

# 2018 COMPLETE DRUG LIST (FORMULARY)



## Prescription drug list information

### AARP® MedicareRx Saver Plus (PDP)

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



Toll-Free **1-866-460-8854**, TTY **711**

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



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

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

**AARP** | MedicareRx Plans  
insured through UnitedHealthcare

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## Questions?

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



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## What is a drug list?

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

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

- The drug is medically necessary
- The prescription is filled at a network pharmacy
- Other plan rules are followed

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

### Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of 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 Saver Plus (PDP) Plans.

## How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–27 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 28–87 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



### Can't find your drug?

Check the complete drug list by visiting our plan website at [www.MyAARPMedicare.com](http://www.MyAARPMedicare.com). You can use online tools to look up your drugs. This information is updated on a regular basis.

## What are generic drugs?

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

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

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

## What is a compounded drug?

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

## Drug payment stage and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** Each covered drug is in 1 of 5 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

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

## Getting Extra Help

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

## **Are there any rules or limits on my drug coverage?**

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by medical condition” chart starting on page 28. The codes and what they mean are shown below and on the next page.

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

### **Coverage Rules and Limits**

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#### **PA - Prior authorization**

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

#### **QL - Quantity limits**

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

#### **ST - Step therapy**

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

## **Other Special Coverage Rules**

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### **B/D - Medicare Part B or Part D**

Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor may need to provide the plan with more information about how this drug will be used to make sure it's correctly covered by Medicare.

### **LA - Limited access**

Drugs are considered "limited access" if the FDA says the drug can be given out only by certain facilities or doctors. These drugs may require extra handling, provider coordination or patient education that can't be done at a network pharmacy.

### **MED - Morphine equivalent dose**

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional edit is called a cumulative morphine equivalent dose (MED). The MED is calculated based on the number of opioid drugs prescribed for you over a period of time. This cumulative limit is required for all plans and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

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

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

## What if my drug is not on this list?

If your drug is not included in this drug list we may still cover it. Call UnitedHealthcare Customer Service to ask if it's covered. Or go to [www.MyAARPMedicare.com](http://www.MyAARPMedicare.com) to look it up online. The information is updated on a regular basis.

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

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

## How can I get an exception?

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

### Types of exceptions you can ask for

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

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

### Who can ask for an exception?

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

### How long does it take to get an exception?

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



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

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

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

If you...	And you are...	You can ask for...
are a new member in the first 90 days of your membership <b>OR</b> were a member last year and it's the first 90 days of your plan year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 98-day temporary supply
have been in the plan for more than 90 days	in a nursing home or long-term care facility and need a supply right away	at least a 31-day emergency supply
are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply

The prescription must be filled at a network pharmacy. Also, if your prescription is written for fewer days, you can refill it multiple times. This is so you can get your full temporary supply.

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

## **Can the drug list change?**

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

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

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

### **If we remove a drug from the list**

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

### **If we change the coverage rules or limits**

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We'll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 88-105.

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

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If a drug you are taking is removed from the drug list during the plan year we'll include an update in your Part D Explanation of Benefits (Part D EOB) statement. We'll tell you about any changes to our drug list at least 60 days before they go into effect or when you request a refill of the drug. If you find out when requesting a refill, you will receive a 60-day supply of the drug so you have time to talk with your doctor. To get updated information about the drugs covered by your plan, please call UnitedHealthcare Customer Service or go to [www.MyAARPMedicare.com](http://www.MyAARPMedicare.com) to look it up online.

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

### Drugs packaged in an extended day supply

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

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

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

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

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

### For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call UnitedHealthcare Customer Service toll-free at **1-866-460-8854**, 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.....	53	Albuterol Sulfate ER.....	85	Amlodipine Besylate.....	59
Abacavir Sulfate/Lamivudine/ Zidovudine.....	53	Alclometasone Dipropionate .....	71	Ammonium Lactate.....	64
Abacavir/Lamivudine.....	53	Alcohol Prep Pads.....	82	Amoxapine.....	41
Abelcet.....	43	Aldurazyme.....	70	Amoxicillin.....	34
Abilify Maintena.....	50	Alecensa.....	47	Amoxicillin/Clavulanate Potassium.....	35
Abraxane.....	46	Alendronate Sodium.....	81	Amoxicillin/Clavulanate Potassium ER.....	35
Acamprosate Calcium DR.....	31	Alfuzosin HCl ER.....	71	Amphetamine/ Dextroamphetamine.....	63
Acarbose.....	55	Alimta.....	45	Amphotericin B.....	43
Acetaminophen/Codeine.....	29	Alinia.....	48	Ampicillin.....	35
Acetazolamide.....	61	Allopurinol.....	44	Ampicillin Sodium.....	35
Acetazolamide ER.....	61	Alosetron HCl.....	69	Ampicillin-Sulbactam.....	35
Acetazolamide Sodium.....	61	Alprazolam.....	54	Ampyra.....	64
Acetic Acid.....	84	Alunbrig.....	47	Anadrol-50.....	73
Acetylcysteine.....	86	Alyacen 1/35.....	74	Anagrelide HCl.....	57
Acitretin.....	64	Amabelz.....	74	Anastrozole.....	47
Actemra.....	80	Amantadine HCl.....	49	Androderm.....	73
ActHIB.....	80	AmBisome.....	43	AndroGel.....	73
Actimmune.....	80	Amethia.....	74	AndroGel Pump.....	73
Acyclovir.....	52	Amethia Lo.....	74	Anoro Ellipta.....	86
Acyclovir Sodium.....	52	Amikacin Sulfate.....	32	Apokyn.....	49
Adacel.....	80	Amiloride HCl.....	61	Apraclonidine.....	83
Adagen.....	70	Aminophylline.....	85	Aprepitant.....	42
Adapalene.....	64	Aminosyn 7%/Electrolytes.....	65	Apri.....	74
Adempas.....	86	Aminosyn 8.5%/Electrolytes .....	65	Apriso.....	81
Adriamycin.....	46	Aminosyn II.....	65	Aptiom.....	39
Adrucil.....	45	Aminosyn II 8.5%/Electrolytes .....	65	Aptivus.....	53
Afinitor.....	47	Aminosyn-HBC.....	65	Aralast NP.....	70
Afinitor Disperz.....	47	Aminosyn-PF.....	65	Aranelle.....	74
Ala-Cort.....	71	Aminosyn-RF.....	65	Aranesp Albumin Free.....	57
Albenza.....	48	Amiodarone HCl.....	58	Arcalyst.....	80
Albuterol Sulfate.....	85	Amitriptyline HCl.....	41	Argatroban.....	56

Aripiprazole.....	50	Baclofen.....	86	BIVIGAM.....	79
Aripiprazole ODT.....	50	Bactocill in Dextrose.....	35	Bleomycin Sulfate.....	46
Aristada.....	50	Bactroban Nasal.....	32	Blephamide.....	82
Arranon.....	46	Balsalazide Disodium.....	81	Blephamide S.O.P.....	82
Ashlyna.....	74	Balziva.....	74	Blisovi 24 Fe.....	74
Aspirin/Dipyridamole.....	57	Banzel.....	39	Blisovi Fe 1.5/30.....	74
Atenolol.....	59	Baraclude.....	52	Blisovi Fe 1/20.....	74
Atenolol/Chlorthalidone.....	60	Bavencio.....	48	Boostrix.....	80
Atgam.....	79	BCG Vaccine.....	80	Bosulif.....	47
Atomoxetine.....	63	Bekyree.....	74	Botox.....	82
Atorvastatin Calcium.....	61	Beleodaq.....	47	Breo Ellipta.....	86
Atovaquone.....	48	Belsomra.....	87	Briellyn.....	74
Atovaquone/Proguanil HCl....	48	Benazepril HCl.....	58	Brilinta.....	57
Atripla.....	52	Benazepril HCl/ Hydrochlorothiazide.....	60	Brimonidine Tartrate.....	83
Atropine Sulfate.....	68	Benlysta.....	80	BRIVIACT.....	37
Atrovent HFA.....	85	Benzotropine Mesylate.....	49	Bromocriptine Mesylate.....	49
Aubra.....	74	Berinerit.....	78	Budesonide.....	81, 84
Augmented Betamethasone Dipropionate.....	71	Betamethasone Dipropionate .....	71	Bumetanide.....	61
Auryxia.....	68	Betamethasone Valerate.....	71	Buphenyl.....	70
Avastin.....	48	Betaxolol HCl.....	83	Buprenorphine HCl.....	31
Avelox.....	36	Bethanechol Chloride.....	71	Buprenorphine HCl/Naloxone HCl.....	31
Aviane.....	74	Betimol.....	83	Bupropion HCl.....	40
Azacitidine.....	57	Bevespi Aerosphere.....	86	Bupropion HCl SR.....	31, 40
Azactam in Iso-Osmotic Dextrose.....	34	Bexarotene.....	48	Bupropion HCl XL.....	40
Azathioprine.....	78	Bexsero.....	80	Buspirone HCl.....	54
Azelastine HCl.....	83, 84	Bicalutamide.....	45	Busulfan.....	45
Azithromycin.....	35, 36	Bicillin C-R.....	35	Busulfex.....	45
Aztreonam.....	34	Bicillin L-A.....	35	Butalbital/Acetaminophen/ Caffeine.....	28
<b>B</b>					
BACiiM.....	32	BiCNU.....	45	Butalbital/Aspirin/Caffeine....	28
Bacitracin.....	32	Biltricide.....	48	Butorphanol Tartrate.....	29
Bacitracin/Polymyxin B.....	82	Binosto.....	81	Bydureon Pen.....	55
		Bisoprolol Fumarate.....	59	Bydureon Vial.....	55

<b>C</b>					
Cabergoline.....	78	Cefixime.....	33	Ciclopirox Olamine.....	43
Cabometyx.....	47	Cefotaxime Sodium.....	33	Cidofovir.....	51
Calcipotriene.....	64	Cefotetan.....	33	Cilostazol.....	57
Calcitonin-Salmon.....	81	Cefoxitin Sodium.....	33	Ciprofloxacin.....	36
Calcitriol.....	64, 81	Cefpodoxime Proxetil.....	34	Ciprofloxacin HCl.....	36
Calcium Acetate.....	68	Cefprozil.....	34	Ciprofloxacin I.V. in D5W.....	36
Camila.....	77	Ceftazidime.....	34	Cisplatin.....	46
Camrese Lo.....	74	Ceftriaxone Sodium.....	34	Citalopram HBr.....	41
Canasa.....	81	Cefuroxime Axetil.....	34	Cladribine.....	45
Capastat Sulfate.....	44	Cefuroxime Sodium.....	34	Claravis.....	64
Caprelsa.....	47	Celontin.....	38	Clarithromycin.....	36
Carafate.....	69	Cephalexin.....	34	Clarithromycin ER.....	36
Carbaglu.....	65	Cerezyme.....	70	Climara Pro.....	74
Carbamazepine.....	39	Cetirizine HCl.....	84	Clindamycin HCl.....	32
Carbamazepine ER.....	39	Chantix.....	31	Clindamycin Palmitate HCl....	32
Carbidopa/Levodopa.....	49	Chantix Continuing Month Pak	31	Clindamycin Phosphate... 32, 64	
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Carbidopa/Levodopa ODT....	49	Chantix Starting Month Pak... 31		.....	32
Carbidopa/Levodopa/ Entacapone.....	49	Chenodal.....	68	Clindamycin/Benzoyl Peroxide	
Carboplatin.....	46	Chloramphenicol Sodium		.....	64
Cardene IV.....	59	Succinate.....	32	Clofarabine.....	45
Carimune Nanofiltered.....	79	Chlordiazepoxide HCl.....	54	Clomipramine HCl.....	42
Carteolol HCl.....	83	Chlorhexidine Gluconate.....	64	Clonazepam.....	54
Cartia XT.....	59	Chloroquine Phosphate.....	49	Clonazepam ODT.....	54
Carvedilol.....	59	Chlorothiazide.....	61	Clonidine HCl.....	58
Cayston.....	85	Chlorothiazide Sodium.....	61	Clonidine HCl ER.....	63
Caziant.....	74	Chlorpromazine HCl.....	50	Clopidogrel.....	58
Cefaclor.....	33	Chlorthalidone.....	61	Clorazepate Dipotassium.....	54
Cefadroxil.....	33	Cholbam.....	70	Clotrimazole.....	43
Cefazolin Sodium.....	33	Cholestyramine.....	62	Clotrimazole/Betamethasone	
Cefdinir.....	33	Cholestyramine Light.....	62	Dipropionate.....	64, 65
Cefepime.....	33	Chorionic Gonadotropin.....	73	Clozapine.....	51
		Ciclopirox.....	43	Clozapine ODT.....	51
		Ciclopirox Nail Lacquer.....	43	Coartem.....	49
				Codeine Sulfate.....	29

