

2019 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

AARP® MedicareRx Walgreens (PDP)

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



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

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



www.myAARPMedicare.com

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

TABLE OF CONTENTS

What is a drug list?.....	3
Note to existing members.....	3
How do I use the drug list?.....	4
What are generic drugs?.....	4
What is a compounded drug?.....	4
Drug payment stage and drug tiers.....	5
Getting Extra Help.....	5
Are there any rules or limits on my drug coverage?.....	6
What if my drug is not on this list?.....	8
How can I get an exception?.....	8
Can I get my drug while I wait for an exception?.....	9
Can the drug list change?.....	10
Drugs with dosages other than a 1-month supply.....	11
Covered drugs by name (Drug index).....	12
Covered drugs by medical condition.....	26
Covered drugs with a quantity limit (QL).....	78

Questions?

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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 Walgreens (PDP) Plans.

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–25 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 26–77 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 26. 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 78-95.

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 **1-866-870-3470**, 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.....	47	Alfuzosin HCl ER.....	64
Abacavir Sulfate/Lamivudine/ Zidovudine.....	47	Alinia.....	43
Abacavir/Lamivudine.....	47	Allopurinol.....	40
Abelcet.....	39	Alosetron HCl.....	62
Abilify Maintena.....	44	Alphagan P.....	73
Acamprosate Calcium DR.....	29	Alprazolam.....	48
Acarbose.....	49	Altavera.....	66
Acetaminophen/Codeine.....	27	Alunbrig.....	42
Acetazolamide.....	54	Alyacen 1/35.....	66
Acetazolamide ER.....	54	Amantadine HCl.....	43
Acetic Acid.....	75	AmBisome.....	39
Acetylcysteine.....	77	Amikacin Sulfate.....	29
Acitretin.....	57	Amiloride HCl.....	54
Actemra.....	71	Aminosyn 7%/Electrolytes...	58
ActHIB.....	71	Aminosyn 8.5%/Electrolytes	58
Actimmune.....	71	Aminosyn II.....	58
Acyclovir.....	46	Aminosyn II 8.5%/Electrolytes	58
Acyclovir Sodium.....	46	Aminosyn-HBC.....	58
Adacel.....	71	Aminosyn-PF.....	58
Adapalene.....	57	Aminosyn-RF.....	58
Adcirca.....	76	Amiodarone HCl.....	52
Adempas.....	76	Amitriptyline HCl.....	38
Afinitor.....	42	Amlodipine Besylate.....	53
Afinitor Disperz.....	42	Amlodipine Besylate/Valsartan	53
Ala-Cort.....	64	Ammonium Lactate.....	57
Albenza.....	43	Amoxapine.....	38
Albuterol Sulfate.....	76	Amoxicillin.....	32
Alclometasone Dipropionate	64	Amoxicillin/Clavulanate Potassium.....	32
Alcohol Prep Pads.....	72	Amoxicillin/Clavulanate Potassium ER.....	32
Alecensa.....	42		
Alendronate Sodium.....	72	Amphetamine/ Dextroamphetamine.....	56
		Amphotericin B.....	39
		Ampicillin.....	32
		Ampicillin Sodium.....	32
		Ampicillin-Sulbactam.....	32
		Ampyra.....	57
		Anadrol-50.....	66
		Anagrelide HCl.....	51
		Anastrozole.....	42
		Androderm.....	66
		Anoro Ellipta.....	77
		Apokyn.....	43
		Apraclonidine.....	73
		Aprepitant.....	38
		Apri.....	66
		Apriso.....	72
		Aptiom.....	35
		Aptivus.....	48
		Aralast Np.....	63
		Aranesp Albumin Free.....	51
		Arcalyst.....	71
		Aripiprazole.....	44
		Aripiprazole ODT.....	45
		Aristada.....	45
		Aspirin/Dipyridamole.....	52
		Atazanavir Sulfate.....	48
		Atenolol.....	52
		Atenolol/Chlorthalidone.....	53
		Atomoxetine.....	56
		Atorvastatin Calcium.....	55
		Atovaquone.....	43
		Atovaquone/Proguanil HCl...	43
		Atripia.....	46

Atropine Sulfate.....	72	Bethanechol Chloride.....	64	Butalbital/Acetaminophen/ Caffeine.....	26
Atrovent HFA.....	75	Betimol.....	73	Butalbital/Aspirin/Caffeine....	26
Aubra.....	66	Bexarotene.....	43	Butorphanol Tartrate.....	27
Augmented Betamethasone Dipropionate.....	64	Bexsero.....	71	Bydureon.....	49
Augmentin.....	32	Bicalutamide.....	41	Bydureon Bcise.....	49
Auryxia.....	61	Bicillin C-R.....	32	C	
Aviane.....	66	Bicillin L-A.....	32	Cabergoline.....	69
Azathioprine.....	70	Biktarvy.....	47	Cabometyx.....	42
Azelastine HCl.....	73, 75	Biltricide.....	43	Calcipotriene.....	57
Azithromycin.....	33	Bimatoprost.....	74	Calcitonin-Salmon.....	72
Azopt.....	73	Binosto.....	72	Calcitriol.....	57, 72
Aztreonam.....	31	Bisoprolol Fumarate.....	52	Calcium Acetate.....	61
B		BIVIGAM.....	70	Calquence.....	42
Bacitracin.....	30	Blephamide.....	73	Canasa.....	72
Bacitracin/Polymyxin B.....	72	Blephamide S.O.P.....	73	Caprelsa.....	42
Baclofen.....	77	Blisovi 24 Fe.....	66	Carac.....	57
Bactocill in Dextrose.....	32	Blisovi Fe 1.5/30.....	66	Carafate.....	62
Bactroban Nasal.....	30	Blisovi Fe 1/20.....	66	Carbaglu.....	58
Balsalazide Disodium.....	72	Boostrix.....	71	Carbamazepine.....	36
Banzel.....	36	Bosulif.....	42	Carbamazepine ER.....	36
Baraclude.....	46	Breo Ellipta.....	77	Carbidopa/Levodopa.....	44
BCG Vaccine.....	71	Brilinta.....	52	Carbidopa/Levodopa ER.....	44
Belsomra.....	77	Brimonidine Tartrate.....	74	Carbidopa/Levodopa ODT....	44
Benazepril HCl.....	52	Briviact.....	34	Carbidopa/Levodopa/ Entacapone.....	44
Benlysta.....	71	Bromocriptine Mesylate.....	43	Carimune Nanofiltered.....	70
Benznidazole.....	43	Budesonide.....	72, 75	Carteolol HCl.....	74
Benztropine Mesylate.....	43	Bumetanide.....	54	Cartia XT.....	53
Bepreve.....	73	Buprenorphine HCl.....	29	Carvedilol.....	52
Berinert.....	70	Buprenorphine HCl/Naloxone HCl.....	29	Cayston.....	76
Betamethasone Dipropionate	64	Bupropion HCl.....	36	Cefaclor.....	30
Betamethasone Valerate.....	64	Bupropion HCl SR.....	29, 37	Cefadroxil.....	31
Betaseron.....	57	Bupropion HCl XL.....	37	Cefazolin Sodium.....	31
Betaxolol HCl.....	73	Buspiron HCl.....	48	Cefdinir.....	31

Cefepime.....	31	Ciprofloxacin.....	33	Colocort.....	72
Cefixime.....	31	Ciprofloxacin HCl.....	33	Coly-Mycin S.....	75
Cefotaxime Sodium.....	31	Ciprofloxacin I.V. in D5W.....	33	Combivent Respimat.....	77
Cefotetan.....	31	Citalopram Hydrobromide.....	37	Cometriq.....	42
Cefoxitin Sodium.....	31	Claravis.....	57	Complera.....	47
Cefpodoxime Proxetil.....	31	Clarithromycin.....	33	Compro.....	38
Cefprozil.....	31	Clarithromycin ER.....	33	Constulose.....	62
Ceftazidime.....	31	Climara Pro.....	66	Corlanor.....	53
Ceftriaxone Sodium.....	31	Clindamycin HCl.....	30	Cosentyx.....	58
Cefuroxime Axetil.....	31	Clindamycin Palmitate HCl....	30	Cosentyx Sensoready Pen....	58
Cefuroxime Sodium.....	31	Clindamycin Phosphate...30, 57		Cosopt PF.....	74
Celontin.....	35	Clindamycin Phosphate in D5W		Cotellic.....	42
Cephalexin.....	31	.....	30	Crinone.....	68
Cetirizine HCl.....	75	Clindamycin/Benzoyl Peroxide		Crixivan.....	48
Chantix.....	29	.....	57	Cromolyn Sodium.....	61, 73, 76
Chantix Continuing Month Pak		Clobetasol Propionate.....	64	Cryselle-28.....	66
.....	29	Clobetasol Propionate E.....	64	Cuvposa.....	61
Chantix Starting Month Pak...29		Clomipramine HCl.....	38	Cyclafem.....	66
Chemet.....	61	Clonazepam.....	49	Cyclobenzaprine HCl.....	77
Chenodal.....	61	Clonazepam ODT.....	49	Cyclophosphamide.....	41
Chlordiazepoxide HCl.....	48	Clonidine HCl.....	52	Cyclosporine.....	70
Chlorhexidine Gluconate Oral		Clonidine HCl ER.....	56	Cyclosporine Modified.....	70
Rinse.....	57	Clopidogrel.....	52	Cyproheptadine HCl.....	75
Chloroquine Phosphate.....	43	Clorazepate Dipotassium.....	49	Cystadane.....	63
Chlorothiazide.....	54	Clotrimazole.....	39	Cystagon.....	63
Chlorpromazine HCl.....	44	Clotrimazole/Betamethasone		Cystaran.....	73
Chlorthalidone.....	54	Dipropionate.....	57, 58		
Chlorzoxazone.....	77	Clozapine.....	45	D	
Cholbam.....	63	Clozapine Odt.....	46	Daliresp.....	76
Cholestyramine.....	55	Coartem.....	43	Danazol.....	66
Cholestyramine Light.....	55	Codeine Sulfate.....	27	Dapsone.....	40
Ciclopirox.....	39	Colchicine.....	40	Daptacel.....	71
Ciclopirox Nail Lacquer.....	39	Colcrys.....	40	Daptomycin.....	30
Ciclopirox Olamine.....	39	Colestipol HCl.....	55	Daraprim.....	43
Cilostazol.....	52	Colistimethate Sodium.....	30	Delyla.....	66

Demeclocycline HCl.....	34	Diazepam.....	49	Doxazosin Mesylate.....	52
Demser.....	53	Diazepam Intensol.....	49	Doxepin HCl.....	38, 58
Depen Titratabs.....	64	Diclofenac Potassium.....	26	Doxy 100.....	34
Depo-Provera.....	68	Diclofenac Sodium....	26, 58, 74	Doxycycline.....	34
Descovy.....	47	Diclofenac Sodium DR.....	26	Doxycycline Hyclate.....	34
Desipramine HCl.....	38	Diclofenac Sodium ER.....	26	Doxycycline Monohydrate....	34
Desmopressin Acetate.....	66	Dicloxacillin Sodium.....	32	Dronabinol.....	38
Desogestrel/Ethinyl Estradiol	66	Dicyclomine Hcl.....	61	Drospirenone/Ethinyl Estradiol	67
Desonide.....	64	Didanosine.....	47	Droxia.....	41
Desoximetasone.....	64	Dificid.....	33	Duloxetine HCl.....	57
Desvenlafaxine ER.....	37	Digitek.....	53	Duramorph.....	27
Dexamethasone.....	64	Digox.....	53	Durezol.....	74
Dexamethasone Sodium Phosphate.....	74	Digoxin.....	53	Dutasteride.....	64
Dexilant.....	62	Dihydroergotamine Mesylate	40	E	
Dexmethylphenidate HCl.....	56	Dilantin.....	36	E.E.S. Granules.....	33
Dexmethylphenidate HCl ER	56	Dilantin INFATABS.....	36	Edurant.....	47
Dextroamphetamine Sulfate	56	Dilt-XR.....	53	Efavirenz.....	47
Dextroamphetamine Sulfate ER	56	Diltiazem HCl.....	53	Egrifta.....	69
Dextrose 10%/NaCl 0.45%....	58	Diltiazem HCl ER.....	53	Elestrin.....	67
Dextrose 10%.....	59	Diphenoxylate/Atropine.....	61	Elidel.....	58
Dextrose 10%/NaCl 0.2%.....	59	Diphtheria/Tetanus Toxoids Adsorbed Pediatric.....	71	Elmiron.....	64
Dextrose 2.5%/NaCl 0.45%...	59	Disulfiram.....	29	Embeda.....	26
Dextrose 5%.....	59	Diuril.....	54	Emcyt.....	41
Dextrose 5%/NaCl 0.2%.....	59	Divalproex Sodium.....	49	Emend.....	38
Dextrose 5%/NaCl 0.225%....	59	Divalproex Sodium DR.....	49	Emoquette.....	67
Dextrose 5%/NaCl 0.33%.....	59	Divalproex Sodium ER.....	49	Emsam.....	37
Dextrose 5%/NaCl 0.45%.....	59	Dofetilide.....	52	Emtriva.....	47
Dextrose 5%/NaCl 0.9%.....	59	Donepezil HCl.....	36	Enalapril Maleate.....	52
Diastat AcuDial.....	35	Donepezil HCl ODT.....	36	Enalapril Maleate/ Hydrochlorothiazide.....	54
Diastat Pediatric.....	35	Doripenem.....	31	Endocet.....	27
		Dorzolamide HCl.....	74	Engerix-B.....	71
		Dorzolamide HCl/Timolol Maleate.....	74	Enoxaparin Sodium.....	51
				Enskyce.....	67

