

# 2019 COMPLETE DRUG LIST (FORMULARY)



## Prescription drug list information

### AARP® MedicareRx Saver Plus (PDP)

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



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

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



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

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

**AARP** | MedicareRx Plans  
insured through UnitedHealthcare

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## Questions?

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



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## What is a drug list?

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

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

- The drug is used for a medically accepted indication,
- The prescription is filled at a network pharmacy and
- Other plan rules are followed.

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

### Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of February 1, 2019.

For an up-to-date list of covered drugs or if you have questions, please call UnitedHealthcare Customer Service. Our contact information is on the cover.

**This drug list has changed since last year.** Please review this document to make sure your prescription drugs are still covered. In most cases, you must use network pharmacies to have your prescriptions covered by the plan.

When this drug list refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means AARP MedicareRx Saver Plus (PDP) Plans.

## How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–26 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 27–80 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



### Can't find your drug?

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

## What are generic drugs?

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

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

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

## What is a compounded drug?

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

## Drug payment stage and drug tiers

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

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

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

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

## Getting Extra Help

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

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

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by medical condition” chart starting on page 27. The codes and what they mean are shown below and on the next page.

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

**Coverage Rules and Limits**

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**PA - Prior authorization**

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

**QL - Quantity limits**

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

**ST - Step therapy**

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

## Other Special Coverage Rules

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

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

### **LA - Limited access**

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

### **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](http://www.myAARPMedicare.com) to look it up online. The information is updated on a regular basis.

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

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

## How can I get an exception?

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

### Types of exceptions you can ask for

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

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

### Who can ask for an exception?

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

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

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



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

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

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

If you...	And you are...	We may cover...
are a new member in the first 90 days of your membership <b>OR</b> were a member last year and it's the first 90 days of your plan year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 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**

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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**

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

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

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We’ll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 81-99.

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

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If a drug you are taking is removed from the drug list during the plan year we’ll include an update in your Part D Explanation of Benefits (Part D EOB) statement. We’ll tell you about any changes to our drug list at least 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](http://www.myAARPMedicare.com) to look it up online.

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

### **Drugs packaged in an extended day supply**

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

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

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

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

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

### **For more information**

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call UnitedHealthcare Customer Service toll-free at **1-866-460-8854**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **[www.myAARPMedicare.com](http://www.myAARPMedicare.com)**.

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

**Covered drugs by name (Drug index)**

<b>A</b>			
Abacavir.....	49	Alcohol Prep Pads.....	75
Abacavir Sulfate/Lamivudine .....	49	Alecensa.....	43
Abacavir Sulfate/Lamivudine/ Zidovudine.....	49	Alendronate Sodium.....	75
Abelcet.....	40	Alfuzosin HCl ER.....	65
Abilify Maintena.....	46	Alinia.....	44
Abiraterone Acetate.....	42	Allopurinol.....	41
Acamprosate Calcium DR.....	30	Alosetron HCl.....	64
Acarbose.....	51	Alprazolam.....	50
Acetaminophen/Codeine.....	28	Altavera.....	68
Acetazolamide.....	56	Alunbrig.....	43
Acetazolamide ER.....	56	Alyacen 1/35.....	68
Acetic Acid.....	77	Amabelz.....	68
Acetylcysteine.....	79	Amantadine HCl.....	45
Acitretin.....	59	AmBisome.....	40
Actemra.....	73	Amethia.....	68
ActHIB.....	73	Amethia Lo.....	68
Actimmune.....	73	Amikacin Sulfate.....	30
Acyclovir.....	48	Amiloride HCl.....	56
Acyclovir Sodium.....	48	Aminosyn 7%/Electrolytes....	60
Adacel.....	73	Aminosyn 8.5%/Electrolytes .....	60
Adapalene.....	59	Aminosyn II.....	60
Adempas.....	79	Aminosyn II 8.5%/Electrolytes .....	60
Afinitor.....	43	Aminosyn-HBC.....	60
Afinitor Disperz.....	43	Aminosyn-PF.....	61
Aimovig.....	41	Aminosyn-RF.....	61
Ala-Cort.....	66	Amiodarone HCl.....	54
Albenza.....	44	Amitriptyline HCl.....	39
Albuterol Sulfate.....	78	Amlodipine Besylate.....	54
Albuterol Sulfate ER.....	78	Ammonium Lactate.....	59
Alclometasone Dipropionate .....	66	Amoxapine.....	39
		Amoxicillin.....	33
		Amoxicillin/Clavulanate Potassium.....	33
		Amoxicillin/Clavulanate Potassium ER.....	33
		Amphetamine/ Dextroamphetamine.....	58
		Amphotericin B.....	40
		Ampicillin.....	33
		Ampicillin Sodium.....	33
		Ampicillin-Sulbactam.....	33
		Ampyra.....	59
		Anadrol-50.....	68
		Anagrelide HCl.....	53
		Anastrozole.....	43
		Androderm.....	68
		Anoro Ellipta.....	79
		Apokyn.....	45
		Apraclonidine.....	76
		Aprepitant.....	40
		Apri.....	68
		Apriso.....	74
		Aptiom.....	36
		Aptivus.....	49
		Aralast NP.....	65
		Aranelle.....	68
		Aranesp Albumin Free.....	53
		Arcalyst.....	73
		Aripiprazole.....	46
		Aripiprazole ODT.....	46
		Aristada.....	46
		Ashlyna.....	68
		Aspirin/Dipyridamole.....	53
		Atazanavir Sulfate.....	49
		Atenolol.....	54

Atenolol/Chlorthalidone.....	55	Benznidazole.....	44	Budesonide.....	74, 78
Atomoxetine.....	58	Benztropine Mesylate.....	45	Bumetanide.....	56
Atorvastatin Calcium.....	56	Berinert.....	72	Buprenorphine HCl.....	30
Atovaquone.....	44	Betamethasone Dipropionate	66	Buprenorphine HCl/Naloxone	30
Atovaquone/Proguanil HCl....	44	.....	66	HCl.....	30
Atripila.....	48	Betamethasone Valerate.....	66	Bupropion HCl.....	38
Atropine Sulfate.....	75	Betaxolol HCl.....	76	Bupropion HCl SR.....	30, 38
Atrovent HFA.....	78	Bethanechol Chloride.....	65	Bupropion HCl XL.....	38
Aubra.....	68	Betimol.....	76	Buspirone HCl.....	50
Augmented Betamethasone		Bevespi Aerosphere.....	79	Butalbital/Acetaminophen/	
Dipropionate.....	66	Bexarotene.....	44	Caffeine.....	27
Auryxia.....	63	Bexsero.....	74	Butalbital/Aspirin/Caffeine....	27
Austedo.....	58	Bicalutamide.....	42	Butorphanol Tartrate.....	28
Aviane.....	68	Bicillin C-R.....	33	Bydureon Bcise.....	51
Azathioprine.....	72	Bicillin L-A.....	33	Bydureon Pen.....	51
Azelaic Acid.....	59	Biktarvy.....	49	Bydureon Vial.....	51
Azelastine HCl.....	76, 77	Biltricide.....	44		
Azithromycin.....	34	Binosto.....	75	<b>C</b>	
Aztreonam.....	33	Bisoprolol Fumarate.....	54	Cabergoline.....	72
		BIVIGAM.....	73	Cabometyx.....	43
<b>B</b>		Blephamide.....	75	Calcipotriene.....	59
Bacitracin.....	31	Blephamide S.O.P.....	75	Calcitonin-Salmon.....	75
Bacitracin/Polymyxin B.....	75	Blisovi 24 Fe.....	68	Calcitriol.....	59, 75
Baclofen.....	80	Blisovi Fe 1.5/30.....	68	Calcium Acetate.....	63
Bactocill in Dextrose.....	33	Blisovi Fe 1/20.....	68	Calquence.....	43
Bactroban Nasal.....	31	Boostrix.....	74	Camila.....	71
Balsalazide Disodium.....	74	Bosulif.....	43	Camrese Lo.....	68
Balziva.....	68	Braftovi.....	43	Canasa.....	74
Banzel.....	37	Breo Ellipta.....	79	Caprelsa.....	43
Baraclude.....	47	Briellyn.....	68	Carafate.....	64
BCG Vaccine.....	74	Brilinta.....	53	Carbaglu.....	61
Belsomra.....	80	Brimonidine Tartrate.....	76	Carbamazepine.....	37
Benazepril HCl.....	54	Briviact.....	35	Carbamazepine ER.....	37
Benazepril HCl/		Bromocriptine Mesylate.....	45	Carbidopa/Levodopa.....	45
Hydrochlorothiazide.....	55			Carbidopa/Levodopa ER.....	45
Benlysta.....	73			Carbidopa/Levodopa ODT....	45

Carbidopa/Levodopa/ Entacapone.....	45	Chlorothiazide.....	56	Clotrimazole.....	40
Carimune Nanofiltered.....	73	Chlorpromazine HCl.....	45	Clotrimazole/Betamethasone Dipropionate.....	60
Carteolol HCl.....	76	Chlorthalidone.....	56	Clozapine.....	47
Cartia XT.....	55	Chlorzoxazone.....	80	Clozapine ODT.....	47
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Cayston.....	78	Cholestyramine.....	57	Codeine Sulfate.....	28
Caziant.....	68	Cholestyramine Light.....	57	Colchicine.....	41
Cefaclor.....	32	Ciclopirox.....	40	Colestipol HCl.....	57
Cefadroxil.....	32	Ciclopirox Nail Lacquer.....	40	Colistimethate Sodium.....	31
Cefazolin Sodium.....	32	Ciclopirox Olamine.....	40	Colocort.....	74
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Cefotetan.....	32	Ciprofloxacin I.V. in D5W.....	34	Constulose.....	64
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Cefprozil.....	32	Clarithromycin.....	34	Cosentyx.....	60
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Ceftriaxone Sodium.....	32	Climara Pro.....	68	Cosopt PF.....	76
Cefuroxime Axetil.....	32	Clindamycin HCl.....	31	Cotellic.....	43
Cefuroxime Sodium.....	32	Clindamycin Palmitate HCl....	31	Coumadin.....	52
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Chantix.....	30	Clindamycin/Benzoyl Peroxide	60	Cromolyn Sodium.....	63, 76, 79
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.....	30	Clobazam.....	36	Cuvposa.....	63
Chantix Starting Month Pak...30		Clomipramine HCl.....	39	Cyclafem.....	68
Chenodal.....	63	Clonazepam.....	50	Cyclobenzaprine HCl.....	80
Chlordiazepoxide HCl.....	50	Clonazepam ODT.....	50	Cyclophosphamide.....	42
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Chloroquine Phosphate.....	45	Clopidogrel.....	53		
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Danazol.....	68	Dextrose 5%/NaCl 0.9%.....	61	Dorzolamide HCl.....	76	
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Xiidra.....76	Zenchant..... 71		
Xofluza.....50	Zenpep..... 65		
Xolair.....73	Zerbaxa..... 33		
Xtampza ER..... 28	Zerit.....49		
Xtandi.....42	Zidovudine..... 49		

## Covered drugs by medical condition

The list below has information about the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-26.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 81-99.

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

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

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	3	7D, DL, QL, MME	Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	7D, DL, QL, MME
<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	3	7D, DL, QL, MME	<b>Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)</b>	3	7D, DL, QL, MME
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	7D, DL, QL, MME	<b>Opioid Analgesics, Short-acting</b>		
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	3	7D, DL, QL, MME	Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	7D, DL, QL, MME
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	4	7D, DL, QL, MME	Butorphanol Tartrate (Nasal Solution)	3	7D, DL, QL, MME
			Codeine Sulfate (Tablet)	3	7D, DL, QL, MME
			<b>Duramorph (Injection)</b>	4	7D, DL
			Endocet (Tablet)	3	7D, DL, QL, MME
			Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	5	DL, PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution)	3	7D, DL, QL, MME	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4	7D, DL
Hydrocodone/ Ibuprofen (7.5mg-200mg Tablet)	3	7D, DL, QL, MME	<b>Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</b>	3	7D, DL, QL, MME
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4	7D, DL	<b>Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)</b>	4	7D, DL
Hydromorphone HCl (1mg/ml Liquid)	4	7D, DL, QL, MME	Oxycodone HCl (100mg/5ml Concentrate)	4	7D, DL, QL, MME
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate- Release, 8mg Tablet Immediate-Release)	2	7D, DL, QL, MME	Oxycodone HCl (10mg Tablet Immediate- Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 5mg/5ml Oral Solution)	3	7D, DL, QL, MME
<b>Hydromorphone HCl (2mg/ml Injection)</b>	4	7D, DL	Oxycodone/ Acetaminophen (Tablet)	3	7D, DL, QL, MME
Lorcet (Tablet)	3	7D, DL, QL, MME	Oxycodone/Aspirin (Tablet)	3	7D, DL, QL, MME
Lorcet HD (Tablet)	3	7D, DL, QL, MME	Oxycodone/Ibuprofen (Tablet)	3	7D, DL, QL, MME
Lorcet Plus (Tablet)	3	7D, DL, QL, MME	Tramadol HCl (Tablet Immediate-Release)	2	7D, DL, QL, MME
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/ 5ml Oral Solution)	3	7D, DL, QL, MME			

