

2019 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

UnitedHealthcare Dual Complete® (HMO SNP)
UnitedHealthcare Dual Complete® (HMO-POS SNP)
UnitedHealthcare Dual Complete® Focus (HMO SNP)
UnitedHealthcare Dual Complete® (PPO SNP)

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



Toll-free **1-866-480-1086**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCCommunityPlan.com



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Questions?

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



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What is a drug list?

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

Your plan will generally cover the drugs listed in our drug list as long as:

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of September 1, 2018.

For an up-to-date list of covered drugs or if you have questions, please call Customer Service. Our contact information is on the cover.

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

When this drug list refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare Dual Complete.

How do I use the drug list?

There are 2 ways to find your prescription drugs in this drug list:

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–28 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 29–91 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



Can't find your drug?

Check the complete drug list by visiting our plan website at www.UHCCommunityPlan.com. You can use online tools to look up your drugs. This information is updated on a regular basis.

What are generic drugs?

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

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

The drug list shows **brand name** drugs in **bold** type (for example, **Humalog**) and generic drugs in plain type (for example, Simvastatin).

What is a compounded drug?

A compounded drug is created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. Generally compounded drugs are non-formulary drugs (not covered) by your plan. You may need to ask for and receive an approved coverage determination from us to have your compounded drug covered. Compounded drugs may be Part D eligible. For more information about compounded drugs, please review your Evidence of Coverage.

Drug payment stage and drug tiers

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

- Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- Your drug's tier.** Your plan has 1 tier named "Covered Drugs." All covered drugs are in this tier. The chart below shows your cost-sharing amount.

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

Drug Tier	Your Cost-Sharing Amount
Tier 1 "Covered Drugs"	25% coinsurance

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also call Customer Service. Our contact information is on the cover.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by medical condition” chart starting on page 29. The codes and what they mean are shown below and on the next page.

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

Coverage Rules and Limits

PA - Prior authorization

The plan requires you or your doctor to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.

QL - Quantity limits

The plan will cover only a certain amount of this drug for 1 copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

ST - Step therapy

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

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 having the pharmacy contact the plan.

DL - Dispensing limit

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

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

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

What if my drug is not on this list?

If your drug is not included in this drug list we may still cover it. Call Customer Service to ask if it's covered. Or go to www.UHCCCommunityPlan.com to look it up online. The information is updated on a regular basis.

If you find out that your drug is not covered, you can do 1 of these things:

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our drug list or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor to decide if there is a similar drug on the drug list you can take instead. If you and your doctor decide this is the only drug that will work for you, you will need to ask for an exception. We may cover your drug in certain cases during the first 90 days of your membership.

The following chart shows how much of your drug we may cover while you ask for an exception.

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

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

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

Can the drug list change?

We try to change the drug list as little as possible during the plan year. Occasionally we may need to make changes for safety or other reasons.

The drug list may change during the year if your plan:

- Adds new drugs, including generic drugs, as they become available.
- Removes a drug that has been found to be ineffective or unsafe.
- Changes the coverage rules or limits for a drug.

If we add new generic drugs

We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section “How can I get an exception?” on page 8.

If we remove a drug from the list

Usually, if you’re taking a drug on this drug list that was covered at the beginning of the year, we will not remove or reduce coverage during the year. If you are taking a drug that is removed because a generic version becomes available, we will tell you. If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will take it off the drug list right away.

If we change the coverage rules or limits

We’ll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 92-114.

We’ll tell you about any changes

If a drug you are taking is removed from the drug list during the plan year we’ll include an update in your Part D Explanation of Benefits (Part D EOB) statement. We’ll tell you about any changes to our drug list at least 30 days before they go into effect or when you request a refill of the drug. If you find out when requesting a refill, you will receive at least a 30-day supply of the drug so you have time to talk with your doctor. To get updated information about the drugs covered by your plan, please call Customer Service or go to **www.UHCCommunityPlan.com** to look it up online.

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call Customer Service toll-free at **1-866-480-1086**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **www.UHCCCommunityPlan.com**.

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

Covered drugs by name (Drug index)

A			
		Albuterol Sulfate.....	88, 89
Abacavir.....	53	Alclometasone Dipropionate	74
Abacavir Sulfate/Lamivudine/ Zidovudine.....	53	Alcohol Prep Pads.....	84
Abacavir/Lamivudine.....	53	Alecensa.....	47
Abelcet.....	43	Alendronate Sodium.....	84
Abilify Maintena.....	50	Alfuzosin HCl ER.....	74
Abstral.....	31	Alinia.....	48
Acamprosate Calcium DR.....	32	Allopurinol.....	45
Acarbose.....	55	Alocril.....	85
Acebutolol HCl.....	59	Alomide.....	85
Acetaminophen/Codeine.....	31	Alosetron HCl.....	72
Acetazolamide.....	62	Alphagan P.....	86
Acetazolamide ER.....	63	Alprazolam.....	54
Acetic Acid.....	87	Altavera.....	77
Acetylcysteine.....	90	Alunbrig.....	47
Acitretin.....	67	Alyacen 1/35.....	77
Actemra.....	82	Amantadine HCl.....	49
ActHIB.....	83	AmBisome.....	43
Actimmune.....	82	Amethia.....	77
Acyclovir.....	52	Amethia Lo.....	77
Acyclovir Sodium.....	52	Amikacin Sulfate.....	33
Adacel.....	83	Amiloride HCl.....	63
Adapalene.....	67	Amiloride/Hydrochlorothiazide	61
Adcirca.....	89	Aminosyn 7%/Electrolytes....	68
Adefovir Dipivoxil.....	51	Aminosyn 8.5%/Electrolytes	68
Adempas.....	89	Aminosyn II.....	68
Advair Diskus.....	90	Aminosyn II 8.5%/Electrolytes	68
Advair HFA.....	90	Aminosyn-HBC.....	68
Afeditab CR.....	60	Aminosyn-PF.....	68
Afinitor.....	47	Aminosyn-RF.....	68
Afinitor Disperz.....	47		
Ala-Cort.....	74		
Albenza.....	48	Amiodarone HCl.....	59
		Amitiza.....	72
		Amitriptyline HCl.....	42
		Amlodipine Besylate.....	60
		Amlodipine Besylate/ Atorvastatin Calcium.....	61
		Amlodipine Besylate/ Benazepril HCl.....	61
		Amlodipine Besylate/Valsartan	61
		Amlodipine/Olmesartan	61
		Medoxomil.....	61
		Amlodipine/Valsartan/ Hydrochlorothiazide.....	61
		Ammonium Lactate.....	67
		Amoxapine.....	42
		Amoxicillin.....	35
		Amoxicillin/Clavulanate	36
		Potassium.....	36
		Amoxicillin/Clavulanate	36
		Potassium ER.....	36
		Amphetamine/ Dextroamphetamine.....	65
		Amphotericin B.....	43
		Ampicillin.....	36
		Ampicillin Sodium.....	36
		Ampicillin-Sulbactam.....	36
		Ampyra.....	66
		Anadrol-50.....	77
		Anagrelide HCl.....	57
		Anastrozole.....	47
		Androderm.....	77
		Anoro Ellipta.....	90
		Apokyn.....	49
		Apraclonidine.....	86

Aprepitant.....	43	Azasite.....	36	Bevespi Aerosphere.....	90
Apri.....	77	Azathioprine.....	81	Bexarotene.....	48
Apriso.....	83	Azelastine HCl.....	86, 87	Bexsero.....	83
Aptiom.....	40	Azithromycin.....	36	Bicalutamide.....	46
Aptivus.....	54	Azopt.....	86	Bicillin C-R.....	36
Aralast NP.....	73	Aztreonam.....	35	Bicillin L-A.....	36
Aranelle.....	77	B		BiDil.....	61
Aranesp Albumin Free.....	58	Bacitracin.....	33	Biktarvy.....	53
Arcalyst.....	82	Bacitracin/Polymyxin B.....	85	Biltricide.....	48
Aripiprazole.....	50	Baclofen.....	90	Binosto.....	84
Aripiprazole ODT.....	50	Bactocill in Dextrose.....	36	Bisoprolol Fumarate.....	59
Aristada.....	50	Bactroban Nasal.....	33	Bisoprolol Fumarate/ Hydrochlorothiazide.....	61
Arnuity Ellipta.....	88	Balsalazide Disodium.....	83	BIVIGAM.....	82
Ashlyna.....	77	Balziva.....	77	Blephamide.....	85
Aspirin/Dipyridamole.....	58	Banzel.....	40	Blephamide S.O.P.....	85
Atazanavir Sulfate.....	54	Baraclude.....	51	Blisovi 24 Fe.....	77
Atenolol.....	59	BCG Vaccine.....	83	Blisovi Fe 1.5/30.....	77
Atenolol/Chlorthalidone.....	61	Belsomra.....	91	Blisovi Fe 1/20.....	77
Atomoxetine.....	65	Benazepril HCl.....	59	Boostrix.....	83
Atorvastatin Calcium.....	63	Benazepril HCl/ Hydrochlorothiazide.....	61	Bosulif.....	47
Atovaquone.....	48	Benlysta.....	82	Breo Ellipta.....	90
Atovaquone/Proguanil HCl....	48	Benznidazole.....	48	Briellyn.....	77
Atripla.....	52	Benztropine Mesylate.....	49	Brilinta.....	58
Atropine Sulfate.....	85	Bepreve.....	86	Brimonidine Tartrate.....	86
Atrovent HFA.....	88	Berinert.....	81	Briviact.....	38
Aubagio.....	66	Besivance.....	37	Bromocriptine Mesylate.....	49
Aubra.....	77	Betamethasone Dipropionate	74	Budesonide.....	84, 88
Augmented Betamethasone Dipropionate.....	74	Betamethasone Valerate.....	74	Budesonide ER.....	84
Auryxia.....	71	Betaseron.....	66	Bumetanide.....	63
Avandia.....	55	Betaxolol HCl.....	59, 86	Buprenorphine HCl.....	32
Aviane.....	77	Bethanechol Chloride.....	74	Buprenorphine HCl/Naloxone HCl.....	32
Avonex.....	66	Bethkis.....	89	Bupropion HCl.....	41
Avonex Pen.....	66	Betimol.....	86	Bupropion HCl SR.....	33, 41

Bupropion HCl XL.....	41	Carbidopa/Levodopa.....	49	Chantix Starting Month Pak...33
Buspirone HCl.....	54	Carbidopa/Levodopa ER.....	49	Chemet.....
Butalbital/Acetaminophen/ Caffeine.....	29	Carbidopa/Levodopa ODT....	49	Chenodal.....
Butalbital/Aspirin/Caffeine....	29	Carbidopa/Levodopa/ Entacapone.....	49	Chlordiazepoxide HCl.....
Butorphanol Tartrate.....	31	Carimune Nanofiltered.....	82	Chlorhexidine Gluconate Oral Rinse.....
Bydureon Bcise.....	55	Carteolol HCl.....	86	Chloroquine Phosphate.....
Bydureon Pen.....	55	Cartia XT.....	60	Chlorothiazide.....
Bydureon Vial.....	55	Carvedilol.....	59	Chlorpromazine HCl.....
Byetta.....	55	Caspofungin Acetate.....	44	Chlorthalidone.....
Bystolic.....	59	Cayston.....	89	Chlorzoxazone.....
C				
Cabergoline.....	81	Caziant.....	77	Cholbam.....
Cabometyx.....	47	Cefaclor.....	34	Cholestyramine.....
Calcipotriene.....	67	Cefadroxil.....	34	Cholestyramine Light.....
Calcitonin-Salmon.....	84	Cefazolin Sodium.....	34	Ciclopirox.....
Calcitriol.....	67, 84	Cefdinir.....	34	Ciclopirox Nail Lacquer.....
Calcium Acetate.....	71	Cefepime.....	34	Ciclopirox Olamine.....
Calquence.....	47	Cefixime.....	34	Cilostazol.....
Camila.....	80	Cefotaxime Sodium.....	35	Ciloxan.....
Camrese Lo.....	77	Cefotetan.....	35	Cimetidine.....
Canasa.....	83	Cefoxitin Sodium.....	35	Cimetidine HCl.....
Candesartan Cilexetil.....	59	Cefpodoxime Proxetil.....	35	Cimzia.....
Candesartan Cilexetil/ Hydrochlorothiazide.....	61	Cefprozil.....	35	Cinryze.....
Caprelsa.....	47	Ceftazidime.....	35	Cipro HC.....
Captopril.....	59	Ceftriaxone Sodium.....	35	Ciprodex.....
Captopril/Hydrochlorothiazide	61	Cefuroxime Axetil.....	35	Ciprofloxacin.....
Carac.....	67	Cefuroxime Sodium.....	35	Ciprofloxacin ER.....
Carafate.....	72	Celecoxib.....	29	Ciprofloxacin HCl.....
Carbaglu.....	68	Celontin.....	39	Ciprofloxacin I.V. in D5W.....
Carbamazepine.....	40	Cephalexin.....	35	Citalopram HBr.....
Carbamazepine ER.....	40	Cesamet.....	43	Claravis.....
Carbidopa.....	49	Cetirizine HCl.....	87	Clarithromycin.....
		Chantix.....	33	Clarithromycin ER.....
		Chantix Continuing Month Pak	33	Climara Pro.....

