

# 2018 COMPLETE DRUG LIST (FORMULARY)



## Prescription drug list information

### AARP® MedicareRx Preferred (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 **1-888-867-5575**, 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

# TABLE OF CONTENTS

What is a drug list?.....	3
Note to existing members.....	3
How do I use the drug list?.....	4
What are generic drugs?.....	4
What is a compounded drug?.....	4
Drug payment stage and drug tiers.....	5
Getting Extra Help.....	5
Are there any rules or limits on my drug coverage?.....	6
What if my drug is not on this list?.....	8
How can I get an exception?.....	8
Can I get my drug while I wait for an exception?.....	9
Can the drug list change?.....	10
Drugs with dosages other than a 1-month supply.....	11
Covered drugs by name ( <b>Drug index</b> ).....	12
Covered drugs by medical condition.....	30
Covered drugs with a quantity limit (QL).....	97

## 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 September 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 Preferred (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 12–29 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 30–96 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 30. 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 97-117.

### **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 **1-888-867-5575**, 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.....	57	Afinitor.....	51
Abacavir Sulfate/Lamivudine/ Zidovudine.....	57	Afinitor Disperz.....	51
Abacavir/Lamivudine.....	57	Ala-Cort.....	79
Abelcet.....	46	Albenza.....	52
Abilify Maintena.....	54	Albuterol Sulfate.....	94
Abraxane.....	50	Alclometasone Dipropionate .....	79
Acamprosate Calcium DR.....	34	Alcohol Prep Pads.....	90
Acarbose.....	59	Aldurazyme.....	78
Acebutolol HCl.....	63	Alecensa.....	51
Acetaminophen/Codeine.....	32	Alendronate Sodium.....	89
Acetazolamide.....	67	Alfuzosin HCl ER.....	78
Acetazolamide ER.....	67	Alimta.....	49
Acetazolamide Sodium.....	67	Alinia.....	52
Acetic Acid.....	93	Allopurinol.....	48
Acetylcysteine.....	95	Alocril.....	91
Acitretin.....	71	Alomide.....	91
Actemra.....	88	Alosetron HCl.....	76
ActHIB.....	88	Alphagan P.....	91
Actimmune.....	88	Alprazolam.....	58
Acyclovir.....	56	Alunbrig.....	51
Acyclovir Sodium.....	56	Alyacen 1/35.....	82
Adacel.....	88	Amabelz.....	82
Adagen.....	77	Amantadine HCl.....	53
Adapalene.....	71	AmBisome.....	46
Adcirca.....	95	Amethia.....	82
Adempas.....	95	Amethia Lo.....	82
Adriamycin.....	50	Amikacin Sulfate.....	34
Adrucil.....	49	Amiloride HCl.....	67
Advair Diskus.....	95	Amiloride/Hydrochlorothiazide .....	65
Advair HFA.....	95	Aminophylline.....	95
Afeditab CR.....	64	Aminosyn 7%/Electrolytes.....	72
		Aminosyn 8.5%/Electrolytes .....	73
		Aminosyn II.....	73
		Aminosyn II 8.5%/Electrolytes .....	73
		Aminosyn-HBC.....	73
		Aminosyn-PF.....	73
		Aminosyn-RF.....	73
		Amiodarone HCl.....	63
		Amitiza.....	76
		Amitriptyline HCl.....	45
		Amlodipine Besylate.....	64
		Ammonium Lactate.....	71
		Amoxapine.....	45
		Amoxicillin.....	37
		Amoxicillin/Clavulanate Potassium.....	37
		Amoxicillin/Clavulanate Potassium ER.....	38
		Amphetamine/ Dextroamphetamine.....	69
		Amphotericin B.....	46
		Ampicillin.....	38
		Ampicillin Sodium.....	38
		Ampicillin-Sulbactam.....	38
		Ampyra.....	71
		Anadrol-50.....	82
		Anagrelide HCl.....	61
		Anastrozole.....	51
		Androderm.....	82
		AndroGel.....	82
		AndroGel Pump.....	82
		Anoro Ellipta.....	96
		Apokyn.....	53

Apraclonidine.....	91	Avastin.....	52	Benzotropine Mesylate.....	53
Aprepitant.....	46	Avelox.....	39	Bepreve.....	91
Apri.....	82	Aviane.....	82	Berinert.....	86
Apriso.....	89	Avonex.....	71	Besivance.....	39
Aptiom.....	42	Avonex Pen.....	71	Betamethasone Dipropionate	
Aptivus.....	58	Azacitidine.....	61	.....	79
Aralast NP.....	78	Azactam in Iso-Osmotic		Betamethasone Valerate.....	79
Aranelle.....	82	Dextrose.....	37	Betaseron.....	71
Aranesp Albumin Free.....	61	Azasite.....	38	Betaxolol HCl.....	63, 91
Arcalyst.....	88	Azathioprine.....	87	Bethanechol Chloride.....	79
Argatroban.....	61	Azelastine HCl.....	91, 93	Betimol.....	92
Aripiprazole.....	54	Azithromycin.....	38	Bevespi Aerosphere.....	96
Aripiprazole ODT.....	54	Azopt.....	91	Bexarotene.....	52
Aristada.....	54	Aztreonam.....	37	Bexsero.....	88
Arnuity Ellipta.....	93			Bicalutamide.....	49
Arranon.....	50	<b>B</b>		Bicillin C-R.....	38
Ashlyna.....	82	BACiiM.....	35	Bicillin L-A.....	38
Aspirin/Dipyridamole.....	62	Bacitracin.....	35	Bicillan.....	49
Atenolol.....	63	Bacitracin/Polymyxin B.....	90	BiDil.....	65
Atenolol/Chlorthalidone.....	65	Baclofen.....	96	Biltricide.....	52
Atgam.....	88	Bactocill in Dextrose.....	38	Binosto.....	89
Atomoxetine.....	70	Bactroban Nasal.....	35	Bisoprolol Fumarate.....	63
Atorvastatin Calcium.....	68	Balsalazide Disodium.....	89	Bisoprolol Fumarate/ Hydrochlorothiazide.....	66
Atovaquone.....	52	Balziva.....	82	BIVIGAM.....	88
Atovaquone/Proguanil HCl....	52	Banzel.....	42	Bleomycin Sulfate.....	50
Atripla.....	57	Baraclude.....	56	Blephamide.....	90
Atropine Sulfate.....	76	Bavencio.....	52	Blephamide S.O.P.....	90
Atrovent HFA.....	94	BCG Vaccine.....	88	Blisovi 24 Fe.....	82
Aubagio.....	71	Bekyree.....	82	Blisovi Fe 1.5/30.....	82
Aubra.....	82	Beleodaq.....	51	Blisovi Fe 1/20.....	82
Augmented Betamethasone		Belsomra.....	96	Boostrix.....	88
Dipropionate.....	79	Benazepril HCl.....	63	Bosulif.....	51
Auryxia.....	75	Benazepril HCl/ Hydrochlorothiazide.....	65	Botox.....	90
Avandia.....	59	Benlysta.....	88		

Breo Ellipta.....	96	Calcium Acetate.....	75	Cefotetan.....	36
Briellyn.....	82	Camila.....	85	Cefoxitin Sodium.....	36
Brilinta.....	62	Camrese Lo.....	82	Cefpodoxime Proxetil.....	36
Brimonidine Tartrate.....	92	Canasa.....	89	Cefprozil.....	36
BRIVIACT.....	41	Capastat Sulfate.....	48	Ceftazidime.....	36
Bromocriptine Mesylate.....	53	Caprelsa.....	51	Ceftriaxone Sodium.....	36
Brovana.....	94	Captopril.....	63	Cefuroxime Axetil.....	36
Budesonide.....	89, 93	Captopril/Hydrochlorothiazide .....	66	Cefuroxime Sodium.....	36
Bumetanide.....	67	Carafate.....	77	Celecoxib.....	30
Buphenyl.....	78	Carbaglu.....	73	Celontin.....	41
Buprenorphine HCl.....	34	Carbamazepine.....	42	Cephalexin.....	37
Buprenorphine HCl/Naloxone HCl.....	34	Carbamazepine ER.....	43	Cerezyme.....	78
Bupropion HCl.....	44	Carbidopa.....	53	Cetirizine HCl.....	93
Bupropion HCl SR.....	34, 44	Carbidopa/Levodopa.....	53	Chantix.....	34
Bupropion HCl XL.....	44	Carbidopa/Levodopa ER.....	53	Chantix Continuing Month Pak .....	34
Buspirone HCl.....	58	Carbidopa/Levodopa ODT....	53	Chantix Starting Month Pak...	34
Busulfan.....	49	Carbidopa/Levodopa/ Entacapone.....	53	Chemet.....	75
Busulfex.....	49	Carboplatin.....	50	Chenodal.....	76
Butalbital/Acetaminophen/ Caffeine.....	30	Cardene IV.....	64	Chloramphenicol Sodium Succinate.....	35
Butalbital/Aspirin/Caffeine....	30	Carimune Nanofiltered.....	88	Chlordiazepoxide HCl.....	58
Butorphanol Tartrate.....	32	Carteolol HCl.....	92	Chlorhexidine Gluconate Oral Rinse.....	71
Butrans.....	31	Cartia XT.....	64	Chloroquine Phosphate.....	52
Bydureon Pen.....	59	Carvedilol.....	63	Chlorothiazide.....	67
Bydureon Vial.....	59	Cayston.....	95	Chlorothiazide Sodium.....	67
Byetta.....	59	Caziant.....	82	Chlorpromazine HCl.....	54
Bystolic.....	63	Cefaclor.....	36	Chlorthalidone.....	67
<b>C</b>		Cefadroxil.....	36	Cholbam.....	78
Cabergoline.....	86	Cefazolin Sodium.....	36	Cholestyramine.....	68
Cabometyx.....	51	Cefdinir.....	36	Cholestyramine Light.....	68
Calcipotriene.....	71	Cefepime.....	36	Chorionic Gonadotropin.....	81
Calcitonin-Salmon.....	90	Cefixime.....	36	Ciclopirox.....	46
Calcitriol.....	71, 90	Cefotaxime Sodium.....	36	Ciclopirox Nail Lacquer.....	46

Ciclopirox Olamine.....	47	Clotrimazole.....	47	Cryselle-28.....	82
Cidofovir.....	56	Clotrimazole/Betamethasone Dipropionate.....	72	Cuvposa.....	76
Cilostazol.....	62	Clozapine.....	55	Cyclafem.....	82
Ciloxan.....	39	Clozapine ODT.....	55, 56	Cyclobenzaprine HCl.....	96
Cinryze.....	87	Coartem.....	52	Cyclophosphamide.....	49
Cipro HC.....	93	Codeine Sulfate.....	32	Cycloset.....	59
Ciprodex.....	93	Colchicine.....	48	Cyclosporine.....	87
Ciprofloxacin.....	39	Colestipol HCl.....	68	Cyclosporine Modified.....	87
Ciprofloxacin HCl.....	39	Colistimethate Sodium.....	35	Cyproheptadine HCl.....	93
Ciprofloxacin I.V. in D5W.....	39	Colocort.....	89	Cyramza.....	51
Cisplatin.....	50	Coly-Mycin S.....	93	Cystadane.....	78
Citalopram HBr.....	44	Combigan.....	92	Cystagon.....	78
Cladribine.....	49	Combivent Respimat.....	96	Cystaran.....	90
Claravis.....	71	Cometriq.....	51	Cytarabine Aqueous.....	49
Clarithromycin.....	38	Complera.....	57	<b>D</b>	
Clarithromycin ER.....	38	Compro.....	46	Dacarbazine.....	49
Climara Pro.....	82	Constulose.....	77	Daliresp.....	95
Clindamycin HCl.....	35	Copaxone.....	71	Dalvance.....	35
Clindamycin Palmitate HCl....	35	Cordran.....	79	Danazol.....	82
Clindamycin Phosphate... 35, 71		Corlanor.....	66	Dantrolene Sodium.....	96
Clindamycin Phosphate in D5W .....	35	Cormax Scalp Application.....	79	Dapsone.....	48
Clindamycin/Benzoyl Peroxide .....	72	Cortisone Acetate.....	79	Daptacel.....	88
Clobetasol Propionate.....	79	Cortisporin.....	72	Daptomycin.....	35
Clobetasol Propionate E.....	79	Cosentyx.....	72	DARAPRIM.....	53
Clofarabine.....	49	Cosentyx Sensoready Pen.....	72	Darzalex.....	52
Clomipramine HCl.....	45	Cosmegen.....	50	Daunorubicin HCl.....	50
Clonazepam.....	58	Cosopt PF.....	92	Deblitane.....	85
Clonazepam ODT.....	58	Cotellic.....	51	Decitabine.....	50
Clonidine HCl.....	62	Coumadin.....	61	Delyla.....	82
Clonidine HCl ER.....	70	Creon.....	78	Demeclocycline HCl.....	40
Clopidogrel.....	62	Crinone.....	85	Demser.....	66
Clorazepate Dipotassium.....	59	Crixivan.....	58	Denavir.....	56
		Cromolyn Sodium.....	76, 91, 95	Depen Titratabs.....	79
				Depo-Estradiol.....	82



Depo-Medrol.....	79	Diastat AcuDial.....	41	Donepezil HCl.....	43
Depo-Provera.....	85	Diastat Pediatric.....	41	Donepezil HCl ODT.....	43
Descovy.....	57	Diazepam.....	59	Doribax.....	37
Desipramine HCl.....	45	Diazepam Intensol.....	59	Dorzolamide HCl.....	92
Desmopressin Acetate.....	81	Diclofenac Potassium.....	30	Dorzolamide HCl/Timolol Maleate.....	92
Desogestrel/Ethinyl Estradiol .....	82	Diclofenac Sodium.....	30, 72, 92	Doxazosin Mesylate.....	62
Desonide.....	79	Diclofenac Sodium DR.....	30	Doxepin HCl.....	45, 72
Desoximetasone.....	79	Diclofenac Sodium ER.....	30	Doxercalciferol.....	90
Desvenlafaxine ER.....	44	Dicloxacillin Sodium.....	38	Doxil.....	50
Dexamethasone.....	79	Dicyclomine HCl.....	76	Doxorubicin HCl.....	50
Dexamethasone Intensol.....	79	Didanosine.....	57	Doxorubicin HCl Liposome....	50
Dexamethasone Sodium Phosphate.....	79, 92	Dificid.....	38	Doxy 100.....	40
Dexilant.....	77	Diflunisal.....	30	Doxycycline.....	40
Dexmethylphenidate HCl.....	70	Digitek.....	66	Doxycycline Hyclate.....	40
Dexmethylphenidate HCl ER .....	70	Digoxin.....	66	Doxycycline Monohydrate.....	40
Dexrazoxane.....	50	Dihydroergotamine Mesylate .....	48	Dronabinol.....	46
Dextroamphetamine Sulfate .....	69	Dilantin.....	43	Drospirenone/Ethinyl Estradiol .....	82
Dextroamphetamine Sulfate ER .....	70	Dilantin INFATABS.....	43	Droxia.....	49
Dextrose 10%.....	73	Dilt-XR.....	64	Duavee.....	82
Dextrose 10%/NaCl 0.2%.....	73	Diltiazem CD.....	64	Dulera.....	96
Dextrose 10%/NaCl 0.45%....	73	Diltiazem HCl.....	64	Duloxetine HCl.....	70
Dextrose 2.5%/NaCl 0.45%... 73		Diltiazem HCl ER.....	64	Duramorph.....	32
Dextrose 5%.....	73	Diphenhydramine HCl.....	93	Durezol.....	92
Dextrose 5%/Lactated Ringers .....	73	Diphtheria/Tetanus Toxoids Adsorbed Pediatric.....	88	Dymista.....	96
Dextrose 5%/NaCl 0.2%.....	73	Disulfiram.....	34	Dyrenium.....	67
Dextrose 5%/NaCl 0.225%....	73	Diuril.....	67	<b>E</b>	
Dextrose 5%/NaCl 0.33%.....	73	Divalproex Sodium.....	59	E.E.S. Granules.....	38
Dextrose 5%/NaCl 0.45%.....	73	Divalproex Sodium DR.....	59	Econazole Nitrate.....	47
Dextrose 5%/NaCl 0.9%.....	73	Divalproex Sodium ER.....	59	Edarbi.....	62
		Docetaxel.....	50	Edarbyclor.....	66
		Dofetilide.....	63	Edurant.....	57
				Effient.....	62



