

2018 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

UnitedHealthcare Dual Complete® (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 **1-800-690-1606**, 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. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare Dual Complete.

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–31 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 32–100 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



Can't find your drug?

Check the complete drug list by visiting our plan website at www.UHCCommunityPlan.com. You can use online tools to look up your drugs. This information is updated on a regular basis.

What are generic drugs?

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

Talk with your doctor to see if any of the brand name drugs you take have generic versions.

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

What is a compounded drug?

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

Drug payment stage and drug tiers

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

- Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- Your drug's tier.** Your plan has 1 tier named "Covered Drugs." All covered drugs are in this tier. The chart below shows your cost-sharing amount.

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

Drug Tier	Your Cost-Sharing Amount
Tier 1 "Covered Drugs"	25% coinsurance

Getting Extra Help

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

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by medical condition” chart starting on page 32. The codes and what they mean are shown below and on the next page.

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

Coverage Rules and Limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

LA - Limited access

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

MED - Morphine equivalent dose

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

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

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

What if my drug is not on this list?

If your drug is not included in this drug list we may still cover it. Call Customer Service to ask if it's covered. Or go to www.UHCCommunityPlan.com to look it up online. The information is updated on a regular basis.

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the drug list change?

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

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

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

If we remove a drug from the list

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

If we change the coverage rules or limits

We'll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 101-124.

We'll tell you about any changes

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call Customer Service toll-free at **1-800-690-1606**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **www.UHCCCommunityPlan.com**.

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

Covered drugs by name (Drug index)

A					
Abacavir.....	59	Advair HFA.....	99	Amiloride/Hydrochlorothiazide	67
Abacavir Sulfate/Lamivudine/ Zidovudine.....	59	Afeditab CR.....	66	Aminophylline.....	99
Abacavir/Lamivudine.....	59	Afinitor.....	52	Aminosyn 7%/Electrolytes.....	75
Abelcet.....	47	Afinitor Disperz.....	52	Aminosyn 8.5%/Electrolytes	75
Abilify Maintena.....	55	Ala-Cort.....	82	Aminosyn II.....	75
Abraxane.....	50	Albenza.....	53	Aminosyn II 8.5%/Electrolytes	75
Abstral.....	34	Albuterol Sulfate.....	98	Aminosyn-HBC.....	75
Acamprosate Calcium DR.....	35	Alclometasone Dipropionate	82	Aminosyn-PF.....	75
Acarbose.....	61	Alcohol Prep Pads.....	94	Aminosyn-RF.....	75
Acebutolol HCl.....	66	Aldurazyme.....	80	Amiodarone HCl.....	65
Acetaminophen/Codeine.....	34	Alecensa.....	52	Amitiza.....	79
Acetazolamide.....	69	Alendronate Sodium.....	93	Amitriptyline HCl.....	46
Acetazolamide ER.....	69	Alfuzosin HCl ER.....	81	Amlodipine Besylate.....	66
Acetazolamide Sodium.....	69	Alimta.....	50	Amlodipine Besylate/ Atorvastatin Calcium.....	67
Acetic Acid.....	96	Alinia.....	54	Amlodipine Besylate/ Benazepril HCl.....	68
Acetylcysteine.....	99	Aliqopa.....	52	Amlodipine Besylate/Valsartan	68
Acitretin.....	74	Allopurinol.....	48	Amlodipine/Olmesartan Medoxomil.....	68
Actemra.....	91	Alocril.....	95	Amlodipine/Valsartan/ Hydrochlorothiazide.....	68
ActHIB.....	92	Alomide.....	95	Ammonium Lactate.....	74
Actimmune.....	91	Alosetron HCl.....	79	Amoxapine.....	46
Acyclovir.....	58	Aloxi.....	46	Amoxicillin.....	39
Acyclovir Sodium.....	58	Alphagan P.....	95	Amoxicillin/Clavulanate Potassium.....	39
Adacel.....	92	Alprazolam.....	61	Amoxicillin/Clavulanate Potassium ER.....	39
Adagen.....	80	Altavera.....	85	Amphetamine/ Dextroamphetamine.....	71, 72
Adapalene.....	74	Alunbrig.....	52	Amphotericin B.....	47
Adcirca.....	99	Alyacen 1/35.....	85		
Adefovir Dipivoxil.....	57	Amantadine HCl.....	54		
Adempas.....	99	AmBisome.....	47		
Adriamycin.....	50	Amethia.....	85		
Adrucil.....	50	Amethia Lo.....	85		
Advair Diskus.....	99	Amikacin Sulfate.....	36		
		Amiloride HCl.....	69		

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

BiDil.....	68	Bupropion HCl XL.....	44	Carbaglu.....	75
Biktarvy.....	59	Buspirone HCl.....	60	Carbamazepine.....	43
Biltricide.....	54	Busulfan.....	49	Carbamazepine ER.....	43
Binosto.....	93	Busulfex.....	49	Carbidopa.....	54
Bisoprolol Fumarate.....	66	Butalbital/Acetaminophen/ Caffeine.....	32	Carbidopa/Levodopa.....	55
Bisoprolol Fumarate/ Hydrochlorothiazide.....	68	Butalbital/Aspirin/Caffeine....	32	Carbidopa/Levodopa ER.....	55
BIVIGAM.....	91	Butorphanol Tartrate.....	34	Carbidopa/Levodopa ODT....	55
Bleomycin Sulfate.....	50	Bydureon Bcise.....	61	Carbidopa/Levodopa/ Entacapone.....	55
Blephamide.....	94	Bydureon Pen.....	61	Carboplatin.....	50
Blephamide S.O.P.....	94	Bydureon Vial.....	61	Cardene IV.....	66
Blisovi 24 Fe.....	85	Byetta.....	61	Carimune Nanofiltered.....	91
Blisovi Fe 1.5/30.....	85	Bystolic.....	66	Carteolol HCl.....	95
Blisovi Fe 1/20.....	85	C		Cartia XT.....	66
Boostrix.....	92	Cabergoline.....	89	Carvedilol.....	66
Bortezomib.....	50	Cabometyx.....	52	Caspofungin Acetate.....	47
Bosulif.....	52	Calcipotriene.....	74	Cayston.....	98
Botox.....	94	Calcitonin-Salmon.....	93	Caziant.....	85
Breo Ellipta.....	100	Calcitriol.....	74, 93	Cefaclor.....	38
Briellyn.....	85	Calcium Acetate.....	78	Cefadroxil.....	38
Brilinta.....	64	Calquence.....	52	Cefazolin Sodium.....	38
Brimonidine Tartrate.....	95	Camila.....	88	Cefdinir.....	38
Briviact.....	42	Camrese Lo.....	85	Cefepime.....	38
Bromocriptine Mesylate.....	54	Canasa.....	92	Cefixime.....	38
Brovana.....	98	Cancidas.....	47	Cefotaxime Sodium.....	38
Budesonide.....	93, 97	Candesartan Cilexetil.....	65	Cefotetan.....	38
Budesonide ER.....	93	Candesartan Cilexetil/ Hydrochlorothiazide.....	68	Cefoxitin Sodium.....	38
Bumetanide.....	69	Capastat Sulfate.....	49	Cefpodoxime Proxetil.....	38
Buphenyl.....	80	Caprelsa.....	52	Cefprozil.....	38
Buprenorphine HCl.....	35	Captopril.....	65	Ceftazidime.....	38
Buprenorphine HCl/Naloxone HCl.....	36	Captopril/Hydrochlorothiazide	68	Ceftriaxone Sodium.....	38
Bupropion HCl.....	44	Carac.....	74	Cefuroxime Axetil.....	38
Bupropion HCl SR.....	36, 44	Carafate.....	80	Cefuroxime Sodium.....	38
				Celecoxib.....	32

Cellcept.....	90	Cimzia.....	90	Clozapine.....	57
Celontin.....	42	Cinryze.....	89	Clozapine ODT.....	57
Cephalexin.....	38	Cipro HC.....	96	Coartem.....	54
Cerezyme.....	80	Ciprodex.....	96	Codeine Sulfate.....	34
Cesamet.....	47	Ciprofloxacin.....	40	Colchicine.....	48
Cetirizine HCl.....	97	Ciprofloxacin ER.....	40	Colcrys.....	48
Chantix.....	36	Ciprofloxacin HCl.....	40	Colesevelam HCl.....	70
Chantix Continuing Month Pak	36	Ciprofloxacin I.V. in D5W.....	40	Colestipol HCl.....	70
Chantix Starting Month Pak...	36	Cisplatin.....	51	Colistimethate Sodium.....	37
Chemet.....	78	Citalopram HBr.....	45	Colocort.....	93
Chenodal.....	78	Cladribine.....	50	Coly-Mycin S.....	97
Chloramphenicol Sodium Succinate.....	36	Claravis.....	74	Combigan.....	95
Chlordiazepoxide HCl.....	61	Clarithromycin.....	40	Combivent Respimat.....	100
Chlorhexidine Gluconate Oral Rinse.....	73	Clarithromycin ER.....	40	Combivir.....	59
Chloroquine Phosphate.....	54	Climara Pro.....	85	Cometriq.....	52
Chlorothiazide.....	70	Clindamycin HCl.....	36	Complera.....	58
Chlorothiazide Sodium.....	70	Clindamycin Palmitate HCl....	36	Compro.....	46
Chlorpromazine HCl.....	55	Clindamycin Phosphate...	37, 74	Constulose.....	79
Chlorthalidone.....	70	Clindamycin Phosphate in D5W	37	Copaxone.....	73
Chlorzoxazone.....	100	Clindamycin/Benzoyl Peroxide	74	Cordran.....	82
Cholbam.....	80	Clobetasol Propionate.....	82	Corlanor.....	68
Cholestyramine.....	70	Clobetasol Propionate E.....	82	Cortisone Acetate.....	82
Cholestyramine Light.....	70	Clofarabine.....	50	Cortisporin.....	74
Chorionic Gonadotropin.....	84	Clomipramine HCl.....	46	Cosentyx.....	74
Ciclopirox.....	47	Clonazepam.....	61	Cosentyx Sensoready Pen....	74
Ciclopirox Nail Lacquer.....	47	Clonazepam ODT.....	61	Cosmegen.....	51
Ciclopirox Olamine.....	47	Clonidine HCl.....	65	Cosopt PF.....	95
Cidofovir.....	57	Clonidine HCl ER.....	72	Cotellic.....	52
Cilostazol.....	64	Clopidogrel.....	64	Coumadin.....	63
Ciloxan.....	40	Clorazepate Dipotassium.....	61	Creon.....	80
Cimetidine.....	79	Clotrimazole.....	47	Crinone.....	88
Cimetidine HCl.....	79	Clotrimazole/Betamethasone Dipropionate.....	74	Crixivan.....	60
				Cromolyn Sodium.....	78, 95, 99
				Cryselle-28.....	85