Clindamycin HCl.....	33	Constulose.....	72	Daptacel.....	83
Clindamycin Palmitate HCl....	33	Cordran.....	74	Daptomycin.....	34
Clindamycin Phosphate...33, 67		Corlanor.....	61	DARAPRIM.....	48
Clindamycin Phosphate in D5W	33	Cortisone Acetate.....	75	Deblitane.....	80
Clindamycin/Benzoyl Peroxide	67	Cortisporin.....	67	Delyla.....	77
Clobetasol Propionate.....	74	Cosentyx.....	67	Demeclocycline HCl.....	38
Clobetasol Propionate E.....	74	Cosentyx Sensoready Pen.....	67	Demser.....	61
Clomipramine HCl.....	42	Cosopt PF.....	86	Denavir.....	52
Clonazepam.....	54	Cotellic.....	47	Depen Titratabs.....	74
Clonazepam ODT.....	54	Coumadin.....	57	Depo-Estradiol.....	77
Clonidine HCl.....	58	Creon.....	73	Depo-Provera.....	80
Clonidine HCl ER.....	65	Crinone.....	80	Descovy.....	53
Clopidogrel.....	58	Crixivan.....	54	Desipramine HCl.....	42
Clorazepate Dipotassium.....	54	Cromolyn Sodium.....	71, 86, 89	Desmopressin Acetate.....	76
Clotrimazole.....	44	Cryselle-28.....	77	Desogestrel/Ethinyl Estradiol	77
Clotrimazole/Betamethasone Dipropionate.....	67	Cuprimine.....	74	Desonide.....	75
Clozapine.....	51	Cuvposa.....	71	Desoximetasone.....	75
Clozapine ODT.....	51	Cyclafem.....	77	Desvenlafaxine ER.....	42
Coartem.....	48	Cyclobenzaprine HCl.....	90	Dexamethasone.....	75
Codeine Sulfate.....	31	Cyclophosphamide.....	46	Dexamethasone Intensol.....	75
Colchicine.....	45	Cycloset.....	55	Dexamethasone Sodium Phosphate.....	86
Colcrys.....	45	Cyclosporine.....	81	Dexilant.....	72
Colesevelam HCl.....	64	Cyclosporine Modified.....	81	Dexmethylphenidate HCl.....	65
Colestipol HCl.....	64	Cyproheptadine HCl.....	87	Dexmethylphenidate HCl ER	65
Colistimethate Sodium.....	34	Cystadane.....	73	Dextroamphetamine Sulfate	65
Colocort.....	84	Cystagon.....	73	Dextroamphetamine Sulfate ER	65
Coly-Mycin S.....	87	Cystaran.....	85	Dextrose 10%.....	68
Combigan.....	86	D		Dextrose 10%/NaCl 0.2%.....	68
Combivent Respimat.....	90	Daklinza.....	52	Dextrose 10%/NaCl 0.45%....	68
Cometriq.....	47	Daliresp.....	89	Dextrose 2.5%/NaCl 0.45%... 68	
Complera.....	52	Dalvance.....	34		
Compro.....	43	Danazol.....	77		
		Dantrolene Sodium.....	90		
		Dapsone.....	46		

Eprosartan Mesylate.....	59	Exelderm.....	44	Flector.....	29	
Eraxis.....	44	Exemestane.....	47	Flovent Diskus.....	88	
Ergotamine Tartrate/Caffeine	45	Exjade.....	71	Flovent HFA.....	88	
Erivedge.....	47	Ezetimibe.....	64	Fluconazole.....	44	
Erleada.....	46	Ezetimibe/Simvastatin.....	64	Fluconazole in NaCl.....	44	
Errin.....	80	F			Flucytosine.....	44
Ery.....	67	Falmina.....	78	Fludrocortisone Acetate.....	75	
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Covered drugs by medical condition

The list below has information about the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-28.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold type** (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier. Your plan has 1 tier named “Covered Drugs.” All covered drugs are in this Tier. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 92-114.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Analgesics		
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	1	QL	Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Butalbital/Aspirin/ Caffeine (50mg-325mg-40mg Capsule)	1	QL	Etodolac ER (Tablet Extended-Release 24 Hour)	1	
Nonsteroidal Anti-inflammatory Drugs			Flector (Patch)	1	PA, QL
Celecoxib (Capsule)	1	QL	Flurbiprofen (Tablet)	1	
Diclofenac Potassium (Tablet)	1		Ibu (Tablet)	1	
Diclofenac Sodium (1% Gel)	1	PA	Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1	
Diclofenac Sodium DR (Tablet Delayed- Release)	1		Indomethacin (25mg Capsule, 50mg Capsule)	1	
Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	1		Ketoprofen (Capsule Immediate-Release)	1	
Diflunisal (Tablet)	1		Meloxicam (Tablet)	1	
			Nabumetone (Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Naproxen (125mg/5ml Suspension)	1		Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	7D, DL, QL, MME
Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1		Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	7D, DL, QL, MME
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1		Levorphanol Tartrate (Tablet)	1	7D, DL, QL, MME
Piroxicam (Capsule)	1		Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	7D, DL, QL, MME
Sulindac (Tablet)	1		Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	1	7D, DL, QL, MME
Opioid Analgesics, Long-acting			Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	1	7D, DL, QL, MME
Embeda (Capsule Extended-Release)	1	7D, DL, QL, MME	Nucynta ER (Tablet Extended-Release 12 Hour)	1	7D, DL, QL, MME
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	1	7D, DL, QL, MME			
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	7D, DL, QL, MME			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	1	7D, DL, QL, MME	Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution)	1	7D, DL, QL, MME
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	1	7D, DL, QL, MME	Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	1	7D, DL, QL, MME
Opioid Analgesics, Short-acting					
Abstral (Tablet Sublingual)	1	DL, PA, QL	Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	1	7D, DL
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	1	7D, DL, QL, MME	Hydromorphone HCl (1mg/ml Liquid)	1	7D, DL, QL, MME
Butorphanol Tartrate (10mg/ml Nasal Solution)	1	7D, DL, QL, MME	Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	1	7D, DL, QL, MME
Codeine Sulfate (Tablet)	1	7D, DL, QL, MME	Hydromorphone HCl (2mg/ml Injection)	1	7D, DL
Duramorph (Injection)	1	7D, DL	Lorcet (Tablet)	1	7D, DL, QL, MME
Endocet (Tablet)	1	7D, DL, QL, MME	Lorcet HD (Tablet)	1	7D, DL, QL, MME
Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	1	DL, PA, QL	Lorcet Plus (Tablet)	1	7D, DL, QL, MME
			Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	1	7D, DL, QL, MME

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	1	7D, DL	Tramadol HCl/Acetaminophen (Tablet)	1	7D, DL, QL, MME
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	1	7D, DL, QL, MME	Trezip (Capsule)	1	7D, DL, QL, MME
Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)	1	7D, DL	Anesthetics		
Oxycodone HCl (100mg/5ml Concentrate)	1	7D, DL, QL, MME	Local Anesthetics		
Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	1	7D, DL, QL, MME	Lidocaine (5% Ointment)	1	QL
Oxycodone HCl (5mg/5ml Oral Solution)	1	7D, DL, QL, MME	Lidocaine (5% Patch)	1	PA, QL
Oxycodone/Acetaminophen (Tablet)	1	7D, DL, QL, MME	Lidocaine HCl (4% External Solution)	1	
Oxycodone/Aspirin (Tablet)	1	7D, DL, QL, MME	Lidocaine HCl (Gel)	1	
Oxycodone/Ibuprofen (Tablet)	1	7D, DL, QL, MME	Lidocaine Viscous (Solution)	1	
Tramadol HCl (Tablet Immediate-Release)	1	7D, DL, QL, MME	Lidocaine/Prilocaine (Cream)	1	
			Anti-Addiction/Substance Abuse Treatment Agents		
			Alcohol Deterrents/Anti-craving		
			Acamprosate Calcium DR (Tablet Delayed-Release)	1	
			Disulfiram (Tablet)	1	
			Naltrexone HCl (Tablet)	1	
			Vivitrol (Injection)	1	
			Opioid Dependence Treatments		
			Buprenorphine HCl (Tablet Sublingual)	1	QL
			Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	1	QL
			Suboxone (Film)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Opioid Reversal Agents		
Naloxone HCl (Injection)	1	
Narcan (Liquid)	1	
Smoking Cessation Agents		
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent)	1	
Chantix (Tablet)	1	
Chantix Continuing Month Pak (Tablet)	1	
Chantix Starting Month Pak (Tablet)	1	
Nicotrol (Inhaler)	1	
Nicotrol NS (Nasal Solution)	1	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (Injection)	1	
Gentak (Ophthalmic Ointment)	1	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	1	
Gentamicin Sulfate (40mg/ml Injection)	1	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1	
Isotonic Gentamicin (Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin Sulfate (Tablet)	1	
Paromomycin Sulfate (Capsule)	1	
Streptomycin Sulfate (Injection)	1	
Tobramycin Sulfate (0.3% Ophthalmic Solution)	1	
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	1	
Tobrex (0.3% Ophthalmic Ointment)	1	
Antibacterials, Other		
Bacitracin (Ophthalmic Ointment)	1	
Bactroban Nasal (Ointment)	1	PA
Clindamycin HCl (Capsule Immediate-Release)	1	
Clindamycin Palmitate HCl (Oral Solution)	1	
Clindamycin Phosphate (2% Cream)	1	
Clindamycin Phosphate (300mg/ 2ml Injection, 600mg/ 4ml Injection, 900mg/ 6ml Injection)	1	
Clindamycin Phosphate in D5W (Injection)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Colistimethate Sodium (Injection)	1	
Dalvance (Injection)	1	PA
Daptomycin (Injection)	1	
Linezolid (100mg/5ml Suspension)	1	PA
Linezolid (600mg Tablet)	1	PA, QL
Linezolid (600mg/300ml Injection)	1	PA
Methenamine Hippurate (Tablet)	1	
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)	1	
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Metronidazole in NaCl 0.79% (Injection)	1	
Metronidazole Vaginal (Gel)	1	
Mupirocin (2% Cream)	1	
Mupirocin (2% Ointment)	1	
Nitrofurantoin (Suspension)	1	
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	1	
Polymyxin B Sulfate (Injection)	1	
Sulfamylon (85mg/gm Cream)	1	
Tigecycline (Injection)	1	
Tinidazole (Tablet)	1	
Trimethoprim (Tablet)	1	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	1	
Vandazole (Gel)	1	
Beta-lactam, Cephalosporins		
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	1	
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1	
Cefazolin Sodium (Injection)	1	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	1	
Cefepime (Injection)	1	
Cefixime (Suspension)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefotaxime Sodium (Injection)	1	
Cefotetan (Injection)	1	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	1	
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	1	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1	
Ceftazidime (Injection)	1	
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	1	
Cefuroxime Axetil (Tablet)	1	
Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	1	
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	1	
Suprax (400mg Capsule, 500mg/5ml Suspension)	1	
Tazicef (Injection)	1	
Zerbaxa (Injection)	1	PA
Beta-lactam, Other		
Aztreonam (Injection)	1	
Doripenem (Injection)	1	
Imipenem/Cilastatin (Injection)	1	
Invanz (Injection)	1	
Meropenem (Injection)	1	
Beta-lactam, Penicillins		
Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxicillin/ Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/ 5ml-28.5mg/5ml Suspension, 250mg/ 5ml-62.5mg/5ml Suspension, 400mg/ 5ml-57mg/5ml Suspension, 600mg/ 5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	1		Dicloxacillin Sodium (Capsule)	1	
Amoxicillin/ Clavulanate Potassium ER (Tablet Extended- Release 12 Hour)	1		Nafcillin Sodium (10gm Injection, 1gm Injection)	1	
Ampicillin (Capsule)	1		Oxacillin Sodium (Injection)	1	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	1		Penicillin G Potassium (Injection)	1	
Ampicillin-Sulbactam (Injection)	1		Penicillin G Procaine (Injection)	1	
Bactocill in Dextrose (Injection)	1		Penicillin G Sodium (Injection)	1	
Bicillin C-R (Injection)	1		Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	1	
Bicillin L-A (Injection)	1		Piperacillin/ Tazobactam (Injection)	1	
			Macrolides		
			Azasite (Ophthalmic Solution)	1	
			Azithromycin (100mg/ 5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	1	
			Azithromycin (500mg Injection)	1	
			Clarithromycin (125mg/5ml Suspension, 250mg/ 5ml Suspension)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clarithromycin (250mg Tablet, 500mg Tablet)	1		Ciprofloxacin (Oral Suspension)	1	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	1		Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	1	
Dificid (Tablet)	1		Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	1	
E.E.S. Granules (Suspension)	1		Ciprofloxacin HCl (100mg Tablet Immediate-Release)	1	
Ery-Tab (Tablet Delayed-Release)	1		Ciprofloxacin I.V. in D5W (Injection)	1	
EryPed 200 (Suspension)	1		Gatifloxacin (Ophthalmic Solution)	1	
EryPed 400 (Suspension)	1		Levofloxacin (0.5% Ophthalmic Solution)	1	
Erythrocin Lactobionate (Injection)	1		Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)	1	
Erythromycin (250mg Capsule Delayed-Release)	1		Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	1	
Erythromycin (5mg/gm Ophthalmic Ointment)	1		Levofloxacin in D5W (Injection)	1	
Erythromycin Base (Tablet)	1		Moxeza (Ophthalmic Solution)	1	
Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	1		Moxifloxacin HCl/ Sodium HCl (Injection)	1	
Quinolones			Moxifloxacin HCl (Ophthalmic Solution)	1	
Besivance (Suspension)	1				
Ciloxan (0.3% Ointment)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Moxifloxacin HCl (Tablet)	1		Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	1	
Ofloxacin (0.3% Ophthalmic Solution)	1		Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	1	
Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	1		Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule)	1	
Sulfonamides			Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	1	
Silver Sulfadiazine (Cream)	1		Tetracycline HCl (Capsule)	1	
Sodium Sulfacetamide (Ophthalmic Solution)	1		Vibramycin (50mg/5ml Syrup)	1	
SSD (Cream)	1		Anticonvulsants		
Sulfacetamide Sodium (Ophthalmic Ointment)	1		Anticonvulsants, Other		
Sulfadiazine (Tablet)	1		Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	1	QL
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	1				
Sulfamethoxazole/Trimethoprim DS (Tablet)	1				
Tetracyclines					
Demeclocycline HCl (Tablet)	1				
Doxy 100 (Injection)	1				
Doxycycline (25mg/5ml Suspension)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution)	1	
Levetiracetam ER (Tablet Extended-Release 24 Hour)	1	
Roweepra (Tablet)	1	
Roweepra XR (Tablet Extended-Release 24 Hour)	1	
Spritam (Tablet Disintegrating Soluble)	1	
Calcium Channel Modifying Agents		
Celontin (Capsule)	1	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	1	
Zonisamide (Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Diastat AcuDial (Gel)	1	
Diastat Pediatric (Gel)	1	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gabapentin (250mg/5ml Oral Solution)	1	
Onfi (10mg Tablet, 20mg Tablet)	1	PA, QL
Onfi (2.5mg/ml Suspension)	1	PA
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	1	
Primidone (Tablet)	1	
Sabril (500mg Tablet)	1	PA, QL, LA
Tiagabine HCl (Tablet)	1	
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	1	
Vigabatrin (Packet)	1	PA, QL, LA
Glutamate Reducing Agents		
Felbamate (400mg Tablet, 600mg Tablet)	1	
Felbamate (600mg/5ml Suspension)	1	
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	1		Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	1	
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	1		Dilantin (Capsule)	1	
Topiramate (Tablet Immediate-Release, Capsule Sprinkle Immediate-Release)	1		Dilantin INFATABS (Tablet Chewable)	1	
Sodium Channel Agents			Epitol (Tablet)	1	
Aptiom (Tablet)	1	QL	Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	1	
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	1		Oxcarbazepine (300mg/5ml Suspension)	1	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	1		Peganone (Tablet)	1	
			Phenytek (Capsule)	1	
			Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	1	
			Phenytoin Sodium Extended (Capsule)	1	
			Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Antidementia Agents			Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)		
Cholinesterase Inhibitors			Bupropion HCl XL (Tablet Extended-Release 24 Hour)		
Donepezil HCl (Tablet)	1	QL	Mirtazapine (Tablet)	1	
Donepezil HCl ODT (Tablet Dispersible)	1	QL	Mirtazapine ODT (Tablet Dispersible)	1	
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution)	1	QL	Monoamine Oxidase Inhibitors		
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	1	QL	Emsam (Patch 24 Hour)	1	QL
Rivastigmine Tartrate (Capsule)	1	QL	Marplan (Tablet)	1	
Rivastigmine Transdermal System (Patch 24 Hour)	1	QL, ST	Phenelzine Sulfate (Tablet)	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			Tranylcypromine Sulfate (Tablet)	1	
Memantine HCl (10mg Tablet, 5mg Tablet)	1	PA, QL	SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Memantine HCl (2mg/ml Oral Solution)	1	PA, QL	Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1	
Memantine HCl ER (Capsule Extended-Release 24 Hour)	1	PA, QL	Citalopram HBr (10mg/5ml Oral Solution)	1	
Memantine HCl Titration Pak (Tablet)	1	PA			
Antidepressants					
Antidepressants, Other					
Bupropion HCl (Tablet Immediate-Release)	1				

