



List of Covered Drugs (Formulary) 2023

UnitedHealthcare® Senior Care Options (HMO D-SNP)
UnitedHealthcare® Senior Care Options NHC (HMO D-SNP)

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



Toll-free **1-888-867-5511**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



myuhc.com/CommunityPlan

**United
Healthcare
Community Plan**

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UnitedHealthcare® Senior Care Options (HMO D-SNP)
UnitedHealthcare® Senior Care Options NHC (HMO D-SNP)
2023 List of Covered Drugs (Formulary)

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 UnitedHealthcare Senior Care Options. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by UnitedHealthcare Senior Care Options. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages.

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If you have questions, please call UnitedHealthcare Senior Care Options Customer Service 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 UnitedHealthcare 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 UnitedHealthcare Senior Care Options' up-to-date *List of Covered Drugs* online at **myuhc.com/CommunityPlan** or by calling Customer Service toll-free at **1-888-867-5511**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week.
- ❖ This information is available for free in other languages. Call Customer Service toll-free at **1-888-867-5511**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week.
- ❖ Esta información está disponible sin costo en otros idiomas. Llame a Servicio al Cliente al número gratuito **1-888-867-5511**, TTY **711**, de 8 a.m. a 8 p.m., hora local, los 7 días de la semana.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Customer Service toll-free at **1-888-867-5511**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week.
- ❖ You can call Customer Service and ask us to make a note in our system that you would like materials in Spanish, large print, braille or audio now and in the future.
- ❖ UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws, and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

If you have questions, please call UnitedHealthcare Senior Care Options Customer Service 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 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 13 are the drugs covered by UnitedHealthcare Senior Care Options. These 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.”

- UnitedHealthcare 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,
 - UnitedHealthcare Senior Care Options agrees that the drug is medically necessary for you, **and**
 - You fill the prescription at a UnitedHealthcare 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 we cover on our website at myuhc.com/CommunityPlan or call Customer Service 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 UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare Senior Care Options Customer Service 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 is 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 have more information on what happens when the Drug List changes.

- You can always check UnitedHealthcare Senior Care Options' current Drug List online at **myuhc.com/CommunityPlan**.
- You can also call Customer Service 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. 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. 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**

This section is continued on the next page.

If you have questions, please call UnitedHealthcare Senior Care Options Customer Service 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**.

- Replace a brand name drug currently on the Drug List **or**
- 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 UnitedHealthcare Senior Care Options before you fill your prescription. Prior authorization is different from a referral. UnitedHealthcare Senior Care Options may not cover the drug if you don't get authorization.
- **Quantity limits:** Sometimes UnitedHealthcare Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes UnitedHealthcare 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 15 - 101. 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 to 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

This section is continued on the next page.

If you have questions, please call UnitedHealthcare Senior Care Options Customer Service 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.

or whether to ask for an exception. 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 any actions required to get the drug?

The table of drugs on page 15 - 101 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if UnitedHealthcare 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**, use the Index of Covered Drugs section that begins on page 145. 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 13. 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 Customer Service at **1-888-867-5511**, TTY **711** and ask about it. If you learn that UnitedHealthcare Senior Care Options will not cover the drug, you can do one of these things:

This section is continued on the next page.

If you have questions, please call UnitedHealthcare Senior Care Options Customer Service 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**.

- Ask Customer Service 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 the health plan to make an exception to cover your drug. Refer to questions B10 - B12 for more information about exceptions.

B9. What if I am a new UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare 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 UnitedHealthcare Senior Care Options member.
- This is in addition to the temporary supply during the first 90 days you are a member of UnitedHealthcare 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.

This section is continued on the next page.

If you have questions, please call UnitedHealthcare Senior Care Options Customer Service 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**.

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 UnitedHealthcare 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.

- For example, UnitedHealthcare 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 Customer Service. A Customer Service representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* 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 Customer Service 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).

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

This section is continued on the next page.

If you have questions, please call UnitedHealthcare Senior Care Options Customer Service 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**.

B14. What are OTC drugs?

OTC stands for “over-the-counter.” UnitedHealthcare Senior Care Options covers some OTC drugs when they are written as prescriptions by your provider. These OTC drugs are listed in this Drug List starting on page 138.

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

Yes. UnitedHealthcare Senior Care Options covers **some** non-drug OTC products when they are written as prescriptions by your provider. These non-drug OTC products are listed in the Drug List.

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

Yes. UnitedHealthcare 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 *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 services. Our plan’s mail-order service allows you to get up to a 90-day supply. To get order forms and information about filling your prescriptions by mail, please reference your *Pharmacy Directory* to find the mail service pharmacies in our network.

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

B17. What is my copay?

UnitedHealthcare Senior Care Options members have no copays for prescription and over-the-counter (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 \$0 copay.
- Tier 1 Brand name drugs have \$0 copay.

This section is continued on the next page.

If you have questions, please call UnitedHealthcare Senior Care Options Customer Service 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**.

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- OTCs have \$0 copay.

If you have questions, call Customer Service 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 UnitedHealthcare Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 145. The index alphabetically lists all drugs covered by UnitedHealthcare Senior Care Options.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

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 UnitedHealthcare Senior Care Options has any rules for covering your drug.

Coverage rules and limits

PA – Prior authorization

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

QL – Quantity limits

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

ST – Step therapy

Sometimes UnitedHealthcare 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 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D – 7-day limit

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

DL – Dispensing limit

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

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 (100mg oral capsule, 200mg oral capsule, 400mg oral capsule, 50mg oral capsule)</i>	\$0 (Tier 1)	QL
<i>diclofenac epolamine (external patch)</i>	\$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 (25mg oral tablet delayed release, 50mg oral tablet delayed release, 75mg 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 (15mg oral tablet, 7.5mg oral tablet)</i>	\$0 (Tier 1)	
<i>nabumetone (500mg oral tablet, 750mg oral tablet)</i>	\$0 (Tier 1)	
<i>naproxen (oral suspension)</i>	\$0 (Tier 1)	DL
<i>naproxen (250mg oral tablet immediate release, 375mg oral tablet immediate release, 500mg 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

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>levorphanol tartrate (oral tablet)</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) (100mg oral tablet extended release 24 hour, 200mg oral tablet extended release 24 hour, 300mg 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 (50-325-40mg 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
CODEINE SULFATE (15MG ORAL TABLET, 60MG ORAL TABLET)	\$0 (Tier 1)	7D; MME; DL; QL
<i>codeine sulfate (30mg oral tablet)</i>	\$0 (Tier 1)	7D; MME; 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>endocet (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg 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
<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 (10mg/5ml oral solution)</i>	\$0 (Tier 1)	7D; MME; DL; QL
MORPHINE SULFATE (20MG/5ML ORAL SOLUTION)	\$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 (100mg/5ml oral concentrate)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>oxycodone hcl (5mg/5ml oral solution)</i>	\$0 (Tier 1)	7D; MME; DL; QL
<i>oxycodone hcl (10mg oral tablet immediate release, 15mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 5mg oral tablet immediate release)</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		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 hcl (2% mouth/throat solution)</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine (2.5-2.5% 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)	
<i>naltrexone hcl (oral tablet)</i>	\$0 (Tier 1)	
VIVITROL (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	DL
Opioid Dependence		
<i>buprenorphine hcl (2mg tablet sublingual, 8mg tablet sublingual)</i>	\$0 (Tier 1)	QL
<i>buprenorphine hcl-naloxone hcl (sublingual film)</i>	\$0 (Tier 1)	QL
<i>buprenorphine hcl-naloxone hcl (2-0.5mg tablet sublingual, 8-2mg 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 (4mg/0.1ml nasal liquid)</i>	\$0 (Tier 1)	
NARCAN (NASAL LIQUID)	\$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 (oral tablet)</i>	\$0 (Tier 1)	
<i>varenicline tartrate (oral tablet therapy pack)</i>	\$0 (Tier 1)	
Antibacterials		

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
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>paromomycin sulfate (oral capsule)</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 (150mg oral capsule, 300mg oral capsule, 75mg oral capsule)</i>	\$0 (Tier 1)	
<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 (300mg/2ml injection solution, 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
DALVANCE (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; 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, 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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>nitrofurantoin (oral suspension)</i>	\$0 (Tier 1)	DL
<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 (100mg 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
VANDAZOLE (VAGINAL GEL)	\$0 (Tier 1)	
XIFAXAN (ORAL TABLET)	\$0 (Tier 1)	PA; DL
Beta-lactam, Cephalosporins		
<i>cefaclor (oral capsule)</i>	\$0 (Tier 1)	
<i>cefadroxil (500mg 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 (300mg 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>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)	

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>cefazolin sodium (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>cefepime proxetil (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>cefepime 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 (250mg oral tablet, 500mg oral tablet)</i>	\$0 (Tier 1)	
<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)	
SUPRAX (500MG/5ML ORAL SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	
<i>suprax (oral tablet chewable)</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
ZERBAXA (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
Beta-lactam, Penicillins		
<i>amoxicillin (250mg oral capsule, 500mg oral capsule)</i>	\$0 (Tier 1)	
<i>amoxicillin (oral suspension reconstituted)</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amoxicillin (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>amoxicillin (125mg oral tablet chewable, 250mg 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 (200-28.5mg/5ml oral suspension reconstituted, 250-62.5mg/5ml oral suspension reconstituted, 400-57mg/5ml oral suspension reconstituted, 600-42.9mg/5ml oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>amoxicillin-potassium clavulanate (250-125mg oral tablet immediate release, 500-125mg oral tablet immediate release, 875-125mg 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 (1.5 (1-0.5)gm injection solution reconstituted, 3 (2-1)gm 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)	
BICILLIN C-R (INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	
BICILLIN L-A (2400000UNIT/4ML INTRAMUSCULAR SUSPENSION)	\$0 (Tier 1)	
BICILLIN L-A (1200000UNIT/2ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE, 600000UNIT/ML 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)	