**Bold type = Brand name drug**

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Suboxone (Film)</b>	4	QL
<b>Opioid Reversal Agents</b>		
Naloxone HCl (Injection)	4	
<b>Narcan (Liquid)</b>	3	
<b>Smoking Cessation Agents</b>		
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking- Deterrent)	2	
<b>Chantix (Tablet)</b>	3	
<b>Chantix Continuing Month Pak (Tablet)</b>	3	
<b>Chantix Starting Month Pak (Tablet)</b>	3	
<b>Nicotrol (Inhaler)</b>	4	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
Amikacin Sulfate (Injection)	4	
Gentak (Ophthalmic Ointment)	2	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	2	
Gentamicin Sulfate (40mg/ml Injection)	4	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	4	
Isotonic Gentamicin (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
Neomycin Sulfate (Tablet)	2		Linezolid (100mg/5ml Suspension)	5	PA
Paromomycin Sulfate (Capsule)	4		Linezolid (600mg Tablet)	4	PA, QL
Streptomycin Sulfate (Injection)	4		Linezolid (600mg/300ml Injection)	4	PA
Tobramycin Sulfate (0.3% Ophthalmic Solution)	2		Methenamine Hippurate (Tablet)	4	
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4		Metronidazole (0.75% Cream, 0.75% Gel)	3	
<b>Antibacterials, Other</b>			Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	
Bacitracin (Ophthalmic Ointment)	2		Metronidazole in NaCl 0.79% (Injection)	4	
<b>Bactroban Nasal (Ointment)</b>	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 (100mg Capsule) (Generic Macrobid)	3	
Clindamycin Phosphate in D5W (Injection)	4		Polymyxin B Sulfate (Injection)	4	
Colistimethate Sodium (Injection)	4		Tigecycline (Injection)	5	
Daptomycin (500mg Injection)	5		Tinidazole (Tablet)	2	

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**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
Trimethoprim (Tablet)	2		Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4	
Vancomycin HCl (10gm Injection, 1gm Injection, 500mg Injection, 750mg Injection, 125mg Capsule, 250mg Capsule)	4		Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3	
<b>Vancomycin HCl (Solution)</b>	4		Ceftazidime (Injection)	4	
<b>Vandazole (Gel)</b>	3		Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	4	
Beta-lactam, Cephalosporins			Cefuroxime Axetil (Tablet)	2	
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2		Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	4	
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2		Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2	
Cefazolin Sodium (Injection)	4		Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3		<b>Suprax (400mg Capsule, 500mg/5ml Suspension)</b>	3	
Cefepime (Injection)	4		Tazicef (Injection)	4	
Cefixime (Suspension)	4				
Cefotaxime Sodium (Injection)	4				
Cefotetan (Injection)	4				
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm 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
<b>Zerbaxa (Injection)</b>	4	PA	Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	4	
Beta-lactam, Other			Ampicillin-Sulbactam (Injection)	4	
Aztreonam (Injection)	4		<b>Bactocill in Dextrose (Injection)</b>	4	
<b>Doripenem (Injection)</b>	3		<b>Bicillin C-R (Injection)</b>	4	
Ertapenem (Solution)	4		<b>Bicillin L-A (Injection)</b>	4	
Imipenem/Cilastatin (Injection)	4		Dicloxacillin Sodium (Capsule)	2	
<b>Invanz (Injection)</b>	4		Nafcillin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4	
Meropenem (Injection)	4		Oxacillin Sodium (Injection)	4	
Beta-lactam, Penicillins			Penicillin G Potassium (Injection)	4	
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		Penicillin G Procaine (Injection)	4	
Amoxicillin/Clavulanate Potassium (Tablet Chewable, Suspension, Tablet Immediate-Release) (Generic Augmentin)	2		Penicillin G Sodium (Injection)	4	
Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)	4		Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	2	
Ampicillin (Capsule)	2		Piperacillin/Tazobactam (Injection)	4	
			Macrolides		

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**Bold type = Brand name drug**

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Azithromycin (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	
<b>Dificid (Tablet)</b>	5		Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet)	3	
<b>E.E.S. Granules (Suspension)</b>	4		Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4	
Ery-Tab (Tablet Delayed-Release)	4		Levofloxacin in D5W (Injection)	4	
<b>EryPed 200 (Suspension)</b>	4		Moxifloxacin HCl/ Sodium HCl (Injection)	4	
<b>EryPed 400 (Suspension)</b>	4		Moxifloxacin HCl (Tablet)	3	
Erythrocin Lactobionate (Injection)	4		Ofloxacin (0.3% Ophthalmic Solution)	2	
Erythromycin (250mg Capsule Delayed-Release)	4		Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	3	
Erythromycin (5mg/gm Ophthalmic Ointment)	2				
Erythromycin Base (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
Sulfonamides			Minocycline HCl (Capsule Immediate-Release)		
Silver Sulfadiazine (Cream)	3			2	
Sodium Sulfacetamide (Ophthalmic Solution)	2		Tetracycline HCl (Capsule)		
<b>SSD (Cream)</b>	3		<b>Vibramycin (50mg/5ml Syrup)</b>		
Sulfacetamide Sodium (Ophthalmic Ointment)	2		Anticonvulsants		
Sulfadiazine (Tablet)	4		Anticonvulsants, Other		
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	2		<b>Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)</b>		
Sulfamethoxazole/Trimethoprim DS (Tablet)	2			5	QL
Tetracyclines			<b>Epidiolex (Solution)</b>		
Demeclocycline HCl (Tablet)	4			5	PA
Doxy 100 (Injection)	4		Levetiracetam (Tablet, 100mg/ml Oral Solution)		
Doxycycline (25mg/5ml Suspension)	4			3	
Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	3		Levetiracetam ER (Tablet Extended-Release 24 Hour)		
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	3			3	
			Roweepra (Tablet)		
			Roweepra XR (Tablet Extended-Release 24 Hour)		
			<b>Spritam (Tablet Disintegrating Soluble)</b>		
			Calcium Channel Modifying Agents		
			<b>Celontin (Capsule)</b>		
			Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)		
			Zonisamide (Capsule)		

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Clobazam (10mg Tablet, 20mg Tablet)	4	PA, QL
Clobazam (2.5mg/ml Suspension)	4	PA
<b>Diastat AcuDial (Gel)</b>	4	
<b>Diastat Pediatric (Gel)</b>	4	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	2	
<b>Onfi (10mg Tablet, 20mg Tablet)</b>	4	PA, QL
<b>Onfi (2.5mg/ml Suspension)</b>	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	
<b>Sabril (500mg Tablet)</b>	5	PA, QL, LA
Tiagabine HCl (Tablet)	4	
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	2	
Vigabatrin (Packet)	5	PA, QL, LA
Glutamate Reducing Agents		
Felbamate (400mg Tablet, 600mg Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Felbamate (600mg/5ml Suspension)	5	
<b>Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>	4	
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2	
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	3	
Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	2	
Sodium Channel Agents		
<b>Aptiom (Tablet)</b>	4	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)</b>	4		Phenytoin (125mg/5ml Suspension)	2	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	2		Phenytoin (50mg Tablet Chewable)	3	
Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	2		Phenytoin Sodium Extended (Capsule)	2	
Dilantin (Capsule)	3		<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)</b>	4	QL
Dilantin INFATABS (Tablet Chewable)	3		Antidementia Agents		
Epitol (Tablet)	2		Cholinesterase Inhibitors		
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3		Donepezil HCl (10mg Tablet, 5mg Tablet)	2	QL
Oxcarbazepine (300mg/5ml Suspension)	4		Donepezil HCl ODT (Tablet Dispersible)	2	QL
<b>Peganone (Tablet)</b>	4		Rivastigmine Tartrate (Capsule)	2	QL
Phenytek (Capsule)	2		Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST
			N-methyl-D-aspartate (NMDA) Receptor Antagonist		
			Memantine HCl (10mg Tablet, 5mg Tablet)	3	PA, QL
			Memantine HCl (2mg/ml Oral Solution)	4	PA, QL
			Memantine HCl ER (Capsule Extended-Release 24 Hour)	3	PA, QL
			<b>Memantine HCl Titration Pak (Tablet)</b>	3	PA
			Antidepressants		
			Antidepressants, 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
Bupropion HCl (Tablet Immediate-Release)	2		Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4	QL
Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)	2		Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	2		<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	4	QL, ST
Mirtazapine (Tablet)	2		<b>Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)</b>	4	ST
Mirtazapine ODT (Tablet Dispersible)	2		Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule, 40mg Capsule, 20mg/5ml Oral Solution)	2	
Monoamine Oxidase Inhibitors			Fluvoxamine Maleate (Tablet)	3	
<b>Emsam (Patch 24 Hour)</b>	5	QL	Maprotiline HCl (Tablet)	4	
<b>Marplan (Tablet)</b>	4		Nefazodone HCl (Tablet)	4	
Phenelzine Sulfate (Tablet)	3		Paroxetine HCl (Tablet Immediate-Release)	2	
Tranylcypromine Sulfate (Tablet)	4		<b>Paxil (10mg/5ml Suspension)</b>	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)					
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1				
Citalopram HBr (10mg/5ml Oral Solution)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1		Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	2	
Sertraline HCl (20mg/ml Concentrate)	4		Imipramine HCl (Tablet)	4	
Trazodone HCl (100mg Tablet, 150mg Tablet, 50mg Tablet)	1		Imipramine Pamoate (Capsule)	4	
<b>Trintellix (Tablet)</b>	4	QL	Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	2	
Venlafaxine HCl (Tablet Immediate-Release)	2		Protriptyline HCl (Tablet)	4	
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2		Trimipramine Maleate (Capsule)	4	
<b>Viibryd (Tablet)</b>	4	QL	<b>Antiemetics</b>		
<b>Viibryd Starter Pack (Kit)</b>	4	QL	Antiemetics, Other		
<b>Tricyclics</b>			Compro (Suppository)	4	
Amitriptyline HCl (Tablet)	3		Hydroxyzine Pamoate (Capsule)	3	
Amoxapine (Tablet)	3		Meclizine HCl (Tablet)	2	
Clomipramine HCl (Capsule)	4		Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Desipramine HCl (Tablet)	3		Perphenazine (Tablet)	4	
			Prochlorperazine (Suppository)	4	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prochlorperazine Maleate (Tablet)	2		Ciclopirox Olamine (Cream)	3	
Scopolamine (Patch 72 Hour)	4		Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	2	
<b>Transderm-Scop (Patch 72 Hour)</b>	4		Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2	
Emetogenic Therapy Adjuncts			Fluconazole in NaCl (Injection)	4	
Aprepitant (Therapy Pack, Capsule)	4	PA	Flucytosine (Capsule)	5	
Dronabinol (Capsule)	4	PA	Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4	
<b>Emend (125mg Suspension)</b>	4	PA	Griseofulvin Ultramicrosize (Tablet)	4	
Granisetron HCl (Tablet)	3	B/D, PA, QL	Itraconazole (100mg Capsule)	4	PA, QL
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	2	B/D, PA	Itraconazole (10mg/ml Solution)	5	PA
Ondansetron HCl (4mg/5ml Oral Solution)	4	B/D, PA	<b>Jublia (External Solution)</b>	4	
Ondansetron ODT (Tablet Dispersible)	2	B/D, PA	Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2	
Antifungals			Miconazole 3 (Suppository)	3	
Antifungals			<b>Mycamine (Injection)</b>	4	
<b>Abelcet (Injection)</b>	4	B/D, PA	<b>Natacyn (Suspension)</b>	4	
<b>AmBisome (Injection)</b>	4	B/D, PA			
Amphotericin B (Injection)	4	B/D, PA			
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3				
Ciclopirox Nail Lacquer (External Solution)	3				

