

2018 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

Symphonix Value Rx (PDP)

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 **1-888-867-5575**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHC MedicareSolutions.com

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the UnitedHealthcare Customer Service number on the back of your member ID card.



TABLE OF CONTENTS

What is a drug list?.....	3
Note to existing members.....	3
How do I use the drug list?.....	4
What are generic drugs?.....	4
What is a compounded drug?.....	4
Drug payment stage and drug tiers.....	5
Getting Extra Help.....	5
Are there any rules or limits on my drug coverage?.....	6
What if my drug is not on this list?.....	8
How can I get an exception?.....	8
Can I get my drug while I wait for an exception?.....	9
Can the drug list change?.....	10
Drugs with dosages other than a 1-month supply.....	11
Covered drugs by name (Drug index).....	12
Covered drugs by medical condition.....	28
Covered drugs with a quantity limit (QL).....	92

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 medically necessary
- The prescription is filled at a network pharmacy
- 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 August 1, 2017.

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 Symphonix Value Rx (PDP).

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 12–27 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 28–91 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.UHC Medicare Solutions.com. You can use online tools to look up your drugs. This information is updated on a regular basis.

What are generic drugs?

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

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

The drug list shows **brand name** 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.** Each covered drug is in 1 of 5 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

Drug Tier	Includes
Tier 1: Preferred generic	Lower-cost, commonly used generic drugs.
Tier 2: Generic	Many generic drugs.
Tier 3: Preferred brand	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
Tier 4: Non-preferred drug	Non-preferred generic and non-preferred brand name drugs.
Tier 5: Specialty tier	Unique and/or very high-cost brand and generic drugs.

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 28. 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/coinsurance 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.

MED - Morphine equivalent dose

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional edit is called a cumulative morphine equivalent dose (MED). The MED is calculated based on the number of opioid drugs prescribed for you over a period of time. This cumulative limit is required for all plans 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.

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.UHC Medicare Solutions.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.
- **Tiering exception:** Ask the plan to cover your drug on our list at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you pay out-of-pocket for your drug.

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

Who can ask for an exception?

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

How long does it take to get an exception?

After we get the statement from your doctor supporting your request for an exception, we'll give you a decision within 72 hours. You can ask for an expedited (fast) decision if you or your doctor believes that your health could be seriously harmed by waiting 72 hours. If your 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...	You can ask for...
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 98-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. Also, if your prescription is written for fewer days, you can refill it multiple times. This is so you can get your full temporary supply.

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.
- Moves a drug into a different tier.

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 92-109.

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 60 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 a 60-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.UHC Medicare Solutions.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 **1-888-867-5575**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **www.UHCMedicareSolutions.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					
Abacavir.....	55	Albuterol Sulfate ER.....	89	Amlodipine Besylate.....	61
Abacavir Sulfate/Lamivudine/ Zidovudine.....	55	Alclometasone Dipropionate	74	Ammonium Lactate.....	67
Abacavir/Lamivudine.....	55	Alcohol Prep Pads.....	85	Amoxapine.....	43
Abelcet.....	44	Aldurazyme.....	73	Amoxicillin.....	35
Abilify Maintena.....	52	Alecensa.....	49	Amoxicillin/Clavulanate Potassium.....	35
Abraxane.....	47	Alendronate Sodium.....	84	Amoxicillin/Clavulanate Potassium ER.....	35
Acamprosate Calcium DR.....	31	Alfuzosin HCl ER.....	73	Amphetamine/ Dextroamphetamine.....	65
Acarbose.....	57	Alimta.....	47	Amphotericin B.....	44
Acetaminophen/Codeine.....	29	Alinia.....	50	Ampicillin.....	35
Acetazolamide.....	63	Allopurinol.....	45	Ampicillin Sodium.....	35
Acetazolamide ER.....	63	Alosetron HCl.....	72	Ampicillin-Sulbactam.....	36
Acetazolamide Sodium.....	63	Alprazolam.....	56	Ampyra.....	66
Acetic Acid.....	87	Alunbrig.....	49	Anadrol-50.....	76
Acetylcysteine.....	90	Alyacen 1/35.....	77	Anagrelide HCl.....	59
Acitretin.....	67	Amabelz.....	77	Anastrozole.....	48
Actemra.....	83	Amantadine HCl.....	51	Androderm.....	76
ActHIB.....	83	AmBisome.....	44	AndroGel.....	76
Actimmune.....	83	Amethia.....	77	AndroGel Pump.....	76
Acyclovir.....	54	Amethia Lo.....	77	Anoro Ellipta.....	90
Acyclovir Sodium.....	54	Amikacin Sulfate.....	32	Apokyn.....	51
Adacel.....	83	Amiloride HCl.....	63	Apraclonidine.....	86
Adagen.....	73	Aminophylline.....	89	Aprepitant.....	43
Adapalene.....	67	Aminosyn 7%/Electrolytes.....	68	Apri.....	77
Adempas.....	89	Aminosyn 8.5%/Electrolytes	68	Apriso.....	84
Adriamycin.....	47	Aminosyn II.....	68	Aptiom.....	40
Adrucil.....	47	Aminosyn II 8.5%/Electrolytes	68	Aptivus.....	55
Afinitor.....	48	Aminosyn-HBC.....	68	Aralast NP.....	73
Afinitor Disperz.....	49	Aminosyn-PF.....	68	Aranelle.....	77
Ala Cort.....	74	Aminosyn-RF.....	68	Aranesp Albumin Free.....	59
Albenza.....	50	Amiodarone HCl.....	60	Arcalyst.....	83
Albuterol Sulfate.....	89	Amitriptyline HCl.....	43	Argatroban.....	58

Aripiprazole.....	52	Baclofen.....	90	BIVIGAM.....	82
Aripiprazole ODT.....	52	Bactocill in Dextrose.....	36	Bleomycin Sulfate.....	47
Aristada.....	52	Bactroban Nasal.....	32	Blephamide.....	85
Arranon.....	47	Balsalazide Disodium.....	84	Blephamide S.O.P.....	85
Ashlyna.....	77	Balziva.....	77	Blisovi 24 Fe.....	77
Aspirin/Dipyridamole.....	60	Banzel.....	40	Blisovi Fe 1.5/30.....	77
Atenolol.....	61	Baraclude.....	54	Blisovi Fe 1/20.....	77
Atenolol/Chlorthalidone.....	62	Bavencio.....	49	Boostrix.....	83
Atgam.....	82	BCG Vaccine.....	83	Bosulif.....	49
Atomoxetine.....	66	Bekyree.....	77	Botox.....	85
Atorvastatin Calcium.....	64	Beleodaq.....	49	Breo Ellipta.....	90
Atovaquone.....	50	Belsomra.....	90	Briellyn.....	77
Atovaquone/Proguanil HCl....	50	Benazepril HCl.....	60	Brilinta.....	60
Atripla.....	54	Benazepril HCl/ Hydrochlorothiazide.....	62	Brimonidine Tartrate.....	86
Atropine Sulfate.....	71	Benlysta.....	83	BRIVIACT.....	38
Atrovent HFA.....	88	Benzotropine Mesylate.....	51	Bromocriptine Mesylate.....	51
Aubra.....	77	Berinerit.....	81	Budesonide.....	84, 88
Augmented Betamethasone Dipropionate.....	74	Betamethasone Dipropionate	74	Bumetanide.....	63
Auryxia.....	71	Betamethasone Valerate.....	74	Buphenyl.....	73
Avastin.....	49	Betaxolol HCl.....	86	Buprenorphine HCl.....	31
Avelox.....	37	Bethanechol Chloride.....	74	Buprenorphine HCl/Naloxone HCl.....	31
Aviane.....	77	Betimol.....	86	Bupropion HCl.....	41
Azacitidine.....	59	Bevespi Aerosphere.....	90	Bupropion HCl SR.....	32, 41
Azactam in Iso-Osmotic Dextrose.....	35	Bexarotene.....	50	Bupropion HCl XL.....	41
Azathioprine.....	81, 82	Bexsero.....	83	Buspirone HCl.....	56
Azelastine HCl.....	86, 88	Bicalutamide.....	46	Busulfan.....	46
Azithromycin.....	36	Bicillin C-R.....	36	Busulfex.....	46
Aztreonam.....	35	Bicillin L-A.....	36	Butalbital/Acetaminophen/ Caffeine.....	28
B					
BACiiM.....	32	BiCNU.....	46	Butalbital/Aspirin/Caffeine....	28
Bacitracin.....	32	Biltricide.....	50	Butorphanol Tartrate.....	29
Bacitracin/Polymyxin B.....	85	Binosto.....	84	Bydureon Pen.....	57
		Bisoprolol Fumarate.....	61	Bydureon Vial.....	57

C					
Cabergoline.....	81	Cefixime.....	34	Ciclopirox Olamine.....	44
Cabometyx.....	49	Cefotaxime Sodium.....	34	Cidofovir.....	53
Calcipotriene.....	67	Cefotetan.....	34	Cilostazol.....	60
Calcitonin-Salmon.....	84	Cefoxitin Sodium.....	34	Ciprofloxacin.....	37
Calcitriol.....	67, 85	Cefpodoxime Proxetil.....	34	Ciprofloxacin HCl.....	37
Calcium Acetate.....	71	Cefprozil.....	34	Ciprofloxacin I.V. in D5W.....	37
Camila.....	80	Ceftazidime.....	34	Cisplatin.....	47
Camrese Lo.....	77	Ceftriaxone Sodium.....	34	Citalopram HBr.....	42
Canasa.....	84	Cefuroxime Axetil.....	34	Cladribine.....	47
Capastat Sulfate.....	46	Cefuroxime Sodium.....	34	Claravis.....	67
Caprelsa.....	49	Celontin.....	39	Clarithromycin.....	36
Carafate.....	72	Cephalexin.....	34	Clarithromycin ER.....	36
Carbaglu.....	68	Cerezyme.....	73	Climara Pro.....	77
Carbamazepine.....	40	Cetirizine HCl.....	88	Clindamycin HCl.....	32
Carbamazepine ER.....	40	Chantix.....	32	Clindamycin Palmitate HCl....	32
Carbidopa/Levodopa.....	51	Chantix Continuing Month Pak	32	Clindamycin Phosphate.....	32,
Carbidopa/Levodopa ER.....	51	.....	32	33, 67	
Carbidopa/Levodopa ODT....	51	Chantix Starting Month Pak... 32		Clindamycin Phosphate in D5W	
Carbidopa/Levodopa/ Entacapone.....	51	Chenodal.....	71	.....	33
Carboplatin.....	47	Chloramphenicol Sodium		Clindamycin/Benzoyl Peroxide	
Cardene IV.....	61	Succinate.....	32	.....	67
Carimune Nanofiltered.....	83	Chlordiazepoxide HCl.....	56	Clofarabine.....	47
Carteolol HCl.....	86	Chlorhexidine Gluconate Oral		Clomipramine HCl.....	43
Cartia XT.....	61	Rinse.....	67	Clonazepam.....	56
Carvedilol.....	61	Chloroquine Phosphate.....	50	Clonazepam ODT.....	56
Cayston.....	89	Chlorothiazide.....	63	Clonidine HCl.....	60
Caziant.....	77	Chlorothiazide Sodium.....	63	Clonidine HCl ER.....	66
Cefaclor.....	34	Chlorpromazine HCl.....	51	Clopidogrel.....	60
Cefadroxil.....	34	Chlorthalidone.....	63	Clorazepate Dipotassium.....	56
Cefazolin Sodium.....	34	Cholbam.....	73	Clotrimazole.....	44
Cefdinir.....	34	Cholestyramine.....	64	Clotrimazole/Betamethasone	
Cefepime.....	34	Cholestyramine Light.....	64	Dipropionate.....	67
		Chorionic Gonadotropin.....	76	Clozapine.....	53
		Ciclopirox.....	44	Clozapine ODT.....	53
		Ciclopirox Nail Lacquer.....	44	Coartem.....	50

Codeine Sulfate.....	29	Cytarabine Aqueous.....	47	Dextrose 10%/NaCl 0.2%.....	68
Colchicine.....	45	D		Dextrose 10%/NaCl 0.45%....	68
Colestipol HCl.....	64	Dacarbazine.....	46	Dextrose 2.5%/NaCl 0.45%...	68
Colistimethate Sodium.....	33	Daliresp.....	89	Dextrose 5%.....	68
Colocort.....	84	Danazol.....	77	Dextrose 5%/NaCl 0.2%.....	68
Combivent Respimat.....	90	Dantrolene Sodium.....	90	Dextrose 5%/NaCl 0.225%....	68
Cometriq.....	49	Dapsone.....	46	Dextrose 5%/NaCl 0.33%.....	68
Complera.....	54	Daptacel.....	83	Dextrose 5%/NaCl 0.45%.....	68
Compro.....	43	Daptomycin.....	33	Dextrose 5%/NaCl 0.9%.....	68
Constulose.....	72	DARAPRIM.....	50	Diastat AcuDial.....	39
Copaxone.....	66	Darzalex.....	49	Diastat Pediatric.....	39
Corlanor.....	62	Daunorubicin HCl.....	47	Diazepam.....	56
Cosentyx.....	67	Deblitane.....	80	Diazepam Intensol.....	56
Cosentyx Sensoready Pen.....	67	Decitabine.....	47	Diclofenac Potassium.....	28
Cosmegen.....	47	Delyla.....	77	Diclofenac Sodium.....	28, 67, 87
Cosopt PF.....	86	Demeclocycline HCl.....	38	Diclofenac Sodium DR.....	28
Cotellic.....	49	Depen Titratabs.....	74	Diclofenac Sodium ER.....	28
Coumadin.....	58	Depo-Medrol.....	74	Dicloxacillin Sodium.....	36
Creon.....	73	Depo-Provera.....	80	Dicyclomine HCl.....	71
Crinone.....	80	Descovy.....	55	Didanosine.....	55
Crixivan.....	55	Desipramine HCl.....	43	Difacid.....	36
Cromolyn Sodium.....	71, 86, 89	Desmopressin Acetate.....	76	Digitek.....	62
Cryselle-28.....	77	Desogestrel/Ethinyl Estradiol	77	Digoxin.....	62
Cuvposa.....	71	Desonide.....	74	Dihydroergotamine Mesylate	45
Cyclafem.....	77	Desoximetasone.....	74	Dilantin.....	40
Cyclobenzaprine HCl.....	90	Desvenlafaxine ER.....	42	Dilantin INFATABS.....	40
Cyclophosphamide.....	46	Dexamethasone.....	74	Dilt-XR.....	62
Cyclosporine.....	82	Dexamethasone Sodium Phosphate.....	74, 87	Diltiazem CD.....	62
Cyclosporine Modified.....	82	Dexmethylphenidate HCl.....	66	Diltiazem HCl.....	62
Cyproheptadine HCl.....	88	Dexmethylphenidate HCl ER	66	Diltiazem HCl ER.....	62
Cyramza.....	49	Dextrazoxane.....	47	Diphenhydramine HCl.....	88
Cystadane.....	73	Dextrose 10%.....	68	Diphenoxylate/Atropine.....	71
Cystagon.....	73				
Cystaran.....	85				