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>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 procaine (intramuscular suspension)</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 (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
Carbapenems		
<i>ertapenem sodium (1gm injection solution reconstituted)</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>meropenem (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 (250mg oral tablet, 250mg (6 pack) oral tablet, 500mg oral tablet, 500mg (3 pack) oral tablet, 600mg oral tablet)</i>	\$0 (Tier 1)	
<i>clarithromycin er (oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>clarithromycin (oral suspension reconstituted)</i>	\$0 (Tier 1)	
<i>clarithromycin (250mg oral tablet immediate release, 500mg oral tablet immediate release)</i>	\$0 (Tier 1)	
DIFICID (ORAL SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	DL
DIFICID (ORAL TABLET)	\$0 (Tier 1)	DL
<i>erythrocin lactobionate (intravenous solution reconstituted)</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 (100mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<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 (25mg/ml intravenous solution)</i>	\$0 (Tier 1)	
<i>levofloxacin (25mg/ml oral solution)</i>	\$0 (Tier 1)	
<i>levofloxacin (250mg oral tablet, 500mg oral tablet, 750mg 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 (200-40mg/5ml 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 (100mg oral capsule, 50mg oral capsule)</i>	\$0 (Tier 1)	
<i>doxycycline hyclate (100mg oral tablet immediate release, 20mg 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>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 (100mg/ml 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)	
SPRITAM ODT (ORAL TABLET DISINTEGRATING SOLUBLE)	\$0 (Tier 1)	
<i>subvenite (oral tablet)</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>topiramate (oral capsule sprinkle immediate release)</i>	\$0 (Tier 1)	
<i>topiramate (100mg oral tablet, 200mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	
<i>valproic acid (oral capsule)</i>	\$0 (Tier 1)	
<i>valproic acid (250mg/5ml oral solution)</i>	\$0 (Tier 1)	
XCOPRI (250MG DAILY DOSE) (100MG & 150MG 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		
CELONTIN (ORAL CAPSULE)	\$0 (Tier 1)	
<i>ethosuximide (250mg oral capsule)</i>	\$0 (Tier 1)	
<i>ethosuximide (oral solution)</i>	\$0 (Tier 1)	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam (2.5mg/ml 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 (100mg oral capsule, 300mg oral capsule, 400mg 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)	
<i>phenobarbital (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>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
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)	
<i>dilantin infatabs (oral tablet chewable)</i>	\$0 (Tier 1)	
<i>dilantin (oral capsule)</i>	\$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 (300mg/5ml oral suspension)</i>	\$0 (Tier 1)	
<i>oxcarbazepine (150mg oral tablet, 300mg oral tablet, 600mg 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)	
<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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>rufinamide (400mg oral tablet)</i>	\$0 (Tier 1)	DL
VIMPAT (ORAL SOLUTION)	\$0 (Tier 1)	QL
VIMPAT (ORAL TABLET)	\$0 (Tier 1)	QL
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
MEMANTINE HCL TITRATION PAK (ORAL TABLET)	\$0 (Tier 1)	PA; QL
Antidepressants		
Antidepressants, Other		
AUVELITY (ORAL TABLET EXTENDED RELEASE)	\$0 (Tier 1)	
<i>bupropion hcl er (sr) (100mg oral tablet extended release 12 hour, 150mg oral tablet extended release 12 hour, 200mg oral tablet extended release 12 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
<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)	
<i>mirtazapine (15mg oral tablet, 30mg oral tablet, 45mg oral tablet, 7.5mg oral tablet)</i>	\$0 (Tier 1)	
<i>mirtazapine odt (oral tablet dispersible)</i>	\$0 (Tier 1)	
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 (10mg oral tablet, 20mg oral tablet, 40mg oral tablet)</i>	\$0 (Tier 1)	
<i>desvenlafaxine succinate er (oral tablet extended release 24 hour) (generic pristin)</i>	\$0 (Tier 1)	QL
<i>escitalopram oxalate (oral solution)</i>	\$0 (Tier 1)	
<i>escitalopram oxalate (10mg oral tablet, 20mg oral tablet, 5mg 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 (10mg/5ml oral suspension)</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paroxetine hcl (10mg oral tablet immediate release, 20mg oral tablet immediate release, 30mg oral tablet immediate release, 40mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>sertraline hcl (oral concentrate)</i>	\$0 (Tier 1)	
<i>sertraline hcl (100mg oral tablet, 25mg oral tablet, 50mg 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)	
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 (100mg oral tablet immediate release, 25mg oral tablet immediate release, 37.5mg oral tablet immediate release, 50mg oral tablet immediate release, 75mg oral tablet immediate release)</i>	\$0 (Tier 1)	
VIIBRYD (ORAL TABLET)	\$0 (Tier 1)	QL
VIIBRYD STARTER PACK (ORAL KIT)	\$0 (Tier 1)	QL
<i>vilazodone hcl (oral tablet)</i>	\$0 (Tier 1)	QL
Tricyclics		
<i>amitriptyline hcl (100mg oral tablet, 10mg oral tablet, 150mg oral tablet, 25mg oral tablet, 50mg oral tablet, 75mg oral tablet)</i>	\$0 (Tier 1)	
<i>amoxapine (oral tablet)</i>	\$0 (Tier 1)	
<i>clomipramine hcl (25mg oral capsule, 50mg oral capsule, 75mg oral capsule)</i>	\$0 (Tier 1)	
<i>desipramine hcl (oral tablet)</i>	\$0 (Tier 1)	
<i>doxepin hcl (100mg oral capsule, 10mg oral capsule, 150mg oral capsule, 25mg oral capsule, 50mg oral capsule, 75mg 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)	

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>nortriptyline hcl (10mg oral capsule, 25mg oral capsule, 50mg oral capsule, 75mg 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 (6.25mg/5ml oral syrup)</i>	\$0 (Tier 1)	
<i>promethazine hcl (12.5mg oral tablet, 25mg oral tablet, 50mg 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)	
Emetogenic Therapy Adjuncts		
ANZEMET (ORAL TABLET)	\$0 (Tier 1)	B/D, PA
<i>aprepitant (oral therapy pack, oral capsule)</i>	\$0 (Tier 1)	PA; QL
<i>dronabinol (10mg oral capsule, 2.5mg oral capsule, 5mg 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
<i>ondansetron hcl (4mg oral tablet, 8mg oral tablet)</i>	\$0 (Tier 1)	B/D, PA
<i>ondansetron odt (4mg oral tablet dispersible, 8mg oral tablet dispersible)</i>	\$0 (Tier 1)	B/D, PA
SANCUSO (TRANSDERMAL PATCH)	\$0 (Tier 1)	DL; QL
Antifungals		
Antifungals		
ABELCET (INTRAVENOUS SUSPENSION)	\$0 (Tier 1)	B/D, PA
AMBISOME (INTRAVENOUS SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	B/D, PA; DL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amphotericin b (intravenous solution reconstituted)</i>	\$0 (Tier 1)	B/D, PA
<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 (100mg oral tablet, 150mg oral tablet, 200mg oral tablet, 50mg 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>itraconazole (oral solution)</i>	\$0 (Tier 1)	PA; DL
<i>ketoconazole (oral tablet)</i>	\$0 (Tier 1)	
<i>micafungin sodium (intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>miconazole 3 (vaginal suppository)</i>	\$0 (Tier 1)	
NOXAFIL (40MG/ML 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 (100mg oral tablet delayed release)</i>	\$0 (Tier 1)	PA; DL; QL
<i>terbinafine hcl (oral tablet)</i>	\$0 (Tier 1)	
<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

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>febuxostat (oral tablet)</i>	\$0 (Tier 1)	ST
<i>probenecid (oral tablet)</i>	\$0 (Tier 1)	
<i>probenecid-colchicine (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 (10mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>rizatriptan benzoate odt (10mg oral tablet dispersible, 5mg oral tablet dispersible)</i>	\$0 (Tier 1)	QL
<i>sumatriptan (nasal solution)</i>	\$0 (Tier 1)	QL
<i>sumatriptan succinate (100mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>sumatriptan succinate (4mg/0.5ml subcutaneous solution auto-injector, 6mg/0.5ml subcutaneous solution auto-injector)</i>	\$0 (Tier 1)	QL
<i>sumatriptan succinate (6mg/0.5ml subcutaneous solution)</i>	\$0 (Tier 1)	QL
Ergot Alkaloids		
<i>dihydroergotamine mesylate (nasal solution)</i>	\$0 (Tier 1)	PA; DL; QL
<i>ergotamine-caffeine (oral tablet)</i>	\$0 (Tier 1)	
<i>migergot (rectal suppository)</i>	\$0 (Tier 1)	DL
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
EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	PA; QL
EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; 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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pyridostigmine bromide (oral solution)</i>	\$0 (Tier 1)	DL
<i>pyridostigmine bromide (60mg oral tablet immediate release)</i>	\$0 (Tier 1)	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (100mg oral tablet, 25mg 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 (500mg oral tablet)</i>	\$0 (Tier 1)	
<i>rifampin (600mg intravenous solution reconstituted)</i>	\$0 (Tier 1)	
<i>rifampin (150mg oral capsule, 300mg oral capsule)</i>	\$0 (Tier 1)	
SIRTIURO (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
<i>cyclophosphamide (25mg oral tablet)</i>	\$0 (Tier 1)	B/D, PA
CYCLOPHOSPHAMIDE (50MG 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
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERLEADA (60MG 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 (10mg oral capsule, 15mg oral capsule, 2.5mg oral capsule, 20mg oral capsule, 25mg oral capsule, 5mg 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 (10mg oral tablet, 20mg 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
Antineoplastics, Other		
IDHIFA (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
LUMAKRAS (120MG ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
NINLARO (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEMAZYRE (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
RETEVMO (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
SYNRIBO (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
TAZVERIK (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
TRUSELTIQ (100MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
TRUSELTIQ (125MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
TRUSELTIQ (50MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	PA; DL; QL
TRUSELTIQ (75MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)	\$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

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
ALUNBRIG (ORAL TABLET THERAPY PACK)	\$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 TABLET)	\$0 (Tier 1)	PA; DL; QL
BRAFTOVI (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL
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
GAVRETO (ORAL CAPSULE)	\$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; DL; QL
IMBRUVICA (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
IMBRUVICA (ORAL SUSPENSION)	\$0 (Tier 1)	PA; DL; QL
IMBRUVICA (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
IRESSA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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

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
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
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
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
TURALIO (200MG ORAL CAPSULE)	\$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 (20MG/ML 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

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
XOSPATA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
ZEJULA (ORAL CAPSULE)	\$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
<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 (50mg/5ml 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)	
<i>tolcapone (oral tablet)</i>	\$0 (Tier 1)	DL; QL
Dopamine Agonists		
<i>apomorphine hcl (subcutaneous solution cartridge)</i>	\$0 (Tier 1)	PA; DL; QL
<i>bromocriptine mesylate (oral capsule)</i>	\$0 (Tier 1)	
<i>bromocriptine mesylate (oral tablet)</i>	\$0 (Tier 1)	
KYNMOBI (10MG SUBLINGUAL FILM, 15MG SUBLINGUAL FILM, 20MG SUBLINGUAL FILM, 25MG SUBLINGUAL FILM, 30MG SUBLINGUAL FILM)	\$0 (Tier 1)	PA; DL; QL
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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbidopa-levodopa (10-100mg oral tablet immediate release, 25-100mg oral tablet immediate release, 25-250mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa odt (oral tablet dispersible)</i>	\$0 (Tier 1)	
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)	
<i>selegiline hcl (oral tablet)</i>	\$0 (Tier 1)	
ZELAPAR ODT (ORAL TABLET DISPERSIBLE)	\$0 (Tier 1)	DL
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 (0.5mg oral tablet, 10mg oral tablet, 1mg oral tablet, 20mg oral tablet, 2mg oral tablet, 5mg 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		

