

2019 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

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 Customer Service number on the back of your UnitedHealthcare 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 used for a medically accepted indication,
- The prescription is filled at a network pharmacy and
- Other plan rules are followed.

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

Note to existing members:

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

For an up-to-date list of covered drugs or if you have questions, please call 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 12–26 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 27–79 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. 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
Tier 1: Preferred generic	Lower-cost, commonly used generic drugs.
Tier 2: Generic	Many generic drugs.
Tier 3: Preferred brand	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
Tier 4: Non-preferred drug	Non-preferred generic and non-preferred brand name drugs.
Tier 5: Specialty tier	Unique and/or very high-cost brand and generic drugs.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also call 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 27. 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

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

LA - Limited access

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

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-Day limit

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.

DL - Dispensing limit

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

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

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

What if my drug is not on this list?

If your drug is not included in this drug list we may still cover it. Call UnitedHealthcare Customer Service to ask if it's covered. Or go to 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

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

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

Who can ask for an exception?

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

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

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

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

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

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

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

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

Can the drug list change?

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

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

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

If we add new generic drugs

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

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

If we remove a drug from the list

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

If we change the coverage rules or limits

We’ll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 80-98.

We’ll tell you about any changes

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call 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**.

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

Covered drugs by name (Drug index)

A			
Abacavir.....	48	Alfuzosin HCl ER.....	64
Abacavir Sulfate/Lamivudine/ Zidovudine.....	48	Alinia.....	44
Abacavir/Lamivudine.....	48	Allopurinol.....	41
Abelcet.....	40	Alosetron HCl.....	63
Abilify Maintena.....	46	Alprazolam.....	50
Acamprosate Calcium DR.....	30	Altavera.....	67
Acarbose.....	50	Alunbrig.....	43
Acetaminophen/Codeine.....	28	Alyacen 1/35.....	67
Acetazolamide.....	55	Amabelz.....	67
Acetazolamide ER.....	55	Amantadine HCl.....	45
Acetic Acid.....	76	AmBisome.....	40
Acetylcysteine.....	78	Amethia.....	67
Acitretin.....	59	Amethia Lo.....	67
Actemra.....	72	Amikacin Sulfate.....	30
ActHIB.....	73	Amiloride HCl.....	56
Actimmune.....	72	Aminosyn 7%/Electrolytes....	60
Acyclovir.....	48	Aminosyn 8.5%/Electrolytes	60
Acyclovir Sodium.....	48	60
Adacel.....	73	Aminosyn II.....	60
Adapalene.....	59	Aminosyn II 8.5%/Electrolytes	60
Adempas.....	78	60
Afinitor.....	43	Aminosyn-HBC.....	60
Afinitor Disperz.....	43	Aminosyn-PF.....	60
Ala-Cort.....	65	Aminosyn-RF.....	60
Albenza.....	44	Amiodarone HCl.....	54
Albuterol Sulfate.....	77	Amitriptyline HCl.....	39
Albuterol Sulfate ER.....	77	Amlodipine Besylate.....	54
Alclometasone Dipropionate		Ammonium Lactate.....	59
.....	65	Amoxapine.....	39
Alcohol Prep Pads.....	74	Amoxicillin.....	33
Alecensa.....	43	Amoxicillin/Clavulanate	
Alendronate Sodium.....	74	Potassium.....	33
		Amoxicillin/Clavulanate	
		Potassium ER.....	33
		Amphetamine/ Dextroamphetamine.....	57
		Amphotericin B.....	40
		Ampicillin.....	33
		Ampicillin Sodium.....	33
		Ampicillin-Sulbactam.....	33
		Ampyra.....	58
		Anadrol-50.....	67
		Anagrelide HCl.....	52
		Anastrozole.....	43
		Androderm.....	67
		Anoro Ellipta.....	78
		Apokyn.....	45
		Apraclonidine.....	75
		Aprepitant.....	40
		Apri.....	67
		Apriso.....	73
		Aptiom.....	37
		Aptivus.....	49
		Aralast NP.....	64
		Aranelle.....	67
		Aranesp Albumin Free....	52, 53
		Arcalyst.....	72
		Aripiprazole.....	46
		Aripiprazole ODT.....	46
		Aristada.....	46
		Ashlyna.....	67
		Aspirin/Dipyridamole.....	53
		Atazanavir Sulfate.....	49
		Atenolol.....	54
		Atenolol/Chlorthalidone.....	55
		Atomoxetine.....	57
		Atorvastatin Calcium.....	56
		Atovaquone.....	44

Atovaquone/Proguanil HCl....	44	Betaxolol HCl.....	75	Bupropion HCl XL.....	38
Atripila.....	48	Bethanechol Chloride.....	65	Buspirone HCl.....	50
Atropine Sulfate.....	74	Betimol.....	75	Butalbital/Acetaminophen/ Caffeine.....	27
Atrovent HFA.....	77	Bevespi Aerosphere.....	78	Butalbital/Aspirin/Caffeine....	27
Aubra.....	67	Bexarotene.....	44	Butorphanol Tartrate.....	28
Augmented Betamethasone Dipropionate.....	65	Bexsero.....	73	Bydureon Bcise.....	50
Auryxia.....	62	Bicalutamide.....	42	Bydureon Pen.....	51
Aviane.....	67	Bicillin C-R.....	33	Bydureon Vial.....	51
Azathioprine.....	71	Bicillin L-A.....	33		
Azelastine HCl.....	75, 76	Biktary.....	48	C	
Azithromycin.....	34	Biltricide.....	44	Cabergoline.....	71
Aztreonam.....	33	Binosto.....	74	Cabometyx.....	43
B		Bisoprolol Fumarate.....	54	Calcipotriene.....	59
Bacitracin.....	31	BIVIGAM.....	72	Calcitonin-Salmon.....	74
Bacitracin/Polymyxin B.....	74	Blephamide.....	74	Calcitriol.....	59, 74
Baclofen.....	79	Blephamide S.O.P.....	74	Calcium Acetate.....	62
Bactocill in Dextrose.....	33	Blisovi 24 Fe.....	67	Calquence.....	43
Bactroban Nasal.....	31	Blisovi Fe 1.5/30.....	67	Camila.....	70
Balsalazide Disodium.....	73	Blisovi Fe 1/20.....	67	Camrese Lo.....	67
Balziva.....	67	Boostrix.....	73	Canasa.....	73
Banzel.....	37	Bosulif.....	43	Caprelsa.....	43
Baraclude.....	47	Breo Ellipta.....	78	Carafate.....	64
BCG Vaccine.....	73	Briellyn.....	67	Carbaglu.....	60
Belsomra.....	79	Brilinta.....	53	Carbamazepine.....	37
Benazepril HCl.....	53	Brimonidine Tartrate.....	75	Carbamazepine ER.....	37
Benazepril HCl/ Hydrochlorothiazide.....	55	Briviact.....	35	Carbidopa/Levodopa.....	45
Benlysta.....	72	Bromocriptine Mesylate.....	45	Carbidopa/Levodopa ER.....	45
Benznidazole.....	44	Budesonide.....	73, 77	Carbidopa/Levodopa ODT....	45
Benztropine Mesylate.....	45	Bumetanide.....	55, 56	Carbidopa/Levodopa/ Entacapone.....	45
Berinert.....	71	Buprenorphine HCl.....	30	Carimune Nanofiltered.....	72
Betamethasone Dipropionate	65	Buprenorphine HCl/Naloxone HCl.....	30	Carteolol HCl.....	75
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Deblitane.....	70	Diclofenac Sodium ER.....	27	Doxycycline Hyclate.....	35
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		VP-PNV-DHA.....	62	Ziprasidone HCl.....	47

Zirgan.....	47	Zortress.....	72	Zykadia.....	44
Zolinza.....	43	Zostavax.....	73	Zyprexa Relprev.....	47
Zolpidem Tartrate.....	79	Zovia 1/35E.....	70	Zytiga.....	42
Zonisamide.....	36	Zydelig.....	44		

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 12-26.

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 80-98.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics		
Analgesics		
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	3	QL
Butalbital/Aspirin/ Caffeine (50mg-325mg-40mg Capsule)	3	QL
Nonsteroidal Anti-inflammatory Drugs		
Diclofenac Potassium (Tablet)	2	
Diclofenac Sodium (1% Gel)	3	PA
Diclofenac Sodium DR (Tablet Delayed- Release)	2	
Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	2	
Ibu (Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	2	
Indomethacin (25mg Capsule, 50mg Capsule)	2	
Meloxicam (Tablet)	1	
Naproxen (125mg/5ml Suspension)	4	
Naproxen (Tablet Immediate-Release)	2	
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	2	
Sulindac (Tablet)	2	
Opioid Analgesics, Long-acting		
Embeda (Capsule Extended-Release)	3	7D, DL, QL, MME