Colchicine.....	44	<b>D</b>	Dextrose 10%/NaCl 0.45%....	66
Colestipol HCl.....	62	Dacarbazine.....	45	Dextrose 2.5%/NaCl 0.45%... 66
Colistimethate Sodium.....	32	Daliresp.....	85	Dextrose 5%..... 66
Colocort.....	81	Danazol.....	74	Dextrose 5%/Lactated Ringers ..... 66
Combivent Respimat.....	86	Dantrolene Sodium.....	86	Dextrose 5%/NaCl 0.2%..... 66
Cometriq.....	47	Dapsone.....	44	Dextrose 5%/NaCl 0.225%.... 66
Complera.....	52	Daptacel.....	80	Dextrose 5%/NaCl 0.33%..... 66
Compro.....	42	Daptomycin.....	32	Dextrose 5%/NaCl 0.45%..... 66
Constulose.....	69	DARAPRIM.....	49	Dextrose 5%/NaCl 0.9%..... 66
Copaxone.....	64	Darzalex.....	48	Diastat AcuDial.....
Corlanor.....	60	Daunorubicin HCl.....	46	38
Cosentyx.....	65	Deblitane.....	77	Diastat Pediatric.....
Cosentyx Sensoready Pen....	65	Decitabine.....	46	38
Cosmegen.....	46	Delyla.....	74	Diazepam.....
Cosopt PF.....	83	Demeclocycline HCl.....	37	54
Cotellic.....	47	Depen Titratabs.....	71	Diazepam Intensol.....
Coumadin.....	56	Depo-Medrol.....	71	54
Creon.....	70	Depo-Provera.....	77	Diclofenac Potassium.....
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Cuvposa.....	68	Desonide.....	71	28
Cyclafem.....	74	Desoximetasone.....	71	Diclofenac Sodium ER.....
Cyclobenzaprine HCl.....	86	Desvenlafaxine ER.....	41	28
Cyclophosphamide.....	45	Dexamethasone.....	71	Diclofenac Sodium DR.....
Cyclosporine.....	78	Dexamethasone Sodium Phosphate.....	71, 83	28
Cyclosporine Modified.....	78	Dexamethasone Sodium Phosphate.....	71, 83	Diclofenac Sodium ER.....
Cyproheptadine HCl.....	84	Dexmethylphenidate HCl.....	63	28
Cyramza.....	47	Dexmethylphenidate HCl ER .....	63	Diclofenac Sodium ER.....
Cystadane.....	70	Dexrazoxane.....	46	28
Cystagon.....	70	Dextrose 10%.....	65	Diclofenac Sodium ER.....
Cystaran.....	82	Dextrose 10%/NaCl 0.2%.....	66	28
Cytarabine Aqueous.....	45			Diclofenac Sodium ER.....
				60
				60
				44
				39
				39
				59
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				69

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## Covered drugs by medical condition

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

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 88-105.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Analgesics		
Analgesics			Indomethacin (25mg Capsule, 50mg Capsule)	2	
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	3	QL	Ketorolac Tromethamine (15mg/ ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	4	
Butalbital/Aspirin/ Caffeine (Capsule)	3	QL	Meloxicam (15mg Tablet, 7.5mg Tablet)	1	
Nonsteroidal Anti-inflammatory Drugs			Nonsteroidal Anti-inflammatory Drugs		
Diclofenac Potassium (Tablet Immediate- Release)	2		Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate- Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	
Diclofenac Sodium (1% Gel)	3	PA	Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	2	
Diclofenac Sodium DR (Tablet Delayed- Release)	2		Sulindac (Tablet)	2	
Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	2		Opioid Analgesics, Long-acting		
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	2		<b>Embeda (Capsule Extended-Release)</b>	3	QL, MED

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	3	QL, MED
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL, MED
<b>Methadone HCl (10mg/ml Injection)</b>	5	
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	3	QL, MED
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	QL, MED

Drug Name	Drug Tier	Coverage Rules or Limits on use
Opioid Analgesics, Short-acting		
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	QL, MED
Butorphanol Tartrate (10mg/ml Nasal Solution)	3	QL, MED
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	4	
Codeine Sulfate (Tablet)	3	QL, MED
<b>Duramorph (Injection)</b>	4	
Endocet (Tablet)	3	QL, MED
Fentanyl Citrate Oral Transmucosal (1200mcg Lozenge on a Handle, 1600mcg Lozenge on a Handle, 600mcg Lozenge on a Handle, 800mcg Lozenge on a Handle)	5	PA, QL
Fentanyl Citrate Oral Transmucosal (200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle)	4	PA, QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrocodone/ 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
Hydrocodone/ Acetaminophen (Tablet)	3	QL, MED	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4	
Hydrocodone/ Ibuprofen (7.5mg-200mg Tablet)	3	QL, MED	<b>Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</b>	3	QL, MED
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4		<b>Morphine Sulfate (2mg/ml Injection)</b>	4	
Hydromorphone HCl (1mg/ml Liquid)	4	QL, MED	Nalbuphine HCl (Injection)	4	
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate- Release, 8mg Tablet Immediate-Release)	2	QL, MED	Oxycodone HCl (100mg/5ml Concentrate)	4	QL, MED
<b>Hydromorphone HCl (2mg/ml Injection)</b>	4		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
Lorcet (Tablet)	3	QL, MED			
Lorcet HD (Tablet)	3	QL, MED			
Lorcet Plus (Tablet)	3	QL, MED			
Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED			

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxycodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED	Acamprosate Calcium DR (Tablet Delayed- Release)	4	
Oxycodone/Aspirin (Tablet)	3	QL, MED	Disulfiram (Tablet)	2	
Oxycodone/Ibuprofen (Tablet)	3	QL, MED	Naltrexone HCl (Tablet)	3	
Tramadol HCl (Tablet Immediate-Release)	2	QL, MED	<b>Vivitrol (Injection)</b>	5	
Tramadol HCl/ Acetaminophen (Tablet)	2	QL, MED	<b>Opioid Dependence Treatments</b>		
Trezip (Capsule)	4	QL, MED	Buprenorphine HCl (0.3mg/ml Injection)	4	
<b>Anesthetics</b>			Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	3	QL
<b>Local Anesthetics</b>			Buprenorphine HCl/ Naloxone HCl (Tablet Sublingual)	3	QL
Lidocaine (5% Ointment)	4		<b>Suboxone (Film)</b>	4	QL
Lidocaine (5% Patch)	4	PA, QL	<b>Opioid Reversal Agents</b>		
Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection)	4	B/D, PA	Naloxone HCl (Injection)	4	
Lidocaine HCl (4% External Solution)	2		<b>Narcan (Liquid)</b>	3	
Lidocaine HCl (Gel)	2		<b>Smoking Cessation Agents</b>		
Lidocaine Viscous (Solution)	2		Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour)	2	
Lidocaine/Prilocaine (2.5%-2.5% Cream)	3		<b>Chantix (Tablet)</b>	3	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			<b>Chantix Continuing Month Pak (Tablet)</b>	3	
<b>Alcohol Deterrents/Anti-craving</b>			<b>Chantix Starting Month Pak (Tablet)</b>	3	
			<b>Nicotrol Inhaler (Inhaler)</b>	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
Antibacterials			Bacitracin (500unit/gm Ophthalmic Ointment)	2	
Aminoglycosides			<b>Bactroban Nasal (Ointment)</b>	4	PA
Amikacin Sulfate (Injection)	4		Chloramphenicol Sodium Succinate (Injection)	4	
Gentak (Ophthalmic Ointment)	2		Clindamycin HCl (Capsule Immediate-Release)	2	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	2		Clindamycin Palmitate HCl (Oral Solution)	4	
Gentamicin Sulfate (10mg/ml Injection, 40mg/ml Injection)	4		Clindamycin Phosphate (2% Cream)	3	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	4		Clindamycin Phosphate (300mg/ 2ml Solution, 900mg/ 6ml Solution, 600mg/ 4ml Injection)	4	
Isotonic Gentamicin (Injection)	4		Clindamycin Phosphate in D5W (Injection)	4	
Neomycin Sulfate (Tablet)	2		Colistimethate Sodium (Injection)	4	
Paromomycin Sulfate (Capsule)	4		Daptomycin (Injection)	5	
Streptomycin Sulfate (Injection)	4		Lincomycin HCl (Injection)	4	
Tobramycin Sulfate (0.3% Ophthalmic Solution)	2		Linezolid (100mg/5ml Suspension)	5	PA
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4		Linezolid (600mg Tablet)	4	PA, QL
Antibacterials, Other			Linezolid (600mg/ 300ml Injection)	4	PA
BACiiM (Injection)	4		Methenamine Hippurate (Tablet)	4	
Bacitracin (50000unit Injection)	4				

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metronidazole (0.75% Cream, 0.75% Gel)	3		Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	4	
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2		<b>Vandazole (Gel)</b>	3	
Metronidazole in NaCl 0.79% (Injection)	4		Beta-lactam, Cephalosporins		
Metronidazole Vaginal (Gel)	3		Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2	
Mupirocin (2% Ointment)	2		Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2	
Neomycin/Polymyxin B Sulfates (Irrigation Solution)	3		Cefazolin Sodium (Injection)	4	
Nitrofurantoin (Suspension)	4		Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3	
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	3		Cefepime (Injection)	4	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3		Cefixime (Suspension)	4	
Polymyxin B Sulfate (Injection)	4		Cefotaxime Sodium (Injection)	4	
<b>Primsol (Oral Solution)</b>	4		Cefotetan (Injection)	4	
<b>Tigecycline (Injection)</b>	5		Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4	
Tinidazole (Tablet)	2				
Trimethoprim (Tablet)	2				
<b>Tygacil (Injection)</b>	5				

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3	
Ceftazidime (Injection)	4	
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	4	
Cefuroxime Axetil (Tablet)	2	
Cefuroxime Sodium (Injection)	4	
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2	
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3	
<b>Suprax (400mg Capsule, 500mg/5ml Suspension)</b>	3	
Tazicef (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<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		
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxicillin/ Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/ 5ml-28.5mg/5ml Suspension, 250mg/ 5ml-62.5mg/5ml Suspension, 400mg/ 5ml-57mg/5ml Suspension, 600mg/ 5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	2		Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)	4	
			<b>Bactocill in Dextrose (Injection)</b>	4	
			<b>Bicillin C-R (Injection)</b>	4	
			<b>Bicillin L-A (Injection)</b>	4	
			Dicloxacillin Sodium (Capsule)	2	
			Nafcillin Sodium (Injection)	4	
			Oxacillin Sodium (Injection)	4	
			Penicillin G Potassium (Injection)	4	
			Penicillin G Procaine (Injection)	4	
			Penicillin G Sodium (Injection)	4	
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>		
			Azithromycin (100mg/ 5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	2	