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
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
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
LATUDA (ORAL TABLET)	\$0 (Tier 1)	DL; 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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>olanzapine (10mg intramuscular solution reconstituted)</i>	\$0 (Tier 1)	
<i>olanzapine (10mg oral tablet, 15mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>olanzapine odt (10mg oral tablet dispersible, 15mg oral tablet dispersible, 20mg oral tablet dispersible, 5mg 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 (100mg oral tablet immediate release, 150mg oral tablet immediate release, 200mg oral tablet immediate release, 25mg oral tablet immediate release, 300mg oral tablet immediate release, 400mg oral tablet immediate release, 50mg oral tablet immediate release)</i>	\$0 (Tier 1)	QL
REXULTI (ORAL TABLET)	\$0 (Tier 1)	DL; QL
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 (1mg/ml oral solution)</i>	\$0 (Tier 1)	
<i>risperidone (0.25mg oral tablet, 0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet, 3mg oral tablet, 4mg oral tablet)</i>	\$0 (Tier 1)	
<i>risperidone odt (0.25mg oral tablet dispersible, 0.5mg oral tablet dispersible, 1mg oral tablet dispersible, 2mg oral tablet dispersible, 3mg oral tablet dispersible, 4mg oral tablet dispersible)</i>	\$0 (Tier 1)	
SECUADO (TRANSDERMAL PATCH 24 HOUR)	\$0 (Tier 1)	ST; 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
VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL CAPSULE)	\$0 (Tier 1)	ST; DL; QL
VRAYLAR (ORAL CAPSULE THERAPY PACK)	\$0 (Tier 1)	ST; 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
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen (10mg oral tablet, 20mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	
<i>dantrolene sodium (oral capsule)</i>	\$0 (Tier 1)	
<i>tizanidine hcl (2mg oral tablet, 4mg oral tablet)</i>	\$0 (Tier 1)	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
<i>valganciclovir hcl (50mg/ml oral solution reconstituted)</i>	\$0 (Tier 1)	DL; QL
<i>valganciclovir hcl (450mg 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)	DL
<i>entecavir (oral tablet)</i>	\$0 (Tier 1)	
EPIVIR HBV (ORAL SOLUTION)	\$0 (Tier 1)	
<i>lamivudine (100mg oral tablet)</i>	\$0 (Tier 1)	
VEMLIDY (ORAL TABLET)	\$0 (Tier 1)	DL; QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
<i>sofosbuvir-velpatasvir (oral tablet)</i>	\$0 (Tier 1)	PA; DL; QL
SOVALDI (ORAL PACKET)	\$0 (Tier 1)	PA; DL; QL
SOVALDI (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 (200mg/5ml oral suspension)</i>	\$0 (Tier 1)	
<i>acyclovir (400mg oral tablet, 800mg 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 (1gm oral tablet, 500mg 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
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

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
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 (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)	DL; 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 (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
<i>emtricitabine-tenofovir disoproxil fumarate (100-150mg oral tablet, 133-200mg oral tablet, 167-250mg oral tablet)</i>	\$0 (Tier 1)	DL; QL
<i>emtricitabine-tenofovir disoproxil fumarate (200-300mg 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 (ORAL TABLET)	\$0 (Tier 1)	DL; QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
EVOTAZ (ORAL TABLET)	\$0 (Tier 1)	DL; QL
<i>fosamprenavir calcium (oral tablet)</i>	\$0 (Tier 1)	DL; QL
LEXIVA (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, 600MG ORAL TABLET, 800MG 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 (100mg oral tablet)</i>	\$0 (Tier 1)	QL
SYMTUZA (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
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 (10mg oral tablet, 15mg oral tablet, 30mg oral tablet, 5mg oral tablet, 7.5mg oral tablet)</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl (oral syrup)</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl (10mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate (100mg oral capsule, 25mg oral capsule, 50mg oral capsule)</i>	\$0 (Tier 1)	
Benzodiazepines		
<i>alprazolam (oral tablet immediate release)</i>	\$0 (Tier 1)	QL
<i>chlordiazepoxide hcl (10mg oral capsule, 25mg oral capsule, 5mg oral capsule)</i>	\$0 (Tier 1)	
<i>clonazepam (0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet)</i>	\$0 (Tier 1)	QL
<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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lorazepam (0.5mg oral tablet, 1mg oral tablet, 2mg 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 (150mg oral capsule, 300mg oral capsule, 600mg oral capsule)</i>	\$0 (Tier 1)	
<i>lithium carbonate (oral tablet immediate release)</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)	QL
BYETTA 10MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
BYETTA 5MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
CYCLOSET (ORAL TABLET)	\$0 (Tier 1)	PA; QL
FARXIGA (ORAL TABLET)	\$0 (Tier 1)	QL
<i>glimepiride (1mg oral tablet, 2mg oral tablet, 4mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>glipizide er (10mg oral tablet extended release 24 hour, 2.5mg oral tablet extended release 24 hour, 5mg 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
<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

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
JANUVIA (ORAL TABLET)	\$0 (Tier 1)	QL
JARDIANCE (ORAL TABLET)	\$0 (Tier 1)	QL
JENTADUETO (ORAL TABLET IMMEDIATE RELEASE)	\$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)	QL
<i>nateglinide (oral tablet)</i>	\$0 (Tier 1)	QL
OZEMPIC (0.25MG/DOSE OR 0.5MG/DOSE) (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
OZEMPIC (1MG/DOSE) (4MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
OZEMPIC (2MG/DOSE) (8MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	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 (15-500mg oral tablet, 15-850mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>repaglinide (oral tablet)</i>	\$0 (Tier 1)	QL
RYBELSUS (ORAL TABLET)	\$0 (Tier 1)	QL
SOLIQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
SYMLINPEN 120 (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	PA; DL
SYMLINPEN 60 (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	PA; DL
SYNJARDY (ORAL TABLET IMMEDIATE RELEASE)	\$0 (Tier 1)	QL
SYNJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	QL
TRADJENTA (ORAL TABLET)	\$0 (Tier 1)	QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	QL
TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	QL
VICTOZA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	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)	
<i>glucagon (injection kit) (lilly)</i>	\$0 (Tier 1)	
GVOKE HYOPEN 2-PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	\$0 (Tier 1)	
GVOKE KIT (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	
GVOKE PFS (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 50/50 (SUBCUTANEOUS SUSPENSION)	\$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		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIQUIS (2.5MG ORAL TABLET, 5MG 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, 60MCG/0.3ML 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)	\$0 (Tier 1)	PA
LEUKINE (INJECTION SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
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
ZARXIO (INJECTION SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	DL
ZIEXTENZO (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; 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
<i>prasugrel hcl (oral tablet)</i>	\$0 (Tier 1)	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonidine hcl (0.1mg oral tablet immediate release, 0.2mg oral tablet immediate release, 0.3mg 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 (1mg oral tablet, 2mg oral tablet, 4mg oral tablet, 8mg oral tablet)</i>	\$0 (Tier 1)	
<i>phenoxybenzamine hcl (oral capsule)</i>	\$0 (Tier 1)	DL
<i>prazosin hcl (1mg oral capsule, 2mg oral capsule, 5mg 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 (100mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>olmesartan medoxomil (oral tablet)</i>	\$0 (Tier 1)	QL
<i>telmisartan (20mg oral tablet, 40mg oral tablet, 80mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>valsartan (160mg oral tablet, 320mg oral tablet, 40mg oral tablet, 80mg oral tablet)</i>	\$0 (Tier 1)	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 5mg 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 (10mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 30mg oral tablet, 40mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>moexipril 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>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 (125mcg oral capsule, 250mcg oral capsule, 500mcg oral capsule)</i>	\$0 (Tier 1)	QL
<i>flecainide acetate (oral tablet)</i>	\$0 (Tier 1)	
<i>mexiletine hcl (oral capsule)</i>	\$0 (Tier 1)	
MULTAQ (ORAL TABLET)	\$0 (Tier 1)	QL
<i>pacerone (200mg oral tablet)</i>	\$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 (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 (100mg oral tablet, 25mg oral tablet, 50mg 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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 (10mg oral tablet, 2.5mg oral tablet, 5mg 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)	
<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)	
NYMALIZE (ORAL SOLUTION)	\$0 (Tier 1)	DL
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 coated beads (180mg oral tablet extended release 24 hour, 240mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour, 360mg oral tablet 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 (120mg oral tablet immediate release, 30mg oral tablet immediate release, 60mg oral tablet immediate release, 90mg oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>dilt-xr (oral capsule extended release 24 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
<i>matzim la (180mg oral tablet extended release 24 hour, 240mg oral tablet extended release 24 hour, 300mg oral tablet extended release 24 hour, 360mg oral tablet extended release 24 hour, 420mg 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)	
VERAPAMIL HCL ER (100MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 200MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 300MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 360MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	\$0 (Tier 1)	
<i>verapamil hcl er (120mg oral capsule extended release 24 hour, 180mg oral capsule extended release 24 hour, 240mg 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
<i>amlodipine-valsartan (10-160mg oral tablet, 10-320mg oral tablet, 5-160mg oral tablet, 5-320mg 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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEMSER (ORAL CAPSULE)	\$0 (Tier 1)	DL
<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 (oral tablet)</i>	\$0 (Tier 1)	QL
KERENDIA (ORAL TABLET)	\$0 (Tier 1)	PA; QL
LANOXIN (ORAL TABLET)	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide (10-12.5mg oral tablet, 20-12.5mg oral tablet, 20-25mg 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>quinapril-hydrochlorothiazide (oral tablet)</i>	\$0 (Tier 1)	QL
<i>ranolazine er (1000mg oral tablet extended release 12 hour, 500mg 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 (160-12.5mg oral tablet, 160-25mg oral tablet, 320-12.5mg oral tablet, 320-25mg oral tablet, 80-12.5mg 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)	
<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>torseamide (100mg oral tablet, 10mg oral tablet, 20mg oral tablet, 5mg 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 (100mg oral tablet, 25mg oral tablet, 50mg 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 (12.5mg oral capsule)</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide (12.5mg oral tablet, 25mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	
<i>indapamide (oral tablet)</i>	\$0 (Tier 1)	
<i>metolazone (10mg oral tablet, 2.5mg oral tablet, 5mg 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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 80mg 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
<i>lovastatin (oral tablet)</i>	\$0 (Tier 1)	QL
<i>pravastatin sodium (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 80mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>rosuvastatin calcium (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>simvastatin (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 5mg oral tablet, 80mg oral tablet)</i>	\$0 (Tier 1)	QL
Dyslipidemics, Other		
<i>cholestyramine light (4gm oral packet)</i>	\$0 (Tier 1)	
<i>cholestyramine (4gm 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 (1gm 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>icosapent ethyl (oral capsule)</i>	\$0 (Tier 1)	
JUXTAPID (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL
<i>niacin (antihyperlipidemic) (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>niacin er (antihyperlipidemic) (1000mg oral tablet extended release, 500mg oral tablet extended release, 750mg 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