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	1	QL	Nefazodone HCl (Tablet)	1	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1		Paroxetine HCl (Tablet Immediate-Release)	1	
Escitalopram Oxalate (5mg/5ml Oral Solution)	1		Paxil (10mg/5ml Suspension)	1	
Fetzima (Capsule Extended-Release 24 Hour)	1	QL, ST	Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	1	ST	Sertraline HCl (20mg/ml Concentrate)	1	
Fluoxetine DR (Capsule Delayed-Release)	1		Trazodone HCl (Tablet)	1	
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	1		Trintellix (Tablet)	1	QL
Fluvoxamine Maleate (Tablet)	1		Venlafaxine HCl (Tablet Immediate-Release)	1	
Maprotiline HCl (Tablet)	1		Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	1	
			Viibryd (Tablet)	1	QL
			Viibryd Starter Pack (Kit)	1	QL
			Tricyclics		
			Amitriptyline HCl (Tablet)	1	
			Amoxapine (Tablet)	1	
			Clomipramine HCl (Capsule)	1	
			Desipramine HCl (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	1		Prochlorperazine (Suppository)	1	
Imipramine HCl (Tablet)	1		Prochlorperazine Maleate (Tablet)	1	
Imipramine Pamoate (Capsule)	1		Scopolamine (Patch 72 Hour)	1	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1		Emetogenic Therapy Adjuncts		
Protriptyline HCl (Tablet)	1		Aprepitant (Therapy Pack, 40mg Capsule, 80mg Capsule)	1	PA
Trimipramine Maleate (Capsule)	1		Aprepitant (125mg Capsule)	1	PA
Antiemetics			Cesamet (Capsule)	1	PA
Antiemetics, Other			Dronabinol (Capsule)	1	PA
Compro (Suppository)	1		Emend (125mg Suspension)	1	PA
Hydroxyzine Pamoate (Capsule)	1		Granisetron HCl (Tablet)	1	B/D, PA, QL
Meclizine HCl (Tablet)	1		Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	1	B/D, PA
Metoclopramide HCl (10mg Tablet, 5mg Tablet)	1		Ondansetron HCl (4mg/5ml Oral Solution)	1	B/D, PA
Metoclopramide HCl (5mg/5ml Oral Solution)	1		Ondansetron ODT (Tablet Dispersible)	1	B/D, PA
Perphenazine (Tablet)	1		Sancuso (Patch)	1	
			Antifungals		
			Antifungals		
			Abelcet (Injection)	1	B/D, PA
			AmBisome (Injection)	1	B/D, PA
			Amphotericin B (Injection)	1	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Caspofungin Acetate (Injection)	1		Griseofulvin Ultramicrosized (Tablet)	1	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	1		Itraconazole (Capsule)	1	PA, QL
Ciclopirox Nail Lacquer (External Solution)	1		Jublia (External Solution)	1	
Ciclopirox Olamine (Cream)	1		Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	1	
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	1		Ketoconazole (2% Foam)	1	
Econazole Nitrate (Cream)	1		Mentax (Cream)	1	
Eraxis (100mg Injection)	1		Miconazole 3 (Suppository)	1	
Eraxis (50mg Injection)	1		Mycamine (Injection)	1	
Exelderm (1% Cream, 1% External Solution)	1		Naftifine HCl (1% Cream)	1	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	1		Naftifine HCl (2% Cream)	1	
Fluconazole in NaCl (Injection)	1		Naftin (1% Gel, 2% Gel)	1	
Flucytosine (Capsule)	1		Natacyn (Suspension)	1	
Griseofulvin Microsized (125mg/5ml Suspension, 500mg Tablet)	1		Noxafil (100mg Tablet Delayed-Release)	1	PA, QL
			Noxafil (40mg/ml Suspension)	1	QL
			Nyamyac (Powder)	1	
			Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
			Nystop (Powder)	1	
			Oxiconazole Nitrate (Cream)	1	
			Oxistat (1% Lotion)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sporanox (10mg/ml Oral Solution)	1	PA
Terbinafine HCl (Tablet)	1	
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	1	
Voriconazole (200mg Injection, 40mg/ml Suspension)	1	
Voriconazole (200mg Tablet, 50mg Tablet)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Colchicine (0.6mg Capsule) (Generic Mitigare)	1	QL
Colchicine (0.6mg Tablet) (Generic Colcrys)	1	QL
Colcrys (Tablet)	1	PA, QL
Probenecid (Tablet)	1	
Probenecid/Colchicine (Tablet)	1	
Uloric (Tablet)	1	ST
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (Nasal Solution)	1	
Ergotamine Tartrate/Caffeine (Tablet)	1	
Migergot (Suppository)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Serotonin (5-HT) 1b/1d Receptor Agonists		
Naratriptan HCl (Tablet)	1	QL
Rizatriptan Benzoate (Tablet)	1	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	1	QL
Sumatriptan (Nasal Solution)	1	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	QL
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	1	QL
Sumatriptan Succinate (6mg/0.5ml Injection)	1	QL
Sumatriptan Succinate Refill (Injection)	1	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Tablet)	1	
Mestinon (60mg/5ml Syrup)	1	
Pyridostigmine Bromide (Tablet Immediate-Release)	1	
Pyridostigmine Bromide ER (Tablet Extended-Release)	1	
Antimycobacterials		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Antimycobacterials, Other		
Dapsone (Tablet)	1	
Rifabutin (Capsule)	1	
Antituberculars		
Ethambutol HCl (Tablet)	1	
Isoniazid (100mg Tablet, 300mg Tablet)	1	
Isoniazid (50mg/5ml Syrup)	1	
Paser (Packet)	1	
Priftin (Tablet)	1	
Pyrazinamide (Tablet)	1	
Rifampin (150mg Capsule, 300mg Capsule)	1	
Rifampin (600mg Injection)	1	
Rifater (Tablet)	1	
Sirturo (Tablet)	1	PA, LA
Trecator (Tablet)	1	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Capsule)	1	B/D, PA
Gleostine (100mg Capsule, 40mg Capsule)	1	
Gleostine (10mg Capsule)	1	
Hexalen (Capsule)	1	PA
Leukeran (Tablet)	1	
Matulane (Capsule)	1	LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Valchlor (Gel)	1	PA, LA
Antiandrogens		
Bicalutamide (Tablet)	1	
Erleada (Tablet)	1	PA, QL
Flutamide (Capsule)	1	
Nilutamide (Tablet)	1	
Xtandi (Capsule)	1	PA, QL, LA
Zytiga (Tablet)	1	PA, QL, LA
Antiangiogenic Agents		
Pomalyst (Capsule)	1	PA, QL
Revlimid (Capsule)	1	PA, QL, LA
Thalomid (Capsule)	1	PA, QL
Antiestrogens/Modifiers		
Emcyt (Capsule)	1	
Fareston (Tablet)	1	
Soltamox (Oral Solution)	1	
Tamoxifen Citrate (Tablet)	1	
Antimetabolites		
Droxia (Capsule)	1	
Hydroxyurea (Capsule)	1	
Mercaptopurine (Tablet)	1	
Purixan (Suspension)	1	PA
Tabloid (Tablet)	1	PA
Antineoplastics, Other		
Kisqali (Tablet)	1	PA, QL
Kisqali Femara 200 Dose (Tablet Therapy Pack)	1	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kisqali Femara 400 Dose (Tablet Therapy Pack)	1	PA, QL
Kisqali Femara 600 Dose (Tablet Therapy Pack)	1	PA, QL
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet)	1	
Leucovorin Calcium (25mg Tablet)	1	
Lonsurf (Tablet)	1	PA, QL, LA
Ninlaro (Capsule)	1	PA, QL
Synribo (Injection)	1	PA
Verzenio (Tablet)	1	PA, QL, LA
Zolinza (Capsule)	1	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	
Exemestane (Tablet)	1	
Letrozole (Tablet)	1	
Enzyme Inhibitors		
Rubraca (Tablet)	1	PA, QL, LA
Zejula (Capsule)	1	PA, QL, LA
Molecular Target Inhibitors		
Afinitor (Tablet)	1	PA
Afinitor Disperz (Tablet Soluble)	1	PA
Alecensa (Capsule)	1	PA, QL, LA
Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)	1	PA, QL, LA
Bosulif (Tablet)	1	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cabometyx (Tablet)	1	PA, QL, LA
Calquence (Capsule)	1	PA, QL
Caprelsa (Tablet)	1	PA, LA
Cometriq (Kit)	1	PA, LA
Cotellic (Tablet)	1	PA, QL, LA
Erivedge (Capsule)	1	PA, QL, LA
Farydak (Capsule)	1	PA
Gilotrif (Tablet)	1	PA, LA
Ibrance (Capsule)	1	PA, QL, LA
Iclusig (Tablet)	1	PA, QL, LA
Idhifa (Tablet)	1	PA, QL, LA
Imatinib Mesylate (Tablet)	1	PA, QL
Imbruvica (140mg Capsule, 70mg Capsule)	1	PA, QL, LA
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)	1	PA, QL
Inlyta (Tablet)	1	PA, QL, LA
Iressa (Tablet)	1	PA, QL, LA
Jakafi (Tablet)	1	PA, QL, LA
Lenvima (Capsule Therapy Pack)	1	PA, LA
Lynparza (100mg Tablet, 150mg Tablet, 50mg Capsule)	1	PA, QL, LA
Mekinist (Tablet)	1	PA, LA
Nerlynx (Tablet)	1	PA, QL, LA
Nexavar (Tablet)	1	PA, LA
Odomzo (Capsule)	1	PA, QL, LA
Rydapt (Capsule)	1	PA, QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Sprycel (Tablet)	1	PA, QL
Stivarga (Tablet)	1	PA, QL, LA
Sutent (Capsule)	1	PA, QL
Tafinlar (Capsule)	1	PA, LA
Tagrisso (Tablet)	1	PA, QL, LA
Tarceva (Tablet)	1	PA, QL, LA
Tasigna (Capsule)	1	PA, QL
Tykerb (Tablet)	1	PA, LA
Venclexta (100mg Tablet, 50mg Tablet)	1	PA, QL, LA
Venclexta (10mg Tablet)	1	PA, QL, LA
Venclexta Starting Pack (Tablet Therapy Pack)	1	PA, LA
Votrient (Tablet)	1	PA, QL, LA
Xalkori (Capsule)	1	PA, LA
Zelboraf (Tablet)	1	PA, QL, LA
Zydelig (Tablet)	1	PA, QL, LA
Zykadia (Capsule)	1	PA, QL
Retinoids		
Bexarotene (Capsule)	1	PA
Panretin (Gel)	1	
Targretin (1% Gel)	1	PA
Tretinoin (10mg Capsule)	1	
Treatment Adjuncts		
Mesnex (400mg Tablet)	1	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Biltricide (Tablet)	1	
Ivermectin (Tablet)	1	
Antiprotozoals		
Alinia (100mg/5ml Suspension, 500mg Tablet)	1	
Atovaquone (Suspension)	1	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	1	
Benznidazole (Tablet)	1	
Chloroquine Phosphate (Tablet)	1	
Coartem (Tablet)	1	
DARAPRIM (Tablet)	1	
Hydroxychloroquine Sulfate (Tablet)	1	
Mefloquine HCl (Tablet)	1	
Nebupent (Inhalation Solution)	1	B/D, PA, QL
Pentam 300 (Injection)	1	
Primaquine Phosphate (Tablet)	1	
Quinine Sulfate (Capsule)	1	PA
Pediculicides/Scabicides		
Eurax (10% Cream, 10% Lotion)	1	
Lindane (Shampoo)	1	
Malathion (Lotion)	1	
Permethrin (Cream)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antiparkinson Agents		
Anticholinergics		
Benzotropine Mesylate (Tablet)	1	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	1	
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 100mg Tablet)	1	
Amantadine HCl (50mg/5ml Syrup)	1	
Entacapone (Tablet)	1	
Tolcapone (Tablet)	1	QL
Dopamine Agonists		
Apokyn (Injection)	1	PA, QL, LA
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	1	
Neupro (Patch 24 Hour)	1	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	1	
Ropinirole HCl (Tablet Immediate-Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Tablet)	1	
Carbidopa/Levodopa (Tablet Immediate-Release)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Carbidopa/Levodopa ER (Tablet Extended-Release)	1	
Carbidopa/Levodopa ODT (Tablet Dispersible)	1	
Carbidopa/Levodopa/Entacapone (Tablet)	1	
Stalevo 100 (Tablet)	1	PA
Stalevo 125 (Tablet)	1	PA
Stalevo 150 (Tablet)	1	PA
Stalevo 200 (Tablet)	1	PA
Stalevo 50 (Tablet)	1	PA
Stalevo 75 (Tablet)	1	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Tablet)	1	
Selegiline HCl (5mg Capsule, 5mg Tablet)	1	
Zelapar (Tablet Dispersible)	1	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Tablet)	1	
Fluphenazine Decanoate (Injection)	1	
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	1	
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluphenazine HCl (5mg/ml Concentrate)	1		Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	1	QL, ST
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	1		Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	1	QL, ST
Haloperidol Decanoate (Injection)	1		Fanapt Titration Pack (Tablet)	1	ST
Haloperidol Lactate (Injection)	1		Geodon (20mg Injection)	1	
Loxapine Succinate (Capsule)	1		Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	1	
Pimozide (Tablet)	1		Invega Sustenna (39mg/0.25ml Injection)	1	
Thioridazine HCl (Tablet)	1		Invega Trinza (Injection)	1	
Thiothixene (Capsule)	1		Latuda (Tablet)	1	QL
Trifluoperazine HCl (Tablet)	1		Nuplazid (Tablet)	1	PA, QL
2nd Generation/Atypical			Olanzapine (10mg Injection)	1	
Abilify Maintena (Injection)	1		Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	1	QL
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet)	1	QL	Olanzapine ODT (Tablet Dispersible)	1	QL
Aripiprazole (1mg/ml Oral Solution)	1	QL	Aristada (Injection)	1	
Aripiprazole ODT (Tablet Dispersible)	1	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Paliperidone ER (Tablet Extended-Release 24 Hour)	1	QL
Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	1	QL
Rexulti (Tablet)	1	QL
Risperdal Consta (12.5mg Injection, 25mg Injection)	1	
Risperdal Consta (37.5mg Injection, 50mg Injection)	1	
Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet)	1	
Risperidone (1mg/ml Oral Solution)	1	
Risperidone ODT (Tablet Dispersible)	1	
Saphris (Tablet Sublingual)	1	QL
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	1	QL, ST
Vraylar (Capsule Therapy Pack)	1	ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ziprasidone HCl (Capsule)	1	QL
Zyprexa Relprevv (Injection)	1	
Treatment-Resistant		
Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	1	
Clozapine ODT (100mg Tablet Dispersible, 12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible)	1	QL
Clozapine ODT (200mg Tablet Dispersible)	1	QL
Versacloz (Suspension)	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Valganciclovir (Tablet)	1	QL
Valganciclovir Hydrochloride (Oral Solution)	1	QL
Zirgan (Gel)	1	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Tablet)	1	
Baraclude (0.05mg/ml Oral Solution)	1	
Entecavir (Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Epivir HBV (5mg/ml Oral Solution)	1	
Lamivudine (100mg Tablet)	1	
Vemlidy (Tablet)	1	QL
Anti-hepatitis C (HCV) Agents, Other		
Intron A (Injection)	1	PA, LA
Pegasys (Injection)	1	PA
Pegasys ProClick (Injection)	1	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	1	
Ribavirin (200mg Tablet)	1	
Sylatron (Injection)	1	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Daklinza (Tablet)	1	PA, QL
Epclusa (Tablet)	1	PA, QL
Harvoni (Tablet)	1	PA, QL
Mavyret (Tablet)	1	PA, QL
Sovaldi (Tablet)	1	PA, QL
Vosevi (Tablet)	1	PA, QL
Antitherpetic Agents		
Acyclovir (200mg Capsule)	1	
Acyclovir (200mg/5ml Suspension)	1	
Acyclovir (400mg Tablet, 800mg Tablet)	1	
Acyclovir (5% Ointment)	1	QL
Acyclovir Sodium (Injection)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Denavir (Cream)	1	QL
Famciclovir (Tablet)	1	QL
Trifluridine (Ophthalmic Solution)	1	
Valacyclovir HCl (Tablet)	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Genvoya (Tablet)	1	QL
Isentress (100mg Packet, 25mg Tablet Chewable)	1	QL
Isentress (100mg Tablet Chewable, 400mg Tablet)	1	QL
Isentress HD (Tablet)	1	QL
Stribild (Tablet)	1	QL
Tivicay (10mg Tablet)	1	QL
Tivicay (25mg Tablet, 50mg Tablet)	1	QL
Triumeq (Tablet)	1	QL
Tybost (Tablet)	1	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Tablet)	1	QL
Complera (Tablet)	1	QL
Edurant (Tablet)	1	QL
Efavirenz (200mg Capsule, 600mg Tablet)	1	QL
Efavirenz (50mg Capsule)	1	QL
Intelence (100mg Tablet, 200mg Tablet)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Intelence (25mg Tablet)	1	QL
Juluca (Tablet)	1	QL
Nevirapine (Tablet)	1	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	1	QL
Odefsey (Tablet)	1	QL
Rescriptor (Tablet)	1	QL
Sustiva (200mg Capsule, 600mg Tablet)	1	QL
Sustiva (50mg Capsule)	1	QL
Symfi (Tablet)	1	QL
Symfi Lo (Tablet)	1	QL
Viramune (50mg/5ml Suspension)	1	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (20mg/ml Oral Solution, 300mg Tablet)	1	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	1	QL
Abacavir/Lamivudine (Tablet)	1	QL
Biktarvy (Tablet)	1	QL
Descovy (Tablet)	1	QL
Didanosine (Capsule Delayed-Release)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	1	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	1	QL
Lamivudine/Zidovudine (Tablet)	1	QL
Stavudine (Capsule)	1	QL
Tenofovir Disoproxil Fumarate (Tablet)	1	QL
Truvada (Tablet)	1	QL
Videx EC (125mg Capsule Delayed-Release)	1	QL
Videx Pediatric (Oral Solution)	1	QL
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder)	1	QL
Zerit (1mg/ml Oral Solution)	1	QL
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	1	QL
Anti-HIV Agents, Other		
Fuzeon (Injection)	1	QL
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Selzentry (25mg Tablet)	1	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (100mg/ml Oral Solution, 250mg Capsule)	1	QL
Atazanavir Sulfate (Capsule)	1	QL
Crixivan (Capsule)	1	QL
Evotaz (Tablet)	1	QL
Fosamprenavir Calcium (Tablet)	1	QL
Invirase (200mg Capsule, 500mg Tablet)	1	QL
Kaletra (100mg-25mg Tablet)	1	QL
Kaletra (200mg-50mg Tablet)	1	QL
Lexiva (50mg/ml Suspension)	1	QL
Lopinavir/Ritonavir (Oral Solution)	1	QL
Norvir (100mg Capsule, 100mg Packet, 100mg Tablet, 80mg/ml Oral Solution)	1	QL
Prezcobix (Tablet)	1	QL
Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)	1	QL
Prezista (150mg Tablet, 75mg Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Reyataz (50mg Packet)	1	QL
Ritonavir (Tablet)	1	QL
Viracept (Tablet)	1	QL
Anti-influenza Agents		
Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	1	QL
Relenza Diskhaler (Aerosol Powder)	1	QL
Rimantadine HCl (Tablet)	1	
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Tablet)	1	
Hydroxyzine HCl (10mg/5ml Syrup)	1	
Hydroxyzine HCl (Tablet)	1	
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	1	QL
Chlordiazepoxide HCl (Capsule)	1	
Clonazepam (Tablet Immediate-Release)	1	QL
Clonazepam ODT (Tablet Dispersible)	1	QL
Clorazepate Dipotassium (Tablet)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	1	QL	Lithium Carbonate ER (Tablet Extended-Release)	1	
Diazepam (1mg/ml Oral Solution)	1		Blood Glucose Regulators		
Diazepam Intensol (5mg/ml Concentrate)	1	QL	Antidiabetic Agents		
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	QL	Acarbose (Tablet)	1	QL
Lorazepam (2mg/ml Concentrate)	1	QL	Avandia (Tablet)	1	PA, QL
Bipolar Agents			Bydureon Bcise (Auto injector)	1	QL
Mood Stabilizers			Bydureon Pen (Injection)	1	QL
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	1		Bydureon Vial (Injection)	1	QL
Divalproex Sodium DR (Tablet Delayed-Release)	1		Byetta (Injection)	1	QL
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	1		Cycloset (Tablet)	1	PA, QL
Lithium (Oral Solution)	1		Glimepiride (Tablet)	1	QL
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	1		Glipizide (Tablet Immediate-Release)	1	QL
			Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
			Glipizide/Metformin HCl (Tablet)	1	QL
			Glyxambi (Tablet)	1	QL
			Invokamet (Tablet)	1	QL
			Invokamet XR (Tablet Extended-Release 24 Hour)	1	QL
			Invokana (Tablet)	1	QL
			Janumet (Tablet Immediate-Release)	1	QL
			Janumet XR (Tablet Extended-Release 24 Hour)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Januvia (Tablet)	1	QL
Jardiance (Tablet)	1	QL
Jentadueto (Tablet)	1	QL
Jentadueto XR (Tablet Extended-Release 24 Hour)	1	QL
Kombiglyze XR (Tablet Extended-Release 24 Hour)	1	QL
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Miglitol (Tablet)	1	QL
Nateglinide (Tablet)	1	QL
Onglyza (Tablet)	1	QL
Pioglitazone HCl (Tablet)	1	QL
Pioglitazone HCl/ Glimepiride (Tablet)	1	QL
Pioglitazone HCl/ Metformin HCl (Tablet)	1	QL
Repaglinide (Tablet)	1	QL
Repaglinide/Metformin HCl (Tablet)	1	QL
Riomet (Oral Solution)	1	QL
Soliqua 100/33 (Injection)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
SymlinPen 120 (Injection)	1	PA
SymlinPen 60 (Injection)	1	PA
Synjardy (Tablet)	1	QL
Synjardy XR (Tablet Extended-Release 24 Hour)	1	QL
Tradjenta (Tablet)	1	QL
Trulicity (Injection)	1	QL
Victoza (Injection)	1	QL
Glycemic Agents		
GlucaGen HypoKit (Injection)	1	
Glucagon Emergency Kit (Injection)	1	
Proglycem (Suspension)	1	
Insulins		
Humalog Cartridge (Injection)	1	
Humalog Junior KwikPen (Injection)	1	
Humalog KwikPen (Injection)	1	
Humalog Mix 50/50 KwikPen (Injection)	1	
Humalog Mix 50/50 Vial (Injection)	1	
Humalog Mix 75/25 KwikPen (Injection)	1	
Humalog Mix 75/25 Vial (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Humalog Vial (Injection)	1	
Humulin 70/30 KwikPen (Injection)	1	
Humulin 70/30 Vial (Injection)	1	
Humulin N KwikPen (Injection)	1	
Humulin N Vial (Injection)	1	
Humulin R U-500 KwikPen (Injection)	1	
Humulin R U-500 Vial (Concentrated) (Injection)	1	
Humulin R Vial (Injection)	1	
Lantus SoloStar (Injection)	1	
Lantus Vial (Injection)	1	
Levemir FlexTouch (Injection)	1	
Levemir Vial (Injection)	1	
Toujeo Max Solostar (Injection)	1	
Toujeo SoloStar (Injection)	1	
Tresiba FlexTouch (Injection)	1	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Coumadin (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Eliquis (Tablet)	1	QL
Eliquis Starter Pack (Tablet)	1	QL
Enoxaparin Sodium (Injection)	1	QL
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	1	
Fondaparinux Sodium (2.5mg/0.5ml Injection)	1	
Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	1	
Heparin Sodium (1000unit/ml Injection)	1	B/D, PA
Jantoven (Tablet)	1	
Pradaxa (Capsule)	1	QL
Warfarin Sodium (Tablet)	1	
Xarelto (Tablet)	1	QL
Xarelto Starter Pack (Tablet Therapy Pack)	1	QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	1	PA
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	1	PA
Granix (Injection)	1	ST
Leukine (Injection)	1	PA
Neulasta (Injection)	1	PA
Neupogen (Injection)	1	ST
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	1	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Promacta (Tablet)	1	PA, QL, LA
Zarxio (Injection)	1	
Hemostasis Agents		
Tranexamic Acid (Tablet)	1	
Platelet Modifying Agents		
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	1	QL
Brilinta (Tablet)	1	QL
Cilostazol (Tablet)	1	
Clopidogrel (75mg Tablet)	1	QL
Prasugrel (Tablet)	1	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	1	
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	1	
Methyldopa (Tablet)	1	
Midodrine HCl (Tablet)	1	
Northera (Capsule)	1	PA, QL, LA
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Phenoxybenzamine HCl (Capsule)	1		Amiodarone HCl (200mg Tablet)	1	
Prazosin HCl (Capsule)	1		Dofetilide (Capsule)	1	
Angiotensin II Receptor Antagonists			Flecainide Acetate (Tablet)	1	
Candesartan Cilexetil (Tablet)	1	QL	Mexiletine HCl (Capsule)	1	
Edarbi (Tablet)	1	QL	Multaq (Tablet)	1	QL
Eprosartan Mesylate (Tablet)	1	QL	Pacerone (200mg Tablet)	1	
Irbesartan (Tablet)	1	QL	Propafenone HCl (Tablet)	1	
Losartan Potassium (Tablet)	1	QL	Propafenone HCl ER (Capsule Extended-Release 12 Hour)	1	
Olmesartan Medoxomil (Tablet)	1	QL	Quinidine Gluconate CR (Tablet Extended-Release)	1	
Telmisartan (Tablet)	1	QL	Quinidine Sulfate (Tablet)	1	
Valsartan (Tablet)	1	QL	Sotalol HCl (AF) (Tablet)	1	
Angiotensin-converting Enzyme (ACE) Inhibitors			Sotalol HCl (Tablet)	1	
Benazepril HCl (Tablet)	1	QL	Beta-adrenergic Blocking Agents		
Captopril (Tablet)	1	QL	Acebutolol HCl (Capsule)	1	
Enalapril Maleate (Tablet)	1	QL	Atenolol (Tablet)	1	
Fosinopril Sodium (Tablet)	1	QL	Betaxolol HCl (10mg Tablet, 20mg Tablet)	1	
Lisinopril (Tablet)	1	QL	Bisoprolol Fumarate (Tablet)	1	
Moexipril HCl (Tablet)	1	QL	Bystolic (Tablet)	1	QL
Perindopril Erbumine (Tablet)	1	QL	Carvedilol (Tablet)	1	
Quinapril HCl (Tablet)	1	QL	Labetalol HCl (Tablet)	1	
Ramipril (Capsule)	1	QL			
Trandolapril (Tablet)	1	QL			
Antiarrhythmics					

