

2019 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

UnitedHealthcare® Group Medicare Advantage (PPO)
North Carolina State Health Plan
for Teachers and State Employees

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 **1-866-747-1014**, TTY **711**
8 a.m. - 8 p.m. ET, Monday - Friday



www.UHCRetiree.com/ncshp



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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of 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 Group Medicare Advantage (PPO).

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 12–38 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 39–135 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.

What are generic drugs?

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

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

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

Drug tiers

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

- **Your drug's tier.** Each covered drug is in 1 of 4 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

Drug Tier	Includes
Tier 1: Preferred generic	Most generic drugs.
Tier 2: Preferred brand	Many common brand name drugs, called preferred brands.
Tier 3: Non-preferred drug	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.
Tier 4: Specialty tier	Unique and/or very high-cost brand and generic drugs.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Please read it to learn about your costs. You can also call 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 39. 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 and covered correctly by Medicare for your medical condition. Certain drugs may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs) depending on how it is used. If you don't get prior 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.

HRM - High-risk medication

This drug is known as a high-risk medication (HRM) for Medicare members 65 and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.

LA - Limited access

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

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-Day limit

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan, and have a recent history of using opioids, the limit may be overridden by having the pharmacy contact the plan.

DL - Dispensing limit

Dispensing limits apply to this drug. This drug is limited to a 1 month supply per prescription.

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

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

What if my drug is not on this list?

If your drug is not included in this drug list we may still cover it. Call Customer Service to ask if it's covered. Or go to www.UHCRetiree.com/ncshp 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.
- Tiering exception:** Ask the plan to cover your drug on our list at a lower cost-sharing level if this drug is not on the specialty tier.

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...	We may cover...
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 31-day temporary supply
have been in the plan for more than 90 days	in a nursing home or long-term care facility and need a supply right away	at least a 31-day emergency supply
are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply

The prescription must be filled at a network pharmacy. If your prescription is written for fewer days, we'll allow refills to provide at least the day supply listed in the chart above. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.)

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

Can the drug list change?

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

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

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

If we add new generic drugs

We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the section “How can I get an exception?” on page 8.

If we remove a drug from the list

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 136-170.

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 30 days before they go into effect or when you request a refill of the drug. If you find out when requesting a refill, you will receive at least a 30-day supply of the drug so you have time to talk with your doctor. To get updated information about the drugs covered by your plan, please call Customer Service or go to www.UHCRetiree.com/ncshp 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 **1-866-747-1014**, TTY **711**, 8 a.m. - 8 p.m. ET, Monday - Friday. Or visit us online at **www.UHCRetiree.com/ncshp**.

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			
		Acular.....	128
Abacavir.....	77	Acular LS.....	128
Abacavir Sulfate/Lamivudine/ Zidovudine.....	77	Acuvail.....	128
Abacavir/Lamivudine.....	77	Acyclovir.....	76
Abelcet.....	64	Acyclovir Sodium.....	76
Abilify.....	73	Aczone.....	99
Abilify Maintena.....	73	Adacel.....	123
Absorica.....	99	Adalat CC.....	88
Abstral.....	44	Adapalene.....	99
Acamprosate Calcium DR....	46	Adapalene and Benzoyl Peroxide.....	99
Acanya.....	99	Adcirca.....	133
Acarbose.....	80	Adderall.....	95
Accolate.....	131	Adderall XR.....	95
Accupril.....	86	Adefovir Dipivoxil.....	75
Accuretic.....	90	Adempas.....	133
Acebutolol HCl.....	87	Adlyxin.....	80
Acetaminophen/Codeine.....	44	Adlyxin Starter Pack.....	80
Acetazolamide.....	92	Advair Diskus.....	134
Acetazolamide ER.....	92	Advair HFA.....	134
Acetic Acid.....	129	Adzenys ER.....	95
Acetylcysteine.....	134	Adzenys XR-ODT.....	95
Aciphex.....	108	Afeditab CR.....	88
Aciphex Sprinkle.....	108	Afinitor.....	68
Acitretin.....	99	Afinitor Disperz.....	68
Actemra.....	123	Afrezza.....	83
ActHIB.....	123	Aggrenox.....	85
Actigall.....	106	Agrylin.....	84
Actimmune.....	123	Airduo Resplick 113/14...	134
Actiq.....	44	Airduo Resplick 232/14...	134
Actonel.....	125	Airduo Resplick 55/14....	134
Actoplus Met.....	80	Aktipak.....	99
Actoplus Met XR.....	80	Ala Scalp.....	111
Actos.....	80	Ala-Cort.....	111
		Albenza.....	70
		Albuterol Sulfate.....	132
		Albuterol Sulfate ER.....	132
		Alclometasone Dipropionate	111
		Alcohol Prep Pads.....	126
		Aldactazide.....	90
		Aldactone.....	93
		Aldara.....	99
		Alecensa.....	69
		Alendronate Sodium.....	125
		Alfuzosin HCl ER.....	110
		Alinia.....	70
		Allopurinol.....	65
		Almotriptan.....	66
		Alocril.....	127
		Alogliptin.....	81
		Alogliptin/Metformin HCl....	81
		Alogliptin/Pioglitazone.....	81
		Alomide.....	127
		Alora.....	116
		Alosetron HCl.....	107
		Alphagan P.....	127
		Alprazolam.....	79
		Alprazolam ER.....	79
		Alprazolam Intensol.....	79
		Alprazolam ODT.....	79
		Alrex.....	128
		Altace.....	86
		Altavera.....	116
		Altoprev.....	93
		Alunbrig.....	69
		Alvesco.....	130
		Alyacen 1/35.....	116

Amantadine HCl.....	70	Amnesteem.....	99	Aptivus.....	78
Amaryl.....	81	Amoxapine.....	62	Aralast NP.....	109
Ambien.....	135	Amoxicillin.....	51	Aranelle.....	116
AmBisome.....	64	Amoxicillin/Clavulanate Potassium.....	51	Aranesp Albumin Free.....	84, 85
Amcinonide.....	111	Amoxicillin/Clavulanate Potassium ER.....	51	Arava.....	123
Amerge.....	66	Amphetamine/ Dextroamphetamine.....	95	Arcalyst.....	123
Amethia.....	116	Amphotericin B.....	64	Arcapta Neohaler.....	132
Amethia Lo.....	116	Ampicillin.....	51	Aricept.....	59
Amikacin Sulfate.....	47	Ampicillin Sodium.....	51	Arimidex.....	68
Amiloride HCl.....	93	Ampicillin-Sulbactam.....	51	Aripiprazole.....	73
Amiloride/Hydrochlorothiazide	90	Ampyra.....	98	Aripiprazole ODT.....	73
Aminosyn 7%/Electrolytes...	101	Anadrol-50.....	115	Aristada.....	73
Aminosyn 8.5%/Electrolytes	101	Anafranil.....	62	Arixtra.....	83
Aminosyn II.....	102	Anagrelide HCl.....	84	Armodafinil.....	135
Aminosyn II 8.5%/Electrolytes	102	Anastrozole.....	68	Armonair Respiclick 113.....	130
Aminosyn-HBC.....	102	Ancobon.....	64	Armonair Respiclick 232.....	130
Aminosyn-PF.....	102	Androderm.....	115	Armonair Respiclick 55.....	130
Aminosyn-RF.....	102	AndroGel.....	115	Arnuity Ellipta.....	130
Amiodarone HCl.....	86	AndroGel Pump.....	115	Aromasin.....	68
Amitiza.....	107	Anoro Ellipta.....	134	Arthrotec 50.....	39
Amitriptyline HCl.....	62	Antabuse.....	46	Arthrotec 75.....	39
Amlodipine Besylate.....	88	Antara.....	93	Asacol HD.....	124
Amlodipine Besylate/ Atorvastatin Calcium.....	90	Anusol-HC.....	124	Ashlyna.....	116
Amlodipine Besylate/ Benazepril HCl.....	90	ApexiCon E.....	111	Asmanex HFA.....	130
Amlodipine Besylate/Valsartan	90	Aplenzin.....	60	Asmanex Twisthaler 120 Metered Doses.....	130
Amlodipine/Olmesartan Medoxomil.....	90	Apokyn.....	71	Asmanex Twisthaler 30 Metered Doses.....	130
Amlodipine/Valsartan/ Hydrochlorothiazide.....	90	Apraclonidine.....	127	Asmanex Twisthaler 60 Metered Doses.....	131
Ammonium Lactate.....	99	Aprepitant.....	63	Aspirin/Dipyridamole.....	85
		Apri.....	116	Astagraf XL.....	121
		Apriso.....	124	Astepro.....	130
		Aptensio XR.....	96	Atacand.....	86
		Aptiom.....	58	Atacand HCT.....	90

Atazanavir Sulfate.....	78	Azasan.....	121	Benicar.....	86	
Atelvia.....	125	Azasite.....	52	Benicar HCT.....	90	
Atenolol.....	87	Azathioprine.....	121	Benlysta.....	123	
Atenolol/Chlorthalidone.....	90	Azelastine HCl.....	127, 130	BenzaClin with Pump.....	99	
Ativan.....	79	Azelex.....	99	Benzamycin.....	99	
Atomoxetine.....	96	Azilect.....	72	Benznidazole.....	70	
Atorvastatin Calcium.....	94	Azithromycin.....	52	Benztropine Mesylate.....	70	
Atovaquone.....	70	Azopt.....	127	Bepreve.....	127	
Atovaquone/Proguanil HCl...70		Azor.....	90	Berinert.....	121	
Atralin.....	99	Aztreonam.....	50	Besivance.....	52	
Atripia.....	77	Azulfidine.....	125	Betagan.....	127	
Atropine Sulfate.....	126	Azulfidine EN-Tabs.....	125	Betamethasone Dipropionate		
Atrovent HFA.....	131	B			111
Aubagio.....	98	Bacitracin.....	47	Betamethasone Valerate.....	111	
Aubra.....	116	Bacitracin/Polymyxin B.....	126	Betapace AF.....	86	
Augmented Betamethasone		Baclofen.....	135	Betaseron.....	98	
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Augmentin.....	51	Bactrim.....	53	Bethanechol Chloride.....	111	
Auryxia.....	105	Bactrim DS.....	53	Bethkis.....	133	
Austedo.....	97	Bactroban.....	47	Betimol.....	127	
Avalide.....	90	Bactroban Nasal.....	47	Betoptic-S.....	127	
Avandia.....	81	Balsalazide Disodium.....	124	Bevespi Aerosphere.....	134	
Avapro.....	86	Balziva.....	116	Bevyxxa.....	83	
AVC.....	64	Banzel.....	58	Bexarotene.....	69	
Aveed.....	115	Baraclude.....	75	Bexsero.....	123	
Avelox.....	52	Basaglar KwikPen.....	83	Beyaz.....	116	
Aviane.....	116	Baxdela.....	52	Bicalutamide.....	68	
Avita.....	99	BCG Vaccine.....	123	Bicillin C-R.....	51	
Avodart.....	110	Beconase AQ.....	131	Bicillin L-A.....	51	
Avonex.....	98	Belbuca.....	40	BiDil.....	90	
Avonex Pen.....	98	Belsomra.....	135	Biktarvy.....	77	
Avycaz.....	49	Benazepril HCl.....	86	Biltricide.....	70	
Aygestin.....	120	Benazepril HCl/ Hydrochlorothiazide.....	90	Bimatoprost.....	129	
Azactam.....	50			Binosto.....	125	

Bisoprolol Fumarate.....	87	Butrans.....	40	Carafate.....	108	
Bisoprolol Fumarate/ Hydrochlorothiazide.....	90	Bydureon Bcise.....	81	Carbaglu.....	102	
Bivigam.....	123	Bydureon Pen.....	81	Carbamazepine.....	58	
Bleph-10.....	54	Bydureon Vial.....	81	Carbamazepine ER.....	58	
Blephamide.....	126	Byetta.....	81	Carbatrol.....	58	
Blephamide S.O.P.....	126	Bystolic.....	87	Carbidopa.....	71	
Blisovi 24 Fe.....	116	Byvalson.....	90	Carbidopa/Levodopa.....	72	
Blisovi Fe 1.5/30.....	116	C			Carbidopa/Levodopa ER.....	72
Blisovi Fe 1/20.....	116	Cabergoline.....	121	Carbidopa/Levodopa ODT....	72	
Boniva.....	125	Cabometyx.....	69	Carbidopa/Levodopa/ Entacapone.....	72	
Boostrix.....	123	Caduet.....	90	Cardizem.....	88	
Bosulif.....	69	Cafergot.....	66	Cardizem CD.....	88	
Breo Ellipta.....	134	Calan.....	88	Cardizem LA.....	88	
Briellyn.....	116	Calan SR.....	88	Cardura.....	86	
Brilinta.....	85	Calcipotriene.....	99	Cardura XL.....	110	
Brimonidine Tartrate.....	128	Calcipotriene/Betamethasone Dipropionate.....	99	Carimune Nanofiltered.....	123	
Brisdelle.....	60	Calcitonin-Salmon.....	125	Carnitor.....	102	
Briavact.....	55	Calcitriol.....	99, 125	Carospir.....	93	
Bromocriptine Mesylate.....	71	Calcium Acetate.....	105	Carteolol HCl.....	128	
Brovana.....	132	Calquence.....	69	Cartia XT.....	88	
Budesonide.....	124, 131	Cambia.....	39	Carvedilol.....	87	
Budesonide ER.....	125	Camila.....	120	Carvedilol Phosphate.....	87	
Bumetanide.....	92	Camrese Lo.....	116	Casodex.....	68	
Bunavail.....	46	Canasa.....	124	Caspofungin Acetate.....	64	
Buphenyl.....	109	Cancidas.....	64	Catapres.....	85	
Buprenorphine.....	40	Candesartan Cilexetil.....	86	Catapres-TTS-1.....	85	
Buprenorphine HCl.....	46	Candesartan Cilexetil/ Hydrochlorothiazide.....	90	Catapres-TTS-2.....	85	
Buprenorphine HCl/Naloxone HCl.....	46	Capex.....	111	Catapres-TTS-3.....	85	
Bupropion HCl.....	60	Caprelsa.....	69	Cayston.....	133	
Bupropion HCl SR.....	47, 60	Captopril.....	86	Caziant.....	116	
Bupropion HCl XL.....	60	Captopril/Hydrochlorothiazide	91	Cefaclor.....	49	
Buspiron HCl.....	79	Carac.....	99	Cefaclor ER.....	49	
Butorphanol Tartrate.....	44			Cefadroxil.....	49	

Cefazolin Sodium.....	49	Chlorpromazine HCl.....	72	Climara Pro.....	116
Cefdinir.....	49	Chlorthalidone.....	93	Clindacin-P.....	99
Cefepime.....	49	Cholbam.....	109	Clindagel.....	99
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Tramadol HCl/Acetaminophen	46	Triderm.....	114	Tygacil.....	49
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Trandolapril/Verapamil HCl ER	92	Trientine HCl.....	105	Tylenol/Codeine #3.....	46
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Xulane.....	119	Zestoretic.....	92
Xultophy 100/3.6.....	82	Zestril.....	86
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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 12-38.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 136-170.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Diclofenac Sodium/ Misoprostol (Tablet Delayed-Release)	1	
Nonsteroidal Anti-inflammatory Drugs			Diflunisal (Tablet)	1	
Arthrotec 50 (Tablet Delayed-Release)	3		Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Arthrotec 75 (Tablet Delayed-Release)	3		Etodolac ER (Tablet Extended-Release 24 Hour)	1	
Cambia (Packet)	3		Feldene (Capsule)	3	
Celebrex (Capsule)	3	QL	Fenoprofen Calcium (400mg Capsule, 600mg Tablet)	3	
Celecoxib (Capsule)	1	QL	Flector (Patch)	3	PA, QL
Daypro (Tablet)	3		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 (1.5% Transdermal Solution)	3	PA			
Diclofenac Sodium DR (Tablet Delayed- Release)	1				
Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	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
Ketoprofen (Capsule Immediate-Release)	1		Naproxen Sodium ER (375mg Tablet Extended-Release 24 Hour) (Generic Naprelan)	4	
Ketoprofen ER (Capsule Extended-Release 24 Hour)	3		Oxaprozin (Tablet)	1	
Lodine (Tablet)	4		Pennsaid (Transdermal Solution)	4	PA
Meclofenamate Sodium (Capsule)	3		Piroxicam (Capsule)	1	
Mefenamic Acid (Capsule)	3		Profeno (Tablet)	3	
Meloxicam (Tablet)	1		Sulindac (Tablet)	1	
Mobic (Tablet)	3		Tolmetin Sodium (400mg Capsule, 600mg Tablet)	3	
Nabumetone (Tablet)	1		Vivlodex (Capsule)	3	QL
Naprelan (Tablet Extended-Release 24 Hour)	4		Voltaren (Gel)	3	PA
Naproxen (125mg/5ml Suspension)	3		Zipsor (Capsule)	4	ST
Naproxen (250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1		Zorvolex (Capsule)	3	ST
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1		Opioid Analgesics, Long-acting		
Naproxen Sodium (Tablet Immediate-Release) (Generic Anaprox DS)	1		Belbuca (150mcg Film, 300mcg Film, 450mcg Film, 600mcg Film, 750mcg Film, 75mcg Film)	3	7D, DL, PA, QL
Naproxen Sodium (500mg Tablet Extended-Release 24 Hour)	3		Belbuca (900mcg Film)	4	7D, DL, PA, QL
			Buprenorphine (Patch Weekly)	3	7D, DL, QL
			Butrans (Patch Weekly)	2	7D, DL, 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
Conzip (Capsule Extended-Release 24 Hour)	3	7D, DL, QL, MME	Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	1	7D, DL, QL, MME
Dolophine (Tablet)	3	7D, DL, QL, MME	Fentanyl (37.5mcg/hr Patch 72 Hour)	3	7D, DL, QL, MME
Duragesic (100mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	4	7D, DL, QL, MME	Fentanyl (62.5mcg/hr Patch 72 Hour, 87.5mcg/hr Patch 72 Hour)	4	7D, DL, QL, MME
Duragesic (12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour)	3	7D, DL, QL, MME	Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	7D, DL, QL, MME
Embeda (Capsule Extended-Release)	2	7D, DL, QL, MME	Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	7D, DL, QL, MME
Exalgo (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	7D, DL, QL, MME	Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	2	7D, DL, QL, MME
Exalgo (8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	7D, DL, QL, MME			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Kadian (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	4	7D, DL, QL, MME	Morphine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour, 100mg Capsule Extended-Release 24 Hour) (Generic Kadian), (120mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	3	7D, DL, QL, MME
Kadian (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour)	3	7D, DL, QL, MME			
Levorphanol Tartrate (Tablet)	4	7D, DL, QL, MME			
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	7D, DL, QL, MME			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release Generic, 60mg Tablet Extended-Release) (Generic MS Contin)	1	7D, DL, QL, MME	Oxycodone HCl ER (10mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 15mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 20mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 30mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 40mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	3	7D, DL, QL, MME
MS Contin (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release)	4	7D, DL, QL, MME	Oxycodone HCl ER (60mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 80mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	4	7D, DL, QL, MME
MS Contin (15mg Tablet Extended-Release)	3	7D, DL, QL, MME	OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	2	7D, DL, QL, MME
Nucynta ER (Tablet Extended-Release 12 Hour)	2	7D, DL, QL, MME	Oxymorphone HCl ER (Tablet Extended-Release 12 Hour)	3	7D, DL, QL, MME
			Tramadol HCl ER (Capsule Extended-Release 24 Hour)	3	7D, DL, QL, MME
			Tramadol HCl ER (Tablet Extended-Release 24 Hour)	1	7D, DL, QL, MME

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	3	7D, DL, QL, ST, MME	Fentora (Tablet)	4	DL, PA, QL
Zohydro ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	3	7D, DL, PA, QL, MME	Hycet (Oral Solution)	3	7D, DL, QL, MME
Opioid Analgesics, Short-acting			Hydrocodone Bitartrate/ Acetaminophen (10mg-300mg Tablet)	3	7D, DL, QL, MME
Abstral (Tablet Sublingual)	4	DL, PA, QL	Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution)	1	7D, DL, QL, MME
Acetaminophen/ Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	1	7D, DL, QL, MME	Hydrocodone/ Acetaminophen (5mg-300mg Tablet, 7.5mg-300mg Tablet)	1	7D, DL, QL, MME
Actiq (Lozenge on a Handle)	4	DL, PA, QL	Hydrocodone/ Ibuprofen (10mg-200mg Tablet)	3	7D, DL, QL, MME
Butorphanol Tartrate (Nasal Solution)	1	7D, DL, QL, MME	Hydrocodone/ Ibuprofen (5mg-200mg Tablet, 7.5mg-200mg Tablet)	1	7D, DL, QL, MME
Codeine Sulfate (Tablet)	1	7D, DL, QL, MME	Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	3	7D, DL
Dilaudid (1mg/ml Liquid, 2mg Tablet, 4mg Tablet)	3	7D, DL, QL, MME	Hydromorphone HCl (1mg/ml Liquid, 2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	1	7D, DL, QL, MME
Dilaudid (8mg Tablet)	4	7D, DL, QL, MME			
Duramorph (Injection)	1	7D, DL			
Endocet (Tablet)	1	7D, DL, QL, MME			
Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	4	DL, PA, QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydromorphone HCl (2mg/ml Injection)	3	7D, DL	Opana (10mg Tablet Immediate-Release)	4	7D, DL, QL, MME
Ibudone (Tablet)	1	7D, DL, QL, MME	Opana (5mg Tablet Immediate-Release)	3	7D, DL, QL, MME
Lazanda (Nasal Solution)	4	DL, PA, QL	Oxycodone HCl (100mg/5ml Concentrate)	3	7D, DL, QL, MME
Lorcet (Tablet)	1	7D, DL, QL, MME	Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 5mg Capsule Immediate-Release, 5mg/5ml Oral Solution)	1	7D, DL, QL, MME
Lorcet HD (Tablet)	1	7D, DL, QL, MME	Oxycodone/Acetaminophen (Tablet)	1	7D, DL, QL, MME
Lorcet Plus (Tablet)	1	7D, DL, QL, MME	Oxycodone/Aspirin (Tablet)	1	7D, DL, QL, MME
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	1	7D, DL, QL, MME	Oxycodone/Ibuprofen (Tablet)	1	7D, DL, QL, MME
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	1	7D, DL	Oxymorphone HCl (Tablet Immediate-Release)	3	7D, DL, QL, MME
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	1	7D, DL, QL, MME	Panlor (Tablet)	3	7D, DL, QL, MME
Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)	1	7D, DL	Percocet (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	4	7D, DL, QL, MME
Norco (Tablet)	3	7D, DL, QL, MME			
Nucynta (100mg Tablet)	4	7D, DL, QL, MME			
Nucynta (50mg Tablet, 75mg Tablet)	3	7D, DL, QL, MME			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Percocet (2.5mg-325mg Tablet)	3	7D, DL, QL, MME
Primlev (Tablet)	4	7D, DL, QL, MME
Roxicodone (15mg Tablet, 5mg Tablet)	3	7D, DL, QL, MME
Roxicodone (30mg Tablet)	4	7D, DL, QL, MME
Subsys (Liquid)	4	DL, PA, QL
Tramadol HCl (Tablet Immediate-Release)	1	7D, DL, QL, MME
Tramadol HCl/Acetaminophen (Tablet)	1	7D, DL, QL, MME
Trezix (Capsule)	3	7D, DL, QL, MME
Tylenol/Codeine #3 (Tablet)	3	7D, DL, QL, MME
Tylenol/Codeine #4 (Tablet)	3	7D, DL, QL, MME
Ultracet (Tablet)	3	7D, DL, QL, MME
Ultram (Tablet)	3	7D, DL, QL, MME
Vicodin (Tablet)	1	7D, DL, QL, MME
Vicodin ES (Tablet)	1	7D, DL, QL, MME
Vicodin HP (Tablet)	1	7D, DL, QL, MME
Anesthetics		
Local Anesthetics		
Lidocaine (5% Ointment)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lidocaine (5% Patch)	3	PA, QL
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (Gel)	1	
Lidocaine Viscous (Solution)	1	
Lidocaine/Prilocaine (Cream)	1	
Lidoderm (Patch)	4	PA, QL
Pliaglis (Cream)	3	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium DR (Tablet Delayed-Release)	1	
Antabuse (Tablet)	3	
Disulfiram (Tablet)	1	
Naltrexone HCl (Tablet)	1	
Vivitrol (Injection)	4	
Opioid Dependence Treatments		
Bunavail (Film)	3	QL, ST
Buprenorphine HCl (Tablet Sublingual)	1	QL
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	1	QL
Suboxone (Film)	3	QL
Zubsolv (Tablet Sublingual)	3	QL, ST
Opioid Reversal Agents		
Evzio (Injection)	4	ST

