

# 2019 COMPLETE DRUG LIST (FORMULARY)



## Prescription drug list information

UnitedHealthcare Dual Complete® (HMO SNP)  
UnitedHealthcare Dual Complete® RP (Regional PPO SNP)

**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 Customer Service at:



Toll-free **1-844-368-7151**, TTY **711**  
8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept



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



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## Questions?

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



Toll-free **1-844-368-7151**, TTY **711**  
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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 May 1, 2019.

For an up-to-date list of covered drugs or if you have questions, please call 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 UnitedHealthcare Dual Complete.

## How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–29 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 30–94 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.UHCCommunityPlan.com](http://www.UHCCommunityPlan.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.

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.** Your plan has 1 tier named "Covered Drugs." All covered drugs are in this tier. The chart below shows your cost-sharing amount.

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

| Drug Tier                     | Your Cost-Sharing Amount |
|-------------------------------|--------------------------|
| <b>Tier 1 "Covered Drugs"</b> | 25% coinsurance          |

## 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 Customer Service. Our contact information is on the cover.

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

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by medical condition” chart starting on page 30. The codes and what they mean are shown below and on the next page.

You can also get more information about the coverage rules and/or limits applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. If you would like a copy sent to you, please call 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 Customer Service to ask if it's covered. Or go to [www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.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 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.

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 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<br><b>OR</b><br>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.

### **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 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 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 95-118.

### **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 Customer Service or go to [www.UHCCommunityPlan.com](http://www.UHCCommunityPlan.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 Customer Service toll-free at **1-844-368-7151**, TTY **711**, 8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept. Or visit us online at **[www.UHCCCommunityPlan.com](http://www.UHCCCommunityPlan.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.....                                   | 55 | Aimovig.....                                      | 46 |
| Abacavir Sulfate/Lamivudine<br>.....            | 55 | Ala-Cort.....                                     | 76 |
| Abacavir Sulfate/Lamivudine/<br>Zidovudine..... | 55 | Albendazole.....                                  | 49 |
| Abelcet.....                                    | 44 | Albenza.....                                      | 49 |
| Abilify Maintena.....                           | 51 | Albuterol Sulfate.....                            | 91 |
| Abiraterone Acetate.....                        | 47 | Alclometasone Dipropionate<br>.....               | 76 |
| Abstral.....                                    | 32 | Alcohol Prep Pads.....                            | 87 |
| Acamprosate Calcium DR.....                     | 33 | Alecensa.....                                     | 48 |
| Acarbose.....                                   | 57 | Alendronate Sodium.....                           | 87 |
| Acebutolol HCl.....                             | 61 | Alfuzosin HCl ER.....                             | 76 |
| Acetaminophen/Codeine.....                      | 32 | Alinia.....                                       | 50 |
| Acetazolamide.....                              | 64 | Allopurinol.....                                  | 46 |
| Acetazolamide ER.....                           | 64 | Alocril.....                                      | 88 |
| Acetic Acid.....                                | 90 | Alomide.....                                      | 88 |
| Acetylcysteine.....                             | 93 | Alosetron HCl.....                                | 74 |
| Acitretin.....                                  | 69 | Alphagan P.....                                   | 88 |
| Actemra.....                                    | 85 | Alprazolam.....                                   | 56 |
| Actemra Actpen.....                             | 85 | Altavera.....                                     | 79 |
| ActHIB.....                                     | 85 | Alunbrig.....                                     | 48 |
| Actimmune.....                                  | 85 | Alyacen 1/35.....                                 | 79 |
| Acyclovir.....                                  | 54 | Alyq.....   | 92 |
| Acyclovir Sodium.....                           | 54 | Amantadine HCl.....                               | 50 |
| Adacel.....                                     | 85 | AmBisome.....                                     | 44 |
| Adapalene.....                                  | 69 | Amethia.....                                      | 79 |
| Adcirca.....                                    | 92 | Amethia Lo.....                                   | 79 |
| Adefovir Dipivoxil.....                         | 53 | Amikacin Sulfate.....                             | 34 |
| Adempas.....                                    | 92 | Amiloride HCl.....                                | 65 |
| Advair Diskus.....                              | 93 | Amiloride/Hydrochlorothiazide<br>.....            | 63 |
| Advair HFA.....                                 | 93 | Aminosyn 7%/Electrolytes....                      | 70 |
| Afinitor.....                                   | 48 | Aminosyn 8.5%/Electrolytes<br>.....               | 70 |
| Afinitor Disperz.....                           | 48 | Aminosyn II.....                                  | 70 |
|   |    | Aminosyn II 8.5%/Electrolytes<br>.....            | 70 |
|   |    | Aminosyn-HBC.....                                 | 70 |
|   |    | Aminosyn-PF.....                                  | 70 |
|   |    | Aminosyn-RF.....                                  | 70 |
|   |    | Amiodarone HCl.....                               | 61 |
|   |    | Amitiza.....                                      | 74 |
|   |    | Amitriptyline HCl.....                            | 43 |
|   |    | Amlodipine Besylate.....                          | 62 |
|   |    | Amlodipine Besylate/<br>Atorvastatin Calcium..... | 63 |
|   |    | Amlodipine Besylate/<br>Benazepril HCl.....       | 63 |
|   |    | Amlodipine Besylate/Valsartan<br>.....            | 63 |
|   |    | Amlodipine/Olmesartan<br>Medoxomil.....           | 63 |
|   |    | Amlodipine/Valsartan/<br>Hydrochlorothiazide..... | 63 |
|   |    | Ammonium Lactate.....                             | 69 |
|   |    | Amoxapine.....                                    | 43 |
|   |    | Amoxicillin.....                                  | 37 |
|   |    | Amoxicillin/Clavulanate<br>Potassium.....         | 37 |
|   |    | Amoxicillin/Clavulanate<br>Potassium ER.....      | 37 |
|   |    | Amphetamine/<br>Dextroamphetamine.....            | 67 |
|   |    | Amphotericin B.....                               | 45 |
|   |    | Ampicillin.....                                   | 37 |
|   |    | Ampicillin Sodium.....                            | 37 |
|   |    | Ampicillin-Sulbactam.....                         | 37 |
|   |    | Ampyra.....                                       | 68 |
|   |    | Anadrol-50.....                                   | 79 |
|   |    | Anagrelide HCl.....                               | 59 |

|                              |    |  |        |  |            |    |
|------------------------------|----|--|--------|--|------------|----|
| Anastrozole.....             | 48 | Augmented Betamethasone<br>Dipropionate..... | 76     | Besivance.....                                   | 38         |    |
| Androderm.....               | 79 | Auryxia.....                                 | 73     | Betamethasone Dipropionate<br>.....              | 77         |    |
| Anoro Ellipta.....           | 93 | Austedo.....                                 | 68     | Betamethasone Valerate.....                      | 77         |    |
| Apokyn.....                  | 50 | Avandia.....                                 | 57     | Betaseron.....                                   | 68         |    |
| Apraclonidine.....           | 88 | Aviane.....                                  | 79     | Betaxolol HCl.....                               | 61, 88     |    |
| Aprepitant.....              | 44 | Avonex.....                                  | 68     | Bethanechol Chloride.....                        | 76         |    |
| Apri.....                    | 79 | Avonex Pen.....                              | 68     | Bethkis.....                                     | 92         |    |
| Apriso.....                  | 86 | Azasite.....                                 | 37     | Betimol.....                                     | 89         |    |
| Aptiom.....                  | 41 | Azathioprine.....                            | 84     | Bevespi Aerosphere.....                          | 93         |    |
| Aptivus.....                 | 55 | Azelaic Acid.....                            | 69     | Bexarotene.....                                  | 49         |    |
| Aralast NP.....              | 75 | Azelastine HCl.....                          | 88, 90 | Bexsero.....                                     | 85         |    |
| Aranesp Albumin Free.....    | 59 | Azithromycin.....                            | 38     | Bicalutamide.....                                | 47         |    |
| Arcalyst.....                | 85 | Azopt.....                                   | 88     | Bicillin C-R.....                                | 37         |    |
| Aripiprazole.....            | 51 | Aztreonam.....                               | 36     | Bicillin L-A.....                                | 37         |    |
| Aripiprazole ODT.....        | 52 | <b>B</b>                                     |        |  | BiDil..... | 63 |
| Aristada.....                | 52 | Bacitracin.....                              | 34     | Biktarvy.....                                    | 55         |    |
| Aristada Initio.....         | 52 | Bacitracin/Polymyxin B.....                  | 87     | Biltricide.....                                  | 49         |    |
| Arnuity Ellipta.....         | 91 | Baclofen.....                                | 93     | Binosto.....                                     | 87         |    |
| Ashlyna.....                 | 79 | Bactocill in Dextrose.....                   | 37     | Bisoprolol Fumarate.....                         | 61         |    |
| Aspirin/Dipyridamole.....    | 60 | Bactroban Nasal.....                         | 34     | Bisoprolol Fumarate/<br>Hydrochlorothiazide..... | 63         |    |
| Atazanavir Sulfate.....      | 55 | Balsalazide Disodium.....                    | 86     | BIVIGAM.....                                     | 85         |    |
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| Atenolol/Chlorthalidone..... | 63 | Banzel.....                                  | 41     | Blephamide S.O.P.....                            | 87         |    |
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| Atovaquone.....              | 50 | Belsomra.....                                | 94     | Blisovi Fe 1/20.....                             | 79         |    |
| Atovaquone/Proguanil HCl.... | 50 | Benazepril HCl.....                          | 61     | Boostrix.....                                    | 85         |    |
| Atripia.....                 | 54 | Benazepril HCl/<br>Hydrochlorothiazide.....  | 63     | Bosulif.....                                     | 48         |    |
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| Briviact.....                    | 40     | Caprelsa.....                 | 48 | Cefuroxime Axetil.....          | 36 |
| Bromocriptine Mesylate.....      | 50     | Captopril.....                | 61 | Cefuroxime Sodium.....          | 36 |
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| Bumetanide.....                  | 64     | Carac.....                    | 69 | Cephalexin.....                 | 36 |
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| Buprenorphine HCl.....           | 33     | Carbaglu.....                 | 70 | Cetirizine HCl.....             | 90 |
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| Bupropion HCl SR.....            | 34, 42 | Carbidopa/Levodopa.....       | 50 | Chantix Starting Month Pak...34 |    |
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| Cabergoline.....                 | 83     | Caziant.....                  | 80 | Cholbam.....                    | 75 |
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## Covered drugs by medical condition

The list below has information about the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-29.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier. Your plan has 1 tier named “Covered Drugs.” All covered drugs are in this Tier. 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 95-118.

| Drug Name  | Drug Tier | Coverage Rules or Limits on use | Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| <b>Analgesics</b>  |           |                                 | <b>Analgesics</b>   |           |                                 |
| Butalbital/<br>Acetaminophen/<br>Caffeine<br>(50mg-325mg-40mg<br>Tablet) | 1         | QL                              | Etodolac (200mg<br>Capsule, 300mg<br>Capsule, 400mg<br>Tablet Immediate-<br>Release, 500mg Tablet<br>Immediate-Release) | 1         |                                 |
| Butalbital/Aspirin/<br>Caffeine<br>(50mg-325mg-40mg<br>Capsule)          | 1         | QL                              | Etodolac ER (Tablet<br>Extended-Release 24<br>Hour)   | 1         |                                 |
| <b>Nonsteroidal Anti-inflammatory Drugs</b>                              |           |                                 | <b>Flector (Patch)</b>  | 1         | PA, QL                          |
| Celecoxib (Capsule)  | 1         | QL                              | Flurbiprofen (Tablet)   | 1         |                                 |
| Diclofenac Potassium<br>(Tablet)   | 1         |                                 | Ibu (Tablet)  | 1         |                                 |
| Diclofenac Sodium<br>(1% Gel)  | 1         | PA                              | Ibuprofen (100mg/5ml<br>Suspension, 400mg<br>Tablet, 600mg Tablet,<br>800mg Tablet)                                     | 1         |                                 |
| Diclofenac Sodium DR<br>(Tablet Delayed-<br>Release)                     | 1         |                                 | Indomethacin (25mg<br>Capsule, 50mg<br>Capsule)   | 1         |                                 |
| Diclofenac Sodium ER<br>(Tablet Extended-<br>Release 24 Hour)            | 1         |                                 | Ketoprofen (Capsule)  | 1         |                                 |
| Diflunisal (Tablet)  | 1         |                                 | Meloxicam (Tablet)  | 1         |                                 |
|  |           |                                 | Nabumetone (Tablet)   | 1         |                                 |
|  |           |                                 | Naproxen (125mg/5ml<br>Suspension)  | 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 |
|--|-----------|---------------------------------|
| Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)  | 1         |                                 |
| Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)   | 1         |                                 |
| Piroxicam (Capsule)  | 1         |                                 |
| Sulindac (Tablet)  | 1         |                                 |
| <b>Opioid Analgesics, Long-acting</b>  |           |                                 |
| Buprenorphine (Patch Weekly)   | 1         | 7D, DL, QL                      |
| <b>Embeda (Capsule Extended-Release)</b>   | 1         | 7D, DL, QL, MME                 |
| 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)   | 1         | 7D, DL, QL, MME                 |
| Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent) | 1         | 7D, DL, QL, MME                 |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)   | 1         | 7D, DL, QL, MME                 |
| <b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>  | 1         | 7D, DL, QL, MME                 |
| Levorphanol Tartrate (Tablet)   | 1         | 7D, DL, QL, MME                 |
| Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)  | 1         | 7D, DL, QL, MME                 |
| Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin) | 1         | 7D, DL, QL, MME                 |
| Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)   | 1         | 7D, DL, QL, MME                 |
| <b>Nucynta ER (Tablet Extended-Release 12 Hour)</b>   | 1         | 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 |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour) | 1         | 7D, DL, QL, MME                 | Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution) | 1         | 7D, DL, QL, MME                 |
| <b>Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)</b>  | 1         | 7D, DL, QL, MME                 | Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)  | 1         | 7D, DL, QL, MME                 |
| Opioid Analgesics, Short-acting   |           |                                 | Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)   | 1         | 7D, DL                          |
| <b>Abstral (Tablet Sublingual)</b>  | 1         | DL, PA, QL                      | Hydromorphone HCl (1mg/ml Liquid)   | 1         | 7D, DL, QL, MME                 |
| Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)                         | 1         | 7D, DL, QL, MME                 | Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)                            | 1         | 7D, DL, QL, MME                 |
| Butorphanol Tartrate (Nasal Solution)   | 1         | 7D, DL, QL, MME                 | <b>Hydromorphone HCl (2mg/ml Injection)</b>   | 1         | 7D, DL                          |
| Codeine Sulfate (Tablet)  | 1         | 7D, DL, QL, MME                 | Lorcet (Tablet)   | 1         | 7D, DL, QL, MME                 |
| <b>Duramorph (Injection)</b>  | 1         | 7D, DL                          | Lorcet HD (Tablet)  | 1         | 7D, DL, QL, MME                 |
| Endocet (Tablet)  | 1         | 7D, DL, QL, MME                 | Lorcet Plus (Tablet)  | 1         | 7D, DL, QL, MME                 |
| Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)  | 1         | DL, PA, QL                      | Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)  | 1         | 7D, DL, QL, MME                 |

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



| Drug Name  | Drug Tier | Coverage Rules or Limits on use | Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)   | 1         | 7D, DL                          | Tramadol HCl/ Acetaminophen (Tablet)                   | 1         | 7D, DL, QL, MME                 |
| <b>Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</b>   | 1         | 7D, DL, QL, MME                 | Trelix (Capsule)                                       | 1         | 7D, DL, QL, MME                 |
| <b>Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)</b>   | 1         | 7D, DL                          | <b>Anesthetics</b>                                     |           |                                 |
| Oxycodone HCl (100mg/5ml Concentrate)  | 1         | 7D, DL, QL, MME                 | <b>Local Anesthetics</b>                               |           |                                 |
| Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) | 1         | 7D, DL, QL, MME                 | Lidocaine (5% Ointment)                                | 1         | QL                              |
| Oxycodone HCl (5mg/5ml Oral Solution)  | 1         | 7D, DL, QL, MME                 | Lidocaine (5% Patch)                                   | 1         | PA, QL                          |
| Oxycodone/ Acetaminophen (Tablet)  | 1         | 7D, DL, QL, MME                 | Lidocaine HCl (4% External Solution)                   | 1         |                                 |
| Oxycodone/Aspirin (Tablet)   | 1         | 7D, DL, QL, MME                 | Lidocaine HCl (Gel)                                    | 1         |                                 |
| Oxycodone/Ibuprofen (Tablet)   | 1         | 7D, DL, QL, MME                 | Lidocaine Viscous (Solution)                           | 1         |                                 |
| Tramadol HCl (Tablet Immediate-Release)  | 1         | 7D, DL, QL, MME                 | Lidocaine/Prilocaine (Cream)                           | 1         |                                 |
|  |           |                                 | <b>Anti-Addiction/Substance Abuse Treatment Agents</b> |           |                                 |
|  |           |                                 | <b>Alcohol Deterrents/Anti-craving</b>                 |           |                                 |
|  |           |                                 | Acamprosate Calcium DR (Tablet Delayed-Release)        | 1         |                                 |
|  |           |                                 | Disulfiram (Tablet)                                    | 1         |                                 |
|  |           |                                 | Naltrexone HCl (Tablet)                                | 1         |                                 |
|  |           |                                 | <b>Vivitrol (Injection)</b>                            | 1         |                                 |
|  |           |                                 | <b>Opioid Dependence Treatments</b>                    |           |                                 |
|  |           |                                 | Buprenorphine HCl (Tablet Sublingual)                  | 1         | QL                              |
|  |           |                                 | Buprenorphine HCl/ Naloxone HCl (Film)                 | 1         | QL                              |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use | Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Buprenorphine HCl/<br>Naloxone HCl (Tablet<br>Sublingual)                               | 1         | QL                              | Gentamicin Sulfate/<br>0.9% Sodium Chloride<br>(Injection)       | 1         |                                 |
| <b>Suboxone (Film)</b>  | 1         | QL                              | Isotonic Gentamicin<br>(Injection)                               | 1         |                                 |
| Opioid Reversal Agents  |           |                                 | Neomycin Sulfate<br>(Tablet)                                     | 1         |                                 |
| Naloxone HCl<br>(Injection)   | 1         |                                 | Paromomycin Sulfate<br>(Capsule)                                 | 1         |                                 |
| <b>Narcan (Liquid)</b>  | 1         |                                 | Streptomycin Sulfate<br>(Injection)                              | 1         |                                 |
| Smoking Cessation Agents  |           |                                 | Tobramycin Sulfate<br>(0.3% Ophthalmic<br>Solution)              | 1         |                                 |
| Bupropion HCl SR<br>(150mg Tablet<br>Extended-Release 12<br>Hour Smoking-<br>Deterrent) | 1         |                                 | Tobramycin Sulfate<br>(10mg/ml Injection,<br>80mg/2ml Injection) | 1         |                                 |
| <b>Chantix (Tablet)</b>   | 1         |                                 | <b>Tobrex (0.3%<br/>Ophthalmic<br/>Ointment)</b>                 | 1         |                                 |
| <b>Chantix Continuing<br/>Month Pak (Tablet)</b>  | 1         |                                 | Antibacterials, Other  |           |                                 |
| <b>Chantix Starting<br/>Month Pak (Tablet)</b>  | 1         |                                 | Bacitracin (Ophthalmic<br>Ointment)                              | 1         |                                 |
| <b>Nicotrol (Inhaler)</b>   | 1         |                                 | <b>Bactroban Nasal<br/>(Ointment)</b>                            | 1         | PA                              |
| <b>Nicotrol NS (Nasal<br/>Solution)</b>   | 1         |                                 | Clindamycin HCl<br>(Capsule Immediate-<br>Release)               | 1         |                                 |
| Antibacterials  |           |                                 | Clindamycin Palmitate<br>HCl (Oral Solution)                     | 1         |                                 |
| Aminoglycosides   |           |                                 | Clindamycin<br>Phosphate (2% Cream)                              | 1         |                                 |
| Amikacin Sulfate<br>(Injection)   | 1         |                                 |  |           |                                 |
| Gentak (Ophthalmic<br>Ointment)   | 1         |                                 |  |           |                                 |
| Gentamicin Sulfate<br>(0.1% Cream, 0.1%<br>Ointment, 0.3%<br>Ophthalmic Solution)       | 1         |                                 |  |           |                                 |
| Gentamicin Sulfate<br>(40mg/ml Injection)   | 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 |
|---|-----------|---------------------------------|
| Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection) | 1         |                                 |
| Clindamycin Phosphate in D5W (Injection)  | 1         |                                 |
| Colistimethate Sodium (Injection)   | 1         |                                 |
| <b>Dalvance (Injection)</b>   | 1         | PA                              |
| <b>Daptomycin (350mg Solution)</b>  | 1         |                                 |
| Daptomycin (500mg Injection)  | 1         |                                 |
| Linezolid (100mg/5ml Suspension)  | 1         | PA                              |
| Linezolid (600mg Tablet)  | 1         | PA, QL                          |
| Linezolid (600mg/300ml Injection)   | 1         | PA                              |
| Methenamine Hippurate (Tablet)  | 1         |                                 |
| Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)                          | 1         |                                 |
| Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)        | 1         |                                 |
| Metronidazole in NaCl 0.79% (Injection)   | 1         |                                 |
| Metronidazole Vaginal (Gel)   | 1         |                                 |
| Mupirocin (2% Cream)  | 1         |                                 |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Mupirocin (2% Ointment)  | 1         |                                 |
| Nitrofurantoin (Suspension)  | 1         |                                 |
| Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)                              | 1         |                                 |
| Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)  | 1         |                                 |
| Polymyxin B Sulfate (Injection)  | 1         |                                 |
| <b>Sulfamylon (85mg/gm Cream)</b>  | 1         |                                 |
| Tigecycline (Injection)  | 1         |                                 |
| Tinidazole (Tablet)  | 1         |                                 |
| Trimethoprim (Tablet)  | 1         |                                 |
| Vancomycin HCl (10gm Injection, 1gm Injection, 500mg Injection, 750mg Injection, 125mg Capsule, 250mg Capsule) | 1         |                                 |
| <b>Vancomycin HCl (250mg Injection)</b>  | 1         |                                 |
| <b>Vandazole (Gel)</b>   | 1         |                                 |
| Beta-lactam, Cephalosporins  |           |                                 |
| Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)                                    | 1         |                                 |

**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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)                              | 1         |                                 | Cefuroxime Axetil (Tablet)   | 1         |                                 |
| Cefazolin Sodium (Injection)  | 1         |                                 | Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)                                | 1         |                                 |
| Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)                                | 1         |                                 | Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule) | 1         |                                 |
| Cefepime (Injection)  | 1         |                                 | Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)  | 1         |                                 |
| Cefixime (Suspension)   | 1         |                                 | <b>Suprax (400mg Capsule, 500mg/5ml Suspension)</b>  | 1         |                                 |
| Cefotaxime Sodium (Injection)   | 1         |                                 | Tazicef (Injection)  | 1         |                                 |
| Cefotetan (Injection)   | 1         |                                 | <b>Zerbaxa (Injection)</b>   | 1         | PA                              |
| Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)                                     | 1         |                                 | Beta-lactam, Other   |           |                                 |
| Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)        | 1         |                                 | Aztreonam (Injection)  | 1         |                                 |
| Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)                  | 1         |                                 | <b>Doripenem (500mg Injection)</b>   | 1         |                                 |
| Ceftazidime (Injection)   | 1         |                                 | Ertapenem (Solution)   | 1         |                                 |
| Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection) | 1         |                                 | Imipenem/Cilastatin (Injection)  | 1         |                                 |
|   |           |                                 | <b>Invanz (Injection)</b>  | 1         |                                 |
|   |           |                                 | Meropenem (Injection)  | 1         |                                 |
|   |           |                                 | Beta-lactam, Penicillins   |           |                                 |

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 |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| 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)   | 1         |                                 | Ampicillin (Capsule)  | 1         |                                 |
| Amoxicillin/Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin) | 1         |                                 | Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)                                    | 1         |                                 |
| Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)   | 1         |                                 | Ampicillin-Sulbactam (Injection)  | 1         |                                 |
|  |           |                                 | <b>Bactocill in Dextrose (Injection)</b>  | 1         |                                 |
|  |           |                                 | <b>Bicillin C-R (Injection)</b>   | 1         |                                 |
|  |           |                                 | <b>Bicillin L-A (Injection)</b>   | 1         |                                 |
|  |           |                                 | Dicloxacillin Sodium (Capsule)  | 1         |                                 |
|  |           |                                 | Nafcillin Sodium (10gm Injection, 1gm Injection, 2gm Injection)                                       | 1         |                                 |
|  |           |                                 | Oxacillin Sodium (Injection)  | 1         |                                 |
|  |           |                                 | Penicillin G Potassium (Injection)  | 1         |                                 |
|  |           |                                 | Penicillin G Procaine (Injection)   | 1         |                                 |
|  |           |                                 | Penicillin G Sodium (Injection)   | 1         |                                 |
|  |           |                                 | Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet) | 1         |                                 |
|  |           |                                 | Piperacillin/Tazobactam (Injection)   | 1         |                                 |
|  |           |                                 | Macrolides  |           |                                 |
|  |           |                                 | <b>Azasite (Ophthalmic Solution)</b>  | 1         |                                 |