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



Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Noxafil (100mg Tablet Delayed-Release)</b>	5	PA, QL
<b>Noxafil (40mg/ml Suspension)</b>	5	QL
Nyamyc (Powder)	2	
Nystatin (Cream, Ointment)	1	
Nystatin (Powder, Suspension, Tablet)	2	
Nystop (Powder)	2	
<b>Sporanox (10mg/ml Oral Solution)</b>	5	PA
Terbinafine HCl (Tablet)	2	
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3	
Voriconazole (200mg Injection, 40mg/ml Suspension)	5	
Voriconazole (200mg Tablet, 50mg Tablet)	4	
<b>Antigout Agents</b>		
Antigout Agents		
Allopurinol (Tablet)	1	
<b>Colchicine (0.6mg Capsule) (Generic Mitigare)</b>	3	QL
Colchicine (0.6mg Tablet) (Generic Colcrys)	3	QL
Probenecid (Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Probenecid/Colchicine (Tablet)	2	
<b>Uloric (Tablet)</b>	3	ST
<b>Antimigraine Agents</b>		
Ergot Alkaloids		
Dihydroergotamine Mesylate (Nasal Solution)	5	
Ergotamine Tartrate/Caffeine (Tablet)	3	
Migergot (Suppository)	4	
Prophylactic		
<b>Aimovig (Solution Auto injector)</b>	4	PA, QL
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
Naratriptan HCl (Tablet)	3	QL
Rizatriptan Benzoate (Tablet)	2	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	2	QL
Sumatriptan (Nasal Solution)	4	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	2	QL
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	4	QL
<b>Sumatriptan Succinate (6mg/0.5ml Injection)</b>	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Sumatriptan Succinate Refill (Injection)</b>	4	QL
Antimyasthenic Agents		
Parasympathomimetics		
<b>Guanidine HCl (Tablet)</b>	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)	2	
Isoniazid (100mg Tablet, 300mg Tablet)	2	
Isoniazid (50mg/5ml Syrup)	4	
Paser (Packet)	4	
<b>Priftin (Tablet)</b>	4	
Pyrazinamide (Tablet)	4	
Rifampin (150mg Capsule, 300mg Capsule)	2	
Rifampin (600mg Injection)	4	
<b>Rifater (Tablet)</b>	4	
<b>Sirturo (Tablet)</b>	5	PA, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Trecator (Tablet)</b>	4	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Capsule)	4	B/D, PA
<b>Gleostine (100mg Capsule, 40mg Capsule)</b>	4	
<b>Gleostine (10mg Capsule)</b>	3	
<b>Leukeran (Tablet)</b>	4	
<b>Matulane (Capsule)</b>	5	LA
<b>Valchlor (Gel)</b>	5	PA, LA
Antiandrogens		
Abiraterone Acetate (Tablet)	4	PA, QL
Bicalutamide (Tablet)	2	
<b>Erleada (Tablet)</b>	5	PA, QL
Flutamide (Capsule)	3	
Nilutamide (Tablet)	5	
<b>Xtandi (Capsule)</b>	5	PA, QL, LA
<b>Zytiga (Tablet)</b>	4	PA, QL, LA
Antiangiogenic Agents		
<b>Pomalyst (Capsule)</b>	5	PA, QL
<b>Revlimid (Capsule)</b>	5	PA, QL, LA
<b>Thalomid (Capsule)</b>	5	PA, QL
Antiestrogens/Modifiers		
<b>Emcyt (Capsule)</b>	4	
<b>Fareston (Tablet)</b>	5	
<b>Soltamox (Oral Solution)</b>	4	
Tamoxifen Citrate (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
Antimetabolites		
<b>Droxia (Capsule)</b>	3	
Hydroxyurea (Capsule)	2	
Mercaptopurine (Tablet)	3	
<b>Purixan (Suspension)</b>	5	PA
<b>Tabloid (Tablet)</b>	4	PA
Antineoplastics, Other		
<b>Copiktra (Capsule)</b>	5	PA, QL
<b>Kisqali (Tablet)</b>	5	PA, QL
<b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>	5	PA, QL
<b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>	5	PA, QL
<b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>	5	PA, QL
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet)	3	
Leucovorin Calcium (25mg Tablet)	4	
<b>Lonsurf (Tablet)</b>	5	PA, QL, LA
<b>Lorbrena (Tablet)</b>	5	PA, QL
<b>Ninlaro (Capsule)</b>	5	PA, QL
<b>Synribo (Injection)</b>	5	PA
<b>Verzenio (Tablet)</b>	5	PA, QL, LA
<b>Zolinza (Capsule)</b>	5	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	2	
Exemestane (Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Letrozole (Tablet)	2	
Enzyme Inhibitors		
<b>Rubraca (Tablet)</b>	5	PA, QL, LA
<b>Talzenna (Capsule)</b>	5	PA, QL
<b>Zejula (Capsule)</b>	5	PA, QL, LA
Molecular Target Inhibitors		
<b>Afinitor (Tablet)</b>	5	PA
<b>Afinitor Disperz (Tablet Soluble)</b>	5	PA
<b>Alecensa (Capsule)</b>	5	PA, QL, LA
<b>Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)</b>	5	PA, QL, LA
<b>Bosulif (Tablet)</b>	5	PA, QL
<b>Braftovi (Capsule)</b>	5	PA
<b>Cabometyx (Tablet)</b>	5	PA, QL, LA
<b>Calquence (Capsule)</b>	5	PA, QL
<b>Caprelsa (Tablet)</b>	5	PA, LA
<b>Cometriq (Kit)</b>	5	PA, LA
<b>Cotellic (Tablet)</b>	5	PA, QL, LA
<b>Erivedge (Capsule)</b>	5	PA, QL, LA
<b>Farydak (Capsule)</b>	5	PA
<b>Gilotrif (Tablet)</b>	5	PA, LA
<b>Ibrance (Capsule)</b>	5	PA, QL, LA
<b>Iclusig (Tablet)</b>	5	PA, QL, LA
<b>Idhifa (Tablet)</b>	5	PA, QL, LA
Imatinib Mesylate (Tablet)	5	PA, QL
<b>Imbruvica (140mg Capsule, 70mg Capsule)</b>	5	PA, QL, LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)</b>	5	PA, QL
<b>Inlyta (Tablet)</b>	5	PA, QL, LA
<b>Iressa (Tablet)</b>	5	PA, QL, LA
<b>Jakafi (Tablet)</b>	5	PA, QL, LA
<b>Lenvima (Capsule Therapy Pack)</b>	5	PA, LA
<b>Lynparza (100mg Tablet, 150mg Tablet, 50mg Capsule)</b>	5	PA, QL, LA
<b>Mekinist (Tablet)</b>	5	PA, LA
<b>Mektovi (Tablet)</b>	5	PA
<b>Nerlynx (Tablet)</b>	5	PA, QL, LA
<b>Nexavar (Tablet)</b>	5	PA, LA
<b>Odomzo (Capsule)</b>	5	PA, QL, LA
<b>Rydapt (Capsule)</b>	5	PA, QL
<b>Sprycel (Tablet)</b>	5	PA, QL
<b>Stivarga (Tablet)</b>	5	PA, QL, LA
<b>Sutent (Capsule)</b>	5	PA, QL
<b>Tafinlar (Capsule)</b>	5	PA, LA
<b>Tagrisso (Tablet)</b>	5	PA, QL, LA
<b>Tarceva (Tablet)</b>	5	PA, QL, LA
<b>Tasigna (Capsule)</b>	5	PA, QL
<b>Tibsovo (Tablet)</b>	5	PA, QL
<b>Tykerb (Tablet)</b>	5	PA, LA
<b>Venclexta (100mg Tablet, 50mg Tablet)</b>	4	PA, QL, LA
<b>Venclexta (10mg Tablet)</b>	3	PA, QL, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Venclexta Starting Pack (Tablet Therapy Pack)</b>	4	PA, LA
<b>Vizimpro (Tablet)</b>	5	PA, QL
<b>Votrient (Tablet)</b>	5	PA, QL, LA
<b>Xalkori (Capsule)</b>	5	PA, LA
<b>Zelboraf (Tablet)</b>	5	PA, QL, LA
<b>Zydelig (Tablet)</b>	5	PA, QL, LA
<b>Zykadia (Capsule)</b>	5	PA, QL
<b>Retinoids</b>		
Bexarotene (Capsule)	5	PA
<b>Panretin (Gel)</b>	5	
<b>Targretin (1% Gel)</b>	5	PA
Tretinoin (10mg Capsule)	5	
<b>Treatment Adjuncts</b>		
<b>Mesnex (400mg Tablet)</b>	5	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<b>Albenza (Tablet)</b>	5	QL
<b>Biltricide (Tablet)</b>	4	
Ivermectin (Tablet)	3	
<b>Antiprotozoals</b>		
<b>Alinia (100mg/5ml Suspension, 500mg Tablet)</b>	4	
Atovaquone (Suspension)	5	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	3	
<b>Benznidazole (Tablet)</b>	4	

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	4	
<b>Neupro (Patch 24 Hour)</b>	4	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	2	
Ropinirole HCl (Tablet Immediate-Release)	2	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa/Levodopa (Tablet Immediate-Release)	2	
Carbidopa/Levodopa ER (Tablet Extended-Release)	2	
Carbidopa/Levodopa ODT (Tablet Dispersible)	2	
Carbidopa/Levodopa/Entacapone (Tablet)	4	
<b>Rytary (Capsule Extended-Release)</b>	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Tablet)	4	
Selegiline HCl (5mg Capsule, 5mg Tablet)	3	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluphenazine Decanoate (Injection)	4		Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution)	4	QL
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	2		Aripiprazole ODT (Tablet Dispersible)	4	QL
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	4		<b>Aristada (Injection)</b>	5	
Fluphenazine HCl (5mg/ml Concentrate)	3		<b>Fanapt (Tablet)</b>	4	QL, ST
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	2		<b>Fanapt Titration Pack (Tablet)</b>	4	ST
Haloperidol Decanoate (Injection)	4		<b>Geodon (20mg Injection)</b>	4	
Haloperidol Lactate (Injection)	4		<b>Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)</b>	5	
Loxapine Succinate (Capsule)	2		<b>Invega Sustenna (39mg/0.25ml Injection)</b>	4	
Molindone HCl (Tablet)	4		<b>Invega Trinza (Injection)</b>	5	
Pimozide (Tablet)	3		<b>Latuda (Tablet)</b>	5	QL
Thioridazine HCl (Tablet)	3		<b>Nuplazid (10mg Tablet, 17mg Tablet, 34mg Capsule)</b>	5	PA, QL
Thiothixene (Capsule)	3		Olanzapine (10mg Injection)	4	
Trifluoperazine HCl (Tablet)	3				
2nd Generation/Atypical					
<b>Abilify Maintena (Injection)</b>	5				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	2	QL	<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	4	QL, ST
Olanzapine ODT (Tablet Dispersible)	2	QL	<b>Vraylar (Capsule Therapy Pack)</b>	4	ST
Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL	Ziprasidone HCl (Capsule)	2	QL
Quetiapine Fumarate (Tablet Immediate-Release)	2	QL	<b>Zyprexa Relprevv (Injection)</b>	4	
<b>Rexulti (Tablet)</b>	5	QL	Treatment-Resistant		
<b>Risperdal Consta (12.5mg Injection)</b>	4		Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	3	
<b>Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)</b>	5		Clozapine ODT (Tablet Dispersible)	4	QL
Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet)	2		Antivirals		
Risperidone (1mg/ml Oral Solution)	4		Anti-cytomegalovirus (CMV) Agents		
Risperidone ODT (Tablet Dispersible)	4		Valganciclovir (Tablet)	5	QL
<b>Saphris (Tablet Sublingual)</b>	4	QL	Valganciclovir Hydrochloride (Oral Solution)	5	QL
			<b>Zirgan (Gel)</b>	4	
			Anti-hepatitis B (HBV) Agents		
			<b>Baraclude (0.05mg/ml Oral Solution)</b>	4	
			Entecavir (Tablet)	4	
			<b>Epivir HBV (5mg/ml Oral Solution)</b>	4	
			Lamivudine (100mg Tablet)	3	
			<b>Vemlidy (Tablet)</b>	5	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-hepatitis C (HCV) Agents, Other		
<b>Intron A (Injection)</b>	5	PA, LA
<b>Pegasys (Injection)</b>	5	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
<b>Sylatron (Injection)</b>	5	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
<b>Epclusa (Tablet)</b>	5	PA, QL
<b>Harvoni (Tablet)</b>	5	PA, QL
Ledipasvir/Sofosbuvir (Tablet)	5	PA, QL
<b>Mavyret (Tablet)</b>	5	PA, QL
Sofosbuvir/Velpatasvir (Tablet)	5	PA, QL
<b>Vosevi (Tablet)</b>	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
Famciclovir (Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Tablet)	2	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
<b>Genvoya (Tablet)</b>	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Isentress (100mg Packet, 25mg Tablet Chewable)</b>	3	QL
<b>Isentress (100mg Tablet Chewable, 400mg Tablet)</b>	5	QL
<b>Isentress HD (Tablet)</b>	5	QL
<b>Stribild (Tablet)</b>	5	QL
<b>Tivicay (10mg Tablet)</b>	4	QL
<b>Tivicay (25mg Tablet, 50mg Tablet)</b>	5	QL
<b>Triumeq (Tablet)</b>	5	QL
<b>Tybost (Tablet)</b>	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
<b>Atripla (Tablet)</b>	5	QL
<b>Complera (Tablet)</b>	5	QL
<b>Delstrigo (Tablet)</b>	5	QL
<b>Edurant (Tablet)</b>	5	QL
Efavirenz (200mg Capsule, 600mg Tablet)	5	QL
Efavirenz (50mg Capsule)	4	QL
<b>Intelence (100mg Tablet, 200mg Tablet)</b>	5	QL
<b>Intelence (25mg Tablet)</b>	4	QL
<b>Juluca (Tablet)</b>	5	QL
Nevirapine (Tablet)	2	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	4	QL

