

2018 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

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 **1-800-514-4911**, 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 September 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 or one of its affiliates. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare Dual Complete ONE.

As a member of this plan **you have no out-of-pocket costs (cost-sharing) such as copayments or coinsurance for covered, prescribed drugs** when obtained from network pharmacies.

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 10–29 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 30–99 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.

Are there any rules or limits on my drug coverage?

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

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

Coverage Rules and Limits

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 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 7 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 Medicare Part D drug even if it's not on the drug list.
- Utilization exception:** Ask the plan to revise the coverage rules or limits on your Medicare Part D 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 100-123.

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.

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 **1-800-514-4911**, 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.....	57	Advair HFA.....	98
Abacavir Sulfate/Lamivudine/ Zidovudine.....	57	Afeditab CR.....	65
Abacavir/Lamivudine.....	57	Afinitor.....	50
Abelcet.....	46	Afinitor Disperz.....	50
Abilify Maintena.....	54	Ala-Cort.....	80
Abraxane.....	49	Albenza.....	52
Abstral.....	32	Albuterol Sulfate.....	96
Acamprosate Calcium DR.....	33	Alclometasone Dipropionate	80
Acarbose.....	60	Alcohol Prep Pads.....	92
Acebutolol HCl.....	64	Aldurazyme.....	79
Acetaminophen/Codeine.....	32	Alecensa.....	51
Acetazolamide.....	68	Alendronate Sodium.....	92
Acetazolamide ER.....	68	Alfuzosin HCl ER.....	80
Acetazolamide Sodium.....	68	Alimta.....	49
Acetic Acid.....	95	Alinia.....	52
Acetylcysteine.....	98	Aliqopa.....	50
Acitretin.....	72	Allopurinol.....	47
Actemra.....	90	Alocril.....	93
ActHIB.....	90	Alomide.....	93
Actimmune.....	90	Alosetron HCl.....	78
Acyclovir.....	56	Aloxi.....	45
Acyclovir Sodium.....	56	Alphagan P.....	94
Adacel.....	90	Alprazolam.....	59
Adagen.....	79	Altavera.....	83
Adapalene.....	72	Alunbrig.....	51
Adcirca.....	97	Alyacen 1/35.....	83
Adefovir Dipivoxil.....	56	Amantadine HCl.....	53
Adempas.....	97	AmBisome.....	46
Adriamycin.....	49	Amethia.....	83
Adrucil.....	49	Amethia Lo.....	83
Advair Diskus.....	98	Amikacin Sulfate.....	34
		Amiloride HCl.....	68
		Amiloride/Hydrochlorothiazide	66
		Aminophylline.....	97
		Aminosyn 7%/Electrolytes.....	73
		Aminosyn 8.5%/Electrolytes	73
		Aminosyn II.....	73
		Aminosyn II 8.5%/Electrolytes	73
		Aminosyn-HBC.....	74
		Aminosyn-PF.....	74
		Aminosyn-RF.....	74
		Amiodarone HCl.....	64
		Amitiza.....	78
		Amitriptyline HCl.....	44
		Amlodipine Besylate.....	65
		Amlodipine Besylate/ Atorvastatin Calcium.....	66
		Amlodipine Besylate/ Benazepril HCl.....	66
		Amlodipine Besylate/Valsartan	66
		Amlodipine/Olmesartan Medoxomil.....	66
		Amlodipine/Valsartan/ Hydrochlorothiazide.....	66
		Ammonium Lactate.....	72
		Amoxapine.....	44
		Amoxicillin.....	37
		Amoxicillin/Clavulanate Potassium.....	37
		Amoxicillin/Clavulanate Potassium ER.....	37
		Amphetamine/ Dextroamphetamine.....	70
		Amphotericin B.....	46

Ampicillin.....	37	Atgam.....	89	Bactroban Nasal.....	35	
Ampicillin Sodium.....	37	Atomoxetine.....	71	Balsalazide Disodium.....	91	
Ampicillin-Sulbactam.....	37	Atorvastatin Calcium.....	68	Balziva.....	83	
Ampyra.....	71	Atovaquone.....	52	Banzel.....	42	
Anadrol-50.....	83	Atovaquone/Proguanil HCl....	52	Baraclude.....	56	
Anagrelide HCl.....	62	Atripia.....	57	Bavencio.....	52	
Anastrozole.....	50	Atropine Sulfate.....	77, 93	BCG Vaccine.....	90	
Androderm.....	83	Atrovent HFA.....	96	Bekyree.....	83	
AndroGel.....	83	Aubagio.....	71	Beleodaq.....	51	
AndroGel Pump.....	83	Aubra.....	83	Belsomra.....	99	
Anoro Ellipta.....	98	Augmented Betamethasone Dipropionate.....	80	Benazepril HCl.....	64	
Anzemet.....	45	Auryxia.....	76	Benazepril HCl/ Hydrochlorothiazide.....	66	
Apokyn.....	53	Avandia.....	60	Benlysta.....	90	
Apraclonidine.....	94	Avastin.....	52	Benznidazole.....	52	
Aprepitant.....	45	Avelox.....	38	Benztropine Mesylate.....	53	
Apri.....	83	Aviane.....	83	Bepreve.....	93	
Apriso.....	91	Avonex.....	71	Berinert.....	88	
Aptiom.....	42	Avonex Pen.....	72	Besivance.....	38	
Aptivus.....	58	Azacitidine.....	62	Betamethasone Dipropionate	80	
Aralast NP.....	79	Azactam.....	37	Betamethasone Valerate.....	80	
Aranelle.....	83	Azasite.....	38	Betaseron.....	72	
Aranesp Albumin Free.....	62	Azathioprine.....	88	Betaxolol HCl.....	64, 94	
Arcalyst.....	90	Azelastine HCl.....	93, 95	Bethanechol Chloride.....	80	
Argatroban.....	62	Azilect.....	53	Bethkis.....	97	
Aripiprazole.....	54	Azithromycin.....	38	Betimol.....	94	
Aripiprazole ODT.....	54	Azopt.....	94	Bevespi Aerosphere.....	98	
Aristada.....	54	Aztreonam.....	37	Bexarotene.....	52	
Arnuity Ellipta.....	96	B			Bexsero.....	90
Arranon.....	49	BACiiM.....	34	Bicalutamide.....	48	
Ashlyna.....	83	Bacitracin.....	34	Bicillin C-R.....	37	
Aspirin/Dipyridamole.....	63	Bacitracin/Polymyxin B.....	93	Bicillin L-A.....	37	
Atazanavir Sulfate.....	58	Baclofen.....	98	BiCNU.....	48	
Atenolol.....	64	Bactocill in Dextrose.....	37			
Atenolol/Chlorthalidone.....	66					

BiDil.....	66	Bupropion HCl XL.....	43	Carbaglu.....	74
Biktarvy.....	57	Buspirone HCl.....	59	Carbamazepine.....	42
Biltricide.....	52	Busulfan.....	48	Carbamazepine ER.....	42
Binosto.....	92	Busulfex.....	48	Carbidopa.....	53
Bisoprolol Fumarate.....	64	Butalbital/Acetaminophen/ Caffeine.....	30	Carbidopa/Levodopa.....	53
Bisoprolol Fumarate/ Hydrochlorothiazide.....	66	Butalbital/Aspirin/Caffeine....	30	Carbidopa/Levodopa ER.....	53
BIVIGAM.....	89	Butorphanol Tartrate.....	32	Carbidopa/Levodopa ODT....	53
Bleomycin Sulfate.....	49	Bydureon Bcise.....	60	Carbidopa/Levodopa/ Entacapone.....	53
Blephamide.....	93	Bydureon Pen.....	60	Carboplatin.....	49
Blephamide S.O.P.....	93	Bydureon Vial.....	60	Cardene IV.....	65
Blisovi 24 Fe.....	83	Byetta.....	60	Carimune Nanofiltered.....	89
Blisovi Fe 1.5/30.....	83	Bystolic.....	64	Carteolol HCl.....	94
Blisovi Fe 1/20.....	83	C		Cartia XT.....	65
Boostrix.....	90	Cabergoline.....	87	Carvedilol.....	64
Bortezomib.....	49	Cabometyx.....	51	Caspofungin Acetate.....	46
Bosulif.....	51	Calcipotriene.....	72	Cayston.....	97
Botox.....	92	Calcitonin-Salmon.....	92	Caziant.....	83
Breo Ellipta.....	98	Calcitriol.....	72, 92	Cefaclor.....	36
Briellyn.....	83	Calcium Acetate.....	76	Cefadroxil.....	36
Brilinta.....	63	Calquence.....	51	Cefazolin Sodium.....	36
Brimonidine Tartrate.....	94	Camila.....	86	Cefdinir.....	36
Briviact.....	40	Camrese Lo.....	83	Cefepime.....	36
Bromocriptine Mesylate.....	53	Canasa.....	91	Cefixime.....	36
Brovana.....	96	Cancidas.....	46	Cefotaxime Sodium.....	36
Budesonide.....	91, 96	Candesartan Cilexetil.....	63	Cefotetan.....	36
Budesonide ER.....	91	Candesartan Cilexetil/ Hydrochlorothiazide.....	66	Cefoxitin Sodium.....	36
Bumetanide.....	68	Capastat Sulfate.....	48	Cefpodoxime Proxetil.....	36
Buphenyl.....	79	Caprelsa.....	51	Cefprozil.....	36
Buprenorphine HCl.....	34	Captopril.....	64	Ceftazidime.....	36
Buprenorphine HCl/Naloxone HCl.....	34	Captopril/Hydrochlorothiazide	66	Ceftriaxone Sodium.....	36
Bupropion HCl.....	43	Carac.....	72	Cefuroxime Axetil.....	36
Bupropion HCl SR.....	34, 43	Carafate.....	78	Cefuroxime Sodium.....	36
				Celecoxib.....	30

Cellcept.....	88	Cimzia.....	88	Clozapine.....	55
Celontin.....	41	Cinryze.....	88	Clozapine ODT.....	55, 56
Cephalexin.....	36	Cipro HC.....	95	Coartem.....	52
Cerezyme.....	79	Ciprodex.....	95	Codeine Sulfate.....	32
Cesamet.....	45	Ciprofloxacin.....	39	Colchicine.....	47
Cetirizine HCl.....	95	Ciprofloxacin ER.....	39	Colcrys.....	47
Chantix.....	34	Ciprofloxacin HCl.....	39	Colesevelam HCl.....	69
Chantix Continuing Month Pak	34	Ciprofloxacin I.V. in D5W.....	39	Colestipol HCl.....	69
Chantix Starting Month Pak...	34	Cisplatin.....	49	Colistimethate Sodium.....	35
Chemet.....	76	Citalopram HBr.....	43	Colocort.....	91
Chenodal.....	77	Cladribine.....	49	Coly-Mycin S.....	95
Chloramphenicol Sodium Succinate.....	35	Claravis.....	72	Combigan.....	94
Chlordiazepoxide HCl.....	59	Clarithromycin.....	38	Combivent Respimat.....	98
Chlorhexidine Gluconate Oral Rinse.....	72	Clarithromycin ER.....	38	Combivir.....	57
Chloroquine Phosphate.....	52	Climara Pro.....	83	Cometriq.....	51
Chlorothiazide.....	68	Clindamycin HCl.....	35	Complera.....	57
Chlorothiazide Sodium.....	68	Clindamycin Palmitate HCl....	35	Compro.....	45
Chlorpromazine HCl.....	53	Clindamycin Phosphate...	35, 72	Constulose.....	78
Chlorthalidone.....	68	Clindamycin Phosphate in D5W	35	Copaxone.....	72
Chlorzoxazone.....	98	Clindamycin/Benzoyl Peroxide	72	Cordran.....	80
Cholbam.....	79	Clobetasol Propionate.....	80	Corlanor.....	66
Cholestyramine.....	69	Clobetasol Propionate E.....	80	Cortisone Acetate.....	80
Cholestyramine Light.....	69	Clofarabine.....	49	Cortisporin.....	72
Chorionic Gonadotropin.....	82	Clomipramine HCl.....	44	Cosentyx.....	72
Ciclopirox.....	46	Clonazepam.....	59	Cosentyx Sensoready Pen....	73
Ciclopirox Nail Lacquer.....	46	Clonazepam ODT.....	59	Cosmegen.....	49
Ciclopirox Olamine.....	46	Clonidine HCl.....	63	Cosopt PF.....	94
Cidofovir.....	56	Clonidine HCl ER.....	71	Cotellic.....	51
Cilostazol.....	63	Clopidogrel.....	63	Coumadin.....	62
Ciloxan.....	38	Clorazepate Dipotassium.....	59	Creon.....	79
Cimetidine.....	77	Clotrimazole.....	46	Crinone.....	86
Cimetidine HCl.....	77	Clotrimazole/Betamethasone Dipropionate.....	72	Crixivan.....	58
				Cromolyn Sodium.....	77, 93, 97
				Cryselle-28.....	83

Cubicin.....	35	Demser.....	66	Dextrose 5%/NaCl 0.225%....	74
Cuprimine.....	80	Denavir.....	56	Dextrose 5%/NaCl 0.33%.....	74
Cuvposa.....	77	Depen Titratabs.....	80	Dextrose 5%/NaCl 0.45%.....	74
Cyclafem.....	83	Depo-Estradiol.....	83	Dextrose 5%/NaCl 0.9%.....	74
Cyclobenzaprine HCl.....	98, 99	Depo-Medrol.....	80	Diastat AcuDial.....	41
Cyclophosphamide.....	48	Depo-Provera.....	86	Diastat Pediatric.....	41
Cycloset.....	60	Descovy.....	57	Diazepam.....	59
Cyclosporine.....	88	Desipramine HCl.....	44	Diazepam Intensol.....	59
Cyclosporine Modified.....	88	Desmopressin Acetate.....	82	Diclofenac Potassium.....	30
Cyproheptadine HCl.....	95	Desogestrel/Ethinyl Estradiol		Diclofenac Sodium.....	30, 73, 94
Cyramza.....	51	83	Diclofenac Sodium DR.....	30
Cystadane.....	79	Desonide.....	81	Diclofenac Sodium ER.....	30
Cystagon.....	79	Desoximetasone.....	81	Dicloxacillin Sodium.....	37
Cystaran.....	93	Desvenlafaxine ER.....	43	Dicyclomine HCl.....	77
Cytarabine Aqueous.....	49	Dexamethasone.....	81	Didanosine.....	57
D		Dexamethasone Intensol.....	81	Dificid.....	38
Dacarbazine.....	48	Dexamethasone Sodium		Diflunisal.....	30
Dacogen.....	49	Phosphate.....	81, 94	Digitek.....	66
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Dapsone.....	48	70	Dilt-XR.....	65
Daptacel.....	90	Dextroamphetamine Sulfate ER		Diltiazem HCl.....	65
Daptomycin.....	35	70	Diltiazem HCl ER.....	65
DARAPRIM.....	52	Dextrose 10%.....	74	Dipentum.....	91
Darzalex.....	52	Dextrose 10%/NaCl 0.2%.....	74	Diphenhydramine HCl.....	95
Daunorubicin HCl.....	49	Dextrose 10%/NaCl 0.45%....	74	Diphenoxylate/Atropine.....	77
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Decitabine.....	49	Dextrose 5%.....	74	Adsorbed Pediatric.....	90
Delyla.....	83	Dextrose 5%/Lactated Ringers		Disulfiram.....	33
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		Dextrose 5%/NaCl 0.2%.....	74		

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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 10-29.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the Medicare Part D drug tier. Your plan has 1 tier named “Covered Drugs.” All covered drugs are in this tier. As a member of this plan **you have no out-of-pocket costs (cost-sharing) such as copayments or coinsurance for covered, prescribed drugs** when obtained from network pharmacies. 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 100-123.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)		
Analgesics			Etodolac ER (Tablet Extended-Release 24 Hour)		
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	1	QL	Flector (Patch)	1	PA, QL
Butalbital/Aspirin/ Caffeine (50mg-325mg-40mg Capsule)	1	QL	Flurbiprofen (Tablet)	1	
Nonsteroidal Anti-inflammatory Drugs			Ibu (Tablet)	1	
Celecoxib (Capsule)	1	QL	Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1	
Diclofenac Potassium (Tablet)	1		Indomethacin (25mg Capsule, 50mg Capsule)	1	
Diclofenac Sodium (1% Gel)	1	PA	Ketoprofen (Capsule Immediate-Release)	1	
Diclofenac Sodium DR (Tablet Delayed- Release)	1				
Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	1				
Diflunisal (Tablet)	1				

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	1		Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	QL, MED
Meloxicam (Tablet)	1		Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	QL, MED
Nabumetone (Tablet)	1		Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	QL, MED
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1		Levorphanol Tartrate (Tablet)	1	QL, MED
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1		Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	QL, MED
Piroxicam (Capsule)	1		Methadone HCl (10mg/ml Injection)	1	
Sulindac (Tablet)	1		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
Opioid Analgesics, Long-acting			Nucynta ER (Tablet Extended-Release 12 Hour)	1	QL, MED
Embeda (Capsule Extended-Release)	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			
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg 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
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	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
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	1	QL, MED	Fentanyl Citrate Oral Transmucosal (200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle)	1	PA, QL
Opioid Analgesics, Short-acting			Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution)	1	QL, MED
Abstral (Tablet Sublingual)	1	PA, QL	Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	1	QL, MED
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	1	QL, MED	Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	1	
Butorphanol Tartrate (10mg/ml Nasal Solution)	1	QL, MED	Hydromorphone HCl (1mg/ml Liquid)	1	QL, MED
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	1		Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	1	QL, MED
Codeine Sulfate (Tablet)	1	QL, MED	Hydromorphone HCl (2mg/ml Injection)	1	
Duramorph (Injection)	1		Lorcet (Tablet)	1	QL, MED
Endocet (Tablet)	1	QL, MED			

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lorcet HD (Tablet)	1	QL, MED
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	
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Trezix (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	

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
Naltrexone HCl (Tablet)	1		Amikacin Sulfate (Injection)	1	
Vivitrol (Injection)	1		Gentak (Ophthalmic Ointment)	1	
Opioid Dependence Treatments			Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	1	
Buprenorphine HCl (0.3mg/ml Injection)	1		Gentamicin Sulfate (40mg/ml Injection)	1	
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	1	QL	Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1	
Buprenorphine HCl/ Naloxone HCl (Tablet Sublingual)	1	QL	Isotonic Gentamicin (Injection)	1	
Suboxone (Film)	1	QL	Neomycin Sulfate (Tablet)	1	
Opioid Reversal Agents			Paromomycin Sulfate (Capsule)	1	
Naloxone HCl (Injection)	1		Streptomycin Sulfate (Injection)	1	
Narcan (Liquid)	1		Tobramycin Sulfate (0.3% Ophthalmic Solution)	1	
Smoking Cessation Agents			Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	1	
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent)	1		Tobrex (0.3% Ophthalmic Ointment)	1	
Chantix (Tablet)	1		Antibacterials, Other		
Chantix Continuing Month Pak (Tablet)	1		BACiiM (Injection)	1	
Chantix Starting Month Pak (Tablet)	1		Bacitracin (50000unit Injection)	1	
Nicotrol (Inhaler)	1		Bacitracin (500unit/gm Ophthalmic Ointment)	1	
Nicotrol NS (Nasal Solution)	1				
Antibacterials					
Aminoglycosides					

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bactroban Nasal (Ointment)	1	PA	Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)	1	
Chloramphenicol Sodium Succinate (Injection)	1		Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Clindamycin HCl (Capsule Immediate-Release)	1		Metronidazole in NaCl 0.79% (Injection)	1	
Clindamycin Palmitate HCl (Oral Solution)	1		Metronidazole Vaginal (Gel)	1	
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	

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
Tygamil (Injection)	1		Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	1	
Vancocin HCl (Capsule)	1		Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	1		Ceftazidime (Injection)	1	
Vandazole (Gel)	1		Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	1	
Beta-lactam, Cephalosporins			Cefuroxime Axetil (Tablet)	1	
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	1		Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	1	
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1		Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	1	
Cefazolin Sodium (Injection)	1		Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	1	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	1		Suprax (400mg Capsule, 500mg/5ml Suspension)	1	
Cefepime (Injection)	1		Tazicef (Injection)	1	
Cefixime (Suspension)	1		Zerbaxa (Injection)	1	PA
Cefotaxime Sodium (Injection)	1				
Cefotetan (Injection)	1				
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	1				