Entacapone.....	43	Ethinodiol Diacetate/Ethinyl		Flunisolide.....	75
Entecavir.....	46	Estradiol.....	67	Fluocinolone Acetonide.....	64,
Entresto.....	54	Evotaz.....	48	65, 75	
Enulose.....	62	Exemestane.....	42	Fluocinolone Acetonide Scalp	
Epclusa.....	46	Exjade.....	61	.....	65
Epinastine HCl.....	73	Ezetimibe.....	55	Fluocinonide.....	65
Epinephrine.....	76	Ezetimibe/Simvastatin.....	55	Fluocinonide Emulsified Base	
EpiPen.....	76	F		.....	65
Epitol.....	36	Falmina.....	67	Fluorometholone.....	74
Epivir HBV.....	46	Famotidine.....	62	Fluorouracil.....	58
Ergotamine Tartrate/Caffeine		Fanapt.....	45	Fluoxetine HCl.....	37
.....	40	Fanapt Titration Pack.....	45	Fluphenazine Decanoate.....	44
Erivedge.....	42	Fareston.....	41	Fluphenazine HCl.....	44
Erleada.....	41	Farydak.....	42	Flurbiprofen Sodium.....	74
Ery.....	58	Felbamate.....	35	Flutamide.....	41
Ery-Tab.....	33	Felodipine ER.....	53	Fluticasone Propionate....	65, 75
EryPed 200.....	33	Femring.....	67	Fluvoxamine Maleate.....	37
EryPed 400.....	33	Femynor.....	67	Fondaparinux Sodium.....	51
Erythrocine Lactobionate.....	33	Fenofibrate.....	55	Forteo.....	72
Erythromycin.....	33, 58	Fentanyl.....	27	Fosamprenavir Calcium.....	48
Erythromycin Base.....	33	Fentanyl Citrate Oral		Fosinopril Sodium.....	52
Erythromycin Ethylsuccinate		Transmucosal.....	27	FreAmine HBC 6.9%.....	59
.....	33	Ferriprox.....	61	Furosemide.....	54
Erythromycin/Benzoyl Peroxide		Fetzima.....	37	Fuzeon.....	48
.....	58	Fetzima Titration Pack.....	37	Fycompa.....	35
Esbriet.....	77	Finacea.....	58	G	
Escitalopram Oxalate.....	37	Finasteride.....	64	Gabapentin.....	35
Esomeprazole Magnesium....	62	Firazyr.....	70	Gammagard Liquid.....	70
Estartylla.....	67	Firmagon.....	69	Gammagard S/D IGA Less	
Estradiol.....	67	Flebogamma DIF.....	70	Than 1 mcg/ml.....	70
Estradiol Valerate.....	67	Flecainide Acetate.....	52	Gammaked.....	70
Estring.....	67	Fluconazole.....	39	Gammplex.....	70
Eszopiclone.....	77	Fluconazole In Nacl.....	39	Gamunex-C.....	71
Ethambutol HCl.....	40	Flucytosine.....	39	Gardasil 9.....	71
Ethosuximide.....	35	Fludrocortisone Acetate.....	64	Gattex.....	61

Gauze.....	72	Haloperidol Lactate.....	44	Hydrocodone/Acetaminophen	27
GaviLyte-C.....	62	Harvoni.....	46	.....	27
GaviLyte-G.....	62	Havrix.....	71	Hydrocodone/Ibuprofen.....	27
GaviLyte-N/Flavor Pack.....	62	Heparin Sodium.....	51	Hydrocortisone.....	65, 72
Gemfibrozil.....	55	HepatAmine.....	59	Hydrocortisone Butyrate.....	65
Generlac.....	62	Hetlioz.....	77	Hydrocortisone Valerate.....	65
Gengraf.....	70	Hexalen.....	41	Hydrocortisone/Acetic Acid	75
Genotropin.....	66	Hiberix.....	71	.....	75
Genotropin Miniquick.....	66	Humalog Cartridge.....	50	Hydromorphone HCl.....	27, 28
Gentak.....	29	Humalog Junior KwikPen.....	50	Hydroxychloroquine Sulfate	43
Gentamicin Sulfate.....	29	Humalog KwikPen.....	50	.....	43
Gentamicin Sulfate/0.9% Sodium Chloride.....	29	Humalog Mix 50/50 KwikPen	50	Hydroxyurea.....	41
Genvoya.....	46	.....	50	Hydroxyzine HCl.....	48
Geodon.....	45	Humalog Mix 50/50 Vial.....	50	Hydroxyzine Pamoate.....	38
Gilenya.....	57	Humalog Mix 75/25 KwikPen	50	I	
Gilotrif.....	42	.....	50	Ibandronate Sodium.....	72
Glatiramer Acetate.....	57	Humalog Mix 75/25 Vial.....	50	Ibrance.....	42
Glatopa.....	57	Humalog Vial.....	50	Ibu.....	26
Gleostine.....	41	Humira.....	70	Ibuprofen.....	26
Glimepiride.....	49	Humira Pediatric Crohns Disease Starter Pack.....	70	Iclusig.....	42
Glipizide.....	49	Humira Pen.....	70	Idhifa.....	42
Glipizide ER.....	49	Humira Pen Crohns Disease Starter Pack.....	70	Ilevro.....	74
Glipizide/Metformin HCl.....	49	Humira Pen-Psoriasis Starter	70	Imatinib Mesylate.....	42
Glucagen Hypokit.....	50	.....	70	Imbruvica.....	42
Glucagon Emergency Kit.....	50	Humulin 70/30 KwikPen.....	50	Imipenem/Cilastatin.....	31
Granisetron HCl.....	38	Humulin 70/30 Vial.....	50	Imipramine HCl.....	38
Griseofulvin Microsize.....	39	Humulin N KwikPen.....	50	Imipramine Pamoate.....	38
Griseofulvin Ultramicrosize....	39	Humulin N Vial.....	50	Imiquimod.....	58
Guanidine HCl.....	40	Humulin R U-500 KwikPen.....	50	Imovax Rabies.....	71
H		Humulin R U-500 Vial.....	50	Increlex.....	66
Halobetasol Propionate.....	65	Humulin R Vial.....	50	Incruse Ellipta.....	75
Haloperidol.....	44	Hydralazine HCl.....	55	Indapamide.....	55
Haloperidol Decanoate.....	44	Hydrochlorothiazide.....	55	Infanrix.....	71
				Inlyta.....	42
				Insulin Syringes, Needles.....	72

Intelence.....	47	Jardiance.....	49	Klor-Con 8.....	59
Intralipid.....	59	Jentadueto.....	49	Klor-Con M10.....	59
Intron A.....	46	Jentadueto XR.....	49	Klor-Con M15.....	59
Introvale.....	67	Jublia.....	39	Klor-Con M20.....	59
Invanz.....	31	Juluca.....	47	Korlym.....	66
Invega Sustenna.....	45	Junel Fe 1.5/30.....	67	Kurveo.....	67
Invega Trinza.....	45	Junel Fe 1/20.....	67	Kuvan.....	63
Invirase.....	48	Junel Fe 24.....	67	L	
Ionosol-MB/Dextrose 5%.....	59	Juxtapid.....	55	Labetalol HCl.....	52
IPOL Inactivated IPV.....	71	K		Lacrisert.....	73
Ipratropium Bromide.....	75	Kaletra.....	48	Lactulose.....	62
Ipratropium Bromide/Albuterol Sulfate.....	77	Kalydeco.....	76	Lamivudine.....	46, 47
Irbesartan.....	52	Kariva.....	67	Lamivudine/Zidovudine.....	47
Iressa.....	42	KCl 0.075%/D5W/NaCl 0.45%.....	59	Lamotrigine.....	35
Isentress.....	46	KCl 0.15%/D5W/NaCl 0.2%.....	59	LARIN Fe 1.5/30.....	67
Isentress HD.....	46	KCl 0.15%/D5w/Nacl 0.45%.....	59	LARIN Fe 1/20.....	67
Isibloom.....	67	KCl 0.15%/D5w/Nacl 0.9%.....	59	Larissia.....	67
Isolyte-P/Dextrose 5%.....	59	KCl 0.3%/D5W/NaCl 0.45%.....	59	Lastacaft.....	73
Isolyte-S.....	59	KCl 0.3%/D5W/NaCl 0.9%.....	59	Latanoprost.....	74
Isoniazid.....	40	Kelnor 1/35.....	67	Latuda.....	45
Isosorbide Dinitrate.....	55	Kelnor 1/50.....	67	Leflunomide.....	71
Isosorbide Mononitrate.....	55	Ketoconazole.....	39	Lenvima.....	42
Isosorbide Mononitrate ER....	55	Ketorolac Tromethamine.....	74	Lessina.....	67
Isotonic Gentamicin.....	29	Kinrix.....	71	Letrozole.....	42
Isotretinoin.....	58	Kionex.....	61	Leucovorin Calcium.....	41
Itraconazole.....	39	Kisqali.....	41	Leukeran.....	41
Ivermectin.....	43	Kisqali Femara 200 Dose.....	41	Leuprolide Acetate.....	69
Ixiaro.....	71	Kisqali Femara 400 Dose.....	41	Levemir FlexTouch.....	50
J		Kisqali Femara 600 Dose.....	41	Levemir Vial.....	50
Jadenu.....	61	Klor-Con.....	59	Levetiracetam.....	34
Jadenu Sprinkle.....	61	Klor-Con 10.....	59	Levetiracetam ER.....	34
Jakafi.....	42			Levobunolol HCl.....	74
Jantoven.....	51			Levocarnitine.....	59

Levocetirizine Dihydrochloride 75	Low-Ogestrel..... 67	Mesnex..... 43
Levofloxacin..... 33	Loxapine Succinate..... 44	Metformin HCl..... 49
Levofloxacin in D5W..... 33	Lumigan..... 74	Metformin HCl ER..... 49, 50
Levonorgestrel/Ethinyl Estradiol..... 67	Lupron Depot..... 69	Methadone HCl..... 27
Levora 0.15/30-28..... 67	Lutera..... 67	Methazolamide..... 54
Levothyroxine Sodium..... 69	Lynparza..... 42	Methenamine Hippurate..... 30
Levoxyl..... 69	Lyrica..... 57	Methimazole..... 69
Lexiva..... 48	Lysodren..... 69	Methotrexate..... 70
Lidocaine..... 28	Lyza..... 68	Methotrexate Sodium..... 70
Lidocaine HCl..... 28	M	
Lidocaine Viscous..... 28	M-M-R II..... 71	Methscopolamine Bromide... 61
Lidocaine/Prilocaine..... 29	Magnesium Sulfate..... 59	Methyldopa..... 52
Lindane..... 43	Malathion..... 43	Methylphenidate HCl..... 56
Linezolid..... 30	Maprotiline HCl..... 37	Methylphenidate HCl ER..... 56
Linzess..... 62	Marlissa..... 67	Methylprednisolone..... 65
Liothyronine Sodium..... 69	Marplan..... 37	Methylprednisolone Dose Pack 65
Lisinopril..... 52	Matulane..... 41	Metoclopramide HCl..... 38
Lisinopril/Hydrochlorothiazide 54	Mavyret..... 46	Metolazone..... 55
Lithium..... 49	Meclizine HCl..... 38	Metoprolol Succinate ER..... 53
Lithium Carbonate..... 49	Medroxyprogesterone Acetate 68, 69	Metoprolol Tartrate..... 53
Lithium Carbonate ER..... 49	Mefloquine HCl..... 43	Metronidazole..... 30
Lonsurf..... 41	Megestrol Acetate..... 69	Metronidazole in NaCl 0.79% 30
Loperamide HCl..... 61	Mekinist..... 42	Metronidazole Vaginal..... 30
Lopinavir/Ritonavir..... 48	Melodetta 24 Fe..... 67	Mexiletine HCl..... 52
Lorazepam..... 49	Meloxicam..... 26	Mibelas 24 Fe..... 68
Lorcet..... 28	Memantine HCl..... 36	Miconazole 3..... 39
Lorcet HD..... 28	Memantine HCl Titration Pak 36	Microgestin 1/20..... 68
Lorcet Plus..... 28	Menactra..... 71	Microgestin Fe..... 68
Losartan Potassium..... 52	Menest..... 68	Microgestin Fe 1.5/30..... 68
Losartan Potassium/ Hydrochlorothiazide..... 54	Menveo..... 71	Midodrine HCl..... 52
Lovastatin..... 55	Mercaptopurine..... 41	Migergot..... 40
	Meropenem..... 31	Miglustat..... 63
	Mesalamine..... 72	Mili..... 68
		Minitran..... 55

