

2018 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

UnitedHealthcare Dual Complete® (HMO SNP)
UnitedHealthcare Dual Complete® ONE (HMO 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 **1-877-614-0623**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.UHCCommunityPlan.com



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Questions?

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



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What is a drug list?

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

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

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

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

Note to existing members:

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

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 12–31 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 32–101 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. 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 |
|------------------------|--------------------------|
| Tier 1 "Covered Drugs" | 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 32. 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

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

LA - Limited access

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

MED - Morphine equivalent dose

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

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

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

What if my drug is not on this list?

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

- 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?

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?

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

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

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

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

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

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

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

Can the drug list change?

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

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

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

If we remove a drug from the list

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

If we change the coverage rules or limits

We'll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 102-125.

We'll tell you about any changes

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call Customer Service toll-free at **1-877-614-0623**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **www.UHCCommunityPlan.com**.

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

Covered drugs by name (Drug index)

| A | | | |
|---|-----|---|--------|
| Abacavir..... | 59 | Advair HFA..... | 100 |
| Abacavir Sulfate/Lamivudine/ Zidovudine..... | 59 | Afeditab CR..... | 66 |
| Abacavir/Lamivudine..... | 59 | Afinitor..... | 52 |
| Abelcet..... | 47 | Afinitor Disperz..... | 52 |
| Abilify Maintena..... | 55 | Ala-Cort..... | 82 |
| Abraxane..... | 50 | Albenza..... | 53 |
| Abstral..... | 34 | Albuterol Sulfate..... | 98 |
| Acamprosate Calcium DR..... | 35 | Alclometasone Dipropionate | 82 |
| Acarbose..... | 61 | Alcohol Prep Pads..... | 94 |
| Acebutolol HCl..... | 66 | Aldurazyme..... | 80 |
| Acetaminophen/Codeine..... | 34 | Alecensa..... | 52 |
| Acetazolamide..... | 69 | Alendronate Sodium..... | 93 |
| Acetazolamide ER..... | 69 | Alfuzosin HCl ER..... | 81 |
| Acetazolamide Sodium..... | 69 | Alimta..... | 50 |
| Acetic Acid..... | 97 | Alinia..... | 54 |
| Acetylcysteine..... | 100 | Aliqopa..... | 52 |
| Acitretin..... | 74 | Allopurinol..... | 48 |
| Actemra..... | 91 | Alocril..... | 95 |
| ActHIB..... | 92 | Alomide..... | 95 |
| Actimmune..... | 91 | Alosetron HCl..... | 79 |
| Acyclovir..... | 58 | Aloxi..... | 46 |
| Acyclovir Sodium..... | 58 | Alphagan P..... | 95 |
| Adacel..... | 92 | Alprazolam..... | 61 |
| Adagen..... | 80 | Altavera..... | 85 |
| Adapalene..... | 74 | Alunbrig..... | 52 |
| Adcirca..... | 99 | Alyacen 1/35..... | 85 |
| Adefovir Dipivoxil..... | 57 | Amantadine HCl..... | 54 |
| Adempas..... | 99 | AmBisome..... | 47 |
| Adriamycin..... | 50 | Amethia..... | 85 |
| Adrucil..... | 50 | Amethia Lo..... | 85 |
| Advair Diskus..... | 100 | Amikacin Sulfate..... | 36 |
| | | Amiloride HCl..... | 69 |
| | | Amiloride/Hydrochlorothiazide | 67 |
| | | Aminophylline..... | 99 |
| | | Aminosyn 7%/Electrolytes..... | 75 |
| | | Aminosyn 8.5%/Electrolytes | 75 |
| | | Aminosyn II..... | 75 |
| | | Aminosyn II 8.5%/Electrolytes | 75 |
| | | Aminosyn-HBC..... | 75 |
| | | Aminosyn-PF..... | 75 |
| | | Aminosyn-RF..... | 75 |
| | | Amiodarone HCl..... | 65 |
| | | Amitiza..... | 79 |
| | | Amitriptyline HCl..... | 46 |
| | | Amlodipine Besylate..... | 66 |
| | | Amlodipine Besylate/ Atorvastatin Calcium..... | 67 |
| | | Amlodipine Besylate/ Benazepril HCl..... | 68 |
| | | Amlodipine Besylate/Valsartan | 68 |
| | | Amlodipine/Olmesartan Medoxomil..... | 68 |
| | | Amlodipine/Valsartan/ Hydrochlorothiazide..... | 68 |
| | | Ammonium Lactate..... | 74 |
| | | Amoxapine..... | 46 |
| | | Amoxicillin..... | 39 |
| | | Amoxicillin/Clavulanate Potassium..... | 39 |
| | | Amoxicillin/Clavulanate Potassium ER..... | 39 |
| | | Amphetamine/ Dextroamphetamine..... | 71, 72 |
| | | Amphotericin B..... | 47 |

| | | | | | | |
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| Ampicillin..... | 39 | Atgam..... | 91 | Bactroban Nasal..... | 36 | |
| Ampicillin Sodium..... | 39 | Atomoxetine..... | 72 | Balsalazide Disodium..... | 92 | |
| Ampicillin-Sulbactam..... | 39 | Atorvastatin Calcium..... | 70 | Balziva..... | 85 | |
| Ampyra..... | 73 | Atovaquone..... | 54 | Banzel..... | 43 | |
| Anadrol-50..... | 84 | Atovaquone/Proguanil HCl.... | 54 | Baraclude..... | 57 | |
| Anagrelide HCl..... | 64 | Atripia..... | 58 | Bavencio..... | 53 | |
| Anastrozole..... | 52 | Atropine Sulfate..... | 78, 94 | BCG Vaccine..... | 92 | |
| Androderm..... | 84 | Atrovent HFA..... | 98 | Bekyree..... | 85 | |
| AndroGel..... | 84 | Aubagio..... | 73 | Beleodaq..... | 52 | |
| AndroGel Pump..... | 84 | Aubra..... | 85 | Belsomra..... | 100 | |
| Anoro Ellipta..... | 100 | Augmented Betamethasone Dipropionate..... | 82 | Benazepril HCl..... | 65 | |
| Anzemet..... | 46 | Auryxia..... | 78 | Benazepril HCl/ Hydrochlorothiazide..... | 68 | |
| Apokyn..... | 54 | Austedo..... | 72 | Benlysta..... | 91 | |
| Apraclonidine..... | 95 | Avandia..... | 61 | Benznidazole..... | 54 | |
| Apreritant..... | 47 | Avastin..... | 53 | Benztropine Mesylate..... | 54 | |
| Apri..... | 85 | Aviane..... | 85 | Bepreve..... | 95 | |
| Apriso..... | 92 | Avonex..... | 73 | Berinert..... | 89 | |
| Aptiom..... | 43 | Avonex Pen..... | 73 | Besivance..... | 40 | |
| Aptivus..... | 60 | Azacitidine..... | 64 | Betamethasone Dipropionate | 82 | |
| Aralast NP..... | 80 | Azactam..... | 38 | Betamethasone Valerate..... | 82 | |
| Aranelle..... | 85 | Azasite..... | 39 | Betaseron..... | 73 | |
| Aranesp Albumin Free..... | 64 | Azathioprine..... | 90 | Betaxolol HCl..... | 66, 95 | |
| Arcalyst..... | 91 | Azelastine HCl..... | 95, 97 | Bethanechol Chloride..... | 81 | |
| Argatroban..... | 63 | Azilect..... | 55 | Bethkis..... | 99 | |
| Aripiprazole..... | 55 | Azithromycin..... | 40 | Betimol..... | 95 | |
| Aripiprazole ODT..... | 56 | Azopt..... | 95 | Bevespi Aerosphere..... | 100 | |
| Aristada..... | 56 | Aztreonam..... | 38 | Bexarotene..... | 53 | |
| Arnuity Ellipta..... | 97 | B | | | Bexsero..... | 92 |
| Arranon..... | 50 | BACiiM..... | 36 | Bicalutamide..... | 50 | |
| Ashlyna..... | 85 | Bacitracin..... | 36 | Bicillin C-R..... | 39 | |
| Aspirin/Dipyridamole..... | 64 | Bacitracin/Polymyxin B..... | 94 | Bicillin L-A..... | 39 | |
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| Atenolol..... | 66 | Bactocill in Dextrose..... | 39 | | | |
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| | | | | | |
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| BiDil..... | 68 | Bupropion HCl XL..... | 44 | Carbaglu..... | 75 |
| Biktarvy..... | 59 | Buspirone HCl..... | 60 | Carbamazepine..... | 43 |
| Biltricide..... | 54 | Busulfan..... | 49 | Carbamazepine ER..... | 43 |
| Binosto..... | 93 | Busulfex..... | 49 | Carbidopa..... | 54 |
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| Bleomycin Sulfate..... | 50 | Bydureon Bcise..... | 61 | Carbidopa/Levodopa/ Entacapone..... | 55 |
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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 12-31.

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 102-125.

| Drug Name | Drug Tier | Coverage Rules or Limits on use | Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Analgesics | | | Analgesics | | |
| Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet) | 1 | QL | Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release) | 1 | |
| Butalbital/Aspirin/ Caffeine (50mg-325mg-40mg Capsule) | 1 | QL | Etodolac ER (Tablet Extended-Release 24 Hour) | 1 | |
| Nonsteroidal Anti-inflammatory Drugs | | | Flector (Patch) | 1 | PA, QL |
| Celecoxib (Capsule) | 1 | QL | Flurbiprofen (Tablet) | 1 | |
| Diclofenac Potassium (Tablet) | 1 | | Ibu (Tablet) | 1 | |
| Diclofenac Sodium (1% Gel) | 1 | PA | Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet) | 1 | |
| Diclofenac Sodium DR (Tablet Delayed- Release) | 1 | | Indomethacin (25mg Capsule, 50mg Capsule) | 1 | |
| Diclofenac Sodium ER (Tablet Extended- Release 24 Hour) | 1 | | Ketorolac Tromethamine (15mg/ ml Injection, 30mg/ml Injection, 60mg/2ml Injection) | 1 | |
| Diflunisal (Tablet) | 1 | | Meloxicam (Tablet) | 1 | |
| | | | Nabumetone (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 |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release) | 1 | | Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent) | 1 | QL, MED |
| Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn) | 1 | | Levorphanol Tartrate (Tablet) | 1 | QL, MED |
| Piroxicam (Capsule) | 1 | | Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution) | 1 | QL, MED |
| Sulindac (Tablet) | 1 | | Methadone HCl (10mg/ml Injection) | 1 | |
| Opioid Analgesics, Long-acting | | | Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin) | 1 | QL, MED |
| Embeda (Capsule Extended-Release) | 1 | QL, MED | Nucynta ER (Tablet Extended-Release 12 Hour) | 1 | QL, MED |
| 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 | QL, MED | Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour) | 1 | QL, MED |
| Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent) | 1 | QL, MED | Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent) | 1 | QL, MED |
| Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent) | 1 | QL, MED | | | |
| Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent) | 1 | QL, MED | | | |

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 |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Opioid Analgesics, Short-acting | | | | | |
| Abstral (Tablet Sublingual) | 1 | PA, QL | Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution) | 1 | QL, MED |
| Acetaminophen/ Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet) | 1 | QL, MED | Hydrocodone/ Ibuprofen (7.5mg-200mg Tablet) | 1 | QL, MED |
| Butorphanol Tartrate (10mg/ml Nasal Solution) | 1 | QL, MED | Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection) | 1 | |
| Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection) | 1 | | Hydromorphone HCl (1mg/ml Liquid) | 1 | QL, MED |
| Codeine Sulfate (Tablet) | 1 | QL, MED | Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate- Release, 8mg Tablet Immediate-Release) | 1 | QL, MED |
| Duramorph (Injection) | 1 | | Hydromorphone HCl (2mg/ml Injection) | 1 | |
| Endocet (Tablet) | 1 | QL, MED | Lorcet (Tablet) | 1 | QL, MED |
| Fentanyl Citrate Oral Transmucosal (1200mcg Lozenge on a Handle, 1600mcg Lozenge on a Handle, 600mcg Lozenge on a Handle, 800mcg Lozenge on a Handle) | 1 | PA, QL | Lorcet HD (Tablet) | 1 | QL, MED |
| Fentanyl Citrate Oral Transmucosal (200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle) | 1 | PA, QL | Lorcet Plus (Tablet) | 1 | QL, MED |
| | | | Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/ 5ml Oral Solution) | 1 | QL, MED |
| | | | Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/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 |
|--|-----------|---------------------------------|
| Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release) | 1 | QL, MED |
| Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection) | 1 | |
| Nalbuphine HCl (Injection) | 1 | |
| Oxycodone HCl (100mg/5ml Concentrate) | 1 | QL, MED |
| Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) | 1 | QL, MED |
| Oxycodone HCl (5mg/5ml Oral Solution) | 1 | QL, MED |
| Oxycodone/Acetaminophen (Tablet) | 1 | QL, MED |
| Oxycodone/Aspirin (Tablet) | 1 | QL, MED |
| Oxycodone/Ibuprofen (Tablet) | 1 | QL, MED |
| Tramadol HCl (Tablet Immediate-Release) | 1 | QL, MED |
| Tramadol HCl/Acetaminophen (Tablet) | 1 | QL, MED |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Trelix (Capsule) | 1 | QL, MED |
| Anesthetics | | |
| Local Anesthetics | | |
| Lidocaine (5% Ointment) | 1 | |
| Lidocaine (5% Patch) | 1 | PA, QL |
| Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection) | 1 | B/D, PA |
| Lidocaine HCl (4% External Solution) | 1 | |
| Lidocaine HCl (Gel) | 1 | |
| Lidocaine Viscous (Solution) | 1 | |
| Lidocaine/Prilocaine (Cream) | 1 | |
| Anti-Addiction/Substance Abuse Treatment Agents | | |
| Alcohol Deterrents/Anti-craving | | |
| Acamprosate Calcium DR (Tablet Delayed-Release) | 1 | |
| Disulfiram (Tablet) | 1 | |
| Naltrexone HCl (Tablet) | 1 | |
| Vivitrol (Injection) | 1 | |
| Opioid Dependence Treatments | | |
| Buprenorphine HCl (0.3mg/ml Injection) | 1 | |
| Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual) | 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/ Naloxone HCl (Tablet Sublingual) | 1 | QL | Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection) | 1 | |
| Suboxone (Film) | 1 | QL | Isotonic Gentamicin (Injection) | 1 | |
| Opioid Reversal Agents | | | Neomycin Sulfate (Tablet) | 1 | |
| Naloxone HCl (Injection) | 1 | | Paromomycin Sulfate (Capsule) | 1 | |
| Narcan (Liquid) | 1 | | Streptomycin Sulfate (Injection) | 1 | |
| Smoking Cessation Agents | | | Tobramycin Sulfate (0.3% Ophthalmic Solution) | 1 | |
| Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking- Deterrent) | 1 | | Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection) | 1 | |
| Chantix (Tablet) | 1 | | Tobrex (0.3% Ophthalmic Ointment) | 1 | |
| Chantix Continuing Month Pak (Tablet) | 1 | | Antibacterials, Other | | |
| Chantix Starting Month Pak (Tablet) | 1 | | BACiiM (Injection) | 1 | |
| Nicotrol (Inhaler) | 1 | | Bacitracin (50000unit Injection) | 1 | |
| Nicotrol NS (Nasal Solution) | 1 | | Bacitracin (500unit/gm Ophthalmic Ointment) | 1 | |
| Antibacterials | | | Bactroban Nasal (Ointment) | 1 | PA |
| Aminoglycosides | | | Chloramphenicol Sodium Succinate (Injection) | 1 | |
| Amikacin Sulfate (Injection) | 1 | | Clindamycin HCl (Capsule Immediate- Release) | 1 | |
| Gentak (Ophthalmic Ointment) | 1 | | Clindamycin Palmitate HCl (Oral Solution) | 1 | |
| Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution) | 1 | | | | |
| Gentamicin Sulfate (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 | Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Clindamycin Phosphate (2% Cream) | 1 | | Mupirocin (2% Cream) | 1 | |
| Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection) | 1 | | Mupirocin (2% Ointment) | 1 | |
| Clindamycin Phosphate in D5W (Injection) | 1 | | Neomycin/Polymyxin B Sulfates (Irrigation Solution) | 1 | |
| Colistimethate Sodium (Injection) | 1 | | Nitrofurantoin (Suspension) | 1 | |
| Cubicin (Injection) | 1 | | Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin) | 1 | |
| Dalvance (Injection) | 1 | PA | Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid) | 1 | |
| Daptomycin (Injection) | 1 | | Polymyxin B Sulfate (Injection) | 1 | |
| Lincomycin HCl (Injection) | 1 | | Sulfamylon (85mg/gm Cream) | 1 | |
| Linezolid (100mg/5ml Suspension) | 1 | PA | Synercid (Injection) | 1 | |
| Linezolid (600mg Tablet) | 1 | PA, QL | Tigecycline (Injection) | 1 | |
| Linezolid (600mg/300ml Injection) | 1 | PA | Tinidazole (Tablet) | 1 | |
| Methenamine Hippurate (Tablet) | 1 | | Trimethoprim (Tablet) | 1 | |
| Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion) | 1 | | Tygacil (Injection) | 1 | |
| Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release) | 1 | | Vancocin HCl (Capsule) | 1 | |
| Metronidazole in NaCl 0.79% (Injection) | 1 | | Vancomycin HCl (10gm Injection, 1gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule) | 1 | |
| Metronidazole Vaginal (Gel) | 1 | | Vandazole (Gel) | 1 | |
| | | | Beta-lactam, Cephalosporins | | |