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Beta-lactam, Other		
Azactam (Injection)	1	
Aztreonam (Injection)	1	
Doripenem (Injection)	1	
Imipenem/Cilastatin (Injection)	1	
Invanz (Injection)	1	
Meropenem (Injection)	1	
Beta-lactam, Penicillins		
Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)	1	
Ampicillin (Capsule)	1	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	1	
Ampicillin-Sulbactam (Injection)	1	
Bactocill in Dextrose (Injection)	1	
Bicillin C-R (Injection)	1	
Bicillin L-A (Injection)	1	
Dicloxacillin Sodium (Capsule)	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
Nafcillin Sodium (10gm Injection, 1gm Injection)	1		Clarithromycin (250mg Tablet, 500mg Tablet)	1	
Oxacillin Sodium (10gm Injection)	1		Clarithromycin ER (Tablet Extended-Release 24 Hour)	1	
Oxacillin Sodium (1gm Injection, 2gm Injection)	1		Dificid (Tablet)	1	
Penicillin G Potassium (Injection)	1		E.E.S. Granules (Suspension)	1	
Penicillin G Procaine (Injection)	1		Ery-Tab (Tablet Delayed-Release)	1	
Penicillin G Sodium (Injection)	1		EryPed 200 (Suspension)	1	
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	1		EryPed 400 (Suspension)	1	
Piperacillin/Tazobactam (Injection)	1		Erythrocin Lactobionate (Injection)	1	
Macrolides			Erythromycin (250mg Capsule Delayed-Release)	1	
Azasite (Ophthalmic Solution)	1		Erythromycin (5mg/gm Ophthalmic Ointment)	1	
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	1		Erythromycin Base (Tablet)	1	
Azithromycin (500mg Injection)	1		Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	1	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	1		Quinolones		
			Avelox (400mg/250ml-0.8% Injection)	1	
			Besivance (Suspension)	1	
			Ciloxan (0.3% Ointment)	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ciprofloxacin (Oral Suspension)	1		Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	1	
Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	1		Sulfonamides		
Ciprofloxacin HCl (0.3% Ophthalmic Solution)	1		Silver Sulfadiazine (Cream)	1	
Ciprofloxacin HCl (Tablet Immediate-Release)	1		Sodium Sulfacetamide (Ophthalmic Solution)	1	
Ciprofloxacin I.V. in D5W (Injection)	1		SSD (Cream)	1	
Gatifloxacin (Ophthalmic Solution)	1		Sulfacetamide Sodium (Ophthalmic Ointment)	1	
Levofloxacin (0.5% Ophthalmic Solution)	1		Sulfadiazine (Tablet)	1	
Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)	1		Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	1	
Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	1		Sulfamethoxazole/Trimethoprim (400mg-80mg/5ml Injection)	1	
Levofloxacin in D5W (Injection)	1		Sulfamethoxazole/Trimethoprim DS (Tablet)	1	
Moxeza (Ophthalmic Solution)	1		Tetracyclines		
Moxifloxacin HCl/Sodium HCl (Injection)	1		Demeclocycline HCl (Tablet)	1	
Moxifloxacin HCl (Ophthalmic Solution)	1		Doxy 100 (Injection)	1	
Moxifloxacin HCl (Tablet)	1		Doxycycline (25mg/5ml Suspension)	1	
Ofloxacin (0.3% 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
Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 75mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	1		Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	1	QL
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	1		Briviact (50mg/5ml Injection)	1	QL
Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule)	1		Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution)	1	
Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	1		Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection)	1	
Tetracycline HCl (Capsule)	1		Levetiracetam ER (Tablet Extended-Release 24 Hour)	1	
Vibramycin (50mg/5ml Syrup)	1		Roweepra (Tablet)	1	
Anticonvulsants			Roweepra XR (Tablet Extended-Release 24 Hour)	1	
Anticonvulsants, Other			Spritam (Tablet Disintegrating Soluble)	1	
			Calcium Channel Modifying Agents		

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Celontin (Capsule)	1	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	1	
Zonisamide (Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Diastat AcuDial (Gel)	1	
Diastat Pediatric (Gel)	1	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	1	
Gabapentin (250mg/5ml Oral Solution)	1	
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	

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		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aptiom (Tablet)	1	QL	Phenytek (Capsule)	1	
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	1		Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	1	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	1		Phenytoin Sodium (Injection)	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, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	1		Phenytoin Sodium Extended (Capsule)	1	
Dilantin (Capsule)	1		Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	1	QL
Dilantin INFATABS (Tablet Chewable)	1		Vimpat (200mg/20ml Injection)	1	
Epitol (Tablet)	1		Antidementia Agents		
Fosphenytoin Sodium (Injection)	1		Cholinesterase Inhibitors		
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	1		Donepezil HCl (Tablet)	1	QL
Oxcarbazepine (300mg/5ml Suspension)	1		Donepezil HCl ODT (Tablet Dispersible)	1	QL
Peganone (Tablet)	1		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		

You can find information on what the abbreviations in this table mean on pages 5 - 6.

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

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluoxetine DR (Capsule Delayed-Release)	1		Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	1	
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	1		Viibryd (Tablet)	1	QL
Fluvoxamine Maleate (Tablet)	1		Viibryd Starter Pack (Kit)	1	QL
Maprotiline HCl (Tablet)	1		Tricyclics		
Nefazodone HCl (Tablet)	1		Amitriptyline HCl (Tablet)	1	
Paroxetine HCl (Tablet Immediate-Release)	1		Amoxapine (Tablet)	1	
Paxil (10mg/5ml Suspension)	1		Clomipramine HCl (Capsule)	1	
Pristiq (Tablet Extended-Release 24 Hour)	1	PA, QL	Desipramine HCl (Tablet)	1	
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1		Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	1	
Sertraline HCl (20mg/ml Concentrate)	1		Imipramine HCl (Tablet)	1	
Trazodone HCl (Tablet)	1		Imipramine Pamoate (Capsule)	1	
Trintellix (Tablet)	1	QL	Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1	
Venlafaxine HCl (Tablet Immediate-Release)	1				

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Protriptyline HCl (Tablet)	1		Aprepitant (Therapy Pack, Capsule)	1	PA
Trimipramine Maleate (Capsule)	1		Cesamet (Capsule)	1	PA
Antiemetics			Dronabinol (Capsule)	1	PA
Antiemetics, Other			Emend (125mg Capsule, 40mg Capsule, 80mg Capsule, 125mg Suspension)	1	PA
Compro (Suppository)	1		Emend (150mg Injection)	1	
Hydroxyzine Pamoate (Capsule)	1		Emend Tripack (Capsule)	1	PA
Meclizine HCl (Tablet)	1		Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	1	
Metoclopramide HCl (10mg Tablet, 5mg Tablet)	1		Granisetron HCl (1mg Tablet)	1	B/D, PA, QL
Metoclopramide HCl (5mg/5ml Oral Solution)	1		Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	1	B/D, PA
Metoclopramide HCl (5mg/ml Injection)	1		Ondansetron HCl (4mg/2ml Injection)	1	
Perphenazine (Tablet)	1		Ondansetron HCl (4mg/5ml Oral Solution)	1	B/D, PA
Prochlorperazine (Suppository)	1		Ondansetron ODT (Tablet Dispersible)	1	B/D, PA
Prochlorperazine Edisylate (Injection)	1		Palonosetron HCl (0.25mg/2ml Injection)	1	
Prochlorperazine Maleate (Tablet)	1		Palonosetron HCl (0.25mg/5ml Injection)	1	
Scopolamine (Patch 72 Hour)	1		Sancuso (Patch)	1	
Transderm-Scop (Patch 72 Hour)	1		Antifungals		
Emetogenic Therapy Adjuncts					
Aloxi (Injection)	1				
Anzemet (100mg Tablet)	1	B/D, PA			
Anzemet (50mg Tablet)	1	B/D, PA			

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Antifungals			Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	1	
Abelcet (Injection)	1	B/D, PA	Griseofulvin Ultramicrosize (Tablet)	1	
AmBisome (Injection)	1	B/D, PA	Itraconazole (Capsule)	1	PA, QL
Amphotericin B (Injection)	1	B/D, PA	Jublia (External Solution)	1	
Candidas (Injection)	1		Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	1	
Caspofungin Acetate (Injection)	1		Ketoconazole (2% Foam)	1	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	1		Mentax (Cream)	1	
Ciclopirox Nail Lacquer (External Solution)	1		Miconazole 3 (Suppository)	1	
Ciclopirox Olamine (Cream)	1		Mycamine (Injection)	1	
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	1		Naftifine HCl (1% Cream)	1	
Econazole Nitrate (Cream)	1		Naftifine HCl (2% Cream)	1	
Eraxis (Injection)	1		Naftin (1% Gel, 2% Gel)	1	
Exelderm (1% Cream, 1% External Solution)	1		Natacyn (Suspension)	1	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	1		Noxafil (100mg Tablet Delayed-Release)	1	PA, QL
Fluconazole in NaCl (Injection)	1		Noxafil (40mg/ml Suspension)	1	QL
Flucytosine (Capsule)	1		Nyamyc (Powder)	1	
			Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
			Nystop (Powder)	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxiconazole Nitrate (Cream)	1		Ergotamine Tartrate/ Caffeine (Tablet)	1	
Oxistat (1% Lotion)	1		Migergot (Suppository)	1	
Sporanox (10mg/ml Oral Solution)	1	PA	Serotonin (5-HT) 1b/1d Receptor Agonists		
Terbinafine HCl (Tablet)	1		Naratriptan HCl (Tablet)	1	QL
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	1		Rizatriptan Benzoate (Tablet)	1	QL
Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)	1		Rizatriptan Benzoate ODT (Tablet Dispersible)	1	QL
Voriconazole (200mg Injection, 40mg/ml Suspension)	1		Sumatriptan (Nasal Solution)	1	QL
Voriconazole (200mg Tablet, 50mg Tablet)	1		Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	QL
Antigout Agents			Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	1	QL
Antigout Agents			Sumatriptan Succinate (6mg/0.5ml Injection)	1	QL
Allopurinol (Tablet)	1		Sumatriptan Succinate Refill (Injection)	1	QL
Colchicine (0.6mg Capsule, 0.6mg Tablet)	1	QL	Antimyasthenic Agents		
Colcrys (Tablet)	1	PA, QL	Parasympathomimetics		
Probenecid (Tablet)	1		Guanidine HCl (Tablet)	1	
Probenecid/Colchicine (Tablet)	1		Mestinon (60mg/5ml Syrup)	1	
Uloric (Tablet)	1	ST	Pyridostigmine Bromide (Tablet Immediate-Release)	1	
Antimigraine Agents					
Ergot Alkaloids					
Dihydroergotamine Mesylate (1mg/ml Injection)	1				

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Plain type = Generic drug

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	

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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Soltamox (Oral Solution)	1		Cisplatin (Injection)	1	
Tamoxifen Citrate (Tablet)	1		Cosmegen (Injection)	1	
Antimetabolites			Dacogen (Injection)	1	
Adrucil (Injection)	1	B/D, PA	Dactinomycin (Injection)	1	
Alimta (Injection)	1	PA	Daunorubicin HCl (Injection)	1	
Cladribine (Injection)	1	B/D, PA	Decitabine (Injection)	1	
Clofarabine (Injection)	1		Dexrazoxane (Injection)	1	PA
Cytarabine Aqueous (Injection)	1	B/D, PA	Docetaxel (160mg/16ml Injection)	1	
Droxia (Capsule)	1		Docetaxel (80mg/4ml Injection)	1	
Fluorouracil (5gm/100ml Injection)	1	B/D, PA	Doxil (Injection)	1	
Folotyn (Injection)	1		Doxorubicin HCl (Injection)	1	B/D, PA
Gemcitabine HCl (Injection)	1		Doxorubicin HCl Liposome (Injection)	1	
Gemzar (Injection)	1		Ellence (Injection)	1	
Hydroxyurea (Capsule)	1		Epirubicin HCl (Injection)	1	
Mercaptopurine (Tablet)	1		Erwinaze (Injection)	1	
Nipent (Injection)	1		Fludarabine Phosphate (Injection)	1	
Purixan (Suspension)	1	PA	Fusilev (Injection)	1	
Tabloid (Tablet)	1	PA	Halaven (Injection)	1	PA
Antineoplastics, Other			Idamycin PFS (Injection)	1	
Abraxane (Injection)	1	PA	Idarubicin HCl (Injection)	1	
Adriamycin (Injection)	1	B/D, PA	Irinotecan (Injection)	1	
Arranon (Injection)	1		Istodax (Overfill) (Injection)	1	PA
Bleomycin Sulfate (Injection)	1	B/D, PA			
Bortezomib (Injection)	1	PA			
Carboplatin (Injection)	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
Kisqali (Tablet)	1	PA, QL	Verzenio (Tablet)	1	PA, QL
Kisqali Femara 200 Dose (Tablet Therapy Pack)	1	PA, QL	Vinblastine Sulfate (Injection)	1	B/D, PA
Kisqali Femara 400 Dose (Tablet Therapy Pack)	1	PA, QL	Vincasar PFS (Injection)	1	B/D, PA
Kisqali Femara 600 Dose (Tablet Therapy Pack)	1	PA, QL	Vincristine Sulfate (Injection)	1	B/D, PA
Leucovorin Calcium (100mg Injection, 350mg Injection)	1		Vinorelbine Tartrate (Injection)	1	
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	1		Vyxeos (Injection)	1	PA
Levoleucovorin (Injection)	1		Zaltrap (Injection)	1	PA
Lonsurf (Tablet)	1	PA, QL	Zinecard (Injection)	1	PA
Mitomycin (Injection)	1		Zolinza (Capsule)	1	PA
Mitoxantrone HCl (Injection)	1		Aromatase Inhibitors, 3rd Generation		
Ninlaro (Capsule)	1	PA, QL	Anastrozole (Tablet)	1	
Oxaliplatin (100mg Vial, 100mg/20ml Injection)	1		Exemestane (Tablet)	1	
Paclitaxel (Injection)	1		Letrozole (Tablet)	1	
Proleukin (Injection)	1	PA	Enzyme Inhibitors		
Synribo (Injection)	1	PA	Aliqopa (Injection)	1	PA
Taxotere (Injection)	1		Etopophos (Injection)	1	
Thiotepa (Injection)	1		Etoposide (Injection)	1	
Trisenox (Injection)	1		Hycamtin (Injection)	1	
Velcade (Injection)	1	PA	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

You can find information on what the abbreviations in this table mean on pages 5 - 6.

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

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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

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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

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	

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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	1		Aripiprazole ODT (Tablet Dispersible)	1	QL
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	1		Aristada (Injection)	1	
Fluphenazine HCl (5mg/ml Concentrate)	1		Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	1	QL, ST
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	1		Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	1	QL, ST
Haloperidol Decanoate (Injection)	1		Fanapt Titration Pack (Tablet)	1	ST
Haloperidol Lactate (Injection)	1		Geodon (20mg Injection)	1	
Loxapine Succinate (Capsule)	1		Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	1	
Pimozide (Tablet)	1		Invega Sustenna (39mg/0.25ml Injection)	1	
Thioridazine HCl (Tablet)	1		Invega Trinza (Injection)	1	PA
Thiothixene (Capsule)	1		Latuda (Tablet)	1	QL
Trifluoperazine HCl (Tablet)	1		Nuplazid (Tablet)	1	PA, QL
2nd Generation/Atypical			Olanzapine (10mg Injection)	1	
Abilify Maintena (Injection)	1		Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	1	QL
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution)	1	QL	Olanzapine ODT (Tablet Dispersible)	1	QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 6mg Tablet Extended-Release 24 Hour)	1	QL	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
Paliperidone ER (9mg Tablet Extended-Release 24 Hour)	1	QL	Seroquel XR (400mg Tablet Extended-Release 24 Hour)	1	PA, QL
Quetiapine Fumarate (Tablet Immediate-Release)	1	QL	Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	1	QL, ST
Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	1	QL	Vraylar (Capsule Therapy Pack)	1	ST
Rexulti (Tablet)	1	QL	Ziprasidone HCl (Capsule)	1	QL
Risperdal Consta (12.5mg Injection, 25mg Injection)	1		Zyprexa Relprevv (Injection)	1	
Risperdal Consta (37.5mg Injection, 50mg Injection)	1		Treatment-Resistant		
Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet)	1		Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	1	
Risperidone (1mg/ml Oral Solution)	1		Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	1	QL
Risperidone ODT (Tablet Dispersible)	1		Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible)	1	QL
Saphris (Tablet Sublingual)	1	QL			

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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	

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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Valacyclovir HCl (Tablet)	1	QL	Nevirapine ER (Tablet Extended-Release 24 Hour)	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Genvoya (Tablet)	1	QL	Odefsey (Tablet)	1	QL
Isentress (100mg Packet, 25mg Tablet Chewable)	1	QL	Rescriptor (Tablet)	1	QL
Isentress (100mg Tablet Chewable, 400mg Tablet)	1	QL	Sustiva (200mg Capsule, 600mg Tablet)	1	QL
Isentress HD (Tablet)	1	QL	Sustiva (50mg Capsule)	1	QL
Stribild (Tablet)	1	QL	Symfi (Tablet)	1	QL
Tivicay (10mg Tablet)	1	QL	Symfi Lo (Tablet)	1	QL
Tivicay (25mg Tablet, 50mg Tablet)	1	QL	Viramune (50mg/5ml Suspension)	1	QL
Triumeq (Tablet)	1	QL	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Tybost (Tablet)	1	QL	Abacavir (20mg/ml Oral Solution, 300mg Tablet)	1	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	1	QL
Atripla (Tablet)	1	QL	Abacavir/Lamivudine (Tablet)	1	QL
Complera (Tablet)	1	QL	Biktarvy (Tablet)	1	QL
Edurant (Tablet)	1	QL	Combivir (Tablet)	1	QL
Efavirenz (200mg Capsule, 600mg Tablet)	1	QL	Descovy (Tablet)	1	QL
Efavirenz (50mg Capsule)	1	QL	Didanosine (Capsule Delayed-Release)	1	QL
Intelence (100mg Tablet, 200mg Tablet)	1	QL	Emtriva (10mg/ml Oral Solution, 200mg Capsule)	1	QL
Intelence (25mg Tablet)	1	QL	Epzicom (Tablet)	1	QL
Juluca (Tablet)	1	QL			
Nevirapine (Tablet)	1	QL			

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

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

You can find information on what the abbreviations in this table mean on pages 5 - 6.

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	1	
Lithium Carbonate ER (Tablet Extended-Release)	1	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Tablet)	1	QL
Avandia (Tablet)	1	PA, QL
Bydureon Bcise (Auto injector)	1	QL
Bydureon Pen (Injection)	1	QL
Bydureon Vial (Injection)	1	QL
Byetta (Injection)	1	QL
Cycloset (Tablet)	1	PA, QL
Glimepiride (Tablet)	1	QL
Glipizide (Tablet Immediate-Release)	1	QL
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Glipizide/Metformin HCl (Tablet)	1	QL
Glyxambi (Tablet)	1	QL
Invokamet (Tablet)	1	QL

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

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Pioglitazone HCl/ Metformin HCl (Tablet)	1	QL	Humalog Mix 50/50 KwikPen (Injection)	1	
Repaglinide (Tablet)	1	QL	Humalog Mix 50/50 Vial (Injection)	1	
Repaglinide/Metformin HCl (Tablet)	1	QL	Humalog Mix 75/25 KwikPen (Injection)	1	
Riomet (Oral Solution)	1	QL	Humalog Mix 75/25 Vial (Injection)	1	
Soliqua 100/33 (Injection)	1	QL	Humalog Vial (Injection)	1	
SymLinPen 120 (Injection)	1	PA	Humulin 70/30 KwikPen (Injection)	1	
SymLinPen 60 (Injection)	1	PA	Humulin 70/30 Vial (Injection)	1	
Synjardy (Tablet)	1	QL	Humulin N KwikPen (Injection)	1	
Synjardy XR (Tablet Extended-Release 24 Hour)	1	QL	Humulin N Vial (Injection)	1	
Tradjenta (Tablet)	1	QL	Humulin R U-500 KwikPen (Injection)	1	
Trulicity (Injection)	1	QL	Humulin R U-500 Vial (Concentrated) (Injection)	1	
Victoza (Injection)	1	QL	Humulin R Vial (Injection)	1	
Glycemic Agents			Lantus SoloStar (Injection)	1	
GlucaGen HypoKit (Injection)	1		Lantus Vial (Injection)	1	
Glucagon Emergency Kit (Injection)	1		Levemir FlexTouch (Injection)	1	
Proglycem (Suspension)	1		Levemir Vial (Injection)	1	
Insulins			Toujeo Max Solostar (Injection)	1	
Humalog Cartridge (Injection)	1				
Humalog Junior KwikPen (Injection)	1				
Humalog KwikPen (Injection)	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
Toujeo SoloStar (Injection)	1		Heparin Sodium/D5W (Injection)	1	
Tresiba FlexTouch (Injection)	1		Jantoven (Tablet)	1	
Blood Products/Modifiers/Volume Expanders			Pradaxa (Capsule)	1	QL
Anticoagulants			Warfarin Sodium (Tablet)	1	
Argatroban (125mg/125ml-0.9% Injection)	1	B/D, PA	Xarelto (Tablet)	1	QL
Argatroban (250mg/2.5ml Injection)	1	B/D, PA	Xarelto Starter Pack (Tablet Therapy Pack)	1	QL
Coumadin (Tablet)			Blood Formation Modifiers		
Eliquis (Tablet)	1	QL	Anagrelide HCl (Capsule)	1	
Eliquis Starter Pack (Tablet)	1	QL	Aranesp Albumin Free (100mcg/0.5ml 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
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	Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	1	PA
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	1		Azacitidine (Injection)	1	PA
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			

You can find information on what the abbreviations in this table mean on pages 5 - 6.