Minocycline HCl.....	34	Necon 0.5/35-28.....	68	Nitroglycerin.....	55
Minoxidil.....	55	Nefazodone HCl.....	37	Nitroglycerin Lingual.....	55
Mirtazapine.....	37	Neomycin Sulfate.....	29	Nitroglycerin Transdermal.....	55
Mirtazapine ODT.....	37	Neomycin/Bacitracin/ Polymyxin.....	73	Nitrostat.....	56
Mirvaso.....	58	Neomycin/Polymyxin/ Bacitracin/Hydrocortisone	73	Norethindrone Acetate.....	69
Misoprostol.....	62	Neomycin/Polymyxin/ Dexamethasone.....	73	Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate	68
Modafinil.....	77	Neomycin/Polymyxin/ Gramicidin.....	73	Norgestimate/Ethinyl Estradiol	68
Mometasone Furoate.....	65	Neomycin/Polymyxin/ Hydrocortisone.....	73, 75	Norlyroc.....	69
Mononessa.....	68	Nephramine.....	59	Normosol-M in D5W.....	59
Montelukast Sodium.....	75	Nerlynx.....	42	Normosol-R.....	60
Morphine Sulfate.....	28	Neulasta.....	51	Normosol-R in D5W.....	60
Morphine Sulfate ER.....	27	Neupro.....	43	Northera.....	52
Moxifloxacin Hydrochloride/ Sodium Hydrochloride.....	33	Nevanac.....	74	Nortrel 0.5/35.....	68
Moxifloxacin HCl.....	33	Nevirapine.....	47	Nortrel 1/35.....	68
Moxifloxacin Hydrochloride...	33	Nevirapine ER.....	47	Nortriptyline HCl.....	38
Multaq.....	52	Nexavar.....	42	Norvir.....	48
Mupirocin.....	30	Nexium.....	62	Noxafil.....	39
Myalept.....	61	Niacin Er.....	55	Nucala.....	77
Mycamine.....	39	Niacor.....	55	Nuedexta.....	56
Mycophenolate Mofetil.....	70	Nicotrol.....	29	Nuplazid.....	45
Mycophenolic Acid DR.....	70	Nicotrol NS.....	29	Nutrilipid.....	60
Myrbetriq.....	63	Nilutamide.....	41	NuvaRing.....	68
N					
Nafcillin Sodium.....	32	Nimodipine.....	53	Nyamyc.....	39
Naloxone HCl.....	29	Ninlaro.....	41	Nymalize.....	53
Naltrexone HCl.....	29	Nitro-Bid.....	55	Nystatin.....	39
Naproxen.....	26	Nitrofurantoin.....	30	Nystop.....	39
Naproxen DR.....	26	Nitrofurantoin Macrocrystals	30	O	
Naratriptan HCl.....	40	Nitrofurantoin Monohydrate	30	Octagam.....	71
Narcan.....	29			Octreotide Acetate.....	69
Natacyn.....	39			Odefsey.....	47
Natpara.....	72			Odomzo.....	42
Nebupent.....	43			Ofev.....	77

Ofloxacin.....	34	Paricalcitol.....	72	Pioglitazone HCl.....	50
Olanzapine.....	45	Paromomycin Sulfate.....	29	Piperacillin/Tazobactam.....	32
Olanzapine ODT.....	45	Paroxetine HCl.....	37	Pirmella 1/35.....	68
Olmesartan Medoxomil.....	52	Paser.....	40	Plasma-Lyte A.....	60
Olmesartan Medoxomil/ Hydrochlorothiazide.....	54	Paxil.....	37	Plasma-Lyte-148.....	60
Olopatadine HCl.....	73	Pediarix.....	71	Plenamaine.....	60
Omega-3-Acid Ethyl Esters....	55	Pedvax HIB.....	71	Podofilox.....	58
Omeprazole.....	62, 63	PEG-3350/Electrolytes.....	62	Polyethylene Glycol 3350 Powder.....	62
Omeprazole/Sodium Bicarbonate.....	63	PEG-3350/NaCl/Na Bicarbonate/KCl.....	62	Polymyxin B Sulfate.....	30
Ondansetron HCl.....	38	Peganone.....	36	Polymyxin B Sulfate/ Trimethoprim Sulfate.....	73
Ondansetron ODT.....	39	Pegasys.....	46	Pomalyst.....	41
Onfi.....	35	Pegasys ProClick.....	46	Portia-28.....	68
Orenitram.....	76	Penicillin G Potassium.....	32	Potassium Chloride.....	60
Orfadin.....	63	Penicillin G Procaine.....	32	Potassium Chloride CR.....	60
Orkambi.....	76	Penicillin G Sodium.....	32	Potassium Chloride ER.....	60
Orsythia.....	68	Penicillin V Potassium.....	32	Potassium Chloride/Dextrose	60
Oseltamivir Phosphate.....	48	Pentam 300.....	43	Potassium Chloride/Dextrose/ Lactated Ringers.....	60
Ospheña.....	69	Pentoxifylline ER.....	54	Potassium Chloride/Dextrose/ Sodium Chloride.....	60
Oxacillin Sodium.....	32	Perforomist.....	76	Potassium Chloride/Sodium Chloride.....	60
Oxandrolone.....	66	Periogard.....	57	Potassium Citrate ER.....	60
Oxcarbazepine.....	36	Permethrin.....	43	Praluent.....	55
Oxybutynin Chloride.....	63	Perphenazine.....	38	Pramipexole Dihydrochloride	44
Oxybutynin Chloride ER.....	63	Phenadoz.....	75	Pravastatin Sodium.....	55
Oxycodone HCl.....	28	Phenelzine Sulfate.....	37	Prazosin HCl.....	52
Oxycodone/Acetaminophen	28	Phenobarbital.....	35	Prednicarbate.....	65
Oxycodone/Aspirin.....	28	Phenytek.....	36	Prednisolone.....	65
Oxycodone/Ibuprofen.....	28	Phenytoin.....	36	Prednisolone Acetate.....	74
		Phenytoin Sodium Extended	36	Prednisolone Sodium Phosphate.....	65, 74
P		Phospholine Iodide.....	74		
Pacerone.....	52	Picato.....	58		
Paliperidone ER.....	45	Pilocarpine HCl.....	57, 74		
Panretin.....	43	Pimozide.....	44		
Pantoprazole Sodium.....	63	Pimtrea.....	68		

Prednisone.....	65	Proparacaine HCl.....	73	Recombivax HB.....	71
Prednisone Intensol.....	65	Propranolol HCl.....	53	Regranex.....	58
Premarin.....	68	Propranolol HCl ER.....	53	Relenza Diskhaler.....	48
Premasol.....	60	Propylthiouracil.....	69	Relistor.....	61
Premphase.....	68	ProQuad.....	71	Repaglinide.....	50
Prempro.....	68	Prosol.....	60	Rescriptor.....	47
Prevalite.....	55	Protriptyline HCl.....	38	Restasis.....	73
Previfem.....	68	Prudoxin.....	58	Revlimid.....	41
Prezcobix.....	48	Pulmicort Flexhaler.....	75	Rexulti.....	45
Prezista.....	48	Pulmozyme.....	77	Reyataz.....	48
Priftin.....	40	Purixan.....	41	Ribasphere.....	46
Prilosec.....	63	Pyrazinamide.....	40	Ribavirin.....	46
Primaquine Phosphate.....	43	Pyridostigmine Bromide.....	40	Rifabutin.....	40
Primidone.....	35	Pyridostigmine Bromide ER	40	Rifampin.....	40, 41
Privigen.....	71	.....	40	Riluzole.....	56
Probenecid.....	40	Q		Rimantadine HCl.....	48
Probenecid/Colchicine.....	40	Quadracel.....	71	Risperdal Consta.....	45
Procalamine.....	60	Quasense.....	68	Risperidone.....	45
Prochlorperazine.....	38	Quetiapine Fumarate.....	45	Risperidone ODT.....	45
Prochlorperazine Maleate.....	38	Quinapril HCl.....	52	Ritonavir.....	48
Procrit.....	51	Quinapril/Hydrochlorothiazide	54	Rivastigmine Tartrate.....	36
Procto-Med HC.....	72	.....	54	Rivastigmine Transdermal	
Procto-Pak.....	72	Quinidine Sulfate.....	52	System.....	36
Proctosol HC.....	72	Quinine Sulfate.....	43	Rizatriptan Benzoate.....	40
Proctozone-HC.....	72	R		Rizatriptan Benzoate ODT.....	40
Progesterone.....	69	Rabavert.....	71	Ropinirole HCl.....	44
Proglycem.....	50	Rabeprazole Sodium.....	63	Rosuvastatin Calcium.....	55
Prolastin-C.....	63	Raloxifene HCl.....	69	Rotarix.....	71
Prolensa.....	74	Ramipril.....	52	RotaTeq.....	71
Prolia.....	72	Ranexa.....	54	Roweepra.....	34
Promacta.....	51	Ranitidine HCl.....	62	Roweepra XR.....	34
Promethazine HCl.....	75	Rapamune.....	70	Rubraca.....	42
Promethegan.....	75	Rasagiline Mesylate.....	44	Rydapt.....	42
Propafenone HCl.....	52	Ravicti.....	63		
		Reclipsen.....	68		

S	
Sabril.....	35
Samsca.....	61
Sandimmune.....	70
Santyl.....	58
Saphris.....	45
Savella.....	57
Savella Titration Pack.....	57
Scopolamine.....	38
Selegiline HCl.....	44
Selenium Sulfide.....	58
Selzentry.....	48
Sensipar.....	72
Sertraline HCl.....	37
Sevelamer Carbonate.....	61
Shingrix.....	71
Signifor.....	69
Sildenafil.....	77
Silver Sulfadiazine.....	34
Simbrinza.....	74
Simvastatin.....	55
Sirolimus.....	70
Sirturo.....	41
Sodium Chloride.....	60
Sodium Chloride 0.9%.....	60
Sodium Chloride 0.45%.....	60
Sodium Fluoride.....	61
Sodium Lactate.....	61
Sodium Phenylbutyrate.....	63
Sodium Polystyrene Sulfonate	61
Sodium Sulfacetamide.....	34
Soltamox.....	41
Somatuline Depot.....	69
Somavert.....	69
Sotalol HCl.....	52
Spironolactone.....	54
Spironolactone/ Hydrochlorothiazide.....	54
Sporanox.....	39
Sprintec 28.....	68
Spritam.....	35
Sprycel.....	42
SPS.....	61
Sronyx.....	68
SSD.....	34
Stalevo 100.....	44
Stalevo 125.....	44
Stalevo 150.....	44
Stalevo 200.....	44
Stalevo 50.....	44
Stalevo 75.....	44
Stavudine.....	47
Stivarga.....	42
Streptomycin Sulfate.....	29
Stribild.....	46
Striverdi Respimat.....	76
Suboxone.....	29
Sucraid.....	63
Sucrafate.....	62
Sulfacetamide Sodium.....	34
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate.....	73
Sulfadiazine.....	34
Sulfamethoxazole/ Trimethoprim.....	34
Sulfamethoxazole/ Trimethoprim DS.....	34
Sulfasalazine.....	72
Sulindac.....	26
Sumatriptan.....	40
Sumatriptan Succinate.....	40
Sumatriptan Succinate Refill	40
Suprax.....	31
Suprep Bowel Prep Kit.....	62
Sustiva.....	47
Sutent.....	42
Sylatron.....	46
Symfi.....	47
Symfi Lo.....	47
SymlinPen.....	50
Synarel.....	69
Synjardy.....	50
Synjardy XR.....	50
Synribo.....	41
Synthroid.....	69
T	
Tabloid.....	41
Tacrolimus.....	58, 70
Tafinlar.....	42
Tagrisso.....	42
Tamoxifen Citrate.....	41
Tamsulosin HCl.....	64
Tanzeum.....	50
Tarceva.....	42
Targretin.....	43
Tarina Fe 1/20.....	68
Tasigna.....	42
Tazarotene.....	58
Tazicef.....	31
Tazorac.....	58