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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	7D, DL, QL, MME	Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	7D, DL, QL, MME
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	7D, DL, QL, MME	Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	3	7D, DL, QL, MME
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	7D, DL, QL, MME	Opioid Analgesics, Short-acting		
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	3	7D, DL, QL, MME	Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	7D, DL, QL, MME
Morphine Sulfate ER (200mg Tablet Extended-Release Generic MS Contin)	4	7D, DL, QL, MME	Butorphanol Tartrate (Nasal Solution)	3	7D, DL, QL, MME
			Codeine Sulfate (Tablet)	3	7D, DL, QL, MME
			Duramorph (Injection)	4	7D, DL
			Endocet (Tablet)	3	7D, DL, QL, MME
			Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	5	DL, PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	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, 7.5mg-325mg/15ml Oral Solution)	3	7D, DL, QL, MME	Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/ 5ml Oral Solution)	3	7D, DL, QL, MME
Hydrocodone/ Acetaminophen (Tablet)	3	7D, DL, QL, MME	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4	7D, DL
Hydrocodone/ Ibuprofen (7.5mg-200mg Tablet)	3	7D, DL, QL, MME	Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	3	7D, DL, QL, MME
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4	7D, DL	Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)	4	7D, DL
Hydromorphone HCl (1mg/ml Liquid)	4	7D, DL, QL, MME	Oxycodone HCl (100mg/5ml Concentrate)	4	7D, DL, QL, MME
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate- Release, 8mg Tablet Immediate-Release)	2	7D, DL, QL, MME	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	7D, DL, QL, MME
Hydromorphone HCl (2mg/ml Injection)	4	7D, DL	Oxycodone/ Acetaminophen (Tablet)	3	7D, DL, QL, MME
Lorcet (Tablet)	3	7D, DL, QL, MME	Oxycodone/Aspirin (Tablet)	3	7D, DL, QL, MME
Lorcet HD (Tablet)	3	7D, DL, QL, MME			
Lorcet Plus (Tablet)	3	7D, DL, QL, MME			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxycodone/Ibuprofen (Tablet)	3	7D, DL, QL, MME
Tramadol HCl (Tablet Immediate-Release)	2	7D, DL, QL, MME
Tramadol HCl/Acetaminophen (Tablet)	2	7D, DL, QL, MME
Trelix (Capsule)	4	7D, DL, QL, MME
Anesthetics		
Local Anesthetics		
Lidocaine (5% Ointment)	4	QL
Lidocaine (5% Patch)	4	PA, QL
Lidocaine HCl (4% External Solution)	2	
Lidocaine HCl (Gel)	2	
Lidocaine Viscous (Solution)	2	
Lidocaine/Prilocaine (Cream)	3	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium DR (Tablet Delayed-Release)	4	
Disulfiram (Tablet)	2	
Naltrexone HCl (Tablet)	3	
Vivitrol (Injection)	5	
Opioid Dependence Treatments		
Buprenorphine HCl (Tablet Sublingual)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	2	QL
Suboxone (Film)	4	QL
Opioid Reversal Agents		
Naloxone HCl (Injection)	4	
Narcan (Liquid)	3	
Smoking Cessation Agents		
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent)	2	
Chantix (Tablet)	3	
Chantix Continuing Month Pak (Tablet)	3	
Chantix Starting Month Pak (Tablet)	3	
Nicotrol Inhaler (Inhaler)	4	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (Injection)	4	
Gentak (Ophthalmic Ointment)	2	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	2	
Gentamicin Sulfate (40mg/ml Injection)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	4		Clindamycin Phosphate in D5W (Injection)	4	
Isotonic Gentamicin (Injection)	4		Colistimethate Sodium (Injection)	4	
Neomycin Sulfate (Tablet)	2		Daptomycin (Injection)	5	
Paromomycin Sulfate (Capsule)	4		Linezolid (100mg/5ml Suspension)	5	PA
Streptomycin Sulfate (Injection)	4		Linezolid (600mg Tablet)	4	PA, QL
Tobramycin Sulfate (0.3% Ophthalmic Solution)	2		Linezolid (600mg/ 300ml Injection)	4	PA
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4		Methenamine Hippurate (Tablet)	4	
Antibacterials, Other			Metronidazole (0.75% Cream, 0.75% Gel)	3	
Bacitracin (Ophthalmic Ointment)	2		Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	
Bactroban Nasal (Ointment)	4	PA	Metronidazole in NaCl 0.79% (Injection)	4	
Clindamycin HCl (Capsule Immediate-Release)	2		Metronidazole Vaginal (Gel)	3	
Clindamycin Palmitate HCl (Oral Solution)	4		Mupirocin (2% Ointment)	2	
Clindamycin Phosphate (2% Cream)	3		Nitrofurantoin (Suspension)	4	
Clindamycin Phosphate (300mg/ 2ml Injection, 600mg/ 4ml Injection, 900mg/ 6ml Injection)	4		Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	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
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3		Cefotetan (Injection)	4	
Polymyxin B Sulfate (Injection)	4		Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4	
Tigecycline (Injection)	5		Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4	
Tinidazole (Tablet)	2		Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3	
Trimethoprim (Tablet)	2		Ceftazidime (Injection)	4	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	4		Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	4	
Vandazole (Gel)	3		Cefuroxime Axetil (Tablet)	2	
Beta-lactam, Cephalosporins			Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	4	
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2		Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2	
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2				
Cefazolin Sodium (Injection)	4				
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3				
Cefepime (Injection)	4				
Cefixime (Suspension)	4				
Cefotaxime Sodium (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
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3	
Suprax (400mg Capsule, 500mg/5ml Suspension)	3	
Tazicef (Injection)	4	
Zerbaxa (Injection)	4	PA
Beta-lactam, Other		
Aztreonam (Injection)	4	
Doripenem (Injection)	3	
Imipenem/Cilastatin (Injection)	4	
Invanz (Injection)	4	
Meropenem (Injection)	4	
Beta-lactam, Penicillins		
Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	2	
Amoxicillin/Clavulanate Potassium (Tablet Chewable, Suspension, Tablet Immediate-Release) (Generic Augmentin)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)	4	
Ampicillin (Capsule)	2	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	4	
Ampicillin-Sulbactam (Injection)	4	
Bactocill in Dextrose (Injection)	4	
Bicillin C-R (Injection)	4	
Bicillin L-A (Injection)	4	
Dicloxacillin Sodium (Capsule)	2	
Nafcillin Sodium (10gm Injection, 1gm Injection)	4	
Oxacillin Sodium (Injection)	4	
Penicillin G Potassium (Injection)	4	
Penicillin G Procaine (Injection)	4	
Penicillin G Sodium (Injection)	4	
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	2	
Piperacillin/Tazobactam (Injection)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Macrolides			Erythromycin Base (Tablet)	4	
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	2		Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	4	
Azithromycin (500mg Injection)	4		Quinolones		
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	4		Ciprofloxacin (Suspension)	4	
Clarithromycin (250mg Tablet, 500mg Tablet)	3		Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 750mg Tablet)	2	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	3		Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2	
Dificid (Tablet)	5		Ciprofloxacin I.V. in D5W (Injection)	4	
E.E.S. Granules (Suspension)	4		Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet)	3	
Ery-Tab (Tablet Delayed-Release)	4		Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4	
EryPed 200 (Suspension)	4		Levofloxacin in D5W (Injection)	4	
EryPed 400 (Suspension)	4		Moxifloxacin HCl/ Sodium HCl (Injection)	4	
Erythrocin Lactobionate (Injection)	4				
Erythromycin (250mg Capsule Delayed-Release)	4				
Erythromycin (5mg/gm Ophthalmic Ointment)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Moxifloxacin HCl (Tablet)	3		Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	3	
Ofloxacin (0.3% Ophthalmic Solution)	2		Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	3	
Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	3		Minocycline HCl (Capsule Immediate-Release)	2	
Sulfonamides			Tetracycline HCl (Capsule)	4	
Silver Sulfadiazine (Cream)	3		Vibramycin (50mg/5ml Syrup)	4	
Sodium Sulfacetamide (Ophthalmic Solution)	2		Anticonvulsants		
SSD (Cream)	3		Anticonvulsants, Other		
Sulfacetamide Sodium (Ophthalmic Ointment)	2		Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	5	QL
Sulfadiazine (Tablet)	4		Levetiracetam (Tablet, 100mg/ml Oral Solution)	3	
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	2		Levetiracetam ER (Tablet Extended-Release 24 Hour)	3	
Sulfamethoxazole/Trimethoprim DS (Tablet)	2		Roweepra (Tablet)	3	
Tetracyclines					
Demeclocycline HCl (Tablet)	4				
Doxy 100 (Injection)	4				
Doxycycline (25mg/5ml Suspension)	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
Roweepra XR (Tablet Extended-Release 24 Hour)	3		Tiagabine HCl (Tablet)	4	
Spritam (Tablet Disintegrating Soluble)	4		Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	2	
Calcium Channel Modifying Agents			Vigabatrin (Packet)	5	PA, QL, LA
Celontin (Capsule)	4		Glutamate Reducing Agents		
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	2		Felbamate (400mg Tablet, 600mg Tablet)	4	
Zonisamide (Capsule)	2		Felbamate (600mg/5ml Suspension)	5	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	4	
Diastat AcuDial (Gel)	4		Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2	
Diastat Pediatric (Gel)	4		Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	3	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	2				
Onfi (10mg Tablet, 20mg Tablet)	4	PA, QL			
Onfi (2.5mg/ml Suspension)	4	PA			
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	2				
Primidone (Tablet)	2				
Sabril (500mg Tablet)	5	PA, QL, LA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Sodium Channel Agents		
Aptiom (Tablet)	4	QL
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	4	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg 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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dilantin (Capsule)	3	
Dilantin INFATABS (Tablet Chewable)	3	
Epitol (Tablet)	2	
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3	
Oxcarbazepine (300mg/5ml Suspension)	4	
Peganone (Tablet)	4	
Phenytek (Capsule)	2	
Phenytoin (125mg/5ml Suspension)	2	
Phenytoin (50mg Tablet Chewable)	3	
Phenytoin Sodium Extended (Capsule)	2	
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	4	QL
Antidementia Agents		
Cholinesterase Inhibitors		
Donepezil HCl (10mg Tablet, 5mg Tablet)	2	QL
Donepezil HCl ODT (Tablet Dispersible)	2	QL
Rivastigmine Tartrate (Capsule)	2	QL
Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (10mg Tablet, 5mg Tablet)	3	PA, QL
Memantine HCl (2mg/ml Oral Solution)	4	PA, QL
Memantine HCl ER (Capsule Extended-Release 24 Hour)	3	PA, QL
Memantine HCl Titration Pak (Tablet)	3	PA
Antidepressants		
Antidepressants, Other		
Bupropion HCl (Tablet Immediate-Release)	2	
Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)	2	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	2	
Mirtazapine (Tablet)	2	
Mirtazapine ODT (Tablet Dispersible)	2	
Monoamine Oxidase Inhibitors		
Emsam (Patch 24 Hour)	5	QL
Marplan (Tablet)	4	
Phenelzine Sulfate (Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tranylcypromine Sulfate (Tablet)	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1	
Citalopram HBr (10mg/5ml Oral Solution)	2	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Fetzima (Capsule Extended-Release 24 Hour)	4	QL, ST
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	4	ST
Fluvoxamine Maleate (Tablet)	3	
Maprotiline HCl (Tablet)	4	
Nefazodone HCl (Tablet)	4	
Paroxetine HCl (Tablet Immediate-Release)	2	
Paxil (10mg/5ml Suspension)	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
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1		Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	2	
Sertraline HCl (20mg/ml Concentrate)	4		Imipramine HCl (Tablet)	4	
Trazodone HCl (100mg Tablet, 150mg Tablet, 50mg Tablet)	1		Imipramine Pamoate (Capsule)	4	
Trintellix (Tablet)	4	QL	Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	2	
Venlafaxine HCl (Tablet Immediate-Release)	2		Protriptyline HCl (Tablet)	4	
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2		Trimipramine Maleate (Capsule)	4	
Viibryd (Tablet)	4	QL	Antiemetics		
Viibryd Starter Pack (Kit)	4	QL	Antiemetics, Other		
Tricyclics			Compro (Suppository)	4	
Amitriptyline HCl (Tablet)	3		Hydroxyzine Pamoate (Capsule)	3	
Amoxapine (Tablet)	3		Meclizine HCl (Tablet)	2	
Clomipramine HCl (Capsule)	4		Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Desipramine HCl (Tablet)	3		Perphenazine (Tablet)	4	
			Prochlorperazine (Suppository)	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
Prochlorperazine Maleate (Tablet)	2		Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	2	
Scopolamine (Patch 72 Hour)	4		Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2	
Emetogenic Therapy Adjuncts			Fluconazole in NaCl (Injection)	4	
Aprepitant (Therapy Pack, Capsule)	4	PA	Flucytosine (Capsule)	5	
Dronabinol (Capsule)	4	PA	Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4	
Emend (125mg Suspension)	4	PA	Griseofulvin Ultramicrosize (Tablet)	4	
Granisetron HCl (Tablet)	3	B/D, PA, QL	Itraconazole (Capsule)	4	PA, QL
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	2	B/D, PA	Jublia (External Solution)	4	
Ondansetron HCl (4mg/5ml Oral Solution)	4	B/D, PA	Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2	
Ondansetron ODT (Tablet Dispersible)	2	B/D, PA	Miconazole 3 (Suppository)	3	
Antifungals			Mycamine (Injection)	4	
Antifungals			Natacyn (Suspension)	4	
Abelcet (Injection)	4	B/D, PA	Noxafil (100mg Tablet Delayed-Release)	5	PA, QL
AmBisome (Injection)	4	B/D, PA	Noxafil (40mg/ml Suspension)	5	QL
Amphotericin B (Injection)	4	B/D, PA	Nyamyc (Powder)	2	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3				
Ciclopirox Nail Lacquer (External Solution)	3				
Ciclopirox Olamine (Cream)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nystatin (Cream, Ointment)	1	
Nystatin (Powder, Suspension, Tablet)	2	
Nystop (Powder)	2	
Sporanox (10mg/ml Oral Solution)	5	PA
Terbinafine HCl (Tablet)	2	
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3	
Voriconazole (200mg Injection, 40mg/ml Suspension)	5	
Voriconazole (200mg Tablet, 50mg Tablet)	4	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Colchicine (0.6mg Capsule) (Generic Mitigare)	3	QL
Colchicine (0.6mg Tablet) (Generic Colcrys)	3	QL
Probenecid (Tablet)	2	
Probenecid/Colchicine (Tablet)	2	
Uloric (Tablet)	3	ST
Antimigraine Agents		
Ergot Alkaloids		