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 |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release) | 1 | | Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection) | 1 | |
| 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 | | Suprax (400mg Capsule, 500mg/5ml Suspension) | 1 | |
| Cefotaxime Sodium (Injection) | 1 | | Tazicef (Injection) | 1 | |
| Cefotetan (Injection) | 1 | | Zerbaxa (Injection) | 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 | | Azactam (Injection) | 1 | |
| Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet) | 1 | | Aztreonam (Injection) | 1 | |
| Ceftazidime (Injection) | 1 | | Doripenem (Injection) | 1 | |
| | | | Imipenem/Cilastatin (Injection) | 1 | |
| | | | Invanz (Injection) | 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 Sodium (10gm Injection, 125mg Injection, 1gm Injection) | 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-Sulbactam (Injection) | 1 | |
| Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour) | 1 | | Bactocill in Dextrose (Injection) | 1 | |
| Ampicillin (Capsule) | 1 | | Bicillin C-R (Injection) | 1 | |
| | | | Bicillin L-A (Injection) | 1 | |
| | | | Dicloxacillin Sodium (Capsule) | 1 | |
| | | | Nafcillin Sodium (10gm Injection, 1gm Injection) | 1 | |
| | | | Oxacillin Sodium (10gm Injection) | 1 | |
| | | | Oxacillin Sodium (1gm Injection, 2gm 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 | | |
| | | | Azasite (Ophthalmic Solution) | 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 | | Besivance (Suspension) | 1 | |
| Clarithromycin (250mg Tablet, 500mg Tablet) | 1 | | Ciloxan (0.3% Ointment) | 1 | |
| Clarithromycin ER (Tablet Extended-Release 24 Hour) | 1 | | Ciprofloxacin (Oral Suspension) | 1 | |
| Dificid (Tablet) | 1 | | Ciprofloxacin ER (Tablet Extended-Release 24 Hour) | 1 | |
| E.E.S. Granules (Suspension) | 1 | | Ciprofloxacin HCl (0.3% Ophthalmic Solution) | 1 | |
| Ery-Tab (Tablet Delayed-Release) | 1 | | Ciprofloxacin HCl (Tablet Immediate-Release) | 1 | |
| EryPed 200 (Suspension) | 1 | | Ciprofloxacin I.V. in D5W (Injection) | 1 | |
| EryPed 400 (Suspension) | 1 | | Gatifloxacin (Ophthalmic Solution) | 1 | |
| Erythrocin Lactobionate (Injection) | 1 | | Levofloxacin (0.5% Ophthalmic Solution) | 1 | |
| Erythromycin (250mg Capsule Delayed-Release) | 1 | | Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet) | 1 | |
| Erythromycin (5mg/gm Ophthalmic Ointment) | 1 | | Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution) | 1 | |
| Erythromycin Base (Tablet) | 1 | | Levofloxacin in D5W (Injection) | 1 | |
| | | | Moxeza (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 |
|---|-----------|---------------------------------|
| 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 | |
| Sulfonamides | | |
| Silver Sulfadiazine (Cream) | 1 | |
| Sodium Sulfacetamide (Ophthalmic Solution) | 1 | |
| SSD (Cream) | 1 | |
| Sulfacetamide Sodium (Ophthalmic Ointment) | 1 | |
| Sulfadiazine (Tablet) | 1 | |
| Sulfamethoxazole/ Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet) | 1 | |
| Sulfamethoxazole/ Trimethoprim (400mg-80mg/5ml Injection) | 1 | |
| Sulfamethoxazole/ Trimethoprim DS (Tablet) | 1 | |
| Tetracyclines | | |
| Demeclocycline HCl (Tablet) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Doxy 100 (Injection) | 1 | |
| Doxycycline (25mg/ 5ml Suspension) | 1 | |
| Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate- Release, 150mg Tablet Immediate-Release, 75mg 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 | |
| Vibramycin (50mg/ 5ml Syrup) | 1 | |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use | Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution) | 1 | QL | Celontin (Capsule) | 1 | |
| Briviact (50mg/5ml Injection) | 1 | QL | Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution) | 1 | |
| Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution) | 1 | | Zonisamide (Capsule) | 1 | |
| Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection) | 1 | | Gamma-aminobutyric Acid (GABA) Augmenting Agents | | |
| Levetiracetam ER (Tablet Extended-Release 24 Hour) | 1 | | Diastat AcuDial (Gel) | 1 | |
| Roweepra (Tablet) | 1 | | Diastat Pediatric (Gel) | 1 | |
| Roweepra XR (Tablet Extended-Release 24 Hour) | 1 | | Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet) | 1 | |
| Spritam (Tablet Disintegrating Soluble) | 1 | | Gabapentin (250mg/5ml Oral Solution) | 1 | |
| Calcium Channel Modifying Agents | | | Gabitril (12mg Tablet, 16mg Tablet) | 1 | |
| | | | Onfi (10mg Tablet, 20mg Tablet) | 1 | QL |
| | | | Onfi (2.5mg/ml Suspension) | 1 | |
| | | | 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 | |
| | | | Sabril (500mg Packet, 500mg Tablet) | 1 | PA, QL, LA |
| | | | Tiagabine HCl (Tablet) | 1 | |
| | | | Valproate Sodium (100mg/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 |
|---|-----------|---------------------------------|
| Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution) | 1 | |
| Vigabatrin (Packet) | 1 | PA, QL |
| Glutamate Reducing Agents | | |
| Felbamate (400mg Tablet, 600mg Tablet) | 1 | |
| Felbamate (600mg/5ml Suspension) | 1 | |
| Felbatol (600mg/5ml Suspension) | 1 | |
| Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet) | 1 | |
| Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release) | 1 | |
| Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable) | 1 | |
| Topiramate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release) | 1 | |
| Sodium Channel Agents | | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Aptiom (Tablet) | 1 | QL |
| Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension) | 1 | |
| Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release) | 1 | |
| 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 | |
| Epilex (Tablet) | 1 | |
| Fosphenytoin Sodium (Injection) | 1 | |
| Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet) | 1 | |
| Oxcarbazepine (300mg/5ml Suspension) | 1 | |
| Peganone (Tablet) | 1 | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Phenytek (Capsule) | 1 | |
| Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable) | 1 | |
| Phenytoin Sodium (Injection) | 1 | |
| Phenytoin Sodium Extended (Capsule) | 1 | |
| Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution) | 1 | QL |
| Vimpat (200mg/20ml Injection) | 1 | |
| Antidementia Agents | | |
| Cholinesterase Inhibitors | | |
| Donepezil HCl (Tablet) | 1 | QL |
| Donepezil HCl ODT (Tablet Dispersible) | 1 | QL |
| Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution) | 1 | QL |
| Galantamine HBr ER (Capsule Extended-Release 24 Hour) | 1 | QL |
| Rivastigmine Tartrate (Capsule) | 1 | QL |
| Rivastigmine Transdermal System (Patch 24 Hour) | 1 | QL, ST |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist | | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution) | 1 | PA, QL |
| Memantine HCl ER (Capsule Extended-Release 24 Hour) | 1 | PA, QL |
| Memantine HCl Titration Pak (Tablet) | 1 | PA |
| Namenda XR (Capsule Extended-Release 24 Hour) | 1 | PA, QL |
| Namenda XR Titration Pack (Capsule Extended-Release 24 Hour) | 1 | PA, QL |
| Antidepressants | | |
| Antidepressants, Other | | |
| Bupropion HCl (Tablet Immediate-Release) | 1 | |
| Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour) | 1 | |
| Bupropion HCl XL (Tablet Extended-Release 24 Hour) | 1 | |
| Mirtazapine (Tablet) | 1 | |
| Mirtazapine ODT (Tablet Dispersible) | 1 | |
| Monoamine Oxidase Inhibitors | | |
| Emsam (Patch 24 Hour) | 1 | QL |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Marplan (Tablet) | 1 | |
| Phenelzine Sulfate (Tablet) | 1 | |
| Tranylcypromine Sulfate (Tablet) | 1 | |
| SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors) | | |
| Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet) | 1 | |
| Citalopram HBr (10mg/5ml Oral Solution) | 1 | |
| Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq) | 1 | QL |
| Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet) | 1 | |
| Escitalopram Oxalate (5mg/5ml Oral Solution) | 1 | |
| Fetzima (Capsule Extended-Release 24 Hour) | 1 | QL, ST |
| Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack) | 1 | ST |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Fluoxetine DR (Capsule Delayed-Release) | 1 | |
| Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution) | 1 | |
| Fluvoxamine Maleate (Tablet) | 1 | |
| Maprotiline HCl (Tablet) | 1 | |
| Nefazodone HCl (Tablet) | 1 | |
| Paroxetine HCl (Tablet Immediate-Release) | 1 | |
| Paxil (10mg/5ml Suspension) | 1 | |
| Pristiq (Tablet Extended-Release 24 Hour) | 1 | PA, QL |
| Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet) | 1 | |
| Sertraline HCl (20mg/ml Concentrate) | 1 | |
| Trazodone HCl (Tablet) | 1 | |
| Trintellix (Tablet) | 1 | QL |
| Venlafaxine HCl (Tablet 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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour) | 1 | | Protriptyline HCl (Tablet) | 1 | |
| Viibryd (Tablet) | 1 | QL | Trimipramine Maleate (Capsule) | 1 | |
| Viibryd Starter Pack (Kit) | 1 | QL | Antiemetics | | |
| Tricyclics | | | Antiemetics, Other | | |
| Amitriptyline HCl (Tablet) | 1 | | Compro (Suppository) | 1 | |
| Amoxapine (Tablet) | 1 | | Hydroxyzine Pamoate (Capsule) | 1 | |
| Clomipramine HCl (Capsule) | 1 | | Meclizine HCl (Tablet) | 1 | |
| Desipramine HCl (Tablet) | 1 | | Metoclopramide HCl (10mg Tablet, 5mg Tablet) | 1 | |
| Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate) | 1 | | Metoclopramide HCl (5mg/5ml Oral Solution) | 1 | |
| Imipramine HCl (Tablet) | 1 | | Metoclopramide HCl (5mg/ml Injection) | 1 | |
| Imipramine Pamoate (Capsule) | 1 | | Perphenazine (Tablet) | 1 | |
| Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution) | 1 | | Prochlorperazine (Suppository) | 1 | |
| | | | Prochlorperazine Edisylate (Injection) | 1 | |
| | | | Prochlorperazine Maleate (Tablet) | 1 | |
| | | | Scopolamine (Patch 72 Hour) | 1 | |
| | | | Transderm-Scop (Patch 72 Hour) | 1 | |
| | | | Emetogenic Therapy Adjuncts | | |
| | | | Aloxi (Injection) | 1 | |
| | | | Anzemet (100mg Tablet) | 1 | B/D, PA |
| | | | Anzemet (50mg Tablet) | 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 |
|--|-----------|---------------------------------|
| Aprepitant (Therapy Pack, Capsule) | 1 | PA |
| Cesamet (Capsule) | 1 | PA |
| Dronabinol (Capsule) | 1 | PA |
| Emend (125mg Capsule, 40mg Capsule, 80mg Capsule, 125mg Suspension) | 1 | PA |
| Emend (150mg Injection) | 1 | |
| Emend Tripack (Capsule) | 1 | PA |
| Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection) | 1 | |
| Granisetron HCl (1mg Tablet) | 1 | B/D, PA, QL |
| Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet) | 1 | B/D, PA |
| Ondansetron HCl (4mg/2ml Injection) | 1 | |
| Ondansetron HCl (4mg/5ml Oral Solution) | 1 | B/D, PA |
| Ondansetron ODT (Tablet Dispersible) | 1 | B/D, PA |
| Palonosetron HCl (0.25mg/2ml Injection) | 1 | |
| Palonosetron HCl (0.25mg/5ml Injection) | 1 | |
| Sancuso (Patch) | 1 | |
| Antifungals | | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Antifungals | | |
| Abelcet (Injection) | 1 | B/D, PA |
| AmBisome (Injection) | 1 | B/D, PA |
| Amphotericin B (Injection) | 1 | B/D, PA |
| Cancidas (Injection) | 1 | |
| Caspofungin Acetate (Injection) | 1 | |
| Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo) | 1 | |
| Ciclopirox Nail Lacquer (External Solution) | 1 | |
| Ciclopirox Olamine (Cream) | 1 | |
| Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge) | 1 | |
| Econazole Nitrate (Cream) | 1 | |
| Eraxis (Injection) | 1 | |
| Exelderm (1% Cream, 1% External Solution) | 1 | |
| Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension) | 1 | |
| Fluconazole in NaCl (Injection) | 1 | |
| Flucytosine (Capsule) | 1 | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet) | 1 | |
| Griseofulvin Ultramicrosize (Tablet) | 1 | |
| Itraconazole (Capsule) | 1 | PA, QL |
| Jublia (External Solution) | 1 | |
| Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet) | 1 | |
| Ketoconazole (2% Foam) | 1 | |
| Mentax (Cream) | 1 | |
| Miconazole 3 (Suppository) | 1 | |
| Mycamine (Injection) | 1 | |
| Naftifine HCl (1% Cream) | 1 | |
| Naftifine HCl (2% Cream) | 1 | |
| Naftin (1% Gel, 2% Gel) | 1 | |
| Natacyn (Suspension) | 1 | |
| Noxafil (100mg Tablet Delayed-Release) | 1 | PA, QL |
| Noxafil (40mg/ml Suspension) | 1 | QL |
| Nyamyc (Powder) | 1 | |
| Nystatin (Cream, Ointment, Powder, Suspension, Tablet) | 1 | |
| Nystop (Powder) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Oxiconazole Nitrate (Cream) | 1 | |
| Oxistat (1% Lotion) | 1 | |
| Sporanox (10mg/ml Oral Solution) | 1 | PA |
| Terbinafine HCl (Tablet) | 1 | |
| Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository) | 1 | |
| Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension) | 1 | |
| Voriconazole (200mg Injection, 40mg/ml Suspension) | 1 | |
| Voriconazole (200mg Tablet, 50mg Tablet) | 1 | |
| Antigout Agents | | |
| Antigout Agents | | |
| Allopurinol (Tablet) | 1 | |
| Colchicine (0.6mg Capsule, 0.6mg Tablet) | 1 | QL |
| Colcryl (Tablet) | 1 | PA, QL |
| Probenecid (Tablet) | 1 | |
| Probenecid/Colchicine (Tablet) | 1 | |
| Uloric (Tablet) | 1 | ST |
| Antimigraine Agents | | |
| Ergot Alkaloids | | |
| Dihydroergotamine Mesylate (1mg/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 |
|--|-----------|---------------------------------|
| Ergotamine Tartrate/ Caffeine (Tablet) | 1 | |
| Migergot (Suppository) | 1 | |
| Serotonin (5-HT) 1b/1d Receptor Agonists | | |
| Naratriptan HCl (Tablet) | 1 | QL |
| Rizatriptan Benzoate (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 Injection) | 1 | QL |
| Sumatriptan Succinate (6mg/0.5ml Injection) | 1 | QL |
| Sumatriptan Succinate Refill (Injection) | 1 | QL |
| Antimyasthenic Agents | | |
| Parasympathomimetics | | |
| Guanidine HCl (Tablet) | 1 | |
| Mestinon (60mg/5ml Syrup) | 1 | |
| Pyridostigmine Bromide (Tablet Immediate-Release) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Pyridostigmine Bromide ER (Tablet Extended-Release) | 1 | |
| Antimycobacterials | | |
| Antimycobacterials, Other | | |
| Dapsone (Tablet) | 1 | |
| Rifabutin (Capsule) | 1 | |
| Antituberculars | | |
| Capastat Sulfate (Injection) | 1 | |
| Ethambutol HCl (Tablet) | 1 | |
| Isoniazid (100mg Tablet, 300mg Tablet) | 1 | |
| Isoniazid (100mg/ml Injection, 50mg/5ml Syrup) | 1 | |
| Paser (Packet) | 1 | |
| Priftin (Tablet) | 1 | |
| Pyrazinamide (Tablet) | 1 | |
| Rifampin (150mg Capsule, 300mg Capsule) | 1 | |
| Rifampin (600mg Injection) | 1 | |
| Rifater (Tablet) | 1 | |
| Sirturo (Tablet) | 1 | PA |
| Trecator (Tablet) | 1 | |
| Antineoplastics | | |
| Alkylating Agents | | |
| BiCNU (Injection) | 1 | |
| Busulfan (Injection) | 1 | |
| Busulfex (Injection) | 1 | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|-----------------------------------|-----------|---------------------------------|
| Cyclophosphamide (Capsule) | 1 | B/D, PA |
| Dacarbazine (Injection) | 1 | |
| Gleostine (Capsule) | 1 | |
| Hexalen (Capsule) | 1 | PA |
| Ifosfamide (Injection) | 1 | |
| Leukeran (Tablet) | 1 | |
| Matulane (Capsule) | 1 | LA |
| Melphalan HCl (Injection) | 1 | |
| Mustargen (Injection) | 1 | |
| Treanda (Injection) | 1 | PA |
| Valchlor (Gel) | 1 | PA, LA |
| Yondelis (Injection) | 1 | PA |
| Zanosar (Injection) | 1 | |
| Antiandrogens | | |
| Bicalutamide (Tablet) | 1 | |
| Erleada (Tablet) | 1 | PA, QL |
| Flutamide (Capsule) | 1 | |
| Nilandron (Tablet) | 1 | |
| Nilutamide (Tablet) | 1 | |
| Xtandi (Capsule) | 1 | PA, QL |
| Zytiga (Tablet) | 1 | PA, QL |
| Antiangiogenic Agents | | |
| Pomalyst (Capsule) | 1 | PA, QL |
| Revlimid (Capsule) | 1 | PA, QL, LA |
| Thalomid (Capsule) | 1 | PA, QL |
| Antiestrogens/Modifiers | | |
| Emcyt (Capsule) | 1 | |
| Fareston (Tablet) | 1 | |
| Faslodex (Injection) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|------------------------------------|-----------|---------------------------------|
| Soltamox (Oral Solution) | 1 | |
| Tamoxifen Citrate (Tablet) | 1 | |
| Antimetabolites | | |
| Adrucil (Injection) | 1 | B/D, PA |
| Alimta (Injection) | 1 | PA |
| Cladribine (Injection) | 1 | B/D, PA |
| Clofarabine (Injection) | 1 | |
| Cytarabine Aqueous (Injection) | 1 | B/D, PA |
| Droxia (Capsule) | 1 | |
| Fluorouracil (5gm/100ml Injection) | 1 | B/D, PA |
| Folotyn (Injection) | 1 | |
| Gemcitabine HCl (Injection) | 1 | |
| Gemzar (Injection) | 1 | |
| Hydroxyurea (Capsule) | 1 | |
| Mercaptopurine (Tablet) | 1 | |
| Nipent (Injection) | 1 | |
| Purixan (Suspension) | 1 | PA |
| Tabloid (Tablet) | 1 | PA |
| Antineoplastics, Other | | |
| Abraxane (Injection) | 1 | PA |
| Adriamycin (Injection) | 1 | B/D, PA |
| Arranon (Injection) | 1 | |
| Bleomycin Sulfate (Injection) | 1 | B/D, PA |
| Bortezomib (Injection) | 1 | PA |
| Carboplatin (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 | Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Cisplatin (Injection) | 1 | | Kisqali (Tablet) | 1 | PA, QL |
| Cosmegen (Injection) | 1 | | Kisqali Femara 200 Dose (Tablet Therapy Pack) | 1 | PA, QL |
| Dacogen (Injection) | 1 | | Kisqali Femara 400 Dose (Tablet Therapy Pack) | 1 | PA, QL |
| Dactinomycin (Injection) | 1 | | Kisqali Femara 600 Dose (Tablet Therapy Pack) | 1 | PA, QL |
| Daunorubicin HCl (Injection) | 1 | | Leucovorin Calcium (100mg Injection, 350mg Injection) | 1 | |
| Decitabine (Injection) | 1 | | Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet) | 1 | |
| Dexrazoxane (Injection) | 1 | PA | Levoleucovorin (Injection) | 1 | |
| Docetaxel (160mg/16ml Injection) | 1 | | Lonsurf (Tablet) | 1 | PA, QL |
| Docetaxel (80mg/4ml Injection) | 1 | | Mitomycin (Injection) | 1 | |
| Doxil (Injection) | 1 | | Mitoxantrone HCl (Injection) | 1 | |
| Doxorubicin HCl (Injection) | 1 | B/D, PA | Ninlaro (Capsule) | 1 | PA, QL |
| Doxorubicin HCl Liposome (Injection) | 1 | | Oxaliplatin (100mg Vial, 100mg/20ml Injection) | 1 | |
| Ellence (Injection) | 1 | | Paclitaxel (Injection) | 1 | |
| Epirubicin HCl (Injection) | 1 | | Proleukin (Injection) | 1 | PA |
| Erwinaze (Injection) | 1 | | Synribo (Injection) | 1 | PA |
| Fludarabine Phosphate (Injection) | 1 | | Taxotere (Injection) | 1 | |
| Fusilev (Injection) | 1 | | Thiotepa (Injection) | 1 | |
| Halaven (Injection) | 1 | PA | Trisenox (Injection) | 1 | |
| Idamycin PFS (Injection) | 1 | | Velcade (Injection) | 1 | PA |
| Idarubicin HCl (Injection) | 1 | | | | |
| Irinotecan (Injection) | 1 | | | | |
| Istodax (Overfill) (Injection) | 1 | PA | | | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Verzenio (Tablet) | 1 | PA, QL |
| Vinblastine Sulfate (Injection) | 1 | B/D, PA |
| Vincasar PFS (Injection) | 1 | B/D, PA |
| Vincristine Sulfate (Injection) | 1 | B/D, PA |
| Vinorelbine Tartrate (Injection) | 1 | |
| Vyxeos (Injection) | 1 | PA |
| Zaltrap (Injection) | 1 | PA |
| Zinecard (Injection) | 1 | PA |
| Zolinza (Capsule) | 1 | PA |
| Aromatase Inhibitors, 3rd Generation | | |
| Anastrozole (Tablet) | 1 | |
| Exemestane (Tablet) | 1 | |
| Letrozole (Tablet) | 1 | |
| Enzyme Inhibitors | | |
| Aliqopa (Injection) | 1 | PA |
| Etopophos (Injection) | 1 | |
| Etoposide (Injection) | 1 | |
| Hycamtin (Injection) | 1 | |
| Kyprolis (Injection) | 1 | PA |
| Rubraca (Tablet) | 1 | PA, QL |
| Toposar (Injection) | 1 | |
| Topotecan HCl (Injection) | 1 | |
| Zejula (Capsule) | 1 | PA, QL |
| Molecular Target Inhibitors | | |
| Afinitor (Tablet) | 1 | PA |
| Afinitor Disperz (Tablet Soluble) | 1 | PA |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Alecensa (Capsule) | 1 | PA, QL |
| Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet) | 1 | PA, QL |
| Beleodaq (Injection) | 1 | PA |
| Bosulif (Tablet) | 1 | PA, QL |
| Cabometyx (Tablet) | 1 | PA, QL |
| Calquence (Capsule) | 1 | PA, QL |
| Caprelsa (Tablet) | 1 | PA, LA |
| Cometriq (Kit) | 1 | PA |
| Cotellic (Tablet) | 1 | PA, QL, LA |
| Cyramza (Injection) | 1 | PA |
| Erivedge (Capsule) | 1 | PA, QL |
| Farydak (Capsule) | 1 | PA |
| Gilotrif (Tablet) | 1 | PA |
| Ibrance (Capsule) | 1 | PA, QL |
| Iclusig (Tablet) | 1 | PA, QL, LA |
| Idhifa (Tablet) | 1 | PA, QL |
| Imatinib Mesylate (Tablet) | 1 | PA, QL |
| Imbruvica (140mg Capsule, 70mg Capsule, 140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet) | 1 | PA, QL |
| Inlyta (Tablet) | 1 | PA, QL |
| Iressa (Tablet) | 1 | PA, QL |
| Jakafi (Tablet) | 1 | PA, QL, LA |
| Jevtana (Injection) | 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 |
|--|-----------|---------------------------------|
| Lenvima (Capsule Therapy Pack) | 1 | PA |
| Lynparza (100mg Tablet, 150mg Tablet, 50mg Capsule) | 1 | PA, QL |
| Mekinist (Tablet) | 1 | PA |
| Nerlynx (Tablet) | 1 | PA, QL |
| Nexavar (Tablet) | 1 | PA |
| Odomzo (Capsule) | 1 | PA, QL, LA |
| Rydapt (Capsule) | 1 | PA, QL |
| Sprycel (Tablet) | 1 | PA, QL |
| Stivarga (Tablet) | 1 | PA, QL |
| Sutent (Capsule) | 1 | PA, QL |
| Tafinlar (Capsule) | 1 | PA |
| Tagrisso (Tablet) | 1 | PA, QL, LA |
| Tarceva (Tablet) | 1 | PA, QL |
| Tasigna (Capsule) | 1 | PA, QL |
| Tykerb (Tablet) | 1 | PA |
| Venclexta (100mg Tablet, 50mg Tablet) | 1 | PA, QL |
| Venclexta (10mg Tablet) | 1 | PA, QL |
| Venclexta Starting Pack (Tablet Therapy Pack) | 1 | PA |
| Votrient (Tablet) | 1 | PA, QL |
| Xalkori (Capsule) | 1 | PA, LA |
| Zelboraf (Tablet) | 1 | PA, QL |
| Zydelig (Tablet) | 1 | PA, QL |
| Zykadia (Capsule) | 1 | PA, QL |
| Monoclonal Antibody/Antibody-Drug Conjugate | | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|------------------------------|-----------|---------------------------------|
| Avastin (Injection) | 1 | PA |
| Bavencio (Injection) | 1 | PA |
| Darzalex (Injection) | 1 | PA, LA |
| Empliciti (Injection) | 1 | PA |
| Erbix (Injection) | 1 | PA |
| Herceptin (Injection) | 1 | PA |
| Imfinzi (Injection) | 1 | PA |
| Kadcyla (Injection) | 1 | PA |
| Keytruda (Injection) | 1 | PA |
| Lartruvo (Injection) | 1 | PA |
| Mylotarg (Injection) | 1 | PA |
| Opdivo (Injection) | 1 | PA |
| Perjeta (Injection) | 1 | PA |
| Rituxan (Injection) | 1 | PA |
| Tecentriq (Injection) | 1 | PA |
| Vectibix (Injection) | 1 | PA |
| Yervoy (Injection) | 1 | PA |
| Retinoids | | |
| Bexarotene (Capsule) | 1 | PA |
| Panretin (Gel) | 1 | |
| Targretin (1% Gel) | 1 | PA |
| Tretinoin (10mg Capsule) | 1 | |
| Treatment Adjuncts | | |
| Elitek (Injection) | 1 | |
| Mesna (Injection) | 1 | |
| Mesnex (400mg Tablet) | 1 | |
| Antiparasitics | | |
| Anthelmintics | | |
| Albenza (Tablet) | 1 | QL |