Egrifta.....	86	Epivir HBV.....	56	Etidronate Disodium.....	90
Elaprase.....	78	Eplerenone.....	67	Etodolac.....	30
Ellelyso.....	78	Erbix.....	52	Etodolac ER.....	30
Elestrin.....	82	Ergotamine Tartrate/Caffeine .....	48	Etopophos.....	51
Elidel.....	72	Erivedge.....	51	Etoposide.....	51
Eliphos.....	75	Errin.....	85	Eurax.....	53
Eliquis.....	61	Erwinaze.....	50	Evotaz.....	58
Elitek.....	52	Ery.....	72	Exelderm.....	47
Elmiron.....	79	Ery-Tab.....	38	Exemestane.....	51
Embeda.....	31	EryPed 200.....	38	Exjade.....	75
Emcyt.....	49	EryPed 400.....	39	Ezetimibe.....	68
Emend.....	46	Erythrocin Lactobionate.....	39	Ezetimibe/Simvastatin.....	68
Emoquette.....	82	Erythromycin.....	39, 72	<b>F</b>	
Empliciti.....	52	Erythromycin Base.....	39	Fabrazyme.....	78
Emsam.....	44	Erythromycin Ethylsuccinate .....	39	Falmina.....	83
Emtriva.....	57	Erythromycin/Benzoyl Peroxide .....	72	Famciclovir.....	56
Enalapril Maleate.....	63	Esbriet.....	95	Famotidine.....	76
Enalapril Maleate/ Hydrochlorothiazide.....	66	Escitalopram Oxalate.....	44	Fanapt.....	54
Enbrel.....	87	Esomeprazole Magnesium....	77	Fanapt Titration Pack.....	54
Enbrel SureClick.....	87	Esomeprazole Sodium.....	77	Fareston.....	49
Endocet.....	32	Estrace.....	82	Farydak.....	51
Engerix-B.....	88	Estradiol.....	82, 83	Faslodex.....	49
Enoxaparin Sodium.....	61	Estradiol Valerate.....	83	Felbamate.....	42
Enpresse-28.....	82	Estradiol/Norethindrone Acetate.....	83	Felodipine ER.....	64
Entacapone.....	53	Estring.....	83	Femring.....	83
Entecavir.....	56	Eszopiclone.....	96	Femynor.....	83
Entresto.....	66	Ethacrynic Acid.....	67	Fenofibrate.....	67
Enulose.....	77	Ethambutol HCl.....	48	Fenofibrate Micronized.....	68
Epclusa.....	56	Ethosuximide.....	41	Fenofibric Acid.....	68
Epinastine HCl.....	91	Ethinodiol Diacetate/Ethinyl Estradiol.....	83	Fenofibric Acid DR.....	68
Epinephrine.....	94			Fentanyl.....	31
Epirubicin HCl.....	50			Fentanyl Citrate Oral Transmucosal.....	32
Epitol.....	43			Ferriprox.....	75

Fetzima.....	44	FML.....	92	GaviLyte-H.....	77	
Fetzima Titration Pack.....	44	FML Forte.....	92	GaviLyte-N/Flavor Pack.....	77	
Finacea.....	72	Folotyn.....	49	Gemcitabine HCl.....	49	
Finasteride.....	78	Fomepizole.....	90	Gemfibrozil.....	68	
Firazyr.....	87	Fondaparinux Sodium.....	61	Generlac.....	77	
Firmagon.....	86	Forteo.....	90	Gengraf.....	87	
Flarex.....	92	Fosinopril Sodium.....	63	Genotropin.....	81	
Flebogamma DIF.....	88	Fosphenytoin Sodium.....	43	Genotropin Miniquick.....	81	
Flecainide Acetate.....	63	Fosrenol.....	76	Gentak.....	34	
Flector.....	30	FreAmine HBC 6.9%.....	73	Gentamicin Sulfate.....	34	
Flovent Diskus.....	94	Furosemide.....	67	Gentamicin Sulfate/0.9% Sodium Chloride.....	34	
Flovent HFA.....	94	Fuzeon.....	57	Genvoya.....	56	
Fluconazole.....	47	Fyavolv.....	83	Geodon.....	54	
Fluconazole in NaCl.....	47	Fycompa.....	42	Gianvi.....	83	
Flucytosine.....	47	<b>G</b>			Gildagia.....	83
Fludarabine Phosphate.....	50	Gabapentin.....	41	Gilenya.....	71	
Fludrocortisone Acetate.....	79	Gabitril.....	41	Gilotrif.....	51	
Flunisolide.....	94	Gablofen.....	96	Glatopa.....	71	
Fluocinolone Acetonide... 80, 93		Galantamine HBr.....	43	Gleostine.....	49	
Fluocinolone Acetonide Body .....	80	Galantamine HBr ER.....	43	Glimepiride.....	59	
Fluocinonide.....	80	Gamastan S/D.....	88	Glipizide.....	59	
Fluocinonide-E.....	80	Gammagard Liquid.....	88	Glipizide ER.....	59	
Fluorometholone.....	92	Gammagard S/D IGA Less Than 1 mcg/ml.....	88	Glipizide/Metformin HCl.....	59	
Fluorouracil.....	49, 72	Gammaked.....	88	GlucaGen HypoKit.....	60	
Fluoxetine DR.....	44	Gammaplex.....	88	Glucagon Emergency Kit.....	60	
Fluoxetine HCl.....	45	Gamunex-C.....	88	Glycopyrrolate.....	76	
Fluphenazine Decanoate.....	54	Ganciclovir.....	56	Granisetron HCl.....	46	
Fluphenazine HCl.....	54	Gardasil 9.....	88	Griseofulvin Microsize.....	47	
Flurbiprofen.....	30	Gatifloxacin.....	39	Griseofulvin Ultramicrosize....	47	
Flurbiprofen Sodium.....	92	Gattex.....	76	Guanfacine ER.....	70	
Flutamide.....	49	Gauze.....	90	Guanfacine HCl.....	62	
Fluticasone Propionate.... 80, 94		GaviLyte-C.....	77	Guanidine HCl.....	48	
Fluvoxamine Maleate.....	45	GaviLyte-G.....	77			

<b>H</b>			
Halaven.....	50	Humulin N Vial.....	60
Halobetasol Propionate.....	80	Humulin R U-500 KwikPen.....	60
Haloperidol.....	54	Humulin R U-500 Vial.....	60
Haloperidol Decanoate.....	54	Humulin R Vial.....	60
Haloperidol Lactate.....	54	Hydralazine HCl.....	68
Harvoni.....	56	Hydrochlorothiazide.....	67
Havrix.....	88	Hydrocodone/Acetaminophen .....	32
Heparin Sodium.....	61	Hydrocodone/Ibuprofen.....	32
Heparin Sodium/D5W.....	61	Hydrocortisone.....	80, 89
HepatAmine.....	73	Hydrocortisone Butyrate.....	80
Herceptin.....	52	Hydrocortisone Valerate.....	80
Hetlioz.....	96	Hydrocortisone/Acetic Acid .....	93
Hexalen.....	49	Hydromorphone HCl.....	32
Hiberix.....	88	Hydromorphone HCl ER.....	31
Humalog Cartridge.....	60	Hydroxychloroquine Sulfate .....	53
Humalog KwikPen.....	60	Hydroxyprogesterone Caproate .....	85
Humalog Mix 50/50 KwikPen .....	60	Hydroxyurea.....	49
Humalog Mix 50/50 Vial.....	60	Hydroxyzine HCl.....	58
Humalog Mix 75/25 KwikPen .....	60	Hydroxyzine Pamoate.....	46
Humalog Mix 75/25 Vial.....	60	Hysingla ER.....	31
Humalog Vial.....	60	<b>I</b>	
Humira.....	87	Ibandronate Sodium.....	90
Humira Pediatric Crohns Disease Starter Pack.....	87	Ibrance.....	51
Humira Pen.....	87	Ibuprofen.....	30
Humira Pen Crohns Disease Starter Pack.....	87	Iclusig.....	51
Humira Pen-Psoriasis Starter .....	87	Idarubicin HCl.....	50
Humulin 70/30 KwikPen.....	60	Ifosfamide.....	49
Humulin 70/30 Vial.....	60	Ilaris.....	88
Humulin N KwikPen.....	60	Ilevro.....	92
		Imatinib Mesylate.....	51
		Imbruvica.....	51
		Imfinzi.....	52
		Imipenem/Cilastatin.....	37
		Imipramine HCl.....	45
		Imipramine Pamoate.....	45
		Imiquimod.....	72
		Imovax Rabies.....	88
		Increlex.....	81
		Incruse Ellipta.....	94
		Indapamide.....	67
		Indomethacin.....	30
		Indomethacin ER.....	30
		Infanrix.....	88
		Inlyta.....	51
		Insulin Syringes, Needles.....	90
		Intelence.....	57
		Intralipid.....	73
		Intron A.....	56
		Introvale.....	83
		Invanz.....	37
		Invega Sustenna.....	54
		Invega Trinza.....	54
		Invirase.....	58
		Invokamet.....	59
		Invokamet XR.....	59
		Invokana.....	59
		Ionosol-MB/Dextrose 5%.....	73
		IPOL Inactivated IPV.....	88
		Ipratropium Bromide.....	94
		Ipratropium Bromide/Albuterol Sulfate.....	96
		Irbesartan.....	62
		Irbesartan/Hydrochlorothiazide .....	66
		Iressa.....	51

Irinotecan.....	50	Junel Fe 24.....	83	Klor-Con M15.....	73
Isentress.....	56	Juxtapid.....	68	Klor-Con M20.....	73
Isolyte-P/Dextrose 5%.....	73	<b>K</b>		Klor-Con Sprinkle.....	74
Isolyte-S.....	73	Kadcyla.....	52	Kombiglyze XR.....	60
Isoniazid.....	48	Kaitlib Fe.....	83	Korlym.....	81
Isosorbide Dinitrate.....	68	Kaletra.....	58	Kuvan.....	78
Isosorbide Dinitrate ER.....	68	Kalydeco.....	95	Kyprolis.....	51
Isosorbide Mononitrate.....	69	Kanuma.....	78	<b>L</b>	
Isosorbide Mononitrate ER...	69	Kariva.....	83	Labetalol HCl.....	63
Isotonic Gentamicin.....	34	KCl 0.075%/D5W/NaCl 0.45% .....	73	Lacrisert.....	90
Istodax.....	50	KCl 0.15%/D5W/NaCl 0.2%...	73	Lactated Ringers Irrigation...	74
Itraconazole.....	47	KCl 0.15%/D5W/NaCl 0.9%...	73	Lactated Ringers Viaflex.....	74
Ivermectin.....	52	KCl 0.3%/D5W/NaCl 0.45%...	73	Lactulose.....	77
Ixiaro.....	88	KCl 0.3%/D5W/NaCl 0.9%....	73	Lamivudine.....	56, 57
<b>J</b>		Kelnor 1/35.....	83	Lamivudine/Zidovudine.....	57
Jadenu.....	75	Kenalog-10.....	80	Lamotrigine.....	42
Jadenu Sprinkle.....	75	Kenalog-40.....	80	Lanoxin.....	66
Jakafi.....	51	Kepivance.....	71	Lantus SoloStar.....	61
Jantoven.....	61	Ketoconazole.....	47	Lantus Vial.....	61
Janumet.....	59	Ketoprofen.....	30	LARIN 1.5/30.....	83
Janumet XR.....	59	Ketorolac Tromethamine.....	30, 31, 92	LARIN 1/20.....	83
Januvia.....	59	Keytruda.....	52	LARIN Fe 1.5/30.....	83
Jardiance.....	59	Kimidess.....	83	LARIN Fe 1/20.....	83
Jentadueto.....	60	Kinrix.....	88	Larissia.....	83
Jentadueto XR.....	60	Kionex.....	75	Lartruvo.....	52
Jevtana.....	51	Kisqali.....	50	Lastacraft.....	90
Jinteli.....	83	Kisqali Femara 200 Dose.....	50	Latanoprost.....	93
Jolivette.....	85	Kisqali Femara 400 Dose.....	50	Latuda.....	54
Jublia.....	47	Kisqali Femara 600 Dose.....	50	Layolis Fe.....	83
Juleber.....	83	Klor-Con 10.....	73	Leena.....	83
Junel 1.5/30.....	83	Klor-Con 8.....	73	Leflunomide.....	88
Junel 1/20.....	83	Klor-Con M10.....	73	Lenvima.....	51
Junel Fe 1.5/30.....	83			Lessina.....	83
Junel Fe 1/20.....	83			Letairis.....	95

Letrozole.....	51	Linzess.....	76	Lysodren.....	86
Leucovorin Calcium.....	50	Liothyronine Sodium.....	86	Lyza.....	85
Leukeran.....	49	Lisinopril.....	63	<b>M</b>	
Leukine.....	62	Lisinopril/Hydrochlorothiazide	66	M-M-R II.....	88
Leuprolide Acetate.....	86	.....	66	Magnesium Sulfate.....	74
Levalbuterol.....	94	Lithium.....	59	Makena.....	85
Levemir FlexTouch.....	61	Lithium Carbonate.....	59	Malathion.....	53
Levemir Vial.....	61	Lithium Carbonate ER.....	59	Maprotiline HCl.....	45
Levetiracetam.....	41	Livalo.....	68	Marlissa.....	83
Levetiracetam ER.....	41	Lomedia 24 Fe.....	83	Marplan.....	44
Levobunolol HCl.....	92	Lonsurf.....	50	Matulane.....	49
Levocarnitine.....	74	Loperamide HCl.....	76	Matzim LA.....	65
Levocetirizine Dihydrochloride	93	Lopinavir/Ritonavir.....	58	Meclizine HCl.....	46
.....	93	Lorazepam.....	59	Medroxyprogesterone Acetate	85
Levofloxacin.....	39	Lorazepam Intensol.....	59	.....	85
Levofloxacin in D5W.....	39	Lorcet.....	32	Mefloquine HCl.....	53
Levoleucovorin Calcium.....	50	Lorcet HD.....	32	Megestrol Acetate.....	85
Levonest.....	83	Lorcet Plus.....	32	Mekinist.....	51
Levonorgestrel and Ethinyl	83	Lortab.....	33	Meloxicam.....	31
Estradiol.....	83	Loryna.....	83	Melphalan HCl.....	49
Levonorgestrel/Ethinyl Estradiol	83	Losartan Potassium.....	62	Memantine HCl.....	44
.....	83	Losartan Potassium/	66	Memantine HCl Titration Pak	44
Levora 0.15/30-28.....	83	Hydrochlorothiazide.....	66	.....	44
Levorphanol Tartrate.....	31	Lotemax.....	92	Menactra.....	88
Levothyroxine Sodium.....	86	Lovastatin.....	68	Menest.....	83
Levoxyl.....	86	Low-Ogestrel.....	83	Menomune-A/C/Y/W-135.....	88
Lexiva.....	58	Loxapine Succinate.....	54	Mentax.....	47
Lialda.....	89	Lumigan.....	93	Menveo.....	89
Lidocaine.....	33	Lumizyme.....	78	Mercaptopurine.....	50
Lidocaine HCl.....	33	Lupron Depot.....	86	Meropenem.....	37
Lidocaine Viscous.....	33	Lupron Depot-Ped.....	86	Mesalamine.....	89
Lidocaine/Prilocaine.....	33	Lutera.....	83	Mesna.....	52
Lincomycin HCl.....	35	Lynparza.....	51	Mesnex.....	52
Lindane.....	53	Lyrica.....	71	Mestinon.....	48
Linezolid.....	35				

Metadate ER.....	70	Metronidazole Vaginal.....	35	Myalept.....	76
Metaproterenol Sulfate.....	94	Mexiletine HCl.....	63	Mycamine.....	47
Metformin HCl.....	60	Miacalcin.....	90	Mycophenolate Mofetil.....	87
Metformin HCl ER.....	60	Mibelas 24 Fe.....	83	Mycophenolic Acid DR.....	87
Methadone HCl.....	31	Miconazole 3.....	47	Myrbetriq.....	78
Methazolamide.....	67	Microgestin 1.5/30.....	83	<b>N</b>	
Methenamine Hippurate.....	35	Microgestin 1/20.....	83	Nadolol.....	64
Methimazole.....	86	Microgestin Fe.....	83	Nadolol/Bendroflumethiazide	
Methotrexate.....	87	Microgestin Fe 1.5/30.....	84	.....	66
Methotrexate Sodium.....	87	Midodrine HCl.....	62	Nafcillin Sodium.....	38
Methoxsalen.....	72	Migergot.....	48	Naftifine HCl.....	47
Methscopolamine Bromide....	76	Mimvey.....	84	Naftin.....	47
Methyclothiazide.....	67	Mimvey Lo.....	84	Naglazyme.....	78
Methyldopa.....	62	Minitran.....	69	Nalbuphine HCl.....	33
Methyldopa/ Hydrochlorothiazide.....	66	Minocycline HCl.....	40	Naloxone HCl.....	34
Methyldopate HCl.....	62	Minoxidil.....	68	Naltrexone HCl.....	34
Methylphenidate HCl.....	70	Mirtazapine.....	44	Namenda XR.....	44
Methylphenidate HCl ER.....	70	Mirtazapine ODT.....	44	Namenda XR Titration Pack...44	
Methylprednisolone.....	80	Mirvaso.....	72	Namzaric.....	70
Methylprednisolone Acetate		Misoprostol.....	77	Naproxen.....	31
.....	80	Mitomycin.....	50	Naproxen DR.....	31
Methylprednisolone Dose Pack		Mitoxantrone HCl.....	50	Naratriptan HCl.....	48
.....	80	Modafinil.....	96	Narcan.....	34
Methylprednisolone Sodium		Mometasone Furoate.....	80, 94	Natacyn.....	47
Succinate.....	80	MonoNessa.....	84	Nateglinide.....	60
Metoclopramide HCl.....	46	Montelukast Sodium.....	94	Natpara.....	90
Metolazone.....	67	Morphine Sulfate.....	33	Nebupent.....	53
Metoprolol Succinate ER.....	63	Morphine Sulfate ER.....	31	Necon 0.5/35-28.....	84
Metoprolol Tartrate.....	64	Moxeza.....	39	Necon 1/50-28.....	84
Metoprolol/Hydrochlorothiazide		Moxifloxacin HCl.....	39	Necon 10/11-28.....	84
.....	66	Mozobil.....	62	Necon 7/7/7.....	84
Metronidazole.....	35	Multaq.....	63	Nefazodone HCl.....	45
Metronidazole in NaCl 0.79%		Mupirocin.....	35	Neomycin Sulfate.....	34
.....	35	Mustargen.....	49		