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

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	1	
Quinidine Gluconate (Injection)	1	
Quinidine Gluconate CR (Tablet Extended-Release)	1	
Quinidine Sulfate (Tablet)	1	
Sotalol HCl (AF) (Tablet)	1	
Sotalol HCl (Tablet)	1	
Beta-adrenergic Blocking Agents		
Acebutolol HCl (Capsule)	1	
Atenolol (Tablet)	1	
Betaxolol HCl (10mg Tablet, 20mg Tablet)	1	
Bisoprolol Fumarate (Tablet)	1	
Bystolic (Tablet)	1	QL
Carvedilol (Tablet)	1	
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet)	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 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1		Dilt-XR (Capsule Extended-Release 24 Hour)	1	
Metoprolol Tartrate (5mg/5ml Injection)	1		Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	1	
Nadolol (Tablet)	1		Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	1	
Pindolol (Tablet)	1		Diltiazem HCl ER (Capsule Extended-Release)	1	
Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1		Felodipine ER (Tablet Extended-Release 24 Hour)	1	
Propranolol HCl (1mg/ml Injection)	1		Matzim LA (Tablet Extended-Release 24 Hour)	1	
Propranolol HCl (Tablet Immediate-Release)	1		Nicardipine HCl (2.5mg/ml Injection)	1	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1		Nicardipine HCl (20mg Capsule, 30mg Capsule)	1	
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1		Nifedipine ER (Tablet Extended-Release 24 Hour)	1	QL
Calcium Channel Blocking Agents			Nimodipine (Capsule)	1	
Afeditab CR (Tablet Extended-Release 24 Hour)	1	QL	Nymalize (Oral Solution)	1	
Amlodipine Besylate (Tablet)	1		Taztia XT (Capsule Extended-Release 24 Hour)	1	
Cardene IV (Injection)	1				
Cartia XT (Capsule Extended-Release 24 Hour)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	1		Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL
Verapamil HCl (2.5mg/ml Injection)	1		Amlodipine Besylate/ Valsartan (Tablet)	1	QL
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		Amlodipine/ Olmesartan Medoxomil (Tablet)	1	QL
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	1		Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Verapamil HCl SR (Capsule Extended- Release 24 Hour)	1		Atenolol/ Chlorthalidone (Tablet)	1	
Cardiovascular Agents, Other			Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
Amiloride/ Hydrochlorothiazide (Tablet)	1		BiDil (Tablet)	1	QL
Amlodipine Besylate/ Atorvastatin Calcium (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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Edarbyclor (Tablet)	1	QL	Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	1	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL	Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	1	QL
Entresto (Tablet)	1	QL	Pentoxifylline ER (Tablet Extended-Release)	1	
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL	Propranolol/ Hydrochlorothiazide (Tablet)	1	
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL	Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)	1		Ranexa (Tablet Extended-Release 12 Hour)	1	QL
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL	Spironolactone/ Hydrochlorothiazide (Tablet)	1	
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL	Telmisartan/ Amlodipine (Tablet)	1	QL
Methyldopa/ Hydrochlorothiazide (Tablet)	1		Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL
Metoprolol/ Hydrochlorothiazide (Tablet)	1		Triamterene/ Hydrochlorothiazide (37.5mg-25mg Tablet, 75mg-50mg Tablet, 25mg-37.5mg Capsule)	1	
Moexipril/ Hydrochlorothiazide (Tablet)	1	QL	Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Nadolol/ Bendroflumethiazide (Tablet)	1				

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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	
Spironolactone (Tablet)	1	
Diuretics, Thiazide		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Chlorothiazide (Tablet)	1	
Chlorothiazide Sodium (Injection)	1	B/D, PA
Chlorthalidone (Tablet)	1	
Diuril (Suspension)	1	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	1	
Methyclothiazide (Tablet)	1	
Metolazone (Tablet)	1	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (145mg Tablet, 48mg Tablet)	1	
Fenofibrate (160mg Tablet, 54mg Tablet)	1	
Fenofibrate Micronized (Capsule)	1	
Fenofibric Acid (Tablet)	1	
Fenofibric Acid DR (Capsule Delayed-Release)	1	
Gemfibrozil (Tablet)	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
Fluvastatin (Capsule Immediate-Release)	1	QL
Livalo (Tablet)	1	QL
Lovastatin (Tablet)	1	QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	1	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Cholestyramine (Packet)	1	
Cholestyramine Light (Powder)	1	
Colesevelam HCl (Tablet)	1	
Colestipol HCl (1gm Tablet)	1	
Colestipol HCl (5gm Packet)	1	
Ezetimibe (Tablet)	1	QL
Ezetimibe/Simvastatin (Tablet)	1	QL
Juxtapid (Capsule)	1	PA, LA
Kynamro (Injection)	1	PA, LA
Niacin ER (Tablet Extended-Release)	1	
Niacor (Tablet)	1	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	1	QL
Praluent (Injection)	1	PA, QL
Prevalite (Packet)	1	
Repatha (Injection)	1	PA, QL
Repatha Pushtrox System (Injection)	1	PA, QL
Repatha SureClick (Injection)	1	PA, QL

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	

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
Nitroglycerin Lingual (Translingual Solution)	1		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
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	Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet)	1	QL
			Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	1	QL
			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	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Atomoxetine (Capsule)	1	QL
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	1	PA
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		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Namzarcic (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
Avonex (Injection)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Triamcinolone Acetonide Dental Paste (Paste)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dermatological Agents		
Dermatological Agents		
Acitretin (Capsule)	1	
Adapalene (0.1% Cream, 0.1% Gel)	1	
Ammonium Lactate (12% Cream, 12% Lotion)	1	
Calcipotriene (0.005% Cream, 0.005% External Solution)	1	
Calcitriol (3mcg/gm Ointment)	1	
Carac (Cream)	1	PA
Claravis (Capsule)	1	PA
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	1	
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	1	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	1	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	1	
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)	1	
Cosentyx (Injection)	1	PA

You can find information on what the abbreviations in this table mean on pages 5 - 6.

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Aminosyn II 8.5%/Electrolytes (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
Aminosyn-HBC (Injection)	1	B/D, PA	Ionosol-MB/Dextrose 5% (Injection)	1	
Aminosyn-PF (Injection)	1	B/D, PA	Isolyte-P/Dextrose 5% (Injection)	1	
Aminosyn-RF (Injection)	1	B/D, PA	Isolyte-S (Injection)	1	
Carbaglu (Tablet)	1	LA	KCl 0.075%/D5W/NaCl 0.45% (Injection)	1	
Dextrose 10% (Injection)	1		KCl 0.15%/D5W/NaCl 0.2% (Injection)	1	
Dextrose 10%/NaCl 0.2% (Injection)	1		KCl 0.15%/D5W/NaCl 0.45% (Injection)	1	
Dextrose 10%/NaCl 0.45% (Injection)	1		KCl 0.15%/D5W/NaCl 0.9% (Injection)	1	
Dextrose 2.5%/NaCl 0.45% (Injection)	1		KCl 0.3%/D5W/NaCl 0.45% (Injection)	1	
Dextrose 5% (Injection)	1		KCl 0.3%/D5W/NaCl 0.9% (Injection)	1	
Dextrose 5%/Lactated Ringers (Injection)	1		Klor-Con (Packet)	1	
Dextrose 5%/NaCl 0.2% (Injection)	1		Klor-Con 10 (Tablet Extended-Release)	1	
Dextrose 5%/NaCl 0.225% (Injection)	1		Klor-Con 8 (Tablet Extended-Release)	1	
Dextrose 5%/NaCl 0.33% (Injection)	1		Klor-Con M10 (Tablet Extended-Release)	1	
Dextrose 5%/NaCl 0.45% (Injection)	1		Klor-Con M15 (Tablet Extended-Release)	1	
Dextrose 5%/NaCl 0.9% (Injection)	1		Klor-Con M20 (Tablet Extended-Release)	1	
FreAmine HBC 6.9% (Injection)	1	B/D, PA	Klor-Con Sprinkle (Capsule Extended-Release)	1	
HepatAmine (Injection)	1	B/D, PA	Lactated Ringers Irrigation (Solution)	1	
Intralipid (Injection)	1	B/D, PA			

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lactated Ringers Viaflex (Injection)	1	
Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	1	
Magnesium Sulfate (1gm/2ml-50% Injection)	1	
Magnesium Sulfate (5gm/10ml-50% Injection)	1	
Nephramine (Injection)	1	B/D, PA
Normosol-M in D5W (Injection)	1	
Normosol-R (Injection)	1	
Normosol-R in D5W (Injection)	1	
Nutrilipid (Injection)	1	B/D, PA
Physiolyte (Irrigation Solution)	1	
Physiosol Irrigation (Solution)	1	
Plasma-Lyte A (Injection)	1	
Plasma-Lyte-148 (Injection)	1	
Plenamaine (Injection)	1	B/D, PA
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	1	

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 (2meq/ml Injection)	1	B/D, PA
Potassium Chloride CR (Tablet Extended-Release)	1	
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)	1	
Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	1	
Potassium Chloride/Dextrose (Injection)	1	B/D, PA
Potassium Chloride/Dextrose/Lactated Ringers (Injection)	1	
Potassium Chloride/Dextrose/Sodium Chloride (Injection)	1	
Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	1	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride/ Sodium Chloride (20meq/L-0.9% Injection, 40meq/ L-0.9% Injection)	1	B/D, PA
Potassium Citrate ER (Tablet Extended- Release)	1	
Premasol (Injection)	1	B/D, PA
Procalamine (Injection)	1	B/D, PA
Prosol (Injection)	1	B/D, PA
Ringers Injection	1	
Ringers Irrigation (Solution)	1	
Sodium Chloride 0.9% (Irrigation Solution)	1	
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

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
Phosphate Binders		
Auryxia (Tablet)	1	
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	
Renagel (Tablet)	1	ST

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	

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	
Zorbive (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		

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Alosetron HCl (Tablet)	1	PA	TriLyte (Oral Solution)	1	
Amitiza (Capsule)	1	QL	Protectants		
Linzess (Capsule)	1	QL	Carafate (1gm/10ml Suspension)	1	
Lotronex (Tablet)	1	PA	Misoprostol (Tablet)	1	
Xifaxan (Tablet)	1	PA	Sucralfate (Tablet)	1	
Laxatives			Proton Pump Inhibitors		
Constulose (Oral Solution)	1		Dexilant (Capsule Delayed-Release)	1	QL
Enulose (Oral Solution)	1		Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	1	QL
GaviLyte-C (Oral Solution)	1		Esomeprazole Sodium (Injection)	1	
GaviLyte-G (Oral Solution)	1		Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)	1	QL
GaviLyte-N/Flavor Pack (Oral Solution)	1		Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)	1	
Generlac (Oral Solution)	1		Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL
Lactulose (Oral Solution)	1		Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL
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				

You can find information on what the abbreviations in this table mean on pages 5 - 6.

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

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		

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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 (4mg Capsule, 8mg 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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Ala-Cort (Cream)	1	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	1	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	1	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	1	
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	1	
Clobetasol Propionate (0.05% External Solution)	1	
Clobetasol Propionate (0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	1	
Clobetasol Propionate E (Cream)	1	
Cordran (Tape)	1	
Cortisone Acetate (Tablet)	1	
Depo-Medrol (20mg/ml Injection)	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Desonide (0.05% Ointment)	1	
Desoximetasone (0.05% Cream, 0.25% 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	
Dexamethasone Intensol (1mg/ml Concentrate)	1	
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	1	
Fludrocortisone Acetate (Tablet)	1	
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	1	
Fluocinolone Acetonide Scalp (Oil)	1	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	1	
Fluocinonide Emulsified Base (Cream)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	1	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	1	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	1	
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	1	
Hydrocortisone Butyrate (0.1% Ointment)	1	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	1	
Kenalog-10 (Injection)	1	
Kenalog-40 (Injection)	1	
Methylprednisolone (Tablet)	1	
Methylprednisolone Acetate (Injection)	1	
Methylprednisolone Dose Pack (Tablet Therapy Pack)	1	
Methylprednisolone Sodium Succinate (Injection)	1	
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednicarbate (0.1% Cream)	1		Triamcinolone Acetonide (40mg/ml Injection)	1	
Prednicarbate (0.1% Ointment)	1		Triderm (Cream)	1	
Prednisolone (15mg/5ml Oral Solution)	1		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet)	1		Chorionic Gonadotropin (Injection)	1	PA
Prednisone (5mg/5ml Oral Solution)	1		Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection)	1	
Prednisone Intensol (5mg/ml Concentrate)	1		Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	1	
Solu-Cortef (Injection)	1		Genotropin (12mg Injection, 5mg Injection)	1	PA
Solu-Medrol (2gm Injection)	1		Genotropin Miniquick (0.2mg Injection)	1	PA
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	1		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
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	1		Humatrope (Injection)	1	PA
			Humatrope Combo Pack (Injection)	1	PA

You can find information on what the abbreviations in this table mean on pages 5 - 6.

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

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Duavee (Tablet)	1		Fyavolv (1mg-5mcg Tablet)	1	
Elestrin (Gel)	1		Gianvi (Tablet)	1	
Emoquette (Tablet)	1		Introvale (Tablet)	1	
Enpresse-28 (Tablet)	1		Isibloom (Tablet)	1	
Enskyce (Tablet)	1		Jinteli (Tablet)	1	
Estarylla (Tablet)	1		Juleber (Tablet)	1	
Estrace (0.1mg/gm Cream)	1		Junel 1.5/30 (Tablet)	1	
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	1	QL	Junel 1/20 (Tablet)	1	
Estradiol (0.1mg/gm Cream)	1		Junel Fe 1.5/30 (Tablet)	1	
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	1		Junel Fe 1/20 (Tablet)	1	
Estradiol (10mcg Tablet)	1	QL	Junel Fe 24 (Tablet)	1	
Estradiol Valerate (Injection)	1		Kaitlib Fe (Tablet Chewable)	1	
Estring (Ring)	1		Kariva (Tablet)	1	
Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	1		Kelnor 1/35 (Tablet)	1	
Falmina (Tablet)	1		Kelnor 1/50 (Tablet)	1	
Femring (Ring)	1		Kimidess (Tablet)	1	
Femynor (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	
			Leena (Tablet)	1	
			Lessina (Tablet)	1	
			Levonest (Tablet)	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)	1		Necon 0.5/35-28 (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		Necon 7/7/7 (Tablet)	1	
Levora 0.15/30-28 (Tablet)	1		Nikki (Tablet)	1	
Loryna (Tablet)	1		Norethindrone Acetate/Ethinyl Estradiol (1mg-20mcg Tablet, 1mg-5mcg Tablet)	1	
Low-Ogestrel (Tablet)	1		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)	1	
Lutera (Tablet)	1		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet)	1	
Marlissa (Tablet)	1		Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	1	
Melodetta 24 Fe (Tablet Chewable)	1		Norgestimate/Ethinyl Estradiol (Tablet)	1	
Menest (Tablet)	1		Nortrel 0.5/35 (28) (Tablet)	1	
Mibelas 24 Fe (Tablet Chewable)	1		Nortrel 1/35 (Tablet)	1	
Microgestin 1.5/30 (Tablet)	1		Nortrel 7/7/7 (Tablet)	1	
Microgestin 1/20 (Tablet)	1		NuvaRing (Ring)	1	
Microgestin Fe (Tablet)	1		Ocella (Tablet)	1	
Microgestin Fe 1.5/30 (Tablet)	1		Ogestrel (Tablet)	1	
Mili (Tablet)	1		Orsythia (Tablet)	1	
MonoNessa (Tablet)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Pimtrex (Tablet)	1		Vienna (Tablet)	1	
Pirmella 1/35 (Tablet)	1		Vyfemla (Tablet)	1	
Portia-28 (Tablet)	1		Vylibra (Tablet)	1	
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	1	QL	WYMZYA Fe (Tablet Chewable)	1	
Premarin (Vaginal Cream)	1		Xulane (Patch Weekly)	1	
Premphase (Tablet)	1	QL	Yuvafem (Tablet)	1	QL
Prempro (Tablet)	1	QL	Zarah (Tablet)	1	
Previfem (Tablet)	1		Zenchent (Tablet)	1	
Quasense (Tablet)	1		Zovia 1/35E (Tablet)	1	
Reclipsen (Tablet)	1		Progestins		
Setlakin (Tablet)	1		Camila (Tablet)	1	
Sprintec 28 (Tablet)	1		Crinone (Gel)	1	PA
Sronyx (Tablet)	1		Deblitane (Tablet)	1	
Syeda (Tablet)	1		Depo-Provera (Injection)	1	
Tarina Fe 1/20 (Tablet)	1		Errin (Tablet)	1	
Tri-Legest Fe (Tablet)	1		Hydroxyprogesterone Caproate (Injection)	1	PA
Tri-Lo-Estarylla (Tablet)	1		Jolivette (Tablet)	1	
Tri-Lo-Sprintec (Tablet)	1		Lyza (Tablet)	1	
Tri-Mili (Tablet)	1		Makena (250mg/ml Injection, 275mg/1.1ml Injection)	1	PA
Tri-Previfem (Tablet)	1		Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	1	
Tri-Sprintec (Tablet)	1		Medroxyprogesterone Acetate (150mg/ml Injection Prefilled Syringe)	1	
Tri-Vylibra (Tablet)	1				
Trinessa (Tablet)	1				
Trivora-28 (Tablet)	1				
Velivet (Tablet)	1				
Vestura (Tablet)	1				

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
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		
Raloxifene HCl (Tablet)	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Levothyroxine Sodium (100mcg Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Levoxiyl (Tablet)	1	
Liothyronine Sodium (10mcg/ml Injection)	1	
Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	1	
Synthroid (Tablet)	1	
Unithroid (Tablet)	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	1	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	1	
Egrifta (Injection)	1	PA
Firmagon (120mg Injection)	1	PA
Firmagon (80mg Injection)	1	PA
Leuprolide Acetate (Injection)	1	PA
Lupaneta Pack (Kit)	1	PA
Lupron Depot (1-Month) (Injection)	1	PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lupron Depot (3-Month) (Injection)	1	PA
Lupron Depot (4-Month) (Injection)	1	PA
Lupron Depot (6-Month) (Injection)	1	PA
Lupron Depot-Ped (1-Month) (Injection)	1	PA
Lupron Depot-Ped (3-Month) (Injection)	1	PA
Octreotide Acetate (Injection)	1	PA
Sandostatin LAR Depot (Injection)	1	PA
Signifor (Injection)	1	PA
Somatuline Depot (Injection)	1	
Somavert (Injection)	1	PA, QL
Synarel (Nasal Solution)	1	
Trelstar Mixject (Injection)	1	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	1	
Immunological Agents		
Angioedema Agents		
Beriner (Injection)	1	PA, LA
Cinryze (Injection)	1	PA, LA
Firazy (Injection)	1	PA, QL
Haegarda (Injection)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA
Humira (Injection)	1	PA
Humira Pediatric Crohns Disease Starter Pack (Injection)	1	PA
Humira Pen (Injection)	1	PA

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humira Pen Crohns Disease Starter Pack (Injection)	1	PA	Sandimmune (100mg Capsule)	1	B/D, PA
Humira Pen-Psoriasis Starter (Injection)	1	PA	Sandimmune (100mg/ml Oral Solution)	1	B/D, PA
Kineret (Injection)	1	PA	Simponi (Injection)	1	PA
Methotrexate (Tablet)	1		Simponi Aria (Injection)	1	PA
Methotrexate Sodium (Injection)	1		Sirolimus (Tablet)	1	B/D, PA
Mycophenolate Mofetil (200mg/ml Suspension)	1	PA	Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	1	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	1	PA	Torisel (Injection)	1	
Mycophenolate Mofetil (500mg Injection)	1	PA	Trexall (Tablet)	1	
Mycophenolic Acid DR (Tablet Delayed-Release)	1	B/D, PA	Xatmep (Oral Solution)	1	PA
Nulojix (Injection)	1	PA	Xeljanz (Tablet)	1	PA, QL
Orencia (125mg/ml Injection, 50mg/0.4ml Injection, 87.5mg/0.7ml Injection, 250mg Injection)	1	PA	Xeljanz XR (Tablet Extended-Release 24 Hour)	1	PA, QL
Orencia Clickject (Injection)	1	PA	Zortress (Tablet)	1	PA
Prograf (5mg/ml Injection)	1	PA	Immunizing Agents, Passive		
Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)	1	B/D, PA	Atgam (Injection)	1	
Remicade (Injection)	1	PA	BIVIGAM (Injection)	1	PA
			Carimune Nanofiltered (Injection)	1	PA
			Flebogamma DIF (Injection)	1	PA
			Gamastan S/D (Injection)	1	PA
			Gammagard Liquid (Injection)	1	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	1	PA
Gammaked (Injection)	1	PA
Gammplex (Injection)	1	PA
Gamunex-C (Injection)	1	PA
Octagam (Injection)	1	PA
Privigen (Injection)	1	PA
Thymoglobulin (Injection)	1	
Varizig (Injection)	1	
Immunomodulators		
Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection)	1	PA
Actemra (80mg/4ml Injection)	1	PA
Actimmune (Injection)	1	
Arcalyst (Injection)	1	PA, LA
Benlysta (120mg Injection, 400mg Injection, 200mg/ml Injection)	1	PA
Ilaris (Injection)	1	PA, QL, LA
Leflunomide (Tablet)	1	
Otezla (Tablet Therapy Pack, 30mg Tablet)	1	PA
Ridaura (Capsule)	1	
Simulect (Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Menveo (Injection)	1	
Pediarix (Injection)	1	
Pedvax HIB (Injection)	1	
ProQuad (Injection)	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Lialda (Tablet Delayed-Release)	1	QL
Mesalamine (Enema)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL	Paricalcitol (1mcg Capsule, 2mcg Capsule, 4mcg Capsule, 2mcg/ml Injection, 5mcg/ml Injection)	1	B/D, PA
Alendronate Sodium (70mg/75ml Oral Solution)	1		Prolia (Injection)	1	
Binosto (Tablet Effervescent)	1	QL	Royaldee (Capsule Extended-Release)	1	QL
Calcitonin-Salmon (Nasal Solution)	1	QL	Risedronate Sodium (Tablet Immediate-Release)	1	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	1	B/D, PA	Sensipar (30mg Tablet)	1	B/D, PA, QL
Calcitriol (1mcg/ml Injection)	1	B/D, PA	Sensipar (60mg Tablet, 90mg Tablet)	1	B/D, PA, QL
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	1	B/D, PA, QL	Tymlos (Injection)	1	PA, QL
Doxercalciferol (4mcg/2ml Injection)	1	B/D, PA	Xgeva (Injection)	1	PA
Etidronate Disodium (Tablet)	1		Zoledronic Acid (4mg/5ml Injection)	1	B/D, PA
Forteo (Injection)	1	PA, QL	Zoledronic Acid (5mg/100ml Injection)	1	PA
Ibandronate Sodium (150mg Tablet)	1	QL	Zometa (Injection)	1	B/D, PA
Ibandronate Sodium (3mg/3ml Injection)	1	B/D, PA	Miscellaneous Therapeutic Agents		
Miacalcin (200unit/ml Injection)	1	PA	Miscellaneous Therapeutic Agents		
Natpara (Injection)	1	PA	Alcohol Prep Pads	1	
Pamidronate Disodium (Injection)	1	B/D, PA	Botox (Injection)	1	PA, QL
			Dysport (Injection)	1	PA
			Fomepizole (Injection)	1	
			Gauze (Non-medicated 2X2)	1	
			Insulin Syringes, Needles	1	
			Sterile Water Irrigation (Solution)	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ophthalmic Agents			Pred-G (Suspension)	1	
Ophthalmic Agents, Other			Pred-G S.O.P. (Ointment)	1	
Atropine Sulfate (1% Ophthalmic Solution)	1		Proparacaine HCl (Ophthalmic Solution)	1	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	1		Restasis (Emulsion)	1	QL
Blephamide (Suspension)	1		Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	1	
Blephamide S.O.P. (Ointment)	1		Tobradex (0.3%-0.1% Ophthalmic Ointment)	1	
Cystaran (Ophthalmic Solution)	1		Tobradex ST (Ophthalmic Suspension)	1	
Lacrisert (Insert)	1		Tobramycin/Dexamethasone (Ophthalmic Suspension)	1	
Lastacaft (Ophthalmic Solution)	1		Xiidra (Ophthalmic Solution)	1	QL
Neomycin/Bacitracin/Polymyxin (Ointment)	1		Ophthalmic Anti-allergy Agents		
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	1		Alocril (Ophthalmic Solution)	1	
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	1		Alomide (Ophthalmic Solution)	1	
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	1		Azelastine HCl (0.05% Ophthalmic Solution)	1	
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	1		Bepreve (Ophthalmic Solution)	1	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	1		Cromolyn Sodium (4% Ophthalmic Solution)	1	
			Epinastine HCl (Ophthalmic Solution)	1	
			Olopatadine HCl (Ophthalmic Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Pazeo (Ophthalmic Solution)	1		Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	1	
Ophthalmic Antiglaucoma Agents			Simbrinza (Suspension)	1	
Alphagan P (0.1% Ophthalmic Solution)	1		Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1	
Apraclonidine (Ophthalmic Solution)	1		Timolol Maleate Ophthalmic Gel Forming (Solution)	1	
Azopt (Suspension)	1		Ophthalmic Anti-inflammatories		
Betaxolol HCl (0.5% Ophthalmic Solution)	1		Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	1	
Betimol (Ophthalmic Solution)	1		Diclofenac Sodium (0.1% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1		Durezol (Emulsion)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1		Flarex (Suspension)	1	
Carteolol HCl (Ophthalmic Solution)	1		Fluorometholone (Ophthalmic Suspension)	1	
Combigan (Ophthalmic Solution)	1		Flurbiprofen Sodium (Ophthalmic Solution)	1	
Cosopt PF (Ophthalmic Solution)	1		FML (Ointment)	1	
Dorzolamide HCl (Ophthalmic Solution)	1		FML Forte (Suspension)	1	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1		Ilevro (Suspension)	1	
Levobunolol HCl (Ophthalmic Solution)	1				
Metipranolol (Ophthalmic Solution)	1				
Phospholine Iodide (Ophthalmic Solution)	1				

