadol HCl ER..... | 15 | Trifluridine..... | 87 | Valacyclovir HCl..... | 42 |
| Tramadol-Acetaminophen..... | 16 | Trihexyphenidyl HCl..... | 38 | Valchlor..... | 31 |
| Trandolapril..... | 52 | Trijardy XR..... | 48 | Valganciclovir HCl..... | 42 |
| Trandolapril-Verapamil HCl ER | 55 | Trimethoprim..... | 18 | Valproic Acid..... | 24 |
| Tranexamic Acid..... | 51 | Trimipramine Maleate..... | 28 | Valsartan..... | 52 |
| Tranylcypro mine Sulfate..... | 27 | Trintellix..... | 28 | Valsartan-Hydrochlorothiazide | 56 |
| Travasol..... | 66 | Triumeq..... | 44 | Valtoco 10MG Dose..... | 25 |
| Travoprost..... | 89 | Triumeq PD..... | 44 | Valtoco 15MG Dose..... | 25 |
| Trazodone HCl..... | 27 | Trivora..... | 75 | Valtoco 20MG Dose..... | 25 |
| Trecator..... | 31 | Trizivir..... | 44 | Valtoco 5MG Dose..... | 25 |
| Trelegy Ellipta..... | 93 | TrophAmine..... | 66 | Vancomycin HCl..... | 18 |
| Trelstar Mixject..... | 77 | Trospium Chloride..... | 69 | Vanflyta..... | 36 |
| Tresiba..... | 49 | Trulance..... | 67 | Vaqta..... | 84 |
| Tresiba FlexTouch..... | 49 | Trulicity..... | 48 | Varenicline Tartrate..... | 17 |
| Tretinoin..... | 37, 61 | Trumenba..... | 84 | Varivax..... | 84 |
| Tretinoin Microsphere..... | 61 | Truqap..... | 36 | Vascepa..... | 57 |
| | | Tukysa..... | 33 | Velivet..... | 75 |

| | | | | | |
|------------------------------|----|---------------------------|----|---------------------------|----|
| Velphoro..... | 66 | Vowst..... | 68 | Xtandi..... | 32 |
| Veltassa..... | 66 | Vraylar..... | 41 | Xulane..... | 75 |
| Vemlidy..... | 42 | Vumerity..... | 60 | Y | |
| Venclexta..... | 36 | Vyfemla..... | 75 | YF-VAX..... | 84 |
| Venclexta Starting Pack..... | 36 | VyLibra..... | 75 | Yuflyma..... | 82 |
| Venlafaxine Besylate ER..... | 28 | Vyndamax..... | 69 | Yuvaferm..... | 75 |
| Venlafaxine HCl..... | 28 | Vyndaqel..... | 69 | Z | |
| Venlafaxine HCl ER..... | 28 | Vyvanse..... | 58 | Zafemy..... | 75 |
| Ventavis..... | 92 | Vyzulta..... | 89 | Zafirlukast..... | 90 |
| Ventolin HFA..... | 91 | W | | Zaleplon..... | 94 |
| Verapamil HCl..... | 54 | Warfarin Sodium..... | 50 | Zarxio..... | 51 |
| Verapamil HCl ER..... | 54 | Welireg..... | 37 | Zejula..... | 37 |
| Verquvo..... | 58 | Wixela Inhub..... | 93 | Zelboraf..... | 37 |
| Versacloz..... | 41 | Wymzya Fe..... | 75 | Zemaira..... | 69 |
| Verzenio..... | 36 | X | | Zenatane..... | 61 |
| Vestura..... | 75 | Xalkori..... | 37 | Zenpep..... | 69 |
| Vibramycin..... | 23 | Xarelto..... | 50 | Zidovudine..... | 44 |
| Vienna..... | 75 | Xarelto Starter Pack..... | 50 | Ziprasidone HCl..... | 41 |
| Vigabatrin..... | 25 | Xatmep..... | 82 | Ziprasidone Mesylate..... | 41 |
| Vigadrone..... | 25 | Xcopri..... | 24 | Zirgan..... | 42 |
| Vigpoder..... | 25 | Xeljanz..... | 79 | Zokinvy..... | 69 |
| Viibryd..... | 28 | Xeljanz XR..... | 79 | Zolinza..... | 33 |
| Vilazodone HCl..... | 28 | Xermelo..... | 67 | Zolpidem Tartrate..... | 94 |
| Viracept..... | 45 | Xgeva..... | 85 | Zonisade..... | 26 |
| Viread..... | 44 | Xifaxan..... | 19 | Zonisamide..... | 26 |
| Vitrakvi..... | 36 | Xigduo XR..... | 48 | Zovia 1/35..... | 75 |
| Vivitrol..... | 17 | Xiidra..... | 87 | Ztalmy..... | 25 |
| Vizimpro..... | 36 | Xofluza..... | 45 | Zurzuva..... | 27 |
| Vonjo..... | 33 | Xolair..... | 79 | Zydelig..... | 37 |
| Voriconazole..... | 30 | Xospata..... | 37 | Zykadia..... | 37 |
| Vosevi..... | 42 | Xpovio..... | 33 | Zyprexa Relprew..... | 41 |
| Votrient..... | 36 | Xtampza ER..... | 15 | | |

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