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



Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Odefsey (Tablet)</b>	5	QL
<b>Pifeltro (Tablet)</b>	5	QL
<b>Rescriptor (Tablet)</b>	4	QL
<b>Symfi (Tablet)</b>	5	QL
<b>Symfi Lo (Tablet)</b>	5	QL
<b>Viramune (50mg/5ml Suspension)</b>	5	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (20mg/ml Oral Solution, 300mg Tablet)	4	QL
Abacavir Sulfate/Lamivudine (Tablet)	4	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	5	QL
<b>Biktarvy (Tablet)</b>	5	QL
<b>Cimduo (Tablet)</b>	5	QL
<b>Descovy (Tablet)</b>	5	QL
Didanosine (Capsule Delayed-Release)	2	QL
<b>Emtriva (10mg/ml Oral Solution, 200mg Capsule)</b>	4	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL
Lamivudine/Zidovudine (Tablet)	4	QL
Stavudine (Capsule)	2	QL
Tenofovir Disoproxil Fumarate (Tablet)	5	QL
<b>Truvada (Tablet)</b>	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Videx EC (125mg Capsule Delayed-Release)</b>	4	QL
<b>Videx Pediatric (Oral Solution)</b>	4	QL
<b>Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder)</b>	5	QL
<b>Zerit (1mg/ml Oral Solution)</b>	4	QL
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	2	QL
Anti-HIV Agents, Other		
<b>Fuzeon (Injection)</b>	5	QL
<b>Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)</b>	5	QL
<b>Selzentry (25mg Tablet)</b>	3	QL
Anti-HIV Agents, Protease Inhibitors		
<b>Aptivus (100mg/ml Oral Solution, 250mg Capsule)</b>	5	QL
Atazanavir Sulfate (Capsule)	5	QL
<b>Crixivan (Capsule)</b>	3	QL
<b>Evotaz (Tablet)</b>	5	QL
Fosamprenavir Calcium (Tablet)	5	QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Invirase (200mg Capsule, 500mg Tablet)</b>	5	QL
<b>Kaletra (100mg-25mg Tablet)</b>	4	QL
<b>Kaletra (200mg-50mg Tablet)</b>	5	QL
<b>Lexiva (50mg/ml Suspension)</b>	4	QL
Lopinavir/Ritonavir (Oral Solution)	4	QL
<b>Norvir (100mg Packet, 80mg/ml Oral Solution)</b>	4	QL
<b>Prezcobix (Tablet)</b>	5	QL
<b>Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)</b>	5	QL
<b>Prezista (150mg Tablet, 75mg Tablet)</b>	4	QL
<b>Reyataz (50mg Packet)</b>	5	QL
Ritonavir (Tablet)	4	QL
<b>Symtuza (Tablet)</b>	5	QL
<b>Viracept (Tablet)</b>	5	QL
<b>Anti-influenza Agents</b>		
Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	3	QL
<b>Relenza Diskhaler (Aerosol Powder)</b>	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rimantadine HCl (Tablet)	2	
<b>Xofluza (Tablet Therapy Pack)</b>	3	QL
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
Bupirone HCl (Tablet)	2	
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup)	3	
<b>Benzodiazepines</b>		
Alprazolam (Tablet Immediate-Release)	2	QL
Chlordiazepoxide HCl (Capsule)	2	
Clonazepam (Tablet Immediate-Release)	2	QL
Clonazepam ODT (Tablet Dispersible)	4	QL
Clorazepate Dipotassium (Tablet)	3	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	2	QL
Diazepam (1mg/ml Oral Solution)	2	
Diazepam Intensol (5mg/ml Concentrate)	2	QL
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/ml Concentrate)	2	QL
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	2		Glipizide/Metformin HCl (Tablet)	1	QL
Divalproex Sodium DR (Tablet Delayed-Release)	2		<b>Glyxambi (Tablet)</b>	3	QL
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	2		<b>Jardiance (Tablet)</b>	3	QL
<b>Lithium (Oral Solution)</b>	3		<b>Jentaduetto (Tablet)</b>	3	QL
Lithium Carbonate (Capsule Immediate-Release, Tablet Immediate-Release)	2		<b>Jentaduetto XR (Tablet Extended-Release 24 Hour)</b>	3	QL
Lithium Carbonate ER (Tablet Extended-Release)	2		<b>Kombiglyze XR (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Blood Glucose Regulators</b>			Metformin HCl (Tablet Immediate-Release)	1	QL
<b>Antidiabetic Agents</b>			Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Acarbose (Tablet)	2	QL	Nateglinide (Tablet)	2	QL
<b>Bydureon Bcise (Auto injector)</b>	3	QL	<b>Onglyza (Tablet)</b>	3	QL
<b>Bydureon Pen (Injection)</b>	3	QL	Pioglitazone HCl (Tablet)	1	QL
<b>Bydureon Vial (Injection)</b>	3	QL	Repaglinide (Tablet)	2	QL
<b>Farxiga (Tablet)</b>	3	QL	<b>Soliqua 100/33 (Injection)</b>	3	QL
Glimepiride (Tablet)	1	QL	<b>Synjardy (Tablet)</b>	3	QL
Glipizide (Tablet Immediate-Release)	1	QL	<b>Synjardy XR (Tablet Extended-Release 24 Hour)</b>	3	QL
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL	<b>Tradjenta (Tablet)</b>	3	QL
			<b>Trulicity (Injection)</b>	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Xigduo XR (Tablet Extended-Release 24 Hour)</b>	3	QL
Glycemic Agents		
<b>GlucaGen HypoKit (Injection)</b>	4	
<b>Glucagon Emergency Kit (Injection)</b>	3	
<b>Proglycem (Suspension)</b>	5	
Insulins		
<b>Humalog Cartridge (Injection)</b>	3	
<b>Humalog Junior KwikPen (Injection)</b>	3	
<b>Humalog KwikPen (Injection)</b>	3	
<b>Humalog Mix 50/50 KwikPen (Injection)</b>	3	
<b>Humalog Mix 50/50 Vial (Injection)</b>	3	
<b>Humalog Mix 75/25 KwikPen (Injection)</b>	3	
<b>Humalog Mix 75/25 Vial (Injection)</b>	3	
<b>Humalog Vial (Injection)</b>	3	
<b>Humulin 70/30 KwikPen (Injection)</b>	3	
<b>Humulin 70/30 Vial (Injection)</b>	3	
<b>Humulin N KwikPen (Injection)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Humulin N Vial (Injection)</b>	3	
<b>Humulin R U-500 KwikPen (Injection)</b>	3	
<b>Humulin R U-500 Vial (Concentrated) (Injection)</b>	3	
<b>Humulin R Vial (Injection)</b>	3	
<b>Lantus SoloStar (Injection)</b>	3	
<b>Lantus Vial (Injection)</b>	3	
<b>Toujeo Max Solostar (Injection)</b>	3	
<b>Toujeo SoloStar (Injection)</b>	3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<b>Coumadin (Tablet)</b>	3	
<b>Eliquis (Tablet)</b>	3	QL
<b>Eliquis Starter Pack (Tablet)</b>	3	QL
<b>Enoxaparin Sodium (Injection)</b>	4	QL
<b>Fondaparinux Sodium (Injection)</b>	4	
<b>Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)</b>	3	
<b>Heparin Sodium (1000unit/ml Injection)</b>	3	B/D, PA
<b>Jantoven (Tablet)</b>	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
<b>Pradaxa (Capsule)</b>	4	QL	<b>Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)</b>	4	PA
Warfarin Sodium (Tablet)	1		<b>Procrit (20000unit/ml Injection, 40000unit/ml Injection)</b>	5	PA
<b>Xarelto (10mg Tablet, 15mg Tablet, 20mg Tablet, 2.5mg Tablet)</b>	3	QL	<b>Promacta (Tablet)</b>	5	PA, QL, LA
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	3	QL	<b>Zarxio (Injection)</b>	5	
Blood Formation Modifiers			Hemostasis Agents		
Anagrelide HCl (Capsule)	3		Tranexamic Acid (Tablet)	3	
<b>Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)</b>	5	PA	Platelet Modifying Agents		
<b>Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)</b>	4	PA	Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	4	QL
<b>Neulasta (Injection)</b>	5	PA	<b>Brilinta (Tablet)</b>	4	QL
			Cilostazol (Tablet)	2	
			Clopidogrel (75mg Tablet)	2	QL
			Cardiovascular Agents		
			Alpha-adrenergic Agonists		
			Clonidine HCl (Tablet Immediate-Release)	2	
			Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	4	
			Guanfacine HCl (Tablet Immediate-Release)	2	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Methyldopa (Tablet)	3	
Midodrine HCl (Tablet)	3	
<b>Northera (Capsule)</b>	4	PA, QL, LA
<b>Alpha-adrenergic Blocking Agents</b>		
Doxazosin Mesylate (Tablet)	2	
Prazosin HCl (Capsule)	2	
<b>Angiotensin II Receptor Antagonists</b>		
Irbesartan (Tablet)	2	QL
Losartan Potassium (Tablet)	1	QL
Telmisartan (Tablet)	3	QL
Valsartan (Tablet)	2	QL
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
Benazepril HCl (Tablet)	1	QL
Enalapril Maleate (Tablet)	2	QL
Fosinopril Sodium (Tablet)	2	QL
Lisinopril (Tablet)	1	QL
Quinapril HCl (Tablet)	2	QL
Ramipril (Capsule)	2	QL
<b>Antiarrhythmics</b>		
Amiodarone HCl (200mg Tablet)	2	
Dofetilide (Capsule)	4	
Flecainide Acetate (Tablet)	2	
Mexiletine HCl (Capsule)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pacerone (200mg Tablet)	2	
Propafenone HCl (Tablet)	2	
Quinidine Sulfate (Tablet)	2	
Sotalol HCl (AF) (Tablet)	2	
Sotalol HCl (Tablet)	2	
<b>Beta-adrenergic Blocking Agents</b>		
Atenolol (Tablet)	1	
Bisoprolol Fumarate (Tablet)	2	
Carvedilol (Tablet)	1	
Labetalol HCl (Tablet)	2	
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Propranolol HCl (Tablet Immediate-Release, Oral Solution)	2	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	
<b>Calcium Channel Blocking Agents</b>		
Amlodipine Besylate (Tablet)	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
Cartia XT (Capsule Extended-Release 24 Hour)	2		Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
Dilt-XR (Capsule Extended-Release 24 Hour)	2		<b>Corlanor (Tablet)</b>	4	PA, QL
Diltiazem HCl (Tablet Immediate-Release)	2		Digitek (Tablet)	2	
Diltiazem HCl ER (120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	2		Digox (Tablet)	2	
Nimodipine (Capsule)	4		<b>Digoxin (0.05mg/ml Oral Solution)</b>	4	
<b>Nymalize (Oral Solution)</b>	5		Digoxin (125mcg Tablet, 250mcg Tablet)	2	
Verapamil HCl (Tablet Immediate-Release)	2		Enalapril Maleate/ Hydrochlorothiazide (Tablet)	2	QL
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2		<b>Entresto (Tablet)</b>	3	QL
Cardiovascular Agents, Other			Irbesartan/ Hydrochlorothiazide (Tablet)	2	QL
Atenolol/ Chlorthalidone (Tablet)	1		<b>Lanoxin (125mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)</b>	4	
			Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
			Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
			Metoprolol/ Hydrochlorothiazide (Tablet)	2	
			Pentoxifylline ER (Tablet Extended-Release)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Torsemide (Tablet)	2	
Diuretics, Potassium-sparing		
Amiloride HCl (Tablet)	2	
Spironolactone (Tablet)	2	
Diuretics, Thiazide		
Chlorothiazide (Tablet)	2	
Chlorthalidone (Tablet)	2	
<b>Diuril (Suspension)</b>	3	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	2	
Methyclothiazide (Tablet)	3	
Metolazone (Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (160mg Tablet, 54mg Tablet)	2	
Gemfibrozil (Tablet)	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
<b>Livalo (Tablet)</b>	3	QL
Lovastatin (Tablet)	2	QL
Pravastatin Sodium (Tablet)	1	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
Rosuvastatin Calcium (Tablet)	2	QL
Simvastatin (Tablet)	1	QL
<b>Dyslipidemics, Other</b>		
Cholestyramine (Packet)	3	
Cholestyramine Light (Powder)	3	
Colestipol HCl (1gm Tablet)	3	
Colestipol HCl (5gm Packet)	4	
Ezetimibe (Tablet)	3	QL
<b>Juxtapid (Capsule)</b>	5	PA, LA
Niacor (Tablet)	2	
<b>Praluent (Injection)</b>	5	PA, QL, LA
Prevalite (Packet)	3	
<b>Repatha (Injection)</b>	5	PA, QL
<b>Repatha Pushtronex System (Injection)</b>	5	PA, QL
<b>Repatha SureClick (Injection)</b>	5	PA, QL
<b>Vascepa (Capsule)</b>	4	
<b>Vasodilators, Direct-acting Arterial</b>		
Hydralazine HCl (Tablet)	2	
Minoxidil (Tablet)	2	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
Isosorbide Dinitrate (Tablet Immediate-Release)	2	
Isosorbide Dinitrate ER (Tablet Extended-Release)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
<b>Nitrostat (Tablet Sublingual)</b>	3	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	4	QL	Dexmethylphenidate HCl (Tablet Immediate- Release)	3	QL
Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release)	3	QL	Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	4	
Methamphetamine HCl (Tablet)	4	PA	Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate- Release) (Generic Ritalin)	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)	4	QL
Atomoxetine (Capsule)	4	QL	Central Nervous System, Other		
Clonidine HCl ER (Tablet Extended- Release 12 Hour)	4	PA	<b>Austedo (Tablet)</b>	5	PA, QL, LA
			<b>Ingrezza (Capsule)</b>	5	PA, QL
			<b>Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)</b>	3	PA, QL
			<b>Nuedexta (Capsule)</b>	4	PA
			Riluzole (Tablet)	4	
			Tetrabenazine (Tablet)	5	PA, QL, LA
			Fibromyalgia 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	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	<b>Tecfidera Starter Pack</b>	5	LA
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)</b>	3	QL	Dental and Oral Agents		
<b>Savella (Tablet)</b>	3		Dental and Oral Agents		
<b>Savella Titration Pack</b>	3		Chlorhexidine Gluconate Oral Rinse (Solution)	2	
Multiple Sclerosis Agents			Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4	
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	5	QL, LA	Triamcinolone Acetonide Dental Paste (Paste)	3	
Dalfampridine ER (Tablet Extended-Release 12 Hour)	5	QL	Dermatological Agents		
<b>Extavia (Injection)</b>	5		Dermatological Agents		
<b>Gilenya (Capsule)</b>	5	QL	Acitretin (Capsule)	4	
Glatiramer Acetate (Solution Prefilled Syringe)	5		Adapalene (0.1% Cream)	4	
Glatopa (Injection)	5		Adapalene (0.1% Gel)	3	
<b>Tecfidera (Capsule Delayed-Release)</b>	5	QL, LA	Ammonium Lactate (12% Cream, 12% Lotion)	3	
			Azelaic Acid (Gel)	4	
			Calcipotriene (0.005% Cream, 0.005% External Solution)	4	
			<b>Calcitriol (3mcg/gm Ointment)</b>	4	
			Claravis (Capsule)	4	PA
			Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	2	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	4	
<b>Cosentyx (Injection)</b>	5	PA, LA
<b>Cosentyx Sensoready Pen (Injection)</b>	5	PA, LA
Diclofenac Sodium (3% Gel)	4	PA
Doxepin HCl (Cream)	4	PA, QL
<b>Elidel (Cream)</b>	4	ST
Ery (2% Pad)	3	
Erythromycin (2% External Solution)	2	
Erythromycin (2% Gel)	4	
Erythromycin/Benzoyl Peroxide (Gel)	4	
<b>Finacea (15% Foam, 15% Gel)</b>	4	
Fluorouracil (2% External Solution, 5% External Solution)	3	
Fluorouracil (5% Cream)	4	
Imiquimod (Cream)	4	
Isotretinoin (Capsule)	4	PA
<b>Mirvaso (Gel)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Picato (Gel)</b>	3	
Podofilox (External Solution)	3	
<b>Prudoxin (Cream)</b>	4	PA, QL
<b>Regranex (Gel)</b>	5	PA
<b>Santyl (Ointment)</b>	4	
Selenium Sulfide (Lotion)	2	
Tacrolimus (0.03% Ointment, 0.1% Ointment)	4	ST
Tazarotene (Cream)	4	PA
<b>Tazorac (0.05% Cream)</b>	4	PA
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	4	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<b>Aminosyn 7%/Electrolytes (Injection)</b>	4	B/D, PA
<b>Aminosyn 8.5%/Electrolytes (Injection)</b>	4	B/D, PA
<b>Aminosyn II (10% Injection)</b>	4	B/D, PA
<b>Aminosyn II 8.5%/Electrolytes (Injection)</b>	4	B/D, PA
<b>Aminosyn-HBC (Injection)</b>	4	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Aminosyn-PF (Injection)</b>	4	B/D, PA	<b>Isolyte-S (Injection)</b>	4	
<b>Aminosyn-RF (Injection)</b>	4	B/D, PA	<b>KCl 0.075%/D5W/NaCl 0.45% (Injection)</b>	4	
<b>Carbaglu (Tablet)</b>	5	LA	<b>KCl 0.15%/D5W/NaCl 0.2% (Injection)</b>	4	
<b>Dextrose 10% (Injection)</b>	4		<b>KCl 0.15%/D5W/NaCl 0.45% (Injection)</b>	4	
<b>Dextrose 10%/NaCl 0.2% (Injection)</b>	4		<b>KCl 0.15%/D5W/NaCl 0.9% (Injection)</b>	4	
<b>Dextrose 10%/NaCl 0.45% (Injection)</b>	4		<b>KCl 0.3%/D5W/NaCl 0.45% (Injection)</b>	4	
<b>Dextrose 2.5%/NaCl 0.45% (Injection)</b>	4		<b>KCl 0.3%/D5W/NaCl 0.9% (Injection)</b>	4	
Dextrose 5% (Injection)	4	B/D, PA	Klor-Con (Packet)	3	
<b>Dextrose 5%/NaCl 0.2% (Injection)</b>	4		<b>Klor-Con 10 (Tablet Extended-Release)</b>	3	
<b>Dextrose 5%/NaCl 0.225% (Injection)</b>	4		<b>Klor-Con 8 (Tablet Extended-Release)</b>	3	
<b>Dextrose 5%/NaCl 0.33% (Injection)</b>	4		Klor-Con M10 (Tablet Extended-Release)	2	
<b>Dextrose 5%/NaCl 0.45% (Injection)</b>	4		Klor-Con M15 (Tablet Extended-Release)	2	
<b>Dextrose 5%/NaCl 0.9% (Injection)</b>	4	B/D, PA	Klor-Con M20 (Tablet Extended-Release)	2	
<b>FreAmine HBC 6.9% (Injection)</b>	4	B/D, PA	Levocarnitine (1gm/10ml Oral Solution)	3	
<b>HepatAmine (Injection)</b>	4	B/D, PA	<b>Levocarnitine (330mg Tablet)</b>	3	
<b>Intralipid (Injection)</b>	4	B/D, PA	<b>Magnesium Sulfate (1gm/2ml-50% Injection)</b>	4	
<b>Ionosol-MB/Dextrose 5% (Injection)</b>	4				
<b>Isolyte-P/Dextrose 5% (Injection)</b>	4				