**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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet) | 1         |                                 | Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)                           | 1         |                                 |
| Azithromycin (500mg Injection)  | 1         |                                 | Quinolones   |           |                                 |
| Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)   | 1         |                                 | <b>Besivance (Suspension)</b>  | 1         |                                 |
| Clarithromycin (250mg Tablet, 500mg Tablet)   | 1         |                                 | <b>Ciloxan (0.3% Ointment)</b>   | 1         |                                 |
| Clarithromycin ER (Tablet Extended-Release 24 Hour)   | 1         |                                 | Ciprofloxacin (Oral Suspension)  | 1         |                                 |
| <b>Dificid (Tablet)</b>   | 1         |                                 | Ciprofloxacin ER (Tablet Extended-Release 24 Hour)   | 1         |                                 |
| <b>E.E.S. Granules (Suspension)</b>   | 1         |                                 | Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 750mg Tablet) | 1         |                                 |
| Ery-Tab (Tablet Delayed-Release)  | 1         |                                 | Ciprofloxacin HCl (100mg Tablet Immediate-Release)   | 1         |                                 |
| <b>EryPed 200 (Suspension)</b>  | 1         |                                 | Ciprofloxacin HCl (500mg Tablet Immediate-Release)   | 1         |                                 |
| <b>EryPed 400 (Suspension)</b>  | 1         |                                 | Ciprofloxacin I.V. in D5W (Injection)  | 1         |                                 |
| Erythrocin Lactobionate (Injection)   | 1         |                                 | Gatifloxacin (Ophthalmic Solution)   | 1         |                                 |
| Erythromycin (250mg Capsule Delayed-Release)  | 1         |                                 | Levofloxacin (0.5% Ophthalmic Solution)  | 1         |                                 |
| Erythromycin (5mg/gm Ophthalmic Ointment)   | 1         |                                 | Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)                                    | 1         |                                 |
| Erythromycin Base (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 |
|---|-----------|---------------------------------|
| Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)                       | 1         |                                 |
| Levofloxacin in D5W (Injection)   | 1         |                                 |
| <b>Moxeza (Ophthalmic Solution)</b>   | 1         |                                 |
| Moxifloxacin HCl/ Sodium HCl (Injection)                                      | 1         |                                 |
| Moxifloxacin HCl (Ophthalmic Solution)  | 1         |                                 |
| Moxifloxacin HCl (Tablet)   | 1         |                                 |
| Ofloxacin (0.3% Ophthalmic Solution)  | 1         |                                 |
| Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)                    | 1         |                                 |
| <b>Sulfonamides</b>   |           |                                 |
| Silver Sulfadiazine (Cream)   | 1         |                                 |
| Sodium Sulfacetamide (Ophthalmic Solution)                                    | 1         |                                 |
| <b>SSD (Cream)</b>  | 1         |                                 |
| Sulfacetamide Sodium (Ophthalmic Ointment)                                    | 1         |                                 |
| Sulfadiazine (Tablet)   | 1         |                                 |
| Sulfamethoxazole/ Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet) | 1         |                                 |
| Sulfamethoxazole/ Trimethoprim DS (Tablet)                                    | 1         |                                 |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Tetracyclines</b>   |           |                                 |
| Demeclocycline HCl (Tablet)  | 1         |                                 |
| Doxy 100 (Injection)   | 1         |                                 |
| Doxycycline (25mg/ 5ml Suspension)   | 1         |                                 |
| Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release) | 1         |                                 |
| Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)                    | 1         |                                 |
| Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule)  | 1         |                                 |
| Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)   | 1         |                                 |
| Tetracycline HCl (Capsule)   | 1         |                                 |
| <b>Vibramycin (50mg/ 5ml Syrup)</b>  | 1         |                                 |
| <b>Anticonvulsants</b>   |           |                                 |
| Anticonvulsants, Other   |           |                                 |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)</b> | 1         | QL                              |
| <b>Epidiolex (Solution)</b>   | 1         | PA                              |
| Levetiracetam (Tablet Immediate-Release, 100mg/ml Oral Solution)  | 1         |                                 |
| Levetiracetam ER (Tablet Extended-Release 24 Hour)  | 1         |                                 |
| Roweepra (Tablet Immediate-Release)   | 1         |                                 |
| Roweepra XR (Tablet Extended-Release 24 Hour)   | 1         |                                 |
| <b>Spritam (Tablet Disintegrating Soluble)</b>  | 1         |                                 |
| Calcium Channel Modifying Agents  |           |                                 |
| <b>Celontin (Capsule)</b>   | 1         |                                 |
| Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)   | 1         |                                 |
| Zonisamide (Capsule)  | 1         |                                 |
| Gamma-aminobutyric Acid (GABA) Augmenting Agents  |           |                                 |
| Clobazam (10mg Tablet)  | 1         | PA, QL                          |
| Clobazam (2.5mg/ml Suspension)  | 1         | PA                              |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Clobazam (20mg Tablet)   | 1         | PA, QL                          |
| <b>Diastat AcuDial (Gel)</b>   | 1         |                                 |
| <b>Diastat Pediatric (Gel)</b>   | 1         |                                 |
| Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)   | 1         |                                 |
| Gabapentin (250mg/5ml Oral Solution)   | 1         |                                 |
| <b>Onfi (10mg Tablet, 20mg Tablet)</b>   | 1         | PA, QL                          |
| <b>Onfi (2.5mg/ml Suspension)</b>  | 1         | 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) | 1         |                                 |
| Primidone (Tablet)   | 1         |                                 |
| <b>Sabril (500mg Tablet)</b>   | 1         | PA, QL, LA                      |
| <b>Sympazan (10mg Film, 20mg Film)</b>   | 1         | PA, QL                          |
| <b>Sympazan (5mg Film)</b>   | 1         | PA, QL                          |
| Tiagabine HCl (Tablet)   | 1         |                                 |
| Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)   | 1         |                                 |
| Vigabatrin (500mg Packet, 500mg Tablet)  | 1         | PA, QL, LA                      |
| Vigadrone (Packet)   | 1         | PA, QL, LA                      |
| Glutamate Reducing 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 |
|--|-----------|---------------------------------|
| Felbamate (400mg Tablet, 600mg Tablet)   | 1         |                                 |
| Felbamate (600mg/5ml Suspension)   | 1         |                                 |
| <b>Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b> | 1         |                                 |
| Lamotrigine (Tablet Immediate-Release)   | 1         |                                 |
| Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)  | 1         |                                 |
| Topiramate (Tablet Immediate-Release, Capsule Sprinkle Immediate-Release)                                      | 1         |                                 |
| <b>Sodium Channel Agents</b>   |           |                                 |
| <b>Aptiom (Tablet)</b>   | 1         | QL                              |
| <b>Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)</b>   | 1         |                                 |
| Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)                    | 1         |                                 |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour) | 1         |                                 |
| Dilantin (Capsule)   | 1         |                                 |
| Dilantin INFATABS (Tablet Chewable)  | 1         |                                 |
| Epitol (Tablet)  | 1         |                                 |
| Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)   | 1         |                                 |
| Oxcarbazepine (300mg/5ml Suspension)   | 1         |                                 |
| <b>Peganone (Tablet)</b>   | 1         |                                 |
| Phenytek (Capsule)   | 1         |                                 |
| Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)   | 1         |                                 |
| Phenytoin Sodium Extended (Capsule)  | 1         |                                 |
| <b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)</b>   | 1         | QL                              |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use | Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Antidementia Agents   |           |                                 | Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour) |           |                                 |
| Cholinesterase Inhibitors   |           |                                 | Bupropion HCl XL (150mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)  |           |                                 |
| Donepezil HCl (Tablet)  | 1         | QL                              | Mirtazapine (Tablet)   | 1         |                                 |
| Donepezil HCl ODT (Tablet Dispersible)                                      | 1         | QL                              | Mirtazapine ODT (Tablet Dispersible)   | 1         |                                 |
| Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution) | 1         | QL                              | Monoamine Oxidase Inhibitors   |           |                                 |
| Galantamine HBr ER (Capsule Extended-Release 24 Hour)                       | 1         | QL                              | <b>Emsam (Patch 24 Hour)</b>   | 1         | QL                              |
| Rivastigmine Tartrate (Capsule)   | 1         | QL                              | <b>Marplan (Tablet)</b>  | 1         |                                 |
| Rivastigmine Transdermal System (Patch 24 Hour)                             | 1         | QL, ST                          | Phenelzine Sulfate (Tablet)  | 1         |                                 |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist                             |           |                                 | Tranylcypromine Sulfate (Tablet)   | 1         |                                 |
| Memantine HCl (10mg Tablet, 5mg Tablet)                                     | 1         | PA, QL                          | SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)                                   |           |                                 |
| Memantine HCl (2mg/ml Oral Solution)  | 1         | PA, QL                          | Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)   | 1         |                                 |
| Memantine HCl ER (Capsule Extended-Release 24 Hour)                         | 1         | PA, QL                          | Citalopram HBr (10mg/5ml Oral Solution)  | 1         |                                 |
| <b>Memantine HCl Titration Pak (Tablet)</b>                                 | 1         | PA                              |  |           |                                 |
| Antidepressants   |           |                                 |  |           |                                 |
| Antidepressants, Other  |           |                                 |  |           |                                 |
| Bupropion HCl (Tablet Immediate-Release)                                    | 1         |                                 |  |           |                                 |

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

| Drug Name   | Drug Tier | Coverage Rules or Limits on use | Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq) | 1         | QL                              | Paroxetine HCl (Tablet Immediate-Release)   | 1         |                                 |
| Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet)   | 1         |                                 | <b>Paxil (10mg/5ml Suspension)</b>  | 1         |                                 |
| Escitalopram Oxalate (5mg/5ml Oral Solution)  | 1         |                                 | Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)   | 1         |                                 |
| <b>Fetzima (Capsule Extended-Release 24 Hour)</b>   | 1         | QL, ST                          | Sertraline HCl (20mg/ml Concentrate)  | 1         |                                 |
| <b>Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)</b>   | 1         | ST                              | Trazodone HCl (Tablet)  | 1         |                                 |
| Fluoxetine DR (Capsule Delayed-Release)   | 1         |                                 | <b>Trintellix (Tablet)</b>  | 1         | QL                              |
| Fluoxetine HCl (Capsule Immediate-Release)  | 1         |                                 | Venlafaxine HCl (Tablet Immediate-Release)  | 1         |                                 |
| Fluoxetine HCl (20mg/5ml Oral Solution)   | 1         |                                 | Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour) | 1         |                                 |
| Fluvoxamine Maleate (Tablet)  | 1         |                                 | <b>Viibryd (Tablet)</b>   | 1         | QL                              |
| Maprotiline HCl (Tablet)  | 1         |                                 | <b>Viibryd Starter Pack (Kit)</b>   | 1         | QL                              |
| Nefazodone HCl (Tablet)   | 1         |                                 | Tricyclics  |           |                                 |
|   |           |                                 | Amitriptyline HCl (Tablet)  | 1         |                                 |
|   |           |                                 | Amoxapine (Tablet)  | 1         |                                 |
|   |           |                                 | Clomipramine HCl (Capsule)  | 1         |                                 |
|   |           |                                 | Desipramine HCl (Tablet)  | 1         |                                 |

**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 |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate) | 1         |                                 | Prochlorperazine (Suppository)                        | 1         |                                 |
| Imipramine HCl (Tablet)   | 1         |                                 | Prochlorperazine Maleate (Tablet)                     | 1         |                                 |
| Imipramine Pamoate (Capsule)  | 1         |                                 | Scopolamine (Patch 72 Hour)                           | 1         |                                 |
| Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)                      | 1         |                                 | <b>Transderm-Scop (Patch 72 Hour)</b>                 | 1         |                                 |
| Protriptyline HCl (Tablet)  | 1         |                                 | <b>Emetogenic Therapy Adjuncts</b>                    |           |                                 |
| Trimipramine Maleate (Capsule)  | 1         |                                 | Aprepitant (Therapy Pack, 40mg Capsule, 80mg Capsule) | 1         | PA                              |
| <b>Antiemetics</b>  |           |                                 | Aprepitant (125mg Capsule)                            | 1         | PA                              |
| <b>Antiemetics, Other</b>   |           |                                 | <b>Cesamet (Capsule)</b>                              | 1         | PA                              |
| Compro (Suppository)  | 1         |                                 | Dronabinol (Capsule)                                  | 1         | PA                              |
| Hydroxyzine Pamoate (Capsule)   | 1         |                                 | <b>Emend (125mg Suspension)</b>                       | 1         | PA                              |
| Meclizine HCl (Tablet)  | 1         |                                 | Granisetron HCl (Tablet)                              | 1         | B/D, PA, QL                     |
| Metoclopramide HCl (5mg Tablet)   | 1         |                                 | Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet) | 1         | B/D, PA                         |
| Metoclopramide HCl (5mg/5ml Oral Solution)  | 1         |                                 | Ondansetron HCl (4mg/5ml Oral Solution)               | 1         | B/D, PA                         |
| Metoclopramide HCl (10mg Tablet)  | 1         |                                 | Ondansetron ODT (Tablet Dispersible)                  | 1         | B/D, PA                         |
| Perphenazine (Tablet)   | 1         |                                 | <b>Sancuso (Patch)</b>                                | 1         |                                 |
|   |           |                                 | <b>Antifungals</b>                                    |           |                                 |
|   |           |                                 | <b>Antifungals</b>                                    |           |                                 |
|   |           |                                 | <b>Abelcet (Injection)</b>                            | 1         | B/D, PA                         |
|   |           |                                 | <b>AmBisome (Injection)</b>                           | 1         | 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 |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Amphotericin B (Injection)  | 1         | B/D, PA                         | Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet) | 1         |                                 |
| Caspofungin Acetate (Injection)   | 1         |                                 | Griseofulvin Ultramicronize (Tablet)                        | 1         |                                 |
| Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)  | 1         |                                 | Itraconazole (100mg Capsule)                                | 1         | PA, QL                          |
| Ciclopirox Nail Lacquer (External Solution)   | 1         |                                 | Itraconazole (10mg/ml Solution)                             | 1         | PA                              |
| Ciclopirox Olamine (Cream)  | 1         |                                 | <b>Jublia (External Solution)</b>                           | 1         |                                 |
| Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)   | 1         |                                 | Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)           | 1         |                                 |
| Econazole Nitrate (Cream)   | 1         |                                 | Ketoconazole (2% Foam)                                      | 1         |                                 |
| <b>Eraxis (100mg Injection)</b>   | 1         |                                 | <b>Mentax (Cream)</b>                                       | 1         |                                 |
| <b>Eraxis (50mg Injection)</b>  | 1         |                                 | Miconazole 3 (Suppository)                                  | 1         |                                 |
| <b>Exelderm (1% Cream, 1% External Solution)</b>  | 1         |                                 | <b>Mycamine (Injection)</b>                                 | 1         |                                 |
| Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension) | 1         |                                 | Naftifine HCl (1% Cream)                                    | 1         |                                 |
| Fluconazole in NaCl (Injection)   | 1         |                                 | Naftifine HCl (2% Cream)                                    | 1         |                                 |
| Flucytosine (Capsule)   | 1         |                                 | <b>Naftin (1% Gel, 2% Gel)</b>                              | 1         |                                 |
|   |           |                                 | <b>Natacyn (Suspension)</b>                                 | 1         |                                 |
|   |           |                                 | <b>Noxafil (100mg Tablet Delayed-Release)</b>               | 1         | PA, QL                          |
|   |           |                                 | <b>Noxafil (40mg/ml Suspension)</b>                         | 1         | QL                              |
|   |           |                                 | Nyamyc (Powder)   | 1         |                                 |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Nystatin (Cream, Ointment, Powder, Suspension, Tablet) | 1         |                                 |
| Nystop (Powder)  | 1         |                                 |
| Oxiconazole Nitrate (Cream)                            | 1         |                                 |
| <b>Oxistat (1% Lotion)</b>                             | 1         |                                 |
| <b>Sporanox (10mg/ml Oral Solution)</b>                | 1         | PA                              |
| Terbinafine HCl (Tablet)                               | 1         |                                 |
| Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository) | 1         |                                 |
| Voriconazole (200mg Injection, 40mg/ml Suspension)     | 1         |                                 |
| Voriconazole (200mg Tablet, 50mg Tablet)               | 1         |                                 |
| <b>Antigout Agents</b>                                 |           |                                 |
| Antigout Agents  |           |                                 |
| Allopurinol (Tablet)                                   | 1         |                                 |
| <b>Colchicine (0.6mg Capsule) (Generic Mitigare)</b>   | 1         | QL                              |
| Colchicine (0.6mg Tablet) (Generic Colcrys)            | 1         | QL                              |
| <b>Colcrys (Tablet)</b>                                | 1         | QL                              |
| Probenecid (Tablet)                                    | 1         |                                 |
| Probenecid/Colchicine (Tablet)                         | 1         |                                 |
| <b>Uloric (Tablet)</b>                                 | 1         | ST                              |
| <b>Antimigraine Agents</b>                             |           |                                 |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Ergot Alkaloids</b>   |           |                                 |
| Dihydroergotamine Mesylate (Nasal Solution)  | 1         |                                 |
| Ergotamine Tartrate/Caffeine (Tablet)  | 1         |                                 |
| Migergot (Suppository)   | 1         |                                 |
| <b>Prophylactic</b>  |           |                                 |
| <b>Aimovig (Solution Auto injector)</b>  | 1         | PA, QL                          |
| <b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>  |           |                                 |
| Naratriptan HCl (Tablet)   | 1         | QL                              |
| Rizatriptan Benzoate (10mg Tablet, 5mg Tablet)   | 1         | QL                              |
| Rizatriptan Benzoate ODT (Tablet Dispersible)  | 1         | QL                              |
| Sumatriptan (Nasal Solution)   | 1         | QL                              |
| Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)   | 1         | QL                              |
| Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Solution Prefilled Syringe), Sumatriptan Succinate (6mg/0.5ml Injection) (Generic Imitrex) | 1         | QL                              |
| <b>Sumatriptan Succinate (6mg/0.5ml Injection)</b>   | 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 |
|---|-----------|---------------------------------|
| <b>Sumatriptan Succinate Refill (Injection)</b>     | 1         | QL                              |
| Antimyasthenic Agents                               |           |                                 |
| Parasympathomimetics                                |           |                                 |
| <b>Guanidine HCl (Tablet)</b>                       | 1         |                                 |
| <b>Mestinon (60mg/5ml Syrup)</b>                    | 1         |                                 |
| Pyridostigmine Bromide (Tablet Immediate-Release)   | 1         |                                 |
| Pyridostigmine Bromide ER (Tablet Extended-Release) | 1         |                                 |
| Antimycobacterials                                  |           |                                 |
| Antimycobacterials, Other                           |           |                                 |
| Dapsone (Tablet)                                    | 1         |                                 |
| Rifabutin (Capsule)                                 | 1         |                                 |
| Antituberculars                                     |           |                                 |
| Ethambutol HCl (Tablet)                             | 1         |                                 |
| Isoniazid (100mg Tablet, 300mg Tablet)              | 1         |                                 |
| Isoniazid (50mg/5ml Syrup)                          | 1         |                                 |
| Paser (Packet)                                      | 1         |                                 |
| <b>Priftin (Tablet)</b>                             | 1         |                                 |
| Pyrazinamide (Tablet)                               | 1         |                                 |
| Rifampin (150mg Capsule, 300mg Capsule)             | 1         |                                 |
| Rifampin (600mg Injection)                          | 1         |                                 |

| Drug Name                                      | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Rifater (Tablet)</b>                        | 1         |                                 |
| <b>Sirturo (Tablet)</b>                        | 1         | PA, LA                          |
| <b>Treacator (Tablet)</b>                      | 1         |                                 |
| Antineoplastics                                |           |                                 |
| Alkylating Agents                              |           |                                 |
| Cyclophosphamide (Capsule)                     | 1         | B/D, PA                         |
| <b>Gleostine (100mg Capsule, 40mg Capsule)</b> | 1         |                                 |
| <b>Gleostine (10mg Capsule)</b>                | 1         |                                 |
| <b>Leukeran (Tablet)</b>                       | 1         |                                 |
| <b>Matulane (Capsule)</b>                      | 1         | LA                              |
| <b>Valchlor (Gel)</b>                          | 1         | PA, LA                          |
| Antiandrogens                                  |           |                                 |
| Abiraterone Acetate (Tablet)                   | 1         | PA, QL                          |
| Bicalutamide (Tablet)                          | 1         |                                 |
| <b>Erleada (Tablet)</b>                        | 1         | PA, QL                          |
| Flutamide (Capsule)                            | 1         |                                 |
| Nilutamide (Tablet)                            | 1         |                                 |
| <b>Xtandi (Capsule)</b>                        | 1         | PA, QL, LA                      |
| <b>Zytiga (Tablet)</b>                         | 1         | PA, QL, LA                      |
| Antiangiogenic Agents                          |           |                                 |
| <b>Pomalyst (Capsule)</b>                      | 1         | PA, QL                          |
| <b>Revlimid (Capsule)</b>                      | 1         | PA, QL, LA                      |
| <b>Thalomid (Capsule)</b>                      | 1         | PA, QL                          |
| Antiestrogens/Modifiers                        |           |                                 |
| <b>Emcyt (Capsule)</b>                         | 1         |                                 |
| <b>Fareston (Tablet)</b>                       | 1         |                                 |

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Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Soltamox (Oral Solution)</b>                           | 1         |                                 |
| Tamoxifen Citrate (Tablet)                                | 1         |                                 |
| Toremifene Citrate (Tablet)                               | 1         |                                 |
| Antimetabolites   |           |                                 |
| <b>Droxia (Capsule)</b>                                   | 1         |                                 |
| Hydroxyurea (Capsule)                                     | 1         |                                 |
| Mercaptopurine (Tablet)                                   | 1         |                                 |
| <b>Purixan (Suspension)</b>                               | 1         | PA                              |
| <b>Tabloid (Tablet)</b>                                   | 1         | PA                              |
| Antineoplastics, Other                                    |           |                                 |
| <b>Copiktra (Capsule)</b>                                 | 1         | PA, QL                          |
| <b>Kisqali (Tablet)</b>                                   | 1         | PA, QL                          |
| <b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>      | 1         | PA, QL                          |
| <b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>      | 1         | PA, QL                          |
| <b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>      | 1         | PA, QL                          |
| Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet) | 1         |                                 |
| Leucovorin Calcium (25mg Tablet)                          | 1         |                                 |
| <b>Lonsurf (Tablet)</b>                                   | 1         | PA, QL, LA                      |
| <b>Lorbrena (Tablet)</b>                                  | 1         | PA, QL                          |
| <b>Ninlaro (Capsule)</b>                                  | 1         | PA, QL                          |
| <b>Synribo (Injection)</b>                                | 1         | PA                              |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Verzenio (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Zolinza (Capsule)</b>  | 1         | PA                              |
| Aromatase Inhibitors, 3rd Generation  |           |                                 |
| Anastrozole (Tablet)  | 1         |                                 |
| Exemestane (Tablet)   | 1         |                                 |
| Letrozole (Tablet)  | 1         |                                 |
| Enzyme Inhibitors   |           |                                 |
| <b>Rubraca (Tablet)</b>   | 1         | PA, QL, LA                      |
| <b>Talzenna (Capsule)</b>   | 1         | PA, QL                          |
| <b>Zejula (Capsule)</b>   | 1         | PA, QL, LA                      |
| Molecular Target Inhibitors   |           |                                 |
| <b>Afinitor (Tablet)</b>  | 1         | PA                              |
| <b>Afinitor Disperz (Tablet Soluble)</b>                                      | 1         | PA                              |
| <b>Alecensa (Capsule)</b>   | 1         | PA, QL, LA                      |
| <b>Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)</b> | 1         | PA, QL, LA                      |
| <b>Bosulif (Tablet)</b>   | 1         | PA, QL                          |
| <b>Braftovi (Capsule)</b>   | 1         | PA                              |
| <b>Cabometyx (Tablet)</b>   | 1         | PA, QL, LA                      |
| <b>Calquence (Capsule)</b>  | 1         | PA, QL                          |
| <b>Caprelsa (Tablet)</b>  | 1         | PA, LA                          |
| <b>Cometriq (Kit)</b>   | 1         | PA, LA                          |
| <b>Cotellic (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Daurismo (Tablet)</b>  | 1         | PA, QL                          |
| <b>Erivedge (Capsule)</b>   | 1         | PA, QL, LA                      |
| <b>Farydak (Capsule)</b>  | 1         | PA                              |
| <b>Gilotrif (Tablet)</b>  | 1         | PA, LA                          |
| <b>Ibrance (Capsule)</b>  | 1         | PA, QL, LA                      |
| <b>Iclusig (Tablet)</b>   | 1         | PA, QL, LA                      |