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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pyridostigmine Bromide ER (Tablet Extended-Release)	4	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Tablet)	3	
Rifabutin (Capsule)	4	
Antituberculars		
Ethambutol HCl (Tablet)	2	
Isoniazid (100mg Tablet, 300mg Tablet)	2	
Isoniazid (50mg/5ml Syrup)	4	
Paser (Packet)	4	
Priftin (Tablet)	4	
Pyrazinamide (Tablet)	4	
Rifampin (150mg Capsule, 300mg Capsule)	2	
Rifampin (600mg Injection)	4	
Rifater (Tablet)	4	
Sirturo (Tablet)	5	PA, LA
Trecator (Tablet)	4	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Capsule)	4	B/D, PA
Gleostine (100mg Capsule, 40mg Capsule)	4	
Gleostine (10mg Capsule)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hexalen (Capsule)	5	PA
Leukeran (Tablet)	4	
Matulane (Capsule)	5	LA
Valchlor (Gel)	5	PA, LA
Antiandrogens		
Bicalutamide (Tablet)	2	
Erleada (Tablet)	5	PA, QL
Flutamide (Capsule)	3	
Nilutamide (Tablet)	5	
Xtandi (Capsule)	5	PA, QL, LA
Zytiga (Tablet)	4	PA, QL, LA
Antiangiogenic Agents		
Pomalyst (Capsule)	5	PA, QL
Revlimid (Capsule)	5	PA, QL, LA
Thalomid (Capsule)	5	PA, QL
Antiestrogens/Modifiers		
Emcyt (Capsule)	4	
Fareston (Tablet)	5	
Soltamox (Oral Solution)	4	
Tamoxifen Citrate (Tablet)	2	
Antimetabolites		
Droxia (Capsule)	3	
Hydroxyurea (Capsule)	2	
Mercaptopurine (Tablet)	3	
Purixan (Suspension)	5	PA
Tabloid (Tablet)	4	PA
Antineoplastics, Other		
Kisqali (Tablet)	5	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Kisqali Femara 200 Dose (Tablet Therapy Pack)	5	PA, QL	Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)	5	PA, QL, LA
Kisqali Femara 400 Dose (Tablet Therapy Pack)	5	PA, QL	Bosulif (Tablet)	5	PA, QL
Kisqali Femara 600 Dose (Tablet Therapy Pack)	5	PA, QL	Cabometyx (Tablet)	5	PA, QL, LA
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet)	3		Calquence (Capsule)	5	PA, QL
Leucovorin Calcium (25mg Tablet)	4		Caprelsa (Tablet)	5	PA, LA
Lonsurf (Tablet)	5	PA, QL, LA	Cometriq (Kit)	5	PA, LA
Ninlaro (Capsule)	5	PA, QL	Cotellic (Tablet)	5	PA, QL, LA
Synribo (Injection)	5	PA	Erivedge (Capsule)	5	PA, QL, LA
Verzenio (Tablet)	5	PA, QL, LA	Farydak (Capsule)	5	PA
Zolinza (Capsule)	5	PA	Gilotrif (Tablet)	5	PA, LA
Aromatase Inhibitors, 3rd Generation			Ibrance (Capsule)	5	PA, QL, LA
Anastrozole (Tablet)	2		Iclusig (Tablet)	5	PA, QL, LA
Exemestane (Tablet)	4		Idhifa (Tablet)	5	PA, QL, LA
Letrozole (Tablet)	2		Imatinib Mesylate (Tablet)	5	PA, QL
Enzyme Inhibitors			Imbruvica (140mg Capsule, 70mg Capsule)	5	PA, QL, LA
Rubraca (Tablet)	5	PA, QL, LA	Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)	5	PA, QL
Zejula (Capsule)	5	PA, QL, LA	Inlyta (Tablet)	5	PA, QL, LA
Molecular Target Inhibitors			Iressa (Tablet)	5	PA, QL, LA
Afinitor (Tablet)	5	PA	Jakafi (Tablet)	5	PA, QL, LA
Afinitor Disperz (Tablet Soluble)	5	PA	Lenvima (Capsule Therapy Pack)	5	PA, LA
Alecensa (Capsule)	5	PA, QL, LA	Lynparza (100mg Tablet, 150mg Tablet, 50mg Capsule)	5	PA, QL, LA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mekinist (Tablet)	5	PA, LA
Nerlynx (Tablet)	5	PA, QL, LA
Nexavar (Tablet)	5	PA, LA
Odomzo (Capsule)	5	PA, QL, LA
Rydapt (Capsule)	5	PA, QL
Sprycel (Tablet)	5	PA, QL
Stivarga (Tablet)	5	PA, QL, LA
Sutent (Capsule)	5	PA, QL
Tafinlar (Capsule)	5	PA, LA
Tagrisso (Tablet)	5	PA, QL, LA
Tarceva (Tablet)	5	PA, QL, LA
Tasigna (Capsule)	5	PA, QL
Tykerb (Tablet)	5	PA, LA
Venclexta (100mg Tablet, 50mg Tablet)	4	PA, QL, LA
Venclexta (10mg Tablet)	3	PA, QL, LA
Venclexta Starting Pack (Tablet Therapy Pack)	4	PA, LA
Votrient (Tablet)	5	PA, QL, LA
Xalkori (Capsule)	5	PA, LA
Zelboraf (Tablet)	5	PA, QL, LA
Zydelig (Tablet)	5	PA, QL, LA
Zykadia (Capsule)	5	PA, QL
Retinoids		
Bexarotene (Capsule)	5	PA
Panretin (Gel)	5	
Targretin (1% Gel)	5	PA
Tretinoin (10mg Capsule)	5	
Treatment Adjuncts		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mesnex (400mg Tablet)	5	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	5	QL
Biltricide (Tablet)	4	
Ivermectin (Tablet)	3	
Antiprotozoals		
Alinia (100mg/5ml Suspension, 500mg Tablet)	4	
Atovaquone (Suspension)	5	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	3	
Benznidazole (Tablet)	4	
Chloroquine Phosphate (Tablet)	2	
Coartem (Tablet)	4	
DARAPRIM (Tablet)	4	
Hydroxychloroquine Sulfate (Tablet)	2	
Mefloquine HCl (Tablet)	2	
Nebupent (Inhalation Solution)	4	B/D, PA, QL
Pentam 300 (Injection)	4	
Primaquine Phosphate (Tablet)	4	
Quinine Sulfate (Capsule)	4	PA
Pediculicides/Scabicides		

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
Lindane (Shampoo)	4	
Malathion (Lotion)	4	
Permethrin (Cream)	3	
Antiparkinson Agents		
Anticholinergics		
Benzotropine Mesylate (Tablet)	2	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	2	
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 50mg/5ml Syrup)	2	
Entacapone (Tablet)	4	
Dopamine Agonists		
Apokyn (Injection)	5	PA, QL, LA
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	4	
Neupro (Patch 24 Hour)	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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Carbidopa/Levodopa ER (Tablet Extended-Release)	2	
Carbidopa/Levodopa ODT (Tablet Dispersible)	2	
Carbidopa/Levodopa/Entacapone (Tablet)	4	
Rytary (Capsule Extended-Release)	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Tablet)	4	
Selegiline HCl (5mg Capsule, 5mg Tablet)	3	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Tablet)	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	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	2		Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	5	
Haloperidol Decanoate (Injection)	4		Invega Sustenna (39mg/0.25ml Injection)	4	
Haloperidol Lactate (Injection)	4		Invega Trinza (Injection)	5	
Loxapine Succinate (Capsule)	2		Latuda (Tablet)	5	QL
Pimozide (Tablet)	3		Nuplazid (Tablet)	5	PA, QL
Thioridazine HCl (Tablet)	3		Olanzapine (10mg Injection)	4	
Thiothixene (Capsule)	3		Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	2	QL
Trifluoperazine HCl (Tablet)	3		Olanzapine ODT (Tablet Dispersible)	2	QL
2nd Generation/Atypical			Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL
Abilify Maintena (Injection)	5		Quetiapine Fumarate (Tablet Immediate-Release)	2	QL
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution)	4	QL	Rexulti (Tablet)	5	QL
Aripiprazole ODT (Tablet Dispersible)	4	QL	Risperdal Consta (12.5mg Injection)	4	
Aristada (Injection)	5				
Fanapt (Tablet)	4	QL, ST			
Fanapt Titration Pack (Tablet)	4	ST			
Geodon (20mg 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
Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)	5	
Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet)	2	
Risperidone (1mg/ml Oral Solution)	4	
Risperidone ODT (Tablet Dispersible)	4	
Saphris (Tablet Sublingual)	4	QL
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	4	QL, ST
Vraylar (Capsule Therapy Pack)	4	ST
Ziprasidone HCl (Capsule)	2	QL
Zyprexa Relprew (Injection)	4	
Treatment-Resistant		
Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	3	
Clozapine ODT (Tablet Dispersible)	4	QL
Versacloz (Suspension)	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Valganciclovir (Tablet)	5	QL
Valganciclovir Hydrochloride (Oral Solution)	5	QL
Zirgan (Gel)	4	
Anti-hepatitis B (HBV) Agents		
Baraclude (0.05mg/ml Oral Solution)	4	
Entecavir (Tablet)	4	
Epivir HBV (5mg/ml Oral Solution)	4	
Lamivudine (100mg Tablet)	3	
Vemlidy (Tablet)	5	QL
Anti-hepatitis C (HCV) Agents, Other		
Intron A (Injection)	5	PA, LA
Pegasys (Injection)	5	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
Sylatron (Injection)	5	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Epclusa (Tablet)	5	PA, QL
Harvoni (Tablet)	5	PA, QL
Mavyret (Tablet)	5	PA, QL
Vosevi (Tablet)	5	PA, QL
Antiherpetic Agents		