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
Naloxone HCl (Injection)	1		Isotonic Gentamicin (Injection)	1	
Narcan (Liquid)	2		Neomycin Sulfate (Tablet)	1	
Smoking Cessation Agents			Paromomycin Sulfate (Capsule)	3	
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour Smoking-Deterrent)	1		Streptomycin Sulfate (Injection)	4	
Chantix (Tablet)	2		Tobramycin Sulfate (0.3% Ophthalmic Solution, 10mg/ml Injection, 80mg/2ml Injection)	1	
Chantix Continuing Month Pak (Tablet)	2		Tobrex (0.3% Ophthalmic Ointment)	2	
Chantix Starting Month Pak (Tablet)	2		Tobrex (0.3% Ophthalmic Solution)	3	
Nicotrol (Inhaler)	3		Antibacterials, Other		
Nicotrol NS (Nasal Solution)	3		Bacitracin (Ophthalmic Ointment)	1	
Zyban (Tablet Extended-Release 12 Hour)	3		Bactroban (Cream)	3	
Antibacterials			Bactroban Nasal (Ointment)	3	PA
Aminoglycosides			Cleocin (100mg Suppository, 150mg Capsule, 300mg Capsule, 75mg Capsule, 2% Cream)	3	
Amikacin Sulfate (Injection)	1		Cleocin in D5W (Injection)	3	
Gentak (Ophthalmic Ointment)	1		Cleocin Pediatric Granules (Oral Solution)	3	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution, 40mg/ml Injection)	1		Cleocin Phosphate (Injection)	3	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin HCl (Capsule Immediate-Release)	1		Linezolid (600mg Tablet, 600mg/300ml Injection)	3	PA
Clindamycin Palmitate HCl (Oral Solution)	1		Macrobid (Capsule)	3	HRM
Clindamycin Phosphate (2% Cream, 300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)	1		Macrodantin (Capsule)	3	HRM
Clindamycin Phosphate in D5W (300mg/50ml-5% Injection)	1		Methenamine Hippurate (Tablet)	1	
Clindamycin Phosphate in D5W (600mg/50ml-5% Injection, 900mg/50ml-5% Injection)	3		MetroCream (Cream)	3	
Clindesse (Cream)	3		MetroGel (Gel)	3	
Colistimethate Sodium (Injection)	3		MetroGel-Vaginal (Gel)	3	
Cubicin (Injection)	4		MetroLotion (Lotion)	4	
Dalvance (Injection)	4	PA	Metronidazole (0.75% Cream, 0.75% Gel, 0.75% Lotion, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 375mg Capsule Immediate-Release)	1	
Daptomycin (Injection)	4		Metronidazole (1% Gel)	3	
Flagyl (250mg Tablet, 500mg Tablet, 375mg Capsule)	3		Metronidazole in NaCl 0.79% (Injection)	1	
Furadantin (Suspension)	4	HRM	Metronidazole Vaginal (Gel)	1	
Hiprex (Tablet)	3		Monurol (Packet)	3	
Linezolid (100mg/5ml Suspension)	4	PA	Mupirocin (2% Cream)	3	
			Mupirocin (2% Ointment)	1	
			Nitrofurantoin (Suspension)	3	HRM

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
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	1	HRM	Vancomycin HCl (125mg Capsule, 250mg Capsule)	3	
Nitrofurantoin Macrocrystals (25mg Capsule) (Generic Macrochantin)	3	HRM	Vandazole (Gel)	1	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	1	HRM	Zyvox (100mg/5ml Suspension, 600mg Tablet, 600mg/300ml Injection)	4	PA
Noritrate (Cream)	4		Beta-lactam, Cephalosporins		
Polymyxin B Sulfate (Injection)	1		Avycaz (Injection)	4	PA
Sivextro (200mg Injection, 200mg Tablet)	4	PA	Cefaclor (125mg/5ml Suspension, 250mg/5ml Suspension, 375mg/5ml Suspension)	3	
Solosec (Packet)	3		Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	1	
Sulfamylon (5% Packet)	4		Cefaclor ER (Tablet Extended-Release 12 Hour)	3	
Sulfamylon (85mg/gm Cream)	3		Cefadroxil (1gm Tablet, 250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1	
Tigecycline (Injection)	4		Cefazolin Sodium (Injection)	1	
Tindamax (Tablet)	3		Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	1	
Tinidazole (Tablet)	1		Cefepime (Injection)	1	
Trimethoprim (Tablet)	1		Cefixime (Suspension)	3	
Tygacil (Injection)	4				
Vancocin HCl (Capsule)	4				
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefotaxime Sodium (Injection)	1		Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule, 250mg Tablet, 500mg Tablet)	1	
Cefotetan (Injection)	1		Maxipime (Injection)	3	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	1		Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	2	
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet)	1		Suprax (100mg/5ml Suspension, 200mg/5ml Suspension)	3	
Cefpodoxime Proxetil (100mg/5ml Suspension, 50mg/5ml Suspension)	3		Suprax (400mg Capsule)	2	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1		Suprax (500mg/5ml Suspension)	3	
Ceftazidime (Injection)	1		Tazicef (Injection)	1	
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	1		Teflaro (Injection)	4	
Cefuroxime Axetil (Tablet)	1		Zerbaxa (Injection)	3	PA
Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	1		Beta-lactam, Other		
			Azactam (Injection)	3	
			Aztreonam (Injection)	3	
			Doripenem (Injection)	3	
			Imipenem/Cilastatin (250mg-250mg Injection)	1	
			Imipenem/Cilastatin (500mg-500mg Injection)	3	
			Invanz (Injection)	4	
			Meropenem (1gm Injection)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Meropenem (500mg Injection)	1		Augmentin (Suspension)	4	
Merrem (Injection)	3		Bactocill in Dextrose (Injection)	3	
Primaxin IV (Injection)	3		Bicillin C-R (Injection)	3	
Vabomere (Injection)	4		Bicillin L-A (Injection)	3	
Beta-lactam, Penicillins			Dicloxacillin Sodium (Capsule)	1	
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		Nafcillin Sodium (10gm Injection, 1gm Injection)	3	
Amoxicillin/Clavulanate Potassium (Tablet Chewable, Suspension, Tablet Immediate-Release) (Generic Augmentin)	1		Oxacillin Sodium (Injection)	3	
Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)	1		Penicillin G Potassium (Injection)	3	
Ampicillin (Capsule)	1		Penicillin G Potassium in Iso-Osmotic Dextrose (Injection)	2	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	1		Penicillin G Procaine (Injection)	1	
Ampicillin-Sulbactam (Injection)	1		Penicillin G Sodium (Injection)	4	
			Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	1	
			Piperacillin/Tazobactam (Injection)	1	
			Unasyn (Injection)	3	
			Unasyn Bulk Pack (Injection)	3	
			Zosyn (Injection)	3	
			Macrolides		

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
Azasite (Ophthalmic Solution)	3		Erythromycin (250mg Capsule Delayed-Release)	3	
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	1		Erythromycin (5mg/gm Ophthalmic Ointment)	1	
Azithromycin (1gm Packet)	1		Erythromycin Base (Tablet)	3	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	3		Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	3	
Clarithromycin (250mg Tablet, 500mg Tablet)	1		Zithromax (100mg/5ml Suspension, 200mg/5ml Suspension, 1gm Packet, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	3	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	1		Zithromax Tri-Pak (Tablet)	3	
Dificid (Tablet)	4		Zithromax Z-Pak (Tablet)	3	
E.E.S. 400 (Tablet)	3		Quinolones		
E.E.S. Granules (Suspension)	3		Avelox (400mg Tablet, 400mg/250ml-0.8% Injection)	3	
Ery-Tab (Tablet Delayed-Release)	3		Baxdela (300mg Injection, 450mg Tablet)	4	
EryPed 200 (Suspension)	3		Besivance (Suspension)	3	
EryPed 400 (Suspension)	4				
Erythrocin Lactobionate (Injection)	3				
Erythrocin Stearate (Tablet)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ciloxan (0.3% Ointment, 0.3% Ophthalmic Solution)	3		Gatifloxacin (Ophthalmic Solution)	1	
Cipro (250mg Tablet, 500mg Tablet, 500mg/5ml Suspension, 5gm/100ml Suspension)	3		Levaquin (Tablet)	3	
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension)	1		Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet, 25mg/ml Injection, 25mg/ml Oral Solution)	1	
Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	1		Levofloxacin in D5W (Injection)	1	
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 750mg Tablet)	1		Moxeza (Ophthalmic Solution)	3	
Ciprofloxacin HCl (100mg Tablet Immediate-Release)	3		Moxifloxacin HCl/ Sodium HCl (Injection)	3	
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	1		Moxifloxacin HCl (Ophthalmic Solution)	3	
Ciprofloxacin I.V. in D5W (Injection)	1		Moxifloxacin HCl (Tablet)	1	
Floxin Otic (Otic Solution)	3		Ocuflox (Ophthalmic Solution)	3	
			Ofloxacin (0.3% Ophthalmic Solution, 0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	1	
			Vigamox (Ophthalmic Solution)	3	
			Zymaxid (Ophthalmic Solution)	3	
			Sulfonamides		
			Bactrim (Tablet)	3	
			Bactrim DS (Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bleph-10 (Ophthalmic Solution)	3		Doxycycline Hyclate DR (Tablet Delayed-Release)	3	
Silvadene (Cream)	3		Doxycycline Monohydrate (100mg Capsule, 150mg Capsule, 50mg Capsule, 75mg Capsule, 100mg Tablet, 150mg Tablet, 50mg Tablet, 75mg Tablet)	1	
Silver Sulfadiazine (Cream)	1		Minocin (Capsule)	4	
Sodium Sulfacetamide (Ophthalmic Solution)	1		Minocycline HCl (Capsule, Tablet Immediate-Release)	1	
SSD (Cream)	1		Minocycline HCl ER (45mg Tablet Extended-Release 24 Hour, 90mg Tablet Extended-Release 24 Hour, 135mg Tablet Extended-Release 24 Hour)	3	
Sulfacetamide Sodium (10% Ophthalmic Ointment)	1		Minocycline HCl ER (65mg Tablet Extended-Release 24 Hour, 115mg Tablet Extended-Release 24 Hour)	4	
Sulfadiazine (Tablet)	3		Morgidox 1x50mg (Capsule)	1	
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	1		Oracea (Capsule Delayed-Release)	3	
Sulfamethoxazole/Trimethoprim DS (Tablet)	1		Solodyn (Tablet Extended-Release 24 Hour)	4	QL
Tetracyclines					
Demeclocycline HCl (Tablet)	3				
Doryx (Tablet Delayed-Release)	4				
Doryx MPC (Tablet Delayed-Release)	3				
Doxy 100 (Injection)	3				
Doxycycline (Suspension)	1				
Doxycycline Hyclate (Capsule, Tablet Immediate-Release)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Soloxide (Tablet Delayed-Release)	3		Levetiracetam ER (Tablet Extended-Release 24 Hour)	1	
Targadox (Tablet)	3		Roweepra (Tablet)	1	
Tetracycline HCl (Capsule)	3		Roweepra XR (Tablet Extended-Release 24 Hour)	1	
Vibramycin (100mg Capsule, 25mg/5ml Suspension, 50mg/5ml Syrup)	3		Spritam (Tablet Disintegrating Soluble)	3	
Ximino (Capsule Extended-Release 24 Hour)	3	QL	Calcium Channel Modifying Agents		
Anticonvulsants			Celontin (Capsule)	3	
Anticonvulsants, Other			Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	1	
Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	4	QL	Zarontin (250mg Capsule)	3	
Keppra (1000mg Tablet, 500mg Tablet, 750mg Tablet, 100mg/ml Oral Solution)	4		Zarontin (250mg/5ml Oral Solution)	3	
Keppra (250mg Tablet)	3		Zonegran (Capsule)	4	
Keppra XR (Tablet Extended-Release 24 Hour)	4		Zonisamide (Capsule)	1	
Levetiracetam (Tablet Immediate-Release, 100mg/ml Oral Solution)	1		Gamma-aminobutyric Acid (GABA) Augmenting Agents		
			Depakene (250mg Capsule)	3	
			Depakene (250mg/5ml Oral Solution)	4	
			Diastat AcuDial (Gel)	3	
			Diastat Pediatric (Gel)	3	
			Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gabitril (12mg Tablet, 2mg Tablet, 4mg Tablet)	3		Felbatol (400mg Tablet, 600mg Tablet, 600mg/5ml Suspension)	4	
Gabitril (16mg Tablet)	4		Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	3	
Mysoline (Tablet)	4		Lamictal (Tablet)	4	
Neurontin (100mg Capsule, 250mg/5ml Oral Solution)	3		Lamictal Chewable Dispersible (25mg Tablet Chewable)	4	
Neurontin (300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	4		Lamictal Chewable Dispersible (5mg Tablet Chewable)	3	
Onfi (10mg Tablet, 20mg Tablet, 2.5mg/ml Suspension)	4	PA	Lamictal ODT (Tablet Dispersible)	4	
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	PA, HRM	Lamictal Starter (Blue Kit)	3	
Primidone (Tablet)	1		Lamictal Starter (Green Kit)	4	
Sabril (500mg Packet, 500mg Tablet)	4	PA, QL, LA	Lamictal Starter (Orange Kit)	3	
Tiagabine HCl (Tablet)	3				
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	1				
Vigabatrin (Packet)	4	PA, QL, LA			
Glutamate Reducing Agents					
Felbamate (400mg Tablet, 600mg Tablet)	3				
Felbamate (600mg/5ml Suspension)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamictal XR (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 250mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4		Lamotrigine Starter Kit/Orange (Kit)	3	
Lamictal XR (Kit)	3		Qudexy XR (100mg Capsule Extended-Release 24 Hour Sprinkle, 150mg Capsule Extended-Release 24 Hour Sprinkle, 200mg Capsule Extended-Release 24 Hour Sprinkle)	4	PA
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 25mg Tablet Chewable, 5mg Tablet Chewable)	1		Qudexy XR (25mg Capsule Extended-Release 24 Hour Sprinkle, 50mg Capsule Extended-Release 24 Hour Sprinkle)	3	PA
Lamotrigine ER (Tablet Extended-Release 24 Hour)	3		Topamax (100mg Tablet, 200mg Tablet, 50mg Tablet)	4	
Lamotrigine ODT (Tablet Dispersible)	3		Topamax (25mg Tablet)	3	
Lamotrigine Starter Kit/Blue (Kit)	3		Topamax Sprinkle (15mg Capsule Sprinkle)	3	
Lamotrigine Starter Kit/Green (Kit)	4		Topamax Sprinkle (25mg Capsule Sprinkle)	4	

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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
Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	1		Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	1	
Topiramate ER (Capsule Extended-Release 24 Hour Sprinkle)	3	PA	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	
Trokendi XR (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour)	4	PA	Carbatrol (Capsule Extended-Release 12 Hour)	3	
Trokendi XR (25mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	3	PA	Dilantin (Capsule)	2	
Sodium Channel Agents			Dilantin INFATABS (Tablet Chewable)	2	
Aptiom (Tablet)	4	QL	Dilantin-125 (Suspension)	2	
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	4		Epitol (Tablet)	1	
			Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	1	
			Oxcarbazepine (300mg/5ml Suspension)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxtellar XR (150mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	PA
Oxtellar XR (600mg Tablet Extended-Release 24 Hour)	4	PA
Peganone (Tablet)	3	
Phenytek (Capsule)	1	
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	1	
Phenytoin Sodium Extended (Capsule)	1	
Tegretol (100mg/5ml Suspension, 200mg Tablet)	3	
Tegretol-XR (Tablet Extended-Release 12 Hour)	3	
Trileptal (150mg Tablet)	3	
Trileptal (300mg Tablet, 600mg Tablet, 300mg/5ml Suspension)	4	
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	3	QL
Antidementia Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cholinesterase Inhibitors		
Aricept (Tablet)	3	QL
Donepezil HCl (Tablet)	1	QL
Donepezil HCl ODT (Tablet Dispersible)	1	QL
Exelon (Patch 24 Hour)	3	QL, ST
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	1	QL
Galantamine HBr (4mg/ml Oral Solution)	3	QL
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	1	QL
Razadyne (Tablet)	3	QL
Razadyne ER (Capsule Extended-Release 24 Hour)	3	QL
Rivastigmine Tartrate (Capsule)	1	QL
Rivastigmine Transdermal System (Patch 24 Hour)	3	QL, ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (10mg Tablet, 5mg Tablet)	1	PA, QL
Memantine HCl (2mg/ml Oral Solution)	3	PA, QL
Memantine HCl ER (Capsule Extended-Release 24 Hour)	3	PA, QL
Memantine HCl Titration Pak (Tablet)	1	PA

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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
Namenda (Tablet Immediate-Release)	3	PA, QL	Olanzapine/Fluoxetine (Capsule)	3	
Namenda Titration Pak (Tablet)	3	PA	Remeron (15mg Tablet, 30mg Tablet)	3	
Namenda XR (Capsule Extended-Release 24 Hour)	3	PA, QL	Remeron Soltab (Tablet Dispersible)	3	
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	3	PA, QL	Symbyax (Capsule)	3	
Antidepressants			Wellbutrin SR (Tablet Extended-Release 12 Hour)	3	
Antidepressants, Other			Wellbutrin XL (Tablet Extended-Release 24 Hour)	4	
Aplenzin (Tablet Extended-Release 24 Hour)	4		Monoamine Oxidase Inhibitors		
Bupropion HCl (Tablet Immediate-Release)	1		Emsam (Patch 24 Hour)	4	
Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)	1		Marplan (Tablet)	3	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	1		Nardil (Tablet)	3	
Forfivo XL (Tablet Extended-Release 24 Hour)	3		Parnate (Tablet)	4	
Mirtazapine (Tablet)	1		Phenelzine Sulfate (Tablet)	1	
Mirtazapine ODT (Tablet Dispersible)	1		Tranlycypromine Sulfate (Tablet)	3	
			SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
			Brisdelle (Capsule)	3	HRM
			Celexa (Tablet)	3	
			Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet, 10mg/5ml Oral 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
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	3	QL	Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule, 40mg Capsule, 20mg/5ml Oral Solution)	1	
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	3		Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 10mg Tablet, 20mg Tablet, 20mg/5ml Oral Solution)	1	
Effexor XR (Capsule Extended-Release 24 Hour)	3		Fluoxetine HCl (60mg Tablet)	3	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1		Fluvoxamine Maleate (Tablet)	1	
Fetzima (Capsule Extended-Release 24 Hour)	3	ST	Fluvoxamine Maleate ER (Capsule Extended-Release 24 Hour)	3	
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	3	ST	Khedezla (Tablet Extended-Release 24 Hour)	3	
Fluoxetine DR (Capsule Delayed-Release)	1		Lexapro (Tablet)	3	
			Maprotiline HCl (Tablet)	1	
			Nefazodone HCl (Tablet)	3	
			Paroxetine (Capsule)	3	HRM
			Paroxetine HCl (Tablet Immediate-Release)	1	PA, HRM

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Paxil (10mg Tablet, 20mg Tablet, 30mg Tablet, 40mg Tablet, 10mg/5ml Suspension)	3	PA, HRM
Pristiq (Tablet Extended-Release 24 Hour)	3	QL
Prozac (10mg Capsule, 20mg Capsule)	3	
Prozac (40mg Capsule)	4	
Sarafem (Tablet)	3	
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate)	1	
Trazodone HCl (Tablet)	1	
Trintellix (Tablet)	3	QL
Venlafaxine HCl (Tablet Immediate-Release)	1	
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	1	
Venlafaxine HCl ER (Tablet Extended-Release 24 Hour)	3	
Viibryd (Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Viibryd Starter Pack (Kit)	3	QL
Zoloft (Tablet)	3	
Tricyclics		
Amitriptyline HCl (Tablet)	1	PA, HRM
Amoxapine (Tablet)	1	PA, HRM
Anafranil (Capsule)	4	PA, HRM
Clomipramine HCl (Capsule)	3	PA, HRM
Desipramine HCl (Tablet)	1	PA, HRM
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	1	PA, HRM
Imipramine HCl (Tablet)	1	PA, HRM
Imipramine Pamoate (Capsule)	3	PA, HRM
Norpramin (Tablet)	3	PA, HRM
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1	PA, HRM
Pamelor (Capsule)	4	PA, HRM
Protriptyline HCl (Tablet)	1	PA, HRM
Surmontil (Capsule)	3	PA, HRM