F					
Fabrazyme.....	73	Fluocinonide.....	75	GaviLyte-C.....	72
Falmina.....	78	Fluocinonide-E.....	75	GaviLyte-G.....	72
Famciclovir.....	54	Fluorometholone.....	87	GaviLyte-H.....	72
Famotidine.....	72	Fluorouracil.....	47, 67	GaviLyte-N/Flavor Pack.....	72
Famotidine Premixed.....	72	Fluoxetine HCl.....	42	Gemcitabine HCl.....	47
Fanapt.....	52	Fluphenazine Decanoate.....	51	Gemfibrozil.....	64
Fanapt Titration Pack.....	52	Fluphenazine HCl.....	51, 52	Generlac.....	72
Fareston.....	47	Flurbiprofen Sodium.....	87	Gengraf.....	82
Farxiga.....	57	Flutamide.....	46	Genotropin.....	76
Farydak.....	49	Fluticasone Propionate....	75, 88	Genotropin Miniquick.....	76
Faslodex.....	47	Fluvoxamine Maleate.....	42	Gentak.....	32
Felbamate.....	39	Folotyn.....	47	Gentamicin Sulfate.....	32
Femynor.....	78	Fomepizole.....	85	Gentamicin Sulfate/0.9% Sodium Chloride.....	32
Fenofibrate.....	64	Fondaparinux Sodium.....	59	Genvoya.....	54
Fentanyl.....	29	Fosinopril Sodium.....	60	Geodon.....	52
Fentanyl Citrate Oral Transmucosal.....	29, 30	Fosphenytoin Sodium.....	40	Gianvi.....	78
Ferriprox.....	71	FreAmine HBC 6.9%.....	69	Gildagia.....	78
Fetzima.....	42	Furosemide.....	63	Gilenya.....	66
Fetzima Titration Pack.....	42	Fuzeon.....	55	Gilotrif.....	49
Finacea.....	67	Fycompa.....	39	Glatopa.....	66
Finasteride.....	74	G		Gleostine.....	46
Firazyr.....	81	Gabapentin.....	39	Glimepiride.....	57
Firmagon.....	81	Gabitril.....	39	Glipizide.....	57
Flebogamma DIF.....	83	Gablofen.....	90	Glipizide ER.....	57
Flecainide Acetate.....	61	Gamastan S/D.....	83	Glipizide/Metformin HCl.....	57
Fluconazole.....	44	Gammagard Liquid.....	83	GlucaGen HypoKit.....	58
Fluconazole in NaCl.....	44	Gammagard S/D IGA Less Than 1 mcg/ml.....	83	Glucagon Emergency Kit.....	58
Flucytosine.....	44	Gammaked.....	83	Glycopyrrolate.....	71
Fludarabine Phosphate.....	47	Gammaflex.....	83	Granisetron HCl.....	43
Fludrocortisone Acetate.....	74	Ganciclovir.....	53	Griseofulvin Microsize.....	44
Flunisolide.....	88	Gardasil 9.....	83	Griseofulvin Ultramicrosize....	44
Fluocinolone Acetonide... 74, 87		Gattex.....	71	Guanfacine HCl.....	60
		Gauze.....	85	Guanidine HCl.....	46

H					
Halaven.....	47	Humulin N Vial.....	58	Imfinzi.....	50
Halobetasol Propionate.....	75	Humulin R U-500 KwikPen.....	58	Imipenem/Cilastatin.....	35
Haloperidol.....	52	Humulin R U-500 Vial.....	58	Imipramine HCl.....	43
Haloperidol Decanoate.....	52	Humulin R Vial.....	58	Imipramine Pamoate.....	43
Haloperidol Lactate.....	52	Hydralazine HCl.....	64	Imiquimod.....	67
Harvoni.....	54	Hydrochlorothiazide.....	64	Imovax Rabies.....	83
Havrix.....	83	Hydrocodone Bitartrate/ Acetaminophen.....	30	Increlex.....	76
Heparin Sodium.....	59	Hydrocodone/Acetaminophen	30	Indapamide.....	64
Heparin Sodium/D5W.....	59	Hydrocodone/Ibuprofen.....	30	Indomethacin.....	28
HepatAmine.....	69	Hydrocortisone.....	75, 84	Infanrix.....	83
Herceptin.....	49	Hydrocortisone Butyrate.....	75	Inlyta.....	49
Hetlioz.....	91	Hydrocortisone Valerate.....	75	Insulin Syringes, Needles.....	85
Hexalen.....	46	Hydrocortisone Valerate.....	75	Intelence.....	54
Hiberix.....	83	Hydrocortisone/Acetic Acid	87	Intralipid.....	69
Humalog Cartridge.....	58	Hydromorphone HCl.....	30	Intron A.....	54
Humalog KwikPen.....	58	Hydroxychloroquine Sulfate	50	Introvale.....	78
Humalog Mix 50/50 KwikPen	58	Hydroxyprogesterone Caproate	80	Invanz.....	35
Humalog Mix 50/50 Vial.....	58	Hydroxyurea.....	47	Invega Sustenna.....	52
Humalog Mix 75/25 KwikPen	58	Hydroxyzine HCl.....	56	Invega Trinza.....	52
Humalog Mix 75/25 Vial.....	58	Hydroxyzine Pamoate.....	43	Invirase.....	56
Humalog Vial.....	58	Hysingla ER.....	29	Ionosol-MB/Dextrose 5%.....	69
Humira.....	82	I		IPOL Inactivated IPV.....	83
Humira Pediatric Crohns Disease Starter Pack.....	82	Ibandronate Sodium.....	85	Ipratropium Bromide.....	88
Humira Pen.....	82	Ibrance.....	49	Ipratropium Bromide/Albuterol Sulfate.....	90
Humira Pen Crohns Disease Starter Pack.....	82	Ibuprofen.....	28	Irbesartan.....	60
Humira Pen-Psoriasis Starter	82	Iclusig.....	49	Iressa.....	49
Humulin 70/30 KwikPen.....	58	Idarubicin HCl.....	48	Irinotecan.....	48
Humulin 70/30 Vial.....	58	Ifosfamide.....	46	Isentress.....	54
Humulin N KwikPen.....	58	Ilaris.....	83	Isolyte-P/Dextrose 5%.....	69
		Imatinib Mesylate.....	49	Isolyte-S.....	69
		Imbruvica.....	49	Isoniazid.....	46
				Isosorbide Dinitrate.....	64
				Isosorbide Dinitrate ER.....	64

Isosorbide Mononitrate.....	64	KCl 0.075%/D5W/NaCl 0.45%	69	Lactated Ringers Dextrose 5% Viaflex.....	68
Isosorbide Mononitrate ER....	65	KCl 0.15%/D5W/LR.....	70	Lactated Ringers Irrigation....	69
Isotonic Gentamicin.....	32	KCl 0.15%/D5W/NaCl 0.2%...	69	Lactated Ringers Viaflex.....	69
Istodax.....	48	KCl 0.15%/D5W/NaCl 0.9%...	69	Lactulose.....	72
Itraconazole.....	44	KCl 0.3%/D5W/NaCl 0.45%...	69	Lamivudine.....	54, 55
Ivermectin.....	50	KCl 0.3%/D5W/NaCl 0.9%.....	69	Lamivudine/Zidovudine.....	55
Ixiaro.....	83	Kelnor 1/35.....	78	Lamotrigine.....	39
J					
Jadenu.....	71	Kenalog-10.....	75	Lanoxin.....	62
Jadenu Sprinkle.....	71	Kenalog-40.....	75	Lantus SoloStar.....	58
Jakafi.....	49	Kepivance.....	67	Lantus Vial.....	58
Jantoven.....	59	Ketoconazole.....	44	LARIN 1.5/30.....	78
Jardiance.....	57	Ketorolac Tromethamine.....	28, 87	LARIN 1/20.....	78
Jentadueto.....	57	Keytruda.....	50	LARIN Fe 1.5/30.....	78
Jentadueto XR.....	57	Kimidess.....	78	LARIN Fe 1/20.....	78
Jevtana.....	49	Kinrix.....	83	Larissia.....	78
Jinteli.....	78	Kionex.....	71	Lartruvo.....	50
Jolivette.....	80	Kisqali.....	48	Lastacraft.....	85
Jublia.....	44	Kisqali Femara 200 Dose.....	48	Latanoprost.....	87
Juleber.....	78	Kisqali Femara 400 Dose.....	48	Latuda.....	52
Junel 1.5/30.....	78	Kisqali Femara 600 Dose.....	48	Layolis Fe.....	78
Junel 1/20.....	78	Klor-Con 10.....	69	Leena.....	78
Junel Fe 1.5/30.....	78	Klor-Con 8.....	69	Leflunomide.....	83
Junel Fe 1/20.....	78	Klor-Con M10.....	69	Lenvima.....	49
Junel Fe 24.....	78	Klor-Con M15.....	69	Lessina.....	78
Juxtapid.....	64	Klor-Con M20.....	69	Letairis.....	89
K					
Kadcyla.....	50	Kombiglyze XR.....	57	Letrozole.....	48
Kaitlib Fe.....	78	Korlym.....	76	Leucovorin Calcium.....	48
Kaletra.....	56	Kuvan.....	73	Leukeran.....	46
Kalydeco.....	89	Kyprolis.....	48	Leuprolide Acetate.....	81
Kanuma.....	73	L			
Kariva.....	78	Labetalol HCl.....	61	Levetiracetam.....	38
		Lacrisert.....	85	Levetiracetam ER.....	38
				Levobunolol HCl.....	87
				Levocarnitine.....	69

Levocetirizine Dihydrochloride	88	Lorazepam Intensol.....	57	Mekinist.....	49
Levofloxacin.....	37	Lorcet.....	30	Meloxicam.....	28
Levofloxacin in D5W.....	37	Lorcet HD.....	30	Melphalan HCl.....	46
Levoleucovorin Calcium.....	48	Lorcet Plus.....	30	Memantine HCl.....	41
Levonest.....	78	Lortab.....	30	Memantine HCl Titration Pak	41
Levonorgestrel and Ethinyl Estradiol.....	78	Loryna.....	78	Menactra.....	83
Levonorgestrel/Ethinyl Estradiol	78	Losartan Potassium.....	60	Menest.....	78
Levora 0.15/30-28.....	78	Losartan Potassium/ Hydrochlorothiazide.....	63	Menomune-A/C/Y/W-135.....	83
Levothyroxine Sodium.....	80, 81	Lovastatin.....	64	Menveo.....	83
Levoxyl.....	81	Low-Ogestrel.....	78	Mercaptopurine.....	47
Lexiva.....	56	Loxapine Succinate.....	52	Meropenem.....	35
Lidocaine.....	31	Lumizyme.....	73	Mesalamine.....	84
Lidocaine HCl.....	31	Lupron Depot.....	81	Mesna.....	50
Lidocaine Viscous.....	31	Lupron Depot-PED.....	81	Mesnex.....	50
Lidocaine/Prilocaine.....	31	Lutera.....	78	Metformin HCl.....	57
Lincomycin HCl.....	33	Lynparza.....	49	Metformin HCl ER.....	57
Lindane.....	50	Lyrica.....	66	Methadone HCl.....	29
Linezolid.....	33	Lysodren.....	81	Methamphetamine HCl.....	65
Linzess.....	72	Lyza.....	80	Methazolamide.....	63
Liothyronine Sodium.....	81	M		Methenamine Hippurate.....	33
Lisinopril.....	60	M-M-R II.....	83	Methimazole.....	81
Lisinopril/Hydrochlorothiazide	62	Magnesium Sulfate.....	69	Methotrexate.....	82
Lithium.....	57	Makena.....	80	Methotrexate Sodium.....	82
Lithium Carbonate.....	57	Malathion.....	50	Methscopolamine Bromide....	71
Lithium Carbonate ER.....	57	Maprotiline HCl.....	42	Methyclothiazide.....	64
Livalo.....	64	Marlissa.....	78	Methyldopa.....	60
Lomedia 24 Fe.....	78	Marplan.....	41	Methyldopate HCl.....	60
Lonsurf.....	48	Matulane.....	46	Methylphenidate HCl.....	66
Loperamide HCl.....	71	Meclizine HCl.....	43	Methylphenidate HCl ER.....	66
Lopinavir/Ritonavir.....	56	Medroxyprogesterone Acetate	80	Methylprednisolone.....	75
Lorazepam.....	57	Mefloquine HCl.....	50	Methylprednisolone Acetate	75
		Megestrol Acetate.....	80	Methylprednisolone Dose Pack	75

Methylprednisolone Sodium Succinate.....	75	MonoNessa.....	78	Nefazodone HCl.....	42	
Metoclopramide HCl.....	43	Montelukast Sodium.....	88	Neomycin Sulfate.....	32	
Metolazone.....	64	Morphine Sulfate.....	30	Neomycin/Bacitracin/ Polymyxin.....	85	
Metoprolol Succinate ER.....	61	Morphine Sulfate ER.....	29	Neomycin/Polymyxin B Sulfates.....	33	
Metoprolol Tartrate.....	61	Moxifloxacin HCl.....	37	Neomycin/Polymyxin/ Bacitracin/Hydrocortisone	86	
Metoprolol/Hydrochlorothiazide	63	Mozobil.....	59	Neomycin/Polymyxin/ Dexamethasone.....	86	
Metronidazole.....	33	Mupirocin.....	33	Neomycin/Polymyxin/ Gramicidin.....	86	
Metronidazole in NaCl 0.79%	33	Mustargen.....	46	Neomycin/Polymyxin/ Hydrocortisone.....	86, 87	
Metronidazole Vaginal.....	33	Myalept.....	71	Nephramine.....	69	
Mexiletine HCl.....	61	Mycamine.....	44	Neulasta.....	59	
Miacalcin.....	85	Mycophenolate Mofetil.....	82	Neupro.....	51	
Mibelas 24 Fe.....	78	Mycophenolic Acid DR.....	82	Nevirapine.....	54, 55	
Miconazole 3.....	44	Myrbetriq.....	73	Nevirapine ER.....	55	
Microgestin 1.5/30.....	78	N			Nexavar.....	49
Microgestin 1/20.....	78	Nafcillin Sodium.....	36	Niacor.....	64	
Microgestin Fe.....	78	Naglazyme.....	73	Nicardipine HCl.....	62	
Microgestin Fe 1.5/30.....	78	Nalbuphine HCl.....	30	Nicotrol Inhaler.....	32	
Midodrine HCl.....	60	Naloxone HCl.....	32	Nikki.....	79	
Migergot.....	45	Naltrexone HCl.....	31	Nilutamide.....	46	
Mimvey.....	78	Namenda XR.....	41	Nimodipine.....	62	
Mimvey Lo.....	78	Namenda XR Titration Pack..	41	Ninlaro.....	48	
Minitrans.....	65	Namzaric.....	66	Nipent.....	47	
Minocycline HCl.....	38	Naproxen.....	28	Nitro-Bid.....	65	
Minoxidil.....	64	Naproxen DR.....	28	Nitrofurantoin.....	33	
Mirtazapine.....	41	Naratriptan HCl.....	45	Nitrofurantoin Macrocrystals	33	
Mirtazapine ODT.....	41	Narcan.....	32	Nitrofurantoin Monohydrate...33		
Mirvaso.....	68	Natacyn.....	44	Nitroglycerin.....	65	
Misoprostol.....	72	Nateglinide.....	57	Nitroglycerin Lingual.....	65	
Mitomycin.....	48	Natpara.....	85			
Mitoxantrone HCl.....	48	Nebupent.....	50			
Modafinil.....	91	Necon 0.5/35-28.....	78			
Mometasone Furoate.....	75	Necon 1/50-28.....	79			
		Necon 10/11-28.....	79			
		Necon 7/7/7.....	79			

Nitroglycerin Transdermal.....	65	Nyata.....	44	Oxycodone HCl.....	30, 31	
Nitrostat.....	65	Nystatin.....	45	Oxycodone/Acetaminophen		
Nizatidine.....	72	Nystop.....	45	.....	31
Nora-BE.....	80	O			Oxycodone/Aspirin.....	31
Norethindrone.....	80	Ocella.....	79	Oxycodone/Ibuprofen.....	31	
Norethindrone Acetate.....	80	Octagam.....	83	P		
Norethindrone Acetate/Ethinyl Estradiol.....	79	Octreotide Acetate.....	81	Pacerone.....	61	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate	79	Odefsey.....	55	Paclitaxel.....	48	
.....	79	Odomzo.....	49	Paliperidone ER.....	53	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate	79	Ofev.....	90	Pamidronate Disodium.....	85	
.....	79	Ofloxacin.....	37	Panretin.....	50	
Norgestimate/Ethinyl Estradiol	79	Ogestrel.....	79	Pantoprazole Sodium.....	72, 73	
.....	79	Olanzapine.....	52	Paricalcitol.....	85	
Norlyroc.....	80	Olanzapine ODT.....	52	Paromomycin Sulfate.....	32	
Normosol-M in D5W.....	69	Olopatadine HCl.....	86	Paroxetine HCl.....	42	
Normosol-R.....	69	Omeprazole.....	72	Paser.....	46	
Normosol-R in D5W.....	69	Ondansetron HCl.....	44	Paxil.....	42	
Northera.....	60	Ondansetron ODT.....	44	Pediarix.....	83	
Nortrel 0.5/35.....	79	Onfi.....	39	Pedvax HIB.....	83	
Nortrel 1/35.....	79	Onglyza.....	57	PEG-3350/Electrolytes.....	72	
Nortrel 7/7/7.....	79	ONMEL.....	45	PEG-3350/NaCl/Na		
Nortriptyline HCl.....	43	Opdivo.....	50	Bicarbonate/KCl.....	72	
Norvir.....	56	Orenitram.....	89, 90	Peganone.....	40	
Novarel.....	76	Orfadin.....	73	Pegasys.....	54	
Noxafil.....	44	Orkambi.....	89	Pegasys ProClick.....	54	
Nucala.....	90	Orphenadrine Citrate.....	90	Penicillin G Potassium.....	36	
Nuedexta.....	66	Orsythia.....	79	Penicillin G Procaine.....	36	
Nulojix.....	82	Oseltamivir Phosphate.....	56	Penicillin G Sodium.....	36	
Nuplazid.....	52	Oxacillin Sodium.....	36	Penicillin V Potassium.....	36	
Nutrilipid.....	69	Oxaliplatin.....	48	Pentam 300.....	50	
NuvaRing.....	79	Oxandrolone.....	77	Pentoxifylline ER.....	63	
Nyamyc.....	44	Oxcarbazepine.....	40	Perforomist.....	89	
		Oxybutynin Chloride.....	73	Periogard.....	67	
		Oxybutynin Chloride ER.....	73	Perjeta.....	50	