Telmisartan.....	52	Tobramycin Sulfate.....	29	Trifluoperazine HCl.....	44
Telmisartan/ Hydrochlorothiazide.....	54	Tobramycin/Dexamethasone	73	Trifluridine.....	46
Temazepam.....	77	Tolterodine Tartrate ER.....	63	Trihexyphenidyl HCl.....	43
Tenivac.....	71	Topiramate.....	35	TriLyte.....	62
Tenofovir Disoproxil Fumarate	47	Torse mide.....	54	Trimethoprim.....	30
Terazosin HCl.....	64	Toviaz.....	63	Trimipramine Maleate.....	38
Terbinafine HCl.....	39	TPN Electrolytes.....	61	Trinessa.....	68
Terconazole.....	39	Tracleer.....	77	Trintellix.....	38
Testosterone.....	66	Tradjenta.....	50	Triumeq.....	46
Testosterone Cypionate.....	66	Tramadol HCl.....	28	Trophamine.....	61
Testosterone Enanthate.....	66	Tramadol HCl ER.....	27	Trumenba.....	71
Testosterone Pump.....	66	Tramadol HCl/Acetaminophen	28	Truvada.....	47
Tetanus/Diphtheria Toxoids- Adsorbed Adult.....	71	Tranexamic Acid.....	52	Twinrix.....	71
Tetrabenazine.....	56	Tranylcypro mine Sulfate.....	37	Tybost.....	46
Tetracycline Hydrochloride...	34	Travasol.....	61	Tykerb.....	42
Thalomid.....	41	Travatan Z.....	74	Tymlos.....	72
Theophylline.....	76	Trazodone HCl.....	38	Typhim Vi.....	71
Theophylline CR.....	76	Trecator.....	41	U	
Theophylline ER.....	76	Trelstar Mixject.....	69	Uloric.....	40
Thioridazine HCl.....	44	Tretinoin.....	43, 58	Unithroid.....	69
Thiothixene.....	44	Trexall.....	70	Ursodiol.....	62
Tiagabine HCl.....	35	Trezix.....	28	V	
Tigecycline.....	30	Tri-Mili.....	68	Valacyclovir Hcl.....	46
Timolol Maleate.....	74	Tri-Previfem.....	68	Valchlor.....	41
Timolol Maleate Ophthalmic Gel Forming.....	74	Tri-Sprintec.....	68	Valganciclovir.....	46
Tinidazole.....	30	Tri-Vylibra.....	68	Valganciclovir Hydrochlorde	46
Tivicay.....	46	Triamcinolone Acetonide.....	65	Valproic Acid.....	35
Tizanidine HCl.....	77	Triamcinolone Acetonide Dental Paste.....	57	Valsartan.....	52
TOBI Podhaler.....	76	Triamterene/ Hydrochlorothiazide.....	54	Valsartan/Hydrochlorothiazide	54
Tobradex.....	73	Triderm.....	65	Vancomycin HCl.....	30
Tobramycin.....	76	Trientine HCl.....	61	Vandazole.....	30
				VAQTA.....	71
				Varivax.....	71

Varizig.....	71	Viread.....	47	Y	
Vascepa.....	55	Vivitrol.....	29	YF-Vax.....	71
Velphoro.....	61	Voriconazole.....	39	Z	
Vemlidy.....	46	Vosevi.....	46	Zafirlukast.....	75
Venclexta.....	42	Votrient.....	42	Zarxio.....	51
Venclexta Starting Pack.....	42	VP-PNV-DHA.....	61	Zejula.....	42
Venlafaxine HCl.....	38	Vraylar.....	45	Zelboraf.....	42
Venlafaxine HCl ER.....	38	Vyfemla.....	68	Zenpep.....	63
Ventavis.....	77	Vylibra.....	68	Zerbaxa.....	31
Ventolin Hfa.....	76	W		Zerit.....	47
Verapamil HCl.....	53	Warfarin Sodium.....	51	Zidovudine.....	48
Verapamil HCl ER.....	53	X		Ziprasidone HCl.....	45
Versacloz.....	46	Xalkori.....	42	Zirgan.....	46
Verzenio.....	41	Xarelto.....	51	Zolanza.....	41
Vibramycin.....	34	Xarelto Starter Pack.....	51	Zolpidem Tartrate.....	77
Videx EC.....	47	Xatmep.....	70	Zonisamide.....	35
Videx Pediatric.....	47	Xgeva.....	72	Zortress.....	70
Vigabatrin.....	35	Xifaxan.....	62	Zostavax.....	71
Viibryd.....	38	Xolair.....	71	Zovia 1/35E.....	68
Viibryd Starter Pack.....	38	Xtandi.....	41	Zydelig.....	43
Vimpat.....	36	Xulane.....	68	Zykadia.....	43
Viracept.....	48	Xyrem.....	77	Zyprexa Relprev.....	45
Viramune.....	47			Zytiga.....	41

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 12-25.

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 78-95.

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	
Meloxicam (Tablet)	1	
Naproxen (125mg/5ml Suspension)	4	
Naproxen (250mg Tablet Immediate- Release, 375mg Tablet Immediate-Release, 500mg 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

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
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	Acetaminophen/ Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	7D, DL, QL, MME
Methadone HCl (10mg Tablet, 5mg Tablet)	2	7D, DL, QL, MME	Butorphanol Tartrate (10mg/ml Nasal Solution)	3	7D, DL, QL, MME
Methadone HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	7D, DL, QL, MME	Codeine Sulfate (Tablet)	3	7D, DL, QL, MME
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	Duramorph (Injection)	4	7D, DL
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	4	7D, DL, QL, MME	Endocet (Tablet)	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	Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	5	DL, PA, QL
Opioid Analgesics, Short-acting			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
			Hydrocodone/ Acetaminophen (Tablet)	3	7D, DL, QL, MME
			Hydrocodone/ Ibuprofen (7.5mg-200mg Tablet)	3	7D, DL, QL, MME
			Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4	7D, DL

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
Hydromorphone HCl (1mg/ml Liquid)	4	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 Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	2	7D, DL, QL, MME	Oxycodone/Acetaminophen (Tablet)	3	7D, DL, QL, MME
Hydromorphone HCl (2mg/ml Injection)	4	7D, DL	Oxycodone/Aspirin (Tablet)	3	7D, DL, QL, MME
Lorcet (Tablet)	3	7D, DL, QL, MME	Oxycodone/Ibuprofen (Tablet)	3	7D, DL, QL, MME
Lorcet HD (Tablet)	3	7D, DL, QL, MME	Tramadol HCl (Tablet Immediate-Release)	2	7D, DL, QL, MME
Lorcet Plus (Tablet)	3	7D, DL, QL, MME	Tramadol HCl/Acetaminophen (Tablet)	2	7D, DL, QL, MME
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	3	7D, DL, QL, MME	Trezix (Capsule)	4	7D, DL, QL, MME
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4	7D, DL	Anesthetics		
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	3	7D, DL, QL, MME	Local Anesthetics		
Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)	4	7D, DL	Lidocaine (5% Ointment)	4	QL
Oxycodone HCl (100mg/5ml Concentrate)	4	7D, DL, QL, MME	Lidocaine (5% Patch)	4	PA, QL
			Lidocaine HCl (4% External Solution)	2	
			Lidocaine HCl (Gel)	2	
			Lidocaine Viscous (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
Lidocaine/Prilocaine (Cream)	3	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium DR (Tablet Delayed-Release)	4	
Disulfiram (Tablet)	4	
Naltrexone HCl (Tablet)	3	
Vivitrol (Injection)	5	
Opioid Dependence Treatments		
Buprenorphine HCl (Tablet Sublingual)	2	QL
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)	4	
Chantix Continuing Month Pak (Tablet)	4	
Chantix Starting Month Pak (Tablet)	4	

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

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
Bacitracin (500unit/gm Ophthalmic Ointment)	2		Metronidazole in NaCl 0.79% (Injection)	4	
Bactroban Nasal (Ointment)	4	PA	Metronidazole Vaginal (Gel)	3	
Clindamycin HCl (Capsule Immediate-Release)	2		Mupirocin (2% Ointment)	2	
Clindamycin Palmitate HCl (Oral Solution)	4		Nitrofurantoin (Suspension)	4	
Clindamycin Phosphate (2% Cream)	3		Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	3	
Clindamycin Phosphate (300mg/ 2ml Injection, 600mg/ 4ml Injection, 900mg/ 6ml Injection)	4		Nitrofurantoin Monohydrate (Capsule) (Generic Macrobid)	3	
Clindamycin Phosphate in D5W (Injection)	4		Polymyxin B Sulfate (Injection)	4	
Colistimethate Sodium (Injection)	4		Tigecycline (Injection)	5	
Daptomycin (Injection)	5		Tinidazole (Tablet)	4	
Linezolid (100mg/5ml Suspension)	5	PA	Trimethoprim (Tablet)	2	
Linezolid (600mg Tablet)	4	PA, QL	Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	4	
Linezolid (600mg/ 300ml Injection)	4	PA	Vandazole (Gel)	3	
Methenamine Hippurate (Tablet)	3		Beta-lactam, Cephalosporins		
Metronidazole (0.75% Cream, 0.75% Gel)	3		Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2	
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2	
Cefazolin Sodium (Injection)	3	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3	
Cefepime (Injection)	4	
Cefixime (Suspension)	4	
Cefotaxime Sodium (Injection)	4	
Cefotetan (Injection)	4	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4	
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3	
Ceftazidime (Injection)	4	
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefuroxime Axetil (Tablet)	2	
Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	4	
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2	
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		