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
Tofranil (Tablet)	4	PA, HRM
Trimipramine Maleate (Capsule)	3	PA, HRM
Antiemetics		
Antiemetics, Other		
Compro (Suppository)	1	
Hydroxyzine Pamoate (Capsule)	1	PA, HRM
Meclizine HCl (12.5mg Tablet)	1	PA, HRM
Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Metoclopramide ODT (Tablet Dispersible)	3	
Perphenazine (Tablet)	1	
Prochlorperazine (Suppository)	1	
Prochlorperazine Maleate (Tablet)	1	
Reglan (Tablet)	3	
Scopolamine (Patch 72 Hour)	3	PA, HRM
Tigan (300mg Capsule)	3	B/D, PA
Transderm-Scop (Patch 72 Hour)	3	PA, HRM
Trimethobenzamide HCl (Capsule)	1	B/D, PA
Vistaril (Capsule)	3	PA, HRM
Emetogenic Therapy Adjuncts		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aprepitant (Therapy Pack, 40mg Capsule, 80mg Capsule)	3	PA
Aprepitant (125mg Capsule)	4	PA
Cesamet (Capsule)	4	PA
Dronabinol (Capsule)	3	PA
Emend (125mg Capsule)	4	PA
Emend (125mg Suspension, 40mg Capsule, 80mg Capsule)	3	PA
Emend Tripack (Capsule)	4	PA
Granisetron HCl (Tablet)	1	B/D, PA
Marinol (10mg Capsule, 5mg Capsule)	4	PA
Marinol (2.5mg Capsule)	3	PA
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution)	1	B/D, PA
Ondansetron ODT (Tablet Dispersible)	1	B/D, PA
Sancuso (Patch)	4	
Syndros (Oral Solution)	4	PA
Varubi (Tablet)	3	B/D, PA
Zofran (8mg Tablet)	4	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
Zofran ODT (4mg Tablet Dispersible)	3	B/D, PA	Diflucan (200mg Tablet)	4	
Zofran ODT (8mg Tablet Dispersible)	4	B/D, PA	Econazole Nitrate (Cream)	1	
Zuplenz (Film)	4	B/D, PA	Eraxis (100mg Injection)	4	
Antifungals			Eraxis (50mg Injection)	3	
Antifungals			Ertaczo (Cream)	4	
Abelcet (Injection)	4	B/D, PA	Exelderm (1% Cream, 1% External Solution)	3	
AmBisome (Injection)	4	B/D, PA	Extina (Foam)	4	
Amphotericin B (Injection)	3	B/D, PA	Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	1	
Ancobon (Capsule)	4		Fluconazole in NaCl (Injection)	1	
AVC (Cream)	3		Flucytosine (Capsule)	4	
Cancidas (Injection)	4		GRIS-PEG (Tablet)	3	
Caspofungin Acetate (Injection)	4		Griseofulvin Microsize (125mg/5ml Suspension)	1	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	1		Griseofulvin Microsize (500mg Tablet)	3	
Ciclopirox Nail Lacquer (External Solution)	1		Griseofulvin Ultramicrosize (Tablet)	3	
Ciclopirox Olamine (Cream)	1		Gynazole-1 (Cream)	3	
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	1		Itraconazole (Capsule)	3	PA
Cresemba (Capsule)	4	PA	Jublia (External Solution)	3	
Diflucan (100mg Tablet, 150mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Kerydin (External Solution)	4	ST	Oravig (Tablet)	4	
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	1		Oxiconazole Nitrate (Cream)	3	
Ketoconazole (2% Foam)	3		Oxistat (1% Cream, 1% Lotion)	3	
Loprox (Cream)	3		Sporanox (100mg Capsule, 10mg/ml Oral Solution)	4	PA
Loprox Shampoo	4		Terbinafine HCl (Tablet)	1	
Luzu (Cream)	3		Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	1	
Mentax (Cream)	3		Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)	4	
Miconazole 3 (Suppository)	1		Vfend IV (Injection)	4	
Mycamine (Injection)	4		Voriconazole (200mg Injection, 40mg/ml Suspension)	4	
Naftifine HCl (1% Cream)	3		Voriconazole (200mg Tablet, 50mg Tablet)	3	
Naftifine HCl (2% Cream)	3		Antigout Agents		
Naftin (1% Gel, 2% Gel, 2% Cream)	3		Antigout Agents		
Natacyn (Suspension)	3		Allopurinol (Tablet)	1	
Nizoral (Shampoo)	3		Colchicine (0.6mg Capsule) (Generic Mitigare)	2	QL
Noxafil (100mg Tablet Delayed-Release)	4	PA, QL	Colchicine (0.6mg Tablet) (Generic Colcrys)	2	QL
Noxafil (40mg/ml Suspension)	4	QL	Colcrys (Tablet)	3	PA, QL
Nyamyc (Powder)	1		Duzallo (Tablet)	3	PA
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1		Mitigare (Capsule)	3	QL
Nystatin/ Triamcinolone (0.1% Cream, 0.1% Ointment)	1				
Nystop (Powder)	1				

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Probenecid (Tablet)	1	
Probenecid/Colchicine (Tablet)	1	
Uloric (Tablet)	2	ST
Zurampic (Tablet)	3	PA
Zyloprim (Tablet)	3	
Antimigraine Agents		
Ergot Alkaloids		
Cafergot (Tablet)	3	
Dihydroergotamine Mesylate (Nasal Solution)	4	
Ergotamine Tartrate/Caffeine (Tablet)	1	
Migergot (Suppository)	4	
Migranal (Nasal Solution)	4	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Almotriptan (Tablet)	3	QL, ST
Amerge (Tablet)	3	QL
Eletriptan HBr (Tablet)	3	QL, ST
Frova (Tablet)	3	QL, ST
Frovatriptan Succinate (Tablet)	3	QL, ST
Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/act Nasal Solution, 5mg/act Nasal Solution)	3	QL
Imitrex (6mg/0.5ml Injection)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Imitrex Statdose Refill (Injection)	4	QL
Imitrex Statdose System (Injection)	3	QL
Maxalt (Tablet)	3	QL
Maxalt-MLT (Tablet Dispersible)	3	QL
Naratriptan HCl (Tablet)	1	QL
Onzetra Xsail (Exhaler Powder)	3	QL
Relpax (Tablet)	3	QL, ST
Rizatriptan Benzoate (Tablet)	1	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	1	QL
Sumatriptan (Nasal Solution)	3	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	QL
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	3	QL
Sumatriptan Succinate (6mg/0.5ml Auto-Injector Injection)	3	QL
Sumatriptan Succinate Refill (Injection)	3	QL
Zembrace Symtouch (Injection)	4	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zolmitriptan (Tablet)	1	QL	Ethambutol HCl (Tablet)	1	
Zolmitriptan ODT (Tablet Dispersible)	1	QL	Isoniazid (100mg Tablet, 300mg Tablet, 50mg/5ml Syrup)	1	
Zomig (2.5mg Nasal Solution, 5mg Nasal Solution)	3	QL	Myambutol (Tablet)	3	
Zomig (2.5mg Tablet, 5mg Tablet)	4	QL	Paser (Packet)	3	
Zomig ZMT (Tablet Dispersible)	4	QL	Priftin (Tablet)	3	
Antimyasthenic Agents			Pyrazinamide (Tablet)	1	
Parasympathomimetics			Rifadin (Capsule)	3	
Guanidine HCl (Tablet)	3		Rifamate (Capsule)	3	
Mestinon (60mg Tablet, 60mg/5ml Syrup)	4		Rifampin (150mg Capsule, 300mg Capsule)	1	
Mestinon Timespan (Tablet Extended-Release)	4		Rifampin (600mg Injection)	3	
Pyridostigmine Bromide (Tablet Immediate-Release)	1		Rifater (Tablet)	3	
Pyridostigmine Bromide ER (Tablet Extended-Release)	3		Sirturo (Tablet)	4	PA, LA
Antimycobacterials			Treacator (Tablet)	3	
Antimycobacterials, Other			Antineoplastics		
Dapsone (100mg Tablet, 25mg Tablet)	1		Alkylating Agents		
Mycobutin (Capsule)	3		Cyclophosphamide (Capsule)	3	B/D, PA
Rifabutin (Capsule)	3		Gleostine (100mg Capsule)	4	
Antituberculars			Gleostine (10mg Capsule)	2	
			Gleostine (40mg Capsule)	3	
			Hexalen (Capsule)	4	PA
			Leukeran (Tablet)	4	
			Matulane (Capsule)	4	LA
			Valchlor (Gel)	4	PA, LA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antiandrogens		
Bicalutamide (Tablet)	1	
Casodex (Tablet)	3	
Erleada (Tablet)	4	PA, QL
Flutamide (Capsule)	1	
Nilandron (Tablet)	4	
Nilutamide (Tablet)	4	
Xtandi (Capsule)	4	PA, LA
Zytiga (Tablet)	4	PA, LA
Antiangiogenic Agents		
Pomalyst (Capsule)	4	PA, QL
Revlimid (Capsule)	4	PA, QL, LA
Thalomid (Capsule)	4	PA, QL
Antiestrogens/Modifiers		
Emcyt (Capsule)	4	
Fareston (Tablet)	4	
Soltamox (Oral Solution)	4	
Tamoxifen Citrate (Tablet)	1	
Antimetabolites		
Droxia (Capsule)	3	
Hydrea (Capsule)	3	
Hydroxyurea (Capsule)	1	
Mercaptopurine (Tablet)	1	
Purixan (Suspension)	4	PA
Tabloid (Tablet)	3	PA
Antineoplastics, Other		
Kisqali (Tablet)	4	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kisqali Femara 200 Dose (Tablet Therapy Pack)	4	PA, QL
Kisqali Femara 400 Dose (Tablet Therapy Pack)	4	PA, QL
Kisqali Femara 600 Dose (Tablet Therapy Pack)	4	PA, QL
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 5mg Tablet)	1	
Leucovorin Calcium (25mg Tablet)	3	
Lonsurf (Tablet)	4	PA, QL, LA
Ninlaro (Capsule)	4	PA, QL
Synribo (Injection)	4	PA
Verzenio (Tablet)	4	PA, QL, LA
Zolinza (Capsule)	4	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	
Arimidex (Tablet)	3	
Aromasin (Tablet)	4	
Exemestane (Tablet)	3	
Femara (Tablet)	4	
Letrozole (Tablet)	1	
Enzyme Inhibitors		
Rubraca (Tablet)	4	PA, QL, LA
Zejula (Capsule)	4	PA, QL, LA
Molecular Target Inhibitors		
Afinitor (Tablet)	4	PA
Afinitor Disperz (Tablet Soluble)	4	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
Alecensa (Capsule)	4	PA, LA
Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)	4	PA, QL, LA
Bosulif (Tablet)	4	PA, QL
Cabometyx (Tablet)	4	PA, QL, LA
Calquence (Capsule)	4	PA, QL
Caprelsa (Tablet)	4	PA, LA
Cometriq (Kit)	4	PA, LA
Cotellic (Tablet)	4	PA, LA
Erivedge (Capsule)	4	PA, QL, LA
Farydak (Capsule)	4	PA
Gilotrif (Tablet)	4	PA, LA
Gleevec (Tablet)	4	PA, QL
Ibrance (Capsule)	4	PA, QL, LA
Iclusig (Tablet)	4	PA, QL, LA
Idhifa (Tablet)	4	PA, QL, LA
Imatinib Mesylate (Tablet)	4	PA, QL
Imbruvica (140mg Capsule, 70mg Capsule)	4	PA, QL, LA
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)	4	PA, QL
Inlyta (Tablet)	4	PA, QL, LA
Iressa (Tablet)	4	PA, QL, LA
Jakafi (Tablet)	4	PA, QL, LA
Lenvima (Capsule Therapy Pack)	4	PA, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lynparza (100mg Tablet, 150mg Tablet)	4	PA, QL, LA
Lynparza (50mg Capsule)	4	PA, LA
Mekinist (Tablet)	4	PA, LA
Nerlynx (Tablet)	4	PA, QL, LA
Nexavar (Tablet)	4	PA, LA
Odomzo (Capsule)	4	PA, QL, LA
Rydapt (Capsule)	4	PA, QL
Sprycel (Tablet)	4	PA
Stivarga (Tablet)	4	PA, QL, LA
Sutent (Capsule)	4	PA
Tafinlar (Capsule)	4	PA, LA
Tagrisso (Tablet)	4	PA, QL, LA
Tarceva (Tablet)	4	PA, QL, LA
Tasigna (Capsule)	4	PA, QL
Tykerb (Tablet)	4	PA, LA
Venclexta (100mg Tablet, 50mg Tablet)	4	PA, QL, LA
Venclexta (10mg Tablet)	2	PA, QL, LA
Venclexta Starting Pack (Tablet Therapy Pack)	4	PA, LA
Votrient (Tablet)	4	PA, QL, LA
Xalkori (Capsule)	4	PA, LA
Zelboraf (Tablet)	4	PA, QL, LA
Zydelig (Tablet)	4	PA, QL, LA
Zykadia (Capsule)	4	PA
Retinoids		
Bexarotene (Capsule)	4	PA
Panretin (Gel)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Targetrin (1% Gel, 75mg Capsule)	4	PA
Tretinoin (10mg Capsule)	4	
Treatment Adjuncts		
Mesnex (Tablet)	4	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	4	QL
Biltricide (Tablet)	4	
Emverm (Tablet Chewable)	4	
Ivermectin (Tablet)	1	
Sklice (Lotion)	3	
Stromectol (Tablet)	3	
Antiprotozoals		
Alinia (100mg/5ml Suspension, 500mg Tablet)	4	
Atovaquone (Suspension)	4	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	1	
Benznidazole (Tablet)	3	
Chloroquine Phosphate (Tablet)	1	
Coartem (Tablet)	3	
Daraprim (Tablet)	4	
Hydroxychloroquine Sulfate (Tablet)	1	
Malarone (Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mefloquine HCl (Tablet)	1	
Mepron (Suspension)	4	
Nebupent (Inhalation Solution)	3	B/D, PA, QL
Pentam 300 (Injection)	3	
Plaquenil (Tablet)	3	
Primaquine Phosphate (Tablet)	1	
Qualaquin (Capsule)	3	PA
Quinine Sulfate (Capsule)	3	PA
Pediculicides/Scabicides		
Elimite (Cream)	3	
Eurax (10% Cream, 10% Lotion)	3	
Lindane (Shampoo)	1	
Malathion (Lotion)	3	
Natroba (Suspension)	3	
Ovide (Lotion)	3	
Permethrin (Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (Tablet)	1	PA, HRM
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	1	PA, HRM
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup)	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
Comtan (Tablet)	4	
Entacapone (Tablet)	3	
Gocovri (Capsule Extended-Release 24 Hour)	4	PA
Tasmar (Tablet)	4	QL
Tolcapone (Tablet)	4	QL
Dopamine Agonists		
Apokyn (Injection)	4	PA, QL, LA
Bromocriptine Mesylate (2.5mg Tablet)	1	
Bromocriptine Mesylate (5mg Capsule)	3	
Mirapex (Tablet)	3	
Mirapex ER (0.375mg Tablet Extended-Release 24 Hour, 0.75mg Tablet Extended-Release 24 Hour, 1.5mg Tablet Extended-Release 24 Hour)	4	
Mirapex ER (2.25mg Tablet Extended-Release 24 Hour, 3.75mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 4.5mg Tablet Extended-Release 24 Hour)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Neupro (Patch 24 Hour)	3	
Parlodel (2.5mg Tablet, 5mg Capsule)	3	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	1	
Pramipexole Dihydrochloride ER (Tablet Extended-Release 24 Hour)	3	
Requip XL (4mg Tablet Extended-Release 24 Hour, 8mg Tablet Extended-Release 24 Hour)	3	
Ropinirole ER (12mg Tablet Extended-Release 24 Hour, 6mg Tablet Extended-Release 24 Hour, 8mg Tablet Extended-Release 24 Hour)	3	
Ropinirole ER (2mg Tablet Extended-Release 24 Hour, 4mg Tablet Extended-Release 24 Hour)	1	
Ropinirole HCl (Tablet Immediate-Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Tablet)	4	

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Plain type = Generic drug

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)	3	
Duopa (Suspension)	4	PA
Lodosyn (Tablet)	4	
Rytary (Capsule Extended-Release)	3	ST
Sinemet (Tablet)	3	
Sinemet CR (Tablet Extended-Release)	3	
Stalevo (Tablet)	4	
Stalevo 125 (Tablet)	4	
Stalevo 150 (Tablet)	4	
Stalevo 200 (Tablet)	4	
Stalevo 50 (Tablet)	4	
Stalevo 75 (Tablet)	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
Azilect (Tablet)	3	
Eldepryl (Capsule)	3	
Rasagiline Mesylate (Tablet)	3	
Selegiline HCl (5mg Capsule, 5mg Tablet)	1	
Zelapar (Tablet Dispersible)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Tablet)	3	
Fluphenazine Decanoate (Injection)	1	
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet, 2.5mg/5ml Elixir, 5mg/ml Concentrate)	1	
Fluphenazine HCl (2.5mg/ml Injection)	3	
Haldol (Injection)	3	
Haldol Decanoate 100 (Injection)	3	
Haldol Decanoate 50 (Injection)	3	
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	
Orap (Tablet)	3	
Pimozide (Tablet)	1	
Thioridazine 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
Thiothixene (Capsule)	1		Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	4	
Trifluoperazine HCl (Tablet)	1		Invega Sustenna (39mg/0.25ml Injection)	3	
2nd Generation/Atypical			Invega Trinza (Injection)	4	
Abilify (Tablet)	4	QL	Latuda (Tablet)	4	QL
Abilify Maintena (Injection)	4		Nuplazid (Tablet)	4	PA
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution)	3	QL	Olanzapine (10mg Injection)	3	
Aripiprazole ODT (Tablet Dispersible)	4	QL	Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	1	QL
Aristada (Injection)	4		Olanzapine ODT (Tablet Dispersible)	1	QL
Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	4	QL, ST	Paliperidone ER (Tablet Extended-Release 24 Hour)	3	QL
Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	3	QL, ST	Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
Fanapt Titration Pack (Tablet)	3	ST	Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	1	QL
Geodon (20mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)	4	QL	Rexulti (Tablet)	4	QL
Geodon (20mg Injection)	3				
Invega (Tablet Extended-Release 24 Hour)	4	PA, 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
Risperdal (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet)	3		Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	3	QL
Risperdal (1mg/ml Oral Solution, 2mg Tablet, 3mg Tablet, 4mg Tablet)	4		Seroquel XR (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour)	4	QL
Risperdal Consta (12.5mg Injection)	3		Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	4	QL, ST
Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)	4		Vraylar (Capsule Therapy Pack)	3	ST
Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet, 1mg/ml Oral Solution)	1		Ziprasidone HCl (Capsule)	1	QL
Risperidone ODT (Tablet Dispersible)	1		Zyprexa (10mg Injection)	3	
Saphris (Tablet Sublingual)	4	QL	Zyprexa (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 7.5mg Tablet)	3	QL
Seroquel (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet)	3	QL	Zyprexa (15mg Tablet, 20mg Tablet)	4	QL
Seroquel (300mg Tablet, 400mg Tablet)	4	QL	Zyprexa Relprevv (Injection)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zyprexa Zydis (10mg Tablet Dispersible, 5mg Tablet Dispersible)	3	QL	Versacloz (Suspension)	4	
Zyprexa Zydis (15mg Tablet Dispersible, 20mg Tablet Dispersible)	4	QL	Antivirals		
Treatment-Resistant			Anti-cytomegalovirus (CMV) Agents		
Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	1		Prevymis (Tablet)	4	PA, QL
Clozapine ODT (100mg Tablet Dispersible, 12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 25mg Tablet Dispersible)	1		Valcyte (450mg Tablet, 50mg/ml Oral Solution)	4	QL
Clozapine ODT (200mg Tablet Dispersible)	4		Valganciclovir (Tablet)	4	QL
Clozaril (100mg Tablet)	4		Valganciclovir Hydrochloride (Oral Solution)	4	QL
Clozaril (25mg Tablet)	3		Zirgan (Gel)	3	
Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	4		Anti-hepatitis B (HBV) Agents		
Fazaclo (12.5mg Tablet Dispersible, 25mg Tablet Dispersible)	3		Adefovir Dipivoxil (Tablet)	4	
			Baraclude (0.05mg/ml Oral Solution)	3	
			Baraclude (0.5mg Tablet, 1mg Tablet)	4	
			Entecavir (Tablet)	3	
			Epivir HBV (100mg Tablet, 5mg/ml Oral Solution)	3	
			Hepsera (Tablet)	4	
			Lamivudine (100mg Tablet)	1	
			Vemlidy (Tablet)	4	QL
			Anti-hepatitis C (HCV) Agents, Other		
			Intron A (Injection)	4	PA, LA
			Moderiba (200mg Tablet)	3	
			Moderiba 1200 Dose Pack (Tablet)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Moderiba 800 Dose Pack (Tablet)	3	
Pegasys (Injection)	4	PA
Pegasys ProClick (Injection)	4	PA
Rebetol (Oral Solution)	3	
Ribasphere (200mg Capsule, 200mg Tablet, 400mg Tablet)	1	
Ribasphere (600mg Tablet)	4	
Ribasphere Ribapak (Tablet Therapy Pack, 400mg Tablet)	3	
Ribasphere Ribapak (Tablet Therapy Pack, 600mg Tablet)	4	
Ribavirin (200mg Capsule)	1	
Ribavirin (200mg Tablet)	3	
Sylatron (Injection)	4	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Daklinza (Tablet)	4	PA, QL
Epclusa (Tablet)	4	PA, QL
Harvoni (Tablet)	4	PA, QL
Mavyret (Tablet)	4	PA, QL
Sovaldi (Tablet)	4	PA, QL
Technivie (Tablet)	4	PA, QL
Viekira Pak (Tablet Therapy Pack)	4	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Viekira XR (Tablet Extended-Release 24 Hour)	4	PA, QL
Vosevi (Tablet)	4	PA, QL
Zepatier (Tablet)	4	PA, QL
Antiherpetic Agents		
Acyclovir (200mg Capsule, 400mg Tablet, 800mg Tablet)	1	
Acyclovir (200mg/5ml Suspension, 5% Ointment)	3	
Acyclovir Sodium (Injection)	3	B/D, PA
Denavir (Cream)	4	
Famciclovir (Tablet)	1	
Trifluridine (Ophthalmic Solution)	1	
Valacyclovir HCl (Tablet)	1	QL
Valtrex (Tablet)	3	QL
Viroptic (Ophthalmic Solution)	3	
Xerese (Cream)	4	PA
Zovirax (200mg Capsule, 200mg/5ml Suspension)	3	
Zovirax (5% Cream, 5% Ointment, 800mg Tablet)	4	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Genvoya (Tablet)	4	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Isentress (100mg Packet, 25mg Tablet Chewable)	2	QL
Isentress (100mg Tablet Chewable, 400mg Tablet)	4	QL
Isentress HD (Tablet)	4	QL
Stribild (Tablet)	4	QL
Tivicay (10mg Tablet)	3	QL
Tivicay (25mg Tablet, 50mg Tablet)	4	QL
Triumeq (Tablet)	4	QL
Tybost (Tablet)	3	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Tablet)	4	QL
Complera (Tablet)	4	QL
Edurant (Tablet)	4	QL
Efavirenz (200mg Capsule, 600mg Tablet)	4	QL
Efavirenz (50mg Capsule)	3	QL
Intelence (100mg Tablet, 200mg Tablet)	4	QL
Intelence (25mg Tablet)	3	QL
Juluca (Tablet)	4	QL
Nevirapine (Tablet)	1	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	3	QL
Odefsey (Tablet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rescriptor (Tablet)	3	QL
Sustiva (200mg Capsule, 600mg Tablet)	4	QL
Sustiva (50mg Capsule)	3	QL
Symfi (Tablet)	4	QL
Symfi Lo (Tablet)	4	QL
Viramune (200mg Tablet, 50mg/5ml Suspension)	4	QL
Viramune XR (100mg Tablet Extended-Release 24 Hour)	3	QL
Viramune XR (400mg Tablet Extended-Release 24 Hour)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (20mg/ml Oral Solution, 300mg Tablet)	3	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	4	QL
Abacavir/Lamivudine (Tablet)	3	QL
Biktarvy (Tablet)	4	QL
Combivir (Tablet)	4	QL
Descovy (Tablet)	4	QL
Didanosine (Capsule Delayed-Release)	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
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	3	QL	Ziagen (20mg/ml Oral Solution, 300mg Tablet)	3	QL
Epivir (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL	Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	1	QL
Epzicom (Tablet)	4	QL	Anti-HIV Agents, Other		
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	1	QL	Fuzeon (Injection)	4	QL
Lamivudine/ Zidovudine (Tablet)	3	QL	Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)	4	QL
Retrovir (100mg Capsule, 50mg/5ml Syrup)	3	QL	Selzentry (25mg Tablet)	2	QL
Stavudine (Capsule)	1	QL	Anti-HIV Agents, Protease Inhibitors		
Tenofovir Disoproxil Fumarate (Tablet)	4	QL	Aptivus (100mg/ml Oral Solution, 250mg Capsule)	4	QL
Trizivir (Tablet)	4	QL	Atazanavir Sulfate (Capsule)	4	QL
Truvada (Tablet)	4	QL	Crixivan (Capsule)	2	QL
Videx EC (Capsule Delayed-Release)	3	QL	Evotaz (Tablet)	4	QL
Videx Pediatric (Oral Solution)	3	QL	Fosamprenavir Calcium (Tablet)	4	QL
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)	4	QL	Invirase (200mg Capsule, 500mg Tablet)	4	QL
Zerit (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution)	3	QL	Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)	3	QL
			Kaletra (200mg-50mg Tablet)	4	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lexiva (50mg/ml Suspension)	3	QL
Lexiva (700mg Tablet)	4	QL
Lopinavir/Ritonavir (Oral Solution)	3	QL
Norvir (100mg Capsule, 100mg Packet, 100mg Tablet, 80mg/ml Oral Solution)	3	QL
Prezcofix (Tablet)	4	QL
Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)	4	QL
Prezista (150mg Tablet, 75mg Tablet)	3	QL
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	4	QL
Ritonavir (Tablet)	3	QL
Viracept (Tablet)	4	QL
Anti-influenza Agents		
Flumadine (Tablet)	3	
Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	1	QL
Relenza Diskhaler (Aerosol Powder)	2	
Rimantadine HCl (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	3	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Tablet)	1	
Hydroxyzine HCl (10mg/5ml Syrup)	1	PA, HRM
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	1	QL
Alprazolam ER (Tablet Extended-Release 24 Hour)	1	PA, QL
Alprazolam Intensol (1mg/ml Concentrate)	1	QL
Alprazolam ODT (Tablet Dispersible)	1	QL
Ativan (Tablet)	4	QL
Chlordiazepoxide HCl (Capsule)	1	
Clonazepam (Tablet)	1	QL
Clonazepam ODT (Tablet Dispersible)	1	QL
Clorazepate Dipotassium (Tablet)	1	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	1	QL
Diazepam (1mg/ml Oral Solution)	1	
Diazepam Intensol (5mg/ml Concentrate)	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
Klonopin (Tablet)	3	QL	Divalproex Sodium (Capsule Sprinkle Delayed-Release)	1	
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/ml Concentrate)	1	QL	Divalproex Sodium DR (Tablet Delayed-Release)	1	
Oxazepam (Capsule)	1		Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	1	
Tranxene T (Tablet)	3	QL	Equetro (Capsule Extended-Release 12 Hour)	3	
Valium (Tablet)	3	QL	Lithium (Oral Solution)	1	
Xanax (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet)	3	QL	Lithium Carbonate (Capsule Immediate-Release, Tablet Immediate-Release)	1	
Xanax (2mg Tablet)	4	QL	Lithium Carbonate ER (Tablet Extended-Release)	1	
Xanax XR (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour)	3	PA, QL	Lithobid (Tablet Extended-Release)	3	
Xanax XR (2mg Tablet Extended-Release 24 Hour)	4	PA, QL	Bipolar Agents		
Bipolar Agents			Blood Glucose Regulators		
Mood Stabilizers			Antidiabetic Agents		
Depakote (Tablet Delayed-Release)	3		Acarbose (Tablet)	1	
Depakote ER (Tablet Extended-Release 24 Hour)	3		Actoplus Met (Tablet)	3	QL
Depakote Sprinkles (Capsule Sprinkle Delayed-Release)	3		Actoplus Met XR (Tablet Extended-Release 24 Hour)	3	QL
			Actos (Tablet)	3	QL
			Adlyxin (Injection)	3	QL, ST
			Adlyxin Starter Pack (Injection)	3	QL, ST