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



| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Idhifa (Tablet)</b>  | 1         | PA, QL, LA                      |
| Imatinib Mesylate (Tablet)  | 1         | PA, QL                          |
| <b>Imbruvica (140mg Capsule, 70mg Capsule)</b>                            | 1         | PA, QL, LA                      |
| <b>Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)</b> | 1         | PA, QL                          |
| <b>Inlyta (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Iressa (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Jakafi (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Lenvima (Capsule Therapy Pack)</b>                                     | 1         | PA, LA                          |
| <b>Lynparza (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Mekinist (Tablet)</b>  | 1         | PA, LA                          |
| <b>Mektovi (Tablet)</b>   | 1         | PA                              |
| <b>Nerlynx (Tablet)</b>   | 1         | PA, QL, LA                      |
| <b>Nexavar (Tablet)</b>   | 1         | PA, LA                          |
| <b>Odomzo (Capsule)</b>   | 1         | PA, QL, LA                      |
| <b>Rydapt (Capsule)</b>   | 1         | PA, QL                          |
| <b>Sprycel (Tablet)</b>   | 1         | PA, QL                          |
| <b>Stivarga (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Sutent (Capsule)</b>   | 1         | PA, QL                          |
| <b>Tafinlar (Capsule)</b>   | 1         | PA, LA                          |
| <b>Tagrisso (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Tarceva (Tablet)</b>   | 1         | PA, QL, LA                      |
| <b>Tasigna (Capsule)</b>  | 1         | PA, QL                          |
| <b>Tibsovo (Tablet)</b>   | 1         | PA, QL                          |
| <b>Tykerb (Tablet)</b>  | 1         | PA, LA                          |
| <b>Venclexta (100mg Tablet, 50mg Tablet)</b>                              | 1         | PA, QL, LA                      |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Venclexta (10mg Tablet)</b>                                  | 1         | PA, QL, LA                      |
| <b>Venclexta Starting Pack (Tablet Therapy Pack)</b>            | 1         | PA, LA                          |
| <b>Vitrakvi (100mg Capsule, 25mg Capsule, 20mg/ml Solution)</b> | 1         | PA, QL                          |
| <b>Vizimpro (Tablet)</b>  | 1         | PA, QL                          |
| <b>Votrient (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Xalkori (Capsule)</b>  | 1         | PA, LA                          |
| <b>Xospata (Tablet)</b>   | 1         | PA, QL                          |
| <b>Zelboraf (Tablet)</b>  | 1         | PA, QL, LA                      |
| <b>Zydelig (Tablet)</b>   | 1         | PA, QL, LA                      |
| <b>Zykadia (Capsule)</b>  | 1         | PA, QL                          |
| Retinoids   |           |                                 |
| Bexarotene (Capsule)  | 1         | PA                              |
| <b>Panretin (Gel)</b>   | 1         |                                 |
| <b>Targretin (1% Gel)</b>                                       | 1         | PA                              |
| Tretinoin (10mg Capsule)  | 1         |                                 |
| Treatment Adjuncts  |           |                                 |
| <b>Mesnex (400mg Tablet)</b>                                    | 1         |                                 |
| Antiparasitics  |           |                                 |
| Anthelmintics   |           |                                 |
| Albendazole (Tablet)  | 1         | QL                              |
| <b>Albenza (Tablet)</b>   | 1         | QL                              |
| <b>Biltricide (Tablet)</b>                                      | 1         |                                 |
| Ivermectin (Tablet)   | 1         |                                 |
| Praziquantel (Tablet)   | 1         |                                 |
| Antiprotozoals  |           |                                 |

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| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Alinia (100mg/5ml Suspension, 500mg Tablet)</b>   | 1         |                                 |
| Atovaquone (Suspension)                              | 1         |                                 |
| Atovaquone/Proguanil HCl (Tablet) (Generic Malarone) | 1         |                                 |
| <b>Benznidazole (Tablet)</b>                         | 1         |                                 |
| Chloroquine Phosphate (Tablet)                       | 1         |                                 |
| <b>Coartem (Tablet)</b>                              | 1         |                                 |
| <b>DARAPRIM (Tablet)</b>                             | 1         |                                 |
| Hydroxychloroquine Sulfate (Tablet)                  | 1         |                                 |
| Mefloquine HCl (Tablet)                              | 1         |                                 |
| <b>Nebupent (Inhalation Solution)</b>                | 1         | B/D, PA, QL                     |
| <b>Pentam 300 (Injection)</b>                        | 1         |                                 |
| Primaquine Phosphate (Tablet)                        | 1         |                                 |
| Quinine Sulfate (Capsule)                            | 1         | PA                              |
| Pediculicides/Scabicides                             |           |                                 |
| <b>Eurax (10% Cream, 10% Lotion)</b>                 | 1         |                                 |
| Lindane (Shampoo)                                    | 1         |                                 |
| Malathion (Lotion)                                   | 1         |                                 |
| Permethrin (Cream)                                   | 1         |                                 |
| Antiparkinson Agents                                 |           |                                 |
| Anticholinergics                                     |           |                                 |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Benztropine Mesylate (Tablet)                             | 1         |                                 |
| Trihexyphenidyl HCl (Elixir)                              | 1         |                                 |
| Trihexyphenidyl HCl (Tablet)                              | 1         |                                 |
| Antiparkinson Agents, Other                               |           |                                 |
| Amantadine HCl (100mg Capsule, 100mg Tablet)              | 1         |                                 |
| Amantadine HCl (50mg/5ml Syrup)                           | 1         |                                 |
| Entacapone (Tablet)                                       | 1         |                                 |
| Tolcapone (Tablet)  | 1         | QL                              |
| Dopamine Agonists   |           |                                 |
| <b>Apokyn (Injection)</b>                                 | 1         | PA, QL, LA                      |
| Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)        | 1         |                                 |
| <b>Neupro (Patch 24 Hour)</b>                             | 1         |                                 |
| Pramipexole Dihydrochloride (Tablet Immediate-Release)    | 1         |                                 |
| Ropinirole HCl (Tablet Immediate-Release)                 | 1         |                                 |
| Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors |           |                                 |
| Carbidopa (Tablet)  | 1         |                                 |
| Carbidopa/Levodopa (Tablet Immediate-Release)             | 1         |                                 |

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

| Drug Name  | Drug Tier | Coverage Rules or Limits on use | Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Carbidopa/Levodopa ER (Tablet Extended-Release)                      | 1         |                                 | Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)  | 1         |                                 |
| Carbidopa/Levodopa ODT (Tablet Dispersible)                          | 1         |                                 | Fluphenazine HCl (5mg/ml Concentrate)  | 1         |                                 |
| Carbidopa/Levodopa/Entacapone (Tablet)                               | 1         |                                 | Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate) | 1         |                                 |
| <b>Rytary (Capsule Extended-Release)</b>                             | 1         | ST                              | Haloperidol Decanoate (Injection)  | 1         |                                 |
| <b>Stalevo 100 (Tablet)</b>  | 1         | PA                              | Haloperidol Lactate (Injection)  | 1         |                                 |
| <b>Stalevo 125 (Tablet)</b>  | 1         | PA                              | Loxapine Succinate (Capsule)   | 1         |                                 |
| <b>Stalevo 150 (Tablet)</b>  | 1         | PA                              | Molindone HCl (Tablet)   | 1         |                                 |
| <b>Stalevo 200 (Tablet)</b>  | 1         | PA                              | Pimozide (Tablet)  | 1         |                                 |
| <b>Stalevo 50 (Tablet)</b>   | 1         | PA                              | Thioridazine HCl (Tablet)  | 1         |                                 |
| <b>Stalevo 75 (Tablet)</b>   | 1         | PA                              | Thiothixene (Capsule)  | 1         |                                 |
| Monoamine Oxidase B (MAO-B) Inhibitors                               |           |                                 | Trifluoperazine HCl (Tablet)   | 1         |                                 |
| Rasagiline Mesylate (Tablet)   | 1         |                                 | 2nd Generation/Atypical  |           |                                 |
| Selegiline HCl (5mg Capsule, 5mg Tablet)                             | 1         |                                 | <b>Abilify Maintena (Injection)</b>  | 1         |                                 |
| <b>Zelapar (Tablet Dispersible)</b>                                  | 1         |                                 | Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet)                    | 1         | QL                              |
| Antipsychotics   |           |                                 | Aripiprazole (1mg/ml Oral Solution)  | 1         | QL                              |
| 1st Generation/Typical   |           |                                 |  |           |                                 |
| Chlorpromazine HCl (Tablet)  | 1         |                                 |  |           |                                 |
| Fluphenazine Decanoate (Injection)                                   | 1         |                                 |  |           |                                 |
| Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet) | 1         |                                 |  |           |                                 |

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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 |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Aripiprazole ODT (Tablet Dispersible)  | 1         | QL                              | Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet) | 1         | QL                              |
| <b>Aristada (Injection)</b>  | 1         |                                 | Olanzapine ODT (Tablet Dispersible)  | 1         | QL                              |
| <b>Aristada Initio (Prefilled Syringe)</b>   | 1         |                                 | Paliperidone ER (Tablet Extended-Release 24 Hour)  | 1         | QL                              |
| <b>Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)</b>   | 1         | QL, ST                          | Quetiapine Fumarate (Tablet Immediate-Release)   | 1         | QL                              |
| <b>Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)</b>   | 1         | QL, ST                          | Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)                                   | 1         | QL                              |
| <b>Fanapt Titration Pack (Tablet)</b>  | 1         | ST                              | <b>Rexulti (Tablet)</b>  | 1         | QL                              |
| <b>Geodon (20mg Injection)</b>   | 1         |                                 | <b>Risperdal Consta (12.5mg Injection, 25mg Injection)</b>                                 | 1         |                                 |
| <b>Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)</b> | 1         |                                 | <b>Risperdal Consta (37.5mg Injection, 50mg Injection)</b>                                 | 1         |                                 |
| <b>Invega Sustenna (39mg/0.25ml Injection)</b>   | 1         |                                 | Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet)  | 1         |                                 |
| <b>Invega Trinza (Injection)</b>   | 1         |                                 | Risperidone (1mg/ml Oral Solution)   | 1         |                                 |
| <b>Latuda (Tablet)</b>   | 1         | QL                              | Risperidone ODT (Tablet Dispersible)   | 1         |                                 |
| <b>Nuplazid (10mg Tablet, 17mg Tablet, 34mg Capsule)</b>   | 1         | PA, QL                          | <b>Saphris (Tablet Sublingual)</b>   | 1         | QL                              |
| Olanzapine (10mg Injection)  | 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 |
|--|-----------|---------------------------------|
| <b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>  | 1         | QL, ST                          |
| <b>Vraylar (Capsule Therapy Pack)</b>  | 1         | ST                              |
| Ziprasidone HCl (Capsule)  | 1         | QL                              |
| <b>Zyprexa Relprew (Injection)</b>   | 1         |                                 |
| Treatment-Resistant  |           |                                 |
| Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)   | 1         |                                 |
| Clozapine ODT (100mg Tablet Dispersible, 12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible) | 1         | QL                              |
| Clozapine ODT (200mg Tablet Dispersible)   | 1         | QL                              |
| Antivirals   |           |                                 |
| Anti-cytomegalovirus (CMV) Agents  |           |                                 |
| Valganciclovir (Tablet)  | 1         | QL                              |
| Valganciclovir Hydrochloride (Oral Solution)   | 1         | QL                              |
| <b>Zirgan (Gel)</b>  | 1         |                                 |
| Anti-hepatitis B (HBV) Agents  |           |                                 |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Adefovir Dipivoxil (Tablet)                           | 1         |                                 |
| <b>Baraclude (0.05mg/ml Oral Solution)</b>            | 1         |                                 |
| Entecavir (Tablet)                                    | 1         |                                 |
| <b>Epivir HBV (5mg/ml Oral Solution)</b>              | 1         |                                 |
| Lamivudine (100mg Tablet)                             | 1         |                                 |
| <b>Vemlidy (Tablet)</b>                               | 1         | QL                              |
| Anti-hepatitis C (HCV) Agents, Other                  |           |                                 |
| <b>Intron A (Injection)</b>                           | 1         | PA, LA                          |
| <b>Pegasys (Injection)</b>                            | 1         | PA                              |
| <b>Pegasys ProClick (Injection)</b>                   | 1         | PA                              |
| Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet) | 1         |                                 |
| Ribavirin (200mg Tablet)                              | 1         |                                 |
| <b>Sylatron (Injection)</b>                           | 1         | PA                              |
| Anti-hepatitis C (HCV) Direct Acting Agents           |           |                                 |
| <b>Daklinza (Tablet)</b>                              | 1         | PA, QL                          |
| <b>Epclusa (Tablet)</b>                               | 1         | PA, QL                          |
| <b>Harvoni (Tablet)</b>                               | 1         | PA, QL                          |
| Ledipasvir/Sofosbuvir (Tablet)                        | 1         | PA, QL                          |
| <b>Mavyret (Tablet)</b>                               | 1         | PA, QL                          |
| Sofosbuvir/Velpatasvir (Tablet)                       | 1         | PA, QL                          |
| <b>Sovaldi (Tablet)</b>                               | 1         | PA, QL                          |
| <b>Vosevi (Tablet)</b>                                | 1         | PA, QL                          |
| Antitherpetic Agents                                  |           |                                 |

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| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Acyclovir (200mg Capsule)  | 1         |                                 |
| Acyclovir (200mg/5ml Suspension)   | 1         |                                 |
| Acyclovir (400mg Tablet, 800mg Tablet)                                   | 1         |                                 |
| Acyclovir (5% Ointment)  | 1         | QL                              |
| Acyclovir Sodium (Injection)   | 1         | B/D, PA                         |
| <b>Denavir (Cream)</b>   | 1         | QL                              |
| Famciclovir (Tablet)   | 1         | QL                              |
| Trifluridine (Ophthalmic Solution)                                       | 1         |                                 |
| Valacyclovir HCl (Tablet)  | 1         | QL                              |
| Anti-HIV Agents, Integrase Inhibitors (INSTI)                            |           |                                 |
| <b>Genvoya (Tablet)</b>  | 1         | QL                              |
| <b>Isentress (100mg Packet, 25mg Tablet Chewable)</b>                    | 1         | QL                              |
| <b>Isentress (100mg Tablet Chewable, 400mg Tablet)</b>                   | 1         | QL                              |
| <b>Isentress HD (Tablet)</b>   | 1         | QL                              |
| <b>Stribild (Tablet)</b>   | 1         | QL                              |
| <b>Tivicay (10mg Tablet)</b>   | 1         | QL                              |
| <b>Tivicay (25mg Tablet, 50mg Tablet)</b>                                | 1         | QL                              |
| <b>Triumeq (Tablet)</b>  | 1         | QL                              |
| <b>Tybost (Tablet)</b>   | 1         | QL                              |
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) |           |                                 |
| <b>Atripla (Tablet)</b>  | 1         | QL                              |

| Drug Name                                       | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Complera (Tablet)</b>                        | 1         | QL                              |
| <b>Delstrigo (Tablet)</b>                       | 1         | QL                              |
| <b>Edurant (Tablet)</b>                         | 1         | QL                              |
| Efavirenz (200mg Capsule, 600mg Tablet)         | 1         | QL                              |
| Efavirenz (50mg Capsule)                        | 1         | QL                              |
| <b>Intelence (100mg Tablet, 200mg Tablet)</b>   | 1         | QL                              |
| <b>Intelence (25mg Tablet)</b>                  | 1         | QL                              |
| <b>Juluca (Tablet)</b>                          | 1         | QL                              |
| Nevirapine (200mg Tablet Immediate-Release)     | 1         | QL                              |
| Nevirapine (50mg/5ml Suspension)                | 1         | QL                              |
| Nevirapine ER (Tablet Extended-Release 24 Hour) | 1         | QL                              |
| <b>Odefsey (Tablet)</b>                         | 1         | QL                              |
| <b>Pifeltro (Tablet)</b>                        | 1         | QL                              |
| <b>Rescriptor (Tablet)</b>                      | 1         | QL                              |
| <b>Sustiva (200mg Capsule, 600mg Tablet)</b>    | 1         | QL                              |
| <b>Sustiva (50mg Capsule)</b>                   | 1         | QL                              |
| <b>Symfi (Tablet)</b>                           | 1         | QL                              |
| <b>Symfi Lo (Tablet)</b>                        | 1         | QL                              |
| <b>Viramune (50mg/5ml Suspension)</b>           | 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 |
|--|-----------|---------------------------------|
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) |           |                                 |
| Abacavir (20mg/ml Oral Solution, 300mg Tablet)                                     | 1         | QL                              |
| Abacavir Sulfate/Lamivudine (Tablet)   | 1         | QL                              |
| Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)                                    | 1         | QL                              |
| <b>Biktarvy (Tablet)</b>   | 1         | QL                              |
| <b>Cimduo (Tablet)</b>   | 1         | QL                              |
| <b>Descovy (Tablet)</b>  | 1         | QL                              |
| Didanosine (Capsule Delayed-Release)   | 1         | QL                              |
| <b>Emtriva (10mg/ml Oral Solution, 200mg Capsule)</b>                              | 1         | QL                              |
| Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)                     | 1         | QL                              |
| Lamivudine/Zidovudine (Tablet)   | 1         | QL                              |
| Stavudine (Capsule)  | 1         | QL                              |
| Tenofovir Disoproxil Fumarate (Tablet)   | 1         | QL                              |
| <b>Truvada (Tablet)</b>  | 1         | QL                              |
| <b>Videx EC (125mg Capsule Delayed-Release)</b>                                    | 1         | QL                              |
| <b>Videx Pediatric (Oral Solution)</b>   | 1         | QL                              |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder)</b>          | 1         | QL                              |
| Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)                          | 1         | QL                              |
| Anti-HIV Agents, Other  |           |                                 |
| <b>Fuzeon (Injection)</b>   | 1         | QL                              |
| <b>Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)</b> | 1         | QL                              |
| <b>Selzentry (25mg Tablet)</b>  | 1         | QL                              |
| Anti-HIV Agents, Protease Inhibitors  |           |                                 |
| <b>Aptivus (100mg/ml Oral Solution, 250mg Capsule)</b>                            | 1         | QL                              |
| Atazanavir Sulfate (Capsule)  | 1         | QL                              |
| <b>Crixivan (Capsule)</b>   | 1         | QL                              |
| <b>Evotaz (Tablet)</b>  | 1         | QL                              |
| Fosamprenavir Calcium (Tablet)  | 1         | QL                              |
| <b>Invirase (Tablet)</b>  | 1         | QL                              |
| <b>Kaletra (100mg-25mg Tablet)</b>  | 1         | QL                              |
| <b>Kaletra (200mg-50mg Tablet)</b>  | 1         | QL                              |
| <b>Lexiva (50mg/ml Suspension)</b>  | 1         | QL                              |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use | Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Lopinavir/Ritonavir (Oral Solution)   | 1         | QL                              | Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 10mg/5ml Syrup) | 1         |                                 |
| <b>Norvir (100mg Packet, 100mg Tablet, 80mg/ml Oral Solution)</b>                   | 1         | QL                              | Hydroxyzine HCl (50mg Tablet)                              | 1         |                                 |
| <b>Prezcobix (Tablet)</b>   | 1         | QL                              | <b>Benzodiazepines</b>                                     |           |                                 |
| <b>Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)</b>                   | 1         | QL                              | Alprazolam (Tablet Immediate-Release)                      | 1         | QL                              |
| <b>Prezista (150mg Tablet, 75mg Tablet)</b>   | 1         | QL                              | Chlordiazepoxide HCl (Capsule)                             | 1         |                                 |
| <b>Reyataz (50mg Packet)</b>  | 1         | QL                              | Clonazepam (Tablet)  | 1         | QL                              |
| Ritonavir (Tablet)  | 1         | QL                              | Clonazepam ODT (Tablet Dispersible)                        | 1         | QL                              |
| <b>Symtuza (Tablet)</b>   | 1         | QL                              | Clorazepate Dipotassium (Tablet)                           | 1         | QL                              |
| <b>Viracept (Tablet)</b>  | 1         | QL                              | Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)             | 1         | QL                              |
| <b>Anti-influenza Agents</b>  |           |                                 | Diazepam (5mg/5ml Oral Solution)                           | 1         |                                 |
| Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension) | 1         | QL                              | Diazepam Intensol (5mg/ml Concentrate)                     | 1         | QL                              |
| <b>Relenza Diskhaler (Aerosol Powder)</b>   | 1         | QL                              | Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet)           | 1         | QL                              |
| Rimantadine HCl (Tablet)  | 1         |                                 | Lorazepam (2mg/ml Concentrate)                             | 1         | QL                              |
| <b>Xofluza (Tablet Therapy Pack)</b>  | 1         | QL                              | <b>Bipolar Agents</b>                                      |           |                                 |
| <b>Anxiolytics</b>  |           |                                 | <b>Mood Stabilizers</b>                                    |           |                                 |
| <b>Anxiolytics, Other</b>   |           |                                 | Divalproex Sodium (Capsule Sprinkle Delayed-Release)       | 1         |                                 |
| Bupirone HCl (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 |
|---|-----------|---------------------------------|
| Divalproex Sodium DR (Tablet Delayed-Release)                           | 1         |                                 |
| Divalproex Sodium ER (Tablet Extended-Release 24 Hour)                  | 1         |                                 |
| <b>Lithium (Oral Solution)</b>  | 1         |                                 |
| Lithium Carbonate (Capsule Immediate-Release, Tablet Immediate-Release) | 1         |                                 |
| Lithium Carbonate ER (Tablet Extended-Release)                          | 1         |                                 |
| <b>Blood Glucose Regulators</b>   |           |                                 |
| <b>Antidiabetic Agents</b>  |           |                                 |
| Acarbose (Tablet)   | 1         | QL                              |
| <b>Avandia (Tablet)</b>   | 1         | PA, QL                          |
| <b>Bydureon Bcise (Auto injector)</b>                                   | 1         | QL                              |
| <b>Bydureon Pen (Injection)</b>   | 1         | QL                              |
| <b>Byetta (Injection)</b>   | 1         | QL                              |
| <b>Cycloset (Tablet)</b>  | 1         | PA, QL                          |
| Glimepiride (Tablet)  | 1         | QL                              |
| Glipizide (Tablet Immediate-Release)                                    | 1         | QL                              |
| Glipizide ER (Tablet Extended-Release 24 Hour)                          | 1         | QL                              |
| Glipizide/Metformin HCl (Tablet)  | 1         | QL                              |
| <b>Glyxambi (Tablet)</b>  | 1         | QL                              |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Invokamet (Tablet)</b>   | 1         | QL                              |
| <b>Invokamet XR (Tablet Extended-Release 24 Hour)</b>   | 1         | QL                              |
| <b>Invokana (Tablet)</b>  | 1         | QL                              |
| <b>Janumet (Tablet Immediate-Release)</b>   | 1         | QL                              |
| <b>Janumet XR (Tablet Extended-Release 24 Hour)</b>   | 1         | QL                              |
| <b>Januvia (Tablet)</b>   | 1         | QL                              |
| <b>Jardiance (Tablet)</b>   | 1         | QL                              |
| <b>Jentadueto (Tablet)</b>  | 1         | QL                              |
| <b>Jentadueto XR (Tablet Extended-Release 24 Hour)</b>  | 1         | QL                              |
| <b>Kombiglyze XR (Tablet Extended-Release 24 Hour)</b>  | 1         | QL                              |
| Metformin HCl (Tablet Immediate-Release)  | 1         | QL                              |
| Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR) | 1         | QL                              |
| Miglitol (Tablet)   | 1         | QL                              |
| Nateglinide (Tablet)  | 1         | QL                              |
| <b>Onglyza (Tablet)</b>   | 1         | QL                              |
| Pioglitazone HCl (Tablet)   | 1         | QL                              |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name  | Drug Tier | Coverage Rules or Limits on use | Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Pioglitazone HCl/<br>Glimepiride (Tablet)                    | 1         | QL                              | <b>Humalog Junior<br/>KwikPen (Injection)</b>                  | 1         |                                 |
| Pioglitazone HCl/<br>Metformin HCl (Tablet)                  | 1         | QL                              | <b>Humalog KwikPen<br/>(Injection)</b>                         | 1         |                                 |
| Repaglinide (Tablet)   | 1         | QL                              | <b>Humalog Mix 50/50<br/>KwikPen (Injection)</b>               | 1         |                                 |
| Repaglinide/<br>Metformin HCl (Tablet)                       | 1         | QL                              | <b>Humalog Mix 50/50<br/>Vial (Injection)</b>                  | 1         |                                 |
| <b>Riomet (Oral<br/>Solution)</b>                            | 1         | QL                              | <b>Humalog Mix 75/25<br/>KwikPen (Injection)</b>               | 1         |                                 |
| <b>Soliqua 100/33<br/>(Injection)</b>                        | 1         | QL                              | <b>Humalog Mix 75/25<br/>Vial (Injection)</b>                  | 1         |                                 |
| <b>SymLinPen 120<br/>(Injection)</b>                         | 1         | PA                              | <b>Humalog Vial<br/>(Injection)</b>                            | 1         |                                 |
| <b>SymLinPen 60<br/>(Injection)</b>                          | 1         | PA                              | <b>Humulin 70/30<br/>KwikPen (Injection)</b>                   | 1         |                                 |
| <b>Synjardy (Tablet)</b>                                     | 1         | QL                              | <b>Humulin 70/30 Vial<br/>(Injection)</b>                      | 1         |                                 |
| <b>Synjardy XR (Tablet<br/>Extended-Release 24<br/>Hour)</b> | 1         | QL                              | <b>Humulin N KwikPen<br/>(Injection)</b>                       | 1         |                                 |
| <b>Tradjenta (Tablet)</b>                                    | 1         | QL                              | <b>Humulin N Vial<br/>(Injection)</b>                          | 1         |                                 |
| <b>Trulicity (Injection)</b>                                 | 1         | QL                              | <b>Humulin R U-500<br/>KwikPen (Injection)</b>                 | 1         |                                 |
| <b>Victoza (Injection)</b>                                   | 1         | QL                              | <b>Humulin R U-500 Vial<br/>(Concentrated)<br/>(Injection)</b> | 1         |                                 |
| Glycemic Agents  |           |                                 | <b>Humulin R Vial<br/>(Injection)</b>                          | 1         |                                 |
| <b>GlucaGen HypoKit<br/>(Injection)</b>                      | 1         |                                 | <b>Lantus SoloStar<br/>(Injection)</b>                         | 1         |                                 |
| <b>Glucagon Emergency<br/>Kit (Injection)</b>                | 1         |                                 | <b>Lantus Vial (Injection)</b>                                 | 1         |                                 |
| <b>Proglycem<br/>(Suspension)</b>                            | 1         |                                 | <b>Levemir FlexTouch<br/>(Injection)</b>                       | 1         |                                 |
| Insulins   |           |                                 |  |           |                                 |
| <b>Humalog Cartridge<br/>(Injection)</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>Levemir Vial (Injection)</b>  | 1         |                                 | Warfarin Sodium (Tablet)   | 1         |                                 |
| <b>Toujeo Max Solostar (Injection)</b>   | 1         |                                 | <b>Xarelto (10mg Tablet, 15mg Tablet, 20mg Tablet, 2.5mg Tablet)</b>   | 1         | QL                              |
| <b>Toujeo SoloStar (Injection)</b>   | 1         |                                 | <b>Xarelto Starter Pack (Tablet Therapy Pack)</b>  | 1         | QL                              |
| <b>Tresiba (Injection)</b>   | 1         |                                 | Blood Formation Modifiers  |           |                                 |
| <b>Tresiba FlexTouch (Injection)</b>   | 1         |                                 | Anagrelide HCl (Capsule)   | 1         |                                 |
| Blood Products/Modifiers/Volume Expanders  |           |                                 | 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) |           |                                 |
| Anticoagulants   |           |                                 | Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)  |           |                                 |
| <b>Coumadin (Tablet)</b>   | 1         |                                 |  | 1         | PA                              |
| <b>Eliquis (Tablet)</b>  | 1         | QL                              |  | 1         | PA                              |
| <b>Eliquis Starter Pack (Tablet)</b>   | 1         | QL                              |  |           |                                 |
| Enoxaparin Sodium (Injection)  | 1         | QL                              |  |           |                                 |
| Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection) | 1         |                                 |  |           |                                 |
| Fondaparinux Sodium (2.5mg/0.5ml Injection)  | 1         |                                 |  |           |                                 |
| Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection) | 1         |                                 |  |           |                                 |
| Heparin Sodium (1000unit/ml Injection)   | 1         | B/D, PA                         |  |           |                                 |
| Jantoven (Tablet)  | 1         |                                 |  |           |                                 |
| <b>Pradaxa (Capsule)</b>   | 1         | QL                              |  |           |                                 |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Granix (300mcg/0.5ml Injection, 480mcg/0.8ml Injection, 300mcg/ml Solution, 480mcg/1.6ml Solution)</b>    | 1         | ST                              |
| <b>Leukine (Injection)</b>   | 1         | PA                              |
| <b>Neulasta (Injection)</b>  | 1         | PA                              |
| <b>Neupogen (Injection)</b>  | 1         | ST                              |
| <b>Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)</b> | 1         | PA                              |
| <b>Procrit (20000unit/ml Injection, 40000unit/ml Injection)</b>  | 1         | PA                              |
| <b>Promacta (12.5mg Packet, 12.5mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)</b>                        | 1         | PA, QL, LA                      |
| <b>Retacrit (10000unit/ml Solution, 2000unit/ml Solution, 3000unit/ml Solution, 4000unit/ml Solution)</b>    | 1         | PA                              |
| <b>Retacrit (40000unit/ml Solution)</b>  | 1         | PA                              |
| <b>Zarxio (Solution Prefilled Syringe)</b>   | 1         |                                 |
| Hemostasis Agents  |           |                                 |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Tranexamic Acid (Tablet)   | 1         |                                 |
| Platelet Modifying Agents  |           |                                 |
| Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)  | 1         | QL                              |
| <b>Brilinta (Tablet)</b>   | 1         | QL                              |
| Cilostazol (Tablet)  | 1         |                                 |
| Clopidogrel (75mg Tablet)  | 1         | QL                              |
| Prasugrel (Tablet)   | 1         | QL                              |
| Cardiovascular Agents  |           |                                 |
| Alpha-adrenergic Agonists  |           |                                 |
| Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)                      | 1         |                                 |
| Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release) | 1         |                                 |
| Methyldopa (Tablet)  | 1         |                                 |
| Midodrine HCl (Tablet)   | 1         |                                 |
| <b>Northera (Capsule)</b>  | 1         | PA, QL, LA                      |
| Alpha-adrenergic Blocking Agents   |           |                                 |
| Doxazosin Mesylate (Tablet)  | 1         |                                 |
| Phenoxybenzamine HCl (Capsule)   | 1         |                                 |
| Prazosin HCl (Capsule)   | 1         |                                 |
| Angiotensin II Receptor Antagonists  |           |                                 |

