

# 2018 COMPLETE DRUG LIST (FORMULARY)



## Prescription drug list information

### AARP® MedicareRx Walgreens (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 UnitedHealthcare Customer Service at:



Toll-Free **1-866-870-3470**, TTY **711**

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



**[www.MyAARPMedicare.com](http://www.MyAARPMedicare.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.

**AARP** | MedicareRx Plans  
insured through UnitedHealthcare

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## Questions?

If you have questions, we're here to help. Call UnitedHealthcare 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 UnitedHealthcare 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 AARP MedicareRx Walgreens (PDP) Plans.

## 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 28–89 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.MyAARPMedicare.com](http://www.MyAARPMedicare.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 UnitedHealthcare Customer Service. Our contact information is on the cover.

Drug Tier	Includes
<b>Tier 1: Preferred generic</b>	Lower-cost, commonly used generic drugs.
<b>Tier 2: Generic</b>	Many generic drugs.
<b>Tier 3: Preferred brand</b>	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
<b>Tier 4: Non-preferred drug</b>	Non-preferred generic and non-preferred brand name drugs.
<b>Tier 5: Specialty tier</b>	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 UnitedHealthcare 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 UnitedHealthcare Customer Service. Our contact information is on the cover.

### **Coverage Rules and Limits**

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#### **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**

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### **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 UnitedHealthcare Customer Service to ask if it's covered. Or go to [www.MyAARPMedicare.com](http://www.MyAARPMedicare.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 UnitedHealthcare 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

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- **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?

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You, your authorized representative or your doctor can ask for an exception by calling UnitedHealthcare 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?

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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 <b>OR</b> 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**

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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**

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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 90-106.

### **We'll tell you about any changes**

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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 UnitedHealthcare Customer Service or go to [www.MyAARPMedicare.com](http://www.MyAARPMedicare.com) to look it up online.

## Drugs with dosages other than a 1-month supply

### Drugs packaged in an extended day supply

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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 UnitedHealthcare Customer Service. Our contact information is on the cover.

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

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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 UnitedHealthcare Customer Service toll-free at **1-866-870-3470**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **[www.MyAARPMedicare.com](http://www.MyAARPMedicare.com)**.

If you have general questions about Medicare prescription drug coverage, visit [www.medicare.gov](http://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	Alclometasone Dipropionate .....	74
Abacavir Sulfate/Lamivudine/ Zidovudine.....	55	Alcohol Prep Pads.....	84
Abacavir/Lamivudine.....	55	Aldurazyme.....	72
Abelcet.....	44	Alecensa.....	48
Abilify Maintena.....	52	Alendronate Sodium.....	83
Abraxane.....	47	Alfuzosin HCl ER.....	73
Acamprosate Calcium DR.....	31	Alimta.....	47
Acarbose.....	57	Alinia.....	50
Acetaminophen/Codeine.....	29	Allopurinol.....	45
Acetazolamide.....	63	Alosetron HCl.....	71
Acetazolamide ER.....	63	Alphagan P.....	85
Acetazolamide Sodium.....	63	Alprazolam.....	56
Acetic Acid.....	86	Alunbrig.....	48
Acetylcysteine.....	89	Alyacen 1/35.....	77
Acitretin.....	66	Amantadine HCl.....	50
Actemra.....	82	AmBisome.....	44
ActHIB.....	82	Amikacin Sulfate.....	32
Actimmune.....	82	Amiloride HCl.....	63
Acyclovir.....	54	Aminophylline.....	88
Acyclovir Sodium.....	54	Aminosyn 7%/Electrolytes.....	67
Adacel.....	82	Aminosyn 8.5%/Electrolytes .....	67
Adagen.....	72	Aminosyn II.....	67
Adapalene.....	66	Aminosyn II 8.5%/Electrolytes .....	67
Adempas.....	88	Aminosyn-HBC.....	68
Adriamycin.....	47	Aminosyn-PF.....	68
Adrucil.....	46	Aminosyn-RF.....	68
Afinitor.....	48	Amiodarone HCl.....	60
Afinitor Disperz.....	48	Amitriptyline HCl.....	42
Ala Cort.....	73	Amlodipine Besylate.....	61
Albenza.....	50	Amlodipine Besylate/Valsartan .....	62
Albuterol Sulfate.....	87, 88	Ammonium Lactate.....	66
		Amoxapine.....	42
		Amoxicillin.....	35
		Amoxicillin/Clavulanate Potassium.....	35
		Amoxicillin/Clavulanate Potassium ER.....	35
		Amphetamine/ Dextroamphetamine.....	65
		Amphotericin B.....	44
		Ampicillin.....	35
		Ampicillin Sodium.....	35
		Ampicillin-Sulbactam.....	36
		Ampyra.....	66
		Anadrol-50.....	76
		Anagrelide HCl.....	58
		Anastrozole.....	48
		Androderm.....	76
		AndroGel.....	76
		AndroGel Pump.....	76
		Anoro Ellipta.....	89
		Apokyn.....	50
		Apraclonidine.....	85
		Aprepitant.....	43
		Apri.....	77
		Apriso.....	83
		Aptiom.....	40
		Aptivus.....	55
		Aralast NP.....	72
		Aranesp Albumin Free.....	59
		Arcalyst.....	82
		Argatroban.....	58
		Aripiprazole.....	52
		Aripiprazole ODT.....	52

Aristada.....	52	Bactocill in Dextrose.....	36	Blephamide S.O.P.....	84
Arranon.....	47	Bactroban Nasal.....	32	Blisovi 24 Fe.....	77
Aspirin/Dipyridamole.....	59	Balsalazide Disodium.....	83	Blisovi Fe 1.5/30.....	77
Atenolol.....	60	Banzel.....	40	Blisovi Fe 1/20.....	77
Atenolol/Chlorthalidone.....	62	Baraclude.....	53	Boostrix.....	82
Atgam.....	81	Bavencio.....	49	Bosulif.....	48
Atomoxetine.....	65	BCG Vaccine.....	82	Botox.....	84
Atorvastatin Calcium.....	63	Beleodaq.....	48	Breo Ellipta.....	89
Atovaquone.....	50	Belsomra.....	89	Brilinta.....	59
Atovaquone/Proguanil HCl....	50	Benazepril HCl.....	60	Brimonidine Tartrate.....	85
Atripla.....	54	Benlysta.....	82	BRIVIACT.....	38
Atropine Sulfate.....	71	Benzotropine Mesylate.....	50	Bromocriptine Mesylate.....	51
Atrovent HFA.....	87	Bepreve.....	85	Budesonide.....	83, 87
Aubra.....	77	Berinert.....	80	Bumetanide.....	63
Augmented Betamethasone Dipropionate.....	74	Betamethasone Dipropionate .....	74	Buphenyl.....	72
Augmentin.....	36	Betamethasone Valerate.....	74	Buprenorphine HCl.....	31
Auryxia.....	70	Betaseron.....	66	Buprenorphine HCl/Naloxone HCl.....	31
Avastin.....	49	Betaxolol HCl.....	85	Bupropion HCl.....	41
Avelox.....	37	Bethanechol Chloride.....	73	Bupropion HCl SR.....	32, 41
Aviane.....	77	Betimol.....	85	Bupropion HCl XL.....	41
Azacitidine.....	59	Bexarotene.....	49	Buspirone HCl.....	56
Azactam in Iso-Osmotic Dextrose.....	35	Bexsero.....	82	Busulfan.....	46
Azathioprine.....	80	Bicalutamide.....	46	Busulfex.....	46
Azelastine HCl.....	85, 87	Bicillin C-R.....	36	Butalbital/Acetaminophen/ Caffeine.....	28
Azithromycin.....	36	Bicillin L-A.....	36	Butalbital/Aspirin/Caffeine....	28
Azopt.....	85	BiCNU.....	46	Butorphanol Tartrate.....	29
Aztreonam.....	35	Biltricide.....	50		
		Bimatoprost.....	86	<b>C</b>	
<b>B</b>		Binosto.....	83	Cabergoline.....	80
BACiiM.....	32	Bisoprolol Fumarate.....	60	Cabometyx.....	48
Bacitracin.....	32	BIVIGAM.....	81	Calcipotriene.....	66
Bacitracin/Polymyxin B.....	84	Bleomycin Sulfate.....	47	Calcitonin-Salmon.....	83
Baclofen.....	89	Blephamide.....	84	Calcitriol.....	66, 83

Calcium Acetate.....	70	Cefuroxime Axetil.....	34	Citalopram HBr.....	41
Canasa.....	83	Cefuroxime Sodium.....	34	Cladribine.....	47
Capastat Sulfate.....	46	Celontin.....	39	Claravis.....	66
Caprelsa.....	48	Cephalexin.....	34	Clarithromycin.....	36
Carac.....	66	Cerezyme.....	72	Clarithromycin ER.....	36
Carafate.....	72	Cetirizine HCl.....	87	Climara Pro.....	77
Carbaglu.....	68	Chantix.....	32	Clindamycin HCl.....	32
Carbamazepine.....	40	Chantix Continuing Month Pak		Clindamycin Palmitate HCl....	32
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Cartia XT.....	61	Chlorothiazide.....	63	Clonazepam.....	56
Carvedilol.....	60	Chlorothiazide Sodium.....	63	Clonazepam ODT.....	56
Cayston.....	88	Chlorpromazine HCl.....	51	Clonidine HCl.....	59
Cefaclor.....	34	Chlorthalidone.....	63	Clonidine HCl ER.....	65
Cefadroxil.....	34	Cholbam.....	72	Clopidogrel.....	59
Cefazolin Sodium.....	34	Cholestyramine.....	63	Clorazepate Dipotassium.....	56
Cefdinir.....	34	Cholestyramine Light.....	63	Clotrimazole.....	44
Cefepime.....	34	Chorionic Gonadotropin.....	76	Clotrimazole/Betamethasone	
Cefixime.....	34	Ciclopirox.....	44	Dipropionate.....	67
Cefotaxime Sodium.....	34	Ciclopirox Nail Lacquer.....	44	Clozapine.....	53
Cefotetan.....	34	Ciclopirox Olamine.....	44	Clozapine ODT.....	53
Cefoxitin Sodium.....	34	Cidofovir.....	53	Coartem.....	50
Cefpodoxime Proxetil.....	34	Cilostazol.....	59	Codeine Sulfate.....	29
Cefprozil.....	34	Ciprofloxacin.....	37	Colchicine.....	45
Ceftazidime.....	34	Ciprofloxacin HCl.....	37	Colcrys.....	45
Ceftriaxone Sodium.....	34	Ciprofloxacin I.V. in D5W.....	37	Colestipol HCl.....	64
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Cyclosporine.....	80	Dexilant.....	72	Digoxin.....
Cyclosporine Modified.....	81	Dexmethylphenidate HCl.....	65	Dihydroergotamine Mesylate .....
Cyproheptadine HCl.....	87	Dexmethylphenidate HCl ER .....	65	Dilantin.....
Cyramza.....	48	Dextrazoxane.....	47	Dilantin INFATABS.....
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## Covered drugs by medical condition

The list below has information about the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-27.

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 90-106.