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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)		
Genvoya (Tablet)	5	QL
Isentress (100mg Packet, 25mg Tablet Chewable)	3	QL
Isentress (100mg Tablet Chewable, 400mg Tablet)	5	QL
Isentress HD (Tablet)	5	QL
Stribild (Tablet)	5	QL
Tivicay (10mg Tablet)	4	QL
Tivicay (25mg Tablet, 50mg Tablet)	5	QL
Triumeq (Tablet)	5	QL
Tybost (Tablet)	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Tablet)	5	QL
Complera (Tablet)	5	QL
Edurant (Tablet)	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Efavirenz (200mg Capsule, 600mg Tablet)	5	QL
Efavirenz (50mg Capsule)	4	QL
Intelence (100mg Tablet, 200mg Tablet)	5	QL
Intelence (25mg Tablet)	4	QL
Juluca (Tablet)	5	QL
Nevirapine (Tablet)	2	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	4	QL
Odefsey (Tablet)	5	QL
Rescriptor (Tablet)	4	QL
Symfi (Tablet)	5	QL
Symfi Lo (Tablet)	5	QL
Viramune (50mg/5ml Suspension)	5	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (20mg/ml Oral Solution, 300mg Tablet)	4	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	5	QL
Abacavir/Lamivudine (Tablet)	4	QL
Biktarvy (Tablet)	5	QL
Descovy (Tablet)	5	QL
Didanosine (Capsule Delayed-Release)	2	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	4	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL
Lamivudine/ Zidovudine (Tablet)	4	QL
Stavudine (Capsule)	2	QL
Tenofovir Disoproxil Fumarate (Tablet)	5	QL
Truvada (Tablet)	5	QL
Videx EC (125mg Capsule Delayed-Release)	4	QL
Videx Pediatric (Oral Solution)	4	QL
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder)	5	QL
Zerit (1mg/ml Oral Solution)	4	QL
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	2	QL
Anti-HIV Agents, Other		
Fuzeon (Injection)	5	QL
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Selzentry (25mg Tablet)	3	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (100mg/ml Oral Solution, 250mg Capsule)	5	QL
Atazanavir Sulfate (Capsule)	5	QL
Crixivan (Capsule)	3	QL
Evotaz (Tablet)	5	QL
Fosamprenavir Calcium (Tablet)	5	QL
Invirase (200mg Capsule, 500mg Tablet)	5	QL
Kaletra (100mg-25mg Tablet)	4	QL
Kaletra (200mg-50mg Tablet)	5	QL
Lexiva (50mg/ml Suspension)	4	QL
Lopinavir/Ritonavir (Oral Solution)	4	QL
Norvir (100mg Capsule, 100mg Packet, 80mg/ml Oral Solution)	4	QL
Prezcobix (Tablet)	5	QL
Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)	5	QL
Prezista (150mg Tablet, 75mg Tablet)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Reyataz (50mg Packet)	5	QL
Ritonavir (Tablet)	4	QL
Viracept (Tablet)	5	QL
Anti-influenza Agents		
Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	3	QL
Relenza Diskhaler (Aerosol Powder)	3	QL
Rimantadine HCl (Tablet)	2	
Anxiolytics		
Anxiolytics, Other		
Bupirone HCl (Tablet)	2	
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 10mg/5ml Syrup)	3	
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup)	3	
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	2	QL
Chlordiazepoxide HCl (Capsule)	2	
Clonazepam (Tablet Immediate-Release)	2	QL
Clonazepam ODT (Tablet Dispersible)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clorazepate Dipotassium (Tablet)	3	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	2	QL
Diazepam (1mg/ml Oral Solution)	2	
Diazepam Intensol (5mg/ml Concentrate)	2	QL
Bipolar Agents		
Mood Stabilizers		
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	2	
Divalproex Sodium DR (Tablet Delayed-Release)	2	
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	2	
Lithium (Oral Solution)	3	
Lithium Carbonate (Capsule Immediate-Release, Tablet Immediate-Release)	2	
Lithium Carbonate ER (Tablet Extended-Release)	2	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Tablet)	2	QL
Bydureon Bcise (Auto injector)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bydureon Pen (Injection)	3	QL
Bydureon Vial (Injection)	3	QL
Farxiga (Tablet)	3	QL
Glimepiride (Tablet)	1	QL
Glipizide (Tablet Immediate-Release)	1	QL
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Glipizide/Metformin HCl (Tablet)	1	QL
Glyxambi (Tablet)	3	QL
Jardiance (Tablet)	3	QL
Jentadueto (Tablet)	3	QL
Jentadueto XR (Tablet Extended-Release 24 Hour)	3	QL
Kombiglyze XR (Tablet Extended-Release 24 Hour)	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
Onglyza (Tablet)	3	QL
Pioglitazone HCl (Tablet)	1	QL

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humalog Mix 75/25 Vial (Injection)	3		Enoxaparin Sodium (Injection)	4	QL
Humalog Vial (Injection)	3		Fondaparinux Sodium (Injection)	4	
Humulin 70/30 KwikPen (Injection)	3		Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	3	
Humulin 70/30 Vial (Injection)	3		Heparin Sodium (1000unit/ml Injection)	3	B/D, PA
Humulin N KwikPen (Injection)	3		Jantoven (Tablet)	1	
Humulin N Vial (Injection)	3		Pradaxa (Capsule)	4	QL
Humulin R U-500 KwikPen (Injection)	3		Warfarin Sodium (Tablet)	1	
Humulin R U-500 Vial (Concentrated) (Injection)	3		Xarelto (Tablet)	3	QL
Humulin R Vial (Injection)	3		Xarelto Starter Pack (Tablet Therapy Pack)	3	QL
Lantus SoloStar (Injection)	3		Blood Formation Modifiers		
Lantus Vial (Injection)	3		Anagrelide HCl (Capsule)	3	
Toujeo Max Solostar (Injection)	3		Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	5	PA
Toujeo SoloStar (Injection)	3				
Blood Products/Modifiers/Volume Expanders					
Anticoagulants					
Coumadin (Tablet)	3				
Eliquis (Tablet)	3	QL			
Eliquis Starter Pack (Tablet)	3	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	4	PA
Neulasta (Injection)	5	PA
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	4	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	5	PA
Promacta (Tablet)	5	PA, QL, LA
Zarxio (Injection)	5	
Hemostasis Agents		
Tranexamic Acid (Tablet)	3	
Platelet Modifying Agents		
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	4	QL
Brilinta (Tablet)	4	QL
Cilostazol (Tablet)	2	
Clopidogrel (75mg Tablet)	2	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clonidine HCl (Tablet Immediate-Release)	2	
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	4	
Guanfacine HCl (Tablet Immediate-Release)	2	QL
Methyldopa (Tablet)	3	
Midodrine HCl (Tablet)	3	
Northera (Capsule)	4	PA, QL, LA
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	2	
Prazosin HCl (Capsule)	2	
Angiotensin II Receptor Antagonists		
Irbesartan (Tablet)	2	QL
Losartan Potassium (Tablet)	1	QL
Telmisartan (Tablet)	3	QL
Valsartan (Tablet)	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Tablet)	1	QL
Enalapril Maleate (Tablet)	2	QL
Fosinopril Sodium (Tablet)	2	QL
Lisinopril (Tablet)	1	QL
Quinapril HCl (Tablet)	2	QL
Ramipril (Capsule)	2	QL
Antiarrhythmics		

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
Amiodarone HCl (200mg Tablet)	2		Propranolol HCl (Tablet Immediate-Release)	2	
Dofetilide (Capsule)	4		Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	
Flecainide Acetate (Tablet)	2		Calcium Channel Blocking Agents		
Mexiletine HCl (Capsule)	3		Amlodipine Besylate (Tablet)	1	
Pacerone (200mg Tablet)	2		Cartia XT (Capsule Extended-Release 24 Hour)	2	
Propafenone HCl (Tablet)	2		Dilt-XR (Capsule Extended-Release 24 Hour)	2	
Quinidine Sulfate (Tablet)	2		Diltiazem HCl (Tablet Immediate-Release)	2	
Sotalol HCl (AF) (Tablet)	2		Diltiazem HCl ER (120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	2	
Sotalol HCl (Tablet)	2		Nimodipine (Capsule)	4	
Beta-adrenergic Blocking Agents			Nymalize (Oral Solution)	5	
Atenolol (Tablet)	1		Verapamil HCl (Tablet Immediate-Release)	2	
Bisoprolol Fumarate (Tablet)	2				
Carvedilol (Tablet)	1				
Labetalol HCl (Tablet)	2				
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1				
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1				
Propranolol HCl (Tablet Immediate-Release, Oral Solution)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2		Metoprolol/ Hydrochlorothiazide (Tablet)	2	
Cardiovascular Agents, Other			Pentoxifylline ER (Tablet Extended-Release)	2	
Atenolol/ Chlorthalidone (Tablet)	1		Quinapril/ Hydrochlorothiazide (Tablet)	2	QL
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL	Ranexa (Tablet Extended-Release 12 Hour)	3	QL
Corlanor (Tablet)	4	PA, QL	Spironolactone/ Hydrochlorothiazide (Tablet)	2	
Digitek (Tablet)	2		Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	2	
Digox (Tablet)	2		Valsartan/ Hydrochlorothiazide (Tablet)	2	QL
Digoxin (0.05mg/ml Oral Solution)	4		Diuretics, Carbonic Anhydrase Inhibitors		
Digoxin (125mcg Tablet, 250mcg Tablet)	2		Acetazolamide (Tablet Immediate-Release)	3	
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	2	QL	Acetazolamide ER (Capsule Extended-Release 12 Hour)	4	
Entresto (Tablet)	3	QL	Methazolamide (Tablet)	4	
Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)	4		Diuretics, Loop		
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL	Bumetanide (0.25mg/ml Injection)	4	
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	
Furosemide (10mg/ml Injection)	4	B/D, PA
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Torsemide (Tablet)	2	
Diuretics, Potassium-sparing		
Amiloride HCl (Tablet)	2	
Spirolactone (Tablet)	2	
Diuretics, Thiazide		
Chlorothiazide (Tablet)	2	
Chlorthalidone (Tablet)	2	
Diuril (Suspension)	3	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	2	
Methyclothiazide (Tablet)	3	
Metolazone (Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (160mg Tablet, 54mg Tablet)	2	
Gemfibrozil (Tablet)	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Atorvastatin Calcium (Tablet)	1	QL
Livalo (Tablet)	3	QL
Lovastatin (Tablet)	2	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	2	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Cholestyramine (Packet)	3	
Cholestyramine Light (Powder)	3	
Colestipol HCl (1gm Tablet)	3	
Colestipol HCl (5gm Packet)	4	
Ezetimibe (Tablet)	3	QL
Juxtapid (Capsule)	5	PA, LA
Niacor (Tablet)	2	
Praluent (Injection)	5	PA, QL, LA
Prevalite (Packet)	3	
Repatha (Injection)	5	PA, QL
Repatha Pushtronex System (Injection)	5	PA, QL
Repatha SureClick (Injection)	5	PA, QL
Vascepa (Capsule)	4	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Tablet)	2	
Minoxidil (Tablet)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (Tablet Immediate-Release)	2	
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 (Tablet Sublingual)	3	
Nitroglycerin Lingual (Translingual Solution)	4	
Nitroglycerin Transdermal (Patch 24 Hour)	2	
Nitrostat (Tablet Sublingual)	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