Neomycin/Bacitracin/ Polymyxin.....	91	Nitroglycerin Lingual.....	69	NuvaRing.....	84
Neomycin/Polymyxin B Sulfates.....	35	Nitroglycerin Transdermal.....	69	Nyamyc.....	47
Neomycin/Polymyxin/ Bacitracin/Hydrocortisone .....	91	Nitrostat.....	69	Nyata.....	47
Neomycin/Polymyxin/ Dexamethasone.....	91	Nora-BE.....	85	Nystatin.....	47
Neomycin/Polymyxin/ Gramicidin.....	91	Norethindrone.....	85	Nystop.....	47
Neomycin/Polymyxin/ Hydrocortisone.....	91, 93	Norethindrone Acetate.....	85		
Nephramine.....	74	Norethindrone Acetate/Ethinyl Estradiol.....	84	Ocella.....	84
Neulasta.....	62	Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate .....	84	Octagam.....	88
Neupro.....	53	Norethindrone/Ethinyl Estradiol/Ferrous Fumarate .....	84	Octreotide Acetate.....	86
Nevirapine.....	57	Norgestimate/Ethinyl Estradiol .....	84	Odefsey.....	57
Nevirapine ER.....	57	Norlyroc.....	85	Odomzo.....	51
Nexavar.....	51	Normosol-M in D5W.....	74	Ofev.....	95
Nexium.....	77	Normosol-R.....	74	Ofloxacin.....	39
Niacin ER.....	68	Normosol-R in D5W.....	74	Ogestrel.....	84
Niacor.....	68	Northera.....	62	Olanzapine.....	55
Nicardipine HCl.....	65	Nortrel 0.5/35.....	84	Olanzapine ODT.....	55
Nicotrol Inhaler.....	34	Nortrel 1/35.....	84	Olmesartan Medoxomil.....	62
Nifedipine ER.....	65	Nortrel 7/7/7.....	84	Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide.....	66
Nikki.....	84	Nortriptyline HCl.....	46	Olmesartan Medoxomil/ Hydrochlorothiazide.....	66
Nilutamide.....	49	Norvir.....	58	Olopatadine HCl.....	91
Nimodipine.....	65	Novarel.....	81	Omega-3-Acid Ethyl Esters.....	68
Ninlaro.....	50	Noxafil.....	47	Omeprazole.....	77
Nipent.....	50	Nucala.....	96	Ondansetron HCl.....	46
Nitro-Bid.....	69	Nucynta ER.....	31	Ondansetron ODT.....	46
Nitrofurantoin.....	35	Nuedexta.....	70	Onfi.....	41
Nitrofurantoin Macrocrystals .....	35	Nulojix.....	87	Onglyza.....	60
Nitrofurantoin Monohydrate...36		Nuplazid.....	55	ONMEL.....	47
Nitroglycerin.....	69	Nutrilipid.....	74	Opdivo.....	52
		Nutropin AQ.....	81	Opsumit.....	95
				Orenitram.....	95
				Orfadin.....	78
				Orkambi.....	95



Orphenadrine Citrate.....	96	PEG-3350/NaCl/Na		Pimozide.....	54
Orsythia.....	84	Bicarbonate/KCl.....	77	Pimtrex.....	84
Oseltamivir Phosphate.....	58	Peganone.....	43	Pindolol.....	64
Oxacillin Sodium.....	38	Pegasys.....	56	Pioglitazone HCl.....	60
Oxaliplatin.....	50	Pegasys ProClick.....	56	Pioglitazone HCl/Glimepiride	
Oxandrolone.....	82	Penicillin G Potassium.....	38	.....	60
Oxcarbazepine.....	43	Penicillin G Procaine.....	38	Pioglitazone HCl/Metformin	
Oxiconazole Nitrate.....	47	Penicillin G Sodium.....	38	HCl.....	60
Oxistat.....	47	Penicillin V Potassium.....	38	Piperacillin/Tazobactam.....	38
Oxsoralen Ultra.....	72	Pentam 300.....	53	Pirmella 1/35.....	84
Oxybutynin Chloride.....	78	Pentasa.....	89	Plasma-Lyte A.....	74
Oxybutynin Chloride ER.....	78	Pentoxifylline ER.....	66	Plasma-Lyte-148.....	74
Oxycodone HCl.....	33	Perforomist.....	94	Plenaminate.....	74
Oxycodone/Acetaminophen		Perindopril Erbumine.....	63	Podofilox.....	72
.....	33	Periogard.....	71	Polyethylene Glycol 3350	
Oxycodone/Aspirin.....	33	Perjeta.....	52	Powder.....	77
Oxycodone/Ibuprofen.....	33	Permethrin.....	53	Polymyxin B Sulfate.....	36
OxyContin.....	31	Perphenazine.....	46	Polymyxin B Sulfate/	
		Phenadoz.....	93	Trimethoprim Sulfate.....	91
		Phenelzine Sulfate.....	44	Pomalyst.....	49
		Phenergan.....	93	Portia-28.....	84
		Phenobarbital.....	41	Potassium Chloride.....	74
		Phenoxybenzamine HCl.....	62	Potassium Chloride 0.15%	
		Phenytek.....	43	D5W/NaCl 0.33%.....	74
		Phenytoin.....	43	Potassium Chloride 0.15%	
		Phenytoin Sodium.....	43	D5W/NaCl 0.45%.....	74
		Phenytoin Sodium Extended		Potassium Chloride 0.22%	
		.....	43	D5W/NaCl 0.45%.....	74
		Phoslyra.....	76	Potassium Chloride ER.....	74
		Phospholine Iodide.....	92	Potassium Chloride/Dextrose	
		Physiolyte.....	74	.....	75
		Physiosol Irrigation.....	74	Potassium Chloride/Dextrose/	
		Picato.....	72	Lactated Ringers.....	75
		Pilocarpine HCl.....	71, 92	Potassium Chloride/Sodium	
				Chloride.....	75
				Potassium Citrate ER.....	75



Pradaxa.....	61	Procalamine.....	75	Pyrazinamide.....	49
Praluent.....	68	Prochlorperazine.....	46	Pyridostigmine Bromide.....	48
Pramipexole Dihydrochloride .....	53	Prochlorperazine Edisylate....	46	Pyridostigmine Bromide ER...	48
Pravastatin Sodium.....	68	Prochlorperazine Maleate.....	46	<b>Q</b>	
Prazosin HCl.....	62	Procrit.....	62	Quadracel.....	89
Pred Mild.....	92	Procto-Med HC.....	89	Quasense.....	85
Pred-G.....	91	Procto-Pak.....	89	Quetiapine Fumarate.....	55
Pred-G S.O.P.....	91	Proctosol HC.....	89	Quetiapine Fumarate ER.....	55
Prednicarbate.....	80	Proctozone-HC.....	89	Quinapril HCl.....	63
Prednisolone Acetate.....	92	Procysbi.....	78	Quinapril/Hydrochlorothiazide .....	66
Prednisolone Sodium Phosphate.....	80, 92	Progesterone.....	85	Quinidine Gluconate.....	63
Prednisone.....	81	Proglycem.....	60	Quinidine Gluconate CR.....	63
Prednisone Intensol.....	81	Prograf.....	87	Quinidine Sulfate.....	63
Pregnyl w/Diluent Benzyl Alcohol/NaCl.....	81	Prolastin-C.....	78	Quinine Sulfate.....	53
Premarin.....	84	Prolensa.....	93	<b>R</b>	
Premasol.....	75	Proleukin.....	50	Rabavert.....	89
Premphase.....	84	Prolia.....	90	Raloxifene HCl.....	85
Prempro.....	84	Promacta.....	62	Ramipril.....	63
Prevalite.....	68	Promethazine HCl.....	93	Ranexa.....	66
Previfem.....	84	Promethegan.....	93	Ranitidine HCl.....	76
Prezcobix.....	58	Propafenone HCl.....	63	Rapaflo.....	78
Prezista.....	58	Propafenone HCl ER.....	63	Rapamune.....	87
Priftin.....	49	Proparacaine HCl.....	91	Rasagiline Mesylate.....	53
Primaquine Phosphate.....	53	Propranolol HCl.....	64	RAVICTI.....	78
Primidone.....	41	Propranolol HCl ER.....	64	Rebif.....	71
Primsol.....	36	Propranolol/ Hydrochlorothiazide.....	66	Rebif Rebidose.....	71
Privigen.....	88	Propylthiouracil.....	86	Rebif Rebidose Titration Pack .....	71
ProAir HFA.....	94	ProQuad.....	89	Rebif Titration Pack.....	71
ProAir RespiClick.....	94	Prosol.....	75	Reclipsen.....	85
Probenecid.....	48	Protriptyline HCl.....	46	Recombivax HB.....	89
Probenecid/Colchicine.....	48	PRUDOXIN.....	72	Regranex.....	72
Procainamide HCl.....	63	Pulmozyme.....	96	Relenza Diskhaler.....	58
		Purixan.....	50		

Relistor.....	76	Ropinirole HCl.....	53	Sodium Chloride.....	75	
Remicade.....	87	Rosuvastatin Calcium.....	68	Sodium Chloride 0.45%.....	75	
Remodulin.....	95	Rotarix.....	89	Sodium Chloride 0.9%.....	75	
Renagel.....	76	RotaTeq.....	89	Sodium Fluoride.....	75	
Renvela.....	76	Roweepra.....	41	Sodium Lactate.....	75	
Repaglinide.....	60	Rozerem.....	96	Sodium Phenylbutyrate.....	78	
Repatha.....	68	Rubraca.....	51	Sodium Polystyrene Sulfonate		
Repatha Pushtronex System		Rydapt.....	51	.....	75	
.....	68	Rytary.....	53	Sodium Sulfacetamide.....	40	
Repatha SureClick.....	68	<b>S</b>			Soliqua 100/33.....	60
Rescriptor.....	57	Sabril.....	41	Soltamox.....	49	
Restasis.....	91	Samsca.....	75	Solu-Cortef.....	81	
Retrovir IV Infusion.....	57	Sancuso.....	46	Solu-Medrol.....	81	
Revlimid.....	49	Sandimmune.....	87	Somatuline Depot.....	86	
Rexulti.....	55	Santyl.....	72	Somavert.....	86	
Reyataz.....	58	Saphris.....	55	Sotalol HCl.....	63	
Ribasphere.....	56	Savella.....	71	Spiriva HandiHaler.....	94	
Ribavirin.....	56	Savella Titration Pack.....	71	Spiriva Respimat.....	94	
Rifabutin.....	48	Selegiline HCl.....	54	Spirolactone.....	67	
Rifampin.....	49	Selenium Sulfide.....	72	Spirolactone/ Hydrochlorothiazide.....	66	
Rifater.....	49	Selzentry.....	58	Sporanox.....	47	
Riluzole.....	70	Sensipar.....	90	Sprintec 28.....	85	
Rimantadine HCl.....	58	Serevent Diskus.....	94	Spritam.....	41	
Ringers Injection.....	75	Sertraline HCl.....	45	Sprycel.....	51	
Ringers Irrigation.....	75	Setlakin.....	85	SPS.....	75	
Risperdal Consta.....	55	Sharobel.....	85	Sronyx.....	85	
Risperidone.....	55	Signifor.....	86	SSD.....	40	
Risperidone ODT.....	55	Sildenafil.....	95	Stavudine.....	57	
Rituxan.....	52	Silver Sulfadiazine.....	40	Sterile Water Irrigation.....	90	
Rivastigmine Tartrate.....	43	Simbrinza.....	92	Stiolto Respimat.....	96	
Rivastigmine Transdermal		Simulect.....	88	Stivarga.....	51	
System.....	43	Simvastatin.....	68	Strensiq.....	78	
Rizatriptan Benzoate.....	48	Sirolimus.....	87	Streptomycin Sulfate.....	34	
Rizatriptan Benzoate ODT.....	48	Sirturo.....	49			

Stribild.....	56	<b>T</b>	Thalomid.....	49	
Suboxone.....	34	Tabloid.....	50	Theophylline.....	95
Sucraid.....	78	Tacrolimus.....	72, 87	Theophylline CR.....	95
Sucralfate.....	77	Tafinlar.....	52	Theophylline ER.....	95
Sulfacetamide Sodium.....	40	Tagrisso.....	52	Thioridazine HCl.....	54
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate.....	91	Tamiflu.....	58	Thiotepa.....	51
Sulfadiazine.....	40	Tamoxifen Citrate.....	49	Thiothixene.....	54
Sulfamethoxazole/ Trimethoprim.....	40	Tamsulosin HCl.....	78	Thymoglobulin.....	88
Sulfamethoxazole/ Trimethoprim DS.....	40	Tarceva.....	52	Tiagabine HCl.....	41
Sulfamylon.....	36	Targretin.....	52	Tigecycline.....	36
Sulfasalazine.....	89	Tarina Fe 1/20.....	85	Timolol Maleate.....	64, 92
Sulindac.....	31	Tasigna.....	52	Timolol Maleate Ophthalmic Gel Forming.....	92
Sumatriptan.....	48	Tazarotene.....	72	Tinidazole.....	36
Sumatriptan Succinate.....	48	Tazicef.....	37	Tivicay.....	56, 57
Sumatriptan Succinate Refill .....	48	Tazorac.....	72	Tizanidine HCl.....	96
Suprax.....	37	Taztia XT.....	65	TOBI Podhaler.....	95
Suprep Bowel Prep Kit.....	77	Tecentriq.....	52	Tobradex.....	91
Sustiva.....	57	Tecfidera.....	71	Tobradex ST.....	91
Sutent.....	51	Tecfidera Starter Pack.....	71	Tobramycin.....	95
Sylatron.....	56	Tekturna.....	67	Tobramycin Sulfate.....	34
Sylvant.....	88	Telmisartan.....	62	Tobramycin/Dexamethasone .....	91
Symbicort.....	96	Telmisartan/ Hydrochlorothiazide.....	67	Tobrex.....	35
Synagis.....	88	Temazepam.....	96	Tolterodine Tartrate ER.....	78
Synarel.....	86	Tenivac.....	89	Topiramate.....	42
Synercid.....	36	Terazosin HCl.....	78	Toposar.....	51
Synjardy.....	60	Terbinafine HCl.....	47	Topotecan HCl.....	51
Synribo.....	51	Terconazole.....	47	Torisel.....	87
Synthroid.....	86	Testosterone Cypionate.....	82	Torsemid.....	67
Syprine.....	75	Testosterone Enanthate.....	82	Toujeo SoloStar.....	61
		Tetanus/Diphtheria Toxoids- Adsorbed Adult.....	89	TPN Electrolytes.....	75
		Tetrabenazine.....	70	Tracleer.....	95
		Tetracycline HCl.....	40	Tradjenta.....	60

Tramadol HCl.....	33	Trinessa.....	85	Varivax.....	89	
Tramadol HCl ER.....	32	Trintellix.....	45	Varizig.....	88	
Tramadol HCl/Acetaminophen .....	33	Trisenox.....	51	Vascepa.....	68	
Trandolapril.....	63	Triumeq.....	57	Vectibix.....	52	
Tranexamic Acid.....	62	Trivora-28.....	85	Velcade.....	51	
Transderm-Scop.....	46	Trophamine.....	75	Velivet.....	85	
Tranylcypromine Sulfate.....	44	Trulicity.....	60	Velphoro.....	76	
Travasol.....	75	Trumenba.....	89	Vemlidy.....	56	
Travatan Z.....	93	Truvada.....	57	Venclexta.....	52	
Trazodone HCl.....	45	Twinrix.....	89	Venclexta Starting Pack.....	52	
Treanda.....	49	Tybost.....	57	Venlafaxine HCl.....	45	
Trecator.....	49	Tygacil.....	36	Venlafaxine HCl ER.....	45	
Trelstar Mixject.....	86	Tykerb.....	52	Ventavis.....	95	
Tretinoin.....	52, 72	Tymlos.....	90	Verapamil HCl.....	65	
Tretinoin Microsphere.....	72	Typhim Vi.....	89	Verapamil HCl ER.....	65	
Trexall.....	88	Tysabri.....	71	Verapamil HCl SR.....	65	
Trezix.....	33	<b>U</b>			Versacloz.....	56
Tri-Legest Fe.....	85	Uloric.....	48	Vesicare.....	78	
Tri-Lo-Estarylla.....	85	Unithroid.....	86	Vestura.....	85	
Tri-Lo-Sprintec.....	85	Ursodiol.....	76	Vibramycin.....	40	
Tri-Previfem.....	85	<b>V</b>			Victoza.....	60
Tri-Sprintec.....	85	Valacyclovir HCl.....	56	Videx Pediatric.....	57	
Triamcinolone Acetonide.....	81, 94	Valchlor.....	49	Vienna.....	85	
Triamcinolone in Orabase.....	71	Valganciclovir.....	56	Vigamox.....	39	
Triamterene/ Hydrochlorothiazide.....	67	Valganciclovir Hydrochloride .....	56	Viibryd.....	45	
Triderm.....	81	Valproate Sodium.....	41	Viibryd Starter Pack.....	45	
Trifluoperazine HCl.....	54	Valproic Acid.....	42	Vimpat.....	43	
Trifluridine.....	56	Valsartan.....	62	Vinblastine Sulfate.....	51	
Trihexyphenidyl HCl.....	53	Valsartan/Hydrochlorothiazide .....	67	Vincasar PFS.....	51	
TriLyte.....	77	Vancomycin HCl.....	36	Vincristine Sulfate.....	51	
Trimethoprim.....	36	Vandazole.....	36	Vinorelbine Tartrate.....	51	
Trimipramine Maleate.....	46	VAQTA.....	89	Viracept.....	58	
				Viread.....	57	
				Vivitrol.....	34	