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

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
<b>Embeda (Capsule Extended-Release)</b>	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
Methadone HCl (10mg Tablet, 5mg Tablet)	2	QL, MED
Methadone HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL, MED
<b>Methadone HCl (10mg/ml Injection)</b>	5	
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	QL, MED
<b>Opioid Analgesics, Short-acting</b>		
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	QL, MED
Butorphanol Tartrate (10mg/ml Nasal Solution)	3	QL, MED
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	4	
Codeine Sulfate (Tablet)	3	QL, MED
<b>Duramorph (Injection)</b>	4	
Endocet (Tablet)	3	QL, MED
Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	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 Lollipop, 400mcg Lollipop)	4	PA, QL	Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg 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/Ibuprofen (7.5mg-200mg Tablet)	3	QL, MED	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4	
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4		<b>Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</b>	3	QL, MED
Hydromorphone HCl (1mg/ml Liquid)	4	QL, MED	<b>Morphine Sulfate (2mg/ml Injection)</b>	4	
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	2	QL, MED	Nalbuphine HCl (Injection)	4	
<b>Hydromorphone HCl (2mg/ml Injection)</b>	4		Oxycodone HCl (100mg/5ml Concentrate)	4	QL, MED
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
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
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 325mg/5ml-5mg/5ml Oral Solution)	3	QL, MED
Oxycodone/Aspirin (Tablet)	3	QL, MED
Oxycodone/Ibuprofen (Tablet)	3	QL, MED
Tramadol HCl (Tablet Immediate-Release)	2	QL, MED
Tramadol HCl/Acetaminophen (Tablet)	2	QL, MED
Trelix (Capsule)	4	QL, MED
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
Lidocaine (5% Ointment)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lidocaine (5% Patch)	4	PA, QL
Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection)	4	B/D, PA
Lidocaine HCl (4% External Solution)	2	
Lidocaine HCl (Gel)	2	
Lidocaine Viscous (Solution)	2	
Lidocaine/Prilocaine (Cream)	3	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
Acamprosate Calcium DR (Tablet Delayed-Release)	4	
Disulfiram (Tablet)	4	
Naltrexone HCl (Tablet)	3	
<b>Vivitrol (Injection)</b>	5	
<b>Opioid Dependence Treatments</b>		
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
<b>Suboxone (Film)</b>	4	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
Opioid Reversal Agents			Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	4	
Naloxone HCl (Injection)	4		Isotonic Gentamicin (Injection)	4	
<b>Narcan (Liquid)</b>	3		Neomycin Sulfate (Tablet)	2	
Smoking Cessation Agents			Paromomycin Sulfate (Capsule)	4	
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour)	2		Streptomycin Sulfate (Injection)	4	
<b>Chantix (Tablet)</b>	4		Tobramycin Sulfate (0.3% Ophthalmic Solution)	2	
<b>Chantix Continuing Month Pak (Tablet)</b>	4		Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4	
<b>Chantix Starting Month Pak (Tablet)</b>	4		Antibacterials, Other		
<b>Nicotrol (Inhaler)</b>	4		BACiiM (Injection)	4	
<b>Nicotrol NS (Nasal Solution)</b>	4		Bacitracin (50000unit Injection)	4	
Antibacterials			Bacitracin (500unit/gm Ophthalmic Ointment)	2	
Aminoglycosides			<b>Bactroban Nasal (Ointment)</b>	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)	3		Clindamycin Palmitate HCl (Oral Solution)	4	
Gentamicin Sulfate (0.3% Ophthalmic Solution)	2				
Gentamicin Sulfate (10mg/ml Injection, 40mg/ml 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
Clindamycin Phosphate (2% Cream)	3		Neomycin/Polymyxin B Sulfates (Irrigation Solution)	3	
Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)	4		Nitrofurantoin (Suspension)	4	
Clindamycin Phosphate in D5W (Injection)	4		Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	3	
Colistimethate Sodium (Injection)	4		Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3	
Daptomycin (Injection)	5		Polymyxin B Sulfate (Injection)	4	
Lincomycin HCl (Injection)	4		<b>Primsol (Oral Solution)</b>	4	
Linezolid (100mg/5ml Suspension)	5	PA	<b>Tigecycline (Injection)</b>	5	
Linezolid (600mg Tablet)	4	PA, QL	Tinidazole (Tablet)	4	
Linezolid (600mg/300ml Injection)	4	PA	Trimethoprim (Tablet)	2	
Methenamine Hippurate (Tablet)	3		<b>Tygacil (Injection)</b>	5	
Metronidazole (0.75% Cream, 0.75% Gel)	3		Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	4	
Metronidazole (250mg Tablet, 500mg Tablet)	2		<b>Vandazole (Gel)</b>	3	
Metronidazole in NaCl 0.79% (Injection)	4		Beta-lactam, Cephalosporins		
Metronidazole Vaginal (Gel)	3				
Mupirocin (2% Ointment)	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
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)	3		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		<b>Suprax (400mg Capsule, 500mg/5ml Suspension)</b>	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		<b>Zerbaxa (Injection)</b>	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
<b>Azactam in Iso-Osmotic Dextrose (Injection)</b>	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	
<b>Doribax (Injection)</b>	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	
<b>Invanz (Injection)</b>	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	
<b>Augmentin (125mg/5ml-31.25mg/5ml Suspension)</b>	4		Azithromycin (500mg Injection)	4	
<b>Bactocill in Dextrose (Injection)</b>	4		Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	4	
<b>Bicillin C-R (Injection)</b>	4		Clarithromycin (250mg Tablet, 500mg Tablet)	3	
<b>Bicillin L-A (Injection)</b>	4		Clarithromycin ER (Tablet Extended-Release 24 Hour)	3	
Dicloxacillin Sodium (Capsule)	2		<b>Dificid (Tablet)</b>	5	
Nafcillin Sodium (Injection)	4		<b>E.E.S. Granules (Suspension)</b>	4	
Oxacillin Sodium (Injection)	4		Ery-Tab (Tablet Delayed-Release)	4	
Penicillin G Potassium (Injection)	4		<b>EryPed 200 (Suspension)</b>	4	
Penicillin G Procaine (Injection)	4		<b>EryPed 400 (Suspension)</b>	4	
Penicillin G Sodium (Injection)	4		Erythrocin Lactobionate (Injection)	4	
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	2		Erythromycin (250mg Capsule Delayed-Release)	4	
Piperacillin/Tazobactam (Injection)	4				
<b>Macrolides</b>					

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

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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
Sulfamethoxazole/ Trimethoprim DS (Tablet)	2		Anticonvulsants, Other		
Tetracyclines			<b>BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)</b>	5	QL
Demeclocycline HCl (Tablet)	4		<b>BRIVIACT (50mg/5ml Injection)</b>	4	QL
Doxy 100 (Injection)	4		Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution)	2	
Doxycycline (25mg/ 5ml Suspension)	4		Levetiracetam (1000mg/100ml Injection, 1500mg/ 100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection)	4	
Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	3		Levetiracetam ER (Tablet Extended- Release 24 Hour)	3	
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	3		Roweepra (Tablet)	2	
Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release)	2		<b>Spritam (Tablet Disintegrating Soluble)</b>	4	
<b>Vibramycin (50mg/ 5ml Syrup)</b>	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			<b>Sabril (500mg Packet, 500mg Tablet)</b>	5	PA, QL, LA
<b>Celontin (Capsule)</b>	4		Tiagabine HCl (Tablet)	4	
Ethosuximide (250mg Capsule)	3		Valproate Sodium (100mg/ml Injection)	4	
Ethosuximide (250mg/5ml Oral Solution)	4		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	
<b>Diastat AcuDial (Gel)</b>	4		Felbamate (600mg/5ml Suspension)	5	
<b>Diastat Pediatric (Gel)</b>	4		<b>Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>	4	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	2		Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2	
Gabapentin (250mg/5ml Oral Solution)	3		Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	3	
<b>Gabitril (12mg Tablet, 16mg Tablet)</b>	4	QL			
<b>Onfi (10mg Tablet, 20mg Tablet)</b>	4	QL			
<b>Onfi (2.5mg/ml Suspension)</b>	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				

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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)	3	
Sodium Channel Agents					
<b>Aptiom (Tablet)</b>	4	QL	Dilantin (Capsule)	3	
<b>Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)</b>	4		Dilantin INFATABS (Tablet Chewable)	3	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	3		Epitol (Tablet)	3	
			Fosphenytoin Sodium (Injection)	4	
			Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3	
			Oxcarbazepine (300mg/5ml Suspension)	4	
			<b>Peganone (Tablet)</b>	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	
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)</b>	4	QL
<b>Vimpat (200mg/20ml Injection)</b>	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)	3	QL
Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (10mg Tablet, 5mg Tablet)	2	PA, QL
Memantine HCl (2mg/ml Oral Solution)	3	PA, QL
<b>Memantine HCl Titration Pak (Tablet)</b>	3	PA
Antidepressants		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antidepressants, Other		
Bupropion HCl (Tablet Immediate-Release)	1	
Bupropion HCl SR (Tablet Extended-Release 12 Hour)	1	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	1	
Mirtazapine (Tablet Immediate-Release)	1	
Mirtazapine ODT (Tablet Dispersible)	2	
Monoamine Oxidase Inhibitors		
<b>Emsam (Patch 24 Hour)</b>	5	QL
<b>Marplan (Tablet)</b>	4	
Phenelzine Sulfate (Tablet)	3	
Tranylcypromine Sulfate (Tablet)	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1	
Citalopram HBr (10mg/5ml Oral Solution)	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
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4	QL	Paroxetine HCl (Tablet Immediate-Release)	2	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2		<b>Paxil (10mg/5ml Suspension)</b>	4	
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	4	QL, ST	Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	
<b>Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)</b>	4	ST	Sertraline HCl (20mg/ml Concentrate)	4	
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	2		Trazodone HCl (100mg Tablet, 150mg Tablet, 50mg Tablet)	1	
Fluvoxamine Maleate (Tablet)	3		<b>Trintellix (Tablet)</b>	4	QL
Maprotiline HCl (Tablet)	4		Venlafaxine HCl (Tablet Immediate-Release)	2	
Nefazodone HCl (Tablet)	3		Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2	
			<b>Viibryd (Tablet)</b>	4	QL
			<b>Viibryd Starter Pack (Kit)</b>	4	QL
			Tricyclics		
			Amitriptyline HCl (Tablet)	3	
			Amoxapine (Tablet)	3	
			Clomipramine HCl (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
Desipramine HCl (Tablet)	3		Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	3		Metoclopramide HCl (5mg/ml Injection)	4	
Imipramine HCl (Tablet)	4		Perphenazine (Tablet)	4	
Imipramine Pamoate (Capsule)	4		Prochlorperazine (Suppository)	4	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	2		Prochlorperazine Edisylate (Injection)	4	
Protriptyline HCl (Tablet)	4		Prochlorperazine Maleate (Tablet)	2	
Trimipramine Maleate (Capsule)	4		<b>Transderm-Scop (Patch 72 Hour)</b>	4	
<b>Antiemetics</b>			<b>Emetogenic Therapy Adjuncts</b>		
<b>Antiemetics, Other</b>			Aprepitant (Therapy Pack, Capsule)	4	PA
Compro (Suppository)	4		Dronabinol (Capsule)	4	PA, QL
Hydroxyzine Pamoate (Capsule)	3		<b>Emend (125mg Suspension)</b>	4	PA
Meclizine HCl (Tablet)	2		<b>Emend (150mg Injection)</b>	4	
			Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	4	
			Granisetron HCl (1mg Tablet)	3	B/D, PA, QL
			Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	2	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ondansetron HCl (4mg/2ml Injection)	4		Flucytosine (Capsule)	5	
Ondansetron HCl (4mg/5ml Oral Solution)	4	B/D, PA	Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4	
Ondansetron ODT (Tablet Dispersible)	2	B/D, PA	Griseofulvin Ultramicrosize (Tablet)	4	
<b>Antifungals</b>			Itraconazole (Capsule)	4	PA, QL
<b>Antifungals</b>			<b>Jublia (External Solution)</b>	4	
<b>Abelcet (Injection)</b>	4	B/D, PA	Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2	
<b>AmBisome (Injection)</b>	4	B/D, PA	Miconazole 3 (Suppository)	3	
Amphotericin B (Injection)	4	B/D, PA	<b>Mycamine (Injection)</b>	4	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3		<b>Natacyn (Suspension)</b>	4	
Ciclopirox Nail Lacquer (External Solution)	3		<b>Noxafil (100mg Tablet Delayed-Release)</b>	5	PA, QL
Ciclopirox Olamine (Cream)	3		<b>Noxafil (40mg/ml Suspension)</b>	5	QL
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	2		Nyamyc (Powder)	2	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2		Nyata (Powder)	2	
Fluconazole in NaCl (Injection)	4		Nystatin (Cream, Ointment)	1	
			Nystatin (Powder, Suspension, Tablet)	2	
			Nystop (Powder)	2	
			<b>ONMEL (Tablet)</b>	5	PA
			<b>Sporanox (10mg/ml Oral Solution)</b>	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
Terbinafine HCl (Tablet)	3		Naratriptan HCl (Tablet)	3	QL
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3		Rizatriptan Benzoate (Tablet Immediate-Release)	3	QL
Voriconazole (200mg Injection, 40mg/ml Suspension)	5		Rizatriptan Benzoate ODT (Tablet Dispersible)	3	QL
Voriconazole (200mg Tablet, 50mg Tablet)	4		Sumatriptan (Nasal Solution)	4	QL
<b>Zazole (Cream)</b>	3		Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	2	QL
<b>Antigout Agents</b>			Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	4	QL
Antigout Agents			<b>Sumatriptan Succinate Refill (Injection)</b>	4	QL
Allopurinol (Tablet)	1		<b>Antimyasthenic Agents</b>		
<b>Colchicine (0.6mg Capsule, 0.6mg Tablet)</b>	3	QL	Parasympathomimetics		
<b>Colcrys (Tablet)</b>	3	PA, QL	<b>Guanidine HCl (Tablet)</b>	3	
Probenecid (Tablet)	2		Pyridostigmine Bromide (Tablet)	3	
Probenecid/Colchicine (Tablet)	2		Pyridostigmine Bromide ER (Tablet Extended-Release)	4	
<b>Uloric (Tablet)</b>	3	ST	<b>Antimycobacterials</b>		
<b>Antimigraine Agents</b>			Antimycobacterials, Other		
Ergot Alkaloids			Dapsone (Tablet)	3	
Dihydroergotamine Mesylate (1mg/ml Injection)	4		Rifabutin (Capsule)	4	
Ergotamine Tartrate/Caffeine (Tablet)	3				
Migergot (Suppository)	4				
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>					