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
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
Methamphetamine HCl (Tablet)	4	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Atomoxetine (Capsule)	4	QL
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use			
Dexmethylphenidate HCl (Tablet Immediate-Release)	3	QL	Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	3	QL			
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	4							
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	3	QL						
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)	4	QL						
Central Nervous System, Other						Savella (Tablet)	3	
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	3	PA, QL				Savella Titration Pack	3	
Nuedexta (Capsule)	4	PA	Multiple Sclerosis Agents					
Riluzole (Tablet)	4		Ampyra (Tablet Extended-Release 12 Hour)	5	QL, LA			
Tetrabenazine (Tablet)	5	PA, QL, LA	Extavia (Injection)	5				
Fibromyalgia Agents			Gilenya (Capsule)	5	QL			
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	QL	Glatiramer Acetate (Solution Prefilled Syringe)	5				
			Glatopa (Injection)	5				
			Tecfidera (Capsule Delayed-Release)	5	QL, LA			
			Tecfidera Starter Pack	5	LA			
			Dental and Oral Agents					
			Dental and Oral Agents					
			Chlorhexidine Gluconate Oral Rinse (Solution)	2				
			Periogard (Solution)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4		Cosentyx (Injection)	5	PA, LA
Triamcinolone Acetonide Dental Paste (Paste)	3		Cosentyx Sensoready Pen (Injection)	5	PA, LA
Dermatological Agents			Diclofenac Sodium (3% Gel)	4	PA
Dermatological Agents			Doxepin HCl (Cream)	4	PA, QL
Acitretin (Capsule)	4		Elidel (Cream)	4	ST
Adapalene (0.1% Cream)	4		Ery (2% Pad)	3	
Adapalene (0.1% Gel)	3		Erythromycin (2% External Solution)	2	
Ammonium Lactate (12% Cream, 12% Lotion)	3		Erythromycin (2% Gel)	4	
Calcipotriene (0.005% Cream, 0.005% External Solution)	4		Erythromycin/Benzoyl Peroxide (Gel)	4	
Calcitriol (3mcg/gm Ointment)	4		Finacea (15% Foam, 15% Gel)	4	
Claravis (Capsule)	4	PA	Fluorouracil (2% External Solution, 5% External Solution)	3	
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3		Fluorouracil (5% Cream)	4	
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4		Imiquimod (Cream)	4	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	2		Isotretinoin (Capsule)	4	PA
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	4		Mirvaso (Gel)	4	
			Picato (Gel)	3	
			Podofilox (External Solution)	3	
			PRUDOXIN (Cream)	4	PA, QL
			Regranex (Gel)	5	PA
			Santyl (Ointment)	4	
			Selenium Sulfide (Lotion)	2	
			Tacrolimus (0.03% Ointment, 0.1% Ointment)	4	ST

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Tazarotene (Cream)	4	PA
Tazorac (0.05% Cream)	4	PA
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	4	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Aminosyn 7%/Electrolytes (Injection)	4	B/D, PA
Aminosyn 8.5%/Electrolytes (Injection)	4	B/D, PA
Aminosyn II (10% Injection)	4	B/D, PA
Aminosyn II 8.5%/Electrolytes (Injection)	4	B/D, PA
Aminosyn-HBC (Injection)	4	B/D, PA
Aminosyn-PF (Injection)	4	B/D, PA
Aminosyn-RF (Injection)	4	B/D, PA
Carbaglu (Tablet)	5	LA
Dextrose 10% (Injection)	4	
Dextrose 10%/NaCl 0.2% (Injection)	4	
Dextrose 10%/NaCl 0.45% (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextrose 2.5%/NaCl 0.45% (Injection)	4	
Dextrose 5% (Injection)	4	B/D, PA
Dextrose 5%/NaCl 0.2% (Injection)	4	
Dextrose 5%/NaCl 0.225% (Injection)	4	
Dextrose 5%/NaCl 0.33% (Injection)	4	
Dextrose 5%/NaCl 0.45% (Injection)	4	
Dextrose 5%/NaCl 0.9% (Injection)	4	B/D, PA
FreAmine HBC 6.9% (Injection)	4	B/D, PA
HepatAmine (Injection)	4	B/D, PA
Intralipid (Injection)	4	B/D, PA
Ionosol-MB/Dextrose 5% (Injection)	4	
Isolyte-P/Dextrose 5% (Injection)	4	
Isolyte-S (Injection)	4	
KCl 0.075%/D5W/NaCl 0.45% (Injection)	4	
KCl 0.15%/D5W/NaCl 0.2% (Injection)	4	
KCl 0.15%/D5W/NaCl 0.45% (Injection)	4	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
KCl 0.3%/D5W/NaCl 0.45% (Injection)	4		Plasma-Lyte A (Injection)	4	
KCl 0.3%/D5W/NaCl 0.9% (Injection)	4		Plasma-Lyte-148 (Injection)	4	
Klor-Con (Packet)	3		Plenamaine (Injection)	4	B/D, PA
Klor-Con 10 (Tablet Extended-Release)	3		Potassium Chloride (10% Oral Solution, 20% Oral Solution)	3	
Klor-Con 8 (Tablet Extended-Release)	3		Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	4	B/D, PA
Klor-Con M10 (Tablet Extended-Release)	2		Potassium Chloride (2meq/ml Injection)	4	B/D, PA
Klor-Con M15 (Tablet Extended-Release)	2		Potassium Chloride CR (Tablet Extended-Release)	2	
Klor-Con M20 (Tablet Extended-Release)	2		Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	2	
Levocarnitine (1gm/10ml Oral Solution)	3		Potassium Chloride/Dextrose (Injection)	4	B/D, PA
Levocarnitine (330mg Tablet)	3		Potassium Chloride/Dextrose/Lactated Ringers (Injection)	4	
Magnesium Sulfate (1gm/2ml-50% Injection)	4		Potassium Chloride/Dextrose/Sodium Chloride (Injection)	4	
Magnesium Sulfate (5gm/10ml-50% Injection)	4				
Nephramine (Injection)	4	B/D, PA			
Normosol-M in D5W (Injection)	4				
Normosol-R (Injection)	4				
Normosol-R in D5W (Injection)	4				
Nutrilipid (Injection)	4	B/D, PA			

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride/ Sodium Chloride (20meq/L-0.45% Injection)	4	B/D, PA
Potassium Chloride/ Sodium Chloride (20meq/L-0.9% Injection, 40meq/ L-0.9% Injection)	4	B/D, PA
Potassium Citrate ER (Tablet Extended- Release)	4	
Premasol (Injection)	4	B/D, PA
Procalamine (Injection)	4	B/D, PA
Prosol (Injection)	4	B/D, PA
Sodium Chloride 0.9% (Irrigation Solution)	3	
Sodium Chloride (0.9% Injection)	4	B/D, PA
Sodium Chloride (2.5meq/ml Injection)	4	
Sodium Chloride (3% Injection, 5% Injection)	4	B/D, PA
Sodium Chloride 0.45% (Injection)	4	
Sodium Fluoride (Tablet)	2	
Sodium Lactate (Injection)	4	
TPN Electrolytes (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Travasol (Injection)	4	B/D, PA
Trophamine (10% Injection)	4	B/D, PA
Electrolyte/Mineral/Metal Modifiers		
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	5	PA
Jadenu (Tablet)	4	PA
Jadenu Sprinkle (Packet)	4	PA
Kionex (Suspension)	3	
Samsca (Tablet)	5	PA, QL
Sodium Polystyrene Sulfonate (Powder)	3	
SPS (Suspension)	3	
Trientine HCl (Capsule)	5	PA, QL
Phosphate Binders		
Auryxia (Tablet)	4	PA
Calcium Acetate (667mg Capsule, 667mg Tablet)	2	
Phoslyra (Oral Solution)	3	
Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	4	
Velphoro (Tablet Chewable)	4	
Vitamins		
VP-PNV-DHA (Capsule)	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		

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
Cuvposa (Oral Solution)	4	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution)	2	
Dicyclomine HCl (Tablet)	2	
Methscopolamine Bromide (Tablet)	4	
Gastrointestinal Agents, Other		
Chenodal (Tablet)	5	
Cromolyn Sodium (100mg/5ml Concentrate)	4	
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	3	
Gattex (Injection)	5	PA, LA
Loperamide HCl (Capsule)	2	
Myalept (Injection)	5	PA, LA
Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)	4	PA
Relistor (150mg Tablet)	4	PA, QL
Ursodiol (250mg Tablet, 500mg Tablet)	4	
Ursodiol (300mg Capsule)	3	
Histamine2 (H2) Receptor Antagonists		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nizatidine (150mg Capsule, 300mg Capsule)	2	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	2	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	5	PA
Linzess (Capsule)	3	QL
Viberzi (Tablet)	5	PA, QL
Laxatives		
Constulose (Oral Solution)	2	
Enulose (Oral Solution)	2	
GaviLyte-C (Oral Solution)	2	
GaviLyte-G (Oral Solution)	2	
GaviLyte-N/Flavor Pack (Oral Solution)	2	
Generlac (Oral Solution)	2	
Lactulose (Oral Solution)	2	
PEG 3350/Electrolytes (Oral Solution)	3	
PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY)	3	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	3	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	2	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Suprep Bowel Prep Kit (Oral Solution)	3	
TriLyte (Oral Solution)	2	
Protectants		
Carafate (1gm/10ml Suspension)	4	
Misoprostol (Tablet)	3	
Sucralfate (Tablet)	2	
Proton Pump Inhibitors		
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL
Omeprazole (20mg Capsule Delayed-Release)	2	
Pantoprazole Sodium (Tablet Delayed-Release)	2	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Aralast NP (Injection)	5	PA, LA
Cholbam (Capsule)	5	PA
Creon (Capsule Delayed-Release)	3	
Cystadane (Powder)	5	
Cystagon (Capsule)	4	LA
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	5	LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Miglustat (Capsule)	5	PA, LA
Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	5	LA
Prolastin-C (Injection)	5	PA, LA
Ravicti (Liquid)	5	QL, LA
Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet)	5	
Sucraid (Oral Solution)	5	LA
Zenpep (Capsule Delayed-Release)	3	
Genitourinary Agents		
Antispasmodics, Urinary		
Myrbetriq (Tablet Extended-Release 24 Hour)	3	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	2	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	2	QL
Vesicare (Tablet)	3	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2	