Cubicin.....	37	Demser.....	68	Dextrose 5%/NaCl 0.225%....	75
Cuprimine.....	81	Denavir.....	58	Dextrose 5%/NaCl 0.33%.....	75
Cuvposa.....	78	Depen Titratabs.....	81	Dextrose 5%/NaCl 0.45%.....	75
Cyclafem.....	85	Depo-Estradiol.....	85	Dextrose 5%/NaCl 0.9%.....	75
Cyclobenzaprine HCl.....	100	Depo-Medrol.....	82	Diastat AcuDial.....	42
Cyclophosphamide.....	50	Depo-Provera.....	88	Diastat Pediatric.....	42
Cycloset.....	61	Descovy.....	59	Diazepam.....	61
Cyclosporine.....	90	Desipramine HCl.....	46	Diazepam Intensol.....	61
Cyclosporine Modified.....	90	Desmopressin Acetate.....	84	Diclofenac Potassium.....	32
Cyproheptadine HCl.....	97	Desogestrel/Ethinyl Estradiol		Diclofenac Sodium.....	32, 74, 96
Cyramza.....	52	85	Diclofenac Sodium DR.....	32
Cystadane.....	80	Desonide.....	82	Diclofenac Sodium ER.....	32
Cystagon.....	80	Desoximetasone.....	82	Dicloxacillin Sodium.....	39
Cystaran.....	94	Desvenlafaxine ER.....	45	Dicyclomine HCl.....	78
Cytarabine Aqueous.....	50	Dexamethasone.....	82	Didanosine.....	59
D		Dexamethasone Intensol.....	82	Dificid.....	40
Dacarbazine.....	50	Dexamethasone Sodium		Diflunisal.....	32
Dacogen.....	51	Phosphate.....	82, 96	Digitek.....	68
Dactinomycin.....	51	Dexilant.....	80	Digox.....	68
Daklinza.....	58	Dexmethylphenidate HCl.....	72	Digoxin.....	68
Daliresp.....	99	Dexmethylphenidate HCl ER		Dihydroergotamine Mesylate	
Dalvance.....	37	72	48
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Covered drugs by medical condition

The list below has information about the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-31.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier. Your plan has 1 tier named “Covered Drugs.” All covered drugs are in this Tier. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 101-124.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Analgesics		
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	1	QL	Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Butalbital/Aspirin/ Caffeine (50mg-325mg-40mg Capsule)	1	QL	Etodolac ER (Tablet Extended-Release 24 Hour)	1	
Nonsteroidal Anti-inflammatory Drugs			Flector (Patch)	1	PA, QL
Celecoxib (Capsule)	1	QL	Flurbiprofen (Tablet)	1	
Diclofenac Potassium (Tablet)	1		Ibu (Tablet)	1	
Diclofenac Sodium (1% Gel)	1	PA	Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1	
Diclofenac Sodium DR (Tablet Delayed- Release)	1		Indomethacin (25mg Capsule, 50mg Capsule)	1	
Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	1		Ketoprofen (Capsule Immediate-Release)	1	
Diflunisal (Tablet)	1		Ketorolac Tromethamine (15mg/ ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Meloxicam (Tablet)	1	
Nabumetone (Tablet)	1	
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1	
Piroxicam (Capsule)	1	
Sulindac (Tablet)	1	
Opioid Analgesics, Long-acting		
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
Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	QL, MED

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	QL, MED
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	QL, MED
Levorphanol Tartrate (Tablet)	1	QL, MED
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	QL, MED
Methadone HCl (10mg/ml Injection)	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
Nucynta ER (Tablet Extended-Release 12 Hour)	1	QL, MED
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	1	QL, MED

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
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	1	QL, MED	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
Opioid Analgesics, Short-acting					
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	Lorcet HD (Tablet)	1	QL, MED
Fentanyl Citrate Oral Transmucosal (1200mcg Lozenge on a Handle, 1600mcg Lozenge on a Handle, 600mcg Lozenge on a Handle, 800mcg Lozenge on a Handle)	1	PA, QL	Lorcet Plus (Tablet)	1	QL, MED
Fentanyl Citrate Oral Transmucosal (200mcg Lozenge on a Handle, 400mcg Lozenge on a Handle)	1	PA, QL	Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/ 5ml Oral Solution)	1	QL, MED
			Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	1	QL, MED
Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)	1	
Nalbuphine HCl (Injection)	1	
Oxycodone HCl (100mg/5ml Concentrate)	1	QL, MED
Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	1	QL, MED
Oxycodone HCl (5mg/5ml Oral Solution)	1	QL, MED
Oxycodone/Acetaminophen (Tablet)	1	QL, MED
Oxycodone/Aspirin (Tablet)	1	QL, MED
Oxycodone/Ibuprofen (Tablet)	1	QL, MED
Tramadol HCl (Tablet Immediate-Release)	1	QL, MED
Tramadol HCl/Acetaminophen (Tablet)	1	QL, MED

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trelix (Capsule)	1	QL, MED
Anesthetics		
Local Anesthetics		
Lidocaine (5% Ointment)	1	
Lidocaine (5% Patch)	1	PA, QL
Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection)	1	B/D, PA
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (Gel)	1	
Lidocaine Viscous (Solution)	1	
Lidocaine/Prilocaine (Cream)	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium DR (Tablet Delayed-Release)	1	
Disulfiram (Tablet)	1	
Naltrexone HCl (Tablet)	1	
Vivitrol (Injection)	1	
Opioid Dependence Treatments		
Buprenorphine HCl (0.3mg/ml Injection)	1	
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Buprenorphine HCl/ Naloxone HCl (Tablet Sublingual)	1	QL	Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1	
Suboxone (Film)	1	QL	Isotonic Gentamicin (Injection)	1	
Opioid Reversal Agents			Neomycin Sulfate (Tablet)	1	
Naloxone HCl (Injection)	1		Paromomycin Sulfate (Capsule)	1	
Narcan (Liquid)	1		Streptomycin Sulfate (Injection)	1	
Smoking Cessation Agents			Tobramycin Sulfate (0.3% Ophthalmic Solution)	1	
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking- Deterrent)	1		Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	1	
Chantix (Tablet)	1		Tobrex (0.3% Ophthalmic Ointment)	1	
Chantix Continuing Month Pak (Tablet)	1		Antibacterials, Other		
Chantix Starting Month Pak (Tablet)	1		BACiiM (Injection)	1	
Nicotrol (Inhaler)	1		Bacitracin (50000unit Injection)	1	
Nicotrol NS (Nasal Solution)	1		Bacitracin (500unit/gm Ophthalmic Ointment)	1	
Antibacterials			Bactroban Nasal (Ointment)	1	PA
Aminoglycosides			Chloramphenicol Sodium Succinate (Injection)	1	
Amikacin Sulfate (Injection)	1		Clindamycin HCl (Capsule Immediate- Release)	1	
Gentak (Ophthalmic Ointment)	1		Clindamycin Palmitate HCl (Oral Solution)	1	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	1				
Gentamicin Sulfate (40mg/ml Injection)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin Phosphate (2% Cream)	1	
Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)	1	
Clindamycin Phosphate in D5W (Injection)	1	
Colistimethate Sodium (Injection)	1	
Cubicin (Injection)	1	
Dalvance (Injection)	1	PA
Daptomycin (Injection)	1	
Lincomycin HCl (Injection)	1	
Linezolid (100mg/5ml Suspension)	1	PA
Linezolid (600mg Tablet)	1	PA, QL
Linezolid (600mg/300ml Injection)	1	PA
Methenamine Hippurate (Tablet)	1	
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)	1	
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Metronidazole in NaCl 0.79% (Injection)	1	
Metronidazole Vaginal (Gel)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mupirocin (2% Cream)	1	
Mupirocin (2% Ointment)	1	
Neomycin/Polymyxin B Sulfates (Irrigation Solution)	1	
Nitrofurantoin (Suspension)	1	
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	1	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	1	
Polymyxin B Sulfate (Injection)	1	
Sulfamylon (85mg/gm Cream)	1	
Synercid (Injection)	1	
Tigecycline (Injection)	1	
Tinidazole (Tablet)	1	
Trimethoprim (Tablet)	1	
Tygacil (Injection)	1	
Vancocin HCl (Capsule)	1	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	1	
Vandazole (Gel)	1	
Beta-lactam, Cephalosporins		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	1		Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	1	
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1		Cefuroxime Axetil (Tablet)	1	
Cefazolin Sodium (Injection)	1		Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	1	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	1		Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	1	
Cefepime (Injection)	1		Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	1	
Cefixime (Suspension)	1		Suprax (400mg Capsule, 500mg/5ml Suspension)	1	
Cefotaxime Sodium (Injection)	1		Tazicef (Injection)	1	
Cefotetan (Injection)	1		Zerbaxa (Injection)	1	PA
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	1		Beta-lactam, Other		
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	1		Azactam (Injection)	1	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1		Aztreonam (Injection)	1	
Ceftazidime (Injection)	1		Doripenem (Injection)	1	
			Imipenem/Cilastatin (Injection)	1	
			Invanz (Injection)	1	
			Meropenem (Injection)	1	
			Beta-lactam, Penicillins		