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Antituberculars		
<b>Capastat Sulfate (Injection)</b>	4	
Ethambutol HCl (Tablet)	3	
Isoniazid (100mg Tablet, 300mg Tablet)	2	
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)	4	
Paser (Packet)	4	
<b>Priftin (Tablet)</b>	4	
Pyrazinamide (Tablet)	4	
Rifampin (150mg Capsule, 300mg Capsule)	3	
Rifampin (600mg Injection)	4	
<b>Sirturo (Tablet)</b>	5	PA
<b>Trecator (Tablet)</b>	4	
Antineoplastics		
Alkylating Agents		
<b>BiCNU (Injection)</b>	5	
Busulfan (Injection)	5	
<b>Busulfex (Injection)</b>	5	
<b>Cyclophosphamide (Capsule)</b>	4	B/D, PA
Dacarbazine (Injection)	4	
<b>Gleostine (Capsule)</b>	4	
<b>Hexalen (Capsule)</b>	5	PA
Ifosfamide (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Leukeran (Tablet)</b>	4	
<b>Matulane (Capsule)</b>	5	LA
Melphalan HCl (Injection)	3	
<b>Mustargen (Injection)</b>	5	
<b>Treanda (Injection)</b>	5	PA
<b>Valchlor (Gel)</b>	5	PA, LA
<b>Yondelis (Injection)</b>	5	PA
<b>Zanosar (Injection)</b>	4	
Antiandrogens		
Bicalutamide (Tablet)	2	
Flutamide (Capsule)	3	
Nilutamide (Tablet)	5	
<b>Xtandi (Capsule)</b>	4	PA, QL
<b>Zytiga (Tablet)</b>	5	PA, QL
Antiangiogenic Agents		
<b>Pomalyst (Capsule)</b>	5	PA, QL
<b>Revlimid (Capsule)</b>	5	PA, QL, LA
<b>Thalomid (Capsule)</b>	5	PA, QL
Anti-estrogens/Modifiers		
<b>Emcyt (Capsule)</b>	4	
<b>Fareston (Tablet)</b>	5	
<b>Faslodex (Injection)</b>	5	
<b>Soltamox (Oral Solution)</b>	4	
Tamoxifen Citrate (Tablet)	1	
Antimetabolites		
Adrucil (Injection)	4	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Alimta (Injection)</b>	5	PA
Cladribine (Injection)	5	B/D, PA
Clofarabine (Injection)	5	
Cytarabine Aqueous (Injection)	4	B/D, PA
<b>Droxia (Capsule)</b>	3	
Fluorouracil (2.5gm/50ml Injection)	4	B/D, PA
<b>Folotyn (Injection)</b>	5	
Gemcitabine HCl (Injection)	4	
Hydroxyurea (Capsule)	2	
Mercaptopurine (Tablet)	3	
<b>Nipent (Injection)</b>	5	
<b>Purixan (Suspension)</b>	5	PA
<b>Tabloid (Tablet)</b>	4	PA
Antineoplastics, Other		
<b>Abraxane (Injection)</b>	5	PA
Adriamycin (Injection)	4	B/D, PA
<b>Arranon (Injection)</b>	5	
Bleomycin Sulfate (Injection)	4	B/D, PA
Carboplatin (Injection)	4	
Cisplatin (Injection)	4	
<b>Cosmegen (Injection)</b>	5	
Daunorubicin HCl (Injection)	4	
Decitabine (Injection)	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexrazoxane (Injection)	5	PA
Docetaxel (80mg/4ml Injection)	4	
<b>Docetaxel (80mg/8ml Injection)</b>	5	
<b>Doxil (Injection)</b>	5	
Doxorubicin HCl (Injection)	4	B/D, PA
Doxorubicin HCl Liposome (Injection)	5	
Epirubicin HCl (Injection)	4	
<b>Erwinaze (Injection)</b>	5	
Fludarabine Phosphate (Injection)	4	
<b>Halaven (Injection)</b>	5	PA
Idarubicin HCl (Injection)	5	
Irinotecan (Injection)	4	
<b>Istodax (Overfill) (Injection)</b>	5	PA
<b>Kisqali (Tablet)</b>	5	PA, QL
<b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>	5	PA, QL
<b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>	5	PA, QL
<b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>	5	PA, QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Leucovorin Calcium (100mg Injection, 350mg Injection)	4	
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	3	
Levoleucovorin Calcium (Injection)	5	
<b>Lonsurf (Tablet)</b>	5	PA, QL
Mitomycin (Injection)	5	
Mitoxantrone HCl (Injection)	3	
<b>Ninlaro (Capsule)</b>	5	PA, QL
Oxaliplatin (IV Solution 100mg/20ml)	4	
Paclitaxel (Injection)	4	
<b>Proleukin (Injection)</b>	5	PA
<b>Synribo (Injection)</b>	5	PA
Thiotepa (Injection)	5	
<b>Trisenox (Injection)</b>	4	
<b>Velcade (Injection)</b>	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	
<b>Zaltrap (Injection)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Zolinza (Capsule)</b>	5	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	
Exemestane (Tablet)	3	
Letrozole (Tablet)	1	
Enzyme Inhibitors		
<b>Etopophos (Injection)</b>	4	
Etoposide (Injection)	3	
<b>Kyprolis (Injection)</b>	5	PA
<b>Rubraca (Tablet)</b>	5	PA, QL
Toposar (Injection)	4	
Topotecan HCl (Injection)	5	
<b>Zejula (Capsule)</b>	5	PA, QL
Molecular Target Inhibitors		
<b>Afinitor (Tablet)</b>	5	PA
<b>Afinitor Disperz (Tablet Soluble)</b>	5	PA
<b>Alecensa (Capsule)</b>	5	PA, QL
<b>Alunbrig (Tablet)</b>	5	PA, QL
<b>Beleodaq (Injection)</b>	5	PA
<b>Bosulif (Tablet)</b>	5	PA, QL
<b>Cabometyx (Tablet)</b>	5	PA, QL
<b>Caprelsa (Tablet)</b>	5	PA, LA
<b>Cometriq (Kit)</b>	5	PA
<b>Cotellic (Tablet)</b>	5	PA, QL, LA
<b>Cyramza (Injection)</b>	5	PA
<b>Erivedge (Capsule)</b>	5	PA, QL
<b>Farydak (Capsule)</b>	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
<b>Gilotrif (Tablet)</b>	5	PA
<b>Ibrance (Capsule)</b>	5	PA, QL
<b>Iclusig (Tablet)</b>	5	PA, QL, LA
Imatinib Mesylate (Tablet)	5	PA, QL
<b>Imbruvica (Capsule)</b>	5	PA, QL
<b>Inlyta (Tablet)</b>	5	PA, QL
<b>Iressa (Tablet)</b>	5	PA, QL
<b>Jakafi (Tablet)</b>	5	PA, QL, LA
<b>Jevtana (Injection)</b>	5	PA
<b>Lenvima (Capsule Therapy Pack)</b>	5	PA
<b>Lynparza (Capsule)</b>	5	PA, QL
<b>Mekinist (Tablet)</b>	5	PA
<b>Nexavar (Tablet)</b>	5	PA
<b>Odomzo (Capsule)</b>	5	PA, QL, LA
<b>Rydapt (Capsule)</b>	5	PA, QL
<b>Sprycel (Tablet)</b>	5	PA, QL
<b>Stivarga (Tablet)</b>	5	PA, QL
<b>Sutent (Capsule)</b>	5	PA, QL
<b>Tafinlar (Capsule)</b>	5	PA
<b>Tagrisso (Tablet)</b>	5	PA, QL, LA
<b>Tarceva (Tablet)</b>	5	PA, QL
<b>Tasigna (Capsule)</b>	5	PA, QL
<b>Tykerb (Tablet)</b>	5	PA
<b>Venclexta (100mg Tablet, 50mg Tablet)</b>	4	PA, QL
<b>Venclexta (10mg Tablet)</b>	3	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Venclexta Starting Pack (Tablet Therapy Pack)</b>	4	PA
<b>Votrient (Tablet)</b>	5	PA, QL
<b>Xalkori (Capsule)</b>	5	PA, LA
<b>Zelboraf (Tablet)</b>	5	PA, QL
<b>Zydelig (Tablet)</b>	5	PA, QL
<b>Zykadia (Capsule)</b>	5	PA, QL
Monoclonal Antibody/Antibody-Drug Conjugate		
<b>Avastin (Injection)</b>	5	PA
<b>Bavencio (Injection)</b>	5	PA
<b>Darzalex (Injection)</b>	5	PA, LA
<b>Empliciti (Injection)</b>	5	PA
<b>Erbitux (Injection)</b>	5	PA
<b>Herceptin (Injection)</b>	5	PA
<b>Imfinzi (Injection)</b>	5	PA
<b>Kadcyla (Injection)</b>	5	PA
<b>Keytruda (Injection)</b>	5	PA
<b>Lartruvo (Injection)</b>	5	PA
<b>Opdivo (Injection)</b>	5	PA
<b>Perjeta (Injection)</b>	5	PA
<b>Rituxan (Injection)</b>	5	PA
<b>Tecentriq (Injection)</b>	5	PA
<b>Vectibix (Injection)</b>	5	PA
<b>Yervoy (Injection)</b>	5	PA
Retinoids		
Bexarotene (Capsule)	5	PA
<b>Panretin (Gel)</b>	5	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Targretin (1% Gel)</b>	5	PA
Tretinoin (10mg Capsule)	5	
Treatment Adjuncts		
<b>Elitek (Injection)</b>	5	
Mesna (Injection)	3	
<b>Mesnex (400mg Tablet)</b>	5	
Antiparasitics		
Anthelmintics		
<b>Albenza (Tablet)</b>	5	QL
<b>Biltricide (Tablet)</b>	4	
Ivermectin (Tablet)	3	
Antiprotozoals		
<b>Alinia (100mg/5ml Suspension, 500mg Tablet)</b>	4	
Atovaquone (Suspension)	5	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	3	
Chloroquine Phosphate (Tablet)	2	
<b>Coartem (Tablet)</b>	4	
<b>DARAPRIM (Tablet)</b>	4	
Hydroxychloroquine Sulfate (Tablet)	3	
Mefloquine HCl (Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Nebupent (Inhalation Solution)</b>	4	B/D, PA, QL
<b>Pentam 300 (Injection)</b>	4	
Primaquine Phosphate (Tablet)	3	
Quinine Sulfate (Capsule)	3	PA
Pediculicides/Scabicides		
Lindane (Shampoo)	4	
Malathion (Lotion)	4	
Permethrin (Cream)	3	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	
Benzotropine Mesylate (1mg/ml Injection)	4	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	2	
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule)	3	
Amantadine HCl (50mg/5ml Syrup)	2	
Entacapone (Tablet)	4	
Dopamine Agonists		
<b>Apokyn (Injection)</b>	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
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	4	
<b>Neupro (Patch 24 Hour)</b>	4	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	3	
Ropinirole HCl (Tablet Immediate-Release)	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa/Levodopa (Tablet Immediate-Release)	2	
Carbidopa/Levodopa ER (Tablet Extended-Release)	2	
Carbidopa/Levodopa ODT (Tablet Dispersible)	2	
<b>Carbidopa/Levodopa/Entacapone (Tablet)</b>	4	
<b>Stalevo 100 (Tablet)</b>	4	PA
<b>Stalevo 125 (Tablet)</b>	4	PA
<b>Stalevo 150 (Tablet)</b>	4	PA
<b>Stalevo 200 (Tablet)</b>	4	PA
<b>Stalevo 50 (Tablet)</b>	4	PA
<b>Stalevo 75 (Tablet)</b>	4	PA
Monoamine Oxidase B (MAO-B) Inhibitors		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rasagiline Mesylate (Tablet)	3	
Selegiline HCl (5mg Capsule, 5mg Tablet)	3	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	4	
Fluphenazine Decanoate (Injection)	4	
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	4	
Fluphenazine HCl (5mg/ml Concentrate)	3	
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	2	
Haloperidol Decanoate (Injection)	4	
Haloperidol Lactate (Injection)	4	

**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
Loxapine Succinate (10mg Capsule, 5mg Capsule)	3	QL	<b>Invega Sustenna (39mg/0.25ml Injection)</b>	4	
Loxapine Succinate (25mg Capsule, 50mg Capsule)	3		<b>Invega Trinza (Injection)</b>	5	PA
Pimozide (Tablet)	3		<b>Latuda (Tablet)</b>	5	QL
Thioridazine HCl (Tablet)	3		<b>Nuplazid (Tablet)</b>	5	PA, QL
Thiothixene (Capsule)	3		Olanzapine (10mg Injection)	4	
Trifluoperazine HCl (Tablet)	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
2nd Generation/Atypical			Olanzapine ODT (Tablet Dispersible)	3	QL
<b>Abilify Maintena (Injection)</b>	5		Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL
Aripiprazole (Tablet)	4	QL	Quetiapine Fumarate (Tablet Immediate-Release)	2	QL
Aripiprazole ODT (Tablet Dispersible)	4	QL	<b>Rexulti (Tablet)</b>	5	QL
<b>Aristada (Injection)</b>	5		<b>Risperdal Consta (12.5mg Injection)</b>	4	
<b>Fanapt (Tablet)</b>	4	QL, ST			
<b>Fanapt Titration Pack (Tablet)</b>	4	ST			
<b>Geodon (20mg Injection)</b>	4				
<b>Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)</b>	5				