Voriconazole.....	47, 48	Xulane.....	85	Zepatier.....	56
Votrient.....	52	Xyrem.....	96	Zerbaxa.....	37
VP-PNV-DHA.....	76	<b>Y</b>		Zerit.....	57
VPRIV.....	78	Yervoy.....	52	Ziagen.....	57
Vraylar.....	55	YF-Vax.....	89	Zidovudine.....	57
Vyfemla.....	85	Yondelis.....	49	Ziprasidone HCl.....	55
Vyvanse.....	70	<b>Z</b>		Zirgan.....	56
<b>W</b>		Zafirlukast.....	94	Zmax.....	39
Warfarin Sodium.....	61	Zaleplon.....	96	Zoledronic Acid.....	90
Welchol.....	68	Zaltrap.....	51	Zolinza.....	51
WYMZYA Fe.....	85	Zanosar.....	49	Zolpidem Tartrate.....	96
<b>X</b>		Zarah.....	85	Zonisamide.....	41
Xalkori.....	52	Zarxio.....	62	Zortress.....	88
Xarelto.....	61	Zavesca.....	78	Zostavax.....	89
Xarelto Starter Pack.....	61	Zazole.....	48	Zovia 1/35E.....	85
Xgeva.....	90	Zejula.....	51	Zovia 1/50E.....	85
Xifaxan.....	76	Zelboraf.....	52	Zydelig.....	52
Xiidra.....	91	Zenchent.....	85	Zykadia.....	52
Xolair.....	88	Zenchent Fe.....	85	Zyprexa Relprevv.....	55
Xtandi.....	49	Zenpep.....	78	Zytiga.....	49

## 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 12-29.

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 97-117.

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			Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	3	
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	3	QL	Etodolac ER (Tablet Extended-Release 24 Hour)	3	
Butalbital/Aspirin/ Caffeine (Capsule)	3	QL	<b>Flector (Patch)</b>	4	PA, QL
<b>Nonsteroidal Anti-inflammatory Drugs</b>			Flurbiprofen (Tablet)	2	
Celecoxib (Capsule)	4	QL	Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	2	
Diclofenac Potassium (Tablet Immediate-Release)	2		Indomethacin (25mg Capsule, 50mg Capsule)	2	
Diclofenac Sodium (1% Gel)	3	PA	Indomethacin ER (Capsule Extended-Release)	3	
Diclofenac Sodium DR (Tablet Delayed-Release)	2		Ketoprofen (Capsule Immediate-Release)	3	
Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)	2		Ketorolac Tromethamine (10mg Tablet)	3	
Diflunisal (Tablet)	3				

- ◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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
Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	4		<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	3	QL, MED
Meloxicam (Tablet)	1		Levorphanol Tartrate (Tablet)	4	QL, MED
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2		Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL, MED
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	2		<b>Methadone HCl (10mg/ml Injection)</b>	5	
Sulindac (Tablet)	2		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
Opioid Analgesics, Long-acting			<b>Nucynta ER (Tablet Extended-Release 12 Hour)</b>	3	QL, MED
<b>Butrans (Patch Weekly)</b>	3	QL, MED	<b>OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)</b>	3	QL, MED
<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			
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED			

**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
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	QL, MED	Fentanyl Citrate Oral Transmucosal (200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle)	4	PA, QL
<b>Opioid Analgesics, Short-acting</b>			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
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	QL, MED	Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	3	QL, MED
Butorphanol Tartrate (10mg/ml Nasal Solution)	3	QL, MED	Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4	
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	4		Hydromorphone HCl (1mg/ml Liquid)	4	QL, MED
Codeine Sulfate (Tablet)	3	QL, MED	Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	2	QL, MED
<b>Duramorph (Injection)</b>	4		<b>Hydromorphone HCl (2mg/ml Injection)</b>	4	
Endocet (Tablet)	3	QL, MED	Lorcet (Tablet)	3	QL, MED
Fentanyl Citrate Oral Transmucosal (1200mcg Lozenge on a Handle, 1600mcg Lozenge on a Handle, 600mcg Lozenge on a Handle, 800mcg Lozenge on a Handle)	5	PA, QL	Lorcet HD (Tablet)	3	QL, MED
			Lorcet Plus (Tablet)	3	QL, MED

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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
Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED	Oxycodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	3	QL, MED	Oxycodone/ Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	4	QL, MED
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4		Oxycodone/Aspirin (Tablet)	3	QL, MED
<b>Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</b>	3	QL, MED	Oxycodone/Ibuprofen (Tablet)	3	QL, MED
<b>Morphine Sulfate (2mg/ml Injection)</b>	4		Tramadol HCl (Tablet Immediate-Release)	2	QL, MED
Nalbuphine HCl (Injection)	4		Tramadol HCl/ Acetaminophen (Tablet)	2	QL, MED
Oxycodone HCl (100mg/5ml Concentrate)	4	QL, MED	Trezix (Capsule)	4	QL, MED
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	<b>Anesthetics</b>		
			<b>Local Anesthetics</b>		
			Lidocaine (5% Ointment)	4	
			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	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium DR (Tablet Delayed-Release)	4	
Disulfiram (Tablet)	4	
Naltrexone HCl (Tablet)	3	
<b>Vivitrol (Injection)</b>	5	
Opioid Dependence Treatments		
Buprenorphine HCl (0.3mg/ml Injection)	4	
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	3	QL
Buprenorphine HCl/ Naloxone HCl (Tablet Sublingual)	3	QL
<b>Suboxone (Film)</b>	4	QL
Opioid Reversal Agents		
Naloxone HCl (Injection)	4	
<b>Narcan (Liquid)</b>	3	
Smoking Cessation Agents		
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour)	2	
<b>Chantix (Tablet)</b>	3	
<b>Chantix Continuing Month Pak (Tablet)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Chantix Starting Month Pak (Tablet)</b>	3	
<b>Nicotrol Inhaler (Inhaler)</b>	4	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (Injection)	4	
Gentak (Ophthalmic Ointment)	2	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	2	
Gentamicin Sulfate (10mg/ml Injection, 40mg/ml Injection)	4	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	4	
Isotonic Gentamicin (Injection)	4	
Neomycin Sulfate (Tablet)	2	
Paromomycin Sulfate (Capsule)	4	
Streptomycin Sulfate (Injection)	4	
Tobramycin Sulfate (0.3% Ophthalmic Solution)	2	
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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>Tobrex (0.3% Ophthalmic Ointment)</b>	4	◆	Linezolid (100mg/5ml Suspension)	5	PA
Antibacterials, Other			Linezolid (600mg Tablet)	4	PA, QL
BACiiM (Injection)	4		Linezolid (600mg/300ml Injection)	4	PA
Bacitracin (50000unit Injection)	4		Methenamine Hippurate (Tablet)	4	
Bacitracin (500unit/gm Ophthalmic Ointment)	2		Metronidazole (0.75% Cream)	3	
<b>Bactroban Nasal (Ointment)</b>	4	PA ◆	Metronidazole (0.75% Gel, 1% Gel, 0.75% Lotion)	4	
Chloramphenicol Sodium Succinate (Injection)	4		Metronidazole (250mg Tablet, 500mg Tablet)	2	
Clindamycin HCl (Capsule Immediate-Release)	2		Metronidazole in NaCl 0.79% (Injection)	4	
Clindamycin Palmitate HCl (Oral Solution)	4		Metronidazole Vaginal (Gel)	3	
Clindamycin Phosphate (2% Cream)	3		Mupirocin (2% Cream)	4	
Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)	4		Mupirocin (2% Ointment)	2	
Clindamycin Phosphate in D5W (Injection)	4		Neomycin/Polymyxin B Sulfates (Irrigation Solution)	3	
Colistimethate Sodium (Injection)	4		Nitrofurantoin (Suspension)	4	
<b>Dalvance (Injection)</b>	5	PA	Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	3	
Daptomycin (Injection)	5				
Lincomycin HCl (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
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3		Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3	
Polymyxin B Sulfate (Injection)	4		Cefepime (Injection)	4	
<b>Primsol (Oral Solution)</b>	4		Cefixime (Suspension)	4	
<b>Sulfamylon (85mg/gm Cream)</b>	4		Cefotaxime Sodium (Injection)	4	
<b>Synercid (Injection)</b>	5		Cefotetan (Injection)	4	
<b>Tigecycline (Injection)</b>	5		Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4	
Tinidazole (Tablet)	4		Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4	
Trimethoprim (Tablet)	2		Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3	
<b>Tygacil (Injection)</b>	5		Ceftazidime (Injection)	4	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	4		Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	4	
<b>Vandazole (Gel)</b>	3		Cefuroxime Axetil (Tablet)	2	
Beta-lactam, Cephalosporins			Cefuroxime Sodium (Injection)	4	
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2				
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2				
Cefazolin Sodium (Injection)	4				

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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
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2		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	
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3				
<b>Suprax (400mg Capsule, 500mg/5ml Suspension)</b>	3	◆			
Tazicef (Injection)	4		Amoxicillin/Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	2	
<b>Zerbaxa (Injection)</b>	4	PA ◆			
Beta-lactam, Other					
<b>Azactam in Iso-Osmotic Dextrose (Injection)</b>	4	◆			
Aztreonam (Injection)	4				
<b>Doribax (Injection)</b>	3				
Imipenem/Cilastatin (Injection)	4				
<b>Invanz (Injection)</b>	4	◆			
Meropenem (Injection)	4				
Beta-lactam, Penicillins					

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxicillin/ Clavulanate Potassium ER (Tablet Extended- Release 12 Hour)	4		Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	2	
Ampicillin (125mg/5ml Suspension, 250mg/ 5ml Suspension, 250mg Capsule, 500mg Capsule)	2		Piperacillin/ Tazobactam (Injection)	4	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	4		<b>Macrolides</b>		
Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)	4		<b>Azasite (Ophthalmic Solution)</b>	4	
<b>Bactocill in Dextrose (Injection)</b>	4	◆	Azithromycin (100mg/ 5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	2	
<b>Bicillin C-R (Injection)</b>	4	◆	Azithromycin (500mg Injection)	4	
<b>Bicillin L-A (Injection)</b>	4	◆	Clarithromycin (125mg/5ml Suspension, 250mg/ 5ml Suspension)	4	
Dicloxacillin Sodium (Capsule)	2		Clarithromycin (250mg Tablet, 500mg Tablet)	3	
Nafcillin Sodium (Injection)	4		Clarithromycin ER (Tablet Extended- Release 24 Hour)	3	
Oxacillin Sodium (Injection)	4		<b>Dificid (Tablet)</b>	5	
Penicillin G Potassium (Injection)	4		<b>E.E.S. Granules (Suspension)</b>	4	◆
Penicillin G Procaine (Injection)	4		Ery-Tab (Tablet Delayed-Release)	4	
Penicillin G Sodium (Injection)	4		<b>EryPed 200 (Suspension)</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>EryPed 400 (Suspension)</b>	4	◆	Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2	
Erythrocin Lactobionate (Injection)	4		Ciprofloxacin I.V. in D5W (Injection)	4	
Erythromycin (250mg Capsule Delayed-Release)	4		Gatifloxacin (Ophthalmic Solution)	3	
Erythromycin (5mg/gm Ophthalmic Ointment)	2		Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet)	3	
Erythromycin Base (Tablet)	4		Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4	
Erythromycin Ethylsuccinate (200mg/5ml Suspension)	4		Levofloxacin in D5W (Injection)	4	
Erythromycin Ethylsuccinate (400mg Tablet)	4		<b>Moxeza (Ophthalmic Solution)</b>	4	◆
<b>Zmax (Suspension)</b>	4	◆	Moxifloxacin HCl (400mg Tablet)	3	
Quinolones			<b>Moxifloxacin HCl (400mg/250ml Injection)</b>	4	◆
<b>Avelox (400mg/250ml-0.8% Injection)</b>	4	◆	Ofloxacin (0.3% Ophthalmic Solution)	2	
<b>Besivance (Suspension)</b>	4		Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	3	
<b>Ciloxan (0.3% Ointment)</b>	4	◆	<b>Vigamox (Ophthalmic Solution)</b>	4	
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection)	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
Sulfonamides					
<b>Silver Sulfadiazine (Cream)</b>	3		Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	3	
Sodium Sulfacetamide (Ophthalmic Solution)	2				
<b>SSD (Cream)</b>	3				
Sulfacetamide Sodium (Ophthalmic Ointment)	2				
Sulfadiazine (Tablet)	4				
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	2		Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	3	
Sulfamethoxazole/Trimethoprim (400mg-80mg/5ml Injection)	4		Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule)	2	
Sulfamethoxazole/Trimethoprim DS (Tablet)	2				
Tetracyclines					
Demeclocycline HCl (Tablet)	4		Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	4	
Doxy 100 (Injection)	4				
Doxycycline (25mg/5ml Suspension)	4		Tetracycline HCl (Capsule)	4	
			<b>Vibramycin (50mg/5ml Syrup)</b>	4	◆
			Anticonvulsants		
			Anticonvulsants, Other		