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1		Dilt-XR (Capsule Extended-Release 24 Hour)	1	
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1		Diltiazem HCl (Tablet Immediate-Release)	1	
Nadolol (Tablet)	1		Diltiazem HCl ER (Capsule Extended-Release)	1	
Pindolol (Tablet)	1		Felodipine ER (Tablet Extended-Release 24 Hour)	1	
Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1		Matzim LA (Tablet Extended-Release 24 Hour)	1	
Propranolol HCl (Tablet Immediate-Release)	1		Nicardipine HCl (Capsule)	1	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1		Nifedipine ER (Tablet Extended-Release 24 Hour)	1	QL
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1		Nimodipine (Capsule)	1	
Calcium Channel Blocking Agents			Nymalize (Oral Solution)	1	
Afeditab CR (Tablet Extended-Release 24 Hour)	1	QL	Taztia XT (Capsule Extended-Release 24 Hour)	1	
Amlodipine Besylate (Tablet)	1		Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	1	
Cartia XT (Capsule Extended-Release 24 Hour)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	1	
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	1	
Verapamil HCl SR (Capsule Extended-Release 24 Hour)	1	
Cardiovascular Agents, Other		
Amiloride/ Hydrochlorothiazide (Tablet)	1	
Amlodipine Besylate/ Atorvastatin Calcium (Tablet)	1	QL
Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL
Amlodipine Besylate/ Valsartan (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amlodipine/ Olmesartan Medoxomil (Tablet)	1	QL
Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Atenolol/ Chlorthalidone (Tablet)	1	
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
BiDil (Tablet)	1	QL
Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet)	1	QL
Candesartan Cilexetil/ Hydrochlorothiazide (Tablet)	1	QL
Captopril/ Hydrochlorothiazide (Tablet)	1	QL
Corlanor (Tablet)	1	PA, QL
Demser (Capsule)	1	
Digitex (Tablet)	1	
Digox (Tablet)	1	
Digoxin (0.05mg/ml Oral Solution)	1	
Digoxin (125mcg Tablet, 250mcg Tablet)	1	
Edarbyclor (Tablet)	1	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL
Entresto (Tablet)	1	QL