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
<b>Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)</b>	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		<b>Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)</b>	4	QL
Risperidone ODT (Tablet Dispersible)	4		<b>Versacloz (Suspension)</b>	5	
<b>Saphris (Tablet Sublingual)</b>	4	QL	<b>Antivirals</b>		
<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	4	QL, ST	Anti-cytomegalovirus (CMV) Agents		
<b>Vraylar (Capsule Therapy Pack)</b>	4	ST	Cidofovir (Injection)	5	
Ziprasidone HCl (Capsule)	3	QL	Ganciclovir (Injection)	3	B/D, PA
<b>Zyprexa Relprew (Injection)</b>	5		Valganciclovir (Tablet)	5	QL
Treatment-Resistant			Valganciclovir Hydrochloride (Oral Solution)	4	QL
			<b>Zirgan (Gel)</b>	4	
			<b>Anti-hepatitis B (HBV) Agents</b>		
			<b>Baraclude (0.05mg/ml Oral Solution)</b>	5	
			Entecavir (Tablet)	5	
			<b>Epivir HBV (5mg/ml Oral Solution)</b>	3	
			Lamivudine (100mg Tablet)	3	
			<b>Vemlidy (Tablet)</b>	5	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-hepatitis C (HCV) Agents, Other		
<b>Intron A (Injection)</b>	5	PA
<b>Pegasys (Injection)</b>	5	PA
<b>Pegasys ProClick (Injection)</b>	5	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
<b>Sylatron (Injection)</b>	5	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
<b>Epclusa (Tablet)</b>	5	PA, QL
<b>Harvoni (Tablet)</b>	5	PA, QL
<b>Zepatier (Tablet)</b>	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
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Tablet)	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
<b>Genvoya (Tablet)</b>	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Isentress (100mg Packet, 25mg Tablet Chewable)</b>	3	QL
<b>Isentress (100mg Tablet Chewable, 400mg Tablet)</b>	5	QL
<b>Stribild (Tablet)</b>	5	QL
<b>Tivicay (10mg Tablet)</b>	4	QL
<b>Tivicay (25mg Tablet, 50mg Tablet)</b>	5	QL
<b>Triumeq (Tablet)</b>	5	QL
<b>Tybost (Tablet)</b>	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
<b>Atripla (Tablet)</b>	5	QL
<b>Complera (Tablet)</b>	5	QL
<b>Edurant (Tablet)</b>	5	QL
<b>Intelence (100mg Tablet, 200mg Tablet)</b>	5	QL
<b>Intelence (25mg Tablet)</b>	4	QL
Nevirapine (200mg Tablet Immediate-Release)	3	QL
<b>Nevirapine (50mg/5ml Suspension)</b>	3	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	3	QL
<b>Odefsey (Tablet)</b>	5	QL
<b>Rescriptor (Tablet)</b>	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
<b>Sustiva (200mg Capsule, 600mg Tablet)</b>	5	QL	<b>Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)</b>	5	QL
<b>Sustiva (50mg Capsule)</b>	4	QL	<b>Zerit (1mg/ml Oral Solution)</b>	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			<b>Ziagen (20mg/ml Oral Solution)</b>	4	QL
Abacavir (Tablet)	4	QL	Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	3	QL
Abacavir Sulfate/ Lamivudine/ Zidovudine (Tablet)	5	QL	Anti-HIV Agents, Other		
Abacavir/Lamivudine (Tablet)	5	QL	<b>Fuzeon (Injection)</b>	5	QL
<b>Descovy (Tablet)</b>	5	QL	<b>Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)</b>	5	QL
Didanosine (Capsule Delayed-Release)	3	QL	<b>Selzentry (25mg Tablet)</b>	3	QL
<b>Emtriva (10mg/ml Oral Solution, 200mg Capsule)</b>	4	QL	Anti-HIV Agents, Protease Inhibitors		
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL	<b>Aptivus (100mg/ml Oral Solution, 250mg Capsule)</b>	5	QL
Lamivudine/ Zidovudine (Tablet)	4	QL	<b>Crixivan (Capsule)</b>	3	QL
<b>Retrovir IV Infusion (Injection)</b>	4		<b>Evotaz (Tablet)</b>	5	QL
Stavudine (Capsule)	3	QL	<b>Invirase (200mg Capsule, 500mg Tablet)</b>	5	QL
<b>Truvada (Tablet)</b>	5	QL	<b>Kaletra (100mg-25mg Tablet)</b>	4	QL
<b>Videx Pediatric (Oral Solution)</b>	4	QL	<b>Kaletra (200mg-50mg Tablet)</b>	5	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Lexiva (50mg/ml Suspension)</b>	4	QL
<b>Lexiva (700mg Tablet)</b>	5	QL
Lopinavir/Ritonavir (Oral Solution)	4	QL
<b>Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)</b>	4	QL
<b>Prezcobix (Tablet)</b>	5	QL
<b>Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)</b>	5	QL
<b>Prezista (75mg Tablet)</b>	4	QL
<b>Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)</b>	5	QL
<b>Viracept (Tablet)</b>	5	QL
Anti-influenza Agents		
Oseltamivir Phosphate (Capsule)	4	QL
<b>Relenza Diskhaler (Aerosol Powder)</b>	3	QL
Rimantadine HCl (Tablet)	4	
<b>Tamiflu (6mg/ml Suspension)</b>	4	QL
Anxiolytics		

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Lorazepam (Tablet)	2	QL
Lorazepam Intensol (2mg/ml Concentrate)	2	QL
Bipolar Agents		
Mood Stabilizers		

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
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	2		Glipizide/Metformin HCl (Tablet)	3	QL
Divalproex Sodium DR (Tablet Delayed-Release)	2		<b>Jardiance (Tablet)</b>	3	QL
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	2		<b>Jentaduetto (Tablet)</b>	3	QL
<b>Lithium (Oral Solution)</b>	3		<b>Jentaduetto XR (Tablet Extended-Release 24 Hour)</b>	3	QL
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	2		Metformin HCl (Tablet Immediate-Release)	1	QL
Lithium Carbonate ER (Tablet Extended-Release)	2		Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
<b>Blood Glucose Regulators</b>			Pioglitazone HCl (Tablet)	1	QL
<b>Antidiabetic Agents</b>			Repaglinide (Tablet)	3	QL
Acarbose (Tablet)	3	QL	<b>Synjardy (Tablet)</b>	3	QL
Glimepiride (Tablet)	1	QL	<b>Tanzeum (Injection)</b>	3	QL
Glipizide (Tablet Immediate-Release)	1	QL	<b>Tradjenta (Tablet)</b>	3	QL
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL	<b>Glycemic Agents</b>		
			<b>GlucaGen HypoKit (Injection)</b>	4	
			<b>Glucagon Emergency Kit (Injection)</b>	3	
			<b>Proglycem (Suspension)</b>	5	
			<b>Insulins</b>		
			<b>Humalog Cartridge (Injection)</b>	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
Humalog KwikPen (Injection)	3		<b>Argatroban (125mg/125ml-0.9% Injection)</b>	5	B/D, PA
Humalog Mix 50/50 KwikPen (Injection)	3		Argatroban (250mg/2.5ml Injection)	5	B/D, PA
Humalog Mix 50/50 Vial (Injection)	3		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
Humalog Mix 75/25 KwikPen (Injection)	3		Fondaparinux Sodium (Injection)	4	
Humalog Mix 75/25 Vial (Injection)	3		Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	3	
Humalog Vial (Injection)	3		Heparin Sodium (1000unit/ml Injection)	3	B/D, PA
Humulin 70/30 KwikPen (Injection)	3		<b>Heparin Sodium/D5W (Injection)</b>	3	
Humulin 70/30 Vial (Injection)	3		Jantoven (Tablet)	1	
Humulin N KwikPen (Injection)	3		Warfarin Sodium (Tablet)	1	
Humulin N Vial (Injection)	3		<b>Xarelto (Tablet)</b>	3	QL
Humulin R U-500 KwikPen (Injection)	3		<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	3	QL
Humulin R U-500 Vial (Concentrated) (Injection)	3		Blood Formation Modifiers		
Humulin R Vial (Injection)	3		Anagrelide HCl (Capsule)	2	
Levemir FlexTouch (Injection)	3				
Levemir Vial (Injection)	3				
Blood Products/Modifiers/Volume Expanders					
Anticoagulants					

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
<b>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)</b>	5	PA
<b>Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection)</b>	4	PA
Azacitidine (Injection)	5	PA
<b>Mozobil (Injection)</b>	5	PA
<b>Neulasta (Injection)</b>	5	PA
<b>Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)</b>	4	PA
<b>Procrit (20000unit/ml Injection, 40000unit/ml Injection)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Promacta (Tablet)</b>	5	PA, QL
Zarxio (Injection)	5	
<b>Hemostasis Agents</b>		
Tranexamic Acid (1000mg/10ml Injection)	3	
Tranexamic Acid (650mg Tablet)	4	
<b>Platelet Modifying Agents</b>		
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	3	QL
<b>Brilinta (Tablet)</b>	3	QL
Cilostazol (Tablet)	3	
Clopidogrel (75mg Tablet)	2	QL
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
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	
Methyldopa (Tablet)	3	
Methyldopate HCl (Injection)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Midodrine HCl (Tablet)	3	
<b>Northera (Capsule)</b>	4	PA, QL
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	2	
Prazosin HCl (Capsule)	3	
Angiotensin II Receptor Antagonists		
Irbesartan (Tablet)	2	QL
Losartan Potassium (Tablet)	1	QL
Olmesartan Medoxomil (Tablet)	2	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)	1	
Amiodarone HCl (50mg/ml Injection)	4	
Dofetilide (Capsule)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Flecainide Acetate (Tablet)	2	
Mexiletine HCl (Capsule)	2	
<b>Multaq (Tablet)</b>	3	QL
Pacerone (200mg Tablet)	1	
Procainamide HCl (Injection)	4	
Propafenone HCl (Tablet)	2	
<b>Quinidine Gluconate (Injection)</b>	4	
Quinidine Sulfate (Tablet)	2	
Sotalol HCl (AF) (Tablet)	2	
Sotalol HCl (Tablet)	2	
Beta-adrenergic Blocking Agents		
Atenolol (Tablet)	1	
Bisoprolol Fumarate (Tablet)	2	
Carvedilol (Tablet)	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	

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
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1		Dilt-XR (Capsule Extended-Release 24 Hour)	3	
Metoprolol Tartrate (5mg/5ml Injection)	4		Diltiazem CD (240mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	3	
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		Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	4	
Propranolol HCl (1mg/ml Injection)	4		Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	2	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2		Diltiazem HCl ER (120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	3	
<b>Calcium Channel Blocking Agents</b>			Felodipine ER (Tablet Extended-Release 24 Hour)	3	
Amlodipine Besylate (Tablet)	1		Nicardipine HCl (2.5mg/ml Injection)	4	
<b>Cardene IV (Injection)</b>	4		Nimodipine (Capsule)	5	
Cartia XT (Capsule Extended-Release 24 Hour)	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
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	2		Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2		Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
<b>Cardiovascular Agents, Other</b>			Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	2	QL
Amlodipine Besylate/ Valsartan (Tablet)	3	QL	Pentoxifylline ER (Tablet Extended-Release)	2	
Atenolol/ Chlorthalidone (Tablet)	1		Quinapril/ Hydrochlorothiazide (Tablet)	2	QL
<b>Corlanor (Tablet)</b>	4	PA, QL	<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	3	QL
<b>Demser (Capsule)</b>	5		Spirolactone/ Hydrochlorothiazide (Tablet)	3	
Digitex (Tablet)	2		Telmisartan/ Hydrochlorothiazide (Tablet)	3	QL
<b>Digoxin (0.05mg/ml Oral Solution)</b>	4		Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	2	
Digoxin (0.25mg/ml Injection)	4				
Digoxin (125mcg Tablet, 250mcg Tablet)	2				
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	2	QL			
<b>Entresto (Tablet)</b>	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
Valsartan/ Hydrochlorothiazide (Tablet)	2	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	3	
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)	3	
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	
Spironolactone (Tablet)	2	
Diuretics, Thiazide		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Chlorothiazide (Tablet)	3	
Chlorothiazide Sodium (Injection)	4	B/D, PA
Chlorthalidone (Tablet)	2	
<b>Diuril (Suspension)</b>	3	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	2	
Metolazone (Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (160mg Tablet, 54mg Tablet)	2	
Gemfibrozil (Tablet)	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
Lovastatin (Tablet Immediate-Release)	2	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	2	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Cholestyramine (Powder)	3	
Cholestyramine Light (Powder)	3	

**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
Colestipol HCl (1gm Tablet)	3		Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	2	
Colestipol HCl (5gm Granules)	4		Minitran (Patch 24 Hour)	2	
Ezetimibe (Tablet)	2	QL	Nitro-Bid (Ointment)	4	
Ezetimibe/Simvastatin (Tablet)	3	QL	Nitroglycerin (0.3mg Tablet Sublingual, 0.4mg Tablet Sublingual, 0.6mg Tablet Sublingual)	3	
<b>Juxtapid (Capsule)</b>	5	PA, LA	Nitroglycerin (5mg/ml Injection)	4	
Niacin ER (Tablet Extended-Release)	3		Nitroglycerin Lingual (Translingual Solution)	4	
Niacor (Tablet)	2		Nitroglycerin Transdermal (Patch 24 Hour)	2	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	4	QL	<b>Nitrostat (Tablet Sublingual)</b>	3	
Prevalite (Powder)	3		<b>Central Nervous System Agents</b>		
<b>Vascepa (Capsule)</b>	4		<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<b>Vasodilators, Direct-acting Arterial</b>					
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)	2				
Hydralazine HCl (20mg/ml Injection)	4				
Minoxidil (Tablet)	2				
<b>Vasodilators, Direct-acting Arterial/Venous</b>					
Isosorbide Dinitrate (Tablet Immediate-Release)	2				
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
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)	4	QL	Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	4	QL
			Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
			Atomoxetine (Capsule)	4	QL, ST
Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release)	3	QL	Clonidine HCl ER (Tablet Extended- Release 12 Hour)	4	PA
			Dexmethylphenidate HCl (Tablet Immediate- Release)	3	QL
			Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	4	
Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate- Release)	3	QL	Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate- Release) (Generic Ritalin)	3	QL
			Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended- Release)	4	QL
			Central Nervous System, Other		
			<b>Nuedexta (Capsule)</b>	4	PA
			Riluzole (Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Tetrabenazine (Tablet)	5	PA, QL
Fibromyalgia Agents		
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	QL
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)</b>	3	QL
<b>Savella (Tablet)</b>	3	
<b>Savella Titration Pack</b>	3	
Multiple Sclerosis Agents		
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	5	QL
<b>Betaseron (Injection)</b>	5	
<b>Copaxone (Injection)</b>	5	
<b>Gilenya (Capsule)</b>	5	QL
Glatopa (Injection)	5	
<b>Tysabri (Injection)</b>	5	PA
Dental and Oral Agents		
Dental and Oral Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Chlorhexidine Gluconate (Solution)	2	
<b>Kepivance (Injection)</b>	5	
Periogard (Solution)	2	
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4	
Triamcinolone in Orabase (Paste)	3	
Dermatological Agents		
Dermatological Agents		
Acitretin (Capsule)	4	
Adapalene (0.1% Cream, 0.1% Gel)	4	
Ammonium Lactate (12% Cream, 12% Lotion)	3	
Calcipotriene (0.005% Cream, 0.005% External Solution)	4	
<b>Calcitriol (3mcg/gm Ointment)</b>	4	
<b>Carac (Cream)</b>	4	PA
Claravis (Capsule)	4	PA
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	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
Clotrimazole/ Betamethasone Dipropionate (1%-0.05% Lotion)	4	
Clotrimazole/ Betamethasone Dipropionate (1%-0.05% Cream)	3	
<b>Cosentyx (Injection)</b>	5	PA
<b>Cosentyx Sensoready Pen (Injection)</b>	5	PA
Diclofenac Sodium (3% Gel)	5	PA
<b>Doxepin HCl (Cream)</b>	4	PA
<b>Elidel (Cream)</b>	4	ST
Ery (2% Pad)	3	
Erythromycin (2% External Solution)	3	
Erythromycin (2% Gel)	4	
Erythromycin/Benzoyl Peroxide (Gel)	4	
<b>Finacea (15% Foam, 15% Gel)</b>	4	
<b>Fluorouracil (0.5% Cream)</b>	4	
Fluorouracil (2% External Solution, 5% External Solution)	3	
Fluorouracil (5% Cream)	4	
Imiquimod (Cream)	4	
<b>Mirvaso (Gel)</b>	4	