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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>BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)</b>	5	QL	Ethosuximide (250mg Capsule)	3	
<b>BRIVIACT (50mg/5ml Injection)</b>	4	QL	Ethosuximide (250mg/5ml Oral Solution)	4	
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution)	2		Zonisamide (Capsule)	2	
Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection)	4		Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Levetiracetam ER (Tablet Extended-Release 24 Hour)	3		<b>Diastat AcuDial (Gel)</b>	4	
Roweepra (Tablet)	2		<b>Diastat Pediatric (Gel)</b>	4	
<b>Spritam (Tablet Disintegrating Soluble)</b>	4		Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	2	
Calcium Channel Modifying Agents			Gabapentin (250mg/5ml Oral Solution)	3	
<b>Celontin (Capsule)</b>	4		<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	
			<b>Sabril (500mg Packet, 500mg Tablet)</b>	5	PA, QL, LA
			Tiagabine HCl (Tablet)	4	
			Valproate Sodium (100mg/ml Injection)	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
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	2		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	
Glutamate Reducing Agents			Sodium Channel Agents		
Felbamate (400mg Tablet, 600mg Tablet)	4		<b>Optiom (Tablet)</b>	4	QL
Felbamate (600mg/5ml Suspension)	5		<b>Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)</b>	4	
<b>Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>	4		Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	3	
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2				
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	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
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		Phenytoin Sodium Extended (Capsule)	2	
Dilantin (Capsule)	3		<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)</b>	4	QL
Dilantin INFATABS (Tablet Chewable)	3		<b>Vimpat (200mg/20ml Injection)</b>	4	
Epitol (Tablet)	3		Antidementia Agents		
Fosphenytoin Sodium (Injection)	4		Cholinesterase Inhibitors		
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3		Donepezil HCl (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Oxcarbazepine (300mg/5ml Suspension)	4		Donepezil HCl (23mg Tablet Immediate-Release)	4	QL
<b>Peganone (Tablet)</b>	4		Donepezil HCl ODT (Tablet Dispersible)	2	QL
Phenytek (Capsule)	2		Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	3	QL
Phenytoin (125mg/5ml Suspension)	2		Galantamine HBr (4mg/ml Oral Solution)	4	QL
Phenytoin (50mg Tablet Chewable)	3		Galantamine HBr ER (Capsule Extended-Release 24 Hour)	3	QL
Phenytoin Sodium (Injection)	4		Rivastigmine Tartrate (Capsule)	3	QL
			Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST
			N-methyl-D-aspartate (NMDA) Receptor Antagonist		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	3	PA, QL	Phenelzine Sulfate (Tablet)	3	
<b>Memantine HCl Titration Pak (Tablet)</b>	3	PA	Tranylcypromine Sulfate (Tablet)	4	
<b>Namenda XR (Capsule Extended-Release 24 Hour)</b>	3	PA, QL	SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
<b>Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)</b>	3	PA, QL	Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1	
Antidepressants			Citalopram HBr (10mg/5ml Oral Solution)	3	
Antidepressants, Other			Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4	QL
Bupropion HCl (Tablet Immediate-Release)	2		Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)	2		<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	4	QL, ST
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	2		<b>Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)</b>	4	ST
Mirtazapine (Tablet Immediate-Release)	2		Fluoxetine DR (Capsule Delayed-Release)	4	
Mirtazapine ODT (Tablet Dispersible)	2				
Monoamine Oxidase Inhibitors					
<b>Emsam (Patch 24 Hour)</b>	5	QL			
<b>Marplan (Tablet)</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
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	2		Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2	
Fluvoxamine Maleate (Tablet)	3		<b>Viibryd (Tablet)</b>	4	QL
Maprotiline HCl (Tablet)	4		<b>Viibryd Starter Pack (Kit)</b>	4	QL
Nefazodone HCl (Tablet)	3		Tricyclics		
Paroxetine HCl (Tablet Immediate-Release)	2		Amitriptyline HCl (Tablet)	3	
<b>Paxil (10mg/5ml Suspension)</b>	4		Amoxapine (Tablet)	3	
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1		Clomipramine HCl (Capsule)	4	
Sertraline HCl (20mg/ml Concentrate)	4		Desipramine HCl (Tablet)	3	
Trazodone HCl (Tablet)	2		Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	3	
<b>Trintellix (Tablet)</b>	4	QL	Imipramine HCl (Tablet)	4	
Venlafaxine HCl (Tablet Immediate-Release)	3		Imipramine Pamoate (Capsule)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	2	
Protriptyline HCl (Tablet)	4	
Trimipramine Maleate (Capsule)	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
Compro (Suppository)	4	
Hydroxyzine Pamoate (Capsule)	3	
Meclizine HCl (Tablet)	2	
Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Metoclopramide HCl (5mg/ml Injection)	4	
Perphenazine (Tablet)	4	
Prochlorperazine (Suppository)	4	
Prochlorperazine Edisylate (Injection)	4	
Prochlorperazine Maleate (Tablet)	2	
<b>Transderm-Scop (Patch 72 Hour)</b>	4	
<b>Emetogenic Therapy Adjuncts</b>		
Aprepitant (Therapy Pack, Capsule)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dronabinol (Capsule)	4	PA, QL
<b>Emend (125mg Suspension)</b>	4	PA
<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
Ondansetron HCl (4mg/2ml Injection)	4	
Ondansetron HCl (4mg/5ml Oral Solution)	4	B/D, PA
Ondansetron ODT (Tablet Dispersible)	2	B/D, PA
<b>Sancuso (Patch)</b>	5	
<b>Antifungals</b>		
<b>Antifungals</b>		
<b>Abelcet (Injection)</b>	4	B/D, PA
<b>AmBisome (Injection)</b>	4	B/D, PA
Amphotericin B (Injection)	4	B/D, PA
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3	
Ciclopirox Nail Lacquer (External 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
Ciclopirox Olamine (Cream)	3		Miconazole 3 (Suppository)	3	
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	2		<b>Mycamine (Injection)</b>	4	◆
Econazole Nitrate (Cream)	4		Naftifine HCl (1% Cream)	4	
<b>Exelderm (1% Cream, 1% External Solution)</b>	4	◆	Naftifine HCl (2% Cream)	4	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2		<b>Naftin (1% Gel, 2% Gel)</b>	4	◆
Fluconazole in NaCl (Injection)	4		<b>Natacyn (Suspension)</b>	4	◆
Flucytosine (Capsule)	5		<b>Noxafil (100mg Tablet Delayed-Release)</b>	5	PA, QL
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4		<b>Noxafil (40mg/ml Suspension)</b>	5	QL
Griseofulvin Ultramicronize (Tablet)	4		Nyamyc (Powder)	2	
Itraconazole (Capsule)	4	PA, QL	Nyata (Powder)	2	
<b>Jublia (External Solution)</b>	4		Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	2	
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2		Nystop (Powder)	2	
Ketoconazole (2% Foam)	4		<b>ONMEL (Tablet)</b>	5	PA
<b>Mentax (Cream)</b>	4	◆	Oxiconazole Nitrate (Cream)	4	
			<b>Oxistat (1% Lotion)</b>	4	◆
			<b>Sporanox (10mg/ml Oral Solution)</b>	5	PA
			Terbinafine HCl (Tablet)	2	
			Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3	
			Voriconazole (200mg Injection, 40mg/ml Suspension)	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Voriconazole (200mg Tablet, 50mg Tablet)	4	
<b>Zazole (Cream)</b>	3	
<b>Antigout Agents</b>		
Antigout Agents		
Allopurinol (Tablet)	1	
<b>Colchicine (0.6mg Capsule, 0.6mg Tablet)</b>	3	QL
Probenecid (Tablet)	2	
Probenecid/Colchicine (Tablet)	2	
<b>Uloric (Tablet)</b>	3	ST
<b>Antimigraine Agents</b>		
Ergot Alkaloids		
Dihydroergotamine Mesylate (1mg/ml Injection)	4	
Ergotamine Tartrate/Caffeine (Tablet)	3	
Migergot (Suppository)	4	
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
Naratriptan HCl (Tablet)	3	QL
Rizatriptan Benzoate (Tablet Immediate-Release)	3	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	3	QL
Sumatriptan (Nasal Solution)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	2	QL
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	4	QL
<b>Sumatriptan Succinate Refill (Injection)</b>	4	QL
<b>Antimyasthenic Agents</b>		
Parasympathomimetics		
<b>Guanidine HCl (Tablet)</b>	3	
<b>Mestinon (60mg/5ml Syrup)</b>	4	
Pyridostigmine Bromide (Tablet Immediate-Release)	3	
Pyridostigmine Bromide ER (Tablet Extended-Release)	4	
<b>Antimycobacterials</b>		
Antimycobacterials, Other		
Dapsone (Tablet)	3	
Rifabutin (Capsule)	4	
<b>Antituberculars</b>		
<b>Capastat Sulfate (Injection)</b>	4	◆
Ethambutol HCl (Tablet)	3	
Isoniazid (100mg Tablet, 300mg Tablet)	2	
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Paser (Packet)	4	
<b>Priftin (Tablet)</b>	4	◆
Pyrazinamide (Tablet)	4	
Rifampin (150mg Capsule, 300mg Capsule)	3	
Rifampin (600mg Injection)	4	
<b>Rifater (Tablet)</b>	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	
<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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Antiestrogens/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)	2	
Antimetabolites		
Adrucil (Injection)	4	B/D, PA
<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	

**Bold type = Brand name drug**

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<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
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

- ◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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>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
<b>Zolinza (Capsule)</b>	5	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	2	
Exemestane (Tablet)	3	
Letrozole (Tablet)	2	
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<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
<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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<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
<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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<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	
<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	♦

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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>DARAPRIM (Tablet)</b>	4	◆	Amantadine HCl (50mg/5ml Syrup)	2	
Hydroxychloroquine Sulfate (Tablet)	2		Entacapone (Tablet)	4	
Mefloquine HCl (Tablet)	2		Dopamine Agonists		
<b>Nebupent (Inhalation Solution)</b>	4	B/D, PA, QL ◆	<b>Apokyn (Injection)</b>	5	PA, QL
<b>Pentam 300 (Injection)</b>	4		Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	4	
Primaquine Phosphate (Tablet)	4		<b>Neupro (Patch 24 Hour)</b>	4	
Quinine Sulfate (Capsule)	4	PA	Pramipexole Dihydrochloride (Tablet Immediate-Release)	3	
Pediculicides/Scabicides			Ropinirole HCl (Tablet Immediate-Release)	2	
<b>Eurax (10% Cream, 10% Lotion)</b>	4	◆	Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Lindane (Shampoo)	4		Carbidopa (Tablet)	4	
Malathion (Lotion)	4		Carbidopa/Levodopa (Tablet Immediate-Release)	2	
Permethrin (Cream)	3		Carbidopa/Levodopa ER (Tablet Extended-Release)	2	
Antiparkinson Agents			Carbidopa/Levodopa ODT (Tablet Dispersible)	2	
Anticholinergics			<b>Carbidopa/Levodopa/Entacapone (Tablet)</b>	4	
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2		<b>Rytary (Capsule Extended-Release)</b>	4	ST
Benztropine Mesylate (1mg/ml Injection)	4		Monoamine Oxidase B (MAO-B) Inhibitors		
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	2		Rasagiline Mesylate (Tablet)	3	
Antiparkinson Agents, Other					
Amantadine HCl (100mg Capsule, 100mg Tablet)	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
Selegiline HCl (5mg Capsule, 5mg Tablet)	3		Loxapine Succinate (25mg Capsule, 50mg Capsule)	2	
<b>Antipsychotics</b>					
<b>1st Generation/Typical</b>			<b>2nd Generation/Atypical</b>		
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	4		Pimozide (Tablet)	3	
Fluphenazine Decanoate (Injection)	4		Thioridazine HCl (Tablet)	3	
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	2		Thiothixene (Capsule)	3	
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	4		Trifluoperazine HCl (Tablet)	3	
Fluphenazine HCl (5mg/ml Concentrate)	3		<b>Abilify Maintena (Injection)</b>		
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	2		Aripiprazole (Tablet)	4	QL
Haloperidol Decanoate (Injection)	4		Aripiprazole ODT (Tablet Dispersible)	4	QL
Haloperidol Lactate (Injection)	4		<b>Aristada (Injection)</b>	5	
Loxapine Succinate (10mg Capsule, 5mg Capsule)	2	QL	<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	
			<b>Invega Sustenna (39mg/0.25ml Injection)</b>	4	
			<b>Invega Trinza (Injection)</b>	5	PA
			<b>Latuda (Tablet)</b>	5	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
<b>Nuplazid (Tablet)</b>	5	PA, QL	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	
Olanzapine (10mg Injection)	4		Risperidone (1mg/ml Oral Solution)	4	
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	Risperidone ODT (Tablet Dispersible)	4	
Olanzapine ODT (Tablet Dispersible)	3	QL	<b>Saphris (Tablet Sublingual)</b>	4	QL
Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL	<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	4	QL, ST
Quetiapine Fumarate (Tablet Immediate-Release)	2	QL	<b>Vraylar (Capsule Therapy Pack)</b>	4	ST
Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	3	QL	Ziprasidone HCl (Capsule)	3	QL
<b>Rexulti (Tablet)</b>	5	QL	<b>Zyprexa Relprevv (Injection)</b>	5	
<b>Risperdal Consta (12.5mg Injection)</b>	4		Treatment-Resistant		
<b>Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)</b>	5		Clozapine (Tablet Immediate-Release)	3	
			Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)</b>	4	QL
<b>Versacloz (Suspension)</b>	5	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
Cidofovir (Injection)	5	
Ganciclovir (Injection)	3	B/D, PA
Valganciclovir (Tablet)	5	QL
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
<b>Anti-hepatitis C (HCV) Agents, Other</b>		
<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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ribavirin (200mg Tablet)	3	
<b>Sylatron (Injection)</b>	5	PA
<b>Anti-hepatitis C (HCV) Direct Acting Agents</b>		
<b>Epclusa (Tablet)</b>	5	PA, QL
<b>Harvoni (Tablet)</b>	5	PA, QL
<b>Zepatier (Tablet)</b>	5	PA, QL
<b>Antiherpetic Agents</b>		
Acyclovir (200mg Capsule, 400mg Tablet, 800mg Tablet)	2	
Acyclovir (200mg/5ml Suspension)	4	
Acyclovir (5% Ointment)	4	QL
Acyclovir Sodium (Injection)	4	B/D, PA
<b>Denavir (Cream)</b>	4	QL ◆
Famciclovir (Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Tablet)	3	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
<b>Genvoya (Tablet)</b>	5	QL
<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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<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
<b>Sustiva (200mg Capsule, 600mg Tablet)</b>	5	QL
<b>Sustiva (50mg Capsule)</b>	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (Tablet)	4	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Abacavir/Lamivudine (Tablet)	5	QL
<b>Descovy (Tablet)</b>	5	QL
Didanosine (Capsule Delayed-Release)	3	QL
<b>Emtriva (10mg/ml Oral Solution, 200mg Capsule)</b>	4	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL
Lamivudine/Zidovudine (Tablet)	4	QL
<b>Retrovir IV Infusion (Injection)</b>	4	
Stavudine (Capsule)	3	QL
<b>Truvada (Tablet)</b>	5	QL
<b>Videx Pediatric (Oral Solution)</b>	4	QL
<b>Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)</b>	5	QL
<b>Zerit (1mg/ml Oral Solution)</b>	4	QL
<b>Ziagen (20mg/ml Oral Solution)</b>	4	QL
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	3	QL
Anti-HIV Agents, Other		
<b>Fuzeon (Injection)</b>	5	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)</b>	5	QL
<b>Selzentry (25mg Tablet)</b>	3	QL
Anti-HIV Agents, Protease Inhibitors		
<b>Aptivus (100mg/ml Oral Solution, 250mg Capsule)</b>	5	QL
<b>Crixivan (Capsule)</b>	3	QL
<b>Evotaz (Tablet)</b>	5	QL
<b>Invirase (200mg Capsule, 500mg Tablet)</b>	5	QL
<b>Kaletra (100mg-25mg Tablet)</b>	4	QL
<b>Kaletra (200mg-50mg Tablet)</b>	5	QL
<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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<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		
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

♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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
Clorazepate Dipotassium (Tablet)	2	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
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	2	
Divalproex Sodium DR (Tablet Delayed-Release)	2	
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	2	
<b>Lithium (Oral Solution)</b>	3	
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lithium Carbonate ER (Tablet Extended-Release)	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
Acarbose (Tablet)	3	QL
<b>Avandia (Tablet)</b>	4	PA, QL
<b>Bydureon Pen (Injection)</b>	3	QL
<b>Bydureon Vial (Injection)</b>	3	QL
<b>Byetta (Injection)</b>	4	QL
<b>Cycloset (Tablet)</b>	4	PA, QL ♦
Glimepiride (Tablet)	1	QL
Glipizide (Tablet Immediate-Release)	1	QL
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Glipizide/Metformin HCl (Tablet)	1	QL
<b>Invokamet (Tablet)</b>	3	QL
<b>Invokamet XR (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Invokana (Tablet)</b>	3	QL
<b>Janumet (Tablet Immediate-Release)</b>	3	QL
<b>Janumet XR (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Januvia (Tablet)</b>	3	QL
<b>Jardiance (Tablet)</b>	3	QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Jentaduetto (Tablet)</b>	4	QL
<b>Jentaduetto XR (Tablet Extended-Release 24 Hour)</b>	4	QL
<b>Kombiglyze XR (Tablet Extended-Release 24 Hour)</b>	3	QL
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Nateglinide (Tablet)	3	QL
<b>Onglyza (Tablet)</b>	3	QL
Pioglitazone HCl (Tablet)	1	QL
Pioglitazone HCl/Glimepiride (Tablet)	4	QL
Pioglitazone HCl/Metformin HCl (Tablet)	4	QL
Repaglinide (Tablet)	2	QL
<b>Soliqua 100/33 (Injection)</b>	3	QL
<b>Synjardy (Tablet)</b>	3	QL
<b>Tradjenta (Tablet)</b>	4	QL
<b>Trulicity (Injection)</b>	3	QL
<b>Victoza (Injection)</b>	3	QL
Glycemic Agents		
<b>GlucaGen HypoKit (Injection)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Glucagon Emergency Kit (Injection)</b>	3	
<b>Proglycem (Suspension)</b>	5	
Insulins		
<b>Humalog Cartridge (Injection)</b>	3	
<b>Humalog KwikPen (Injection)</b>	3	
<b>Humalog Mix 50/50 KwikPen (Injection)</b>	3	
<b>Humalog Mix 50/50 Vial (Injection)</b>	3	
<b>Humalog Mix 75/25 KwikPen (Injection)</b>	3	
<b>Humalog Mix 75/25 Vial (Injection)</b>	3	
<b>Humalog Vial (Injection)</b>	3	
<b>Humulin 70/30 KwikPen (Injection)</b>	3	
<b>Humulin 70/30 Vial (Injection)</b>	3	
<b>Humulin N KwikPen (Injection)</b>	3	
<b>Humulin N Vial (Injection)</b>	3	
<b>Humulin R U-500 KwikPen (Injection)</b>	3	
<b>Humulin R U-500 Vial (Concentrated) (Injection)</b>	3	
<b>Humulin R Vial (Injection)</b>	3	

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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>Lantus SoloStar (Injection)</b>	3	
<b>Lantus Vial (Injection)</b>	3	
<b>Levemir FlexTouch (Injection)</b>	3	
<b>Levemir Vial (Injection)</b>	3	
<b>Toujeo SoloStar (Injection)</b>	3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<b>Argatroban (125mg/125ml-0.9% Injection)</b>	5	B/D, PA
Argatroban (250mg/2.5ml Injection)	5	B/D, PA
<b>Coumadin (Tablet)</b>	3	
<b>Eliquis (Tablet)</b>	3	QL
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
Fondaparinux Sodium (Injection)	4	
Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	4	
Heparin Sodium (1000unit/ml Injection)	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Heparin Sodium/D5W (Injection)</b>	4	♦
Jantoven (Tablet)	1	
<b>Pradaxa (Capsule)</b>	4	QL
Warfarin Sodium (Tablet)	1	
<b>Xarelto (Tablet)</b>	3	QL
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	3	QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	2	
<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, 40mcg/ml Injection)</b>	4	PA
Azacitidine (Injection)	5	PA