Bold type = Brand name drug

Plain type = Generic drug

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

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Permethrin (Cream) | 1 | |
| Antiparkinson Agents | | |
| Anticholinergics | | |
| Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet) | 1 | |
| Benztropine Mesylate (1mg/ml Injection) | 1 | |
| Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg 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 | | |
| Apokyn (Injection) | 1 | PA, QL |
| Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule) | 1 | |
| Neupro (Patch 24 Hour) | 1 | |
| Pramipexole Dihydrochloride (Tablet Immediate-Release) | 1 | |
| Ropinirole HCl (Tablet Immediate-Release) | 1 | |
| Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors | | |
| Carbidopa (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 |
|--|-----------|---------------------------------|
| Carbidopa/Levodopa (Tablet Immediate-Release) | 1 | |
| Carbidopa/Levodopa ER (Tablet Extended-Release) | 1 | |
| Carbidopa/Levodopa ODT (Tablet Dispersible) | 1 | |
| Carbidopa/Levodopa/Entacapone (Tablet) | 1 | |
| Stalevo 100 (Tablet) | 1 | PA |
| Stalevo 125 (Tablet) | 1 | PA |
| Stalevo 150 (Tablet) | 1 | PA |
| Stalevo 200 (Tablet) | 1 | PA |
| Stalevo 50 (Tablet) | 1 | PA |
| Stalevo 75 (Tablet) | 1 | PA |
| Monoamine Oxidase B (MAO-B) Inhibitors | | |
| Azilect (0.5mg Tablet) | 1 | PA |
| Rasagiline Mesylate (Tablet) | 1 | |
| Selegiline HCl (5mg Capsule, 5mg Tablet) | 1 | |
| Zelapar (Tablet Dispersible) | 1 | |
| Antipsychotics | | |
| 1st Generation/Typical | | |
| Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection) | 1 | |
| Fluphenazine Decanoate (Injection) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet) | 1 | |
| Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection) | 1 | |
| Fluphenazine HCl (5mg/ml Concentrate) | 1 | |
| Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate) | 1 | |
| Haloperidol Decanoate (Injection) | 1 | |
| Haloperidol Lactate (Injection) | 1 | |
| Loxapine Succinate (Capsule) | 1 | |
| Pimozide (Tablet) | 1 | |
| Thioridazine HCl (Tablet) | 1 | |
| Thiothixene (Capsule) | 1 | |
| Trifluoperazine HCl (Tablet) | 1 | |
| 2nd Generation/Atypical | | |
| Abilify Maintena (Injection) | 1 | |
| Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution) | 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 |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Aripiprazole ODT (Tablet Dispersible) | 1 | QL | Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 6mg Tablet Extended-Release 24 Hour) | 1 | QL |
| Aristada (Injection) | 1 | | Paliperidone ER (9mg Tablet Extended-Release 24 Hour) | 1 | QL |
| Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet) | 1 | QL, ST | Quetiapine Fumarate (Tablet Immediate-Release) | 1 | QL |
| Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet) | 1 | QL, ST | Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour) | 1 | QL |
| Fanapt Titration Pack (Tablet) | 1 | ST | Rexulti (Tablet) | 1 | QL |
| Geodon (20mg Injection) | 1 | | Risperdal Consta (12.5mg Injection, 25mg Injection) | 1 | |
| Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection) | 1 | | Risperdal Consta (37.5mg Injection, 50mg Injection) | 1 | |
| Invega Sustenna (39mg/0.25ml Injection) | 1 | | Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet) | 1 | |
| Invega Trinza (Injection) | 1 | PA | Risperidone (1mg/ml Oral Solution) | 1 | |
| Latuda (Tablet) | 1 | QL | Risperidone ODT (Tablet Dispersible) | 1 | |
| Nuplazid (Tablet) | 1 | PA, QL | Saphris (Tablet Sublingual) | 1 | QL |
| Olanzapine (10mg Injection) | 1 | | | | |
| Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet) | 1 | QL | | | |
| Olanzapine ODT (Tablet Dispersible) | 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 |
|--|-----------|---------------------------------|
| Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) | 1 | PA, QL |
| Seroquel XR (400mg Tablet Extended-Release 24 Hour) | 1 | PA, QL |
| Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule) | 1 | QL, ST |
| Vraylar (Capsule Therapy Pack) | 1 | ST |
| Ziprasidone HCl (Capsule) | 1 | QL |
| Zyprexa Relprew (Injection) | 1 | |
| Treatment-Resistant | | |
| Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet) | 1 | |
| Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible) | 1 | QL |
| Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible) | 1 | QL |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Clozapine ODT (200mg Tablet Dispersible) | 1 | QL |
| Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible) | 1 | QL |
| Versacloz (Suspension) | 1 | |
| Antivirals | | |
| Anti-cytomegalovirus (CMV) Agents | | |
| Cidofovir (Injection) | 1 | |
| Ganciclovir (500mg Injection) | 1 | B/D, PA |
| Valcyte (450mg Tablet) | 1 | QL |
| Valganciclovir (Tablet) | 1 | QL |
| Valganciclovir Hydrochloride (Oral Solution) | 1 | QL |
| Zirgan (Gel) | 1 | |
| Anti-hepatitis B (HBV) Agents | | |
| Adefovir Dipivoxil (Tablet) | 1 | |
| Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet) | 1 | |
| Entecavir (Tablet) | 1 | |
| Epivir HBV (5mg/ml Oral Solution) | 1 | |
| Hepsera (Tablet) | 1 | |
| Lamivudine (100mg Tablet) | 1 | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Vemlidy (Tablet) | 1 | QL |
| Anti-hepatitis C (HCV) Agents, Other | | |
| Intron A (Injection) | 1 | PA |
| Pegasys (Injection) | 1 | PA |
| Pegasys ProClick (Injection) | 1 | PA |
| Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet) | 1 | |
| Ribavirin (200mg Tablet) | 1 | |
| Sylatron (Injection) | 1 | PA |
| Anti-hepatitis C (HCV) Direct Acting Agents | | |
| Daklinza (Tablet) | 1 | PA, QL |
| Epclusa (Tablet) | 1 | PA, QL |
| Harvoni (Tablet) | 1 | PA, QL |
| Mavyret (Tablet) | 1 | PA, QL |
| Sovaldi (Tablet) | 1 | PA, QL |
| Vosevi (Tablet) | 1 | PA, QL |
| Antitherpetic Agents | | |
| Acyclovir (200mg Capsule, 200mg/5ml Suspension) | 1 | |
| Acyclovir (400mg Tablet, 800mg Tablet) | 1 | |
| Acyclovir (5% Ointment) | 1 | QL |
| Acyclovir Sodium (Injection) | 1 | B/D, PA |
| Denavir (Cream) | 1 | QL |
| Famciclovir (Tablet) | 1 | QL |
| Trifluridine (Ophthalmic Solution) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Valacyclovir HCl (Tablet) | 1 | QL |
| Anti-HIV Agents, Integrase Inhibitors (INSTI) | | |
| Genvoya (Tablet) | 1 | QL |
| Isentress (100mg Packet, 25mg Tablet Chewable) | 1 | QL |
| Isentress (100mg Tablet Chewable, 400mg Tablet) | 1 | QL |
| Isentress HD (Tablet) | 1 | QL |
| Stribild (Tablet) | 1 | QL |
| Tivicay (10mg Tablet) | 1 | QL |
| Tivicay (25mg Tablet, 50mg Tablet) | 1 | QL |
| Triumeq (Tablet) | 1 | QL |
| Tybost (Tablet) | 1 | QL |
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) | | |
| Atripla (Tablet) | 1 | QL |
| Complera (Tablet) | 1 | QL |
| Edurant (Tablet) | 1 | QL |
| Efavirenz (200mg Capsule, 600mg Tablet) | 1 | QL |
| Efavirenz (50mg Capsule) | 1 | QL |
| Intelence (100mg Tablet, 200mg Tablet) | 1 | QL |
| Intelence (25mg Tablet) | 1 | QL |
| Juluca (Tablet) | 1 | QL |
| Nevirapine (Tablet) | 1 | QL |

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

| Drug Name | Drug Tier | Coverage Rules or Limits on use | Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Nevirapine ER (Tablet Extended-Release 24 Hour) | 1 | QL | Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet) | 1 | QL |
| Odefsey (Tablet) | 1 | QL | Lamivudine/ Zidovudine (Tablet) | 1 | QL |
| Rescriptor (Tablet) | 1 | QL | Retrovir IV Infusion (Injection) | 1 | |
| Sustiva (200mg Capsule, 600mg Tablet) | 1 | QL | Stavudine (Capsule) | 1 | QL |
| Sustiva (50mg Capsule) | 1 | QL | Tenofovir Disoproxil Fumarate (Tablet) | 1 | QL |
| Symfi (Tablet) | 1 | QL | Trizivir (Tablet) | 1 | QL |
| Symfi Lo (Tablet) | 1 | QL | Truvada (Tablet) | 1 | QL |
| Viramune (50mg/5ml Suspension) | 1 | QL | Videx EC (125mg Capsule Delayed-Release) | 1 | QL |
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | | | Videx Pediatric (Oral Solution) | 1 | QL |
| Abacavir (20mg/ml Oral Solution, 300mg Tablet) | 1 | QL | Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder) | 1 | QL |
| Abacavir Sulfate/ Lamivudine/ Zidovudine (Tablet) | 1 | QL | Zerit (1mg/ml Oral Solution) | 1 | QL |
| Abacavir/Lamivudine (Tablet) | 1 | QL | Ziagen (20mg/ml Oral Solution) | 1 | QL |
| Biktarvy (Tablet) | 1 | QL | Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup) | 1 | QL |
| Cimduo (Tablet) | 1 | QL | Anti-HIV Agents, Other | | |
| Combivir (Tablet) | 1 | QL | Fuzeon (Injection) | 1 | QL |
| Descovy (Tablet) | 1 | QL | Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution) | 1 | QL |
| Didanosine (Capsule Delayed-Release) | 1 | QL | | | |
| Emtriva (10mg/ml Oral Solution, 200mg Capsule) | 1 | QL | | | |
| Epzicom (Tablet) | 1 | QL | | | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Selzentry (25mg Tablet) | 1 | QL |
| Anti-HIV Agents, Protease Inhibitors | | |
| Aptivus (100mg/ml Oral Solution, 250mg Capsule) | 1 | QL |
| Atazanavir Sulfate (Capsule) | 1 | QL |
| Crixivan (Capsule) | 1 | QL |
| Evotaz (Tablet) | 1 | QL |
| Fosamprenavir Calcium (Tablet) | 1 | QL |
| Invirase (200mg Capsule, 500mg Tablet) | 1 | QL |
| Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution) | 1 | QL |
| Kaletra (200mg-50mg Tablet) | 1 | QL |
| Lexiva (50mg/ml Suspension) | 1 | QL |
| Lexiva (700mg Tablet) | 1 | QL |
| Lopinavir/Ritonavir (Oral Solution) | 1 | QL |
| Norvir (100mg Capsule, 100mg Packet, 100mg Tablet, 80mg/ml Oral Solution) | 1 | QL |
| Prezcobix (Tablet) | 1 | QL |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet) | 1 | QL |
| Prezista (75mg Tablet) | 1 | QL |
| Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet) | 1 | QL |
| Ritonavir (Tablet) | 1 | QL |
| Viracept (Tablet) | 1 | QL |
| Anti-influenza Agents | | |
| Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension) | 1 | QL |
| Relenza Diskhaler (Aerosol Powder) | 1 | QL |
| Rimantadine HCl (Tablet) | 1 | |
| Tamiflu (6mg/ml Suspension) | 1 | QL |
| Anxiolytics | | |
| Anxiolytics, Other | | |
| Buspirone HCl (Tablet) | 1 | |
| Hydroxyzine HCl (10mg/5ml Syrup) | 1 | |
| Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection) | 1 | B/D, PA |
| Hydroxyzine 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 | Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Benzodiazepines | | | Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release) | | |
| Alprazolam (Tablet Immediate-Release) | 1 | QL | Lithium Carbonate ER (Tablet Extended-Release) | 1 | |
| Chlordiazepoxide HCl (Capsule) | 1 | | Blood Glucose Regulators | | |
| Clonazepam (Tablet) | 1 | QL | Antidiabetic Agents | | |
| Clonazepam ODT (Tablet Dispersible) | 1 | QL | Acarbose (Tablet) | 1 | QL |
| Clorazepate Dipotassium (Tablet) | 1 | QL | Avandia (Tablet) | 1 | PA, QL |
| Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet) | 1 | QL | Bydureon Bcise (Auto injector) | 1 | QL |
| Diazepam (5mg/5ml Oral Solution) | 1 | | Bydureon Pen (Injection) | 1 | QL |
| Diazepam Intensol (5mg/ml Concentrate) | 1 | QL | Bydureon Vial (Injection) | 1 | QL |
| Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet) | 1 | QL | Byetta (Injection) | 1 | QL |
| Lorazepam (2mg/ml Concentrate) | 1 | QL | Cycloset (Tablet) | 1 | PA, QL |
| Bipolar Agents | | | Glimepiride (Tablet) | 1 | QL |
| Mood Stabilizers | | | Glipizide (Tablet Immediate-Release) | 1 | QL |
| Divalproex Sodium (Capsule Sprinkle Delayed-Release) | 1 | | Glipizide ER (Tablet Extended-Release 24 Hour) | 1 | QL |
| Divalproex Sodium DR (Tablet Delayed-Release) | 1 | | Glipizide/Metformin HCl (Tablet) | 1 | QL |
| Divalproex Sodium ER (Tablet Extended-Release 24 Hour) | 1 | | Glyxambi (Tablet) | 1 | QL |
| Lithium (Oral Solution) | 1 | | Invokamet (Tablet) | 1 | QL |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Invokamet XR (Tablet Extended-Release 24 Hour) | 1 | QL |
| Invokana (Tablet) | 1 | QL |
| Janumet (Tablet Immediate-Release) | 1 | QL |
| Janumet XR (Tablet Extended-Release 24 Hour) | 1 | QL |
| Januvia (Tablet) | 1 | QL |
| Jardiance (Tablet) | 1 | QL |
| Jentadueto (Tablet) | 1 | QL |
| Jentadueto XR (Tablet Extended-Release 24 Hour) | 1 | QL |
| Kombiglyze XR (Tablet Extended-Release 24 Hour) | 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 |
| Onglyza (Tablet) | 1 | QL |
| Pioglitazone HCl (Tablet) | 1 | QL |
| Pioglitazone HCl/Glimepiride (Tablet) | 1 | QL |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Pioglitazone HCl/Metformin HCl (Tablet) | 1 | QL |
| Repaglinide (Tablet) | 1 | QL |
| Repaglinide/Metformin HCl (Tablet) | 1 | QL |
| Riomet (Oral Solution) | 1 | QL |
| Soliqua 100/33 (Injection) | 1 | QL |
| SymlinPen 120 (Injection) | 1 | PA |
| SymlinPen 60 (Injection) | 1 | PA |
| Synjardy (Tablet) | 1 | QL |
| Synjardy XR (Tablet Extended-Release 24 Hour) | 1 | QL |
| Tradjenta (Tablet) | 1 | QL |
| Trulicity (Injection) | 1 | QL |
| Victoza (Injection) | 1 | QL |
| Glycemic Agents | | |
| GlucaGen HypoKit (Injection) | 1 | |
| Glucagon Emergency Kit (Injection) | 1 | |
| Proglycem (Suspension) | 1 | |
| Insulins | | |
| Humalog Cartridge (Injection) | 1 | |
| Humalog Junior KwikPen (Injection) | 1 | |
| Humalog KwikPen (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 |
|--|-----------|---------------------------------|
| Humalog Mix 50/50 KwikPen (Injection) | 1 | |
| Humalog Mix 50/50 Vial (Injection) | 1 | |
| Humalog Mix 75/25 KwikPen (Injection) | 1 | |
| Humalog Mix 75/25 Vial (Injection) | 1 | |
| Humalog Vial (Injection) | 1 | |
| Humulin 70/30 KwikPen (Injection) | 1 | |
| Humulin 70/30 Vial (Injection) | 1 | |
| Humulin N KwikPen (Injection) | 1 | |
| Humulin N Vial (Injection) | 1 | |
| Humulin R U-500 KwikPen (Injection) | 1 | |
| Humulin R U-500 Vial (Concentrated) (Injection) | 1 | |
| Humulin R Vial (Injection) | 1 | |
| Lantus SoloStar (Injection) | 1 | |
| Lantus Vial (Injection) | 1 | |
| Levemir FlexTouch (Injection) | 1 | |
| Levemir Vial (Injection) | 1 | |
| Toujeo Max Solostar (Injection) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Toujeo SoloStar (Injection) | 1 | |
| Tresiba FlexTouch (Injection) | 1 | |
| Blood Products/Modifiers/Volume Expanders | | |
| Anticoagulants | | |
| Argatroban (125mg/125ml-0.9% Injection) | 1 | B/D, PA |
| Argatroban (250mg/2.5ml Injection) | 1 | B/D, PA |
| Coumadin (Tablet) | 1 | |
| Eliquis (Tablet) | 1 | QL |
| Eliquis Starter Pack (Tablet) | 1 | QL |
| Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection) | 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 |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Heparin Sodium/D5W (Injection) | 1 | |
| Jantoven (Tablet) | 1 | |
| Pradaxa (Capsule) | 1 | QL |
| Warfarin Sodium (Tablet) | 1 | |
| Xarelto (Tablet) | 1 | QL |
| Xarelto Starter Pack (Tablet Therapy Pack) | 1 | QL |
| Blood Formation Modifiers | | |
| Anagrelide HCl (Capsule) | 1 | |
| 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) | 1 | PA |
| Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection) | 1 | PA |
| Azacitidine (Injection) | 1 | PA |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Granix (Injection) | 1 | ST |
| Leukine (Injection) | 1 | PA |
| Mozobil (Injection) | 1 | |
| Neulasta (Injection) | 1 | PA |
| Neupogen (Injection) | 1 | ST |
| Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection) | 1 | PA |
| Procrit (20000unit/ml Injection, 40000unit/ml Injection) | 1 | PA |
| Promacta (Tablet) | 1 | PA, QL |
| Vidaza (Injection) | 1 | PA |
| Zarxio (Solution Prefilled Syringe) | 1 | |
| Hemostasis Agents | | |
| Tranexamic Acid (1000mg/10ml Injection) | 1 | |
| Tranexamic Acid (650mg Tablet) | 1 | |
| Platelet Modifying Agents | | |
| Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour) | 1 | QL |
| Brilinta (Tablet) | 1 | QL |
| Cilostazol (Tablet) | 1 | |
| Clopidogrel (75mg Tablet) | 1 | QL |
| Prasugrel (Tablet) | 1 | QL |
| Cardiovascular 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 |
|--|-----------|---------------------------------|
| Alpha-adrenergic Agonists | | |
| Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release) | 1 | |
| Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly) | 1 | |
| Methyldopa (Tablet) | 1 | |
| Methyldopate HCl (Injection) | 1 | |
| Midodrine HCl (Tablet) | 1 | |
| Northera (Capsule) | 1 | PA, QL |
| Alpha-adrenergic Blocking Agents | | |
| Doxazosin Mesylate (Tablet) | 1 | |
| Phenoxybenzamine HCl (Capsule) | 1 | |
| Prazosin HCl (Capsule) | 1 | |
| Angiotensin II Receptor Antagonists | | |
| Candesartan Cilexetil (Tablet) | 1 | QL |
| Edarbi (Tablet) | 1 | QL |
| Eprosartan Mesylate (Tablet) | 1 | QL |
| Irbesartan (Tablet) | 1 | QL |
| Losartan Potassium (Tablet) | 1 | QL |
| Olmesartan Medoxomil (Tablet) | 1 | QL |
| Telmisartan (Tablet) | 1 | QL |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Valsartan (Tablet) | 1 | QL |
| Angiotensin-converting Enzyme (ACE) Inhibitors | | |
| Benazepril HCl (Tablet) | 1 | QL |
| Captopril (Tablet) | 1 | QL |
| Enalapril Maleate (Tablet) | 1 | QL |
| Fosinopril Sodium (Tablet) | 1 | QL |
| Lisinopril (Tablet) | 1 | QL |
| Moexipril HCl (Tablet) | 1 | QL |
| Perindopril Erbumine (Tablet) | 1 | QL |
| Quinapril HCl (Tablet) | 1 | QL |
| Ramipril (Capsule) | 1 | QL |
| Trandolapril (Tablet) | 1 | QL |
| Antiarrhythmics | | |
| Amiodarone HCl (200mg Tablet) | 1 | |
| Amiodarone HCl (50mg/ml Injection) | 1 | |
| Dofetilide (Capsule) | 1 | |
| Flecainide Acetate (Tablet) | 1 | |
| Mexiletine HCl (Capsule) | 1 | |
| Multaq (Tablet) | 1 | QL |
| Pacerone (200mg Tablet) | 1 | |
| Procainamide HCl (Injection) | 1 | |
| Propafenone 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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Propafenone HCl ER (Capsule Extended-Release 12 Hour) | 1 | | Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release) | 1 | |
| Quinidine Gluconate (Injection) | 1 | | Metoprolol Tartrate (5mg/5ml Injection) | 1 | |
| Quinidine Gluconate CR (Tablet Extended-Release) | 1 | | Nadolol (Tablet) | 1 | |
| Quinidine Sulfate (Tablet) | 1 | | Pindolol (Tablet) | 1 | |
| Sotalol HCl (AF) (Tablet) | 1 | | Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution) | 1 | |
| Sotalol HCl (Tablet) | 1 | | Propranolol HCl (1mg/ml Injection) | 1 | |
| Beta-adrenergic Blocking Agents | | | Propranolol HCl (Tablet Immediate-Release) | 1 | |
| Acebutolol HCl (Capsule) | 1 | | Propranolol HCl ER (Capsule Extended-Release 24 Hour) | 1 | |
| Atenolol (Tablet) | 1 | | Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet) | 1 | |
| Betaxolol HCl (10mg Tablet, 20mg Tablet) | 1 | | Calcium Channel Blocking Agents | | |
| Bisoprolol Fumarate (Tablet) | 1 | | Afeditab CR (Tablet Extended-Release 24 Hour) | 1 | QL |
| Bystolic (Tablet) | 1 | QL | Amlodipine Besylate (Tablet) | 1 | |
| Carvedilol (Tablet) | 1 | | Cardene IV (Injection) | 1 | |
| Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet) | 1 | | Cartia XT (Capsule Extended-Release 24 Hour) | 1 | |
| Labetalol HCl (5mg/ml Injection) | 1 | | | | |
| Metoprolol Succinate ER (Tablet Extended-Release 24 Hour) | 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 |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Dilt-XR (Capsule Extended-Release 24 Hour) | 1 | | Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release) | 1 | |
| Diltiazem HCl (100mg Injection, 50mg/10ml Injection) | 1 | | Verapamil HCl (2.5mg/ml Injection) | 1 | |
| Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release) | 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 | |
| Diltiazem HCl ER (Capsule Extended-Release) | 1 | | Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release) | 1 | |
| Felodipine ER (Tablet Extended-Release 24 Hour) | 1 | | Verapamil HCl SR (Capsule Extended-Release 24 Hour) | 1 | |
| Matzim LA (Tablet Extended-Release 24 Hour) | 1 | | Cardiovascular Agents, Other | | |
| Nicardipine HCl (2.5mg/ml Injection) | 1 | | Amiloride/ Hydrochlorothiazide (Tablet) | 1 | |
| Nicardipine HCl (20mg Capsule, 30mg Capsule) | 1 | | Amlodipine Besylate/ Atorvastatin Calcium (Tablet) | 1 | QL |
| Nifedipine ER (Tablet Extended-Release 24 Hour) | 1 | QL | | | |
| Nimodipine (Capsule) | 1 | | | | |
| Nymalize (Oral Solution) | 1 | | | | |
| Taztia XT (Capsule Extended-Release 24 Hour) | 1 | | | | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Amlodipine Besylate/ Benazepril HCl (Capsule) | 1 | QL |
| Amlodipine Besylate/ Valsartan (Tablet) | 1 | QL |
| Amlodipine/ Olmesartan Medoxomil (Tablet) | 1 | QL |
| Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Atenolol/ Chlorthalidone (Tablet) | 1 | |
| Benazepril HCl/ Hydrochlorothiazide (Tablet) | 1 | QL |
| BiDil (Tablet) | 1 | QL |
| Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Candesartan Cilexetil/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Captopril/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Corlanor (Tablet) | 1 | PA, QL |
| Demser (Capsule) | 1 | |
| Digitex (Tablet) | 1 | |
| Digox (Tablet) | 1 | |
| Digoxin (0.05mg/ml Oral Solution) | 1 | |
| Digoxin (0.25mg/ml Injection) | 1 | |
| Digoxin (125mcg Tablet, 250mcg Tablet) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Edarbyclor (Tablet) | 1 | QL |
| Enalapril Maleate/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Entresto (Tablet) | 1 | QL |
| Fosinopril Sodium/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Irbesartan/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Lanoxin (125mcg Tablet, 250mcg Tablet, 62.5mcg Tablet) | 1 | |
| Lisinopril/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Losartan Potassium/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Methyldopa/ Hydrochlorothiazide (Tablet) | 1 | |
| Metoprolol/ Hydrochlorothiazide (Tablet) | 1 | |
| Moexipril/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Nadolol/ Bendroflumethiazide (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 |
|---|-----------|---------------------------------|
| Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Pentoxifylline ER (Tablet Extended-Release) | 1 | |
| Propranolol/ Hydrochlorothiazide (Tablet) | 1 | |
| Quinapril/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Ranexa (Tablet Extended-Release 12 Hour) | 1 | QL |
| Spirolactone/ Hydrochlorothiazide (Tablet) | 1 | |
| Telmisartan/ Amlodipine (Tablet) | 1 | QL |
| Telmisartan/ Hydrochlorothiazide (Tablet) | 1 | QL |
| Triamterene/ Hydrochlorothiazide (37.5mg-25mg Tablet, 75mg-50mg Tablet, 37.5mg-25mg Capsule) | 1 | |
| Valsartan/ Hydrochlorothiazide (Tablet) | 1 | QL |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Diuretics, Carbonic Anhydrase Inhibitors | | |
| Acetazolamide (Tablet Immediate-Release) | 1 | |
| Acetazolamide ER (Capsule Extended-Release 12 Hour) | 1 | |
| Acetazolamide Sodium (Injection) | 1 | |
| Methazolamide (Tablet) | 1 | |
| Diuretics, Loop | | |
| Bumetanide (0.25mg/ml Injection) | 1 | |
| Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet) | 1 | |
| Edecrin (Tablet) | 1 | |
| Ethacrynic Acid (Tablet) | 1 | |
| 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 | |
| Dyrenium (Capsule) | 1 | |
| Eplerenone (Tablet) | 1 | |
| Spirolactone (Tablet) | 1 | |
| Diuretics, Thiazide | | |