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Aminosyn-HBC (Injection)</b>	4	B/D, PA	<b>HepatAmine (Injection)</b>	4	B/D, PA
<b>Aminosyn-PF (Injection)</b>	4	B/D, PA	<b>Intralipid (Injection)</b>	4	B/D, PA
<b>Aminosyn-RF (Injection)</b>	4	B/D, PA	<b>Ionosol-MB/Dextrose 5% (Injection)</b>	4	
<b>Carbaglu (Tablet)</b>	5	LA	<b>Isolyte-P/Dextrose 5% (Injection)</b>	4	
<b>Dextrose 10% (Injection)</b>	4		<b>Isolyte-S (Injection)</b>	4	
<b>Dextrose 10%/NaCl 0.2% (Injection)</b>	4		<b>KCl 0.075%/D5W/NaCl 0.45% (Injection)</b>	4	
<b>Dextrose 10%/NaCl 0.45% (Injection)</b>	4		<b>KCl 0.15%/D5W/NaCl 0.2% (Injection)</b>	4	
<b>Dextrose 2.5%/NaCl 0.45% (Injection)</b>	4		<b>KCl 0.15%/D5W/NaCl 0.9% (Injection)</b>	4	
<b>Dextrose 5% (Injection)</b>	4		<b>KCl 0.3%/D5W/NaCl 0.45% (Injection)</b>	4	
<b>Dextrose 5%/Lactated Ringers (Injection)</b>	4		<b>KCl 0.3%/D5W/NaCl 0.9% (Injection)</b>	4	
<b>Dextrose 5%/NaCl 0.2% (Injection)</b>	4		<b>Klor-Con 10 (Tablet Extended-Release)</b>	3	
<b>Dextrose 5%/NaCl 0.225% (Injection)</b>	4		<b>Klor-Con 8 (Tablet Extended-Release)</b>	3	
<b>Dextrose 5%/NaCl 0.33% (Injection)</b>	4		Klor-Con M10 (Tablet Extended-Release)	2	
<b>Dextrose 5%/NaCl 0.45% (Injection)</b>	4		Klor-Con M15 (Tablet Extended-Release)	2	
<b>Dextrose 5%/NaCl 0.9% (Injection)</b>	4		Klor-Con M20 (Tablet Extended-Release)	2	
<b>FreAmine HBC 6.9% (Injection)</b>	4	B/D, PA	<b>Lactated Ringers Irrigation (Solution)</b>	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
<b>Lactated Ringers Viaflex (Injection)</b>	4		<b>Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)</b>	4	B/D, PA
Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	3		Potassium Chloride (2meq/ml Injection)	4	B/D, PA
<b>Magnesium Sulfate (1gm/2ml-50% Injection)</b>	4		<b>Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)</b>	4	
Magnesium Sulfate (5gm/10ml-50% Injection)	4		<b>Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)</b>	4	
<b>Nephramine (Injection)</b>	4	B/D, PA	<b>Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)</b>	4	
<b>Normosol-M in D5W (Injection)</b>	4		Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	2	
<b>Normosol-R (Injection)</b>	4		<b>Potassium Chloride ER (20meq Tablet Extended-Release)</b>	2	
<b>Normosol-R in D5W (Injection)</b>	4		<b>Potassium Chloride 0.3%/D5W (Injection)</b>	4	B/D, PA
<b>Nutrilipid (Injection)</b>	4	B/D, PA	<b>KCl 0.15%/D5W/LR (Injection)</b>	4	
<b>Physiolyte (Irrigation Solution)</b>	4		Potassium Chloride 0.15% /NaCl 0.45% Viaflex (Injection)	4	B/D, PA
<b>Physiosol Irrigation (Solution)</b>	4				
<b>Plasma-Lyte A (Injection)</b>	4				
<b>Plasma-Lyte-148 (Injection)</b>	4				
Plenamaine (Injection)	4	B/D, PA			
<b>Potassium Chloride (10% Oral Solution, 20% Oral Solution)</b>	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Potassium Chloride 0.15%/NaCl 0.9% (Injection)</b>	4	B/D, PA
Potassium Citrate ER (Tablet Extended-Release)	4	
Premasol (Injection)	4	B/D, PA
<b>Procalamine (Injection)</b>	4	B/D, PA
<b>Prosol (Injection)</b>	4	B/D, PA
<b>Ringers Injection</b>	4	
<b>Ringers Irrigation (Solution)</b>	3	
<b>Sodium Chloride (0.9% Injection, 2.5meq/ml Injection)</b>	4	
<b>Sodium Chloride (3% Injection, 5% Injection)</b>	4	B/D, PA
<b>Sodium Chloride 0.45% (Injection)</b>	4	
<b>Sodium Chloride 0.9% (Irrigation Solution)</b>	3	
Sodium Fluoride (Tablet)	2	
<b>Sodium Lactate (Injection)</b>	4	
<b>TPN Electrolytes (Injection)</b>	4	
<b>Travasol (Injection)</b>	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Trophamine (10% Injection)</b>	4	B/D, PA
Electrolyte/Mineral/Metal Modifiers		
<b>Chemet (Capsule)</b>	4	
<b>Exjade (Tablet Soluble)</b>	5	PA
<b>Ferriprox (100mg/ml Oral Solution, 500mg Tablet)</b>	5	PA
<b>Jadenu (Tablet)</b>	5	PA
<b>Jadenu Sprinkle (Packet)</b>	5	PA
Kionex (Powder)	3	
<b>Samsca (Tablet)</b>	5	PA, QL
Sodium Polystyrene Sulfonate (Suspension)	3	
SPS (Suspension)	3	
<b>Syprine (Capsule)</b>	5	PA, QL
Phosphate Binders		
<b>Auryxia (Tablet)</b>	4	
Calcium Acetate (667mg Capsule, 667mg Tablet)	3	
<b>Renagel (Tablet)</b>	3	ST
<b>Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)</b>	3	
<b>Velphoro (Tablet Chewable)</b>	4	
Vitamins		

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
VP-PNV-DHA (Capsule)	2	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<b>Atropine Sulfate (Injection)</b>	4	
<b>Cuvposa (Oral Solution)</b>	4	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	2	
Glycopyrrolate (4mg/20ml Injection)	4	
Methscopolamine Bromide (Tablet)	4	
<b>Gastrointestinal Agents, Other</b>		
Chenodal (Tablet)	5	
Cromolyn Sodium (100mg/5ml Concentrate)	4	
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	3	
<b>Gattex (Injection)</b>	5	PA
Loperamide HCl (Capsule)	2	
<b>Myalept (Injection)</b>	5	PA
<b>Relistor (Injection)</b>	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ursodiol (250mg Tablet, 500mg Tablet)	4	
Ursodiol (300mg Capsule)	3	
<b>Histamine2 (H2) Receptor Antagonists</b>		
Famotidine (20mg/2ml Injection)	4	
Famotidine Premixed (Injection)	4	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	2	
Ranitidine HCl (50mg/2ml Injection)	4	
<b>Irritable Bowel Syndrome Agents</b>		
Alosetron HCl (Tablet)	5	PA
<b>Linzess (Capsule)</b>	3	QL
<b>Xifaxan (Tablet)</b>	5	PA
<b>Laxatives</b>		
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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)</b>	3	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	3	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	3	
<b>Suprep Bowel Prep Kit (Oral Solution)</b>	3	
TriLyte (Oral Solution)	2	
Protectants		
<b>Carafate (1gm/10ml Suspension)</b>	4	
Misoprostol (Tablet)	3	
Sucralfate (Tablet)	2	
Proton Pump Inhibitors		
<b>Dexilant (Capsule Delayed-Release)</b>	4	QL
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	3	QL
Esomeprazole Sodium (Injection)	4	
<b>Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)</b>	3	QL
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
<b>Prilosec (Packet)</b>	4	PA
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
<b>Adagen (Injection)</b>	5	LA
<b>Aldurazyme (Injection)</b>	5	
<b>Aralast NP (Injection)</b>	5	PA, LA
<b>Buphenyl (500mg Tablet)</b>	5	
<b>Cerezyme (Injection)</b>	5	PA
<b>Cholbam (Capsule)</b>	5	PA
<b>Cystadane (Powder)</b>	5	
<b>Cystagon (Capsule)</b>	4	LA

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
<b>Elaprase (Injection)</b>	5	
<b>Fabrazyme (Injection)</b>	5	
<b>Kanuma (Injection)</b>	5	PA
<b>Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)</b>	5	
<b>Lumizyme (Injection)</b>	5	
<b>Naglazyme (Injection)</b>	5	
<b>Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)</b>	5	LA
<b>Prolastin-C (Injection)</b>	5	PA, LA
<b>RAVICTI (Liquid)</b>	5	QL
Sodium Phenylbutyrate (Powder)	5	
<b>Strensiq (Injection)</b>	5	PA, LA
<b>Sucraid (Oral Solution)</b>	5	LA
<b>Zavesca (Capsule)</b>	5	PA, LA
<b>Zenpep (Capsule Delayed-Release)</b>	3	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
Oxybutynin Chloride (5mg Tablet Immediate-Release)	2	
Oxybutynin Chloride (5mg/5ml Syrup)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	3	QL
Tolterodine Tartrate ER (Capsule Extended-Release 24 Hour)	4	
<b>Toviaz (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Benign Prostatic Hypertrophy Agents</b>		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2	
Finasteride (5mg Tablet) (Generic Proscar)	2	
Tamsulosin HCl (Capsule)	2	
Terazosin HCl (Capsule)	2	
<b>Genitourinary Agents, Other</b>		
Bethanechol Chloride (Tablet)	2	
<b>Depen Titratabs (Tablet)</b>	5	
<b>Elmiron (Capsule)</b>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
Ala Cort (Cream)	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
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	3		Desoximetasone (0.05% Cream, 0.25% Cream)	4	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	3		Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3		Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	4	
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3		Fludrocortisone Acetate (Tablet)	2	
Clobetasol Propionate (0.05% External Solution)	3		Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.025% Ointment)	3	
Clobetasol Propionate (0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	4		Fluocinolone Acetonide (0.01% External Solution)	4	
Clobetasol Propionate E (Cream)	4		Fluocinolone Acetonide Body (Oil)	4	
Cormax Scalp Application (External Solution)	3		Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3	
<b>Depo-Medrol (20mg/ml Injection)</b>	4		Fluocinonide-E (Cream)	3	
Desonide (0.05% Ointment)	4		Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	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
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4		Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	3	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	2		<b>Prednicarbate (0.1% Cream)</b>	4	
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	3		Prednicarbate (0.1% Ointment)	4	
Hydrocortisone Butyrate (0.1% Ointment)	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 Valerate (0.2% Cream, 0.2% Ointment)	4		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	
<b>Kenalog-10 (Injection)</b>	4		Prednisone Intensol (5mg/ml Concentrate)	2	
<b>Kenalog-40 (Injection)</b>	4		<b>Solu-Cortef (Injection)</b>	4	
Methylprednisolone (Tablet)	2		<b>Solu-Medrol (2gm Injection)</b>	4	
Methylprednisolone Acetate (Injection)	4				
Methylprednisolone Dose Pack (Tablet Therapy Pack)	2				
Methylprednisolone Sodium Succinate (Injection)	4				