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>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		
<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 (120mg oral tablet extended release 24 hour, 30mg oral tablet extended release 24 hour, 60mg oral tablet extended release 24 hour)</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate (oral tablet immediate release)</i>	\$0 (Tier 1)	
<i>nitro-bid (transdermal ointment)</i>	\$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
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine er (10mg oral capsule extended release 24 hour, 15mg oral capsule extended release 24 hour, 20mg oral capsule extended release 24 hour, 25mg oral capsule extended release 24 hour, 30mg oral capsule extended release 24 hour, 5mg oral capsule extended release 24 hour)</i>	\$0 (Tier 1)	QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amphetamine-dextroamphetamine (10mg oral tablet, 12.5mg oral tablet, 15mg oral tablet, 20mg oral tablet, 30mg oral tablet, 5mg oral tablet, 7.5mg 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 (oral tablet)</i>	\$0 (Tier 1)	QL
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
<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
<i>riluzole (oral tablet)</i>	\$0 (Tier 1)	
<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		
DRIZALMA SPRINKLE (ORAL CAPSULE DELAYED RELEASE SPRINKLE)	\$0 (Tier 1)	ST; 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>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 (100mg oral capsule, 150mg oral capsule, 200mg oral capsule, 225mg oral capsule, 25mg oral capsule, 300mg oral capsule, 50mg oral capsule, 75mg 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		
AUBAGIO (ORAL TABLET)	\$0 (Tier 1)	DL; QL
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)	DL; QL
<i>dimethyl fumarate starter pack (oral capsule)</i>	\$0 (Tier 1)	DL; QL
<i>fingolimod hcl (oral capsule)</i>	\$0 (Tier 1)	DL; QL
GILENYA (0.5MG ORAL CAPSULE)	\$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
MAYZENT (ORAL TABLET)	\$0 (Tier 1)	DL; QL
MAYZENT STARTER PACK (7 X 0.25MG ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	QL
MAYZENT STARTER PACK (12 X 0.25MG ORAL TABLET THERAPY PACK)	\$0 (Tier 1)	DL; 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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REBIF TITRATION PACK (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	ST; 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>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>acutane (oral capsule)</i>	\$0 (Tier 1)	PA
<i>acitretin (oral capsule)</i>	\$0 (Tier 1)	
<i>adapalene (external cream)</i>	\$0 (Tier 1)	
<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>brimonidine tartrate (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 (10mg oral capsule, 20mg oral capsule, 25mg oral capsule, 30mg oral capsule, 35mg oral capsule, 40mg oral capsule)</i>	\$0 (Tier 1)	PA
MIRVASO (EXTERNAL GEL)	\$0 (Tier 1)	
<i>myorisan (10mg oral capsule, 20mg oral capsule, 30mg oral capsule, 40mg oral capsule)</i>	\$0 (Tier 1)	PA
<i>neuac (external gel)</i>	\$0 (Tier 1)	
<i>tazarotene (external cream)</i>	\$0 (Tier 1)	PA
<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 (external gel)</i>	\$0 (Tier 1)	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
<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 (0.05% 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)	
<i>clobetasol propionate (0.05% external cream)</i>	\$0 (Tier 1)	
<i>clobetasol propionate (0.05% external gel)</i>	\$0 (Tier 1)	
<i>clobetasol propionate (0.05% external ointment)</i>	\$0 (Tier 1)	
<i>clobetasol propionate (0.05% external shampoo)</i>	\$0 (Tier 1)	
<i>clobetasol propionate (0.05% 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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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>prednicarbate (0.1% external ointment)</i>	\$0 (Tier 1)	
<i>selenium sulfide (external lotion)</i>	\$0 (Tier 1)	
<i>tacrolimus (external ointment)</i>	\$0 (Tier 1)	ST
<i>triamcinolone acetonide (0.025% external cream, 0.1% external cream, 0.5% 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 (0.005% external solution)</i>	\$0 (Tier 1)	
CALCITRIOL (EXTERNAL OINTMENT)	\$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>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>imiquimod pump (3.75% external cream)</i>	\$0 (Tier 1)	PA; DL
<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)	
SSD (EXTERNAL CREAM)	\$0 (Tier 1)	
Pediculicides/Scabicides		
<i>crotan (external lotion)</i>	\$0 (Tier 1)	
<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 (8% 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
<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 (2% external gel)</i>	\$0 (Tier 1)	
<i>erythromycin (external solution)</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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 (2% external ointment)</i>	\$0 (Tier 1)	QL
<i>naftifine hcl (external cream)</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 (100000unit/gm 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
DEXTROSE-NACL (10-0.2% INTRAVENOUS SOLUTION, 10-0.45% INTRAVENOUS SOLUTION, 5-0.2% INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
<i>dextrose-nacl (2.5-0.45% 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
INTRALIPID (INTRAVENOUS EMULSION)	\$0 (Tier 1)	B/D, PA
ISOLYTE-P IN D5W (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
ISOLYTE-S PH 7.4 (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
KCL IN DEXTROSE-NACL (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
KCL-LACTATED RINGERS-D5W (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	
KLOR-CON 10 (ORAL TABLET EXTENDED RELEASE)	\$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>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)	
KLOR-CON 8 (ORAL TABLET EXTENDED RELEASE)	\$0 (Tier 1)	
MAGNESIUM SULFATE (50% INJECTION SOLUTION)	\$0 (Tier 1)	
<i>magnesium sulfate (50% (10ml syringe) injection 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)	
<i>plenamine (intravenous solution)</i>	\$0 (Tier 1)	B/D, PA
<i>potassium chloride cr (10meq oral tablet extended release, 15meq oral tablet extended release, 20meq 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)</i>	\$0 (Tier 1)	B/D, PA
POTASSIUM CHLORIDE IN NAACL (20-0.9MEQ/L-% INTRAVENOUS SOLUTION, 40-0.9MEQ/L-% INTRAVENOUS SOLUTION)	\$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)	
POTASSIUM CHLORIDE IN DEXTROSE 5% (20MEQ/L INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
<i>premasol (intravenous solution)</i>	\$0 (Tier 1)	B/D, PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)</i>	\$0 (Tier 1)	B/D, PA
SODIUM CHLORIDE (5% INTRAVENOUS SOLUTION)	\$0 (Tier 1)	B/D, PA
SODIUM CHLORIDE (IRRIGATION SOLUTION)	\$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
FERRIPROX (ORAL SOLUTION)	\$0 (Tier 1)	PA; DL
<i>trientine hcl (oral capsule)</i>	\$0 (Tier 1)	PA; DL; QL
Phosphate Binders		
AURYXIA (ORAL TABLET)	\$0 (Tier 1)	PA; DL
<i>calcium acetate (phosphate binder) (oral capsule)</i>	\$0 (Tier 1)	
<i>calcium acetate (667mg oral tablet)</i>	\$0 (Tier 1)	
<i>lanthanum carbonate (oral tablet chewable)</i>	\$0 (Tier 1)	DL
PHOSLYRA (ORAL SOLUTION)	\$0 (Tier 1)	
<i>sevelamer carbonate (oral packet)</i>	\$0 (Tier 1)	DL
<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

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>sodium polystyrene sulfonate (oral powder)</i>	\$0 (Tier 1)	
<i>sps (oral suspension)</i>	\$0 (Tier 1)	
VELTASSA (ORAL PACKET)	\$0 (Tier 1)	DL; QL
Vitamins		
<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
MOVANTI (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 (10mg 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 curvosa)</i>	\$0 (Tier 1)	PA
<i>methscopolamine bromide (oral tablet)</i>	\$0 (Tier 1)	
Gastrointestinal Agents, Other		
<i>chenodal (oral tablet)</i>	\$0 (Tier 1)	PA; DL
CLENPIQ (10MG-3.5GM-12GM/160ML ORAL SOLUTION)	\$0 (Tier 1)	
GATTEX (SUBCUTANEOUS KIT)	\$0 (Tier 1)	PA; DL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gavilyte-c (oral solution reconstituted)</i>	\$0 (Tier 1)	
<i>gavilyte-g (oral solution reconstituted)</i>	\$0 (Tier 1)	
MYALEPT (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE (ORAL SOLUTION)	\$0 (Tier 1)	
OCALIVA (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
<i>peg-3350-nacl-na bicarbonate-kcl (oral solution) (generic nulytely)</i>	\$0 (Tier 1)	
<i>peg-3350-electrolytes (oral solution) (generic golytely)</i>	\$0 (Tier 1)	
SUPREP BOWEL PREP KIT (ORAL SOLUTION)	\$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)	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl (300mg/5ml oral solution)</i>	\$0 (Tier 1)	
<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 (100mcg oral tablet, 200mcg oral tablet)</i>	\$0 (Tier 1)	
<i>sucralfate (oral suspension)</i>	\$0 (Tier 1)	
<i>sucralfate (1gm oral tablet)</i>	\$0 (Tier 1)	
Proton Pump Inhibitors		
DEXILANT (ORAL CAPSULE DELAYED RELEASE)	\$0 (Tier 1)	QL
<i>dexlansoprazole (oral capsule delayed release)</i>	\$0 (Tier 1)	QL
<i>esomeprazole magnesium (20mg oral capsule delayed release, 40mg 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