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1		Coly-Mycin S (Suspension)	1	
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	1		Fluocinolone Acetonide (0.01% Otic Oil)	1	
Nevanac (Suspension)	1		Hydrocortisone/Acetic Acid (Otic Solution)	1	
Pred Mild (Suspension)	1		Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	1	
Prednisolone Acetate (Ophthalmic Suspension)	1		Respiratory Tract/Pulmonary Agents		
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1		Antihistamines		
Prolensa (Ophthalmic Solution)	1		Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1	
Ophthalmic Prostaglandin and Prostaglandin Analogs			Cetirizine HCl (Oral Solution)	1	
Latanoprost (Ophthalmic Solution)	1		Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	1	
Lumigan (Ophthalmic Solution)	1		Diphenhydramine HCl (50mg/ml Injection)	1	B/D, PA
Travatan Z (Ophthalmic Solution)	1		Levocetirizine Dihydrochloride (5mg Tablet)	1	QL
Otic Agents			Phenadoz (Suppository)	1	
Otic Agents			Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection)	1	
Acetic Acid (Otic Solution)	1		Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	1	
Cipro HC (Suspension)	1				
Ciprodex (Otic Suspension)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Triamcinolone Acetonide (55mcg/act Aerosol)	1	
Antileukotrienes		
Montelukast Sodium (10mg Tablet)	1	QL
Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL
Zafirlukast (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zileuton ER (Tablet Extended-Release 12 Hour)	1	ST
Zyflo (Tablet)	1	ST
Zyflo CR (Tablet Extended-Release 12 Hour)	1	ST
Bronchodilators, Anticholinergic		
Atrovent HFA (Aerosol Solution)	1	
Incruse Ellipta (Aerosol Powder)	1	QL
Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1	
Spiriva HandiHaler (Capsule)	1	QL
Spiriva Respimat (Aerosol Solution)	1	QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	1	B/D, PA
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	1	
Brovana (Nebulized Solution)	1	B/D, PA, QL

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	1	QL
EpiPen (Injection)	1	QL
Levalbuterol (Nebulized Solution)	1	B/D, PA
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	1	
Perforomist (Nebulized Solution)	1	B/D, PA, QL
ProAir HFA (Aerosol Solution)	1	
ProAir RespiClick (Aerosol Powder)	1	
Serevent Diskus (Aerosol Powder)	1	QL
Terbutaline Sulfate (1mg/ml Injection)	1	
Cystic Fibrosis Agents		
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	1	PA	Anoro Ellipta (Aerosol Powder)	1	QL
Remodulin (Injection)	1	PA, LA	Bevespi Aerosphere (Aerosol)	1	QL
Revatio (10mg/12.5ml Injection)	1	PA	Breo Ellipta (Aerosol Powder)	1	QL
Revatio (20mg Tablet)	1	PA, QL	Combivent Respimat (Aerosol Solution)	1	
Sildenafil (10mg/12.5ml Injection)	1	PA	Dulera (Aerosol)	1	QL
Sildenafil (20mg Tablet) (Generic Revatio)	1	PA, QL	Dymista (Suspension)	1	
Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble)	1	PA, QL	Fluticasone Propionate/Salmeterol (Aerosol Powder)	1	QL
Ventavis (Inhalation Solution)	1	PA, QL, LA	Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
Pulmonary Fibrosis Agents			Nucala (Injection)	1	PA, QL, LA
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	1	PA, QL, LA	Pulmozyme (Inhalation Solution)	1	B/D, PA, QL
Ofev (Capsule)	1	PA, QL, LA	Stiolto Respimat (Aerosol Solution)	1	QL
Respiratory Tract Agents, Other			Symbicort (Aerosol)	1	QL
Acetylcysteine (Inhalation Solution)	1	B/D, PA	Trelegy Ellipta (Aerosol Powder)	1	QL
Advair Diskus (Aerosol Powder)	1	QL	Skeletal Muscle Relaxants		
Advair HFA (Aerosol)	1	QL	Skeletal Muscle Relaxants		
			Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	
			Chlorzoxazone (500mg Tablet)	1	
			Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	1	

You can find information on what the abbreviations in this table mean on pages 5 - 6.

Drug Name	Drug Tier	Coverage Rules or Limits on use
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		

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Modafinil (Tablet)	1	PA, QL
Rozerem (Tablet)	1	QL
Xyrem (Oral Solution)	1	PA, QL, LA

Bold type = Brand name drug

Plain type = Generic drug

Covered drugs with a quantity limit (QL)

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

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

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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

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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
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

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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
Clonazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day

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Drug Name	Quantity Limit
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
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
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
Eduvant (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
Emtriva (200mg Capsule)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
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
Estradiol (10mcg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
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

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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

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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
Inlyta (Tablet)	Maximum of 4 tablets per day
Intelence (100mg Tablet)	Maximum of 2 tablets per day
Intelence (200mg Tablet)	Maximum of 3 tablets per day
Intelence (25mg Tablet)	Maximum of 6 tablets per day
Invirase (200mg Capsule)	Maximum of 15 capsules per day
Invirase (500mg Tablet)	Maximum of 6 tablets per day
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
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
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
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
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
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
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

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Drug Name	Quantity Limit
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 (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)	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
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

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Drug Name	Quantity Limit
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 (4mg Capsule)	Maximum of 1 capsule per day
Rapaflo (8mg 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
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

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Drug Name	Quantity Limit
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
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	Maximum of 2 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Stribild (Tablet)	Maximum of 2 tablets per day
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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
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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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 (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
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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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

Over-the-counter Medicaid drug list

Your plan covers some prescription over-the-counter (OTC) drugs that aren't normally covered under our Medicare Part D benefit.

You need a prescription from your doctor to have drugs on this list covered. If your prescription is for a brand name drug, you will get the generic version of the drug if it's available, unless otherwise prescribed or directed by your doctor.

Some of these drugs may need prior authorization. Please check with your doctor and the plan. If the drug requires a prior authorization, you or your doctor will need to get approval from the plan before the drug may be covered.

The list below shows the prescription OTC drugs covered by the plan.

OTC Drug Name	OTC Drug Name
Analgesics	Aspirin (325mg Tablet, 325mg Tablet Delayed-Release, 81mg Tablet Delayed-Release, 81mg Tablet Chewable)
Analgesics	Aspirin Adult Low Strength (Tablet Chewable)
8 Hour Pain (Controlled Release Tablets)	Aspirin Childrens (Tablet Chewable)
Acephen (Suppository)	Aspirin EC (Tablet Delayed-Release)
Acetamin (Controlled Release Tablets)	Aspirin EC Lo-Dose (Tablet Delayed-Release)
Acetaminophen (500mg Capsule, 325mg Tablet, 500mg Tablet, 160mg/5mL Liquid, 80mg/0.8mL Suspension, 100mg/mL Solution, 160mg/5mL Solution, 80mg Dispersible, 160mg Dispersible, 80mg Tablet Chewable)	Aspirin EC Low Dose (Tablet Delayed-Release)
Acetaminophen (Suppository)	Aspirin Enteric Coated Adult Low Strength (Tablet Delayed-Release)
Arthrts Pain (Controlled Release Tablets)	Aspirin Low Dose (81mg Tablet Chewable, 81mg Tablet Delayed-Release)
Fever Reducer Childrens (Suppository)	Aspirin Low Strength (Tablet Chewable)
Feverall Adults (Suppository)	Aspir-Low (Tablet Delayed-Release)
Feverall Childrens (Suppository)	Childrens Advil (Suspension)
Feverall Infants (Suppository)	Childrens Aspirin (Tablet Chewable)
Feverall Junior Strength (Suppository)	Childrens Aspirin Low Strength (Tablet Chewable)
Mapap Childr Sus (Suspension)	Childrens Ibuprofen (OTC Only) (40mg/ml Suspension)
Pain Relief (Controlled Release Tablets)	Ecpirin (Tablet Delayed-Release)
Pain/Fever Sus (Suspension)	Enteric Coated Aspirin (Tablet Delayed-Release)
Nonsteroidal Anti-inflammatory Drugs	GNP Adult Aspirin Low Strength (81mg Tablet Chewable, 81mg Tablet Delayed-Release)
Advil (200mg Capsule, 200mg Tablet)	
Advil Junior Strength (100mg Tablet, 100mg Tablet Chewable)	
All Day Pain Relief (Tablet)	
All Day Relief (Tablet)	
Aspir-81 (Tablet Delayed-Release)	

OTC Drug Name
GNP All Day Pain Relief (Tablet)
GNP Aspirin (Tablet Delayed-Release)
GNP Aspirin Low Dose (Tablet Delayed-Release)
GNP Ibuprofen (OTC Only) (200mg Tablet)
GNP Ibuprofen Junior Strength (OTC Only) (100mg Tablet Chewable)
HM Aspirin (325mg Tablet, 81mg Tablet Chewable)
HM Aspirin EC (Tablet Delayed-Release)
HM Aspirin EC Low Dose (Tablet Delayed-Release)
HM Cold & Sinus Relief (Tablet)
HM Ibuprofen (OTC Only) (200mg Capsule, 200mg Tablet)
HM Ibuprofen IB (OTC Only) (200mg Tablet)
HM Ibuprofen Infants (OTC Only) (50mg/1.25ml Suspension)
HM Naproxen Sodium (OTC Only) (220mg Tablet Immediate-Release)
Ibu-Drops (OTC Only) (Suspension)
Ibu-Drops Infants (OTC Only) (Suspension)
Ibuprofen (OTC Only) (200mg Capsule, 200mg Tablet)
Ibuprofen Junior Strength (OTC Only) (100mg Tablet Chewable)
Infants Ibuprofen (OTC Only) (50mg/1.25ml Suspension)
Miniprin Low Dose (Tablet Delayed-Release)
Naproxen Sodium (OTC Only) (220mg Tablet Immediate-Release)
Provil (Tablet)
QC Aspirin (325mg Tablet, 325mg Tablet Delayed-Release)
QC Aspirin Low Dose (Tablet Delayed-Release)
QC Childrens Aspirin (Tablet Chewable)
QC Ibuprofen (OTC Only) (200mg Tablet)

OTC Drug Name
QC Ibuprofen IB (OTC Only) (200mg Tablet)
QC Naproxen Sodium (OTC Only) (220mg Tablet Immediate-Release)
SB Aspirin (81mg Tablet Delayed-Release)
SB Ibuprofen (OTC Only) (200mg Tablet)
SB Naproxen Sodium (OTC Only) (220mg Tablet Immediate-Release)
SM All Day Pain Relief (220mg Tablet Immediate-Release)
SM Aspirin Adult Low Strength (81mg Tablet Chewable, 81mg Tablet Delayed-Release)
SM Aspirin Enteric Coated (Tablet Delayed-Release)
SM Aspirin Low Dose (Tablet Delayed-Release)
SM Childrens Aspirin (Tablet Chewable)
SM Ibuprofen (OTC Only) (200mg Tablet)
SM Ibuprofen IB (OTC Only) (200mg Tablet)
SM Infants Ibuprofen (OTC Only) (50mg/1.25ml Suspension)
SM Naproxen Sodium (OTC Only) (220mg Capsule Immediate-Release)
Anesthetics
Local Anesthetics
Lidocaine (OTC Only) (Cream)
Lidocream (Cream)
QC AZO (Tablet)
Anti-Addiction/Substance Abuse Treatment Agents
Smoking Cessation Agents
GNP Nicotine Mini Lozenge (Lozenge)
GNP Nicotine Polacrilex (2mg Gum, 4mg Gum, 2mg Lozenge, 4mg Lozenge)
GNP Nicotine Dis (24 Hour Patch 21mg)
GNP Nicotine Polacrilex Mini (Lozenge)
HM Nicotine Polacrilex (2mg Gum, 4mg Gum, 2mg Lozenge, 4mg Lozenge)

OTC Drug Name
HM Nicotine Transdermal System (Patch 24 Hour)
HM Nicotine Transdermal System Step 3 (Patch 24 Hour)
Nicoderm CQ (Patch 24 Hour)
Nicorelief (Gum)
Nicorette (2mg Gum, 4mg Gum, 2mg Lozenge, 4mg Lozenge)
Nicorette Mini (Lozenge)
Nicorette Starter Kit (Gum)
Nicotine (Patch 24 Hour)
Nicotine Polacrilex (2mg Gum, 4mg Gum, 2mg Lozenge, 4mg Lozenge)
Nicotine Transdermal System (Patch 24 Hour)
SM Nicotine (14mg/24hr Patch 24 Hour, 21mg/24hr Patch 24 Hour, 7mg/24hr Patch 24 Hour, 2mg Lozenge, 4mg Gum)
SM Nicotine Polacrilex (2mg Gum, 4mg Gum, 4mg Lozenge)
Antibacterials
Antibacterials, Other
Bacitracin (OTC Only) (500unit/gm Ointment)
Bacitracin Zinc (OTC Only) (Ointment)
Bacitracin/Neomycin/Polymyxin (OTC Only) (Ointment)
Betadine Surgical Scrub (External Solution)
Double Antibiotic (Ointment)
GNP Bacitracin Zinc (OTC Only) (Ointment)
GNP Povidone-Iodine (External Solution)
GNP Triple Antibiotic (Ointment)
GNP Triple Antibiotic Plus (Ointment)
HM Bacitracin (OTC Only) (Ointment)
HM Double Antibiotic (Ointment)
HM Povidone-Iodine (External Solution)
HM Triple Antibiotic (Ointment)
Operand Scrub (External Solution)

OTC Drug Name
Povidone-Iodine (10% External Solution, 10% Ointment)
QC Bacitracin (OTC Only) (Ointment)
SM Double Antibiotic (Ointment)
SM Triple Antibiotic (Ointment)
Triple Antibiotic (Ointment)
Antiemetics
Antiemetics, Other
Anti-Nausea (Oral Solution)
Dimenhydrinate (OTC Only) (Tablet)
Driminate (Tablet)
Formula EM (Oral Solution)
HM Anti-Nausea (Oral Solution)
HM Motion Sickness Relief (Tablet)
Meclizine HCl (OTC Only) (Tablet Chewable, Tablet)
Motion Sickness (Tablet)
Motion-Time (Tablet Chewable)
Travel Sickness (25mg Tablet Chewable, 50mg Tablet)
Antifungals
Antifungals
3 Day Vaginal (Cream)
Alevazol (Ointment)
Antifungal (Cream)
Anti-Fungal Powder (Powder)
Athletes Foot AF Cream (Cream)
Baza Antifungal (Cream)
Carrington Antifungal (Cream)
Clotrimazole (OTC Only) (Cream, Solution)
Critic-Aid Clear AF (Ointment)
Desenex Shake Powder (Powder)
Fungoid Tincture (External Solution)
Fungoid-D (Cream)
GNP Clotrimazole 3 (OTC Only) (Cream, Solution)
GNP Miconazole 1 (Kit)
GNP Miconazole 3 (Kit)

OTC Drug Name
GNP Miconazorb AF (Powder)
GNP Terbinafine HCl (OTC Only) (Cream)
GNP Tioconazole 1 (Ointment)
GNP Tolnaftate (Cream)
Jock Itch Spray (Aerosol Powder)
Lamisil Advanced (Gel)
Lamisil AF Defense (Aerosol Powder)
Lamisil AT (Cream)
Lamisil AT Spray (External Solution)
Lotrimin AF (Powder)
Lotrimin Ultra (Cream)
Miconazole (Cream)
Miconazole 1 (Kit)
Miconazole 3 Combo Pack (Kit)
Miconazole 7 (100mg Suppository, 2% Cream)
Miconazole Nitrate (100mg Suppository, 2% Cream)
Miconazorb AF (Powder)
Micro Guard (Powder)
QC 3 Day Vaginal Cream (Cream)
QC Athletes Foot (Cream)
QC Tolnaftate (Cream)
Remedy Antifungal (2% Cream, 2% Powder)
SM 3-Day Vaginal (Cream)
SM Antifungal Miconazole (Cream)
SM Antifungal Tolnaftate (Cream)
SM Athletes Foot (Cream)
SM Clotrimazole Vaginal (OTC Only) (Cream, Solution)
SM Miconazole 7 (OTC Only) (100mg Suppository, 2% Cream)
SM Tioconazole-1 (Ointment)
Soothe & Cool INZO Antifungal Cream (Cream)
Terbinafine HCl (OTC Only) (Cream)
Tinactin (Aerosol)

OTC Drug Name
Tioconazole-1 (Ointment)
Tolnaftate (1% Cream, 1% External Solution, 1% Powder)
Vagistat-1 (Ointment)
Vagistat-3 (Kit)
Zeasorb-AF (Powder)
Antiparasitics
Anthelmintics
Reeses Pinworm Medicine (Suspension)
Pediculicides/Scabicides
Complete Lice Treatment Kit (Kit)
GNP Lice Solution Kit (Kit)
GNP Lice Treatment (Liquid)
HM Lice Killing Maximum Strength (Shampoo)
HM Lice Treatment (Lotion)
Lice Killing Maximum Strength (Shampoo)
Lice Solution Kit (Kit)
Lice Treatment Creme Rinse (Liquid)
Permethrin (OTC Only) (Lotion)
SB Lice Killing Maximum Strength (Shampoo)
SM Lice Killing Maximum Strength (Shampoo)
SM Lice Treatment (Lotion)
Blood Glucose Regulators
Glycemic Agents
CVS Glucose CHW (Tablet Chewable)
DEX4 (Tablet Chewable, Pack)
Glucose (Tablet Chewable)
Glucose CHW (Tablet Chewable)
Glucose 15 (Gel)
GNP Glucose CHW (Tablet Chewable)
KROG Glucose CHW (Tablet Chewable)
PX Glucose CHW (Tablet Chewable)
RA Glucose CHW (Tablet Chewable)
SM Glucose (Tablet Chewable)
VP Glucose (Tablet Chewable)