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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
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2		<b>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)</b>	5	PA
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	3		<b>Increlex (Injection)</b>	5	PA
Triderm (Cream)	2		<b>Novarel (Injection)</b>	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			<b>Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)</b>	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<b>Chorionic Gonadotropin (Injection)</b>	4	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection)	4		<b>Korlym (Tablet)</b>	5	PA, QL
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	3		Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<b>Genotropin (12mg Injection, 5mg Injection)</b>	5	PA	Androgens		
<b>Genotropin Miniquick (0.2mg Injection)</b>	4	PA	<b>Anadrol-50 (Tablet)</b>	4	PA
			<b>Androderm (Patch 24 Hour)</b>	3	QL
			<b>AndroGel (1.62% Packet Gel)</b>	3	
			<b>AndroGel Pump (1.62% Gel)</b>	3	
			Danazol (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
Oxandrolone (10mg Tablet)	4	PA, QL	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)	3	QL
Oxandrolone (2.5mg Tablet)	3	PA, QL			
Testosterone Cypionate (Injection)	3				
Testosterone Enanthate (Injection)	4				
<b>Estrogens</b>					
Alyacen 1/35 (Tablet)	4		Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	2	
Apri (Tablet)	4		Estradiol Valerate (Injection)	4	
Aubra (Tablet)	4		<b>Estring (Ring)</b>	4	
Aviane (Tablet)	4		Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	4	
Blisovi 24 Fe (Tablet)	4		Falmina (Tablet)	4	
Blisovi Fe 1.5/30 (Tablet)	4		<b>Femring (Ring)</b>	4	
Blisovi Fe 1/20 (Tablet)	4		Femynor (Tablet)	4	
<b>Climara Pro (Patch Weekly)</b>	4		Introvale (Tablet)	4	
Cryselle-28 (Tablet)	4		Junel Fe 1.5/30 (Tablet)	4	
Cyclafem (35mcg-1mg Tablet)	4		Junel Fe 1/20 (Tablet)	4	
Delyla (Tablet)	4		Junel Fe 24 (Tablet)	4	
Desogestrel/Ethinyl Estradiol (Tablet)	4		Kariva (Tablet)	4	
Drospirenone/Ethinyl Estradiol (Tablet)	4		Kelnor 1/35 (Tablet)	4	
<b>Elestrin (Gel)</b>	4		LARIN Fe 1.5/30 (Tablet)	4	
Emoquette (Tablet)	4				
Estrace (0.1mg/gm Cream)	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
LARIN Fe 1/20 (Tablet)	4		<b>Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (20mcg-75mg-1mg Tablet Chewable)</b>	4	
Larissia (Tablet)	4		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (20mcg-75mg-1mg Tablet)	4	
Lessina (Tablet)	4		Norgestimate/Ethinyl Estradiol (Tablet)	4	
Levonorgestrel and Ethinyl Estradiol (Tablet)	4		Nortrel 0.5/35 (28) (Tablet)	4	
Levonorgestrel/Ethinyl Estradiol (Tablet)	4		Nortrel 1/35 (Tablet)	4	
Levora 0.15/30-28 (Tablet)	4		<b>NuvaRing (Ring)</b>	4	
Lomedia 24 Fe (Tablet)	4		Orsythia (Tablet)	4	
Low-Ogestrel (Tablet)	4		Pimtreea (Tablet)	4	
Lutera (Tablet)	4		Pirmella 1/35 (Tablet)	4	
Marlissa (Tablet)	4		Portia-28 (Tablet)	4	
Menest (Tablet)	3		<b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>	4	QL
Mibelas 24 Fe (Tablet Chewable)	4		<b>Premarin (Vaginal Cream)</b>	3	
<b>Microgestin 1/20 (Tablet)</b>	4		<b>Premphase (Tablet)</b>	4	QL
<b>Microgestin Fe (Tablet)</b>	4		<b>Prempro (Tablet)</b>	4	QL
<b>Microgestin Fe 1.5/30 (Tablet)</b>	4		Previfem (Tablet)	4	
<b>MonoNessa (Tablet)</b>	4				
Necon 0.5/35-28 (Tablet)	4				
<b>Necon 1/50-28 (Tablet)</b>	4				
Necon 10/11-28 (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
Quasense (Tablet)	4	
Reclipsen (Tablet)	4	
Sprintec 28 (Tablet)	4	
Sronyx (Tablet)	4	
Tarina Fe 1/20 (Tablet)	4	
Tri-Previfem (Tablet)	4	
Tri-Sprintec (Tablet)	4	
<b>Trinessa (Tablet)</b>	4	
Vyfemla (Tablet)	4	
Xulane (Patch Weekly)	4	
Zovia 1/35E (Tablet)	4	
Zovia 1/50E (Tablet)	4	
Progestins		
<b>Crinone (Gel)</b>	4	PA
<b>Depo-Provera (Injection)</b>	4	
Hydroxyprogesterone Caproate (Injection)	5	PA
Lyza (Tablet)	3	
<b>Makena (Injection)</b>	5	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Medroxyprogesterone Acetate (150mg/ml Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Megestrol Acetate (625mg/5ml Suspension)	4	
Norethindrone Acetate (5mg Tablet)	2	
Norlyroc (Tablet)	3	
Progesterone (Capsule)	3	
Selective Estrogen Receptor Modifying Agents		
Raloxifene HCl (Tablet)	3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<b>Levothyroxine Sodium (100mcg Injection)</b>	5	
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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Levoxyl (Tablet)</b>	3	
Liothyronine Sodium (10mcg/ml Injection)	4	
Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	2	
<b>Synthroid (Tablet)</b>	3	
<b>Unithroid (Tablet)</b>	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
<b>Lysodren (Tablet)</b>	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	3	
<b>Egrifta (Injection)</b>	5	PA
<b>Firmagon (120mg Injection)</b>	5	PA
<b>Firmagon (80mg Injection)</b>	4	PA
Leuprolide Acetate (Injection)	4	PA
<b>Lupron Depot (1-Month) (Injection)</b>	5	PA
<b>Lupron Depot (3-Month) (Injection)</b>	5	PA
<b>Lupron Depot (4-Month) (Injection)</b>	5	PA
<b>Lupron Depot (6-Month) (Injection)</b>	5	PA
<b>Lupron Depot-Ped (1-Month) (Injection)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Octreotide Acetate (Injection)	4	PA
<b>Signifor (Injection)</b>	5	PA
<b>Somatuline Depot (Injection)</b>	5	PA
<b>Somavert (Injection)</b>	5	PA, QL
<b>Synarel (Nasal Solution)</b>	5	
<b>Trelstar Mixject (Injection)</b>	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	2	
Immunological Agents		
Angioedema Agents		
<b>Beriner (Injection)</b>	5	PA, LA
<b>Firazy (Injection)</b>	5	PA, QL
Immune Suppressants		
Azathioprine (100mg Injection)	5	B/D, PA
Azathioprine (50mg Tablet)	2	B/D, PA
Cyclosporine (100mg Capsule, 25mg Capsule)	3	B/D, PA
Cyclosporine (50mg/ml 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
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA	Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	PA
Gengraf (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA	Mycophenolate Mofetil (500mg Injection)	4	PA
<b>Humira (Injection)</b>	5	PA	Mycophenolic Acid DR (Tablet Delayed-Release)	4	B/D, PA
<b>Humira Pediatric Crohns Disease Starter Pack (Injection)</b>	5	PA	<b>Nulojix (Injection)</b>	5	PA
<b>Humira Pen (Injection)</b>	5	PA	<b>Prograf (5mg/ml Injection)</b>	4	PA
<b>Humira Pen Crohns Disease Starter Pack (Injection)</b>	5	PA	<b>Rapamune (1mg/ml Oral Solution)</b>	5	B/D, PA
<b>Humira Pen-Psoriasis Starter (Injection)</b>	5	PA	<b>Sandimmune (100mg/ml Oral Solution)</b>	4	B/D, PA
Methotrexate (Tablet)	2		Sirolimus (Tablet)	4	B/D, PA
Methotrexate Sodium (1gm Injection, 1gm/40ml Injection, 50mg/2ml Injection)	4		Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	3	PA
Methotrexate Sodium (50mg/2ml Injection)	4		<b>Torisel (Injection)</b>	5	
Mycophenolate Mofetil (200mg/ml Suspension)	5	PA	Trexall (Tablet)	4	
			<b>Zortress (Tablet)</b>	5	PA
			Immunizing Agents, Passive		
			<b>Atgam (Injection)</b>	5	
			<b>BIVIGAM (Injection)</b>	4	PA
			<b>Carimune Nanofiltered (Injection)</b>	4	PA
			<b>Flebogamma DIF (Injection)</b>	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Gamastan S/D (Injection)</b>	3	PA
<b>Gammagard Liquid (Injection)</b>	4	PA
<b>Gammagard S/D IGA Less Than 1 mcg/ml (Injection)</b>	4	PA
<b>Gammaked (Injection)</b>	4	PA
<b>Gammaplex (Injection)</b>	4	PA
<b>Gamunex-C (Injection)</b>	4	PA
<b>Octagam (Injection)</b>	4	PA
<b>Privigen (Injection)</b>	4	PA
<b>Thymoglobulin (Injection)</b>	5	
<b>Varizig (Injection)</b>	3	
Immunomodulators		
<b>Actemra (162mg/0.9ml Injection)</b>	5	PA
<b>Actimmune (Injection)</b>	5	
<b>Arcalyst (Injection)</b>	5	PA, LA
<b>Benlysta (Injection)</b>	5	PA
<b>Ilaris (Injection)</b>	5	PA, QL, LA
Leflunomide (Tablet)	3	
<b>Simulect (Injection)</b>	5	
<b>Sylvant (Injection)</b>	5	PA
<b>Synagis (Injection)</b>	5	PA
<b>Xolair (Injection)</b>	5	PA
Vaccines		