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>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 (20mg oral tablet delayed release, 40mg oral tablet delayed release)</i>	\$0 (Tier 1)	QL
<i>rabeprazole sodium (20mg 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)	
CYSTADANE (ORAL POWDER)	\$0 (Tier 1)	DL
CYSTAGON (ORAL CAPSULE)	\$0 (Tier 1)	
GLASSIA (INTRAVENOUS SOLUTION)	\$0 (Tier 1)	PA; DL
<i>levocarnitine (1gm/10ml oral solution)</i>	\$0 (Tier 1)	
LEVOCARNITINE (330MG ORAL TABLET)	\$0 (Tier 1)	
<i>miglustat (oral capsule)</i>	\$0 (Tier 1)	PA; DL
<i>nitisinone (oral capsule)</i>	\$0 (Tier 1)	DL
ORFADIN (20MG ORAL CAPSULE)	\$0 (Tier 1)	DL
ORFADIN (ORAL SUSPENSION)	\$0 (Tier 1)	DL
PROCYSBI (ORAL PACKET)	\$0 (Tier 1)	DL
PROLASTIN-C (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
RAVICTI (ORAL LIQUID)	\$0 (Tier 1)	DL; QL
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
TEGSEDI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VYNDAMAX (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
VYNDAQEL (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
ZEMAIRA (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
ZENPEP (ORAL CAPSULE DELAYED RELEASE PARTICLES)	\$0 (Tier 1)	
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 syrup)</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)	
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 (10mg oral capsule, 1mg oral capsule, 2mg oral capsule, 5mg oral capsule)</i>	\$0 (Tier 1)	
Genitourinary Agents, Other		
<i>bethanechol chloride (10mg oral tablet, 25mg oral tablet, 50mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	
ELMIRON (ORAL CAPSULE)	\$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
LITHOSTAT (ORAL TABLET)	\$0 (Tier 1)	DL
<i>penicillamine (250mg oral capsule)</i>	\$0 (Tier 1)	PA; DL
<i>penicillamine (250mg 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 (10mg oral tablet, 20mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	
<i>methylprednisolone (oral tablet)</i>	\$0 (Tier 1)	
<i>methylprednisolone (4mg oral tablet therapy pack)</i>	\$0 (Tier 1)	
<i>prednisolone (15mg/5ml 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 (10mg oral tablet, 1mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 50mg oral tablet, 5mg oral tablet)</i>	\$0 (Tier 1)	
<i>prednisone (10mg (21) oral tablet therapy pack, 10mg (48) oral tablet therapy pack, 5mg (21) oral tablet therapy pack, 5mg (48) oral tablet therapy pack)</i>	\$0 (Tier 1)	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate (0.1mg oral tablet, 0.2mg oral tablet)</i>	\$0 (Tier 1)	
<i>desmopressin acetate spray (nasal solution)</i>	\$0 (Tier 1)	
EGRIFTA SV (2MG SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
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
SEROSTIM (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZORBTIVE (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone (10mg oral tablet)</i>	\$0 (Tier 1)	PA; QL
<i>oxandrolone (2.5mg oral tablet)</i>	\$0 (Tier 1)	PA; QL
Androgens		
ANDRODERM (TRANSDERMAL PATCH 24 HOUR)	\$0 (Tier 1)	QL
<i>danazol (100mg oral capsule, 200mg oral capsule, 50mg 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)	

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>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)	
<i>depo-estradiol (intramuscular oil)</i>	\$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)	
DUAVEE (ORAL TABLET)	\$0 (Tier 1)	
ELESTRIN (TRANSDERMAL GEL)	\$0 (Tier 1)	
<i>eluryng (vaginal ring)</i>	\$0 (Tier 1)	
<i>emoquette (0.15-30mg-mcg oral tablet)</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>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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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)	
LAYOLIS FE (ORAL TABLET CHEWABLE)	\$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>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>lutra (oral tablet)</i>	\$0 (Tier 1)	
<i>marlissa (oral tablet)</i>	\$0 (Tier 1)	
<i>menest (oral tablet)</i>	\$0 (Tier 1)	
<i>microgestin 1.5/30 (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>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>norethindrone acetate-ethinyl estradiol (0.5-2.5mg-mcg oral tablet, 1-20mg-mcg oral tablet, 1-5mg-mcg oral tablet)</i>	\$0 (Tier 1)	
<i>norethindrone acetate-ethinyl estradiol-fe (1-20mg-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, 1-20mg-mcg(24) oral tablet chewable)</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>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>pimtrea (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)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
<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>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)	
<i>errin (oral tablet)</i>	\$0 (Tier 1)	
<i>incassia (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>lyleq (oral tablet)</i>	\$0 (Tier 1)	
<i>lyza (oral tablet)</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate (150mg/ml intramuscular suspension)</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate (150mg/ml intramuscular suspension prefilled syringe)</i>	\$0 (Tier 1)	
<i>medroxyprogesterone acetate (10mg oral tablet, 2.5mg oral tablet, 5mg 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		
OSPHEA (60MG 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)		
EUTHYROX (ORAL TABLET)	\$0 (Tier 1)	
LEVO-T (ORAL TABLET)	\$0 (Tier 1)	
<i>levothyroxine sodium (100mcg oral tablet, 112mcg oral tablet, 125mcg oral tablet, 137mcg oral tablet, 150mcg oral tablet, 175mcg oral tablet, 200mcg oral tablet, 25mcg oral tablet, 300mcg oral tablet, 50mcg oral tablet, 75mcg oral tablet, 88mcg oral tablet)</i>	\$0 (Tier 1)	
LEVOXYL (ORAL TABLET)	\$0 (Tier 1)	
<i>liothyronine sodium (oral tablet)</i>	\$0 (Tier 1)	
SYNTHROID (ORAL TABLET)	\$0 (Tier 1)	
UNITHROID (ORAL TABLET)	\$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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline (oral tablet)</i>	\$0 (Tier 1)	
FIRMAGON (240MG DOSE) (120MG/VIAL SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
FIRMAGON (80MG SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA
<i>leuprolide acetate (injection kit)</i>	\$0 (Tier 1)	PA
LUPRON DEPOT (1-MONTH) (INTRAMUSCULAR KIT)	\$0 (Tier 1)	PA; DL
LUPRON DEPOT (3-MONTH) (INTRAMUSCULAR KIT)	\$0 (Tier 1)	PA; DL
LUPRON DEPOT (4-MONTH) (INTRAMUSCULAR KIT)	\$0 (Tier 1)	PA; DL
LUPRON DEPOT (6-MONTH) (INTRAMUSCULAR KIT)	\$0 (Tier 1)	PA; DL
<i>octreotide acetate (1000mcg/ml injection solution, 100mcg/ml injection solution, 200mcg/ml injection solution, 500mcg/ml injection solution, 50mcg/ml 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
TRELSTAR MIXJECT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole (10mg oral tablet, 5mg 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

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
HAEGARDA (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
<i>icatibant acetate (30mg/3ml subcutaneous solution)</i>	\$0 (Tier 1)	PA; DL; QL
RUCONEST (INTRAVENOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
<i>sajazir (30mg/3ml subcutaneous solution)</i>	\$0 (Tier 1)	PA; DL; QL
Immunoglobulins		
BIVIGAM (5GM/50ML INTRAVENOUS SOLUTION)	\$0 (Tier 1)	PA; DL
FLEBOGAMMA DIF (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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
COSENTYX (75MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$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
KINERET (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	\$0 (Tier 1)	PA; DL
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 (SUBCUTANEOUS 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
XOLAIR (SUBCUTANEOUS SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
Immunostimulants		
ACTIMMUNE (SUBCUTANEOUS SOLUTION)	\$0 (Tier 1)	DL
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
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 PEDIATRIC CROHNS START (SUBCUTANEOUS PREFILLED SYRINGE KIT)	\$0 (Tier 1)	PA; DL; QL
HUMIRA PEN (SUBCUTANEOUS PEN-INJECTOR KIT)	\$0 (Tier 1)	PA; DL; QL
HUMIRA PEN CROHNS DISEASE STARTER (SUBCUTANEOUS PEN-INJECTOR KIT)	\$0 (Tier 1)	PA; DL
HUMIRA PEN-PEDIATRIC UC START (SUBCUTANEOUS PEN-INJECTOR KIT)	\$0 (Tier 1)	PA; DL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEN PSORIASIS STARTER (40MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT)	\$0 (Tier 1)	PA; DL
HUMIRA PEN PSORIASIS STARTER (80MG/0.8ML AND 40MG/0.4ML SUBCUTANEOUS PEN-INJECTOR KIT)	\$0 (Tier 1)	PA; DL; QL
HUMIRA (SUBCUTANEOUS PREFILLED SYRINGE KIT)	\$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 (0.5mg oral tablet, 1mg oral tablet, 2mg oral tablet)</i>	\$0 (Tier 1)	B/D, PA
<i>tacrolimus (oral capsule)</i>	\$0 (Tier 1)	B/D, PA
<i>trexall (oral tablet)</i>	\$0 (Tier 1)	
XATMEP (ORAL SOLUTION)	\$0 (Tier 1)	PA
Vaccines		
ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED)	\$0 (Tier 1)	QL
ADACEL (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
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
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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 RECONSTITUTED)	\$0 (Tier 1)	QL
ROTATEQ (ORAL SOLUTION)	\$0 (Tier 1)	QL
SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	\$0 (Tier 1)	PA; QL
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		