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 |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Candesartan Cilexetil (Tablet)                 | 1         | QL                              | Mexiletine HCl (Capsule)                                  | 1         |                                 |
| <b>Edarbi (Tablet)</b>                         | 1         | QL                              | <b>Multaq (Tablet)</b>                                    | 1         | QL                              |
| Eprosartan Mesylate (Tablet)                   | 1         | QL                              | Pacerone (200mg Tablet)                                   | 1         |                                 |
| Irbesartan (Tablet)                            | 1         | QL                              | Propafenone HCl (Tablet)                                  | 1         |                                 |
| Losartan Potassium (Tablet)                    | 1         | QL                              | Propafenone HCl ER (Capsule Extended-Release 12 Hour)     | 1         |                                 |
| Olmesartan Medoxomil (Tablet)                  | 1         | QL                              | Quinidine Gluconate CR (Tablet Extended-Release)          | 1         |                                 |
| Telmisartan (Tablet)                           | 1         | QL                              | Quinidine Sulfate (Tablet)                                | 1         |                                 |
| Valsartan (Tablet)                             | 1         | QL                              | Sotalol HCl AF (Tablet)                                   | 1         |                                 |
| Angiotensin-converting Enzyme (ACE) Inhibitors |           |                                 | Sotalol HCl (Tablet)                                      | 1         |                                 |
| Benazepril HCl (Tablet)                        | 1         | QL                              | Beta-adrenergic Blocking Agents                           |           |                                 |
| Captopril (Tablet)                             | 1         | QL                              | Acebutolol HCl (Capsule)                                  | 1         |                                 |
| Enalapril Maleate (Tablet)                     | 1         | QL                              | Atenolol (Tablet)   | 1         |                                 |
| Fosinopril Sodium (Tablet)                     | 1         | QL                              | Betaxolol HCl (10mg Tablet, 20mg Tablet)                  | 1         |                                 |
| Lisinopril (Tablet)                            | 1         | QL                              | Bisoprolol Fumarate (Tablet)                              | 1         |                                 |
| Moexipril HCl (Tablet)                         | 1         | QL                              | <b>Bystolic (Tablet)</b>                                  | 1         | QL                              |
| Perindopril Erbumine (Tablet)                  | 1         | QL                              | Carvedilol (Tablet)                                       | 1         |                                 |
| Quinapril HCl (Tablet)                         | 1         | QL                              | Labetalol HCl (Tablet)                                    | 1         |                                 |
| Ramipril (Capsule)                             | 1         | QL                              | Metoprolol Succinate ER (Tablet Extended-Release 24 Hour) | 1         |                                 |
| Trandolapril (Tablet)                          | 1         | QL                              |   |           |                                 |
| Antiarrhythmics                                |           |                                 |   |           |                                 |
| Amiodarone HCl (200mg Tablet)                  | 1         |                                 |   |           |                                 |
| Dofetilide (Capsule)                           | 1         |                                 |   |           |                                 |
| Flecainide Acetate (Tablet)                    | 1         |                                 |   |           |                                 |

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| Drug Name  | Drug Tier | Coverage Rules or Limits on use | Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release) | 1         |                                 | Felodipine ER (Tablet Extended-Release 24 Hour)   | 1         |                                 |
| Nadolol (Tablet)   | 1         |                                 | Matzim LA (Tablet Extended-Release 24 Hour)   | 1         |                                 |
| Pindolol (Tablet)  | 1         |                                 | Nicardipine HCl (Capsule)   | 1         |                                 |
| Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution)   | 1         |                                 | Nifedipine ER (Tablet Extended-Release 24 Hour)   | 1         | QL                              |
| Propranolol HCl (Tablet Immediate-Release)   | 1         |                                 | Nimodipine (Capsule)  | 1         |                                 |
| Propranolol HCl ER (Capsule Extended-Release 24 Hour)  | 1         |                                 | <b>Nymalize (Oral Solution)</b>   | 1         |                                 |
| Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)   | 1         |                                 | Taztia XT (Capsule Extended-Release 24 Hour)  | 1         |                                 |
| <b>Calcium Channel Blocking Agents</b>   |           |                                 | Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)  | 1         |                                 |
| Amlodipine Besylate (Tablet)   | 1         |                                 | Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) | 1         |                                 |
| Cartia XT (Capsule Extended-Release 24 Hour)   | 1         |                                 |   |           |                                 |
| Dilt-XR (Capsule Extended-Release 24 Hour)   | 1         |                                 |   |           |                                 |
| Diltiazem HCl (Tablet Immediate-Release)   | 1         |                                 |   |           |                                 |
| Diltiazem HCl ER (Capsule Extended-Release)  | 1         |                                 |   |           |                                 |

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

| Drug Name  | Drug Tier | Coverage Rules or Limits on use | Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release) | 1         |                                 | Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet)             | 1         | QL                              |
| <b>Verapamil HCl SR (Capsule Extended-Release 24 Hour)</b>   | 1         |                                 | Candesartan Cilexetil/ Hydrochlorothiazide (Tablet)           | 1         | QL                              |
| Cardiovascular Agents, Other   |           |                                 | Captopril/ Hydrochlorothiazide (Tablet)                       | 1         | QL                              |
| Amiloride/ Hydrochlorothiazide (Tablet)  | 1         |                                 | <b>Corlanor (Tablet)</b>                                      | 1         | PA, QL                          |
| Amlodipine Besylate/ Atorvastatin Calcium (Tablet)   | 1         | QL                              | <b>Demser (Capsule)</b>                                       | 1         |                                 |
| Amlodipine Besylate/ Benazepril HCl (Capsule)  | 1         | QL                              | Digitek (Tablet)  | 1         |                                 |
| Amlodipine Besylate/ Valsartan (Tablet)  | 1         | QL                              | Digox (Tablet)  | 1         |                                 |
| Amlodipine/ Olmesartan Medoxomil (Tablet)  | 1         | QL                              | <b>Digoxin (0.05mg/ml Oral Solution)</b>                      | 1         |                                 |
| Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)   | 1         | QL                              | Digoxin (125mcg Tablet, 250mcg Tablet)                        | 1         |                                 |
| Atenolol/ Chlorthalidone (Tablet)  | 1         |                                 | <b>Edarbyclor (Tablet)</b>                                    | 1         | QL                              |
| Benazepril HCl/ Hydrochlorothiazide (Tablet)   | 1         | QL                              | Enalapril Maleate/ Hydrochlorothiazide (Tablet)               | 1         | QL                              |
| <b>BiDiI (Tablet)</b>  | 1         | QL                              | <b>Entresto (Tablet)</b>                                      | 1         | QL                              |
|  |           |                                 | Fosinopril Sodium/ Hydrochlorothiazide (Tablet)               | 1         | QL                              |
|  |           |                                 | Irbesartan/ Hydrochlorothiazide (Tablet)                      | 1         | QL                              |
|  |           |                                 | <b>Lanoxin (125mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)</b> | 1         |                                 |

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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 |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Lisinopril/<br>Hydrochlorothiazide<br>(Tablet)                             | 1         | QL                              | <b>Ranexa (Tablet<br/>Extended-Release 12<br/>Hour)</b>   | 1         | QL                              |
| Losartan Potassium/<br>Hydrochlorothiazide<br>(Tablet)                     | 1         | QL                              | Spironolactone/<br>Hydrochlorothiazide<br>(Tablet)  | 1         |                                 |
| Methyldopa/<br>Hydrochlorothiazide<br>(Tablet)                             | 1         |                                 | Telmisartan/<br>Amlodipine (Tablet)   | 1         | QL                              |
| Metoprolol/<br>Hydrochlorothiazide<br>(Tablet)                             | 1         |                                 | Telmisartan/<br>Hydrochlorothiazide<br>(Tablet)   | 1         | QL                              |
| Moexipril/<br>Hydrochlorothiazide<br>(Tablet)                              | 1         | QL                              | Triamterene/<br>Hydrochlorothiazide<br>(37.5mg-25mg Tablet,<br>75mg-50mg Tablet,<br>25mg-37.5mg<br>Capsule) | 1         |                                 |
| Nadolol/<br>Bendroflumethiazide<br>(Tablet)                                | 1         |                                 | Valsartan/<br>Hydrochlorothiazide<br>(Tablet)   | 1         | QL                              |
| Olmesartan<br>Medoxomil/<br>Amlodipine/<br>Hydrochlorothiazide<br>(Tablet) | 1         | QL                              | <b>Diuretics, Carbonic Anhydrase Inhibitors</b>   |           |                                 |
| Olmesartan<br>Medoxomil/<br>Hydrochlorothiazide<br>(Tablet)                | 1         | QL                              | Acetazolamide (Tablet<br>Immediate-Release)   | 1         |                                 |
| Pentoxifylline ER<br>(Tablet Extended-<br>Release)                         | 1         |                                 | Acetazolamide ER<br>(Capsule Extended-<br>Release 12 Hour)  | 1         |                                 |
| Propranolol/<br>Hydrochlorothiazide<br>(Tablet)                            | 1         |                                 | Methazolamide<br>(Tablet)   | 1         |                                 |
| Quinapril/<br>Hydrochlorothiazide<br>(Tablet)                              | 1         | QL                              | <b>Diuretics, Loop</b>  |           |                                 |
|  |           |                                 | Bumetanide (0.25mg/<br>ml Injection)  | 1         |                                 |
|  |           |                                 | Bumetanide (0.5mg<br>Tablet, 1mg Tablet,<br>2mg Tablet)   | 1         |                                 |
|  |           |                                 | Ethacrynic Acid<br>(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 |
|---|-----------|---------------------------------|
| Furosemide (10mg/ml Injection)  | 1         | B/D, PA                         |
| Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution)                      | 1         |                                 |
| Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet)                            | 1         |                                 |
| Torsemide (Tablet)  | 1         |                                 |
| Diuretics, Potassium-sparing  |           |                                 |
| Amiloride HCl (Tablet)  | 1         |                                 |
| <b>Dyrenium (Capsule)</b>   | 1         |                                 |
| Eplerenone (Tablet)   | 1         |                                 |
| Spironolactone (Tablet)   | 1         |                                 |
| Diuretics, Thiazide   |           |                                 |
| Chlorothiazide (Tablet)   | 1         |                                 |
| Chlorthalidone (Tablet)   | 1         |                                 |
| <b>Diuril (Suspension)</b>  | 1         |                                 |
| Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet) | 1         |                                 |
| Indapamide (Tablet)   | 1         |                                 |
| Methyclothiazide (Tablet)   | 1         |                                 |
| Metolazone (Tablet)   | 1         |                                 |
| Dyslipidemics, Fibric Acid Derivatives  |           |                                 |
| Fenofibrate (145mg Tablet, 48mg Tablet)                                       | 1         |                                 |
| Fenofibrate (160mg Tablet, 54mg Tablet)                                       | 1         |                                 |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Fenofibrate Micronized (134mg Capsule, 200mg Capsule, 67mg Capsule) | 1         |                                 |
| <b>Fenofibric Acid (105mg Tablet)</b>                               | 1         |                                 |
| Fenofibric Acid (35mg Tablet)                                       | 1         |                                 |
| Fenofibric Acid DR (Capsule Delayed-Release)                        | 1         |                                 |
| Gemfibrozil (Tablet)  | 1         |                                 |
| Dyslipidemics, HMG CoA Reductase Inhibitors                         |           |                                 |
| Atorvastatin Calcium (Tablet)                                       | 1         | QL                              |
| Fluvastatin (Capsule Immediate-Release)                             | 1         | QL                              |
| <b>Livalo (Tablet)</b>  | 1         | QL                              |
| Lovastatin (Tablet)   | 1         | QL                              |
| Pravastatin Sodium (Tablet)   | 1         | QL                              |
| Rosuvastatin Calcium (Tablet)                                       | 1         | QL                              |
| Simvastatin (Tablet)  | 1         | QL                              |
| Dyslipidemics, Other  |           |                                 |
| Cholestyramine (Packet)   | 1         |                                 |
| Cholestyramine Light (Powder)                                       | 1         |                                 |
| Colesevelam HCl (3.75gm Packet, 625mg Tablet)                       | 1         |                                 |
| Colestipol HCl (1gm Tablet)   | 1         |                                 |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Colestipol HCl (5gm Packet)                          | 1         |                                 |
| Ezetimibe (Tablet)                                   | 1         | QL                              |
| Ezetimibe/Simvastatin (Tablet)                       | 1         | QL                              |
| <b>Juxtapid (Capsule)</b>                            | 1         | PA, LA                          |
| <b>Kynamro (Injection)</b>                           | 1         | PA, LA                          |
| Niacin ER (Tablet Extended-Release)                  | 1         |                                 |
| Niacor (Tablet)                                      | 1         |                                 |
| Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza) | 1         | QL                              |
| <b>Praluent (Injection)</b>                          | 1         | PA, QL, LA                      |
| Prevalite (Packet)                                   | 1         |                                 |
| <b>Repatha (Injection)</b>                           | 1         | PA, QL                          |
| <b>Repatha Pushtrox System (Injection)</b>           | 1         | PA, QL                          |
| <b>Repatha SureClick (Injection)</b>                 | 1         | PA, QL                          |
| <b>Vascepa (Capsule)</b>                             | 1         |                                 |
| <b>Welchol (3.75gm Packet)</b>                       | 1         |                                 |
| Vasodilators, Direct-acting Arterial                 |           |                                 |
| Hydralazine HCl (Tablet)                             | 1         |                                 |
| Minoxidil (Tablet)                                   | 1         |                                 |
| Vasodilators, Direct-acting Arterial/Venous          |           |                                 |
| Isosorbide Dinitrate (Tablet Immediate-Release)      | 1         |                                 |
| Isosorbide Dinitrate ER (Tablet Extended-Release)    | 1         |                                 |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Isosorbide Mononitrate (Tablet Immediate-Release)             | 1         |                                 |
| Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)   | 1         |                                 |
| Minitran (Patch 24 Hour)                                      | 1         |                                 |
| Nitro-Bid (Ointment)  | 1         |                                 |
| Nitroglycerin (Tablet Sublingual)                             | 1         |                                 |
| Nitroglycerin Lingual (Translingual Solution)                 | 1         |                                 |
| Nitroglycerin Transdermal (Patch 24 Hour)                     | 1         |                                 |
| <b>Nitrostat (Tablet Sublingual)</b>                          | 1         |                                 |
| Central Nervous System Agents                                 |           |                                 |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines |           |                                 |

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 |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Amphetamine/<br>Dextroamphetamine<br>(10mg Capsule<br>Extended-Release 24<br>Hour, 15mg Capsule<br>Extended-Release 24<br>Hour, 20mg Capsule<br>Extended-Release 24<br>Hour, 25mg Capsule<br>Extended-Release 24<br>Hour, 30mg Capsule<br>Extended-Release 24<br>Hour, 5mg Capsule<br>Extended-Release 24<br>Hour) | 1         | QL                              | <b>Vyvanse (10mg<br/>Capsule, 20mg<br/>Capsule, 30mg<br/>Capsule, 40mg<br/>Capsule, 50mg<br/>Capsule, 60mg<br/>Capsule, 70mg<br/>Capsule, 10mg Tablet<br/>Chewable, 20mg<br/>Tablet Chewable,<br/>30mg Tablet<br/>Chewable, 40mg<br/>Tablet Chewable,<br/>50mg Tablet<br/>Chewable, 60mg<br/>Tablet Chewable)</b> | 1         |                                 |
| Amphetamine/<br>Dextroamphetamine<br>(10mg Tablet<br>Immediate-Release,<br>12.5mg Tablet<br>Immediate-Release,<br>15mg Tablet<br>Immediate-Release,<br>20mg Tablet<br>Immediate-Release,<br>30mg Tablet<br>Immediate-Release,<br>5mg Tablet Immediate-<br>Release, 7.5mg Tablet<br>Immediate-Release)              | 1         | QL                              | Attention Deficit Hyperactivity Disorder<br>Agents, Non-amphetamines  |           |                                 |
| Dextroamphetamine<br>Sulfate (10mg Tablet,<br>5mg Tablet)  | 1         | QL                              | Atomoxetine (Capsule)   | 1         | QL                              |
| Dextroamphetamine<br>Sulfate ER (Capsule<br>Extended-Release 24<br>Hour)   | 1         | QL                              | Clonidine HCl ER<br>(Tablet Extended-<br>Release 12 Hour)   | 1         | PA                              |
|  |           |                                 | Dexmethylphenidate<br>HCl (Tablet Immediate-<br>Release)  | 1         | QL                              |
|  |           |                                 | Dexmethylphenidate<br>HCl ER (Capsule<br>Extended-Release 24<br>Hour)   | 1         |                                 |
|  |           |                                 | Guanfacine ER (Tablet<br>Extended-Release 24<br>Hour)   | 1         |                                 |
|  |           |                                 | Metadate ER (Tablet<br>Extended-Release)  | 1         | QL                              |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name  | Drug Tier | Coverage Rules or Limits on use | Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin) | 1         | QL                              | <b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)</b> | 1         | QL                              |
| Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)  | 1         | QL                              | <b>Savella (Tablet)</b>  | 1         |                                 |
| Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)  | 1         | QL                              | <b>Savella Titration Pack</b>  | 1         |                                 |
| Central Nervous System, Other  |           |                                 | Multiple Sclerosis Agents  |           |                                 |
| <b>Austedo (Tablet)</b>  | 1         | PA, QL, LA                      | <b>Ampyra (Tablet Extended-Release 12 Hour)</b>  | 1         | QL, LA                          |
| <b>Ingrezza (Capsule)</b>  | 1         | PA, QL                          | <b>Aubagio (Tablet)</b>  | 1         | QL, LA                          |
| <b>Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)</b>   | 1         | PA, QL                          | <b>Avonex (Injection)</b>  | 1         |                                 |
| <b>Nuedexta (Capsule)</b>  | 1         | PA                              | <b>Avonex Pen (Injection)</b>  | 1         |                                 |
| Riluzole (Tablet)  | 1         |                                 | <b>Betaseron (Injection)</b>   | 1         |                                 |
| Tetrabenazine (Tablet)   | 1         | PA, QL, LA                      | Dalfampridine ER (Tablet Extended-Release 12 Hour)   | 1         | QL                              |
| Fibromyalgia Agents  |           |                                 | <b>Gilenya (Capsule)</b>   | 1         | QL                              |
| Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)                          | 1         | QL                              | Glatiramer Acetate (Solution Prefilled Syringe)  | 1         |                                 |
|  |           |                                 | Glatopa (Injection)  | 1         |                                 |
|  |           |                                 | <b>Rebif (Injection)</b>   | 1         |                                 |
|  |           |                                 | <b>Rebif Rebidose (Injection)</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>Rebif Rebidose Titration Pack (Injection)</b>                        | 1         |                                 | <b>Calcitriol (3mcg/gm Ointment)</b>                                     | 1         |                                 |
| <b>Rebif Titration Pack (Injection)</b>                                 | 1         |                                 | <b>Carac (Cream)</b>   | 1         | PA                              |
| <b>Tecfidera (Capsule Delayed-Release)</b>                              | 1         | QL, LA                          | Claravis (Capsule)   | 1         | PA                              |
| <b>Tecfidera Starter Pack</b>   | 1         | LA                              | Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab) | 1         |                                 |
| <b>Dental and Oral Agents</b>   |           |                                 | Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)             | 1         |                                 |
| <b>Dental and Oral Agents</b>   |           |                                 | Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)                 | 1         |                                 |
| Chlorhexidine Gluconate Oral Rinse (Solution)                           | 1         |                                 | Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)                | 1         |                                 |
| Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)                              | 1         |                                 | <b>Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)</b>                   | 1         |                                 |
| Triamcinolone Acetonide Dental Paste (Paste)                            | 1         |                                 | <b>Cosentyx (Injection)</b>  | 1         | PA, LA                          |
| <b>Dermatological Agents</b>  |           |                                 | <b>Cosentyx Sensoready Pen (Injection)</b>                               | 1         | PA, LA                          |
| <b>Dermatological Agents</b>  |           |                                 | Diclofenac Sodium (3% Gel)   | 1         | PA                              |
| Acitretin (Capsule)   | 1         |                                 | Doxepin HCl (Cream)  | 1         | PA, QL                          |
| Adapalene (0.1% Cream)  | 1         |                                 | <b>Elidel (Cream)</b>  | 1         | ST                              |
| Adapalene (0.1% Gel)  | 1         |                                 | Ery (2% Pad)   | 1         |                                 |
| Ammonium Lactate (12% Cream, 12% Lotion)                                | 1         |                                 | Erythromycin (2% External Solution)                                      | 1         |                                 |
| Azelaic Acid (Gel)  | 1         |                                 | Erythromycin (2% Gel)  | 1         |                                 |
| Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment) | 1         |                                 |  |           |                                 |