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>ActHIB (Injection)</b>	3	
<b>Adacel (Injection)</b>	3	
<b>BCG Vaccine (Injection)</b>	3	
<b>Bexsero (Injection)</b>	3	
<b>Boostrix (Injection)</b>	3	
<b>Daptacel (Injection)</b>	3	
<b>Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)</b>	3	
<b>Engerix-B (Injection)</b>	3	B/D, PA
<b>Gardasil 9 (Injection)</b>	3	
<b>Havrix (Injection)</b>	3	
<b>Hiberix (Injection)</b>	3	
<b>Imovax Rabies (H.D.C.V.) (Injection)</b>	3	B/D, PA
<b>Infanrix (Injection)</b>	3	
<b>IPOX Inactivated IPV (Injection)</b>	3	
<b>Ixiaro (Injection)</b>	3	
<b>Kinrix (Injection)</b>	3	
<b>M-M-R II (Injection)</b>	3	
<b>Menactra (Injection)</b>	3	
<b>Menomune-A/C/Y/W-135 (Injection)</b>	3	
<b>Menveo (Injection)</b>	3	
<b>Pediarix (Injection)</b>	3	
<b>Pedvax HIB (Injection)</b>	3	
<b>ProQuad (Injection)</b>	3	
<b>Quadracel (Injection)</b>	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
<b>Rabavert (Injection)</b>	3	B/D, PA	<b>Hydrocortisone (100mg/60ml Enema)</b>	3	
<b>Recombivax HB (Injection)</b>	3	B/D, PA	Procto-Med HC (Cream)	2	
<b>Rotarix (Suspension)</b>	3		Procto-Pak (Cream)	2	
<b>RotaTeq (Oral Solution)</b>	3		Proctosol HC (Cream)	2	
<b>Tenivac (Injection)</b>	3		Proctozone-HC (Cream)	2	
<b>Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)</b>	3		<b>Sulfonamides</b>		
<b>Trumenba (Injection)</b>	3		Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	
<b>Twinrix (Injection)</b>	3		<b>Metabolic Bone Disease Agents</b>		
<b>Typhim Vi (Injection)</b>	3		<b>Metabolic Bone Disease Agents</b>		
<b>VAQTA (Injection)</b>	3		Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
<b>Varivax (Injection)</b>	3		Alendronate Sodium (70mg/75ml Oral Solution)	3	
<b>YF-Vax (Injection)</b>	3		<b>Binosto (Tablet Effervescent)</b>	4	QL
<b>Zostavax (Injection)</b>	4	PA	Calcitonin-Salmon (Nasal Solution)	3	QL
<b>Inflammatory Bowel Disease Agents</b>			Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	2	B/D, PA
<b>Aminosalicylates</b>			Calcitriol (1mcg/ml Injection)	4	B/D, PA
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	3	QL			
Balsalazide Disodium (Capsule)	4				
<b>Canasa (Suppository)</b>	4				
Mesalamine (Kit)	4				
<b>Glucocorticoids</b>					
Budesonide (3mg Capsule Delayed-Release)	4				
Colocort (Enema)	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
<b>Forteo (Injection)</b>	5	PA, QL	Fomepizole (Injection)	5	
Ibandronate Sodium (150mg Tablet)	3	QL	Gauze (Non-medicated 2X2)	3	
Ibandronate Sodium (3mg/3ml Injection)	4	B/D, PA	Insulin Syringes, Needles	3	
<b>Miacalcin (200unit/ml Injection)</b>	5	PA	<b>Sterile Water Irrigation (Solution)</b>	3	
<b>Natpara (Injection)</b>	5	PA	Ophthalmic Agents		
Pamidronate Disodium (Injection)	4	B/D, PA	Ophthalmic Agents, Other		
Paricalcitol (1mcg Capsule, 2mcg Capsule)	4	B/D, PA, QL	Bacitracin/Polymyxin B (Ophthalmic Ointment)	2	
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection, 4mcg Capsule)	4	B/D, PA	<b>Blephamide (Suspension)</b>	4	
<b>Prolia (Injection)</b>	4		Blephamide S.O.P. (Ointment)	4	
<b>Sensipar (30mg Tablet)</b>	3	QL	<b>Cystaran (Ophthalmic Solution)</b>	5	
<b>Sensipar (60mg Tablet, 90mg Tablet)</b>	5	QL	<b>Lacrisert (Insert)</b>	4	
<b>Tymlos (Injection)</b>	5	PA, QL	<b>Lastacraft (Ophthalmic Solution)</b>	3	
<b>Xgeva (Injection)</b>	5	PA	Neomycin/Bacitracin/Polymyxin (Ointment)	3	
Zoledronic Acid (4mg/5ml Injection)	4	B/D, PA	Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	3	
Zoledronic Acid (5mg/100ml Injection)	4	PA	Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	2	
Miscellaneous Therapeutic Agents					
Miscellaneous Therapeutic Agents					
Alcohol Prep Pads	3				
<b>Botox (Injection)</b>	4	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
Neomycin/Polymyxin/ Gramicidin (Ophthalmic Solution)	3		Olopatadine HCl (0.1% Ophthalmic Solution)	3	
Neomycin/Polymyxin/ Hydrocortisone (1% Ophthalmic Suspension)	4		Olopatadine HCl (2% Ophthalmic Solution)	4	
Polymyxin B Sulfate/ Trimethoprim Sulfate (Ophthalmic Solution)	2		<b>Pazeo (Ophthalmic Solution)</b>	4	
Proparacaine HCl (Ophthalmic Solution)	2		Ophthalmic Antiglaucoma Agents		
<b>Restasis (Emulsion)</b>	3	QL	<b>Alphagan P (0.1% Ophthalmic Solution)</b>	3	
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	2		Apraclonidine (Ophthalmic Solution)	3	
<b>Tobradex (0.3%-0.1% Ophthalmic Ointment)</b>	3		<b>Azopt (Suspension)</b>	3	
Tobramycin/ Dexamethasone (Ophthalmic Suspension)	3		Betaxolol HCl (Ophthalmic Solution)	3	
Ophthalmic Anti-allergy Agents			<b>Betimol (Ophthalmic Solution)</b>	4	
Azelastine HCl (0.05% Ophthalmic Solution)	3		Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	
<b>Bepreve (Ophthalmic Solution)</b>	4		Carteolol HCl (Ophthalmic Solution)	2	
Cromolyn Sodium (4% Ophthalmic Solution)	2		<b>Cosopt PF (Ophthalmic Solution)</b>	4	
Epinastine HCl (Ophthalmic Solution)	3		Dorzolamide HCl (Ophthalmic Solution)	2	
			Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	2	
			Levobunolol HCl (Ophthalmic Solution)	2	
			<b>Phospholine Iodide (Ophthalmic Solution)</b>	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
<b>Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)</b>	3		<b>Prednisolone Acetate (Ophthalmic Suspension)</b>	3	
<b>Simbrinza (Suspension)</b>	3		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	
Timolol Maleate (Ophthalmic Solution)	2		<b>Prolensa (Ophthalmic Solution)</b>	4	
<b>Timolol Maleate Ophthalmic Gel Forming (Solution)</b>	3		Ophthalmic Prostaglandin and Prostanamide Analogs		
Ophthalmic Anti-inflammatories			Bimatoprost (Ophthalmic Solution)	3	
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	3		Latanoprost (Ophthalmic Solution)	1	
Diclofenac Sodium (0.1% Ophthalmic Solution)	2		<b>Lumigan (Ophthalmic Solution)</b>	3	
<b>Durezol (Emulsion)</b>	3		<b>Travatan Z (Ophthalmic Solution)</b>	3	
<b>Fluorometholone (Ophthalmic Suspension)</b>	3		Otic Agents		
Flurbiprofen Sodium (Ophthalmic Solution)	2		Otic Agents		
<b>Ilevro (Suspension)</b>	4		Acetic Acid (Otic Solution)	2	
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	3		<b>Coly-Mycin S (Suspension)</b>	3	
			Fluocinolone Acetonide (0.01% Otic Oil)	4	
			Hydrocortisone/Acetic Acid (Otic Solution)	3	
			Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	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
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
Azelastine HCl (0.1% Nasal Solution)	3	QL
Azelastine HCl (0.15% Nasal Solution)	3	
Cetirizine HCl (Syrup)	2	
Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	3	
Diphenhydramine HCl (50mg/ml Injection)	4	B/D, PA
Phenadoz (Suppository)	4	
Phenergan (12.5mg Suppository, 25mg Suppository)	4	
Promethazine HCl (12.5mg Suppository, 25mg Suppository)	4	
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	2	
Promethegan (25mg Suppository)	4	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension)	4	B/D, PA
Flunisolide (Nasal Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluticasone Propionate (50mcg/act Suspension)	2	
<b>Pulmicort Flexhaler (Aerosol Powder)</b>	3	QL
<b>Antileukotrienes</b>		
Montelukast Sodium (10mg Tablet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL
Zafirlukast (Tablet)	3	QL
<b>Bronchodilators, Anticholinergic</b>		
<b>Atrovent HFA (Aerosol Solution)</b>	4	
<b>Incruse Ellipta (Aerosol Powder)</b>	3	QL
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	
<b>Bronchodilators, Sympathomimetic</b>		
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	3	B/D, PA

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	4	
<b>Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)</b>	3	QL
<b>Perforomist (Nebulized Solution)</b>	4	B/D, PA, QL
<b>Striverdi Respimat (Aerosol Solution)</b>	3	QL
<b>Ventolin HFA (Aerosol Solution)</b>	3	
Cystic Fibrosis Agents		
<b>Cayston (Inhalation Solution)</b>	5	PA, LA
<b>Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)</b>	5	PA, QL
<b>Orkambi (Tablet)</b>	5	PA, QL, LA
<b>TOBI Podhaler (Capsule)</b>	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		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aminophylline (Injection)	4	
<b>Daliresp (Tablet)</b>	4	PA, QL
Theophylline (Oral Solution)	2	
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		
<b>Adempas (Tablet)</b>	5	PA
<b>Orenitram (0.125mg Tablet Extended-Release)</b>	4	PA, QL
<b>Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)</b>	5	PA, QL
<b>Orenitram (2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)</b>	5	PA
<b>Remodulin (Injection)</b>	5	PA, LA
Sildenafil (10mg/12.5ml 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
Sildenafil (20mg Tablet) (Generic Revatio)	3	PA, QL
<b>Tracleer (Tablet)</b>	5	PA, QL
<b>Ventavis (Inhalation Solution)</b>	5	PA, QL, LA
Pulmonary Fibrosis Agents		
<b>Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)</b>	5	PA, QL, LA
<b>Ofev (Capsule)</b>	5	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	2	B/D, PA
<b>Anoro Ellipta (Aerosol Powder)</b>	3	QL
<b>Breo Ellipta (Aerosol Powder)</b>	3	QL
<b>Combivent Respimat (Aerosol Solution)</b>	3	
Ipratropium Bromide/ Albuterol Sulfate (Inhalation Solution)	2	B/D, PA
<b>Nucala (Injection)</b>	5	PA, QL, LA
<b>Pulmozyme (Inhalation Solution)</b>	5	B/D, PA, QL
Skeletal Muscle Relaxants		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Skeletal Muscle Relaxants		
Baclofen (Tablet)	2	
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	2	
<b>Gablofen (Injection)</b>	4	B/D, PA
Orphenadrine Citrate (Injection)	4	
Tizanidine HCl (2mg Tablet, 4mg Tablet)	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
Eszopiclone (Tablet)	2	QL
Temazepam (15mg Capsule, 30mg Capsule)	2	QL
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Sleep Disorders, Other		
<b>Belsomra (Tablet)</b>	3	QL
<b>Hetlioz (Capsule)</b>	5	PA, QL
Modafinil (Tablet)	4	PA, QL
<b>Xyrem (Oral Solution)</b>	5	PA, QL, LA

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## 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 UnitedHealthcare 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-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
<b>Albenza (Tablet)</b>	Maximum of 16 tablets per day
<b>Alecensa (Capsule)</b>	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
<b>Alunbrig (Tablet)</b>	Maximum of 6 tablets per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day

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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
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Androderm (Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Anoro Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Apokyn (Injection)</b>	Maximum of 3 ml per day
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	Maximum of 4 capsules per day
<b>Aptiom (200mg Tablet, 400mg Tablet)</b>	Maximum of 1 tablet per day
<b>Aptiom (600mg Tablet, 800mg Tablet)</b>	Maximum of 2 tablets per day
<b>Aptivus (100mg/ml Oral Solution)</b>	Maximum of 15 ml per day
<b>Aptivus (250mg Capsule)</b>	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
<b>Atripla (Tablet)</b>	Maximum of 2 tablets per day
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
<b>Belsomra (Tablet)</b>	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
<b>Binosto (Tablet Effervescent)</b>	Maximum of 4 tablets per 28 days
<b>Bosulif (100mg Tablet)</b>	Maximum of 6 tablets per day
<b>Bosulif (500mg Tablet)</b>	Maximum of 1 tablet per day
<b>Botox (Injection)</b>	Maximum of 9 vials per 30 days
<b>Breo Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Brilinta (Tablet)</b>	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
<b>BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)</b>	Maximum of 2 tablets per day
<b>BRIVIACT (10mg/ml Oral Solution)</b>	Maximum of 20 ml per day
<b>BRIVIACT (50mg/5ml Intravenous Solution)</b>	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
<b>Cabometyx (20mg Tablet, 60mg Tablet)</b>	Maximum of 1 tablet per day
<b>Cabometyx (40mg Tablet)</b>	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
<b>Clozapine ODT (12.5mg Tablet Dispersible)</b>	Maximum of 2 tablets per day
<b>Clozapine ODT (150mg Tablet Dispersible)</b>	Maximum of 6 tablets per day
<b>Clozapine ODT (200mg Tablet Dispersible)</b>	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
<b>Colchicine (0.6mg Capsule) (Generic Mitigare)</b>	Maximum of 4 capsules per day
<b>Colchicine (0.6mg Tablet) (Generic Colcrys)</b>	Maximum of 4 tablets per day
<b>Colcrys (Tablet)</b>	Maximum of 4 tablets per day
<b>Complera (Tablet)</b>	Maximum of 2 tablets per day
<b>Corlanor (Tablet)</b>	Maximum of 2 tablets per day
<b>Cotellic (Tablet)</b>	Maximum of 3 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Crixivan (Capsule)</b>	Maximum of 9 capsules per day
<b>Daliresp (Tablet)</b>	Maximum of 1 tablet per day
<b>Descovy (Tablet)</b>	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	Maximum of 1 tablet per day
<b>Dexilant (Capsule Delayed-Release)</b>	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Donepezil HCl (10mg Tablet 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
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
<b>Edurant (Tablet)</b>	Maximum of 2 tablets per day
<b>Embeda (100mg-4mg Capsule Extended-Release)</b>	Maximum of 3 capsules per day
<b>Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)</b>	Maximum of 4 capsules per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)</b>	Maximum of 2 capsules per day
<b>Embeda (60mg-2.4mg Capsule Extended-Release)</b>	Maximum of 6 capsules per day
<b>Emsam (Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Emtriva (10mg/ml Oral Solution)</b>	Maximum of 42.5 ml per day
<b>Emtriva (200mg Capsule)</b>	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
<b>Entresto (Tablet)</b>	Maximum of 2 tablets per day
<b>Epclusa (Tablet)</b>	Maximum of 1 tablet per day
<b>Epinephrine (Injection) (Generic EpiPen)</b>	Maximum of 4 pens (2 boxes) per 30 days
<b>Erivedge (Capsule)</b>	Maximum of 1 capsule per day
<b>Esbriet (Capsule)</b>	Maximum of 9 capsules per day
<b>Esbriet (267mg Tablet)</b>	Maximum of 6 tablets per day
<b>Esbriet (801mg Tablet)</b>	Maximum of 3 tablets per day
Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
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
Eszopiclone (Tablet)	Maximum of 1 tablet per day
<b>Evotaz (Tablet)</b>	Maximum of 2 tablets per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet per day
<b>Fanapt (Tablet)</b>	Maximum of 2 tablets 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 Lollipop, 1600mcg Lollipop, 200mcg Lollipop, 400mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	Maximum of 4 lozenges per day
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Firazyr (Injection)</b>	Maximum of 9 ml per day
<b>Forteo (Injection)</b>	Maximum of 1 pen (2.4 ml) per 28 days
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
<b>Fuzeon (Injection)</b>	Maximum of 3 vials per day
<b>Gabitril (12mg Tablet)</b>	Maximum of 4 tablets per day
<b>Gabitril (16mg Tablet)</b>	Maximum of 3 tablets per day
<b>Genvoya (Tablet)</b>	Maximum of 2 tablets per day
<b>Gilenya (Capsule)</b>	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
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