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
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 (250MG 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)	
<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>procto-pak (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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FORTEO (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	\$0 (Tier 1)	PA; DL; QL
<i>ibandronate sodium (oral tablet)</i>	\$0 (Tier 1)	QL
NATPARA (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) (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		
<i>alcohol prep pads</i>	\$0 (Tier 1)	
<i>gauze (non-medicated 2x2 pad)</i>	\$0 (Tier 1)	
<i>insulin syringes, needles</i>	\$0 (Tier 1)	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate (1% ophthalmic solution)</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-bacitracin-hydrocortisone (1% 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 (22.3-6.8mg/ml ophthalmic solution)</i>	\$0 (Tier 1)	
<i>dorzolamide hcl-timolol maleate preservative free (2-0.5% ophthalmic solution)</i>	\$0 (Tier 1)	
LACRISERT (OPHTHALMIC INSERT)	\$0 (Tier 1)	
<i>neomycin-polymyxin-dexamethasone (ophthalmic ointment)</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>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 (0.3-0.1% ophthalmic suspension)</i>	\$0 (Tier 1)	
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 (4% ophthalmic solution)</i>	\$0 (Tier 1)	
<i>epinastine hcl (ophthalmic solution)</i>	\$0 (Tier 1)	
<i>olopatadine hcl (0.1% ophthalmic solution, 0.2% 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 (0.3% ophthalmic solution)</i>	\$0 (Tier 1)	
<i>erythromycin (5mg/gm ophthalmic ointment)</i>	\$0 (Tier 1)	
<i>gatifloxacin (0.5% ophthalmic solution)</i>	\$0 (Tier 1)	
<i>gentak (0.3% ophthalmic ointment)</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (0.3% ophthalmic solution)</i>	\$0 (Tier 1)	
<i>levofloxacin (0.5% ophthalmic solution)</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>moxifloxacin hcl (0.5% ophthalmic solution)</i> (generic vigamox)	\$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 (0.3% 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 (0.3% ophthalmic solution)</i>	\$0 (Tier 1)	
TOBEX (OPHTHALMIC OINTMENT)	\$0 (Tier 1)	
<i>trifluridine (ophthalmic solution)</i>	\$0 (Tier 1)	
Ophthalmic Anti-inflammatories		
<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 (0.4% ophthalmic solution, 0.5% ophthalmic solution)</i>	\$0 (Tier 1)	
LOTEMAX (0.5% 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 (0.5% ophthalmic gel)</i>	\$0 (Tier 1)	
<i>loteprednol etabonate (0.5% 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
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 (0.5% 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 (0.25% ophthalmic gel forming solution, 0.5% ophthalmic gel forming solution) (generic timoptic-xe)</i>	\$0 (Tier 1)	
<i>timolol maleate (0.25% ophthalmic solution, 0.5% 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 (0.5% 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)	
<i>dorzolamide hcl (2% ophthalmic solution)</i>	\$0 (Tier 1)	
<i>methazolamide (25mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	
<i>pilocarpine hcl (1% ophthalmic solution, 2% ophthalmic solution, 4% ophthalmic solution)</i>	\$0 (Tier 1)	
RHOPRESSA (OPHTHALMIC SOLUTION)	\$0 (Tier 1)	ST
SIMBRINZA (OPHTHALMIC SUSPENSION)	\$0 (Tier 1)	
Ophthalmic Prostaglandin and Prostanoid 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 (2% otic solution)</i>	\$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 (1-2% 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 (0.3% otic solution)</i>	\$0 (Tier 1)	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl (0.1% nasal solution, 0.15% 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 (4mg 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
FLOVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
FLOVENT HFA (INHALATION AEROSOL)	\$0 (Tier 1)	QL
<i>flunisolide (nasal solution)</i>	\$0 (Tier 1)	
<i>fluticasone propionate (50mcg/act nasal suspension)</i>	\$0 (Tier 1)	
<i>mometasone furoate (nasal suspension)</i>	\$0 (Tier 1)	
Antileukotrienes		
<i>montelukast sodium (oral packet)</i>	\$0 (Tier 1)	QL
<i>montelukast sodium (10mg oral tablet)</i>	\$0 (Tier 1)	QL
<i>montelukast sodium (oral tablet chewable)</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>zafirlukast (oral tablet)</i>	\$0 (Tier 1)	QL
<i>zileuton er (600mg oral tablet extended release 12 hour)</i>	\$0 (Tier 1)	ST; DL
ZYFLO (ORAL TABLET IMMEDIATE RELEASE)	\$0 (Tier 1)	ST; DL
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)	
LONHALA MAGNAIR (INHALATION SOLUTION)	\$0 (Tier 1)	DL; QL
SPIRIVA HANDIHALER (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 (2mg/5ml oral syrup)</i>	\$0 (Tier 1)	
<i>albuterol sulfate (oral tablet immediate release)</i>	\$0 (Tier 1)	
<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
<i>levalbuterol tartrate (inhalation aerosol)</i>	\$0 (Tier 1)	
PERFORMIST (INHALATION NEBULIZATION SOLUTION)	\$0 (Tier 1)	B/D, PA; QL
PROAIR RESPICLICK (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	
SEREVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	\$0 (Tier 1)	QL
Cystic Fibrosis Agents		
CAYSTON (INHALATION SOLUTION RECONSTITUTED)	\$0 (Tier 1)	PA; DL
KALYDECO (ORAL PACKET)	\$0 (Tier 1)	PA; DL; QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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/4ml inhalation nebulization solution, 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		
DALIRESP (ORAL TABLET)	\$0 (Tier 1)	PA; QL
<i>roflumilast (oral tablet)</i>	\$0 (Tier 1)	PA; QL
<i>theophylline er (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 (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
TYVASO DPI MAINTENANCE KIT (INHALATION POWDER)	\$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
TYVASO DPI TITRATION KIT (INHALATION POWDER)	\$0 (Tier 1)	PA; DL; QL
VENTAVIS (INHALATION SOLUTION)	\$0 (Tier 1)	PA; DL; QL
Pulmonary Fibrosis Agents		
ESBRIET (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
ESBRIET (ORAL TABLET)	\$0 (Tier 1)	PA; DL; QL
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
COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION)	\$0 (Tier 1)	QL
DULERA (INHALATION AEROSOL)	\$0 (Tier 1)	QL
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/dose inhalation aerosol powder breath activated, 250-50mcg/dose inhalation aerosol powder breath activated, 500-50mcg/dose inhalation aerosol powder breath activated) (generic advair), 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)</i>	\$0 (Tier 1)	QL

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ipratropium-albuterol (0.5-2.5 (3)mg/3ml 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)	QL
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA (ORAL TABLET)	\$0 (Tier 1)	QL
<i>eszopiclone (1mg oral tablet, 2mg oral tablet, 3mg oral tablet)</i>	\$0 (Tier 1)	QL
HETLIOZ LQ (ORAL SUSPENSION)	\$0 (Tier 1)	PA; DL; QL
HETLIOZ (ORAL CAPSULE)	\$0 (Tier 1)	PA; DL; QL
<i>ramelteon (oral tablet)</i>	\$0 (Tier 1)	QL
<i>tasimelteon (20mg 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 (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
Wakefulness Promoting Agents		
<i>armodafinil (150mg oral tablet, 200mg oral tablet, 250mg oral tablet, 50mg oral tablet)</i>	\$0 (Tier 1)	PA; QL
<i>modafinil (oral tablet)</i>	\$0 (Tier 1)	PA; QL
SODIUM OXYBATE (ORAL SOLUTION)	\$0 (Tier 1)	PA; DL; QL
XYREM (ORAL SOLUTION)	\$0 (Tier 1)	PA; DL; QL

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 Customer Service. 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
<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 30 days
<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

Drug name	Quantity limit
<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 (10-160mg oral tablet, 10-320mg oral tablet, 5-160mg oral tablet, 5-320mg 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 (10mg oral capsule extended release 24 hour, 15mg oral capsule extended release 24 hour, 20mg oral capsule extended release 24 hour, 25mg oral capsule extended release 24 hour, 30mg oral capsule extended release 24 hour, 5mg 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
ANDRODERM (TRANSDERMAL PATCH 24 HOUR)	Maximum of 1 patch per day
ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (60 blisters) per 30 days
<i>apomorphine hcl (subcutaneous solution cartridge)</i>	Maximum of 2 ml 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

Drug name	Quantity limit
<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
<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 (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 80mg oral tablet)</i>	Maximum of 1 tablet per day
<i>atovaquone (oral suspension)</i>	Maximum of 14 ml per day
AUBAGIO (ORAL TABLET)	Maximum of 1 tablet per day
AUSTEDO (ORAL TABLET)	Maximum of 4 tablets per day
AVONEX PEN (INTRAMUSCULAR AUTO-INJECTOR KIT)	Maximum of 1 kit per 28 days
AVONEX PREFILLED (INTRAMUSCULAR PREFILLED SYRINGE KIT)	Maximum of 1 kit per 28 days
AYVAKIT (ORAL TABLET)	Maximum of 1 tablet per day
<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

Drug name	Quantity limit
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 (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 5mg oral tablet)</i>	Maximum of 2 tablets per day
<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 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
BRUKINSA (ORAL CAPSULE)	Maximum of 4 capsules per day
<i>buprenorphine hcl (2mg tablet sublingual, 8mg tablet sublingual)</i>	Maximum of 3 tablets per day
<i>buprenorphine hcl-naloxone hcl (12-3mg sublingual film, 4-1mg sublingual film)</i>	Maximum of 2 films per day
<i>buprenorphine hcl-naloxone hcl (2-0.5mg sublingual film, 8-2mg sublingual film)</i>	Maximum of 3 films per day
<i>buprenorphine hcl-naloxone hcl (2-0.5mg tablet sublingual, 8-2mg tablet sublingual)</i>	Maximum of 3 tablets per day
<i>buprenorphine (transdermal patch weekly)</i>	Maximum of 4 patches per 28 days

Drug name	Quantity limit
<i>butalbital-acetaminophen-caffeine (50-325-40mg 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
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 (100mg oral capsule, 200mg oral capsule, 400mg oral capsule, 50mg 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

Drug name	Quantity limit
<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
<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
CODEINE SULFATE (15MG ORAL TABLET, 60MG ORAL TABLET)	Maximum of 6 tablets per day
<i>codeine sulfate (30mg 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

Drug name	Quantity limit
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
COTELLIC (ORAL TABLET)	Maximum of 3 tablets per day
CYCLOSET (ORAL TABLET)	Maximum of 6 tablets per day
<i>dalfampridine er (oral tablet extended release 12 hour)</i>	Maximum of 2 tablets per day
DALIRESP (250MCG ORAL TABLET)	Maximum of 1 tablet per day
DALIRESP (500MCG ORAL TABLET)	Maximum of 1 tablet per day
DAPTACEL (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) 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 pristiq)</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 pristiq)</i>	Maximum of 1 tablet per day
DEXILANT (ORAL CAPSULE DELAYED RELEASE)	Maximum of 1 capsule 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

Drug name	Quantity limit
<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
<i>diazepam (10mg rectal gel, 2.5mg rectal gel, 20mg rectal gel)</i>	Maximum of 5 packages per 30 days
<i>diclofenac epolamine (external patch)</i>	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)</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
DOVATO (ORAL TABLET)	Maximum of 1 tablet per day
<i>doxepin hcl (external cream)</i>	Maximum of 90 grams per 30 days
DRIZALMA SPRINKLE (20MG ORAL CAPSULE DELAYED RELEASE SPRINKLE, 40MG ORAL CAPSULE DELAYED RELEASE SPRINKLE, 60MG ORAL CAPSULE DELAYED RELEASE SPRINKLE)	Maximum of 2 capsules per day
DRIZALMA SPRINKLE (30MG ORAL CAPSULE DELAYED RELEASE SPRINKLE)	Maximum of 3 capsules per day
<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

Drug name	Quantity limit
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
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 (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
ELIQUIS (2.5MG ORAL TABLET, 5MG 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 30 days
EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 2 syringes or pens (2 ml) per 30 days
EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 2 syringes or pens (2 ml) per 30 days
EMSAM (TRANSDERMAL PATCH 24 HOUR)	Maximum of 1 patch per day
<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