Permethrin.....	50	Potassium Chloride 0.15% / NaCl 0.45% Viaflex.....	70	Priftin.....	46
Perphenazine.....	43	Potassium Chloride 0.15% D5W/NaCl 0.33%.....	70	Primaquine Phosphate.....	50
Phenadoz.....	88	Potassium Chloride 0.15% D5W/NaCl 0.45%.....	70	Primidone.....	39
Phenelzine Sulfate.....	41	Potassium Chloride 0.15%/ NaCl 0.9%.....	70	Primsol.....	33
Phenergan.....	88	Potassium Chloride 0.22% D5W/NaCl 0.45%.....	70	Privigen.....	83
Phenobarbital.....	39	Potassium Chloride 0.3%/D5W	70	Probenecid.....	45
Phenytek.....	40	Potassium Chloride ER.....	70	Probenecid/Colchicine.....	45
Phenytoin.....	40	Potassium Citrate ER.....	70	Procainamide HCl.....	61
Phenytoin Sodium.....	41	Pradaxa.....	59	Procalamine.....	70
Phenytoin Sodium Extended	41	Praluent.....	64	Prochlorperazine.....	43
Phoslyra.....	71	Pramipexole Dihydrochloride	51	Prochlorperazine Edisylate....	43
Phospholine Iodide.....	87	Pravastatin Sodium.....	64	Prochlorperazine Maleate.....	43
Physiolyte.....	69	Prazosin HCl.....	60	Procrit.....	59
Physiosol Irrigation.....	69	Prednicarbate.....	75	Procto-Med HC.....	84
Picato.....	68	Prednisolone Acetate.....	87	Procto-Pak.....	84
Pilocarpine HCl.....	67, 87	Prednisolone Sodium Phosphate.....	75, 87	Proctosol HC.....	84
Pimozide.....	52	Prednisone.....	75	Proctozone-HC.....	84
Pimtreea.....	79	Prednisone Intensol.....	75	Proglycem.....	58
Pioglitazone HCl.....	57	Pregnyl w/Diluent Benzyl Alcohol/NaCl.....	76	Prograf.....	82
Piperacillin/Tazobactam.....	36	Premarin.....	79	Prolastin-C.....	73
Pirmella 1/35.....	79	Premasol.....	70	Prolensa.....	87
Plasma-Lyte A.....	69	Premphase.....	79	Proleukin.....	48
Plasma-Lyte-148.....	69	Prempro.....	79	Prolia.....	85
Plenamaine.....	69	Prevalite.....	64	Promacta.....	60
Podofilox.....	68	Previfem.....	79	Promethazine HCl.....	88
Polyethylene Glycol 3350 Powder.....	72	Prezcobix.....	56	Promethegan.....	88
Polymyxin B Sulfate.....	33	Prezista.....	56	Propafenone HCl.....	61
Polymyxin B Sulfate/ Trimethoprim Sulfate.....	86			Proparacaine HCl.....	86
Pomalyst.....	47			Propranolol HCl.....	61
Portia-28.....	79			Propranolol HCl ER.....	61
Potassium Chloride.....	70			Propylthiouracil.....	81
				ProQuad.....	84
				Prosol.....	70
				Protriptyline HCl.....	43

PRUDOXIN.....	68	Repaglinide.....	58	Rubraca.....	48
Pulmicort Flexhaler.....	88	Repatha.....	64	Rydapt.....	49
Pulmozyme.....	90	Repatha Pushtronex System		Rytary.....	51
Purixan.....	47	.....	64		
Pyrazinamide.....	46	Repatha SureClick.....	64	S	
Pyridostigmine Bromide.....	46	Rescriptor.....	55	Sabril.....	39
Pyridostigmine Bromide ER...46		Restasis.....	86	Samsca.....	71
		Retrovir IV Infusion.....	55	Sandimmune.....	82
Q		Revlimid.....	47	Santyl.....	68
Quadracel.....	84	Rexulti.....	53	Saphris.....	53
Quasense.....	79	Reyataz.....	56	Savella.....	66
Quetiapine Fumarate.....	53	Ribasphere.....	54	Savella Titration Pack.....	66
Quinapril HCl.....	60	Ribavirin.....	54	Selegiline HCl.....	51
Quinapril/Hydrochlorothiazide		Rifabutin.....	46	Selenium Sulfide.....	68
.....	63	Rifampin.....	46	Selzentry.....	55
Quinidine Gluconate.....	61	Rifater.....	46	Sensipar.....	85
Quinidine Sulfate.....	61	Riluzole.....	66	Serevent Diskus.....	89
Quinine Sulfate.....	50	Rimantadine HCl.....	56	Sertraline HCl.....	42
		Ringers Injection.....	70	Setlakin.....	79
R		Ringers Irrigation.....	70	Sharobel.....	80
Rabavert.....	84	Risperdal Consta.....	53	Signifor.....	81
Raloxifene HCl.....	80	Risperidone.....	53	Sildenafil.....	90
Ramipril.....	60	Risperidone ODT.....	53	Silver Sulfadiazine.....	37
Ranexa.....	63	Rituxan.....	50	Simbrinza.....	87
Ranitidine HCl.....	72	Rivastigmine Tartrate.....	41	Simulect.....	83
Rapamune.....	82	Rivastigmine Transdermal		Simvastatin.....	64
Rasagiline Mesylate.....	51	System.....	41	Sirolimus.....	82
RAVICTI.....	73	Rizatriptan Benzoate.....	45	Sirturo.....	46
Reclipsen.....	79	Rizatriptan Benzoate ODT.....	45	Sodium Chloride.....	70
Recombivax HB.....	84	Ropinirole HCl.....	51	Sodium Chloride 0.45%.....	70
Regranex.....	68	Rosuvastatin Calcium.....	64	Sodium Chloride 0.9%.....	70
Relenza Diskhaler.....	56	Rotarix.....	84	Sodium Fluoride.....	70
Relistor.....	71	RotaTeq.....	84	Sodium Lactate.....	70
Remicade.....	82	Roweepra.....	38	Sodium Phenylbutyrate.....	73
Remodulin.....	90				
Renvela.....	71				

Sodium Polystyrene Sulfonate	71	Sulfacetamide Sodium/ Prednisolone Sodium Phosphate.....	86	Tarceva.....	49	
Sodium Sulfacetamide.....	37	Sulfadiazine.....	37	Targretin.....	50	
Soliqua 100/33.....	58	Sulfamethoxazole/ Trimethoprim.....	37	Tarina Fe 1/20.....	79	
Soltamox.....	47	Sulfamethoxazole/ Trimethoprim DS.....	37	Tasigna.....	49	
Solu-Cortef.....	75	Sulfasalazine.....	84	Tazarotene.....	68	
Solu-Medrol.....	76	Sulindac.....	28	Tazicef.....	34	
Somatuline Depot.....	81	Sumatriptan.....	45	Tazorac.....	68	
Somavert.....	81	Sumatriptan Succinate.....	45	Tecentriq.....	50	
Sotalol HCl.....	61	Sumatriptan Succinate Refill	45	Tecfidera.....	66	
Spiriva HandiHaler.....	88	Suprax.....	34	Tecfidera Starter Pack.....	66	
Spiriva Respimat.....	89	Suprep Bowel Prep.....	72	Telmisartan.....	60	
Spironolactone.....	63	Sustiva.....	55	Temazepam.....	90	
Spironolactone/ Hydrochlorothiazide.....	63	Sutent.....	49	Tenivac.....	84	
Sporanox.....	45	Sylatron.....	54	Terazosin HCl.....	74	
Sprintec 28.....	79	Sylvant.....	83	Terbinafine HCl.....	45	
Spritam.....	38	Symbicort.....	90	Terconazole.....	45	
Sprycel.....	49	Synagis.....	83	Testosterone Cypionate.....	77	
SPS.....	71	Synarel.....	81	Testosterone Enanthate.....	77	
Sronyx.....	79	Synjardy.....	58	Tetanus/Diphtheria Toxoids- Adsorbed Adult.....	84	
SSD.....	37	Synribo.....	48	Tetrabenazine.....	66	
Stavudine.....	55	Synthroid.....	81	Tetracycline HCl.....	38	
Sterile Water Irrigation.....	85	Syprine.....	71	Thalomid.....	47	
Stiolto Respimat.....	90	T			Theophylline CR.....	89
Stivarga.....	49	Tabloid.....	47	Theophylline ER.....	89	
Strensiq.....	73	Tacrolimus.....	68, 82	Thioridazine HCl.....	52	
Streptomycin Sulfate.....	32	Tafinlar.....	49	Thiotepa.....	48	
Stribild.....	54	Tagrisso.....	49	Thiothixene.....	52	
Suboxone.....	31	Tamiflu.....	56	Thymoglobulin.....	83	
Sucraid.....	73	Tamoxifen Citrate.....	47	Tiagabine HCl.....	39	
Sucralfate.....	72	Tamsulosin HCl.....	74	Tigecycline.....	33	
Sulfacetamide Sodium.....	37			Timolol Maleate.....	87	
				Timolol Maleate Ophthalmic Gel Forming.....	87	

Tinidazole.....	33	Tri-Lo-Sprintec.....	80	Ursodiol.....	71, 72
Tivicay.....	54	Tri-Previfem.....	80	V	
Tizanidine HCl.....	90	Tri-Sprintec.....	80	Valacyclovir HCl.....	54
TOBI Podhaler.....	89	Triamcinolone Acetonide.....	76, 88	Valchlor.....	46
Tobradex.....	86	Triamcinolone in Orabase.....	67	Valganciclovir.....	53
Tobramycin.....	89	Triamterene/ Hydrochlorothiazide.....	63	Valganciclovir Hydrochloride	53
Tobramycin Sulfate.....	32	Triderm.....	76	Valproate Sodium.....	39
Tobramycin/Dexamethasone	86	Trifluoperazine HCl.....	52	Valproic Acid.....	39
Topiramate.....	40	Trifluridine.....	54	Valsartan.....	60
Toposar.....	48	Trihexyphenidyl HCl.....	51	Valsartan/Hydrochlorothiazide	63
Topotecan HCl.....	48	TriLyte.....	72	Vancomycin HCl.....	33
Torisel.....	82	Trimethoprim.....	33	Vandazole.....	33
Torseamide.....	63	Trimipramine Maleate.....	43	VAQTA.....	84
Toujeo SoloStar.....	58	Trinessa.....	80	Varivax.....	84
TPN Electrolytes.....	70	Trintellix.....	42	Varizig.....	83
Tradjenta.....	58	Trisenox.....	48	Vascepa.....	64
Tramadol HCl.....	31	Triumeq.....	54	Vectibix.....	50
Tramadol HCl ER.....	29	Trivora-28.....	80	Velcade.....	48
Tramadol HCl/Acetaminophen	31	Trophamine.....	71	Velivet.....	80
Tranexamic Acid.....	60	Trulicity.....	58	Velphoro.....	71
Transderm-Scop.....	43	Trumenba.....	84	Vemlidy.....	54
Tranylcypromine Sulfate.....	41	Truvada.....	55	Venclexta.....	49
Travasol.....	71	Twinrix.....	84	Venclexta Starting Pack.....	49
Trazodone HCl.....	42	Tybost.....	54	Venlafaxine HCl.....	42
Treanda.....	46	Tygacil.....	33	Venlafaxine HCl ER.....	42
Trecator.....	46	Tykerb.....	49	Ventolin HFA.....	89
Trelstar Mixject.....	81	Tymlos.....	85	Verapamil HCl.....	62
Tretinoin.....	50, 68	Typhim Vi.....	84	Verapamil HCl ER.....	62
Trexall.....	82	Tysabri.....	66	Versacloz.....	53
Trezix.....	31	U		Vesicare.....	73
Tri-Legest Fe.....	79	Uloric.....	45	Vestura.....	80
Tri-Lo-Estarylla.....	79	Unithroid.....	81	Vibramycin.....	38

Videx Pediatric.....	55	Xarelto Starter Pack.....	59	Zenchant Fe.....	80
Vienna.....	80	Xgeva.....	85	Zenpep.....	73
Viibryd.....	42	Xigduo XR.....	58	Zepatier.....	54
Viibryd Starter Pack.....	42	Xiidra.....	86	Zerbaxa.....	34
Vimpat.....	41	Xolair.....	83	Zerit.....	55
Vinblastine Sulfate.....	48	Xtandi.....	46	Ziagen.....	55
Vincasar PFS.....	48	Xyrem.....	91	Zidovudine.....	55
Vincristine Sulfate.....	48	Y		Zioptan.....	87
Vinorelbine Tartrate.....	48	Yervoy.....	50	Ziprasidone HCl.....	53
Viracept.....	56	YF-Vax.....	84	Zirgan.....	53
Viread.....	55	Yondelis.....	46	Zmax.....	37
Vivitrol.....	31	Z		Zoledronic Acid.....	85
Voriconazole.....	45	Zafirlukast.....	88	Zolinza.....	48
Votrient.....	49	Zaleplon.....	90	Zolpidem Tartrate.....	90
VP-PNV-DHA.....	71	Zaltrap.....	48	Zonisamide.....	39
Vraylar.....	53	Zanosar.....	46	Zortress.....	82
Vyfemla.....	80	Zarah.....	80	Zostavax.....	84
W		Zarxio.....	60	Zovia 1/35E.....	80
Warfarin Sodium.....	59	Zavesca.....	73	Zovia 1/50E.....	80
WYMZYA Fe.....	80	Zazole.....	45	Zydelig.....	49
X		Zejula.....	48	Zykadia.....	49
Xalkori.....	49	Zelboraf.....	49	Zyprexa Relprevv.....	53
Xarelto.....	59	Zenchant.....	80	Zytiga.....	46

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 12-27.