**Bold type = Brand name drug**

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Azithromycin (500mg Injection)	4		<b>Avelox (400mg/250ml-0.8% Injection)</b>	4	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	4		Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection)	4	
Clarithromycin (250mg Tablet, 500mg Tablet)	3		Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	3		Ciprofloxacin I.V. in D5W (Injection)	4	
<b>Dificid (Tablet)</b>	5		Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet)	3	
<b>E.E.S. Granules (Suspension)</b>	4		Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4	
Ery-Tab (Tablet Delayed-Release)	4		Levofloxacin in D5W (Injection)	4	
<b>EryPed 200 (Suspension)</b>	4		Moxifloxacin HCl (400mg Tablet)	3	
<b>EryPed 400 (Suspension)</b>	4		Ofloxacin (0.3% Ophthalmic Solution)	2	
Erythrocin Lactobionate (Injection)	4		Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	3	
Erythromycin (250mg Capsule Delayed-Release)	4				
Erythromycin (5mg/gm Ophthalmic Ointment)	2				
Erythromycin Base (Tablet)	4				
Erythromycin Ethylsuccinate (Tablet)	4				
<b>Zmax (Suspension)</b>	4				
Quinolones			Sulfonamides		

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Silver Sulfadiazine (Cream)</b>	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	
Sulfamethoxazole/Trimethoprim (400mg-80mg/5ml Injection)	4	
Sulfamethoxazole/Trimethoprim DS (Tablet)	2	
<b>Tetracyclines</b>		
Demeclocycline HCl (Tablet)	4	
Doxy 100 (Injection)	4	
Doxycycline (25mg/5ml Suspension)	4	
Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	3	
Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release)	2	
Tetracycline HCl (Capsule)	4	
<b>Vibramycin (50mg/5ml Syrup)</b>	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
<b>BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)</b>	5	QL
<b>BRIVIACT (50mg/5ml Injection)</b>	4	QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution)	3		Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	2	
Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection)	4		<b>Gabitril (12mg Tablet, 16mg Tablet)</b>	4	QL
Levetiracetam ER (Tablet Extended-Release 24 Hour)	3		<b>Onfi (10mg Tablet, 20mg Tablet)</b>	4	QL
Roweepra (Tablet)	3		<b>Onfi (2.5mg/ml Suspension)</b>	4	
<b>Spritam (Tablet Disintegrating Soluble)</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	
Calcium Channel Modifying Agents			Primidone (Tablet)	2	
<b>Celontin (Capsule)</b>	4		<b>Sabril (500mg Packet, 500mg Tablet)</b>	5	PA, QL, LA
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	2		Tiagabine HCl (Tablet)	4	
Zonisamide (Capsule)	2		Valproate Sodium (100mg/ml Injection)	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	2	
<b>Diastat AcuDial (Gel)</b>	4		Glutamate Reducing Agents		
<b>Diastat Pediatric (Gel)</b>	4		Felbamate (400mg Tablet, 600mg Tablet)	4	
			Felbamate (600mg/5ml Suspension)	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<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)	2	
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2		Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	2	
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	3		Dilantin (Capsule)	3	
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		Dilantin INFATABS (Tablet Chewable)	3	
<b>Sodium Channel Agents</b>			Epitol (Tablet)	2	
<b>Aptiom (Tablet)</b>	4	QL	Fosphenytoin Sodium (Injection)	4	
<b>Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)</b>	4		Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3	
			Oxcarbazepine (300mg/5ml Suspension)	4	
			<b>Peganone (Tablet)</b>	4	
			Phenytek (Capsule)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Phenytoin (125mg/5ml Suspension)	2	
Phenytoin (50mg Tablet Chewable)	3	
Phenytoin Sodium (Injection)	4	
Phenytoin Sodium Extended (Capsule)	2	
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)</b>	4	QL
<b>Vimpat (200mg/20ml Injection)</b>	4	
<b>Antidementia Agents</b>		
<b>Cholinesterase Inhibitors</b>		
Donepezil HCl (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Donepezil HCl ODT (Tablet Dispersible)	2	QL
Rivastigmine Tartrate (Capsule Immediate-Release)	2	QL
Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	3	PA, QL

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1		Maprotiline HCl (Tablet)	4	
Citalopram HBr (10mg/5ml Oral Solution)	2		Nefazodone HCl (Tablet)	3	
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4	QL	Paroxetine HCl (Tablet Immediate-Release)	2	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2		<b>Paxil (10mg/5ml Suspension)</b>	4	
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	4	QL, ST	Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	
<b>Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)</b>	4	ST	Sertraline HCl (20mg/ml Concentrate)	4	
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	2		Trazodone HCl (100mg Tablet, 150mg Tablet, 50mg Tablet)	1	
Fluvoxamine Maleate (Tablet)	3		<b>Trintellix (Tablet)</b>	4	QL
			Venlafaxine HCl (Tablet Immediate-Release)	2	
			Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2	
			<b>Viibryd (Tablet)</b>	4	QL
			<b>Viibryd Starter Pack (Kit)</b>	4	QL
			Tricyclics		
			Amitriptyline HCl (Tablet)	3	
			Amoxapine (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
Clomipramine HCl (Capsule)	4		Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Desipramine HCl (Tablet)	3		Metoclopramide HCl (5mg/ml Injection)	4	
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	2		Perphenazine (Tablet)	4	
Imipramine HCl (Tablet)	4		Prochlorperazine (Suppository)	4	
Imipramine Pamoate (Capsule)	4		Prochlorperazine Edisylate (Injection)	4	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	2		Prochlorperazine Maleate (Tablet)	2	
Protriptyline HCl (Tablet)	4		<b>Transderm-Scop (Patch 72 Hour)</b>	4	
Trimipramine Maleate (Capsule)	4		<b>Emetogenic Therapy Adjuncts</b>		
<b>Antiemetics</b>			Aprepitant (Therapy Pack, Capsule)	4	PA
<b>Antiemetics, Other</b>			Dronabinol (Capsule)	4	PA, QL
Compro (Suppository)	4		<b>Emend (125mg Suspension)</b>	4	PA
Hydroxyzine Pamoate (Capsule)	3		<b>Emend (150mg Injection)</b>	4	
Meclizine HCl (Tablet)	2		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	

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
Ondansetron HCl (4mg/5ml Oral Solution)	4	B/D, PA	Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4	
Ondansetron ODT (Tablet Dispersible)	2	B/D, PA	Griseofulvin Ultramicronsize (Tablet)	4	
<b>Antifungals</b>			Itraconazole (Capsule)	4	PA, QL
<b>Antifungals</b>			<b>Jublia (External Solution)</b>	4	
<b>Abelcet (Injection)</b>	4	B/D, PA	Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2	
<b>AmBisome (Injection)</b>	4	B/D, PA	Miconazole 3 (Suppository)	3	
Amphotericin B (Injection)	4	B/D, PA	<b>Mycamine (Injection)</b>	4	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3		<b>Natacyn (Suspension)</b>	4	
Ciclopirox Nail Lacquer (External Solution)	3		<b>Noxafil (100mg Tablet Delayed-Release)</b>	5	PA, QL
Ciclopirox Olamine (Cream)	3		<b>Noxafil (40mg/ml Suspension)</b>	5	QL
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	2		Nyamyc (Powder)	2	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2		Nyata (Powder)	2	
Fluconazole in NaCl (Injection)	4		Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
Flucytosine (Capsule)	5		Nystatin (Powder, Suspension, Tablet)	2	
			Nystop (Powder)	2	
			<b>ONMEL (Tablet)</b>	5	PA
			<b>Sporanox (10mg/ml Oral Solution)</b>	5	PA
			Terbinafine HCl (Tablet)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3	
Voriconazole (200mg Injection, 40mg/ml Suspension)	5	
Voriconazole (200mg Tablet, 50mg Tablet)	4	
<b>Zazole (Cream)</b>	3	
<b>Antigout Agents</b>		
Antigout Agents		
Allopurinol (Tablet)	1	
<b>Colchicine (0.6mg Tablet) (Generic Colcrys)</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)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rizatriptan Benzoate ODT (Tablet Dispersible)	2	QL
Sumatriptan (Nasal Solution)	4	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	2	QL
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	4	QL
<b>Sumatriptan Succinate Refill (Injection)</b>	4	QL
<b>Antimyasthenic Agents</b>		
Parasympathomimetics		
<b>Guanidine HCl (Tablet)</b>	3	
Pyridostigmine Bromide (Tablet)	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)	2	
Isoniazid (100mg Tablet, 300mg Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)	4	
Paser (Packet)	4	
<b>Priftin (Tablet)</b>	4	
Pyrazinamide (Tablet)	4	
Rifampin (150mg Capsule, 300mg Capsule)	2	
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Yondelis (Injection)</b>	5	PA
<b>Zanosar (Injection)</b>	4	
Antiandrogens		
Bicalutamide (Tablet)	2	
Flutamide (Capsule)	3	
Nilutamide (Tablet)	5	
<b>Xtandi (Capsule)</b>	4	PA, QL
<b>Zytiga (Tablet)</b>	5	PA, QL
Antiangiogenic Agents		
<b>Pomalyst (Capsule)</b>	5	PA, QL
<b>Revlimid (Capsule)</b>	5	PA, QL, LA
<b>Thalomid (Capsule)</b>	5	PA, QL
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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Gemcitabine HCl (Injection)	4	
Hydroxyurea (Capsule)	2	
Mercaptopurine (Tablet)	3	
<b>Nipent (Injection)</b>	5	
<b>Purixan (Suspension)</b>	5	PA
<b>Tabloid (Tablet)</b>	4	PA
Antineoplastics, Other		
<b>Abraxane (Injection)</b>	5	PA
Adriamycin (Injection)	4	B/D, PA
<b>Arranon (Injection)</b>	5	
Bleomycin Sulfate (Injection)	4	B/D, PA
Carboplatin (Injection)	4	
Cisplatin (Injection)	4	
<b>Cosmegen (Injection)</b>	5	
Daunorubicin HCl (Injection)	4	
Decitabine (Injection)	5	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Erwinaze (Injection)</b>	5	
Fludarabine Phosphate (Injection)	4	
<b>Halaven (Injection)</b>	5	PA
Idarubicin HCl (Injection)	5	
Irinotecan (Injection)	4	
<b>Istodax (Overfill) (Injection)</b>	5	PA
<b>Kisqali (Tablet)</b>	5	PA, QL
<b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>	5	PA, QL
<b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>	5	PA, QL
<b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>	5	PA, QL
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 (Injection)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Paclitaxel (Injection)	4	
<b>Proleukin (Injection)</b>	5	PA
<b>Synribo (Injection)</b>	5	PA
Thiotepa (Injection)	5	
<b>Trisenox (Injection)</b>	4	
<b>Velcade (Injection)</b>	5	PA
Vinblastine Sulfate (Injection)	4	B/D, PA
Vincasar PFS (Injection)	4	B/D, PA
Vincristine Sulfate (Injection)	4	B/D, PA
Vinorelbine Tartrate (Injection)	4	
<b>Zaltrap (Injection)</b>	5	PA
<b>Zolinza (Capsule)</b>	5	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	2	
Exemestane (Tablet)	2	
Letrozole (Tablet)	2	
Enzyme Inhibitors		
<b>Etopophos (Injection)</b>	4	
Etoposide (Injection)	2	
<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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Afinitor Disperz (Tablet Soluble)</b>	5	PA
<b>Alecensa (Capsule)</b>	5	PA, QL
<b>Alunbrig (Tablet)</b>	5	PA, QL
<b>Beleodaq (Injection)</b>	5	PA
<b>Bosulif (Tablet)</b>	5	PA, QL
<b>Cabometyx (Tablet)</b>	5	PA, QL
<b>Caprelsa (Tablet)</b>	5	PA, LA
<b>Cometriq (Kit)</b>	5	PA
<b>Cotellic (Tablet)</b>	5	PA, QL, LA
<b>Cyramza (Injection)</b>	5	PA
<b>Erivedge (Capsule)</b>	5	PA, QL
<b>Farydak (Capsule)</b>	5	PA
<b>Gilotrif (Tablet)</b>	5	PA
<b>Ibrance (Capsule)</b>	5	PA, QL
<b>Iclusig (45mg 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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Stivarga (Tablet)</b>	5	PA, QL
<b>Sutent (Capsule)</b>	5	PA, QL
<b>Tafinlar (Capsule)</b>	5	PA
<b>Tagrisso (Tablet)</b>	5	PA, QL, LA
<b>Tarceva (Tablet)</b>	5	PA, QL
<b>Tasigna (Capsule)</b>	5	PA, QL
<b>Tykerb (Tablet)</b>	5	PA
<b>Venclexta (100mg Tablet, 50mg Tablet)</b>	4	PA, QL
<b>Venclexta (10mg Tablet)</b>	3	PA, QL
<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>Erbix (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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Opdivo (Injection)</b>	5	PA
<b>Perjeta (Injection)</b>	5	PA
<b>Rituxan (Injection)</b>	5	PA
<b>Tecentriq (Injection)</b>	5	PA
<b>Vectibix (Injection)</b>	5	PA
<b>Yervoy (Injection)</b>	5	PA
Retinoids		
Bexarotene (Capsule)	5	PA
<b>Panretin (Gel)</b>	5	
<b>Targetin (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	