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL	Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	1	QL
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL	Pentoxifylline ER (Tablet Extended- Release)	1	
Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)	1		Propranolol/ Hydrochlorothiazide (Tablet)	1	
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL	Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL	Ranexa (Tablet Extended-Release 12 Hour)	1	QL
Methyldopa/ Hydrochlorothiazide (Tablet)	1		Spirolactone/ Hydrochlorothiazide (Tablet)	1	
Metoprolol/ Hydrochlorothiazide (Tablet)	1		Telmisartan/ Amlodipine (Tablet)	1	QL
Moexipril/ Hydrochlorothiazide (Tablet)	1	QL	Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL
Nadolol/ Bendroflumethiazide (Tablet)	1		Triamterene/ Hydrochlorothiazide (37.5mg-25mg Tablet, 75mg-50mg Tablet, 25mg-37.5mg Capsule)	1	
Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	1	QL	Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
			Diuretics, Carbonic Anhydrase Inhibitors		
			Acetazolamide (Tablet Immediate-Release)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Acetazolamide ER (Capsule Extended-Release 12 Hour)	1		Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Methazolamide (Tablet)	1		Indapamide (Tablet)	1	
Diuretics, Loop			Methyclothiazide (Tablet)	1	
Bumetanide (0.25mg/ml Injection)	1		Metolazone (Tablet)	1	
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1		Dyslipidemics, Fibric Acid Derivatives		
Ethacrynic Acid (Tablet)	1		Fenofibrate (145mg Tablet, 48mg Tablet)	1	
Furosemide (10mg/ml Injection)	1	B/D, PA	Fenofibrate (160mg Tablet, 54mg Tablet)	1	
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution)	1		Fenofibrate Micronized (Capsule)	1	
Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet)	1		Fenofibric Acid (105mg Tablet)	1	
Torsemide (Tablet)	1		Fenofibric Acid (35mg Tablet)	1	
Diuretics, Potassium-sparing			Fenofibric Acid DR (Capsule Delayed-Release)	1	
Amiloride HCl (Tablet)	1		Gemfibrozil (Tablet)	1	
Dyrenium (Capsule)	1		Dyslipidemics, HMG CoA Reductase Inhibitors		
Eplerenone (Tablet)	1		Atorvastatin Calcium (Tablet)	1	QL
Spirolactone (Tablet)	1		Fluvastatin (Capsule Immediate-Release)	1	QL
Diuretics, Thiazide			Livalo (Tablet)	1	QL
Chlorothiazide (Tablet)	1		Lovastatin (Tablet)	1	QL
Chlorthalidone (Tablet)	1		Pravastatin Sodium (Tablet)	1	QL
Diuril (Suspension)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rosuvastatin Calcium (Tablet)	1	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Cholestyramine (Packet)	1	
Cholestyramine Light (Powder)	1	
Colesevelam HCl (Tablet)	1	
Colestipol HCl (1gm Tablet)	1	
Colestipol HCl (5gm Packet)	1	
Ezetimibe (Tablet)	1	QL
Ezetimibe/Simvastatin (Tablet)	1	QL
Juxtapid (Capsule)	1	PA, LA
Kynamro (Injection)	1	PA, LA
Niacin ER (Tablet Extended-Release)	1	
Niacor (Tablet)	1	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	1	QL
Praluent (Injection)	1	PA, QL, LA
Prevalite (Packet)	1	
Repatha (Injection)	1	PA, QL
Repatha Pushtrohex System (Injection)	1	PA, QL
Repatha SureClick (Injection)	1	PA, QL
Vascepa (Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Welchol (3.75gm Packet)	1	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Tablet)	1	
Minoxidil (Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (Tablet Immediate-Release)	1	
Isosorbide Dinitrate ER (Tablet Extended-Release)	1	
Isosorbide Mononitrate (Tablet Immediate-Release)	1	
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	1	
Minitran (Patch 24 Hour)	1	
Nitro-Bid (Ointment)	1	
Nitroglycerin (Tablet Sublingual)	1	
Nitroglycerin Lingual (Translingual Solution)	1	
Nitroglycerin Transdermal (Patch 24 Hour)	1	
Nitrostat (Tablet Sublingual)	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	1	QL	Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable)	1	
Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release)	1	QL	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet)	1	QL	Atomoxetine (Capsule)	1	QL
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	1	QL	Clonidine HCl ER (Tablet Extended- Release 12 Hour)	1	PA
			Dexmethylphenidate HCl (Tablet Immediate- Release)	1	QL
			Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	1	
			Guanfacine ER (Tablet Extended-Release 24 Hour)	1	
			Metadate ER (Tablet Extended-Release)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	1	QL	Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	1	QL
Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	QL	Savella (Tablet)	1	
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)	1	QL	Savella Titration Pack	1	
Central Nervous System, Other			Multiple Sclerosis Agents		
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	1	PA, QL	Ampyra (Tablet Extended-Release 12 Hour)	1	QL, LA
Nuedexta (Capsule)	1	PA	Aubagio (Tablet)	1	QL, LA
Riluzole (Tablet)	1		Avonex (Injection)	1	
Tetrabenazine (Tablet)	1	PA, QL, LA	Avonex Pen (Injection)	1	
Fibromyalgia Agents			Betaseron (Injection)	1	
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	1	QL	Gilenya (Capsule)	1	QL
			Glatiramer Acetate (Solution Prefilled Syringe)	1	
			Glatopa (Injection)	1	
			Rebif (Injection)	1	
			Rebif Rebidose (Injection)	1	
			Rebif Rebidose Titration Pack (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Rebif Titration Pack (Injection)	1		Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	1	
Tecfidera (Capsule Delayed-Release)	1	QL, LA	Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	1	
Tecfidera Starter Pack	1	LA	Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	1	
Dental and Oral Agents			Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	1	
Dental and Oral Agents			Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)	1	
Chlorhexidine Gluconate Oral Rinse (Solution)	1		Cosentyx (Injection)	1	PA, LA
Periogard (Solution)	1		Cosentyx Sensoready Pen (Injection)	1	PA, LA
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	1		Diclofenac Sodium (3% Gel)	1	PA
Triamcinolone Acetonide Dental Paste (Paste)	1		Doxepin HCl (Cream)	1	PA, QL
Dermatological Agents			Elidel (Cream)	1	ST
Dermatological Agents			Ery (2% Pad)	1	
Acitretin (Capsule)	1		Erythromycin (2% External Solution)	1	
Adapalene (0.1% Cream)	1		Erythromycin (2% Gel)	1	
Adapalene (0.1% Gel)	1		Erythromycin/Benzoyl Peroxide (Gel)	1	
Ammonium Lactate (12% Cream, 12% Lotion)	1		Finacea (15% Foam, 15% Gel)	1	
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)	1				
Calcitriol (3mcg/gm Ointment)	1				
Carac (Cream)	1	PA			
Claravis (Capsule)	1	PA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluorouracil (0.5% Cream)	1	
Fluorouracil (2% External Solution, 5% External Solution)	1	
Fluorouracil (5% Cream)	1	
Imiquimod (Cream)	1	
Isotretinoin (Capsule)	1	PA
Methoxsalen (Capsule)	1	
Mirvaso (Gel)	1	
Oxsoralen Ultra (Capsule)	1	
Picato (Gel)	1	
Podofilox (External Solution)	1	
Prudoxin (Cream)	1	PA, QL
Regranex (Gel)	1	PA
Santyl (Ointment)	1	
Selenium Sulfide (Lotion)	1	
Stelara (Injection)	1	PA
Tacrolimus (0.03% Ointment, 0.1% Ointment)	1	ST
Tazarotene (Cream)	1	PA
Tazorac (0.05% Cream, 0.1% Gel)	1	PA
Tazorac (0.05% Gel)	1	PA
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tretinoin Microsphere (Gel)	1	PA
Zyclara Pump (Cream)	1	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Aminosyn 7%/Electrolytes (Injection)	1	B/D, PA
Aminosyn 8.5%/Electrolytes (Injection)	1	B/D, PA
Aminosyn II (10% Injection)	1	B/D, PA
Aminosyn II 8.5%/Electrolytes (Injection)	1	B/D, PA
Aminosyn-HBC (Injection)	1	B/D, PA
Aminosyn-PF (Injection)	1	B/D, PA
Aminosyn-RF (Injection)	1	B/D, PA
Carbaglu (Tablet)	1	LA
Dextrose 10% (Injection)	1	
Dextrose 10%/NaCl 0.2% (Injection)	1	
Dextrose 10%/NaCl 0.45% (Injection)	1	
Dextrose 2.5%/NaCl 0.45% (Injection)	1	
Dextrose 5% (Injection)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextrose 5%/NaCl 0.2% (Injection)	1		Klor-Con (Packet)	1	
Dextrose 5%/NaCl 0.225% (Injection)	1		Klor-Con 10 (Tablet Extended-Release)	1	
Dextrose 5%/NaCl 0.33% (Injection)	1		Klor-Con 8 (Tablet Extended-Release)	1	
Dextrose 5%/NaCl 0.45% (Injection)	1		Klor-Con M10 (Tablet Extended-Release)	1	
Dextrose 5%/NaCl 0.9% (Injection)	1	B/D, PA	Klor-Con M15 (Tablet Extended-Release)	1	
FreAmine HBC 6.9% (Injection)	1	B/D, PA	Klor-Con M20 (Tablet Extended-Release)	1	
HepatAmine (Injection)	1	B/D, PA	Klor-Con Sprinkle (Capsule Extended-Release)	1	
Intralipid (Injection)	1	B/D, PA	Levocarnitine (1gm/10ml Oral Solution)	1	
Ionosol-MB/Dextrose 5% (Injection)	1		Levocarnitine (330mg Tablet)	1	
Isolyte-P/Dextrose 5% (Injection)	1		Magnesium Sulfate (1gm/2ml-50% Injection)	1	
Isolyte-S (Injection)	1		Magnesium Sulfate (5gm/10ml-50% Injection)	1	
KCl 0.075%/D5W/NaCl 0.45% (Injection)	1		Nephramine (Injection)	1	B/D, PA
KCl 0.15%/D5W/NaCl 0.2% (Injection)	1		Normosol-M in D5W (Injection)	1	
KCl 0.15%/D5W/NaCl 0.45% (Injection)	1		Normosol-R (Injection)	1	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	1		Normosol-R in D5W (Injection)	1	
KCl 0.3%/D5W/NaCl 0.45% (Injection)	1		Nutriliipid (Injection)	1	B/D, PA
KCl 0.3%/D5W/NaCl 0.9% (Injection)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Plasma-Lyte A (Injection)	1	
Plasma-Lyte-148 (Injection)	1	
Plenamaine (Injection)	1	B/D, PA
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	1	
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	1	B/D, PA
Potassium Chloride (2meq/ml Injection)	1	B/D, PA
Potassium Chloride CR (Tablet Extended-Release)	1	
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)	1	
Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	1	
Potassium Chloride/Dextrose (Injection)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride/Dextrose/Lactated Ringers (Injection)	1	
Potassium Chloride/Dextrose/Sodium Chloride (Injection)	1	
Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	1	B/D, PA
Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)	1	B/D, PA
Potassium Citrate ER (Tablet Extended-Release)	1	
Premasol (Injection)	1	B/D, PA
Procalamine (Injection)	1	B/D, PA
Prosol (Injection)	1	B/D, PA
Sodium Chloride 0.9% (Irrigation Solution)	1	
Sodium Chloride (0.9% Injection)	1	B/D, PA
Sodium Chloride (2.5meq/ml Injection)	1	
Sodium Chloride (3% Injection, 5% Injection)	1	B/D, PA
Sodium Chloride 0.45% (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sodium Fluoride (Tablet)	1		Phoslyra (Oral Solution)	1	
Sodium Lactate (Injection)	1		Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet)	1	
TPN Electrolytes (Injection)	1		Sevelamer Carbonate (800mg Tablet)	1	
Travasol (Injection)	1	B/D, PA	Velphoro (Tablet Chewable)	1	
Trophamine (10% Injection)	1	B/D, PA	Vitamins		
Electrolyte/Mineral/Metal Modifiers			VP-PNV-DHA (Capsule)	1	
Chemet (Capsule)	1		Gastrointestinal Agents		
Exjade (Tablet Soluble)	1	PA	Antispasmodics, Gastrointestinal		
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	1	PA	Cuvposa (Oral Solution)	1	
Jadenu (Tablet)	1	PA	Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution)	1	
Jadenu Sprinkle (Packet)	1	PA	Dicyclomine HCl (Tablet)	1	
Kionex (Suspension)	1		Methscopolamine Bromide (Tablet)	1	
Samsca (Tablet)	1	PA, QL	Gastrointestinal Agents, Other		
Sodium Polystyrene Sulfonate (Powder)	1		Chenodal (Tablet)	1	
SPS (Suspension)	1		Cromolyn Sodium (100mg/5ml Concentrate)	1	
Trientine HCl (Capsule)	1	PA, QL	Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	1	
Phosphate Binders			Gattex (Injection)	1	PA, LA
Auryxia (Tablet)	1	PA			
Calcium Acetate (667mg Capsule, 667mg Tablet)	1				
Lanthanum Carbonate (Tablet Chewable)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Loperamide HCl (Capsule)	1	
Myalept (Injection)	1	PA, LA
Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)	1	PA
Relistor (150mg Tablet)	1	PA, QL
Serostim (Injection)	1	PA, LA
Ursodiol (250mg Tablet, 500mg Tablet)	1	
Ursodiol (300mg Capsule)	1	
Zorbtive (Injection)	1	PA, LA
Histamine2 (H2) Receptor Antagonists		
Cimetidine (Tablet)	1	
Cimetidine HCl (Oral Solution)	1	
Famotidine (20mg Tablet, 40mg Tablet)	1	
Famotidine (40mg/5ml Suspension)	1	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	1	
Ranitidine HCl (75mg/5ml Syrup)	1	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	1	PA
Amitiza (Capsule)	1	QL
Linzess (Capsule)	1	QL
Xifaxan (Tablet)	1	PA
Laxatives		
Constulose (Oral Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution)	1	
GaviLyte-G (Oral Solution)	1	
GaviLyte-N/Flavor Pack (Oral Solution)	1	
Generlac (Oral Solution)	1	
Lactulose (Oral Solution)	1	
PEG 3350/Electrolytes (Oral Solution)	1	
PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	1	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	1	
Suprep Bowel Prep Kit (Oral Solution)	1	
TriLyte (Oral Solution)	1	
Protectants		
Carafate (1gm/10ml Suspension)	1	
Misoprostol (Tablet)	1	
Sucralfate (Tablet)	1	
Proton Pump Inhibitors		
Dexilant (Capsule Delayed-Release)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	1	QL	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)	1	QL	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)	1		Aralast NP (Injection)	1	PA, LA
Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL	Cholbam (Capsule)	1	PA
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL	Creon (Capsule Delayed-Release)	1	
Omeprazole (20mg Capsule Delayed-Release)	1		Cystadane (Powder)	1	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL	Cystagon (Capsule)	1	LA
Prilosec (Packet)	1	PA	Glassia (Injection)	1	PA, LA
Rabeprazole Sodium (Tablet Delayed-Release)	1		Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	1	LA
			Miglustat (Capsule)	1	PA, LA
			Ocaliva (Tablet)	1	PA, QL
			Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	1	LA
			Prolastin-C (Injection)	1	PA, LA
			Ravicti (Liquid)	1	QL, LA
			Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet)	1	
			Sucraid (Oral Solution)	1	LA
			Zemaira (Injection)	1	PA, LA
			Zenpep (Capsule Delayed-Release)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Genitourinary Agents		
Antispasmodics, Urinary		
Myrbetriq (Tablet Extended-Release 24 Hour)	1	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	1	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	1	QL
Vesicare (Tablet)	1	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
Dutasteride (Capsule)	1	QL
Finasteride (5mg Tablet) (Generic Proscar)	1	
Rapaflo (4mg Capsule, 8mg Capsule)	1	QL
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	1	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	1	
Cuprimine (Capsule)	1	PA
Depen Titratabs (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Elmiron (Capsule)	1	
Lithostat (Tablet)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Ala-Cort (Cream)	1	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	1	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	1	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	1	
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	1	
Clobetasol Propionate (0.05% Cream, 0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	1	
Clobetasol Propionate (0.05% External Solution)	1	
Clobetasol Propionate E (Cream)	1	
Cordran (Tape)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cortisone Acetate (Tablet)	1		Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	1	
Desonide (0.05% Ointment)	1		Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	1	
Desoximetasone (0.05% Cream, 0.25% Cream)	1		Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	1	
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	1		Hydrocortisone Butyrate (0.1% Ointment)	1	
Dexamethasone Intensol (1mg/ml Concentrate)	1		Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	1	
Fludrocortisone Acetate (Tablet)	1		Methylprednisolone (Tablet)	1	
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	1		Methylprednisolone Dose Pack (Tablet Therapy Pack)	1	
Fluocinolone Acetonide Scalp (Oil)	1		Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	1	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	1		Prednicarbate (0.1% Cream, 0.1% Ointment)	1	
Fluocinonide Emulsified Base (Cream)	1		Prednisolone (15mg/5ml Oral Solution)	1	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	1		Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednisolone Sodium Phosphate (25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1		Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	1	
Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet)	1		Genotropin (12mg Injection, 5mg Injection)	1	PA
Prednisone (5mg/5ml Oral Solution)	1		Genotropin Miniquick (0.2mg Injection)	1	PA
Prednisone Intensol (5mg/ml Concentrate)	1		Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)	1	PA
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	1		Humatrope (Injection)	1	PA
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	1		Humatrope Combo Pack (Injection)	1	PA
Triderm (Cream)	1		Increlex (Injection)	1	PA, LA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			Norditropin FlexPro (Injection)	1	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			Nutropin AQ (Injection)	1	PA
Desmopressin Acetate (0.01% Nasal Spray Solution)	1		Saizen (Injection)	1	PA, LA
			Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
			Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
			Korlym (Tablet)	1	PA, QL, LA
			Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Androgens		
Anadrol-50 (Tablet)	1	PA
Androderm (Patch 24 Hour)	1	QL
Danazol (Capsule)	1	
Oxandrolone (10mg Tablet)	1	PA, QL
Oxandrolone (2.5mg Tablet)	1	PA, QL
Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel)	1	
Testosterone Cypionate (Injection)	1	
Testosterone Enanthate (Injection)	1	