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
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		Ampicillin (Capsule)	2	
Amoxicillin/ Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	2		Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	4	
Amoxicillin/ Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)	4		Ampicillin-Sulbactam (Injection)	4	
			Augmentin (125mg/5ml-31.25mg/5ml Suspension)	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	
			Macrolides		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	3		Ciprofloxacin I.V. in D5W (Injection)	4	
Dificid (Tablet)	5		Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet)	3	
E.E.S. Granules (Suspension)	4		Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4	
Ery-Tab (Tablet Delayed-Release)	4		Levofloxacin in D5W (Injection)	4	
EryPed 200 (Suspension)	4		Moxifloxacin Hydrochloride/Sodium Hydrochloride (Injection)	4	
EryPed 400 (Suspension)	4		Moxifloxacin HCl (Tablet)	3	
Erythrocin Lactobionate (Injection)	4		Moxifloxacin Hydrochloride (Ophthalmic Solution)	4	
Erythromycin (250mg Capsule Delayed-Release)	4				
Erythromycin (5mg/gm Ophthalmic Ointment)	2				
Erythromycin Base (Tablet)	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
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 (100mg Capsule, 50mg Capsule, 75mg Capsule)	2	
Sulfonamides			Tetracycline Hydrochloride (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)	3		Briivact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	5	QL
Sulfadiazine (Tablet)	4		Levetiracetam (Tablet Immediate-Release, 100mg/ml Oral Solution)	2	
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)	2	
Tetracyclines			Roweepra XR (Tablet Extended-Release 24 Hour)	3	
Demeclocycline HCl (Tablet)	4				
Doxy 100 (Injection)	4				
Doxycycline (25mg/5ml Suspension)	4				
Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet, 20mg Tablet Immediate-Release)	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
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)	3		Felbamate (400mg Tablet, 600mg Tablet)	4	
Ethosuximide (250mg/5ml Oral Solution)	4		Felbamate (600mg/5ml Suspension)	5	
Zonisamide (Capsule)	2		Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2	
Diastat AcuDial (Gel)	4		Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	3	
Diastat Pediatric (Gel)	4		Topiramate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	2	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	2		Sodium Channel Agents		
Gabapentin (250mg/5ml Oral Solution)	3		Aptiom (Tablet)	4	QL
Onfi (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			
Tiagabine HCl (Tablet)	4				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	4	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	3	
Carbamazepine ER (Capsule Extended-Release 12 Hour, Tablet Extended-Release 12 Hour)	3	
Dilantin (Capsule)	3	
Dilantin INFATABS (Tablet Chewable)	3	
Epilex (Tablet)	3	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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)	3	QL
Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (Tablet)	2	PA, QL
Memantine HCl (2mg/ml Oral Solution)	4	PA, QL
Memantine HCl Titration Pak (Tablet)	3	PA
Antidepressants		
Antidepressants, Other		
Bupropion HCl (Tablet Immediate-Release)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)	1		Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4	QL
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	1		Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Mirtazapine (Tablet)	1		Fetzima (Capsule Extended-Release 24 Hour)	4	QL, ST
Mirtazapine ODT (Tablet Dispersible)	2		Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	4	ST
Monoamine Oxidase Inhibitors			Fluoxetine HCl (Capsule Immediate-Release, Oral Solution)	2	
Emsam (Patch 24 Hour)	5	QL	Fluvoxamine Maleate (Tablet)	3	
Marplan (Tablet)	4		Maprotiline HCl (Tablet)	4	
Phenelzine Sulfate (Tablet)	3		Nefazodone HCl (Tablet)	4	
Tranlycypromine Sulfate (Tablet)	4		Paroxetine HCl (Tablet Immediate-Release)	2	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			Paxil (10mg/5ml Suspension)	4	
Citalopram Hydrobromide (Tablet)	1		Sertraline HCl (Tablet)	1	
Citalopram Hydrobromide (10mg/5ml Oral Solution)	3		Sertraline HCl (20mg/ml Concentrate)	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
Trazodone HCl (100mg Tablet, 150mg Tablet, 50mg Tablet)	1		Protriptyline HCl (Tablet)	4	
Trintellix (Tablet)	4	QL	Trimipramine Maleate (Capsule)	4	
Venlafaxine HCl (Tablet Immediate-Release)	2		Antiemetics		
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2		Antiemetics, Other		
Viibryd (Tablet)	4	QL	Compro (Suppository)	4	
Viibryd Starter Pack (Kit)	4	QL	Hydroxyzine Pamoate (Capsule)	3	
Tricyclics			Meclizine HCl (Tablet)	2	
Amitriptyline HCl (Tablet)	3		Metoclopramide HCl (Tablet, 5mg/5ml Oral Solution)	2	
Amoxapine (Tablet)	3		Perphenazine (Tablet)	4	
Clomipramine HCl (Capsule)	4		Prochlorperazine (Suppository)	4	
Desipramine HCl (Tablet)	3		Prochlorperazine Maleate (Tablet)	2	
Doxepin HCl (Capsule, 10mg/ml Concentrate)	3		Scopolamine (Patch 72 Hour)	4	
Imipramine HCl (Tablet)	4		Emetogenic Therapy Adjuncts		
Imipramine Pamoate (Capsule)	4		Aprepitant (Therapy Pack, Capsule)	4	PA
Nortriptyline HCl (Capsule, 10mg/5ml Oral Solution)	2		Dronabinol (Capsule)	4	PA
			Emend (125mg Suspension)	4	PA
			Granisetron HCl (1mg Tablet)	3	B/D, PA, QL
			Ondansetron HCl (Tablet)	2	B/D, PA
			Ondansetron HCl (4mg/5ml Oral Solution)	4	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ondansetron ODT (Tablet Dispersible)	2	B/D, PA	Itraconazole (Capsule)	4	PA, QL
Antifungals			Jublia (External Solution)	4	
Antifungals			Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2	
Abelcet (Injection)	4	B/D, PA	Miconazole 3 (Suppository)	3	
AmBisome (Injection)	4	B/D, PA	Mycamine (Injection)	4	
Amphotericin B (Injection)	4	B/D, PA	Natacyn (Suspension)	4	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3		Noxafil (100mg Tablet Delayed-Release)	5	PA, QL
Ciclopirox Nail Lacquer (External Solution)	3		Noxafil (40mg/ml Suspension)	5	QL
Ciclopirox Olamine (Cream)	3		Nyamyc (Powder)	2	
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	2		Nystatin (Cream, Ointment)	1	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2		Nystatin (Powder, Suspension, Tablet)	2	
Fluconazole In Nacl (Injection)	4		Nystop (Powder)	2	
Flucytosine (Capsule)	5		Sporanox (10mg/ml Oral Solution)	5	PA
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4		Terbinafine HCl (Tablet)	3	
Griseofulvin Ultramicrosized (Tablet)	4		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		

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Allopurinol (Tablet)	1	
Colchicine (0.6mg Capsule)	3	QL
Colchicine (0.6mg Tablet)	3	QL
Colcrys (Tablet)	3	PA, QL
Probenecid (Tablet)	2	
Probenecid/Colchicine (Tablet)	2	
Uloric (Tablet)	3	ST
Antimigraine Agents		
Ergot Alkaloids		
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)	3	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	3	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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sumatriptan Succinate (6mg/0.5ml Auto-Injector Injection)	4	QL
Sumatriptan Succinate Refill (Injection)	4	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Tablet)	3	
Pyridostigmine Bromide (Tablet Immediate-Release)	3	
Pyridostigmine Bromide ER (Tablet Extended-Release)	4	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Tablet)	3	
Rifabutin (Capsule)	4	
Antituberculars		
Ethambutol HCl (Tablet)	3	
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)	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
Rifampin (600mg Injection)	4	
Sirturo (Tablet)	5	PA, LA
Treacator (Tablet)	4	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Capsule)	4	B/D, PA
Gleostine (100mg Capsule, 40mg Capsule)	4	
Gleostine (10mg Capsule)	3	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Soltamox (Oral Solution)	4	
Tamoxifen Citrate (Tablet)	1	
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
Kisqali Femara 200 Dose (Tablet Therapy Pack)	5	PA, QL
Kisqali Femara 400 Dose (Tablet Therapy Pack)	5	PA, QL
Kisqali Femara 600 Dose (Tablet Therapy Pack)	5	PA, QL
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet)	3	
Leucovorin Calcium (25mg Tablet)	4	
Lonsurf (Tablet)	5	PA, QL, LA
Ninlaro (Capsule)	5	PA, QL
Synribo (Injection)	5	PA
Verzenio (Tablet)	5	PA, QL, LA
Zolinza (Capsule)	5	PA
Aromatase Inhibitors, 3rd Generation		

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anastrozole (Tablet)	1	
Exemestane (Tablet)	4	
Letrozole (Tablet)	1	
Enzyme Inhibitors		
Rubraca (Tablet)	5	PA, QL, LA
Zejula (Capsule)	5	PA, QL, LA
Molecular Target Inhibitors		
Afinitor (Tablet)	5	PA
Afinitor Disperz (Tablet Soluble)	5	PA
Alecensa (Capsule)	5	PA, QL, LA
Alunbrig (0 Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)	5	PA, QL, LA
Bosulif (Tablet)	5	PA, QL
Cabometyx (Tablet)	5	PA, QL, LA
Calquence (Capsule)	5	PA, QL
Caprelsa (Tablet)	5	PA, LA
Cometriq (Kit)	5	PA, LA
Cotellic (Tablet)	5	PA, QL, LA
Erivedge (Capsule)	5	PA, QL, LA
Farydak (Capsule)	5	PA
Gilotrif (Tablet)	5	PA, LA
Ibrance (Capsule)	5	PA, QL, LA
Iclusig (Tablet)	5	PA, QL, LA
Idhifa (Tablet)	5	PA, QL, LA
Imatinib Mesylate (Tablet)	5	PA, QL
Imbruvica (140mg Capsule, 70mg Capsule)	5	PA, QL, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Imbruvica (Tablet)	5	PA, QL
Inlyta (Tablet)	5	PA, QL, LA
Iressa (Tablet)	5	PA, QL, LA
Jakafi (Tablet)	5	PA, QL, LA
Lenvima (Capsule Therapy Pack)	5	PA, LA
Lynparza (100mg Tablet, 150mg Tablet, 50mg Capsule)	5	PA, QL, LA
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

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
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		
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)	3	

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Pramipexole Dihydrochloride (Tablet Immediate-Release)	3		Fluphenazine Decanoate (Injection)	4	
Ropinirole HCl (Tablet Immediate-Release)	2		Fluphenazine HCl (Tablet)	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors			Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	4	
Carbidopa/Levodopa (Tablet Immediate-Release)	2		Fluphenazine HCl (5mg/ml Concentrate)	3	
Carbidopa/Levodopa ER (Tablet Extended-Release)	2		Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	2	
Carbidopa/Levodopa ODT (Tablet Dispersible)	2		Haloperidol Decanoate (Injection)	4	
Carbidopa/Levodopa/Entacapone (Tablet)	4		Haloperidol Lactate (Injection)	4	
Stalevo 100 (Tablet)	4	PA	Loxapine Succinate (Capsule)	3	
Stalevo 125 (Tablet)	4	PA	Pimozide (Tablet)	3	
Stalevo 150 (Tablet)	4	PA	Thioridazine HCl (Tablet)	3	
Stalevo 200 (Tablet)	4	PA	Thiothixene (Capsule)	3	
Stalevo 50 (Tablet)	4	PA	Trifluoperazine HCl (Tablet)	3	
Stalevo 75 (Tablet)	4	PA	2nd Generation/Atypical		
Monoamine Oxidase B (MAO-B) Inhibitors			Abilify Maintena (Injection)	5	
Rasagiline Mesylate (Tablet)	4		Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution)	4	QL
Selegiline HCl (Capsule, Tablet)	3				
Antipsychotics					
1st Generation/Typical					
Chlorpromazine HCl (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
Aripiprazole ODT (Tablet Dispersible)	4	QL	Quetiapine Fumarate (Tablet Immediate-Release)	2	QL
Aristada (Injection)	5		Rexulti (Tablet)	5	QL
Fanapt (Tablet)	4	QL, ST	Risperdal Consta (12.5mg Injection)	4	
Fanapt Titration Pack (Tablet)	4	ST	Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)	5	
Geodon (20mg Injection)	4		Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet)	2	
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	5		Risperidone (1mg/ml Oral Solution)	4	
Invega Sustenna (39mg/0.25ml Injection)	4		Risperidone ODT (Tablet Dispersible)	4	
Invega Trinza (Injection)	5		Saphris (Tablet Sublingual)	4	QL
Latuda (Tablet)	5	QL	Vraylar (Capsule Therapy Pack)	4	ST
Nuplazid (Tablet)	5	PA, QL	Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	4	QL, ST
Olanzapine (10mg Injection)	4		Ziprasidone HCl (Capsule)	3	QL
Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	2	QL	Zyprexa Relprevv (Injection)	4	
Olanzapine ODT (Tablet Dispersible)	3	QL	Treatment-Resistant		
Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL	Clozapine (Tablet Immediate-Release)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Clozapine Odt (Tablet Dispersible)	4	QL
Versacloz (Suspension)	5	
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
Pegasys ProClick (Injection)	5	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
Sylatron (Injection)	5	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Epclusa (Tablet)	5	PA, QL