Drug Name	Drug Tier	Coverage Rules or Limits on use
Chloroquine Phosphate (Tablet)	2	
<b>Coartem (Tablet)</b>	4	
<b>DARAPRIM (Tablet)</b>	4	
Hydroxychloroquine Sulfate (Tablet)	2	
Mefloquine HCl (Tablet)	2	
<b>Nebupent (Inhalation Solution)</b>	4	B/D, PA, QL
<b>Pentam 300 (Injection)</b>	4	
Primaquine Phosphate (Tablet)	4	
Quinine Sulfate (Capsule)	4	PA
Pediculicides/Scabicides		
Lindane (Shampoo)	4	
Malathion (Lotion)	4	
Permethrin (Cream)	3	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	
Benzotropine Mesylate (1mg/ml Injection)	4	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	2	
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 50mg/5ml Syrup)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Entacapone (Tablet)	4	
Dopamine Agonists		
<b>Apokyn (Injection)</b>	5	PA, QL
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	4	
<b>Neupro (Patch 24 Hour)</b>	4	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	2	
Ropinirole HCl (Tablet Immediate-Release)	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa/Levodopa (Tablet Immediate-Release)	2	
Carbidopa/Levodopa ER (Tablet Extended-Release)	2	
Carbidopa/Levodopa ODT (Tablet Dispersible)	2	
<b>Carbidopa/Levodopa/Entacapone (Tablet)</b>	4	
<b>Rytary (Capsule Extended-Release)</b>	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Tablet)	3	
Selegiline HCl (5mg Capsule, 5mg Tablet)	3	
Antipsychotics		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Thioridazine HCl (Tablet)	3	
Thiothixene (Capsule)	3	
Trifluoperazine HCl (Tablet)	3	
2nd Generation/Atypical		
<b>Abilify Maintena (Injection)</b>	5	
Aripiprazole (Tablet)	4	QL
Aripiprazole ODT (Tablet Dispersible)	4	QL
<b>Aristada (Injection)</b>	5	
<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
<b>Nuplazid (Tablet)</b>	5	PA, QL
Olanzapine (10mg Injection)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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 (1mg/ml Oral Solution)	4	
Olanzapine ODT (Tablet Dispersible)	2	QL	Risperidone ODT (Tablet Dispersible)	4	
Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL	<b>Saphris (Tablet Sublingual)</b>	4	QL
Quetiapine Fumarate (Tablet Immediate-Release)	2	QL	<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	4	QL, ST
<b>Rexulti (Tablet)</b>	5	QL	<b>Vraylar (Capsule Therapy Pack)</b>	4	ST
<b>Risperdal Consta (12.5mg Injection)</b>	4		Ziprasidone HCl (Capsule)	2	QL
<b>Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)</b>	5		<b>Zyprexa Relprev (Injection)</b>	5	
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		Treatment-Resistant		
			Clozapine (Tablet Immediate-Release)	3	
			Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	4	QL
			<b>Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)</b>	4	QL
			<b>Versacloz (Suspension)</b>	5	
			Antivirals		
			Anti-cytomegalovirus (CMV) Agents		
			Cidofovir (Injection)	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ganciclovir (Injection)	3	B/D, PA
Valganciclovir (Tablet)	5	QL
Valganciclovir Hydrochloride (Oral Solution)	4	QL
<b>Zirgan (Gel)</b>	4	
Anti-hepatitis B (HBV) Agents		
<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
Anti-hepatitis C (HCV) Agents, Other		
<b>Intron A (Injection)</b>	5	PA
<b>Pegasys (Injection)</b>	5	PA
<b>Pegasys ProClick (Injection)</b>	5	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
<b>Sylatron (Injection)</b>	5	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
<b>Epclusa (Tablet)</b>	5	PA, QL
<b>Harvoni (Tablet)</b>	5	PA, QL
<b>Zepatier (Tablet)</b>	5	PA, QL
Antitherpetic Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Acyclovir (200mg Capsule, 400mg Tablet, 800mg Tablet)	2	
Acyclovir (200mg/5ml Suspension)	4	
Acyclovir Sodium (Injection)	4	B/D, PA
Famciclovir (Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Tablet)	2	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
<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
<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

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>Intelence (25mg Tablet)</b>	4	QL	Lamivudine/ Zidovudine (Tablet)	4	QL
Nevirapine (200mg Tablet Immediate-Release)	2	QL	<b>Retrovir IV Infusion (Injection)</b>	4	
<b>Nevirapine (50mg/5ml Suspension)</b>	3	QL	Stavudine (Capsule)	2	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	3	QL	<b>Truvada (Tablet)</b>	5	QL
<b>Odefsey (Tablet)</b>	5	QL	<b>Videx Pediatric (Oral Solution)</b>	4	QL
<b>Rescriptor (Tablet)</b>	4	QL	<b>Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)</b>	5	QL
<b>Sustiva (200mg Capsule, 600mg Tablet)</b>	5	QL	<b>Zerit (1mg/ml Oral Solution)</b>	4	QL
<b>Sustiva (50mg Capsule)</b>	4	QL	<b>Ziagen (20mg/ml Oral Solution)</b>	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	2	QL
Abacavir (Tablet)	4	QL	Anti-HIV Agents, Other		
Abacavir Sulfate/ Lamivudine/ Zidovudine (Tablet)	5	QL	<b>Fuzeon (Injection)</b>	5	QL
Abacavir/Lamivudine (Tablet)	5	QL	<b>Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)</b>	5	QL
<b>Descovy (Tablet)</b>	5	QL	<b>Selzentry (25mg Tablet)</b>	3	QL
Didanosine (Capsule Delayed-Release)	2	QL	Anti-HIV Agents, Protease Inhibitors		
<b>Emtriva (10mg/ml Oral Solution, 200mg Capsule)</b>	4	QL	<b>Aptivus (100mg/ml Oral Solution, 250mg Capsule)</b>	5	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL	<b>Crixivan (Capsule)</b>	3	QL
			<b>Evotaz (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>Invirase (200mg Capsule, 500mg Tablet)</b>	5	QL	<b>Tamiflu (6mg/ml Suspension)</b>	4	QL
<b>Kaletra (100mg-25mg Tablet)</b>	4	QL	<b>Anxiolytics</b>		
<b>Kaletra (200mg-50mg Tablet)</b>	5	QL	Anxiolytics, Other		
<b>Lexiva (50mg/ml Suspension)</b>	4	QL	Buspirone HCl (Tablet)	2	
<b>Lexiva (700mg Tablet)</b>	5	QL	Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup)	3	
Lopinavir/Ritonavir (Oral Solution)	4	QL	Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection)	4	B/D, PA
<b>Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)</b>	4	QL	<b>Benzodiazepines</b>		
<b>Prezcobix (Tablet)</b>	5	QL	Alprazolam (Tablet Immediate-Release)	2	QL
<b>Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)</b>	5	QL	Chlordiazepoxide HCl (Capsule)	2	
<b>Prezista (150mg Tablet, 75mg Tablet)</b>	4	QL	Clonazepam (Tablet Immediate-Release)	2	QL
<b>Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)</b>	5	QL	Clonazepam ODT (Tablet Dispersible)	4	QL
<b>Viracept (Tablet)</b>	5	QL	Clorazepate Dipotassium (Tablet)	3	QL
<b>Anti-influenza Agents</b>			Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	2	QL
Oseltamivir Phosphate (Capsule)	4	QL	Diazepam (1mg/ml Oral Solution)	2	
<b>Relenza Diskhaler (Aerosol Powder)</b>	3	QL	Diazepam Intensol (5mg/ml Concentrate)	2	QL
Rimantadine HCl (Tablet)	2		Lorazepam (Tablet)	2	QL
			Lorazepam Intensol (2mg/ml Concentrate)	2	QL
			<b>Bipolar Agents</b>		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>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	
Lithium Carbonate ER (Tablet Extended-Release)	2	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
Acarbose (Tablet)	2	QL
<b>Bydureon Pen (Injection)</b>	3	QL
<b>Bydureon Vial (Injection)</b>	3	QL
<b>Farxiga (Tablet)</b>	3	QL
Glimepiride (Tablet)	1	QL
Glipizide (Tablet Immediate-Release)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Glipizide/Metformin HCl (Tablet)	1	QL
<b>Jardiance (Tablet)</b>	3	QL
<b>Jentaduetto (Tablet)</b>	3	QL
<b>Jentaduetto XR (Tablet Extended-Release 24 Hour)</b>	3	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)	2	QL
<b>Onglyza (Tablet)</b>	3	QL
Pioglitazone HCl (Tablet)	1	QL
Repaglinide (Tablet)	2	QL
<b>Soliqua 100/33 (Injection)</b>	3	QL
<b>Synjardy (Tablet)</b>	3	QL
<b>Tradjenta (Tablet)</b>	3	QL
<b>Trulicity (Injection)</b>	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Xigduo XR (Tablet Extended-Release 24 Hour)</b>	3	QL
Glycemic Agents		
<b>GlucaGen HypoKit (Injection)</b>	4	
<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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Humulin R U-500 Vial (Concentrated) (Injection)</b>	3	
<b>Humulin R Vial (Injection)</b>	3	
<b>Lantus SoloStar (Injection)</b>	3	
<b>Lantus 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	