OTC Drug Name
Dermatological Agents
Dermatological Agents
Acne Medication (Lotion)
Acne Medication 5 (Lotion)
Albolene Cre Scented (Cream)
Albolene Cre Unscent (Cream)
Aloe Vesta Protective (Ointment, Lotion)
Ameriphor (Ointment)
Amlactin (Lotion)
Anti-Itch (Solution)
Aqua Glycol Cre Face (Cream)
Aquabase (Ointment)
Aquaderm Cre (Cream)
Aquaphilic (Ointment)
Aquaphor (Ointment)
Aquaphor Advanced (Ointment)
Bacteriostatic Water for Injection/Benzyl Alcohol (Injection)
Basle Cre (Cream)
Baza Protect (Cream)
BBO Creamy Wash Complete Pack (Kit)
Benz Cmpd Tin (Tincture)
Benz Tin (Tincture)
Benz Tin Plain (Tincture)
Benzoin Compound Tincture (Tincture)
Benzoyl Peroxide (OTC Only) (10% Gel, 5% Gel, 2.5% Gel, 3% Gel)
Benzoyl Peroxide Aerosol (OTC Only) (5.3% Foam, 9.8% Foam)
Benzoyl Peroxide Cleanser (OTC Only) (Lotion)
Benzoyl Peroxide Wash (OTC Only) (Liquid)
Benzyl Alcohol (OTC Only) (Liquid)
Benzyl Perox Lot Clnsr (Lotion)
Beta Care Betatar Gel (Shampoo)
Beta Care Cre (Cream)
Beta Xma Cre (Cream)

OTC Drug Name
Castellani Paint (Liquid)
Castellani Paint/CI (Liquid)
Cerave Cre (Cream)
Cetaphil (Cream)
Cetaphil Cre (Cream)
Cetaphil Cre Moisture (Cream)
Coconut Oil Cre Beauty (Cream)
CVS Advanced Healing (Ointment)
CVS Moisture Cre (Cream)
Daily Condit (Ointment)
Dermabase Cre (Cream)
Dermacerin (Cream)
Dermagran (Ointment)
Dermagran Protect (Ointment)
Dermamed (Ointment)
DHS Sal (Shampoo)
DHS Tar (Shampoo)
DHS Tar Gel (Shampoo)
DHS Zinc (Shampoo)
Diabetiderm Cre (Cream)
Diabetiderm Cre Foot (Cream)
Dml Forte Cre (Cream)
Droxy Cre (Cream)
Dry Skin (Ointment)
Emollia-Crem Cre (Cream)
E-Tment (Ointment)
Eucerin Calm Cre Moisture (Cream)
Eucerin Cre Int Repa (Cream)
Eucerin Plus Cre (Cream)
Eucerin Plus Cre Int Repa (Cream)
Flanders Buttocks (Ointment)
Formula 405 (Cream)
Genteal PM (Ointment)
Gentle Cre (Cream)
GNP Capsaicin (Cream)

OTC Drug Name
GNP Hemorrhoidal (14%-71.9%-0.25%-3% Ointment, 85.5%-0.25%-3% Suppository)
Gold Bond Cre Healing (Cream)
Gold Bond Healing (Ointment)
Hemorrhoid (Suppository)
Hemorrhoidal Suppositories (Suppository)
Hem-Prep (Suppository)
Hydrasyn (Cream)
Hy-Lan Cre (Cream)
HYLatum (Ointment)
Hyphor (Ointment)
Ionil-T (Shampoo)
Keradan Cre (Cream)
Lactinol Hx Cre (Cream)
Lanaphilic (Ointment)
Lanolor Cre (Cream)
Lantiseptic Cre Therapeu (Cream)
Leader Finge Cre (Cream)
Major-Prep Hemorrhoidal (Ointment)
Micatin (Aerosol Powder)
Minerin (Cream)
Moisturizing Cre Renewal (Cream)
Moisturizing Cre Therapy (Cream)
Moisturizing Cre Xtr-Dry (Cream)
Moisturizing Cream (Cream)
Nail Scrub (Liquid)
Neutrogena (Cream)
Nivea Cre (Cream)
Nivea Soft Cre (Cream)
Nutraderm Cre (Cream)
Nutraplus (10% Cream, 10% Lotion)
ORA-Sweet SF (Syrup)
Panoxyl Bar (Bars)
Panoxyl Wash (Liquid)
Panoxyl-4 Creamy Wash (Liquid)
Pedi-Boro Soak Paks (Packet)

OTC Drug Name
Pen-Kera Cre (Cream)
Pentrvan Cre (Cream)
Pentrvan Cre Plus (Cream)
Periguard (Ointment)
Petrolatum (Ointment)
Preparation H (Ointment)
Pretty Feet Cre & Hands (Cream)
Puralube (Ointment)
QC Hemorrhoidal (Suppository)
RA Gentle Cre Skin (Cream)
RA Hydrating Healing (Ointment)
Refresh P.M. (Ointment)
Remedy Nutrashield (Cream)
Remedy Skin Repair (Cream)
Risabal-pH (Cream)
Saicin (Liquid)
Salactic Film (External Solution)
Sal-Plant (Gel)
Saratoga (Ointment)
Sebex (Shampoo)
Selenium Sulfide (1% Lotion)
Sensi-Care Protective Barrier (Ointment)
SM Benz Tin (Tincture)
SM Hemorrhoidal (Ointment)
Soothe & Cool Free Moisture Barrier (Ointment)
Soothe & Cool Protect Moisture Barrier (Ointment)
Soothe&Cool Cre Skin (Cream)
Sorbolene Cre (Cream)
Studio 35 (Cream)
Systane Nighttime (Ointment)
Tender Care Cre Lanolin (Cream)
Therapeutic Cre Moistur (Cream)
Tment Base (Ointment)
Trixaicin (Cream)
Trixaicin HP (Cream)

OTC Drug Name
Urea (10% Cream, 10% Lotion)
Ureacin-10 (Lotion)
Vanicream Cre (Cream)
Velvachol Cre (Cream)
Ziks Arthritis Pain Relief (Cream)
Enzyme Replacement/Modifiers
Enzyme Replacement/Modifiers
Lactrase (Capsule)
Gastrointestinal Agents
Gastrointestinal Agents, Other
Abatinex (Capsules)
Acid Gone (Suspension)
Acidoph/Prob Formula (Tablets)
Acidophilus (Capsules)
Acidophilus (Tablets)
Acidophilus (Wafers)
Acidophilus Ex St (Capsules)
Acidophilus Probiotic (Tablets)
Acidophilus/Bifidus (Wafers)
Acidophilus/Citrus Pectin (Tablet)
Acidophilus/L-Sporogenes Extra Strength (Tablet)
Almacone Double Strength (Suspension)
Aluminum Hydroxide (Suspension)
Antacid (Suspension)
Antacid Anti-Gas Maximum Strength (Suspension)
Antacid Fast Relief (Suspension)
Antacid Maximum Strength (Suspension)
Antacid Plus Anti-Gas Fast Acting (Suspension)
Anti-Diarrheal (Tablet)
Bismatrol (Chewable Tablets)
Bismatrol (Suspension)
Bismatrol Maximum Strength (Suspension)
Bismuth (Chewable Tablets)
Castor Oil

OTC Drug Name
Citrucel Pow Orange (Powder)
Citrucel Pow SF Orang (Powder)
Diocto (50mg/5ml Liquid, 60mg/15ml Syrup)
Doc-Q-Lace (Capsule)
Docu (Liquid)
Docusate Calcium (Capsule)
Docusate Sodium (Capsule)
Docusil (Capsule)
Docusol Mini (Enema)
Dofus (Capsules)
DOK (100mg Capsule, 250mg Capsule, 100mg Tablet)
Enema Ready-To-Use (Enema)
Enemeez Mini (Enema)
Enemeez Plus (Enema)
EQL Probioti Acidophi (Capsules)
Fast Acting Antacid Plus Anti-Gas Maximum Strength (Suspension)
Fiber Laxative (Tablet)
Fiber Therapy (Powder)
Fish Oil (1000mg-300mg Capsule Delayed-Release, 1000mg-300mg Capsule, 1200mg-360mg Capsule, 1200mg Capsule, 120mg-180mg-1000mg-340mg-1unit Capsule, 144mg-180mg-1200mg Capsule, 144mg-216mg-1200mg Capsule, 1000mg-300mg Capsule, 1000mg Capsule)
Fleet Enema (Enema)
Fleet Enema Six Pack (Enema)
Fleet Oil (Enema)
Fleet Pediatric (Enema)
Florajen Acidophi (Capsules)
Floranex (Pack)
Floranex (Tablets)
Gas Relief (20mg/0.3ml Suspension, 80mg Tablet Chewable)

OTC Drug Name
Gas Relief Maximum Strength (Tablet Chewable)
Gas-X Extra Strength (Tablet Chewable)
Gaviscon (Suspension)
Glycerin (Liquid)
GNP Antacid Anti-Gas (Suspension)
GNP Antacid Maximum Strength (Suspension)
GNP Anti-Diarrheal (Tablet)
GNP Castor Oil
GNP Docusate Calcium (Capsule)
GNP Enema (Enema)
GNP Epsom Gra Salt (Granules)
GNP Fiber Therapy (Tablet)
GNP Fish Oil (1200mg Capsule Delayed-Release, 175mg-260mg-435mg Capsule)
GNP Foaming Antacid (80mg-20mg Tablet Chewable, 95mg/15ml-358mg/15ml Suspension)
GNP Gas Relief (Tablet Chewable)
GNP Gas Relief Extra Strength (Tablet Chewable)
GNP Gas Relief Maximum Strength (Tablet Chewable)
GNP Infants Gas Relief (Suspension)
GNP K-Pec (Suspension)
GNP Loperamide HCl (OTC Only) (Suspension, 2mg Tablet)
GNP Masanti Maximum Strength (Suspension)
GNP Masanti Regular Strength (Suspension)
GNP Mineral Oil Heavy (Oil)
GNP Natural Fiber (Powder)
GNP Stomach Relief (Suspension)
GNP Stomach Relief Maximum Strength (Suspension)
GNP Stool Softener (100mg Capsule, 50mg/5ml Liquid, 60mg/15ml Syrup)

OTC Drug Name
Hemorrhoidal (14%-71.9%-0.25%-3% Ointment, 14%-74.9%-0.25% Ointment, 85.5%-0.25%-3% Suppository)
HM Advanced Antacid Maximum Strength (Suspension)
HM Antacid Anti-Gas Extra Strength (Suspension)
HM Antacid/Antigas (Suspension)
HM Anti-Diarrheal (Tablet)
HM Castor Oil
HM Enema (Enema)
HM Enema Mineral Oil (Enema)
HM Epsom Gra Salt (Granules)
HM Fiber (0.52gm Capsule, 28.3% Powder, 30.9% Powder, 48.57% Powder, 58.6% Powder, 500mg Tablet)
HM Fish Oil (Capsule Delayed-Release)
HM Gas Relief (Tablet Chewable)
HM Gas Relief Infants Drops (Suspension)
HM Laxative (Delayed Release Tablets)
HM Loperamide HCl (OTC Only) (Suspension, 2mg Tablet)
HM Senna (Tablet)
HM Stomach Relief (Suspension)
HM Stomach Relief Maximum Strength (Suspension)
HM Stool Softener (Capsule)
Infants Gas Relief (Suspension)
Infants Simethicone (Suspension)
Intestinex (Capsules)
Kao-Tin (240mg Capsule, 262mg/15ml Suspension)
Konsyl (28.3% Powder, 30.9% Powder, 520mg Capsule)
Konsyl (60.3% Packet, 60.3% Powder, 71.67% Powder)
Konsyl-D (Powder)
Lactinex (Chewable Tablets)
Lactinex (Pack)

OTC Drug Name
Lactobacillu (Capsules)
Lacto-Key (Capsules)
Loperamide HCl (OTC Only) (1mg/5ml Liquid, 1mg/7.5ml Suspension, 2mg Tablet)
Maalox Advanced (Suspension)
Maalox Advanced Maximum Strength (Suspension)
Metamucil (Powder)
Metamucil Multihealth Fiber (Powder)
Metamucil Original Texture (Powder)
Metamucil Smooth Texture (Powder)
Metamucil Smooth Texture Sugar Free (Powder)
Mi-Acid (Suspension)
Mi-Acid Gas Relief (Tablet Chewable)
Mi-Acid Maximum Strength (Suspension)
Milantex (Suspension)
Milantex Extra Strength (Suspension)
Mintox (Suspension)
Mintox Maximum Strength (Suspension)
More-Dophilu Acidophi (Powder)
MYTAB GAS (Tablet Chewable)
MYTAB GAS Maximum Strength (Tablet Chewable)
Natural Fiber Laxative (Powder)
Natural Fiber Therapy (Powder)
Omega-3 Fish Oil (Capsule)
Pedia-Lax (Liquid)
Peptic Relf (Chewable Tablets)
Peptic Relief (Suspension)
Pink Bismuth (Chewable Tablets)
Pink Bismuth (Tablets)
Pink Bismuth Maximum Strength (Suspension)
Probiata (Tablets)
Probiotic (Capsules)
Probiotic Acidophi (Capsules)

OTC Drug Name
Probiotic Gold (Capsules)
QC Antacid (Suspension)
QC Antacid/Anti-Gas (Suspension)
QC Antacid/Anti-Gas Maximum Strength (Suspension)
QC Anti-Diarrheal (Tablet)
QC Castor Oil
QC Docusate Calcium (Capsule)
QC Fiber Laxative (Capsule)
QC Gas Relief (Tablet Chewable)
QC Gas Relief Extra Strength (Tablet Chewable)
QC Mineral Oil Heavy (Oil)
QC Natural Vegetable (Powder)
QC Pink Bismuth (Suspension)
QC Senna (Tablet)
QC Stool Softener (Capsule)
RA Acidophil (Capsules)
Reguloid (0.52gm Capsule, 28.3% Powder, 48.57% Powder, 58.6% Powder)
Rephresh Pro-B (Capsules)
Rulox (Suspension)
SB Antacid Anti-Gas (Suspension)
SB Bismuth (Suspension)
Sea-Omega 30 (Capsule)
Sea-Omega 50 (Capsule)
Senexon (8.6mg Tablet, 8.8mg/5ml Liquid)
Senna (8.6mg Tablet, 8.8mg/5ml Syrup)
Senna Lax (Tablet)
Senna Prompt (Capsule)
Senna-Tabs (Tablet)
Senna-Time (Tablet)
Senno (Tablet)
Silace (150mg/15ml Liquid, 60mg/15ml Syrup)
Simethicone (40mg/0.6ml Suspension, 80mg Tablet Chewable)

OTC Drug Name
SM Antacid Advanced Maximum Strength (Suspension)
SM Antacid Anti-Gas (Suspension)
SM Antacid Maximum Strength (Suspension)
SM Anti-Diarrheal (1mg/5ml Liquid, 2mg Tablet)
SM Castor Oil
SM Docusate Calcium (Capsule)
SM Enema (Enema)
SM Epsom Gra Salt (Granules)
SM Fiber (Powder)
SM Fiber Laxative (0.52gm Capsule, 500mg Tablet, 625mg Tablet)
SM Foaming Antacid (Tablet Chewable)
SM Gas Relief (Tablet Chewable)
SM Gas Relief Drops Infants (Suspension)
SM Gas Relief Infants Drops (Suspension)
SM Loperamide HCl (OTC Only) (Suspension, 2mg Tablet)
SM Mineral Oil (Oil)
SM Omega-3 Fish Oil (Capsule)
SM Oral Saline Laxative (Oral Solution)
SM Stomach Relief (Suspension)
SM Stomach Relief Maximum Strength (Suspension)
SM Stool Softener (Capsule)
Sodium Bicarbonate (Tablet)
Stomach Relf (Chewable Tablets, Suspension)
Stomach Relf (Tablets)
Stomach Relief (Suspension)
Stomach Relief Maximum Strength (Suspension)
Stool Softener (Capsule)
Stool Softener Extra Strength (Capsule)
Stool Softener Laxative DC (Capsule)
Stool Softnr (Tablets)

OTC Drug Name
Uble Fib Pow Therapy (Powder)
Histamine2 (H2) Receptor Antagonists
Acid Gone (Chewable Tablets)
Acid Reducer (Tablet)
Ant/Anti-Gas (Chewable Tablets)
Antacid (Chewable Tablets)
Cal Antacid (Chewable Tablets)
Calc Antacid (Chewable Tablets)
Calc Antacid (Chewable Tablets)
Calcium Carb (Chewable Tablets)
Cal-Gest (Chewable Tablets)
Famotidine (OTC Only) (10mg Tablet, 20mg Tablet)
Gaviscon (Chewable Tablets)
Gaviscon Ex-Str (Chewable Tablets)
Gaviscon Cherry (Suspension)
GNP Acid Reducer (Tablet)
GNP Antacid (Chewable Tablets)
Heartburn Relief (Tablet)
HM Antacid Sus (Suspension)
HM Famotidine (OTC Only) (10mg Tablet, 20mg Tablet)
Lansoprazole (OTC Only) (15mg Capsule)
MI-Acid (Chewable Tablets)
Nexium 24HR (OTC only) (Delayed Release Capsules)
Oxytrol/Womn Dis (OTC only) (Twice Weekly Patch)
QC Acid Controller (Tablet)
Ranitidine (OTC Only) (150mg Tablet)
SB Antacid (Chewable Tablets)
SB Antacid Ex Str (Chewable Tablets)
SM Acid Reducer (Tablet)
Tums (Chewable Tablets)
Tums Del (Chewable Tablets)
Tums E-X (Chewable Tablets)
Tums Fresher (Chewable Tablets)

OTC Drug Name
Tums Kids (Chewable Tablets)
Tums Smoothi (Chewable Tablets)
Tums Ultra (Chewable Tablets)
Laxatives
Bisac-Evac (Suppository)
Bisacodyl (Suppository)
Bisacodyl EC (Tablet Delayed-Release)
Biscolax (Suppository)
Clearlax (Powder)
Copper Trace Metal (Injection)
Doc-Q-Lax (Tablet)
Docusate Sodium & Senna Stimulant Laxative/Stool Softener (Tablet)
DOK PLUS (Tablet)
Ducodyl (Tablet Delayed-Release)
Fiber Tabs (Tablet)
Fiber-Lax (Tablet)
Fleet Bisacodyl (Enema)
Fleet Laxative (Tablet Delayed-Release)
Gavilax (Powder)
Glycolax (Powder)
GNP Bisa-Lax (Tablet Delayed-Release)
GNP Clearlax (Powder)
GNP Fiber-Caps (Tablet)
GNP Laxative (10mg Suppository, 5mg Tablet Delayed-Release)
GNP Lubricant Eye Drops (Ophthalmic Solution)
GNP Milk of Magnesia (Suspension)
GNP Senna Plus (Tablet)
GNP Stool Softener/Stimulant Laxative (Tablet)
GNP Ultra Lubricant Eye Drops (Ophthalmic Solution)
Healthylax (Packet)
HM Clearlax (Powder)
HM Laxative (Tablet Delayed-Release)
HM Milk of Magnesia (Suspension)

OTC Drug Name
HM Senna-S (Tablet)
HM Stool Softener/Laxative (Tablet)
Konsyl Fiber (Tablet)
Laxative (10mg Suppository, 5mg Tablet Delayed-Release)
Lubricant Eye Drops Dry Eye Therapy (Ophthalmic Solution)
Magnesium Oxide (241.3mg Tablet)
Mag-Tab SR (Tablet Extended-Release)
Manganese Trace Metal (Injection)
Milk of Magnesia (Suspension)
Milk of Magnesia Concentrate (Suspension)
Miralax (Packet, Powder)
QC Enema (Enema)
QC Gentle Laxative (10mg Suppository, 5mg Tablet Delayed-Release)
QC Milk of Magnesia (Suspension)
QC Senna-S (Tablet)
QC Stool Softener Plus Laxative (Tablet)
Senexon-S (Tablet)
Senna Plus (Tablet)
Sennalax-S (Tablet)
Senna-S (Tablet)
Sennosides/Docusate Sodium (Tablet)
SM Clearlax (Powder)
SM Gentle Laxative (Tablet Delayed-Release)
SM Laxative (Suppository)
SM Lubricant Eye Drops (Ophthalmic Solution)
SM Milk of Magnesia (Suspension)
SM Natural Laxative Plus Stool Softener (Tablet)
SM Stool Softener Plus Laxative (Tablet)
SM Womans Laxative (Tablet Delayed-Release)
Stimulant Laxative (Tablet Delayed-Release)

OTC Drug Name
Systane (Ophthalmic Solution)
Systane Gel (Gel)
Systane Ultra (Ophthalmic Solution)
Womans Laxative (Tablet Delayed-Release)
Proton Pump Inhibitors
GNP Omeprazole (OTC Only) (20 mg Tablet Delayed-Release)
HM Omeprazole (OTC Only) (20 mg Tablet Delayed-Release)
Omeprazole (OTC Only) (20mg Tablet Delayed-Release, 20.6mg Delayed-Release Capsule)
Prilosec OTC (Tablet Delayed-Release)
SM Omeprazole (OTC Only) (20mg Tablet Delayed-Release)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)
Beta HC (Lotion)
GNP Hydrocortisone (OTC Only) (0.5% Cream)
Hydro Skin Maximum Strength (Lotion)
Hydrocortisone (OTC Only) (0.5% Cream, 1% Cream, 0.5% Ointment, 1% Ointment)
Hydrocortisone/Aloe (OTC Only) (Cream)
Medi-Cortisone (Cream)
SM Hydrocortisone (OTC Only) (Cream, Ointment)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)
Progestins
Fallback Solo (Tablet)
Levonorgestrel (OTC Only) (Tablet)
My Way (OTC Only) (Tablet)
Next Choice One Dose (OTC Only) (Tablet)
Option 2 (Tablet)
Opcicon One-Step (Tablet)
Plan B One-Step (OTC Only) (Tablet)