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

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
Complera (Tablet)	5	QL	Abacavir Sulfate/ Lamivudine/ Zidovudine (Tablet)	5	QL
Edurant (Tablet)	5	QL	Abacavir/Lamivudine (Tablet)	4	QL
Efavirenz (200mg Capsule, 600mg Tablet)	5	QL	Biktarvy (Tablet)	5	QL
Efavirenz (50mg Capsule)	4	QL	Descovy (Tablet)	5	QL
Intelence (100mg Tablet, 200mg Tablet)	5	QL	Didanosine (Capsule Delayed-Release)	3	QL
Intelence (25mg Tablet)	4	QL	Emtriva (10mg/ml Oral Solution, 200mg Capsule)	4	QL
Juluca (Tablet)	5	QL	Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL
Nevirapine (Tablet)	3	QL	Lamivudine/ Zidovudine (Tablet)	4	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	4	QL	Stavudine (Capsule)	3	QL
Odefsey (Tablet)	5	QL	Tenofovir Disoproxil Fumarate (Tablet)	5	QL
Rescriptor (Tablet)	4	QL	Truvada (Tablet)	5	QL
Sustiva (200mg Capsule, 600mg Tablet)	5	QL	Videx EC (125mg Capsule Delayed- Release)	4	QL
Sustiva (50mg Capsule)	4	QL	Videx Pediatric (Oral Solution)	4	QL
Symfi (Tablet)	5	QL	Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder)	5	QL
Symfi Lo (Tablet)	5	QL	Zerit (1mg/ml Oral Solution)	4	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			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	3	QL
Anti-HIV Agents, Other		
Fuzeon (Injection)	5	QL
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)	5	QL
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Norvir (100mg Capsule, 100mg Packet, 100mg Tablet, 80mg/ml Oral Solution)	4	QL
Prezcobix (Tablet)	5	QL
Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)	5	QL
Prezista (150mg Tablet, 75mg Tablet)	4	QL
Reyataz (50mg Packet)	5	QL
Ritonavir (Tablet)	4	QL
Viracept (Tablet)	5	QL
Anti-influenza Agents		
Oseltamivir Phosphate (Capsule, 6mg/ml Suspension)	3	QL
Relenza Diskhaler (Aerosol Powder)	3	QL
Rimantadine HCl (Tablet)	4	
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Tablet)	2	
Hydroxyzine HCl (Tablet, 10mg/5ml Syrup)	3	
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	2	QL
Chlordiazepoxide HCl (Capsule)	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
Clonazepam (Tablet Immediate-Release)	2	QL
Clonazepam ODT (Tablet Dispersible)	4	QL
Clorazepate Dipotassium (Tablet)	3	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	2	QL
Diazepam (1mg/ml Oral Solution)	2	
Diazepam Intensol (5mg/ml Concentrate)	2	QL
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lithium Carbonate ER (Tablet Extended-Release)	2	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Tablet)	3	QL
Bydureon Bcise (Auto injector)	3	QL
Bydureon (Pen, Vial)	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)	3	QL
Jardiance (Tablet)	3	QL
Jentaduetto (Tablet)	3	QL
Jentaduetto XR (Tablet Extended-Release 24 Hour)	3	QL
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour)	5	PA, QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL	Humalog Mix 50/50 Vial (Injection)	3	
Pioglitazone HCl (Tablet)	1	QL	Humalog Mix 75/25 KwikPen (Injection)	3	
Repaglinide (Tablet)	3	QL	Humalog Mix 75/25 Vial (Injection)	3	
SymlynPen (Injection)	5	PA	Humalog Vial (Injection)	3	
Synjardy (Tablet)	3	QL	Humulin 70/30 KwikPen (Injection)	3	
Synjardy XR (Tablet Extended-Release 24 Hour)	3	QL	Humulin 70/30 Vial (Injection)	3	
Tanzeum (Injection)	3	QL	Humulin N KwikPen (Injection)	3	
Tradjenta (Tablet)	3	QL	Humulin N Vial (Injection)	3	
Glycemic Agents			Humulin R U-500 KwikPen (Injection)	3	
Glucagen Hypokit (Injection)	4		Humulin R U-500 Vial (Concentrated) (Injection)	3	
Glucagon Emergency Kit (Injection)	3		Humulin R Vial (Injection)	3	
Proglycem (Suspension)	5		Levemir FlexTouch (Injection)	3	
Insulins			Levemir Vial (Injection)	3	
Humalog Cartridge (Injection)	3		Blood Products/Modifiers/Volume Expanders		
Humalog Junior KwikPen (Injection)	3		Anticoagulants		
Humalog KwikPen (Injection)	3				
Humalog Mix 50/50 KwikPen (Injection)	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
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection)	4	QL
Fondaparinux Sodium (Injection)	4	
Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	3	
Heparin Sodium (1000unit/ml Injection)	3	B/D, PA
Jantoven (Tablet)	1	
Warfarin Sodium (Tablet)	1	
Xarelto (Tablet)	3	QL
Xarelto Starter Pack (Tablet Therapy Pack)	3	QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
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		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Tranexamic Acid (650mg Tablet)	3	
Platelet Modifying Agents		
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	3	QL
Brilinta (Tablet)	3	QL
Cilostazol (Tablet)	3	
Clopidogrel (75mg Tablet)	2	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (Tablet Immediate-Release)	2	
Clonidine HCl (Patch Weekly)	4	
Methyldopa (Tablet)	3	
Midodrine HCl (Tablet)	3	
Northera (Capsule)	4	PA, QL, LA
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	2	
Prazosin HCl (Capsule)	3	
Angiotensin II Receptor Antagonists		
Irbesartan (Tablet)	2	QL
Losartan Potassium (Tablet)	1	QL
Olmesartan Medoxomil (Tablet)	2	QL
Telmisartan (Tablet)	3	QL
Valsartan (Tablet)	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Benazepril HCl (Tablet)	1	QL
Enalapril Maleate (Tablet)	2	QL
Fosinopril Sodium (Tablet)	2	QL
Lisinopril (Tablet)	1	QL
Quinapril HCl (Tablet)	2	QL
Ramipril (Capsule)	2	QL
Antiarrhythmics		
Amiodarone HCl (200mg Tablet)	1	
Dofetilide (Capsule)	4	
Flecainide Acetate (Tablet)	2	
Mexiletine HCl (Capsule)	3	
Multaq (Tablet)	3	QL
Pacerone (200mg Tablet)	1	
Propafenone HCl (Tablet)	2	
Quinidine Sulfate (Tablet)	2	
Sotalol HCl (Af) (Tablet)	2	
Sotalol HCl (Tablet)	2	
Beta-adrenergic Blocking Agents		
Atenolol (Tablet)	1	
Bisoprolol Fumarate (Tablet)	2	
Carvedilol (Tablet)	1	
Labetalol HCl (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
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 (Oral Solution, Tablet Immediate-Release)	2	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	
Calcium Channel Blocking Agents		
Amlodipine Besylate (Tablet)	1	
Cartia XT (Capsule Extended-Release 24 Hour)	3	
Dilt-XR (Capsule Extended-Release 24 Hour)	3	
Diltiazem HCl (Tablet Immediate-Release)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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)	3	
Felodipine ER (Tablet Extended-Release 24 Hour)	3	
Nimodipine (Capsule)	4	
Nymalize (Oral Solution)	5	
Verapamil HCl (Tablet Immediate-Release)	2	
Verapamil HCl ER (Tablet Extended-Release)	2	
Cardiovascular Agents, Other		
Amlodipine Besylate/ Valsartan (Tablet)	3	QL
Atenolol/ Chlorthalidone (Tablet)	1	
Corlanor (Tablet)	4	PA, QL
Demser (Capsule)	5	
Digitex (Tablet)	2	
Digox (Tablet)	2	
Digoxin (0.05mg/ml Oral Solution)	4	
Digoxin (125mcg Tablet, 250mcg Tablet)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	2	QL	Valsartan/ Hydrochlorothiazide (Tablet)	2	QL
Entresto (Tablet)	3	QL	Diuretics, Carbonic Anhydrase Inhibitors		
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL	Acetazolamide (Tablet Immediate-Release)	3	
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL	Acetazolamide ER (Capsule Extended- Release 12 Hour)	4	
Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	2	QL	Methazolamide (Tablet)	4	
Pentoxifylline ER (Tablet Extended- Release)	2		Diuretics, Loop		
Quinapril/ Hydrochlorothiazide (Tablet)	2	QL	Bumetanide (0.25mg/ ml Injection)	4	
Ranexa (Tablet Extended-Release 12 Hour)	3	QL	Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	3	
Spirolactone/ Hydrochlorothiazide (Tablet)	3		Furosemide (10mg/ml Injection)	4	B/D, PA
Telmisartan/ Hydrochlorothiazide (Tablet)	3	QL	Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Triamterene/ Hydrochlorothiazide (25mg-37.5mg Tablet, 50mg-75mg Tablet, 37.5mg-25mg Capsule)	2		Torsemide (Tablet)	2	
			Diuretics, Potassium-sparing		
			Amiloride HCl (Tablet)	2	
			Spirolactone (Tablet)	2	
			Diuretics, Thiazide		
			Chlorothiazide (Tablet)	3	
			Chlorthalidone (Tablet)	2	
			Diuril (Suspension)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	2	
Metolazone (Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (160mg Tablet, 54mg Tablet)	2	
Gemfibrozil (Tablet)	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
Lovastatin (Tablet)	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)	2	QL
Ezetimibe/Simvastatin (Tablet)	3	QL
Juxtapid (Capsule)	5	PA, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Niacin Er (Tablet Extended-Release)	3	
Niacor (Tablet)	2	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	4	QL
Praluent (150mg/ml Injection, 75mg/ml Injection)	5	PA, QL, LA
Prevalite (Packet)	3	
Vascepa (Capsule)	4	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Tablet)	2	
Minoxidil (Tablet)	2	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (Tablet Immediate-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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitrostat (Tablet Sublingual)	3		Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	4	QL
Central Nervous System Agents			Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			Atomoxetine (Capsule)		
Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	4	QL	Clonidine HCl ER (Tablet Extended- Release 12 Hour)	4	PA
			Dexmethylphenidate HCl (Tablet Immediate-Release)		
			Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)		
			Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin)		
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	Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)	4	QL
			Central Nervous System, Other		
			Nuedexta (Capsule)		
			Riluzole (Tablet)		
			Tetrabenazine (Tablet)		
			Fibromyalgia Agents		
Dextroamphetamine Sulfate (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
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	QL
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	3	QL
Savella (Tablet)	3	
Savella Titration Pack	3	
Multiple Sclerosis Agents		
Ampyra (Tablet Extended-Release 12 Hour)	5	QL, LA
Betaseron (Injection)	5	
Gilenya (Capsule)	5	QL
Glatiramer Acetate (Solution Prefilled Syringe)	5	
Glatopa (Injection)	5	
Dental and Oral Agents		
Dental and Oral Agents		
Chlorhexidine Gluconate Oral Rinse (Solution)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Periogard (Solution)	2	
Pilocarpine HCl (Tablet)	4	
Triamcinolone Acetonide Dental Paste (Paste)	3	
Dermatological Agents		
Dermatological Agents		
Acitretin (Capsule)	4	
Adapalene (0.1% Cream)	4	
Adapalene (0.1% Gel)	3	
Ammonium Lactate (12% Cream, 12% Lotion)	3	
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)	4	
Calcitriol (3mcg/gm Ointment)	4	
Carac (Cream)	4	PA
Claravis (Capsule)	4	PA
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Clotrimazole/ Betamethasone Dipropionate (1%-0.05% Cream)	3	
Cosentyx (Injection)	5	PA, LA
Cosentyx Sensoready Pen (Injection)	5	PA, LA
Diclofenac Sodium (3% Gel)	4	PA
Doxepin HCl (Cream)	4	PA, QL
Elidel (Cream)	4	ST
Ery (2% Pad)	3	
Erythromycin (2% External Solution)	3	
Erythromycin (2% Gel)	4	
Erythromycin/Benzoyl Peroxide (Gel)	4	
Finacea (15% Foam, 15% Gel)	4	
Fluorouracil (0.5% Cream, 5% Cream)	4	
Fluorouracil (2% External Solution, 5% External Solution)	3	
Imiquimod (Cream)	4	
Isotretinoin (Capsule)	4	PA
Mirvaso (Gel)	4	
Picato (Gel)	3	
Podofilox (External Solution)	3	
Prudoxin (Cream)	4	PA, QL
Regranex (Gel)	5	PA
Santyl (Ointment)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Selenium Sulfide (Lotion)	2	
Tacrolimus (0.03% Ointment, 0.1% Ointment)	4	ST
Tazarotene (Cream)	4	PA
Tazorac (0.05% Cream)	4	PA
Tretinoin (0.01% 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%/NaCl 0.45% (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
Dextrose 10% (Injection)	4		KCl 0.15%/D5w/NaCl 0.45% (Injection)	4	
Dextrose 10%/NaCl 0.2% (Injection)	4		KCl 0.15%/D5w/NaCl 0.9% (Injection)	4	
Dextrose 2.5%/NaCl 0.45% (Injection)	4		KCl 0.3%/D5W/NaCl 0.45% (Injection)	4	
Dextrose 5% (Injection)	4	B/D, PA	KCl 0.3%/D5W/NaCl 0.9% (Injection)	4	
Dextrose 5%/NaCl 0.2% (Injection)	4		Klor-Con (Packet)	3	
Dextrose 5%/NaCl 0.225% (Injection)	4		Klor-Con 10 (Tablet Extended-Release)	3	
Dextrose 5%/NaCl 0.33% (Injection)	4		Klor-Con 8 (Tablet Extended-Release)	3	
Dextrose 5%/NaCl 0.45% (Injection)	4		Klor-Con M10 (Tablet Extended-Release)	2	
Dextrose 5%/NaCl 0.9% (Injection)	4	B/D, PA	Klor-Con M15 (Tablet Extended-Release)	2	
FreAmine HBC 6.9% (Injection)	4	B/D, PA	Klor-Con M20 (Tablet Extended-Release)	2	
HepatAmine (Injection)	4	B/D, PA	Levocarnitine (1gm/10ml Oral Solution)	3	
Intralipid (Injection)	4	B/D, PA	Levocarnitine (330mg Tablet)	3	
Ionosol-MB/Dextrose 5% (Injection)	4		Magnesium Sulfate (1gm/2ml-50% Injection)	4	
Isolyte-P/Dextrose 5% (Injection)	4		Magnesium Sulfate (5gm/10ml-50% Injection)	4	
Isolyte-S (Injection)	4		Nephramine (Injection)	4	B/D, PA
KCl 0.075%/D5W/NaCl 0.45% (Injection)	4		Normosol-M in D5W (Injection)	4	
KCl 0.15%/D5W/NaCl 0.2% (Injection)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Normosol-R (Injection)	4	
Normosol-R in D5W (Injection)	4	
Nutrilipid (Injection)	4	B/D, PA
Plasma-Lyte A (Injection)	4	
Plasma-Lyte-148 (Injection)	4	
Plenamaine (Injection)	4	B/D, PA
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	3	
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	4	B/D, PA
Potassium Chloride (2meq/ml Injection)	4	B/D, PA
Potassium Chloride CR (Tablet Extended-Release)	2	
Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	2	
Potassium Chloride/Dextrose (Injection)	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride/Dextrose/Lactated Ringers (Injection)	4	
Potassium Chloride/Dextrose/Sodium Chloride (Injection)	4	
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	