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Heparin Sodium (1000unit/ml Injection)	4	B/D, 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
<b>Heparin Sodium/D5W (Injection)</b>	4		Azacitidine (Injection)	5	PA
Jantoven (Tablet)	1		<b>Mozobil (Injection)</b>	5	PA
<b>Pradaxa (Capsule)</b>	4	QL	<b>Neulasta (Injection)</b>	5	PA
Warfarin Sodium (Tablet)	1		<b>Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)</b>	4	PA
<b>Xarelto (Tablet)</b>	3	QL	<b>Procrit (20000unit/ml Injection, 40000unit/ml Injection)</b>	5	PA
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	3	QL	<b>Promacta (Tablet)</b>	5	PA, QL
Blood Formation Modifiers			Zarxio (Injection)	5	
Anagrelide HCl (Capsule)	2		Hemostasis Agents		
<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	Tranexamic Acid (1000mg/10ml Injection)	3	
			Tranexamic Acid (650mg Tablet)	4	
			Platelet Modifying Agents		
			Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	4	QL
			<b>Brilinta (Tablet)</b>	4	QL
			Cilostazol (Tablet)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Clopidogrel (75mg Tablet)	2	QL
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	2	
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	4	
Guanfacine HCl (2mg Tablet Immediate-Release)	2	QL
Methyldopa (Tablet)	3	
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	
Prazosin HCl (Capsule)	2	
<b>Angiotensin II Receptor Antagonists</b>		
Irbesartan (Tablet)	2	QL
Losartan Potassium (Tablet)	1	QL
Telmisartan (Tablet)	3	QL
Valsartan (Tablet)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
Benazepril HCl (Tablet)	1	QL
Enalapril Maleate (Tablet)	2	QL
Fosinopril Sodium (Tablet)	2	QL
Lisinopril (Tablet)	1	QL
Quinapril HCl (Tablet)	2	QL
Ramipril (Capsule)	2	QL
<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	
Pacerone (200mg Tablet)	2	
Procainamide HCl (Injection)	4	
Propafenone HCl (Tablet)	2	
<b>Quinidine Gluconate (Injection)</b>	4	
Quinidine Sulfate (Tablet)	2	
Sotalol HCl (AF) (Tablet)	2	
Sotalol HCl (Tablet)	2	
<b>Beta-adrenergic Blocking Agents</b>		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Atenolol (Tablet)	1	
Bisoprolol Fumarate (Tablet)	2	
Carvedilol (Tablet Immediate-Release)	1	
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet)	2	
Labetalol HCl (5mg/ml Injection)	4	
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Metoprolol Tartrate (1mg/ml Injection)	4	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Propranolol HCl (1mg/ml Injection)	4	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	
<b>Calcium Channel Blocking Agents</b>		
Amlodipine Besylate (Tablet)	1	
<b>Cardene IV (Injection)</b>	4	
Cartia XT (Capsule Extended-Release 24 Hour)	2	
Dilt-XR (Capsule Extended-Release 24 Hour)	2	
Diltiazem CD (240mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	2	
Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	4	
Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diltiazem HCl ER (120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	2		Digoxin (125mcg Tablet, 250mcg Tablet)	2	
Nicardipine HCl (2.5mg/ml Injection)	4		Enalapril Maleate/ Hydrochlorothiazide (Tablet)	2	QL
Nimodipine (Capsule)	5		<b>Entresto (Tablet)</b>	3	QL
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	2		<b>Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)</b>	4	
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2		Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
<b>Cardiovascular Agents, Other</b>			Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Atenolol/ Chlorthalidone (Tablet)	1		Metoprolol/ Hydrochlorothiazide (Tablet)	2	
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL	Pentoxifylline ER (Tablet Extended-Release)	2	
<b>Corlanor (Tablet)</b>	4	PA, QL	Quinapril/ Hydrochlorothiazide (Tablet)	2	QL
Digitex (Tablet)	2		<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	3	QL
<b>Digoxin (0.05mg/ml Oral Solution)</b>	4		Spirolactone/ Hydrochlorothiazide (Tablet)	2	
Digoxin (0.25mg/ml Injection)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	2	
Valsartan/ Hydrochlorothiazide (Tablet)	2	QL
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
Acetazolamide (Tablet Immediate-Release)	3	
Acetazolamide ER (Capsule Extended- Release 12 Hour)	4	
Acetazolamide Sodium (Injection)	4	
Methazolamide (25mg Tablet)	4	
<b>Diuretics, Loop</b>		
Bumetanide (0.25mg/ ml Injection)	4	
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	
Furosemide (10mg/ml Injection)	4	B/D, PA
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Torsemide (Tablet)	2	
<b>Diuretics, Potassium-sparing</b>		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amiloride HCl (Tablet)	2	
Spironolactone (Tablet)	2	
<b>Diuretics, Thiazide</b>		
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	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
Fenofibrate (160mg Tablet, 54mg Tablet)	2	
Gemfibrozil (Tablet)	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
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

**Bold type = Brand name drug**

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Dyslipidemics, Other		
Cholestyramine (Powder)	3	
Cholestyramine Light (Powder)	3	
Colestipol HCl (1gm Tablet)	3	
Colestipol HCl (5gm Granules)	4	
Ezetimibe (Tablet)	3	QL
<b>Juxtapid (Capsule)</b>	5	PA, LA
Niacor (Tablet)	2	
<b>Praluent (Injection)</b>	5	PA, QL
Prevalite (Powder)	3	
<b>Repatha (Injection)</b>	5	PA, QL
<b>Repatha Pushtrohex System (Injection)</b>	5	PA, QL
<b>Repatha SureClick (Injection)</b>	5	PA, QL
<b>Vascepa (Capsule)</b>	4	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Isosorbide Dinitrate ER (Tablet Extended-Release)	2	
Isosorbide Mononitrate (Tablet Immediate-Release)	2	
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 (Injection)	4	
Nitroglycerin Lingual (Translingual Solution)	4	
Nitroglycerin Transdermal (Patch 24 Hour)	2	
<b>Nitrostat (Tablet Sublingual)</b>	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	4	QL	Clonidine HCl ER (Tablet Extended- Release 12 Hour)	4	PA
Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release)	3	QL	Dexmethylphenidate HCl (Tablet Immediate- Release)	3	QL
Methamphetamine HCl (Tablet)	4	PA	Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate- Release) (Generic Ritalin)	3	QL
Atomoxetine (Capsule)	4	QL, ST	Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended- Release)	4	QL
			Central Nervous System, Other		
			<b>Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)</b>	3	PA, QL
			<b>Nuedexta (Capsule)</b>	4	PA
			Riluzole (Tablet)	4	
			Tetrabenazine (Tablet)	5	PA, QL
			Fibromyalgia Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	QL	Chlorhexidine Gluconate (Solution)	2	
<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>Kepivance (Injection)</b>	5	
<b>Savella (Tablet)</b>	3		Periogard (Solution)	2	
<b>Savella Titration Pack</b>	3		Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4	
Multiple Sclerosis Agents			Triamcinolone in Orabase (Paste)	3	
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	5	QL	Dermatological Agents		
<b>Copaxone (Injection)</b>	5		Dermatological Agents		
<b>Extavia (Injection)</b>	5		Acitretin (Capsule)	4	
<b>Gilenya (Capsule)</b>	5	QL	Adapalene (0.1% Cream, 0.1% Gel)	4	
Glatopa (Injection)	5		Ammonium Lactate (12% Cream, 12% Lotion)	3	
<b>Tecfidera (Capsule Delayed-Release)</b>	5	QL	Calcipotriene (0.005% Cream, 0.005% External Solution)	4	
<b>Tecfidera Starter Pack</b>	5		<b>Calcitriol (3mcg/gm Ointment)</b>	4	
<b>Tysabri (Injection)</b>	5	PA	Claravis (Capsule)	4	PA
Dental and Oral Agents			Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
Dental and Oral Agents			Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4	
			Clotrimazole/Betamethasone Dipropionate (0.05%-1% Lotion)	4	