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
Alogliptin (Tablet)	3	QL, ST	Glucotrol XL (Tablet Extended-Release 24 Hour)	3	QL
Alogliptin/Metformin HCl (Tablet)	3	QL, ST	Glumetza (Tablet Extended-Release 24 Hour)	4	PA, QL
Alogliptin/Pioglitazone (Tablet)	3	QL, ST	Glyset (Tablet)	3	
Amaryl (Tablet)	3	QL	Glyxambi (Tablet)	2	QL
Avandia (Tablet)	3	PA, QL	Invokamet (Tablet)	2	QL
Bydureon Bcise (Auto injector)	2	QL	Invokamet XR (Tablet Extended-Release 24 Hour)	2	QL
Bydureon Pen (Injection)	2	QL	Invokana (Tablet)	2	QL
Bydureon Vial (Injection)	2	QL	Janumet (Tablet Immediate-Release)	2	QL
Byetta (Injection)	3	QL	Janumet XR (Tablet Extended-Release 24 Hour)	2	QL
Cycloset (Tablet)	3	PA	Januvia (Tablet)	2	QL
Duetact (Tablet)	3	QL	Jardiance (Tablet)	2	QL
Farxiga (Tablet)	3	QL, ST	Jentadueto (Tablet)	3	QL
Fortamet (Tablet Extended-Release 24 Hour)	4	PA, QL	Jentadueto XR (Tablet Extended-Release 24 Hour)	3	QL
Glimepiride (Tablet)	1	QL	Kazano (Tablet)	3	QL, ST
Glipizide (Tablet Immediate-Release)	1	QL	Kombiglyze XR (Tablet Extended-Release 24 Hour)	2	QL
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL	Metformin HCl (Tablet Immediate-Release)	1	QL
Glipizide/Metformin HCl (Tablet)	1	QL			
Glucophage (Tablet)	3	QL			
Glucophage XR (Tablet Extended-Release 24 Hour)	3	QL			
Glucotrol (Tablet)	3	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour Generic Fortamet, 1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour)	4	PA, QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour)	3	PA, QL
Miglitol (Tablet)	1	
Nateglinide (Tablet)	1	QL
Nesina (Tablet)	3	QL, ST
Onglyza (Tablet)	2	QL
Oseni (Tablet)	3	QL, ST
Ozempic (Injection)	3	QL, ST
Pioglitazone HCl (Tablet)	1	QL
Pioglitazone HCl/ Glimepiride (Tablet)	3	QL
Pioglitazone HCl/ Metformin HCl (Tablet)	1	QL
Prandin (1mg Tablet)	3	QL
Prandin (2mg Tablet)	4	QL
Precose (Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Qtern (Tablet)	3	QL, ST
Repaglinide (Tablet)	1	QL
Repaglinide/Metformin HCl (Tablet)	3	QL
Riomet (Oral Solution)	3	QL
Segluromet (Tablet)	3	QL, ST
Soliqua 100/33 (Injection)	2	QL
Starlix (Tablet)	3	QL
Steglatro (Tablet)	3	QL, ST
Steglujan (Tablet)	3	QL, ST
SymlinPen 120 (Injection)	4	PA
SymlinPen 60 (Injection)	4	PA
Synjardy (Tablet)	2	QL
Synjardy XR (Tablet Extended-Release 24 Hour)	2	QL
Tanzeum (Injection)	3	QL, ST
Tolazamide (Tablet)	1	QL
Tolbutamide (Tablet)	1	QL
Tradjenta (Tablet)	3	QL
Trulicity (Injection)	2	QL
Victoza (Injection)	2	QL
Xigduo XR (Tablet Extended-Release 24 Hour)	3	QL, ST
Xultophy 100/3.6 (Injection)	3	QL, ST
Glycemic Agents		
GlucaGen HypoKit (Injection)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Glucagon Emergency Kit (Injection)	2		Humulin N Vial (Injection)	2	
Proglycem (Suspension)	4		Humulin R U-500 KwikPen (Injection)	2	
Insulins			Humulin R U-500 Vial (Concentrated) (Injection)	2	
Afrezza (4unit Powder, 8unit Powder)	3	PA	Humulin R Vial (Injection)	2	
Afrezza (Powder, 12unit Powder)	4	PA	Lantus SoloStar (Injection)	2	
Basaglar KwikPen (Injection)	3	ST	Lantus Vial (Injection)	2	
Humalog Cartridge (Injection)	2		Levemir FlexTouch (Injection)	2	
Humalog Junior KwikPen (Injection)	2		Levemir Vial (Injection)	2	
Humalog KwikPen (Injection)	2		Toujeo Max Solostar (Injection)	2	
Humalog Mix 50/50 KwikPen (Injection)	2		Toujeo SoloStar (Injection)	2	
Humalog Mix 50/50 Vial (Injection)	2		Tresiba FlexTouch (Injection)	2	
Humalog Mix 75/25 KwikPen (Injection)	2		Blood Products/Modifiers/Volume Expanders		
Humalog Mix 75/25 Vial (Injection)	2		Anticoagulants		
Humalog Vial (Injection)	2		Arixtra (Injection)	4	
Humulin 70/30 KwikPen (Injection)	2		Bevyxxa (Capsule)	3	QL
Humulin 70/30 Vial (Injection)	2		Coumadin (Tablet)	2	
Humulin N KwikPen (Injection)	2		Eliquis (Tablet)	2	QL
			Eliquis Starter Pack (Tablet)	2	QL
			Enoxaparin Sodium (Injection)	3	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
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	4		Lovenox (30mg/0.3ml Injection, 40mg/0.4ml Injection)	3	QL
Fondaparinux Sodium (2.5mg/0.5ml Injection)	3		Pradaxa (Capsule)	3	QL
Fragmin (10000unit/ml Injection, 12500unit/0.5ml Injection, 15000unit/0.6ml Injection, 18000unit/0.72ml Injection, 5000unit/0.2ml Injection, 7500unit/0.3ml Injection, 95000unit/3.8ml Injection)	4		Savaysa (Tablet)	3	PA, QL
Fragmin (2500unit/0.2ml Injection)	3		Warfarin Sodium (Tablet)	1	
Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	1		Xarelto (Tablet)	2	QL
Heparin Sodium (1000unit/ml Injection)	1	B/D, PA	Xarelto Starter Pack (Tablet Therapy Pack)	2	QL
Jantoven (Tablet)	1		Zontivity (Tablet)	3	PA
Lovenox (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection)	4	QL	Blood Formation Modifiers		
			Agrylin (Capsule)	3	
			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)	4	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
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	3	PA
Doptelet (Tablet)	4	PA
Epogen (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Epogen (20000unit/ml Injection)	4	PA
Granix (Injection)	4	ST
Leukine (Injection)	4	PA
Mircera (Injection)	3	PA, LA
Neulasta (Injection)	4	PA
Neupogen (Injection)	4	ST
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	4	PA
Promacta (Tablet)	4	PA, QL, LA
Zarxio (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hemostasis Agents		
Lysteda (Tablet)	4	
Tavalisse (Tablet)	4	PA, QL
Tranexamic Acid (Tablet)	1	
Platelet Modifying Agents		
Aggrenox (Capsule Extended-Release 12 Hour)	3	QL
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	3	QL
Brilinta (Tablet)	2	QL
Cilostazol (Tablet)	1	
Clopidogrel (Tablet)	1	QL
Effient (Tablet)	3	QL
Plavix (Tablet)	3	QL
Prasugrel (Tablet)	3	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Catapres (Tablet)	3	
Catapres-TTS-1 (Patch Weekly)	3	
Catapres-TTS-2 (Patch Weekly)	3	
Catapres-TTS-3 (Patch Weekly)	3	
Clonidine HCl (Tablet Immediate-Release, Patch Weekly)	1	
Methyldopa (Tablet)	1	PA, HRM
Midodrine HCl (Tablet)	1	
Nothera (Capsule)	4	PA, QL, LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Alpha-adrenergic Blocking Agents		
Cardura (Tablet)	3	
Dibenzylamine (Capsule)	4	
Doxazosin Mesylate (Tablet)	1	
Minipress (Capsule)	3	
Phenoxybenzamine HCl (Capsule)	4	
Prazosin HCl (Capsule)	1	
Angiotensin II Receptor Antagonists		
Atacand (Tablet)	3	QL
Avapro (Tablet)	3	QL
Benicar (Tablet)	3	QL
Candesartan Cilexetil (Tablet)	1	QL
Cozaar (Tablet)	3	QL
Diovan (Tablet)	3	QL
Edarbi (Tablet)	3	QL
Eprosartan Mesylate (Tablet)	1	QL
Irbesartan (Tablet)	1	QL
Losartan Potassium (Tablet)	1	QL
Micardis (Tablet)	3	QL
Olmesartan Medoxomil (Tablet)	1	QL
Telmisartan (Tablet)	1	QL
Valsartan (Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Accupril (Tablet)	3	QL
Altace (Capsule)	3	QL
Benazepril HCl (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Captopril (Tablet)	1	QL
Enalapril Maleate (Tablet)	1	QL
Fosinopril Sodium (Tablet)	1	QL
Lisinopril (Tablet)	1	QL
Lotensin (10mg Tablet, 20mg Tablet, 40mg Tablet)	3	QL
Moexipril HCl (Tablet)	1	QL
Perindopril Erbumine (Tablet)	1	QL
Prinivil (Tablet)	3	QL
Qbrelis (Oral Solution)	4	QL
Quinapril HCl (Tablet)	1	QL
Ramipril (Capsule)	1	QL
Trandolapril (Tablet)	1	QL
Vasotec (10mg Tablet, 20mg Tablet)	4	QL
Vasotec (2.5mg Tablet, 5mg Tablet)	3	QL
Zestril (Tablet)	3	QL
Antiarrhythmics		
Amiodarone HCl (Tablet)	1	
Betapace AF (120mg Tablet, 160mg Tablet)	4	
Betapace AF (80mg Tablet)	3	
Dofetilide (Capsule)	3	
Flecainide Acetate (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
Mexiletine HCl (Capsule)	1		Bisoprolol Fumarate (Tablet)	1	
Multaq (Tablet)	2		Bystolic (Tablet)	2	QL
Pacerone (100mg Tablet, 400mg Tablet)	3		Carvedilol (Tablet)	1	
Pacerone (200mg Tablet)	1		Carvedilol Phosphate (Capsule Extended-Release 24 Hour)	3	
Propafenone HCl (Tablet)	1		Coreg (Tablet)	3	
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	3		Coreg CR (Capsule Extended-Release 24 Hour)	3	
Quinidine Gluconate CR (Tablet Extended-Release)	3		Corgard (Tablet)	3	
Quinidine Sulfate (Tablet)	1		Inderal LA (Capsule Extended-Release 24 Hour)	4	
Rythmol SR (Capsule Extended-Release 12 Hour)	4		Innopran XL (Capsule Extended-Release 24 Hour)	4	
Sorine (Tablet)	1		Labetalol HCl (Tablet)	1	
Sotalol HCl (AF) (Tablet)	1		Lopressor (Tablet)	3	
Sotalol HCl (Tablet)	1		Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Sotylize (Oral Solution)	3	PA	Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Tikosyn (Capsule)	3		Nadolol (Tablet)	1	
Beta-adrenergic Blocking Agents			Pindolol (Tablet)	1	
Acebutolol HCl (Capsule)	1				
Atenolol (Tablet)	1				
Betaxolol HCl (10mg Tablet, 20mg Tablet)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1	
Propranolol HCl (Tablet Immediate-Release)	1	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1	
Tenormin (Tablet)	3	
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	
Toprol XL (Tablet Extended-Release 24 Hour)	3	
Calcium Channel Blocking Agents		
Adalat CC (Tablet Extended-Release 24 Hour)	3	
Afeditab CR (Tablet Extended-Release 24 Hour)	1	
Amlodipine Besylate (Tablet)	1	
Calan (Tablet)	3	
Calan SR (Tablet Extended-Release)	3	
Cardizem (Tablet)	4	
Cardizem CD (Capsule Extended-Release 24 Hour)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cardizem LA (Tablet Extended-Release 24 Hour)	3	
Cartia XT (Capsule Extended-Release 24 Hour)	1	
Dilt-XR (Capsule Extended-Release 24 Hour)	1	
Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet, 60mg Tablet, 90mg 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
Diltiazem HCl ER: Diltiazem HCl ER (120mg Capsule Extended-Release 12 Hour, 60mg Capsule Extended-Release 12 Hour, 90mg Capsule Extended-Release 12 Hour) (Generic Cardizem SR), (120mg Capsule Extended- Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD), (360mg Capsule Extended- Release 24 Hour, 420mg Capsule Extended-Release 24 Hour) (Generic Tiazac)	1		Nimodipine (Capsule)	3	
Felodipine ER (Tablet Extended-Release 24 Hour)	1		Nisoldipine ER (Tablet Extended-Release 24 Hour)	3	
Isradipine (Capsule)	1		Norvasc (Tablet)	3	
Matzim LA (Tablet Extended-Release 24 Hour)	1		Nymalize (Oral Solution)	4	
Nicardipine HCl (Capsule)	1		Procardia XL (Tablet Extended-Release 24 Hour)	3	
Nifedipine ER (Tablet Extended-Release 24 Hour)	1		Sular (Tablet Extended-Release 24 Hour)	3	
			Taztia XT (Capsule Extended-Release 24 Hour)	1	
			Tiazac (Capsule Extended-Release 24 Hour)	3	
			Verapamil HCl (120mg Tablet, 80mg Tablet, 40mg Tablet Immediate-Release)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl 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, 120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	1		Amlodipine Besylate/ Atorvastatin Calcium (Tablet)	3	QL
Verapamil HCl SR (Capsule Extended-Release 24 Hour)	1		Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL
Verelan (Capsule Extended-Release 24 Hour)	3		Amlodipine Besylate/ Valsartan (Tablet)	1	QL
Verelan PM (Capsule Extended-Release 24 Hour)	3		Amlodipine/ Olmesartan Medoxomil (Tablet)	1	QL
Cardiovascular Agents, Other			Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)	1	
Accuretic (Tablet)	3	QL	Atacand HCT (Tablet)	3	QL
Aldactazide (Tablet)	3		Atenolol/ Chlorthalidone (Tablet)	1	
Amiloride/ Hydrochlorothiazide (Tablet)	1		Avalide (Tablet)	3	QL
			Azor (Tablet)	3	QL
			Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
			Benicar HCT (Tablet)	3	QL
			BiDil (Tablet)	2	
			Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet)	1	QL
			Byvalson (Tablet)	3	QL, ST
			Caduet (Tablet)	3	QL
			Candesartan Cilexetil/ Hydrochlorothiazide (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
Captopril/ Hydrochlorothiazide (Tablet)	1	QL	Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL
Corlanor (Tablet)	3	PA, QL	Lanoxin (125mcg Tablet, 62.5mcg Tablet)	3	QL, HRM
Corzide (Tablet)	3		Lanoxin (187.5mcg Tablet, 250mcg Tablet)	3	PA, HRM
Demser (Capsule)	4		Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
Digitek (0.125mg Tablet)	1	QL, HRM	Lopressor HCT (Tablet)	3	
Digitek (0.25mg Tablet)	1	PA, HRM	Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Digox (125mcg Tablet)	1	QL, HRM	Lotrel (Capsule)	3	QL
Digox (250mcg Tablet)	1	PA, HRM	Maxzide (Tablet)	3	
Digoxin (0.05mg/ml Oral Solution)	1	PA, QL, HRM	Metoprolol/ Hydrochlorothiazide (Tablet)	1	
Digoxin (125mcg Tablet)	1	QL, HRM	Micardis HCT (Tablet)	3	QL
Digoxin (250mcg Tablet)	1	PA, HRM	Moexipril/ Hydrochlorothiazide (Tablet)	1	QL
Diovan HCT (Tablet)	3	QL	Nadolol/ Bendroflumethiazide (Tablet)	1	
DUTOPROL (Tablet Extended-Release 24 Hour)	3		Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	1	QL
Dyazide (Capsule)	3				
Edarbyclor (Tablet)	3	QL			
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL			
Entresto (Tablet)	2	QL			
Exforge (Tablet)	3	QL			
Exforge HCT (Tablet)	3				
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL			
Hyzaar (Tablet)	3	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
Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	1	QL	Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	1	
Pentoxifylline ER (Tablet Extended-Release)	1		Tribenzor (Tablet)	3	QL
Propranolol/ Hydrochlorothiazide (Tablet)	1		Twynsta (Tablet)	3	QL
Quinapril/ Hydrochlorothiazide (Tablet)	1	QL	Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Ranexa (Tablet Extended-Release 12 Hour)	2		Vaseretic (Tablet)	3	QL
Spirolactone/ Hydrochlorothiazide (Tablet)	1		Vecamyl (Tablet)	4	PA
Tarka (Tablet Extended-Release)	3	QL	Zestoretic (Tablet)	3	QL
Tekturna (Tablet)	3	QL	Ziac (Tablet)	3	QL
Tekturna HCT (Tablet)	3	QL	Diuretics, Carbonic Anhydrase Inhibitors		
Telmisartan/ Amlodipine (Tablet)	1	QL	Acetazolamide (Tablet Immediate-Release)	1	
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL	Acetazolamide ER (Capsule Extended-Release 12 Hour)	1	
Tenoretic 100 (Tablet)	3		Keveyis (Tablet)	4	PA, QL
Tenoretic 50 (Tablet)	3		Methazolamide (Tablet)	3	
Trandolapril/Verapamil HCl ER (Tablet Extended-Release)	1	QL	Diuretics, Loop		
			Bumetanide (0.25mg/ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
			Edecrin (Tablet)	4	
			Ethacrynic Acid (Tablet)	4	
			Furosemide (10mg/ml Injection)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1		Fenofibrate (130mg Capsule, 150mg Capsule, 43mg Capsule, 50mg Capsule, 145mg Tablet, 160mg Tablet, 48mg Tablet, 54mg Tablet)	1	
Lasix (Tablet)	3		Fenofibrate Micronized (Capsule)	1	
Torsemide (Tablet)	1		Fenofibric Acid (105mg Tablet)	1	
Diuretics, Potassium-sparing			Fenofibric Acid (35mg Tablet)	1	
Aldactone (Tablet)	3		Fenofibric Acid DR (Capsule Delayed-Release)	1	
Amiloride HCl (Tablet)	1		Fenoglide (120mg Tablet)	4	
Carospir (Suspension)	4		Fenoglide (40mg Tablet)	3	
Dyrenium (Capsule)	3		Fibricor (Tablet)	3	
Eplerenone (Tablet)	1		Gemfibrozil (Tablet)	1	
Inspra (Tablet)	3		Lipofen (Capsule)	3	
Spirolactone (Tablet)	1		Lopid (Tablet)	3	
Diuretics, Thiazide			Tricor (Tablet)	3	
Chlorothiazide (Tablet)	1		Triglide (Tablet)	3	
Chlorthalidone (Tablet)	1		Trilipix (Capsule Delayed-Release)	3	
Diuril (Suspension)	3		Dyslipidemics, HMG CoA Reductase Inhibitors		
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1		Altoprev (Tablet Extended-Release 24 Hour)	4	QL
Indapamide (Tablet)	1				
Methyclothiazide (Tablet)	1				
Metolazone (Tablet)	1				
Microzide (Capsule)	3				
Dyslipidemics, Fibric Acid Derivatives					
Antara (Capsule)	2				
Fenofibrate (120mg Tablet, 40mg Tablet)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Atorvastatin Calcium (Tablet)	1	QL
Crestor (Tablet)	3	QL
Flolipid (Suspension)	3	QL
Fluvastatin (Capsule Immediate-Release)	1	QL
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	3	QL
Lescol XL (Tablet Extended-Release 24 Hour)	3	QL
Lipitor (Tablet)	3	QL
Livalo (Tablet)	2	QL
Lovastatin (Tablet)	1	QL
Pravachol (Tablet)	3	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	1	QL
Simvastatin (Tablet)	1	QL
Zocor (Tablet)	3	QL
Zypitamag (Tablet)	3	QL, ST
Dyslipidemics, Other		
Cholestyramine (Packet)	1	
Cholestyramine Light (Powder)	1	
Colesevelam HCl (Tablet)	1	
Colestid (1gm Tablet, 5gm Packet)	3	
Colestipol HCl (1gm Tablet, 5gm Packet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ezetimibe (Tablet)	1	
Ezetimibe/Simvastatin (Tablet)	1	QL
Juxtapid (Capsule)	4	PA, LA
Kynamro (Injection)	4	PA, LA
Lovaza (Capsule)	3	
Niacin ER (Tablet Extended-Release)	1	
Niacor (Tablet)	1	
Niaspan (Tablet Extended-Release)	3	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	1	
Praluent (Injection)	4	PA, QL, LA
Prevalite (Packet)	1	
Questran (Packet)	3	
Questran Light (Powder)	3	
Repatha (Injection)	4	PA, QL
Repatha Pushtronex System (Injection)	4	PA, QL
Repatha SureClick (Injection)	4	PA, QL
Vascepa (Capsule)	3	
Vytorin (Tablet)	3	QL
Welchol (3.75gm Packet, 625mg Tablet)	3	
Zetia (Tablet)	3	
Vasodilators, Direct-acting Arterial		
Hydralazine 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
Minoxidil (Tablet)	1		Adderall (Tablet)	3	QL
Vasodilators, Direct-acting Arterial/Venous			Adderall XR (Capsule Extended-Release 24 Hour)	3	QL
Gonitro (Packet)	3		Adzenys ER (Suspension Extended-Release)	3	QL
Isordil Titradoso (Tablet)	4		Adzenys XR-ODT (Tablet Extended-Release Dispersible)	3	QL
Isosorbide Dinitrate (Tablet Immediate-Release)	1		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, 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
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)	2				
Nitro-Dur (Patch 24 Hour)	3				
Nitroglycerin (Tablet Sublingual)	1				
Nitroglycerin Lingual (Translingual Solution)	1				
Nitroglycerin Transdermal (Patch 24 Hour)	1				
Nitrostat (Tablet Sublingual)	3				
Rectiv (Ointment)	3				
Central Nervous System Agents					
Attention Deficit Hyperactivity Disorder Agents, Amphetamines					