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
Finasteride (5mg Tablet) (Generic Proscar)	2		Desonide (0.05% Ointment)	4	
Tamsulosin HCl (Capsule)	2		Desoximetasone (0.05% Cream, 0.25% Cream)	4	
Terazosin HCl (Capsule)	2		Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2	
Genitourinary Agents, Other			Fludrocortisone Acetate (Tablet)	2	
Bethanechol Chloride (Tablet)	2		Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.025% Ointment)	3	
Depen Titratabs (Tablet)	5		Fluocinolone Acetonide (0.01% External Solution)	4	
Elmiron (Capsule)	4		Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Fluocinonide Emulsified Base (Cream)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3	
Ala-Cort (Cream)	2		Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	3				
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	2				
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3				
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	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
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment, 10mg Tablet, 20mg Tablet, 5mg Tablet)	2		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 (2.5% Lotion)	3		Prednisone Intensol (5mg/ml Concentrate)	2	
Hydrocortisone Butyrate (0.1% Ointment)	3		Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	4		Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	3	
Methylprednisolone (Tablet)	2		Triderm (Cream)	2	
Methylprednisolone Dose Pack (Tablet Therapy Pack)	2		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	3		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Prednicarbate (0.1% Cream, 0.1% Ointment)	4		Desmopressin Acetate (0.01% Nasal Spray Solution)	4	
Prednisolone (15mg/5ml Oral Solution)	2		Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	2	
Prednisolone Sodium Phosphate (25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	2		Genotropin (12mg Injection, 5mg Injection)	5	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Genotropin Miniquick (0.2mg Injection)	4	PA
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)	5	PA
Increlex (Injection)	5	PA, LA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	5	PA, QL, LA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Tablet)	4	PA
Androderm (Patch 24 Hour)	3	QL
Danazol (Capsule)	4	
Oxandrolone (10mg Tablet)	4	PA, QL
Oxandrolone (2.5mg Tablet)	3	PA, QL
Testosterone (25mg/2.5gm Gel, 50mg/5gm Gel)	3	
Testosterone Cypionate (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Testosterone Enanthate (Injection)	4	
Testosterone Pump (Gel)	3	
Estrogens		
Altavera (Tablet)	4	
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	
Blisovi 24 Fe (Tablet)	4	
Blisovi Fe 1.5/30 (Tablet)	4	
Blisovi Fe 1/20 (Tablet)	4	
Briellyn (Tablet)	4	
Camrese Lo (Tablet)	4	
Caziant (Tablet)	4	
Climara Pro (Patch Weekly)	4	
Cryselle-28 (Tablet)	4	
Cyclafem (Tablet)	4	
Delyla (Tablet)	4	
Desogestrel/Ethinyl Estradiol (Tablet)	4	
Drospirenone/Ethinyl Estradiol (Tablet)	4	
Duavee (Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Elestrin (Gel)	4		Jinteli (Tablet)	3	
Emoquette (Tablet)	4		Juleber (Tablet)	4	
Enpresse-28 (Tablet)	4		Junel 1.5/30 (Tablet)	4	
Enskyce (Tablet)	4		Junel 1/20 (Tablet)	4	
Estarylla (Tablet)	4		Junel Fe 1.5/30 (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	Junel Fe 1/20 (Tablet)	4	
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	2		Junel Fe 24 (Tablet)	4	
Estradiol Valerate (Injection)	4		Kaitlib Fe (Tablet Chewable)	4	
Estradiol/Norethindrone Acetate (Tablet)	3		Kariva (Tablet)	4	
Estring (Ring)	4		Kelnor 1/35 (Tablet)	4	
Estropipate (Tablet)	2		Kelnor 1/50 (Tablet)	4	
Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	4		Kimidess (Tablet)	4	
Falmina (Tablet)	4		Kurvelo (Tablet)	4	
Femynor (Tablet)	4		LARIN 1.5/30 (Tablet)	4	
Fyavolv (Tablet)	3		LARIN 1/20 (Tablet)	4	
Gianvi (Tablet)	4		LARIN Fe 1.5/30 (Tablet)	4	
Introvale (Tablet)	4		LARIN Fe 1/20 (Tablet)	4	
Isibloom (Tablet)	4		Larissia (Tablet)	4	
			Layolis Fe (Tablet Chewable)	4	
			Leena (Tablet)	4	
			Lessina (Tablet)	4	
			Levonest (Tablet)	4	
			Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Levonorgestrel/Ethinyl Estradiol (0.15mg-0.03mg Tablet, 0.1mg-20mcg Tablet, 0.05mg-30mcg/0.075mg-40mcg/0.125mg-30mcg Tablet, 0.15mg-0.03mg/0.01mg Tablet)	4		Necon 7/7/7 (Tablet)	4	
Levora 0.15/30-28 (Tablet)	4		Nikki (Tablet)	4	
Loryna (Tablet)	4		Norethindrone Acetate/Ethinyl Estradiol (2.5mcg-0.5mg Tablet, 5mcg-1mg Tablet)	3	
Low-Ogestrel (Tablet)	4		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)	4	
Lutera (Tablet)	4		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet)	4	
Marlissa (Tablet)	4		Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	4	
Melodetta 24 Fe (Tablet Chewable)	4		Norgestimate/Ethinyl Estradiol (Tablet)	4	
Menest (Tablet)	3		Nortrel 0.5/35 (28) (Tablet)	4	
Mibelas 24 Fe (Tablet Chewable)	4		Nortrel 1/35 (Tablet)	4	
Microgestin 1.5/30 (Tablet)	4		Nortrel 7/7/7 (Tablet)	4	
Microgestin 1/20 (Tablet)	4		NuvaRing (Ring)	4	
Microgestin Fe (Tablet)	4		Ocella (Tablet)	4	
Microgestin Fe 1.5/30 (Tablet)	4		Ogestrel (Tablet)	4	
Mili (Tablet)	4		Orsythia (Tablet)	4	
Mimvey (Tablet)	3		Pimtrea (Tablet)	4	
Mimvey Lo (Tablet)	3		Pirmella 1/35 (Tablet)	4	
MonoNessa (Tablet)	4				
Necon 0.5/35-28 (Tablet)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Portia-28 (Tablet)	4	
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	4	QL
Premarin (Vaginal Cream)	3	
Premphase (Tablet)	4	QL
Prempro (Tablet)	4	QL
Previfem (Tablet)	4	
Quasense (Tablet)	4	
Reclipsen (Tablet)	4	
Setlakin (Tablet)	4	
Sprintec 28 (Tablet)	4	
Sronyx (Tablet)	4	
Syeda (Tablet)	4	
Tarina Fe 1/20 (Tablet)	4	
Tri-Legest Fe (Tablet)	4	
Tri-Lo-Estarylla (Tablet)	4	
Tri-Lo-Sprintec (Tablet)	4	
Tri-Mili (Tablet)	4	
Tri-Previfem (Tablet)	4	
Tri-Sprintec (Tablet)	4	
Tri-Vylibra (Tablet)	4	
Trinessa (Tablet)	4	
Trivora-28 (Tablet)	4	
Velivet (Tablet)	4	
Vestura (Tablet)	4	
Vienva (Tablet)	4	
Vyfemla (Tablet)	4	
Vylibra (Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
WYMZYA Fe (Tablet Chewable)	4	
Zarah (Tablet)	4	
Zenchant (Tablet)	4	
Zovia 1/35E (Tablet)	4	
Progestins		
Camila (Tablet)	3	
Crinone (Gel)	4	PA
Deblitane (Tablet)	3	
Depo-Provera (Injection)	4	
Errin (Tablet)	3	
Jolivette (Tablet)	3	
Lyza (Tablet)	3	
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Medroxyprogesterone Acetate (150mg/ml Injection Prefilled Syringe)	4	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Megestrol Acetate (625mg/5ml Suspension)	4	
Nora-BE (Tablet)	3	
Norethindrone (0.35mg Tablet)	3	
Norethindrone Acetate (5mg Tablet)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Norlyroc (Tablet)	3	
Sharobel (Tablet)	3	
Selective Estrogen Receptor Modifying Agents		
Osphena (Tablet)	4	PA, QL
Raloxifene HCl (Tablet)	2	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Levothyroxine Sodium (Tablet)	1	
Levoxyl (Tablet)	3	
Liothyronine Sodium (Tablet)	2	
Synthroid (Tablet)	3	
Unithroid (Tablet)	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	2	
Egrifta (Injection)	5	PA, LA
Firmagon (120mg Injection)	5	PA
Firmagon (80mg Injection)	4	PA
Leuprolide Acetate (Injection)	4	PA
Lupron Depot (1-Month) (Injection)	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lupron Depot (3-Month) (Injection)	5	PA
Lupron Depot (4-Month) (Injection)	5	PA
Lupron Depot (6-Month) (Injection)	5	PA
Octreotide Acetate (Injection)	4	PA
Signifor (Injection)	5	PA, LA
Somatuline Depot (Injection)	5	
Somavert (Injection)	5	PA, QL, LA
Synarel (Nasal Solution)	5	
Trelstar Mixject (Injection)	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	2	
Propylthiouracil (Tablet)	2	
Immunological Agents		
Angioedema Agents		
Beriner (Injection)	5	PA, LA
Firazy (Injection)	5	PA, QL, LA
Immune Suppressants		
Azathioprine (Tablet)	2	B/D, PA
Cyclosporine (Capsule)	4	B/D, PA
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	4	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Envarsus XR (Tablet Extended-Release 24 Hour)	4	B/D, PA	Sandimmune (100mg/ml Oral Solution)	4	B/D, PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	4	B/D, PA	Sirolimus (Tablet)	4	B/D, PA
Humira (Injection)	5	PA	Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	2	B/D, PA
Humira Pediatric Crohns Disease Starter Pack (Injection)	5	PA	Trexall (Tablet)	4	
Humira Pen (Injection)	5	PA	Xatmep (Oral Solution)	4	PA
Humira Pen Crohns Disease Starter Pack (Injection)	5	PA	Zortress (Tablet)	5	B/D, PA
Humira Pen-Psoriasis Starter (Injection)	5	PA	Immunizing Agents, Passive		
Methotrexate (Tablet)	2		BIVIGAM (Injection)	4	PA
Methotrexate Sodium (Injection)	4		Carimune Nanofiltered (Injection)	4	PA
Mycophenolate Mofetil (200mg/ml Suspension)	5	B/D, PA	Flebogamma DIF (Injection)	4	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	B/D, PA	Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	4	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	4	B/D, PA	Gammaked (Injection)	4	PA
Rapamune (1mg/ml Oral Solution)	5	B/D, PA	Gammaplex (Injection)	4	PA
			Octagam (Injection)	4	PA
			Privigen (Injection)	4	PA
			Varizig (Injection)	3	
			Immunomodulators		
			Actemra (162mg/0.9ml Injection)	5	PA
			Actimmune (Injection)	5	LA
			Arcalyst (Injection)	5	PA, LA
			Benlysta (Injection)	5	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Leflunomide (Tablet)	3	
Xolair (Injection)	5	PA, LA
Vaccines		
ActHIB (Injection)	3	
Adacel (Injection)	3	
BCG Vaccine (Injection)	3	
Bexsero (Injection)	3	
Boostrix (Injection)	3	
Daptacel (Injection)	3	
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	3	
Engerix-B (Injection)	3	B/D, PA
Gardasil 9 (Injection)	3	
Havrix (Injection)	3	
Hiberix (Injection)	3	
Imovax Rabies (H.D.C.V.) (Injection)	3	B/D, PA
Infanrix (Injection)	3	
IPOL Inactivated IPV (Injection)	3	
Ixiaro (Injection)	3	
Kinrix (Injection)	3	
M-M-R II (Injection)	3	
Menactra (Injection)	3	
Menveo (Injection)	3	
Pediarix (Injection)	3	
Pedvax HIB (Injection)	3	
ProQuad (Injection)	3	
Quadracel (Injection)	3	
Rabavert (Injection)	3	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Recombivax HB (Injection)	3	B/D, PA
Rotarix (Suspension)	3	
RotaTeq (Oral Solution)	3	
Shingrix (Injection)	4	PA
Tenivac (Injection)	3	
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	3	
Trumenba (Injection)	3	
Twinrix (Injection)	3	
Typhim Vi (Injection)	3	
VAQTA (Injection)	3	
Varivax (Injection)	3	
YF-Vax (Injection)	3	
Zostavax (Injection)	4	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	3	QL
Balsalazide Disodium (Capsule)	4	
Canasa (Suppository)	4	
Mesalamine (Enema)	4	QL
Glucocorticoids		
Budesonide (3mg Capsule Delayed-Release)	4	
Colocort (Enema)	3	
Hydrocortisone (100mg/60ml Enema)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Procto-Med HC (Cream)	2	
Procto-Pak (Cream)	2	
Proctosol HC (Cream)	2	
Proctozone-HC (Cream)	2	
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Alendronate Sodium (70mg/75ml Oral Solution)	4	
Binosto (Tablet Effervescent)	4	QL
Calcitonin-Salmon (Nasal Solution)	2	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	2	B/D, PA
Doxercalciferol (Capsule)	4	B/D, PA, QL
Ibandronate Sodium (150mg Tablet)	3	QL
Natpara (Injection)	5	PA, LA
Paricalcitol (Capsule)	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prolia (Injection)	4	QL
Rayaldee (Capsule Extended-Release)	5	QL
Sensipar (Tablet)	5	B/D, PA, QL
Tymlos (Injection)	5	PA, QL
Xgeva (Injection)	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	3	
Gauze (Non-medicated 2X2)	3	
Insulin Syringes, Needles	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (1% Ophthalmic Solution)	3	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	2	
Blephamide (Suspension)	4	
Blephamide S.O.P. (Ointment)	4	
Cystaran (Ophthalmic Solution)	5	LA
Lacrisert (Insert)	4	
Lastacaft (Ophthalmic Solution)	3	
Neomycin/Bacitracin/Polymyxin (Ointment)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	3		Azelastine HCl (0.05% Ophthalmic Solution)	2	
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	2		Cromolyn Sodium (4% Ophthalmic Solution)	2	
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	3		Epinastine HCl (Ophthalmic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	4		Olopatadine HCl (Ophthalmic Solution)	3	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	2		Ophthalmic Antiglaucoma Agents		
Proparacaine HCl (Ophthalmic Solution)	2		Apraclonidine (Ophthalmic Solution)	3	
Restasis (Emulsion)	3	QL	Betaxolol HCl (Ophthalmic Solution)	3	
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	2		Betimol (Ophthalmic Solution)	4	
Tobradex (0.3%-0.1% Ophthalmic Ointment)	3		Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	
Tobramycin/Dexamethasone (Ophthalmic Suspension)	3		Carteolol HCl (Ophthalmic Solution)	2	
Xiidra (Ophthalmic Solution)	4	QL	Cosopt PF (Ophthalmic Solution)	4	
Ophthalmic Anti-allergy Agents			Dorzolamide HCl (Ophthalmic Solution)	2	
			Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution)	2	
			Levobunolol HCl (Ophthalmic Solution)	2	
			Phospholine Iodide (Ophthalmic Solution)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	3	
Simbrinza (Suspension)	3	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	2	
Ophthalmic Anti-inflammatories		
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	2	
Diclofenac Sodium (0.1% Ophthalmic Solution)	2	
Durezol (Emulsion)	3	
Fluorometholone (Ophthalmic Suspension)	3	
Flurbiprofen Sodium (Ophthalmic Solution)	2	
Ketorolac Tromethamine (Ophthalmic Solution)	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	
Prolensa (Ophthalmic Solution)	4	
Ophthalmic Prostaglandin and Prostanoid Analogs		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Latanoprost (Ophthalmic Solution)	1	
Zioptan (Ophthalmic Solution)	4	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	2	
Fluocinolone Acetonide (0.01% Otic Oil)	4	
Hydrocortisone/Acetic Acid (Otic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	3	
Cetirizine HCl (Oral Solution)	2	
Cyproheptadine HCl (4mg Tablet)	3	
Levocetirizine Dihydrochloride (5mg Tablet)	3	QL
Phenadoz (Suppository)	4	
Promethazine HCl (12.5mg Suppository, 25mg Suppository)	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
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	3		Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	
Promethegan (25mg Suppository)	4		Spiriva HandiHaler (Capsule)	3	QL
Anti-inflammatories, Inhaled Corticosteroids			Spiriva Respimat (Aerosol Solution)	3	QL
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension)	4	B/D, PA	Bronchodilators, Sympathomimetic		
Flunisolide (Nasal Solution)	3		Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	2	B/D, PA
Fluticasone Propionate (50mcg/act Suspension)	2		Albuterol Sulfate (2mg Tablet Immediate-Release)	4	
Pulmicort Flexhaler (Aerosol Powder)	3	QL	Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	4	
Triamcinolone Acetonide (55mcg/act Aerosol)	4		Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	3	QL
Antileukotrienes			Perforomist (Nebulized Solution)	4	B/D, PA, QL
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	2	QL	Serevent Diskus (Aerosol Powder)	3	QL
Zafirlukast (Tablet)	2	QL	Ventolin HFA (Aerosol Solution)	3	
Bronchodilators, Anticholinergic			Cystic Fibrosis Agents		
Atrovent HFA (Aerosol Solution)	4		Cayston (Inhalation Solution)	5	PA, LA
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	5	PA, QL, LA
Orkambi (Tablet)	5	PA, QL, LA
TOBI Podhaler (Capsule)	5	PA, QL
Tobramycin (Nebulized Solution)	5	B/D, PA, QL
Mast Cell Stabilizers		
Cromolyn Sodium (20mg/2ml Nebulized Solution)	3	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Tablet)	4	PA, QL
Theophylline CR (Tablet Extended-Release 12 Hour)	2	
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	2	
Pulmonary Antihypertensives		
Adempas (Tablet)	5	PA, LA
Opsumit (Tablet)	5	PA, LA
Orenitram (0.125mg Tablet Extended-Release)	4	PA, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	5	PA, LA
Sildenafil (20mg Tablet) (Generic Revatio)	3	PA, QL
Pulmonary Fibrosis Agents		
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	5	PA, QL, LA
Ofev (Capsule)	5	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	2	B/D, PA
Anoro Ellipta (Aerosol Powder)	3	QL
Bevespi Aerosphere (Aerosol)	3	QL
Breo Ellipta (Aerosol Powder)	3	QL
Combivent Respimat (Aerosol Solution)	3	
Fluticasone Propionate/Salmeterol (Aerosol Powder)	3	QL
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	2	B/D, PA
Nucala (Injection)	5	PA, QL, LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pulmozyme (Inhalation Solution)	5	B/D, PA, QL
Stiolto Respimat (Aerosol Solution)	3	QL
Symbicort (Aerosol)	3	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	2	
Chlorzoxazone (500mg Tablet)	3	
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	3	
Dantrolene Sodium (Capsule)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tizanidine HCl (2mg Tablet, 4mg Tablet)	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
Temazepam (15mg Capsule, 30mg Capsule)	2	QL
Zaleplon (Capsule)	3	QL
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Sleep Disorders, Other		
Belsomra (Tablet)	3	QL
Hetlioz (Capsule)	5	PA, QL, LA
Modafinil (Tablet)	4	PA, QL
Xyrem (Oral Solution)	5	PA, QL, LA