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

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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	1		Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	1	
Azithromycin (500mg Injection)	1		Quinolones		
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	1		Avelox (400mg/250ml-0.8% Injection)	1	
Clarithromycin (250mg Tablet, 500mg Tablet)	1		Besivance (Suspension)	1	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	1		Ciloxan (0.3% Ointment)	1	
Dificid (Tablet)	1		Ciprofloxacin (Oral Suspension)	1	
E.E.S. Granules (Suspension)	1		Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	1	
Ery-Tab (Tablet Delayed-Release)	1		Ciprofloxacin HCl (0.3% Ophthalmic Solution)	1	
EryPed 200 (Suspension)	1		Ciprofloxacin HCl (Tablet Immediate-Release)	1	
EryPed 400 (Suspension)	1		Ciprofloxacin I.V. in D5W (Injection)	1	
Erythrocin Lactobionate (Injection)	1		Gatifloxacin (Ophthalmic Solution)	1	
Erythromycin (250mg Capsule Delayed-Release)	1		Levofloxacin (0.5% Ophthalmic Solution)	1	
Erythromycin (5mg/gm Ophthalmic Ointment)	1		Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)	1	
Erythromycin Base (Tablet)	1		Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	1	
			Levofloxacin in D5W (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Moxeza (Ophthalmic Solution)	1	
Moxifloxacin HCl/ Sodium HCl (Injection)	1	
Moxifloxacin HCl (Ophthalmic Solution)	1	
Moxifloxacin HCl (Tablet)	1	
Ofloxacin (0.3% Ophthalmic Solution)	1	
Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	1	
Sulfonamides		
Silver Sulfadiazine (Cream)	1	
Sodium Sulfacetamide (Ophthalmic Solution)	1	
SSD (Cream)	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	1	
Sulfadiazine (Tablet)	1	
Sulfamethoxazole/ Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	1	
Sulfamethoxazole/ Trimethoprim (400mg-80mg/5ml Injection)	1	
Sulfamethoxazole/ Trimethoprim DS (Tablet)	1	
Tetracyclines		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Demeclocycline HCl (Tablet)	1	
Doxy 100 (Injection)	1	
Doxycycline (25mg/ 5ml Suspension)	1	
Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 75mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	1	
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	1	
Minocycline HCl (100mg Capsule, 50mg Capsule, 75mg Capsule)	1	
Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	1	
Tetracycline HCl (Capsule)	1	
Vibramycin (50mg/ 5ml Syrup)	1	
Anticonvulsants		
Anticonvulsants, Other		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	1	QL	Celontin (Capsule)	1	
Briviact (50mg/5ml Injection)	1	QL	Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	1	
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution)	1		Zonisamide (Capsule)	1	
Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection)	1		Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Levetiracetam ER (Tablet Extended-Release 24 Hour)	1		Diastat AcuDial (Gel)	1	
Roweepra (Tablet)	1		Diastat Pediatric (Gel)	1	
Roweepra XR (Tablet Extended-Release 24 Hour)	1		Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	1	
Spritam (Tablet Disintegrating Soluble)	1		Gabapentin (250mg/5ml Oral Solution)	1	
Calcium Channel Modifying Agents			Gabitril (12mg Tablet, 16mg Tablet)	1	
			Onfi (10mg Tablet, 20mg Tablet)	1	QL
			Onfi (2.5mg/ml Suspension)	1	
			Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	1	
			Primidone (Tablet)	1	
			Sabril (500mg Packet, 500mg Tablet)	1	PA, QL, LA
			Tiagabine HCl (Tablet)	1	
			Valproate Sodium (100mg/ml Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	1		Aptiom (Tablet)	1	QL
Vigabatrin (Packet)	1	PA, QL	Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	1	
Glutamate Reducing Agents			Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	1	
Felbamate (400mg Tablet, 600mg Tablet)	1		Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	1	
Felbamate (600mg/5ml Suspension)	1		Dilantin (Capsule)	1	
Felbatol (600mg/5ml Suspension)	1		Dilantin INFATABS (Tablet Chewable)	1	
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	1		Epitol (Tablet)	1	
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	1		Fosphenytoin Sodium (Injection)	1	
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	1		Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	1	
Topiramate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	1		Oxcarbazepine (300mg/5ml Suspension)	1	
Sodium Channel Agents			Peganone (Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Marplan (Tablet)	1		Fluoxetine DR (Capsule Delayed-Release)	1	
Phenelzine Sulfate (Tablet)	1		Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	1	
Tranylcypromine Sulfate (Tablet)	1		Fluvoxamine Maleate (Tablet)	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			Maprotiline HCl (Tablet)	1	
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1		Nefazodone HCl (Tablet)	1	
Citalopram HBr (10mg/5ml Oral Solution)	1		Paroxetine HCl (Tablet Immediate-Release)	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	Paxil (10mg/5ml Suspension)	1	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1		Pristiq (Tablet Extended-Release 24 Hour)	1	PA, QL
Escitalopram Oxalate (5mg/5ml Oral Solution)	1		Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Fetzima (Capsule Extended-Release 24 Hour)	1	QL, ST	Sertraline HCl (20mg/ml Concentrate)	1	
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	1	ST	Trazodone HCl (Tablet)	1	
			Trintellix (Tablet)	1	QL
			Venlafaxine HCl (Tablet Immediate-Release)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	1		Protriptyline HCl (Tablet)	1	
Viibryd (Tablet)	1	QL	Trimipramine Maleate (Capsule)	1	
Viibryd Starter Pack (Kit)	1	QL	Antiemetics		
Tricyclics			Antiemetics, Other		
Amitriptyline HCl (Tablet)	1		Compro (Suppository)	1	
Amoxapine (Tablet)	1		Hydroxyzine Pamoate (Capsule)	1	
Clomipramine HCl (Capsule)	1		Meclizine HCl (Tablet)	1	
Desipramine HCl (Tablet)	1		Metoclopramide HCl (10mg Tablet, 5mg Tablet)	1	
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	1		Metoclopramide HCl (5mg/5ml Oral Solution)	1	
Imipramine HCl (Tablet)	1		Metoclopramide HCl (5mg/ml Injection)	1	
Imipramine Pamoate (Capsule)	1		Perphenazine (Tablet)	1	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1		Prochlorperazine (Suppository)	1	
			Prochlorperazine Edisylate (Injection)	1	
			Prochlorperazine Maleate (Tablet)	1	
			Scopolamine (Patch 72 Hour)	1	
			Transderm-Scop (Patch 72 Hour)	1	
			Emetogenic Therapy Adjuncts		
			Aloxi (Injection)	1	
			Anzemet (100mg Tablet)	1	B/D, PA
			Anzemet (50mg Tablet)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aprepitant (Therapy Pack, Capsule)	1	PA
Cesamet (Capsule)	1	PA
Dronabinol (Capsule)	1	PA
Emend (125mg Capsule, 40mg Capsule, 80mg Capsule, 125mg Suspension)	1	PA
Emend (150mg Injection)	1	
Emend Tripack (Capsule)	1	PA
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	1	
Granisetron HCl (1mg Tablet)	1	B/D, PA, QL
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	1	B/D, PA
Ondansetron HCl (4mg/2ml Injection)	1	
Ondansetron HCl (4mg/5ml Oral Solution)	1	B/D, PA
Ondansetron ODT (Tablet Dispersible)	1	B/D, PA
Palonosetron HCl (0.25mg/2ml Injection)	1	
Palonosetron HCl (0.25mg/5ml Injection)	1	
Sancuso (Patch)	1	
Antifungals		

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

Bold type = Brand name drug

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxiconazole Nitrate (Cream)	1	
Oxistat (1% Lotion)	1	
Sporanox (10mg/ml Oral Solution)	1	PA
Terbinafine HCl (Tablet)	1	
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	1	
Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)	1	
Voriconazole (200mg Injection, 40mg/ml Suspension)	1	
Voriconazole (200mg Tablet, 50mg Tablet)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Colchicine (0.6mg Capsule, 0.6mg Tablet)	1	QL
Colcryl (Tablet)	1	PA, QL
Probenecid (Tablet)	1	
Probenecid/Colchicine (Tablet)	1	
Uloric (Tablet)	1	ST
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (1mg/ml Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ergotamine Tartrate/ Caffeine (Tablet)	1		Pyridostigmine Bromide ER (Tablet Extended-Release)	1	
Migergot (Suppository)	1		Antimycobacterials		
Serotonin (5-HT) 1b/1d Receptor Agonists			Antimycobacterials, Other		
Naratriptan HCl (Tablet)	1	QL	Dapsone (Tablet)	1	
Rizatriptan Benzoate (Tablet)	1	QL	Rifabutin (Capsule)	1	
Rizatriptan Benzoate ODT (Tablet Dispersible)	1	QL	Antituberculars		
Sumatriptan (Nasal Solution)	1	QL	Capastat Sulfate (Injection)	1	
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	QL	Ethambutol HCl (Tablet)	1	
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	1	QL	Isoniazid (100mg Tablet, 300mg Tablet)	1	
Sumatriptan Succinate (6mg/ 0.5ml Injection)	1	QL	Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)	1	
Sumatriptan Succinate Refill (Injection)	1	QL	Paser (Packet)	1	
Antimyasthenic Agents			Priftin (Tablet)	1	
Parasympathomimetics			Pyrazinamide (Tablet)	1	
Guanidine HCl (Tablet)	1		Rifampin (150mg Capsule, 300mg Capsule)	1	
Mestinon (60mg/5ml Syrup)	1		Rifampin (600mg Injection)	1	
Pyridostigmine Bromide (Tablet Immediate-Release)	1		Rifater (Tablet)	1	
			Sirturo (Tablet)	1	PA
			Trecator (Tablet)	1	
			Antineoplastics		
			Alkylating Agents		
			BiCNU (Injection)	1	
			Busulfan (Injection)	1	
			Busulfex (Injection)	1	