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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Chlorothiazide (Tablet) | 1 | | Pravastatin Sodium (Tablet) | 1 | QL |
| Chlorothiazide Sodium (Injection) | 1 | B/D, PA | Rosuvastatin Calcium (Tablet) | 1 | QL |
| Chlorthalidone (Tablet) | 1 | | Simvastatin (Tablet) | 1 | QL |
| Diuril (Suspension) | 1 | | Dyslipidemics, Other | | |
| Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet) | 1 | | Cholestyramine (Packet) | 1 | |
| Indapamide (Tablet) | 1 | | Cholestyramine Light (Powder) | 1 | |
| Methyclothiazide (Tablet) | 1 | | Colesevelam HCl (Tablet) | 1 | |
| Metolazone (Tablet) | 1 | | Colestipol HCl (1gm Tablet) | 1 | |
| Dyslipidemics, Fibric Acid Derivatives | | | Colestipol HCl (5gm Packet) | 1 | |
| Fenofibrate (145mg Tablet, 48mg Tablet) | 1 | | Ezetimibe (Tablet) | 1 | QL |
| Fenofibrate (160mg Tablet, 54mg Tablet) | 1 | | Ezetimibe/Simvastatin (Tablet) | 1 | QL |
| Fenofibrate Micronized (Capsule) | 1 | | Juxtapid (Capsule) | 1 | PA, LA |
| Fenofibric Acid (Tablet) | 1 | | Kynamro (Injection) | 1 | PA, LA |
| Fenofibric Acid DR (Capsule Delayed-Release) | 1 | | Niacin ER (Tablet Extended-Release) | 1 | |
| Gemfibrozil (Tablet) | 1 | | Niacor (Tablet) | 1 | |
| Dyslipidemics, HMG CoA Reductase Inhibitors | | | Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza) | 1 | QL |
| Atorvastatin Calcium (Tablet) | 1 | QL | Praluent (Injection) | 1 | PA, QL |
| Fluvastatin (Capsule Immediate-Release) | 1 | QL | Prevalite (Packet) | 1 | |
| Livalo (Tablet) | 1 | QL | Repatha (Injection) | 1 | PA, QL |
| Lovastatin (Tablet) | 1 | QL | Repatha Pushtronex System (Injection) | 1 | PA, QL |
| | | | Repatha SureClick (Injection) | 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 |
|---|-----------|---------------------------------|
| Vascepa (Capsule) | 1 | |
| Welchol (3.75gm Packet, 625mg Tablet) | 1 | |
| Vasodilators, Direct-acting Arterial | | |
| Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet) | 1 | |
| Hydralazine HCl (20mg/ml Injection) | 1 | |
| Minoxidil (Tablet) | 1 | |
| Vasodilators, Direct-acting Arterial/Venous | | |
| Isosorbide Dinitrate (Tablet Immediate-Release) | 1 | |
| Isosorbide Dinitrate ER (Tablet Extended-Release) | 1 | |
| 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 (0.3mg Tablet Sublingual, 0.4mg Tablet Sublingual, 0.6mg Tablet Sublingual) | 1 | |
| Nitroglycerin (5mg/ml Injection) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Nitroglycerin Lingual (Translingual Solution) | 1 | |
| Nitroglycerin Transdermal (Patch 24 Hour) | 1 | |
| Nitrostat (Tablet Sublingual) | 1 | |
| Central Nervous System Agents | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines | | |
| 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) | 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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release) | 1 | QL | Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines | | |
| Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet) | 1 | QL | Atomoxetine (Capsule) | 1 | QL |
| Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour) | 1 | QL | Clonidine HCl ER (Tablet Extended- Release 12 Hour) | 1 | PA |
| Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable) | 1 | | Dexmethylphenidate HCl (Tablet Immediate- Release) | 1 | QL |
| | | | Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour) | 1 | |
| | | | Guanfacine ER (Tablet Extended-Release 24 Hour) | 1 | |
| | | | Metadate ER (Tablet Extended-Release) | 1 | QL |
| | | | Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate- Release) (Generic Ritalin) | 1 | QL |
| | | | Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution) | 1 | QL |
| | | | Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended- Release) | 1 | QL |
| | | | Central Nervous System, Other | | |
| | | | Austedo (Tablet) | 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 |
|--|-----------|---------------------------------|
| Ingrezza (Capsule) | 1 | PA, QL |
| Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour) | 1 | PA, QL |
| Nuedexta (Capsule) | 1 | PA |
| Rilutek (Tablet) | 1 | |
| Riluzole (Tablet) | 1 | |
| Tetrabenazine (Tablet) | 1 | PA, QL |
| Xenazine (Tablet) | 1 | PA, QL, LA |
| Fibromyalgia Agents | | |
| Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release) | 1 | QL |
| Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution) | 1 | QL |
| Savella (Tablet) | 1 | |
| Savella Titration Pack | 1 | |
| Multiple Sclerosis Agents | | |
| Ampyra (Tablet Extended-Release 12 Hour) | 1 | QL |
| Aubagio (Tablet) | 1 | QL |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Avonex (Injection) | 1 | |
| Avonex Pen (Injection) | 1 | |
| Betaseron (Injection) | 1 | |
| Copaxone (Injection) | 1 | |
| Gilenya (Capsule) | 1 | QL |
| Glatiramer Acetate (Solution Prefilled Syringe) | 1 | |
| Glatopa (Injection) | 1 | |
| Rebif (Injection) | 1 | |
| Rebif Rebidose (Injection) | 1 | |
| Rebif Rebidose Titration Pack (Injection) | 1 | |
| Rebif Titration Pack (Injection) | 1 | |
| Tecfidera (Capsule Delayed-Release) | 1 | QL |
| Tecfidera Starter Pack | 1 | |
| Tysabri (Injection) | 1 | PA |
| Dental and Oral Agents | | |
| Dental and Oral Agents | | |
| Chlorhexidine Gluconate Oral Rinse (Solution) | 1 | |
| Kepivance (Injection) | 1 | |
| Periogard (Solution) | 1 | |
| Pilocarpine HCl (5mg Tablet, 7.5mg 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 |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Triamcinolone Acetonide Dental Paste (Paste) | 1 | | Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment) | 1 | |
| Dermatological Agents | | | Cosentyx (Injection) | 1 | PA |
| Dermatological Agents | | | Cosentyx Sensoready Pen (Injection) | 1 | PA |
| Acitretin (Capsule) | 1 | | Diclofenac Sodium (3% Gel) | 1 | PA |
| Adapalene (0.1% Cream, 0.1% Gel) | 1 | | Doxepin HCl (Cream) | 1 | PA |
| Ammonium Lactate (12% Cream, 12% Lotion) | 1 | | Elidel (Cream) | 1 | ST |
| Calcipotriene (0.005% Cream, 0.005% External Solution) | 1 | | Ery (2% Pad) | 1 | |
| Calcitriol (3mcg/gm Ointment) | 1 | | Erythromycin (2% External Solution) | 1 | |
| Carac (Cream) | 1 | PA | Erythromycin (2% Gel) | 1 | |
| Claravis (Capsule) | 1 | PA | Erythromycin/Benzoyl Peroxide (Gel) | 1 | |
| Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab) | 1 | | Finacea (15% Foam, 15% Gel) | 1 | |
| Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin) | 1 | | Fluorouracil (0.5% Cream) | 1 | |
| Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream) | 1 | | Fluorouracil (2% External Solution, 5% External Solution) | 1 | |
| Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion) | 1 | | Fluorouracil (5% Cream) | 1 | |
| | | | Imiquimod (Cream) | 1 | |
| | | | Isotretinoin (Capsule) | 1 | PA |
| | | | Methoxsalen (Capsule) | 1 | |
| | | | Mirvaso (Gel) | 1 | |
| | | | Oxsoralen Ultra (Capsule) | 1 | |
| | | | Picato (Gel) | 1 | |
| | | | Podofilox (External 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 |
|--|-----------|---------------------------------|
| Prudoxin (Cream) | 1 | PA |
| Regranex (Gel) | 1 | PA |
| Santyl (Ointment) | 1 | |
| Selenium Sulfide (Lotion) | 1 | |
| Soriatane (Capsule) | 1 | |
| Stelara (130mg/26ml Injection, 45mg/0.5ml Injection, 90mg/ml Injection) | 1 | PA |
| Tacrolimus (0.03% Ointment, 0.1% Ointment) | 1 | ST |
| Tazarotene (Cream) | 1 | PA |
| Tazorac (0.05% Cream, 0.1% Cream, 0.05% Gel, 0.1% Gel) | 1 | PA |
| Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream) | 1 | PA |
| Tretinoin Microsphere (Gel) | 1 | PA |
| Zyclara Pump (Cream) | 1 | PA |
| Electrolytes/Minerals/Metals/Vitamins | | |
| Electrolyte/Mineral Replacement | | |
| Aminosyn 7%/Electrolytes (Injection) | 1 | B/D, PA |
| Aminosyn 8.5%/Electrolytes (Injection) | 1 | B/D, PA |
| Aminosyn II (10% Injection) | 1 | B/D, PA |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Aminosyn II 8.5%/Electrolytes (Injection) | 1 | B/D, PA |
| Aminosyn-HBC (Injection) | 1 | B/D, PA |
| Aminosyn-PF (Injection) | 1 | B/D, PA |
| Aminosyn-RF (Injection) | 1 | B/D, PA |
| Carbaglu (Tablet) | 1 | LA |
| Dextrose 10% (Injection) | 1 | |
| Dextrose 10%/NaCl 0.2% (Injection) | 1 | |
| Dextrose 10%/NaCl 0.45% (Injection) | 1 | |
| Dextrose 2.5%/NaCl 0.45% (Injection) | 1 | |
| Dextrose 5% (Injection) | 1 | |
| Dextrose 5%/Lactated Ringers (Injection) | 1 | |
| Dextrose 5%/NaCl 0.2% (Injection) | 1 | |
| Dextrose 5%/NaCl 0.225% (Injection) | 1 | |
| Dextrose 5%/NaCl 0.33% (Injection) | 1 | |
| Dextrose 5%/NaCl 0.45% (Injection) | 1 | |
| Dextrose 5%/NaCl 0.9% (Injection) | 1 | |
| FreAmine HBC 6.9% (Injection) | 1 | B/D, PA |