Bold type = Brand name drug

Plain type = Generic drug

Covered drugs with a quantity limit (QL)

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

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist. You can also call 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 (20mg/ml Oral Solution)	Maximum of 48 ml per day
Abacavir (300mg Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abacavir/Lamivudine (Tablet)	Maximum of 2 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution)	Maximum of 150 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Albenza (Tablet)	Maximum of 16 tablets per day
Alecensa (Capsule)	Maximum of 8 capsules per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Alunbrig (180mg Tablet, 90mg Tablet)	Maximum of 1 tablet per day
Alunbrig (30mg Tablet)	Maximum of 4 tablets per day
Alunbrig (Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Ampyra (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Injection)	Maximum of 3 ml per day
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Aptiom (200mg Tablet, 400mg Tablet)	Maximum of 1 tablet per day
Aptiom (600mg Tablet, 800mg Tablet)	Maximum of 2 tablets per day
Aptivus (100mg/ml Oral Solution)	Maximum of 15 ml per day
Aptivus (250mg Capsule)	Maximum of 6 capsules per day
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Aripiprazole (1mg/ml Oral Solution)	Maximum of 25 ml per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Atazanavir Sulfate (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Atazanavir Sulfate (200mg Capsule)	Maximum of 3 capsules per day
Atomoxetine (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Atripla (Tablet)	Maximum of 2 tablets per day
Belsomra (Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Bevespi Aerosphere (Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
Biktarvy (Tablet)	Maximum of 2 tablets per day
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (400mg Tablet, 500mg Tablet)	Maximum of 1 tablet per day
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Briviact (10mg/ml Oral Solution)	Maximum of 20 ml per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen/Caffeine (Tablet)	Maximum of 6 tablets per day
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Bydureon Bcise (Auto injector)	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon Pen (Injection)	Maximum of 4 pens per 28 days
Bydureon Vial (Injection)	Maximum of 4 vials per 28 days
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Calquence (Capsule)	Maximum of 2 capsules per day
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

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Drug Name	Quantity Limit
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
Colchicine (0.6mg Capsule) (Generic Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcris)	Maximum of 4 tablets per day
Complera (Tablet)	Maximum of 2 tablets per day
Corlanor (Tablet)	Maximum of 2 tablets per day
Cotellic (Tablet)	Maximum of 3 tablets per day
Crixivan (Capsule)	Maximum of 9 capsules per day
Daliresp (Tablet)	Maximum of 1 tablet per day
Descovy (Tablet)	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Donepezil HCl (10mg Tablet)	Maximum of 2 tablets per day
Donepezil HCl (5mg Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxepin HCl (Cream)	Maximum of 90 grams per 30 days
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Edurant (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Efavirenz (200mg Capsule)	Maximum of 3 capsules per day
Efavirenz (50mg Capsule)	Maximum of 9 capsules per day
Efavirenz (600mg Tablet)	Maximum of 2 tablets per day
Eliquis (Tablet)	Maximum of 2 tablets per day
Eliquis Starter Pack (Tablet)	Maximum of 1 pack (74 tablets) per 30 days
Embeda (100mg-4mg Capsule Extended-Release)	Maximum of 3 capsules per day
Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)	Maximum of 4 capsules per day
Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)	Maximum of 2 capsules per day
Embeda (60mg-2.4mg Capsule Extended-Release)	Maximum of 6 capsules per day
Emsam (Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (10mg/ml Oral Solution)	Maximum of 42.5 ml per day
Emtriva (200mg Capsule)	Maximum of 2 capsules per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Endocet (Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Tablet)	Maximum of 2 tablets per day
Epclusa (Tablet)	Maximum of 1 tablet per day
Epinephrine (Injection) (Generic EpiPen)	Maximum of 4 pens (2 boxes) per 30 days
Erivedge (Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Erleada (Tablet)	Maximum of 4 tablets per day
Esbriet (267mg Capsule)	Maximum of 9 capsules per day
Esbriet (267mg Tablet)	Maximum of 9 tablets per day
Esbriet (801mg Tablet)	Maximum of 3 tablets per day
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days
Evotaz (Tablet)	Maximum of 2 tablets per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
Fanapt (Tablet)	Maximum of 2 tablets per day
Farxiga (Tablet)	Maximum of 1 tablet per day
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	Maximum of 4 lozenges per day
Fetzima (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Firazyr (Injection)	Maximum of 9 ml per day
Fluticasone Propionate/Salmeterol (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Fosamprenavir Calcium (Tablet)	Maximum of 6 tablets per day
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
Fuzeon (Injection)	Maximum of 3 vials per day
Genvoya (Tablet)	Maximum of 2 tablets per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glyxambi (Tablet)	Maximum of 1 tablet per day
Granisetron HCl (Tablet)	Maximum of 2 tablets per day
Guanfacine HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Harvoni (Tablet)	Maximum of 1 tablet per day
Hetlioz (Capsule)	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (2.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
Ibrance (Capsule)	Maximum of 1 capsule per day
Iclusig (15mg Tablet)	Maximum of 2 tablets per day
Iclusig (45mg Tablet)	Maximum of 1 tablet per day
Idhifa (Tablet)	Maximum of 1 tablet per day
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
Imbruvica (140mg Capsule)	Maximum of 4 capsules per day
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)	Maximum of 1 tablet per day
Imbruvica (70mg Capsule)	Maximum of 1 capsule per day
Inlyta (Tablet)	Maximum of 4 tablets per day
Intence (100mg Tablet)	Maximum of 2 tablets per day
Intence (200mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Intelence (25mg Tablet)	Maximum of 6 tablets per day
Invirase (200mg Capsule)	Maximum of 15 capsules per day
Invirase (500mg Tablet)	Maximum of 6 tablets per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Iressa (Tablet)	Maximum of 2 tablets per day
Isentress (100mg Packet)	Maximum of 4 packets per day
Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)	Maximum of 9 tablets per day
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Isentress HD (Tablet)	Maximum of 3 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Juluca (Tablet)	Maximum of 2 tablets per day
Kaletra (100mg-25mg Tablet)	Maximum of 10 tablets per day
Kaletra (200mg-50mg Tablet)	Maximum of 6 tablets per day
Kalydeco (150mg Tablet)	Maximum of 2 tablets per day
Kalydeco (50mg Packet, 75mg Packet)	Maximum of 2 packets per day
Kisqali (Tablet)	Maximum of 3 tablets per day
Kisqali Femara 200 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Kisqali Femara 400 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Kisqali Femara 600 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Korlym (Tablet)	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day