**Bold type = Brand name drug**

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Magnesium Sulfate (5gm/10ml-50% Injection)	4		Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	2	
<b>Nephramine (Injection)</b>	4	B/D, PA	<b>Potassium Chloride/Dextrose (Injection)</b>	4	B/D, PA
<b>Normosol-M in D5W (Injection)</b>	4		<b>Potassium Chloride/Dextrose/Lactated Ringers (Injection)</b>	4	
<b>Normosol-R (Injection)</b>	4		<b>Potassium Chloride/Dextrose/Sodium Chloride (Injection)</b>	4	
<b>Normosol-R in D5W (Injection)</b>	4		Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	4	B/D, PA
<b>Nutrilipid (Injection)</b>	4	B/D, PA	<b>Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)</b>	4	B/D, PA
<b>Plasma-Lyte A (Injection)</b>	4		Potassium Citrate ER (Tablet Extended-Release)	4	
<b>Plasma-Lyte-148 (Injection)</b>	4		Premasol (Injection)	4	B/D, PA
Plenamaine (Injection)	4	B/D, PA	<b>Procalamine (Injection)</b>	4	B/D, PA
<b>Potassium Chloride (10% Oral Solution, 20% Oral Solution)</b>	3		<b>Prosol (Injection)</b>	4	B/D, PA
<b>Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)</b>	4	B/D, PA	<b>Sodium Chloride 0.9% (Irrigation Solution)</b>	3	
Potassium Chloride (2meq/ml Injection)	4	B/D, PA			
Potassium Chloride CR (Tablet Extended-Release)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sodium Chloride (0.9% Injection)	4	B/D, PA	Calcium Acetate (667mg Capsule, 667mg Tablet)	2	
<b>Sodium Chloride (3% Injection, 5% Injection)</b>	4	B/D, PA	<b>Phoslyra (Oral Solution)</b>	3	
<b>Sodium Chloride 0.45% (Injection)</b>	4		Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	4	
Sodium Fluoride (Tablet)	2		<b>Velphoro (Tablet Chewable)</b>	4	
<b>Sodium Lactate (Injection)</b>	4		Vitamins		
<b>TPN Electrolytes (Injection)</b>	4		VP-PNV-DHA (Capsule)	2	
<b>Travasol (Injection)</b>	4	B/D, PA	<b>Gastrointestinal Agents</b>		
<b>Trophamine (10% Injection)</b>	4	B/D, PA	Antispasmodics, Gastrointestinal		
Electrolyte/Mineral/Metal Modifiers			<b>Cuvposa (Oral Solution)</b>	4	
<b>Ferriprox (100mg/ml Oral Solution, 500mg Tablet)</b>	5	PA	Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution)	2	
<b>Jadenu (Tablet)</b>	4	PA	Dicyclomine HCl (Tablet)	2	
<b>Jadenu Sprinkle (Packet)</b>	4	PA	Methscopolamine Bromide (Tablet)	4	
Kionex (Suspension)	3		<b>Gastrointestinal Agents, Other</b>		
<b>Samsca (Tablet)</b>	5	PA, QL	Chenodal (Tablet)	5	
Sodium Polystyrene Sulfonate (Powder)	3		Cromolyn Sodium (100mg/5ml Concentrate)	4	
SPS (Suspension)	3		Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	3	
Trientine HCl (Capsule)	5	PA, QL			
<b>Veltassa (Packet)</b>	4	QL			
Phosphate Binders					
<b>Auryxia (Tablet)</b>	4	PA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Gattex (Injection)</b>	5	PA, LA
Loperamide HCl (Capsule)	2	
<b>Myalept (Injection)</b>	5	PA, LA
<b>Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)</b>	4	PA
<b>Relistor (150mg Tablet)</b>	4	PA, QL
Ursodiol (250mg Tablet, 500mg Tablet)	4	
Ursodiol (300mg Capsule)	3	
<b>Histamine2 (H2) Receptor Antagonists</b>		
Nizatidine (150mg Capsule, 300mg Capsule)	2	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	2	
<b>Irritable Bowel Syndrome Agents</b>		
Alosetron HCl (Tablet)	5	PA
<b>Linzess (Capsule)</b>	3	QL
<b>Viberzi (Tablet)</b>	5	PA, QL
<b>Laxatives</b>		
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Generlac (Oral Solution)	2	
Lactulose (Oral Solution)	2	
PEG 3350/Electrolytes (Oral Solution)	3	
PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY)	3	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	3	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	2	
<b>Suprep Bowel Prep Kit (Oral Solution)</b>	3	
TriLyte (Oral Solution)	2	
<b>Protectants</b>		
<b>Carafate (1gm/10ml Suspension)</b>	4	
Misoprostol (Tablet)	3	
Sucralfate (Tablet)	2	
<b>Proton Pump Inhibitors</b>		
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL
Omeprazole (20mg Capsule Delayed-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
Pantoprazole Sodium (Tablet Delayed-Release)	2	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
<b>Aralast NP (Injection)</b>	5	PA, LA
<b>Cholbam (Capsule)</b>	5	PA
<b>Creon (Capsule Delayed-Release)</b>	3	
<b>Cystadane (Powder)</b>	5	
<b>Cystagon (Capsule)</b>	4	LA
<b>Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)</b>	5	LA
Miglustat (Capsule)	5	PA, LA
<b>Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)</b>	5	LA
<b>Prolastin-C (Injection)</b>	5	PA, LA
<b>Ravicti (Liquid)</b>	5	QL, LA
Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet)	5	
<b>Sucraid (Oral Solution)</b>	5	LA
<b>Zenpep (Capsule Delayed-Release)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Genitourinary Agents		
Antispasmodics, Urinary		
<b>Myrbetriq (Tablet Extended-Release 24 Hour)</b>	3	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	2	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	2	QL
<b>Vesicare (Tablet)</b>	3	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2	
Finasteride (5mg Tablet) (Generic Proscar)	2	
Tamsulosin HCl (Capsule)	2	
Terazosin HCl (Capsule)	2	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	2	
<b>Depen Titratabs (Tablet)</b>	5	
<b>Elmiron (Capsule)</b>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ala-Cort (Cream)	2		Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.025% Ointment)	3	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	3		Fluocinolone Acetonide (0.01% External Solution)	4	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	2		Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3		Fluocinonide Emulsified Base (Cream)	3	
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3		Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3	
Desonide (0.05% Ointment)	4		Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4	
Desoximetasone (0.05% Cream, 0.25% Cream)	4		Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment, 10mg Tablet, 20mg Tablet, 5mg Tablet)	2	
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2		Hydrocortisone (2.5% Lotion)	3	
Fludrocortisone Acetate (Tablet)	2		Hydrocortisone Butyrate (0.1% Ointment)	3	
			Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	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
Methylprednisolone (Tablet)	2		Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	3	
Methylprednisolone Dose Pack (Tablet Therapy Pack)	2		Triderm (Cream)	2	
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	3		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Prednicarbate (0.1% Cream, 0.1% Ointment)	4		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Prednisolone (15mg/5ml Oral Solution)	2		Desmopressin Acetate (0.01% Nasal Spray Solution)	4	
Prednisolone Sodium Phosphate (25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	2		Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	2	
Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2		<b>Genotropin (12mg Injection, 5mg Injection)</b>	5	PA
Prednisone Intensol (5mg/ml Concentrate)	2		<b>Genotropin Miniquick (0.2mg Injection)</b>	4	PA
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2		<b>Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)</b>	5	PA
			<b>Increlex (Injection)</b>	5	PA, LA
			Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
			Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
			<b>Korlym (Tablet)</b>	5	PA, QL, LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<b>Anadrol-50 (Tablet)</b>	4	PA
<b>Androderm (Patch 24 Hour)</b>	3	QL
Danazol (Capsule)	4	
Oxandrolone (10mg Tablet)	4	PA, QL
Oxandrolone (2.5mg Tablet)	3	PA, QL
Testosterone (1.62% Gel, 20.25mg/1.25gm Gel, 40.5mg/2.5gm Gel)	4	
Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel)	3	
Testosterone Cypionate (Injection)	4	
Testosterone Enanthate (Injection)	4	
Testosterone Pump (Gel)	3	
Estrogens		
Altavera (Tablet)	4	
Alyacen 1/35 (Tablet)	4	
Amabelz (Tablet)	3	
Amethia (Tablet)	4	
Amethia Lo (Tablet)	4	
Apri (Tablet)	4	
Aranelle (Tablet)	4	
Ashlyna (Tablet)	4	
Aubra (Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aviane (Tablet)	4	
Balziva (Tablet)	4	
Blisovi 24 Fe (Tablet)	4	
Blisovi Fe 1.5/30 (Tablet)	4	
Blisovi Fe 1/20 (Tablet)	4	
Briellyn (Tablet)	4	
Camrese Lo (Tablet)	4	
Caziant (Tablet)	4	
<b>Climara Pro (Patch Weekly)</b>	4	
Cryselle-28 (Tablet)	4	
Cyclafem (Tablet)	4	
Cyred Eq (Tablet)	4	
Delyla (Tablet)	4	
Desogestrel/Ethinyl Estradiol (Tablet)	4	
Drospirenone/Ethinyl Estradiol (Tablet)	4	
<b>Duavee (Tablet)</b>	4	
<b>Elestrin (Gel)</b>	4	
Emoquette (Tablet)	4	
Enpresse-28 (Tablet)	4	
Enskyce (Tablet)	4	
Estarylla (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
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	2	QL	Junel Fe 1.5/30 (Tablet)	4	
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	2		Junel Fe 1/20 (Tablet)	4	
Estradiol Valerate (Injection)	4		Junel Fe 24 (Tablet)	4	
Estradiol/Norethindrone Acetate (Tablet)	3		Kaitlib Fe (Tablet Chewable)	4	
<b>Estring (Ring)</b>	4		Kariva (Tablet)	4	
Estropipate (Tablet)	2		Kelnor 1/35 (Tablet)	4	
Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	4		Kelnor 1/50 (Tablet)	4	
Falmina (Tablet)	4		Kurvelo (Tablet)	4	
Femynor (Tablet)	4		LARIN 1.5/30 (Tablet)	4	
Fyavolv (Tablet)	3		LARIN 1/20 (Tablet)	4	
Gianvi (Tablet)	4		LARIN Fe 1.5/30 (Tablet)	4	
Introvale (Tablet)	4		LARIN Fe 1/20 (Tablet)	4	
Isibloom (Tablet)	4		Larissia (Tablet)	4	
Jinteli (Tablet)	3		<b>Layolis Fe (Tablet Chewable)</b>	4	
Juleber (Tablet)	4		Leena (Tablet)	4	
Junel 1.5/30 (Tablet)	4		Lessina (Tablet)	4	
Junel 1/20 (Tablet)	4		Levonest (Tablet)	4	
			Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)	4	
			Levonorgestrel/Ethinyl Estradiol (0.03mg-0.15mg Tablet, 0-Tablet, 20mcg-0.1mg Tablet)	4	
			Levora 0.15/30-28 (Tablet)	4	
			Loryna (Tablet)	4	
			Low-Ogestrel (Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lutera (Tablet)	4		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet)	4	
Marlissa (Tablet)	4		Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	4	
Melodetta 24 Fe (Tablet Chewable)	4		Norgestimate/Ethinyl Estradiol (Tablet)	4	
Menest (Tablet)	3		Nortrel 0.5/35 (28) (Tablet)	4	
Mibelas 24 Fe (Tablet Chewable)	4		Nortrel 1/35 (Tablet)	4	
Microgestin 1.5/30 (Tablet)	4		Nortrel 7/7/7 (Tablet)	4	
Microgestin 1/20 (Tablet)	4		<b>NuvaRing (Ring)</b>	4	
Microgestin Fe (Tablet)	4		Ocella (Tablet)	4	
Microgestin Fe 1.5/30 (Tablet)	4		Ogestrel (Tablet)	4	
Mili (Tablet)	4		Orsythia (Tablet)	4	
Mimvey (Tablet)	3		Pimtrea (Tablet)	4	
Mimvey Lo (Tablet)	3		Pirmella 1/35 (Tablet)	4	
<b>MonoNessa (Tablet)</b>	4		Portia-28 (Tablet)	4	
Necon 0.5/35-28 (Tablet)	4		<b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>	4	QL
Nikki (Tablet)	4		<b>Premarin (Vaginal Cream)</b>	3	
Norethindrone Acetate/Ethinyl Estradiol (2.5mcg-0.5mg Tablet, 5mcg-1mg Tablet)	3		<b>Premphase (Tablet)</b>	4	QL
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)	4		<b>Prempro (Tablet)</b>	4	QL
			Previfem (Tablet)	4	
			Quasense (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
Reclipsen (Tablet)	4		<b>Jolivette (Tablet)</b>	3	
Setlakin (Tablet)	4		Lyza (Tablet)	3	
Sprintec 28 (Tablet)	4		Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Sronyx (Tablet)	4		Medroxyprogesterone Acetate (150mg/ml Injection)	4	
Syeda (Tablet)	4		Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Tarina Fe 1/20 (Tablet)	4		Megestrol Acetate (625mg/5ml Suspension)	4	
Tri-Legest Fe (Tablet)	4		Nora-BE (Tablet)	3	
Tri-Lo-Estarylla (Tablet)	4		Norethindrone (0.35mg Tablet)	3	
Tri-Lo-Sprintec (Tablet)	4		Norethindrone Acetate (5mg Tablet)	2	
Tri-Mili (Tablet)	4		Norlyroc (Tablet)	3	
Tri-Previfem (Tablet)	4		Sharobel (Tablet)	3	
Tri-Sprintec (Tablet)	4		Selective Estrogen Receptor Modifying Agents		
Tri-Vylibra (Tablet)	4		<b>Osphena (Tablet)</b>	3	PA, QL
<b>Trinessa (Tablet)</b>	4		Raloxifene HCl (Tablet)	2	QL
Trivora-28 (Tablet)	4		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Velivet (Tablet)	4		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Vienna (Tablet)	4		Levothyroxine Sodium (Tablet)	1	
Vyfemla (Tablet)	4		<b>Levoxyl (Tablet)</b>	3	
Vylibra (Tablet)	4				
Wymzya Fe (Tablet Chewable)	4				
Zarah (Tablet)	4				
Zenchent (Tablet)	4				
Zovia 1/35E (Tablet)	4				
Progestins					
Camila (Tablet)	3				
<b>Crinone (Gel)</b>	4	PA			
Deblitane (Tablet)	3				
<b>Depo-Provera (Injection)</b>	4				
Errin (Tablet)	3				
Incassia (Tablet)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Liothyronine Sodium (Tablet)	2	
<b>Synthroid (Tablet)</b>	3	
<b>Unithroid (Tablet)</b>	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
<b>Lysodren (Tablet)</b>	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	2	
<b>Egrifta (Injection)</b>	5	PA, LA
<b>Firmagon (120mg Injection)</b>	5	PA
<b>Firmagon (80mg Injection)</b>	4	PA
Leuprolide Acetate (Injection)	4	PA
<b>Lupron Depot (1-Month) (Injection)</b>	5	PA
<b>Lupron Depot (3-Month) (Injection)</b>	5	PA
<b>Lupron Depot (4-Month) (Injection)</b>	5	PA
<b>Lupron Depot (6-Month) (Injection)</b>	5	PA
Octreotide Acetate (Injection)	4	PA
<b>Signifor (Injection)</b>	5	PA, LA
<b>Somatuline Depot (Injection)</b>	5	
<b>Somavert (Injection)</b>	5	PA, QL, LA
<b>Synarel (Nasal Solution)</b>	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Trelstar Mixject (Injection)</b>	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	2	
Propylthiouracil (Tablet)	2	
Immunological Agents		
Angioedema Agents		
<b>Beriner (Injection)</b>	5	PA, LA
<b>Firazy (Injection)</b>	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
<b>Envarsus XR (Tablet Extended-Release 24 Hour)</b>	4	B/D, PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	4	B/D, PA
<b>Humira (Injection)</b>	5	PA
<b>Humira Pediatric Crohns Disease Starter Pack (Injection)</b>	5	PA
<b>Humira Pen (Injection)</b>	5	PA

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Humira Pen Crohns Disease Starter Pack (Injection)</b>	5	PA	<b>Carimune Nanofiltered (Injection)</b>	4	PA
<b>Humira Pen-Psoriasis Starter (Injection)</b>	5	PA	<b>Flebogamma DIF (Injection)</b>	4	PA
Methotrexate (Tablet)	2		<b>Gammagard S/D IGA Less Than 1 mcg/ml (Injection)</b>	4	PA
Methotrexate Sodium (Injection)	4		<b>Gammaked (Injection)</b>	4	PA
Mycophenolate Mofetil (200mg/ml Suspension)	5	B/D, PA	<b>Gammplex (Injection)</b>	4	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	B/D, PA	<b>Octagam (Injection)</b>	4	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	4	B/D, PA	<b>Panzyga (Solution)</b>	4	PA
<b>Rapamune (1mg/ml Oral Solution)</b>	5	B/D, PA	<b>Privigen (Injection)</b>	4	PA
<b>Sandimmune (100mg/ml Oral Solution)</b>	4	B/D, PA	<b>Varizig (Injection)</b>	3	
Sirolimus (Tablet)	4	B/D, PA	Immunomodulators		
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	2	B/D, PA	<b>Actemra (162mg/0.9ml Injection)</b>	5	PA
Trexall (Tablet)	4		<b>Actimmune (Injection)</b>	5	LA
<b>Xatmep (Oral Solution)</b>	4	PA	<b>Arcalyst (Injection)</b>	5	PA, LA
<b>Zortress (Tablet)</b>	5	B/D, PA	<b>Benlysta (Injection)</b>	5	PA
Immunizing Agents, Passive			Leflunomide (Tablet)	3	
<b>BIVIGAM (Injection)</b>	4	PA	<b>Xolair (150mg Injection, 150mg/ml Solution Prefilled Syringe, 75mg/0.5ml Solution Prefilled Syringe)</b>	5	PA, LA
			Vaccines		
			<b>ActHIB (Injection)</b>	3	
			<b>Adacel (Injection)</b>	3	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>BCG Vaccine (Injection)</b>	3	
<b>Bexsero (Injection)</b>	3	
<b>Boostrix (Injection)</b>	3	
<b>Daptacel (Injection)</b>	3	
<b>Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)</b>	3	
<b>Engerix-B (Injection)</b>	3	B/D, PA
<b>Gardasil 9 (Injection)</b>	3	
<b>Havrix (Injection)</b>	3	
<b>Hiberix (Injection)</b>	3	
<b>Imovax Rabies (H.D.C.V.) (Injection)</b>	3	B/D, PA
<b>Infanrix (Injection)</b>	3	
<b>IPOL Inactivated IPV (Injection)</b>	3	
<b>Ixiaro (Injection)</b>	3	
<b>Kinrix (Injection)</b>	3	
<b>M-M-R II (Injection)</b>	3	
<b>Menactra (Injection)</b>	3	
<b>Menveo (Injection)</b>	3	
<b>Pediarix (Injection)</b>	3	
<b>Pedvax HIB (Injection)</b>	3	
<b>ProQuad (Injection)</b>	3	
<b>Quadracel (Injection)</b>	3	
<b>Rabavert (Injection)</b>	3	B/D, PA
<b>Recombivax HB (Injection)</b>	3	B/D, PA
<b>Rotarix (Suspension)</b>	3	
<b>RotaTeq (Oral Solution)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Shingrix (Injection)</b>	4	PA
<b>Tenivac (Injection)</b>	3	
<b>Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)</b>	3	
<b>Trumenba (Injection)</b>	3	
<b>Twinrix (Injection)</b>	3	
<b>Typhim Vi (Injection)</b>	3	
<b>VAQTA (Injection)</b>	3	
<b>Varivax (Injection)</b>	3	
<b>YF-Vax (Injection)</b>	3	
<b>Zostavax (Injection)</b>	4	PA
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	3	QL
<b>Balsalazide Disodium (Capsule)</b>	4	
<b>Canasa (Suppository)</b>	4	
<b>Mesalamine (Enema)</b>	4	QL
<b>Glucocorticoids</b>		
<b>Budesonide (3mg Capsule Delayed-Release)</b>	4	
<b>Colocort (Enema)</b>	3	
<b>Hydrocortisone (100mg/60ml Enema)</b>	3	
<b>Procto-Med HC (Cream)</b>	2	
<b>Procto-Pak (Cream)</b>	2	
<b>Proctosol HC (Cream)</b>	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
Proctozone-HC (Cream)	2	
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Alendronate Sodium (70mg/75ml Oral Solution)	4	
<b>Binosto (Tablet Effervescent)</b>	4	QL
Calcitonin-Salmon (Nasal Solution)	2	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	2	B/D, PA
Doxercalciferol (Capsule)	4	B/D, PA, QL
Ibandronate Sodium (150mg Tablet)	3	QL
<b>Natpara (Injection)</b>	5	PA, LA
Paricalcitol (Capsule)	4	B/D, PA
<b>Prolia (Injection)</b>	4	QL
<b>Royaldee (Capsule Extended-Release)</b>	5	QL
<b>Sensipar (Tablet)</b>	5	B/D, PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tymlos (Injection)</b>	5	PA, QL
<b>Xgeva (Injection)</b>	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		
<b>Atropine Sulfate (1% Ophthalmic Solution)</b>	3	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	2	
<b>Blephamide (Suspension)</b>	4	
Blephamide S.O.P. (Ointment)	4	
<b>Cystaran (Ophthalmic Solution)</b>	5	LA
<b>Lacrisert (Insert)</b>	4	
<b>Lastacft (Ophthalmic Solution)</b>	3	
Neomycin/Bacitracin/Polymyxin (Ointment)	3	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	3	