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 or coverage level. 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 92-109.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Analgesics		
Analgesics			Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	2	
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	3	QL	Indomethacin (25mg Capsule, 50mg Capsule)	2	
Butalbital/Aspirin/ Caffeine (Capsule)	3	QL	Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	4	
Nonsteroidal Anti-inflammatory Drugs			Meloxicam (Tablet)	1	
Diclofenac Potassium (Tablet Immediate-Release)	2		Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	
Diclofenac Sodium (1% Gel)	3	PA	Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	2	
Diclofenac Sodium DR (Tablet Delayed-Release)	2		Sulindac (Tablet)	2	
Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)	2				

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
Opioid Analgesics, Long-acting			Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)		
Embeda (Capsule Extended-Release)	3	QL, MED		3	QL, MED
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)	3	QL, MED	Opioid Analgesics, Short-acting		
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	QL, MED	Acetaminophen/Codeine (120mg/5ml-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	QL, MED
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL, MED	Butorphanol Tartrate (10mg/ml Nasal Solution)	3	QL, MED
Methadone HCl (10mg/ml Injection)	5		Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	4	
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	3	QL, MED	Codeine Sulfate (Tablet)	3	QL, MED
			Duramorph (Injection)	4	
			Endocet (Tablet)	3	QL, MED
			Fentanyl Citrate Oral Transmucosal (1200mcg Lozenge on a Handle, 1600mcg Lozenge on a Handle, 600mcg Lozenge on a Handle, 800mcg Lozenge on a Handle)	5	PA, QL

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
Fentanyl Citrate Oral Transmucosal (200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle)	4	PA, QL	Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED
Hydrocodone Bitartrate/Acetaminophen (325mg-2.5mg Tablet, 7.5mg-325mg/15ml Oral Solution)	3	QL, MED	Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	3	QL, MED
Hydrocodone/Acetaminophen (Tablet)	3	QL, MED	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4	
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	3	QL, MED	Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	3	QL, MED
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4		Morphine Sulfate (2mg/ml Injection)	4	
Hydromorphone HCl (1mg/ml Liquid)	4	QL, MED	Nalbuphine HCl (Injection)	4	
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	2	QL, MED	Oxycodone HCl (100mg/5ml Concentrate)	4	QL, MED
Hydromorphone HCl (2mg/ml Injection)	4				
Lorcet (Tablet)	3	QL, MED			
Lorcet HD (Tablet)	3	QL, MED			
Lorcet Plus (Tablet)	3	QL, MED			

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
Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 5mg/5ml Oral Solution)	3	QL, MED	Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection)	4	B/D, PA
Oxycodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED	Lidocaine HCl (4% External Solution)	2	
Oxycodone/Aspirin (Tablet)	3	QL, MED	Lidocaine HCl (Gel)	2	
Oxycodone/Ibuprofen (Tablet)	3	QL, MED	Lidocaine Viscous (Solution)	2	
Tramadol HCl (Tablet Immediate-Release)	2	QL, MED	Lidocaine/Prilocaine (2.5%-2.5% Cream)	3	
Tramadol HCl/ Acetaminophen (Tablet)	2	QL, MED	Anti-Addiction/Substance Abuse Treatment Agents		
Trezix (Capsule)	4	QL, MED	Alcohol Deterrents/Anti-craving		
Anesthetics			Acamprosate Calcium DR (Tablet Delayed-Release)	4	
Local Anesthetics			Disulfiram (Tablet)	2	
Lidocaine (5% Ointment)	4		Naltrexone HCl (Tablet)	3	
Lidocaine (5% Patch)	4	PA, QL	Vivitrol (Injection)	5	
			Opioid Dependence Treatments		
			Buprenorphine HCl (0.3mg/ml Injection)	4	
			Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	3	QL
			Buprenorphine HCl/ Naloxone HCl (Tablet Sublingual)	3	QL
			Suboxone (Film)	4	QL
			Opioid Reversal Agents		

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
Naloxone HCl (Injection)	4		Neomycin Sulfate (Tablet)	2	
Narcan (Liquid)	3		Paromomycin Sulfate (Capsule)	4	
Smoking Cessation Agents			Streptomycin Sulfate (Injection)	4	
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour)	2		Tobramycin Sulfate (0.3% Ophthalmic Solution)	2	
Chantix (Tablet)	3		Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4	
Chantix Continuing Month Pak (Tablet)	3		Antibacterials, Other		
Chantix Starting Month Pak (Tablet)	3		BACiiM (Injection)	4	
Nicotrol Inhaler (Inhaler)	4		Bacitracin (50000unit Injection)	4	
Antibacterials			Bacitracin (500unit/gm Ophthalmic Ointment)	2	
Aminoglycosides			Bactroban Nasal (Ointment)	4	PA
Amikacin Sulfate (Injection)	4		Chloramphenicol Sodium Succinate (Injection)	4	
Gentak (Ophthalmic Ointment)	2		Clindamycin HCl (Capsule Immediate-Release)	2	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	2		Clindamycin Palmitate HCl (Oral Solution)	4	
Gentamicin Sulfate (10mg/ml Injection, 40mg/ml Injection)	4		Clindamycin Phosphate (2% Cream)	3	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	4				
Isotonic Gentamicin (Injection)	4				

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
Clindamycin Phosphate (300mg/ 2ml Solution, 900mg/ 6ml Solution, 600mg/ 4ml Injection)	4	
Clindamycin Phosphate in D5W (Injection)	4	
Colistimethate Sodium (Injection)	4	
Daptomycin (Injection)	5	
Lincomycin HCl (Injection)	4	
Linezolid (100mg/5ml Suspension)	5	PA
Linezolid (600mg Tablet)	4	PA, QL
Linezolid (600mg/ 300ml Injection)	4	PA
Methenamine Hippurate (Tablet)	4	
Metronidazole (0.75% Cream, 0.75% Gel)	3	
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	
Metronidazole in NaCl 0.79% (Injection)	4	
Metronidazole Vaginal (Gel)	3	
Mupirocin (2% Ointment)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin/Polymyxin B Sulfates (Irrigation Solution)	3	
Nitrofurantoin (Suspension)	4	
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	3	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3	
Polymyxin B Sulfate (Injection)	4	
Primsol (Oral Solution)	4	
Tigecycline (Injection)	5	
Tinidazole (Tablet)	2	
Trimethoprim (Tablet)	2	
Tygacil (Injection)	5	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	4	
Vandazole (Gel)	3	
Beta-lactam, Cephalosporins		

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
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2		Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3	
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2		Ceftazidime (Injection)	4	
Cefazolin Sodium (Injection)	4		Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	4	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3		Cefuroxime Axetil (Tablet)	2	
Cefepime (Injection)	4		Cefuroxime Sodium (Injection)	4	
Cefixime (Suspension)	4		Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2	
Cefotaxime Sodium (Injection)	4		Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3	
Cefotetan (Injection)	4		Suprax (400mg Capsule, 500mg/5ml Suspension)	3	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4		Tazicef (Injection)	4	
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4		Zerbaxa (Injection)	4	PA
			Beta-lactam, Other		

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
Azactam in Iso-Osmotic Dextrose (Injection)	4		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)	2	
Aztreonam (Injection)	4		Amoxicillin/ Clavulanate Potassium ER (Tablet Extended- Release 12 Hour)	4	
Doribax (Injection)	3		Ampicillin (125mg/5ml Suspension, 250mg/ 5ml Suspension, 250mg Capsule, 500mg Capsule)	2	
Imipenem/Cilastatin (Injection)	4		Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	4	
Invanz (Injection)	4				
Meropenem (Injection)	4				
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)	2				

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
Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)	4		Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	2	
Bactocill in Dextrose (Injection)	4		Azithromycin (500mg Injection)	4	
Bicillin C-R (Injection)	4		Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	4	
Bicillin L-A (Injection)	4		Clarithromycin (250mg Tablet, 500mg Tablet)	3	
Dicloxacillin Sodium (Capsule)	2		Clarithromycin ER (Tablet Extended-Release 24 Hour)	3	
Nafcillin Sodium (Injection)	4		Dificid (Tablet)	5	
Oxacillin Sodium (Injection)	4		E.E.S. Granules (Suspension)	4	
Penicillin G Potassium (Injection)	4		Ery-Tab (Tablet Delayed-Release)	4	
Penicillin G Procaine (Injection)	4		EryPed 200 (Suspension)	4	
Penicillin G Sodium (Injection)	4		EryPed 400 (Suspension)	4	
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	2		Erythrocin Lactobionate (Injection)	4	
Piperacillin/Tazobactam (Injection)	4		Erythromycin (250mg Capsule Delayed-Release)	4	
Macrolides					

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
Erythromycin (5mg/gm Ophthalmic Ointment)	2		Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4	
Erythromycin Base (Tablet)	4		Levofloxacin in D5W (Injection)	4	
Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	4		Moxifloxacin HCl (400mg Tablet)	3	
Zmax (Suspension)	4		Ofloxacin (0.3% Ophthalmic Solution)	2	
Quinolones			Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	3	
Avelox (400mg/250ml-0.8% Injection)	4		Sulfonamides		
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection)	4		Silver Sulfadiazine (Cream)	3	
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2		Sodium Sulfacetamide (Ophthalmic Solution)	2	
Ciprofloxacin I.V. in D5W (Injection)	4		SSD (Cream)	3	
Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet)	3		Sulfacetamide Sodium (Ophthalmic Ointment)	2	
			Sulfadiazine (Tablet)	4	
			Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	2	
			Sulfamethoxazole/Trimethoprim (400mg-80mg/5ml Injection)	4	
			Sulfamethoxazole/Trimethoprim DS (Tablet)	2	

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
Tetracyclines			Anticonvulsants, Other		
Demeclocycline HCl (Tablet)	4		BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	5	QL
Doxy 100 (Injection)	4				
Doxycycline (25mg/5ml Suspension)	4		BRIVIACT (50mg/5ml Injection)	4	QL
Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	3		Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution)	3	
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	3		Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection)	4	
Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release)	2		Levetiracetam ER (Tablet Extended-Release 24 Hour)	3	
Tetracycline HCl (Capsule)	4		Roweepra (Tablet)	3	
Vibramycin (50mg/5ml Syrup)	4		Spritam (Tablet Disintegrating Soluble)	4	
Anticonvulsants					

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
Calcium Channel Modifying Agents			Tiagabine HCl (Tablet)		
Celontin (Capsule)	4		Valproate Sodium (100mg/ml Injection)	4	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	2		Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	2	
Zonisamide (Capsule)	2		Glutamate Reducing Agents		
Gamma-aminobutyric Acid (GABA) Augmenting Agents			Felbamate (400mg Tablet, 600mg Tablet)	4	
Diastat AcuDial (Gel)	4		Felbamate (600mg/5ml Suspension)	5	
Diastat Pediatric (Gel)	4		Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	4	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	2		Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2	
Gabitril (12mg Tablet, 16mg Tablet)	4	QL	Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	3	
Onfi (10mg Tablet, 20mg Tablet)	4	QL			
Onfi (2.5mg/ml Suspension)	4				
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	2				
Primidone (Tablet)	2				
Sabril (500mg Packet, 500mg Tablet)	5	PA, QL, LA			

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
Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	2		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)	2	
Sodium Channel Agents					
Aptiom (Tablet)	4	QL	Dilantin (Capsule)	3	
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	4		Dilantin INFATABS (Tablet Chewable)	3	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	2		Epitol (Tablet)	2	
			Fosphenytoin Sodium (Injection)	4	
			Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3	
			Oxcarbazepine (300mg/5ml Suspension)	4	
			Peganone (Tablet)	4	
			Phenytek (Capsule)	2	
			Phenytoin (125mg/5ml Suspension)	2	
			Phenytoin (50mg Tablet Chewable)	3	

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
Phenytoin Sodium (Injection)	4	
Phenytoin Sodium Extended (Capsule)	2	
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	4	QL
Vimpat (200mg/20ml Injection)	4	
Antidementia Agents		
Cholinesterase Inhibitors		
Donepezil HCl (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Donepezil HCl ODT (Tablet Dispersible)	2	QL
Rivastigmine Tartrate (Capsule Immediate-Release)	2	QL
Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	3	PA, QL
Memantine HCl Titration Pak (Tablet)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Namenda XR (Capsule Extended-Release 24 Hour)	3	PA, QL
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	3	PA, QL
Antidepressants		
Antidepressants, Other		
Bupropion HCl (Tablet Immediate-Release)	2	
Bupropion HCl SR (Tablet Extended-Release 12 Hour)	2	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	2	
Mirtazapine (Tablet Immediate-Release)	2	
Mirtazapine ODT (Tablet Dispersible)	2	
Monoamine Oxidase Inhibitors		
Emsam (Patch 24 Hour)	5	QL
Marplan (Tablet)	4	
Phenelzine Sulfate (Tablet)	3	
Tranylcypromine Sulfate (Tablet)	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		

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
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1		Fluvoxamine Maleate (Tablet)	3	
Citalopram HBr (10mg/5ml Oral Solution)	2		Maprotiline HCl (Tablet)	4	
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4	QL	Nefazodone HCl (Tablet)	3	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg/5ml Oral Solution)	2		Paroxetine HCl (Tablet Immediate-Release)	2	
Fetzima (Capsule Extended-Release 24 Hour)	4	QL, ST	Paxil (10mg/5ml Suspension)	4	
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	4	ST	Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	2		Sertraline HCl (20mg/ml Concentrate)	4	
			Trazodone HCl (100mg Tablet, 150mg Tablet, 50mg Tablet)	1	
			Trintellix (Tablet)	4	QL
			Venlafaxine HCl (Tablet Immediate-Release)	2	
			Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2	
			Viibryd (Tablet)	4	QL
			Viibryd Starter Pack (Kit)	4	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
Tricyclics			Hydroxyzine Pamoate (Capsule)	3	
Amitriptyline HCl (Tablet)	3		Meclizine HCl (Tablet)	2	
Amoxapine (Tablet)	3		Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Clomipramine HCl (Capsule)	4		Metoclopramide HCl (5mg/ml Injection)	4	
Desipramine HCl (Tablet)	3		Perphenazine (Tablet)	4	
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	2		Prochlorperazine (Suppository)	4	
Imipramine HCl (Tablet)	4		Prochlorperazine Edisylate (Injection)	4	
Imipramine Pamoate (Capsule)	4		Prochlorperazine Maleate (Tablet)	2	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	2		Transderm-Scop (Patch 72 Hour)	4	
Protriptyline HCl (Tablet)	4		Emetogenic Therapy Adjuncts		
Trimipramine Maleate (Capsule)	4		Aprepitant (Therapy Pack, Capsule)	4	PA
Antiemetics			Dronabinol (Capsule)	4	PA, QL
Antiemetics, Other			Emend (125mg Suspension)	4	PA
Compro (Suppository)	4		Emend (150mg Injection)	4	
			Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	4	
			Granisetron HCl (1mg Tablet)	3	B/D, PA, 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
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	2	B/D, PA	Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2	
Ondansetron HCl (4mg/2ml Injection)	4		Fluconazole in NaCl (Injection)	4	
Ondansetron HCl (4mg/5ml Oral Solution)	4	B/D, PA	Flucytosine (Capsule)	5	
Ondansetron ODT (Tablet Dispersible)	2	B/D, PA	Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4	
Antifungals			Griseofulvin Ultramicronsize (Tablet)	4	
Antifungals			Itraconazole (Capsule)	4	PA, QL
Abelcet (Injection)	4	B/D, PA	Jublia (External Solution)	4	
AmBisome (Injection)	4	B/D, PA	Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2	
Amphotericin B (Injection)	4	B/D, PA	Miconazole 3 (Suppository)	3	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3		Mycamine (Injection)	4	
Ciclopirox Nail Lacquer (External Solution)	3		Natacyn (Suspension)	4	
Ciclopirox Olamine (Cream)	3		Noxafil (100mg Tablet Delayed-Release)	5	PA, QL
Clotrimazole (1% Cream, 1% External Solution, 10mg Troche)	2		Noxafil (40mg/ml Suspension)	5	QL
			Nyamy (Powder)	2	
			Nyata (Powder)	2	