Testosterone Pump (1% Gel)	1	
Estrogens		
Altavera (Tablet)	1	
Alyacen 1/35 (Tablet)	1	
Amethia (Tablet)	1	
Amethia Lo (Tablet)	1	
Apri (Tablet)	1	
Aranelle (Tablet)	1	
Ashlyna (Tablet)	1	
Aubra (Tablet)	1	
Aviane (Tablet)	1	
Balziva (Tablet)	1	
Blisovi 24 Fe (Tablet)	1	
Blisovi Fe 1.5/30 (Tablet)	1	
Blisovi Fe 1/20 (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Briellyn (Tablet)	1	
Camrese Lo (Tablet)	1	
Caziant (Tablet)	1	
Climara Pro (Patch Weekly)	1	
Cryselle-28 (Tablet)	1	
Cyclafem (Tablet)	1	
Delyla (Tablet)	1	
Depo-Estradiol (Injection)	1	
Desogestrel/Ethinyl Estradiol (Tablet)	1	
Drospirenone/Ethinyl Estradiol (Tablet)	1	
Duavee (Tablet)	1	
Elestrin (Gel)	1	
Emoquette (Tablet)	1	
Enpresse-28 (Tablet)	1	
Enskyce (Tablet)	1	
Estarylla (Tablet)	1	
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	1	QL
Estradiol (0.1mg/gm Cream)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	1		Kurvelo (Tablet)	1	
Estradiol (10mcg Tablet)	1	QL	LARIN 1.5/30 (Tablet)	1	
Estradiol Valerate (Injection)	1		LARIN 1/20 (Tablet)	1	
Estring (Ring)	1		LARIN Fe 1.5/30 (Tablet)	1	
Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	1		LARIN Fe 1/20 (Tablet)	1	
Falmina (Tablet)	1		Larissia (Tablet)	1	
Femring (Ring)	1		Layolis Fe (Tablet Chewable)	1	
Femynor (Tablet)	1		Leena (Tablet)	1	
Fyavolv (Tablet)	1		Lessina (Tablet)	1	
Gianvi (Tablet)	1		Levonest (Tablet)	1	
Introvale (Tablet)	1		Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)	1	
Isibloom (Tablet)	1		Levonorgestrel/Ethinyl Estradiol (0.15mg-30mcg Tablet, 0.1mg-20mcg Tablet, 0.05mg-30mcg/0.075mg-40mcg/0.125mg-30mcg Tablet, 0.1-0.02mg/0.01mg Tablet, 0.15mg-0.03mg/0.01mg Tablet, 0.15mg-0.02mg/0.025mg/0.03mg/0.01mg Tablet)	1	
Jinteli (Tablet)	1		Levora 0.15/30-28 (Tablet)	1	
Juleber (Tablet)	1		Loryna (Tablet)	1	
Junel 1.5/30 (Tablet)	1		Low-Ogestrel (Tablet)	1	
Junel 1/20 (Tablet)	1		Lutera (Tablet)	1	
Junel Fe 1.5/30 (Tablet)	1		Marlissa (Tablet)	1	
Junel Fe 1/20 (Tablet)	1				
Junel Fe 24 (Tablet)	1				
Kaitlib Fe (Tablet Chewable)	1				
Kariva (Tablet)	1				
Kelnor 1/35 (Tablet)	1				
Kelnor 1/50 (Tablet)	1				
Kimidess (Tablet)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Melodetta 24 Fe (Tablet Chewable)	1		Nortrel 0.5/35 (28) (Tablet)	1	
Menest (Tablet)	1		Nortrel 1/35 (Tablet)	1	
Mibelas 24 Fe (Tablet Chewable)	1		Nortrel 7/7/7 (Tablet)	1	
Microgestin 1.5/30 (Tablet)	1		NuvaRing (Ring)	1	
Microgestin 1/20 (Tablet)	1		Ocella (Tablet)	1	
Microgestin Fe (Tablet)	1		Ogestrel (Tablet)	1	
Microgestin Fe 1.5/30 (Tablet)	1		Orsythia (Tablet)	1	
Mili (Tablet)	1		Pimtree (Tablet)	1	
MonoNessa (Tablet)	1		Pirmella 1/35 (Tablet)	1	
Necon 0.5/35-28 (Tablet)	1		Portia-28 (Tablet)	1	
Necon 7/7/7 (Tablet)	1		Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	1	QL
Nikki (Tablet)	1		Premarin (Vaginal Cream)	1	
Norethindrone Acetate/Ethinyl Estradiol (0.5mg-2.5mcg Tablet, 1mg-20mcg Tablet, 1mg-5mcg Tablet)	1		Premphase (Tablet)	1	QL
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet, Tablet Chewable)	1		Prempro (Tablet)	1	QL
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	1		Previfem (Tablet)	1	
Norgestimate/Ethinyl Estradiol (Tablet)	1		Quasense (Tablet)	1	
			Reclipsen (Tablet)	1	
			Setlakin (Tablet)	1	
			Sprintec 28 (Tablet)	1	
			Sronyx (Tablet)	1	
			Syeda (Tablet)	1	
			Tarina Fe 1/20 (Tablet)	1	
			Tri-Legest Fe (Tablet)	1	
			Tri-Lo-Estarylla (Tablet)	1	
			Tri-Lo-Sprintec (Tablet)	1	
			Tri-Mili (Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Tri-Previfem (Tablet)	1	
Tri-Sprintec (Tablet)	1	
Tri-Vylibra (Tablet)	1	
Trinessa (Tablet)	1	
Trivora-28 (Tablet)	1	
Velivet (Tablet)	1	
Vestura (Tablet)	1	
Vienna (Tablet)	1	
Vyfemla (Tablet)	1	
Vylibra (Tablet)	1	
WYMZYA Fe (Tablet Chewable)	1	
Xulane (Patch Weekly)	1	
Yuvaferm (Tablet)	1	QL
Zarah (Tablet)	1	
Zenchant (Tablet)	1	
Zovia 1/35E (Tablet)	1	
Progestins		
Camila (Tablet)	1	
Crinone (Gel)	1	PA
Deblitane (Tablet)	1	
Depo-Provera (Injection)	1	
Errin (Tablet)	1	
Jolivette (Tablet)	1	
Lyza (Tablet)	1	
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Medroxyprogesterone Acetate (150mg/ml Injection Prefilled Syringe)	1	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	1	
Megestrol Acetate (625mg/5ml Suspension)	1	
Nora-BE (Tablet)	1	
Norethindrone (0.35mg Tablet)	1	
Norethindrone Acetate (5mg Tablet)	1	
Norlyroc (Tablet)	1	
Progesterone (Capsule)	1	
Sharobel (Tablet)	1	
Selective Estrogen Receptor Modifying Agents		
Osphena (Tablet)	1	PA, QL
Raloxifene HCl (Tablet)	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Levothyroxine Sodium (Tablet)	1	
Levoxyl (Tablet)	1	
Liothyronine Sodium (Tablet)	1	
Synthroid (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Unithroid (Tablet)	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	1	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	1	
Egrifta (Injection)	1	PA, LA
Firmagon (120mg Injection)	1	PA
Firmagon (80mg Injection)	1	PA
Leuprolide Acetate (Injection)	1	PA
Lupaneta Pack (Kit)	1	PA
Lupron Depot (1-Month) (Injection)	1	PA
Lupron Depot (3-Month) (Injection)	1	PA
Lupron Depot (4-Month) (Injection)	1	PA
Lupron Depot (6-Month) (Injection)	1	PA
Octreotide Acetate (Injection)	1	PA
Signifor (Injection)	1	PA, LA
Somatuline Depot (Injection)	1	
Somavert (Injection)	1	PA, QL, LA
Synarel (Nasal Solution)	1	
Trelstar Mixject (Injection)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	1	
Immunological Agents		
Angioedema Agents		
Berinerf (Injection)	1	PA, LA
Cinryze (Injection)	1	PA, LA
Firazyr (Injection)	1	PA, QL, LA
Haegarda (Injection)	1	PA, LA
Ruconest (Injection)	1	PA, LA
Immune Suppressants		
Azathioprine (Tablet)	1	B/D, PA
Cimzia (Injection)	1	PA
Cyclosporine (Capsule)	1	B/D, PA
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA
Enbrel (Injection)	1	PA
Enbrel SureClick (Injection)	1	PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA
Humira (Injection)	1	PA
Humira Pediatric Crohns Disease Starter Pack (Injection)	1	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humira Pen (Injection)	1	PA	Xatmep (Oral Solution)	1	PA
Humira Pen Crohns Disease Starter Pack (Injection)	1	PA	Xeljanz (Tablet)	1	PA, QL
Humira Pen-Psoriasis Starter (Injection)	1	PA	Xeljanz XR (Tablet Extended-Release 24 Hour)	1	PA, QL
Kineret (Injection)	1	PA	Zortress (Tablet)	1	B/D, PA
Methotrexate (Tablet)	1		Immunizing Agents, Passive		
Methotrexate Sodium (Injection)	1		BIVIGAM (Injection)	1	PA
Mycophenolate Mofetil (200mg/ml Suspension)	1	B/D, PA	Carimune Nanofiltered (Injection)	1	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	1	B/D, PA	Flebogamma DIF (Injection)	1	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	1	B/D, PA	Gammagard Liquid (Injection)	1	PA
Orencia (Injection)	1	PA	Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	1	PA
Orencia Clickject (Injection)	1	PA	Gammaked (Injection)	1	PA
Rapamune (1mg/ml Oral Solution)	1	B/D, PA	Gammaplex (Injection)	1	PA
Sandimmune (100mg/ml Oral Solution)	1	B/D, PA	Gamunex-C (Injection)	1	PA
Simponi (Injection)	1	PA	Octagam (Injection)	1	PA
Sirolimus (Tablet)	1	B/D, PA	Privigen (Injection)	1	PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	1	B/D, PA	Varizig (Injection)	1	
Trexall (Tablet)	1		Immunomodulators		
			Actemra (Injection)	1	PA
			Actimmune (Injection)	1	LA
			Arcalyst (Injection)	1	PA, LA
			Benlysta (Injection)	1	PA
			Leflunomide (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Otezla (Tablet Therapy Pack, 30mg Tablet)	1	PA, LA
Ridaura (Capsule)	1	
Xolair (Injection)	1	PA, LA
Vaccines		
ActHIB (Injection)	1	
Adacel (Injection)	1	
BCG Vaccine (Injection)	1	
Bexsero (Injection)	1	
Boostrix (Injection)	1	
Daptacel (Injection)	1	
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	1	
Engerix-B (Injection)	1	B/D, PA
Gardasil 9 (Injection)	1	
Havrix (Injection)	1	
Hiberix (Injection)	1	
Imovax Rabies (H.D.C.V.) (Injection)	1	B/D, PA
Infanrix (Injection)	1	
IPOL Inactivated IPV (Injection)	1	
Ixiaro (Injection)	1	
Kinrix (Injection)	1	
M-M-R II (Injection)	1	
Menactra (Injection)	1	
Menveo (Injection)	1	
Pediarix (Injection)	1	
Pedvax HIB (Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
ProQuad (Injection)	1	
Quadracel (Injection)	1	
Rabavert (Injection)	1	B/D, PA
Recombivax HB (Injection)	1	B/D, PA
Rotarix (Suspension)	1	
RotaTeq (Oral Solution)	1	
Shingrix (Injection)	1	PA
Tenivac (Injection)	1	
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	1	
Trumenba (Injection)	1	
Twinrix (Injection)	1	
Typhim Vi (Injection)	1	
VAQTA (Injection)	1	
Varivax (Injection)	1	
YF-Vax (Injection)	1	
Zostavax (Injection)	1	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	1	QL
Balsalazide Disodium (Capsule)	1	
Canasa (Suppository)	1	
Dipentum (Capsule)	1	
Lialda (Tablet Delayed-Release)	1	QL
Mesalamine (Enema)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mesalamine DR (1.2gm Tablet Delayed-Release)	1	QL	Alendronate Sodium (70mg/75ml Oral Solution)	1	
Pentasa (Capsule Extended-Release)	1	QL	Binosto (Tablet Effervescent)	1	QL
Glucocorticoids			Calcitonin-Salmon (Nasal Solution)	1	QL
Budesonide (3mg Capsule Delayed-Release)	1		Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	1	B/D, PA
Budesonide ER (Tablet Extended-Release 24 Hour)	1	ST	Doxercalciferol (Capsule)	1	B/D, PA, QL
Colocort (Enema)	1		Etidronate Disodium (Tablet)	1	
Hydrocortisone (100mg/60ml Enema)	1		Forteo (Injection)	1	PA, QL
Procto-Med HC (Cream)	1		Ibandronate Sodium (Tablet)	1	QL
Procto-Pak (Cream)	1		Natpara (Injection)	1	PA, LA
Proctosol HC (Cream)	1		Paricalcitol (Capsule)	1	B/D, PA
Proctozone-HC (Cream)	1		Prolia (Injection)	1	QL
Sulfonamides			Royaldee (Capsule Extended-Release)	1	QL
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1		Risedronate Sodium (Tablet Immediate-Release)	1	QL
Metabolic Bone Disease Agents			Sensipar (Tablet)	1	B/D, PA, QL
Metabolic Bone Disease Agents			Tymlos (Injection)	1	PA, QL
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL	Xgeva (Injection)	1	PA
			Miscellaneous Therapeutic Agents		
			Miscellaneous Therapeutic Agents		
			Alcohol Prep Pads	1	
			Gauze (Non-medicated 2X2)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Insulin Syringes, Needles	1		Neomycin/Polymyxin/ Hydrocortisone (1% Ophthalmic Suspension)	1	
Ophthalmic Agents			Polymyxin B Sulfate/ Trimethoprim Sulfate (Ophthalmic Solution)		
Ophthalmic Agents, Other			Pred-G (Suspension)		
Atropine Sulfate (Ophthalmic Solution)	1		Pred-G S.O.P. (Ointment)	1	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	1		Proparacaine HCl (Ophthalmic Solution)	1	
Blephamide (Suspension)	1		Restasis (Emulsion)	1	QL
Blephamide S.O.P. (Ointment)	1		Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	1	
Cystaran (Ophthalmic Solution)	1	LA	Tobradex (0.3%-0.1% Ophthalmic Ointment)	1	
Lacrisert (Insert)	1		Tobradex ST (Ophthalmic Suspension)	1	
Lastacaft (Ophthalmic Solution)	1		Tobramycin/ Dexamethasone (Ophthalmic Suspension)	1	
Neomycin/Bacitracin/ Polymyxin (Ointment)	1		Xiidra (Ophthalmic Solution)	1	QL
Neomycin/Polymyxin/ Bacitracin/ Hydrocortisone (Ophthalmic Ointment)	1		Ophthalmic Anti-allergy Agents		
Neomycin/Polymyxin/ Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	1		Alocril (Ophthalmic Solution)	1	
Neomycin/Polymyxin/ Gramicidin (Ophthalmic Solution)	1		Alomide (Ophthalmic Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Azelastine HCl (0.05% Ophthalmic Solution)	1		Dorzolamide HCl (Ophthalmic Solution)	1	
Bepreve (Ophthalmic Solution)	1		Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1	
Cromolyn Sodium (4% Ophthalmic Solution)	1		Levobunolol HCl (Ophthalmic Solution)	1	
Epinastine HCl (Ophthalmic Solution)	1		Metipranolol (Ophthalmic Solution)	1	
Olopatadine HCl (Ophthalmic Solution)	1		Phospholine Iodide (Ophthalmic Solution)	1	
Pazeo (Ophthalmic Solution)	1		Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	1	
Ophthalmic Antiglaucoma Agents			Simbrinza (Suspension)	1	
Alphagan P (0.1% Ophthalmic Solution)	1		Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1	
Apraclonidine (Ophthalmic Solution)	1		Timolol Maleate Ophthalmic Gel Forming (Solution)	1	
Azopt (Suspension)	1		Ophthalmic Anti-inflammatories		
Betaxolol HCl (0.5% Ophthalmic Solution)	1		Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1	
Betimol (Ophthalmic Solution)	1		Diclofenac Sodium (0.1% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1		Durezol (Emulsion)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1		Flarex (Suspension)	1	
Carteolol HCl (Ophthalmic Solution)	1				
Combigan (Ophthalmic Solution)	1				
Cosopt PF (Ophthalmic Solution)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluorometholone (Ophthalmic Suspension)	1	
Flurbiprofen Sodium (Ophthalmic Solution)	1	
FML (Ointment)	1	
FML Forte (Suspension)	1	
Ilevro (Suspension)	1	
Ketorolac Tromethamine (Ophthalmic Solution)	1	
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	1	
Pred Mild (Suspension)	1	
Prednisolone Acetate (Ophthalmic Suspension)	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Prolensa (Ophthalmic Solution)	1	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
Latanoprost (Ophthalmic Solution)	1	
Lumigan (Ophthalmic Solution)	1	
Travatan Z (Ophthalmic Solution)	1	
Otic Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Otic Agents		
Acetic Acid (Otic Solution)	1	
Cipro HC (Suspension)	1	
Ciprodex (Otic Suspension)	1	
Coly-Mycin S (Suspension)	1	
Fluocinolone Acetonide (0.01% Otic Oil)	1	
Hydrocortisone/Acetic Acid (Otic Solution)	1	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1	
Cetirizine HCl (Oral Solution)	1	
Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	1	
Levocetirizine Dihydrochloride (5mg Tablet)	1	QL
Phenadoz (Suppository)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Promethazine HCl (12.5mg Suppository, 25mg Suppository)	1		Montelukast Sodium (10mg Tablet)	1	QL
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	1		Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL
Promethegan (25mg Suppository)	1		Zafirlukast (Tablet)	1	QL
Anti-inflammatories, Inhaled Corticosteroids			Zileuton ER (Tablet Extended-Release 12 Hour)	1	ST
Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder)	1	QL	Zyflo (Tablet)	1	ST
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)			Bronchodilators, Anticholinergic		
Flovent Diskus (Aerosol Powder)	1	QL	Atrovent HFA (Aerosol Solution)	1	
Flovent HFA (Aerosol)	1	QL	Incruse Ellipta (Aerosol Powder)	1	QL
Flunisolide (Nasal Solution)	1		Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA
Fluticasone Propionate (50mcg/act Suspension)	1		Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1	
Mometasone Furoate (50mcg/act Suspension)	1		Spiriva HandiHaler (Capsule)	1	QL
Triamcinolone Acetonide (55mcg/act Aerosol)	1		Spiriva Respimat (Aerosol Solution)	1	QL
Antileukotrienes			Bronchodilators, Sympathomimetic		
			Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	1	
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	1	QL
EpiPen (Injection)	1	QL
Levalbuterol (Nebulized Solution)	1	B/D, PA
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	1	
Perforomist (Nebulized Solution)	1	B/D, PA, QL
ProAir HFA (Aerosol Solution)	1	
ProAir RespiClick (Aerosol Powder)	1	
Serevent Diskus (Aerosol Powder)	1	QL
Cystic Fibrosis Agents		
Bethkis (Nebulized Solution)	1	B/D, PA, QL
Cayston (Inhalation Solution)	1	PA, LA
Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	1	PA, QL, LA
Orkambi (Tablet)	1	PA, QL, LA
TOBI Podhaler (Capsule)	1	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tobramycin (Nebulized Solution)	1	B/D, PA, QL
Mast Cell Stabilizers		
Cromolyn Sodium (20mg/2ml Nebulized Solution)	1	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Tablet)	1	PA, QL
Theophylline (Oral Solution)	1	
Theophylline CR (Tablet Extended-Release 12 Hour)	1	
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	1	
Pulmonary Antihypertensives		
Adcirca (Tablet)	1	PA, QL
Adempas (Tablet)	1	PA, LA
Opsumit (Tablet)	1	PA, LA
Orenitram (0.125mg Tablet Extended-Release)	1	PA, LA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	1	PA, LA
Sildenafil (20mg Tablet) (Generic Revatio)	1	PA, QL
Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble)	1	PA, QL, LA
Ventavis (Inhalation Solution)	1	PA, QL, LA
Pulmonary Fibrosis Agents		
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	1	PA, QL, LA
Ofev (Capsule)	1	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
Advair Diskus (Aerosol Powder)	1	QL
Advair HFA (Aerosol)	1	QL
Anoro Ellipta (Aerosol Powder)	1	QL
Bevespi Aerosphere (Aerosol)	1	QL
Breo Ellipta (Aerosol Powder)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Combivent Respimat (Aerosol Solution)	1	
Dulera (Aerosol)	1	QL
Dymista (Suspension)	1	
Fluticasone Propionate/Salmeterol (Aerosol Powder)	1	QL
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
Nucala (Injection)	1	PA, QL, LA
Pulmozyme (Inhalation Solution)	1	B/D, PA, QL
Stiolto Respimat (Aerosol Solution)	1	QL
Symbicort (Aerosol)	1	QL
Trelegy Ellipta (Aerosol Powder)	1	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	
Chlorzoxazone (500mg Tablet)	1	
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	1	
Cyclobenzaprine HCl (7.5mg Tablet)	1	
Dantrolene Sodium (Capsule)	1	
Tizanidine HCl (2mg Tablet, 4mg Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sleep Disorder Agents		
GABA Receptor Modulators		
Temazepam (15mg Capsule, 30mg Capsule)	1	QL
Zaleplon (Capsule)	1	QL
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sleep Disorders, Other		
Belsomra (Tablet)	1	QL
Hetlioz (Capsule)	1	PA, QL, LA
Modafinil (Tablet)	1	PA, QL
Rozerem (Tablet)	1	QL
Xyrem (Oral Solution)	1	PA, QL, LA