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Plain type = Generic drug

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Latanoprost (Ophthalmic Solution)	1	
<b>Vyzulta (Ophthalmic Solution)</b>	4	
<b>Zioptan (Ophthalmic Solution)</b>	4	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
Acetic Acid (Otic Solution)	2	
Flac (Oil)	4	
Fluocinolone Acetonide (0.01% Otic Oil)	4	
Hydrocortisone/Acetic Acid (Otic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	3	
Cetirizine HCl (Oral Solution)	2	
Cyproheptadine HCl (4mg Tablet)	3	
Levocetirizine Dihydrochloride (5mg Tablet)	3	QL
Phenadoz (Suppository)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Promethazine HCl (12.5mg Suppository, 25mg Suppository)	4		Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	3		<b>Spiriva HandiHaler (Capsule)</b>	3	QL
Promethegan (25mg Suppository)	4		<b>Spiriva Respimat (Aerosol Solution)</b>	3	QL
Anti-inflammatories, Inhaled Corticosteroids			Bronchodilators, Sympathomimetic		
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension)	4	B/D, PA	Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	2	B/D, PA
Flunisolide (Nasal Solution)	3		Albuterol Sulfate (2mg Tablet Immediate-Release)	4	
Fluticasone Propionate (50mcg/act Suspension)	2		Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	4	
<b>Pulmicort Flexhaler (Aerosol Powder)</b>	3	QL	Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	3	QL
Antileukotrienes			<b>Perforomist (Nebulized Solution)</b>	4	B/D, PA, QL
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	2	QL	<b>Serevent Diskus (Aerosol Powder)</b>	3	QL
Zafirlukast (Tablet)	2	QL	<b>Ventolin HFA (Aerosol Solution)</b>	3	
Bronchodilators, Anticholinergic			Cystic Fibrosis Agents		
<b>Atrovent HFA (Aerosol Solution)</b>	4		<b>Cayston (Inhalation Solution)</b>	5	PA, LA
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA			

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

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

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

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

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

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



## Covered drugs with a quantity limit (QL)

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

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist. You can also call UnitedHealthcare Customer Service. Our contact information is on the cover.

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir (20mg/ml Oral Solution)	Maximum of 48 ml per day
Abacavir (300mg Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine (Tablet)	Maximum of 2 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abiraterone Acetate (Tablet)	Maximum of 8 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution)	Maximum of 150 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
<b>Aimovig (Solution Auto injector)</b>	Maximum of 2 ml per 30 days
<b>Albenza (Tablet)</b>	Maximum of 16 tablets per day
<b>Alecensa (Capsule)</b>	Maximum of 8 capsules per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release)	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
<b>Alunbrig (180mg Tablet, 90mg Tablet)</b>	Maximum of 1 tablet per day
<b>Alunbrig (30mg Tablet)</b>	Maximum of 4 tablets per day
<b>Alunbrig (Tablet Therapy Pack)</b>	Maximum of 1 pack (30 tablets) per 30 days

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

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Atripla (Tablet)</b>	Maximum of 2 tablets per day
<b>Austedo (Tablet)</b>	Maximum of 4 tablets per day
<b>Belsomra (Tablet)</b>	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Bevespi Aerosphere (Aerosol)</b>	Maximum of 1 inhaler (10.7 grams) per 30 days
<b>Biktarvy (Tablet)</b>	Maximum of 2 tablets per day
<b>Binosto (Tablet Effervescent)</b>	Maximum of 4 tablets per 28 days
<b>Bosulif (100mg Tablet)</b>	Maximum of 6 tablets per day
<b>Bosulif (400mg Tablet, 500mg Tablet)</b>	Maximum of 1 tablet per day
<b>Breo Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Brilinta (Tablet)</b>	Maximum of 2 tablets per day
<b>Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)</b>	Maximum of 2 tablets per day
<b>Briviact (10mg/ml Oral Solution)</b>	Maximum of 20 ml per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen/Caffeine (Tablet)	Maximum of 6 tablets per day
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
<b>Bydureon Bcise (Auto injector)</b>	Maximum of 4 pens (3.4 ml) per 28 days
<b>Bydureon Pen (Injection)</b>	Maximum of 4 pens per 28 days
<b>Bydureon Vial (Injection)</b>	Maximum of 4 vials per 28 days
<b>Cabometyx (20mg Tablet, 60mg Tablet)</b>	Maximum of 1 tablet per day
<b>Cabometyx (40mg Tablet)</b>	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
<b>Calquence (Capsule)</b>	Maximum of 2 capsules per day
<b>Cimduo (Tablet)</b>	Maximum of 2 tablets per day
Clobazam (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets per day
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
<b>Colchicine (0.6mg Capsule) (Generic Mitigare)</b>	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcris)	Maximum of 4 tablets per day
<b>Complera (Tablet)</b>	Maximum of 2 tablets per day
<b>Copiktra (Capsule)</b>	Maximum of 2 capsules per day
<b>Corlanor (Tablet)</b>	Maximum of 2 tablets per day
<b>Cotellic (Tablet)</b>	Maximum of 3 tablets per day
<b>Crixivan (Capsule)</b>	Maximum of 9 capsules per day
Dalfampridine ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
<b>Daliresp (Tablet)</b>	Maximum of 1 tablet per day
<b>Delstrigo (Tablet)</b>	Maximum of 2 tablets per day
<b>Descovy (Tablet)</b>	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Donepezil HCl (10mg Tablet)	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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<b>Drug Name</b>	<b>Quantity Limit</b>
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Edurant (Tablet)</b>	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
<b>Eliquis (Tablet)</b>	Maximum of 2 tablets per day
<b>Eliquis Starter Pack (Tablet)</b>	Maximum of 1 pack (74 tablets) per 30 days
<b>Embeda (100mg-4mg Capsule Extended-Release)</b>	Maximum of 3 capsules per day
<b>Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)</b>	Maximum of 4 capsules per day
<b>Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)</b>	Maximum of 2 capsules per day
<b>Embeda (60mg-2.4mg Capsule Extended-Release)</b>	Maximum of 6 capsules per day
<b>Emsam (Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Emtriva (10mg/ml Oral Solution)</b>	Maximum of 42.5 ml per day
<b>Emtriva (200mg Capsule)</b>	Maximum of 2 capsules per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Endocet (Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (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

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<b>Drug Name</b>	<b>Quantity Limit</b>
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
<b>Entresto (Tablet)</b>	Maximum of 2 tablets per day
<b>Epclusa (Tablet)</b>	Maximum of 1 tablet per day
Epinephrine (Injection) (Generic EpiPen)	Maximum of 4 pens (2 boxes) per 30 days
<b>Erivedge (Capsule)</b>	Maximum of 1 capsule per day
<b>Erleada (Tablet)</b>	Maximum of 4 tablets per day
<b>Esbriet (267mg Capsule)</b>	Maximum of 9 capsules per day
<b>Esbriet (267mg Tablet)</b>	Maximum of 9 tablets per day
<b>Esbriet (801mg Tablet)</b>	Maximum of 3 tablets per day
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days
<b>Evotaz (Tablet)</b>	Maximum of 2 tablets per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
<b>Fanapt (Tablet)</b>	Maximum of 2 tablets per day
<b>Farxiga (Tablet)</b>	Maximum of 1 tablet per day
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	Maximum of 4 lozenges per day
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Firazyr (Injection)</b>	Maximum of 9 ml per day
Fluticasone Propionate/Salmeterol (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Fosamprenavir Calcium (Tablet)	Maximum of 6 tablets per day
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
<b>Fuzeon (Injection)</b>	Maximum of 3 vials per day
<b>Genvoya (Tablet)</b>	Maximum of 2 tablets per day
<b>Gilenya (Capsule)</b>	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
<b>Glyxambi (Tablet)</b>	Maximum of 1 tablet per day
Granisetron HCl (Tablet)	Maximum of 2 tablets per day
Guanfacine HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
<b>Harvoni (Tablet)</b>	Maximum of 1 tablet per day
<b>Hetlioz (Capsule)</b>	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (2.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 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
<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	Maximum of 1 tablet per day
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
<b>Ibrance (Capsule)</b>	Maximum of 1 capsule per day
<b>Iclusig (15mg Tablet)</b>	Maximum of 2 tablets per day
<b>Iclusig (45mg Tablet)</b>	Maximum of 1 tablet per day
<b>Idhifa (Tablet)</b>	Maximum of 1 tablet per day
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
<b>Imbruvica (140mg Capsule)</b>	Maximum of 4 capsules per day
<b>Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)</b>	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Imbruvica (70mg Capsule)</b>	Maximum of 1 capsule per day
<b>Ingrezza (Capsule)</b>	Maximum of 1 capsule per day
<b>Inlyta (Tablet)</b>	Maximum of 4 tablets per day
<b>Intence (100mg Tablet)</b>	Maximum of 2 tablets per day
<b>Intence (200mg Tablet)</b>	Maximum of 3 tablets per day
<b>Intence (25mg Tablet)</b>	Maximum of 6 tablets per day
<b>Invirase (200mg Capsule)</b>	Maximum of 15 capsules per day
<b>Invirase (500mg Tablet)</b>	Maximum of 6 tablets per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Iressa (Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress (100mg Packet)</b>	Maximum of 4 packets per day
<b>Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)</b>	Maximum of 9 tablets per day
<b>Isentress (400mg Tablet)</b>	Maximum of 6 tablets per day
<b>Isentress HD (Tablet)</b>	Maximum of 3 tablets per day
Itraconazole (100mg Capsule)	Maximum of 4 capsules per day
<b>Jakafi (Tablet)</b>	Maximum of 2 tablets per day
<b>Jardiance (Tablet)</b>	Maximum of 1 tablet per day
<b>Jentadueto (Tablet)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Juluca (Tablet)</b>	Maximum of 2 tablets per day
<b>Kaletra (100mg-25mg Tablet)</b>	Maximum of 10 tablets per day
<b>Kaletra (200mg-50mg Tablet)</b>	Maximum of 6 tablets per day
<b>Kalydeco (150mg Tablet)</b>	Maximum of 2 tablets per day
<b>Kalydeco (50mg Packet, 75mg Packet)</b>	Maximum of 2 packets per day
<b>Kisqali (Tablet)</b>	Maximum of 3 tablets per day
<b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>	Maximum of 1 pack (91 tablets) per 28 days
<b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>	Maximum of 1 pack (91 tablets) per 28 days
<b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>	Maximum of 1 pack (91 tablets) per 28 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Korlym (Tablet)</b>	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
<b>Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)</b>	Maximum of 1 tablet per day
<b>Latuda (80mg Tablet)</b>	Maximum of 2 tablets per day
Ledipasvir/Sofosbuvir (Tablet)	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
<b>Lexiva (50mg/ml Suspension)</b>	Maximum of 90 ml per day
Lidocaine (5% Ointment)	Maximum of 152 grams per 30 days
Lidocaine (5% Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
<b>Linzess (Capsule)</b>	Maximum of 1 capsule per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
<b>Livalo (Tablet)</b>	Maximum of 1 tablet per day
<b>Lonsurf (6.14mg-15mg Tablet)</b>	Maximum of 10 tablets per day
<b>Lonsurf (8.19mg-20mg Tablet)</b>	Maximum of 8 tablets per day
Lopinavir/Ritonavir (Oral Solution)	Maximum of 16 ml per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam (2mg/ml Concentrate)	Maximum of 5 ml per day
<b>Lorbrena (100mg Tablet)</b>	Maximum of 1 tablet per day
<b>Lorbrena (25mg Tablet)</b>	Maximum of 3 tablets per day
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet HD (Tablet)	Maximum of 12 tablets per day