OTC Drug Name
React (Tablet)
Take Action (Tablet)
Miscellaneous Therapeutic Agents
Miscellaneous Therapeutic Agents
Ace Aerosol Cloud Enhancer
Adult Mask Large
Aerochamber Mini Aerosol Chamber (Device)
Aerochamber MV
Aerochamber Plus Flow Vu
Aerochamber Plus Flow-Vu
Aerochamber Plus Flow-Vu/Large Mask
Aerochamber Plus Flow-Vu/Mask
Aerochamber Plus Flow-Vu/Medium Mask
Aerochamber Plus Flow-Vu/Small Mask
Aerochamber Plus/Small Mask
Aerochamber Z-Stat Plus Valved Holding Chamber w/Flow Vu
Aerochamber Z-Stat Plus/Flowsignal
Aerochamber Z-Stat Plus/Large Mask
Aerochamber Z-Stat Plus/Medium Mask
Aerochamber Z-Stat Plus/Small Mask
Aerochamber/Flowsignal
AeroGear Asthma Action (Kit)
Aerotrach Plus
Aimsco Lubricated
Airzone Peak Flow Meter (Device)
Alpha Lipoic (Capsules)
Alpha-Lipoic (Capsules)
Amlactin Ultra (Cream)
Arginine 2000 (Pack)
Arginine Pak (Pack)
Assess Full Range Peak Flow Meter (Device)
Asthma Check Meter-Zone System (Device)
AsthmaMentor (Device)

OTC Drug Name
AsthmaPACK for Children (Kit)
Betadine (Solution)
Betadine Swab Aid (Swab)
Betadine Swabstck (Swab)
BreatheRite Valved MDI Chamber/ Collapsible (Device)
BreatheRite Valved MDI Chamber/Rigid (Device)
Bull Frog Mosquito (Liquid)
Co Q 10 (Capsules)
CO Q10 MS (Capsules)
Co Q-10 Plus (Capsule)
CO-Enzy Q-10 (Capsules)
Co-Enzyme Q-10 (Capsule)
Coenzyme Q10 (Capsules)
Cole Ins Rep Dry (Aerosol)
Cole Ins Rep T (Aerosol)
Coleman (Aerosol)
Coleman 100 (Liquid)
Colemn Botan Insect (Liquid)
Colemn Insec SkinSMar (Aerosol)
Colemn Insec Skinsmar (Liquid)
Coromega (Pudding)
Coromega Emu Omega (Emulsion)
Cutter (Aerosol)
Cutter Backw (Aerosol, Liquid)
Cutter Dry (Aerosol)
Cutter Famly (Aerosol, Liquid)
Cutter Lemon Eucalypt (Liquid)
Cutter Natural (Aerosol, Liquid)
Cutter Skins (Aerosol, Liquid)
Cutter Sport (Aerosol)
Cutter Wipes (Sheet)
CVS Insect Repellnt (Aerosol)
Cyto-Q (Liquid)
Cyto-Q Max (Liquid)
Cyto-Q T/F (Liquid)

OTC Drug Name
Eagle Watch Mos Elim (Liquid)
Easivent
EQL COQ10 (Capsules)
E-Z Spacer (Device)
Fantasy Lubricated
Fantasy Lubricated/Spermicide
Fish Oil (Chewable Tablets)
Fish Oil (Capsules)
Folic Acid (Capsules)
Folic Acid Pow (Powder)
Fructose Granules (OTC Only)
Glutamine Pow (Powder)
Glutimmune Pow (Powder)
GNP CO Q10 (Capsules)
GNP Fish Oil (Delayed Release Capsules)
H2Q (Capsules)
HGH-Pot Iron (Tablets)
HM COQ10 (Capsules)
HM Fish Oil (Capsules)
Hypromellose Powder (OTC Only)
In-Check Inspiratory Flowmeter/Nasal with Mask (Device)
In-Check Inspiratory Flowmeter/Oral (Device)
Injectafer Inj (Solution)
InspiraChamber/Anti-Static Valved/ Mouthpiece (Device)
Inspirachamber/Soothemask/ Inspiramask/Medium (Device)
Inspirachamber/Soothemask/ Inspiramask/Small (Device)
Iron Pediatri (Chewable Tablets)
Iron Supplmt (Solution)
Kimono Lubricated
Kimono Micro Thin
Kimono Micro Thin Plus Spermicide Lubricated

OTC Drug Name
Kimono Sensation Lubricated
Kimono Sensation Plus Spermicide Lubricated
L-Arginine (Capsules, Tablets)
L-Citrulline (Capsules)
L-Glutathion Cry (Crystals)
L-leucine Pow (Powder)
Lipoic Acid (Capsules)
Liq-10 (Syrup)
Liteaire (Device)
Maxi Deet (Liquid)
Maxx Lubricated
Microchamber
Microlife Digital Peak Flow Meter (Device)
Microspacer
Mini Wright AFS Peak Flowmeter Low Range (Device)
Mini Wright Peak Flow Meter (Device)
Natrapel (Aerosol, Liquid)
Natural Coenzyme Q10 (Capsule)
Neoq10 (Capsules)
Nessi Spacer/Large Mask (Device)
Nessi Spacer/Mouthpiece (Device)
Nessi Spacer/Small/Med Mask (Device)
Off Active (Aerosol)
Off Deep Wds (Aerosol, Liquid, Sheet)
Off Familycr (Liquid)
Off Smth/Dry (Aerosol)
Omega Baby Emu Prenatal (Emulsion)
Omega Essent Basic (Liquid)
Omega-3 (Capsules, Chewable Tablets, Delayed Release Capsules)
Optichamber Diamond
Optichamber Diamond/Largeface Mask (Device)
Optichamber Diamond/Medium Face Mask
Optichamber Diamond/Small Face Mask

OTC Drug Name
Ora-Blend (Suspension)
ORA-Blend SF (Suspension)
Peak Air Peak Flow Meter Adult/Pediatric (Device)
Pediatric Medium Mask
Pediatric Small Mask
Personal Best Full Range (Device)
Personal Best Low Range (Device)
Piko 1 Electronic (Device)
Pocket Chamber (Device)
Pocket Peak Flow Meter (Device)
Premium Condoms Lubricated
Primeaire Dual-Valved Holding Chamber (Device)
Propylene Glycol (OTC Only) (Solution)
Q-Gel (Capsules)
Q-Gel Forte (Capsules)
Q-Gel Mega (Capsule)
Q-Gel Ultra (Capsules)
Q-Sorb (Capsules)
Q-Sorb CO Q (Capsules)
Q-Sorb CO-Q (Capsules)
RA Fish Oil (Delayed Release Capsules)
Repel (Liquid)
Repel Family (Aerosol)
Repel Hunter (Aerosol)
Repel Lemon Insect (Aerosol)
Repel Sports (Aerosol, Liquid, Lotion)
Repel Tick (Aerosol)
Repel Wipes (Sheet)
Riteflo (Device)
Salicylic Acid (OTC Only) (Powder)
Salmon Oil (Capsules)
Sam-E.P.A. (Capsules)
Sawyer Repel (Aerosol, Liquid, Lotion)
Sesame Oil

OTC Drug Name
Sidestream Pediatric Facemask/Tucker the Turtle
Silicone Mask for Breatherite Chamber/Infant
Silicone Mask for Breatherite Chamber/Pediatric
SM COQ-10 (Capsules)
SM Fish Oil (Capsules)
SM Urinary Pain Max (Tablets)
Sterile Water for Injection (Injection)
Systane Balance Restorative Formula (Ophthalmic Solution)
Trustex Lubricated
Trustex Lubricated Extra Large
Trustex Lubricated Extra Strength
Trustex Lubricated/Ribbed/Studded
Trustex Lubricated/Spermicide
Trustex Lubricated/Spermicide Extra Large
Trustex Lubricated/Spermicide Extra Strength
Trustex Non-Lubricated
Trustex with Nonoxynol-9/Ribbed/Studded
Trustex/Ria Lubricated
Trustex/Ria Lubricated Spermicide
Trustex/Ria Lubricated/Spermicide
Trustex/Ria Non-Lubricated
Truzone Peak Flow Meter (Device)
Ultra Omega (Capsules)
Ultrathon Insect (Aerosol)
Ultrathon Lot Repellnt (Lotion)
Valved Holding Chamber (Device)
Vortex Holding Chamber/Mask/Childs (Device)
Vortex Holding Chamber/Mask/Toddler (Device)
Vortex Valved Holding Chamber (Device)
Watchhaler (Device)
Ophthalmic Agents

OTC Drug Name
Ophthalmic Agents, Other
Akwa Tears (Ointment)
Alaway (Ophthalmic Solution)
Alaway Childrens Allergy Eye Itch Relief (Ophthalmic Solution)
Allergy Eye Drops (Ophthalmic Solution)
Artificial Tears (Ointment, 15%-83% Ointment, 1.4% Ophthalmic Solution)
Bion Tears (Ophthalmic Solution)
Dermaphor (Ointment)
Eye Drops Allergy Relief (Ophthalmic Solution)
Eye Itch Relief (Solution)
Freshkote (Ophthalmic Solution)
Genteal Mild (Ophthalmic Solution)
GenTeal Mild to Moderate (Ophthalmic Solution)
Genteal Severe (Gel)
Genteal Tear Mild (Solution)
Genteal Tear Moderate (Solution)
GNP Artificial Tears (Ophthalmic Solution)
GNP Eye Itch Relief (Ophthalmic Solution)
GNP Itchy Eye (Ophthalmic Solution)
GNP Lubricating Plus Eye Drops (Ophthalmic Solution)
HM Artificial Tears (Ophthalmic Solution)
HM Eye Itch Relief (Ophthalmic Solution)
HM Lubricating Plus (Ophthalmic Solution)
Isopto Tears (Ophthalmic Solution)
Ketotifen Fumarate (Ophthalmic Solution)
Lubricating Plus Eye Drops (Ophthalmic Solution)
Lubricnt Eye (Solution)
Opti-Clear (Ophthalmic Solution)
Ora-Plus (Liquid)
Pure & Gentle Lubricant (Ophthalmic Solution)
Refresh Celluvisc (Ophthalmic Solution)

OTC Drug Name	OTC Drug Name
Refresh Optive (Ophthalmic Solution, Ophthalmic Gel)	Allergy & Congestion Relief (Tablet Extended-Release 12 Hour)
Refresh Plus (Ophthalmic Solution)	Allergy (10mg Tablet Dispersible, 10mg Tablet, 25mg Tablet, 4mg Tablet, 25mg Capsule)
SM Artificial Tears (Ophthalmic Solution)	Allergy Relief (10mg Tablet Dispersible, 10mg Tablet, 25mg Tablet)
SM Eye Itch Relief (Ophthalmic Solution)	Allergy Relief Child (Syrup)
Sodium Chloride (OTC Only) (5% Ointment, 5% Ophthalmic Solution)	Allergy Relief D-24 (Tablet Extended-Release 24 Hour)
Systane Overnight Therapy Lubricant Eye (Gel)	Allergy Relief/Nasal Decongestant (Tablet Extended-Release 24 Hour)
Tears Naturale (Ophthalmic Solution)	Allergy Tablets (Tablet)
Tears Naturale Forte (Ophthalmic Solution)	Allergy-Time (Tablet)
Tears Naturale II (Ophthalmic Solution)	Allerhist-1 (Tablet)
Tears Pure (Ophthalmic Solution)	Banophen (12.5mg/5ml Liquid, 2%-0.1% Cream, 25mg Capsule, 50mg Capsule, 25mg Tablet)
Zaditor (Ophthalmic Solution)	Cetirizine HCl (OTC Only) (10mg Tablet Chewable, 5mg Tablet Chewable, 10mg Tablet, 5mg Tablet, 5mg/5ml solution, 5mg/5ml Syrup)
Otic Agents	Childrens Loratadine (5mg/5ml Oral Solution, 5mg/5ml Syrup)
Otic Agents	Child Silfed (Liquid)
Ear Drops (Otic Solution)	Chlorpheniramine Maleate (OTC Only) (12mg Tablet Extended-Release, 4mg Tablet)
Ear Wax Removal Drops (Otic Solution)	Claritin (OTC Only) (10mg Capsule, 10mg Tablet, 5mg Tablet Chewable, 5mg/5ml Syrup)
Ear Wax Removal Kit (Otic Solution)	Claritin Reditabs (Tablet Dispersible)
Ear Wax Removal System (Ophthalmic Solution)	Claritin-D 12 Hour (Tablet Extended-Release 12 Hour)
GNP Ear Drops (Otic Solution)	Claritin-D 24 Hour (Tablet Extended-Release 24 Hour)
GNP Ear Systems (Otic Solution)	Clemastine Fumarate (OTC Only) (Tablet)
HM Earwax Removal Aid (Otic Solution)	Complete Allergy (25mg Capsule, 25mg Tablet)
HM Earwax Removal Kit (Otic Solution)	Complete Allergy Medicine (Capsule)
QC Ear Wax Removal Drops (Otic Solution)	Dayhist Allergy 12 Hour Relief (Tablet)
Respiratory Tract/Pulmonary Agents	
Antihistamines	
Ala-hist IR (Tablet)	
Alavert (Tablet Dispersible)	
Alavert Allergy/Sinus (Tablet Extended-Release 12 Hour)	
All Day Allergy (Tablet)	
All Day Allergy Childrens (Tablet Chewable)	
Aller-Chlor (2mg/5ml Syrup, 4mg Tablet)	
Aller-Ease (Tablet)	

OTC Drug Name
Diphenhist (OTC Only) (12.5mg/5ml Liquid, 25mg Capsule, 25mg Tablet)
Diphenhydramine HCl (OTC Only) (12.5mg/5ml Liquid, 25mg Capsule, 50mg Capsule, 25mg Tablet)
ED Chlorped (Liquid)
ED Chlorped Jr (Syrup)
ED Chlortan (Tablet)
Fexofenadine HCl (Tablet, 6mg/ml Susp)
GNP All Day Allergy (Tablet)
GNP Allergy & Congestion Relief (Tablet Extended-Release 24 Hour)
GNP Allergy (25mg Capsule, 25mg Tablet, 4mg Tablet)
GNP Allergy Relief (10mg Tablet Dispersible, 180mg Tablet)
GNP Allergy Relief for Kids (Tablet Dispersible)
GNP Dayhist Allergy (Tablet)
GNP Loratadine (10mg Tablet, 5mg/5ml Syrup)
GNP Loratadine Childrens (Syrup)
GNP Loratadine-D 12 Hour (Tablet Extended-Release 12 Hour)
GNP Loratadine-D 24 Hour (Tablet Extended-Release 24 Hour)
GNP Nighttime Sleep Aid (Tablet)
Goodsense All Day Allergy (Tablet)
Histex PD (Drops)
HM All Day Allergy (Tablet)
HM Allergy & Congestion (Tablet Extended-Release 12 Hour)
HM Allergy (Capsule, Tablet)
HM Allergy Relief & Nasaldecongestant (Tablet Extended-Release 24 Hour)
HM Allergy Relief (10mg Tablet Dispersible, 10mg Tablet, 4mg Tablet)
HM Allergy Multi Symptom (Capsule)
HM Fexofenadine HCl (Tablet, 6mg/ml Susp)

OTC Drug Name
HM Loratadine Childrens (Syrup)
Loratadine (Tablet)
Loratadine Childrens (5mg/5ml Oral Solution, 5mg/5ml Syrup)
Loratadine Hives Relief (Oral Solution)
Loratadine-D 12 Hour (Tablet Extended-Release 12 Hour)
Loratadine-D 24 Hour (Tablet Extended-Release 24 Hour)
Mucinex Allergy (Tablet)
Multi-Symptom Allergy (Capsule)
Nighttime Sleep Aid (Tablet)
Pharbechlor (Tablet)
Pharbedryl (Capsule)
QC All Day Allergy (Tablet)
QC Allergy Relief (Tablet Dispersible)
QC Chlor-Pheniramine (Tablet)
QC Complete Allergy Medicine (Tablet)
QC Loratadine Allergy Relief (Tablet)
QC Loratadine-D (Tablet Extended-Release 24 Hour)
Q-Dryl (Capsule)
SB Allergy (Tablet)
SB Loratadine (Tablet)
Siladryl Allergy (Liquid)
SM All Day Allergy (Tablet)
SM Allergy 4 Hour (Tablet)
SM Allergy Relief (1.34mg Tablet, 25mg Tablet, 10mg Tablet Dispersible, 25mg Capsule)
SM Allergy Relief Loratadine (Tablet)
SM Childrens Loratadine (Syrup)
SM Fexofenadine HCl (Tablet, 6mg/ml Susp)
SM Loratadine (Syrup)
SM Loratadine Allergy Relief (Tablet Dispersible)
SM Lorata-Dine D (Tablet Extended-Release 24 Hour)

OTC Drug Name
SM Loratadine-D 12 Hour (Tablet Extended-Release 12 Hour)
Tripolidine (Liquid)
Vanaclear PD (Liquid)
Vanahist PD (Liquid)
Vanamine PD (Liquid)
Mast Cell Stabilizers
Cromolyn Sodium (OTC Only) (Aerosol Solution)
Nasal Steroids
Allergy Relf Spray (OTC Only) (Nasal Suspension)
Budesonide (OTC Only) (Nasal Suspension)
Respiratory Tract Agents, Other
12 Hour Decongestant (Tablet Extended-Release 12 Hour)
12 Hour Nasal Spray (Nasal Solution)
Alahist DM (Liquid)
All Day Allergy D (Tablet Extended-Release 12 Hour)
All Day Allergy D-12 (Tablet Extended-Release 12 Hour)
All Day Allergy-D (Tablet Extended-Release 12 Hour)
Allergy Multi-Symptom (Tablet)
All-Nite Multi-Symptom Cold/Flu Relief (Liquid)
Anti-Itch (Cream)
Aprodine (Tablet)
Aquanaz (Tablet)
Atuss DA (Liquid)
Benzedrex (Nasal Inhaler)
Benzonatate (Capsule)
Bromfed DM (Syrup)
Bromphen/Pseudoephedrine HCl/Dextromethorphan HBr (Syrup)
Brotapp (Liquid)
Brotapp DM (Liquid)

OTC Drug Name
Brovex PEB (Liquid)
Brovex PSB (Liquid)
Capcof (Syrup)
Capmist DM (Tablet)
Capron DM (Liquid)
Cetirizine HCl/Pseudoephedrine HCl ER (OTC Only) (Tablet Extended-Release 12 Hour)
CGH Control (Capsules)
Cheratussin AC (Syrup)
Cheratussin DAC (Oral Solution)
Chest Congestion Relief (Tablet)
Childrens Cold & Allergy (Elixir)
Childrens Mucus Relief Cough (Liquid)
Childrens Mucus Relief Expectorant (Liquid)
Childrens Pain Relief Plus Multi-Symptom Cold (Suspension)
Chlo Hist (Solution)
Chlo Tuss (Liquid)
Codituss DM (Syrup)
Cold Head Congestion Daytime (Tablet)
Cold Head Congestion Nighttime (Tablet)
Cold Head Congestion Severe Daytime (Tablet)
Cold Multi-Symptom Daytime (Tablet)
Cold Multi-Symptom Nighttime (Tablet)
Cold Multi-Symptom Severe Daytime (Tablet)
Cold/Allergy Childrens (Elixir)
Cold/Cough Childrens (Elixir)
Cold/Cough DM Childrens (Elixir)
Cold/Cough/Sore Throat Childrens (Liquid)
Conex Cold/Allergy (1mg/5ml-30mg/5ml Oral Solution, 2mg-60mg Tablet)
Congestac (Tablets)
Coricidin HBP Nighttime Multi-Symptom Cold (Liquid)

OTC Drug Name
Cough & Sore Throat Day Time (Liquid)
Cough DM (Liquid Extended-Release)
Cough Syrup (Syrup)
Coughtab (Tablet)
Dallergy (Liquid)
Day Time Cold/Flu Relief (Liquid)
Day Time Cough (Liquid)
Day Time Multi-Symptom Cold/Flu Relief (Capsule)
Deconex (Tablets)
Decongestant 12hour Maximum Strength (Tablet Extended-Release 12 Hour)
Deep Sea Nasal Spray (Nasal Solution)
Delsym (Liquid Extended-Release)
Delsym Cough + Chest Congestion DM (Liquid)
Delsym Cough + Chest Congestion DM Childrens (Liquid)
Delsym Cough + Cold Daytime (Liquid)
Delsym Cough + Cold Nighttime (Liquid)
Delsym Cough + Cold Nighttime Childrens (Liquid)
Delsym Night Time Cough/Cold (Liquid)
Delsym Night Time Cough/Cold Childrens (Liquid)
Delsym Night Time Multi-Symptom (Liquid)
Destromethorphan HBr Crystals
Dextromethorphan Polistirex (Liquid Extended-Release)
Dextromethorphan/Guaifenesin (Oral Solution)
Diabetic Siltussin DAS-Na (Liquid)
Diabetic Siltussin-DM (Liquid)
Diabetic Siltussin-DM Maximum Strength (Liquid)
Diabetic Tussin (Liquid)
Diabetic Tussin DM (Liquid)
Diabetic Tussin Maximum Strength (Liquid)