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 |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| HepatAmine (Injection) | 1 | B/D, PA | Lactated Ringers Irrigation (Solution) | 1 | |
| Intralipid (Injection) | 1 | B/D, PA | Lactated Ringers Viaflex (Injection) | 1 | |
| Ionosol-MB/Dextrose 5% (Injection) | 1 | | Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet) | 1 | |
| Isolyte-P/Dextrose 5% (Injection) | 1 | | Magnesium Sulfate (1gm/2ml-50% Injection) | 1 | |
| Isolyte-S (Injection) | 1 | | Magnesium Sulfate (5gm/10ml-50% Injection) | 1 | |
| KCl 0.075%/D5W/NaCl 0.45% (Injection) | 1 | | Nephramine (Injection) | 1 | B/D, PA |
| KCl 0.15%/D5W/NaCl 0.2% (Injection) | 1 | | Normosol-M in D5W (Injection) | 1 | |
| KCl 0.15%/D5W/NaCl 0.45% (Injection) | 1 | | Normosol-R (Injection) | 1 | |
| KCl 0.15%/D5W/NaCl 0.9% (Injection) | 1 | | Normosol-R in D5W (Injection) | 1 | |
| KCl 0.3%/D5W/NaCl 0.45% (Injection) | 1 | | Nutrilipid (Injection) | 1 | B/D, PA |
| KCl 0.3%/D5W/NaCl 0.9% (Injection) | 1 | | Physiolyte (Irrigation Solution) | 1 | |
| Klor-Con (Packet) | 1 | | Physiosol Irrigation (Solution) | 1 | |
| Klor-Con 10 (Tablet Extended-Release) | 1 | | Plasma-Lyte A (Injection) | 1 | |
| Klor-Con 8 (Tablet Extended-Release) | 1 | | Plasma-Lyte-148 (Injection) | 1 | |
| Klor-Con M10 (Tablet Extended-Release) | 1 | | Plenamaine (Injection) | 1 | B/D, PA |
| Klor-Con M15 (Tablet Extended-Release) | 1 | | Potassium Chloride (10% Oral Solution, 20% Oral Solution) | 1 | |
| Klor-Con M20 (Tablet Extended-Release) | 1 | | | | |
| Klor-Con Sprinkle (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 |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection) | 1 | B/D, PA | Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection) | 1 | B/D, PA |
| Potassium Chloride (2meq/ml Injection) | 1 | B/D, PA | Potassium Citrate ER (Tablet Extended-Release) | 1 | |
| Potassium Chloride CR (Tablet Extended-Release) | 1 | | Premasol (Injection) | 1 | B/D, PA |
| Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release) | 1 | | Procalamine (Injection) | 1 | B/D, PA |
| Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release) | 1 | | Prosol (Injection) | 1 | B/D, PA |
| Potassium Chloride/Dextrose (Injection) | 1 | B/D, PA | Ringers Injection | 1 | |
| Potassium Chloride/Dextrose/Lactated Ringers (Injection) | 1 | | Ringers Irrigation (Solution) | 1 | |
| Potassium Chloride/Dextrose/Sodium Chloride (Injection) | 1 | | Sodium Chloride 0.9% (Irrigation Solution) | 1 | |
| Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection) | 1 | B/D, PA | Sodium Chloride (0.9% Injection, 2.5meq/ml Injection) | 1 | |
| | | | Sodium Chloride (3% Injection, 5% Injection) | 1 | B/D, PA |
| | | | Sodium Chloride 0.45% (Injection) | 1 | |
| | | | Sodium Fluoride (Tablet) | 1 | |
| | | | Sodium Lactate (Injection) | 1 | |
| | | | TPN Electrolytes (Injection) | 1 | |
| | | | Travasol (Injection) | 1 | B/D, PA |
| | | | Trophamine (10% Injection) | 1 | B/D, PA |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Electrolyte/Mineral/Metal Modifiers | | |
| Chemet (Capsule) | 1 | |
| Exjade (Tablet Soluble) | 1 | PA |
| Ferriprox (100mg/ml Oral Solution, 500mg Tablet) | 1 | PA |
| Jadenu (Tablet) | 1 | PA |
| Jadenu Sprinkle (Packet) | 1 | PA |
| Kionex (Suspension) | 1 | |
| Samsca (Tablet) | 1 | PA, QL |
| Sodium Polystyrene Sulfonate (Powder) | 1 | |
| SPS (Suspension) | 1 | |
| Syprine (Capsule) | 1 | PA, QL |
| Trientine HCl (Capsule) | 1 | PA, QL |
| Veltassa (Packet) | 1 | QL |
| Phosphate Binders | | |
| Auryxia (Tablet) | 1 | PA |
| Calcium Acetate (667mg Capsule, 667mg Tablet) | 1 | |
| Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable) | 1 | |
| Lanthanum Carbonate (Tablet Chewable) | 1 | |
| Phoslyra (Oral Solution) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Renagel (Tablet) | 1 | ST |
| Renvela (0.8gm Packet, 2.4gm Packet) | 1 | |
| Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet, 800mg Tablet) | 1 | |
| Velphoro (Tablet Chewable) | 1 | |
| Vitamins | | |
| VP-PNV-DHA (Capsule) | 1 | |
| Gastrointestinal Agents | | |
| Antispasmodics, Gastrointestinal | | |
| Atropine Sulfate (0.25mg/5ml Injection) | 1 | |
| Cuvposa (Oral Solution) | 1 | |
| Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution) | 1 | |
| Dicyclomine HCl (Tablet) | 1 | |
| Glycopyrrolate (4mg/20ml Injection) | 1 | |
| Methscopolamine Bromide (Tablet) | 1 | |
| Gastrointestinal Agents, Other | | |
| Chenodal (Tablet) | 1 | |
| Cromolyn Sodium (100mg/5ml 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 |
|---|-----------|---------------------------------|
| Diphenoxylate/ Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid) | 1 | |
| Gattex (Injection) | 1 | PA |
| Loperamide HCl (Capsule) | 1 | |
| Myalept (Injection) | 1 | PA |
| Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection) | 1 | PA |
| Serostim (Injection) | 1 | PA |
| Ursodiol (250mg Tablet, 500mg Tablet) | 1 | |
| Ursodiol (300mg Capsule) | 1 | |
| Zorbtive (Injection) | 1 | PA |
| Histamine2 (H2) Receptor Antagonists | | |
| Cimetidine (Tablet) | 1 | |
| Cimetidine HCl (Oral Solution) | 1 | |
| Famotidine (20mg Tablet, 40mg Tablet) | 1 | |
| Famotidine (20mg/2ml Injection, 40mg/5ml Suspension) | 1 | |
| Famotidine Premixed (Injection) | 1 | |
| Ranitidine HCl (150mg Tablet, 300mg Tablet) | 1 | |
| Ranitidine HCl (50mg/ 2ml Injection, 75mg/ 5ml Syrup) | 1 | |
| Irritable Bowel Syndrome Agents | | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Alosetron HCl (Tablet) | 1 | PA |
| Amitiza (Capsule) | 1 | QL |
| Linzess (Capsule) | 1 | QL |
| Lotronex (Tablet) | 1 | PA |
| Xifaxan (Tablet) | 1 | PA |
| Laxatives | | |
| 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 (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 | |
| Polyethylene Glycol 3350 Powder (Generic MiraLAX) | 1 | |
| Suprep Bowel Prep Kit (Oral Solution) | 1 | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| TriLyte (Oral Solution) | 1 | |
| Protectants | | |
| Carafate (1gm/10ml Suspension) | 1 | |
| Misoprostol (Tablet) | 1 | |
| Sucralfate (Tablet) | 1 | |
| Proton Pump Inhibitors | | |
| Dexilant (Capsule Delayed-Release) | 1 | QL |
| Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium) | 1 | QL |
| Esomeprazole Sodium (Injection) | 1 | |
| Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release) | 1 | QL |
| Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet) | 1 | |
| Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release) | 1 | QL |
| Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release) | 1 | QL |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Omeprazole (20mg Capsule Delayed-Release) | 1 | |
| Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release) | 1 | QL |
| Prilosec (Packet) | 1 | PA |
| Rabeprazole Sodium (Tablet Delayed-Release) | 1 | |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| Adagen (Injection) | 1 | LA |
| Aldurazyme (Injection) | 1 | |
| Aralast NP (Injection) | 1 | PA, LA |
| Buphenyl (3gm/tsp Powder, 500mg Tablet) | 1 | |
| Cerezyme (Injection) | 1 | PA |
| Cholbam (Capsule) | 1 | PA |
| Creon (Capsule Delayed-Release) | 1 | |
| Cystadane (Powder) | 1 | |
| Cystagon (Capsule) | 1 | LA |
| Elaprase (Injection) | 1 | |
| Elelyso (Injection) | 1 | PA, LA |
| Exondys 51 (Injection) | 1 | PA, LA |
| Fabrazyme (Injection) | 1 | |
| Glassia (Injection) | 1 | PA, 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 |
|--|-----------|---------------------------------|
| Kanuma (Injection) | 1 | PA |
| Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble) | 1 | |
| Lumizyme (Injection) | 1 | |
| Miglustat (Capsule) | 1 | PA, LA |
| Naglazyme (Injection) | 1 | |
| Ocaliva (Tablet) | 1 | PA, QL |
| Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension) | 1 | LA |
| Procysbi (Capsule Delayed-Release) | 1 | |
| Prolastin-C (Injection) | 1 | PA, LA |
| Ravicti (Liquid) | 1 | QL |
| Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet) | 1 | |
| Strensiq (Injection) | 1 | PA, LA |
| Sucraid (Oral Solution) | 1 | LA |
| VPRIV (Injection) | 1 | PA |
| Zavesca (Capsule) | 1 | PA, LA |
| Zemaira (Injection) | 1 | PA, LA |
| Zenpep (Capsule Delayed-Release) | 1 | |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Myrbetriq (Tablet Extended-Release 24 Hour) | 1 | |
| Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup) | 1 | |
| Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour) | 1 | QL |
| Vesicare (Tablet) | 1 | QL |
| Benign Prostatic Hypertrophy Agents | | |
| Alfuzosin HCl ER (Tablet Extended-Release 24 Hour) | 1 | |
| Dutasteride (Capsule) | 1 | |
| Finasteride (5mg Tablet) (Generic Proscar) | 1 | |
| Rapaflo (Capsule) | 1 | QL |
| Tamsulosin HCl (Capsule) | 1 | |
| Terazosin HCl (Capsule) | 1 | |
| Genitourinary Agents, Other | | |
| Bethanechol Chloride (Tablet) | 1 | |
| Cuprimine (Capsule) | 1 | PA |
| Depen Titratabs (Tablet) | 1 | |
| Elmiron (Capsule) | 1 | |
| Lithostat (Tablet) | 1 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | |

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 |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | | Desoximetasone (0.05% Cream, 0.25% Cream) | 1 | |
| Ala-Cort (Cream) | 1 | | Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir) | 1 | |
| Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment) | 1 | | Dexamethasone Intensol (1mg/ml Concentrate) | 1 | |
| Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment) | 1 | | Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection) | 1 | |
| 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 | |
| Cordran (Tape) | 1 | | Fluocinonide Emulsified Base (Cream) | 1 | |
| Cortisone Acetate (Tablet) | 1 | | Fluticasone Propionate (0.005% Ointment, 0.05% Cream) | 1 | |
| Depo-Medrol (20mg/ml Injection) | 1 | | | | |
| Desonide (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 |
|--|-----------|---------------------------------|---|-----------|---------------------------------|
| Halobetasol Propionate (0.05% Cream, 0.05% Ointment) | 1 | | Prednicarbate (0.1% Ointment) | 1 | |
| Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment) | 1 | | Prednisolone (15mg/5ml Oral Solution) | 1 | |
| Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion) | 1 | | Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution) | 1 | |
| Hydrocortisone Butyrate (0.1% Ointment) | 1 | | Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet) | 1 | |
| Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment) | 1 | | Prednisone (5mg/5ml Oral Solution) | 1 | |
| Kenalog-10 (Injection) | 1 | | Prednisone Intensol (5mg/ml Concentrate) | 1 | |
| Kenalog-40 (Injection) | 1 | | Solu-Cortef (Injection) | 1 | |
| Methylprednisolone (Tablet) | 1 | | Solu-Medrol (2gm Injection) | 1 | |
| Methylprednisolone Acetate (Injection) | 1 | | Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment) | 1 | |
| Methylprednisolone Dose Pack (Tablet Therapy Pack) | 1 | | Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion) | 1 | |
| Methylprednisolone Sodium Succinate (Injection) | 1 | | | | |
| Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment) | 1 | | | | |
| Prednicarbate (0.1% Cream) | 1 | | | | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Triamcinolone Acetonide (40mg/ml Injection) | 1 | |
| Triderm (Cream) | 1 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | |
| Chorionic Gonadotropin (Injection) | 1 | PA |
| Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection) | 1 | |
| Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet) | 1 | |
| Genotropin (12mg Injection, 5mg Injection) | 1 | PA |
| Genotropin Miniquick (0.2mg Injection) | 1 | PA |
| Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection) | 1 | PA |
| Humatrope (Injection) | 1 | PA |
| Humatrope Combo Pack (Injection) | 1 | PA |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Increlex (Injection) | 1 | PA |
| Norditropin FlexPro (Injection) | 1 | PA |
| Novarel (Injection) | 1 | PA |
| Nutropin AQ (Injection) | 1 | PA |
| Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection) | 1 | PA |
| Saizen (Injection) | 1 | PA |
| Saizenprep Reconstitution Kit (Injection) | 1 | PA |
| Zomacton (10mg Injection) | 1 | PA |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | |
| Korlym (Tablet) | 1 | PA, QL |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | |
| Androgens | | |
| Anadrol-50 (Tablet) | 1 | PA |
| Androderm (Patch 24 Hour) | 1 | QL |
| AndroGel (1.62% Packet Gel) | 1 | |
| AndroGel Pump (1.62% Gel) | 1 | |
| Danazol (Capsule) | 1 | |
| Oxandrolone (10mg Tablet) | 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 |
|------------------------------------|-----------|---------------------------------|
| Oxandrolone (2.5mg Tablet) | 1 | PA, QL |
| Testosterone Cypionate (Injection) | 1 | |
| Testosterone Enanthate (Injection) | 1 | |
| Estrogens | | |
| Altavera (Tablet) | 1 | |
| Alyacen 1/35 (Tablet) | 1 | |
| Amethia (Tablet) | 1 | |
| Amethia Lo (Tablet) | 1 | |
| Apri (Tablet) | 1 | |
| Aranelle (Tablet) | 1 | |
| Ashlyna (Tablet) | 1 | |
| Aubra (Tablet) | 1 | |
| Aviane (Tablet) | 1 | |
| Balziva (Tablet) | 1 | |
| Bekyree (Tablet) | 1 | |
| Blisovi 24 Fe (Tablet) | 1 | |
| Blisovi Fe 1.5/30 (Tablet) | 1 | |
| Blisovi Fe 1/20 (Tablet) | 1 | |
| Brielllyn (Tablet) | 1 | |
| Camrese Lo (Tablet) | 1 | |
| Caziant (Tablet) | 1 | |
| Climara Pro (Patch Weekly) | 1 | |
| Cryselle-28 (Tablet) | 1 | |
| Cyclafem (Tablet) | 1 | |
| Delyla (Tablet) | 1 | |
| Depo-Estradiol (Injection) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Desogestrel/Ethinyl Estradiol (Tablet) | 1 | |
| Drospirenone/Ethinyl Estradiol (Tablet) | 1 | |
| Duavee (Tablet) | 1 | |
| Elestrin (Gel) | 1 | |
| Emoquette (Tablet) | 1 | |
| Enpresse-28 (Tablet) | 1 | |
| Enskyce (Tablet) | 1 | |
| Estarylla (Tablet) | 1 | |
| Estrace (0.1mg/gm Cream) | 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 |
| Estradiol (0.1mg/gm Cream) | 1 | |
| Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace) | 1 | |
| Estradiol (10mcg Tablet) | 1 | QL |
| Estradiol Valerate (Injection) | 1 | |
| Estring (Ring) | 1 | |
| Ethinodiol Diacetate/Ethinyl Estradiol (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 |
|-------------------------------------|-----------|---------------------------------|---|-----------|---------------------------------|
| Falmina (Tablet) | 1 | | Leena (Tablet) | 1 | |
| Femring (Ring) | 1 | | Lessina (Tablet) | 1 | |
| Femynor (Tablet) | 1 | | Levonest (Tablet) | 1 | |
| Fyavolv (1mg-5mcg Tablet) | 1 | | Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet) | 1 | |
| Gianvi (Tablet) | 1 | | Levonorgestrel/Ethinyl Estradiol (0.15mg-0.03mg Tablet, 0.1mg-20mcg Tablet, 0.05mg-30mcg/0.075mg-40mcg/0.125mg-30mcg Tablet, 0.15mg-0.03mg/0.01mg Tablet) | 1 | |
| Introvale (Tablet) | 1 | | Levora 0.15/30-28 (Tablet) | 1 | |
| Isibloom (Tablet) | 1 | | Loryna (Tablet) | 1 | |
| Jinteli (Tablet) | 1 | | Low-Ogestrel (Tablet) | 1 | |
| Juleber (Tablet) | 1 | | Lutera (Tablet) | 1 | |
| Junel 1.5/30 (Tablet) | 1 | | Marlissa (Tablet) | 1 | |
| Junel 1/20 (Tablet) | 1 | | Melodetta 24 Fe (Tablet Chewable) | 1 | |
| Junel Fe 1.5/30 (Tablet) | 1 | | Menest (Tablet) | 1 | |
| Junel Fe 1/20 (Tablet) | 1 | | Mibelas 24 Fe (Tablet Chewable) | 1 | |
| 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 | | | | |
| Kelnor 1/50 (Tablet) | 1 | | | | |
| Kimidess (Tablet) | 1 | | | | |
| Kurvelo (Tablet) | 1 | | | | |
| Larin 1.5/30 (Tablet) | 1 | | | | |
| Larin 1/20 (Tablet) | 1 | | | | |
| Larin Fe 1.5/30 (Tablet) | 1 | | | | |
| Larin Fe 1/20 (Tablet) | 1 | | | | |
| Larissia (Tablet) | 1 | | | | |
| Layolis Fe (Tablet Chewable) | 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 |
|--|-----------|---------------------------------|
| Microgestin Fe 1.5/30 (Tablet) | 1 | |
| Mili (Tablet) | 1 | |
| MonoNessa (Tablet) | 1 | |
| Necon 0.5/35-28 (Tablet) | 1 | |
| Necon 7/7/7 (Tablet) | 1 | |
| Nikki (Tablet) | 1 | |
| Norethindrone Acetate/Ethinyl Estradiol (1mg-20mcg Tablet, 1mg-5mcg Tablet) | 1 | |
| Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable) | 1 | |
| Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet) | 1 | |
| Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable) | 1 | |
| Norgestimate/Ethinyl Estradiol (Tablet) | 1 | |
| Nortrel 0.5/35 (28) (Tablet) | 1 | |
| Nortrel 1/35 (Tablet) | 1 | |
| Nortrel 7/7/7 (Tablet) | 1 | |
| NuvaRing (Ring) | 1 | |
| Ocella (Tablet) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Ogestrel (Tablet) | 1 | |
| Orsythia (Tablet) | 1 | |
| Pimtreea (Tablet) | 1 | |
| Pirmella 1/35 (Tablet) | 1 | |
| Portia-28 (Tablet) | 1 | |
| Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet) | 1 | QL |
| Premarin (Vaginal Cream) | 1 | |
| Premphase (Tablet) | 1 | QL |
| Prempro (Tablet) | 1 | QL |
| Previfem (Tablet) | 1 | |
| Quasense (Tablet) | 1 | |
| Reclipsen (Tablet) | 1 | |
| Setlakin (Tablet) | 1 | |
| Sprintec 28 (Tablet) | 1 | |
| Sronyx (Tablet) | 1 | |
| Syeda (Tablet) | 1 | |
| Tarina Fe 1/20 (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 | |
| Trinessa (Tablet) | 1 | |
| Trivora-28 (Tablet) | 1 | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Velivet (Tablet) | 1 | |
| 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 | |
| Zenchent (Tablet) | 1 | |
| Zovia 1/35E (Tablet) | 1 | |
| Progestins | | |
| Camila (Tablet) | 1 | |
| Crinone (Gel) | 1 | PA |
| Deblitane (Tablet) | 1 | |
| Depo-Provera (Injection) | 1 | |
| Errin (Tablet) | 1 | |
| Hydroxyprogesterone Caproate (Injection) | 1 | PA |
| Incassia (Tablet) | 1 | |
| Jolivette (Tablet) | 1 | |
| Lyza (Tablet) | 1 | |
| Makena (250mg/ml Injection, 275mg/1.1ml Injection) | 1 | PA |
| Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Medroxyprogesterone Acetate (150mg/ml Injection Prefilled Syringe) | 1 | |
| Medroxyprogesterone Acetate (150mg/ml Injection) | 1 | |
| Megace ES (Suspension) | 1 | |
| Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension) | 1 | |
| Megestrol Acetate (625mg/5ml Suspension) | 1 | |
| 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 | | |
| Osphena (Tablet) | 1 | PA, QL |
| Raloxifene HCl (Tablet) | 1 | QL |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | |

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 |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Levothyroxine Sodium (100mcg Injection) | 1 | | Lupaneta Pack (Kit) | 1 | PA |
| Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet) | 1 | | Lupron Depot (1-Month) (Injection) | 1 | PA |
| Levoxyl (Tablet) | 1 | | Lupron Depot (3-Month) (Injection) | 1 | PA |
| Liothyronine Sodium (10mcg/ml Injection) | 1 | | Lupron Depot (4-Month) (Injection) | 1 | PA |
| Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet) | 1 | | Lupron Depot (6-Month) (Injection) | 1 | PA |
| Synthroid (Tablet) | 1 | | Lupron Depot-Ped (1-Month) (Injection) | 1 | PA |
| Unithroid (Tablet) | 1 | | Lupron Depot-Ped (3-Month) (Injection) | 1 | PA |
| Hormonal Agents, Suppressant (Adrenal) | | | Octreotide Acetate (Injection) | 1 | PA |
| Hormonal Agents, Suppressant (Adrenal) | | | Sandostatin LAR Depot (Injection) | 1 | PA |
| Lysodren (Tablet) | 1 | | Signifor (Injection) | 1 | PA |
| Hormonal Agents, Suppressant (Pituitary) | | | Somatuline Depot (Injection) | 1 | |
| Hormonal Agents, Suppressant (Pituitary) | | | Somavert (Injection) | 1 | PA, QL |
| Cabergoline (Tablet) | 1 | | Synarel (Nasal Solution) | 1 | |
| Egrifta (Injection) | 1 | PA | Trelstar Mixject (Injection) | 1 | PA |
| Firmagon (120mg Injection) | 1 | PA | Hormonal Agents, Suppressant (Thyroid) | | |
| Firmagon (80mg Injection) | 1 | PA | Antithyroid Agents | | |
| Leuprolide Acetate (Injection) | 1 | PA | Methimazole (Tablet) | 1 | |
| | | | Propylthiouracil (Tablet) | 1 | |
| | | | Immunological Agents | | |
| | | | Angioedema Agents | | |
| | | | Beriner (Injection) | 1 | PA, LA |
| | | | Cinryze (Injection) | 1 | PA, LA |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Firazyr (Injection) | 1 | PA, QL |
| Haegarda (Injection) | 1 | PA |
| Ruconest (Injection) | 1 | PA |
| Immune Suppressants | | |
| Azathioprine (100mg Injection) | 1 | B/D, PA |
| Azathioprine (50mg Tablet) | 1 | B/D, PA |
| Cellcept (200mg/ml Suspension, 250mg Capsule, 500mg Tablet) | 1 | PA |
| Cimzia (Injection) | 1 | PA |
| Cyclosporine (100mg Capsule, 25mg Capsule) | 1 | B/D, PA |
| Cyclosporine (50mg/ml Injection) | 1 | |
| Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution) | 1 | B/D, PA |
| Enbrel (Injection) | 1 | PA |
| Enbrel SureClick (Injection) | 1 | PA |
| Envarsus XR (Tablet Extended-Release 24 Hour) | 1 | PA |
| Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution) | 1 | B/D, PA |
| Humira (Injection) | 1 | PA |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Humira Pediatric Crohns Disease Starter Pack (Injection) | 1 | PA |
| Humira Pen (Injection) | 1 | PA |
| Humira Pen Crohns Disease Starter Pack (Injection) | 1 | PA |
| Kineret (Injection) | 1 | PA |
| Methotrexate (Tablet) | 1 | |
| Methotrexate Sodium (Injection) | 1 | |
| Mycophenolate Mofetil (200mg/ml Suspension) | 1 | PA |
| Mycophenolate Mofetil (250mg Capsule, 500mg Tablet) | 1 | PA |
| Mycophenolate Mofetil (500mg Injection) | 1 | PA |
| Mycophenolic Acid DR (Tablet Delayed-Release) | 1 | B/D, PA |
| Nulojix (Injection) | 1 | PA |
| Orencia (125mg/ml Injection, 50mg/0.4ml Injection, 87.5mg/0.7ml Injection, 250mg Injection) | 1 | PA |
| Orencia Clickject (Injection) | 1 | PA |
| Prograf (5mg/ml Injection) | 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 |
|--|-----------|---------------------------------|--|-----------|---------------------------------|
| Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution) | 1 | B/D, PA | Gamastan S/D (Injection) | 1 | PA |
| Remicade (Injection) | 1 | PA | Gammagard Liquid (Injection) | 1 | PA |
| Sandimmune (100mg Capsule) | 1 | B/D, PA | Gammagard S/D IGA Less Than 1 mcg/ml (Injection) | 1 | PA |
| Sandimmune (100mg/ml Oral Solution) | 1 | B/D, PA | Gammaked (Injection) | 1 | PA |
| Simponi (Injection) | 1 | PA | Gammaplex (Injection) | 1 | PA |
| Simponi Aria (Injection) | 1 | PA | Gamunex-C (Injection) | 1 | PA |
| Sirolimus (Tablet) | 1 | B/D, PA | Octagam (Injection) | 1 | PA |
| Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule) | 1 | PA | Privigen (Injection) | 1 | PA |
| Torisel (Injection) | 1 | | Thymoglobulin (Injection) | 1 | |
| Trexall (Tablet) | 1 | | Varizig (Injection) | 1 | |
| Xatmep (Oral Solution) | 1 | PA | Immunomodulators | | |
| Xeljanz (10mg Tablet, 5mg Tablet) | 1 | PA, QL | Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection) | 1 | PA |
| Xeljanz XR (Tablet Extended-Release 24 Hour) | 1 | PA, QL | Actemra (80mg/4ml Injection) | 1 | PA |
| Zortress (Tablet) | 1 | PA | Actimmune (Injection) | 1 | |
| Immunizing Agents, Passive | | | Arcalyst (Injection) | 1 | PA, LA |
| Atgam (Injection) | 1 | | Benlysta (120mg Injection, 400mg Injection, 200mg/ml Injection) | 1 | PA |
| BIVIGAM (Injection) | 1 | PA | Ilaris (Injection) | 1 | PA, QL, LA |
| Carimune Nanofiltered (Injection) | 1 | PA | Leflunomide (Tablet) | 1 | |
| Flebogamma DIF (Injection) | 1 | PA | | | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Otezla (Tablet Therapy Pack, 30mg Tablet) | 1 | PA |
| Ridaura (Capsule) | 1 | |
| Simulect (Injection) | 1 | |
| Sylvant (Injection) | 1 | PA |
| Synagis (Injection) | 1 | PA |
| Xolair (Injection) | 1 | PA |
| Vaccines | | |
| ActHIB (Injection) | 1 | |
| Adacel (Injection) | 1 | |
| BCG Vaccine (Injection) | 1 | |
| Bexsero (Injection) | 1 | |
| Boostrix (Injection) | 1 | |
| Daptacel (Injection) | 1 | |
| Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection) | 1 | |
| Engerix-B (Injection) | 1 | B/D, PA |
| Gardasil 9 (Injection) | 1 | |
| Havrix (Injection) | 1 | |
| Hiberix (Injection) | 1 | |
| Imovax Rabies (H.D.C.V.) (Injection) | 1 | B/D, PA |
| Infanrix (Injection) | 1 | |
| IPOL Inactivated IPV (Injection) | 1 | |
| Ixiaro (Injection) | 1 | |
| Kinrix (Injection) | 1 | |
| M-M-R II (Injection) | 1 | |
| Menactra (Injection) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Menveo (Injection) | 1 | |
| Pediarix (Injection) | 1 | |
| Pedvax HIB (Injection) | 1 | |
| ProQuad (Injection) | 1 | |
| Quadracel (Injection) | 1 | |
| Rabavert (Injection) | 1 | B/D, PA |
| Recombivax HB (Injection) | 1 | B/D, PA |
| Rotarix (Suspension) | 1 | |
| RotaTeq (Oral Solution) | 1 | |
| Shingrix (Injection) | 1 | PA |
| Tenivac (Injection) | 1 | |
| Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection) | 1 | |
| Trumenba (Injection) | 1 | |
| Twinrix (Injection) | 1 | |
| Typhim Vi (Injection) | 1 | |
| VAQTA (Injection) | 1 | |
| Varivax (Injection) | 1 | |
| YF-Vax (Injection) | 1 | |
| Zostavax (Injection) | 1 | PA |
| Inflammatory Bowel Disease Agents | | |
| Aminosalicylates | | |
| Apriso (Capsule Extended-Release 24 Hour) | 1 | QL |
| Balsalazide Disodium (Capsule) | 1 | |
| Canasa (Suppository) | 1 | |
| Dipentum (Capsule) | 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 |
|--|-----------|---------------------------------|
| Lialda (Tablet Delayed-Release) | 1 | QL |
| Mesalamine (Enema) | 1 | |
| Mesalamine DR (1.2gm Tablet Delayed-Release) | 1 | QL |
| Pentasa (Capsule Extended-Release) | 1 | QL |
| Rowasa (Kit) | 1 | |
| Glucocorticoids | | |
| Budesonide (3mg Capsule Delayed-Release) | 1 | |
| Budesonide ER (Tablet Extended-Release 24 Hour) | 1 | ST |
| Colocort (Enema) | 1 | |
| Entocort EC (Capsule Delayed-Release) | 1 | |
| Hydrocortisone (100mg/60ml Enema) | 1 | |
| Procto-Med HC (Cream) | 1 | |
| Procto-Pak (Cream) | 1 | |
| Proctosol HC (Cream) | 1 | |
| Proctozone-HC (Cream) | 1 | |
| Uceris (9mg Tablet Extended-Release 24 Hour) | 1 | ST |
| Sulfonamides | | |
| Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet) | 1 | QL |
| Alendronate Sodium (70mg/75ml Oral Solution) | 1 | |
| Binosto (Tablet Effervescent) | 1 | QL |
| Calcitonin-Salmon (Nasal Solution) | 1 | QL |
| Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution) | 1 | B/D, PA |
| Calcitriol (1mcg/ml Injection) | 1 | B/D, PA |
| Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule) | 1 | B/D, PA, QL |
| Doxercalciferol (4mcg/2ml Injection) | 1 | B/D, PA |
| Etidronate Disodium (Tablet) | 1 | |
| Forteo (Injection) | 1 | PA, QL |
| Ibandronate Sodium (150mg Tablet) | 1 | QL |
| Ibandronate Sodium (3mg/3ml Injection) | 1 | B/D, PA |
| Miacalcin (200unit/ml Injection) | 1 | PA |
| Natpara (Injection) | 1 | PA |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Pamidronate Disodium (Injection) | 1 | B/D, PA |
| Paricalcitol (1mcg Capsule, 2mcg Capsule, 4mcg Capsule, 2mcg/ml Injection, 5mcg/ml Injection) | 1 | B/D, PA |
| Prolia (Injection) | 1 | |
| Rayaldee (Capsule Extended-Release) | 1 | QL |
| Risedronate Sodium (Tablet Immediate-Release) | 1 | QL |
| Sensipar (30mg Tablet) | 1 | B/D, PA, QL |
| Sensipar (60mg Tablet, 90mg Tablet) | 1 | B/D, PA, QL |
| Tymlos (Injection) | 1 | PA, QL |
| Xgeva (Injection) | 1 | PA |
| Zoledronic Acid (4mg/5ml Injection) | 1 | B/D, PA |
| Zoledronic Acid (5mg/100ml Injection) | 1 | PA |
| Zometa (Injection) | 1 | B/D, PA |
| Miscellaneous Therapeutic Agents | | |
| Miscellaneous Therapeutic Agents | | |
| Alcohol Prep Pads | 1 | |
| Botox (Injection) | 1 | PA, QL |
| Dysport (Injection) | 1 | PA |
| Fomepizole (Injection) | 1 | |
| Gauze (Non-medicated 2X2) | 1 | |
| Insulin Syringes, Needles | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Sterile Water Irrigation (Solution) | 1 | |
| Ophthalmic Agents | | |
| Ophthalmic Agents, Other | | |
| Atropine Sulfate (1% Ophthalmic Solution) | 1 | |
| Bacitracin/Polymyxin B (Ophthalmic Ointment) | 1 | |
| Blephamide (Suspension) | 1 | |
| Blephamide S.O.P. (Ointment) | 1 | |
| Cystaran (Ophthalmic Solution) | 1 | |
| Lacrisert (Insert) | 1 | |
| Lastacraft (Ophthalmic Solution) | 1 | |
| Neomycin/Bacitracin/Polymyxin (Ointment) | 1 | |
| Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment) | 1 | |
| Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension) | 1 | |
| Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution) | 1 | |
| Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic 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 | Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|---|-----------|---------------------------------|
| Polymyxin B Sulfate/ Trimethoprim Sulfate (Ophthalmic Solution) | 1 | | Cromolyn Sodium (4% Ophthalmic Solution) | 1 | |
| Pred-G (Suspension) | 1 | | Epinastine HCl (Ophthalmic Solution) | 1 | |
| Pred-G S.O.P. (Ointment) | 1 | | Olopatadine HCl (Ophthalmic Solution) | 1 | |
| Proparacaine HCl (Ophthalmic Solution) | 1 | | Pazeo (Ophthalmic Solution) | 1 | |
| Restasis (Emulsion) | 1 | QL | Ophthalmic Antiglaucoma Agents | | |
| Rhopressa (Ophthalmic Solution) | 1 | ST | Alphagan P (0.1% Ophthalmic Solution) | 1 | |
| Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution) | 1 | | Apraclonidine (Ophthalmic Solution) | 1 | |
| Tobradex (0.3%-0.1% Ophthalmic Ointment) | 1 | | Azopt (Suspension) | 1 | |
| Tobradex ST (Ophthalmic Suspension) | 1 | | Betaxolol HCl (0.5% Ophthalmic Solution) | 1 | |
| Tobramycin/ Dexamethasone (Ophthalmic Suspension) | 1 | | Betimol (Ophthalmic Solution) | 1 | |
| Xiidra (Ophthalmic Solution) | 1 | QL | Brimonidine Tartrate (0.15% Ophthalmic Solution) | 1 | |
| Ophthalmic Anti-allergy Agents | | | Brimonidine Tartrate (0.2% Ophthalmic Solution) | 1 | |
| Alocril (Ophthalmic Solution) | 1 | | Carteolol HCl (Ophthalmic Solution) | 1 | |
| Alomide (Ophthalmic Solution) | 1 | | Combigan (Ophthalmic Solution) | 1 | |
| Azelastine HCl (0.05% Ophthalmic Solution) | 1 | | Cosopt PF (Ophthalmic Solution) | 1 | |
| Bepreve (Ophthalmic Solution) | 1 | | Dorzolamide HCl (Ophthalmic Solution) | 1 | |
| | | | Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution) | 1 | |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Levobunolol HCl (Ophthalmic Solution) | 1 | |
| Metipranolol (Ophthalmic Solution) | 1 | |
| Phospholine Iodide (Ophthalmic Solution) | 1 | |
| Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution) | 1 | |
| Simbrinza (Suspension) | 1 | |
| Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic) | 1 | |
| Timolol Maleate Ophthalmic Gel Forming (Solution) | 1 | |
| Ophthalmic Anti-inflammatories | | |
| Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution) | 1 | |
| Diclofenac Sodium (0.1% Ophthalmic Solution) | 1 | |
| Durezol (Emulsion) | 1 | |
| Flarex (Suspension) | 1 | |
| Fluorometholone (Ophthalmic Suspension) | 1 | |
| Flurbiprofen Sodium (Ophthalmic Solution) | 1 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| FML (Ointment) | 1 | |
| FML Forte (Suspension) | 1 | |
| Ilevro (Suspension) | 1 | |
| Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution) | 1 | |
| Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension) | 1 | |
| Nevanac (Suspension) | 1 | |
| Pred Mild (Suspension) | 1 | |
| Prednisolone Acetate (Ophthalmic Suspension) | 1 | |
| Prednisolone Sodium Phosphate (1% Ophthalmic Solution) | 1 | |
| Prolensa (Ophthalmic Solution) | 1 | |
| Ophthalmic Prostaglandin and Prostanoid Analogs | | |
| Latanoprost (Ophthalmic Solution) | 1 | |
| Lumigan (Ophthalmic Solution) | 1 | |
| Travatan Z (Ophthalmic Solution) | 1 | |
| Vyzulta (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 |
|--|-----------|---------------------------------|
| Zioptan (Ophthalmic Solution) | 1 | |
| Otic Agents | | |
| Otic Agents | | |
| Acetic Acid (Otic Solution) | 1 | |
| Cipro HC (Suspension) | 1 | |
| Ciprodex (Otic Suspension) | 1 | |
| Coly-Mycin S (Suspension) | 1 | |
| Fluocinolone Acetonide (0.01% Otic Oil) | 1 | |
| Hydrocortisone/Acetic Acid (Otic Solution) | 1 | |
| Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension) | 1 | |
| Respiratory Tract/Pulmonary Agents | | |
| Antihistamines | | |
| Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution) | 1 | |
| Cetirizine HCl (Oral Solution) | 1 | |
| Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet) | 1 | |
| Diphenhydramine HCl (50mg/ml Injection) | 1 | B/D, PA |
| Levocetirizine Dihydrochloride (5mg Tablet) | 1 | QL |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Phenadoz (Suppository) | 1 | |
| Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection) | 1 | |
| Promethazine HCl (6.25mg/5ml Syrup) | 1 | |
| Promethazine HCl (Tablet) | 1 | |
| Promethegan (25mg Suppository) | 1 | |
| Anti-inflammatories, Inhaled Corticosteroids | | |
| Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder) | 1 | QL |
| Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension) | 1 | B/D, PA |
| Flovent Diskus (Aerosol Powder) | 1 | QL |
| Flovent HFA (Aerosol) | 1 | QL |
| Flunisolide (Nasal Solution) | 1 | |
| Fluticasone Propionate (50mcg/act Suspension) | 1 | |
| Mometasone Furoate (50mcg/act Suspension) | 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 |
|---|-----------|---------------------------------|--|-----------|---------------------------------|
| Triamcinolone Acetonide (55mcg/act Aerosol) | 1 | | Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution) | 1 | B/D, PA |
| Antileukotrienes | | | Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release) | 1 | |
| Montelukast Sodium (10mg Tablet) | 1 | QL | Brovana (Nebulized Solution) | 1 | B/D, PA, QL |
| Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable) | 1 | QL | Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen) | 1 | QL |
| Zafirlukast (Tablet) | 1 | QL | EpiPen (Injection) | 1 | QL |
| Zileuton ER (Tablet Extended-Release 12 Hour) | 1 | ST | Levalbuterol (Nebulized Solution) | 1 | B/D, PA |
| Zyflo (Tablet) | 1 | ST | Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup) | 1 | |
| Zyflo CR (Tablet Extended-Release 12 Hour) | 1 | ST | Perforomist (Nebulized Solution) | 1 | B/D, PA, QL |
| Bronchodilators, Anticholinergic | | | ProAir HFA (Aerosol Solution) | 1 | |
| Atrovent HFA (Aerosol Solution) | 1 | | ProAir RespiClick (Aerosol Powder) | 1 | |
| Incruse Ellipta (Aerosol Powder) | 1 | QL | Serevent Diskus (Aerosol Powder) | 1 | QL |
| Ipratropium Bromide (0.02% Inhalation Solution) | 1 | B/D, PA | Terbutaline Sulfate (1mg/ml Injection) | 1 | |
| Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution) | 1 | | Cystic Fibrosis Agents | | |
| Spiriva HandiHaler (Capsule) | 1 | QL | | | |
| Spiriva Respimat (Aerosol Solution) | 1 | QL | | | |
| Bronchodilators, Sympathomimetic | | | | | |

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 |
|---|-----------|---------------------------------|
| Bethkis (Nebulized Solution) | 1 | B/D, PA, QL |
| Cayston (Inhalation Solution) | 1 | PA, LA |
| Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet) | 1 | PA, QL |
| Orkambi (Tablet) | 1 | PA, QL, LA |
| TOBI (Nebulized Solution) | 1 | B/D, PA, QL |
| TOBI Podhaler (Capsule) | 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 | | |
| Aminophylline (Injection) | 1 | |
| Daliresp (Tablet) | 1 | PA, QL |
| 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 | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|--|-----------|---------------------------------|
| Pulmonary Antihypertensives | | |
| Adcirca (Tablet) | 1 | PA, QL |
| Adempas (Tablet) | 1 | PA |
| Letairis (Tablet) | 1 | PA, QL, LA |
| Opsumit (Tablet) | 1 | PA, LA |
| Orenitram (0.125mg Tablet Extended-Release) | 1 | PA |
| Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release) | 1 | PA |
| Remodulin (Injection) | 1 | PA, LA |
| Revatio (10mg/12.5ml Injection) | 1 | PA |
| Revatio (20mg Tablet) | 1 | PA, QL |
| Sildenafil (10mg/12.5ml Injection) | 1 | PA |
| Sildenafil (20mg Tablet) (Generic Revatio) | 1 | PA, QL |
| Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble) | 1 | PA, QL |
| Ventavis (Inhalation Solution) | 1 | PA, QL, LA |
| Pulmonary Fibrosis Agents | | |
| Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet) | 1 | PA, QL, LA |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| Ofev (Capsule) | 1 | PA, QL, LA |
| Respiratory Tract Agents, Other | | |
| Acetylcysteine (Inhalation Solution) | 1 | B/D, PA |
| Advair Diskus (Aerosol Powder) | 1 | QL |
| Advair HFA (Aerosol) | 1 | QL |
| Anoro Ellipta (Aerosol Powder) | 1 | QL |
| Bevespi Aerosphere (Aerosol) | 1 | QL |
| Breo Ellipta (Aerosol Powder) | 1 | QL |
| Combivent Respimat (Aerosol Solution) | 1 | |
| Dulera (Aerosol) | 1 | QL |
| Dymista (Suspension) | 1 | |
| Fluticasone Propionate/Salmeterol (Aerosol Powder) | 1 | QL |
| Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution) | 1 | B/D, PA |
| Nucala (Injection) | 1 | PA, QL, LA |
| Pulmozyme (Inhalation Solution) | 1 | B/D, PA, QL |
| Stiolto Respimat (Aerosol Solution) | 1 | QL |
| Symbicort (Aerosol) | 1 | QL |
| Trelegy Ellipta (Aerosol Powder) | 1 | QL |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |

| Drug Name | Drug Tier | Coverage Rules or Limits on use |
|---|-----------|---------------------------------|
| 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 | |
| Lioresal Intrathecal (2000mcg/ml Injection) | 1 | B/D, PA |
| Lioresal Intrathecal (500mcg/ml Injection) | 1 | B/D, PA |
| Orphenadrine Citrate (Injection) | 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 |
| Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) | 1 | QL |
| Sleep Disorders, Other | | |
| Belsomra (Tablet) | 1 | QL |
| Hetlioz (Capsule) | 1 | PA, QL |