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Desoxyn (Tablet)	4	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)	3	
Dexedrine (Capsule Extended-Release 24 Hour)	4	QL			
Dextroamphetamine Sulfate (Tablet)	1	QL			
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour)	3	QL			
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	1	QL			
Dyanavel XR (Suspension Extended-Release)	3	QL			
Methamphetamine HCl (Tablet)	3	PA			
Mydayis (Capsule Extended-Release 24 Hour)	3	QL			
ProCentra (Oral Solution)	3				
			Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
			Aptensio XR (Capsule Extended-Release 24 Hour)	3	QL
			Atomoxetine (Capsule)	3	
			Clonidine HCl ER (Tablet Extended-Release 12 Hour)	3	PA
			Concerta (Tablet Extended-Release)	3	QL
			Daytrana (Patch)	3	QL
			Dexmethylphenidate HCl (Tablet Immediate-Release)	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
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	3		Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release, 72mg Tablet Extended-Release, 18mg Tablet Extended-Release 24 Hour, 27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour, 54mg Tablet Extended-Release 24 Hour)	3	QL
Focalin (Tablet)	3	QL	Methylphenidate HCl LA (Capsule Extended-Release 24 Hour)	3	
Focalin XR (Capsule Extended-Release 24 Hour)	3		QuilliChew ER (Tablet Chewable Extended-Release)	3	QL
Kapvay (Tablet Extended-Release 12 Hour)	3	PA	Quillivant XR (Suspension)	3	
Metadate ER (Tablet Extended-Release)	3	QL	Ritalin (Tablet)	3	QL
Methylin (Oral Solution)	3	QL	Ritalin LA (Capsule Extended-Release 24 Hour)	3	
Methylphenidate HCl (Tablet Chewable, Tablet Immediate-Release)	1	QL	Strattera (Capsule)	3	
Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL	Central Nervous System, Other		
Methylphenidate HCl CD (Capsule Extended-Release)	3		Austedo (Tablet)	4	PA, QL, LA
Methylphenidate HCl ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour)	3		Gralise (Tablet)	3	PA
			Gralise Starter Pack	3	PA
			Horizant (Tablet Extended-Release)	3	PA
			Ingrezza (Capsule)	4	PA, QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	2	PA, QL
Nuedexta (Capsule)	3	PA
Rilutek (Tablet)	4	
Riluzole (Tablet)	3	
Tetrabenazine (Tablet)	4	PA, LA
Xenazine (Tablet)	4	PA, LA
Fibromyalgia Agents		
Cymbalta (Capsule Delayed-Release)	3	QL
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	1	QL
Duloxetine HCl (40mg Capsule Delayed-Release)	3	QL
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	2	QL
Lyrica CR (Tablet Extended-Release 24 Hour)	3	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Savella (Tablet)	2	
Savella Titration Pack	2	
Multiple Sclerosis Agents		
Ampyra (Tablet Extended-Release 12 Hour)	4	QL, LA
Aubagio (Tablet)	4	QL, LA
Avonex (Injection)	4	
Avonex Pen (Injection)	4	
Betaseron (Injection)	4	
Copaxone (Injection)	4	
Extavia (Injection)	4	
Gilenya (Capsule)	4	QL
Glatiramer Acetate (Solution Prefilled Syringe)	4	
Glatopa (Injection)	4	
Plegridy (Injection)	4	
Plegridy Starter Pack (Injection)	4	
Rebif (Injection)	4	
Rebif Rebidose (Injection)	4	
Rebif Rebidose Titration Pack (Injection)	4	
Rebif Titration Pack (Injection)	4	
Tecfidera (Capsule Delayed-Release)	4	QL, LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tecfidera Starter Pack	4	LA
Dental and Oral Agents		
Dental and Oral Agents		
Cevimeline HCl (Capsule)	3	ST
Chlorhexidine Gluconate Oral Rinse (Solution)	1	
Evoxac (Capsule)	3	ST
Periogard (Solution)	1	
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	1	
Salagen (Tablet)	3	
Triamcinolone Acetonide Dental Paste (Paste)	1	
Dermatological Agents		
Dermatological Agents		
Absorica (Capsule)	4	PA
Acanya (Gel)	3	ST
Acitretin (Capsule)	3	
Aczone (Gel)	3	
Adapalene (0.1% Cream, 0.3% Gel)	3	
Adapalene (0.1% Gel)	1	
Adapalene and Benzoyl Peroxide (Gel)	3	ST
Aktipak (Packet)	3	ST
Aldara (Cream)	4	
Ammonium Lactate (12% Cream, 12% Lotion)	1	
Amnesteem (Capsule)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Atralin (Gel)	3	PA
Avita (0.025% Cream, 0.025% Gel)	1	PA
Azelex (Cream)	3	
BenzaClin with Pump (Gel)	3	
Benzamycin (Gel)	3	
Calcipotriene (0.005% Cream, 0.005% Ointment)	3	
Calcipotriene (0.005% External Solution)	1	
Calcipotriene/Betamethasone Dipropionate (Ointment)	3	
Calcitriol (3mcg/gm Ointment)	3	
Carac (Cream)	4	
Claravis (Capsule)	3	PA
Cleocin-T (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
Clindacin-P (Swab)	1	
Clindagel (Gel)	4	
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	1	
Clindamycin Phosphate (1% Foam)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin Phosphate/Tretinoin (Gel)	3	PA
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	3	
Clindamycin/Benzoyl Peroxide (5%-1.2% Gel)	1	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream, 1%-0.05% Lotion)	1	
Condylox (Gel)	3	
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)	3	
Cosentyx (Injection)	4	PA, LA
Cosentyx Sensoready Pen (Injection)	4	PA, LA
Dapsone (5% Gel)	3	
Diclofenac Sodium (3% Gel)	3	PA
Differin (0.1% Cream, 0.1% Gel, 0.3% Gel, 0.1% Lotion)	3	
Dovonex (Cream)	4	
Doxepin HCl (Cream)	3	PA, QL
Duac (Gel)	3	
Dupixent (Injection)	4	PA
Efudex (Cream)	3	
Elidel (Cream)	3	ST
Enstilar (Foam)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Epiduo (Gel)	3	ST
Epiduo Forte (Gel)	3	ST
Ery (2% Pad)	1	
Erygel (Gel)	3	
Erythromycin (2% External Solution, 2% Gel)	1	
Erythromycin/Benzoyl Peroxide (Gel)	3	
Eucrisa (Ointment)	3	PA
Evoclin (Foam)	4	
Fabior (Foam)	3	PA
Finacea (15% Foam, 15% Gel)	2	
Fluorouracil (0.5% Cream)	4	
Fluorouracil (2% External Solution, 5% External Solution, 5% Cream)	1	
Imiquimod (Cream)	1	
Isotretinoin (Capsule)	3	PA
Klaron (Lotion)	3	PA
Lotrisone (Cream)	3	
Methoxsalen (Capsule)	4	
Mirvaso (Gel)	3	
Myorisan (Capsule)	3	PA
Neo-Synalar (Cream)	3	
Neuac (Gel)	3	
Onexton (Gel)	3	
Oxsoralen Ultra (Capsule)	4	
Picato (Gel)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Podofilox (External Solution)	1	
Protopic (Ointment)	3	ST
Prudoxin (Cream)	3	PA, QL
Regranex (Gel)	4	PA
Retin-A (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	3	PA
Retin-A Micro (0.04% Gel, 0.1% Gel)	3	PA
Retin-A Micro (0.06% Gel)	4	PA
Retin-A Micro Pump (0.08% Gel)	4	PA
Santyl (Ointment)	3	
Selenium Sulfide (Lotion)	1	
Siliq (Injection)	4	PA
Soolantra (Cream)	3	
Soriatane (Capsule)	4	
Sorilux (Foam)	4	
Stelara (45mg/0.5ml Injection, 90mg/ml Injection)	4	PA
Sulfacetamide Sodium (10% Lotion)	1	PA
Taclonex (0.064%-0.005% Ointment, 0.064%-0.005% Suspension)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tacrolimus (0.03% Ointment, 0.1% Ointment)	3	ST
Taltz (Injection)	4	PA, LA
Tazarotene (Cream)	3	PA
Tazorac (0.05% Cream, 0.1% Cream, 0.1% Gel)	3	PA
Tazorac (0.05% Gel)	4	PA
Tolak (Cream)	3	
Tremfya (Injection)	4	PA
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	1	PA
Tretinoin (0.05% Gel)	3	PA
Tretinoin Microsphere (Gel)	3	PA
Vectical (Ointment)	4	
Veregen (Ointment)	4	
Zenatane (Capsule)	3	PA
Ziana (Gel)	4	PA
Zonalon (Cream)	3	PA, QL
Zyclara Pump (Cream)	4	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Aminosyn 7%/ Electrolytes (Injection)	3	B/D, PA
Aminosyn 8.5%/ Electrolytes (Injection)	1	B/D, PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aminosyn II (Injection)	3	B/D, PA	Clinimix 5%/Dextrose 25% (Injection)	3	B/D, PA
Aminosyn II 8.5%/Electrolytes (Injection)	1	B/D, PA	Clinimix E 2.75%/Dextrose 10% (Injection)	3	B/D, PA
Aminosyn-HBC (Injection)	3	B/D, PA	Clinimix E 2.75%/Dextrose 5% (Injection)	3	B/D, PA
Aminosyn-PF (Injection)	3	B/D, PA	Clinimix E 4.25%/Dextrose 10% (Injection)	3	B/D, PA
Aminosyn-RF (Injection)	3	B/D, PA	Clinimix E 4.25%/Dextrose 25% (Injection)	3	B/D, PA
Carbaglu (Tablet)	4	LA	Clinimix E 4.25%/Dextrose 5% (Injection)	3	B/D, PA
Carnitor (1gm/10ml Oral Solution, 330mg Tablet)	3		Clinimix E 5%/Dextrose 15% (Injection)	3	B/D, PA
Clinimix 2.75%/Dextrose 5% (Injection)	3	B/D, PA	Clinimix E 5%/Dextrose 20% (Injection)	3	B/D, PA
Clinimix 4.25%/Dextrose 10% (Injection)	3	B/D, PA	Clinimix E 5%/Dextrose 25% (Injection)	3	B/D, PA
Clinimix 4.25%/Dextrose 20% (Injection)	3	B/D, PA	Clinisol SF 15% (Injection)	3	B/D, PA
Clinimix 4.25%/Dextrose 25% (Injection)	3	B/D, PA	Dextrose 10% (Injection)	1	
Clinimix 4.25%/Dextrose 5% (Injection)	3	B/D, PA	Dextrose 10%/NaCl 0.2% (Injection)	1	
Clinimix 5%/Dextrose 15% (Injection)	3	B/D, PA	Dextrose 10%/NaCl 0.45% (Injection)	1	
Clinimix 5%/Dextrose 20% (Injection)	3	B/D, PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextrose 2.5%/NaCl 0.45% (Injection)	1		KCl 0.15%/D5W/NaCl 0.2% (Injection)	1	
Dextrose 5% (Injection)	1	B/D, PA	KCl 0.15%/D5W/NaCl 0.45% (Injection)	1	
Dextrose 5%/NaCl 0.2% (Injection)	1		KCl 0.15%/D5W/NaCl 0.9% (Injection)	1	
Dextrose 5%/NaCl 0.225% (Injection)	1		KCl 0.3%/D5W/NaCl 0.45% (Injection)	1	
Dextrose 5%/NaCl 0.33% (Injection)	1		KCl 0.3%/D5W/NaCl 0.9% (Injection)	1	
Dextrose 5%/NaCl 0.45% (Injection)	1		Klor-Con (Packet)	3	
Dextrose 5%/NaCl 0.9% (Injection)	1	B/D, PA	Klor-Con 10 (Tablet Extended-Release)	1	
Endari (Packet)	4	PA	Klor-Con 8 (Tablet Extended-Release)	1	
FreAmine HBC 6.9% (Injection)	3	B/D, PA	Klor-Con M10 (Tablet Extended-Release)	1	
HepatAmine (Injection)	1	B/D, PA	Klor-Con M15 (Tablet Extended-Release)	1	
Intralipid (20gm/100ml Injection)	1	B/D, PA	Klor-Con M20 (Tablet Extended-Release)	1	
Intralipid (30gm/100ml Injection)	3	B/D, PA	Klor-Con Sprinkle (Capsule Extended-Release)	1	
Ionosol-MB/Dextrose 5% (Injection)	3		Levocarnitine (1gm/10ml Oral Solution)	1	
Isolyte-P/Dextrose 5% (Injection)	3		Levocarnitine (330mg Tablet)	1	
Isolyte-S (Injection)	3		Magnesium Sulfate (1gm/2ml-50% Injection)	1	
K-Tab (Tablet Extended-Release)	3		Magnesium Sulfate (5gm/10ml-50% Injection)	1	
KCl 0.075%/D5W/NaCl 0.45% (Injection)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Nephramine (Injection)	3	B/D, PA
Normosol-M in D5W (Injection)	1	
Normosol-R (Injection)	1	
Normosol-R in D5W (Injection)	1	
NutreStore (Packet)	3	
Nutrilipid (Injection)	1	B/D, PA
Plasma-Lyte A (Injection)	3	
Plasma-Lyte-148 (Injection)	3	
Plenamaine (Injection)	1	B/D, PA
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	3	
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	1	B/D, PA
Potassium Chloride (2meq/ml Injection)	1	B/D, PA
Potassium Chloride CR (Tablet Extended-Release)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	1	
Potassium Chloride/Dextrose (Injection)	1	B/D, PA
Potassium Chloride/Dextrose/Lactated Ringers (Injection)	1	
Potassium Chloride/Dextrose/Sodium Chloride (Injection)	1	
Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	1	B/D, PA
Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)	1	B/D, PA
Potassium Citrate ER (Tablet Extended-Release)	1	
Premasol (10% Injection)	3	B/D, PA
Premasol (6% Injection)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Procalamine (Injection)	3	B/D, PA	Jadenu Sprinkle (Packet)	4	PA
Prosol (Injection)	3	B/D, PA	Jynarque (Tablet Therapy Pack)	4	PA, QL
Sodium Chloride 0.9% (Irrigation Solution)	1		Kionex (Suspension)	1	
Sodium Chloride (0.9% Injection)	1	B/D, PA	Samsca (Tablet)	4	PA
Sodium Chloride (2.5meq/ml Injection)	1		Sodium Polystyrene Sulfonate (Powder)	1	
Sodium Chloride (3% Injection, 5% Injection)	1	B/D, PA	SPS (Suspension)	1	
Sodium Chloride 0.45% (Injection)	1		Syprine (Capsule)	4	PA, QL
Sodium Fluoride (Tablet)	1		Trientine HCl (Capsule)	4	PA, QL
Sodium Lactate (Injection)	1		Veltassa (Packet)	4	QL
TPN Electrolytes (Injection)	1		Phosphate Binders		
Travasol (Injection)	3	B/D, PA	Auryxia (Tablet)	4	
Trophamine (Injection)	3	B/D, PA	Calcium Acetate (667mg Capsule, 667mg Tablet)	1	
Urocit-K (Tablet Extended-Release)	3		Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)	4	
Electrolyte/Mineral/Metal Modifiers			Lanthanum Carbonate (Tablet Chewable)	4	
Chemet (Capsule)	3		Phoslyra (Oral Solution)	2	
Exjade (Tablet Soluble)	4	PA	Renagel (800mg Tablet)	4	
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	4	PA	Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	4	
Jadenu (Tablet)	4	PA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet)	4		Diphenoxylate/ Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	1	PA, HRM
Sevelamer Carbonate (800mg Tablet)	3		Gastrocrom (Concentrate)	4	
Velphoro (Tablet Chewable)	4		Gattex (Injection)	4	PA, LA
Vitamins			Lansoprazole/ Amoxicillin/ Clarithromycin (Therapy Pack)	3	
VP-PNV-DHA (Capsule)	1		Lomotil (Tablet)	3	PA, HRM
Gastrointestinal Agents			Loperamide HCl (Capsule)	1	
Antispasmodics, Gastrointestinal			Movantik (Tablet)	3	PA, QL
Cuvposa (Oral Solution)	3		Myalept (Injection)	4	PA, LA
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution)	1	HRM	Mytesi (Tablet Delayed-Release)	3	PA
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	1	HRM	Omeclamox-Pak (Therapy Pack)	3	
Glycopyrrolate (Tablet)	1		Prevpac (Therapy Pack)	4	
Methscopolamine Bromide (Tablet)	1		Pylera (Capsule)	4	
Propantheline Bromide (Tablet)	1	PA, HRM	Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection, 150mg Tablet)	4	PA
Robinul (Tablet)	3		Serostim (Injection)	4	PA, LA
Robinul Forte (Tablet)	3		Symproic (Tablet)	3	PA, QL
Gastrointestinal Agents, Other			Trulance (Tablet)	3	ST
Actigall (Capsule)	4		Urso (Tablet)	3	
Chenodal (Tablet)	4				
Cromolyn Sodium (100mg/5ml Concentrate)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ursodiol (250mg Tablet, 500mg Tablet)	3	
Ursodiol (300mg Capsule)	1	
Xermelo (Tablet)	4	PA, QL, LA
Zorbive (Injection)	4	PA, LA
Histamine2 (H2) Receptor Antagonists		
Cimetidine (Tablet)	1	
Cimetidine HCl (Oral Solution)	1	
Famotidine (20mg Tablet, 40mg Tablet, 40mg/5ml Suspension)	1	
Nizatidine (150mg Capsule, 300mg Capsule)	1	
Nizatidine (15mg/ml Oral Solution)	3	
Pepcid (20mg Tablet)	3	
Pepcid (40mg Tablet)	4	
Pepcid (40mg/5ml Suspension)	3	
Ranitidine HCl (150mg Capsule, 300mg Capsule, 150mg Tablet, 300mg Tablet, 75mg/5ml Syrup)	1	
Zantac (Tablet)	3	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	4	PA
Amitiza (Capsule)	2	QL
Linzess (Capsule)	2	QL
Lotronex (Tablet)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Viberzi (Tablet)	4	PA, QL
Xifaxan (Tablet)	4	PA
Laxatives		
Clenpiq (Oral Solution)	3	
CoLyte-Flavor Packs (Oral Solution)	3	
Constulose (Oral Solution)	1	
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution)	1	
GaviLyte-G (Oral Solution)	1	
GaviLyte-N/Flavor Pack (Oral Solution)	1	
Generlac (Oral Solution)	1	
GoLYTELY (Oral Solution)	3	
Kristalose (Packet)	3	
Lactulose (Oral Solution)	1	
MoviPrep (Oral Solution)	3	
NuLYTELY/Flavor Packs (Oral Solution)	3	
OsmoPrep (Tablet)	3	
PEG 3350/Electrolytes (Oral Solution) (Generic Colyte)	1	
PEG-3350/Electrolytes (Oral Solution) (Generic GoLYTELY)	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
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	1		Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)	1	QL
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	1		Lansoprazole (15mg Tablet Dispersible, 30mg Tablet Dispersible)	3	
Prepopik (Packet)	3		Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)	2	
Suprep Bowel Prep Kit (Oral Solution)	2		Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL
TriLyte (Oral Solution)	1		Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL
Protectants			Omeprazole (20mg Capsule Delayed-Release)	1	
Carafate (1gm Tablet, 1gm/10ml Suspension)	3		Pantoprazole Sodium (Tablet Delayed-Release)	1	QL
Cytotec (Tablet)	3		Prevacid (Capsule Delayed-Release)	3	QL
Misoprostol (Tablet)	1		Prevacid SoluTab (Tablet Dispersible)	3	
Sucralfate (Tablet)	1		Prilosec (Packet)	3	PA
Proton Pump Inhibitors					
Aciphex (Tablet Delayed-Release)	3				
Aciphex Sprinkle (Capsule Sprinkle)	4	ST			
Dexilant (Capsule Delayed-Release)	3	QL			
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	1	QL			
Esomeprazole Strontium (Capsule Delayed-Release)	3	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
Protonix (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	3	QL	Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	4	LA
Protonix (40mg Packet)	3	ST	Pancreaze (10850unit-2600unit-6200unit Capsule Delayed-Release, 24600unit-4200unit-14200unit Capsule Delayed-Release, 61500unit-10500unit-35500unit Capsule Delayed-Release, 98400unit-16800unit-56800unit Capsule Delayed-Release)	3	ST
Rabeprazole Sodium (Tablet Delayed-Release)	1		Pancreaze (83900unit-21000unit-54700unit Capsule Delayed-Release)	4	ST
Yosprala (Tablet Delayed-Release)	3		Pertzye (15125unit-4000unit-14375unit Capsule Delayed-Release, 30250unit-8000unit-28750unit Capsule Delayed-Release)	3	ST
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			Pertzye (60500unit-16000unit-57500unit Capsule Delayed-Release)	4	ST
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			Prolastin-C (Injection)	4	PA, LA
Aralast NP (Injection)	4	PA, LA			
Buphenyl (3gm/tsp Powder, 500mg Tablet)	4				
Cerdelga (Capsule)	4	PA			
Cholbam (Capsule)	4	PA			
Creon (Capsule Delayed-Release)	2				
Cystadane (Powder)	4				
Cystagon (Capsule)	3	LA			
Glassia (Injection)	4	PA, LA			
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	4	LA			
Miglustat (Capsule)	4	PA, LA			
Ocaliva (Tablet)	4	PA, 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
Ravicti (Liquid)	4	LA	Myrbetriq (Tablet Extended-Release 24 Hour)	2	
Sodium Phenylbutyrate (Powder, 500mg Tablet)	4		Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	1	
Sucraid (Oral Solution)	4	LA	Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	1	QL
Viokace (39150unit-10440unit -39150unit Tablet)	3	ST	Oxytrol (Patch Twice Weekly)	3	
Viokace (78300unit-20880unit -78300unit Tablet)	4	ST	Tolterodine Tartrate (Tablet)	1	
Xuriden (Packet)	4	PA, LA	Tolterodine Tartrate ER (Capsule Extended-Release 24 Hour)	3	
Zavesca (Capsule)	4	PA, LA	Toviaz (Tablet Extended-Release 24 Hour)	3	QL, ST
Zemaira (Injection)	4	PA, LA	Trospium Chloride (Tablet)	1	
Zenpep (Capsule Delayed-Release)	2		Trospium Chloride ER (Capsule Extended-Release 24 Hour)	1	
Genitourinary Agents			Vesicare (Tablet)	2	QL
Antispasmodics, Urinary			Benign Prostatic Hypertrophy Agents		
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	3	QL, ST	Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
Detrol (Tablet)	3		Avodart (Capsule)	3	QL
Detrol LA (Capsule Extended-Release 24 Hour)	3		Cardura XL (Tablet Extended-Release 24 Hour)	3	QL
Ditropan XL (Tablet Extended-Release 24 Hour)	3	QL			
Enablex (Tablet Extended-Release 24 Hour)	3	QL, ST			
Flavoxate HCl (Tablet)	1				
Gelnique (10% Gel)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cialis (2.5mg Tablet, 5mg Tablet)	3	PA, QL
Dutasteride (Capsule)	1	QL
Dutasteride/ Tamsulosin HCl (Capsule)	1	
Finasteride (5mg Tablet) (Generic Proscar)	1	
Flomax (Capsule)	3	
Jalyn (Capsule)	3	
Proscar (Tablet)	3	
Rapaflo (4mg Capsule, 8mg Capsule)	2	QL
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	1	
Uroxatral (Tablet Extended-Release 24 Hour)	3	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	1	
Cuprimine (Capsule)	4	PA
Depen Titratabs (Tablet)	4	
Elmiron (Capsule)	4	
Lithostat (Tablet)	4	
Thiola (Tablet)	4	LA
Urecholine (Tablet)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Ala Scalp (Lotion)	3	
Ala-Cort (Cream)	1	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	1	
Amcinonide (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3	
ApexiCon E (Cream)	4	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	1	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	1	
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	1	
Betamethasone Valerate (0.12% Foam)	3	
Capex (Shampoo)	3	
Clobetasol Propionate (0.05% Cream, 0.05% Foam, 0.05% Gel, 0.05% Liquid, 0.05% Lotion, 0.05% Ointment, 0.05% Shampoo)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clobetasol Propionate (0.05% External Solution)	1		Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	1	
Clobetasol Propionate E (Cream)	3		Dexamethasone Intensol (1mg/ml Concentrate)	1	
Clobex (0.05% Liquid, 0.05% Lotion, 0.05% Shampoo)	4		DexPak 13 Day (Tablet Therapy Pack)	3	
Clodan (Shampoo)	3		Diflorasone Diacetate (0.05% Cream, 0.05% Ointment)	3	
Cloderm (Cream)	3		Diprolene (Ointment)	3	
Cordran (Tape)	3		Elocon (0.1% Cream, 0.1% Ointment)	3	
Cortef (Tablet)	3		Emflaza (18mg Tablet, 30mg Tablet, 36mg Tablet, 6mg Tablet, 22.75mg/ml Suspension)	4	PA, LA
Cortisone Acetate (Tablet)	1		Fludrocortisone Acetate (Tablet)	1	
Cutivate (Lotion)	4		Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	1	
Desonate (Gel)	3		Fluocinolone Acetonide Scalp (Oil)	1	
Desonide (0.05% Cream, 0.05% Ointment)	1				
Desonide (0.05% Lotion)	3				
DesOwen (0.05% Cream)	3				
DesOwen (0.05% Lotion)	3				
Desoximetasone (0.05% Cream, 0.05% Gel, 0.05% Ointment, 0.25% Ointment)	3				
Desoximetasone (0.25% Cream)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	1		Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	1	
Fluocinonide (0.1% Cream)	3		Impoyz (Cream)	3	
Fluocinonide Emulsified Base (Cream)	1		Kenalog (Aerosol Solution)	4	
Flurandrenolide (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3		Locoid (0.1% External Solution)	3	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	1		Locoid (0.1% Lotion)	4	
Fluticasone Propionate (0.05% Lotion)	3		Locoid Lipocream (Cream)	3	
H.P. Acthar (Injection)	4	PA, LA	Medrol (Tablet)	3	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	1		Medrol Dosepak (Tablet Therapy Pack)	3	
Halog (0.1% Cream, 0.1% Ointment)	4		Methylprednisolone (Tablet)	1	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment, 10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	1		Methylprednisolone Dose Pack (Tablet Therapy Pack)	1	
Hydrocortisone Butyrate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	1		Micort-HC (Cream)	3	
			Millipred (10mg/5ml Oral Solution, 5mg Tablet)	3	
			Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	1	
			Nolix (0.05% Cream, 0.05% Lotion)	3	
			Olux (Foam)	4	
			Orapred ODT (Tablet Dispersible)	3	
			Pandel (Cream)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
DDAVP (0.01% Nasal Rhinal Tube Solution, 0.01% Nasal Spray Solution, 0.2mg Tablet)	4	
DDAVP (0.1mg Tablet)	3	
Desmopressin Acetate (0.01% Nasal Spray Solution)	3	
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	1	
Genotropin (12mg Injection, 5mg Injection)	4	PA
Genotropin Miniquick (0.2mg Injection)	3	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)	4	PA
Humatrope (Injection)	4	PA
Humatrope Combo Pack (Injection)	4	PA
Increlex (Injection)	4	PA, LA
Noctiva (Emulsion)	3	
Norditropin FlexPro (Injection)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nutropin AQ (Injection)	4	PA
Omnitrope (Injection)	4	PA
Saizen (Injection)	4	PA, LA
Saizenprep Reconstitution Kit (Injection)	4	PA, LA
Stimate (Nasal Solution)	4	
Zomacton (10mg Injection)	4	PA
Zomacton (5mg Injection)	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	4	PA, LA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Tablet)	4	PA
Androderm (Patch 24 Hour)	2	
AndroGel (1% Packet Gel)	4	
AndroGel (1.62% Packet Gel)	3	
AndroGel Pump (1.62% Gel)	3	
Aveed (Injection)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Danazol (100mg Capsule, 200mg Capsule)	3	
Danazol (50mg Capsule)	1	
Depo-Testosterone (Injection)	3	
Fortesta (Gel)	3	PA
Intrinsa (Insert)	3	PA, QL
Methitest (Tablet)	4	PA
Methyltestosterone (Capsule)	4	PA
Oxandrolone (10mg Tablet)	3	PA
Oxandrolone (2.5mg Tablet)	1	PA
Striant	3	PA
Testim (Gel)	3	PA
Testosterone (10mg/act Gel)	3	PA
Testosterone (25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel, 30mg/act Transdermal Solution)	3	
Testosterone Cypionate (Injection)	1	
Testosterone Enanthate (Injection)	1	
Testosterone Pump (1% Gel)	3	
Vogelxo (Gel)	3	PA
Vogelxo Pump (Gel)	3	PA
Estrogens		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Alora (Patch Twice Weekly)	3	PA, QL, HRM
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	
Beyaz (Tablet)	3	
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)	3	PA, HRM
Cryselle-28 (Tablet)	1	
Cyclafem (Tablet)	1	
Delestrogen (Injection)	3	
Delyla (Tablet)	1	
Depo-Estradiol (Injection)	3	
Desogestrel/Ethinyl Estradiol (Tablet)	1	
Drospirenone/Ethinyl Estradiol (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
Drospirenone/Ethinyl Estradiol/Levomefolate Calcium (Tablet)	1		Falmina (Tablet)	1	
Elestrin (Gel)	3	PA, HRM	Fayosim (Tablet)	1	
Emoquette (Tablet)	1		Femring (Ring)	3	
Enpresse-28 (Tablet)	1		Femynor (Tablet)	1	
Enskyce (Tablet)	1		Fyavolv (Tablet)	1	PA, HRM
Estarilla (Tablet)	1		Generess Fe (Tablet Chewable)	3	
Estrace (0.1mg/gm Cream)	3		Gianvi (Tablet)	1	
Estrace (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	3	PA, HRM	Introvale (Tablet)	1	
Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly)	1	PA, QL, HRM	Isibloom (Tablet)	1	
Estradiol (0.1mg/gm Cream, 10mcg Tablet)	3		Jinteli (Tablet)	1	PA, HRM
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	1	PA, HRM	Juleber (Tablet)	1	
Estradiol Valerate (Injection)	1		Junel 1.5/30 (Tablet)	1	
Estring (Ring)	3		Junel 1/20 (Tablet)	1	
Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	1		Junel Fe 1.5/30 (Tablet)	1	
			Junel Fe 1/20 (Tablet)	1	
			Junel Fe 24 (Tablet)	1	
			Kaitlib Fe (Tablet Chewable)	1	
			Kariva (Tablet)	1	
			Kelnor 1/35 (Tablet)	1	
			Kelnor 1/50 (Tablet)	1	
			Kimidess (Tablet)	1	
			Kurvelo (Tablet)	1	
			Larin 1.5/30 (Tablet)	1	
			Larin 1/20 (Tablet)	1	
			Larin Fe 1.5/30 (Tablet)	1	
			Larin Fe 1/20 (Tablet)	1	
			Larissia (Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Layolis Fe (Tablet Chewable)	1		Microgestin 1.5/30 (Tablet)	1	
Leena (Tablet)	1		Microgestin 1/20 (Tablet)	1	
Lessina (Tablet)	1		Microgestin Fe (Tablet)	1	
Levonest (Tablet)	1		Microgestin Fe 1.5/30 (Tablet)	1	
Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)	1		Mili (Tablet)	1	
Levonorgestrel/Ethinyl Estradiol (Tablet)	1		Minastrin 24 Fe (Tablet Chewable)	3	
Levora 0.15/30-28 (Tablet)	1		Minivelle (Patch Twice Weekly)	3	PA, QL, HRM
Lo Loestrin Fe (Tablet)	3		MonoNessa (Tablet)	1	
Loestrin 1.5/30-21 (Tablet)	3		Natazia (Tablet)	3	
Loestrin 1/20-21 (Tablet)	3		Necon 0.5/35-28 (Tablet)	1	
Loestrin Fe 1.5/30 (Tablet)	3		Necon 7/7/7 (Tablet)	1	
Loestrin Fe 1/20 (Tablet)	3		Nikki (Tablet)	1	
Loryna (Tablet)	1		Norethindrone Acetate/Ethinyl Estradiol (2.5mcg-0.5mg Tablet, 5mcg-1mg Tablet)	1	PA, HRM
LoSeasonique (Tablet)	3		Norethindrone Acetate/Ethinyl Estradiol (20mcg-1mg Tablet, 20mcg-75mg-1mg Tablet Chewable)	1	
Low-Ogestrel (Tablet)	1		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)	1	
Lutera (Tablet)	1				
Marlissa (Tablet)	1				
Melodetta 24 Fe (Tablet Chewable)	1				
Menest (Tablet)	3	PA, HRM			
Mibelas 24 Fe (Tablet Chewable)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	1		Safyral (Tablet)	3	
Norgestimate/Ethinyl Estradiol (Tablet)	1		Seasonique (Tablet)	3	
Nortrel 0.5/35 (28) (Tablet)	1		Setlakin (Tablet)	1	
Nortrel 1/35 (Tablet)	1		Sprintec 28 (Tablet)	1	
Nortrel 7/7/7 (Tablet)	1		Sronyx (Tablet)	1	
NuvaRing (Ring)	3		Syeda (Tablet)	1	
Ocella (Tablet)	1		Tarina Fe 1/20 (Tablet)	1	
Ogestrel (Tablet)	1		Tri-Legest Fe (Tablet)	1	
Orsythia (Tablet)	1		Tri-Lo-Estarylla (Tablet)	1	
Ortho Tri-Cyclen (Tablet)	3		Tri-Lo-Sprintec (Tablet)	1	
Ortho Tri-Cyclen Lo (Tablet)	3		Tri-Mili (Tablet)	1	
Ortho-Cyclen (Tablet)	3		Tri-Norinyl 28 (Tablet)	3	
Ortho-Novum 1/35 (Tablet)	3		Tri-Previfem (Tablet)	1	
Ortho-Novum 7/7/7 (Tablet)	3		Tri-Sprintec (Tablet)	1	
Pimtreea (Tablet)	1		Tri-Vylibra (Tablet)	1	
Pirmella 1/35 (Tablet)	1		Trinessa (Tablet)	1	
Portia-28 (Tablet)	1		Trivora-28 (Tablet)	1	
Premarin (Vaginal Cream)	2		Tydemy (Tablet)	1	
Previfem (Tablet)	1		Vagifem (Tablet)	3	
Quartette (Tablet)	3		Velivet (Tablet)	1	
Quasense (Tablet)	1		Vestura (Tablet)	1	
Reclipsen (Tablet)	1		Vienva (Tablet)	1	
Rivelsa (Tablet)	1		Vivelle-Dot (Patch Twice Weekly)	3	PA, QL, HRM
			Vyfemla (Tablet)	1	
			Vylibra (Tablet)	1	
			Wymzya Fe (Tablet Chewable)	1	
			Xulane (Patch Weekly)	1	
			Yasmin 28 (Tablet)	3	
			Yaz (Tablet)	3	
			Yuvaferm (Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zarah (Tablet)	1		Norethindrone (0.35mg Tablet)	1	
Zenchant (Tablet)	1		Norethindrone Acetate (5mg Tablet)	1	
Zovia 1/35E (Tablet)	1		Norlyroc (Tablet)	1	
Progestins			Ortho Micronor (Tablet)	3	
Aygestin (Tablet)	3		Progesterone (Capsule)	1	
Camila (Tablet)	1		Prometrium (Capsule)	3	
Crinone (Gel)	3	PA	Provera (Tablet)	3	
Deblitane (Tablet)	1		Sharobel (Tablet)	1	
Depo-Provera (Injection)	3		Selective Estrogen Receptor Modifying Agents		
Depo-Provera Contraceptive (Injection)	3		Evista (Tablet)	3	
Depo-SubQ Provera104 (Injection)	3		Osphena (Tablet)	3	PA, QL
Errin (Tablet)	1		Raloxifene HCl (Tablet)	1	
Jolivette (Tablet)	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Lyza (Tablet)	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection)	1		Cytomel (Tablet)	3	
Megace ES (Suspension)	4	PA, HRM	Levo-T (Tablet)	1	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	1	PA, HRM	Levothyroxine Sodium (Tablet)	1	
Megestrol Acetate (625mg/5ml Suspension)	3	PA, HRM	Levoxyl (Tablet)	1	
Nora-BE (Tablet)	1		Liothyronine Sodium (Tablet)	1	
			Synthroid (Tablet)	2	
			Thyrolar (Tablet)	2	
			Tirosint (Capsule)	3	
			Unithroid (Tablet)	1	
			Hormonal Agents, Suppressant (Adrenal)		