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Drug Name	Quantity Limit
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Lexiva (50mg/ml Suspension)	Maximum of 90 ml per day
Lidocaine (5% Ointment)	Maximum of 150 grams per 30 days
Lidocaine (5% Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
Linzess (Capsule)	Maximum of 1 capsule per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Livalo (Tablet)	Maximum of 1 tablet per day
Lonsurf (6.14mg-15mg Tablet)	Maximum of 10 tablets per day
Lonsurf (8.19mg-20mg Tablet)	Maximum of 8 tablets per day
Lopinavir/Ritonavir (Oral Solution)	Maximum of 16 ml per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam (2mg/ml Concentrate)	Maximum of 5 ml per day
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet HD (Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Lovastatin (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Lynparza (100mg Tablet, 150mg Tablet)	Maximum of 4 tablets per day
Lynparza (50mg Capsule)	Maximum of 16 capsules per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (20mg/ml Oral Solution)	Maximum of 30 ml per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Mavyret (Tablet)	Maximum of 3 tablets per day
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (2mg/ml Oral Solution)	Maximum of 10 ml per day
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day
Memantine HCl ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Mesalamine (Enema)	Maximum of 1 bottle (60 ml) per day
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Methylphenidate HCl (10mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (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

Bold type = Brand name drug

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Drug Name	Quantity Limit
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
Namzaric (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution)	Maximum of 300 mg (1 vial) in 28 days
Nerlynx (Tablet)	Maximum of 6 tablets per day
Nevirapine (Tablet)	Maximum of 3 tablets per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days
Northera (100mg Capsule)	Maximum of 3 capsules per day
Northera (200mg Capsule, 300mg Capsule)	Maximum of 6 capsules per day
Norvir (100mg Capsule)	Maximum of 18 capsules per day
Norvir (100mg Packet)	Maximum of 18 packets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day

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Drug Name	Quantity Limit
Noxafil (100mg Tablet Delayed-Release)	Maximum of 8 tablets per day
Noxafil (40mg/ml Suspension)	Maximum of 20 ml per day
Nucala (Injection)	Maximum of 3 vials per 28 days
Nuplazid (Tablet)	Maximum of 2 tablets per day
Odefsey (Tablet)	Maximum of 2 tablets per day
Odomzo (Capsule)	Maximum of 1 capsule per day
Ofev (Capsule)	Maximum of 2 capsules per day
Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onfi (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets per day
Onglyza (Tablet)	Maximum of 1 tablet per day
Orkambi (Tablet)	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule)	Maximum of 2 capsules per day
Oseltamivir Phosphate (6mg/ml Suspension)	Maximum of 26 ml per day
Osphena (Tablet)	Maximum of 1 tablet per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (20mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (5mg Tablet Immediate-Release, 10mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 130 ml per day

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Drug Name	Quantity Limit
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
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Perforomist (Nebulized Solution)	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
Pomalyst (Capsule)	Maximum of 1 capsule per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (Injection)	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	Maximum of 1 tablet per day
Premphase (Tablet)	Maximum of 1 tablet per day
Prempro (Tablet)	Maximum of 1 tablet per day
Prezcobix (Tablet)	Maximum of 2 tablets per day
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day
Prezista (75mg Tablet)	Maximum of 7 tablets per day
Prolia (Injection)	Maximum of 1 syringe every 180 days
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
PRUDOXIN (Cream)	Maximum of 90 grams per 30 days
Pulmicort Flexhaler (Aerosol Powder)	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day

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Drug Name	Quantity Limit
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranexa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Ravicti (Liquid)	Maximum of 17.5 ml per day
Rayaldee (Capsule Extended-Release)	Maximum of 2 capsules per day
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (150mg Tablet)	Maximum of 3 tablets per day
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
Repatha (Injection)	Maximum of 3 syringes (3 ml) per 28 days
Repatha PushtroNex System (Injection)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha SureClick (Injection)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Tablet)	Maximum of 9 tablets per day
Restasis (Emulsion)	Maximum of 2 vials per day
Revlimid (Capsule)	Maximum of 1 capsule per day
Rexulti (Tablet)	Maximum of 1 tablet per day
Reyataz (50mg Packet)	Maximum of 8 packets per day
Ritonavir (Tablet)	Maximum of 18 tablets per day
Rivastigmine Tartrate (Capsule)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Rubraca (Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Rydapt (Capsule)	Maximum of 8 capsules per day
Sabril (500mg Tablet)	Maximum of 6 tablets per day
Samsca (Tablet)	Maximum of 2 tablets per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Selzentry (150mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day
Selzentry (20mg/ml Oral Solution)	Maximum of 92 ml per day
Selzentry (25mg Tablet, 300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 inhalations) per 30 days
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Soliqua 100/33 (Injection)	Maximum of 18 ml (6 pens) per 30 days
Somavert (Injection)	Maximum of 1 vial per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	Maximum of 2 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Stribild (Tablet)	Maximum of 2 tablets per day
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days

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Drug Name	Quantity Limit
Sumatriptan Succinate Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Sutent (37.5mg Capsule)	Maximum of 2 capsules per day
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symfi (Tablet)	Maximum of 2 tablets per day
Symfi Lo (Tablet)	Maximum of 2 tablets per day
Synjardy (Tablet)	Maximum of 2 tablets per day
Synjardy XR (10mg-1000mg Tablet Extended-Release 24 Hour, 25mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Synjardy XR (12.5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Tagrisso (Tablet)	Maximum of 1 tablet per day
Tarceva (100mg Tablet, 150mg Tablet)	Maximum of 1 tablet per day
Tarceva (25mg Tablet)	Maximum of 3 tablets per day
Tasigna (150mg Capsule)	Maximum of 5 capsules per day
Tasigna (200mg Capsule)	Maximum of 4 capsules per day
Tasigna (50mg Capsule)	Maximum of 14 capsules per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Temazepam (15mg Capsule, 30mg Capsule)	Maximum of 1 capsule per day
Tenofovir Disoproxil Fumarate (Tablet)	Maximum of 2 tablets per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
Thalomid (100mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Thalomid (150mg Capsule, 200mg Capsule)	Maximum of 2 capsules per day
Tivicay (10mg Tablet, 25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
TOBI Podhaler (Capsule)	Maximum of 8 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
Tradjenta (Tablet)	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trezix (Capsule)	Maximum of 10 capsules per day

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Drug Name	Quantity Limit
Trintene HCl (Capsule)	Maximum of 8 capsules per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
Trulicity (Injection)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Tablet)	Maximum of 2 tablets per day
Tybost (Tablet)	Maximum of 2 tablets per day
Tymlos (Injection)	Maximum of 1.56 ml per 30 days
Valacyclovir HCl (1gm Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valganciclovir (Tablet)	Maximum of 4 tablets per day
Valganciclovir Hydrochloride (Oral Solution)	Maximum of 36 ml per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Vemlidy (Tablet)	Maximum of 1 tablet per day
Venclexta (100mg Tablet)	Maximum of 4 tablets per day
Venclexta (10mg Tablet)	Maximum of 2 tablets per day
Venclexta (50mg Tablet)	Maximum of 1 tablet per day
Verzenio (Tablet)	Maximum of 2 tablets per day
Vesicare (Tablet)	Maximum of 1 tablet per day
Viberzi (Tablet)	Maximum of 2 tablets per day
Videx EC (125mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Videx Pediatric (Oral Solution)	Maximum of 30 ml per day
Vigabatrin (Packet)	Maximum of 6 packets per day
Viibryd (Tablet)	Maximum of 1 tablet per day
Viibryd Starter Pack (Kit)	Maximum of 1 pack (30 tablets) per 30 days
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Vimpat (10mg/ml Oral Solution)	Maximum of 40 ml per day
Viracept (250mg Tablet)	Maximum of 15 tablets per day
Viracept (625mg Tablet)	Maximum of 6 tablets per day
Viramune (Suspension)	Maximum of 60 ml per day
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
Vosevi (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Votrient (Tablet)	Maximum of 4 tablets per day
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	Maximum of 1 capsule per day
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (2.5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Xtampza ER (13.5mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 18mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 9mg Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 capsules per day
Xtampza ER (27mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 36mg Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 6 capsules per day
Xtandi (Capsule)	Maximum of 4 capsules per day
Xyrem (Oral Solution)	Maximum of 18 ml per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (10mg Capsule)	Maximum of 2 capsules per day
Zaleplon (5mg Capsule)	Maximum of 1 capsule per day
Zejula (Capsule)	Maximum of 3 capsules per day
Zelboraf (Tablet)	Maximum of 8 tablets per day
Zerit (Oral Solution)	Maximum of 120 ml per day
Zidovudine (100mg Capsule)	Maximum of 8 capsules per day
Zidovudine (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (50mg/5ml Syrup)	Maximum of 96 ml per day
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Zydelig (Tablet)	Maximum of 2 tablets per day
Zykadia (Capsule)	Maximum of 5 capsules per day

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Drug Name	Quantity Limit
Zytiga (250mg Tablet)	Maximum of 4 tablets per day
Zytiga (500mg Tablet)	Maximum of 2 tablets per day

Required information

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

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