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
Nystatin (100000unit/gm Cream, 100000unit/gm Ointment)	1	
Nystatin (100000unit/gm Powder, 100000unit/ml Suspension, 500000unit Tablet)	2	
Nystop (Powder)	2	
ONMEL (Tablet)	5	PA
Sporanox (10mg/ml Oral Solution)	5	PA
Terbinafine HCl (Tablet)	2	
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3	
Voriconazole (200mg Injection, 40mg/ml Suspension)	5	
Voriconazole (200mg Tablet, 50mg Tablet)	4	
Zazole (Cream)	3	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Colchicine (0.6mg Capsule, 0.6mg Tablet)	3	QL
Probenecid (Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Probenecid/Colchicine (Tablet)	2	
Uloric (Tablet)	3	ST
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (1mg/ml Injection)	4	
Ergotamine Tartrate/Caffeine (Tablet)	3	
Migergot (Suppository)	4	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Naratriptan HCl (Tablet)	3	QL
Rizatriptan Benzoate (Tablet Immediate-Release)	2	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	2	QL
Sumatriptan (Nasal Solution)	4	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	2	QL
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	4	QL
Sumatriptan Succinate Refill (Injection)	4	QL
Antimyasthenic Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Parasympathomimetics		
Guanidine HCl (Tablet)	3	
Pyridostigmine Bromide (180mg Tablet Extended-Release, 60mg Tablet)	3	
Pyridostigmine Bromide ER (Tablet Extended-Release)	4	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Tablet)	3	
Rifabutin (Capsule)	4	
Antituberculars		
Capastat Sulfate (Injection)	4	
Ethambutol HCl (Tablet)	2	
Isoniazid (100mg Tablet, 300mg Tablet)	2	
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)	4	
Paser (Packet)	4	
Priftin (Tablet)	4	
Pyrazinamide (Tablet)	4	
Rifampin (150mg Capsule, 300mg Capsule)	2	
Rifampin (600mg Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rifater (Tablet)	4	
Sirturo (Tablet)	5	PA
Treacator (Tablet)	4	
Antineoplastics		
Alkylating Agents		
BiCNU (Injection)	5	
Busulfan (Injection)	5	
Busulfex (Injection)	5	
Cyclophosphamide (Capsule)	4	B/D, PA
Dacarbazine (Injection)	4	
Gleostine (Capsule)	4	
Hexalen (Capsule)	5	PA
Ifosfamide (Injection)	4	
Leukeran (Tablet)	4	
Matulane (Capsule)	5	LA
Melphalan HCl (Injection)	3	
Mustargen (Injection)	5	
Treanda (Injection)	5	PA
Valchlor (Gel)	5	PA, LA
Yondelis (Injection)	5	PA
Zanosar (Injection)	4	
Antiandrogens		
Bicalutamide (Tablet)	2	
Flutamide (Capsule)	3	
Nilutamide (Tablet)	5	
Xtandi (Capsule)	4	PA, QL
Zytiga (Tablet)	5	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
Antiangiogenic Agents		
Pomalyst (Capsule)	5	PA, QL
Revlimid (Capsule)	5	PA, QL, LA
Thalomid (Capsule)	5	PA, QL
Antiestrogens/Modifiers		
Emcyt (Capsule)	4	
Fareston (Tablet)	5	
Faslodex (Injection)	5	
Soltamox (Oral Solution)	4	
Tamoxifen Citrate (Tablet)	2	
Antimetabolites		
Adrucil (Injection)	4	B/D, PA
Alimta (Injection)	5	PA
Cladribine (Injection)	5	B/D, PA
Clofarabine (Injection)	5	
Cytarabine Aqueous (Injection)	4	B/D, PA
Droxia (Capsule)	3	
Fluorouracil (2.5gm/50ml Injection)	4	B/D, PA
Folotyn (Injection)	5	
Gemcitabine HCl (Injection)	4	
Hydroxyurea (Capsule)	2	
Mercaptopurine (Tablet)	3	
Nipent (Injection)	5	
Purixan (Suspension)	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tabloid (Tablet)	4	PA
Antineoplastics, Other		
Abraxane (Injection)	5	PA
Adriamycin (Injection)	4	B/D, PA
Arranon (Injection)	5	
Bleomycin Sulfate (Injection)	4	B/D, PA
Carboplatin (Injection)	4	
Cisplatin (Injection)	4	
Cosmegen (Injection)	5	
Daunorubicin HCl (Injection)	4	
Decitabine (Injection)	5	
Dexrazoxane (Injection)	5	PA
Docetaxel (80mg/4ml Injection)	4	
Docetaxel (80mg/8ml Injection)	5	
Doxil (Injection)	5	
Doxorubicin HCl (Injection)	4	B/D, PA
Doxorubicin HCl Liposome (Injection)	5	
Epirubicin HCl (Injection)	4	
Erwinaze (Injection)	5	
Fludarabine Phosphate (Injection)	4	
Halaven (Injection)	5	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Idarubicin HCl (Injection)	5	
Irinotecan (Injection)	4	
Istodax (Injection)	5	PA
Kisqali (Tablet)	5	PA, QL
Kisqali Femara 200 Dose (Tablet Therapy Pack)	5	PA, QL
Kisqali Femara 400 Dose (Tablet Therapy Pack)	5	PA, QL
Kisqali Femara 600 Dose (Tablet Therapy Pack)	5	PA, QL
Leucovorin Calcium (100mg Injection, 350mg Injection)	4	
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	3	
Levoleucovorin Calcium (Injection)	5	
Lonsurf (Tablet)	5	PA, QL
Mitomycin (Injection)	5	
Mitoxantrone HCl (Injection)	3	
Ninlaro (Capsule)	5	PA, QL
Oxaliplatin (IV Solution 100mg/20ml)	4	
Paclitaxel (Injection)	4	
Proleukin (Injection)	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Synribo (Injection)	5	PA
Thiotepa (Injection)	5	
Trisenox (Injection)	4	
Velcade (Injection)	5	PA
Vinblastine Sulfate (Injection)	4	B/D, PA
Vincasar PFS (Injection)	4	B/D, PA
Vincristine Sulfate (Injection)	4	B/D, PA
Vinorelbine Tartrate (Injection)	4	
Zaltrap (Injection)	5	PA
Zolinza (Capsule)	5	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	2	
Exemestane (Tablet)	2	
Letrozole (Tablet)	2	
Enzyme Inhibitors		
Etopophos (Injection)	4	
Etoposide (Injection)	2	
Kyprolis (Injection)	5	PA
Rubraca (Tablet)	5	PA, QL
Toposar (Injection)	4	
Topotecan HCl (Injection)	5	
Zejula (Capsule)	5	PA, QL
Molecular Target Inhibitors		
Afinitor (Tablet)	5	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
Afinitor Disperz (Tablet Soluble)	5	PA
Alecensa (Capsule)	5	PA, QL
Alunbrig (Tablet)	5	PA, QL
Beleodaq (Injection)	5	PA
Bosulif (Tablet)	5	PA, QL
Cabometyx (Tablet)	5	PA, QL
Caprelsa (Tablet)	5	PA, LA
Cometriq (Kit)	5	PA
Cotellic (Tablet)	5	PA, QL, LA
Cyramza (Injection)	5	PA
Erivedge (Capsule)	5	PA, QL
Farydak (Capsule)	5	PA
Gilotrif (Tablet)	5	PA
Ibrance (Capsule)	5	PA, QL
Iclusig (Tablet)	5	PA, QL, LA
Imatinib Mesylate (Tablet)	5	PA, QL
Imbruvica (Capsule)	5	PA, QL
Inlyta (Tablet)	5	PA, QL
Iressa (Tablet)	5	PA, QL
Jakafi (Tablet)	5	PA, QL, LA
Jevtana (Injection)	5	PA
Lenvima (Capsule Therapy Pack)	5	PA
Lynparza (Capsule)	5	PA, QL
Mekinist (Tablet)	5	PA
Nexavar (Tablet)	5	PA
Odomzo (Capsule)	5	PA, QL, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rydapt (Capsule)	5	PA, QL
Sprycel (Tablet)	5	PA, QL
Stivarga (Tablet)	5	PA, QL
Sutent (Capsule)	5	PA, QL
Tafinlar (Capsule)	5	PA
Tagrisso (Tablet)	5	PA, QL, LA
Tarceva (Tablet)	5	PA, QL
Tasigna (Capsule)	5	PA, QL
Tykerb (Tablet)	5	PA
Venclexta (100mg Tablet, 50mg Tablet)	4	PA, QL
Venclexta (10mg Tablet)	3	PA, QL
Venclexta Starting Pack (Tablet Therapy Pack)	4	PA
Votrient (Tablet)	5	PA, QL
Xalkori (Capsule)	5	PA, LA
Zelboraf (Tablet)	5	PA, QL
Zydelig (Tablet)	5	PA, QL
Zykadia (Capsule)	5	PA, QL
Monoclonal Antibody/Antibody-Drug Conjugate		
Avastin (Injection)	5	PA
Bavencio (Injection)	5	PA
Darzalex (Injection)	5	PA, LA
Empliciti (Injection)	5	PA
Erbix (Injection)	5	PA
Herceptin (Injection)	5	PA

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Imfinzi (Injection)	5	PA
Kadcyla (Injection)	5	PA
Keytruda (Injection)	5	PA
Lartruvo (Injection)	5	PA
Opdivo (Injection)	5	PA
Perjeta (Injection)	5	PA
Rituxan (Injection)	5	PA
Tecentriq (Injection)	5	PA
Vectibix (Injection)	5	PA
Yervoy (Injection)	5	PA
Retinoids		
Bexarotene (Capsule)	5	PA
Panretin (Gel)	5	
Tagretin (1% Gel)	5	PA
Tretinoin (10mg Capsule)	5	
Treatment Adjuncts		
Elitek (Injection)	5	
Mesna (Injection)	3	
Mesnex (400mg Tablet)	5	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	5	QL
Biltricide (Tablet)	4	
Ivermectin (Tablet)	3	
Antiprotozoals		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Alinia (100mg/5ml Suspension, 500mg Tablet)	4	
Atovaquone (Suspension)	5	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	3	
Chloroquine Phosphate (Tablet)	2	
Coartem (Tablet)	4	
DARAPRIM (Tablet)	4	
Hydroxychloroquine Sulfate (Tablet)	2	
Mefloquine HCl (Tablet)	2	
Nebupent (Inhalation Solution)	4	B/D, PA, QL
Pentam 300 (Injection)	4	
Primaquine Phosphate (Tablet)	4	
Quinine Sulfate (Capsule)	4	PA
Pediculicides/Scabicides		
Lindane (Shampoo)	4	
Malathion (Lotion)	4	
Permethrin (Cream)	3	
Antiparkinson Agents		
Anticholinergics		

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
Benzotropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2		Carbidopa/Levodopa ER (Tablet Extended-Release)	2	
Benzotropine Mesylate (1mg/ml Injection)	4		Carbidopa/Levodopa ODT (Tablet Dispersible)	2	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	2		Carbidopa/Levodopa/Entacapone (Tablet)	4	
Antiparkinson Agents, Other			Rytary (Capsule Extended-Release)	4	ST
Amantadine HCl (100mg Capsule, 50mg/5ml Syrup)	2		Monoamine Oxidase B (MAO-B) Inhibitors		
Entacapone (Tablet)	4		Rasagiline Mesylate (Tablet)	3	
Dopamine Agonists			Selegiline HCl (5mg Capsule, 5mg Tablet)	3	
Apokyn (Injection)	5	PA, QL	Antipsychotics		
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	4		1st Generation/Typical		
Neupro (Patch 24 Hour)	4		Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	4	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	2		Fluphenazine Decanoate (Injection)	4	
Ropinirole HCl (Tablet Immediate-Release)	2		Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors			Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	4	
Carbidopa/Levodopa (Tablet Immediate-Release)	2				

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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)	3		Fanapt Titration Pack (Tablet)	4	ST
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	2		Geodon (20mg Injection)	4	
Haloperidol Decanoate (Injection)	4		Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	5	
Haloperidol Lactate (Injection)	4		Invega Sustenna (39mg/0.25ml Injection)	4	
Loxapine Succinate (10mg Capsule, 5mg Capsule)	2	QL	Invega Trinza (Injection)	5	PA
Loxapine Succinate (25mg Capsule, 50mg Capsule)	2		Latuda (Tablet)	5	QL
Pimozide (Tablet)	3		Nuplazid (Tablet)	5	PA, QL
Thioridazine HCl (Tablet)	3		Olanzapine (10mg Injection)	4	
Thiothixene (Capsule)	3		Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	2	QL
Trifluoperazine HCl (Tablet)	3		Olanzapine ODT (Tablet Dispersible)	2	QL
2nd Generation/Atypical					
Abilify Maintena (Injection)	5				
Aripiprazole (Tablet)	4	QL			
Aripiprazole ODT (Tablet Dispersible)	4	QL			
Aristada (Injection)	5				
Fanapt (Tablet)	4	QL, ST			