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Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Erythromycin/Benzoyl Peroxide (Gel)                       | 1         |                                 |
| <b>Finacea (15% Foam, 15% Gel)</b>                        | 1         |                                 |
| Fluorouracil (0.5% Cream)                                 | 1         |                                 |
| Fluorouracil (2% External Solution, 5% External Solution) | 1         |                                 |
| Fluorouracil (5% Cream)                                   | 1         |                                 |
| Imiquimod (5% Cream)                                      | 1         |                                 |
| Imiquimod Pump (3.75% Cream)                              | 1         | PA                              |
| Isotretinoin (Capsule)                                    | 1         | PA                              |
| Methoxsalen (Capsule)                                     | 1         |                                 |
| <b>Mirvaso (Gel)</b>                                      | 1         |                                 |
| <b>Oxsoralen Ultra (Capsule)</b>                          | 1         |                                 |
| <b>Picato (Gel)</b>                                       | 1         |                                 |
| Pimecrolimus (Cream)                                      | 1         | ST                              |
| Podofilox (External Solution)                             | 1         |                                 |
| <b>Prudoxin (Cream)</b>                                   | 1         | PA, QL                          |
| <b>Regranex (Gel)</b>                                     | 1         | PA                              |
| <b>Santyl (Ointment)</b>                                  | 1         |                                 |
| Selenium Sulfide (Lotion)                                 | 1         |                                 |
| <b>Stelara (Injection)</b>                                | 1         | PA                              |
| Tacrolimus (0.03% Ointment, 0.1% Ointment)                | 1         | ST                              |
| Tazarotene (Cream)  | 1         | PA                              |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Tazorac (0.05% Cream, 0.1% Gel)</b>                                   | 1         | PA                              |
| <b>Tazorac (0.05% Gel)</b>   | 1         | PA                              |
| <b>Tolak (Cream)</b>   | 1         |                                 |
| Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream) | 1         | PA                              |
| Tretinoin Microsphere (Gel)  | 1         | PA                              |
| <b>Zyclara Pump (Cream)</b>  | 1         | PA                              |
| Electrolytes/Minerals/Metals/Vitamins                                    |           |                                 |
| Electrolyte/Mineral Replacement  |           |                                 |
| <b>Aminosyn 7%/ Electrolytes (Injection)</b>                             | 1         | B/D, PA                         |
| <b>Aminosyn 8.5%/ Electrolytes (Injection)</b>                           | 1         | B/D, PA                         |
| <b>Aminosyn II (Injection)</b>   | 1         | B/D, PA                         |
| <b>Aminosyn II 8.5%/ Electrolytes (Injection)</b>                        | 1         | B/D, PA                         |
| <b>Aminosyn-HBC (Injection)</b>  | 1         | B/D, PA                         |
| <b>Aminosyn-PF (Injection)</b>   | 1         | B/D, PA                         |
| <b>Aminosyn-RF (Injection)</b>   | 1         | B/D, PA                         |
| <b>Carbaglu (Tablet)</b>   | 1         | LA                              |
| <b>Dextrose 10% (Injection)</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>Dextrose 10%/NaCl 0.2% (Injection)</b>    | 1         |                                 | <b>KCl 0.15%/D5W/NaCl 0.45% (Injection)</b>      | 1         |                                 |
| <b>Dextrose 10%/NaCl 0.45% (Injection)</b>   | 1         |                                 | <b>KCl 0.15%/D5W/NaCl 0.9% (Injection)</b>       | 1         |                                 |
| <b>Dextrose 2.5%/NaCl 0.45% (Injection)</b>  | 1         |                                 | <b>KCl 0.3%/D5W/NaCl 0.45% (Injection)</b>       | 1         |                                 |
| Dextrose 5% (Injection)                      | 1         | B/D, PA                         | <b>KCl 0.3%/D5W/NaCl 0.9% (Injection)</b>        | 1         |                                 |
| <b>Dextrose 5%/NaCl 0.2% (Injection)</b>     | 1         |                                 | Klor-Con (Packet)                                | 1         |                                 |
| <b>Dextrose 5%/NaCl 0.225% (Injection)</b>   | 1         |                                 | <b>Klor-Con 10 (Tablet Extended-Release)</b>     | 1         |                                 |
| <b>Dextrose 5%/NaCl 0.33% (Injection)</b>    | 1         |                                 | <b>Klor-Con 8 (Tablet Extended-Release)</b>      | 1         |                                 |
| <b>Dextrose 5%/NaCl 0.45% (Injection)</b>    | 1         |                                 | Klor-Con M10 (Tablet Extended-Release)           | 1         |                                 |
| <b>Dextrose 5%/NaCl 0.9% (Injection)</b>     | 1         | B/D, PA                         | Klor-Con M15 (Tablet Extended-Release)           | 1         |                                 |
| <b>FreAmine HBC 6.9% (Injection)</b>         | 1         | B/D, PA                         | Klor-Con M20 (Tablet Extended-Release)           | 1         |                                 |
| <b>HepatAmine (Injection)</b>                | 1         | B/D, PA                         | Klor-Con Sprinkle (Capsule Extended-Release)     | 1         |                                 |
| <b>Intralipid (Injection)</b>                | 1         | B/D, PA                         | Levocarnitine (1gm/10ml Oral Solution)           | 1         |                                 |
| <b>Ionosol-MB/Dextrose 5% (Injection)</b>    | 1         |                                 | <b>Levocarnitine (330mg Tablet)</b>              | 1         |                                 |
| <b>Isolyte-P/Dextrose 5% (Injection)</b>     | 1         |                                 | <b>Magnesium Sulfate (1gm/2ml-50% Injection)</b> | 1         |                                 |
| <b>Isolyte-S (Injection)</b>                 | 1         |                                 | Magnesium Sulfate (5gm/10ml-50% Injection)       | 1         |                                 |
| <b>KCl 0.075%/D5W/NaCl 0.45% (Injection)</b> | 1         |                                 |  |           |                                 |
| <b>KCl 0.15%/D5W/NaCl 0.2% (Injection)</b>   | 1         |                                 |  |           |                                 |

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Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use | Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| <b>Nephramine (Injection)</b>   | 1         | B/D, PA                         | Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release) | 1         |                                 |
| <b>Normosol-M in D5W (Injection)</b>  | 1         |                                 | <b>Potassium Chloride/Dextrose (Injection)</b>   | 1         | B/D, PA                         |
| <b>Normosol-R (Injection)</b>   | 1         |                                 | <b>Potassium Chloride/Dextrose/Lactated Ringers (Injection)</b>  | 1         |                                 |
| <b>Normosol-R in D5W (Injection)</b>  | 1         |                                 | <b>Potassium Chloride/Dextrose/Sodium Chloride (Injection)</b>   | 1         |                                 |
| <b>Nutrilipid (Injection)</b>   | 1         | B/D, PA                         | Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)   | 1         | B/D, PA                         |
| <b>Plasma-Lyte A (Injection)</b>  | 1         |                                 | <b>Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)</b>                         | 1         | B/D, PA                         |
| <b>Plasma-Lyte-148 (Injection)</b>  | 1         |                                 | Potassium Citrate ER (Tablet Extended-Release)   | 1         |                                 |
| Plenamaine (Injection)  | 1         | B/D, PA                         | Premasol (Injection)   | 1         | B/D, PA                         |
| <b>Potassium Chloride (10% Solution, 20% Solution, 20meq Packet)</b>                            | 1         |                                 | <b>Procalamine (Injection)</b>   | 1         | B/D, PA                         |
| <b>Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)</b> | 1         | B/D, PA                         | <b>Prosol (Injection)</b>  | 1         | B/D, PA                         |
| Potassium Chloride (2meq/ml Injection)  | 1         | B/D, PA                         | <b>Sodium Chloride 0.9% (Irrigation Solution)</b>  | 1         |                                 |
| Potassium Chloride CR (Tablet Extended-Release)   | 1         |                                 |  |           |                                 |
| Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)           | 1         |                                 |  |           |                                 |

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



| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Sodium Chloride (0.9% Injection)                        | 1         | B/D, PA                         |
| <b>Sodium Chloride (3% Injection, 5% Injection)</b>     | 1         | B/D, PA                         |
| <b>Sodium Chloride 0.45% (Injection)</b>                | 1         |                                 |
| Sodium Fluoride (Tablet)                                | 1         |                                 |
| <b>Sodium Lactate (Injection)</b>                       | 1         |                                 |
| <b>TPN Electrolytes (Injection)</b>                     | 1         |                                 |
| <b>Travasol (Injection)</b>                             | 1         | B/D, PA                         |
| <b>Trophamine (10% Injection)</b>                       | 1         | B/D, PA                         |
| Electrolyte/Mineral/Metal Modifiers                     |           |                                 |
| <b>Chemet (Capsule)</b>                                 | 1         |                                 |
| <b>Exjade (Tablet Soluble)</b>                          | 1         | PA                              |
| <b>Ferriprox (100mg/ml Oral Solution, 500mg Tablet)</b> | 1         | PA                              |
| <b>Jadenu (Tablet)</b>                                  | 1         | PA                              |
| <b>Jadenu Sprinkle (Packet)</b>                         | 1         | PA                              |
| Kionex (Suspension)                                     | 1         |                                 |
| <b>Lokelma (Packet)</b>                                 | 1         | QL                              |
| <b>Samsca (Tablet)</b>                                  | 1         | PA, QL                          |
| Sodium Polystyrene Sulfonate (Powder)                   | 1         |                                 |
| SPS (Suspension)  | 1         |                                 |
| Trientine HCl (Capsule)                                 | 1         | PA, QL                          |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Veltassa (Packet)</b>                               | 1         | QL                              |
| Phosphate Binders                                      |           |                                 |
| <b>Auryxia (Tablet)</b>                                | 1         | PA                              |
| Calcium Acetate (667mg Capsule, 667mg Tablet)          | 1         |                                 |
| Lanthanum Carbonate (Tablet Chewable)                  | 1         |                                 |
| <b>Phoslyra (Oral Solution)</b>                        | 1         |                                 |
| Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet)       | 1         |                                 |
| Sevelamer Carbonate (800mg Tablet)                     | 1         |                                 |
| <b>Velphoro (Tablet Chewable)</b>                      | 1         |                                 |
| Vitamins   |           |                                 |
| VP-PNV-DHA (Capsule)                                   | 1         |                                 |
| Gastrointestinal Agents                                |           |                                 |
| Antispasmodics, Gastrointestinal                       |           |                                 |
| <b>Cuvposa (Oral Solution)</b>                         | 1         |                                 |
| Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution) | 1         |                                 |
| Dicyclomine HCl (Tablet)                               | 1         |                                 |
| Methscopolamine Bromide (Tablet)                       | 1         |                                 |
| Gastrointestinal Agents, Other                         |           |                                 |
| Chenodal (Tablet)                                      | 1         |                                 |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Cromolyn Sodium (100mg/5ml Concentrate)                                 | 1         |                                 |
| Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid) | 1         |                                 |
| <b>Gattex (Injection)</b>   | 1         | PA, LA                          |
| Loperamide HCl (Capsule)  | 1         |                                 |
| <b>Myalept (Injection)</b>  | 1         | PA, LA                          |
| <b>Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)</b>             | 1         | PA                              |
| <b>Relistor (150mg Tablet)</b>  | 1         | PA, QL                          |
| <b>Serostim (Injection)</b>   | 1         | PA, LA                          |
| Ursodiol (250mg Tablet, 500mg Tablet)                                   | 1         |                                 |
| Ursodiol (300mg Capsule)  | 1         |                                 |
| <b>Zorbtive (Injection)</b>   | 1         | PA, LA                          |
| <b>Histamine2 (H2) Receptor Antagonists</b>                             |           |                                 |
| Cimetidine (Tablet)   | 1         |                                 |
| Cimetidine HCl (Oral Solution)  | 1         |                                 |
| Famotidine (20mg Tablet, 40mg Tablet)                                   | 1         |                                 |
| Famotidine (40mg/5ml Suspension)  | 1         |                                 |
| Ranitidine HCl (150mg Tablet, 300mg Tablet)                             | 1         |                                 |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Ranitidine HCl (75mg/5ml Syrup)                                     | 1         |                                 |
| <b>Irritable Bowel Syndrome Agents</b>                              |           |                                 |
| Alosetron HCl (Tablet)  | 1         | PA                              |
| <b>Amitiza (Capsule)</b>  | 1         | QL                              |
| <b>Linzess (Capsule)</b>  | 1         | QL                              |
| <b>Xifaxan (Tablet)</b>   | 1         | PA                              |
| <b>Laxatives</b>  |           |                                 |
| <b>Clenpiq (Oral Solution)</b>                                      | 1         |                                 |
| Constulose (Oral Solution)  | 1         |                                 |
| Enulose (Oral Solution)   | 1         |                                 |
| GaviLyte-C (Oral Solution)  | 1         |                                 |
| GaviLyte-G (Oral Solution)  | 1         |                                 |
| GaviLyte-N/Flavor Pack (Oral Solution)                              | 1         |                                 |
| Generlac (Oral Solution)  | 1         |                                 |
| Lactulose (10gm/15ml Oral Solution)                                 | 1         |                                 |
| PEG 3350/Electrolytes (Oral Solution)                               | 1         |                                 |
| PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY)            | 1         |                                 |
| PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY) | 1         |                                 |
| <b>Suprep Bowel Prep Kit (Oral Solution)</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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| TriLyte (Oral Solution)   | 1         |                                 | Omeprazole (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)        | 1         |                                 |
| Protectants   |           |                                 |  |           |                                 |
| <b>Carafate (1gm/10ml Suspension)</b>   | 1         |                                 | Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release) | 1         | QL                              |
| Misoprostol (Tablet)  | 1         |                                 | <b>Prilosec (Packet)</b>   | 1         | PA                              |
| Sucralfate (Tablet)   | 1         |                                 | Rabeprazole Sodium (Tablet Delayed-Release)                                    | 1         |                                 |
| Proton Pump Inhibitors  |           |                                 | Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment                  |           |                                 |
| <b>Dexilant (Capsule Delayed-Release)</b>                                       | 1         | QL                              | Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment                  |           |                                 |
| Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)               | 1         | QL                              | <b>Aralast NP (Injection)</b>  | 1         | PA, LA                          |
| Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)       | 1         | QL                              | <b>Cholbam (Capsule)</b>   | 1         | PA                              |
| <b>Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)</b> | 1         |                                 | <b>Creon (Capsule Delayed-Release)</b>   | 1         |                                 |
| <b>Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)</b>      | 1         | QL                              | <b>Cystadane (Powder)</b>  | 1         |                                 |
| Omeprazole (10mg Capsule Delayed-Release)                                       | 1         | QL                              | <b>Cystagon (Capsule)</b>  | 1         | LA                              |
|   |           |                                 | <b>Glassia (Injection)</b>   | 1         | PA, LA                          |
|   |           |                                 | <b>Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)</b>                | 1         | LA                              |
|   |           |                                 | Miglustat (Capsule)  | 1         | PA, LA                          |
|   |           |                                 | <b>Ocaliva (Tablet)</b>  | 1         | PA, QL                          |

**Bold type = Brand name drug**

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| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)</b> | 1         | LA                              |
| <b>Prolastin-C (Injection)</b>   | 1         | PA, LA                          |
| <b>Ravicti (Liquid)</b>  | 1         | QL, LA                          |
| Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet)                                     | 1         |                                 |
| <b>Sucraid (Oral Solution)</b>   | 1         | LA                              |
| <b>Zemaira (Injection)</b>   | 1         | PA, LA                          |
| <b>Zenpep (Capsule Delayed-Release)</b>  | 1         |                                 |
| Genitourinary Agents   |           |                                 |
| Antispasmodics, Urinary  |           |                                 |
| <b>Myrbetriq (Tablet Extended-Release 24 Hour)</b>                                       | 1         |                                 |
| Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)                        | 1         |                                 |
| Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)                                 | 1         | QL                              |
| <b>Vesicare (Tablet)</b>   | 1         | QL                              |
| Benign Prostatic Hypertrophy Agents  |           |                                 |
| Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)                                       | 1         |                                 |
| Dutasteride (Capsule)  | 1         | QL                              |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Finasteride (5mg Tablet) (Generic Proscar)  | 1         |                                 |
| <b>Rapaflo (Capsule)</b>  | 1         | QL                              |
| Silodosin (Capsule)   | 1         | QL                              |
| Tamsulosin HCl (Capsule)  | 1         |                                 |
| Terazosin HCl (Capsule)   | 1         |                                 |
| Genitourinary Agents, Other   |           |                                 |
| Bethanechol Chloride (Tablet)   | 1         |                                 |
| <b>Cuprimine (Capsule)</b>  | 1         | PA                              |
| <b>Depen Titratabs (Tablet)</b>   | 1         |                                 |
| <b>Elmiron (Capsule)</b>  | 1         |                                 |
| <b>Lithostat (Tablet)</b>   | 1         |                                 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)                                  |           |                                 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)                                  |           |                                 |
| Ala-Cort (Cream)  | 1         |                                 |
| Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)                                    | 1         |                                 |
| Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment) | 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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)  | 1         |                                 | Fludrocortisone Acetate (Tablet)   | 1         |                                 |
| Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)   | 1         |                                 | Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment) | 1         |                                 |
| Clobetasol Propionate (0.05% Cream, 0.05% Gel, 0.05% Ointment, 0.05% Shampoo)                                   | 1         |                                 | Fluocinolone Acetonide Scalp (Oil)   | 1         |                                 |
| Clobetasol Propionate (0.05% External Solution)   | 1         |                                 | Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)                            | 1         |                                 |
| Clobetasol Propionate Emollient (0.05% Cream)   | 1         |                                 | Fluocinonide Emulsified Base (Cream)   | 1         |                                 |
| <b>Cordran (Tape)</b>   | 1         |                                 | Fluticasone Propionate (0.005% Ointment, 0.05% Cream)  | 1         |                                 |
| Cortisone Acetate (Tablet)  | 1         |                                 | Halobetasol Propionate (0.05% Cream, 0.05% Ointment)   | 1         |                                 |
| Desonide (0.05% Ointment)   | 1         |                                 | Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)                            | 1         |                                 |
| Desoximetasone (0.05% Cream, 0.25% Cream)   | 1         |                                 | Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)                           | 1         |                                 |
| Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir) | 1         |                                 | Hydrocortisone Butyrate (0.1% Ointment)  | 1         |                                 |
| Dexamethasone Intensol (1mg/ml Concentrate)   | 1         |                                 |  |           |                                 |

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| Drug Name   | Drug Tier | Coverage Rules or Limits on use | Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)   | 1         |                                 | Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment) | 1         |                                 |
| Methylprednisolone (Tablet)   | 1         |                                 | Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)  | 1         |                                 |
| Methylprednisolone Dose Pack (Tablet Therapy Pack)  | 1         |                                 | Triderm (Cream)   | 1         |                                 |
| Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)  | 1         |                                 | Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)  |           |                                 |
| Prednicarbate (0.1% Cream, 0.1% Ointment)   | 1         |                                 | Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)  |           |                                 |
| Prednisolone (15mg/5ml Oral Solution)   | 1         |                                 | Desmopressin Acetate (0.01% Nasal Spray Solution)   | 1         |                                 |
| Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution)  | 1         |                                 | Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)   | 1         |                                 |
| Prednisolone Sodium Phosphate (25mg/5ml Oral Solution, 5mg/5ml Oral Solution)   | 1         |                                 | <b>Genotropin (12mg Injection, 5mg Injection)</b>   | 1         | PA                              |
| Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet) | 1         |                                 | <b>Genotropin Miniquick (0.2mg Injection)</b>   | 1         | PA                              |
| Prednisone (5mg/5ml Oral Solution)  | 1         |                                 |   |           |                                 |
| Prednisone Intensol (5mg/ml Concentrate)  | 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>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> | 1         | PA                              | Oxandrolone (10mg Tablet)  | 1         | PA, QL                          |
| <b>Humatrope (Injection)</b>  | 1         | PA                              | Oxandrolone (2.5mg Tablet)   | 1         | PA, QL                          |
| <b>Humatrope Combo Pack (Injection)</b>   | 1         | PA                              | Testosterone (20.25mg/1.25gm 1.62% Gel, 40.5mg/2.5gm 1.62% Gel), Testosterone Pump (1.62% Gel) | 1         |                                 |
| <b>Increlex (Injection)</b>   | 1         | PA, LA                          | Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel)  | 1         |                                 |
| <b>Norditropin FlexPro (Injection)</b>  | 1         | PA                              | Testosterone Cypionate (Injection)   | 1         |                                 |
| <b>Nutropin AQ (Injection)</b>  | 1         | PA                              | Testosterone Enanthate (Injection)   | 1         |                                 |
| <b>Saizen (Injection)</b>   | 1         | PA, LA                          | Testosterone Pump (1% Gel)   | 1         |                                 |
| <b>Saizenprep Reconstitution Kit (Injection)</b>  | 1         | PA, LA                          | <b>Estrogens</b>   |           |                                 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)   |           |                                 | Altavera (Tablet)  | 1         |                                 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)   |           |                                 | Alyacen 1/35 (Tablet)  | 1         |                                 |
| <b>Korlym (Tablet)</b>  | 1         | PA, QL, LA                      | Amethia (Tablet)   | 1         |                                 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)   |           |                                 | Amethia Lo (Tablet)  | 1         |                                 |
| Androgens   |           |                                 | Apri (Tablet)  | 1         |                                 |
| <b>Anadrol-50 (Tablet)</b>  | 1         | PA                              | Aranelle (Tablet)  | 1         |                                 |
| <b>Androderm (Patch 24 Hour)</b>  | 1         | QL                              | Ashlyna (Tablet)   | 1         |                                 |
| Danazol (Capsule)   | 1         |                                 | Aubra (Tablet)   | 1         |                                 |
|   |           |                                 | Aviane (Tablet)  | 1         |                                 |
|   |           |                                 | Balziva (Tablet)   | 1         |                                 |
|   |           |                                 | Blisovi 24 Fe (Tablet)   | 1         |                                 |
|   |           |                                 | Blisovi Fe 1.5/30 (Tablet)   | 1         |                                 |
|   |           |                                 | Blisovi Fe 1/20 (Tablet)   | 1         |                                 |