OTC Drug Name
Dimaphen Childrens (Elixir)
Dimaphen DM Cold/Cough Childrens (Elixir)
Dimetapp Cold & Allergy (Elixir)
Dimetapp DM Cold & Cough (Liquid)
Dimetapp Long Acting Cough Plus Cold (Syrup)
Dimetapp Multi-Symptom Cold & Flu (Liquid)
Dimetapp Nighttime Cold & congestion (Liquid)
Diphenhydramine HCl/Zinc Acetate (OTC Only) (Cream)
Dristan Cold (Tablet)
Duraflu (Tablets)
ED A-Hist (Liquid)
ED A-Hist DM (Liquid)
ED A-Hist PSE (Tablet)
ED Bron GP (Liquid)
ED Chlorped D (Liquid)
Endacof-DM (Liquid)
Exefen-IR (Tablet)
Extra Action Cough (Syrup)
Fexofenadine/Pseudoephedrine (Tablet Extended-Release 12 Hour)
Flowtuss (Solution)
Fluticasone Propionate Nasal Spray (OTC Only) (Nasal Solution)
Gg/DM (Syrup)
GNP 12 Hour Nasal Spray (Nasal Solution)
GNP All Day Allergy-D (Tablet Extended-Release 12 Hour)
GNP Allergy Multi-Symptom (Tablet)
GNP Allergy Plus Severe Sinus Headache Maximum Strength (Tablet)
GNP Anti-Itch (Cream)
GNP Childrens Pain Relief Plus Cold (Suspension)

OTC Drug Name
GNP Childrens Plus Cough & Sore Throat (Liquid)
GNP Childrens Plus Multi-Symptom Cold (Suspension)
GNP Cold & Allergy Childrens (Elixir)
GNP Cold & Allergy Maximum Strength (Tablet)
GNP Cold & Cough Childrens (Elixir)
GNP Cold Head Congestion Night Time (Tablet)
GNP Cold Head Congestion Severe Daytime (Tablet)
GNP Cold Multi-Symptom Daytime (Tablet)
GNP Cold Multi-Symptom Nighttime (Tablet)
GNP Cold Relief Head Congestion Severe Daytime (Tablet)
GNP Cold Relief Multi-Symptom Daytime (Tablet)
GNP Cold Relief Multi-Symptom Severe Daytime (Tablet)
GNP Cold Severe Congestion/Daytime (Tablet)
GNP Cough DM ER (Liquid Extended-Release)
GNP Cough Relief (Liquid)
GNP Day Time Cold & Flu (Capsule)
GNP Day Time Cold/Flu (Capsule)
GNP Day Time Cold/Flu Relief (Liquid)
GNP Day Time Sinus (Capsule)
GNP Flu Relief Therapy Seere Cold Daytime (Liquid)
GNP Flu Relief Therapy Severe Cold Nighttime (Liquid)
GNP Mucus Relief (Tablet)
GNP Mucus Relief Cold & Sinus (Tablet)
GNP Mucus Relief Cold Flu & Sore Throat (Tablet)
GNP Mucus Relief Cough Childrens (Liquid)

OTC Drug Name
GNP Mucus Relief DM (Tablet)
GNP Mucus Relief Severe Congestion & Cold (Tablet)
GNP Mucus-ER (Tablet Extended-Release 12 Hour)
GNP Multi-Symptom Cold Nighttime (Liquid)
GNP Nasal Decongestant (Tablet)
GNP Nasal Decongestant Pemaximum Strength (Tablet)
GNP Nasal Spray (Nasal Solution)
GNP Nasal Spray Extra Moisturizing (Nasal Solution)
GNP Night Time Cold & Flu (Capsule)
GNP Night Time Cold & Flu Multisymptom (Capsule)
GNP Night Time Cold & Flu Multi-Symptom (Liquid)
GNP Night Time Cold/Flu Relief (Liquid)
GNP Night Time Cough (Liquid)
GNP Night Time Sinus (Capsule)
GNP No Drip Nasal Spray (Nasal Solution)
GNP Nose Drops Extra Strength (Nasal Solution)
GNP Pseudoephedrine HCl 12 Hour (Tablet Extended-Release 12 Hour)
GNP Pseudoephedrine HCl ER (Tablet Extended-Release 12 Hour)
GNP Sinus Congestion & Pain Daytime (Tablet)
GNP Sinus Congestion/Pain Nighttime (Tablet)
GNP Sinus Relief Congestion & Pain Daytime/Nighttime
GNP Sinus Relief Congestion & Pain Nighttime (Tablet)
GNP Suphedrin (Liquid)
GNP Tab Tussin (Tablet)
GNP Tab Tussin DM (Tablet)

OTC Drug Name
GNP Triacting Night Time Cold & Cough Childrens (Liquid)
GNP Tussin (Syrup)
GNP Tussin CF Cough & Cold (Syrup)
GNP Tussin CF Max Multi-Symptom Cold (Liquid)
GNP Tussin Cough Long Acting (Syrup)
GNP Tussin DM (Liquid)
GNP Tussin DM Cough (Liquid)
GNP Tussin DM Max (Liquid)
GNP Tussin DM Max Cough & Chest Congestion (Liquid)
GNP Tussin Night Time (Liquid)
Guaiatussin AC (Syrup)
Guaif/DM Hyd (Sustained Release 12 Hour Tablets)
Guaifenesin (100mg/5ml Liquid, 100mg/5ml Oral Solution, 200mg/10ml Oral Solution, 300mg/15ml Oral Solution, 200mg Tablet)
Guaifenesin AC (Syrup)
Guaifenesin DAC (Oral Solution)
Guaifenesin ER (Tablet Extended-Release 12 Hour)
Guaifenesin/Codeine (Oral Solution)
Guaifenesin-DM (Syrup)
Histex-AC (Syrup)
Histex-DM (Syrup)
Histex-PE (Syrup)
HM Allergy Complete-D (Tablet Extended-Release 12 Hour)
HM Chest Congestion Relief (Tablet)
HM Chest Congestion Relief DM (Tablet)
HM Cold & Allergy Childrens (Elixir)
HM Cold & Cough Childrens (Elixir)
HM Cough DM (Liquid Extended-Release)
HM Cough Relief (Liquid)
HM Day Time (Capsule)

OTC Drug Name
HM Mucus ER (Tablet Extended-Release 12 Hour)
HM Nasal Decongestant (Tablet)
HM Nasal Decongestant 12 Hour (Tablet Extended-Release 12 Hour)
HM Nasal Decongestant PE (Tablet)
HM Nasal Spray (Nasal Solution)
HM Night Time Cold & Flu (Liquid)
HM Night Time Multi Symptom Cold & Flu (Capsule)
HM Nose Drops Extra Strength (Nasal Solution)
HM Saline Nasal Spray (Nasal Solution)
HM Sinus Nasal Spray (Nasal Solution)
HM Tussin Adult (Liquid)
HM Tussin Adult Cough & Chest Congestion DM (Liquid)
HM Tussin Adult Multi-Symptom Cold (Liquid)
Hy/Chlor (Solution)
Hycofenix (Solution)
Hydr/Cpm/Pse (Solution)
Hydrocodone Bitartrate/Homatropine Methylbromide (1.5mg-5mg Tablet, 1.5mg/5ml-5mg/5ml Syrup)
Hydrocodone Polistirex/Chlorpheniramine Polistirex (Liquid Extended-Release)
Hydromet (Syrup)
Intense Cough Reliever Extra Strength (Liquid)
Iphen C-NR (Liquid)
Iphen DM-NR (Liquid)
Iphen-NR (Liquid)
Itch Relief Extra Strength (Cream)
J-TAN D PD (Liquid)
Kidkare Cough/Cold (Liquid)
Liquituss GG (Liquid)
LoHist-D (Liquid)
LoHist-DM (Syrup)

OTC Drug Name
LoHist-PEB (Liquid)
Long Acting Nasal Spray (Nasal Solution)
Lortuss DM (Liquid)
Lortuss EX (Liquid)
Mapap Sinus Maximum Strength Congestion and Pain (Tablet)
Mar-Cof BP (Liquid)
Mar-Cof CG (Liquid)
M-Clear WC (Oral Solution)
M-End DMX (Liquid)
M-End PE (Liquid)
M-End WC (Liquid)
Mucinex (Tablet Extended-Release 12 Hour)
Mucinex Chest Congestion Childrens (Liquid)
Mucinex Childrens Cold Cough & Sore Throat (Liquid)
Mucinex Childrens Multi-Symptom Cold & Fever (Liquid)
Mucinex Childrens Multi-Symptom Cold (Liquid)
Mucinex Cold for Kids (Liquid)
Mucinex Congestion & Cough Childrens (Liquid)
Mucinex Cough Childrens (Liquid)
Mucinex D (Tablet Extended-Release 12 Hour)
Mucinex DM (Tablet Extended-Release 12 Hour)
Mucinex DM Maximum Strength (Tablet Extended-Release 12 Hour)
Mucinex Fast-Max Cold & Sinus (Tablet)
Mucinex Fast-Max Cold Flu& Sore Throat (Liquid)
Mucinex Fast-Max Cold Flu& Sore Throat (Tablet)
Mucinex Fast-Max DM Max (Liquid)
Mucinex Fast-Max Night Time Cold & Flu (Tablet, Liquid)

OTC Drug Name
Mucinex Fast-Max Severe Cold (325mg-10mg-200mg-5mg Tablet)
Mucinex Fast-Max Severe Cold (Liquid)
Mucinex Fast-Max Severe Congestion & Cold (Tablet)
Mucinex Fast-Max Severe Congestion & Cough (Liquid)
Mucinex for Kids (Packet)
Mucinex Maximum Strength (Tablet Extended-Release 12 Hour)
Mucinex Multi-Symptom Cold Night Time Childrens (Liquid)
Mucinex Nasal Spray Full Force (Nasal Solution)
Mucinex Nasal Spray Moisture Smart (Nasal Solution)
Mucinex Sinus-Max Full Force (Nasal Solution)
Mucinex Sinus-Max Pressure & Pain (Tablet)
Mucinex Sinus-Max Severe Congestion Relief (Tablet)
Mucinex Stuffy Nose & Cold Childrens (Liquid)
Mucosa (Tablet)
Mucosa DM (Tablet)
Mucus Relf D (Sustained Release 12 Hour Tablets)
Mucus Relief (Tablet)
Mucus Relief Childrens (Liquid)
Mucus Relief Cold/Sinus Maximum Strength (Liquid)
Mucus Relief Cough Childrens (Liquid)
Mucus Relief DM (Tablet)
Mucus Relief Severe Congestion/Cough (Liquid)
Mucus-DM (Tablet Extended-Release 12 Hour)
Mucus-DM Max (Tablet Extended-Release 12 Hour)

OTC Drug Name
Mucus-ER (Tablet Extended-Release 12 Hour)
Muro 128 (5% Ointment, 5% Ophthalmic Solution)
Nasadrops (Nasal Solution)
Nasal Decongestant (1% Nasal Solution, 30mg Tablet)
Nasal Decongestant (30mg/5ml Liquid, 30mg/5ml Syrup)
Nasal Decongestant PE (Tablet)
Nasal Decongestant PE Maximum Strength (Tablet)
Nasal Decongestant Spray (Nasal Solution)
Nasal Spray 12 Hour (Nasal Solution)
Nasal Spray Anti-Drip (Nasal Solution)
Nasal Spray X-Moist (Nasal Solution)
Nasopen PE (Liquid)
Night Time Multi-Symptom Cold/Flu Relief (Capsule)
Nighttime Sinus Congestion & Pain (Tablet)
Ninjacof (Liquid)
Ninjacof-A (Liquid)
Ninjacof-XG (Liquid)
Nite Time Cough (Liquid)
Nite Time Multi-Symptom Cold/Flu Relief (Liquid)
Nite-Time Cold/Flu (Capsule)
Nite-Time Multi-Symptom Cold/Flu Relief (Liquid)
Nohist-DM (Liquid)
Nohist-LQ (Liquid)
NRS Nasal Relief (Nasal Solution)
Ocean for Kids (Nasal Solution)
Ocean Nasal Spray (Nasal Solution)
Organ-I NR (Tablet)
Pain Relief Cold Severe Congestion (Tablet)
Pain Relief Sinus PE Daytime (Tablet)

OTC Drug Name
Pedia Relief Cough/Cold (Liquid)
Pediatric Cough/Cold (Liquid)
Phenylhistine DH (Liquid)
Poly-Hist DM (Liquid)
Poly-Hist Pd (Liquid)
Poly-Vent (Tablets)
Poly-Vent DM (Tablets)
Pro-Clear AC (Syrup)
Promethazine VC/Codeine (Syrup)
Promethazine/Codeine (Syrup)
Promethazine/Dextromethorphan (Syrup)
Promethazine-DM (Syrup)
PRO-RED AC (Syrup)
Pseudoephedrine HCl (Tablet)
Pseudoephedrine HCl ER (Tablet Extended-Release 12 Hour)
Pyrilamin/PE (Tablets)
QC Allergy Relief Multi-Symptom Daytime (Tablet)
QC Cold Relief Plus Multi-Symptom Childrens (Suspension)
QC Cough Relief (Liquid)
QC Cough/Sore Throat Nighttime (Liquid)
QC Medifin Mucus Relief Childrens (Liquid)
QC Nighttime Cold/Flu Relief (Liquid)
QC Nighttime Cough (Liquid)
QC No Drip Nasal Relief (Nasal Solution)
QC Sinus Pain Relief (Tablet)
QC Suphedrine (Tablet)
QC Suphedrine Maximum Strength (Tablet Extended-Release 12 Hour)
QC Suphedrine PE (Tablet)
QC Tussin CF (Liquid)
Q-Tapp (Elixir)
Q-Tapp DM (Elixir)
Q-Tussin (Syrup)
Q-Tussin DM (Syrup)

OTC Drug Name
Relcof C (Oral Solution)
Rescon DM (Syrup)
Rescon-GG (Liquid)
Respaire-30 (Capsule)
Rezira (Solution)
Rhinaris (Gel)
Robafen (Syrup)
Robafen CF Cough & Cold (Syrup)
Robafen CGH (Capsules)
Robafen DM (Syrup)
Robafen DM Cough Clear (Syrup)
Robitussin Childrens Cough & Cold CF (Liquid)
Robitussin Childrens Cough Long-Acting (Syrup)
Robitussin Childrens Cough/Cold Long-Acting (Liquid)
Robitussin Cold+flu Daytime (Capsule)
Robitussin Cold+flu Nighttime (Capsule)
Robitussin Lingering Coldlong-Acting Cough (Liquid)
Robitussin Mucus+chest Congestion (Liquid)
Robitussin Peak Cold Cough+ Chest Congestion DM (Liquid)
Robitussin Peak Cold Cough+ Chest Congestion DM Max Strength (Liquid)
Robitussin Peak Cold DM (Syrup)
Robitussin Peak Cold Multi-Symptom Cold (Liquid)
Robitussin Peak Cold Multi-Symptom Cold Maximum Strength (Liquid)
Robitussin Peak Cold Nasal Relief (Tablet)
Robitussin Peak Cold Nighttime Multi-Symptom Cold (Liquid)
Robitussin Peak Cold Nighttime Nasal Relief (Tablet)
Rydex (Liquid)
Rynex DM (Liquid)

OTC Drug Name
Rynex PE (Elixir)
Rynex PSE (Liquid)
Saline Mist (Nasal Solution)
Saline Nasal Spray (Nasal Solution)
SB Anti-Itch Maximum Strength (Cream)
SB Cold & Cough HBP (Tablet)
SB Cold Head Congestion Severe Daytime (Tablet)
SB Cold Multi-Symptom Severe Daytime (Tablet)
SB Cough Control CF (Liquid)
SB Cough Control DM (Liquid)
SB Cough Control DM Max (Liquid)
SB Cough Relief (Liquid)
SB CoughTab (Tablet)
SB Flu Maximum Strength HBP (Tablet)
SB Sinus & Allergy Maximum Strength (Tablet)
SB Sinus Congestion & Pain Daytime (Tablet)
SB Sinus Congestion & Pain Daytime/Nighttime
SB Sinus Congestion & Pain Severe Daytime (Tablet)
Sea Soft Nasal Mist (Nasal Solution)
Siltussin SA (Syrup)
Siltussin-DM (Syrup)
Sinus Congestion & Pain Daytime (Tablet)
Sinus Nasal Spray (Nasal Solution)
Sinus Wash (Crystals for Solution)
Sinus/Cold-D (Sustained Release 12 Hour Tablets)
SM 12 Hour Sinus Decongestant (Tablet Extended-Release 12 Hour)
SM 12-Hour No Drip (Nasal Solution)
SM All Day Allergy-D (Tablet Extended-Release 12 Hour)
SM Allergy Multi-Symptom (Tablet)
SM Anti-Itch Extra Strength (Cream)

OTC Drug Name
SM Childrens Pain Relief Plus Multi-Symptom Cold (Suspension)
SM Cold & Allergy Childrens (Elixir)
SM Cold & Cough DM Childrens (Elixir)
SM Cold Head Congestion Severe Day Time (Tablet)
SM Cough Relief (Syrup)
SM Day Time Cold & Flu Relief (Liquid)
SM Day Time PE Cold & Flurelief (Capsule)
SM Flu Relief Therapy Severe Cold Nighttime (Liquid)
SM Mucus ER (Tablet Extended-Release 12 Hour)
SM Mucus Relief Cough Childrens (Liquid)
SM Nasal Decongestant Maximum Strength (Tablet)
SM Nasal Decongestant PE (Tablet)
SM Nasal Spray Moisturizing (Nasal Solution)
SM Nasal Spray Saline (Nasal Solution)
SM Nasal Spray Sinus (Nasal Solution)
SM Nite Time Cold & Flu (Liquid)
SM Nite Time Cold & Flu Relief (325mg-15mg-6.25mg Capsule, 500mg/15ml-15mg/15ml-6.25mg/15ml Liquid)
SM Nite Time Cough (Liquid)
SM Nose Drops Nasal Decongestant Extra Strength (Nasal Solution)
SM Tussin (Syrup)
SM Tussin CF (Liquid)
SM Tussin DM (Syrup)
SM Tussin DM Cough/Chest Congestion (Syrup)
SM Tussin DM Max Cough/Chest Congestion (Liquid)
Sodium Chloride (OTC Only) (Granules, 0.9% Nebulizer, 7% Nebulizer)
Staflex (Tablets)
Stahist Ad (Liquid, Tablets)

OTC Drug Name
Sudogest (Tablet)
Sudogest 12 Hour (Tablet Extended-Release 12 Hour)
Sudogest PE (Tablet)
Sudogest Sinus & Allergy (Tablet)
Tessalon Perles (Capsule)
Triacting Nighttime Cold& Cough Childrens (Liquid)
Triaminic Cold & Allergy (Syrup)
Triaminic Cold & Cough Day Time Childrens (Syrup)
Triaminic Cough & Congestion Childrens (Syrup)
Triaminic Cough & Sore Throat (Suspension)
Triaminic Multi-Symptom Fever (Syrup)
Triaminic Night Time Cold & Cough (Syrup)
Tusnel (Liquid)
Tusnel Diabetic (Liquid)
Tusnel Ped (Liquid)
Tusnel Pediatric (Liquid)
Tusnel-Dm Pediatrc (Liquid)
Tussion (Tablet)
Tussion (Syrup)
Tussion CF (Liquid)
Tussion CF Cough & Cold (Liquid)
Tussion CF Max Multi-Symptom (Liquid)
Tussion Chest Congestion (Syrup)
Tussion Cough (Syrup)
Tussion DM (10mg-100mg/5ml Liquid, 10mg/5ml-100mg/5ml Syrup)
Tussion DM Max (Liquid)
Tussion Mucus (Liquid)
Tussion Mucus + Chest Congestion (Syrup)
Tussionex Pennkinetic Extended-Release (Liquid Extended-Release)
Tussi-Pres PE Pediatric (Liquid)

OTC Drug Name
Vanacof (Liquid)
Vanacof DM (Liquid)
Vanacof-8 (Liquid)
Vicks Dayquil Mucus Control DM (Liquid)
Virtussin A/C (Oral Solution)
Virtussin DAC (Oral Solution)
Zonatuss (Capsule)
Z-Tuss AC (Liquid)
Zutripro (Solution)
Therapeutic Nutrients/Minerals/Electrolytes
Electrolyte/Mineral Replacement
Buffered Salt (Tablets)
Calcet Petites (Tablet)
Calci-Chew (Tablet Chewable)
Calci-Mix (Capsule)
Calcionate (Syrup)
Calcitrate (Tablet)
Calcium 600+D (Tablet)
Calcium Carbonate (1250mg Tablet, 600mg Tablet, 1250mg/5ml Suspension)
Calcium Carbonate (648mg Tablet)
Calcium Citrate+D (Tablet)
Calcium High Potency + Vitamin D (Tablet)
Calcium Lactate (Tablet)
Calcium Oyster Shell (Tablet)
Calcium Plus Vitamin D3 (Capsule)
Calcium/Vitamin D (Tablet)
Calcium/Vitamin D/Minerals (Tablet Chewable)
Calcium+D3 (Tablet)
Calphron (Tablet)
Caltrate 600+D Plus Minerals (Tablet Chewable)
Calvite P&D (Tablet)
Cerasport Ex1 (Solution)
Chromium Chloride (Injection)
Citrus Calcium/Vitamin D (Tablet)