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clotrimazole/ Betamethasone Dipropionate (1%-0.05% Cream)	2		Selenium Sulfide (Lotion)	2	
<b>Cosentyx (Injection)</b>	5	PA	Tacrolimus (0.03% Ointment, 0.1% Ointment)	4	ST
<b>Cosentyx Sensoready Pen (Injection)</b>	5	PA	Tazarotene (Cream)	4	PA
Diclofenac Sodium (3% Gel)	5	PA	<b>Tazorac (0.05% Cream)</b>	4	PA
<b>Doxepin HCl (Cream)</b>	4	PA	Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	4	PA
<b>Elidel (Cream)</b>	4	ST	Electrolytes/Minerals/Metals/Vitamins		
Ery (2% Pad)	3		Electrolyte/Mineral Replacement		
Erythromycin (2% External Solution)	2		<b>Aminosyn 7%/ Electrolytes (Injection)</b>	4	B/D, PA
Erythromycin (2% Gel)	4		<b>Aminosyn 8.5%/ Electrolytes (Injection)</b>	4	B/D, PA
Erythromycin/Benzoyl Peroxide (Gel)	4		<b>Aminosyn II (10% Injection, 7% Injection)</b>	4	B/D, PA
<b>Finacea (15% Foam, 15% Gel)</b>	4		<b>Aminosyn II 8.5%/ Electrolytes (Injection)</b>	4	B/D, PA
Fluorouracil (2% External Solution, 5% External Solution)	3		<b>Aminosyn-HBC (Injection)</b>	4	B/D, PA
Fluorouracil (5% Cream)	4		<b>Aminosyn-PF (Injection)</b>	4	B/D, PA
Imiquimod (Cream)	4		<b>Aminosyn-RF (Injection)</b>	4	B/D, PA
<b>Mirvaso (Gel)</b>	4		<b>Carbaglu (Tablet)</b>	5	LA
<b>Picato (Gel)</b>	3		<b>Dextrose 10% (Injection)</b>	4	
Podofilox (External Solution)	3				
<b>PRUDOXIN (Cream)</b>	4	PA			
<b>Regranex (Gel)</b>	5	PA			
<b>Santyl (Ointment)</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>Dextrose 10%/NaCl 0.2% (Injection)</b>	4		<b>KCl 0.15%/D5W/NaCl 0.2% (Injection)</b>	4	
<b>Dextrose 10%/NaCl 0.45% (Injection)</b>	4		<b>KCl 0.15%/D5W/NaCl 0.9% (Injection)</b>	4	
<b>Dextrose 2.5%/NaCl 0.45% (Injection)</b>	4		<b>KCl 0.3%/D5W/NaCl 0.45% (Injection)</b>	4	
<b>Dextrose 5% (Injection)</b>	4		<b>KCl 0.3%/D5W/NaCl 0.9% (Injection)</b>	4	
<b>Dextrose 5%/Lactated Ringers (Injection)</b>	4		<b>Klor-Con 10 (Tablet Extended-Release)</b>	3	
<b>Dextrose 5%/NaCl 0.2% (Injection)</b>	4		<b>Klor-Con 8 (Tablet Extended-Release)</b>	3	
<b>Dextrose 5%/NaCl 0.225% (Injection)</b>	4		Klor-Con M10 (Tablet Extended-Release)	2	
<b>Dextrose 5%/NaCl 0.33% (Injection)</b>	4		Klor-Con M15 (Tablet Extended-Release)	2	
<b>Dextrose 5%/NaCl 0.45% (Injection)</b>	4		Klor-Con M20 (Tablet Extended-Release)	2	
<b>Dextrose 5%/NaCl 0.9% (Injection)</b>	4		<b>Lactated Ringers Irrigation (Solution)</b>	3	
<b>FreAmine HBC 6.9% (Injection)</b>	4	B/D, PA	<b>Lactated Ringers Viaflex (Injection)</b>	4	
<b>HepatAmine (Injection)</b>	4	B/D, PA	Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	3	
<b>Intralipid (Injection)</b>	4	B/D, PA	<b>Magnesium Sulfate (1gm/2ml-50% Injection)</b>	4	
<b>Ionosol-MB/Dextrose 5% (Injection)</b>	4		Magnesium Sulfate (5gm/10ml-50% Injection)	4	
<b>Isolyte-P/Dextrose 5% (Injection)</b>	4		<b>Nephramine (Injection)</b>	4	B/D, PA
<b>Isolyte-S (Injection)</b>	4		<b>Normosol-M in D5W (Injection)</b>	4	
<b>KCl 0.075%/D5W/NaCl 0.45% (Injection)</b>	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Normosol-R (Injection)</b>	4		Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	2	
<b>Normosol-R in D5W (Injection)</b>	4		<b>Potassium Chloride ER (20meq Tablet Extended-Release)</b>	2	
<b>Nutrilipid (Injection)</b>	4	B/D, PA	<b>Potassium Chloride 0.3%/D5W (Injection)</b>	4	B/D, PA
<b>Physiolyte (Irrigation Solution)</b>	4		<b>KCl 0.15%/D5W/LR (Injection)</b>	4	
<b>Physiosol Irrigation (Solution)</b>	4		Potassium Chloride 0.15% /NaCl 0.45% Viaflex (Injection)	4	B/D, PA
<b>Plasma-Lyte A (Injection)</b>	4		<b>Potassium Chloride 0.15%/NaCl 0.9% (Injection)</b>	4	B/D, PA
<b>Plasma-Lyte-148 (Injection)</b>	4		Potassium Citrate ER (Tablet Extended-Release)	4	
Plenamaine (Injection)	4	B/D, PA	Premasol (Injection)	4	B/D, PA
<b>Potassium Chloride (10% Oral Solution, 20% Oral Solution)</b>	3		<b>Procalamine (Injection)</b>	4	B/D, PA
<b>Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)</b>	4	B/D, PA	<b>Prosol (Injection)</b>	4	B/D, PA
Potassium Chloride (2meq/ml Injection)	4	B/D, PA	<b>Ringers Injection</b>	4	
<b>Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)</b>	4		<b>Ringers Irrigation (Solution)</b>	3	
<b>Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)</b>	4		<b>Sodium Chloride (0.9% Injection, 2.5meq/ml Injection)</b>	4	
<b>Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)</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>Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)</b>	4	B/D, PA	Calcium Acetate (667mg Capsule, 667mg Tablet)	2	
<b>Sodium Chloride 0.45% (Injection)</b>	4		<b>Phoslyra (Oral Solution)</b>	3	
<b>Sodium Chloride 0.9% (Irrigation Solution)</b>	3		<b>Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)</b>	3	
Sodium Fluoride (Tablet)	2		<b>Velphoro (Tablet Chewable)</b>	4	
<b>Sodium Lactate (Injection)</b>	4		Vitamins		
<b>TPN Electrolytes (Injection)</b>	4		VP-PNV-DHA (Capsule)	2	
<b>Travasol (Injection)</b>	4	B/D, PA	Gastrointestinal Agents		
<b>Trophamine (10% Injection)</b>	4	B/D, PA	Antispasmodics, Gastrointestinal		
Electrolyte/Mineral/Metal Modifiers			<b>Atropine Sulfate (Injection)</b>	4	
<b>Ferriprox (100mg/ml Oral Solution, 500mg Tablet)</b>	5	PA	<b>Cuvposa (Oral Solution)</b>	4	
<b>Jadenu (Tablet)</b>	4	PA	Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	2	
<b>Jadenu Sprinkle (Packet)</b>	4	PA	Glycopyrrolate (4mg/20ml Injection)	4	
Kionex (Powder)	3		Methscopolamine Bromide (Tablet)	4	
<b>Samsca (Tablet)</b>	5	PA, QL	Gastrointestinal Agents, Other		
Sodium Polystyrene Sulfonate (Suspension)	3		Chenodal (Tablet)	5	
SPS (Suspension)	3		Cromolyn Sodium (100mg/5ml Concentrate)	4	
<b>Syprine (Capsule)</b>	5	PA, QL			
Phosphate Binders					
<b>Auryxia (Tablet)</b>	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diphenoxylate/ Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	3		Constulose (Oral Solution)	2	
<b>Gattex (Injection)</b>	5	PA	Enulose (Oral Solution)	2	
Loperamide HCl (Capsule)	2		GaviLyte-C (Oral Solution)	2	
<b>Myalept (Injection)</b>	5	PA	GaviLyte-G (Oral Solution)	2	
<b>Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)</b>	4	PA	GaviLyte-H (Kit)	2	
Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule)	4		GaviLyte-N/Flavor Pack (Oral Solution)	2	
Ursodiol (300mg Capsule)	3		Generlac (Oral Solution)	2	
Histamine2 (H2) Receptor Antagonists			Lactulose (Oral Solution)	2	
Famotidine (20mg/2ml Injection)	4		<b>PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)</b>	3	
Famotidine Premixed (Injection)	4		PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	3	
Nizatidine (150mg Capsule, 300mg Capsule)	2		Polyethylene Glycol 3350 Powder (Generic MiraLAX)	2	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	2		<b>Suprep Bowel Prep Kit (Oral Solution)</b>	3	
Ranitidine HCl (50mg/ 2ml Injection)	4		TriLyte (Oral Solution)	2	
Irritable Bowel Syndrome Agents			Protectants		
Alosetron HCl (Tablet)	5	PA	<b>Carafate (1gm/10ml Suspension)</b>	4	
<b>Linzzess (Capsule)</b>	3	QL	Misoprostol (Tablet)	3	
Laxatives			Sucralfate (Tablet)	2	
			Proton Pump Inhibitors		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL	<b>Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)</b>	5	
Omeprazole (20mg Capsule Delayed-Release)	2		<b>Lumizyme (Injection)</b>	5	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	2	QL	<b>Naglazyme (Injection)</b>	5	
Pantoprazole Sodium (40mg Injection)	4		<b>Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)</b>	5	LA
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			<b>Prolastin-C (Injection)</b>	5	PA, LA
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			<b>RAVICTI (Liquid)</b>	5	QL
<b>Adagen (Injection)</b>	5	LA	Sodium Phenylbutyrate (Powder)	5	
<b>Aldurazyme (Injection)</b>	5		<b>Strensiq (Injection)</b>	5	PA, LA
<b>Aralast NP (Injection)</b>	5	PA, LA	<b>Sucraid (Oral Solution)</b>	5	LA
<b>Buphenyl (500mg Tablet)</b>	5		<b>Zavesca (Capsule)</b>	5	PA, LA
<b>Cerezyme (Injection)</b>	5	PA	<b>Zenpep (Capsule Delayed-Release)</b>	3	
<b>Cholbam (Capsule)</b>	5	PA	Genitourinary Agents		
<b>Creon (Capsule Delayed-Release)</b>	3		Antispasmodics, Urinary		
<b>Cystadane (Powder)</b>	5		<b>Myrbetriq (Tablet Extended-Release 24 Hour)</b>	3	
<b>Cystagon (Capsule)</b>	4	LA	Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	2	
<b>Elaprased (Injection)</b>	5		Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	2	QL
<b>Fabrazyme (Injection)</b>	5		<b>Vesicare (Tablet)</b>	3	QL
<b>Kanuma (Injection)</b>	5	PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Benign Prostatic Hypertrophy Agents			Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3	
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2		Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3	
Finasteride (5mg Tablet) (Generic Proscar)	2		<b>Depo-Medrol (20mg/ml Injection)</b>	4	
Tamsulosin HCl (Capsule)	2		Desonide (0.05% Ointment)	4	
Terazosin HCl (Capsule)	2		Desoximetasone (0.05% Cream, 0.25% Cream)	4	
Genitourinary Agents, Other			Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2	
Bethanechol Chloride (Tablet)	2		Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	4	
<b>Depen Titratabs (Tablet)</b>	5		Fludrocortisone Acetate (Tablet)	2	
<b>Elmiron (Capsule)</b>	4		Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.025% Ointment)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Fluocinolone Acetonide (0.01% External Solution)	4	
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)	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
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3		Methylprednisolone Dose Pack (Tablet Therapy Pack)	2	
Fluocinonide-E (Cream)	3		Methylprednisolone Sodium Succinate (Injection)	4	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3		Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	3	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4		<b>Prednicarbate (0.1% Cream)</b>	4	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment, 10mg Tablet, 20mg Tablet, 5mg Tablet)	2		Prednicarbate (0.1% Ointment)	4	
Hydrocortisone (2.5% Lotion)	3		Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 15mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	2	
Hydrocortisone Butyrate (0.1% Ointment)	3		Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	4		Prednisone Intensol (5mg/ml Concentrate)	2	
<b>Kenalog-10 (Injection)</b>	4		<b>Solu-Cortef (Injection)</b>	4	
<b>Kenalog-40 (Injection)</b>	4		<b>Solu-Medrol (2gm Injection)</b>	4	
Methylprednisolone (Tablet)	2				
Methylprednisolone Acetate (Injection)	4				

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



Drug Name	Drug Tier	Coverage Rules or Limits on use
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% Cream, 0.1% Cream, 0.5% Cream, 0.025% Lotion, 0.1% Lotion, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	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	
Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection)	4	
Desmopressin Acetate (0.01% Nasal Spray Solution, 0.1mg Tablet, 0.2mg Tablet)	2	

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Danazol (Capsule)	4	
Oxandrolone (10mg Tablet)	4	PA, QL
Oxandrolone (2.5mg Tablet)	3	PA, QL
Testosterone Cypionate (Injection)	4	
Testosterone Enanthate (Injection)	4	
<b>Estrogens</b>		
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	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Delyla (Tablet)	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	
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
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	2	
Estradiol Valerate (Injection)	4	
Estradiol/Norethindrone Acetate (Tablet)	3	
<b>Estring (Ring)</b>	4	
Estropipate (Tablet)	2	
Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	4	
Falmina (Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Femynor (Tablet)	4	
<b>Gianvi (Tablet)</b>	4	
Gildagia (Tablet)	4	
Introvale (Tablet)	4	
Jinteli (Tablet)	3	
Juleber (Tablet)	4	
Junel 1.5/30 (Tablet)	4	
Junel 1/20 (Tablet)	4	
Junel Fe 1.5/30 (Tablet)	4	
Junel Fe 1/20 (Tablet)	4	
Junel Fe 24 (Tablet)	4	
Kaitlib Fe (Tablet Chewable)	4	
Kariva (Tablet)	4	
Kelnor 1/35 (Tablet)	4	
Kimidess (Tablet)	4	
LARIN 1.5/30 (Tablet)	4	
LARIN 1/20 (Tablet)	4	
LARIN Fe 1.5/30 (Tablet)	4	
LARIN Fe 1/20 (Tablet)	4	
Larissia (Tablet)	4	
<b>Layolis Fe (Tablet Chewable)</b>	4	
<b>Leena (Tablet)</b>	4	
Lessina (Tablet)	4	
Levonest (Tablet)	4	
Levonorgestrel and Ethinyl Estradiol (Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Levonorgestrel/Ethinyl Estradiol (Tablet)	4	
Levora 0.15/30-28 (Tablet)	4	
Lomedia 24 Fe (Tablet)	4	
Loryna (Tablet)	4	
Low-Ogestrel (Tablet)	4	
Lutera (Tablet)	4	
Marlissa (Tablet)	4	
Menest (Tablet)	3	
Mibelas 24 Fe (Tablet Chewable)	4	
<b>Microgestin 1.5/30 (Tablet)</b>	4	
<b>Microgestin 1/20 (Tablet)</b>	4	
<b>Microgestin Fe (Tablet)</b>	4	
<b>Microgestin Fe 1.5/30 (Tablet)</b>	4	
Mimvey (Tablet)	3	
Mimvey Lo (Tablet)	3	
<b>MonoNessa (Tablet)</b>	4	
Necon 0.5/35-28 (Tablet)	4	
<b>Necon 1/50-28 (Tablet)</b>	4	
Necon 10/11-28 (Tablet)	4	
<b>Necon 7/7/7 (Tablet)</b>	4	
Nikki (Tablet)	4	