Bold type = Brand name drug

Plain type = Generic drug

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir (20mg/ml Oral Solution)	Maximum of 48 ml per day
Abacavir (300mg Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abacavir/Lamivudine (Tablet)	Maximum of 2 tablets per day
Abstral (Tablet Sublingual)	Maximum of 4 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution)	Maximum of 150 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Acyclovir (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
Adcirca (Tablet)	Maximum of 2 tablets per day
Advair Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Afeditab CR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Albenza (Tablet)	Maximum of 16 tablets per day
Alecensa (Capsule)	Maximum of 8 capsules per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Alunbrig (180mg Tablet, 90mg Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Alunbrig (30mg Tablet)	Maximum of 4 tablets per day
Alunbrig (Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days
Amitiza (Capsule)	Maximum of 2 capsules per day
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amlodipine/Olmesartan Medoxomil (Tablet)	Maximum of 1 tablet per day
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Ampyra (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Injection)	Maximum of 3 ml per day
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Aptiom (200mg Tablet, 400mg Tablet)	Maximum of 1 tablet per day
Aptiom (600mg Tablet, 800mg Tablet)	Maximum of 2 tablets per day
Aptivus (100mg/ml Oral Solution)	Maximum of 15 ml per day
Aptivus (250mg Capsule)	Maximum of 6 capsules per day
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Aripiprazole (1mg/ml Oral Solution)	Maximum of 25 ml per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Arnuity Ellipta (50mcg/act Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Atazanavir Sulfate (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Atazanavir Sulfate (200mg Capsule)	Maximum of 3 capsules per day
Atomoxetine (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day
Aubagio (Tablet)	Maximum of 1 tablet per day
Avandia (2mg Tablet)	Maximum of 4 tablets per day
Avandia (4mg Tablet)	Maximum of 2 tablets per day
Belsomra (Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Bethkis (Nebulized Solution)	Maximum of 8 ml (2 ampules) per day
Bevespi Aerosphere (Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
BiDil (Tablet)	Maximum of 6 tablets per day
Biktarvy (Tablet)	Maximum of 2 tablets per day
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)	Maximum of 2 tablets per day
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (400mg Tablet, 500mg Tablet)	Maximum of 1 tablet per day
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Briviact (10mg/ml Oral Solution)	Maximum of 20 ml per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen/Caffeine (Tablet)	Maximum of 6 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Bydureon Bcise (Auto injector)	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon Pen (Injection)	Maximum of 4 pens per 28 days
Bydureon Vial (Injection)	Maximum of 4 vials per 28 days
Byetta (10mcg/0.04ml Solution Pen injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta (5mcg/0.02ml Solution Pen injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Calquence (Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8mg Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Clonazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day