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
Sodium Fluoride (Tablet)	2	
Sodium Lactate (Injection)	4	
TPN Electrolytes (Injection)	4	
Travasol (Injection)	4	B/D, PA
Trophamine (10% Injection)	4	B/D, PA
Electrolyte/Mineral/Metal Modifiers		
Chemet (Capsule)	4	
Exjade (Tablet Soluble)	5	PA
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	5	PA
Jadenu (Tablet)	5	PA
Jadenu Sprinkle (Packet)	5	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)	3	
Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Velphoro (Tablet Chewable)	4	
Vitamins		
VP-PNV-DHA (Capsule)	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Cuvposa (Oral Solution)	4	
Dicyclomine Hcl (10mg Capsule, 10mg/5ml Oral Solution)	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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ursodiol (250mg Tablet, 500mg Tablet)	4	
Ursodiol (300mg Capsule)	3	
Histamine2 (H2) Receptor Antagonists		
Famotidine (20mg Tablet, 40mg Tablet)	2	
Ranitidine HCl (Tablet)	2	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	5	PA
Linzess (Capsule)	3	QL
Xifaxan (Tablet)	5	PA
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) (Generic GoLYTELY)	3	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	3	
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		
Dexilant (Capsule Delayed-Release)	4	QL
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	3	QL
Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)	3	
Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	3	QL
Omeprazole (10mg Capsule Delayed-Release, 40mg 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
Omeprazole (20mg Capsule Delayed-Release)	2	
Omeprazole/Sodium Bicarbonate (20mg-1100mg Capsule)	4	PA
Omeprazole/Sodium Bicarbonate (20mg-1680mg Packet, 40mg-1680mg Packet, 40mg-1100mg Capsule)	5	PA
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	2	QL
Prilosec (Packet)	4	PA
Rabeprazole Sodium (Tablet Delayed-Release)	3	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Aralast Np (Injection)	5	PA, LA
Cholbam (Capsule)	5	PA
Cystadane (Powder)	5	
Cystagon (Capsule)	4	LA
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	5	LA
Miglustat (Capsule)	5	PA, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
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)	2	
Oxybutynin Chloride (5mg/5ml Syrup)	3	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	3	QL
Tolterodine Tartrate ER (Capsule Extended-Release 24 Hour)	4	
Toviaz (Tablet Extended-Release 24 Hour)	3	QL
Benign Prostatic Hypertrophy Agents		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2		Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3	
Dutasteride (Capsule)	3	QL	Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3	
Finasteride (5mg Tablet) (Generic Proscar)	2		Clobetasol Propionate (0.05% Cream, 0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	4	
Tamsulosin HCl (Capsule)	2		Clobetasol Propionate (0.05% External Solution)	3	
Terazosin HCl (Capsule)	2		Clobetasol Propionate E (Cream)	4	
Genitourinary Agents, Other			Desonide (0.05% Ointment)	4	
Bethanechol Chloride (Tablet)	3		Desoximetasone (0.05% Cream, 0.25% Cream)	4	
Depen Titratabs (Tablet)	5		Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2	
Elmiron (Capsule)	4		Fludrocortisone Acetate (Tablet)	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.025% Ointment)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)					
Ala-Cort (Cream)	2				
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	3				
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	3				

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
Fluocinolone Acetonide (0.01% External Solution)	4		Methylprednisolone Dose Pack (Tablet Therapy Pack)	2	
Fluocinolone Acetonide Scalp (Oil)	4		Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	3	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3		Prednicarbate (0.1% Cream, 0.1% Ointment)	4	
Fluocinonide Emulsified Base (Cream)	3		Prednisolone (15mg/5ml Oral Solution)	2	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3		Prednisolone Sodium Phosphate (25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	2	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4		Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	2		Prednisone Intensol (5mg/ml Concentrate)	2	
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	3		Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2	
Hydrocortisone Butyrate (0.1% Ointment)	3		Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	3	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	4		Triderm (Cream)	2	
Methylprednisolone (Tablet)	2				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Desmopressin Acetate (0.01% Nasal Spray Solution)	4	
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	3	
Genotropin (Injection)	5	PA
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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 1% Gel, 50mg/5gm 1% Gel)	3	
Testosterone Cypionate (Injection)	3	
Testosterone Enanthate (Injection)	4	
Testosterone Pump (Gel)	3	
Estrogens		
Altavera (Tablet)	4	
Alyacen 1/35 (Tablet)	4	
Apri (Tablet)	4	
Aubra (Tablet)	4	
Aviane (Tablet)	4	
Blisovi 24 Fe (Tablet)	4	
Blisovi Fe 1.5/30 (Tablet)	4	
Blisovi Fe 1/20 (Tablet)	4	
Climara Pro (Patch Weekly)	4	
Cryselle-28 (Tablet)	4	
Cyclafem (35mcg-1mg Tablet)	4	
Delyla (Tablet)	4	
Desogestrel/Ethinyl Estradiol (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
Drospirenone/Ethinyl Estradiol (Tablet)	4		Junel Fe 1/20 (Tablet)	4	
Elestrin (Gel)	4		Junel Fe 24 (Tablet)	4	
Emoquette (Tablet)	4		Kariva (Tablet)	4	
Enskyce (Tablet)	4		Kelnor 1/35 (Tablet)	4	
Estarylla (Tablet)	4		Kelnor 1/50 (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)	3	QL	Kurvelo (Tablet)	4	
Estradiol (0.1mg/gm Cream)	4		LARIN Fe 1.5/30 (Tablet)	4	
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	2		LARIN Fe 1/20 (Tablet)	4	
Estradiol Valerate (Injection)	4		Larissia (Tablet)	4	
Estring (Ring)	4		Lessina (Tablet)	4	
Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	4		Levonorgestrel/Ethinyl Estradiol (90mcg-20mcg Tablet)	4	
Falmina (Tablet)	4		Levonorgestrel/Ethinyl Estradiol (0.15mg-30mcg Tablet, 0.1mg-20mcg Tablet, 0.05mg-30mcg/0.075mg-40mcg/0.125mg-30mcg Tablet, 0.1-0.02mg/0.01mg Tablet, 0.15mg-0.03mg/0.01mg Tablet, 0.15mg-0.02mg/0.025mg/0.03mg/0.01mg Tablet)	4	
Femring (Ring)	4		Levora 0.15/30-28 (Tablet)	4	
Femynor (Tablet)	4		Low-Ogestrel (Tablet)	4	
Introvale (Tablet)	4		Lutera (Tablet)	4	
Isibloom (Tablet)	4		Marlissa (Tablet)	4	
Junel Fe 1.5/30 (Tablet)	4		Melodetta 24 Fe (Tablet Chewable)	4	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Menest (Tablet)	3	
Mibelas 24 Fe (Tablet Chewable)	4	
Microgestin 1/20 (Tablet)	4	
Microgestin Fe (Tablet)	4	
Microgestin Fe 1.5/30 (Tablet)	4	
Mili (Tablet)	4	
Mononessa (Tablet)	4	
Necon 0.5/35-28 (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)	4	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet)	4	
Norgestimate/Ethinyl Estradiol (Tablet)	4	
Nortrel 0.5/35 (28) (Tablet)	4	
Nortrel 1/35 (Tablet)	4	
NuvaRing (Ring)	4	
Orsythia (Tablet)	4	
Pimtrea (Tablet)	4	
Pirmella 1/35 (Tablet)	4	
Portia-28 (Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Sprintec 28 (Tablet)	4	
Sronyx (Tablet)	4	
Tarina Fe 1/20 (Tablet)	4	
Tri-Mili (Tablet)	4	
Tri-Previfem (Tablet)	4	
Tri-Sprintec (Tablet)	4	
Tri-Vylibra (Tablet)	4	
Trinessa (Tablet)	4	
Vyfemla (Tablet)	4	
Vylibra (Tablet)	4	
Xulane (Patch Weekly)	4	
Zovia 1/35E (Tablet)	4	
Progestins		
Crinone (Gel)	4	PA
Depo-Provera (Injection)	4	
Lyza (Tablet)	3	
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 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
Medroxyprogesterone Acetate (150mg/ml Injection)	4	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Megestrol Acetate (625mg/5ml Suspension)	4	
Norethindrone Acetate (5mg Tablet)	2	
Norlyroc (Tablet)	3	
Progesterone (Capsule)	3	
Selective Estrogen Receptor Modifying Agents		
Osphena (Tablet)	4	PA, QL
Raloxifene HCl (Tablet)	3	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)		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	4	
Egrifta (Injection)	5	PA, LA
Firmagon (120mg Injection)	5	PA
Firmagon (80mg Injection)	3	PA
Leuprolide Acetate (Injection)	4	PA
Lupron Depot (1-Month) (Injection)	5	PA
Lupron Depot (3-Month) (Injection)	5	PA
Lupron Depot (4-Month) (Injection)	5	PA
Lupron Depot (6-Month) (Injection)	5	PA
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)	1	
Propylthiouracil (Tablet)	2	
Immunological Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Angioedema Agents		
Beriner (Injection)	5	PA, LA
Firazyr (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
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	4	B/D, PA
Humira (Injection)	5	PA
Humira Pediatric Crohns Disease Starter Pack (Injection)	5	PA
Humira Pen (Injection)	5	PA
Humira Pen Crohns Disease Starter Pack (Injection)	5	PA
Humira Pen-Psoriasis Starter (Injection)	5	PA
Methotrexate (Tablet)	2	
Methotrexate Sodium (Injection)	4	
Mycophenolate Mofetil (200mg/ml Suspension)	5	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	B/D, PA
Mycophenolic Acid DR (Tablet Delayed-Release)	4	B/D, PA
Rapamune (1mg/ml Oral Solution)	5	B/D, PA
Sandimmune (100mg/ml Oral Solution)	4	B/D, PA
Sirolimus (Tablet)	4	B/D, PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	3	B/D, PA
Trexall (Tablet)	4	
Xatmep (Oral Solution)	4	PA
Zortress (Tablet)	5	B/D, PA
Immunizing Agents, Passive		
BIVIGAM (Injection)	4	PA
Carimune Nanofiltered (Injection)	4	PA
Flebogamma DIF (Injection)	4	PA
Gammagard Liquid (Injection)	4	PA
Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	4	PA
Gammaked (Injection)	4	PA
Gammplex (Injection)	4	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gamunex-C (Injection)	4	PA	IPOL Inactivated IPV (Injection)	3	
Octagam (Injection)	4	PA	Ixiaro (Injection)	3	
Privigen (Injection)	4	PA	Kinrix (Injection)	3	
Varizig (Injection)	3		M-M-R II (Injection)	3	
Immunomodulators			Menactra (Injection)	3	
Actemra (162mg/0.9ml Injection)	5	PA	Menveo (Injection)	3	
Actimmune (Injection)	5	LA	Pediarix (Injection)	3	
Arcalyst (Injection)	5	PA, LA	Pedvax HIB (Injection)	3	
Benlysta (Injection)	5	PA	ProQuad (Injection)	3	
Leflunomide (Tablet)	3		Quadracel (Injection)	3	
Xolair (Injection)	5	PA, LA	Rabavert (Injection)	3	B/D, PA
Vaccines			Recombivax HB (Injection)	3	B/D, PA
ActHIB (Injection)	3		Rotarix (Suspension)	3	
Adacel (Injection)	3		RotaTeq (Oral Solution)	3	
BCG Vaccine (Injection)	3		Shingrix (Injection)	4	PA
Bexsero (Injection)	3		Tenivac (Injection)	3	
Boostrix (Injection)	3		Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	3	
Daptacel (Injection)	3		Trumenba (Injection)	3	
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	3		Twinrix (Injection)	3	
Engerix-B (Injection)	3	B/D, PA	Typhim Vi (Injection)	3	
Gardasil 9 (Injection)	3		VAQTA (Injection)	3	
Havrix (Injection)	3		Varivax (Injection)	3	
Hiberix (Injection)	3		YF-Vax (Injection)	3	
Imovax Rabies (H.D.C.V.) (Injection)	3	B/D, PA	Zostavax (Injection)	4	PA
Infanrix (Injection)	3		Inflammatory Bowel Disease Agents		
			Aminosalicylates		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
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)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Binosto (Tablet Effervescent)	4	QL
Calcitonin-Salmon (Nasal Solution)	3	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	2	B/D, PA
Forteo (Injection)	5	PA, QL
Ibandronate Sodium (Tablet)	3	QL
Natpara (Injection)	5	PA, LA
Paricalcitol (1mcg Capsule, 2mcg Capsule, 4mcg Capsule)	4	B/D, PA
Prolia (Injection)	4	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	