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

| | | |
|------------------------------|---|------------|
| Modafinil (Tablet) | 1 | PA, QL |
| Rozerem (Tablet) | 1 | QL |
| Xyrem (Oral Solution) | 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/Zidovudine (Tablet) | Maximum of 3 tablets per day |
| Abacavir/Lamivudine (Tablet) | Maximum of 2 tablets per day |
| Abstral (Tablet Sublingual) | 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 |
| Adcirca (Tablet) | Maximum of 2 tablets per day |
| Advair Diskus (Aerosol Powder) | Maximum of 1 inhaler (60 blisters) per 30 days |
| Advair HFA (Aerosol) | Maximum of 1 inhaler (12 grams) per 30 days |
| Afeditab CR (Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Albenza (Tablet) | Maximum of 16 tablets per day |
| Alecensa (Capsule) | Maximum of 8 capsules per day |
| Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet) | Maximum of 1 tablet per day |
| Alendronate Sodium (35mg Tablet) | Maximum of 8 tablets per 28 days |
| Alendronate Sodium (70mg Tablet) | Maximum of 4 tablets per 28 days |
| Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release) | Maximum of 4 tablets per day |
| Alprazolam (1mg Tablet Immediate-Release) | Maximum of 4 tablets per day |
| Alprazolam (2mg Tablet Immediate-Release) | Maximum of 5 tablets per day |
| Alunbrig (180mg Tablet, 90mg Tablet) | Maximum of 1 tablet per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|--|
| Alunbrig (30mg Tablet) | Maximum of 6 tablets per day |
| Alunbrig (Tablet Therapy Pack) | Maximum of 1 pack (30 tablets) per 30 days |
| Amitiza (Capsule) | 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 |
| Ampyra (Tablet Extended-Release 12 Hour) | Maximum of 2 tablets per day |
| Androderm (Patch 24 Hour) | Maximum of 1 patch per day |
| Anoro Ellipta (Aerosol Powder) | Maximum of 1 inhaler (60 blisters) per 30 days |
| Apokyn (Injection) | Maximum of 3 ml per day |
| Apriso (Capsule Extended-Release 24 Hour) | Maximum of 4 capsules per day |
| Aptiom (200mg Tablet, 400mg Tablet) | Maximum of 1 tablet per day |
| Aptiom (600mg Tablet, 800mg Tablet) | Maximum of 2 tablets per day |
| Aptivus (100mg/ml Oral Solution) | Maximum of 15 ml per day |
| Aptivus (250mg Capsule) | Maximum of 6 capsules per day |
| Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet) | Maximum of 1 tablet per day |
| Aripiprazole (1mg/ml Oral Solution) | Maximum of 25 ml per day |
| Aripiprazole ODT (10mg Tablet Dispersible) | Maximum of 3 tablets per day |
| Aripiprazole ODT (15mg Tablet Dispersible) | Maximum of 2 tablets per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|--|
| Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder) | Maximum of 1 inhaler (30 blisters) per 30 days |
| Arnuity Ellipta (50mcg/act Aerosol Powder) | 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 |
| Atripla (Tablet) | Maximum of 2 tablets per day |
| Aubagio (Tablet) | Maximum of 1 tablet per day |
| Austedo (Tablet) | Maximum of 4 tablets per day |
| Avandia (2mg Tablet) | Maximum of 4 tablets per day |
| Avandia (4mg Tablet) | Maximum of 2 tablets per day |
| Belsomra (Tablet) | Maximum of 1 tablet per day |
| Benazepril HCl (Tablet) | Maximum of 2 tablets per day |
| Benazepril HCl/Hydrochlorothiazide (Tablet) | Maximum of 1 tablet per day |
| Bethkis (Nebulized Solution) | Maximum of 8 ml (2 ampules) per day |
| Bevespi Aerosphere (Aerosol) | Maximum of 1 inhaler (10.7 grams) per 30 days |
| BiDil (Tablet) | Maximum of 6 tablets per day |
| Biktarvy (Tablet) | Maximum of 2 tablets per day |
| Binosto (Tablet Effervescent) | Maximum of 4 tablets per 28 days |
| Bisoprolol Fumarate/Hydrochlorothiazide (Tablet) | Maximum of 2 tablets per day |
| Bosulif (100mg Tablet) | Maximum of 6 tablets per day |
| Bosulif (400mg Tablet, 500mg Tablet) | Maximum of 1 tablet per day |
| Botox (Injection) | Maximum of 9 vials per 30 days |
| Breo Ellipta (Aerosol Powder) | Maximum of 1 inhaler (60 blisters) per 30 days |
| Brilinta (Tablet) | Maximum of 2 tablets per day |
| Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet) | Maximum of 2 tablets per day |
| Briviact (10mg/ml Oral Solution) | Maximum of 20 ml per day |
| Briviact (50mg/5ml Intravenous Solution) | Maximum of 20 ml per day |
| Brovana (Nebulized Solution) | Maximum of 2 vials (4 ml) per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|---|
| Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual) | Maximum of 3 tablets per day |
| Buprenorphine HCl/Naloxone HCl (Tablet Sublingual) | Maximum of 3 tablets per day |
| Butalbital/Acetaminophen/Caffeine (Tablet) | Maximum of 6 tablets per day |
| Butalbital/Aspirin/Caffeine (Capsule) | Maximum of 6 capsules per day |
| Butorphanol Tartrate (10mg/ml Nasal Solution) | Maximum of 2 bottles (5 ml) per 30 days |
| Bydureon Bcise (Auto injector) | Maximum of 4 pens (3.4 ml) per 28 days |
| Bydureon Pen (Injection) | Maximum of 4 pens per 28 days |
| Bydureon Vial (Injection) | Maximum of 4 vials per 28 days |
| Byetta (10mcg/0.04ml Solution Pen injector) | Maximum of 1 pen (2.4 ml) per 30 days |
| Byetta (5mcg/0.02ml Solution Pen injector) | Maximum of 1 pen (1.2 ml) per 30 days |
| Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet) | Maximum of 1 tablet per day |
| Bystolic (20mg Tablet) | Maximum of 2 tablets per day |
| Cabometyx (20mg Tablet, 60mg Tablet) | Maximum of 1 tablet per day |
| Cabometyx (40mg Tablet) | Maximum of 2 tablets per day |
| Calcitonin-Salmon (Nasal Solution) | Maximum of 1 bottle per 28 days |
| Calquence (Capsule) | Maximum of 2 capsules per day |
| 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 |
| Cimduo (Tablet) | Maximum of 2 tablets per day |
| Clonazepam (0.5mg Tablet, 1mg Tablet) | Maximum of 4 tablets per day |
| Clonazepam (2mg Tablet) | Maximum of 10 tablets per day |
| Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible) | Maximum of 4 tablets per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|---|
| 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 |
| Colchicine (0.6mg Capsule) (Generic Mitigare) | Maximum of 4 capsules per day |
| Colchicine (0.6mg Tablet) (Generic Colcrys) | Maximum of 4 tablets per day |
| Colcrys (Tablet) | Maximum of 4 tablets per day |
| Combivir (Tablet) | Maximum of 3 tablets per day |
| Complera (Tablet) | Maximum of 2 tablets per day |
| Corlanor (Tablet) | Maximum of 2 tablets per day |
| Cotellic (Tablet) | Maximum of 3 tablets per day |
| Crixivan (Capsule) | Maximum of 9 capsules per day |
| Cycloset (Tablet) | Maximum of 6 tablets per day |
| Daklinza (Tablet) | Maximum of 1 tablet per day |
| Daliresp (Tablet) | Maximum of 1 tablet per day |
| Denavir (Cream) | Maximum of 1 tube (5 grams) per 30 days |
| Descovy (Tablet) | Maximum of 2 tablets per day |
| Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour) (Generic Pristiq) | Maximum of 4 tablets per day |
| Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq) | Maximum of 1 tablet per day |
| Dexilant (Capsule Delayed-Release) | Maximum of 1 capsule per day |
| Dexmethylphenidate HCl (Tablet Immediate-Release) | Maximum of 2 tablets per day |
| Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet) | Maximum of 6 tablets per day |
| Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour) | Maximum of 6 capsules per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|---|
| 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 |
| Doxercalciferol (0.5mcg Capsule) | Maximum of 3 capsules per day |
| Doxercalciferol (1mcg Capsule, 2.5mcg Capsule) | Maximum of 4 capsules per day |
| Dulera (Aerosol) | 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 |
| Edarbi (Tablet) | Maximum of 1 tablet per day |
| Edarbyclor (Tablet) | Maximum of 1 tablet per day |
| Edurant (Tablet) | Maximum of 2 tablets per day |
| Efavirenz (200mg Capsule) | Maximum of 3 capsules per day |
| Efavirenz (50mg Capsule) | Maximum of 9 capsules per day |
| Efavirenz (600mg Tablet) | Maximum of 2 tablets per day |
| Eliquis (Tablet) | Maximum of 2 tablets per day |
| Eliquis Starter Pack (Tablet) | Maximum of 1 pack (74 tablets) per 30 days |
| Embeda (100mg-4mg Capsule Extended-Release) | Maximum of 3 capsules per day |
| Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release) | Maximum of 4 capsules per day |
| Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release) | Maximum of 2 capsules per day |
| Embeda (60mg-2.4mg Capsule Extended-Release) | Maximum of 6 capsules per day |
| Emsam (Patch 24 Hour) | Maximum of 1 patch per day |
| Emtriva (10mg/ml Oral Solution) | Maximum of 42.5 ml per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|---|
| Emtriva (200mg Capsule) | Maximum of 2 capsules per day |
| Enalapril Maleate (Tablet) | Maximum of 2 tablets per day |
| Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet) | Maximum of 2 tablets per day |
| Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet) | Maximum of 1 tablet per day |
| Endocet (Tablet) | Maximum of 12 tablets per day |
| Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution) | Maximum of 2 syringes (2 ml) per day |
| Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution) | Maximum of 2 syringes (1.6 ml) per day |
| Enoxaparin Sodium (300mg/3ml Solution) | Maximum of 1 vial (3 ml) per day |
| Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution) | Maximum of 2 syringes (0.6 ml) per day |
| Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution) | Maximum of 2 syringes (0.8 ml) per day |
| Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution) | Maximum of 2 syringes (1.2 ml) per day |
| Entresto (Tablet) | Maximum of 2 tablets per day |
| Epclusa (Tablet) | Maximum of 1 tablet per day |
| Epinephrine (Injection) (Generic EpiPen) | Maximum of 4 pens (2 boxes) per 30 days |
| EpiPen (Injection) | Maximum of 4 pens (2 boxes) per 30 days |
| Eprosartan Mesylate (Tablet) | Maximum of 1 tablet per day |
| Epzicom (Tablet) | Maximum of 2 tablets per day |
| Erivedge (Capsule) | Maximum of 1 capsule per day |
| Erleada (Tablet) | Maximum of 4 tablets per day |
| Esbriet (267mg Capsule) | Maximum of 9 capsules per day |
| Esbriet (267mg Tablet) | Maximum of 9 tablets per day |
| Esbriet (801mg Tablet) | Maximum of 3 tablets per day |
| Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium) | Maximum of 3 capsules per day |
| Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium) | Maximum of 2 capsules per day |
| Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly) | Maximum of 4 patches per 28 days |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|--|
| Estradiol (10mcg Tablet) | Maximum of 1 tablet per day |
| Evotaz (Tablet) | Maximum of 2 tablets per day |
| Ezetimibe (Tablet) | Maximum of 1 tablet per day |
| Ezetimibe/Simvastatin (Tablet) | Maximum of 1 tablet per day |
| Famciclovir (125mg Tablet, 250mg Tablet) | Maximum of 2 tablets per day |
| Famciclovir (500mg Tablet) | Maximum of 3 tablets per day |
| Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet) | Maximum of 2 tablets per day |
| Fazaclo (100mg Tablet Dispersible) | Maximum of 9 tablets per day |
| Fazaclo (150mg Tablet Dispersible) | Maximum of 6 tablets per day |
| Fazaclo (200mg Tablet Dispersible) | Maximum of 4 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 (1200mcg Lozenge on a Handle, 1600mcg Lozenge on a Handle, 200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle, 600mcg Lozenge on a Handle, 800mcg Lozenge on a Handle) | Maximum of 4 lozenges per day |
| Fetzima (Capsule Extended-Release 24 Hour) | Maximum of 1 capsule per day |
| Firazyr (Injection) | Maximum of 9 ml per day |
| Flector (Patch) | Maximum of 2 patches per day |
| Flovent Diskus (Aerosol Powder) | Maximum of 2 inhalers (120 blisters) per 30 days |
| Flovent HFA (110mcg/act Aerosol) | Maximum of 1 inhaler (12 grams) per 30 days |
| Flovent HFA (220mcg/act Aerosol) | Maximum of 2 inhalers (24 grams) per 30 days |
| Flovent HFA (44mcg/act Aerosol) | 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 |
| Forteo (Injection) | Maximum of 1 pen (2.4 ml) per 28 days |
| Fosamprenavir Calcium (Tablet) | Maximum of 6 tablets per day |
| Fosinopril Sodium (Tablet) | Maximum of 2 tablets per day |
| Fosinopril Sodium/Hydrochlorothiazide (Tablet) | Maximum of 4 tablets per day |
| Fuzeon (Injection) | Maximum of 3 vials per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|---|
| 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 |
| Genvoya (Tablet) | Maximum of 2 tablets per day |
| Gilenya (Capsule) | Maximum of 1 pack (30 capsules) per 30 days |
| Glimepiride (1mg Tablet) | Maximum of 8 tablets per day |
| Glimepiride (2mg Tablet) | Maximum of 4 tablets per day |
| Glimepiride (4mg Tablet) | Maximum of 2 tablets per day |
| Glipizide (10mg Tablet Immediate-Release) | Maximum of 4 tablets per day |
| Glipizide (5mg Tablet Immediate-Release) | Maximum of 8 tablets per day |
| Glipizide ER (10mg Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Glipizide ER (2.5mg Tablet Extended-Release 24 Hour) | Maximum of 8 tablets per day |
| Glipizide ER (5mg Tablet Extended-Release 24 Hour) | Maximum of 4 tablets per day |
| Glipizide/Metformin HCl (2.5mg-250mg Tablet) | Maximum of 8 tablets per day |
| Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet) | Maximum of 4 tablets per day |
| Glyxambi (Tablet) | Maximum of 1 tablet per day |
| Granisetron HCl (1mg Tablet) | Maximum of 2 tablets per day |
| Harvoni (Tablet) | Maximum of 1 tablet per day |
| Hetlioz (Capsule) | Maximum of 1 capsule per day |
| Hydrocodone Bitartrate/Acetaminophen (2.5mg-325mg Tablet) | Maximum of 12 tablets per day |
| Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution) | Maximum of 180 ml per day |
| Hydrocodone/Acetaminophen (Tablet) | Maximum of 12 tablets per day |
| Hydrocodone/Ibuprofen (7.5mg-200mg Tablet) | Maximum of 5 tablets per day |
| Hydromorphone HCl (1mg/ml Liquid) | Maximum of 90 ml per day |
| Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release) | Maximum of 8 tablets per day |
| Hydromorphone HCl (8mg Tablet Immediate-Release) | Maximum of 11 tablets per day |
| Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent) | Maximum of 2 tablets per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|--|
| Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent) | Maximum of 1 tablet per day |
| Ibandronate Sodium (150mg Tablet) | Maximum of 1 tablet per 28 days |
| Ibrance (Capsule) | Maximum of 1 capsule per day |
| Iclusig (15mg Tablet) | Maximum of 2 tablets per day |
| Iclusig (45mg Tablet) | Maximum of 1 tablet per day |
| Idhifa (Tablet) | Maximum of 1 tablet per day |
| Ilaris (Injection) | Maximum of 2 vials per 28 days |
| Imatinib Mesylate (Tablet) | Maximum of 3 tablets per day |
| Imbruvica (140mg Capsule) | Maximum of 4 capsules per day |
| Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet) | Maximum of 1 tablet per day |
| Imbruvica (70mg Capsule) | Maximum of 1 capsule per day |
| Incruse Ellipta (Aerosol Powder) | Maximum of 1 inhaler (30 blisters) per 30 days |
| Ingrezza (40mg Capsule) | Maximum of 2 capsules per day |
| Ingrezza (80mg Capsule) | Maximum of 1 capsule per day |
| Inlyta (Tablet) | Maximum of 4 tablets per day |
| Intence (100mg Tablet) | Maximum of 2 tablets per day |
| Intence (200mg Tablet) | Maximum of 3 tablets per day |
| Intence (25mg Tablet) | Maximum of 6 tablets per day |
| Invirase (200mg Capsule) | Maximum of 15 capsules per day |
| Invirase (500mg Tablet) | Maximum of 6 tablets per day |
| Invokamet (Tablet) | Maximum of 2 tablets per day |
| Invokamet XR (Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Invokana (Tablet) | 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 |
| Iressa (Tablet) | Maximum of 2 tablets per day |
| Isentress (100mg Packet) | Maximum of 4 packets per day |
| Isentress (100mg Tablet Chewable, 25mg Tablet Chewable) | Maximum of 9 tablets per day |
| Isentress (400mg Tablet) | Maximum of 6 tablets per day |
| Isentress HD (Tablet) | Maximum of 3 tablets per day |
| Itraconazole (Capsule) | Maximum of 4 capsules per day |
| Jakafi (Tablet) | Maximum of 2 tablets per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|--|
| Janumet (Tablet Immediate-Release) | Maximum of 2 tablets per day |
| Janumet XR (Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Januvia (Tablet) | Maximum of 1 tablet per day |
| Jardiance (Tablet) | Maximum of 1 tablet per day |
| Jentadueto (Tablet) | Maximum of 2 tablets per day |
| Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour) | Maximum of 1 tablet per day |
| Juluca (Tablet) | Maximum of 2 tablets per day |
| Kaletra (100mg-25mg Tablet) | Maximum of 10 tablets per day |
| Kaletra (200mg-50mg Tablet) | Maximum of 6 tablets per day |
| Kaletra (400mg-100mg/5ml Oral Solution) | Maximum of 16 ml per day |
| Kalydeco (150mg Tablet) | Maximum of 2 tablets per day |
| Kalydeco (50mg Packet, 75mg Packet) | Maximum of 2 packets per day |
| Kisqali (Tablet) | Maximum of 3 tablets per day |
| Kisqali Femara 200 Dose (Tablet Therapy Pack) | Maximum of 1 pack (91 tablets) per 28 days |
| Kisqali Femara 400 Dose (Tablet Therapy Pack) | Maximum of 1 pack (91 tablets) per 28 days |
| Kisqali Femara 600 Dose (Tablet Therapy Pack) | Maximum of 1 pack (91 tablets) per 28 days |
| Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour) | Maximum of 1 tablet per day |
| Korlym (Tablet) | Maximum of 4 tablets per day |
| Lamivudine (10mg/ml Oral Solution) | Maximum of 48 ml per day |
| 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 |
| Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet) | Maximum of 1 tablet per day |
| Latuda (80mg Tablet) | Maximum of 2 tablets per day |
| Letairis (Tablet) | Maximum of 1 tablet per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|--------------------------------|
| Levocetirizine Dihydrochloride (5mg Tablet) | Maximum of 1 tablet per day |
| Levorphanol Tartrate (Tablet) | Maximum of 6 tablets per day |
| Lexiva (50mg/ml Suspension) | Maximum of 90 ml per day |
| Lexiva (700mg Tablet) | Maximum of 6 tablets per day |
| Lialda (Tablet Delayed-Release) | Maximum of 4 tablets per day |
| Lidocaine (5% Patch) | Maximum of 3 patches per day |
| Linezolid (600mg Tablet) | Maximum of 2 tablets per day |
| Linzess (Capsule) | Maximum of 1 capsule per day |
| Lisinopril (Tablet) | Maximum of 2 tablets per day |
| Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet) | Maximum of 1 tablet per day |
| Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet) | Maximum of 4 tablets per day |
| Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet) | Maximum of 2 tablets per day |
| Livalo (Tablet) | Maximum of 1 tablet per day |
| Lonsurf (6.14mg-15mg Tablet) | Maximum of 10 tablets per day |
| Lonsurf (8.19mg-20mg Tablet) | Maximum of 8 tablets per day |
| Lopinavir/Ritonavir (Oral Solution) | Maximum of 16 ml per day |
| Lorazepam (0.5mg Tablet, 1mg Tablet) | Maximum of 4 tablets per day |
| Lorazepam (2mg Tablet) | Maximum of 5 tablets per day |
| Lorazepam (2mg/ml Concentrate) | Maximum of 5 ml per day |
| Lorcet (Tablet) | Maximum of 12 tablets per day |
| Lorcet HD (Tablet) | Maximum of 12 tablets per day |
| Lorcet Plus (Tablet) | Maximum of 12 tablets per day |
| Losartan Potassium (100mg Tablet) | Maximum of 1 tablet per day |
| Losartan Potassium (25mg Tablet, 50mg Tablet) | Maximum of 2 tablets per day |
| Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet) | Maximum of 1 tablet per day |
| Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet) | Maximum of 2 tablets per day |
| Lovastatin (10mg Tablet, 20mg Tablet) | Maximum of 1 tablet per day |
| Lovastatin (40mg Tablet) | Maximum of 2 tablets per day |
| Lynparza (100mg Tablet, 150mg Tablet) | Maximum of 4 tablets per day |
| Lynparza (50mg Capsule) | Maximum of 16 capsules per day |