Drug name	Quantity limit
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
ENBREL SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 8 pens per 28 days
<i>endocet (10-325mg oral tablet, 5-325mg oral tablet, 7.5-325mg 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 (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
ESBRIET (ORAL CAPSULE)	Maximum of 9 capsules per day
ESBRIET (267MG ORAL TABLET)	Maximum of 6 tablets per day
ESBRIET (801MG ORAL TABLET)	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

Drug name	Quantity limit
<i>eszopiclone (1mg oral tablet, 2mg oral tablet, 3mg oral tablet)</i>	Maximum of 90 tablets per year
<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
<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
FLOVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 2 inhalers (120 blisters) per 30 days
FLOVENT HFA (110MCG/ACT INHALATION AEROSOL)	Maximum of 1 inhaler (12 grams) per 30 days
FLOVENT HFA (220MCG/ACT INHALATION AEROSOL)	Maximum of 2 inhalers (24 grams) per 30 days
FLOVENT HFA (44MCG/ACT INHALATION AEROSOL)	Maximum of 1 inhaler (10.6 grams) per 30 days
<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

Drug name	Quantity limit
<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
<i>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)</i>	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
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
GENVOYA (ORAL TABLET)	Maximum of 1 tablet per day
GILENYA (0.5MG ORAL CAPSULE)	Maximum of 1 capsule per day
<i>glatiramer acetate (20mg/ml subcutaneous solution prefilled syringe)</i>	Maximum of 1 syringe (1 ml) per day

Drug name	Quantity limit
<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
<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
HETLIOZ LQ (ORAL SUSPENSION)	Maximum of 158 ml per 30 days
HETLIOZ (ORAL CAPSULE)	Maximum of 1 capsule per day
HIBERIX (INJECTION SOLUTION RECONSTITUTED)	1 vaccination dose (1 injection) per day
HUMIRA PEDIATRIC CROHNS START (80MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 2 kits per year
HUMIRA PEDIATRIC CROHNS START (80MG/0.8ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 2 kits per year
HUMIRA PEN (40MG/0.4ML SUBCUTANEOUS PEN-INJECTOR KIT)	Maximum of 2 kits (4 pens) per 28 days
HUMIRA PEN (40MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT, 80MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT)	Maximum of 1 kit (2 pens) per 28 days

Drug name	Quantity limit
HUMIRA PEN PSORIASIS STARTER (80MG/0.8ML AND 40MG/0.4ML SUBCUTANEOUS PEN-INJECTOR KIT)	Maximum of 2 kits per year
HUMIRA (10MG/0.1ML SUBCUTANEOUS PREFILLED SYRINGE KIT, 20MG/0.2ML SUBCUTANEOUS PREFILLED SYRINGE KIT, 40MG/0.8ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 1 kit (2 syringes) per 28 days
HUMIRA (40MG/0.4ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 2 kits (4 syringes) per 28 days
<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 (30mg/3ml subcutaneous solution)</i>	Maximum of 6 syringes (18 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 (ORAL TABLET)	Maximum of 1 tablet per day
<i>imiquimod (5% external cream)</i>	Maximum of 24 grams 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

Drug name	Quantity limit
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
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
IRESSA (ORAL TABLET)	Maximum of 2 tablets per day
ISENTRESS HD (ORAL TABLET)	Maximum of 2 tablets per day
ISENTRESS (ORAL PACKET)	Maximum of 2 packets per day
ISENTRESS (ORAL TABLET)	Maximum of 2 tablets per day
ISENTRESS (ORAL TABLET CHEWABLE)	Maximum of 6 tablets per day
<i>isosorbide dinitrate-hydralazine (oral tablet)</i>	Maximum of 6 tablets per day
<i>itraconazole (oral capsule)</i>	Maximum of 4 capsules 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 (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
JENTADUETO XR (2.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
JENTADUETO XR (5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day

Drug name	Quantity limit
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
<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
KYNMOBI (10MG SUBLINGUAL FILM, 15MG SUBLINGUAL FILM, 20MG SUBLINGUAL FILM, 25MG SUBLINGUAL FILM, 30MG SUBLINGUAL FILM)	Maximum of 5 films per day
<i>lacosamide (oral solution)</i>	Maximum of 40 ml per day
<i>lacosamide (oral tablet)</i>	Maximum of 2 tablets per day
<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
LATUDA (120MG ORAL TABLET, 20MG ORAL TABLET, 40MG ORAL TABLET, 60MG ORAL TABLET)	Maximum of 1 tablet per day
LATUDA (80MG ORAL TABLET)	Maximum of 2 tablets per day
<i>lenalidomide (10mg oral capsule, 15mg oral capsule, 2.5mg oral capsule, 20mg oral capsule, 25mg oral capsule, 5mg oral capsule)</i>	Maximum of 1 capsule per day
<i>levocetirizine dihydrochloride (oral tablet)</i>	Maximum of 1 tablet per day
<i>levorphanol tartrate (oral tablet)</i>	Maximum of 6 tablets per day

Drug name	Quantity limit
LEXIVA (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 (10mg oral tablet, 2.5mg oral tablet, 20mg oral tablet, 30mg oral tablet, 40mg oral tablet, 5mg 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
LOKELMA (ORAL PACKET)	Maximum of 90 packets per 30 days
LONHALA MAGNAIR (INHALATION SOLUTION)	Maximum of 2 vials (2 ml) per day
LONSURF (15-6.14MG ORAL TABLET)	Maximum of 10 tablets per day
LONSURF (20-8.19MG ORAL TABLET)	Maximum of 8 tablets per day
<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
LYBALVI (ORAL TABLET)	Maximum of 1 tablet per day
LYNPARZA (ORAL TABLET)	Maximum of 4 tablets per day

Drug name	Quantity limit
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 (7 X 0.25MG ORAL TABLET THERAPY PACK)	Maximum of 2 packs (14 tablets) per year
MAYZENT STARTER PACK (12 X 0.25MG ORAL TABLET THERAPY PACK)	Maximum of 2 packs (24 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
MEMANTINE HCL TITRATION PAK (ORAL TABLET)	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 (500mg/5ml 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>methocarbamol (500mg oral tablet, 750mg oral tablet)</i>	Maximum of 540 tablets per year
<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 (10mg 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

Drug name	Quantity limit
MORPHINE SULFATE (20MG/5ML ORAL SOLUTION)	Maximum of 50 ml per day
<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 (2% 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 (100mg oral tablet extended release 24 hour)</i>	Maximum of 2 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
NORVIR (ORAL PACKET)	Maximum of 12 packets per day
NOXAFIL (40MG/ML 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

Drug name	Quantity limit
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
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
OCALIVA (ORAL TABLET)	Maximum of 1 tablet per day
ODEFSEY (ORAL TABLET)	Maximum of 1 tablet per day
OFEV (ORAL CAPSULE)	Maximum of 2 capsules 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
ONUREG (ORAL TABLET)	Maximum of 14 tablets per 28 days
ORENCIA CLICKJECT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 4 syringes (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
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

Drug name	Quantity limit
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 (60MG 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>oxandrolone (10mg oral tablet)</i>	Maximum of 2 tablets per day
<i>oxandrolone (2.5mg oral tablet)</i>	Maximum of 4 tablets per day
<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 (100mg/5ml oral concentrate)</i>	Maximum of 6 ml per day
<i>oxycodone hcl (5mg/5ml 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/1.5ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (1.5 ml) per 28 days
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
<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

Drug name	Quantity limit
<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
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
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
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 (15-500mg oral tablet, 15-850mg 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
<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 (100mg 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 (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 80mg oral tablet)</i>	Maximum of 1 tablet per day

Drug name	Quantity limit
<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 (600MG ORAL TABLET)	Maximum of 2 tablets per day
PREZISTA (75MG ORAL TABLET)	Maximum of 10 tablets per day
PREZISTA (800MG ORAL TABLET)	Maximum of 1 tablet 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
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

Drug name	Quantity limit
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
<i>quinapril-hydrochlorothiazide (10-12.5mg oral tablet)</i>	Maximum of 1 tablet per day
<i>quinapril-hydrochlorothiazide (20-12.5mg oral tablet, 20-25mg oral tablet)</i>	Maximum of 2 tablets per day
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 (1000mg oral tablet extended release 12 hour, 500mg oral tablet extended release 12 hour)</i>	Maximum of 2 tablets per day
RAVICTI (ORAL LIQUID)	Maximum of 17.5 ml per day
RAYALDEE (ORAL CAPSULE EXTENDED RELEASE)	Maximum of 2 capsules per day
REBIF REBIDOSE (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 12 pens (6 ml) per 28 days

Drug name	Quantity limit
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
RINVOQ (ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day

Drug name	Quantity limit
<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 (100mg 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 (10mg oral tablet, 5mg oral tablet)</i>	Maximum of 12 tablets per 30 days
<i>rizatriptan benzoate odt (10mg oral tablet dispersible, 5mg 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 (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 5mg oral tablet)</i>	Maximum of 1 tablet 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 (30mg/3ml subcutaneous solution)</i>	Maximum of 6 syringes (18 ml) per 30 days
SANCUSO (TRANSDERMAL PATCH)	Maximum of 4 patches per 28 days
SCSEMBLIX (20MG ORAL TABLET)	Maximum of 2 tablets per day
SCSEMBLIX (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 4 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 (10mg oral tablet, 20mg oral tablet, 40mg oral tablet, 5mg oral tablet, 80mg oral tablet)</i>	Maximum of 1 tablet 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
<i>sofosbuvir-velpatasvir (oral tablet)</i>	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
SOVALDI (150MG ORAL PACKET)	Maximum of 1 carton (28 packets) per 28 days
SOVALDI (200MG ORAL PACKET)	Maximum of 2 cartons (56 packets) per 28 days
SOVALDI (200MG ORAL TABLET)	Maximum of 2 tablets per day
SOVALDI (400MG ORAL TABLET)	Maximum of 1 tablet per day
SPIRIVA HANDIHALER (INHALATION CAPSULE)	Maximum of 1 capsule per day
SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION)	Maximum of 1 inhaler (4 grams) per 30 days
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