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
Blephamide (Suspension)	4		Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	2	
Blephamide S.O.P. (Ointment)	4		Tobradex (0.3%-0.1% Ophthalmic Ointment)	3	
Cystaran (Ophthalmic Solution)	5	LA	Tobramycin/Dexamethasone (Ophthalmic Suspension)	3	
Lacrisert (Insert)	4		Ophthalmic Anti-allergy Agents		
Lastacraft (Ophthalmic Solution)	3		Azelastine HCl (0.05% Ophthalmic Solution)	3	
Neomycin/Bacitracin/Polymyxin (Ointment)	3		Bepreve (Ophthalmic Solution)	4	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	3		Cromolyn Sodium (4% Ophthalmic Solution)	2	
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	2		Epinastine HCl (Ophthalmic Solution)	3	
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	3		Olopatadine HCl (0.1% Ophthalmic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	4		Olopatadine HCl (0.2% Ophthalmic Solution)	4	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	2		Ophthalmic Antiglaucoma Agents		
Proparacaine HCl (Ophthalmic Solution)	2		Alphagan P (0.1% Ophthalmic Solution)	3	
Restasis (Emulsion)	3	QL	Apraclonidine (Ophthalmic Solution)	3	
			Azopt (Suspension)	3	
			Betaxolol HCl (Ophthalmic Solution)	3	
			Betimol (Ophthalmic Solution)	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
Brimonidine Tartrate (0.2% Ophthalmic Solution)	2		Diclofenac Sodium (0.1% Ophthalmic Solution)	2	
Carteolol HCl (Ophthalmic Solution)	2		Durezol (Emulsion)	3	
Cosopt PF (Ophthalmic Solution)	4		Fluorometholone (Ophthalmic Suspension)	3	
Dorzolamide HCl (Ophthalmic Solution)	2		Flurbiprofen Sodium (Ophthalmic Solution)	2	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	2		Ilevro (Suspension)	3	
Levobunolol HCl (Ophthalmic Solution)	2		Ketorolac Tromethamine (Ophthalmic Solution)	3	
Phospholine Iodide (Ophthalmic Solution)	4		Nevanac (Suspension)	3	
Pilocarpine Hcl (Ophthalmic Solution)	3		Prednisolone Acetate (Ophthalmic Suspension)	3	
Simbrinza (Suspension)	3		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	2		Prolensa (Ophthalmic Solution)	4	
Timolol Maleate Ophthalmic Gel Forming (Solution) (Generic Timoptic-XE)	3		Ophthalmic Prostaglandin and Prostanamide Analogs		
Ophthalmic Anti-inflammatories			Bimatoprost (Ophthalmic Solution)	3	
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	3		Latanoprost (Ophthalmic Solution)	1	
			Lumigan (Ophthalmic Solution)	3	
			Travatan Z (Ophthalmic Solution)	3	
			Otic Agents		
			Otic Agents		

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
Acetic Acid (Otic Solution)	2	
Coly-Mycin S (Suspension)	4	
Fluocinolone Acetonide (0.01% Otic Oil)	4	
Hydrocortisone/Acetic Acid (Otic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	3	
Cetirizine HCl (Oral Solution)	2	
Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	3	
Levocetirizine Dihydrochloride (5mg Tablet)	3	QL
Phenadoz (Suppository)	4	
Promethazine HCl (12.5mg Suppository, 25mg Suppository)	4	
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Promethegan (25mg Suppository)	4	
Anti-inflammatories, Inhaled Corticosteroids		
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension)	4	B/D, PA
Flunisolide (Nasal Solution)	3	
Fluticasone Propionate (50mcg/act Suspension)	2	
Pulmicort Flexhaler (Aerosol Powder)	3	QL
Antileukotrienes		
Montelukast Sodium (10mg Tablet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL
Zafirlukast (Tablet)	3	QL
Bronchodilators, Anticholinergic		
Atrovent HFA (Aerosol Solution)	4	
Incruse Ellipta (Aerosol Powder)	3	QL
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	
Bronchodilators, Sympathomimetic		

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
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	3	B/D, PA	Cromolyn Sodium (20mg/2ml Nebulized Solution)	3	B/D, PA
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	4		Phosphodiesterase Inhibitors, Airways Disease		
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	3	QL	Daliresp (Tablet)	4	PA, QL
EpiPen (Injection)	3	QL	Theophylline (Oral Solution)	2	
Perforomist (Nebulized Solution)	4	B/D, PA, QL	Theophylline CR (Tablet Extended-Release 12 Hour)	2	
Striverdi Respimat (Aerosol Solution)	3	QL	Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	2	
Ventolin Hfa (Aerosol Solution)	3		Pulmonary Antihypertensives		
Cystic Fibrosis Agents			Adcirca (Tablet)	5	PA, QL
Cayston (Inhalation Solution)	5	PA, LA	Adempas (Tablet)	5	PA, LA
Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	5	PA, QL, LA	Orenitram (0.125mg Tablet Extended-Release)	4	PA, LA
Orkambi (Tablet)	5	PA, QL, LA	Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	5	PA, LA
TOBI Podhaler (Capsule)	5	PA, QL			
Tobramycin (Nebulized Solution)	5	B/D, PA, QL			
Mast Cell Stabilizers					

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sildenafil (20mg Tablet) (Generic Revatio)	3	PA, QL
Tracleer (Tablet)	5	PA, QL, LA
Ventavis (Inhalation Solution)	5	PA, QL, LA
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
Breo Ellipta (Aerosol Powder)	3	QL
Combivent Respimat (Aerosol Solution)	3	
Ipratropium Bromide/ Albuterol Sulfate (Inhalation Solution)	2	B/D, PA
Nucala (Injection)	5	PA, QL, LA
Pulmozyme (Inhalation Solution)	5	B/D, PA, QL
Skeletal Muscle Relaxants		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Skeletal Muscle Relaxants		
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	2	
Chlorzoxazone (500mg Tablet)	3	
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	2	
Tizanidine HCl (2mg Tablet, 4mg Tablet)	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
Eszopiclone (Tablet)	2	QL
Temazepam (15mg Capsule, 30mg Capsule)	2	QL
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Sleep Disorders, Other		
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
Adcirca (Tablet)	Maximum of 2 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
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
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

Bold type = Brand name drug

Plain type = Generic drug

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
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 (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, 1mg Tablet)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day

Bold type = Brand name drug

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Drug Name	Quantity Limit
Clozapine ODT (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
Colchicine (0.6mg Capsule) (Generic Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcrys)	Maximum of 4 tablets per day
Colcrys (Tablet)	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) (Generic Pristiq)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	Maximum of 1 tablet per day
Dexilant (Capsule Delayed-Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Donepezil HCl (10mg Tablet)	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

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Drug Name	Quantity Limit
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Dutasteride (Capsule)	Maximum of 1 capsule per day
Edurant (Tablet)	Maximum of 2 tablets per day
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
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

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Drug Name	Quantity Limit
Epinephrine (Injection) (Generic EpiPen)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen (Injection)	Maximum of 4 pens (2 boxes) per 30 days
Erivedge (Capsule)	Maximum of 1 capsule per day
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
Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 2 capsules per day
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days
Eszopiclone (Tablet)	Maximum of 1 tablet per day
Evotaz (Tablet)	Maximum of 2 tablets per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet per day
Fanapt (Tablet)	Maximum of 2 tablets per day
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (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
Forteo (Injection)	Maximum of 1 pen (2.4 ml) per 28 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

Bold type = Brand name drug

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Drug Name	Quantity Limit
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Granisetron HCl (Tablet)	Maximum of 2 tablets per day
Harvoni (Tablet)	Maximum of 1 tablet per day
Hetlioz (Capsule)	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (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 (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg 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
Ibandronate Sodium (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
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Inlyta (Tablet)	Maximum of 4 tablets per day

Bold type = Brand name drug

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Drug Name	Quantity Limit
Intelence (100mg Tablet)	Maximum of 2 tablets per day
Intelence (200mg Tablet)	Maximum of 3 tablets per day
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
Korlym (Tablet)	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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 (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
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
Lynparza (100mg Tablet, 150mg Tablet)	Maximum of 4 tablets per day
Lynparza (50mg Capsule)	Maximum of 16 capsules per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
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 (Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour)	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 (5mg Tablet Immediate-Release, 10mg Tablet Immediate-Release, 20mg 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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 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
Multaq (Tablet)	Maximum of 2 tablets per day
Naratriptan HCl (Tablet)	Maximum of 12 tablets per 30 days
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
Nexium (20mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Nexium (40mg Capsule Delayed-Release)	Maximum of 2 capsules 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 (100mg Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day
Noxafil (100mg Tablet Delayed-Release)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
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
Olmesartan Medoxomil (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5mg Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onfi (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets 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 (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 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

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Drug Name	Quantity Limit
Oxycodone HCl (20mg Tablet Immediate-Release, 30mg 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
Oxycodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Oxycodone/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
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
Praluent (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)	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

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Drug Name	Quantity Limit
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
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranexa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Ravicti (Liquid)	Maximum of 17.5 ml per day
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
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
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 (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 (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
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Somavert (Injection)	Maximum of 1 vial per day
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
Stivarga (Tablet)	Maximum of 4 tablets per day
Stribild (Tablet)	Maximum of 2 tablets per day
Striverdi Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
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
Sumatriptan Succinate Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sustiva (200mg Capsule)	Maximum of 3 capsules per day
Sustiva (50mg Capsule)	Maximum of 9 capsules per day
Sustiva (600mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Sutent (37.5mg Capsule)	Maximum of 2 capsules per day
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
Tanzeum (Injection)	Maximum of 4 pens per 28 days
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
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (40mg-12.5mg Tablet, 80mg-25mg Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (80mg-12.5mg Tablet)	Maximum of 2 tablets per day
Temazepam (15mg Capsule, 30mg Capsule)	Maximum of 1 capsule per day
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
Toviaz (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (125mg Tablet, 62.5mg Tablet)	Maximum of 2 tablets per day
Tracleer (32mg Tablet Soluble)	Maximum of 4 tablets per day
Tradjenta (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
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
Trezip (Capsule)	Maximum of 10 capsules per day
Trintine HCl (Capsule)	Maximum of 8 capsules per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
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
Ventavis (10mcg/ml Inhalation Solution)	Maximum of 7 ml per day
Ventavis (20mcg/ml Inhalation Solution)	Maximum of 3 ml per day
Verzenio (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

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

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Required information

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

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