Bold type = Brand name drug

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Soltamox (Oral Solution)	1	
Tamoxifen Citrate (Tablet)	1	
Antimetabolites		
Adrucil (Injection)	1	B/D, PA
Alimta (Injection)	1	PA
Cladribine (Injection)	1	B/D, PA
Clofarabine (Injection)	1	
Cytarabine Aqueous (Injection)	1	B/D, PA
Droxia (Capsule)	1	
Fluorouracil (5gm/100ml Injection)	1	B/D, PA
Folotyn (Injection)	1	
Gemcitabine HCl (Injection)	1	
Gemzar (Injection)	1	
Hydroxyurea (Capsule)	1	
Mercaptopurine (Tablet)	1	
Nipent (Injection)	1	
Purixan (Suspension)	1	PA
Tabloid (Tablet)	1	PA
Antineoplastics, Other		
Abraxane (Injection)	1	PA
Adriamycin (Injection)	1	B/D, PA
Arranon (Injection)	1	
Bleomycin Sulfate (Injection)	1	B/D, PA
Bortezomib (Injection)	1	PA
Carboplatin (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cisplatin (Injection)	1		Kisqali (Tablet)	1	PA, QL
Cosmegen (Injection)	1		Kisqali Femara 200 Dose (Tablet Therapy Pack)	1	PA, QL
Dacogen (Injection)	1		Kisqali Femara 400 Dose (Tablet Therapy Pack)	1	PA, QL
Dactinomycin (Injection)	1		Kisqali Femara 600 Dose (Tablet Therapy Pack)	1	PA, QL
Daunorubicin HCl (Injection)	1		Leucovorin Calcium (100mg Injection, 350mg Injection)	1	
Decitabine (Injection)	1		Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	1	
Dexrazoxane (Injection)	1	PA	Levoleucovorin (Injection)	1	
Docetaxel (160mg/16ml Injection)	1		Lonsurf (Tablet)	1	PA, QL
Docetaxel (80mg/4ml Injection)	1		Mitomycin (Injection)	1	
Doxil (Injection)	1		Mitoxantrone HCl (Injection)	1	
Doxorubicin HCl (Injection)	1	B/D, PA	Ninlaro (Capsule)	1	PA, QL
Doxorubicin HCl Liposome (Injection)	1		Oxaliplatin (100mg Vial, 100mg/20ml Injection)	1	
Ellence (Injection)	1		Paclitaxel (Injection)	1	
Epirubicin HCl (Injection)	1		Proleukin (Injection)	1	PA
Erwinaze (Injection)	1		Synribo (Injection)	1	PA
Fludarabine Phosphate (Injection)	1		Taxotere (Injection)	1	
Fusilev (Injection)	1		Thiotepa (Injection)	1	
Halaven (Injection)	1	PA	Trisenox (Injection)	1	
Idamycin PFS (Injection)	1		Velcade (Injection)	1	PA
Idarubicin HCl (Injection)	1				
Irinotecan (Injection)	1				
Istodax (Overfill) (Injection)	1	PA			

Bold type = Brand name drug

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Alecensa (Capsule)	1	PA, QL
Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)	1	PA, QL
Beleodaq (Injection)	1	PA
Bosulif (Tablet)	1	PA, QL
Cabometyx (Tablet)	1	PA, QL
Calquence (Capsule)	1	PA, QL
Caprelsa (Tablet)	1	PA, LA
Cometriq (Kit)	1	PA
Cotellic (Tablet)	1	PA, QL, LA
Cyramza (Injection)	1	PA
Erivedge (Capsule)	1	PA, QL
Farydak (Capsule)	1	PA
Gilotrif (Tablet)	1	PA
Ibrance (Capsule)	1	PA, QL
Iclusig (Tablet)	1	PA, QL, LA
Idhifa (Tablet)	1	PA, QL
Imatinib Mesylate (Tablet)	1	PA, QL
Imbruvica (140mg Capsule, 70mg Capsule, 140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)	1	PA, QL
Inlyta (Tablet)	1	PA, QL
Iressa (Tablet)	1	PA, QL
Jakafi (Tablet)	1	PA, QL, LA
Jevtana (Injection)	1	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lenvima (Capsule Therapy Pack)	1	PA
Lynparza (100mg Tablet, 150mg Tablet, 50mg Capsule)	1	PA, QL
Mekinist (Tablet)	1	PA
Nerlynx (Tablet)	1	PA, QL
Nexavar (Tablet)	1	PA
Odomzo (Capsule)	1	PA, QL, LA
Rydapt (Capsule)	1	PA, QL
Sprycel (Tablet)	1	PA, QL
Stivarga (Tablet)	1	PA, QL
Sutent (Capsule)	1	PA, QL
Tafinlar (Capsule)	1	PA
Tagrisso (Tablet)	1	PA, QL, LA
Tarceva (Tablet)	1	PA, QL
Tasigna (Capsule)	1	PA, QL
Tykerb (Tablet)	1	PA
Venclexta (100mg Tablet, 50mg Tablet)	1	PA, QL
Venclexta (10mg Tablet)	1	PA, QL
Venclexta Starting Pack (Tablet Therapy Pack)	1	PA
Votrient (Tablet)	1	PA, QL
Xalkori (Capsule)	1	PA, LA
Zelboraf (Tablet)	1	PA, QL
Zydelig (Tablet)	1	PA, QL
Zykadia (Capsule)	1	PA, QL
Monoclonal Antibody/Antibody-Drug Conjugate		

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

Bold type = Brand name drug

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Permethrin (Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Benztropine Mesylate (1mg/ml Injection)	1	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	1	
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 100mg Tablet)	1	
Amantadine HCl (50mg/5ml Syrup)	1	
Entacapone (Tablet)	1	
Tolcapone (Tablet)	1	QL
Dopamine Agonists		
Apokyn (Injection)	1	PA, QL
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	1	
Neupro (Patch 24 Hour)	1	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	1	
Ropinirole HCl (Tablet Immediate-Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Carbidopa/Levodopa (Tablet Immediate-Release)	1	
Carbidopa/Levodopa ER (Tablet Extended-Release)	1	
Carbidopa/Levodopa ODT (Tablet Dispersible)	1	
Carbidopa/Levodopa/Entacapone (Tablet)	1	
Stalevo 100 (Tablet)	1	PA
Stalevo 125 (Tablet)	1	PA
Stalevo 150 (Tablet)	1	PA
Stalevo 200 (Tablet)	1	PA
Stalevo 50 (Tablet)	1	PA
Stalevo 75 (Tablet)	1	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
Azilect (0.5mg Tablet)	1	PA
Rasagiline Mesylate (Tablet)	1	
Selegiline HCl (5mg Capsule, 5mg Tablet)	1	
Zelapar (Tablet Dispersible)	1	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	1	
Fluphenazine Decanoate (Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	1	
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	1	
Fluphenazine HCl (5mg/ml Concentrate)	1	
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	1	
Haloperidol Decanoate (Injection)	1	
Haloperidol Lactate (Injection)	1	
Loxapine Succinate (Capsule)	1	
Pimozide (Tablet)	1	
Thioridazine HCl (Tablet)	1	
Thiothixene (Capsule)	1	
Trifluoperazine HCl (Tablet)	1	
2nd Generation/Atypical		
Abilify Maintena (Injection)	1	
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution)	1	QL

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aripiprazole ODT (Tablet Dispersible)	1	QL	Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 6mg Tablet Extended-Release 24 Hour)	1	QL
Aristada (Injection)	1		Paliperidone ER (9mg Tablet Extended-Release 24 Hour)	1	QL
Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	1	QL, ST	Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	1	QL, ST	Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	1	QL
Fanapt Titration Pack (Tablet)	1	ST	Rexulti (Tablet)	1	QL
Geodon (20mg Injection)	1		Risperdal Consta (12.5mg Injection, 25mg Injection)	1	
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	1		Risperdal Consta (37.5mg Injection, 50mg Injection)	1	
Invega Sustenna (39mg/0.25ml Injection)	1		Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet)	1	
Invega Trinza (Injection)	1	PA	Risperidone (1mg/ml Oral Solution)	1	
Latuda (Tablet)	1	QL	Risperidone ODT (Tablet Dispersible)	1	
Nuplazid (Tablet)	1	PA, QL	Saphris (Tablet Sublingual)	1	QL
Olanzapine (10mg Injection)	1				
Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	1	QL			
Olanzapine ODT (Tablet Dispersible)	1	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	1	PA, QL	Clozapine ODT (200mg Tablet Dispersible)	1	QL
Seroquel XR (400mg Tablet Extended-Release 24 Hour)	1	PA, QL	Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	1	QL
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	1	QL, ST	Versacloz (Suspension)	1	
Vraylar (Capsule Therapy Pack)	1	ST	Antivirals		
Ziprasidone HCl (Capsule)	1	QL	Anti-cytomegalovirus (CMV) Agents		
Zyprexa Relprew (Injection)	1		Cidofovir (Injection)	1	
Treatment-Resistant			Ganciclovir (500mg Injection)	1	B/D, PA
Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	1		Valcyte (450mg Tablet)	1	QL
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	1	QL	Valganciclovir (Tablet)	1	QL
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible)	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	