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Leukine (Injection)</b>	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
<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)	4	QL
<b>Brilinta (Tablet)</b>	3	QL
Cilostazol (Tablet)	2	
Clopidogrel (75mg Tablet)	2	QL
<b>Effient (Tablet)</b>	3	QL
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	2	
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	4	
Guanfacine HCl (Tablet Immediate-Release)	2	QL
Methyldopa (Tablet)	2	
Methyldopate HCl (Injection)	4	
Midodrine HCl (Tablet)	3	
<b>Northera (Capsule)</b>	4	PA, QL
<b>Alpha-adrenergic Blocking Agents</b>		
Doxazosin Mesylate (Tablet)	2	
Phenoxybenzamine HCl (Capsule)	4	
Prazosin HCl (Capsule)	2	
<b>Angiotensin II Receptor Antagonists</b>		
<b>Edarbi (Tablet)</b>	4	QL
Irbesartan (Tablet)	2	QL
Losartan Potassium (Tablet)	1	QL
Olmesartan Medoxomil (Tablet)	2	QL
Telmisartan (Tablet)	3	QL
Valsartan (Tablet)	2	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
Benazepril HCl (Tablet)	1	QL
Captopril (Tablet)	2	QL
Enalapril Maleate (Tablet)	2	QL
Fosinopril Sodium (Tablet)	2	QL
Lisinopril (Tablet)	1	QL
Perindopril Erbumine (Tablet)	2	QL
Quinapril HCl (Tablet)	2	QL
Ramipril (Capsule)	2	QL
Trandolapril (Tablet)	2	QL
<b>Antiarrhythmics</b>		
Amiodarone HCl (200mg Tablet)	2	
Amiodarone HCl (50mg/ml Injection)	4	
Dofetilide (Capsule)	4	
Flecainide Acetate (Tablet)	2	
Mexiletine HCl (Capsule)	2	
<b>Multaq (Tablet)</b>	3	QL
Pacerone (200mg Tablet)	2	
Procainamide HCl (Injection)	4	
Propafenone HCl (Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	4	
<b>Quinidine Gluconate (Injection)</b>	4	
Quinidine Gluconate CR (Tablet Extended-Release)	4	
Quinidine Sulfate (Tablet)	2	
Sotalol HCl (AF) (Tablet)	2	
Sotalol HCl (Tablet)	2	
<b>Beta-adrenergic Blocking Agents</b>		
Acebutolol HCl (Capsule)	2	
Atenolol (Tablet)	1	
Betaxolol HCl (10mg Tablet, 20mg Tablet)	3	
Bisoprolol Fumarate (Tablet)	2	
<b>Bystolic (Tablet)</b>	3	QL
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)	2	

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Plain type = Generic drug



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1		Amlodipine Besylate (Tablet)	1	
Metoprolol Tartrate (5mg/5ml Injection)	4		<b>Cardene IV (Injection)</b>	4	♦
Nadolol (Tablet)	4		Cartia XT (Capsule Extended-Release 24 Hour)	3	
Pindolol (Tablet)	3		Dilt-XR (Capsule Extended-Release 24 Hour)	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 CD (Capsule Extended-Release 24 Hour)	3	
Propranolol HCl (1mg/ml Injection)	4		Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	4	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2		Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	2	
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	4		Diltiazem HCl ER (Capsule Extended-Release 12 Hour, Capsule Extended-Release 24 Hour)	3	
<b>Calcium Channel Blocking Agents</b>			Felodipine ER (Tablet Extended-Release 24 Hour)	3	
Afeditab CR (Tablet Extended-Release 24 Hour)	2	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
Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3		Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	3	
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	3	QL	Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2	
Nicardipine HCl (2.5mg/ml Injection)	4		<b>Verapamil HCl SR (Capsule Extended-Release 24 Hour)</b>	3	
Nifedipine ER (Tablet Extended-Release 24 Hour)	2	QL	Cardiovascular Agents, Other		
Nimodipine (Capsule)	5		Amiloride/ Hydrochlorothiazide (Tablet)	2	
Taztia XT (Capsule Extended-Release 24 Hour)	3		Atenolol/ Chlorthalidone (Tablet)	1	
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	2		Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
Verapamil HCl (2.5mg/ml Injection)	4		<b>BiDil (Tablet)</b>	3	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
Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet)	2	QL	Methyldopa/ Hydrochlorothiazide (Tablet)	2	
Captopril/ Hydrochlorothiazide (Tablet)	2	QL	Metoprolol/ Hydrochlorothiazide (Tablet)	3	
<b>Corlanor (Tablet)</b>	4	PA, QL	Nadolol/ Bendroflumethiazide (40mg-5mg Tablet)	3	QL
<b>Demser (Capsule)</b>	5		Nadolol/ Bendroflumethiazide (80mg-5mg Tablet)	3	
Digitek (Tablet)	2		Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	2	QL
<b>Digoxin (0.05mg/ml Oral Solution)</b>	4		Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	2	QL
Digoxin (0.25mg/ml Injection)	4		Pentoxifylline ER (Tablet Extended- Release)	2	
Digoxin (125mcg Tablet, 250mcg Tablet)	2		Propranolol/ Hydrochlorothiazide (Tablet)	2	
<b>Edarbyclor (Tablet)</b>	4	QL	Quinapril/ Hydrochlorothiazide (Tablet)	2	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	2	QL	<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	3	QL
<b>Entresto (Tablet)</b>	3	QL	Spirolactone/ Hydrochlorothiazide (Tablet)	2	
Irbesartan/ Hydrochlorothiazide (Tablet)	2	QL			
<b>Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)</b>	4				
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL			
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tekturna (Tablet)</b>	4	QL
Telmisartan/ Hydrochlorothiazide (Tablet)	3	QL
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	2	
Valsartan/ Hydrochlorothiazide (Tablet)	2	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	3	
Acetazolamide ER (Capsule Extended- Release 12 Hour)	4	
Acetazolamide Sodium (Injection)	4	
Methazolamide (Tablet)	4	
Diuretics, Loop		
Bumetanide (0.25mg/ ml Injection)	4	
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	
Ethacrynic Acid (Tablet)	4	
Furosemide (10mg/ml Injection)	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
<b>Dyrenium (Capsule)</b>	4	
Eplerenone (Tablet)	3	
Spironolactone (Tablet)	2	
Diuretics, Thiazide		
Chlorothiazide (Tablet)	2	
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	
Methyclothiazide (Tablet)	3	
Metolazone (Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (145mg Tablet, 48mg Tablet)	3	
Fenofibrate (160mg Tablet, 54mg Tablet)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Fenofibrate Micronized (134mg Capsule, 200mg Capsule, 67mg Capsule)	3	
<b>Fenofibric Acid (Tablet)</b>	3	
Fenofibric Acid DR (Capsule Delayed-Release)	3	
Gemfibrozil (Tablet)	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
<b>Livalo (Tablet)</b>	3	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	
Colestipol HCl (1gm Tablet)	3	
Colestipol HCl (5gm Granules)	4	
Ezetimibe (Tablet)	2	QL
Ezetimibe/Simvastatin (Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Juxtapid (Capsule)</b>	5	PA, LA
Niacin ER (Tablet Extended-Release)	4	
Niacor (Tablet)	2	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	4	QL
<b>Praluent (Injection)</b>	5	PA, QL
Prevalite (Powder)	3	
<b>Repatha (Injection)</b>	5	PA, QL
<b>Repatha Pushtronex System (Injection)</b>	5	PA, QL
<b>Repatha SureClick (Injection)</b>	5	PA, QL
<b>Vascepa (Capsule)</b>	4	
<b>Welchol (3.75gm Packet, 625mg Tablet)</b>	3	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)	2	
Hydralazine HCl (20mg/ml Injection)	4	
Minoxidil (Tablet)	2	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (Tablet Immediate-Release)	2	
Isosorbide Dinitrate ER (Tablet Extended-Release)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Isosorbide Mononitrate (Tablet Immediate-Release)	2		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
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	2				
Minitran (Patch 24 Hour)	2				
Nitro-Bid (Ointment)	4				
Nitroglycerin (0.3mg Tablet Sublingual, 0.4mg Tablet Sublingual, 0.6mg Tablet Sublingual)	3				
Nitroglycerin (5mg/ml Injection)	4				
Nitroglycerin Lingual (Translingual Solution)	4				
Nitroglycerin Transdermal (Patch 24 Hour)	2				
<b>Nitrostat (Tablet Sublingual)</b>	3				
<b>Central Nervous System Agents</b>					
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>					
			Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	4	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
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	4	QL	Metadate ER (Tablet Extended-Release)	4	QL
<b>Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable)</b>	4		Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	4	QL
Atomoxetine (Capsule)	4	QL, ST	Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)	4	QL
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	4	PA	Central Nervous System, Other		
Dexmethylphenidate HCl (Tablet Immediate-Release)	3	QL	<b>Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)</b>	3	PA, QL
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	4		<b>Nuedexta (Capsule)</b>	4	PA
Guanfacine ER (Tablet Extended-Release 24 Hour)	4		Riluzole (Tablet)	4	
			Tetrabenazine (Tablet)	5	PA, QL
			Fibromyalgia Agents		
			Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	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
<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>Tecfidera Starter Pack</b>	5	
<b>Savella (Tablet)</b>	3		<b>Tysabri (Injection)</b>	5	PA
<b>Savella Titration Pack</b>	3		Dental and Oral Agents		
Multiple Sclerosis Agents			Dental and Oral Agents		
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	5	QL	Chlorhexidine Gluconate Oral Rinse (Solution)	2	
<b>Aubagio (Tablet)</b>	5	QL	<b>Kepivance (Injection)</b>	5	
<b>Avonex (Injection)</b>	5		Periogard (Solution)	2	
<b>Avonex Pen (Injection)</b>	5		Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4	
<b>Betaseron (Injection)</b>	5		Triamcinolone in Orabase (Paste)	3	
<b>Copaxone (Injection)</b>	5		Dermatological Agents		
<b>Gilenya (Capsule)</b>	5	QL	Dermatological Agents		
Glatopa (Injection)	5		Acitretin (Capsule)	4	
<b>Rebif (Injection)</b>	5		Adapalene (0.1% Cream, 0.1% Gel)	4	
<b>Rebif Rebidose (Injection)</b>	5		Ammonium Lactate (12% Cream, 12% Lotion)	3	
<b>Rebif Rebidose Titration Pack (Injection)</b>	5		Calcipotriene (0.005% Cream, 0.005% External Solution)	4	
<b>Rebif Titration Pack (Injection)</b>	5		<b>Calcitriol (3mcg/gm Ointment)</b>	4	
<b>Tecfidera (Capsule Delayed-Release)</b>	5	QL	Claravis (Capsule)	4	PA
			Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	

**Bold type = Brand name drug**

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	4	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	3	
<b>Cortisporin (0.5%-0.5% Cream)</b>	4	
<b>Cortisporin (1%-0.5% Ointment)</b>	4	◆
<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)	2	
Erythromycin (2% Gel)	4	
Erythromycin/Benzoyl Peroxide (Gel)	4	
<b>Finacea (15% Foam, 15% Gel)</b>	4	
Fluorouracil (2% External Solution, 5% External Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluorouracil (5% Cream)	4	
Imiquimod (Cream)	4	
Methoxsalen (Capsule)	5	
<b>Mirvaso (Gel)</b>	4	
<b>Oxsoralen Ultra (Capsule)</b>	5	
<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 (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	4	PA
<b>Tretinoin Microsphere (Gel)</b>	4	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<b>Aminosyn 7%/Electrolytes (Injection)</b>	4	B/D, PA

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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>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
<b>Aminosyn-HBC (Injection)</b>	4	B/D, PA
<b>Aminosyn-PF (Injection)</b>	4	B/D, PA
<b>Aminosyn-RF (Injection)</b>	4	B/D, PA
<b>Carbaglu (Tablet)</b>	5	LA
<b>Dextrose 10% (Injection)</b>	4	♦
<b>Dextrose 10%/NaCl 0.2% (Injection)</b>	4	♦
<b>Dextrose 10%/NaCl 0.45% (Injection)</b>	4	♦
<b>Dextrose 2.5%/NaCl 0.45% (Injection)</b>	4	♦
<b>Dextrose 5% (Injection)</b>	4	♦
<b>Dextrose 5%/Lactated Ringers (Injection)</b>	4	
<b>Dextrose 5%/NaCl 0.2% (Injection)</b>	4	♦
<b>Dextrose 5%/NaCl 0.225% (Injection)</b>	4	♦
<b>Dextrose 5%/NaCl 0.33% (Injection)</b>	4	♦

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Dextrose 5%/NaCl 0.45% (Injection)</b>	4	♦
<b>Dextrose 5%/NaCl 0.9% (Injection)</b>	4	♦
<b>FreAmine HBC 6.9% (Injection)</b>	4	B/D, PA ♦
<b>HepatAmine (Injection)</b>	4	B/D, PA
<b>Intralipid (Injection)</b>	4	B/D, PA ♦
<b>Ionosol-MB/Dextrose 5% (Injection)</b>	4	♦
<b>Isolyte-P/Dextrose 5% (Injection)</b>	4	♦
<b>Isolyte-S (Injection)</b>	4	♦
<b>KCl 0.075%/D5W/NaCl 0.45% (Injection)</b>	4	♦
<b>KCl 0.15%/D5W/NaCl 0.2% (Injection)</b>	4	♦
<b>KCl 0.15%/D5W/NaCl 0.9% (Injection)</b>	4	♦
<b>KCl 0.3%/D5W/NaCl 0.45% (Injection)</b>	4	♦
<b>KCl 0.3%/D5W/NaCl 0.9% (Injection)</b>	4	♦
<b>Klor-Con 10 (Tablet Extended-Release)</b>	3	
<b>Klor-Con 8 (Tablet Extended-Release)</b>	3	
Klor-Con M10 (Tablet Extended-Release)	2	
Klor-Con M15 (Tablet Extended-Release)	2	
Klor-Con M20 (Tablet Extended-Release)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Klor-Con Sprinkle (Capsule Extended-Release)	3		<b>Potassium Chloride (10% Oral Solution, 20% Oral Solution)</b>	3	
<b>Lactated Ringers Irrigation (Solution)</b>	3		<b>Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)</b>	4	B/D, PA
<b>Lactated Ringers Viaflex (Injection)</b>	4		Potassium Chloride (2meq/ml Injection)	4	B/D, PA
Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	3		<b>Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)</b>	4	◆
<b>Magnesium Sulfate (1gm/2ml-50% Injection)</b>	4		<b>Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)</b>	4	◆
Magnesium Sulfate (5gm/10ml-50% Injection)	4		<b>Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)</b>	4	◆
<b>Nephramine (Injection)</b>	4	B/D, PA ◆	Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)	3	
<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>Nutrilipid (Injection)</b>	4	B/D, PA ◆			
<b>Physiolyte (Irrigation Solution)</b>	4	◆			
<b>Physiosol Irrigation (Solution)</b>	4	◆			
<b>Plasma-Lyte A (Injection)</b>	4	◆			
<b>Plasma-Lyte-148 (Injection)</b>	4	◆			
Plenaminate (Injection)	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>Potassium Chloride/Dextrose (Injection)</b>	4	B/D, PA ♦	Sodium Fluoride (Tablet)	2	
<b>Potassium Chloride/Dextrose/Lactated Ringers (Injection)</b>	4	♦	<b>Sodium Lactate (Injection)</b>	4	♦
Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	4	B/D, PA	<b>TPN Electrolytes (Injection)</b>	4	
<b>Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)</b>	4	B/D, PA ♦	<b>Travasol (Injection)</b>	4	B/D, PA ♦
Potassium Citrate ER (Tablet Extended-Release)	3		<b>Trophamine (10% Injection)</b>	4	B/D, PA ♦
Premasol (Injection)	4	B/D, PA	Electrolyte/Mineral/Metal Modifiers		
<b>Procalamine (Injection)</b>	4	B/D, PA ♦	<b>Chemet (Capsule)</b>	4	
<b>Prosol (Injection)</b>	4	B/D, PA ♦	<b>Exjade (Tablet Soluble)</b>	5	PA
<b>Ringers Injection</b>	4	♦	<b>Ferriprox (100mg/ml Oral Solution, 500mg Tablet)</b>	5	PA
<b>Ringers Irrigation (Solution)</b>	3		<b>Jadenu (Tablet)</b>	5	PA
<b>Sodium Chloride (0.9% Injection, 2.5meq/ml Injection)</b>	4		<b>Jadenu Sprinkle (Packet)</b>	5	PA
<b>Sodium Chloride (3% Injection, 5% Injection)</b>	4	B/D, PA ♦	Kionex (Powder)	3	
<b>Sodium Chloride 0.45% (Injection)</b>	4	♦	<b>Samsca (Tablet)</b>	5	PA, QL
<b>Sodium Chloride 0.9% (Irrigation Solution)</b>	3		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	
			Eliphos (Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)</b>	4		Cromolyn Sodium (100mg/5ml Concentrate)	4	
<b>Phoslyra (Oral Solution)</b>	3		Diphenoxylate/ Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	3	
<b>Renagel (Tablet)</b>	3	ST	<b>Gattex (Injection)</b>	5	PA
<b>Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)</b>	3		Loperamide HCl (Capsule)	2	
<b>Velphoro (Tablet Chewable)</b>	4		<b>Myalept (Injection)</b>	5	PA
Vitamins			<b>Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)</b>	4	PA
VP-PNV-DHA (Capsule)	2		Ursodiol (250mg Tablet, 500mg Tablet)	4	
<b>Gastrointestinal Agents</b>			Ursodiol (300mg Capsule)	3	
Antispasmodics, Gastrointestinal			<b>Histamine2 (H2) Receptor Antagonists</b>		
<b>Atropine Sulfate (Injection)</b>	4	◆	Famotidine (20mg Tablet, 40mg Tablet)	2	
<b>Cuvposa (Oral Solution)</b>	4		Ranitidine HCl (150mg Tablet, 300mg Tablet)	2	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	2		Ranitidine HCl (50mg/2ml Injection)	4	
Glycopyrrolate (4mg/20ml Injection)	4		<b>Irritable Bowel Syndrome Agents</b>		
Methscopolamine Bromide (Tablet)	4		Alosetron HCl (Tablet)	5	PA
<b>Gastrointestinal Agents, Other</b>			<b>Amitiza (Capsule)</b>	3	QL
Chenodal (Tablet)	5		<b>Linzess (Capsule)</b>	3	QL
			<b>Xifaxan (Tablet)</b>	5	PA
			<b>Laxatives</b>		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Constulose (Oral Solution)	2	
Enulose (Oral Solution)	2	
GaviLyte-C (Oral Solution)	2	
GaviLyte-G (Oral Solution)	2	
GaviLyte-H (Kit)	3	
GaviLyte-N/Flavor Pack (Oral Solution)	2	
Generlac (Oral Solution)	2	
Lactulose (Oral Solution)	2	
<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)	2	
<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		