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
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	1	
Egrifta (Injection)	4	PA, LA
Eligard (Injection)	3	PA
Firmagon (120mg Injection)	4	PA
Firmagon (80mg Injection)	3	PA
Leuprolide Acetate (Injection)	3	PA
Lupaneta Pack (Kit)	4	PA
Lupron Depot (1-Month) (Injection)	4	PA
Lupron Depot (3-Month) (Injection)	4	PA
Lupron Depot (4-Month) (Injection)	4	PA
Lupron Depot (6-Month) (Injection)	4	PA
Octreotide Acetate (Injection)	3	PA
Sandostatin (100mcg/ml Injection, 500mcg/ml Injection)	4	PA
Signifor (Injection)	4	PA, LA
Somatuline Depot (Injection)	4	
Somavert (Injection)	4	PA, QL, LA
Synarel (Nasal Solution)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trelstar Mixject (Injection)	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	1	
Tapazole (Tablet)	3	
Immunological Agents		
Angioedema Agents		
Beriner (Injection)	4	PA, LA
Cinryze (Injection)	4	PA, LA
Firazy (Injection)	4	PA, QL, LA
Haegarda (Injection)	4	PA, LA
Ruconest (Injection)	4	PA, LA
Immune Suppressants		
Astagraf XL (Capsule Extended-Release 24 Hour)	3	B/D, PA
Azasan (100mg Tablet)	3	B/D, PA
Azasan (75mg Tablet)	4	B/D, PA
Azathioprine (Tablet)	1	B/D, PA
Cellcept (200mg/ml Suspension, 250mg Capsule, 500mg Tablet)	4	B/D, PA
Cimzia (Injection)	4	PA
Cyclosporine (Capsule)	1	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA	Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	1	B/D, PA
Enbrel (Injection)	4	PA	Mycophenolic Acid DR (Tablet Delayed-Release)	3	B/D, PA
Enbrel SureClick (Injection)	4	PA	Myfortic (180mg Tablet Delayed-Release)	3	B/D, PA
Envarsus XR (Tablet Extended-Release 24 Hour)	3	B/D, PA	Myfortic (360mg Tablet Delayed-Release)	4	B/D, PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA	Neoral (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
Humira (Injection)	4	PA	Orencia (Injection)	4	PA
Humira Pediatric Crohns Disease Starter Pack (Injection)	4	PA	Orencia Clickject (Injection)	4	PA
Humira Pen (Injection)	4	PA	Otrexup (Injection)	3	PA
Humira Pen Crohns Disease Starter Pack (Injection)	4	PA	Prograf (0.5mg Capsule, 1mg Capsule)	3	B/D, PA
Humira Pen-Psoriasis Starter (Injection)	4	PA	Prograf (5mg Capsule)	4	B/D, PA
Imuran (Tablet)	3	B/D, PA	Rapamune (0.5mg Tablet)	3	B/D, PA
Kineret (Injection)	4	PA	Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)	4	B/D, PA
Methotrexate (Tablet)	1		Rasuvo (Injection)	3	PA
Methotrexate Sodium (Injection)	1		Sandimmune (100mg Capsule, 100mg/ml Oral Solution)	4	B/D, PA
Mycophenolate Mofetil (200mg/ml Suspension)	4	B/D, PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sandimmune (25mg Capsule)	3	B/D, PA
Simponi (Injection)	4	PA
Sirolimus (Tablet)	3	B/D, PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	1	B/D, PA
Trexall (Tablet)	3	
Xatmep (Oral Solution)	3	PA
Xeljanz (Tablet)	4	PA, QL
Xeljanz XR (Tablet Extended-Release 24 Hour)	4	PA, QL
Zortress (Tablet)	4	B/D, PA
Immunizing Agents, Passive		
Bivigam (Injection)	4	PA
Carimune Nanofiltered (Injection)	4	PA
Flebogamma DIF (Injection)	4	PA
Gammagard Liquid (Injection)	4	PA
Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	4	PA
Gammaked (Injection)	4	PA
Gammaplex (Injection)	4	PA
Gamunex-C (Injection)	4	PA
Octagam (Injection)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Privigen (Injection)	4	PA
Varizig (Injection)	1	
Immunomodulators		
Actemra (Injection)	4	PA
Actimmune (Injection)	4	LA
Arava (Tablet)	4	
Arcalyst (Injection)	4	PA, LA
Benlysta (200mg/ml Injection)	4	PA
Kezara (Injection)	4	PA
Leflunomide (Tablet)	1	
Otezla (Tablet Therapy Pack, 30mg Tablet)	4	PA, LA
Ridaura (Capsule)	4	
Xolair (Injection)	4	PA, LA
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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Imovax Rabies (H.D.C.V.) (Injection)	1	B/D, PA
Infanrix (Injection)	1	
IPOL Inactivated IPV (Injection)	1	
Ixiaro (Injection)	2	
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	
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)	2	
Vaqta (Injection)	1	
Varivax (Injection)	1	
YF-Vax (Injection)	2	
Zostavax (Injection)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	2	QL
Asacol HD (Tablet Delayed-Release)	4	QL, ST
Balsalazide Disodium (Capsule)	3	
Canasa (Suppository)	4	
Colazal (Capsule)	4	
Delzicol (Capsule Delayed-Release)	3	ST
Dipentum (Capsule)	4	
Giazo (Tablet)	3	
Lialda (Tablet Delayed-Release)	2	QL
Mesalamine (Enema)	3	
Mesalamine DR (1.2gm Tablet Delayed-Release)	1	QL
Mesalamine DR (800mg Tablet Delayed-Release)	3	QL, ST
Pentasa (Capsule Extended-Release)	3	QL
Rowasa (Kit)	4	
Glucocorticoids		
Anusol-HC (Cream)	3	
Budesonide (3mg Capsule Delayed-Release)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Budesonide ER (Tablet Extended-Release 24 Hour)	4	ST	Actonel (150mg Tablet, 35mg Tablet, 5mg Tablet)	3	
Colocort (Enema)	1		Actonel (30mg Tablet)	4	
Entocort EC (Capsule Delayed-Release)	4		Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet, 70mg/75ml Oral Solution)	1	
Hydrocortisone (100mg/60ml Enema)	1		Atelvia (Tablet Delayed-Release)	3	
Hydrocortisone Acetate/Pramoxine (Cream)	1		Binosto (Tablet Effervescent)	3	
Procto-Med HC (Cream)	1		Boniva (Tablet)	3	
Procto-Pak (Cream)	1		Calcitonin-Salmon (Nasal Solution)	1	
Proctosol HC (Cream)	1		Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	1	B/D, PA
Proctozone-HC (Cream)	1		Doxercalciferol (Capsule)	3	B/D, PA
Uceris (2mg/act Foam)	3		Etidronate Disodium (Tablet)	1	
Uceris (9mg Tablet Extended-Release 24 Hour)	4	ST	Forteo (Injection)	4	PA
Sulfonamides			Fosamax (Tablet)	3	
Azulfidine (Tablet)	3		Fosamax Plus D (Tablet)	3	
Azulfidine EN-Tabs (Tablet Delayed-Release)	3		Ibandronate Sodium (Tablet)	1	
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1		Natpara (Injection)	4	PA, LA
Metabolic Bone Disease Agents			Paricalcitol (Capsule)	3	B/D, PA
Metabolic Bone Disease Agents			Prolia (Injection)	3	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
Rayaldee (Capsule Extended-Release)	4	QL	Blephamide S.O.P. (Ointment)	3	
Risedronate Sodium (Tablet Immediate-Release)	1		Cystaran (Ophthalmic Solution)	4	LA
Risedronate Sodium DR (Tablet Delayed-Release)	1		Lacrisert (Insert)	3	
Rocaltrol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	3	B/D, PA	Lastacft (Ophthalmic Solution)	2	
Sensipar (Tablet)	4	B/D, PA, QL	Maxitrol (0.1% Ointment, 0.1% Suspension)	3	
Tymlos (Injection)	4	PA, QL	Neomycin/Bacitracin/Polymyxin (Ointment)	1	
Xgeva (Injection)	4	PA	Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	1	
Zemplar (1mcg Capsule)	3	B/D, PA	Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	1	
Zemplar (2mcg Capsule)	4	B/D, PA	Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	1	
Miscellaneous Therapeutic Agents			Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	1	
Miscellaneous Therapeutic Agents			Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	1	
Alcohol Prep Pads	1		Polytrim (Ophthalmic Solution)	3	
Gauze (Non-medicated 2X2)	1		Pred-G (Suspension)	3	
Insulin Syringes, Needles	1				
Ophthalmic Agents					
Ophthalmic Agents, Other					
Atropine Sulfate (Ophthalmic Solution)	1				
Bacitracin/Polymyxin B (Ophthalmic Ointment)	1				
Blephamide (Suspension)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Pred-G S.O.P. (Ointment)	3		Cromolyn Sodium (4% Ophthalmic Solution)	1	
Proparacaine HCl (Ophthalmic Solution)	1		Elestat (Ophthalmic Solution)	3	
Restasis (Emulsion)	2	QL	Emadine (Ophthalmic Solution)	3	
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	1		Epinastine HCl (Ophthalmic Solution)	1	
Tobradex (0.3%-0.1% Ophthalmic Ointment)	2		Olopatadine HCl (0.1% Ophthalmic Solution)	1	
Tobradex (0.3%-0.1% Ophthalmic Suspension)	3		Olopatadine HCl (0.2% Ophthalmic Solution)	1	
Tobradex ST (Ophthalmic Suspension)	3		Pataday (Ophthalmic Solution)	3	
Tobramycin/Dexamethasone (Ophthalmic Suspension)	1		Patanol (Ophthalmic Solution)	2	
Xiidra (Ophthalmic Solution)	3	QL	Pazeo (Ophthalmic Solution)	2	
Zylet (Suspension)	3		Ophthalmic Antiglaucoma Agents		
Ophthalmic Anti-allergy Agents			Alphagan P (0.1% Ophthalmic Solution)	2	
Alocril (Ophthalmic Solution)	3		Alphagan P (0.15% Ophthalmic Solution)	3	
Alomide (Ophthalmic Solution)	3		Apraclonidine (Ophthalmic Solution)	1	
Azelastine HCl (0.05% Ophthalmic Solution)	1		Azopt (Suspension)	2	
Bepreve (Ophthalmic Solution)	3		Betagan (Ophthalmic Solution)	3	
			Betaxolol HCl (0.5% Ophthalmic Solution)	1	
			Betimol (Ophthalmic Solution)	3	
			Betoptic-S (Suspension)	3	