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

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

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)	1	QL
Prezista (75mg Tablet)	1	QL
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	1	QL
Ritonavir (Tablet)	1	QL
Viracept (Tablet)	1	QL
Anti-influenza Agents		
Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	1	QL
Relenza Diskhaler (Aerosol Powder)	1	QL
Rimantadine HCl (Tablet)	1	
Tamiflu (6mg/ml Suspension)	1	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Tablet)	1	
Hydroxyzine HCl (10mg/5ml Syrup)	1	
Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection)	1	B/D, PA
Hydroxyzine HCl (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Benzodiazepines			Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)		
Alprazolam (Tablet Immediate-Release)	1	QL	Lithium Carbonate ER (Tablet Extended-Release)	1	
Chlordiazepoxide HCl (Capsule)	1		Blood Glucose Regulators		
Clonazepam (Tablet Immediate-Release)	1	QL	Antidiabetic Agents		
Clonazepam ODT (Tablet Dispersible)	1	QL	Acarbose (Tablet)	1	QL
Clorazepate Dipotassium (Tablet)	1	QL	Avandia (Tablet)	1	PA, QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	1	QL	Bydureon Bcise (Auto injector)	1	QL
Diazepam (5mg/5ml Oral Solution)	1		Bydureon Pen (Injection)	1	QL
Diazepam Intensol (5mg/ml Concentrate)	1	QL	Bydureon Vial (Injection)	1	QL
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	QL	Byetta (Injection)	1	QL
Lorazepam (2mg/ml Concentrate)	1	QL	Cycloset (Tablet)	1	PA, QL
Bipolar Agents			Glimepiride (Tablet)	1	QL
Mood Stabilizers			Glipizide (Tablet Immediate-Release)	1	QL
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	1		Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Divalproex Sodium DR (Tablet Delayed-Release)	1		Glipizide/Metformin HCl (Tablet)	1	QL
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	1		Glyxambi (Tablet)	1	QL
Lithium (Oral Solution)	1		Invokamet (Tablet)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pioglitazone HCl/Metformin HCl (Tablet)	1	QL
Repaglinide (Tablet)	1	QL
Repaglinide/Metformin HCl (Tablet)	1	QL
Riomet (Oral Solution)	1	QL
Soliqua 100/33 (Injection)	1	QL
SymlinPen 120 (Injection)	1	PA
SymlinPen 60 (Injection)	1	PA
Synjardy (Tablet)	1	QL
Synjardy XR (Tablet Extended-Release 24 Hour)	1	QL
Tradjenta (Tablet)	1	QL
Trulicity (Injection)	1	QL
Victoza (Injection)	1	QL
Glycemic Agents		
GlucaGen HypoKit (Injection)	1	
Glucagon Emergency Kit (Injection)	1	
Proglycem (Suspension)	1	
Insulins		
Humalog Cartridge (Injection)	1	
Humalog Junior KwikPen (Injection)	1	
Humalog KwikPen (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humalog Mix 50/50 KwikPen (Injection)	1		Toujeo SoloStar (Injection)	1	
Humalog Mix 50/50 Vial (Injection)	1		Tresiba FlexTouch (Injection)	1	
Humalog Mix 75/25 KwikPen (Injection)	1		Blood Products/Modifiers/Volume Expanders		
Humalog Mix 75/25 Vial (Injection)	1		Anticoagulants		
Humalog Vial (Injection)	1		Argatroban (125mg/125ml-0.9% Injection)	1	B/D, PA
Humulin 70/30 KwikPen (Injection)	1		Argatroban (250mg/2.5ml Injection)	1	B/D, PA
Humulin 70/30 Vial (Injection)	1		Coumadin (Tablet)	1	
Humulin N KwikPen (Injection)	1		Eliquis (Tablet)	1	QL
Humulin N Vial (Injection)	1		Eliquis Starter Pack (Tablet)	1	QL
Humulin R U-500 KwikPen (Injection)	1		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
Humulin R U-500 Vial (Concentrated) (Injection)	1		Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	1	
Humulin R Vial (Injection)	1		Fondaparinux Sodium (2.5mg/0.5ml Injection)	1	
Lantus SoloStar (Injection)	1		Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	1	
Lantus Vial (Injection)	1		Heparin Sodium (1000unit/ml Injection)	1	B/D, PA
Levemir FlexTouch (Injection)	1				
Levemir Vial (Injection)	1				
Toujeo Max Solostar (Injection)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Heparin Sodium/D5W (Injection)	1	
Jantoven (Tablet)	1	
Pradaxa (Capsule)	1	QL
Warfarin Sodium (Tablet)	1	
Xarelto (Tablet)	1	QL
Xarelto Starter Pack (Tablet Therapy Pack)	1	QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	1	
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	1	PA
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	1	PA
Azacitidine (Injection)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Granix (Injection)	1	ST
Leukine (Injection)	1	PA
Mozobil (Injection)	1	
Neulasta (Injection)	1	PA
Neupogen (Injection)	1	ST
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	1	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	1	PA
Promacta (Tablet)	1	PA, QL
Vidaza (Injection)	1	PA
Zarxio (Injection)	1	
Hemostasis Agents		
Tranexamic Acid (1000mg/10ml Injection)	1	
Tranexamic Acid (650mg Tablet)	1	
Platelet Modifying Agents		
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	1	QL
Brilinta (Tablet)	1	QL
Cilostazol (Tablet)	1	
Clopidogrel (75mg Tablet)	1	QL
Prasugrel (Tablet)	1	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	1	
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	1	
Methyldopa (Tablet)	1	
Methyldopate HCl (Injection)	1	
Midodrine HCl (Tablet)	1	
Northera (Capsule)	1	PA, QL
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	1	
Phenoxybenzamine HCl (Capsule)	1	
Prazosin HCl (Capsule)	1	
Angiotensin II Receptor Antagonists		
Candesartan Cilexetil (Tablet)	1	QL
Edarbi (Tablet)	1	QL
Eprosartan Mesylate (Tablet)	1	QL
Irbesartan (Tablet)	1	QL
Losartan Potassium (Tablet)	1	QL
Olmesartan Medoxomil (Tablet)	1	QL
Telmisartan (Tablet)	1	QL
Valsartan (Tablet)	1	QL

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	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	1		Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Quinidine Gluconate (Injection)	1		Metoprolol Tartrate (5mg/5ml Injection)	1	
Quinidine Gluconate CR (Tablet Extended-Release)	1		Nadolol (Tablet)	1	
Quinidine Sulfate (Tablet)	1		Pindolol (Tablet)	1	
Sotalol HCl (AF) (Tablet)	1		Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1	
Sotalol HCl (Tablet)	1		Propranolol HCl (1mg/ml Injection)	1	
Beta-adrenergic Blocking Agents			Propranolol HCl (Tablet Immediate-Release)	1	
Acebutolol HCl (Capsule)	1		Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1	
Atenolol (Tablet)	1		Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	
Betaxolol HCl (10mg Tablet, 20mg Tablet)	1		Calcium Channel Blocking Agents		
Bisoprolol Fumarate (Tablet)	1		Afeditab CR (Tablet Extended-Release 24 Hour)	1	QL
Bystolic (Tablet)	1	QL	Amlodipine Besylate (Tablet)	1	
Carvedilol (Tablet)	1		Cardene IV (Injection)	1	
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet)	1		Cartia XT (Capsule Extended-Release 24 Hour)	1	
Labetalol HCl (5mg/ml Injection)	1				
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dilt-XR (Capsule Extended-Release 24 Hour)	1		Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	1	
Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	1		Verapamil HCl (2.5mg/ml Injection)	1	
Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	1		Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	1	
Diltiazem HCl ER (Capsule Extended-Release)	1		Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	1	
Felodipine ER (Tablet Extended-Release 24 Hour)	1		Verapamil HCl SR (Capsule Extended-Release 24 Hour)	1	
Matzim LA (Tablet Extended-Release 24 Hour)	1		Cardiovascular Agents, Other		
Nicardipine HCl (2.5mg/ml Injection)	1		Amiloride/ Hydrochlorothiazide (Tablet)	1	
Nicardipine HCl (20mg Capsule, 30mg Capsule)	1		Amlodipine Besylate/ Atorvastatin Calcium (Tablet)	1	QL
Nifedipine ER (Tablet Extended-Release 24 Hour)	1	QL			
Nimodipine (Capsule)	1				
Nymalize (Oral Solution)	1				
Taztia XT (Capsule Extended-Release 24 Hour)	1				

Bold type = Brand name drug

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Edarbyclor (Tablet)	1	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL
Entresto (Tablet)	1	QL
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL
Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)	1	
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Methyldopa/ Hydrochlorothiazide (Tablet)	1	
Metoprolol/ Hydrochlorothiazide (Tablet)	1	
Moexipril/ Hydrochlorothiazide (Tablet)	1	QL
Nadolol/ Bendroflumethiazide (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	1	QL
Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	1	QL
Pentoxifylline ER (Tablet Extended-Release)	1	
Propranolol/ Hydrochlorothiazide (Tablet)	1	
Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
Ranexa (Tablet Extended-Release 12 Hour)	1	QL
Spirolactone/ Hydrochlorothiazide (Tablet)	1	
Telmisartan/ Amlodipine (Tablet)	1	QL
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Tablet, 75mg-50mg Tablet, 25mg-37.5mg Capsule)	1	
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	1	
Acetazolamide ER (Capsule Extended-Release 12 Hour)	1	
Acetazolamide Sodium (Injection)	1	
Methazolamide (Tablet)	1	
Diuretics, Loop		
Bumetanide (0.25mg/ml Injection)	1	
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Edecrin (Tablet)	1	
Ethacrynic Acid (Tablet)	1	
Furosemide (10mg/ml Injection)	1	B/D, PA
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution)	1	
Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Torsemide (Tablet)	1	
Diuretics, Potassium-sparing		
Amiloride HCl (Tablet)	1	
Dyrenium (Capsule)	1	
Eplerenone (Tablet)	1	
Spirolactone (Tablet)	1	
Diuretics, Thiazide		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
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, Fibrin 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

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 Pushtronex System (Injection)	1	PA, QL
Repatha SureClick (Injection)	1	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vascepa (Capsule)	1	
Welchol (3.75gm Packet, 625mg Tablet)	1	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Hydralazine HCl (20mg/ml Injection)	1	
Minoxidil (Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (Tablet Immediate-Release)	1	
Isosorbide Dinitrate ER (Tablet Extended-Release)	1	
Isosorbide Mononitrate (Tablet Immediate-Release)	1	
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	1	
Minitran (Patch 24 Hour)	1	
Nitro-Bid (Ointment)	1	
Nitroglycerin (0.3mg Tablet Sublingual, 0.4mg Tablet Sublingual, 0.6mg Tablet Sublingual)	1	
Nitroglycerin (5mg/ml Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitroglycerin Lingual (Translingual Solution)	1	
Nitroglycerin Transdermal (Patch 24 Hour)	1	
Nitrostat (Tablet Sublingual)	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release)	1	QL	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet)	1	QL	Atomoxetine (Capsule)	1	QL
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	1	QL	Clonidine HCl ER (Tablet Extended- Release 12 Hour)	1	PA
Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable)	1		Dexmethylphenidate HCl (Tablet Immediate- Release)	1	QL
			Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	1	
			Guanfacine ER (Tablet Extended-Release 24 Hour)	1	
			Metadate ER (Tablet Extended-Release)	1	QL
			Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate- Release) (Generic Ritalin)	1	QL
			Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	QL
			Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended- Release)	1	QL
			Central Nervous System, Other		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	1	PA, QL
Nuedexta (Capsule)	1	PA
Rilutek (Tablet)	1	
Riluzole (Tablet)	1	
Tetrabenazine (Tablet)	1	PA, QL
Xenazine (Tablet)	1	PA, QL, LA
Fibromyalgia Agents		
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	1	QL
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	1	QL
Savella (Tablet)	1	
Savella Titration Pack	1	
Multiple Sclerosis Agents		
Ampyra (Tablet Extended-Release 12 Hour)	1	QL
Aubagio (Tablet)	1	QL
Avonex (Injection)	1	