OTC Drug Name
Citrus Calcium+D (Tablet)
Dexferrum (Injection)
Duofer (Tablet)
Enfamil Enfalyte (Oral Solution)
Feraheme (Injection)
Ferate (Tablet)
Fer-In-Sol (Oral Solution)
Fer-Iron (Oral Solution)
Ferosul (Elixir)
Ferrex 150 (Capsule)
Ferrlecit (Injection)
Ferrous Drops (Oral Solution)
Ferrous Gluconate (Tablet)
Ferrous Sulfate (140mg Tablet Extended-Release, 220mg/5ml Liquid)
Ferrous Sulfate (15mg/ml Oral Solution, 220mg/5ml Elixir, 325mg Tablet)
Galzin (Capsules)
GNP Calcium 500/D (Tablet)
GNP Calcium 500+D3 (Tablet)
GNP Calcium 600+D (Tablet)
GNP Calcium Citrate+D3 (Tablet)
GNP Calcium Plus 600+D (Tablet)
GNP Calcium/Vitamin D/Minerals (Tablet Chewable)
GNP Iron (200mg Tablet, 45mg Tablet Extended-Release)
GNP Magnesium Citrate (Oral Solution)
GNP Pediatric Electrolyte (Oral Solution)
GNP Slow Release Iron (Tablet Extended-Release)
HM Calcium/Vitamin D (Tablet)
HM Magnesium Citrate (Oral Solution)
HM Pediatric Electrolyte (Solution)
Iferex 150 (Capsule)
Infed (Injection)
Iron (Tablet)
Iron Chews Pediatric (Tablet Chewable)

OTC Drug Name
L-Citrulline (Powder)
Mag-Delay (Tablet Extended-Release)
Mag-G (Tablet)
Magnebind 300 (Tablet)
Magnesium Citrate (Oral Solution)
Magonate (1000mg/5ml Liquid)
Magonate (500mg Tablet)
Medi-Lyte (Tablets)
MyKidz Iron 10 (Suspension)
Novaferrum 50 (Capsule)
Novaferrum Pediatric Drops (Liquid)
Oral Electro Cherry (Solution)
Oralyte (Oral Solution)
Oralyte Freezer Pops (Oral Solution)
Oysco 500+D (Tablet Chewable)
Oyster Shell Calcium (Tablet)
Oyster Shell Calcium/Vitamin D (Tablet)
Pedialyte (Oral Solution)
Pedialyte Advanced Care (Solution)
Pedialyte Freezer Pops (Oral Solution)
Pediatric Electrolyte (Oral Solution)
Pediatric Electrolyte Freezer Pops (Oral Solution)
Pediatric Electrolyte/Zinc (Oral Solution)
Peleverus (Ointment, 0.25% Liquid)
Peleverus Clear (Ointment)
Peleverus Gold (Ointment)
Poly-Iron 150 (Capsule)
Profe (Capsule)
QC Ferrous Sulfate (Tablet)
QC Magnesium Citrate (Oral Solution)
Risacal-D (Tablet)
Slow-Mag (Tablet Delayed-Release)
SM Calcium Citrate w/Vitamin D3 (Tablet)
SM Iron (Tablet)
SM Pediatric Electrolyte (Oral Solution)

OTC Drug Name
Temp (Tablets)
Thermos (Tablets)
Venofer (Injection)
Zinc Sulfate (OTC Only) (220mg Capsule, Heptahydrate Powder)
Zinc Trace Metal (Injection)
Vitamins
50+ Adult Eye Hlth (Capsules)
A Thru Z Select (Chewable Tablets)
Advanced Formula (Tablets)
Airborne Loz (Lozenges)
Airshield Immunity (Chewable Tablets)
Alpha Lipoic Acid (100mg Capsule)
Alpha Lipoic Acid (300mg Capsule)
Alph-E (Capsules)
Alph-E-Mixed (Capsules)
Animal Chews (Chewable Tablets)
Animal Shape /Iron (Chewable Tablets)
Animal Shape Complete (Chewable Tablets)
Animal Shapes (Tablet Chewable)
Animal Shapes + Iron (Tablet Chewable)
Apetigen Plus (Tablets)
AquADEKs (Liquid)
AquADEKs (Tablet Chewable, Capsule)
Aqua-E (Liquid)
Aquasol A Parenteral (Injection)
Aquasol E (Oral Solution)
Aqueous Vitamin D Infants (Liquid)
Aqueous Vitamin E (Oral Solution)
Arginine (Tablet)
Ascorbic Acid (Tablets)
Asco-S (Tablets)
B Complex Plus C (Tablets)
B Complex/ Vit C (Capsules)
B Complex/C (Tablets)
Baby Ddrops (Liquid)

OTC Drug Name
Baby Vit D (Liquid)
Balanced B Complex (Controlled Release Tablets)
B-Comp/C Tr (Controlled Release Tablets)
B-Complex /Vit C (Tablets)
B-Complex Balanced (Tablets)
B-Complex Plus Vitamin C (Tablet)
B-Complex Vit C (Tablets)
B-Complex-C (Capsules)
Bec/Zinc (Tablets)
Bee Zee (Tablets)
Better B Complex (Tablets)
Bio-D-Mulsio (Liquid)
Biotect Plus (Capsules)
Biotin (Capsules)
Biotin Pow (Powder)
Biovol (Syrup)
C/Rose Hips (Tablets)
C-1000 (Tablets)
C-1000/RH (Tablets)
C-250 (Tablets)
C-500 (Tablets)
Ca Hi-Cal/D (Tablets)
Calciferol (Oral Solution)
Cal-Citrate (Capsules)
Calcium Cit (Tablets)
Calcium Lact (Tablets)
Calcium Plus Vit D (Capsules)
Calcium/D3 (Tablets)
Cal-Lac (Capsules)
C-Buff Pow (Powder)
Centamin (Liquid)
Centavite A-Z Complete Multivitamin/Minerals (Tablet)
Centrum Multi (Chewable Tablets)
Centrum (Liquid)

OTC Drug Name
Centrum Adults (Tablet)
Centrum Kids Complete (Chewable Tablets)
Centrum Silver (Tablet)
Centrum Ultra Womens (Tablet)
Cerovite Advanced Formula (Tablet, Liquid)
Cerovite Jr (Tablet Chewable)
Certavite/Antioxidants (Tablet, Liquid)
Chew-12 (Chewable Tablets)
Chewable Vite Childrens (Tablet Chewable)
Chewable Vite with Iron/Childrens (Tablet Chewable)
Chewables Multivit (Chewable Tablets)
Child Multi Vit/Iron (Chewable Tablets)
Child Multiv Iron (Chewable Tablets)
Child Vitami (Chewable Tablets)
Children Vit (Chewable Tablets)
Childrens Complete (Chewable Tablets)
Childrens Gummies (Chewable Tablets)
Childrens Chewable Vitamins (Tablet Chewable)
Childrens Chewable Vitamins/Iron (Tablet Chewable)
Chld Mltivit /Mineral (Chewable Tablets)
Chld Vitamin Iron (Chewable Tablets)
Chlorella (Capsules)
Compl Multiv Childrns (Chewable Tablets)
Complete Formulat (Chewable Tablets)
Complete (Tablet)
Complete D (Capsules)
Complete Pediatri (Solution)
Creamies (Chewable Tablets)
CVS Biotin (Capsules)
CVS Children Complete (Chewable Tablets)

OTC Drug Name
CVS D3 (Chewable Tablets)
CVS E (Capsules)
CVS E Oil Oil (Oil)
CVS Stress Form/Zn (Tablets)
CVS Super B Complx/C (Tablets)
CVS Vit C (Tablets)
CVS Vit C/RH (Tablets)
CVS Vit E (Capsules)
Cyanocobalamin (Injection, Nasal Spray)
D 5000 (Tablet)
D3 Dots (Dispersible Tablets)
D3 High Potency (Capsule)
D3 Max St (Liquid)
D3 Super Strength (Capsule)
D3-50 (Capsule)
Daily D3 (Liquid)
Daily Multiple Vitamins (Tablet)
Daily Vite (Tablet)
Daily-Vite/Iron/Beta-Carotene (Tablet)
Ddrops (Liquid)
Dekas Essentia (Liquid)
Dekas Plus (Chewable Tablets, Liquid)
Dialyvite 800 (Tablet)
Dialyvite Vitamin D3 Max (Tablet)
Dino-Life (Chewable Tablets)
Dino-Life Extra C (Chewable Tablets)
Dino-Life Iron-Zin (Chewable Tablets)
Disney Cars Gummies (Chewable Tablets)
Drisdol (RX Only) (50000unit Capsule, 8000unit/ml Oral Solution)
Drops (Liquid)
D-Vi-Sol (Liquid)
D-Vita (Liquid)
E 1000 (Capsules)
E200 (Capsules)
E-200 (Capsules)

OTC Drug Name
E-400 (Capsules)
E-400 Clear (Capsules)
E400 Mixed (Capsules)
E-Max-1000 (Capsules)
Emergen-C Pak Blue (Pack)
Emergen-C Pak Heart (Pack)
Emergen-C Pak Immune (Pack)
Emergen-C Pak Kidz (Pack)
Emergen-C Pak MSM Lite (Pack)
Emergen-C Pak Pink (Pack)
Emergen-C Pak Vit D/Ca (Pack)
Emergen-C Pak Vita C (Pack)
Enfamil Expecta
E-Oil Oil (Oil)
E-Pherol (Tablets)
EQ Multivita Gummies (Chewable Tablets)
EQL Calcium Citr/D (Tablets)
EQL Vit C (Tablets)
EQL Vit C/RH (Tablets)
EQL Vit E (Capsules)
EQL Vitamin D3 (Capsules)
Ergocalciferol (Oral Solution)
Ester-E (Capsules)
Ezfe Forte (Capsule)
Flintstones Bone Bld (Chewable Tablets)
Flintstones Complete (Chewable Tablets)
Flintstones Extra C (Chewable Tablets)
Flintstones Gummies (Chewable Tablets)
Flintstones Immunity (Chewable Tablets)
Flintstones My First (Chewable Tablets)
Flintstones Omega- (Chewable Tablets)
Flintstones Pls Calc (Chewable Tablets)

OTC Drug Name
Flintstones Sour Gum (Chewable Tablets)
Finston Plus Iron (Chewable Tablets)
Folic Acid (5mg/ml Injection)
Folic Acid (OTC Only) (800mcg Tablet)
Folic Acid (RX Only) (1mg Tablet)
Folitab 500 (Tablet Extended-Release)
Formula E (Capsules)
Fosfree (Tablet)
Fruity Multivit (Chewable Tablets)
Fruity Chews (Chewable Tablets)
Fruity Chews /Iron (Chewable Tablets)
Full Spect B/ Vit C (Tablets)
Geravim (Liquid)
Geriaton (Liquid)
Glyco-Tech (Tablets)
GNP Animal Plus C (Chewable Tablets)
GNP Animal Shapes (Chewable Tablets)
GNP Biotin (Capsules)
GNP Century (Tablet)
GNP Century Adults 50+ Senior (Tablet)
GNP Century Ultimate Mens Complete (Tablet)
GNP Century Ultimate Mens Senior Formula (Tablet)
GNP Century Ultimate Womens Complete (Tablet)
GNP Century Ultimate Womens Senior Formula (Tablet)
GNP Childrens Chewables/Extra C (Tablet Chewable)
GNP Childrens Chewables/Iron (Tablet Chewable)
GNP Daily Prenatal (OTC Only) (Tablet)
GNP Essential One Daily (Tablet)
GNP Little Ones Childrens (Tablet Chewable)
GNP Niacin TR (OTC Only) (Tablet Extended-Release)

OTC Drug Name
GNP One Daily Maximum (Tablet)
GNP One Daily Plus Iron (Tablet)
GNP Prenatal (OTC Only) (Tablet)
GNP Vit C (Tablets)
GNP Vit C/RH (Tablets)
GNP Vit E (Capsules)
GNP Zoochews Gummies (Chewable Tablets)
Gummi Bear Multivit (Chewable Tablets)
Gummy Dinos (Chewable Tablets)
Gummy Multiv Kids (Chewable Tablets)
Gummy Vit Minerals (Chewable Tablets)
Hard Nails (Capsules)
Healthy Eyes (Tablet)
HM Animal Shapes (Chewable Tablets)
HM Complete (Tablet)
HM Complete 50+ (Tablet)
HM Glucose (Tablet Chewable)
HM Niacin (Tablet Extended-Release)
HM One Daily/Iron (Tablet)
HM Vitamin B Complex/Vitamin C (Tablet)
HM Vitamin C (Tablets)
HM Vitamin E (Capsules)
Honey Bears (Chewable Tablets)
Honey Bears Iron-Zin (Chewable Tablets)
Hydroxocobalamin (Injection)
I-Caps (Capsule)
Icaps Lutein Zeaxanth (Delayed Release Tablets)
Immune Supp Pow Vit C (Pack)
Infuvite (Injection)
Infuvite Adult (Injection)
Infuvite Pediatric (Injection)
I-Vite (Tablet)
Jolly Ranchr One-A-Da (Chewable Tablets)

OTC Drug Name
Just D (Liquid)
KP B Complex /C (Tablets)
KP Vitamin E (Capsules)
Land Bfr Tim Vit/Iron (Chewable Tablets)
L-Arginine (Powder)
L-Glutamine (Powder)
Lipotriad (Capsules)
Liqui-E (Liquid)
Little Anima Plus Fe (Chewable Tablets)
M.V.I. 12 without Vitamin K (Injection)
M.V.I. Adult (Injection)
M.V.I. Pediatric (Injection)
Maximin Pak (Pack)
Maximum D3 (Capsule)
Mega Biotin (Capsules)
Mega-Maratho (Controlled Release Tablets)
Meijer C (Tablets)
Mephyton (Tablet)
Meribin (Capsule)
Mil-A-Mulsio Emu (Emulsion)
Milco-B-Fort (Tablets)
Multi For Pow Him (Pack)
Multi Vitami Minerals (Tablets)
Multi+Omega (Chewable Tablets)
Multi-Delyn (Liquid)
Multi-Delyn/Iron (Liquid)
Multilex (Tablet)
Multilex T&M (Tablet)
Multiple Vit /Iron (Chewable Tablets)
Multivitamin Child (Chewable Tablets)
Multivitamin Children (Chewable Tablets)
Multi-Vitamins (Tablet)
Mykidz Iron (Suspension)
Nanovm Pow 1-3 yrs (Powder)

OTC Drug Name
Nanovm Pow 4-8 yrs (Powder)
Nanovm Pow 9-18 yrs (Powder)
Nanovm T/F (Liquid)
Nanovm T/F Pow (Powder)
Nat Vit E (Capsules)
Nephronex (Liquid)
Nephro-Vite (Tablet)
Niacin ER (OTC Only) (Capsule Extended-Release)
Niacin Flush Free Formula (OTC Only) (Capsule)
Niacin SR (OTC Only) (Capsule Extended-Release)
Niacin TR (OTC Only) (250mg Capsule Extended-Release, 500mg Capsule Extended-Release, 500mg Tablet Extended-Release, 750mg Tablet Extended-Release)
Novaferrum 125 (Liquid)
Nutr-E-Sol (Liquid)
Ocuvite Adult 50+ (Capsule)
Ocuvite Eye Health (Chewable Tablets)
Once Daily (Tablet)
Once Daily/Iron (Tablet)
One Daily (Tablet)
One Daily Mens (Tablet)
One-A-Day Scooby (Chewable Tablets)
Optimal D3 (Capsules)
Oyster Shell Calcium+Vitamin D (Tablet)
Pa Biotin (Capsules)
PA Vitamin E (Capsules)
Pediavit (Liquid)
Phlexy-Vits Pow (Powder)
Phos-NaK Powder Concentrate (Packet)
Phytomulti (Tablets)
Poly Vitamin (Tablet Chewable)
Poly-Vi- (Solution)
Poly-Vi- /Iron (Solution)

OTC Drug Name
Poly-Vita (Solution)
Poly-Vita /Iron (Solution)
Polyvitamin (Oral Solution)
Polyvitamin/Iron (Oral Solution, Tablet Chewable)
Prenatal (OTC Only) (Tablet)
Preservision Areds 2 (Capsule)
Princess Gummies (Chewable Tablets)
Profe Forte (Capsule)
Pureway-C (Tablets)
PX Advanced Multivit (Tablets)
Pyridoxine (Injection)
QC Childrens Complete (Chewable Tablets)
QC Childrens Chewable Vitamins/Extra C (Tablet Chewable)
QC Childrens Chewable Vitamins/Iron (Tablet Chewable)
QC Daily Multivitamins/Iron (Tablet)
QC Maximum Daily Multivitamin/Multimineral (Tablet)
QC Multi-Vite (Tablet)
QC Multi-Vite 50 & Over (Tablet)
QC Prenatal (OTC Only) (Tablet)
QC Therin-M (Tablet)
QC Womens Daily Multivitamin (Tablet)
RA B-Complex Vit C Tr (Controlled Release Tablets)
RA Biotin (Capsules)
RA Calcium+D (Tablets)
RA Essence-C Pow Lmn-Lime (Pack)
RA Essence-C Pow Orange (Pack)
RA Essence-C Pow Raspbry (Pack)
RA Essence-C Pow Tngerine (Pack)
RA Hair/Skin /Nails (Tablets)
RA Mature WM Diet Sup (Tablets)
RA Nat Vit E (Capsules)
RA Vision Vite/Zn (Tablets)

OTC Drug Name
RA Vit C/Rh (Tablets)
RA Vitamin C (Tablets)
RA Vitamin E (Capsules)
Rabano Yodado (Liquid)
Renal Multivit (Tablets)
Renal Vitamn (Tablets)
Renal-Vite (Tablets)
Rena-Vite (Tablet)
Replace (Capsules)
Replesta (Wafers)
Replesta NX (Wafers)
Scooby-Doo (Chewable Tablets)
Sentry (Tablet)
Sentry Senior (Tablet)
Similac Pren Pak Early Sh (Miscellaneous)
Slo-Niacin (OTC Only) (250mg Tablet Extended-Release)
Slo-Niacin (OTC Only) (500mg Tablet Extended-Release, 750mg Tablet Extended-Release)
SM Animal Shapes (Chewable Tablets)
SM Animal SH Complete (Chewable Tablets)
SM B-Complex /Vit C (Tablets)
SM Complete Advanced Formula (Tablet)
SM Complete Senior Formula (Tablet)
SM Vit C/Rh (Tablets)
SM Vitamin C (Tablets)
SM Vitamin E (Capsules)
Stress B Com Vit C/Zn (Tablets)
Stress B/ Zinc (Tablets)
Stress Form /Zinc (Tablets)
Stress Formu /Zinc (Tablets)
Stress Formula (Tablet)
Stress Formula w/Iron (Tablet)
Stress Formula/Zinc (OTC Only) (Tablet)
Stresss Advanced (Tablets)

OTC Drug Name
Stressstabs Energy (Tablets)
Stuart One (Capsule)
Super Antiox (Capsules)
Super B Comp Vit C (Tablets)
Super B W/C (Capsules)
Super B-Comp Vit C/Fa (Tablets)
Super Biotin (Capsules)
Super Pow Nu-Thera (Powder)
Superplex-T (Tablet)
Supr Aytinal (Tablets)
TAB-A-VITE (Tablet)
TAB-A-VITE w/Beta Carotene (Tablet)
TAB-A-VITE Womens (Tablet)
TAB-A-VITE/Iron (Tablet)
TGT Glucose (Tablet Chewable)
Thera (Tablet)
Thera M Plus (Tablet)
Thera/Beta-Carotene (Tablet)
Thera-M (Tablet)
Therems (Tablet)
Therems-H (Tablet)
Therems-M (Tablet)
Thiamine HCl (Injection)
Total B/C (Tablets)
Totalday Mul Tr (Controlled Release Tablets)
Tri-Vi- (Solution)
Tri-Vita (Oral Solution)
Tri-Vitamin (Oral Solution)
Tropical Nutritio (Liquid)
Ultra Choice Kids (Chewable Tablets)
Ultra Mega (Controlled Release Tablets)
Ultra Mega G (Controlled Release Tablets)
Ultra Mega Two (Controlled Release Tablets)
Ultrachoice Advanced (Tablets)

OTC Drug Name
Unicomplex-M (Tablet)
Vit D Child (Chewable Tablets)
Vit D3 (Liquid)
Vit E Complx (Capsules)
Vit E D-Alph (Capsules)
Vit E DI-Alp (Capsules)
Vit E/D-Alph (Capsules)
Vita-Bee/C (Tablet)
Vita-Bob (Capsules)
Vitachew (Chewable Tablets)
Vitacraves +Omega- (Chewable Tablets)
Vitalets (Chewable Tablets)
Vitalets Child (Chewable Tablets)
Vitamax (Chewable Tablets)
Vitament Pak (Pack)
Vitamin B Complex-C (Capsule)
Vitamin C (Tablet)
Vitamin C (Tablets)
Vitamin D (Liquid)
Vitamin D (RX Only) (1000unit Capsule, 2000unit Capsule, 400unit/ml Liquid, 50000unit Capsule)
Vitamin D3 (Capsules)
Vitamin D3 (Liquid)
Vitamin D3 (OTC Only) (10000unit Capsule, 50000unit Capsule, 5000unit Capsule, 1000unit Tablet, 5000unit Tablet, 400unit/ml Liquid)
Vitamin D3 Super Strength (OTC Only) (Tablet)
Vitamin E (Chewable Tablets)
Vitamin E (Capsules)
Vitamin E (Solution)
Vitamin E (Tablets)
Vitamin E Oil (Oil)
Vitamin K1 (10mg/ml Injection)
Vitamin K1 (1mg/0.5ml Injection)
Vita-Plus E (Capsules)

OTC Drug Name
YL Vit C/RH (Tablets)
YL Vitamin C (Tablets)
YL Vitamin E (Capsules)
ZE-Plus (Capsules)
Zinc Loz (Lozenges)

OTC Drug Name
Zoo Friends (Tablet Chewable)
Zoo Friends Complete (Tablet Chewable)
Zoo Friends Gummies (Tablet Chewable)
Zoo Friends Plus Extra C (Tablet Chewable)
Zoo Friends Plus Iron (Tablet Chewable)

Required information

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

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Please call Customer Service. Our contact information is on the cover.

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



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

Toll-Free **1-800-514-4911**, TTY **711**

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

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