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
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1		Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1		Simbrinza (Suspension)	2	
Carteolol HCl (Ophthalmic Solution)	1		Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1	
Combigan (Ophthalmic Solution)	2		Timolol Maleate (0.5% Ophthalmic Solution)	3	
Cosopt (Ophthalmic Solution)	3		Timolol Maleate Ophthalmic Gel Forming (Solution) (Generic Timoptic-XE)	1	
Cosopt PF (Ophthalmic Solution)	3		Timoptic Ocudose (Ophthalmic Solution)	3	
Dorzolamide HCl (Ophthalmic Solution)	1		Timoptic-XE (Gel Form Solution)	3	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1		Trusopt (Ophthalmic Solution)	3	
Iopidine (0.5% Ophthalmic Solution)	3		Ophthalmic Anti-inflammatories		
Iopidine (1% Ophthalmic Solution)	4		Acular (Ophthalmic Solution)	3	
Isopto Carpine (Ophthalmic Solution)	3		Acular LS (Ophthalmic Solution)	3	
Istalol (Ophthalmic Solution)	3		Acuvail (Ophthalmic Solution)	3	ST
Levobunolol HCl (Ophthalmic Solution)	1		Alrex (Suspension)	3	
Metipranolol (Ophthalmic Solution)	1		Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1	
Phospholine Iodide (Ophthalmic Solution)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diclofenac Sodium (0.1% Ophthalmic Solution)	1		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Durezol (Emulsion)	2		Prolensa (Ophthalmic Solution)	3	
Flarex (Suspension)	3		Ophthalmic Prostaglandin and Prostaglandin Analogs		
Fluorometholone (Ophthalmic Suspension)	1		Bimatoprost (Ophthalmic Solution)	1	
Flurbiprofen Sodium (Ophthalmic Solution)	1		Latanoprost (Ophthalmic Solution)	1	
FML (Ointment)	3		Lumigan (Ophthalmic Solution)	2	
FML Forte (Suspension)	3		Travatan Z (Ophthalmic Solution)	2	
FML Liquifilm (Suspension)	3		Vyzulta (Ophthalmic Solution)	3	ST
Ilevro (Suspension)	2		Xalatan (Ophthalmic Solution)	3	
Ketorolac Tromethamine (Ophthalmic Solution)	1		Zioptan (Ophthalmic Solution)	3	ST
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	3		Otic Agents		
Maxidex (Suspension)	3		Otic Agents		
Nevanac (Suspension)	2		Acetic Acid (Otic Solution)	1	
Omnipred (Suspension)	3		Cetraxal (Otic Solution)	3	
Pred Forte (Suspension)	3		Cipro HC (Suspension)	3	
Pred Mild (Suspension)	3		Ciprodex (Otic Suspension)	2	
Prednisolone Acetate (Suspension)	1		Ciprofloxacin (0.2% Otic 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
Coly-Mycin S (Suspension)	3		Patanase (Nasal Solution)	3	
Fluocinolone Acetonide (0.01% Otic Oil)	1		Phenadoz (12.5mg Suppository)	1	PA, HRM
Hydrocortisone/Acetic Acid (Otic Solution)	1		Promethazine HCl (12.5mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	PA, HRM
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	1		Xyzal (Oral Solution)	3	
Otovel (Otic Solution)	3	ST	Anti-inflammatories, Inhaled Corticosteroids		
Respiratory Tract/Pulmonary Agents			Alvesco (Aerosol Solution)	3	QL, ST
Antihistamines			Armonair Respiclick 113 (Aerosol Powder)	3	QL, ST
Astepro (Nasal Solution)	3		Armonair Respiclick 232 (Aerosol Powder)	3	QL, ST
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1		Armonair Respiclick 55 (Aerosol Powder)	3	QL, ST
Cetirizine HCl (Oral Solution)	1		Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder)	2	QL
Clarinet (0.5mg/ml Syrup, 5mg Tablet)	3		Asmanex HFA (Aerosol)	3	QL, ST
Cyproheptadine HCl (4mg Tablet)	1	PA, HRM	Asmanex TwisThaler 120 Metered Doses (Aerosol Powder)	3	QL, ST
Desloratadine (Tablet)	1		Asmanex TwisThaler 30 Metered Doses (Aerosol Powder)	3	QL, ST
Desloratadine ODT (Tablet Dispersible)	3				
Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution, 5mg Tablet)	1				
Olopatadine HCl (0.6% Nasal Solution)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Asmanex Twisthaler 60 Metered Doses (Aerosol Powder)	3	QL, ST
Beconase AQ (Suspension)	3	ST
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	3	B/D, PA
Flovent Diskus (Aerosol Powder)	2	
Flovent HFA (Aerosol)	2	QL
Flunisolide (Nasal Solution)	1	
Fluticasone Propionate (50mcg/act Suspension)	1	
Mometasone Furoate (50mcg/act Suspension)	3	
Nasonex (Suspension)	3	
Omnaris (Suspension)	3	ST
Pulmicort (Suspension)	3	B/D, PA
Pulmicort Flexhaler (Aerosol Powder)	3	ST
Qnasl (Aerosol Solution)	3	ST
Qnasl Childrens (Aerosol Solution)	3	ST
QVAR (Aerosol Solution)	3	ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
QVAR Redihaler (Aerosol Powder)	3	QL, ST
Triamcinolone Acetonide (55mcg/act Aerosol)	1	
Xhance (EXHU)	3	
Zetonna (Aerosol Solution)	3	ST
Antileukotrienes		
Accolate (Tablet)	3	
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL
Singulair (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	3	QL
Zafirlukast (Tablet)	1	
Zileuton ER (Tablet Extended-Release 12 Hour)	4	ST
Zyflo (Tablet)	4	ST
Zyflo CR (Tablet Extended-Release 12 Hour)	4	ST
Bronchodilators, Anticholinergic		
Atrovent HFA (Aerosol Solution)	3	
Incruse Ellipta (Aerosol Powder)	2	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
Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA	Brovana (Nebulized Solution)	4	PA, QL
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1		Epinephrine (0.15mg/0.15ml Injection, 0.3mg/0.3ml Injection) (Generic Adrenaclick)	3	QL, ST
Lonhala Magnair Starter Kit (Inhalation Solution)	4	QL	Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	2	QL
Spiriva HandiHaler (Capsule)	2	QL	EpiPen (Injection)	3	QL, ST
Spiriva Respimat (Aerosol Solution)	2	QL	Levalbuterol (0.31mg/3ml Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	1	B/D, PA
Tudorza Pressair (Aerosol Powder)	3	ST	Levalbuterol (1.25mg/0.5ml Nebulized Solution)	3	B/D, PA
Bronchodilators, Sympathomimetic			Levalbuterol Tartrate HFA (Aerosol)	3	ST
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	1	B/D, PA	Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	1	
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	3		Perforomist (Nebulized Solution)	3	B/D, PA, QL
Albuterol Sulfate (2mg/5ml Syrup)	1		ProAir HFA (Aerosol Solution)	2	
Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	1		ProAir RespiClick (Aerosol Powder)	2	
Arcapta Neohaler (Capsule)	3	ST	Proventil HFA (Aerosol Solution)	3	ST
			Serevent Diskus (Aerosol Powder)	2	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
Striverdi Respimat (Aerosol Solution)	3	ST
Terbutaline Sulfate (Tablet)	3	
Ventolin HFA (Aerosol Solution)	3	ST
Xopenex (Nebulized Solution)	3	B/D, PA
Xopenex Concentrate (Nebulized Solution)	3	B/D, PA
Xopenex HFA (Aerosol)	3	ST
Cystic Fibrosis Agents		
Bethkis (Nebulized Solution)	4	B/D, PA, QL
Cayston (Inhalation Solution)	4	PA, LA
Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	4	PA, LA
Orkambi (Tablet)	4	PA, QL, LA
Symdeko (Tablet Therapy Pack)	4	PA, QL
TOBI (Nebulized Solution)	4	B/D, PA, QL
TOBI Podhaler (Capsule)	4	PA, QL
Tobramycin (Nebulized Solution)	4	B/D, PA, QL
Mast Cell Stabilizers		
Cromolyn Sodium (20mg/2ml Nebulized Solution)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Tablet)	3	PA
Theo-24 (Capsule Extended-Release 24 Hour)	3	
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)	4	PA
Adempas (Tablet)	4	PA, LA
Letairis (Tablet)	4	PA, QL, LA
Opsumit (Tablet)	4	PA, LA
Orenitram (0.125mg Tablet Extended-Release)	3	PA, LA
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	4	PA, LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Revatio (10mg/ml Suspension, 20mg Tablet)	4	PA	Airduo Resplick 113/14 (Aerosol Powder)	3	QL, ST
Sildenafil (20mg Tablet) (Generic Revatio)	1	PA	Airduo Resplick 232/14 (Aerosol Powder)	3	QL, ST
Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble)	4	PA, QL, LA	Airduo Resplick 55/14 (Aerosol Powder)	3	QL, ST
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	4	PA, QL, LA	Anoro Ellipta (Aerosol Powder)	2	QL
Uptravi (Tablet Therapy Pack)	4	PA, LA	Bevespi Aerosphere (Aerosol)	2	
Ventavis (Inhalation Solution)	4	PA, LA	Breo Ellipta (Aerosol Powder)	2	QL
Pulmonary Fibrosis Agents			Clarinet-D 12 Hour (Tablet Extended-Release)	3	
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	4	PA, QL, LA	Combivent Respimat (Aerosol Solution)	2	
Ofev (Capsule)	4	PA, QL, LA	Dulera (Aerosol)	3	QL
Respiratory Tract Agents, Other			Dymista (Suspension)	3	
Acetylcysteine (Inhalation Solution)	1	B/D, PA	Fasenra (Injection)	4	PA, LA
Advair Diskus (Aerosol Powder)	2	QL	Fluticasone Propionate/Salmeterol (Aerosol Powder)	2	QL
Advair HFA (Aerosol)	2	QL	Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
			Nucala (Injection)	4	PA, QL, LA
			Oralair (Tablet Sublingual)	3	PA
			Pulmozyme (Inhalation Solution)	4	B/D, 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
Semprex-D (Capsule)	3	
Stiolto Respimat (Aerosol Solution)	2	
Symbicort (Aerosol)	2	QL
Trelegy Ellipta (Aerosol Powder)	2	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	
Cyclobenzaprine HCl (7.5mg Tablet)	3	PA, HRM
Dantrium (Capsule)	3	
Dantrolene Sodium (Capsule)	1	
Fexmid (Tablet)	3	PA, HRM
Tizanidine HCl (2mg Capsule, 4mg Capsule, 2mg Tablet, 4mg Tablet)	1	
Tizanidine HCl (6mg Capsule)	3	
Zanaflex (2mg Capsule, 4mg Capsule, 6mg Capsule, 4mg Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sleep Disorder Agents		
GABA Receptor Modulators		
Ambien (Tablet)	3	PA, QL, HRM
Restoril (22.5mg Capsule)	4	QL, HRM
Sonata (Capsule)	3	PA, QL, HRM
Temazepam (22.5mg Capsule)	3	QL, HRM
Zaleplon (Capsule)	1	PA, QL, HRM
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	1	PA, QL, HRM
Sleep Disorders, Other		
Armodafinil (Tablet)	3	PA, QL
Belsomra (Tablet)	2	QL
Hetlioz (Capsule)	4	PA, QL, LA
Modafinil (Tablet)	1	PA, QL
Nuvigil (Tablet)	3	PA, QL
Provigil (Tablet)	4	PA, QL
Rozerem (Tablet)	3	
Silenor (Tablet)	3	
Xyrem (Oral Solution)	4	PA, QL, LA

Bold type = Brand name drug

Plain type = Generic drug

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir (20mg/ml Oral Solution)	Maximum of 48 ml per day
Abacavir (300mg Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abacavir/Lamivudine (Tablet)	Maximum of 2 tablets per day
Abilify (Tablet)	Maximum of 1 tablet per day
Abstral (Tablet Sublingual)	Maximum of 4 tablets per day
Accupril (Tablet)	Maximum of 2 tablets per day
Accuretic (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Accuretic (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 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
Actiq (Lozenge on a Handle)	Maximum of 4 lozenges per day
Actoplus Met (Tablet)	Maximum of 3 tablets per day
Actoplus Met XR (15mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Actoplus Met XR (30mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Actos (15mg Tablet)	Maximum of 3 tablets per day
Actos (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Adderall (20mg Tablet)	Maximum of 3 tablets per day
Adderall (5mg Tablet, 7.5mg Tablet)	Maximum of 2 tablets per day
Adderall XR (Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Adlyxin (Injection)	Maximum of 6 ml (2 pens) per 28 days
Adlyxin Starter Pack (Injection)	Maximum of 6 ml (1 kit) per 28 days

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Drug Name	Quantity Limit
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
Adzenys ER (Suspension Extended-Release)	Maximum of 15 ml per day
Adzenys XR-ODT (Tablet Extended-Release Dispersible)	Maximum of 1 tablet per day
Aggrenox (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Airduo Respiclick 113/14 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Airduo Respiclick 232/14 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Airduo Respiclick 55/14 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Albenza (Tablet)	Maximum of 16 tablets per day
Almotriptan (Tablet)	Maximum of 12 tablets per 30 days
Alogliptin (Tablet)	Maximum of 1 tablet per day
Alogliptin/Metformin HCl (Tablet)	Maximum of 2 tablets per day
Alogliptin/Pioglitazone (Tablet)	Maximum of 1 tablet per day
Alora (Patch Twice Weekly)	Maximum of 8 patches 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
Alprazolam ER (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Alprazolam ER (2mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Alprazolam ER (3mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Alprazolam Intensol (1mg/ml Concentrate)	Maximum of 10 ml per day
Alprazolam ODT (0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2mg Tablet Dispersible)	Maximum of 5 tablets per day
Altace (Capsule)	Maximum of 2 capsules per day
Altoprev (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Alunbrig (180mg Tablet, 90mg Tablet)	Maximum of 1 tablet per day
Alunbrig (30mg Tablet)	Maximum of 4 tablets per day
Alunbrig (Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Alvesco (160mcg/act Aerosol Solution)	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80mcg/act Aerosol Solution)	Maximum of 1 inhaler (6.1 grams) per 30 days
Amaryl (1mg Tablet)	Maximum of 8 tablets per day
Amaryl (2mg Tablet)	Maximum of 4 tablets per day
Amaryl (4mg Tablet)	Maximum of 2 tablets per day
Ambien (Tablet)	Maximum of 90 days of use per year
Amerge (Tablet)	Maximum of 12 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
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
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
Aptensio XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule 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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Aricept (10mg Tablet)	Maximum of 2 tablets per day
Aricept (23mg Tablet, 5mg Tablet)	Maximum of 1 tablet 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
Armodafinil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Armodafinil (50mg Tablet)	Maximum of 2 tablets per day
Armonair Respiclick 113 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Armonair Respiclick 232 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Armonair Respiclick 55 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
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
Asacol HD (Tablet Delayed-Release)	Maximum of 6 tablets per day
Asmanex HFA (Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Asmanex Twisthaler 120 Metered Doses (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Asmanex Twisthaler 30 Metered Doses (110mcg/INH Aerosol Powder)	Maximum of 2 inhalers per 30 days
Asmanex Twisthaler 30 Metered Doses (220mcg/INH Aerosol Powder)	Maximum of 1 inhaler per 30 days
Asmanex Twisthaler 60 Metered Doses (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Atacand (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Atacand (8mg Tablet)	Maximum of 3 tablets per day
Atacand HCT (Tablet)	Maximum of 1 tablet per day
Atazanavir Sulfate (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Atazanavir Sulfate (200mg Capsule)	Maximum of 3 capsules per day
Ativan (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Ativan (2mg Tablet)	Maximum of 5 tablets per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Aubagio (Tablet)	Maximum of 1 tablet per day
Austedo (Tablet)	Maximum of 4 tablets per day
Avalide (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
Avapro (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Avapro (75mg Tablet)	Maximum of 3 tablets per day
Avodart (Capsule)	Maximum of 1 capsule per day
Azor (Tablet)	Maximum of 1 tablet per day
Belbuca (150mcg Film, 300mcg Film, 450mcg Film, 600mcg Film, 750mcg Film, 75mcg Film, 900mcg Film)	Maximum of 2 films 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
Benicar (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Benicar (5mg Tablet)	Maximum of 2 tablets per day
Benicar HCT (Tablet)	Maximum of 1 tablet per day
Bethkis (Nebulized Solution)	Maximum of 8 ml (2 ampules) per day
Bevyxxa (Capsule)	Maximum of 31 capsules per 30 days
Biktarvy (Tablet)	Maximum of 2 tablets per day
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
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
Brovana (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Bunavail (Film)	Maximum of 2 films per day
Buprenorphine (Patch Weekly)	Maximum of 4 patches per 28 days
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Patch Weekly)	Maximum of 4 patches per 28 days