Drug Name	Drug Tier	Coverage Rules or Limits on use
<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	
<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
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
<b>Adagen (Injection)</b>	5	LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<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>Creon (Capsule Delayed-Release)</b>	3	
<b>Cystadane (Powder)</b>	5	
<b>Cystagon (Capsule)</b>	4	LA
<b>Elaprase (Injection)</b>	5	
<b>Elelyso (Injection)</b>	5	PA, LA
<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>Procysbi (Capsule Delayed-Release)</b>	5	
<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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Sucraid (Oral Solution)</b>	5	LA
<b>VPRIV (Injection)</b>	5	PA
<b>Zavesca (Capsule)</b>	5	PA, LA
<b>Zenpep (Capsule Delayed-Release)</b>	3	
<b>Genitourinary Agents</b>		
Antispasmodics, Urinary		
<b>Myrbetriq (Tablet Extended-Release 24 Hour)</b>	3	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	2	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	3	QL
Tolterodine Tartrate ER (Capsule Extended-Release 24 Hour)	4	
<b>Vesicare (Tablet)</b>	3	QL
<b>Benign Prostatic Hypertrophy Agents</b>		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2	
Finasteride (5mg Tablet) (Generic Proscar)	2	
<b>Rapaflo (Capsule)</b>	3	QL
Tamsulosin HCl (Capsule)	2	
Terazosin HCl (Capsule)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	2	
<b>Depen Titratabs (Tablet)</b>	5	
<b>Elmiron (Capsule)</b>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Ala-Cort (Cream)	2	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	3	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	3	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3	
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3	
Clobetasol Propionate (0.05% External Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clobetasol Propionate (0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	4	
Clobetasol Propionate E (Cream)	4	
<b>Cordran (Tape)</b>	4	
Cormax Scalp Application (External Solution)	3	
Cortisone Acetate (Tablet)	4	
<b>Depo-Medrol (20mg/ml Injection)</b>	4	♦
Desonide (0.05% Ointment)	4	
Desoximetasone (0.05% Cream, 0.25% Cream)	4	
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2	
Dexamethasone Intensol (1mg/ml Concentrate)	2	
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	4	
Fludrocortisone Acetate (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
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.025% Ointment)	3		<b>Kenalog-10 (Injection)</b>	4	
Fluocinolone Acetonide (0.01% External Solution)	4		<b>Kenalog-40 (Injection)</b>	4	
Fluocinolone Acetonide Body (Oil)	4		Methylprednisolone (Tablet)	2	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3		Methylprednisolone Acetate (Injection)	4	
Fluocinonide-E (Cream)	3		Methylprednisolone Dose Pack (Tablet Therapy Pack)	2	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3		Methylprednisolone Sodium Succinate (Injection)	4	
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				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Prednisone Intensol (5mg/ml Concentrate)	2	
<b>Solu-Cortef (Injection)</b>	4	◆
<b>Solu-Medrol (2gm Injection)</b>	4	◆
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2	
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	3	
Triderm (Cream)	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<b>Chorionic Gonadotropin (Injection)</b>	4	PA ◆
<b>Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection)	4	
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	3	
<b>Genotropin (12mg Injection, 5mg Injection)</b>	5	PA
<b>Genotropin Miniquick (0.2mg Injection)</b>	4	PA
<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
<b>Increlex (Injection)</b>	5	PA
<b>Novarel (Injection)</b>	4	PA ◆
<b>Nutropin AQ (Injection)</b>	5	PA
<b>Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)</b>	4	PA ◆
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<b>Korlym (Tablet)</b>	5	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<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	
Oxandrolone (10mg Tablet)	4	PA, QL
Oxandrolone (2.5mg Tablet)	3	PA, QL
Testosterone Cypionate (Injection)	4	
Testosterone Enanthate (Injection)	4	
Estrogens		
Alyacen 1/35 (Tablet)	4	
Amabelz (Tablet)	3	
Amethia (Tablet)	4	
Amethia Lo (Tablet)	4	
Apri (Tablet)	4	
Aranelle (Tablet)	4	
Ashlyna (Tablet)	4	
Aubra (Tablet)	4	
Aviane (Tablet)	4	
Balziva (Tablet)	4	
Bekyree (Tablet)	4	
Blisovi 24 Fe (Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Blisovi Fe 1.5/30 (Tablet)	4	
Blisovi Fe 1/20 (Tablet)	4	
Briellyn (Tablet)	4	
<b>Camrese Lo (Tablet)</b>	4	
Caziant (Tablet)	4	
<b>Climara Pro (Patch Weekly)</b>	4	
Cryselle-28 (Tablet)	4	
Cyclafem (Tablet)	4	
Delyla (Tablet)	4	
Depo-Estradiol (Injection)	4	
Desogestrel/Ethinyl Estradiol (Tablet)	4	
Drospirenone/Ethinyl Estradiol (Tablet)	4	
<b>Duavee (Tablet)</b>	4	
<b>Elestrin (Gel)</b>	4	
Emoquette (Tablet)	4	
Enpresse-28 (Tablet)	4	
Estrace (0.1mg/gm Cream)	4	
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	2	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	2		Kimidess (Tablet)	4	
Estradiol Valerate (Injection)	4		LARIN 1.5/30 (Tablet)	4	
Estradiol/ Norethindrone Acetate (1mg-0.5mg Tablet)	3		LARIN 1/20 (Tablet)	4	
<b>Estring (Ring)</b>	4		LARIN Fe 1.5/30 (Tablet)	4	
Ethinodiol Diacetate/ Ethinyl Estradiol (Tablet)	4		LARIN Fe 1/20 (Tablet)	4	
Falmina (Tablet)	4		Larissia (Tablet)	4	
<b>Femring (Ring)</b>	4		<b>Layolis Fe (Tablet Chewable)</b>	4	
Femynor (Tablet)	4		<b>Leena (Tablet)</b>	4	
Fyavolv (Tablet)	3		Lessina (Tablet)	4	
<b>Gianvi (Tablet)</b>	4		Levonest (Tablet)	4	
Gildagia (Tablet)	4		Levonorgestrel and Ethinyl Estradiol (Tablet)	4	
Introvale (Tablet)	4		Levonorgestrel/Ethinyl Estradiol (Tablet)	4	
Jinteli (Tablet)	3		Levora 0.15/30-28 (Tablet)	4	
Juleber (Tablet)	4		Lomedia 24 Fe (Tablet)	4	
Junel 1.5/30 (Tablet)	4		Loryna (Tablet)	4	
Junel 1/20 (Tablet)	4		Low-Ogestrel (Tablet)	4	
Junel Fe 1.5/30 (Tablet)	4		Lutera (Tablet)	4	
Junel Fe 1/20 (Tablet)	4		Marlissa (Tablet)	4	
Junel Fe 24 (Tablet)	4		Menest (Tablet)	3	
Kaitlib Fe (Tablet Chewable)	4		Mibelas 24 Fe (Tablet Chewable)	4	
Kariva (Tablet)	4		<b>Microgestin 1.5/30 (Tablet)</b>	4	
Kelnor 1/35 (Tablet)	4		<b>Microgestin 1/20 (Tablet)</b>	4	
			<b>Microgestin Fe (Tablet)</b>	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
<b>Microgestin Fe 1.5/30 (Tablet)</b>	4		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet)	4	
Mimvey (Tablet)	3		Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.4mg-35mcg Tablet Chewable)	4	
Mimvey Lo (Tablet)	3		Norgestimate/Ethinyl Estradiol (Tablet)	4	
<b>MonoNessa (Tablet)</b>	4		Nortrel 0.5/35 (28) (Tablet)	4	
Necon 0.5/35-28 (Tablet)	4		Nortrel 1/35 (Tablet)	4	
<b>Necon 1/50-28 (Tablet)</b>	4		Nortrel 7/7/7 (Tablet)	4	
Necon 10/11-28 (Tablet)	4		<b>NuvaRing (Ring)</b>	4	
<b>Necon 7/7/7 (Tablet)</b>	4		<b>Ocella (Tablet)</b>	4	
Nikki (Tablet)	4		Ogestrel (Tablet)	4	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.8mg-25mcg Tablet Chewable)	4		Orsythia (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol (0.5mg-2.5mcg Tablet, 1mg-5mcg Tablet)	3		Pimtrea (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol (1mg-20mcg Tablet)	4		Pirmella 1/35 (Tablet)	4	
<b>Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)</b>	4		Portia-28 (Tablet)	4	
			<b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>	4	QL
			<b>Premarin (Vaginal Cream)</b>	3	
			<b>Premphase (Tablet)</b>	4	QL
			<b>Prempro (Tablet)</b>	4	QL
			Previfem (Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Quasense (Tablet)	4		<b>Depo-Provera (Injection)</b>	4	
Reclipsen (Tablet)	4		Errin (Tablet)	3	
Setlakin (Tablet)	4		Hydroxyprogesterone Caproate (Injection)	5	PA
Sprintec 28 (Tablet)	4		<b>Jolivette (Tablet)</b>	3	
Sronyx (Tablet)	4		Lyza (Tablet)	3	
Tarina Fe 1/20 (Tablet)	4		<b>Makena (Injection)</b>	5	PA
Tri-Legest Fe (Tablet)	4		Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Tri-Lo-Estarylla (Tablet)	4		Medroxyprogesterone Acetate (150mg/ml Injection)	4	
Tri-Lo-Sprintec (Tablet)	4		Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Tri-Previfem (Tablet)	4		Megestrol Acetate (625mg/5ml Suspension)	4	
Tri-Sprintec (Tablet)	4		<b>Nora-BE (Tablet)</b>	3	
<b>Trinessa (Tablet)</b>	4		Norethindrone (0.35mg Tablet)	3	
Trivora-28 (Tablet)	4		Norethindrone Acetate (5mg Tablet)	2	
Velivet (Tablet)	4		Norlyroc (Tablet)	3	
Vestura (Tablet)	4		Progesterone (Capsule)	2	
Vienva (Tablet)	4		Sharobel (Tablet)	3	
Vyfemla (Tablet)	4		Selective Estrogen Receptor Modifying Agents		
WYMZYA Fe (Tablet Chewable)	4		Raloxifene HCl (Tablet)	3	QL
Xulane (Patch Weekly)	4				
Zarah (Tablet)	4				
Zenchant (Tablet)	4				
Zenchant Fe (Tablet Chewable)	4				
Zovia 1/35E (Tablet)	4				
Zovia 1/50E (Tablet)	4				
Progestins					
Camila (Tablet)	3				
<b>Crinone (Gel)</b>	4	PA ♦			
Deblitane (Tablet)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
<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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<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
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)	2	
Propylthiouracil (Tablet)	2	
Immunological Agents		
Angioedema Agents		
<b>Beriner (Injection)</b>	5	PA, LA

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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>Cinryze (Injection)</b>	5	PA, LA	<b>Humira Pen-Psoriasis Starter (Injection)</b>	5	PA
<b>Firazyr (Injection)</b>	5	PA, QL	Methotrexate (Tablet)	2	
Immune Suppressants			Methotrexate Sodium (1gm Injection, 1gm/40ml Injection, 50mg/2ml Injection)	4	
Azathioprine (100mg Injection)	5	B/D, PA	Methotrexate Sodium (50mg/2ml Injection)	4	
Azathioprine (50mg Tablet)	2	B/D, PA	Mycophenolate Mofetil (200mg/ml Suspension)	5	PA
Cyclosporine (100mg Capsule, 25mg Capsule)	3	B/D, PA	Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	PA
Cyclosporine (50mg/ml Injection)	4		Mycophenolate Mofetil (500mg Injection)	4	PA
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA	Mycophenolic Acid DR (Tablet Delayed-Release)	4	B/D, PA
<b>Enbrel (Injection)</b>	5	PA	<b>Nulojix (Injection)</b>	5	PA
<b>Enbrel SureClick (Injection)</b>	5	PA	<b>Prograf (5mg/ml Injection)</b>	4	PA
Gengraf (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA	<b>Rapamune (1mg/ml Oral Solution)</b>	5	B/D, PA
<b>Humira (Injection)</b>	5	PA	<b>Remicade (Injection)</b>	5	PA
<b>Humira Pediatric Crohns Disease Starter Pack (Injection)</b>	5	PA	<b>Sandimmune (100mg/ml Oral Solution)</b>	4	B/D, PA
<b>Humira Pen (Injection)</b>	5	PA	Sirolimus (Tablet)	4	B/D, PA
<b>Humira Pen Crohns Disease Starter Pack (Injection)</b>	5	PA	Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	3	PA
			<b>Torisel (Injection)</b>	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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
<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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<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		
<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>IPOL 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	♦