**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 |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Briellyn (Tablet)  | 1         |                                 | Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace) | 1         |                                 |
| Camrese Lo (Tablet)  | 1         |                                 | Estradiol (10mcg Tablet)   | 1         | QL                              |
| Caziant (Tablet)   | 1         |                                 | Estradiol Valerate (Injection)                                     | 1         |                                 |
| <b>Climara Pro (Patch Weekly)</b>  | 1         |                                 | <b>Estring (Ring)</b>  | 1         |                                 |
| Cryselle-28 (Tablet)   | 1         |                                 | Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)                    | 1         |                                 |
| Cyclafem (Tablet)  | 1         |                                 | Falmina (Tablet)   | 1         |                                 |
| Cyred Eq (Tablet)  | 1         |                                 | Fayosim (Tablet)   | 1         |                                 |
| Delyla (Tablet)  | 1         |                                 | <b>Femring (Ring)</b>  | 1         |                                 |
| Depo-Estradiol (Injection)   | 1         |                                 | Femynor (Tablet)   | 1         |                                 |
| Desogestrel/Ethinyl Estradiol (Tablet)   | 1         |                                 | Fyavolv (Tablet)   | 1         |                                 |
| Drospirenone/Ethinyl Estradiol (Tablet)  | 1         |                                 | Gianvi (Tablet)  | 1         |                                 |
| <b>Duavee (Tablet)</b>   | 1         |                                 | Hailey 24 Fe (Tablet)  | 1         |                                 |
| <b>Elestrin (Gel)</b>  | 1         |                                 | <b>Imvexxy Maintenance Pack (Insert)</b>                           | 1         | PA, QL                          |
| Emoquette (Tablet)   | 1         |                                 | <b>Imvexxy Starter Pack (Insert)</b>                               | 1         | PA, QL                          |
| Enpresse-28 (Tablet)   | 1         |                                 | Introvale (Tablet)   | 1         |                                 |
| Enskyce (Tablet)   | 1         |                                 | Isibloom (Tablet)  | 1         |                                 |
| Estarylla (Tablet)   | 1         |                                 | Jasmiel (Tablet)   | 1         |                                 |
| 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) | 1         | QL                              | Jinteli (Tablet)   | 1         |                                 |
| Estradiol (0.1mg/gm Cream)   | 1         |                                 | Juleber (Tablet)   | 1         |                                 |
|  |           |                                 | Junel 1.5/30 (Tablet)  | 1         |                                 |
|  |           |                                 | Junel 1/20 (Tablet)  | 1         |                                 |
|  |           |                                 | Junel Fe 1.5/30 (Tablet)   | 1         |                                 |
|  |           |                                 | Junel Fe 1/20 (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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Junel Fe 24 (Tablet)                      | 1         |                                 | Microgestin 1.5/30 (Tablet)  | 1         |                                 |
| Kaitlib Fe (Tablet Chewable)              | 1         |                                 | Microgestin 1/20 (Tablet)  | 1         |                                 |
| Kariva (Tablet)                           | 1         |                                 | Microgestin Fe (Tablet)  | 1         |                                 |
| Kelnor 1/35 (Tablet)                      | 1         |                                 | Microgestin Fe 1.5/30 (Tablet)                                     | 1         |                                 |
| Kelnor 1/50 (Tablet)                      | 1         |                                 | Mili (Tablet)  | 1         |                                 |
| Kurvelo (Tablet)                          | 1         |                                 | <b>MonoNessa (Tablet)</b>  | 1         |                                 |
| LARIN 1.5/30 (Tablet)                     | 1         |                                 | Necon 0.5/35-28 (Tablet)   | 1         |                                 |
| LARIN 1/20 (Tablet)                       | 1         |                                 | Nikki (Tablet)   | 1         |                                 |
| LARIN Fe 1.5/30 (Tablet)                  | 1         |                                 | Norethindrone Acetate/Ethinyl Estradiol (Tablet)                   | 1         |                                 |
| LARIN Fe 1/20 (Tablet)                    | 1         |                                 | Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)  | 1         |                                 |
| Larissia (Tablet)                         | 1         |                                 | Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable) | 1         |                                 |
| <b>Layolis Fe (Tablet Chewable)</b>       | 1         |                                 | Norgestimate/Ethinyl Estradiol (Tablet)                            | 1         |                                 |
| Leena (Tablet)                            | 1         |                                 | Nortrel 0.5/35 (28) (Tablet)                                       | 1         |                                 |
| Lessina (Tablet)                          | 1         |                                 | Nortrel 1/35 (Tablet)  | 1         |                                 |
| Levonest (Tablet)                         | 1         |                                 | Nortrel 7/7/7 (Tablet)   | 1         |                                 |
| Levonorgestrel/Ethinyl Estradiol (Tablet) | 1         |                                 | <b>NuvaRing (Ring)</b>   | 1         |                                 |
| Levora 0.15/30-28 (Tablet)                | 1         |                                 | Ocella (Tablet)  | 1         |                                 |
| Loryna (Tablet)                           | 1         |                                 | Ogestrel (Tablet)  | 1         |                                 |
| Low-Ogestrel (Tablet)                     | 1         |                                 | Orsythia (Tablet)  | 1         |                                 |
| Lutera (Tablet)                           | 1         |                                 | Pimtrea (Tablet)   | 1         |                                 |
| Marlissa (Tablet)                         | 1         |                                 |  |           |                                 |
| Melodetta 24 Fe (Tablet Chewable)         | 1         |                                 |  |           |                                 |
| Menest (Tablet)                           | 1         |                                 |  |           |                                 |
| Mibelas 24 Fe (Tablet Chewable)           | 1         |                                 |  |           |                                 |

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Plain type = Generic drug

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Pirmella 1/35 (Tablet)   | 1         |                                 |
| Portia-28 (Tablet)   | 1         |                                 |
| <b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b> | 1         | QL                              |
| <b>Premarin (Vaginal Cream)</b>  | 1         |                                 |
| <b>Premphase (Tablet)</b>  | 1         | QL                              |
| <b>Prempro (Tablet)</b>  | 1         | QL                              |
| Previfem (Tablet)  | 1         |                                 |
| Quasense (Tablet)  | 1         |                                 |
| Reclipsen (Tablet)   | 1         |                                 |
| Rivelsa (Tablet)   | 1         |                                 |
| Setlakin (Tablet)  | 1         |                                 |
| Sprintec 28 (Tablet)   | 1         |                                 |
| Sronyx (Tablet)  | 1         |                                 |
| Syeda (Tablet)   | 1         |                                 |
| Tarina Fe 1/20 (Tablet)  | 1         |                                 |
| Tri-Estarylla (Tablet)   | 1         |                                 |
| Tri-Legest Fe (Tablet)   | 1         |                                 |
| Tri-Lo-Estarylla (Tablet)  | 1         |                                 |
| Tri-Lo-Sprintec (Tablet)   | 1         |                                 |
| Tri-Mili (Tablet)  | 1         |                                 |
| Tri-Previfem (Tablet)  | 1         |                                 |
| Tri-Sprintec (Tablet)  | 1         |                                 |
| Tri-VyLibra (Tablet)   | 1         |                                 |
| Tri-VyLibra Lo (Tablet)  | 1         |                                 |
| <b>Trinessa (Tablet)</b>   | 1         |                                 |
| Trivora-28 (Tablet)  | 1         |                                 |
| Velivet (Tablet)   | 1         |                                 |

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Vienna (Tablet)   | 1         |                                 |
| Vyfemla (Tablet)  | 1         |                                 |
| VyLibra (Tablet)  | 1         |                                 |
| WYMZYA Fe (Tablet Chewable)   | 1         |                                 |
| Xulane (Patch Weekly)   | 1         |                                 |
| Yuvaferm (Tablet)   | 1         | QL                              |
| Zarah (Tablet)  | 1         |                                 |
| Zovia 1/35E (Tablet)  | 1         |                                 |
| <b>Progestins</b>   |           |                                 |
| Camila (Tablet)   | 1         |                                 |
| <b>Crinone (4% Gel, 8% Gel)</b>                                     | 1         | PA                              |
| Deblitane (Tablet)  | 1         |                                 |
| <b>Depo-Provera (Injection)</b>                                     | 1         |                                 |
| Errin (Tablet)  | 1         |                                 |
| Incassia (Tablet)   | 1         |                                 |
| <b>Jolivette (Tablet)</b>   | 1         |                                 |
| Lyza (Tablet)   | 1         |                                 |
| Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet) | 1         |                                 |
| Medroxyprogesterone Acetate (150mg/ml Injection)                    | 1         |                                 |
| Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)    | 1         |                                 |
| Megestrol Acetate (625mg/5ml Suspension)                            | 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 |
|--|-----------|---------------------------------|
| Nora-BE (Tablet)   | 1         |                                 |
| Norethindrone (0.35mg Tablet)                              | 1         |                                 |
| Norethindrone Acetate (5mg Tablet)                         | 1         |                                 |
| Norlyroc (Tablet)  | 1         |                                 |
| Progesterone (Capsule)                                     | 1         |                                 |
| Sharobel (Tablet)  | 1         |                                 |
| Selective Estrogen Receptor Modifying Agents               |           |                                 |
| <b>Osphena (Tablet)</b>                                    | 1         | PA, QL                          |
| Raloxifene HCl (Tablet)                                    | 1         | QL                              |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) |           |                                 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) |           |                                 |
| Levothyroxine Sodium (Tablet)                              | 1         |                                 |
| <b>Levoxyl (Tablet)</b>                                    | 1         |                                 |
| Liothyronine Sodium (Tablet)                               | 1         |                                 |
| <b>Synthroid (Tablet)</b>                                  | 1         |                                 |
| <b>Unithroid (Tablet)</b>                                  | 1         |                                 |
| Hormonal Agents, Suppressant (Adrenal)                     |           |                                 |
| Hormonal Agents, Suppressant (Adrenal)                     |           |                                 |
| <b>Lysodren (Tablet)</b>                                   | 1         |                                 |
| Hormonal Agents, Suppressant (Pituitary)                   |           |                                 |
| Hormonal Agents, Suppressant (Pituitary)                   |           |                                 |
| Cabergoline (Tablet)                                       | 1         |                                 |
| <b>Egrifta (Injection)</b>                                 | 1         | PA, LA                          |
| <b>Firmagon (120mg Injection)</b>                          | 1         | PA                              |

| Drug Name                                 | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Firmagon (80mg Injection)</b>          | 1         | PA                              |
| Leuprolide Acetate (Injection)            | 1         | PA                              |
| <b>Lupaneta Pack (Kit)</b>                | 1         | PA                              |
| <b>Lupron Depot (1-Month) (Injection)</b> | 1         | PA                              |
| <b>Lupron Depot (3-Month) (Injection)</b> | 1         | PA                              |
| <b>Lupron Depot (4-Month) (Injection)</b> | 1         | PA                              |
| <b>Lupron Depot (6-Month) (Injection)</b> | 1         | PA                              |
| Octreotide Acetate (Injection)            | 1         | PA                              |
| <b>Signifor (Injection)</b>               | 1         | PA, LA                          |
| <b>Somatuline Depot (Injection)</b>       | 1         |                                 |
| <b>Somavert (Injection)</b>               | 1         | PA, QL, LA                      |
| <b>Synarel (Nasal Solution)</b>           | 1         |                                 |
| <b>Trelstar Mixject (Injection)</b>       | 1         | PA                              |
| Hormonal Agents, Suppressant (Thyroid)    |           |                                 |
| Antithyroid Agents                        |           |                                 |
| Methimazole (Tablet)                      | 1         |                                 |
| Propylthiouracil (Tablet)                 | 1         |                                 |
| Immunological Agents                      |           |                                 |
| Angioedema Agents                         |           |                                 |
| <b>Beriner (Injection)</b>                | 1         | PA, LA                          |
| <b>Cinryze (Injection)</b>                | 1         | PA, LA                          |
| <b>Firazy (Injection)</b>                 | 1         | PA, QL, LA                      |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Haegarda (Injection)</b>   | 1         | PA, LA                          |
| <b>Ruconest (Injection)</b>   | 1         | PA, LA                          |
| Immune Suppressants   |           |                                 |
| Azathioprine (Tablet)   | 1         | B/D, PA                         |
| <b>Cimzia (Injection)</b>   | 1         | PA                              |
| Cyclosporine (Capsule)  | 1         | B/D, PA                         |
| Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution) | 1         | B/D, PA                         |
| <b>Enbrel (Injection)</b>   | 1         | PA                              |
| <b>Enbrel SureClick (Injection)</b>   | 1         | PA                              |
| <b>Envarsus XR (Tablet Extended-Release 24 Hour)</b>                                      | 1         | B/D, PA                         |
| Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)                             | 1         | B/D, PA                         |
| <b>Humira (Injection)</b>   | 1         | PA                              |
| <b>Humira Pediatric Crohns Disease Starter Pack (Injection)</b>                           | 1         | PA                              |
| <b>Humira Pen (Injection)</b>   | 1         | PA                              |
| <b>Humira Pen Crohns Disease Starter Pack (Injection)</b>                                 | 1         | PA                              |
| <b>Humira Pen-Psoriasis Starter (Injection)</b>   | 1         | PA                              |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Kineret (Injection)</b>                           | 1         | PA                              |
| Methotrexate (Tablet)                                | 1         |                                 |
| Methotrexate Sodium (Injection)                      | 1         |                                 |
| Mycophenolate Mofetil (200mg/ml Suspension)          | 1         | B/D, PA                         |
| Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)  | 1         | B/D, PA                         |
| Mycophenolic Acid DR (Tablet Delayed-Release)        | 1         | B/D, PA                         |
| <b>Orencia (Injection)</b>                           | 1         | PA                              |
| <b>Orencia Clickject (Injection)</b>                 | 1         | PA                              |
| <b>Rapamune (1mg/ml Oral Solution)</b>               | 1         | B/D, PA                         |
| <b>Rasuvo (Injection)</b>                            | 1         | PA                              |
| <b>Sandimmune (100mg/ml Oral Solution)</b>           | 1         | B/D, PA                         |
| <b>Simponi (Injection)</b>                           | 1         | PA                              |
| Sirolimus (0.5mg Tablet, 1mg Tablet, 2mg Tablet)     | 1         | B/D, PA                         |
| Sirolimus (1mg/ml Solution)                          | 1         | B/D, PA                         |
| Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule) | 1         | B/D, PA                         |
| Trexall (Tablet)                                     | 1         |                                 |
| <b>Xatmep (Oral Solution)</b>                        | 1         | 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>Xeljanz (10mg Tablet, 5mg Tablet)</b>                                 | 1         | PA, QL                          | <b>Actemra Actpen (Solution Auto injector)</b>  | 1         | PA                              |
| <b>Xeljanz XR (Tablet Extended-Release 24 Hour)</b>                      | 1         | PA, QL                          | <b>Actimmune (Injection)</b>  | 1         | LA                              |
| <b>Zortress (0.25mg Tablet, 0.5mg Tablet, 0.75mg Tablet, 1mg Tablet)</b> | 1         | B/D, PA                         | <b>Arcalyst (Injection)</b>   | 1         | PA, LA                          |
| Immunizing Agents, Passive   |           |                                 | <b>Benlysta (Injection)</b>   | 1         | PA                              |
| <b>BIVIGAM (Injection)</b>   | 1         | PA                              | Leflunomide (Tablet)  | 1         |                                 |
| <b>Carimune Nanofiltered (Injection)</b>                                 | 1         | PA                              | <b>Otezla (Tablet Therapy Pack, 30mg Tablet)</b>  | 1         | PA, LA                          |
| <b>Flebogamma DIF (Injection)</b>  | 1         | PA                              | <b>Ridaura (Capsule)</b>  | 1         |                                 |
| <b>Gammagard Liquid (Injection)</b>                                      | 1         | PA                              | <b>Xolair (150mg Injection, 150mg/ml Solution Prefilled Syringe, 75mg/0.5ml Solution Prefilled Syringe)</b> | 1         | PA, LA                          |
| <b>Gammagard S/D IGA Less Than 1 mcg/ml (Injection)</b>                  | 1         | PA                              | Vaccines  |           |                                 |
| <b>Gammaked (Injection)</b>  | 1         | PA                              | <b>ActHIB (Injection)</b>   | 1         |                                 |
| <b>Gammaplex (Injection)</b>   | 1         | PA                              | <b>Adacel (Injection)</b>   | 1         |                                 |
| <b>Gamunex-C (Injection)</b>   | 1         | PA                              | <b>BCG Vaccine (Injection)</b>  | 1         |                                 |
| <b>Octagam (Injection)</b>   | 1         | PA                              | <b>Bexsero (Injection)</b>  | 1         |                                 |
| <b>Panzyga (Solution)</b>  | 1         | PA                              | <b>Boostrix (Injection)</b>   | 1         |                                 |
| <b>Privigen (Injection)</b>  | 1         | PA                              | <b>Daptacel (Injection)</b>   | 1         |                                 |
| <b>Varizig (Injection)</b>   | 1         |                                 | <b>Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)</b>  | 1         |                                 |
| Immunomodulators   |           |                                 | <b>Engerix-B (Injection)</b>  | 1         | B/D, PA                         |
| <b>Actemra (Injection)</b>   | 1         | PA                              | <b>Gardasil 9 (Injection)</b>   | 1         |                                 |
|  |           |                                 | <b>Havrix (Injection)</b>   | 1         |                                 |
|  |           |                                 | <b>Hiberix (Injection)</b>  | 1         |                                 |

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| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Imovax Rabies (H.D.C.V.) (Injection)</b>                  | 1         | B/D, PA                         |
| <b>Infanrix (Injection)</b>                                  | 1         |                                 |
| <b>IPOL Inactivated IPV (Injection)</b>                      | 1         |                                 |
| <b>Ixiaro (Injection)</b>                                    | 1         |                                 |
| <b>Kinrix (Injection)</b>                                    | 1         |                                 |
| <b>M-M-R II (Injection)</b>                                  | 1         |                                 |
| <b>Menactra (Injection)</b>                                  | 1         |                                 |
| <b>Menveo (Injection)</b>                                    | 1         |                                 |
| <b>Pediarix (Injection)</b>                                  | 1         |                                 |
| <b>Pedvax HIB (Injection)</b>                                | 1         |                                 |
| <b>ProQuad (Injection)</b>                                   | 1         |                                 |
| <b>Quadracel (Injection)</b>                                 | 1         |                                 |
| <b>Rabavert (Injection)</b>                                  | 1         | B/D, PA                         |
| <b>Recombivax HB (Injection)</b>                             | 1         | B/D, PA                         |
| <b>Rotarix (Suspension)</b>                                  | 1         |                                 |
| <b>RotaTeq (Oral Solution)</b>                               | 1         |                                 |
| <b>Shingrix (Injection)</b>                                  | 1         | PA                              |
| <b>Tenivac (Injection)</b>                                   | 1         |                                 |
| <b>Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)</b> | 1         |                                 |
| <b>Trumenba (Injection)</b>                                  | 1         |                                 |
| <b>Twinrix (Injection)</b>                                   | 1         |                                 |
| <b>Typhim Vi (Injection)</b>                                 | 1         |                                 |
| <b>VAQTA (Injection)</b>                                     | 1         |                                 |
| <b>Varivax (Injection)</b>                                   | 1         |                                 |
| <b>YF-Vax (Injection)</b>                                    | 1         |                                 |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| <b>Zostavax (Injection)</b>                      | 1         | PA                              |
| <b>Inflammatory Bowel Disease Agents</b>         |           |                                 |
| <b>Aminosalicylates</b>                          |           |                                 |
| <b>Apriso (Capsule Extended-Release 24 Hour)</b> | 1         | QL                              |
| Balsalazide Disodium (Capsule)                   | 1         |                                 |
| <b>Canasa (Suppository)</b>                      | 1         |                                 |
| <b>Dipentum (Capsule)</b>                        | 1         |                                 |
| <b>Lialda (Tablet Delayed-Release)</b>           | 1         | QL                              |
| Mesalamine (1000mg Suppository)                  | 1         |                                 |
| Mesalamine (4gm Enema)                           | 1         | QL                              |
| Mesalamine DR (1.2gm Tablet Delayed-Release)     | 1         | QL                              |
| <b>Pentasa (Capsule Extended-Release)</b>        | 1         | QL                              |
| <b>Glucocorticoids</b>                           |           |                                 |
| Budesonide (3mg Capsule Delayed-Release)         | 1         |                                 |
| Budesonide ER (Tablet Extended-Release 24 Hour)  | 1         | ST                              |
| Colocort (Enema)                                 | 1         |                                 |
| Hydrocortisone (100mg/60ml Enema)                | 1         |                                 |
| Procto-Med HC (Cream)                            | 1         |                                 |
| Procto-Pak (Cream)                               | 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 |
|---|-----------|---------------------------------|
| Proctosol HC (Cream)  | 1         |                                 |
| Proctozone-HC (Cream)   | 1         |                                 |
| <b>Sulfonamides</b>   |           |                                 |
| Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)        | 1         |                                 |
| <b>Metabolic Bone Disease Agents</b>  |           |                                 |
| <b>Metabolic Bone Disease Agents</b>  |           |                                 |
| Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet) | 1         | QL                              |
| Alendronate Sodium (70mg/75ml Oral Solution)  | 1         |                                 |
| <b>Binosto (Tablet Effervescent)</b>  | 1         | QL                              |
| Calcitonin-Salmon (Nasal Solution)  | 1         | QL                              |
| Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)                 | 1         | B/D, PA                         |
| Doxercalciferol (Capsule)   | 1         | B/D, PA, QL                     |
| Etidronate Disodium (Tablet)  | 1         |                                 |
| <b>Forteo (Injection)</b>   | 1         | PA, QL                          |
| Ibandronate Sodium (Tablet)   | 1         | QL                              |
| <b>Natpara (Injection)</b>  | 1         | PA, LA                          |
| Paricalcitol (Capsule)  | 1         | B/D, PA                         |

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

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| Drug Name   | Drug Tier | Coverage Rules or Limits on use | Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)                      | 1         |                                 | <b>Tobradex ST (Ophthalmic Suspension)</b>       | 1         |                                 |
| Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension) | 1         |                                 | Tobramycin/Dexamethasone (Ophthalmic Suspension) | 1         |                                 |
| Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)                                     | 1         |                                 | <b>Xiidra (Ophthalmic Solution)</b>              | 1         | QL                              |
| Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)                            | 1         |                                 | Ophthalmic Anti-allergy Agents                   |           |                                 |
| Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)                          | 1         |                                 | <b>Alocril (Ophthalmic Solution)</b>             | 1         |                                 |
| <b>Pred-G (Suspension)</b>  | 1         |                                 | <b>Alomide (Ophthalmic Solution)</b>             | 1         |                                 |
| <b>Pred-G S.O.P. (Ointment)</b>   | 1         |                                 | Azelastine HCl (0.05% Ophthalmic Solution)       | 1         |                                 |
| Proparacaine HCl (Ophthalmic Solution)  | 1         |                                 | <b>Bepreve (Ophthalmic Solution)</b>             | 1         |                                 |
| <b>Restasis (Emulsion)</b>  | 1         | QL                              | Cromolyn Sodium (4% Ophthalmic Solution)         | 1         |                                 |
| <b>Rhopressa (Ophthalmic Solution)</b>  | 1         | ST                              | Epinastine HCl (Ophthalmic Solution)             | 1         |                                 |
| Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)                | 1         |                                 | Olopatadine HCl (Ophthalmic Solution)            | 1         |                                 |
| <b>Tobradex (0.3%-0.1% Ophthalmic Ointment)</b>   | 1         |                                 | <b>Pazeo (Ophthalmic Solution)</b>               | 1         |                                 |
|   |           |                                 | Ophthalmic Antiglaucoma Agents                   |           |                                 |
|   |           |                                 | <b>Alphagan P (0.1% Ophthalmic Solution)</b>     | 1         |                                 |
|   |           |                                 | Apraclonidine (Ophthalmic Solution)              | 1         |                                 |
|   |           |                                 | <b>Azopt (Suspension)</b>                        | 1         |                                 |
|   |           |                                 | Betaxolol HCl (0.5% Ophthalmic Solution)         | 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>Betimol (Ophthalmic Solution)</b>   | 1         |                                 | Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic) | 1         |                                 |
| <b>Brimonidine Tartrate (0.15% Ophthalmic Solution)</b>                                  | 1         |                                 | Timolol Maleate Ophthalmic Gel Forming (Solution)  | 1         |                                 |
| Brimonidine Tartrate (0.2% Ophthalmic Solution)  | 1         |                                 | <b>Ophthalmic Anti-inflammatories</b>  |           |                                 |
| Carteolol HCl (Ophthalmic Solution)  | 1         |                                 | Dexamethasone Sodium Phosphate (Ophthalmic Solution)                                     | 1         |                                 |
| <b>Combigan (Ophthalmic Solution)</b>  | 1         |                                 | Diclofenac Sodium (0.1% Ophthalmic Solution)   | 1         |                                 |
| <b>Cosopt PF (Ophthalmic Solution)</b>   | 1         |                                 | <b>Durezol (Emulsion)</b>  | 1         |                                 |
| Dorzolamide HCl (Ophthalmic Solution)  | 1         |                                 | <b>Flarex (Suspension)</b>   | 1         |                                 |
| Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)                                   | 1         |                                 | Fluorometholone (Ophthalmic Suspension)  | 1         |                                 |
| Dorzolamide HCl/ Timolol Maleate Preservative Free (Solution)                            | 1         |                                 | Flurbiprofen Sodium (Ophthalmic Solution)  | 1         |                                 |
| Levobunolol HCl (Ophthalmic Solution)  | 1         |                                 | <b>FML (Ointment)</b>  | 1         |                                 |
| <b>Phospholine Iodide (Ophthalmic Solution)</b>  | 1         |                                 | <b>FML Forte (Suspension)</b>  | 1         |                                 |
| Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution) | 1         |                                 | <b>Ilevro (Suspension)</b>   | 1         |                                 |
| <b>Simbrinza (Suspension)</b>  | 1         |                                 | Ketorolac Tromethamine (Ophthalmic Solution)   | 1         |                                 |
|  |           |                                 | <b>Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)</b>                                | 1         |                                 |
|  |           |                                 | <b>Pred Mild (Suspension)</b>  | 1         |                                 |