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
Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL	Vraylar (Capsule Therapy Pack)	4	ST
Quetiapine Fumarate (Tablet Immediate-Release)	2	QL	Ziprasidone HCl (Capsule)	2	QL
Rexulti (Tablet)	5	QL	Zyprexa Relprew (Injection)	5	
Risperdal Consta (12.5mg Injection)	4		Treatment-Resistant		
Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)	5		Clozapine (Tablet Immediate-Release)	3	
Risperidone (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release, 3mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	2		Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	4	QL
Risperidone (1mg/ml Oral Solution)	4		Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	4	QL
Risperidone ODT (Tablet Dispersible)	4		Versacloz (Suspension)	5	
Saphris (Tablet Sublingual)	4	QL	Antivirals		
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	4	QL, ST	Anti-cytomegalovirus (CMV) Agents		
			Cidofovir (Injection)	5	
			Ganciclovir (Injection)	3	B/D, PA
			Valganciclovir (Tablet)	5	QL
			Valganciclovir Hydrochloride (Oral Solution)	4	QL
			Zirgan (Gel)	4	
			Anti-hepatitis B (HBV) Agents		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Baraclude (0.05mg/ml Oral Solution)	5	
Entecavir (Tablet)	5	
Epivir HBV (5mg/ml Oral Solution)	3	
Lamivudine (100mg Tablet)	3	
Vemlidy (Tablet)	5	QL
Anti-hepatitis C (HCV) Agents, Other		
Intron A (Injection)	5	PA
Pegasys (Injection)	5	PA
Pegasys ProClick (Injection)	5	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
Sylatron (Injection)	5	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Epclusa (Tablet)	5	PA, QL
Harvoni (Tablet)	5	PA, QL
Zepatier (Tablet)	5	PA, QL
Antitherpetic Agents		
Acyclovir (200mg Capsule, 400mg Tablet, 800mg Tablet)	2	
Acyclovir (200mg/5ml Suspension)	4	
Acyclovir Sodium (Injection)	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Famciclovir (Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Tablet)	2	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Genvoya (Tablet)	5	QL
Isentress (100mg Packet, 25mg Tablet Chewable)	3	QL
Isentress (100mg Tablet Chewable, 400mg Tablet)	5	QL
Stribild (Tablet)	5	QL
Tivicay (10mg Tablet)	4	QL
Tivicay (25mg Tablet, 50mg Tablet)	5	QL
Triumeq (Tablet)	5	QL
Tybost (Tablet)	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Tablet)	5	QL
Complera (Tablet)	5	QL
Edurant (Tablet)	5	QL
Intelence (100mg Tablet, 200mg Tablet)	5	QL
Intelence (25mg Tablet)	4	QL
Nevirapine (200mg Tablet Immediate-Release)	2	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
Nevirapine (50mg/5ml Suspension)	3	QL	Retrovir IV Infusion (Injection)	4	
Nevirapine ER (Tablet Extended-Release 24 Hour)	3	QL	Stavudine (Capsule)	2	QL
Odefsey (Tablet)	5	QL	Truvada (Tablet)	5	QL
Rescriptor (Tablet)	4	QL	Videx Pediatric (Oral Solution)	4	QL
Sustiva (200mg Capsule, 600mg Tablet)	5	QL	Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)	5	QL
Sustiva (50mg Capsule)	4	QL	Zerit (1mg/ml Oral Solution)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			Ziagen (20mg/ml Oral Solution)	4	QL
Abacavir (Tablet)	4	QL	Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	2	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	5	QL	Anti-HIV Agents, Other		
Abacavir/Lamivudine (Tablet)	5	QL	Fuzeon (Injection)	5	QL
Descovy (Tablet)	5	QL	Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)	5	QL
Didanosine (Capsule Delayed-Release)	2	QL	Selzentry (25mg Tablet)	3	QL
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	4	QL	Anti-HIV Agents, Protease Inhibitors		
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL	Aptivus (100mg/ml Oral Solution, 250mg Capsule)	5	QL
Lamivudine/Zidovudine (Tablet)	4	QL	Crixivan (Capsule)	3	QL
			Evotaz (Tablet)	5	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Invirase (200mg Capsule, 500mg Tablet)	5	QL
Kaletra (100mg-25mg Tablet)	4	QL
Kaletra (200mg-50mg Tablet)	5	QL
Lexiva (50mg/ml Suspension)	4	QL
Lexiva (700mg Tablet)	5	QL
Lopinavir/Ritonavir (Oral Solution)	4	QL
Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)	4	QL
Prezcobix (Tablet)	5	QL
Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)	5	QL
Prezista (150mg Tablet, 75mg Tablet)	4	QL
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	5	QL
Viracept (Tablet)	5	QL
Anti-influenza Agents		
Oseltamivir Phosphate (Capsule)	4	QL
Relenza Diskhaler (Aerosol Powder)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rimantadine HCl (Tablet)	2	
Tamiflu (6mg/ml Suspension)	4	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Tablet)	2	
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup)	3	
Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection)	4	B/D, PA
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	2	QL
Chlordiazepoxide HCl (Capsule)	2	
Clonazepam (Tablet Immediate-Release)	2	QL
Clonazepam ODT (Tablet Dispersible)	4	QL
Clorazepate Dipotassium (Tablet)	3	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	2	QL
Diazepam (1mg/ml Oral Solution)	2	
Diazepam Intensol (5mg/ml Concentrate)	2	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
Lorazepam (Tablet)	2	QL	Bydureon Vial (Injection)	3	QL
Lorazepam Intensol (2mg/ml Concentrate)	2	QL	Farxiga (Tablet)	3	QL
Bipolar Agents			Glimepiride (Tablet)	1	QL
Mood Stabilizers			Glipizide (Tablet Immediate-Release)	1	QL
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	2		Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Divalproex Sodium DR (Tablet Delayed-Release)	2		Glipizide/Metformin HCl (Tablet)	1	QL
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	2		Jardiance (Tablet)	3	QL
Lithium (Oral Solution)	3		Jentaduo (Tablet)	3	QL
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	2		Jentaduo XR (Tablet Extended-Release 24 Hour)	3	QL
Lithium Carbonate ER (Tablet Extended-Release)	2		Kombiglyze XR (Tablet Extended-Release 24 Hour)	3	QL
Blood Glucose Regulators			Metformin HCl (Tablet Immediate-Release)	1	QL
Antidiabetic Agents			Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Acarbose (Tablet)	2	QL	Nateglinide (Tablet)	2	QL
Bydureon Pen (Injection)	3	QL	Onglyza (Tablet)	3	QL
			Pioglitazone HCl (Tablet)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Repaglinide (Tablet)	2	QL
Soliqua 100/33 (Injection)	3	QL
Synjardy (Tablet)	3	QL
Tradjenta (Tablet)	3	QL
Trulicity (Injection)	3	QL
Xigduo XR (Tablet Extended-Release 24 Hour)	3	QL
Glycemic Agents		
GlucaGen HypoKit (Injection)	4	
Glucagon Emergency Kit (Injection)	3	
Proglycem (Suspension)	5	
Insulins		
Humalog Cartridge (Injection)	3	
Humalog KwikPen (Injection)	3	
Humalog Mix 50/50 KwikPen (Injection)	3	
Humalog Mix 50/50 Vial (Injection)	3	
Humalog Mix 75/25 KwikPen (Injection)	3	
Humalog Mix 75/25 Vial (Injection)	3	
Humalog Vial (Injection)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Humulin 70/30 KwikPen (Injection)	3	
Humulin 70/30 Vial (Injection)	3	
Humulin N KwikPen (Injection)	3	
Humulin N Vial (Injection)	3	
Humulin R U-500 KwikPen (Injection)	3	
Humulin R U-500 Vial (Concentrated) (Injection)	3	
Humulin R Vial (Injection)	3	
Lantus SoloStar (Injection)	3	
Lantus Vial (Injection)	3	
Toujeo SoloStar (Injection)	3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Argatroban (125mg/125ml-0.9% Injection)	5	B/D, PA
Argatroban (250mg/2.5ml Injection)	5	B/D, PA
Coumadin (Tablet)	3	
Eliquis (Tablet)	3	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
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	4	QL	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)	5	PA
Fondaparinux Sodium (Injection)	4		Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	4	PA
Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	4		Azacitidine (Injection)	5	PA
Heparin Sodium (1000unit/ml Injection)	4	B/D, PA	Mozobil (Injection)	5	PA
Heparin Sodium/D5W (Injection)	4		Neulasta (Injection)	5	PA
Jantoven (Tablet)	1		Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	4	PA
Pradaxa (Capsule)	4	QL	Procrit (20000unit/ml Injection, 40000unit/ml Injection)	5	PA
Warfarin Sodium (Tablet)	1				
Xarelto (Tablet)	3	QL			
Xarelto Starter Pack (Tablet Therapy Pack)	3	QL			
Blood Formation Modifiers					
Anagrelide HCl (Capsule)	2				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Promacta (Tablet)	5	PA, QL
Zarxio (Injection)	5	
Hemostasis Agents		
Tranexamic Acid (1000mg/10ml Injection)	3	
Tranexamic Acid (650mg Tablet)	4	
Platelet Modifying Agents		
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	4	QL
Brilinta (Tablet)	4	QL
Cilostazol (Tablet)	2	
Clopidogrel (75mg Tablet)	2	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	2	
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	4	
Guanfacine HCl (Tablet)	2	QL
Methyldopa (Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Methyldopate HCl (Injection)	4	
Midodrine HCl (Tablet)	3	
Northera (Capsule)	4	PA, QL
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	2	
Prazosin HCl (Capsule)	2	
Angiotensin II Receptor Antagonists		
Irbesartan (Tablet)	2	QL
Losartan Potassium (Tablet)	1	QL
Telmisartan (Tablet)	3	QL
Valsartan (Tablet)	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Tablet)	1	QL
Enalapril Maleate (Tablet)	2	QL
Fosinopril Sodium (Tablet)	2	QL
Lisinopril (Tablet)	1	QL
Quinapril HCl (Tablet)	2	QL
Ramipril (Capsule)	2	QL
Antiarrhythmics		
Amiodarone HCl (200mg Tablet)	2	
Amiodarone HCl (50mg/ml Injection)	4	
Dofetilide (Capsule)	4	

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
Flecainide Acetate (Tablet)	2		Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Mexiletine HCl (Capsule)	2		Metoprolol Tartrate (1mg/ml Injection)	4	
Pacerone (200mg Tablet)	2		Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	2	
Procainamide HCl (Injection)	4		Propranolol HCl (1mg/ml Injection)	4	
Propafenone HCl (Tablet)	2		Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	
Quinidine Gluconate (Injection)	4		Calcium Channel Blocking Agents		
Quinidine Sulfate (Tablet)	2		Amlodipine Besylate (Tablet)	1	
Sotalol HCl (AF) (Tablet)	2		Cardene IV (Injection)	4	
Sotalol HCl (Tablet)	2		Cartia XT (Capsule Extended-Release 24 Hour)	2	
Beta-adrenergic Blocking Agents					
Atenolol (Tablet)	1				
Bisoprolol Fumarate (Tablet)	2				
Carvedilol (Tablet Immediate-Release)	1				
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet)	2				
Labetalol HCl (5mg/ml Injection)	4				
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	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
Dilt-XR (Capsule Extended-Release 24 Hour)	2		Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2	
Diltiazem CD (240mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	2		Cardiovascular Agents, Other		
Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	4		Atenolol/Chlorthalidone (Tablet)	1	
Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	2		Benazepril HCl/Hydrochlorothiazide (Tablet)	1	QL
Diltiazem HCl ER (120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	2		Corlanor (Tablet)	4	PA, QL
Nicardipine HCl (2.5mg/ml Injection)	4		Digitek (Tablet)	2	
Nimodipine (Capsule)	5		Digoxin (0.05mg/ml Oral Solution)	4	
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	2		Digoxin (0.25mg/ml Injection)	4	
			Digoxin (125mcg Tablet, 250mcg Tablet)	2	
			Enalapril Maleate/Hydrochlorothiazide (Tablet)	2	QL
			Entresto (Tablet)	3	QL
			Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)	4	
			Lisinopril/Hydrochlorothiazide (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
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Metoprolol/ Hydrochlorothiazide (Tablet)	2	
Pentoxifylline ER (Tablet Extended- Release)	2	
Quinapril/ Hydrochlorothiazide (Tablet)	2	QL
Ranexa (Tablet Extended-Release 12 Hour)	3	QL
Spirolactone/ Hydrochlorothiazide (Tablet)	2	
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	2	
Valsartan/ Hydrochlorothiazide (Tablet)	2	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Acetazolamide ER (Capsule Extended- Release 12 Hour)	4	
Acetazolamide Sodium (Injection)	4	
Methazolamide (25mg Tablet)	4	
Diuretics, Loop		
Bumetanide (0.25mg/ ml Injection)	4	
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	
Furosemide (10mg/ml Injection)	4	B/D, PA
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Torsemide (Tablet)	2	
Diuretics, Potassium-sparing		
Amiloride HCl (Tablet)	2	
Spirolactone (Tablet)	2	
Diuretics, Thiazide		
Chlorothiazide (Tablet)	2	
Chlorothiazide Sodium (Injection)	4	B/D, PA
Chlorthalidone (Tablet)	2	
Diuril (Suspension)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1		Colestipol HCl (5gm Granules)	4	
Indapamide (Tablet)	2		Ezetimibe (Tablet)	3	QL
Methyclothiazide (Tablet)	3		Juxtapid (Capsule)	5	PA, LA
Metolazone (Tablet)	3		Niacor (Tablet)	2	
Dyslipidemics, Fibric Acid Derivatives			Praluent (Injection)	5	PA, QL
Fenofibrate (160mg Tablet, 54mg Tablet)	2		Prevalite (Powder)	3	
Gemfibrozil (Tablet)	2		Repatha (Injection)	5	PA, QL
Dyslipidemics, HMG CoA Reductase Inhibitors			Repatha Pushtronex System (Injection)	5	PA, QL
Atorvastatin Calcium (Tablet)	1	QL	Repatha SureClick (Injection)	5	PA, QL
Livalo (Tablet)	3	QL	Vascepa (Capsule)	4	
Lovastatin (Tablet Immediate-Release)	2	QL	Vasodilators, Direct-acting Arterial		
Pravastatin Sodium (Tablet)	1	QL	Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)	2	
Rosuvastatin Calcium (Tablet)	2	QL	Hydralazine HCl (20mg/ml Injection)	4	
Simvastatin (Tablet)	1	QL	Minoxidil (Tablet)	2	
Dyslipidemics, Other			Vasodilators, Direct-acting Arterial/Venous		
Cholestyramine (Packet)	3		Isosorbide Dinitrate (Tablet Immediate-Release)	2	
Cholestyramine Light (Powder)	3		Isosorbide Dinitrate ER (Tablet Extended-Release)	2	
Colestipol HCl (1gm Tablet)	3		Isosorbide Mononitrate (Tablet Immediate-Release)	2	

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
Atomoxetine (Capsule)	4	QL, ST	Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	QL
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	4	PA	Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	3	QL
Dexmethylphenidate HCl (Tablet Immediate-Release)	3	QL	Savella (Tablet)	3	
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	4		Savella Titration Pack	3	
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	3	QL	Multiple Sclerosis Agents		
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)	4	QL	Ampyra (Tablet Extended-Release 12 Hour)	5	QL
Central Nervous System, Other			Copaxone (Injection)	5	
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	3	PA, QL	Extavia (Injection)	5	
Nuedexta (Capsule)	4	PA	Gilenya (Capsule)	5	QL
Riluzole (Tablet)	4		Glatopa (Injection)	5	
Tetrabenazine (Tablet)	5	PA, QL	Tecfidera (Capsule Delayed-Release)	5	QL
Fibromyalgia Agents			Tecfidera Starter Pack	5	
			Tysabri (Injection)	5	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
Dental and Oral Agents			Dental and Oral Agents		
Chlorhexidine Gluconate Oral Rinse (Solution)	2		Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4	
Kepivance (Injection)	5		Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	4	
Periogard (Solution)	2		Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	2	
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4		Cosentyx (Injection)	5	PA
Triamcinolone in Orabase (Paste)	3		Cosentyx Sensoready Pen (Injection)	5	PA
Dermatological Agents			Dermatological Agents		
Acitretin (Capsule)	4		Diclofenac Sodium (3% Gel)	5	PA
Adapalene (0.1% Cream, 0.1% Gel)	4		Doxepin HCl (Cream)	4	PA
Ammonium Lactate (12% Cream, 12% Lotion)	3		Elidel (Cream)	4	ST
Calcipotriene (0.005% Cream, 0.005% External Solution)	4		Ery (2% Pad)	3	
Calcitriol (3mcg/gm Ointment)	4		Erythromycin (2% External Solution)	2	
Claravis (Capsule)	4	PA	Erythromycin (2% Gel)	4	
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3		Erythromycin/Benzoyl Peroxide (Gel)	4	
			Finacea (15% Foam, 15% Gel)	4	
			Fluorouracil (2% External Solution, 5% External Solution)	3	
			Fluorouracil (5% Cream)	4	
			Imiquimod (Cream)	4	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mirvaso (Gel)	4	
Picato (Gel)	3	
Podofilox (External Solution)	3	
PRUDOXIN (Cream)	4	PA
Regranex (Gel)	5	PA
Santyl (Ointment)	4	
Selenium Sulfide (Lotion)	2	
Tacrolimus (0.03% Ointment, 0.1% Ointment)	4	ST
Tazarotene (Cream)	4	PA
Tazorac (0.05% Cream)	4	PA
Tretinoin (0.025% Cream, 0.05% Cream, 0.1% Cream, 0.025% Gel)	4	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Aminosyn 7%/Electrolytes (Injection)	4	B/D, PA
Aminosyn 8.5%/Electrolytes (Injection)	4	B/D, PA
Aminosyn II (10% Injection, 7% Injection)	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aminosyn II 8.5%/Electrolytes (Injection)	4	B/D, PA
Aminosyn-HBC (Injection)	4	B/D, PA
Aminosyn-PF (Injection)	4	B/D, PA
Aminosyn-RF (Injection)	4	B/D, PA
Carbaglu (Tablet)	5	LA
Dextrose 10% (Injection)	4	
Dextrose 10%/NaCl 0.2% (Injection)	4	
Dextrose 10%/NaCl 0.45% (Injection)	4	
Dextrose 2.5%/NaCl 0.45% (Injection)	4	
Dextrose 5% (Injection)	4	
Lactated Ringers Dextrose 5% Viaflex (Injection)	4	
Dextrose 5%/NaCl 0.2% (Injection)	4	
Dextrose 5%/NaCl 0.225% (Injection)	4	
Dextrose 5%/NaCl 0.33% (Injection)	4	
Dextrose 5%/NaCl 0.45% (Injection)	4	
Dextrose 5%/NaCl 0.9% (Injection)	4	

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
FreAmine HBC 6.9% (Injection)	4	B/D, PA	Lactated Ringers Irrigation (Solution)	3	
HepatAmine (Injection)	4	B/D, PA	Lactated Ringers Viaflex (Injection)	4	
Intralipid (Injection)	4	B/D, PA	Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	3	
Ionosol-MB/Dextrose 5% (Injection)	4		Magnesium Sulfate (1gm/2ml-50% Injection)	4	
Isolyte-P/Dextrose 5% (Injection)	4		Magnesium Sulfate (5gm/10ml-50% Injection)	4	
Isolyte-S (Injection)	4		Nephramine (Injection)	4	B/D, PA
KCl 0.075%/D5W/NaCl 0.45% (Injection)	4		Normosol-M in D5W (Injection)	4	
KCl 0.15%/D5W/NaCl 0.2% (Injection)	4		Normosol-R (Injection)	4	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	4		Normosol-R in D5W (Injection)	4	
KCl 0.3%/D5W/NaCl 0.45% (Injection)	4		Nutrilipid (Injection)	4	B/D, PA
KCl 0.3%/D5W/NaCl 0.9% (Injection)	4		Physiolyte (Irrigation Solution)	4	
Klor-Con 10 (Tablet Extended-Release)	3		Physiosol Irrigation (Solution)	4	
Klor-Con 8 (Tablet Extended-Release)	3		Plasma-Lyte A (Injection)	4	
Klor-Con M10 (Tablet Extended-Release)	2		Plasma-Lyte-148 (Injection)	4	
Klor-Con M15 (Tablet Extended-Release)	2		Plenaminate (Injection)	4	B/D, PA
Klor-Con M20 (Tablet Extended-Release)	2				