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	

Bold type = Brand name drug

Plain type = Generic drug

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

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	
OxSORALEN Ultra (Capsule)	1	
Picato (Gel)	1	
Podofilox (External Solution)	1	
PRUDOXIN (Cream)	1	PA
Regranex (Gel)	1	PA
Santyl (Ointment)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Selenium Sulfide (Lotion)	1		Aminosyn-HBC (Injection)	1	B/D, PA
Soriatane (Capsule)	1		Aminosyn-PF (Injection)	1	B/D, PA
Stelara (130mg/26ml Injection, 45mg/0.5ml Injection, 90mg/ml Injection)	1	PA	Aminosyn-RF (Injection)	1	B/D, PA
Tacrolimus (0.03% Ointment, 0.1% Ointment)	1	ST	Carbaglu (Tablet)	1	LA
Tazarotene (Cream)	1	PA	Dextrose 10% (Injection)	1	
Tazorac (0.05% Cream, 0.1% Cream, 0.05% Gel, 0.1% Gel)	1	PA	Dextrose 10%/NaCl 0.2% (Injection)	1	
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	1	PA	Dextrose 10%/NaCl 0.45% (Injection)	1	
Tretinoin Microsphere (Gel)	1	PA	Dextrose 2.5%/NaCl 0.45% (Injection)	1	
Zyclara Pump (Cream)	1	PA	Dextrose 5% (Injection)	1	
Electrolytes/Minerals/Metals/Vitamins			Dextrose 5%/Lactated Ringers (Injection)	1	
Electrolyte/Mineral Replacement			Dextrose 5%/NaCl 0.2% (Injection)	1	
Aminosyn 7%/Electrolytes (Injection)	1	B/D, PA	Dextrose 5%/NaCl 0.225% (Injection)	1	
Aminosyn 8.5%/Electrolytes (Injection)	1	B/D, PA	Dextrose 5%/NaCl 0.33% (Injection)	1	
Aminosyn II (10% Injection)	1	B/D, PA	Dextrose 5%/NaCl 0.45% (Injection)	1	
Aminosyn II 8.5%/Electrolytes (Injection)	1	B/D, PA	Dextrose 5%/NaCl 0.9% (Injection)	1	
			FreAmine HBC 6.9% (Injection)	1	B/D, PA
			HepatAmine (Injection)	1	B/D, PA
			Intralipid (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
Ionosol-MB/Dextrose 5% (Injection)	1		Lactated Ringers Viaflex (Injection)	1	
Isolyte-P/Dextrose 5% (Injection)	1		Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	1	
Isolyte-S (Injection)	1		Magnesium Sulfate (1gm/2ml-50% Injection)	1	
KCl 0.075%/D5W/NaCl 0.45% (Injection)	1		Magnesium Sulfate (5gm/10ml-50% Injection)	1	
KCl 0.15%/D5W/NaCl 0.2% (Injection)	1		Nephramine (Injection)	1	B/D, PA
KCl 0.15%/D5W/NaCl 0.45% (Injection)	1		Normosol-M in D5W (Injection)	1	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	1		Normosol-R (Injection)	1	
KCl 0.3%/D5W/NaCl 0.45% (Injection)	1		Normosol-R in D5W (Injection)	1	
KCl 0.3%/D5W/NaCl 0.9% (Injection)	1		Nutrilipid (Injection)	1	B/D, PA
Klor-Con (Packet)	1		Physiolyte (Irrigation Solution)	1	
Klor-Con 10 (Tablet Extended-Release)	1		Physiosol Irrigation (Solution)	1	
Klor-Con 8 (Tablet Extended-Release)	1		Plasma-Lyte A (Injection)	1	
Klor-Con M10 (Tablet Extended-Release)	1		Plasma-Lyte-148 (Injection)	1	
Klor-Con M15 (Tablet Extended-Release)	1		Plenaminate (Injection)	1	B/D, PA
Klor-Con M20 (Tablet Extended-Release)	1		Potassium Chloride (10% Oral Solution, 20% Oral Solution)	1	
Klor-Con Sprinkle (Capsule Extended-Release)	1				
Lactated Ringers Irrigation (Solution)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	1	B/D, PA	Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)	1	B/D, PA
Potassium Chloride (2meq/ml Injection)	1	B/D, PA	Potassium Citrate ER (Tablet Extended-Release)	1	
Potassium Chloride CR (Tablet Extended-Release)	1		Premasol (Injection)	1	B/D, PA
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)	1		Procalamine (Injection)	1	B/D, PA
Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	1		Prosol (Injection)	1	B/D, PA
Potassium Chloride/Dextrose (Injection)	1	B/D, PA	Ringers Injection	1	
Potassium Chloride/Dextrose/Lactated Ringers (Injection)	1		Ringers Irrigation (Solution)	1	
Potassium Chloride/Dextrose/Sodium Chloride (Injection)	1		Sodium Chloride 0.9% (Irrigation Solution)	1	
Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	1	B/D, PA	Sodium Chloride (0.9% Injection, 2.5meq/ml Injection)	1	
			Sodium Chloride (3% Injection, 5% Injection)	1	B/D, PA
			Sodium Chloride 0.45% (Injection)	1	
			Sodium Fluoride (Tablet)	1	
			Sodium Lactate (Injection)	1	
			TPN Electrolytes (Injection)	1	
			Travasol (Injection)	1	B/D, PA
			Trophamine (10% Injection)	1	B/D, PA

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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

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	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diphenoxylate/ Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	1		Alosetron HCl (Tablet)	1	PA
Gattex (Injection)	1	PA	Amitiza (Capsule)	1	QL
Loperamide HCl (Capsule)	1		Linzess (Capsule)	1	QL
Myalept (Injection)	1	PA	Lotronex (Tablet)	1	PA
Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)	1	PA	Xifaxan (Tablet)	1	PA
Serostim (Injection)	1	PA	Laxatives		
Ursodiol (250mg Tablet, 500mg Tablet)	1		Constulose (Oral Solution)	1	
Ursodiol (300mg Capsule)	1		Enulose (Oral Solution)	1	
Zorbtive (Injection)	1	PA	GaviLyte-C (Oral Solution)	1	
Histamine2 (H2) Receptor Antagonists			GaviLyte-G (Oral Solution)	1	
Cimetidine (Tablet)	1		GaviLyte-N/Flavor Pack (Oral Solution)	1	
Cimetidine HCl (Oral Solution)	1		Generlac (Oral Solution)	1	
Famotidine (20mg Tablet, 40mg Tablet)	1		Lactulose (Oral Solution)	1	
Famotidine (20mg/2ml Injection, 40mg/5ml Suspension)	1		PEG 3350/ Electrolytes (Oral Solution)	1	
Famotidine Premixed (Injection)	1		PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	1		PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	1	
Ranitidine HCl (50mg/ 2ml Injection, 75mg/ 5ml Syrup)	1		Polyethylene Glycol 3350 Powder (Generic MiraLAX)	1	
Irritable Bowel Syndrome Agents			Suprep Bowel Prep Kit (Oral Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Omeprazole (20mg Capsule Delayed-Release)	1	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL
Prilosec (Packet)	1	PA
Rabeprazole Sodium (Tablet Delayed-Release)	1	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Adagen (Injection)	1	LA
Aldurazyme (Injection)	1	
Aralast NP (Injection)	1	PA, LA
Buphenyl (3gm/tsp Powder, 500mg Tablet)	1	
Cerezyme (Injection)	1	PA
Cholbam (Capsule)	1	PA
Creon (Capsule Delayed-Release)	1	
Cystadane (Powder)	1	
Cystagon (Capsule)	1	LA
Elaprase (Injection)	1	
Elelyso (Injection)	1	PA, LA
Exondys 51 (Injection)	1	PA, LA
Fabrazyme (Injection)	1	
Glassia (Injection)	1	PA, LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kanuma (Injection)	1	PA
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	1	
Lumizyme (Injection)	1	
Miglustat (Capsule)	1	PA, LA
Naglazyme (Injection)	1	
Ocaliva (Tablet)	1	PA, QL
Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	1	LA
Procysbi (Capsule Delayed-Release)	1	
Prolastin-C (Injection)	1	PA, LA
Ravicti (Liquid)	1	QL
Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet)	1	
Strensiq (Injection)	1	PA, LA
Sucraid (Oral Solution)	1	LA
VPRIV (Injection)	1	PA
Zavesca (Capsule)	1	PA, LA
Zemaira (Injection)	1	PA, LA
Zenpep (Capsule Delayed-Release)	1	
Genitourinary Agents		
Antispasmodics, Urinary		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Myrbetriq (Tablet Extended-Release 24 Hour)	1	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	1	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	1	QL
Vesicare (Tablet)	1	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
Dutasteride (Capsule)	1	
Finasteride (5mg Tablet) (Generic Proscar)	1	
Rapaflo (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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Desonide (0.05% Ointment)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Desoximetasone (0.05% Cream, 0.25% Cream)	1	
Ala-Cort (Cream)	1		Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	1	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	1		Dexamethasone Intensol (1mg/ml Concentrate)	1	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	1		Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	1	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	1		Fludrocortisone Acetate (Tablet)	1	
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	1		Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	1	
Clobetasol Propionate (0.05% External Solution)	1		Fluocinolone Acetonide Scalp (Oil)	1	
Clobetasol Propionate (0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	1		Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	1	
Clobetasol Propionate E (Cream)	1		Fluocinonide Emulsified Base (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 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	1		Prednicarbate (0.1% Cream)	1	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	1		Prednicarbate (0.1% Ointment)	1	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	1		Prednisolone (15mg/5ml Oral Solution)	1	
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	1		Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	
Hydrocortisone Butyrate (0.1% Ointment)	1		Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet)	1	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	1		Prednisone (5mg/5ml Oral Solution)	1	
Kenalog-10 (Injection)	1		Prednisone Intensol (5mg/ml Concentrate)	1	
Kenalog-40 (Injection)	1		Solu-Cortef (Injection)	1	
Methylprednisolone (Tablet)	1		Solu-Medrol (2gm Injection)	1	
Methylprednisolone Acetate (Injection)	1		Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	1	
Methylprednisolone Dose Pack (Tablet Therapy Pack)	1		Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	1	
Methylprednisolone Sodium Succinate (Injection)	1				
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Increlex (Injection)	1	PA
Norditropin FlexPro (Injection)	1	PA
Novarel (Injection)	1	PA
Nutropin AQ (Injection)	1	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)	1	PA
Saizen (Injection)	1	PA
Zomacton (10mg Injection)	1	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	1	PA, QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Tablet)	1	PA
Androderm (Patch 24 Hour)	1	QL
AndroGel (1.62% Packet Gel)	1	
AndroGel Pump (1.62% Gel)	1	
Danazol (Capsule)	1	
Oxandrolone (10mg Tablet)	1	PA, QL
Oxandrolone (2.5mg Tablet)	1	PA, QL
Testosterone Cypionate (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Testosterone Enanthate (Injection)	1	
Estrogens		
Altavera (Tablet)	1	
Alyacen 1/35 (Tablet)	1	
Amethia (Tablet)	1	
Amethia Lo (Tablet)	1	
Apri (Tablet)	1	
Aranelle (Tablet)	1	
Ashlyna (Tablet)	1	
Aubra (Tablet)	1	
Aviane (Tablet)	1	
Balziva (Tablet)	1	
Bekyree (Tablet)	1	
Blisovi 24 Fe (Tablet)	1	
Blisovi Fe 1.5/30 (Tablet)	1	
Blisovi Fe 1/20 (Tablet)	1	
Briellyn (Tablet)	1	
Camrese Lo (Tablet)	1	
Caziant (Tablet)	1	
Climara Pro (Patch Weekly)	1	
Cryselle-28 (Tablet)	1	
Cyclafem (Tablet)	1	
Delyla (Tablet)	1	
Depo-Estradiol (Injection)	1	
Desogestrel/Ethinyl Estradiol (Tablet)	1	
Drospirenone/Ethinyl Estradiol (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Duavee (Tablet)	1	
Elestrin (Gel)	1	
Emoquette (Tablet)	1	
Enpresse-28 (Tablet)	1	
Enskyce (Tablet)	1	
Estarylla (Tablet)	1	
Estrace (0.1mg/gm Cream)	1	
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	1	QL
Estradiol (0.1mg/gm Cream)	1	
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	1	
Estradiol (10mcg Tablet)	1	QL
Estradiol Valerate (Injection)	1	
Estring (Ring)	1	
Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	1	
Falmina (Tablet)	1	
Femring (Ring)	1	
Femynor (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
Fyavolv (1mg-5mcg Tablet)	1		Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)	1	
Gianvi (Tablet)	1		Levonorgestrel/Ethinyl Estradiol (0.15mg-0.03mg Tablet, 0.1mg-20mcg Tablet, 0.05mg-30mcg/0.075mg-40mcg/0.125mg-30mcg Tablet, 0.15mg-0.03mg/0.01mg Tablet)	1	
Introvale (Tablet)	1		Levora 0.15/30-28 (Tablet)	1	
Isibloom (Tablet)	1		Loryna (Tablet)	1	
Jinteli (Tablet)	1		Low-Ogestrel (Tablet)	1	
Juleber (Tablet)	1		Lutera (Tablet)	1	
Junel 1.5/30 (Tablet)	1		Marlissa (Tablet)	1	
Junel 1/20 (Tablet)	1		Melodetta 24 Fe (Tablet Chewable)	1	
Junel Fe 1.5/30 (Tablet)	1		Menest (Tablet)	1	
Junel Fe 1/20 (Tablet)	1		Mibelas 24 Fe (Tablet Chewable)	1	
Junel Fe 24 (Tablet)	1		Microgestin 1.5/30 (Tablet)	1	
Kaitlib Fe (Tablet Chewable)	1		Microgestin 1/20 (Tablet)	1	
Kariva (Tablet)	1		Microgestin Fe (Tablet)	1	
Kelnor 1/35 (Tablet)	1		Microgestin Fe 1.5/30 (Tablet)	1	
Kelnor 1/50 (Tablet)	1		Mili (Tablet)	1	
Kimidess (Tablet)	1		MonoNessa (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 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Necon 0.5/35-28 (Tablet)	1	
Necon 7/7/7 (Tablet)	1	
Nikki (Tablet)	1	
Norethindrone Acetate/Ethinyl Estradiol (1mg-20mcg Tablet, 1mg-5mcg Tablet)	1	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)	1	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet)	1	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	1	
Norgestimate/Ethinyl Estradiol (Tablet)	1	
Nortrel 0.5/35 (28) (Tablet)	1	
Nortrel 1/35 (Tablet)	1	
Nortrel 7/7/7 (Tablet)	1	
NuvaRing (Ring)	1	
Ocella (Tablet)	1	
Ogestrel (Tablet)	1	
Orsythia (Tablet)	1	