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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 |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Prednisolone Acetate (Ophthalmic Suspension)           | 1         |                                 | Hydrocortisone/Acetic Acid (Otic Solution)                               | 1         |                                 |
| Prednisolone Sodium Phosphate (1% Ophthalmic Solution) | 1         |                                 | Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension) | 1         |                                 |
| <b>Prolensa (Ophthalmic Solution)</b>                  | 1         |                                 | <b>Respiratory Tract/Pulmonary Agents</b>                                |           |                                 |
| <b>Ophthalmic Prostaglandin and Prostanoid Analogs</b> |           |                                 | <b>Antihistamines</b>  |           |                                 |
| Latanoprost (Ophthalmic Solution)                      | 1         |                                 | Azelastine HCl (0.15% Nasal Solution)                                    | 1         |                                 |
| <b>Lumigan (Ophthalmic Solution)</b>                   | 1         |                                 | Azelastine HCl (0.1% Nasal Solution)                                     | 1         |                                 |
| <b>Travatan Z (Ophthalmic Solution)</b>                | 1         |                                 | Cetirizine HCl (Oral Solution)   | 1         |                                 |
| <b>Vyzulta (Ophthalmic Solution)</b>                   | 1         |                                 | Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)                           | 1         |                                 |
| <b>Zioptan (Ophthalmic Solution)</b>                   | 1         |                                 | Levocetirizine Dihydrochloride (5mg Tablet)                              | 1         | QL                              |
| <b>Otic Agents</b>                                     |           |                                 | Phenadoz (Suppository)   | 1         |                                 |
| <b>Otic Agents</b>                                     |           |                                 | Promethazine HCl (12.5mg Suppository, 25mg Suppository)                  | 1         |                                 |
| Acetic Acid (Otic Solution)                            | 1         |                                 | Promethazine HCl (12.5mg Tablet, 25mg Tablet, 6.25mg/5ml Syrup)          | 1         |                                 |
| <b>Cipro HC (Suspension)</b>                           | 1         |                                 | Promethazine HCl (Tablet)  | 1         |                                 |
| <b>Ciprodex (Otic Suspension)</b>                      | 1         |                                 | Promethegan (25mg Suppository)   | 1         |                                 |
| <b>Coly-Mycin S (Suspension)</b>                       | 1         |                                 | <b>Anti-inflammatories, Inhaled Corticosteroids</b>                      |           |                                 |
| Flac (Oil)   | 1         |                                 |  |           |                                 |
| Fluocinolone Acetonide (0.01% Otic Oil)                | 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>Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder)</b> | 1         | QL                              | <b>Atrovent HFA (Aerosol Solution)</b>   | 1         |                                 |
| Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)                            | 1         | B/D, PA                         | <b>Incruse Ellipta (Aerosol Powder)</b>  | 1         | QL                              |
| <b>Flovent Diskus (Aerosol Powder)</b>  | 1         | QL                              | Ipratropium Bromide (0.02% Inhalation Solution)  | 1         | B/D, PA                         |
| <b>Flovent HFA (Aerosol)</b>  | 1         | QL                              | Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)   | 1         |                                 |
| Flunisolide (Nasal Solution)  | 1         |                                 | <b>Lonhala Magnair Starter Kit (Inhalation Solution)</b>   | 1         | QL                              |
| Fluticasone Propionate (50mcg/act Suspension)   | 1         |                                 | <b>Spiriva HandiHaler (Capsule)</b>  | 1         | QL                              |
| Mometasone Furoate (50mcg/act Suspension)   | 1         |                                 | <b>Spiriva Respimat (Aerosol Solution)</b>   | 1         | QL                              |
| <b>Antileukotrienes</b>   |           |                                 | <b>Bronchodilators, Sympathomimetic</b>  |           |                                 |
| Montelukast Sodium (10mg Tablet)  | 1         | QL                              | Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution) | 1         | B/D, PA                         |
| Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)                               | 1         | QL                              | Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)   | 1         |                                 |
| Zafirlukast (Tablet)  | 1         | QL                              | Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)   | 1         | QL                              |
| Zileuton ER (Tablet Extended-Release 12 Hour)   | 1         | ST                              | <b>EpiPen (Injection)</b>  | 1         | QL                              |
| <b>Zyflo (Tablet)</b>   | 1         | ST                              | Levalbuterol HCl (Nebulized Solution)  | 1         | B/D, PA                         |
| <b>Bronchodilators, Anticholinergic</b>   |           |                                 |  |           |                                 |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup) | 1         |                                 |
| <b>Perforomist (Nebulized Solution)</b>                           | 1         | B/D, PA, QL                     |
| <b>ProAir HFA (Aerosol Solution)</b>                              | 1         |                                 |
| <b>ProAir RespiClick (Aerosol Powder)</b>                         | 1         |                                 |
| <b>Serevent Diskus (Aerosol Powder)</b>                           | 1         | QL                              |
| Cystic Fibrosis Agents  |           |                                 |
| <b>Bethkis (Nebulized Solution)</b>                               | 1         | B/D, PA, QL                     |
| <b>Cayston (Inhalation Solution)</b>                              | 1         | PA, LA                          |
| <b>Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)</b>          | 1         | PA, QL, LA                      |
| <b>Orkambi (Packet, Tablet)</b>                                   | 1         | PA, QL, LA                      |
| <b>TOBI Podhaler (Capsule)</b>                                    | 1         | PA, QL                          |
| Tobramycin (Nebulized Solution)                                   | 1         | B/D, PA, QL                     |
| Mast Cell Stabilizers   |           |                                 |
| Cromolyn Sodium (20mg/2ml Nebulized Solution)                     | 1         | B/D, PA                         |
| Phosphodiesterase Inhibitors, Airways Disease                     |           |                                 |
| <b>Daliresp (Tablet)</b>  | 1         | PA, QL                          |

| Drug Name  | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Theophylline (Oral Solution)   | 1         |                                 |
| Theophylline CR (Tablet Extended-Release 12 Hour)  | 1         |                                 |
| Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)      | 1         |                                 |
| Pulmonary Antihypertensives  |           |                                 |
| <b>Adcirca (Tablet)</b>  | 1         | PA, QL                          |
| <b>Adempas (Tablet)</b>  | 1         | PA, LA                          |
| Alyq (Tablet)  | 1         | PA, QL                          |
| <b>Letairis (Tablet)</b>   | 1         | PA, QL, LA                      |
| <b>Opsumit (Tablet)</b>  | 1         | PA, LA                          |
| <b>Orenitram (0.125mg Tablet Extended-Release)</b>   | 1         | PA, LA                          |
| <b>Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)</b> | 1         | PA, LA                          |
| Sildenafil (20mg Tablet) (Generic Revatio)   | 1         | 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 |
|--|-----------|---------------------------------|
| <b>Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble)</b> | 1         | PA, QL, LA                      |
| <b>Ventavis (Inhalation Solution)</b>                              | 1         | PA, QL, LA                      |
| Pulmonary Fibrosis Agents  |           |                                 |
| <b>Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)</b>         | 1         | PA, QL, LA                      |
| <b>Ofev (Capsule)</b>  | 1         | PA, QL, LA                      |
| Respiratory Tract Agents, Other                                    |           |                                 |
| Acetylcysteine (Inhalation Solution)                               | 1         | B/D, PA                         |
| <b>Advair Diskus (Aerosol Powder)</b>                              | 1         | QL                              |
| <b>Advair HFA (Aerosol)</b>  | 1         | QL                              |
| <b>Anoro Ellipta (Aerosol Powder)</b>                              | 1         | QL                              |
| <b>Bevespi Aerosphere (Aerosol)</b>                                | 1         | QL                              |
| <b>Breo Ellipta (Aerosol Powder)</b>                               | 1         | QL                              |
| <b>Combivent Respimat (Aerosol Solution)</b>                       | 1         |                                 |
| <b>Dulera (Aerosol)</b>  | 1         | QL                              |
| <b>Dymista (Suspension)</b>  | 1         |                                 |
| Fluticasone Propionate/Salmeterol (Aerosol Powder)                 | 1         | QL                              |
| Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)        | 1         | B/D, PA                         |

| Drug Name                                       | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| <b>Nucala (Injection)</b>                       | 1         | PA, QL, LA                      |
| <b>Pulmozyme (Inhalation Solution)</b>          | 1         | B/D, PA, QL                     |
| <b>Stiolto Respimat (Aerosol Solution)</b>      | 1         | QL                              |
| <b>Symbicort (Aerosol)</b>                      | 1         | QL                              |
| <b>Trelegy Ellipta (Aerosol Powder)</b>         | 1         | QL                              |
| Wixela Inhub (Aerosol Powder) (Generic Advair)  | 1         | QL                              |
| Skeletal Muscle Relaxants                       |           |                                 |
| Skeletal Muscle Relaxants                       |           |                                 |
| Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet) | 1         |                                 |
| Chlorzoxazone (500mg Tablet)                    | 1         |                                 |
| Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)   | 1         |                                 |
| Cyclobenzaprine HCl (7.5mg Tablet)              | 1         |                                 |
| Dantrolene Sodium (Capsule)                     | 1         |                                 |
| Tizanidine HCl (2mg Tablet, 4mg Tablet)         | 1         |                                 |
| Sleep Disorder Agents                           |           |                                 |
| GABA Receptor Modulators                        |           |                                 |
| Temazepam (15mg Capsule, 30mg Capsule)          | 1         | QL                              |
| Zaleplon (Capsule)                              | 1         | QL                              |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name   | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) | 1         | QL                              |
| Sleep Disorders, Other  |           |                                 |

| Drug Name                    | Drug Tier | Coverage Rules or Limits on use |
|------------------------------|-----------|---------------------------------|
| <b>Belsomra (Tablet)</b>     | 1         | QL                              |
| <b>Hetlioz (Capsule)</b>     | 1         | PA, QL, LA                      |
| Modafinil (Tablet)           | 1         | PA, QL                          |
| <b>Rozerem (Tablet)</b>      | 1         | QL                              |
| <b>Xyrem (Oral Solution)</b> | 1         | PA, QL, LA                      |

## Covered drugs with a quantity limit (QL)

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

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist. You can also call 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                   |
| <b>Abstral (Tablet Sublingual)</b>  | Maximum of 4 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                  |
| Acyclovir (5% Ointment)   | Maximum of 1 tube (30 grams) per 30 days       |
| <b>Adcirca (Tablet)</b>   | Maximum of 2 tablets per day                   |
| <b>Advair Diskus (Aerosol Powder)</b>   | Maximum of 1 inhaler (60 blisters) per 30 days |
| <b>Advair HFA (Aerosol)</b>   | Maximum of 1 inhaler (12 grams) per 30 days    |
| <b>Aimovig (Solution Auto injector)</b>   | Maximum of 2 ml per 30 days                    |
| Albendazole (Tablet)  | Maximum of 16 tablets per day                  |
| <b>Albenza (Tablet)</b>   | Maximum of 16 tablets per day                  |
| <b>Alecensa (Capsule)</b>   | Maximum of 8 capsules per day                  |
| Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)                       | Maximum of 1 tablet per day                    |
| Alendronate Sodium (35mg Tablet)  | Maximum of 8 tablets per 28 days               |
| Alendronate Sodium (70mg Tablet)  | Maximum of 4 tablets per 28 days               |
| Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release)    | Maximum of 4 tablets per day                   |
| Alprazolam (1mg Tablet Immediate-Release)                                       | Maximum of 4 tablets per day                   |

**Bold type = Brand name drug**

Plain type = Generic drug

| <b>Drug Name</b>  | <b>Quantity Limit</b>                          |
|---|--|
| 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     |
| Alyq (Tablet)   | Maximum of 2 tablets per day                   |
| <b>Amitiza (Capsule)</b>  | Maximum of 2 capsules per day                  |
| Amlodipine Besylate/Atorvastatin Calcium (Tablet)   | Maximum of 1 tablet per day                    |
| Amlodipine Besylate/Benazepril HCl (Capsule)  | Maximum of 1 capsule per day                   |
| Amlodipine Besylate/Valsartan (Tablet)  | Maximum of 1 tablet per day                    |
| Amlodipine/Olmesartan Medoxomil (Tablet)  | Maximum of 1 tablet per day                    |
| Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)   | Maximum of 1 tablet per day                    |
| Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour) | Maximum of 2 capsules per day                  |
| 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                    |

**Bold type = Brand name drug**

Plain type = Generic drug



| <b>Drug Name</b>   | <b>Quantity Limit</b>                          |
|--|--|
| 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                   |
| <b>Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder)</b>      | Maximum of 1 inhaler (30 blisters) per 30 days |
| <b>Arnuity Ellipta (50mcg/act Aerosol Powder)</b>                                  | Maximum of 1 inhaler (30 blisters) per 30 days |
| Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)                            | Maximum of 2 capsules per day                  |
| 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                    |
| <b>Atripla (Tablet)</b>  | Maximum of 2 tablets per day                   |
| <b>Aubagio (Tablet)</b>  | Maximum of 1 tablet per day                    |
| <b>Austedo (Tablet)</b>  | Maximum of 4 tablets per day                   |
| <b>Avandia (2mg Tablet)</b>  | Maximum of 4 tablets per day                   |
| <b>Avandia (4mg Tablet)</b>  | Maximum of 2 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>Bethkis (Nebulized Solution)</b>  | Maximum of 8 ml (2 ampules) per day            |
| <b>Bevespi Aerosphere (Aerosol)</b>  | Maximum of 1 inhaler (10.7 grams) per 30 days  |
| <b>BiDil (Tablet)</b>  | Maximum of 6 tablets per day                   |
| <b>Biktarvy (Tablet)</b>   | Maximum of 2 tablets per day                   |
| <b>Binosto (Tablet Effervescent)</b>   | Maximum of 4 tablets per 28 days               |
| Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)                                   | Maximum of 2 tablets per day                   |
| <b>Bosulif (100mg Tablet)</b>  | Maximum of 6 tablets per day                   |
| <b>Bosulif (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                       |

**Bold type = Brand name drug**

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| Drug Name  | Quantity Limit                          |
|--|---|
| Buprenorphine (Patch Weekly)                                       | Maximum of 4 patches per 28 days        |
| Buprenorphine HCl (Tablet Sublingual)                              | Maximum of 3 tablets per day            |
| Buprenorphine HCl/Naloxone HCl (12mg-3mg Film, 4mg-1mg Film)       | Maximum of 2 films per day              |
| Buprenorphine HCl/Naloxone HCl (2mg-0.5mg Film, 8mg-2mg Film)      | Maximum of 3 films per day              |
| Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)                 | Maximum of 3 tablets per day            |
| Butalbital/Acetaminophen/Caffeine (Tablet)                         | Maximum of 6 tablets per day            |
| Butalbital/Aspirin/Caffeine (Capsule)                              | Maximum of 6 capsules per day           |
| Butorphanol Tartrate (Nasal Solution)                              | Maximum of 2 bottles (5 ml) per 30 days |
| <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>Byetta (10mcg/0.04ml Solution Pen injector)</b>                 | Maximum of 1 pen (2.4 ml) per 30 days   |
| <b>Byetta (5mcg/0.02ml Solution Pen injector)</b>                  | Maximum of 1 pen (1.2 ml) per 30 days   |
| <b>Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)</b>            | Maximum of 1 tablet per day             |
| <b>Bystolic (20mg Tablet)</b>                                      | Maximum of 2 tablets per day            |
| <b>Cabometyx (20mg Tablet, 60mg Tablet)</b>                        | Maximum of 1 tablet per day             |
| <b>Cabometyx (40mg Tablet)</b>                                     | Maximum of 2 tablets per day            |
| Calcitonin-Salmon (Nasal Solution)                                 | Maximum of 1 bottle per 28 days         |
| <b>Calquence (Capsule)</b>   | Maximum of 2 capsules per day           |
| Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)       | Maximum of 1 tablet per day             |
| Candesartan Cilexetil (8mg Tablet)                                 | Maximum of 3 tablets per day            |
| Candesartan Cilexetil/Hydrochlorothiazide (Tablet)                 | Maximum of 1 tablet per day             |
| Captopril (100mg Tablet)   | Maximum of 4 tablets per day            |
| Captopril (12.5mg Tablet, 25mg Tablet)                             | Maximum of 3 tablets per day            |
| Captopril (50mg Tablet)  | Maximum of 9 tablets per day            |
| Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet) | Maximum of 3 tablets per day            |
| Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet) | Maximum of 2 tablets per day            |
| Celecoxib (Capsule)  | Maximum of 2 capsules per day           |
| <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, 1mg Tablet)                              | Maximum of 4 tablets per day            |

**Bold type = Brand name drug**

Plain type = Generic drug

| <b>Drug Name</b>   | <b>Quantity Limit</b>                   |
|--|---|
| Clonazepam (2mg Tablet)  | Maximum of 10 tablets per day           |
| Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible) | Maximum of 4 tablets per day            |
| Clonazepam ODT (2mg Tablet Dispersible)  | Maximum of 10 tablets per day           |
| Clopidogrel (75mg Tablet)  | Maximum of 4 tablets per day            |
| Clorazepate Dipotassium (15mg Tablet)  | Maximum of 6 tablets per day            |
| Clorazepate Dipotassium (3.75mg Tablet)  | Maximum of 24 tablets per day           |
| Clorazepate Dipotassium (7.5mg Tablet)   | Maximum of 12 tablets per day           |
| Clozapine ODT (100mg Tablet Dispersible)   | Maximum of 9 tablets per day            |
| Clozapine ODT (12.5mg Tablet Dispersible)  | Maximum of 2 tablets per day            |
| 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 Colcrys)  | Maximum of 4 tablets per day            |
| <b>Colcrys (Tablet)</b>  | 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           |
| <b>Cycloset (Tablet)</b>   | Maximum of 6 tablets per day            |
| <b>Daklinza (Tablet)</b>   | Maximum of 1 tablet 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>Daurismo (100mg Tablet)</b>   | Maximum of 1 tablet per day             |
| <b>Daurismo (25mg Tablet)</b>  | Maximum of 2 tablets per day            |
| <b>Delstrigo (Tablet)</b>  | Maximum of 2 tablets per day            |
| <b>Denavir (Cream)</b>   | Maximum of 1 tube (5 grams) per 30 days |
| <b>Descovy (Tablet)</b>  | Maximum of 2 tablets per day            |
| Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour)  | Maximum of 4 tablets per day            |

**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name   | Quantity Limit                              |
|---|---|
| Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)            | Maximum of 1 tablet per day                 |
| <b>Dexilant (Capsule Delayed-Release)</b>   | Maximum of 1 capsule per day                |
| Dexmethylphenidate HCl (Tablet Immediate-Release)   | Maximum of 2 tablets per day                |
| Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet)   | Maximum of 6 tablets per day                |
| Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)                                      | Maximum of 6 capsules per day               |
| Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)                                      | Maximum of 4 capsules per day               |
| Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)                                       | Maximum of 3 capsules per day               |
| Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)  | Maximum of 4 tablets per day                |
| Diazepam Intensol (5mg/ml Concentrate)  | Maximum of 8 ml per day                     |
| Didanosine (Capsule Delayed-Release)  | Maximum of 2 capsules per day               |
| Donepezil HCl (10mg Tablet)   | Maximum of 2 tablets per day                |
| Donepezil HCl (23mg Tablet, 5mg Tablet)   | Maximum of 1 tablet per day                 |
| Donepezil HCl ODT (10mg Tablet Dispersible)   | Maximum of 2 tablets per day                |
| Donepezil HCl ODT (5mg Tablet Dispersible)  | Maximum of 1 tablet per day                 |
| Doxepin HCl (Cream)   | Maximum of 90 grams per 30 days             |
| Doxercalciferol (0.5mcg Capsule)  | Maximum of 3 capsules per day               |
| Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)  | Maximum of 4 capsules per day               |
| <b>Dulera (Aerosol)</b>   | Maximum of 1 inhaler (13 grams) per 30 days |
| Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release) | Maximum of 2 capsules per day               |
| Dutasteride (Capsule)   | Maximum of 1 capsule per day                |
| <b>Edarbi (Tablet)</b>  | Maximum of 1 tablet per day                 |
| <b>Edarbyclor (Tablet)</b>  | Maximum of 1 tablet per day                 |
| <b>Edurant (Tablet)</b>   | Maximum of 2 tablets per day                |
| 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  |

**Bold type = Brand name drug**

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

**Bold type = Brand name drug**

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| <b>Drug Name</b>   | <b>Quantity Limit</b>                            |
|--|--|
| <b>Esbriet (801mg Tablet)</b>  | Maximum of 3 tablets per day                     |
| Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)   | Maximum of 3 capsules per day                    |
| Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)   | Maximum of 2 capsules per day                    |
| Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly) | Maximum of 4 patches per 28 days                 |
| Estradiol (10mcg Tablet)   | Maximum of 1 tablet per day                      |
| <b>Evotaz (Tablet)</b>   | Maximum of 2 tablets per day                     |
| Ezetimibe (Tablet)   | Maximum of 1 tablet per day                      |
| Ezetimibe/Simvastatin (Tablet)   | Maximum of 1 tablet per day                      |
| Famciclovir (125mg Tablet, 250mg Tablet)   | Maximum of 2 tablets per day                     |
| Famciclovir (500mg Tablet)   | Maximum of 3 tablets per day                     |
| <b>Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>   | Maximum of 2 tablets per day                     |
| Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)                                       | Maximum of 15 patches per 30 days                |
| Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)   | Maximum of 4 lozenges per day                    |
| <b>Fetzima (Capsule Extended-Release 24 Hour)</b>  | Maximum of 1 capsule per day                     |
| <b>Firazyr (Injection)</b>   | Maximum of 9 ml per day                          |
| <b>Flector (Patch)</b>   | Maximum of 2 patches per day                     |
| <b>Flovent Diskus (Aerosol Powder)</b>   | Maximum of 2 inhalers (120 blisters) per 30 days |
| <b>Flovent HFA (110mcg/act Aerosol)</b>  | Maximum of 1 inhaler (12 grams) per 30 days      |
| <b>Flovent HFA (220mcg/act Aerosol)</b>  | Maximum of 2 inhalers (24 grams) per 30 days     |
| <b>Flovent HFA (44mcg/act Aerosol)</b>   | Maximum of 1 inhaler (10.6 grams) per 30 days    |
| Fluticasone Propionate/Salmeterol (Aerosol Powder)   | Maximum of 1 inhaler per 30 days                 |
| Fluvastatin (20mg Capsule Immediate-Release)   | Maximum of 1 capsule per day                     |
| Fluvastatin (40mg Capsule Immediate-Release)   | Maximum of 2 capsules per day                    |
| <b>Forteo (Injection)</b>  | Maximum of 1 pen (2.4 ml) per 28 days            |
| Fosamprenavir Calcium (Tablet)   | Maximum of 6 tablets per day                     |