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
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	3		Potassium Chloride 0.15% /NaCl 0.45% Viaflex (Injection)	4	B/D, PA
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	4	B/D, PA	Potassium Chloride 0.15%/NaCl 0.9% (Injection)	4	B/D, PA
Potassium Chloride (2meq/ml Injection)	4	B/D, PA	Potassium Citrate ER (Tablet Extended-Release)	4	
Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)	4		Premasol (Injection)	4	B/D, PA
Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)	4		Procalamine (Injection)	4	B/D, PA
Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)	4		Prosol (Injection)	4	B/D, PA
Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	2		Ringers Injection	4	
Potassium Chloride ER (20meq Tablet Extended-Release)	2		Ringers Irrigation (Solution)	3	
Potassium Chloride 0.3%/D5W (Injection)	4	B/D, PA	Sodium Chloride (0.9% Injection, 2.5meq/ml Injection)	4	
KCl 0.15%/D5W/LR (Injection)	4		Sodium Chloride (3% Injection, 5% Injection)	4	B/D, PA
			Sodium Chloride 0.45% (Injection)	4	
			Sodium Chloride 0.9% (Irrigation Solution)	3	
			Sodium Fluoride (Tablet)	2	
			Sodium Lactate (Injection)	4	
			TPN Electrolytes (Injection)	4	

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
Travasol (Injection)	4	B/D, PA
Trophamine (10% Injection)	4	B/D, PA
Electrolyte/Mineral/Metal Modifiers		
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	5	PA
Jadenu (Tablet)	4	PA
Jadenu Sprinkle (Packet)	4	PA
Kionex (Powder)	3	
Samsca (Tablet)	5	PA, QL
Sodium Polystyrene Sulfonate (Suspension)	3	
SPS (Suspension)	3	
Syprine (Capsule)	5	PA, QL
Phosphate Binders		
Auryxia (Tablet)	4	
Calcium Acetate (667mg Capsule, 667mg Tablet)	2	
Phoslyra (Oral Solution)	3	
Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	3	
Velphoro (Tablet Chewable)	4	
Vitamins		
VP-PNV-DHA (Capsule)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Atropine Sulfate (Injection)	4	
Cuvposa (Oral Solution)	4	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	2	
Glycopyrrolate (4mg/20ml Injection)	4	
Methscopolamine Bromide (Tablet)	4	
Gastrointestinal Agents, Other		
Chenodal (Tablet)	5	
Cromolyn Sodium (100mg/5ml Concentrate)	4	
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	3	
Gattex (Injection)	5	PA
Loperamide HCl (Capsule)	2	
Myalept (Injection)	5	PA
Relistor (Injection)	4	PA
Ursodiol (250mg Tablet, 500mg Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ursodiol (300mg Capsule)	3	
Histamine2 (H2) Receptor Antagonists		
Famotidine (20mg/2ml Injection)	4	
Famotidine Premixed (Injection)	4	
Nizatidine (150mg Capsule, 300mg Capsule)	2	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	2	
Ranitidine HCl (50mg/2ml Injection)	4	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	5	PA
Linzess (Capsule)	3	QL
Laxatives		
Constulose (Oral Solution)	2	
Enulose (Oral Solution)	2	
GaviLyte-C (Oral Solution)	2	
GaviLyte-G (Oral Solution)	2	
GaviLyte-H (Kit)	2	
GaviLyte-N/Flavor Pack (Oral Solution)	2	
Generlac (Oral Solution)	2	
Lactulose (Oral Solution)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)	3	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	3	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	2	
Suprep Bowel Prep (Oral Solution)	3	
TriLyte (Oral Solution)	2	
Protectants		
Carafate (1gm/10ml Suspension)	4	
Misoprostol (Tablet)	3	
Sucralfate (Tablet)	2	
Proton Pump Inhibitors		
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL
Omeprazole (20mg Capsule Delayed-Release)	2	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	2	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
Pantoprazole Sodium (40mg Injection)	4	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Adagen (Injection)	5	LA
Aldurazyme (Injection)	5	
Aralast NP (Injection)	5	PA, LA
Buphenyl (500mg Tablet)	5	
Cerezyme (Injection)	5	PA
Cholbam (Capsule)	5	PA
Creon (Capsule Delayed-Release)	3	
Cystadane (Powder)	5	
Cystagon (Capsule)	4	LA
Elaprase (Injection)	5	
Fabrazyme (Injection)	5	
Kanuma (Injection)	5	PA
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	5	
Lumizyme (Injection)	5	
Naglazyme (Injection)	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	5	LA
Prolastin-C (Injection)	5	PA, LA
RAVICTI (Liquid)	5	QL
Sodium Phenylbutyrate (Powder)	5	
Strensiq (Injection)	5	PA, LA
Sucraid (Oral Solution)	5	LA
Zavesca (Capsule)	5	PA, LA
Zenpep (Capsule Delayed-Release)	3	
Genitourinary Agents		
Antispasmodics, Urinary		
Myrbetriq (Tablet Extended-Release 24 Hour)	3	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	2	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	2	QL
Vesicare (Tablet)	3	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Finasteride (5mg Tablet) (Generic Proscar)	2		Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3	
Tamsulosin HCl (Capsule)	2		Depo-Medrol (20mg/ml Injection)	4	
Terazosin HCl (Capsule)	2		Desonide (0.05% Ointment)	4	
Genitourinary Agents, Other			Desoximetasone (0.05% Cream, 0.25% Cream)	4	
Bethanechol Chloride (Tablet)	2		Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2	
Depen Titratabs (Tablet)	5		Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	4	
Elmiron (Capsule)	4		Fludrocortisone Acetate (Tablet)	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.025% Ointment)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Fluocinolone Acetonide (0.01% External Solution)	4	
Ala Cort (Cream)	2				
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	3				
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	2				
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3				

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
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3		Methylprednisolone Dose Pack (Tablet Therapy Pack)	2	
Fluocinonide-E (Cream)	3		Methylprednisolone Sodium Succinate (Injection)	4	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3		Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	3	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4		Prednicarbate (0.1% Cream)	4	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment, 10mg Tablet, 20mg Tablet, 5mg Tablet)	2		Prednicarbate (0.1% Ointment)	4	
Hydrocortisone (2.5% Lotion)	3		Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 15mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	2	
Hydrocortisone Butyrate (0.1% Ointment)	3		Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	4		Prednisone Intensol (5mg/ml Concentrate)	2	
Kenalog-10 (Injection)	4		Solu-Cortef (Injection)	4	
Kenalog-40 (Injection)	4				
Methylprednisolone (Tablet)	2				
Methylprednisolone Acetate (Injection)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Solu-Medrol (2gm Injection)	4	
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2	
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	3	
Triderm (Cream)	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Chorionic Gonadotropin (Injection)	4	PA
Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)	4	
Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection)	4	
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	2	
Genotropin (12mg Injection, 5mg Injection)	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Genotropin Miniquick (0.2mg Injection)	4	PA
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)	5	PA
Increlex (Injection)	5	PA
Novarel (Injection)	4	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	5	PA, QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Tablet)	4	PA
Androderm (Patch 24 Hour)	3	QL
AndroGel (1.62% Packet Gel)	3	
AndroGel Pump (1.62% Gel)	3	

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
Danazol (Capsule)	4		Cryselle-28 (Tablet)	4	
Oxandrolone (10mg Tablet)	4	PA, QL	Cyclafem (Tablet)	4	
Oxandrolone (2.5mg Tablet)	3	PA, QL	Delyla (Tablet)	4	
Testosterone Cypionate (Injection)	4		Desogestrel/Ethinyl Estradiol (Tablet)	4	
Testosterone Enanthate (Injection)	4		Drospirenone/Ethinyl Estradiol (Tablet)	4	
Estrogens			Duavee (Tablet)	4	
Alyacen 1/35 (Tablet)	4		Elestrin (Gel)	4	
Amabelz (Tablet)	3		Emoquette (Tablet)	4	
Amethia (Tablet)	4		Enpresse-28 (Tablet)	4	
Amethia Lo (Tablet)	4		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)	2	QL
Apri (Tablet)	4		Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	2	
Aranelle (Tablet)	4		Estradiol Valerate (Injection)	4	
Ashlyna (Tablet)	4		Estradiol/ Norethindrone Acetate (Tablet)	3	
Aubra (Tablet)	4		Estring (Ring)	4	
Aviane (Tablet)	4		Estropipate (Tablet)	2	
Balziva (Tablet)	4				
Bekyree (Tablet)	4				
Blisovi 24 Fe (Tablet)	4				
Blisovi Fe 1.5/30 (Tablet)	4				
Blisovi Fe 1/20 (Tablet)	4				
Briellyn (Tablet)	4				
Camrese Lo (Tablet)	4				
Caziant (Tablet)	4				
Climara Pro (Patch Weekly)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ethinodiol Diacetate/ Ethinyl Estradiol (Tablet)	4		Lessina (Tablet)	4	
Falmina (Tablet)	4		Levonest (Tablet)	4	
Femynor (Tablet)	4		Levonorgestrel and Ethinyl Estradiol (Tablet)	4	
Gianvi (Tablet)	4		Levonorgestrel/Ethinyl Estradiol (Tablet)	4	
Gildagia (Tablet)	4		Levora 0.15/30-28 (Tablet)	4	
Introvale (Tablet)	4		Lomedia 24 Fe (Tablet)	4	
Jinteli (Tablet)	3		Loryna (Tablet)	4	
Juleber (Tablet)	4		Low-Ogestrel (Tablet)	4	
Junel 1.5/30 (Tablet)	4		Lutera (Tablet)	4	
Junel 1/20 (Tablet)	4		Marlissa (Tablet)	4	
Junel Fe 1.5/30 (Tablet)	4		Menest (Tablet)	3	
Junel Fe 1/20 (Tablet)	4		Mibelas 24 Fe (Tablet Chewable)	4	
Junel Fe 24 (Tablet)	4		Microgestin 1.5/30 (Tablet)	4	
Kaitlib Fe (Tablet Chewable)	4		Microgestin 1/20 (Tablet)	4	
Kariva (Tablet)	4		Microgestin Fe (Tablet)	4	
Kelnor 1/35 (Tablet)	4		Microgestin Fe 1.5/30 (Tablet)	4	
Kimidess (Tablet)	4		Mimvey (Tablet)	3	
LARIN 1.5/30 (Tablet)	4		Mimvey Lo (Tablet)	3	
LARIN 1/20 (Tablet)	4		MonoNessa (Tablet)	4	
LARIN Fe 1.5/30 (Tablet)	4		Necon 0.5/35-28 (Tablet)	4	
LARIN Fe 1/20 (Tablet)	4				
Larissia (Tablet)	4				
Layolis Fe (Tablet Chewable)	4				
Leena (Tablet)	4				

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
Necon 1/50-28 (Tablet)	4		Nortrel 0.5/35 (28) (Tablet)	4	
Necon 10/11-28 (Tablet)	4		Nortrel 1/35 (Tablet)	4	
Necon 7/7/7 (Tablet)	4		Nortrel 7/7/7 (Tablet)	4	
Nikki (Tablet)	4		NuvaRing (Ring)	4	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.8mg-25mcg Tablet Chewable)	4		Ocella (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol (20mcg-1mg Tablet)	4		Ogestrel (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)	4		Orsythia (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)	4		Pimtrea (Tablet)	4	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.4mg-35mcg Tablet Chewable)	4		Pirmella 1/35 (Tablet)	4	
Norgestimate/Ethinyl Estradiol (Tablet)	4		Portia-28 (Tablet)	4	
			Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	4	QL
			Premarin (Vaginal Cream)	3	
			Premphase (Tablet)	4	QL
			Prempro (Tablet)	4	QL
			Previfem (Tablet)	4	
			Quasense (Tablet)	4	
			Reclipsen (Tablet)	4	
			Setlakin (Tablet)	4	
			Sprintec 28 (Tablet)	4	
			Sronyx (Tablet)	4	
			Tarina Fe 1/20 (Tablet)	4	
			Tri-Legest Fe (Tablet)	4	
			Tri-Lo-Estarylla (Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tri-Lo-Sprintec (Tablet)	4		Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Tri-Previfem (Tablet)	4		Medroxyprogesterone Acetate (150mg/ml Injection)	4	
Tri-Sprintec (Tablet)	4		Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Trinessa (Tablet)	4		Megestrol Acetate (625mg/5ml Suspension)	4	
Trivora-28 (Tablet)	4		Nora-BE (Tablet)	3	
Velivet (Tablet)	4		Norethindrone (Tablet)	3	
Vestura (Tablet)	4		Norethindrone Acetate (Tablet)	2	
Vienva (Tablet)	4		Norlyroc (Tablet)	3	
Vyfemla (Tablet)	4		Sharobel (Tablet)	3	
WYMZYA Fe (Tablet Chewable)	4		Selective Estrogen Receptor Modifying Agents		
Zarah (Tablet)	4		Raloxifene HCl (Tablet)	2	QL
Zenchent (Tablet)	4		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Zenchent Fe (Tablet Chewable)	4		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Zovia 1/35E (Tablet)	4		Levothyroxine Sodium (100mcg Injection)	5	
Zovia 1/50E (Tablet)	4				
Progestins					
Camila (Tablet)	3				
Crinone (Gel)	4	PA			
Deblitane (Tablet)	3				
Depo-Provera (Injection)	4				
Errin (Tablet)	3				
Hydroxyprogesterone Caproate (Injection)	5	PA			
Jolivette (Tablet)	3				
Lyza (Tablet)	3				
Makena (Injection)	5	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
Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)	1	
Levoxyl (Tablet)	3	
Liothyronine Sodium (10mcg/ml Injection)	4	
Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	2	
Synthroid (Tablet)	3	
Unithroid (Tablet)	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	2	
Egrifta (Injection)	5	PA
Firmagon (120mg Injection)	5	PA
Firmagon (80mg Injection)	4	PA
Leuprolide Acetate (Injection)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lupron Depot (1-Month) (Injection)	5	PA
Lupron Depot (3-Month) (Injection)	5	PA
Lupron Depot (4-Month) (Injection)	5	PA
Lupron Depot (6-Month) (Injection)	5	PA
Lupron Depot-PED (Injection)	5	PA
Octreotide Acetate (Injection)	4	PA
Signifor (Injection)	5	PA
Somatuline Depot (Injection)	5	PA
Somavert (Injection)	5	PA, QL
Synarel (Nasal Solution)	5	
Trelstar Mixject (Injection)	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	2	
Propylthiouracil (Tablet)	2	
Immunological Agents		
Angioedema Agents		
Beriner (Injection)	5	PA, LA
Firazy (Injection)	5	PA, QL
Immune Suppressants		
Azathioprine (100mg Injection)	5	B/D, PA

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
Azathioprine (50mg Tablet)	2	B/D, PA	Mycophenolate Mofetil (200mg/ml Suspension)	5	PA
Cyclosporine (100mg Capsule, 25mg Capsule)	3	B/D, PA	Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	PA
Cyclosporine (50mg/ml Injection)	4		Mycophenolate Mofetil (500mg Injection)	4	PA
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA	Mycophenolic Acid DR (Tablet Delayed-Release)	4	B/D, PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA	Nulojix (Injection)	5	PA
Humira (Injection)	5	PA	Prograf (5mg/ml Injection)	4	PA
Humira Pediatric Crohns Disease Starter Pack (Injection)	5	PA	Rapamune (1mg/ml Oral Solution)	5	B/D, PA
Humira Pen (Injection)	5	PA	Remicade (Injection)	5	PA
Humira Pen Crohns Disease Starter Pack (Injection)	5	PA	Sandimmune (100mg/ml Oral Solution)	4	B/D, PA
Humira Pen-Psoriasis Starter (Injection)	5	PA	Sirolimus (Tablet)	4	B/D, PA
Methotrexate (Tablet)	2		Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	2	PA
Methotrexate Sodium (Injection)	4		Torisel (Injection)	5	
Methotrexate Sodium (50mg/2ml Injection)	4		Trexall (Tablet)	4	
			Zortress (Tablet)	5	PA
			Immunizing Agents, Passive		
			Atgam (Injection)	5	
			BIVIGAM (Injection)	4	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
Carimune Nanofiltered (Injection)	4	PA	Xolair (Injection)	5	PA
Flebogamma DIF (Injection)	4	PA	Vaccines		
Gamastan S/D (Injection)	3	PA	ActHIB (Injection)	3	
Gammagard Liquid (Injection)	4	PA	Adacel (Injection)	3	
Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	4	PA	BCG Vaccine (Injection)	3	
Gammaked (Injection)	4	PA	Bexsero (Injection)	3	
Gammaplex (Injection)	4	PA	Boostrix (Injection)	3	
Octagam (Injection)	4	PA	Daptacel (Injection)	3	
Privigen (Injection)	4	PA	Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	3	
Thymoglobulin (Injection)	5		Engerix-B (Injection)	3	B/D, PA
Varizig (Injection)	3		Gardasil 9 (Injection)	3	
Immunomodulators			Havrix (Injection)	3	
Actemra (162mg/0.9ml Injection)	5	PA	Hiberix (Injection)	3	
Actimmune (Injection)	5		Imovax Rabies (H.D.C.V.) (Injection)	3	B/D, PA
Arcalyst (Injection)	5	PA, LA	Infanrix (Injection)	3	
Benlysta (Injection)	5	PA	IPOL Inactivated IPV (Injection)	3	
Ilaris (Injection)	5	PA, QL, LA	Ixiaro (Injection)	3	
Leflunomide (Tablet)	3		Kinrix (Injection)	3	
Simulect (Injection)	5		M-M-R II (Injection)	3	
Sylvant (Injection)	5	PA	Menactra (Injection)	3	
Synagis (Injection)	5	PA	Menomune-A/C/Y/W-135 (Injection)	3	
			Menveo (Injection)	3	
			Pediarix (Injection)	3	
			Pedvax HIB (Injection)	3	