Drug name	Quantity limit
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
STIVARGA (ORAL TABLET)	Maximum of 4 tablets per day
STRIBILD (ORAL TABLET)	Maximum of 1 tablet per day
SUBOXONE (12-3MG SUBLINGUAL FILM, 4-1MG SUBLINGUAL FILM)	Maximum of 2 films per day
SUBOXONE (2-0.5MG SUBLINGUAL FILM, 8-2MG SUBLINGUAL FILM)	Maximum of 3 films per day
<i>sumatriptan (nasal solution)</i>	Maximum of 12 devices per 30 days
<i>sumatriptan succinate (100mg oral tablet, 25mg oral tablet, 50mg 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 (6mg/0.5ml subcutaneous solution)</i>	Maximum of 12 injections (6 ml) per 30 days
<i>sumatriptan succinate (4mg/0.5ml subcutaneous solution auto-injector, 6mg/0.5ml 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
SYM TUZA (ORAL TABLET)	Maximum of 1 tablet per day
SYNJARDY (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
SYNJARDY XR (10-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 25-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
SYNJARDY XR (12.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
TABRECTA (ORAL TABLET)	Maximum of 4 tablets per day

Drug name	Quantity limit
<i>tadalafil (pah) (20mg oral tablet) (generic adcirca)</i>	Maximum of 2 tablets per day
TAGRISSE (ORAL TABLET)	Maximum of 1 tablet per day
TALZENNA (0.25MG ORAL CAPSULE)	Maximum of 3 capsules per day
TALZENNA (0.5MG ORAL CAPSULE, 0.75MG ORAL CAPSULE, 1MG ORAL CAPSULE)	Maximum of 1 capsule per day
TASIGNA (150MG ORAL CAPSULE)	Maximum of 5 capsules per day
TASIGNA (200MG ORAL CAPSULE)	Maximum of 4 capsules per day
TASIGNA (50MG ORAL CAPSULE)	Maximum of 14 capsules per day
<i>tasimelteon (20mg oral capsule)</i>	Maximum of 1 capsule per day
TAZVERIK (ORAL TABLET)	Maximum of 8 tablets per day
TDVAX (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
<i>telmisartan (20mg oral tablet, 40mg oral tablet, 80mg 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
TERIPARATIDE (RECOMBINANT) (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

Drug name	Quantity limit
<i>tobramycin (300mg/4ml inhalation nebulization solution)</i>	Maximum of 2 ampules (8 ml) per day
<i>tobramycin (300mg/5ml inhalation nebulization solution)</i>	Maximum of 2 ampules (10 ml) per day
<i>tolcapone (oral tablet)</i>	Maximum of 6 tablets per day
TRACLEER (ORAL TABLET SOLUBLE)	Maximum of 8 tablets per day
TRADJENTA (ORAL TABLET)	Maximum of 1 tablet per day
<i>tramadol hcl er (biphasic) (100mg oral tablet extended release 24 hour, 200mg oral tablet extended release 24 hour, 300mg 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
<i>trientine hcl (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 (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
TRUSELTIQ (100MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)	Maximum of 1 capsule per day

Drug name	Quantity limit
TRUSELTIQ (125MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)	Maximum of 2 capsules per day
TRUSELTIQ (50MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)	Maximum of 2 capsules per day
TRUSELTIQ (75MG DAILY DOSE) (ORAL CAPSULE THERAPY PACK)	Maximum of 3 capsules per day
TUKYSA (150MG ORAL TABLET)	Maximum of 4 tablets per day
TUKYSA (50MG ORAL TABLET)	Maximum of 12 tablets per day
TURALIO (200MG ORAL CAPSULE)	Maximum of 4 capsules per day
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
TYVASO DPI MAINTENANCE KIT (112 X 32MCG & 112 X 48MCG INHALATION POWDER)	Maximum of 1 kit (224 cartridges) per 28 days
TYVASO DPI MAINTENANCE KIT (16MCG INHALATION POWDER, 32MCG INHALATION POWDER, 48MCG INHALATION POWDER, 64MCG INHALATION POWDER)	Maximum of 1 kit (112 cartridges) per 28 days
TYVASO DPI TITRATION KIT (112 X 16MCG & 84 X 32MCG INHALATION POWDER)	Maximum of 2 kits (392 cartridges) per year
TYVASO DPI TITRATION KIT (112 X 16MCG & 112 X 32MCG & 28 X 48MCG INHALATION POWDER)	Maximum of 2 kits (504 cartridges) 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 (50mg/ml oral solution reconstituted)</i>	Maximum of 36 ml per day
<i>valganciclovir hcl (450mg 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 (160-12.5mg oral tablet, 160-25mg oral tablet, 320-12.5mg oral tablet, 320-25mg oral tablet, 80-12.5mg oral tablet)</i>	Maximum of 1 tablet per day

Drug name	Quantity limit
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
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
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
VERZENIO (ORAL TABLET)	Maximum of 2 tablets per day
VICTOZA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 3 pens (9 ml) per 30 days
<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
VIIBRYD (ORAL TABLET)	Maximum of 1 tablet per day
VIIBRYD STARTER PACK (ORAL KIT)	Maximum of 2 packs (60 tablets) per year
<i>vilazodone hcl (oral tablet)</i>	Maximum of 1 tablet per day
VIMPAT (ORAL SOLUTION)	Maximum of 40 ml per day
VIMPAT (ORAL TABLET)	Maximum of 2 tablets per day
VIRACEPT (250MG ORAL TABLET)	Maximum of 10 tablets per day
VIRACEPT (625MG ORAL TABLET)	Maximum of 4 tablets per day

Drug name	Quantity limit
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 (20MG/ML 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
<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) (100MG & 150MG 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

Drug name	Quantity limit
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
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

Drug name	Quantity limit
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
XYREM (ORAL SOLUTION)	Maximum of 18 ml per day
YF-VAX (SUBCUTANEOUS INJECTABLE)	1 vaccination dose (1 injection) per day
<i>yuvafem (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 (ORAL CAPSULE)	Maximum of 3 capsules 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
<i>zolpidem tartrate (10mg oral tablet immediate release, 5mg oral tablet immediate release)</i>	Maximum of 1 tablet per day
ZYDELIG (ORAL TABLET)	Maximum of 2 tablets per day
ZYKADIA (ORAL TABLET)	Maximum of 3 tablets per day

C3. Over-the-counter (OTC) Medicaid Drug List

UnitedHealthcare 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>clotrimazole (cream)</i>
Smoking Cessation Agents	<i>miconazole nitrate (aerosol)</i>
<i>nicotine (kit)</i>	<i>miconazole nitrate (cream)</i>
<i>nicotine (patch 24 hr)</i>	<i>miconazole nitrate (powder)</i>
<i>nicotine (patch)</i>	<i>tolnaftate (aerosol powder)</i>
<i>nicotine polacrilex (gum)</i>	<i>tolnaftate (cream)</i>
<i>nicotine polacrilex (lozenge)</i>	<i>tolnaftate (solution)</i>
Antibacterials	Antiparasitics
Antibacterials, Other	Anthelmintics

Drug name
<i>pyrantel pamoate (suspension)</i>
Blood Glucose Regulators
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>

Drug name
Pediculicides/Scabicides
<i>pyrethrins-piperonyl butoxide (shampoo)</i>
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>
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<i>b-complex w/ c & calcium (tablet)</i>
<i>calcium ascorbate (tablet)</i>
<i>cod liver oil (capsule)</i>

Drug name
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<i>folic acid (capsule)</i>
<i>folic acid (tablet)</i>
<i>iron (elixir)</i>
<i>iron (tablet dr)</i>
<i>iron (tablet er)</i>
<i>iron (tablet)</i>
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<i>vitamin b-12 (liquid)</i>
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Drug name
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Drug name
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<i>acidophilus/pectin (capsule)</i>
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ALIGN (CAPSULE)
ALIGN (TABLET CHEWABLE)
ALIGN EXTRA STRENGTH (CAPSULE)
ALIGN JR FOR KIDS (TABLET CHEWABLE)
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<i>aluminum hydroxide (suspension)</i>

Drug name
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<i>biohm probiotic supplement/vitamin c (capsule)</i>
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CULTURELLE DIGESTIVE HEALTH WOMENS HEALTHY BALANCE (CAPSULE)
CULTURELLE HEALTH & WELLNESS (CAPSULE)
CULTURELLE IMMUNE DEFENSE (TABLET CHEWABLE)
CULTURELLE IMMUNITY SUPPORT FORMULA (CAPSULE)
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CULTURELLE KIDS IMMUNE DEFENSE (TABLET CHEWABLE)
CULTURELLE KIDS PURELY PROBIOTICS (PACKET)
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CULTURELLE PROBIOTICS (TABLET CHEWABLE)
CULTURELLE PROBIOTICS KIDS (PACKET)
CULTURELLE PROBIOTICS KIDS (TABLET CHEWABLE)
CULTURELLE PRO-WELL (CAPSULE)
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Drug name
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<i>cvs acidophilus probioticformula (tablet)</i>
<i>cvs adult 50+ probiotic (capsule)</i>
<i>cvs adult probiotic (capsule)</i>
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<i>cvs digestive probiotic (capsule)</i>
<i>cvs mood support probiotic (capsule)</i>
<i>cvs probiotic (capsule)</i>
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<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>
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<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)

Drug name
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FLORASTOR KIDS (PACKET)
FLORASTOR PLUS (CAPSULE)
FLORASTOR PRE (CAPSULE)
FLORASTORMAX (PACKET)
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<i>gnp 4x probiotic (tablet)</i>
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<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>preorbatic (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>

Drug name
<i>probiotic colon support (capsule)</i>
<i>probiotic complex/acidophilus (capsule)</i>
<i>probiotic daily (capsule)</i>
<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>
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<i>sd probiotic-10 complex ultra (capsule)</i>
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<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>
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Genitourinary Agents, Other

Drug name
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Progestins
<i>levonorgestrel (tablet)</i>
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Miscellaneous Therapeutic Agents
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<i>coenzyme q10 (tablet)</i>
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LMA MAD NASAL (MISCELLANEOUS)
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<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>
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<i>white petrolatum (gel)</i>
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Ophthalmic Agents, Other
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<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>
NAPHCON-A (SOLUTION)
OPCON-A (SOLUTION)
<i>ra eye allergy relief (solution)</i>
<i>tgt eye allergy relief (solution)</i>
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Otic Agents
Otic Agents
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Drug name
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<i>cetirizine-pseudoephedrine (tablet er 12hr)</i>
<i>chlorpheniramine maleate (syrup)</i>
<i>chlorpheniramine maleate (tablet er)</i>
<i>chlorpheniramine maleate (tablet)</i>
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<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>
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Drug name
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<i>loratadine (syrup)</i>
<i>loratadine (tablet chewable)</i>
<i>loratadine (tablet disintegrating)</i>
<i>loratadine (tablet)</i>
Anti-inflammatories, Inhaled Corticosteroids
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<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>

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