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| <b>Drug Name</b>  | <b>Quantity Limit</b>                       |
|---|---|
| Fosinopril Sodium (Tablet)  | Maximum of 2 tablets per day                |
| Fosinopril Sodium/Hydrochlorothiazide (Tablet)                                      | Maximum of 4 tablets per day                |
| <b>Fuzeon (Injection)</b>   | Maximum of 3 vials per day                  |
| Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)                               | Maximum of 2 tablets per day                |
| Galantamine HBr (4mg/ml Oral Solution)  | Maximum of 2 bottles (200 ml) per 30 days   |
| Galantamine HBr ER (Capsule Extended-Release 24 Hour)                               | Maximum of 1 capsule per day                |
| <b>Genvoya (Tablet)</b>   | Maximum of 2 tablets per day                |
| <b>Gilenya (Capsule)</b>  | Maximum of 1 pack (30 capsules) per 30 days |
| Glimepiride (1mg Tablet)  | Maximum of 8 tablets per day                |
| Glimepiride (2mg Tablet)  | Maximum of 4 tablets per day                |
| Glimepiride (4mg Tablet)  | Maximum of 2 tablets per day                |
| Glipizide (10mg Tablet Immediate-Release)   | Maximum of 4 tablets per day                |
| Glipizide (5mg Tablet Immediate-Release)  | Maximum of 8 tablets per day                |
| Glipizide ER (10mg Tablet Extended-Release 24 Hour)                                 | Maximum of 2 tablets per day                |
| Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)                                | Maximum of 8 tablets per day                |
| Glipizide ER (5mg Tablet Extended-Release 24 Hour)                                  | Maximum of 4 tablets per day                |
| Glipizide/Metformin HCl (2.5mg-250mg Tablet)  | Maximum of 8 tablets per day                |
| Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)                      | Maximum of 4 tablets per day                |
| <b>Glyxambi (Tablet)</b>  | Maximum of 1 tablet per day                 |
| Granisetron HCl (Tablet)  | Maximum of 2 tablets per day                |
| <b>Harvoni (Tablet)</b>   | Maximum of 1 tablet per day                 |
| <b>Hetlioz (Capsule)</b>  | Maximum of 1 capsule per day                |
| Hydrocodone Bitartrate/Acetaminophen (2.5mg-325mg Tablet)                           | Maximum of 12 tablets per day               |
| Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)               | Maximum of 180 ml per day                   |
| Hydrocodone/Acetaminophen (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet) | Maximum of 12 tablets per day               |
| Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)  | Maximum of 5 tablets per day                |
| Hydromorphone HCl (1mg/ml Liquid)   | Maximum of 50 ml per day                    |
| Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)      | Maximum of 8 tablets per day                |

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| <b>Drug Name</b>  | <b>Quantity Limit</b>                          |
|---|--|
| Hydromorphone HCl (8mg Tablet Immediate-Release)                          | Maximum of 6 tablets per day                   |
| Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)    | Maximum of 2 tablets per day                   |
| <b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>      | Maximum of 1 tablet per day                    |
| Ibandronate Sodium (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                    |
| <b>Imbruvica (70mg Capsule)</b>   | Maximum of 1 capsule per day                   |
| <b>Imvexxy Maintenance Pack (Insert)</b>                                  | Maximum of 1 vaginal insert per day            |
| <b>Imvexxy Starter Pack (Insert)</b>                                      | Maximum of 1 vaginal insert per day            |
| <b>Incruse Ellipta (Aerosol Powder)</b>                                   | Maximum of 1 inhaler (30 blisters) per 30 days |
| <b>Ingrezza (Capsule)</b>   | Maximum of 1 capsule per day                   |
| <b>Inlyta (Tablet)</b>  | Maximum of 4 tablets per day                   |
| <b>Intelence (100mg Tablet)</b>   | Maximum of 2 tablets per day                   |
| <b>Intelence (200mg Tablet)</b>   | Maximum of 3 tablets per day                   |
| <b>Intelence (25mg Tablet)</b>  | Maximum of 6 tablets per day                   |
| <b>Invirase (Tablet)</b>  | Maximum of 6 tablets per day                   |
| <b>Invokamet (Tablet)</b>   | Maximum of 2 tablets per day                   |
| <b>Invokamet XR (Tablet Extended-Release 24 Hour)</b>                     | Maximum of 2 tablets per day                   |
| <b>Invokana (Tablet)</b>  | Maximum of 1 tablet per day                    |
| Irbesartan (150mg Tablet, 300mg Tablet)                                   | Maximum of 1 tablet per day                    |
| Irbesartan (75mg Tablet)  | Maximum of 3 tablets per day                   |
| Irbesartan/Hydrochlorothiazide (Tablet)                                   | Maximum of 1 tablet per day                    |
| <b>Iressa (Tablet)</b>  | Maximum of 2 tablets per day                   |
| <b>Isentress (100mg Packet)</b>   | Maximum of 4 packets per day                   |
| <b>Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)</b>            | Maximum of 9 tablets per day                   |
| <b>Isentress (400mg Tablet)</b>   | Maximum of 6 tablets per day                   |
| <b>Isentress HD (Tablet)</b>  | Maximum of 3 tablets per day                   |

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| <b>Drug Name</b>   | <b>Quantity Limit</b>                      |
|--|--|
| Itraconazole (100mg Capsule)   | Maximum of 4 capsules per day              |
| <b>Jakafi (Tablet)</b>   | Maximum of 2 tablets per day               |
| <b>Janumet (Tablet Immediate-Release)</b>  | Maximum of 2 tablets per day               |
| <b>Janumet XR (Tablet Extended-Release 24 Hour)</b>  | Maximum of 2 tablets per day               |
| <b>Januvia (Tablet)</b>  | Maximum of 1 tablet per day                |
| <b>Jardiance (Tablet)</b>  | Maximum of 1 tablet per day                |
| <b>Jentadueto (Tablet)</b>   | Maximum of 2 tablets per day               |
| <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 |
| <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               |
| Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)                                    | Maximum of 2 capsules 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               |

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| <b>Drug Name</b>  | <b>Quantity Limit</b>             |
|---|-----------------------------------|
| Ledipasvir/Sofosbuvir (Tablet)  | Maximum of 1 tablet per day       |
| <b>Letairis (Tablet)</b>  | Maximum of 1 tablet per day       |
| Levocetirizine Dihydrochloride (5mg Tablet)                                     | Maximum of 1 tablet per day       |
| Levorphanol Tartrate (Tablet)   | Maximum of 6 tablets per day      |
| <b>Lexiva (Suspension)</b>  | Maximum of 90 ml per day          |
| <b>Lialda (Tablet Delayed-Release)</b>  | Maximum of 4 tablets 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>Lokelma (Packet)</b>   | Maximum of 90 packets per 30 days |
| <b>Lonhala Magnair Starter Kit (Inhalation Solution)</b>                        | Maximum of 2 vials (2 ml) 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     |
| 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       |

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| <b>Drug Name</b>  | <b>Quantity Limit</b>               |
|---|-------------------------------------|
| 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 (Tablet)</b>  | Maximum of 4 tablets 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 (4gm Enema)  | Maximum of 1 bottle (60 ml) per day |
| Mesalamine DR (1.2GM Tablet Delayed-Release)  | Maximum of 4 tablets per day        |
| Metadate ER (Tablet Extended-Release)   | Maximum of 3 tablets per day        |
| Metformin HCl (1000mg Tablet Immediate-Release)   | Maximum of 2.5 tablets per day      |
| Metformin HCl (500mg Tablet Immediate-Release)  | Maximum of 5 tablets per day        |
| Metformin HCl (850mg Tablet Immediate-Release)  | Maximum of 3 tablets per day        |
| Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)                      | Maximum of 4 tablets per day        |
| Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)                      | Maximum of 2 tablets per day        |
| Methadone HCl (10mg Tablet)   | Maximum of 12 tablets per day       |
| Methadone HCl (10mg/5ml Oral Solution)  | Maximum of 60 ml per day            |
| Methadone HCl (5mg Tablet)  | Maximum of 8 tablets per day        |
| Methadone HCl (5mg/5ml Oral Solution)   | Maximum of 120 ml per day           |
| Methylphenidate HCl (10mg Tablet Immediate-Release) (Generic Ritalin)                                 | Maximum of 3 tablets per day        |
| Methylphenidate HCl (10mg/5ml Oral Solution)  | Maximum of 30 ml per day            |

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| Drug Name  | Quantity Limit                |
|--|-------------------------------|
| Methylphenidate HCl (20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)<br>(Generic Ritalin)   | Maximum of 3 tablets per day  |
| Methylphenidate HCl (5mg/5ml Oral Solution)  | Maximum of 60 ml per day      |
| Methylphenidate HCl ER (10mg Tablet Extended-Release)  | Maximum of 4 tablets per day  |
| Methylphenidate HCl ER (20mg Tablet Extended-Release)  | Maximum of 3 tablets per day  |
| Miglitol (100mg Tablet)  | Maximum of 3 tablets per day  |
| Miglitol (25mg Tablet)   | Maximum of 12 tablets per day |
| Miglitol (50mg Tablet)   | Maximum of 6 tablets per day  |
| Modafinil (100mg Tablet)   | Maximum of 1 tablet per day   |
| Modafinil (200mg Tablet)   | Maximum of 2 tablets per day  |
| Moexipril HCl (Tablet)   | Maximum of 2 tablets per day  |
| Moexipril/Hydrochlorothiazide (15mg-12.5mg Tablet, 15mg-25mg Tablet)                                     | Maximum of 2 tablets per day  |
| Moexipril/Hydrochlorothiazide (7.5mg-12.5mg Tablet)  | Maximum of 1 tablet 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)<br>(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)<br>(Generic MS Contin)  | Maximum of 4 tablets per day  |
| <b>Multaq (Tablet)</b>   | Maximum of 2 tablets per day  |

**Bold type = Brand name drug**

Plain type = Generic drug

| <b>Drug Name</b>   | <b>Quantity Limit</b>                 |
|--|---------------------------------------|
| <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          |
| Nevirapine (200mg Tablet Immediate-Release)                      | Maximum of 3 tablets per day          |
| Nevirapine (50mg/5ml Suspension)                                 | Maximum of 60 ml per day              |
| Nevirapine ER (100mg Tablet Extended-Release 24 Hour)            | Maximum of 3 tablets per day          |
| Nevirapine ER (400mg Tablet Extended-Release 24 Hour)            | Maximum of 2 tablets per day          |
| <b>Nexium (20mg Capsule Delayed-Release)</b>                     | Maximum of 3 capsules per day         |
| <b>Nexium (40mg Capsule Delayed-Release)</b>                     | Maximum of 2 capsules per day         |
| Nifedipine ER (Tablet Extended-Release 24 Hour)                  | Maximum of 2 tablets per day          |
| <b>Ninlaro (Capsule)</b>   | Maximum of 3 capsules per 28 days     |
| <b>Northera (100mg Capsule)</b>                                  | Maximum of 3 capsules per day         |
| <b>Northera (200mg Capsule, 300mg Capsule)</b>                   | Maximum of 6 capsules per day         |
| <b>Norvir (100mg Packet)</b>                                     | Maximum of 18 packets per day         |
| <b>Norvir (100mg Tablet)</b>                                     | Maximum of 18 tablets per day         |
| <b>Norvir (80mg/ml Oral Solution)</b>                            | Maximum of 24 ml per day              |
| <b>Noxafil (100mg Tablet Delayed-Release)</b>                    | Maximum of 8 tablets per day          |
| <b>Noxafil (40mg/ml Suspension)</b>                              | Maximum of 20 ml per day              |
| <b>Nucala (Injection)</b>  | Maximum of 3 vials per 28 days        |
| <b>Nucynta ER (Tablet Extended-Release 12 Hour)</b>              | Maximum of 2 tablets per day          |
| <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>Ocaliva (Tablet)</b>  | Maximum of 1 tablet 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         |

**Bold type = Brand name drug**

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| Drug Name  | Quantity Limit                     |
|--|------------------------------------|
| Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet) | Maximum of 1 tablet per day        |
| Olanzapine ODT (Tablet Dispersible)  | Maximum of 1 tablet per day        |
| Olmesartan Medoxomil (20mg Tablet, 40mg Tablet)  | Maximum of 1 tablet per day        |
| Olmesartan Medoxomil (5mg Tablet)  | Maximum of 2 tablets per day       |
| Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet)                               | Maximum of 1 tablet per day        |
| Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)  | Maximum of 1 tablet per day        |
| Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)                                       | Maximum of 4 capsules per day      |
| Omeprazole (10mg Capsule Delayed-Release)  | Maximum of 3 capsules per day      |
| <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 (100mg-125mg Tablet, 200mg-125mg 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       |
| 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       |

**Bold type = Brand name drug**

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| Drug Name   | Quantity Limit                       |
|---|--------------------------------------|
| Oxycodone HCl (5mg Tablet Immediate-Release)  | Maximum of 12 tablets per day        |
| Oxycodone HCl (5mg/5ml Oral Solution)   | Maximum of 130 ml per day            |
| Oxycodone/Acetaminophen (Tablet)  | Maximum of 12 tablets per day        |
| Oxycodone/Aspirin (Tablet)  | Maximum of 12 tablets per day        |
| Oxycodone/Ibuprofen (Tablet)  | Maximum of 4 tablets per day         |
| Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour) | Maximum of 1 tablet per day          |
| Paliperidone ER (6mg Tablet Extended-Release 24 Hour)   | Maximum of 2 tablets per day         |
| Pantoprazole Sodium (20mg Tablet Delayed-Release)   | Maximum of 3 tablets per day         |
| Pantoprazole Sodium (40mg Tablet Delayed-Release)   | Maximum of 2 tablets per day         |
| <b>Pentasa (250mg Capsule Extended-Release)</b>   | Maximum of 12 capsules per day       |
| <b>Pentasa (500mg Capsule Extended-Release)</b>   | Maximum of 8 capsules per day        |
| <b>Perforomist (Nebulized Solution)</b>   | Maximum of 2 vials (4 ml) per day    |
| Perindopril Erbumine (Tablet)   | Maximum of 2 tablets per day         |
| <b>Pifeltro (Tablet)</b>  | Maximum of 3 tablets per day         |
| Pioglitazone HCl (30mg Tablet, 45mg Tablet)   | Maximum of 1 tablet per day          |
| Pioglitazone HCl (15mg Tablet)  | Maximum of 3 tablets per day         |
| Pioglitazone HCl/Glimepiride (Tablet)   | Maximum of 1 tablet per day          |
| Pioglitazone HCl/Metformin HCl (Tablet)   | Maximum of 3 tablets per day         |
| <b>Pomalyst (Capsule)</b>   | Maximum of 1 capsule per day         |
| <b>Pradaxa (Capsule)</b>  | Maximum of 2 capsules per day        |
| <b>Praluent (Injection)</b>   | Maximum of 2 pens (2 ml) per 28 days |
| Prasugrel (Tablet)  | Maximum of 1 tablet per day          |
| Pravastatin Sodium (Tablet)   | Maximum of 1 tablet per day          |
| <b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>  | Maximum of 1 tablet per day          |
| <b>Premphase (Tablet)</b>   | Maximum of 1 tablet per day          |
| <b>Prempro (Tablet)</b>   | Maximum of 1 tablet per day          |
| <b>Prezcobix (Tablet)</b>   | Maximum of 2 tablets per day         |
| <b>Prezista (100mg/ml Suspension)</b>   | Maximum of 60 ml per day             |
| <b>Prezista (150mg Tablet)</b>  | Maximum of 6 tablets per day         |

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| <b>Drug Name</b>  | <b>Quantity Limit</b>                           |
|---|---|
| <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 Packet)</b>   | Maximum of 6 packets per day                    |
| <b>Promacta (12.5mg Tablet, 25mg Tablet)</b>  | Maximum of 1 tablet per day                     |
| <b>Promacta (50mg Tablet, 75mg Tablet)</b>  | Maximum of 2 tablets per day                    |
| <b>Prudoxin (Cream)</b>   | Maximum of 90 grams 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                    |
| Quetiapine Fumarate ER (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)                                       | Maximum of 1 tablet per day                     |
| Quetiapine Fumarate ER (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day                    |
| Quinapril HCl (Tablet)  | Maximum of 2 tablets per day                    |
| Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)  | Maximum of 1 tablet per day                     |
| Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)  | Maximum of 2 tablets per day                    |
| Raloxifene HCl (Tablet)   | Maximum of 1 tablet per day                     |
| Ramipril (Capsule)  | Maximum of 2 capsules per day                   |
| <b>Ranexa (Tablet Extended-Release 12 Hour)</b>   | Maximum of 2 tablets per day                    |
| <b>Rapaflo (Capsule)</b>  | Maximum of 1 capsule per day                    |
| <b>Ravicti (Liquid)</b>   | Maximum of 17.5 ml per day                      |
| <b>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                    |
| Repaglinide/Metformin HCl (Tablet)  | Maximum of 5 tablets per day                    |

**Bold type = Brand name drug**

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| <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 (Packet)</b>                         | Maximum of 8 packets per day                      |
| <b>Riomet (Oral Solution)</b>                   | Maximum of 25.5 ml per day                        |
| Risedronate Sodium (150mg Tablet)               | Maximum of 1 tablet per 30 days                   |
| Risedronate Sodium (30mg Tablet, 5mg Tablet)    | Maximum of 1 tablet per day                       |
| Risedronate Sodium (35mg Tablet)                | Maximum of 4 tablets per 28 days                  |
| 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 (10mg Tablet)              | Maximum of 12 tablets per 30 days                 |
| Rizatriptan Benzoate (5mg 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>Rozerem (Tablet)</b>                         | Maximum of 1 tablet per day                       |
| <b>Rubraca (Tablet)</b>                         | Maximum of 4 tablets per day                      |
| <b>Rydapt (Capsule)</b>                         | Maximum of 8 capsules per day                     |
| <b>Sabril (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                      |
| Silodosin (Capsule)                             | Maximum of 1 capsule per day                      |
| Simvastatin (Tablet)                            | Maximum of 1 tablet per day                       |
| Sofosbuvir/Velpatasvir (Tablet)                 | Maximum of 1 tablet per day                       |

**Bold type = Brand name drug**

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| <b>Drug Name</b>   | <b>Quantity Limit</b>                         |
|--|---|
| <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>Sovaldi (Tablet)</b>  | Maximum of 1 tablet per day                   |
| <b>Spiriva HandiHaler (Capsule)</b>  | Maximum of 1 capsule per day                  |
| <b>Spiriva Respimat (Aerosol Solution)</b>   | Maximum of 1 inhaler (4 grams) per 30 days    |
| <b>Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)</b>   | Maximum of 1 tablet per day                   |
| <b>Sprycel (20mg Tablet, 50mg Tablet)</b>  | Maximum of 3 tablets per day                  |
| <b>Sprycel (80mg Tablet)</b>   | Maximum of 2 tablets per day                  |
| Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)   | Maximum of 3 capsules per day                 |
| Stavudine (20mg Capsule)   | Maximum of 2 capsules per day                 |
| <b>Stiolto Respimat (Aerosol Solution)</b>   | Maximum of 1 inhaler (4 grams) per 30 days    |
| <b>Stivarga (Tablet)</b>   | Maximum of 4 tablets per day                  |
| <b>Stribild (Tablet)</b>   | Maximum of 2 tablets per day                  |
| <b>Suboxone (12mg-3mg Film, 4mg-1mg Film)</b>  | Maximum of 2 films per day                    |
| <b>Suboxone (2mg-0.5mg Film, 8mg-2mg Film)</b>   | Maximum of 3 films per day                    |
| Sumatriptan (Nasal Solution)   | Maximum of 12 devices per 30 days             |
| Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)   | Maximum of 12 tablets per 30 days             |
| Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector) (Generic Imitrex) | 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   |
| Sumatriptan Succinate (6mg/0.5ml Solution Prefilled Syringe)   | Maximum of 12 injections (6 ml) per 30 days   |
| Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)  | Maximum of 12 injections (6 ml) per 30 days   |
| <b>Sumatriptan Succinate Refill (Injection)</b>  | Maximum of 12 injections (6 ml) per 30 days   |
| <b>Sustiva (200mg Capsule)</b>   | Maximum of 3 capsules per day                 |
| <b>Sustiva (50mg Capsule)</b>  | Maximum of 9 capsules per day                 |
| <b>Sustiva (600mg Tablet)</b>  | Maximum of 2 tablets per day                  |
| <b>Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)</b>   | Maximum of 1 capsule per day                  |
| <b>Sutent (37.5mg Capsule)</b>   | Maximum of 2 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                  |

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Plain type = Generic drug

| <b>Drug Name</b>   | <b>Quantity Limit</b>                |
|--|--------------------------------------|
| <b>Symfi Lo (Tablet)</b>   | Maximum of 2 tablets per day         |
| <b>Sympazan (10mg Film, 20mg Film, 5mg Film)</b>   | Maximum of 2 films 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        |
| <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          |
| Telmisartan/Amlodipine (Tablet)  | Maximum of 1 tablet per day          |
| Telmisartan/Hydrochlorothiazide (40mg-12.5mg Tablet, 80mg-25mg Tablet)   | Maximum of 1 tablet per day          |
| Telmisartan/Hydrochlorothiazide (80mg-12.5mg Tablet)   | Maximum of 2 tablets per day         |
| Temazepam (15mg Capsule, 30mg Capsule)   | Maximum of 1 capsule per day         |
| Tenofovir Disoproxil Fumarate (Tablet)   | Maximum of 2 tablets per day         |
| Tetrabenazine (12.5mg Tablet)  | Maximum of 3 tablets per day         |
| Tetrabenazine (25mg Tablet)  | Maximum of 4 tablets per day         |
| <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 |
| Tolcapone (Tablet)   | Maximum of 6 tablets per day         |

**Bold type = Brand name drug**

Plain type = Generic drug

| <b>Drug Name</b>                                   | <b>Quantity Limit</b>                          |
|--|--|
| <b>Tracleer (125mg Tablet, 62.5mg Tablet)</b>      | Maximum of 2 tablets per day                   |
| <b>Tracleer (32mg Tablet Soluble)</b>              | Maximum of 4 tablets per day                   |
| <b>Tradjenta (Tablet)</b>                          | Maximum of 1 tablet per day                    |
| Tramadol HCl (Tablet Immediate-Release)            | Maximum of 8 tablets per day                   |
| Tramadol HCl ER (Tablet Extended-Release 24 Hour)  | Maximum of 1 tablet per day                    |
| Tramadol HCl/Acetaminophen (Tablet)                | Maximum of 12 tablets per day                  |
| Trandolapril (1mg Tablet, 2mg Tablet)              | Maximum of 1 tablet per day                    |
| Trandolapril (4mg Tablet)                          | Maximum of 2 tablets per day                   |
| <b>Trelegy Ellipta (Aerosol Powder)</b>            | Maximum of 1 inhaler (60 blisters) per 30 days |
| Trezix (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                    |
| <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>Ventavis (10mcg/ml Inhalation Solution)</b>     | Maximum of 7 ml per day                        |
| <b>Ventavis (20mcg/ml Inhalation Solution)</b>     | Maximum of 3 ml per day                        |
| <b>Verzenio (Tablet)</b>                           | Maximum of 2 tablets per day                   |
| <b>Vesicare (Tablet)</b>                           | Maximum of 1 tablet per day                    |
| <b>Victoza (Injection)</b>                         | Maximum of 3 pens (9 ml) per 30 days           |
| <b>Videx EC (125mg Capsule Delayed-Release)</b>    | Maximum of 2 capsules per day                  |

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| <b>Drug Name</b>  | <b>Quantity Limit</b>                          |
|---|--|
| <b>Videx Pediatric (Oral Solution)</b>                                  | Maximum of 30 ml per day                       |
| Vigabatrin (500mg Packet)   | Maximum of 6 packets per day                   |
| Vigabatrin (500mg Tablet)   | Maximum of 6 tablets per day                   |
| Vigadrone (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>Vitrakvi (100mg Capsule)</b>   | Maximum of 4 capsules per day                  |
| <b>Vitrakvi (20mg/ml Solution)</b>                                      | Maximum of 20 mL per day                       |
| <b>Vitrakvi (25mg Capsule)</b>  | Maximum of 6 capsules per day                  |
| <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                   |
| Wixela Inhub (Aerosol Powder) (Generic Advair)                          | Maximum of 1 inhaler (60 blisters) per 30 days |
| <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>Xeljanz (10mg Tablet)</b>  | Maximum of 2 tablets per day                   |
| <b>Xeljanz (5mg Tablet)</b>   | Maximum of 2 tablets per day                   |
| <b>Xeljanz XR (Tablet Extended-Release 24 Hour)</b>                     | Maximum of 1 tablet per day                    |
| <b>Xiidra (Ophthalmic Solution)</b>                                     | Maximum of 2 vials per day                     |
| <b>Xofluza (Tablet Therapy Pack)</b>                                    | Maximum of 2 tablets per 30 days               |
| <b>Xospata (Tablet)</b>   | Maximum of 3 tablets per day                   |

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**Bold type = Brand name drug**

Plain type = Generic drug

| Drug Name  | Quantity Limit                |
|--|-------------------------------|
| <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      |
| Yuvaferm (Tablet)  | Maximum of 1 tablet 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  |
| 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  |

**Required information**

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

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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare.



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

Toll-free **1-844-368-7151**, TTY **711**

8am-8pm: 7 Days Oct-Mar; M-F Apr-Sept

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