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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vienna (Tablet)	1	
Vyfemla (Tablet)	1	
Vylibra (Tablet)	1	
WYMZYA Fe (Tablet Chewable)	1	
Xulane (Patch Weekly)	1	
Yuvaferm (Tablet)	1	QL
Zarah (Tablet)	1	
Zenchent (Tablet)	1	
Zovia 1/35E (Tablet)	1	
Progestins		
Camila (Tablet)	1	
Crinone (Gel)	1	PA
Deblitane (Tablet)	1	
Depo-Provera (Injection)	1	
Errin (Tablet)	1	
Hydroxyprogesterone Caproate (Injection)	1	PA
Jolivette (Tablet)	1	
Lyza (Tablet)	1	
Makena (250mg/ml Injection, 275mg/1.1ml Injection)	1	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	1	
Medroxyprogesterone Acetate (150mg/ml Injection Prefilled Syringe)	1	

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	

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

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

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
Firazyr (Injection)	1	PA, QL
Haegarda (Injection)	1	PA

Bold type = Brand name drug

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Humira Pen Crohns Disease Starter Pack (Injection)	1	PA
Humira Pen-Psoriasis Starter (Injection)	1	PA
Kineret (Injection)	1	PA
Methotrexate (Tablet)	1	
Methotrexate Sodium (Injection)	1	
Mycophenolate Mofetil (200mg/ml Suspension)	1	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	1	PA
Mycophenolate Mofetil (500mg Injection)	1	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	1	B/D, PA
Nulojix (Injection)	1	PA
Orencia (125mg/ml Injection, 50mg/0.4ml Injection, 87.5mg/0.7ml Injection, 250mg Injection)	1	PA
Orencia Clickject (Injection)	1	PA
Prograf (5mg/ml Injection)	1	PA
Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)	1	B/D, PA
Remicade (Injection)	1	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sandimmune (100mg Capsule)	1	B/D, PA	Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	1	PA
Sandimmune (100mg/ml Oral Solution)	1	B/D, PA	Gammaked (Injection)	1	PA
Simponi (Injection)	1	PA	Gammaplex (Injection)	1	PA
Simponi Aria (Injection)	1	PA	Gamunex-C (Injection)	1	PA
Sirolimus (Tablet)	1	B/D, PA	Octagam (Injection)	1	PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	1	PA	Privigen (Injection)	1	PA
Torisel (Injection)	1		Thymoglobulin (Injection)	1	
Trexall (Tablet)	1		Varizig (Injection)	1	
Xatmep (Oral Solution)	1	PA	Immunomodulators		
Xeljanz (Tablet)	1	PA, QL	Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection)	1	PA
Xeljanz XR (Tablet Extended-Release 24 Hour)	1	PA, QL	Actemra (80mg/4ml Injection)	1	PA
Zortress (Tablet)	1	PA	Actimmune (Injection)	1	
Immunizing Agents, Passive			Arcalyst (Injection)	1	PA, LA
Atgam (Injection)	1		Benlysta (120mg Injection, 400mg Injection, 200mg/ml Injection)	1	PA
BIVIGAM (Injection)	1	PA	Ilaris (Injection)	1	PA, QL, LA
Carimune Nanofiltered (Injection)	1	PA	Leflunomide (Tablet)	1	
Flebogamma DIF (Injection)	1	PA	Otezla (Tablet Therapy Pack, 30mg Tablet)	1	PA
Gamastan S/D (Injection)	1	PA	Ridaura (Capsule)	1	
Gammagard Liquid (Injection)	1	PA	Simulect (Injection)	1	

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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	

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	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mesalamine DR (1.2gm Tablet Delayed-Release)	1	QL	Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Pentasa (Capsule Extended-Release)	1	QL	Alendronate Sodium (70mg/75ml Oral Solution)	1	
Rowasa (Kit)	1		Binosto (Tablet Effervescent)	1	QL
Glucocorticoids			Calcitonin-Salmon (Nasal Solution)	1	QL
Budesonide (3mg Capsule Delayed-Release)	1		Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	1	B/D, PA
Budesonide ER (Tablet Extended-Release 24 Hour)	1	ST	Calcitriol (1mcg/ml Injection)	1	B/D, PA
Colocort (Enema)	1		Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	1	B/D, PA, QL
Entocort EC (Capsule Delayed-Release)	1		Doxercalciferol (4mcg/2ml Injection)	1	B/D, PA
Hydrocortisone (100mg/60ml Enema)	1		Etidronate Disodium (Tablet)	1	
Procto-Med HC (Cream)	1		Forteo (Injection)	1	PA, QL
Procto-Pak (Cream)	1		Ibandronate Sodium (150mg Tablet)	1	QL
Proctosol HC (Cream)	1		Ibandronate Sodium (3mg/3ml Injection)	1	B/D, PA
Proctozone-HC (Cream)	1		Miacalcin (200unit/ml Injection)	1	PA
Uceris (9mg Tablet Extended-Release 24 Hour)	1	ST	Natpara (Injection)	1	PA
Sulfonamides			Pamidronate Disodium (Injection)	1	B/D, PA
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
Paricalcitol (1mcg Capsule, 2mcg Capsule, 4mcg Capsule, 2mcg/ml Injection, 5mcg/ml Injection)	1	B/D, PA
Prolia (Injection)	1	
Rayaldee (Capsule Extended-Release)	1	QL
Risedronate Sodium (Tablet Immediate-Release)	1	QL
Sensipar (30mg Tablet)	1	B/D, PA, QL
Sensipar (60mg Tablet, 90mg Tablet)	1	B/D, PA, QL
Tymlos (Injection)	1	PA, QL
Xgeva (Injection)	1	PA
Zoledronic Acid (4mg/5ml Injection)	1	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	1	PA
Zometa (Injection)	1	B/D, PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	1	
Botox (Injection)	1	PA, QL
Dysport (Injection)	1	PA
Fomepizole (Injection)	1	
Gauze (Non-medicated 2X2)	1	
Insulin Syringes, Needles	1	
Sterile Water Irrigation (Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (1% Ophthalmic Solution)	1	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	1	
Blephamide (Suspension)	1	
Blephamide S.O.P. (Ointment)	1	
Cystaran (Ophthalmic Solution)	1	
Lacrisert (Insert)	1	
Lastacraft (Ophthalmic Solution)	1	
Neomycin/Bacitracin/Polymyxin (Ointment)	1	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	1	
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	1	
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	1	
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	1	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pred-G (Suspension)	1	
Pred-G S.O.P. (Ointment)	1	
Proparacaine HCl (Ophthalmic Solution)	1	
Restasis (Emulsion)	1	QL
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	1	
Tobradex (0.3%-0.1% Ophthalmic Ointment)	1	
Tobradex ST (Ophthalmic Suspension)	1	
Tobramycin/Dexamethasone (Ophthalmic Suspension)	1	
Xiidra (Ophthalmic Solution)	1	QL
Ophthalmic Anti-allergy Agents		
Alocril (Ophthalmic Solution)	1	
Alomide (Ophthalmic Solution)	1	
Azelastine HCl (0.05% Ophthalmic Solution)	1	
Bepreve (Ophthalmic Solution)	1	
Cromolyn Sodium (4% Ophthalmic Solution)	1	
Epinastine HCl (Ophthalmic Solution)	1	
Olopatadine HCl (Ophthalmic Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pazeo (Ophthalmic Solution)	1	
Ophthalmic Antiglaucoma Agents		
Alphagan P (0.1% Ophthalmic Solution)	1	
Apraclonidine (Ophthalmic Solution)	1	
Azopt (Suspension)	1	
Betaxolol HCl (0.5% Ophthalmic Solution)	1	
Betimol (Ophthalmic Solution)	1	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Carteolol HCl (Ophthalmic Solution)	1	
Combigan (Ophthalmic Solution)	1	
Cosopt PF (Ophthalmic Solution)	1	
Dorzolamide HCl (Ophthalmic Solution)	1	
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution)	1	
Levobunolol HCl (Ophthalmic Solution)	1	
Metipranolol (Ophthalmic Solution)	1	
Phospholine Iodide (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
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	1		Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1	
Simbrinza (Suspension)	1		Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	1	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1		Nevanac (Suspension)	1	
Timolol Maleate Ophthalmic Gel Forming (Solution)	1		Pred Mild (Suspension)	1	
Ophthalmic Anti-inflammatories			Prednisolone Acetate (Ophthalmic Suspension)	1	
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	1		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Diclofenac Sodium (0.1% Ophthalmic Solution)	1		Prolensa (Ophthalmic Solution)	1	
Durezol (Emulsion)	1		Ophthalmic Prostaglandin and Prostaglandin Analogs		
Flarex (Suspension)	1		Latanoprost (Ophthalmic Solution)	1	
Fluorometholone (Ophthalmic Suspension)	1		Lumigan (Ophthalmic Solution)	1	
Flurbiprofen Sodium (Ophthalmic Solution)	1		Travatan Z (Ophthalmic Solution)	1	
FML (Ointment)	1		Otic Agents		
FML Forte (Suspension)	1		Otic Agents		
Ilevro (Suspension)	1		Acetic Acid (Otic Solution)	1	
			Cipro HC (Suspension)	1	
			Ciprodex (Otic Suspension)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Coly-Mycin S (Suspension)	1	
Fluocinolone Acetonide (0.01% Otic Oil)	1	
Hydrocortisone/Acetic Acid (Otic Solution)	1	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1	
Cetirizine HCl (Oral Solution)	1	
Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	1	
Diphenhydramine HCl (50mg/ml Injection)	1	B/D, PA
Levocetirizine Dihydrochloride (5mg Tablet)	1	QL
Phenadoz (Suppository)	1	
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection)	1	
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	1	