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Drug Name	Quantity Limit
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
Colchicine (0.6mg Capsule) (Generic Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcrys)	Maximum of 4 tablets per day
Colcrys (Tablet)	Maximum of 4 tablets per day
Complera (Tablet)	Maximum of 2 tablets per day
Corlanor (Tablet)	Maximum of 2 tablets per day
Cotellic (Tablet)	Maximum of 3 tablets per day
Crixivan (Capsule)	Maximum of 9 capsules per day
Cycloset (Tablet)	Maximum of 6 tablets per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Daliresp (Tablet)	Maximum of 1 tablet per day
Denavir (Cream)	Maximum of 1 tube (5 grams) per 30 days
Descovy (Tablet)	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Dexilant (Capsule Delayed-Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Donepezil HCl (10mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Donepezil HCl (23mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxepin HCl (Cream)	Maximum of 90 grams per 30 days
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dulera (Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Dutasteride (Capsule)	Maximum of 1 capsule per day
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day
Eduvant (Tablet)	Maximum of 2 tablets per day
Efavirenz (200mg Capsule)	Maximum of 3 capsules per day
Efavirenz (50mg Capsule)	Maximum of 9 capsules per day
Efavirenz (600mg Tablet)	Maximum of 2 tablets per day
Eliquis (Tablet)	Maximum of 2 tablets per day
Eliquis Starter Pack (Tablet)	Maximum of 1 pack (74 tablets) per 30 days
Embeda (100mg-4mg Capsule Extended-Release)	Maximum of 3 capsules per day
Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)	Maximum of 4 capsules per day
Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)	Maximum of 2 capsules per day
Embeda (60mg-2.4mg Capsule Extended-Release)	Maximum of 6 capsules per day
Emsam (Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (10mg/ml Oral Solution)	Maximum of 42.5 ml per day
Emtriva (200mg Capsule)	Maximum of 2 capsules per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Endocet (Tablet)	Maximum of 12 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Tablet)	Maximum of 2 tablets per day
Epclusa (Tablet)	Maximum of 1 tablet per day
Epinephrine (Injection) (Generic EpiPen)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen (Injection)	Maximum of 4 pens (2 boxes) per 30 days
Eprosartan Mesylate (Tablet)	Maximum of 1 tablet per day
Erivedge (Capsule)	Maximum of 1 capsule per day
Erleada (Tablet)	Maximum of 4 tablets per day
Esbriet (267mg Capsule)	Maximum of 9 capsules per day
Esbriet (267mg Tablet)	Maximum of 9 tablets per day
Esbriet (801mg Tablet)	Maximum of 3 tablets per day
Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 2 capsules per day
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days
Estradiol (10mcg Tablet)	Maximum of 1 tablet per day
Evotaz (Tablet)	Maximum of 2 tablets per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	Maximum of 4 lozenges per day
Fetzima (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Firazyr (Injection)	Maximum of 9 ml per day
Flector (Patch)	Maximum of 2 patches per day
Flovent Diskus (Aerosol Powder)	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110mcg/act Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220mcg/act Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44mcg/act Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone Propionate/Salmeterol (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Fluvastatin (20mg Capsule Immediate-Release)	Maximum of 1 capsule per day
Fluvastatin (40mg Capsule Immediate-Release)	Maximum of 2 capsules per day
Forteo (Injection)	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Tablet)	Maximum of 6 tablets per day
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium/Hydrochlorothiazide (Tablet)	Maximum of 4 tablets per day
Fuzeon (Injection)	Maximum of 3 vials per day
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Galantamine HBr (4mg/ml Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Genvoya (Tablet)	Maximum of 2 tablets per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glyxambi (Tablet)	Maximum of 1 tablet per day
Granisetron HCl (Tablet)	Maximum of 2 tablets per day
Harvoni (Tablet)	Maximum of 1 tablet per day
Hetlioz (Capsule)	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (2.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Ibandronate Sodium (Tablet)	Maximum of 1 tablet per 28 days
Ibrance (Capsule)	Maximum of 1 capsule per day
Iclusig (15mg Tablet)	Maximum of 2 tablets per day
Iclusig (45mg Tablet)	Maximum of 1 tablet per day
Idhifa (Tablet)	Maximum of 1 tablet per day
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
Imbruvica (140mg Capsule)	Maximum of 4 capsules per day
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)	Maximum of 1 tablet per day
Imbruvica (70mg Capsule)	Maximum of 1 capsule per day
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Inlyta (Tablet)	Maximum of 4 tablets per day
Intelence (100mg Tablet)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Intelence (200mg Tablet)	Maximum of 3 tablets per day
Intelence (25mg Tablet)	Maximum of 6 tablets per day
Invirase (200mg Capsule)	Maximum of 15 capsules per day
Invirase (500mg Tablet)	Maximum of 6 tablets per day
Invokamet (Tablet)	Maximum of 2 tablets per day
Invokamet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Tablet)	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Iressa (Tablet)	Maximum of 2 tablets per day
Isentress (100mg Packet)	Maximum of 4 packets per day
Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)	Maximum of 9 tablets per day
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Isentress HD (Tablet)	Maximum of 3 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Tablet)	Maximum of 1 tablet per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Juluca (Tablet)	Maximum of 2 tablets per day
Kaletra (100mg-25mg Tablet)	Maximum of 10 tablets per day
Kaletra (200mg-50mg Tablet)	Maximum of 6 tablets per day
Kalydeco (150mg Tablet)	Maximum of 2 tablets per day
Kalydeco (50mg Packet, 75mg Packet)	Maximum of 2 packets per day
Kisqali (Tablet)	Maximum of 3 tablets per day
Kisqali Femara 200 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days

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Drug Name	Quantity Limit
Kisqali Femara 400 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Kisqali Femara 600 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Korlym (Tablet)	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day
Lexiva (Suspension)	Maximum of 90 ml per day
Lialda (Tablet Delayed-Release)	Maximum of 4 tablets per day
Lidocaine (5% Ointment)	Maximum of 150 grams per 30 days
Lidocaine (5% Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
Linzess (Capsule)	Maximum of 1 capsule per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Livalo (Tablet)	Maximum of 1 tablet per day
Lonsurf (6.14mg-15mg Tablet)	Maximum of 10 tablets per day
Lonsurf (8.19mg-20mg Tablet)	Maximum of 8 tablets per day
Lopinavir/Ritonavir (Oral Solution)	Maximum of 16 ml per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam (2mg/ml Concentrate)	Maximum of 5 ml per day
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet HD (Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Lovastatin (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet)	Maximum of 2 tablets per day
Lynparza (100mg Tablet, 150mg Tablet)	Maximum of 4 tablets per day
Lynparza (50mg Capsule)	Maximum of 16 capsules per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (20mg/ml Oral Solution)	Maximum of 30 ml per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Mavyret (Tablet)	Maximum of 3 tablets per day
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (2mg/ml Oral Solution)	Maximum of 10 ml per day
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day
Memantine HCl ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Mesalamine (Enema)	Maximum of 1 bottle (60 ml) per day
Mesalamine DR (1.2GM Tablet Delayed-Release)	Maximum of 4 tablets per day
Metadate ER (Tablet Extended-Release)	Maximum of 3 tablets per day
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Methylphenidate HCl (10mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10mg Tablet Extended-Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Miglitol (100mg Tablet)	Maximum of 3 tablets per day
Miglitol (25mg Tablet)	Maximum of 12 tablets per day
Miglitol (50mg Tablet)	Maximum of 6 tablets per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (15mg-12.5mg Tablet, 15mg-25mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (7.5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
Multaq (Tablet)	Maximum of 2 tablets per day
Namzaric (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution)	Maximum of 300 mg (1 vial) in 28 days
Nerlynx (Tablet)	Maximum of 6 tablets per day
Nevirapine (Tablet)	Maximum of 3 tablets per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Nexium (20mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Nexium (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Nifedipine ER (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days
Northera (100mg Capsule)	Maximum of 3 capsules per day
Northera (200mg Capsule, 300mg Capsule)	Maximum of 6 capsules per day
Norvir (100mg Capsule)	Maximum of 18 capsules per day
Norvir (100mg Packet)	Maximum of 18 packets per day
Norvir (100mg Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day
Noxafil (100mg Tablet Delayed-Release)	Maximum of 8 tablets per day
Noxafil (40mg/ml Suspension)	Maximum of 20 ml per day
Nucala (Injection)	Maximum of 3 vials per 28 days
Nucynta ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Nuplazid (Tablet)	Maximum of 2 tablets per day
Ocaliva (Tablet)	Maximum of 1 tablet per day
Odefsey (Tablet)	Maximum of 2 tablets per day
Odomzo (Capsule)	Maximum of 1 capsule per day
Ofev (Capsule)	Maximum of 2 capsules per day
Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5mg Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onfi (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets per day
Onglyza (Tablet)	Maximum of 1 tablet per day
Orkambi (Tablet)	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule)	Maximum of 2 capsules per day
Oseltamivir Phosphate (6mg/ml Suspension)	Maximum of 26 ml per day
Osphena (Tablet)	Maximum of 1 tablet per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Oxycodone HCl (20mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 130 ml per day
Oxycodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Oxycodone/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Pentasa (250mg Capsule Extended-Release)	Maximum of 12 capsules per day
Pentasa (500mg Capsule Extended-Release)	Maximum of 8 capsules per day
Perforomist (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Tablet)	Maximum of 2 tablets per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Glimepiride (Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Metformin HCl (Tablet)	Maximum of 3 tablets per day
Pomalyst (Capsule)	Maximum of 1 capsule per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)	Maximum of 2 pens (2 ml) per 28 days
Prasugrel (Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	Maximum of 1 tablet per day
Premphase (Tablet)	Maximum of 1 tablet per day
Prempro (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Prezcobix (Tablet)	Maximum of 2 tablets per day
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day
Prezista (75mg Tablet)	Maximum of 7 tablets per day
Prolia (Injection)	Maximum of 1 syringe every 180 days
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Prudoxin (Cream)	Maximum of 90 grams per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quetiapine Fumarate ER (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranaxa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Rapaflo (4mg Capsule)	Maximum of 1 capsule per day
Rapaflo (8mg Capsule)	Maximum of 1 capsule per day
Ravicti (Liquid)	Maximum of 17.5 ml per day
Royaldee (Capsule Extended-Release)	Maximum of 2 capsules per day
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (150mg Tablet)	Maximum of 3 tablets per day
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day

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Drug Name	Quantity Limit
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
Repaglinide/Metformin HCl (Tablet)	Maximum of 5 tablets per day
Repatha (Injection)	Maximum of 3 syringes (3 ml) per 28 days
Repatha Pushtronex System (Injection)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha SureClick (Injection)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Tablet)	Maximum of 9 tablets per day
Restasis (Emulsion)	Maximum of 2 vials per day
Revlimid (Capsule)	Maximum of 1 capsule per day
Rexulti (Tablet)	Maximum of 1 tablet per day
Reyataz (Packet)	Maximum of 8 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Risedronate Sodium (150mg Tablet)	Maximum of 1 tablet per 30 days
Risedronate Sodium (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Risedronate Sodium (35mg Tablet)	Maximum of 4 tablets per 28 days
Ritonavir (Tablet)	Maximum of 18 tablets per day
Rivastigmine Tartrate (Capsule)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Rozerem (Tablet)	Maximum of 1 tablet per day
Rubraca (Tablet)	Maximum of 4 tablets per day
Rydapt (Capsule)	Maximum of 8 capsules per day
Sabril (Tablet)	Maximum of 6 tablets per day
Samsca (Tablet)	Maximum of 2 tablets per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Selzentry (150mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day
Selzentry (20mg/ml Oral Solution)	Maximum of 92 ml per day
Selzentry (25mg Tablet, 300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 inhalations) per 30 days
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Soliqua 100/33 (Injection)	Maximum of 18 ml (6 pens) per 30 days
Somavert (Injection)	Maximum of 1 vial per day
Sovaldi (Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	Maximum of 2 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Stribild (Tablet)	Maximum of 2 tablets per day
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sustiva (200mg Capsule)	Maximum of 3 capsules per day
Sustiva (50mg Capsule)	Maximum of 9 capsules per day
Sustiva (600mg Tablet)	Maximum of 2 tablets per day
Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Sutent (37.5mg Capsule)	Maximum of 2 capsules per day
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symfi (Tablet)	Maximum of 2 tablets per day
Symfi Lo (Tablet)	Maximum of 2 tablets per day
Synjardy (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Synjardy XR (10mg-1000mg Tablet Extended-Release 24 Hour, 25mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Synjardy XR (12.5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Tagrisso (Tablet)	Maximum of 1 tablet per day
Tarceva (100mg Tablet, 150mg Tablet)	Maximum of 1 tablet per day
Tarceva (25mg Tablet)	Maximum of 3 tablets per day
Tasigna (150mg Capsule)	Maximum of 5 capsules per day
Tasigna (200mg Capsule)	Maximum of 4 capsules per day
Tasigna (50mg Capsule)	Maximum of 14 capsules per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Amlodipine (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (40mg-12.5mg Tablet, 80mg-25mg Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (80mg-12.5mg Tablet)	Maximum of 2 tablets per day
Temazepam (15mg Capsule, 30mg Capsule)	Maximum of 1 capsule per day
Tenofovir Disoproxil Fumarate (Tablet)	Maximum of 2 tablets per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
Thalomid (100mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Thalomid (150mg Capsule, 200mg Capsule)	Maximum of 2 capsules per day
Tivicay (10mg Tablet, 25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
TOBI Podhaler (Capsule)	Maximum of 8 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
Tolcapone (Tablet)	Maximum of 6 tablets per day
Tracleer (125mg Tablet, 62.5mg Tablet)	Maximum of 2 tablets per day
Tracleer (32mg Tablet Soluble)	Maximum of 4 tablets per day
Tradjenta (Tablet)	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trandolapril (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Trandolapril (4mg Tablet)	Maximum of 2 tablets per day
Trelegy Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Trezix (Capsule)	Maximum of 10 capsules per day
Trientine HCl (Capsule)	Maximum of 8 capsules per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
Trulicity (Injection)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Tablet)	Maximum of 2 tablets per day
Tybost (Tablet)	Maximum of 2 tablets per day
Tymlos (Injection)	Maximum of 1.56 ml per 30 days
Valacyclovir HCl (1gm Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valganciclovir (Tablet)	Maximum of 4 tablets per day
Valganciclovir Hydrochloride (Oral Solution)	Maximum of 36 ml per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Vemlidy (Tablet)	Maximum of 1 tablet per day
Venclexta (100mg Tablet)	Maximum of 4 tablets per day
Venclexta (10mg Tablet)	Maximum of 2 tablets per day
Venclexta (50mg Tablet)	Maximum of 1 tablet per day
Ventavis (10mcg/ml Inhalation Solution)	Maximum of 7 ml per day
Ventavis (20mcg/ml Inhalation Solution)	Maximum of 3 ml per day
Verzenio (Tablet)	Maximum of 2 tablets per day
Vesicare (Tablet)	Maximum of 1 tablet per day
Victoza (Injection)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (125mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Videx Pediatric (Oral Solution)	Maximum of 30 ml per day
Vigabatrin (Packet)	Maximum of 6 packets per day
Viibryd (Tablet)	Maximum of 1 tablet per day
Viibryd Starter Pack (Kit)	Maximum of 1 pack (30 tablets) per 30 days
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Vimpat (10mg/ml Oral Solution)	Maximum of 40 ml per day
Viracept (250mg Tablet)	Maximum of 15 tablets per day
Viracept (625mg Tablet)	Maximum of 6 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Viramune (Suspension)	Maximum of 60 ml per day
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
Vosevi (Tablet)	Maximum of 1 tablet per day
Votrient (Tablet)	Maximum of 4 tablets per day
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	Maximum of 1 capsule per day
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (Tablet)	Maximum of 2 tablets per day
Xeljanz XR (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Xtampza ER (13.5mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 18mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 9mg Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 capsules per day
Xtampza ER (27mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 36mg Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 6 capsules per day
Xtandi (Capsule)	Maximum of 4 capsules per day
Xyrem (Oral Solution)	Maximum of 18 ml per day
Yuvaferm (Tablet)	Maximum of 1 tablet per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (10mg Capsule)	Maximum of 2 capsules per day
Zaleplon (5mg Capsule)	Maximum of 1 capsule per day
Zejula (Capsule)	Maximum of 3 capsules per day
Zelboraf (Tablet)	Maximum of 8 tablets per day
Zerit (Oral Solution)	Maximum of 120 ml per day
Zidovudine (100mg Capsule)	Maximum of 8 capsules per day
Zidovudine (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (50mg/5ml Syrup)	Maximum of 96 ml per day
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day

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Plain type = Generic drug

Drug Name	Quantity Limit
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Zydelig (Tablet)	Maximum of 2 tablets per day
Zykadia (Capsule)	Maximum of 5 capsules per day
Zytiga (250mg Tablet)	Maximum of 4 tablets per day
Zytiga (500mg Tablet)	Maximum of 2 tablets per day

Required information

Benefits, drug list (formulary), pharmacy network and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.



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

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

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

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