Bold type = Brand name drug

Plain type = Generic drug

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

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|-----------------------------------|
| 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 18 ml per day |
| Morphine Sulfate (10mg/5ml Oral Solution) | Maximum of 120 ml per day |
| Morphine Sulfate (15mg Tablet Immediate-Release) | Maximum of 8 tablets per day |
| Morphine Sulfate (20mg/5ml Oral Solution) | Maximum of 90 ml per day |
| Morphine Sulfate (30mg Tablet Immediate-Release) | Maximum of 12 tablets per day |
| Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin) | Maximum of 3 tablets per day |
| Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin) | Maximum of 2 tablets per day |
| Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin) | Maximum of 4 tablets per day |
| Multaq (Tablet) | Maximum of 2 tablets per day |
| Namenda XR (Capsule Extended-Release 24 Hour) | Maximum of 1 capsule per day |
| Namenda XR Titration Pack (Capsule Extended-Release 24 Hour) | Maximum of 1 capsule per day |
| Namzaric (Capsule Extended-Release 24 Hour) | Maximum of 1 capsule per day |
| Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour) | Maximum of 1 capsule per day |
| Naratriptan HCl (Tablet) | Maximum of 12 tablets per 30 days |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|---------------------------------------|
| Nateglinide (120mg Tablet) | Maximum of 3 tablets per day |
| Nateglinide (60mg Tablet) | Maximum of 6 tablets per day |
| Nebupent (Inhalation Solution) | Maximum of 300 mg (1 vial) in 28 days |
| Nerlynx (Tablet) | Maximum of 6 tablets per day |
| Nevirapine (Tablet) | Maximum of 3 tablets per day |
| Nevirapine ER (100mg Tablet Extended-Release 24 Hour) | Maximum of 3 tablets per day |
| Nevirapine ER (400mg Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Nexium (20mg Capsule Delayed-Release) | Maximum of 3 capsules per day |
| Nexium (40mg Capsule Delayed-Release) | Maximum of 2 capsules per day |
| Nifedipine ER (Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Ninlaro (Capsule) | Maximum of 3 capsules per 28 days |
| Northera (100mg Capsule) | Maximum of 3 capsules per day |
| Northera (200mg Capsule, 300mg Capsule) | Maximum of 6 capsules per day |
| Norvir (100mg Capsule) | Maximum of 18 capsules per day |
| Norvir (100mg Packet) | Maximum of 18 packets per day |
| Norvir (100mg Tablet) | Maximum of 18 tablets per day |
| Norvir (80mg/ml Oral Solution) | Maximum of 24 ml per day |
| Noxafil (100mg Tablet Delayed-Release) | Maximum of 8 tablets per day |
| Noxafil (40mg/ml Suspension) | Maximum of 20 ml per day |
| Nucala (Injection) | Maximum of 3 vials per 28 days |
| Nucynta ER (Tablet Extended-Release 12 Hour) | Maximum of 2 tablets per day |
| Nuplazid (Tablet) | Maximum of 2 tablets per day |
| Ocaliva (Tablet) | Maximum of 1 tablet per day |
| Odefsey (Tablet) | Maximum of 2 tablets per day |
| Odomzo (Capsule) | Maximum of 1 capsule per day |
| Ofev (Capsule) | Maximum of 2 capsules per day |
| Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet) | Maximum of 1 tablet per day |
| Olanzapine ODT (Tablet Dispersible) | Maximum of 1 tablet per day |
| Olmesartan Medoxomil (20mg Tablet, 40mg Tablet) | Maximum of 1 tablet per day |
| Olmesartan Medoxomil (5mg Tablet) | Maximum of 2 tablets per day |
| Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet) | Maximum of 1 tablet per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|------------------------------------|
| Olmesartan Medoxomil/Hydrochlorothiazide (Tablet) | Maximum of 1 tablet per day |
| Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza) | Maximum of 4 capsules per day |
| Omeprazole (10mg Capsule Delayed-Release) | Maximum of 3 capsules per day |
| Omeprazole (40mg Capsule Delayed-Release) | Maximum of 2 capsules per day |
| Onfi (10mg Tablet, 20mg Tablet) | Maximum of 2 tablets per day |
| Onglyza (Tablet) | Maximum of 1 tablet per day |
| Orkambi (Tablet) | Maximum of 112 tablets per 28 days |
| Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule) | Maximum of 2 capsules per day |
| Oseltamivir Phosphate (6mg/ml Suspension) | Maximum of 26 ml per day |
| Osphena (Tablet) | Maximum of 1 tablet per day |
| Oxandrolone (10mg Tablet) | Maximum of 2 tablets per day |
| Oxandrolone (2.5mg Tablet) | Maximum of 4 tablets per day |
| Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour) | Maximum of 1 tablet per day |
| Oxycodone HCl (100mg/5ml Concentrate) | Maximum of 12 ml per day |
| Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release) | Maximum of 12 tablets per day |
| Oxycodone HCl (15mg Tablet Immediate-Release) | Maximum of 16 tablets per day |
| Oxycodone HCl (30mg Tablet Immediate-Release) | Maximum of 8 tablets per day |
| Oxycodone HCl (5mg Tablet Immediate-Release) | Maximum of 12 tablets per day |
| Oxycodone HCl (5mg/5ml Oral Solution) | Maximum of 240 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 |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|--------------------------------------|
| Pantoprazole Sodium (20mg Tablet Delayed-Release) | Maximum of 3 tablets per day |
| Pantoprazole Sodium (40mg Tablet Delayed-Release) | Maximum of 2 tablets per day |
| Pentasa (250mg Capsule Extended-Release) | Maximum of 12 capsules per day |
| Pentasa (500mg Capsule Extended-Release) | Maximum of 8 capsules per day |
| Perforomist (Nebulized Solution) | Maximum of 2 vials (4 ml) per day |
| Perindopril Erbumine (Tablet) | Maximum of 2 tablets per day |
| Pioglitazone HCl (15mg Tablet) | Maximum of 3 tablets per day |
| Pioglitazone HCl (30mg Tablet, 45mg Tablet) | Maximum of 1 tablet per day |
| Pioglitazone HCl/Glimepiride (Tablet) | Maximum of 1 tablet per day |
| Pioglitazone HCl/Metformin HCl (Tablet) | Maximum of 3 tablets per day |
| Pomalyst (Capsule) | Maximum of 1 capsule per day |
| Pradaxa (Capsule) | Maximum of 2 capsules per day |
| Praluent (Injection) | Maximum of 2 pens (2 ml) per 28 days |
| Prasugrel (Tablet) | Maximum of 1 tablet per day |
| Pravastatin Sodium (Tablet) | Maximum of 1 tablet per day |
| Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet) | Maximum of 1 tablet per day |
| Premphase (Tablet) | Maximum of 1 tablet per day |
| Prempro (Tablet) | Maximum of 1 tablet per day |
| Prezcobix (Tablet) | Maximum of 2 tablets per day |
| Prezista (100mg/ml Suspension) | Maximum of 60 ml per day |
| Prezista (150mg Tablet) | Maximum of 6 tablets per day |
| Prezista (600mg Tablet, 800mg Tablet) | Maximum of 3 tablets per day |
| Prezista (75mg Tablet) | Maximum of 7 tablets per day |
| Pristiq (100mg Tablet Extended-Release 24 Hour) | Maximum of 4 tablets per day |
| Pristiq (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) | Maximum of 1 tablet per day |
| Promacta (12.5mg Tablet, 25mg Tablet) | Maximum of 1 tablet per day |
| Promacta (50mg Tablet, 75mg Tablet) | Maximum of 2 tablets per day |
| Pulmozyme (Inhalation Solution) | Maximum of 5 ml (2 ampules) per day |
| Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release) | Maximum of 3 tablets per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|---|
| 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 |
| Ranexa (Tablet Extended-Release 12 Hour) | Maximum of 2 tablets per day |
| Rapaflo (Capsule) | Maximum of 1 capsule per day |
| Ravicti (Liquid) | Maximum of 17.5 ml per day |
| Rayaldee (Capsule Extended-Release) | Maximum of 2 capsules per day |
| Relenza Diskhaler (Aerosol Powder) | Maximum of 3 inhalers (60 blisters) per 30 days |
| 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 |
| Repatha (Injection) | Maximum of 3 syringes (3 ml) per 28 days |
| Repatha PushtroNex System (Injection) | Maximum of 1 cartridge (3.5 ml) per 28 days |
| Repatha SureClick (Injection) | Maximum of 3 pens (3 ml) per 28 days |
| Rescriptor (Tablet) | Maximum of 9 tablets per day |
| Restasis (Emulsion) | Maximum of 2 vials per day |
| Revatio (20mg Tablet) | Maximum of 3 tablets per day |
| Revlimid (Capsule) | Maximum of 1 capsule per day |
| Rexulti (Tablet) | Maximum of 1 tablet per day |
| Reyataz (150mg Capsule, 300mg Capsule) | Maximum of 2 capsules per day |
| Reyataz (200mg Capsule) | Maximum of 3 capsules per day |
| Reyataz (50mg Packet) | Maximum of 8 packets per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|---|
| Riomet (Oral Solution) | 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 (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 |
| Rozerem (Tablet) | Maximum of 1 tablet per day |
| Rubraca (Tablet) | Maximum of 4 tablets per day |
| Rydapt (Capsule) | Maximum of 8 capsules per day |
| Sabril (500mg Packet) | Maximum of 6 packets per day |
| Sabril (500mg Tablet) | Maximum of 6 tablets per day |
| Samsca (Tablet) | Maximum of 2 tablets per day |
| Saphris (Tablet Sublingual) | Maximum of 2 tablets per day |
| Selzentry (150mg Tablet, 75mg Tablet) | Maximum of 3 tablets per day |
| Selzentry (20mg/ml Oral Solution) | Maximum of 92 ml per day |
| Selzentry (25mg Tablet, 300mg Tablet) | Maximum of 6 tablets per day |
| Sensipar (30mg Tablet, 60mg Tablet) | Maximum of 2 tablets per day |
| Sensipar (90mg Tablet) | Maximum of 4 tablets per day |
| Serevent Diskus (Aerosol Powder) | Maximum of 1 inhaler (60 inhalations) per 30 days |
| Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour) | Maximum of 1 tablet per day |
| Seroquel XR (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Sildenafil (20mg Tablet) (Generic Revatio) | Maximum of 3 tablets per day |
| Simvastatin (Tablet) | Maximum of 1 tablet per day |
| Soliqua 100/33 (Injection) | Maximum of 18 ml (6 pens) per 30 days |
| Somavert (Injection) | Maximum of 1 vial per day |
| Sovaldi (Tablet) | Maximum of 1 tablet per day |
| Spiriva HandiHaler (Capsule) | Maximum of 1 capsule per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|---|
| Spiriva Respimat (Aerosol Solution) (Retail Pack) | Maximum of 1 inhaler (4 grams) per 30 days |
| Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet) | Maximum of 1 tablet per day |
| Sprycel (20mg Tablet, 50mg Tablet) | Maximum of 3 tablets per day |
| Sprycel (80mg Tablet) | Maximum of 2 tablets per day |
| Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule) | Maximum of 3 capsules per day |
| Stavudine (20mg Capsule) | Maximum of 2 capsules per day |
| Stiolto Respimat (Aerosol Solution) (Retail Pack) | Maximum of 1 inhaler (4 grams) per 30 days |
| Stivarga (Tablet) | Maximum of 4 tablets per day |
| Stribild (Tablet) | Maximum of 2 tablets per day |
| Suboxone (12mg-3mg Film, 4mg-1mg Film) | Maximum of 2 films per day |
| Suboxone (2mg-0.5mg Film, 8mg-2mg Film) | Maximum of 3 films per day |
| Sumatriptan (Nasal Solution) | Maximum of 12 devices per 30 days |
| Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet) | Maximum of 12 tablets per 30 days |
| Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector) | Maximum of 12 injections (6 ml) per 30 days |
| Sumatriptan Succinate (6mg/0.5ml Solution Auto injector) | Maximum of 12 injections (6 ml) per 30 days |
| Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution) | Maximum of 12 injections (6 ml) per 30 days |
| Sumatriptan Succinate Refill (Injection) | Maximum of 12 injections (6 ml) per 30 days |
| Sustiva (200mg Capsule) | Maximum of 3 capsules per day |
| Sustiva (50mg Capsule) | Maximum of 9 capsules per day |
| Sustiva (600mg Tablet) | Maximum of 2 tablets per day |
| Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule) | Maximum of 1 capsule per day |
| Sutent (37.5mg Capsule) | Maximum of 2 capsules per day |
| Symbicort (Aerosol) | Maximum of 1 inhaler (10.2 grams) per 30 days |
| Symfi (Tablet) | Maximum of 2 tablets per day |
| Symfi Lo (Tablet) | Maximum of 2 tablets per day |
| Synjardy (Tablet) | Maximum of 2 tablets per day |
| Synjardy XR (10mg-1000mg Tablet Extended-Release 24 Hour, 25mg-1000mg Tablet Extended-Release 24 Hour) | Maximum of 1 tablet per day |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|--------------------------------------|
| Synjardy XR (12.5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-1000mg Tablet Extended-Release 24 Hour) | Maximum of 2 tablets per day |
| Syprine (Capsule) | Maximum of 8 capsules per day |
| Tagrisso (Tablet) | Maximum of 1 tablet per day |
| Tamiflu (Suspension) | Maximum of 26 ml per day |
| Tarceva (100mg Tablet, 150mg Tablet) | Maximum of 1 tablet per day |
| Tarceva (25mg Tablet) | Maximum of 3 tablets per day |
| Tasigna (150mg Capsule) | Maximum of 5 capsules per day |
| Tasigna (200mg Capsule) | Maximum of 4 capsules per day |
| Tasigna (50mg Capsule) | Maximum of 14 capsules per day |
| Tecfidera (Capsule Delayed-Release) | Maximum of 2 capsules per day |
| Telmisartan (Tablet) | Maximum of 1 tablet per day |
| 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 |
| Thalomid (100mg Capsule, 50mg Capsule) | Maximum of 1 capsule per day |
| Thalomid (150mg Capsule, 200mg Capsule) | Maximum of 2 capsules per day |
| Tivicay (10mg Tablet, 25mg Tablet) | Maximum of 2 tablets per day |
| Tivicay (50mg Tablet) | Maximum of 3 tablets per day |
| TOBI (Nebulized Solution) | Maximum of 10 ml (2 ampules) per day |
| TOBI Podhaler (Capsule) | 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 |
| Tracleer (125mg Tablet, 62.5mg Tablet) | Maximum of 2 tablets per day |
| Tracleer (32mg Tablet Soluble) | Maximum of 4 tablets per day |
| Tradjenta (Tablet) | Maximum of 1 tablet per day |
| 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 |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|--|
| Trandolapril (1mg Tablet, 2mg Tablet) | Maximum of 1 tablet per day |
| Trandolapril (4mg Tablet) | Maximum of 2 tablets per day |
| Trelegy Ellipta (Aerosol Powder) | 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 |
| Trintellix (Tablet) | Maximum of 1 tablet per day |
| Triumeq (Tablet) | Maximum of 2 tablets per day |
| Trizivir (Tablet) | Maximum of 3 tablets per day |
| Trulicity (Injection) | Maximum of 4 pens (2 ml) per 28 days |
| Truvada (Tablet) | Maximum of 2 tablets per day |
| Tybost (Tablet) | Maximum of 2 tablets per day |
| Tymlos (Injection) | Maximum of 1.56 ml per 30 days |
| Valacyclovir HCl (1gm Tablet) | Maximum of 4 tablets per day |
| Valacyclovir HCl (500mg Tablet) | Maximum of 2 tablets per day |
| Valcyte (Tablet) | Maximum of 4 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 |
| Veltassa (Packet) | Maximum of 1 packet per day |
| Vemlidy (Tablet) | Maximum of 1 tablet per day |
| Venclexta (100mg Tablet) | Maximum of 4 tablets per day |
| Venclexta (10mg Tablet) | Maximum of 2 tablets per day |
| Venclexta (50mg Tablet) | Maximum of 1 tablet per day |
| Ventavis (10mcg/ml Inhalation Solution) | Maximum of 7 ml per day |
| Ventavis (20mcg/ml Inhalation Solution) | Maximum of 3 ml per day |
| Verzenio (Tablet) | Maximum of 2 tablets per day |
| Vesicare (Tablet) | Maximum of 1 tablet per day |
| Victoza (Injection) | Maximum of 3 pens (9 ml) per 30 days |
| Videx EC (125mg Capsule Delayed-Release) | Maximum of 2 capsules per day |
| Videx Pediatric (Oral Solution) | Maximum of 30 ml per day |
| Vigabatrin (Packet) | Maximum of 6 packets per day |
| Viibryd (Tablet) | Maximum of 1 tablet per day |
| Viibryd Starter Pack (Kit) | Maximum of 1 pack (30 tablets) per 30 days |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|--|--|
| Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet) | Maximum of 2 tablets per day |
| Vimpat (10mg/ml Oral Solution) | Maximum of 40 ml per day |
| Viracept (250mg Tablet) | Maximum of 15 tablets per day |
| Viracept (625mg Tablet) | Maximum of 6 tablets per day |
| Viramune (Suspension) | Maximum of 60 ml per day |
| Viread (150mg Tablet) | Maximum of 1 tablet per day |
| Viread (200mg Tablet, 250mg Tablet, 300mg Tablet) | Maximum of 2 tablets per day |
| Viread (40mg/gm Powder) | Maximum of 6 bottles (360 grams) per 30 days |
| Vosevi (Tablet) | Maximum of 1 tablet per day |
| Votrient (Tablet) | Maximum of 4 tablets per day |
| Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule) | Maximum of 1 capsule per day |
| Xarelto (10mg Tablet, 20mg Tablet) | Maximum of 1 tablet per day |
| Xarelto (15mg Tablet) | Maximum of 2 tablets per day |
| Xarelto Starter Pack (Tablet Therapy Pack) | Maximum of 1 pack (51 tablets) per 30 days |
| Xeljanz (10mg Tablet) | Maximum of 2 tablets per day |
| Xeljanz (5mg Tablet) | Maximum of 2 tablets per day |
| Xeljanz XR (Tablet Extended-Release 24 Hour) | Maximum of 1 tablet per day |
| Xenazine (12.5mg Tablet) | Maximum of 3 tablets per day |
| Xenazine (25mg Tablet) | Maximum of 4 tablets per day |
| Xiidra (Ophthalmic Solution) | Maximum of 2 vials per day |
| Xtampza ER (13.5mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 18mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 9mg Capsule Extended-Release 12 Hour Abuse-Deterrent) | Maximum of 3 capsules per day |
| Xtampza ER (27mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 36mg Capsule Extended-Release 12 Hour Abuse-Deterrent) | Maximum of 6 capsules per day |
| Xtandi (Capsule) | Maximum of 4 capsules per day |
| Xyrem (Oral Solution) | Maximum of 18 ml per day |
| 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 |

Bold type = Brand name drug

Plain type = Generic drug

| Drug Name | Quantity Limit |
|---|-------------------------------|
| Zaleplon (5mg Capsule) | Maximum of 1 capsule per day |
| Zejula (Capsule) | Maximum of 3 capsules per day |
| Zelboraf (Tablet) | Maximum of 8 tablets per day |
| Zerit (Oral Solution) | Maximum of 120 ml per day |
| Ziagen (Oral Solution) | Maximum of 48 ml per day |
| Zidovudine (100mg Capsule) | Maximum of 8 capsules per day |
| Zidovudine (300mg Tablet) | Maximum of 3 tablets per day |
| Zidovudine (50mg/5ml Syrup) | Maximum of 96 ml per day |
| Ziprasidone HCl (Capsule) | Maximum of 2 capsules per day |
| Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) | Maximum of 1 tablet per day |
| Zydelig (Tablet) | Maximum of 2 tablets per day |
| Zykadia (Capsule) | Maximum of 5 capsules per day |
| Zytiga (250mg Tablet) | Maximum of 4 tablets per day |
| Zytiga (500mg Tablet) | Maximum of 2 tablets per day |

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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please call Customer Service at:

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