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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
ProQuad (Injection)	3		Budesonide (3mg Capsule Delayed-Release)	4	
Quadracel (Injection)	3		Colocort (Enema)	3	
Rabavert (Injection)	3	B/D, PA	Hydrocortisone (100mg/60ml Enema)	3	
Recombivax HB (Injection)	3	B/D, PA	Procto-Med HC (Cream)	2	
Rotarix (Suspension)	3		Procto-Pak (Cream)	2	
RotaTeq (Oral Solution)	3		Proctosol HC (Cream)	2	
Tenivac (Injection)	3		Proctozone-HC (Cream)	2	
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	3		Sulfonamides		
Trumenba (Injection)	3		Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	
Twinrix (Injection)	3		Metabolic Bone Disease Agents		
Typhim Vi (Injection)	3		Metabolic Bone Disease Agents		
VAQTA (Injection)	3		Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Varivax (Injection)	3		Alendronate Sodium (70mg/75ml Oral Solution)	4	
YF-Vax (Injection)	3		Binosto (Tablet Effervescent)	4	QL
Zostavax (Injection)	4	PA	Calcitonin-Salmon (Nasal Solution)	2	QL
Inflammatory Bowel Disease Agents					
Aminosalicylates					
Apriso (Capsule Extended-Release 24 Hour)	3	QL			
Balsalazide Disodium (Capsule)	4				
Canasa (Suppository)	4				
Mesalamine (Kit)	4				
Glucocorticoids					

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
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	2	B/D, PA
Calcitriol (1mcg/ml Injection)	4	B/D, PA
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	4	B/D, PA, QL
Doxercalciferol (4mcg/2ml Injection)	4	B/D, PA
Ibandronate Sodium (150mg Tablet)	3	QL
Miacalcin (200unit/ml Injection)	5	PA
Natpara (Injection)	5	PA
Pamidronate Disodium (Injection)	4	B/D, PA
Paricalcitol (1mcg Capsule, 2mcg Capsule)	4	B/D, PA, QL
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection, 4mcg Capsule)	4	B/D, PA
Prolia (Injection)	4	
Sensipar (30mg Tablet)	3	QL
Sensipar (60mg Tablet, 90mg Tablet)	5	QL
Tymlos (Injection)	5	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xgeva (Injection)	5	PA
Zoledronic Acid (4mg/5ml Injection)	4	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	4	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	3	
Botox (Injection)	4	PA, QL
Fomepizole (Injection)	5	
Gauze (Non-medicated 2X2)	3	
Insulin Syringes, Needles	3	
Sterile Water Irrigation (Solution)	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Bacitracin/Polymyxin B (Ophthalmic Ointment)	2	
Blephamide (Suspension)	4	
Blephamide S.O.P. (Ointment)	4	
Cystaran (Ophthalmic Solution)	5	
Lacrisert (Insert)	4	
Lastacraft (Ophthalmic Solution)	3	
Neomycin/Bacitracin/Polymyxin (Ointment)	3	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	3	
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	2	
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	4	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	2	
Proparacaine HCl (Ophthalmic Solution)	2	
Restasis (Emulsion)	3	QL
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	2	
Tobradex (Ophthalmic Ointment)	3	
Tobramycin/Dexamethasone (Ophthalmic Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xiidra (Ophthalmic Solution)	4	QL
Ophthalmic Anti-allergy Agents		
Azelastine HCl (0.05% Ophthalmic Solution)	2	
Cromolyn Sodium (4% Ophthalmic Solution)	2	
Epinastine HCl (Ophthalmic Solution)	3	
Olopatadine HCl (Ophthalmic Solution)	3	
Ophthalmic Antiglaucoma Agents		
Apraclonidine (Ophthalmic Solution)	3	
Betaxolol HCl (Ophthalmic Solution)	3	
Betimol (Ophthalmic Solution)	4	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	
Carteolol HCl (Ophthalmic Solution)	2	
Cosopt PF (Ophthalmic Solution)	4	
Dorzolamide HCl (Ophthalmic Solution)	2	
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution)	2	

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
Levobunolol HCl (Ophthalmic Solution)	2	
Phospholine Iodide (Ophthalmic Solution)	4	
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	3	
Simbrinza (Suspension)	3	
Timolol Maleate (Ophthalmic Solution)	2	
Timolol Maleate Ophthalmic Gel Forming (Solution)	3	
Ophthalmic Anti-inflammatories		
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	2	
Diclofenac Sodium (0.1% Ophthalmic Solution)	2	
Durezol (Emulsion)	3	
Fluorometholone (Ophthalmic Suspension)	3	
Flurbiprofen Sodium (Ophthalmic Solution)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	3	
Prednisolone Acetate (Ophthalmic Suspension)	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	
Prolensa (Ophthalmic Solution)	4	
Ophthalmic Prostaglandin and Prostanoid Analogs		
Latanoprost (Ophthalmic Solution)	1	
Zioptan (Ophthalmic Solution)	4	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	2	
Fluocinolone Acetonide (0.01% Otic Oil)	4	
Hydrocortisone/Acetic Acid (Otic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3	
Respiratory Tract/Pulmonary Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Antihistamines		
Azelastine HCl (0.1% Nasal Solution)	3	QL
Azelastine HCl (0.15% Nasal Solution)	2	
Cetirizine HCl (Syrup)	2	
Cyproheptadine HCl (4mg Tablet)	3	
Diphenhydramine HCl (50mg/ml Injection)	4	B/D, PA
Levocetirizine Dihydrochloride (5mg Tablet)	3	QL
Phenadoz (Suppository)	4	
Phenergan (12.5mg Suppository, 25mg Suppository)	4	
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection)	4	
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	3	
Promethegan (25mg Suppository)	4	
Anti-inflammatories, Inhaled Corticosteroids		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension)	4	B/D, PA
Flunisolide (Nasal Solution)	3	
Fluticasone Propionate (50mcg/act Suspension)	2	
Pulmicort Flexhaler (Aerosol Powder)	3	QL
Triamcinolone Acetonide (55mcg/act Aerosol)	4	
Antileukotrienes		
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	2	QL
Zafirlukast (Tablet)	2	QL
Bronchodilators, Anticholinergic		
Atrovent HFA (Aerosol Solution)	4	
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	
Spiriva HandiHaler (Capsule)	3	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
Spiriva Respimat (Aerosol Solution)	3	QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	2	B/D, PA
Albuterol Sulfate (2mg Tablet)	4	
Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	4	
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	3	QL
Perforomist (Nebulized Solution)	4	B/D, PA, QL
Serevent Diskus (Aerosol Powder)	3	QL
Ventolin HFA (Aerosol Solution)	3	
Cystic Fibrosis Agents		
Cayston (Inhalation Solution)	5	PA, LA
Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	5	PA, QL
Orkambi (Tablet)	5	PA, QL, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
TOBI Podhaler (Capsule)	5	PA, QL
Tobramycin (Nebulized Solution)	5	B/D, PA, QL
Mast Cell Stabilizers		
Cromolyn Sodium (20mg/2ml Nebulized Solution)	3	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Aminophylline (Injection)	4	
Daliresp (Tablet)	4	PA, QL
Theophylline CR (Tablet Extended-Release 12 Hour)	2	
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	2	
Pulmonary Antihypertensives		
Adempas (Tablet)	5	PA
Letairis (Tablet)	5	PA, QL, LA
Orenitram (0.125mg Tablet Extended-Release)	4	PA, QL

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)	5	PA, QL
Orenitram (2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	5	PA
Remodulin (Injection)	5	PA, LA
Sildenafil (10mg/12.5ml Injection)	5	PA
Sildenafil (20mg Tablet) (Generic Revatio)	3	PA, QL
Pulmonary Fibrosis Agents		
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	5	PA, QL, LA
Ofev (Capsule)	5	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	2	B/D, PA
Anoro Ellipta (Aerosol Powder)	3	QL
Bevespi Aerosphere (Aerosol)	3	QL
Breo Ellipta (Aerosol Powder)	3	QL
Combivent Respimat (Aerosol Solution)	3	
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	2	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nucala (Injection)	5	PA, QL, LA
Pulmozyme (Inhalation Solution)	5	B/D, PA, QL
Stiolto Respimat (Aerosol Solution)	3	QL
Symbicort (Aerosol)	3	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Tablet)	2	
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	3	
Dantrolene Sodium (Capsule)	2	
Gablofen (Injection)	4	B/D, PA
Orphenadrine Citrate (Injection)	4	
Tizanidine HCl (2mg Tablet, 4mg Tablet)	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
Temazepam (15mg Capsule, 30mg Capsule)	2	QL
Zaleplon (Capsule)	3	QL
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Sleep Disorders, Other		
Belsomra (Tablet)	3	QL

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

Hetlioz (Capsule)	5	PA, QL
Modafinil (Tablet)	4	PA, QL
Xyrem (Oral Solution)	5	PA, QL, LA

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 (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
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/5ml-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
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, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Alunbrig (Tablet)	Maximum of 6 tablets 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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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 (Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 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
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
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
Bevespi Aerosphere (Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (500mg Tablet)	Maximum of 1 tablet per day
Botox (Injection)	Maximum of 9 vials per 30 days
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
BRIVIACT (50mg/5ml Intravenous Solution)	Maximum of 20 ml per day
Buprenorphine HCl (2mg Tablet Sublingual, 8mg 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
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Bydureon (2mg Pen injector)	Maximum of 4 pens per 28 days
Bydureon (2mg Suspension Extended-Release)	Maximum of 4 vials per 28 days
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
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	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
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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
Daliresp (Tablet)	Maximum of 1 tablet per day
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
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets 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 Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (5mg Tablet Immediate-Release)	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
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Edurant (Tablet)	Maximum of 2 tablets per day
Eliquis (Tablet)	Maximum of 2 tablets per day
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

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Drug Name	Quantity Limit
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
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 (300mg/3ml Solution)	Maximum of 1 vial (3 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
Erivedge (Capsule)	Maximum of 1 capsule per day
Esbriet (267mg Capsule)	Maximum of 9 capsules per day
Esbriet (267mg Tablet)	Maximum of 6 tablets per day
Esbriet (801mg Tablet)	Maximum of 3 tablets 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
Evotaz (Tablet)	Maximum of 2 tablets per day
Ezetimibe (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

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Drug Name	Quantity Limit
Fanapt (Tablet)	Maximum of 2 tablets per day
Farxiga (Tablet)	Maximum of 1 tablet per day
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 (1200mcg Lozenge on a Handle, 1600mcg Lozenge on a Handle, 200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle, 600mcg Lozenge on a Handle, 800mcg 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
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
Fuzeon (Injection)	Maximum of 3 vials per day
Gabitril (12mg Tablet)	Maximum of 4 tablets per day
Gabitril (16mg Tablet)	Maximum of 3 tablets 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)	Maximum of 4 tablets per day
Glipizide (5mg Tablet)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
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
Granisetron HCl (1mg Tablet)	Maximum of 2 tablets per day
Guanfacine 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 (325mg-2.5mg Tablet)	Maximum of 12 tablets per day

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Drug Name	Quantity Limit
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 90 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 11 tablets per day
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Ibandronate Sodium (150mg 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
Ilaris (Injection)	Maximum of 2 vials per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
Imbruvica (Capsule)	Maximum of 4 capsules per day
Inlyta (Tablet)	Maximum of 4 tablets per day
Intence (100mg Tablet)	Maximum of 2 tablets per day
Intence (200mg Tablet)	Maximum of 3 tablets per day
Intence (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
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets 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
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets 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

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Drug Name	Quantity Limit
Jentaduetto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet 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 91 tablets (1 pack) per 28 days
Kisqali Femara 400 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) per 28 days
Kisqali Femara 600 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) 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
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Letairis (Tablet)	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Lexiva (50mg/ml Suspension)	Maximum of 90 ml per day
Lexiva (700mg Tablet)	Maximum of 6 tablets per day
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

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Drug Name	Quantity Limit
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
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam Intensol (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
Lortab (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 Immediate-Release, 20mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Loxapine Succinate (10mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day
Lynparza (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
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
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day

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Drug Name	Quantity Limit
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
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 (Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets 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
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets 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 18 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 12 tablets per day
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
Namenda XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule 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
Nevirapine (200mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Nevirapine (50mg/5ml Suspension)	Maximum of 60 ml 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
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 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 1 vial per 28 days
Nuplazid (Tablet)	Maximum of 2 tablets 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 Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet 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

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Drug Name	Quantity Limit
Onglyza (Tablet)	Maximum of 1 tablet per day
Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	Maximum of 6 tablets per day
Orkambi (Tablet)	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (Capsule)	Maximum of 2 capsules 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, 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 12 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 240 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
Paricalcitol (1mcg Capsule)	Maximum of 1 capsule per day
Paricalcitol (2mcg Capsule)	Maximum of 2 capsules per day
Perforomist (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pomalyst (Capsule)	Maximum of 1 capsule per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (Injection)	Maximum of 2 pens (2 ml) per 28 days
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
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
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler (Aerosol Powder)	Maximum of 2 inhalers 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
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
Ranexa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
RAVICTI (Liquid)	Maximum of 17.5 ml per day
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day

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Drug Name	Quantity Limit
Repaglinide (2mg Tablet)	Maximum of 8 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 (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Reyataz (200mg Capsule)	Maximum of 3 capsules per day
Reyataz (50mg Packet)	Maximum of 8 packets per day
Rivastigmine Tartrate (Capsule Immediate-Release)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet Immediate-Release)	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
Rubraca (Tablet)	Maximum of 4 tablets per day
Rydapt (Capsule)	Maximum of 8 capsules per day
Sabril (500mg Packet)	Maximum of 6 packets per day
Sabril (500mg 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 (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
Soliqua 100/33 (Injection)	Maximum of 18 ml (6 pens) per 30 days
Somavert (Injection)	Maximum of 1 vial per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days

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Drug Name	Quantity Limit
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 Prefilled Syringe)	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 tablets per day
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Synjardy (Tablet)	Maximum of 2 tablets per day
Syprine (Capsule)	Maximum of 8 capsules per day
Tagrisso (Tablet)	Maximum of 1 tablet per day
Tamiflu (6mg/ml Suspension)	Maximum of 26 ml 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
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Telmisartan (Tablet)	Maximum of 1 tablet per day
Temazepam (15mg Capsule, 30mg Capsule)	Maximum of 1 capsule 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 tablets 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
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
Trexix (Capsule)	Maximum of 10 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 (1000mg 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
Vesicare (Tablet)	Maximum of 1 tablet per day
Videx Pediatric (Oral Solution)	Maximum of 30 ml per day
Viibryd (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Viibryd Starter Pack (Kit)	Maximum of 1 tablet per day
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
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)	Maximum of 2 tablets per day
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
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
Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Xtandi (Capsule)	Maximum of 4 capsules per day
Xyrem (Oral Solution)	Maximum of 18 ml 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
Zepatier (Tablet)	Maximum of 1 tablet per day
Zerit (Oral Solution)	Maximum of 120 ml per day
Ziagen (Oral Solution)	Maximum of 48 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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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 (Tablet)	Maximum of 4 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.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Please call Customer Service. Our contact information is on the cover.

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. 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 **1-888-867-5575**, TTY **711**

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

www.UHC Medicare Solutions.com

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the UnitedHealthcare Customer Service number on the back of your member ID card.