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<b>Drug Name</b>	<b>Quantity Limit</b>
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
<b>Harvoni (Tablet)</b>	Maximum of 1 tablet per day
<b>Hetlioz (Capsule)</b>	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (325mg-2.5mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 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
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
<b>Ibrance (Capsule)</b>	Maximum of 1 capsule per day
<b>Iclusig (15mg Tablet)</b>	Maximum of 2 tablets per day
<b>Iclusig (45mg Tablet)</b>	Maximum of 1 tablet per day
<b>Ilaris (Injection)</b>	Maximum of 2 vials per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
<b>Imbruvica (Capsule)</b>	Maximum of 4 capsules per day
<b>Incruse Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Inlyta (Tablet)</b>	Maximum of 4 tablets per day
<b>Intence (100mg Tablet)</b>	Maximum of 2 tablets per day
<b>Intence (200mg Tablet)</b>	Maximum of 3 tablets per day
<b>Intence (25mg Tablet)</b>	Maximum of 6 tablets per day
<b>Invirase (200mg Capsule)</b>	Maximum of 15 capsules per day
<b>Invirase (500mg Tablet)</b>	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
<b>Iressa (Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress (100mg Packet)</b>	Maximum of 4 packets per day
<b>Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)</b>	Maximum of 9 tablets per day
<b>Isentress (400mg Tablet)</b>	Maximum of 6 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Jakafi (Tablet)</b>	Maximum of 2 tablets per day
<b>Jardiance (Tablet)</b>	Maximum of 1 tablet per day
<b>Jentadueto (Tablet)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Kaletra (100mg-25mg Tablet)</b>	Maximum of 10 tablets per day
<b>Kaletra (200mg-50mg Tablet)</b>	Maximum of 6 tablets per day
<b>Kalydeco (150mg Tablet)</b>	Maximum of 2 tablets per day
<b>Kalydeco (50mg Packet, 75mg Packet)</b>	Maximum of 2 packets per day
<b>Kisqali (Tablet)</b>	Maximum of 3 tablets per day
<b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>	Maximum of 91 tablets (1 pack) per 28 days
<b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>	Maximum of 91 tablets (1 pack) per 28 days
<b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>	Maximum of 91 tablets (1 pack) per 28 days
<b>Korlym (Tablet)</b>	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
<b>Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)</b>	Maximum of 1 tablet per day
<b>Latuda (80mg Tablet)</b>	Maximum of 2 tablets per day
<b>Lexiva (50mg/ml Suspension)</b>	Maximum of 90 ml per day
<b>Lexiva (700mg Tablet)</b>	Maximum of 6 tablets per day
Lidocaine (5% Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
<b>Linzess (Capsule)</b>	Maximum of 1 capsule per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Lonsurf (6.14mg-15mg Tablet)</b>	Maximum of 10 tablets per day
<b>Lonsurf (8.19mg-20mg Tablet)</b>	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
<b>Lynparza (Capsule)</b>	Maximum of 16 capsules per day
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)</b>	Maximum of 3 capsules per day
<b>Lyrica (20mg/ml Oral Solution)</b>	Maximum of 30 ml per day
<b>Lyrica (225mg Capsule, 300mg Capsule)</b>	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
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

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Quantity Limit
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Methylphenidate HCl (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 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
<b>Morphine Sulfate (15mg Tablet Immediate-Release)</b>	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
<b>Morphine Sulfate (30mg Tablet Immediate-Release)</b>	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
<b>Multaq (Tablet)</b>	Maximum of 2 tablets per day
Naratriptan HCl (Tablet)	Maximum of 12 tablets per 30 days
<b>Nebupent (Inhalation Solution)</b>	Maximum of 300 mg (1 vial) in 28 days
Nevirapine (200mg Tablet Immediate-Release)	Maximum of 3 tablets per day
<b>Nevirapine (50mg/5ml Suspension)</b>	Maximum of 60 ml per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day

**Bold type = Brand name drug**

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<b>Drug Name</b>	<b>Quantity Limit</b>
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
<b>Nexium (20mg Capsule Delayed-Release)</b>	Maximum of 3 capsules per day
<b>Nexium (40mg Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
<b>Ninlaro (Capsule)</b>	Maximum of 3 capsules per 28 days
<b>Northera (100mg Capsule)</b>	Maximum of 3 capsules per day
<b>Northera (200mg Capsule, 300mg Capsule)</b>	Maximum of 6 capsules per day
<b>Norvir (100mg Capsule)</b>	Maximum of 18 capsules per day
<b>Norvir (100mg Tablet)</b>	Maximum of 18 tablets per day
<b>Norvir (80mg/ml Oral Solution)</b>	Maximum of 24 ml per day
<b>Noxafil (100mg Tablet Delayed-Release)</b>	Maximum of 8 tablets per day
<b>Noxafil (40mg/ml Suspension)</b>	Maximum of 20 ml per day
<b>Nucala (Injection)</b>	Maximum of 1 vial per 28 days
<b>Nuplazid (Tablet)</b>	Maximum of 2 tablets per day
<b>Odefsey (Tablet)</b>	Maximum of 2 tablets per day
<b>Odomzo (Capsule)</b>	Maximum of 1 capsule per day
<b>Ofev (Capsule)</b>	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
Olmesartan Medoxomil (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5mg Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Onfi (10mg Tablet, 20mg Tablet)</b>	Maximum of 2 tablets per day
<b>Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)</b>	Maximum of 6 tablets per day
<b>Orkambi (Tablet)</b>	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (Capsule)	Maximum of 2 capsules per day

**Bold type = Brand name drug**

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<b>Drug Name</b>	<b>Quantity Limit</b>
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 (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Acetaminophen (5mg/5ml-325mg/5ml Oral Solution)	Maximum of 60 ml 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
<b>Perforomist (Nebulized Solution)</b>	Maximum of 2 vials (4 ml) per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
<b>Pomalyst (Capsule)</b>	Maximum of 1 capsule per day

**Bold type = Brand name drug**

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<b>Drug Name</b>	<b>Quantity Limit</b>
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
<b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Premphase (Tablet)</b>	Maximum of 1 tablet per day
<b>Prempro (Tablet)</b>	Maximum of 1 tablet per day
<b>Prezcobix (Tablet)</b>	Maximum of 2 tablets per day
<b>Prezista (100mg/ml Suspension)</b>	Maximum of 60 ml per day
<b>Prezista (150mg Tablet)</b>	Maximum of 6 tablets per day
<b>Prezista (600mg Tablet, 800mg Tablet)</b>	Maximum of 3 tablets per day
<b>Prezista (75mg Tablet)</b>	Maximum of 7 tablets per day
<b>Promacta (12.5mg Tablet, 25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Promacta (50mg Tablet, 75mg Tablet)</b>	Maximum of 2 tablets per day
<b>Pulmicort Flexhaler (Aerosol Powder)</b>	Maximum of 2 inhalers per 30 days
<b>Pulmozyme (Inhalation Solution)</b>	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
<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>RAVICTI (Liquid)</b>	Maximum of 17.5 ml per day
<b>Relenza Diskhaler (Aerosol Powder)</b>	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
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
<b>Rescriptor (Tablet)</b>	Maximum of 9 tablets per day
<b>Restasis (Emulsion)</b>	Maximum of 2 vials per day
<b>Revlimid (Capsule)</b>	Maximum of 1 capsule per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Rexulti (Tablet)</b>	Maximum of 1 tablet per day
<b>Reyataz (150mg Capsule, 300mg Capsule)</b>	Maximum of 2 capsules per day
<b>Reyataz (200mg Capsule)</b>	Maximum of 3 capsules per day
<b>Reyataz (50mg Packet)</b>	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
<b>Rubraca (Tablet)</b>	Maximum of 4 tablets per day
<b>Rydapt (Capsule)</b>	Maximum of 8 capsules per day
<b>Sabril (500mg Packet)</b>	Maximum of 6 packets per day
<b>Sabril (500mg Tablet)</b>	Maximum of 6 tablets per day
<b>Samsca (Tablet)</b>	Maximum of 2 tablets per day
<b>Saphris (Tablet Sublingual)</b>	Maximum of 2 tablets per day
<b>Selzentry (150mg Tablet, 75mg Tablet)</b>	Maximum of 3 tablets per day
<b>Selzentry (25mg Tablet, 300mg Tablet)</b>	Maximum of 6 tablets per day
<b>Sensipar (30mg Tablet, 60mg Tablet)</b>	Maximum of 2 tablets per day
<b>Sensipar (90mg Tablet)</b>	Maximum of 4 tablets per day
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
<b>Somavert (Injection)</b>	Maximum of 1 vial per day
<b>Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)</b>	Maximum of 1 tablet per day
<b>Sprycel (20mg Tablet, 50mg Tablet)</b>	Maximum of 3 tablets per day
<b>Sprycel (80mg Tablet)</b>	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
<b>Stivarga (Tablet)</b>	Maximum of 4 tablets per day
<b>Stribild (Tablet)</b>	Maximum of 2 tablets per day
<b>Striverdi Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Suboxone (12mg-3mg Film, 4mg-1mg Film)</b>	Maximum of 2 films per day
<b>Suboxone (2mg-0.5mg Film, 8mg-2mg Film)</b>	Maximum of 3 films per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
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
<b>Sumatriptan Succinate Refill (Injection)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Sustiva (200mg Capsule)</b>	Maximum of 3 capsules per day
<b>Sustiva (50mg Capsule)</b>	Maximum of 9 capsules per day
<b>Sustiva (600mg Tablet)</b>	Maximum of 2 tablets per day
<b>Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)</b>	Maximum of 1 capsule per day
<b>Sutent (37.5mg Capsule)</b>	Maximum of 2 tablets per day
<b>Synjardy (Tablet)</b>	Maximum of 2 tablets per day
<b>Syprine (Capsule)</b>	Maximum of 8 capsules per day
<b>Tagrisso (Tablet)</b>	Maximum of 1 tablet per day
<b>Tamiflu (6mg/ml Suspension)</b>	Maximum of 26 ml per day
<b>Tanzeum (Injection)</b>	Maximum of 4 pens per 28 days
<b>Tarceva (100mg Tablet, 150mg Tablet)</b>	Maximum of 1 tablet per day
<b>Tarceva (25mg Tablet)</b>	Maximum of 3 tablets per day
<b>Tasigna (150mg Capsule)</b>	Maximum of 5 capsules per day
<b>Tasigna (200mg Capsule)</b>	Maximum of 4 capsules per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (40mg-12.5mg Tablet, 80mg-25mg Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (80mg-12.5mg Tablet)	Maximum of 2 tablets per day
Temazepam (15mg Capsule, 30mg Capsule)	Maximum of 1 capsule per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
<b>Thalomid (100mg Capsule, 50mg Capsule)</b>	Maximum of 1 capsule per day
<b>Thalomid (150mg Capsule, 200mg Capsule)</b>	Maximum of 2 tablets per day
<b>Tivicay (10mg Tablet, 25mg Tablet)</b>	Maximum of 2 tablets per day
<b>Tivicay (50mg Tablet)</b>	Maximum of 3 tablets per day
<b>TOBI Podhaler (Capsule)</b>	Maximum of 8 capsules per day

**Bold type = Brand name drug**

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<b>Drug Name</b>	<b>Quantity Limit</b>
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
<b>Toviaz (Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Tracleer (Tablet)</b>	Maximum of 2 tablets per day
<b>Tradjenta (Tablet)</b>	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
Trezix (Capsule)	Maximum of 10 capsules per day
<b>Trintellix (Tablet)</b>	Maximum of 1 tablet per day
<b>Triumeq (Tablet)</b>	Maximum of 2 tablets per day
<b>Truvada (Tablet)</b>	Maximum of 2 tablets per day
<b>Tybost (Tablet)</b>	Maximum of 2 tablets per day
<b>Tymlos (Injection)</b>	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
<b>Vemlidy (Tablet)</b>	Maximum of 1 tablet per day
<b>Venclexta (100mg Tablet)</b>	Maximum of 4 tablets per day
<b>Venclexta (10mg Tablet)</b>	Maximum of 2 tablets per day
<b>Venclexta (50mg Tablet)</b>	Maximum of 1 tablet per day
<b>Ventavis (10mcg/ml Inhalation Solution)</b>	Maximum of 7 ml per day
<b>Ventavis (20mcg/ml Inhalation Solution)</b>	Maximum of 3 ml per day
<b>Videx Pediatric (Oral Solution)</b>	Maximum of 30 ml per day
<b>Viibryd (Tablet)</b>	Maximum of 1 tablet per day
<b>Viibryd Starter Pack (Kit)</b>	Maximum of 1 tablet per day
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)</b>	Maximum of 2 tablets per day
<b>Vimpat (10mg/ml Oral Solution)</b>	Maximum of 40 ml per day
<b>Viracept (250mg Tablet)</b>	Maximum of 15 tablets per day
<b>Viracept (625mg Tablet)</b>	Maximum of 6 tablets per day
<b>Viread (150mg Tablet)</b>	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)</b>	Maximum of 2 tablets per day
<b>Viread (40mg/gm Powder)</b>	Maximum of 6 bottles (360 grams) per 30 days
<b>Votrient (Tablet)</b>	Maximum of 4 tablets per day
<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	Maximum of 1 capsule per day
<b>Xarelto (10mg Tablet, 20mg Tablet)</b>	Maximum of 1 tablet per day
<b>Xarelto (15mg Tablet)</b>	Maximum of 2 tablets per day
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	Maximum of 1 pack (51 tablets) per 30 days
<b>Xtandi (Capsule)</b>	Maximum of 4 capsules per day
<b>Xyrem (Oral Solution)</b>	Maximum of 18 ml per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
<b>Zejula (Capsule)</b>	Maximum of 3 capsules per day
<b>Zelboraf (Tablet)</b>	Maximum of 8 tablets per day
<b>Zepatier (Tablet)</b>	Maximum of 1 tablet per day
<b>Zerit (Oral Solution)</b>	Maximum of 120 ml per day
<b>Ziagen (Oral Solution)</b>	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
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
<b>Zydelig (Tablet)</b>	Maximum of 2 tablets per day
<b>Zykadia (Capsule)</b>	Maximum of 5 capsules per day
<b>Zytiga (Tablet)</b>	Maximum of 4 tablets per day

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## Required information

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

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