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zileuton ER (Tablet Extended-Release 12 Hour)	1	ST	Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	1	QL
Zyflo (Tablet)	1	ST	EpiPen (Injection)	1	QL
Zyflo CR (Tablet Extended-Release 12 Hour)	1	ST	Levalbuterol (Nebulized Solution)	1	B/D, PA
Bronchodilators, Anticholinergic			Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	1	
Atrovent HFA (Aerosol Solution)	1		Perforomist (Nebulized Solution)	1	B/D, PA, QL
Incruse Ellipta (Aerosol Powder)	1	QL	ProAir HFA (Aerosol Solution)	1	
Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA	ProAir RespiClick (Aerosol Powder)	1	
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1		Serevent Diskus (Aerosol Powder)	1	QL
Spiriva HandiHaler (Capsule)	1	QL	Terbutaline Sulfate (1mg/ml Injection)	1	
Spiriva Respimat (Aerosol Solution)	1	QL	Cystic Fibrosis Agents		
Bronchodilators, Sympathomimetic			Bethkis (Nebulized Solution)	1	B/D, PA, QL
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	1	B/D, PA	Cayston (Inhalation Solution)	1	PA, LA
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	1		Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	1	PA, QL
Brovana (Nebulized Solution)	1	B/D, PA, QL	Orkambi (Tablet)	1	PA, QL, LA
			TOBI (Nebulized Solution)	1	B/D, PA, QL
			TOBI Podhaler (Capsule)	1	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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

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
Remodulin (Injection)	1	PA, LA
Revatio (10mg/12.5ml Injection)	1	PA
Revatio (20mg Tablet)	1	PA, QL
Sildenafil (10mg/12.5ml Injection)	1	PA
Sildenafil (20mg Tablet) (Generic Revatio)	1	PA, QL
Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble)	1	PA, QL
Ventavis (Inhalation Solution)	1	PA, QL, LA
Pulmonary Fibrosis Agents		
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	1	PA, QL, LA
Ofev (Capsule)	1	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
Advair Diskus (Aerosol Powder)	1	QL
Advair HFA (Aerosol)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anoro Ellipta (Aerosol Powder)	1	QL
Bevespi Aerosphere (Aerosol)	1	QL
Breo Ellipta (Aerosol Powder)	1	QL
Combivent Respimat (Aerosol Solution)	1	
Dulera (Aerosol)	1	QL
Dymista (Suspension)	1	
Fluticasone Propionate/Salmeterol (Aerosol Powder)	1	QL
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
Nucala (Injection)	1	PA, QL, LA
Pulmozyme (Inhalation Solution)	1	B/D, PA, QL
Stiolto Respimat (Aerosol Solution)	1	QL
Symbicort (Aerosol)	1	QL
Trelegy Ellipta (Aerosol Powder)	1	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	
Chlorzoxazone (500mg Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	1	
Cyclobenzaprine HCl (7.5mg Tablet)	1	
Dantrolene Sodium (Capsule)	1	
Lioresal Intrathecal (2000mcg/ml Injection)	1	B/D, PA
Lioresal Intrathecal (500mcg/ml Injection)	1	B/D, PA
Orphenadrine Citrate (Injection)	1	
Tizanidine HCl (2mg Tablet, 4mg Tablet)	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
Temazepam (15mg Capsule, 30mg Capsule)	1	QL
Zaleplon (Capsule)	1	QL
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	1	QL
Sleep Disorders, Other		
Belsomra (Tablet)	1	QL
Hetlioz (Capsule)	1	PA, QL
Modafinil (Tablet)	1	PA, QL
Rozerem (Tablet)	1	QL
Xyrem (Oral Solution)	1	PA, QL, LA

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

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir (20mg/ml Oral Solution)	Maximum of 48 ml per day
Abacavir (300mg Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abacavir/Lamivudine (Tablet)	Maximum of 2 tablets per day
Abstral (Tablet Sublingual)	Maximum of 4 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution)	Maximum of 150 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Acyclovir (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
Adcirca (Tablet)	Maximum of 2 tablets per day
Advair Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Afeditab CR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Albenza (Tablet)	Maximum of 16 tablets per day
Alecensa (Capsule)	Maximum of 8 capsules per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Alunbrig (180mg Tablet, 90mg Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Alunbrig (30mg Tablet)	Maximum of 6 tablets per day
Alunbrig (Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days
Amitiza (Capsule)	Maximum of 2 capsules per day
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amlodipine/Olmesartan Medoxomil (Tablet)	Maximum of 1 tablet per day
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Ampyra (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Injection)	Maximum of 3 ml per day
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Aptiom (200mg Tablet, 400mg Tablet)	Maximum of 1 tablet per day
Aptiom (600mg Tablet, 800mg Tablet)	Maximum of 2 tablets per day
Aptivus (100mg/ml Oral Solution)	Maximum of 15 ml per day
Aptivus (250mg Capsule)	Maximum of 6 capsules per day
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Aripiprazole (1mg/ml Oral Solution)	Maximum of 25 ml per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day

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Plain type = Generic drug

Drug Name	Quantity Limit
Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Arnuity Ellipta (50mcg/act Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Atazanavir Sulfate (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Atazanavir Sulfate (200mg Capsule)	Maximum of 3 capsules per day
Atomoxetine (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day
Aubagio (Tablet)	Maximum of 1 tablet per day
Avandia (2mg Tablet)	Maximum of 4 tablets per day
Avandia (4mg Tablet)	Maximum of 2 tablets per day
Belsomra (Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Bethkis (Nebulized Solution)	Maximum of 8 ml (2 ampules) per day
Bevespi Aerosphere (Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
BiDil (Tablet)	Maximum of 6 tablets per day
Biktarvy (Tablet)	Maximum of 2 tablets per day
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)	Maximum of 2 tablets per day
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (400mg Tablet, 500mg Tablet)	Maximum of 1 tablet per day
Botox (Injection)	Maximum of 9 vials per 30 days
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
BRIVIACT (10mg/ml Oral Solution)	Maximum of 20 ml per day
BRIVIACT (50mg/5ml Intravenous Solution)	Maximum of 20 ml per day
Brovana (Nebulized Solution)	Maximum of 2 vials (4 ml) per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen/Caffeine (Tablet)	Maximum of 6 tablets per day
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Bydureon Bcise (Auto injector)	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon Pen (Injection)	Maximum of 4 pens per 28 days
Bydureon Vial (Injection)	Maximum of 4 vials per 28 days
Byetta (10mcg/0.04ml Solution Pen injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta (5mcg/0.02ml Solution Pen injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Calquence (Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8mg Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
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

Bold type = Brand name drug

Plain type = Generic drug

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

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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
Intence (100mg Tablet)	Maximum of 2 tablets per day
Intence (200mg Tablet)	Maximum of 3 tablets per day
Intence (25mg Tablet)	Maximum of 6 tablets per day
Invirase (200mg Capsule)	Maximum of 15 capsules per day
Invirase (500mg Tablet)	Maximum of 6 tablets per day
Invokamet (Tablet)	Maximum of 2 tablets per day
Invokamet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Tablet)	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Iressa (Tablet)	Maximum of 2 tablets per day
Isentress (100mg Packet)	Maximum of 4 packets per day
Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)	Maximum of 9 tablets per day
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Isentress HD (Tablet)	Maximum of 3 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

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

Required information

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

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



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

Toll-Free **1-800-690-1606**, TTY **711**

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

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