**Bold type = Brand name drug**

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.8mg-25mcg Tablet Chewable)	4		Orsythia (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol (1mg-20mcg Tablet)	4		Pimtreea (Tablet)	4	
<b>Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)</b>	4		Pirmella 1/35 (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet)	4		Portia-28 (Tablet)	4	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.4mg-35mcg Tablet Chewable)	4		<b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>	4	QL
Norgestimate/Ethinyl Estradiol (Tablet)	4		<b>Premarin (Vaginal Cream)</b>	3	
Nortrel 0.5/35 (28) (Tablet)	4		<b>Premphase (Tablet)</b>	4	QL
Nortrel 1/35 (Tablet)	4		<b>Prempro (Tablet)</b>	4	QL
Nortrel 7/7/7 (Tablet)	4		Previfem (Tablet)	4	
<b>NuvaRing (Ring)</b>	4		Quasense (Tablet)	4	
<b>Ocella (Tablet)</b>	4		Reclipsen (Tablet)	4	
Ogestrel (Tablet)	4		Setlakin (Tablet)	4	
			Sprintec 28 (Tablet)	4	
			Sronyx (Tablet)	4	
			Tarina Fe 1/20 (Tablet)	4	
			Tri-Legest Fe (Tablet)	4	
			Tri-Lo-Estarylla (Tablet)	4	
			Tri-Lo-Sprintec (Tablet)	4	
			Tri-Previfem (Tablet)	4	
			Tri-Sprintec (Tablet)	4	
			<b>Trinessa (Tablet)</b>	4	
			Trivora-28 (Tablet)	4	
			Velivet (Tablet)	4	
			Vestura (Tablet)	4	
			Vienva (Tablet)	4	
			Vyfemla (Tablet)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
WYMZYA Fe (Tablet Chewable)	4	
Zarah (Tablet)	4	
Zenchent (Tablet)	4	
Zenchent Fe (Tablet Chewable)	4	
Zovia 1/35E (Tablet)	4	
Zovia 1/50E (Tablet)	4	
<b>Progestins</b>		
Camila (Tablet)	3	
<b>Crinone (Gel)</b>	4	PA
Deblitane (Tablet)	3	
<b>Depo-Provera (Injection)</b>	4	
Errin (Tablet)	3	
Hydroxyprogesterone Caproate (Injection)	5	PA
<b>Jolivette (Tablet)</b>	3	
Lyza (Tablet)	3	
<b>Makena (Injection)</b>	5	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Medroxyprogesterone Acetate (150mg/ml Injection)	4	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Megestrol Acetate (625mg/5ml Suspension)	4	
<b>Nora-BE (Tablet)</b>	3	
Norethindrone (Tablet)	3	
Norethindrone Acetate (Tablet)	2	
Norlyroc (Tablet)	3	
Sharobel (Tablet)	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
Raloxifene HCl (Tablet)	2	QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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)	2	
<b>Egrifta (Injection)</b>	5	PA
<b>Firmagon (120mg Injection)</b>	5	PA
<b>Firmagon (80mg Injection)</b>	4	PA
Leuprolide Acetate (Injection)	4	PA
<b>Lupron Depot (1-Month) (Injection)</b>	5	PA
<b>Lupron Depot (3-Month) (Injection)</b>	5	PA
<b>Lupron Depot (4-Month) (Injection)</b>	5	PA
<b>Lupron Depot (6-Month) (Injection)</b>	5	PA
<b>Lupron Depot-Ped (1-Month) (Injection)</b>	5	PA
Octreotide Acetate (Injection)	4	PA
<b>Signifor (Injection)</b>	5	PA
<b>Somatuline Depot (Injection)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<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>Berinerit (Injection)</b>	5	PA, LA
<b>Firazyr (Injection)</b>	5	PA, QL
Immune Suppressants		
Azathioprine (100mg Injection)	5	B/D, PA
Azathioprine (50mg Tablet)	2	B/D, PA
Cyclosporine (100mg Capsule, 25mg Capsule)	3	B/D, PA
Cyclosporine (50mg/ml Injection)	4	
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
Gengraf (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Humira (Injection)</b>	5	PA
<b>Humira Pediatric Crohns Disease Starter Pack (Injection)</b>	5	PA
<b>Humira Pen (Injection)</b>	5	PA
<b>Humira Pen Crohns Disease Starter Pack (Injection)</b>	5	PA
<b>Humira Pen-Psoriasis Starter (Injection)</b>	5	PA
Methotrexate (Tablet)	2	
Methotrexate Sodium (Injection)	4	
Methotrexate Sodium (50mg/2ml Injection)	4	
Mycophenolate Mofetil (200mg/ml Suspension)	5	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	PA
Mycophenolate Mofetil (500mg Injection)	4	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	4	B/D, PA
<b>Nulojix (Injection)</b>	5	PA
<b>Prograf (5mg/ml Injection)</b>	4	PA
<b>Rapamune (1mg/ml Oral Solution)</b>	5	B/D, PA
<b>Remicade (Injection)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Sandimmune (100mg/ml Oral Solution)</b>	4	B/D, PA
Sirolimus (Tablet)	4	B/D, PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	2	PA
<b>Torisel (Injection)</b>	5	
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>Octagam (Injection)</b>	4	PA
<b>Privigen (Injection)</b>	4	PA
<b>Thymoglobulin (Injection)</b>	5	
<b>Varizig (Injection)</b>	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Immunomodulators		
<b>Actemra (162mg/0.9ml Injection)</b>	5	PA
<b>Actimmune (Injection)</b>	5	
<b>Arcalyst (Injection)</b>	5	PA, LA
<b>Benlysta (Injection)</b>	5	PA
<b>Ilaris (Injection)</b>	5	PA, QL, LA
Leflunomide (Tablet)	3	
<b>Simulect (Injection)</b>	5	
<b>Sylvant (Injection)</b>	5	PA
<b>Synagis (Injection)</b>	5	PA
<b>Xolair (Injection)</b>	5	PA
Vaccines		
<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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Ixiaro (Injection)</b>	3	
<b>Kinrix (Injection)</b>	3	
<b>M-M-R II (Injection)</b>	3	
<b>Menactra (Injection)</b>	3	
<b>Menomune-A/C/Y/W-135 (Injection)</b>	3	
<b>Menveo (Injection)</b>	3	
<b>Pediarix (Injection)</b>	3	
<b>Pedvax HIB (Injection)</b>	3	
<b>ProQuad (Injection)</b>	3	
<b>Quadracel (Injection)</b>	3	
<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
Inflammatory Bowel Disease Agents		
Aminosaliculates		



Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	3	QL
Balsalazide Disodium (Capsule)	4	
<b>Canasa (Suppository)</b>	4	
Mesalamine (Kit)	4	
<b>Glucocorticoids</b>		
Budesonide (3mg Capsule Delayed-Release)	4	
Colocort (Enema)	3	
<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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Alendronate Sodium (70mg/75ml Oral Solution)	4	
<b>Binosto (Tablet Effervescent)</b>	4	QL
Calcitonin-Salmon (Nasal Solution)	2	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
Ibandronate Sodium (150mg Tablet)	3	QL
<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	

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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>Sensipar (30mg Tablet)</b>	3	B/D, PA, QL	Neomycin/Bacitracin/Polymyxin (Ointment)	3	
<b>Sensipar (60mg Tablet, 90mg Tablet)</b>	5	B/D, PA, QL	Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	3	
<b>Tymlos (Injection)</b>	5	PA, QL	Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	2	
<b>Xgeva (Injection)</b>	5	PA	Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	3	
Zoledronic Acid (4mg/5ml Injection)	4	B/D, PA	Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	4	
Zoledronic Acid (5mg/100ml Injection)	4	PA	Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	2	
Miscellaneous Therapeutic Agents			Proparacaine HCl (Ophthalmic Solution)	2	
Miscellaneous Therapeutic Agents			<b>Restasis (Emulsion)</b>	3	QL
Alcohol Prep Pads	3		Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	2	
<b>Botox (Injection)</b>	4	PA, QL	<b>Tobradex (Ophthalmic Ointment)</b>	3	
Fomepizole (Injection)	5		Tobramycin/Dexamethasone (Ophthalmic Suspension)	3	
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>Lastacaft (Ophthalmic Solution)</b>	3				

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Phospholine Iodide (Ophthalmic Solution)</b>	4	
<b>Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)</b>	3	
<b>Simbrinza (Suspension)</b>	3	
Timolol Maleate (Ophthalmic Solution)	2	
<b>Timolol Maleate Ophthalmic Gel Forming (Solution)</b>	3	
Ophthalmic Anti-inflammatories		
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	2	
Diclofenac Sodium (0.1% Ophthalmic Solution)	2	
<b>Durezol (Emulsion)</b>	3	
<b>Fluorometholone (Ophthalmic Suspension)</b>	3	
Flurbiprofen Sodium (Ophthalmic Solution)	2	
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	3	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Prednisolone Acetate (Ophthalmic Suspension)</b>	3		Cyproheptadine HCl (4mg Tablet)	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2		Diphenhydramine HCl (50mg/ml Injection)	4	B/D, PA
<b>Prolensa (Ophthalmic Solution)</b>	4		Levocetirizine Dihydrochloride (5mg Tablet)	3	QL
<b>Ophthalmic Prostaglandin and Prostaglandin Analogs</b>			Phenadoz (Suppository)	4	
Latanoprost (Ophthalmic Solution)	1		Phenergan (12.5mg Suppository, 25mg Suppository)	4	
<b>Zioptan (Ophthalmic Solution)</b>	4		Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection)	4	
<b>Otic Agents</b>			Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	3	
<b>Otic Agents</b>			Promethegan (25mg Suppository)	4	
Acetic Acid (Otic Solution)	2		<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
Fluocinolone Acetonide (0.01% Otic Oil)	4		Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	4	B/D, PA
Hydrocortisone/Acetic Acid (Otic Solution)	3		Flunisolide (Nasal Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3		Fluticasone Propionate (50mcg/act Suspension)	2	
<b>Respiratory Tract/Pulmonary Agents</b>					
<b>Antihistamines</b>					
Azelastine HCl (0.1% Nasal Solution)	3	QL			
Azelastine HCl (0.15% Nasal Solution)	2				
Cetirizine HCl (Syrup)	2				

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Pulmicort Flexhaler (Aerosol Powder)</b>	3	QL	Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	4	
<b>Triamcinolone Acetonide (55mcg/act Aerosol)</b>	4		<b>Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)</b>	3	QL
Antileukotrienes			<b>Perforomist (Nebulized Solution)</b>	4	B/D, PA, QL
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	2	QL	<b>Serevent Diskus (Aerosol Powder)</b>	3	QL
Zafirlukast (Tablet)	2	QL	<b>Ventolin HFA (Aerosol Solution)</b>	3	
Bronchodilators, Anticholinergic			Cystic Fibrosis Agents		
<b>Atrovent HFA (Aerosol Solution)</b>	4		<b>Cayston (Inhalation Solution)</b>	5	PA, LA
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA	<b>Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)</b>	5	PA, QL
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2		<b>Orkambi (Tablet)</b>	5	PA, QL, LA
<b>Spiriva HandiHaler (Capsule)</b>	3	QL	<b>TOBI Podhaler (Capsule)</b>	5	PA, QL
<b>Spiriva Respimat (Aerosol Solution)</b>	3	QL	Tobramycin (Nebulized Solution)	5	B/D, PA, QL
Bronchodilators, Sympathomimetic			Mast Cell Stabilizers		
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	2	B/D, PA	Cromolyn Sodium (20mg/2ml Nebulized Solution)	3	B/D, PA
Albuterol Sulfate (2mg Tablet)	4		Phosphodiesterase Inhibitors, Airways Disease		
			Aminophylline (Injection)	4	
			<b>Daliresp (Tablet)</b>	4	PA, QL