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<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	◆
<b>Rabavert (Injection)</b>	3	B/D, PA ◆
<b>Recombivax HB (Injection)</b>	3	B/D, PA ◆
<b>Rotarix (Suspension)</b>	3	
<b>RotaTeq (Oral Solution)</b>	3	◆
<b>Tenivac (Injection)</b>	3	◆
<b>Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)</b>	3	◆
<b>Trumenba (Injection)</b>	3	
<b>Twinrix (Injection)</b>	3	◆
<b>Typhim Vi (Injection)</b>	3	◆
<b>VAQTA (Injection)</b>	3	◆
<b>Varivax (Injection)</b>	3	◆
<b>YF-Vax (Injection)</b>	3	◆
<b>Zostavax (Injection)</b>	4	PA
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	3	QL
Balsalazide Disodium (Capsule)	4	
<b>Canasa (Suppository)</b>	4	
<b>Lialda (Tablet Delayed-Release)</b>	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mesalamine (Kit)	4	
<b>Pentasa (Capsule Extended-Release)</b>	4	QL
<b>Glucocorticoids</b>		
Budesonide (3mg Capsule Delayed-Release)	4	
Colocort (Enema)	3	
<b>Hydrocortisone (100mg/60ml Enema)</b>	3	
Procto-Med HC (Cream)	2	
Procto-Pak (Cream)	2	
Proctosol HC (Cream)	2	
Proctozone-HC (Cream)	2	
<b>Sulfonamides</b>		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Alendronate Sodium (70mg/75ml Oral Solution)	4	
<b>Binosto (Tablet Effervescent)</b>	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Calcitonin-Salmon (Nasal Solution)	3	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	2	B/D, PA
Calcitriol (1mcg/ml Injection)	4	B/D, PA
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	4	B/D, PA, QL
Doxercalciferol (4mcg/2ml Injection)	4	B/D, PA
Etidronate Disodium (Tablet)	4	
<b>Forteo (Injection)</b>	5	PA, QL
Ibandronate Sodium (150mg Tablet)	3	QL
Ibandronate Sodium (3mg/3ml Injection)	4	B/D, PA
<b>Miacalcin (200unit/ml Injection)</b>	5	PA
<b>Natpara (Injection)</b>	5	PA
Pamidronate Disodium (Injection)	4	B/D, PA
Paricalcitol (1mcg Capsule, 2mcg Capsule)	4	B/D, PA, QL
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection, 4mcg Capsule)	4	B/D, PA
<b>Prolia (Injection)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Sensipar (30mg Tablet)</b>	3	B/D, PA, QL
<b>Sensipar (60mg Tablet, 90mg Tablet)</b>	5	B/D, PA, QL
<b>Tymlos (Injection)</b>	5	PA, QL
<b>Xgeva (Injection)</b>	5	PA
Zoledronic Acid (4mg/5ml Injection)	4	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	4	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	3	
<b>Botox (Injection)</b>	4	PA, QL
Fomepizole (Injection)	5	
Gauze (Non-medicated 2X2)	3	
Insulin Syringes, Needles	3	
<b>Sterile Water Irrigation (Solution)</b>	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Bacitracin/Polymyxin B (Ophthalmic Ointment)	2	
<b>Blephamide (Suspension)</b>	4	◆
Blephamide S.O.P. (Ointment)	4	
<b>Cystaran (Ophthalmic Solution)</b>	5	
<b>Lacrisert (Insert)</b>	4	◆
<b>Lastacraft (Ophthalmic Solution)</b>	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin/Bacitracin/ Polymyxin (Ointment)	3	
Neomycin/Polymyxin/ Bacitracin/ Hydrocortisone (Ophthalmic Ointment)	3	
Neomycin/Polymyxin/ Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	2	
Neomycin/Polymyxin/ Gramicidin (Ophthalmic Solution)	3	
Neomycin/Polymyxin/ Hydrocortisone (1% Ophthalmic Suspension)	4	
Polymyxin B Sulfate/ Trimethoprim Sulfate (Ophthalmic Solution)	2	
<b>Pred-G (Suspension)</b>	4	◆
<b>Pred-G S.O.P. (Ointment)</b>	4	◆
Proparacaine HCl (Ophthalmic Solution)	2	
<b>Restasis (Emulsion)</b>	3	QL
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	2	
<b>Tobradex (0.3%-0.1% Ophthalmic Ointment)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tobradex ST (Ophthalmic Suspension)</b>	4	
Tobramycin/ Dexamethasone (Ophthalmic Suspension)	3	
<b>Xiidra (Ophthalmic Solution)</b>	4	QL
Ophthalmic Anti-allergy Agents		
<b>Alocril (Ophthalmic Solution)</b>	4	◆
<b>Alomide (Ophthalmic Solution)</b>	4	◆
Azelastine HCl (0.05% Ophthalmic Solution)	3	
<b>Bepreve (Ophthalmic Solution)</b>	4	
Cromolyn Sodium (4% Ophthalmic Solution)	2	
Epinastine HCl (Ophthalmic Solution)	3	
Olopatadine HCl (Ophthalmic Solution)	3	
<b>Pazeo (Ophthalmic Solution)</b>	3	
Ophthalmic Antiglaucoma Agents		
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	3	
Apraclonidine (Ophthalmic Solution)	3	
<b>Azopt (Suspension)</b>	3	
Betaxolol HCl (0.5% Ophthalmic 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
<b>Betimol (Ophthalmic Solution)</b>	4		Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	2	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	2		Diclofenac Sodium (0.1% Ophthalmic Solution)	2	
Carteolol HCl (Ophthalmic Solution)	2		<b>Durezol (Emulsion)</b>	3	
<b>Combigan (Ophthalmic Solution)</b>	3		<b>Flarex (Suspension)</b>	4	◆
<b>Cosopt PF (Ophthalmic Solution)</b>	4		<b>Fluorometholone (Ophthalmic Suspension)</b>	3	
Dorzolamide HCl (Ophthalmic Solution)	2		Flurbiprofen Sodium (Ophthalmic Solution)	2	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	2		<b>FML (Ointment)</b>	4	◆
Levobunolol HCl (Ophthalmic Solution)	2		<b>FML Forte (Suspension)</b>	4	◆
<b>Phospholine Iodide (Ophthalmic Solution)</b>	4	◆	<b>Ilevro (Suspension)</b>	3	
<b>Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)</b>	3		Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	3	
<b>Simbrinza (Suspension)</b>	3		<b>Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)</b>	4	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution)	2		<b>Pred Mild (Suspension)</b>	4	◆
<b>Timolol Maleate Ophthalmic Gel Forming (Solution)</b>	3		<b>Prednisolone Acetate (Ophthalmic Suspension)</b>	3	
Ophthalmic Anti-inflammatories			Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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>Prolensa (Ophthalmic Solution)</b>	4	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
Latanoprost (Ophthalmic Solution)	2	
<b>Lumigan (Ophthalmic Solution)</b>	3	
<b>Travatan Z (Ophthalmic Solution)</b>	3	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	2	
<b>Cipro HC (Suspension)</b>	4	◆
<b>Ciprodex (Otic Suspension)</b>	3	
<b>Coly-Mycin S (Suspension)</b>	4	◆
Fluocinolone Acetonide (0.01% Otic Oil)	4	
Hydrocortisone/Acetic Acid (Otic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution)	3	QL
Azelastine HCl (0.15% Nasal Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cetirizine HCl (Syrup)	2	
Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	3	
Diphenhydramine HCl (50mg/ml Injection)	4	B/D, PA
Levocetirizine Dihydrochloride (5mg Tablet)	3	QL
Phenadoz (Suppository)	4	
Phenergan (12.5mg Suppository, 25mg Suppository, 50mg Suppository)	4	
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 50mg Suppository, 25mg/ml Injection, 50mg/ml Injection)	4	
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	3	
Promethegan (Suppository)	4	
Anti-inflammatories, Inhaled Corticosteroids		
<b>Arnuity Ellipta (Aerosol Powder)</b>	3	QL
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	4	B/D, PA

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Flovent Diskus (Aerosol Powder)</b>	3	QL
<b>Flovent HFA (Aerosol)</b>	3	QL
Flunisolide (Nasal Solution)	3	
Fluticasone Propionate (50mcg/act Suspension)	2	
Mometasone Furoate (50mcg/act Suspension)	4	
<b>Triamcinolone Acetonide (55mcg/act Aerosol)</b>	4	
Antileukotrienes		
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	2	QL
Zafirlukast (Tablet)	3	QL
Bronchodilators, Anticholinergic		
<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>Spiriva HandiHaler (Capsule)</b>	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Spiriva Respimat (Aerosol Solution)</b>	3	QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	2	B/D, PA
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	4	
<b>Brovana (Nebulized Solution)</b>	4	B/D, PA, QL
<b>Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)</b>	3	QL
Levalbuterol (Nebulized Solution)	4	B/D, PA
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	4	
<b>Perforomist (Nebulized Solution)</b>	4	B/D, PA, QL
<b>ProAir HFA (Aerosol Solution)</b>	3	
<b>ProAir RespiClick (Aerosol Powder)</b>	3	
<b>Serevent Diskus (Aerosol Powder)</b>	3	QL

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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
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		
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>Adcirca (Tablet)</b>	5	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Adempas (Tablet)</b>	5	PA
<b>Letairis (Tablet)</b>	5	PA, QL, LA
<b>Opsumit (Tablet)</b>	5	PA, LA
<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
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>Advair Diskus (Aerosol Powder)</b>	3	QL
<b>Advair HFA (Aerosol)</b>	3	QL

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Anoro Ellipta (Aerosol Powder)</b>	3	QL
<b>Bevespi Aerosphere (Aerosol)</b>	3	QL
<b>Breo Ellipta (Aerosol Powder)</b>	3	QL
<b>Combivent Respimat (Aerosol Solution)</b>	3	
<b>Dulera (Aerosol)</b>	4	PA, QL
<b>Dymista (Suspension)</b>	4	
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
<b>Stiolto Respimat (Aerosol Solution)</b>	3	QL
<b>Symbicort (Aerosol)</b>	3	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Tablet)	2	
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dantrolene Sodium (Capsule)	4	
<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)	3	QL
Temazepam (15mg Capsule, 30mg Capsule)	2	QL
Zaleplon (Capsule)	3	QL
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate- Release)	2	QL
Sleep Disorders, Other		
<b>Belsomra (Tablet)</b>	3	QL
<b>Hetlioz (Capsule)</b>	5	PA, QL
Modafinil (Tablet)	4	PA, QL
<b>Rozerem (Tablet)</b>	4	QL
<b>Xyrem (Oral Solution)</b>	5	PA, QL, LA

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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



## 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/5ml-12mg/5ml Oral Solution)	Maximum of 150 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Acyclovir (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
<b>Adcirca (Tablet)</b>	Maximum of 2 tablets per day
<b>Advair Diskus (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Advair HFA (Aerosol)</b>	Maximum of 1 inhaler (12 grams) per 30 days
Afeditab CR (Tablet Extended-Release 24 Hour)	Maximum of 2 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
<b>Amitiza (Capsule)</b>	Maximum of 2 capsules per day

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Quantity Limit
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
<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
<b>Arnuty Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
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
<b>Aubagio (Tablet)</b>	Maximum of 1 tablet per day
<b>Avandia (2mg Tablet)</b>	Maximum of 4 tablets per day
<b>Avandia (4mg Tablet)</b>	Maximum of 2 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
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
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Bevespi Aerosphere (Aerosol)</b>	Maximum of 1 inhaler (10.7 grams) per 30 days
<b>BiDil (Tablet)</b>	Maximum of 6 tablets per day
<b>Binosto (Tablet Effervescent)</b>	Maximum of 4 tablets per 28 days
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)	Maximum of 2 tablets per day
<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
<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
<b>Brovana (Nebulized Solution)</b>	Maximum of 2 vials (4 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>Butrans (Patch Weekly)</b>	Maximum of 4 patches per 28 days
<b>Bydureon (2mg Pen injector)</b>	Maximum of 4 pens per 28 days
<b>Bydureon (2mg Suspension Extended-Release)</b>	Maximum of 4 vials per 28 days
<b>Byetta (10mcg/0.04ml Solution Pen injector)</b>	Maximum of 1 pen (2.4 ml) per 30 days
<b>Byetta (5mcg/0.02ml Solution Pen injector)</b>	Maximum of 1 pen (1.2 ml) per 30 days
<b>Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Bystolic (20mg Tablet)</b>	Maximum of 2 tablets per day
<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

**Bold type = Brand name drug**

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Drug Name	Quantity Limit
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Clonazepam (0.5mg Tablet 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>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
<b>Crixivan (Capsule)</b>	Maximum of 9 capsules per day
<b>Cycloset (Tablet)</b>	Maximum of 6 tablets per day
<b>Daliresp (Tablet)</b>	Maximum of 1 tablet per day
<b>Denavir (Cream)</b>	Maximum of 1 tube (5 grams) per 30 days
<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

**Bold type = Brand name drug**

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Drug Name	Quantity Limit
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)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (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 (23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
<b>Dulera (Aerosol)</b>	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Edarbi (Tablet)</b>	Maximum of 1 tablet per day
<b>Edarbyclor (Tablet)</b>	Maximum of 1 tablet per day
<b>Edurant (Tablet)</b>	Maximum of 2 tablets per day
<b>Effient (Tablet)</b>	Maximum of 1 tablet per day
<b>Eliquis (Tablet)</b>	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<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
<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 (267mg 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

**Bold type = Brand name drug**

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Drug Name	Quantity Limit
Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 2 capsules per day
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days
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
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets 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 Lozenge on a Handle, 1600mcg Lozenge on a Handle, 200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle, 600mcg Lozenge on a Handle, 800mcg Lozenge on a Handle)	Maximum of 4 lozenges per day
<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>Flector (Patch)</b>	Maximum of 2 patches per day
<b>Flovent Diskus (Aerosol Powder)</b>	Maximum of 2 inhalers (120 blisters) per 30 days
<b>Flovent HFA (110mcg/act Aerosol)</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>Flovent HFA (220mcg/act Aerosol)</b>	Maximum of 2 inhalers (24 grams) per 30 days
<b>Flovent HFA (44mcg/act Aerosol)</b>	Maximum of 1 inhaler (10.6 grams) per 30 days
<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

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<b>Drug Name</b>	<b>Quantity Limit</b>
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Galantamine HBr (4mg/ml Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Galantamine HBr (16mg Capsule Extended-Release 24 Hour, 24mg Capsule Extended-Release 24 Hour, 8mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule 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
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Granisetron HCl (1mg Tablet)	Maximum of 2 tablets per day
Guanfacine HCl (Tablet)	Maximum of 2 tablets per day
<b>Harvoni (Tablet)</b>	Maximum of 1 tablet per day
<b>Hetlioz (Capsule)</b>	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (2.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 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

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<b>Drug Name</b>	<b>Quantity Limit</b>
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	Maximum of 1 tablet 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
<b>Invokamet (Tablet)</b>	Maximum of 2 tablets per day
<b>Invokamet XR (Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Invokana (Tablet)</b>	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<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
<b>Jakafi (Tablet)</b>	Maximum of 2 tablets per day
<b>Janumet (Tablet Immediate-Release)</b>	Maximum of 2 tablets per day
<b>Janumet XR (Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Januvia (Tablet)</b>	Maximum of 1 tablet per day
<b>Jardiance (Tablet)</b>	Maximum of 1 tablet per day
<b>Jentadueto (Tablet)</b>	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Jentaduetto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Jentaduetto 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>Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<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>Letairis (Tablet)</b>	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 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
<b>Lialda (Tablet Delayed-Release)</b>	Maximum of 4 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

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<b>Drug Name</b>	<b>Quantity Limit</b>
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
<b>Livalo (Tablet)</b>	Maximum of 1 tablet per day
<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
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (2mg/ml Oral Solution)	Maximum of 10 ml per day

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Drug Name	Quantity Limit
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day
Metadate ER (Tablet Extended-Release)	Maximum of 3 tablets per day
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (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
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10mg Tablet Extended-Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 18 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
<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

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Drug Name	Quantity Limit
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
<b>Multaq (Tablet)</b>	Maximum of 2 tablets per day
Nadolol/Bendroflumethiazide (40mg-5mg Tablet)	Maximum of 1 tablet per day
<b>Namenda XR (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Namzaric (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
Naratriptan HCl (Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
<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
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
Nifedipine ER (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets 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

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<b>Drug Name</b>	<b>Quantity Limit</b>
<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>Nucynta ER (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<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/Amlodipine/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Onfi (10mg Tablet, 20mg Tablet)</b>	Maximum of 2 tablets per day
<b>Onglyza (Tablet)</b>	Maximum of 1 tablet 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
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

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Drug Name	Quantity Limit
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
<b>OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)</b>	Maximum of 3 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>Pentasa (250mg Capsule Extended-Release)</b>	Maximum of 12 capsules per day
<b>Pentasa (500mg Capsule Extended-Release)</b>	Maximum of 8 capsules per day
<b>Perforomist (Nebulized Solution)</b>	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Tablet)	Maximum of 2 tablets per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Glimepiride (Tablet)	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Pioglitazone HCl/Metformin HCl (Tablet)	Maximum of 3 tablets per day
<b>Pomalyst (Capsule)</b>	Maximum of 1 capsule per day
<b>Pradaxa (Capsule)</b>	Maximum of 2 capsules per day
<b>Praluent (Injection)</b>	Maximum of 2 pens (2 ml) per 28 days
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>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
Quetiapine Fumarate ER (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Rapaflo (Capsule)</b>	Maximum of 1 capsule 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>Repatha (Injection)</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha Pushtronex System (Injection)</b>	Maximum of 1 cartridge (3.5 ml) per 28 days
<b>Repatha SureClick (Injection)</b>	Maximum of 3 pens (3 ml) per 28 days
<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
<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)	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>Rozerem (Tablet)</b>	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
<b>Serevent Diskus (Aerosol Powder)</b>	Maximum of 1 inhaler (60 inhalations) per 30 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
Sildenafil (20mg Tablet) (Generic Revatio) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
<b>Soliqua 100/33 (Injection)</b>	Maximum of 18 ml (6 pens) per 30 days
<b>Somavert (Injection)</b>	Maximum of 1 vial per day
<b>Spiriva HandiHaler (Capsule)</b>	Maximum of 1 capsule per day
<b>Spiriva Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<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>Stiolto Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Stivarga (Tablet)</b>	Maximum of 4 tablets per day
<b>Stribild (Tablet)</b>	Maximum of 2 tablets per day
<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
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>Symbicort (Aerosol)</b>	Maximum of 1 inhaler (10.2 grams) per 30 days
<b>Synjardy (Tablet)</b>	Maximum of 2 tablets per day
<b>Syprine (Capsule)</b>	Maximum of 8 capsules per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Tagrisso (Tablet)</b>	Maximum of 1 tablet per day
<b>Tamiflu (6mg/ml Suspension)</b>	Maximum of 26 ml per day
<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
<b>Tecfidera (Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
<b>Tekturna (Tablet)</b>	Maximum of 1 tablet 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
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) 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 (300mg Tablet Extended-Release 24 Hour) (Generic Ryzolt)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trandolapril (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day
Trandolapril (4mg Tablet)	Maximum of 2 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>Trulicity (Injection)</b>	Maximum of 4 pens (2 ml) per 28 days
<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

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<b>Drug Name</b>	<b>Quantity Limit</b>
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>Vesicare (Tablet)</b>	Maximum of 1 tablet per day
<b>Victoza (Injection)</b>	Maximum of 3 pens (9 ml) per 30 days
<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
<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>Xiidra (Ophthalmic Solution)</b>	Maximum of 2 vials per day
<b>Xtandi (Capsule)</b>	Maximum of 4 capsules per day
<b>Xyrem (Oral Solution)</b>	Maximum of 18 ml per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (10mg Capsule)	Maximum of 2 capsules per day
Zaleplon (5mg Capsule)	Maximum of 1 capsule per day
<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

**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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