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

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Drug Name	Quantity Limit
Methylphenidate HCl (10mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl ER (10mg Tablet Extended-Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 100 ml per day
<b>Morphine Sulfate (15mg Tablet Immediate-Release)</b>	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 50 ml per day
<b>Morphine Sulfate (30mg Tablet Immediate-Release)</b>	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
<b>Namzaric (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
Naratriptan HCl (Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
<b>Nebupent (Inhalation Solution)</b>	Maximum of 300 mg (1 vial) in 28 days
<b>Nerlynx (Tablet)</b>	Maximum of 6 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
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
<b>Ninlaro (Capsule)</b>	Maximum of 3 capsules per 28 days
<b>Northera (100mg Capsule)</b>	Maximum of 3 capsules per day
<b>Northera (200mg Capsule, 300mg Capsule)</b>	Maximum of 6 capsules per day
<b>Norvir (100mg Packet)</b>	Maximum of 18 packets per day
<b>Norvir (80mg/ml Oral Solution)</b>	Maximum of 24 ml per day
<b>Noxafil (100mg Tablet Delayed-Release)</b>	Maximum of 8 tablets per day
<b>Noxafil (40mg/ml Suspension)</b>	Maximum of 20 ml per day
<b>Nucala (Injection)</b>	Maximum of 3 vials per 28 days
<b>Nuplazid (10mg Tablet)</b>	Maximum of 1 tablet per day
<b>Nuplazid (17mg Tablet)</b>	Maximum of 2 tablets per day
<b>Nuplazid (34mg Capsule)</b>	Maximum of 1 capsule per day
<b>Odefsey (Tablet)</b>	Maximum of 2 tablets per day
<b>Odomzo (Capsule)</b>	Maximum of 1 capsule per day
<b>Ofev (Capsule)</b>	Maximum of 2 capsules per day
Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Onfi (10mg Tablet, 20mg Tablet)</b>	Maximum of 2 tablets per day
<b>Onglyza (Tablet)</b>	Maximum of 1 tablet per day
<b>Orkambi (100mg-125mg Packet, 150mg-188mg Packet)</b>	Maximum of 56 packets per 28 days
<b>Orkambi (Tablet)</b>	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
<b>Osphena (Tablet)</b>	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

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<b>Drug Name</b>	<b>Quantity Limit</b>
Oxybutynin Chloride ER (15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (20mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (5mg Tablet Immediate-Release, 10mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 130 ml per day
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
<b>Perforomist (Nebulized Solution)</b>	Maximum of 2 vials (4 ml) per day
<b>Pifeltro (Tablet)</b>	Maximum of 3 tablets per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
<b>Pomalyst (Capsule)</b>	Maximum of 1 capsule per day
<b>Pradaxa (Capsule)</b>	Maximum of 2 capsules per day
<b>Praluent (Injection)</b>	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Premphase (Tablet)</b>	Maximum of 1 tablet per day
<b>Prempro (Tablet)</b>	Maximum of 1 tablet per day
<b>Prezcobix (Tablet)</b>	Maximum of 2 tablets per day
<b>Prezista (100mg/ml Suspension)</b>	Maximum of 60 ml per day
<b>Prezista (150mg Tablet)</b>	Maximum of 6 tablets per day
<b>Prezista (600mg Tablet, 800mg Tablet)</b>	Maximum of 3 tablets per day
<b>Prezista (75mg Tablet)</b>	Maximum of 7 tablets per day
<b>Prolia (Injection)</b>	Maximum of 1 syringe every 180 days
<b>Promacta (12.5mg Tablet, 25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Promacta (50mg Tablet, 75mg Tablet)</b>	Maximum of 2 tablets per day
<b>Prudoxin (Cream)</b>	Maximum of 90 grams per 30 days
<b>Pulmicort Flexhaler (Aerosol Powder)</b>	Maximum of 2 inhalers per 30 days
<b>Pulmozyme (Inhalation Solution)</b>	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Ravicti (Liquid)</b>	Maximum of 17.5 ml per day
<b>Rayaldee (Capsule Extended-Release)</b>	Maximum of 2 capsules per day
<b>Relenza Diskhaler (Aerosol Powder)</b>	Maximum of 3 inhalers (60 blisters) per 30 days
<b>Relistor (150mg Tablet)</b>	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

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Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Repatha (Injection)</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha Pushtronex System (Injection)</b>	Maximum of 1 cartridge (3.5 ml) per 28 days
<b>Repatha SureClick (Injection)</b>	Maximum of 3 pens (3 ml) per 28 days
<b>Rescriptor (Tablet)</b>	Maximum of 9 tablets per day
<b>Restasis (Emulsion)</b>	Maximum of 2 vials per day
<b>Revlimid (Capsule)</b>	Maximum of 1 capsule per day
<b>Rexulti (Tablet)</b>	Maximum of 1 tablet per day
<b>Reyataz (50mg Packet)</b>	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
<b>Rubraca (Tablet)</b>	Maximum of 4 tablets per day
<b>Rydapt (Capsule)</b>	Maximum of 8 capsules per day
<b>Sabril (500mg Tablet)</b>	Maximum of 6 tablets per day
<b>Samsca (Tablet)</b>	Maximum of 2 tablets per day
<b>Saphris (Tablet Sublingual)</b>	Maximum of 2 tablets per day
<b>Selzentry (150mg Tablet, 75mg Tablet)</b>	Maximum of 3 tablets per day
<b>Selzentry (20mg/ml Oral Solution)</b>	Maximum of 92 ml per day
<b>Selzentry (25mg Tablet, 300mg Tablet)</b>	Maximum of 6 tablets per day
<b>Sensipar (30mg Tablet, 60mg Tablet)</b>	Maximum of 2 tablets per day
<b>Sensipar (90mg Tablet)</b>	Maximum of 4 tablets per day
<b>Serevent Diskus (Aerosol Powder)</b>	Maximum of 1 inhaler (60 inhalations) per 30 days
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Sofosbuvir/Velpatasvir (Tablet)	Maximum of 1 tablet per day
<b>Soliqua 100/33 (Injection)</b>	Maximum of 18 ml (6 pens) per 30 days
<b>Somavert (Injection)</b>	Maximum of 1 vial per day
<b>Spiriva HandiHaler (Capsule)</b>	Maximum of 1 capsule per day
<b>Spiriva Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)</b>	Maximum of 1 tablet per day
<b>Sprycel (20mg Tablet, 50mg Tablet)</b>	Maximum of 3 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Sprycel (80mg Tablet)</b>	Maximum of 2 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
<b>Stiolto Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Stivarga (Tablet)</b>	Maximum of 4 tablets per day
<b>Stribild (Tablet)</b>	Maximum of 2 tablets per day
<b>Suboxone (12mg-3mg Film, 4mg-1mg Film)</b>	Maximum of 2 films per day
<b>Suboxone (2mg-0.5mg Film, 8mg-2mg Film)</b>	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
<b>Sumatriptan Succinate (6mg/0.5ml Solution Auto injector)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Sumatriptan Succinate Refill (Injection)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)</b>	Maximum of 1 capsule per day
<b>Sutent (37.5mg Capsule)</b>	Maximum of 2 capsules per day
<b>Symbicort (Aerosol)</b>	Maximum of 1 inhaler (10.2 grams) per 30 days
<b>Symfi (Tablet)</b>	Maximum of 2 tablets per day
<b>Symfi Lo (Tablet)</b>	Maximum of 2 tablets per day
<b>Symtuza (Tablet)</b>	Maximum of 2 tablets per day
<b>Synjardy (Tablet)</b>	Maximum of 2 tablets per day
<b>Synjardy XR (10mg-1000mg Tablet Extended-Release 24 Hour, 25mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Synjardy XR (12.5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Tagrisso (40mg Tablet)</b>	Maximum of 1 tablet per day
<b>Tagrisso (80mg Tablet)</b>	Maximum of 2 tablets per day
<b>Talzenna (0.25mg Capsule)</b>	Maximum of 3 capsules per day
<b>Talzenna (1mg Capsule)</b>	Maximum of 1 capsule per day
<b>Tarceva (100mg Tablet, 150mg Tablet)</b>	Maximum of 1 tablet per day
<b>Tarceva (25mg Tablet)</b>	Maximum of 3 tablets per day
<b>Tasigna (150mg Capsule)</b>	Maximum of 5 capsules per day

**Bold type = Brand name drug**

Plain type = Generic drug



<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Tasigna (200mg Capsule)</b>	Maximum of 4 capsules per day
<b>Tasigna (50mg Capsule)</b>	Maximum of 14 capsules per day
<b>Tecfidera (Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Temazepam (15mg Capsule, 30mg Capsule)	Maximum of 1 capsule per day
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
<b>Thalomid (100mg Capsule, 50mg Capsule)</b>	Maximum of 1 capsule per day
<b>Thalomid (150mg Capsule, 200mg Capsule)</b>	Maximum of 2 capsules per day
<b>Tibsovo (Tablet)</b>	Maximum of 2 tablets per day
<b>Tivicay (10mg Tablet, 25mg Tablet)</b>	Maximum of 2 tablets per day
<b>Tivicay (50mg Tablet)</b>	Maximum of 3 tablets per day
<b>TOBI Podhaler (Capsule)</b>	Maximum of 8 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
<b>Tradjenta (Tablet)</b>	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trexiz (Capsule)	Maximum of 10 capsules per day
Trientine HCl (Capsule)	Maximum of 8 capsules per day
<b>Trintellix (Tablet)</b>	Maximum of 1 tablet per day
<b>Triumeq (Tablet)</b>	Maximum of 2 tablets per day
<b>Trulicity (Injection)</b>	Maximum of 4 pens (2 ml) per 28 days
<b>Truvada (Tablet)</b>	Maximum of 2 tablets per day
<b>Tybost (Tablet)</b>	Maximum of 2 tablets per day
<b>Tymlos (Injection)</b>	Maximum of 1.56 ml per 30 days
Valacyclovir HCl (1gm Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valganciclovir (Tablet)	Maximum of 4 tablets per day
Valganciclovir Hydrochloride (Oral Solution)	Maximum of 36 ml per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Veltassa (Packet)</b>	Maximum of 1 packet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Vemlidy (Tablet)</b>	Maximum of 1 tablet per day
<b>Venclexta (100mg Tablet)</b>	Maximum of 6 tablets per day
<b>Venclexta (10mg Tablet)</b>	Maximum of 2 tablets per day
<b>Venclexta (50mg Tablet)</b>	Maximum of 1 tablet per day
<b>Verzenio (Tablet)</b>	Maximum of 2 tablets per day
<b>Vesicare (Tablet)</b>	Maximum of 1 tablet per day
<b>Viberzi (Tablet)</b>	Maximum of 2 tablets per day
<b>Videx EC (125mg Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
<b>Videx Pediatric (Oral Solution)</b>	Maximum of 30 ml per day
Vigabatrin (Packet)	Maximum of 6 packets per day
<b>Viibryd (Tablet)</b>	Maximum of 1 tablet per day
<b>Viibryd Starter Pack (Kit)</b>	Maximum of 1 pack (30 tablets) per 30 days
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)</b>	Maximum of 2 tablets per day
<b>Vimpat (10mg/ml Oral Solution)</b>	Maximum of 40 ml per day
<b>Viracept (250mg Tablet)</b>	Maximum of 15 tablets per day
<b>Viracept (625mg Tablet)</b>	Maximum of 6 tablets per day
<b>Viramune (Suspension)</b>	Maximum of 60 ml per day
<b>Viread (150mg Tablet)</b>	Maximum of 1 tablet per day
<b>Viread (200mg Tablet, 250mg Tablet)</b>	Maximum of 2 tablets per day
<b>Viread (40mg/gm Powder)</b>	Maximum of 6 bottles (360 grams) per 30 days
<b>Vizimpro (Tablet)</b>	Maximum of 1 tablet per day
<b>Vosevi (Tablet)</b>	Maximum of 1 tablet per day
<b>Votrient (Tablet)</b>	Maximum of 4 tablets per day
<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	Maximum of 1 capsule per day
<b>Xarelto (10mg Tablet, 20mg Tablet)</b>	Maximum of 1 tablet per day
<b>Xarelto (15mg Tablet)</b>	Maximum of 2 tablets per day
<b>Xarelto (2.5mg Tablet)</b>	Maximum of 2 tablets per day
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	Maximum of 1 pack (51 tablets) per 30 days
<b>Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Xigduo XR (2.5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Xiidra (Ophthalmic Solution)</b>	Maximum of 2 vials per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Xofluza (Tablet Therapy Pack)</b>	Maximum of 2 tablets per 30 days
<b>Xtampza ER (13.5mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 18mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 9mg Capsule Extended-Release 12 Hour Abuse-Deterrent)</b>	Maximum of 3 capsules per day
<b>Xtampza ER (27mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 36mg Capsule Extended-Release 12 Hour Abuse-Deterrent)</b>	Maximum of 6 capsules per day
<b>Xtandi (Capsule)</b>	Maximum of 4 capsules per day
<b>Xyrem (Oral Solution)</b>	Maximum of 18 ml per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (10mg Capsule)	Maximum of 2 capsules per day
Zaleplon (5mg Capsule)	Maximum of 1 capsule per day
<b>Zejula (Capsule)</b>	Maximum of 3 capsules per day
<b>Zelboraf (Tablet)</b>	Maximum of 8 tablets per day
<b>Zerit (Oral Solution)</b>	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
<b>Zydelig (Tablet)</b>	Maximum of 2 tablets per day
<b>Zykadia (Capsule)</b>	Maximum of 5 capsules per day
<b>Zytiga (250mg Tablet)</b>	Maximum of 8 tablets per day
<b>Zytiga (500mg Tablet)</b>	Maximum of 4 tablets per day

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**Required information**

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