**Bold type = Brand name drug**

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Theophylline CR (Tablet Extended-Release 12 Hour)	2	
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 450mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	2	
Pulmonary Antihypertensives		
<b>Adempas (Tablet)</b>	5	PA
<b>Letairis (Tablet)</b>	5	PA, QL, 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
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)</b>	5	PA, QL, LA
<b>Ofev (Capsule)</b>	5	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	2	B/D, PA
<b>Anoro Ellipta (Aerosol Powder)</b>	3	QL
<b>Bevespi Aerosphere (Aerosol)</b>	3	QL
<b>Breo Ellipta (Aerosol Powder)</b>	3	QL
<b>Combivent Respimat (Aerosol Solution)</b>	3	
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	2	B/D, PA
<b>Nucala (Injection)</b>	5	PA, QL, LA
<b>Pulmozyme (Inhalation Solution)</b>	5	B/D, PA, QL
<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)	3	
Dantrolene Sodium (Capsule)	2	
<b>Gablofen (Injection)</b>	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orphenadrine Citrate (Injection)	4	
Tizanidine HCl (2mg Tablet, 4mg Tablet)	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
Temazepam (15mg Capsule, 30mg Capsule)	2	QL
Zaleplon (Capsule)	3	QL

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

## 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
<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
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Androderm (Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Anoro Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Apokyn (Injection)</b>	Maximum of 3 ml per day
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	Maximum of 4 capsules per day
<b>Aptiom (200mg Tablet, 400mg Tablet)</b>	Maximum of 1 tablet per day
<b>Aptiom (200mg Tablet, 400mg Tablet, 800mg Tablet)</b>	Maximum of 2 tablets per day
<b>Aptivus (100mg/ml Oral Solution)</b>	Maximum of 15 ml per day
<b>Aptivus (250mg Capsule)</b>	Maximum of 6 capsules per day
Aripiprazole (Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Atomoxetine (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
<b>Atripla (Tablet)</b>	Maximum of 2 tablets per day
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
<b>Belsomra (Tablet)</b>	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
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>Binosto (Tablet Effervescent)</b>	Maximum of 4 tablets per 28 days
<b>Bosulif (100mg Tablet)</b>	Maximum of 6 tablets per day
<b>Bosulif (500mg Tablet)</b>	Maximum of 1 tablet per day
<b>Botox (Injection)</b>	Maximum of 9 vials per 30 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
<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
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>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>Cabometyx (20mg Tablet, 60mg Tablet)</b>	Maximum of 1 tablet per day
<b>Cabometyx (40mg Tablet)</b>	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
<b>Clozapine ODT (12.5mg Tablet Dispersible)</b>	Maximum of 2 tablets per day
<b>Clozapine ODT (150mg Tablet Dispersible)</b>	Maximum of 6 tablets per day
<b>Clozapine ODT (200mg Tablet Dispersible)</b>	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
<b>Colchicine (0.6mg Capsule) (Generic Mitigare)</b>	Maximum of 4 capsules per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<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>Daliresp (Tablet)</b>	Maximum of 1 tablet per day
<b>Descovy (Tablet)</b>	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Donepezil HCl (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Edurant (Tablet)</b>	Maximum of 2 tablets per day
<b>Eliquis (Tablet)</b>	Maximum of 2 tablets per day
<b>Embeda (100mg-4mg Capsule Extended-Release)</b>	Maximum of 3 capsules per day
<b>Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)</b>	Maximum of 4 capsules per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)</b>	Maximum of 2 capsules per day
<b>Embeda (60mg-2.4mg Capsule Extended-Release)</b>	Maximum of 6 capsules per day
<b>Emsam (Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Emtriva (10mg/ml Oral Solution)</b>	Maximum of 42.5 ml per day
<b>Emtriva (200mg Capsule)</b>	Maximum of 2 capsules per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Endocet (Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (300mg/3ml Solution)	Maximum of 1 vial (3 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
<b>Entresto (Tablet)</b>	Maximum of 2 tablets per day
<b>Epclusa (Tablet)</b>	Maximum of 1 tablet per day
<b>Epinephrine (Injection) (Generic EpiPen)</b>	Maximum of 4 pens (2 boxes) per 30 days
<b>Erivedge (Capsule)</b>	Maximum of 1 capsule per day
<b>Esbriet (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
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
<b>Evtotaz (Tablet)</b>	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
<b>Fanapt (Tablet)</b>	Maximum of 2 tablets per day
<b>Farxiga (Tablet)</b>	Maximum of 1 tablet per day
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (1200mcg Lozenge on a Handle, 1600mcg Lozenge on a Handle, 200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle, 600mcg Lozenge on a Handle, 800mcg Lozenge on a Handle)	Maximum of 4 lozenges per day
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Firazyr (Injection)</b>	Maximum of 9 ml per day
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
<b>Fuzeon (Injection)</b>	Maximum of 3 vials per day
<b>Gabitril (12mg Tablet)</b>	Maximum of 4 tablets per day
<b>Gabitril (16mg Tablet)</b>	Maximum of 3 tablets per day
<b>Genvoya (Tablet)</b>	Maximum of 2 tablets per day
<b>Gilenya (Capsule)</b>	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
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

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Harvoni (Tablet)</b>	Maximum of 1 tablet per day
<b>Hetlioz (Capsule)</b>	Maximum of 1 capsule per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-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
<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>Inlyta (Tablet)</b>	Maximum of 4 tablets per day
<b>Intelence (100mg Tablet)</b>	Maximum of 2 tablets per day
<b>Intelence (200mg Tablet)</b>	Maximum of 3 tablets per day
<b>Intelence (25mg Tablet)</b>	Maximum of 6 tablets per day
<b>Invirase (200mg Capsule)</b>	Maximum of 15 capsules per day
<b>Invirase (500mg Tablet)</b>	Maximum of 6 tablets per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
<b>Iressa (Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress (100mg Packet)</b>	Maximum of 4 packets per day
<b>Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)</b>	Maximum of 9 tablets per day
<b>Isentress (400mg Tablet)</b>	Maximum of 6 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
<b>Jakafi (Tablet)</b>	Maximum of 2 tablets per day

**Bold type = Brand name drug**

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

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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
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (2mg/ml Oral Solution)	Maximum of 10 ml per day
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
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 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
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

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Drug Name	Quantity Limit
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets 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>Ninlaro (Capsule)</b>	Maximum of 3 capsules per 28 days
<b>Northera (100mg Capsule)</b>	Maximum of 3 capsules per day
<b>Northera (200mg Capsule, 300mg Capsule)</b>	Maximum of 6 capsules per day
<b>Norvir (100mg Capsule)</b>	Maximum of 18 capsules per day
<b>Norvir (100mg Tablet)</b>	Maximum of 18 tablets per day
<b>Norvir (80mg/ml Oral Solution)</b>	Maximum of 24 ml per day
<b>Noxafil (100mg Tablet Delayed-Release)</b>	Maximum of 8 tablets per day
<b>Noxafil (40mg/ml Suspension)</b>	Maximum of 20 ml per day
<b>Nucala (Injection)</b>	Maximum of 1 vial per 28 days
<b>Nuplazid (Tablet)</b>	Maximum of 2 tablets per day
<b>Odefsey (Tablet)</b>	Maximum of 2 tablets per day
<b>Odomzo (Capsule)</b>	Maximum of 1 capsule per day
<b>Ofev (Capsule)</b>	Maximum of 2 capsules per day
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<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
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/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Paricalcitol (1mcg Capsule)	Maximum of 1 capsule per day
Paricalcitol (2mcg Capsule)	Maximum of 2 capsules per day
<b>Perforomist (Nebulized Solution)</b>	Maximum of 2 vials (4 ml) per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
<b>Pomalyst (Capsule)</b>	Maximum of 1 capsule per day
<b>Pradaxa (Capsule)</b>	Maximum of 2 capsules per day
<b>Praluent (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)</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>Pulmicort Flexhaler (Aerosol Powder)</b>	Maximum of 2 inhalers per 30 days
<b>Pulmozyme (Inhalation Solution)</b>	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>RAVICTI (Liquid)</b>	Maximum of 17.5 ml per day
<b>Relenza Diskhaler (Aerosol Powder)</b>	Maximum of 3 inhalers (60 blisters) per 30 days
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
<b>Repatha (Injection)</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha Pushtrexon 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 Immediate-Release)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet Immediate-Release)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
<b>Rubraca (Tablet)</b>	Maximum of 4 tablets per day
<b>Rydapt (Capsule)</b>	Maximum of 8 capsules per day
<b>Sabril (500mg Packet)</b>	Maximum of 6 packets per day
<b>Sabril (500mg Tablet)</b>	Maximum of 6 tablets per day
<b>Samsca (Tablet)</b>	Maximum of 2 tablets per day
<b>Saphris (Tablet Sublingual)</b>	Maximum of 2 tablets per day
<b>Selzentry (150mg Tablet, 75mg Tablet)</b>	Maximum of 3 tablets per day
<b>Selzentry (25mg Tablet, 300mg Tablet)</b>	Maximum of 6 tablets per day
<b>Sensipar (30mg Tablet, 60mg Tablet)</b>	Maximum of 2 tablets per day
<b>Sensipar (90mg Tablet)</b>	Maximum of 4 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Serevent Diskus (Aerosol Powder)</b>	Maximum of 1 inhaler (60 inhalations) per 30 days
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
<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

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Syprine (Capsule)</b>	Maximum of 8 capsules per day
<b>Tagrisso (Tablet)</b>	Maximum of 1 tablet per day
<b>Tamiflu (6mg/ml Suspension)</b>	Maximum of 26 ml per day
<b>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
Telmisartan (Tablet)	Maximum of 1 tablet per day
Temazepam (15mg Capsule, 30mg Capsule)	Maximum of 1 capsule per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
<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>Tradjenta (Tablet)</b>	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trezix (Capsule)	Maximum of 10 capsules per day
<b>Trintellix (Tablet)</b>	Maximum of 1 tablet per day
<b>Triumeq (Tablet)</b>	Maximum of 2 tablets per day
<b>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
Valacyclovir HCl (1gm Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valganciclovir (Tablet)	Maximum of 4 tablets per day
Valganciclovir Hydrochloride (Oral Solution)	Maximum of 36 ml per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
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>Vesicare (Tablet)</b>	Maximum of 1 tablet per day
<b>Videx Pediatric (Oral Solution)</b>	Maximum of 30 ml per day
<b>Viibryd (Tablet)</b>	Maximum of 1 tablet per day
<b>Viibryd Starter Pack (Kit)</b>	Maximum of 1 tablet per day
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)</b>	Maximum of 2 tablets per day
<b>Vimpat (10mg/ml Oral Solution)</b>	Maximum of 40 ml per day
<b>Viracept (250mg Tablet)</b>	Maximum of 15 tablets per day
<b>Viracept (625mg Tablet)</b>	Maximum of 6 tablets per day
<b>Viread (150mg Tablet)</b>	Maximum of 1 tablet per day
<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>Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Xigduo XR (5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<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
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

**Bold type = Brand name drug**

Plain type = Generic drug



<b>Drug Name</b>	<b>Quantity Limit</b>
<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.

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

**ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame a Servicio al Cliente de UnitedHealthcare. Nuestra información de contacto se encuentra en la portada.

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

Toll-Free **1-866-460-8854**, TTY **711**

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

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

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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.