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Drug Name	Quantity Limit
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
Byvalson (Tablet)	Maximum of 1 tablet per day
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	Maximum of 2 tablets per day
Caduet (Tablet)	Maximum of 1 tablet per day
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
Cardura XL (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Celebrex (Capsule)	Maximum of 2 capsules per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Cialis (2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet 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
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 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
Concerta (18mg Tablet Extended-Release)	Maximum of 3 tablets per day
Concerta (27mg Tablet Extended-Release, 36mg Tablet Extended-Release)	Maximum of 2 tablets per day
Concerta (54mg Tablet Extended-Release)	Maximum of 1 tablet per day
Conzip (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Corlanor (Tablet)	Maximum of 2 tablets per day
Cozaar (100mg Tablet)	Maximum of 1 tablet per day
Cozaar (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Crestor (Tablet)	Maximum of 1 tablet per day
Crixivan (Capsule)	Maximum of 9 capsules per day
Cymbalta (Capsule Delayed-Release)	Maximum of 2 capsules per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Daytrana (Patch)	Maximum of 1 patch per day
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)	Maximum of 1 tablet per day
Dexedrine (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dexedrine (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dexedrine (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Dexilant (Capsule Delayed-Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Dextroamphetamine Sulfate (Tablet)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Digitek (0.125mg Tablet)	Maximum of 1 tablet per day
Digox (125mcg Tablet)	Maximum of 1 tablet per day
Digoxin (0.05mg/ml Oral Solution)	Maximum of 5 ml per day
Digoxin (125mcg Tablet)	Maximum of 1 tablet per day
Dilaudid (1mg/ml Liquid)	Maximum of 50 ml per day
Dilaudid (2mg Tablet, 4mg Tablet)	Maximum of 8 tablets per day
Dilaudid (8mg Tablet)	Maximum of 6 tablets per day
Diovan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Diovan (320mg Tablet)	Maximum of 1 tablet per day
Diovan HCT (Tablet)	Maximum of 1 tablet per day
Ditropan XL (10mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Ditropan XL (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Dolophine (10mg Tablet)	Maximum of 12 tablets per day
Dolophine (5mg Tablet)	Maximum of 8 tablets per day
Donepezil HCl (10mg Tablet)	Maximum of 2 tablets per day
Donepezil HCl (23mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxepin HCl (Cream)	Maximum of 90 grams per 30 days
Duetact (Tablet)	Maximum of 1 tablet 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

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Drug Name	Quantity Limit
Duloxetine HCl (40mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Duragesic (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
Dutasteride (Capsule)	Maximum of 1 capsule per day
Dyanavel XR (Suspension Extended-Release)	Maximum of 8 ml per day
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day
Edurant (Tablet)	Maximum of 2 tablets per day
Efavirenz (200mg Capsule)	Maximum of 3 capsules per day
Efavirenz (50mg Capsule)	Maximum of 9 capsules per day
Efavirenz (600mg Tablet)	Maximum of 2 tablets per day
Effient (Tablet)	Maximum of 1 tablet per day
Eletriptan HBr (Tablet)	Maximum of 12 tablets per 30 days
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
Emtriva (10mg/ml Oral Solution)	Maximum of 42.5 ml per day
Emtriva (200mg Capsule)	Maximum of 2 capsules per day
Enablex (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Endocet (Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day

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Drug Name	Quantity Limit
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
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
Epivir (10mg/ml Oral Solution)	Maximum of 48 ml per day
Epivir (150mg Tablet)	Maximum of 3 tablets per day
Epivir (300mg Tablet)	Maximum of 2 tablets per day
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
Esomeprazole Strontium (Capsule Delayed-Release)	Maximum of 2 capsules per day
Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly)	Maximum of 8 patches per 28 days
Evotaz (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Exalgo (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 32mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Exelon (Patch 24 Hour)	Maximum of 1 patch per day
Exforge (Tablet)	Maximum of 1 tablet per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet per day
Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Farxiga (Tablet)	Maximum of 1 tablet per day
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 37.5mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 62.5mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour, 87.5mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	Maximum of 4 lozenges per day
Fentora (Tablet)	Maximum of 4 tablets per day
Firazyr (Injection)	Maximum of 9 ml per day
Flector (Patch)	Maximum of 2 patches per day
Flolipid (20mg/5ml Suspension)	Maximum of 5 ml per day
Flolipid (40mg/5ml Suspension)	Maximum of 10 ml per day
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
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Focalin (Tablet)	Maximum of 2 tablets per day
Fortamet (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Fortamet (500mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day

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Drug Name	Quantity Limit
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
Frova (Tablet)	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Tablet)	Maximum of 12 tablets per 30 days
Fuzeon (Injection)	Maximum of 3 vials per day
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Galantamine HBr (4mg/ml Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Genvoya (Tablet)	Maximum of 2 tablets per day
Geodon (20mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 2 capsules per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Tablet)	Maximum of 3 tablets per day
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
Glucophage (1000mg Tablet)	Maximum of 2.5 tablets per day
Glucophage (500mg Tablet)	Maximum of 5 tablets per day
Glucophage (850mg Tablet)	Maximum of 3 tablets per day
Glucophage XR (500mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glucophage XR (750mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol (10mg Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Glucotrol (5mg Tablet)	Maximum of 8 tablets per day
Glucotrol XL (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol XL (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glucotrol XL (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glumetza (500mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glyxambi (Tablet)	Maximum of 1 tablet per day
Harvoni (Tablet)	Maximum of 1 tablet per day
Hetlioz (Capsule)	Maximum of 1 capsule per day
Hycet (Oral Solution)	Maximum of 180 ml per day
Hydrocodone Bitartrate/Acetaminophen (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Ibuprofen (10mg-200mg Tablet, 5mg-200mg Tablet, 7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Hyzaar (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Hyzaar (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Ibrance (Capsule)	Maximum of 1 capsule per day
Ibudone (Tablet)	Maximum of 5 tablets per day
Iclusig (15mg Tablet)	Maximum of 2 tablets per day
Iclusig (45mg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Idhifa (Tablet)	Maximum of 1 tablet per day
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
Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days
Imitrex (20mg/act Nasal Solution, 5mg/act Nasal Solution)	Maximum of 12 devices per 30 days
Imitrex (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Imitrex Statdose Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Imitrex Statdose System (Injection)	Maximum of 12 injections (6 ml) per 30 days
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (Capsule)	Maximum of 1 capsule per day
Inlyta (Tablet)	Maximum of 4 tablets per day
Intelence (100mg Tablet)	Maximum of 2 tablets per day
Intelence (200mg Tablet)	Maximum of 3 tablets per day
Intelence (25mg Tablet)	Maximum of 6 tablets per day
Intrarosa (Insert)	Maximum of 1 vaginal insert per day
Invega (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
Invega (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 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

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Drug Name	Quantity Limit
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Isentress HD (Tablet)	Maximum of 3 tablets 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
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
Jynarque (Tablet Therapy Pack)	Maximum of 2 tablets per day
Kadian (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Kadian (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Kadian (200mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Kadian (50mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules 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
Kazano (Tablet)	Maximum of 2 tablets per day
Keveyis (Tablet)	Maximum of 4 tablets 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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Kisqali Femara 600 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Klonopin (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Klonopin (2mg Tablet)	Maximum of 10 tablets per day
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
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
Lanoxin (125mcg Tablet)	Maximum of 1 tablet per day
Lanoxin (62.5mcg Tablet)	Maximum of 2 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
Lazanda (Nasal Solution)	Maximum of 15 bottles (79.5 ml) per 30 days
Lescol XL (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Letairis (Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day
Lexiva (50mg/ml Suspension)	Maximum of 90 ml per day
Lexiva (700mg Tablet)	Maximum of 6 tablets per day
Lialda (Tablet Delayed-Release)	Maximum of 4 tablets per day
Lidocaine (5% Ointment)	Maximum of 150 grams per 30 days
Lidocaine (5% Patch)	Maximum of 3 patches per day
Lidoderm (Patch)	Maximum of 3 patches per day
Linzess (Capsule)	Maximum of 1 capsule per day
Lipitor (Tablet)	Maximum of 1 tablet 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

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Drug Name	Quantity Limit
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Livalo (Tablet)	Maximum of 1 tablet per day
Lonhala Magnair Starter Kit (Inhalation Solution)	Maximum of 2 vials (2 ml) 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 Intensol (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
Lotensin (10mg Tablet)	Maximum of 2 tablets per day
Lotensin (20mg Tablet, 40mg Tablet)	Maximum of 2 tablets per day
Lotrel (Capsule)	Maximum of 1 capsule per day
Lovastatin (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet)	Maximum of 2 tablets per day
Lovenox (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Lovenox (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Lovenox (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Lynparza (100mg Tablet, 150mg Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (20mg/ml Oral Solution)	Maximum of 30 ml per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Lyrica CR (165mg Tablet Extended-Release 24 Hour, 82.5mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Lyrica CR (330mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Mavyret (Tablet)	Maximum of 3 tablets per day
Maxalt (Tablet)	Maximum of 12 tablets per 30 days
Maxalt-MLT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
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
Mesalamine DR (800mg Tablet Delayed-Release)	Maximum of 6 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 (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glumetza)	Maximum of 4 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 5 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
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
Methylin (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylin (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl (10mg Tablet Chewable)	Maximum of 6 tablets 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 (2.5mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 3 tablets per day
Methylphenidate HCl (20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (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 (18mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Methylphenidate HCl ER (72mg Tablet Extended-Release)	Maximum of 1 tablet per day
Micardis (Tablet)	Maximum of 1 tablet per day
Micardis HCT (12.5mg-40mg Tablet, 25mg-80mg Tablet)	Maximum of 1 tablet per day
Micardis HCT (12.5mg-80mg Tablet)	Maximum of 2 tablets per day
Minivelle (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Mitigare (Capsule)	Maximum of 4 capsules per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Moexipril HCl (Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (15mg-12.5mg Tablet, 15mg-25mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (7.5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 3 capsules 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 (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules per day
Morphine Sulfate ER (120mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Morphine Sulfate ER (75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 4 capsules per day
Movantik (Tablet)	Maximum of 1 tablet per day
MS Contin (100mg Tablet Extended-Release, 15mg Tablet Extended-Release)	Maximum of 3 tablets per day
MS Contin (200mg Tablet Extended-Release)	Maximum of 2 tablets per day
MS Contin (30mg Tablet Extended-Release, 60mg Tablet Extended-Release)	Maximum of 4 tablets per day
Mydayis (12.5mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Mydayis (12.5mg-12.5mg-12.5mg-12.5mg Capsule Extended-Release 24 Hour, 9.375mg-9.375mg-9.375mg-9.375mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namenda (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Namenda (5mg Tablet Immediate-Release)	Maximum of 3 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
Nesina (Tablet)	Maximum of 1 tablet per day
Nevirapine (Tablet)	Maximum of 3 tablets per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Nexium (20mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Nexium (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days
Norco (Tablet)	Maximum of 12 tablets per day
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 (100mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 6 tablets per day
Nucynta ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Nuvigil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Nuvigil (50mg 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
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onglyza (Tablet)	Maximum of 1 tablet per day
Onzetra Xsail (Exhaler Powder)	Maximum of 1 kit (16 exhalers) per 30 days
Opana (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
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
Oseni (Tablet)	Maximum of 1 tablet per day
Osphena (Tablet)	Maximum of 1 tablet per day
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (20mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (5mg Capsule Immediate-Release)	Maximum of 12 capsules per day
Oxycodone HCl (5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 130 ml per day
Oxycodone HCl ER (10mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 15mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 20mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 30mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 40mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 60mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 80mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets 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

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Drug Name	Quantity Limit
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxymorphone HCl (Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxymorphone HCl ER (10mg Tablet Extended-Release 12 Hour, 15mg Tablet Extended-Release 12 Hour, 20mg Tablet Extended-Release 12 Hour, 5mg Tablet Extended-Release 12 Hour, 7.5mg Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30mg Tablet Extended-Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40mg Tablet Extended-Release 12 Hour)	Maximum of 3 tablets per day
Ozempic 0.25mg or 0.5mg per dose (2mg/1.5ml Solution Pen injector)	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic 1mg per dose (2mg/1.5ml Solution Pen injector)	Maximum of 2 pens (3 ml) per 28 days
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
Panlor (Tablet)	Maximum of 10 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
Pentasa (500mg Capsule Extended-Release)	Maximum of 8 capsules per day
Percocet (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets 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
Plavix (75mg Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
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
Prandin (1mg Tablet)	Maximum of 16 tablets per day
Prandin (2mg Tablet)	Maximum of 8 tablets per day
Prasugrel (Tablet)	Maximum of 1 tablet per day
Pravachol (Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Prevacid (Capsule Delayed-Release)	Maximum of 2 capsules per day
Prevymis (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
Primlev (Tablet)	Maximum of 13 tablets per day
Prinivil (Tablet)	Maximum of 2 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
Prolia (Injection)	Maximum of 1 syringe every 180 days
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Protonix (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Protonix (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Provigil (100mg Tablet)	Maximum of 1 tablet per day
Provigil (200mg Tablet)	Maximum of 2 tablets per day
Prudoxin (Cream)	Maximum of 90 grams per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Qbrexelis (Oral Solution)	Maximum of 80 ml per day
Qtern (Tablet)	Maximum of 1 tablet per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quetiapine Fumarate ER (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
QuilliChew ER (20mg Tablet Chewable Extended-Release, 40mg Tablet Chewable Extended-Release)	Maximum of 1 tablet per day
QuilliChew ER (30mg Tablet Chewable Extended-Release)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Qvar Redihaler (Aerosol Powder)	Maximum of 2 inhalers (21.2 grams) per 30 days
Ramipril (Capsule)	Maximum of 2 capsules per day
Rapaflo (4mg Capsule)	Maximum of 1 capsule per day
Rapaflo (8mg Capsule)	Maximum of 1 capsule per day
Royaldee (Capsule Extended-Release)	Maximum of 2 capsules per day
Razadyne (Tablet)	Maximum of 2 tablets per day
Razadyne ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Relpax (Tablet)	Maximum of 12 tablets 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

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Drug Name	Quantity Limit
Restasis (Emulsion)	Maximum of 2 vials per day
Restoril (22.5mg Capsule)	Maximum of 1 capsule per day
Retrovir (100mg Capsule)	Maximum of 8 capsules per day
Retrovir (50mg/5ml Syrup)	Maximum of 96 ml 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
Ritalin (Tablet)	Maximum of 3 tablets per day
Ritonavir (Tablet)	Maximum of 18 tablets per day
Rivastigmine Tartrate (Capsule)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Roxicodone (15mg Tablet)	Maximum of 8 tablets per day
Roxicodone (30mg Tablet)	Maximum of 6 tablets per day
Roxicodone (5mg Tablet)	Maximum of 12 tablets 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
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Savaysa (Tablet)	Maximum of 1 tablet per day
Segluromet (2.5mg-1000mg Tablet, 7.5mg-1000mg Tablet, 7.5mg-500mg Tablet)	Maximum of 2 tablets per day
Segluromet (2.5mg-500mg Tablet)	Maximum of 4 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

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Drug Name	Quantity Limit
Seroquel (100mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Seroquel (25mg Tablet)	Maximum of 4 tablets per day
Seroquel (300mg Tablet, 400mg Tablet)	Maximum of 2 tablets per day
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
Simvastatin (Tablet)	Maximum of 1 tablet per day
Singulair (10mg Tablet)	Maximum of 1 tablet per day
Singulair (4mg Packet)	Maximum of 1 packet per day
Singulair (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Soliqua 100/33 (Injection)	Maximum of 18 ml (6 pens) per 30 days
Solodyn (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Somavert (Injection)	Maximum of 1 vial per day
Sonata (Capsule)	Maximum of 90 days of use per year
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
Starlix (120mg Tablet)	Maximum of 3 tablets per day
Starlix (60mg Tablet)	Maximum of 6 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
Steglatro (15mg Tablet)	Maximum of 1 tablet per day
Steglatro (5mg Tablet)	Maximum of 2 tablets per day
Steglujan (Tablet)	Maximum of 1 tablet per day
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
Subsys (Liquid)	Maximum of 4 sprays per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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 Prefilled 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
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Symfi (Tablet)	Maximum of 2 tablets per day
Symfi Lo (Tablet)	Maximum of 2 tablets per day
Symproic (Tablet)	Maximum of 1 tablet 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
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule)	Maximum of 2 capsules per day
Tamiflu (6mg/ml Suspension)	Maximum of 26 ml per day
Tanzeum (Injection)	Maximum of 4 pens per 28 days
Tarceva (100mg Tablet, 150mg Tablet)	Maximum of 1 tablet per day
Tarceva (25mg Tablet)	Maximum of 3 tablets per day
Tarka (Tablet Extended-Release)	Maximum of 1 tablet 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
Tasmar (Tablet)	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
Tavalisse (Tablet)	Maximum of 2 tablets per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day
Technivie (Tablet)	Maximum of 2 tablets per day
Tekturna (Tablet)	Maximum of 1 tablet per day
Tekturna HCT (Tablet)	Maximum of 1 tablet 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 (22.5mg Capsule)	Maximum of 1 capsule per day
Tenofovir Disoproxil Fumarate (Tablet)	Maximum of 2 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
Tolazamide (250mg Tablet)	Maximum of 4 tablets per day
Tolazamide (500mg Tablet)	Maximum of 2 tablets per day
Tolbutamide (Tablet)	Maximum of 6 tablets per day
Tolcapone (Tablet)	Maximum of 6 tablets per day
Toviaz (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet 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 (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day

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Drug Name	Quantity Limit
Trandolapril (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day
Trandolapril (4mg Tablet)	Maximum of 2 tablets per day
Trandolapril/Verapamil HCl ER (Tablet Extended-Release)	Maximum of 1 tablet per day
Tranxene T (Tablet)	Maximum of 12 tablets per day
Trelegy Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Trezix (Capsule)	Maximum of 10 capsules per day
Tribenzor (Tablet)	Maximum of 1 tablet per day
Trientine HCl (Capsule)	Maximum of 8 capsules per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
Trizivir (Tablet)	Maximum of 3 tablets per day
Trulicity (Injection)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Tablet)	Maximum of 2 tablets per day
Twynsta (Tablet)	Maximum of 1 tablet per day
Tybost (Tablet)	Maximum of 2 tablets per day
Tylenol/Codeine #3 (Tablet)	Maximum of 13 tablets per day
Tylenol/Codeine #4 (Tablet)	Maximum of 13 tablets per day
Tymlos (Injection)	Maximum of 1.56 ml per 30 days
Ultracet (Tablet)	Maximum of 12 tablets per day
Ultram (Tablet)	Maximum of 8 tablets per day
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	Maximum of 2 tablets per day
Uptravi (200mcg Tablet)	Maximum of 5 tablets per day
Valacyclovir HCl (1gm Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valcyte (450mg Tablet)	Maximum of 4 tablets per day
Valcyte (50mg/ml Oral Solution)	Maximum of 36 ml per day
Valganciclovir (Tablet)	Maximum of 4 tablets per day
Valganciclovir Hydrochloride (Oral Solution)	Maximum of 36 ml per day
Valium (Tablet)	Maximum of 4 tablets 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
Valtrex (1gm Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Valtrex (500mg Tablet)	Maximum of 2 tablets per day
Vaseretic (Tablet)	Maximum of 2 tablets per day
Vasotec (10mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet)	Maximum of 2 tablets per day
Veltassa (Packet)	Maximum of 1 packet per day
Vemlidy (Tablet)	Maximum of 1 tablet per day
Venclexta (100mg Tablet)	Maximum of 4 tablets per day
Venclexta (10mg Tablet)	Maximum of 2 tablets per day
Venclexta (50mg Tablet)	Maximum of 1 tablet per day
Verzenio (Tablet)	Maximum of 2 tablets per day
Vesicare (Tablet)	Maximum of 1 tablet per day
Viberzi (Tablet)	Maximum of 2 tablets per day
Vicodin (Tablet)	Maximum of 13 tablets per day
Vicodin ES (Tablet)	Maximum of 13 tablets per day
Vicodin HP (Tablet)	Maximum of 13 tablets per day
Victoza (Injection)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (Capsule Delayed-Release)	Maximum of 2 capsules per day
Videx Pediatric (Oral Solution)	Maximum of 30 ml per day
Viekira Pak (Tablet Therapy Pack)	Maximum of 1 pack (112 tablets) per 28 days
Viekira XR (Tablet Extended-Release 24 Hour)	Maximum of 1 pack (84 tablets) per 28 days
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 (200mg Tablet)	Maximum of 3 tablets per day
Viramune (50mg/5ml Suspension)	Maximum of 60 ml per day
Viramune XR (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Viramune XR (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
Vivelle-Dot (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Vivlodex (Capsule)	Maximum of 1 capsule per day
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
Vytorin (Tablet)	Maximum of 1 tablet per day
Xanax (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Xanax (2mg Tablet)	Maximum of 5 tablets per day
Xanax XR (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xanax XR (2mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Xanax XR (3mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets 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
Xermelo (Tablet)	Maximum of 3 tablets per day
Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (2.5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Ximino (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule 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

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Drug Name	Quantity Limit
Xtampza ER (27mg Capsule Extended-Release 12 Hour Abuse-Deterrent, 36mg Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 6 capsules per day
Xultophy 100/3.6 (Injection)	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	Maximum of 18 ml per day
Zaleplon (Capsule)	Maximum of 90 days of use per year
Zejula (Capsule)	Maximum of 3 capsules per day
Zelboraf (Tablet)	Maximum of 8 tablets per day
Zembrace Symtouch (Injection)	Maximum of 8 ml (16 syringes) per 30 days
Zenzedi (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 6 tablets per day
Zenzedi (15mg Tablet)	Maximum of 4 tablets per day
Zenzedi (20mg Tablet)	Maximum of 3 tablets per day
Zenzedi (30mg Tablet)	Maximum of 2 tablets per day
Zepatier (Tablet)	Maximum of 1 tablet per day
Zerit (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Zerit (1mg/ml Oral Solution)	Maximum of 120 ml per day
Zerit (20mg Capsule)	Maximum of 2 capsules per day
Zestoretic (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Zestoretic (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Zestoretic (20mg-25mg Tablet)	Maximum of 2 tablets per day
Zestril (Tablet)	Maximum of 2 tablets per day
Ziac (Tablet)	Maximum of 2 tablets per day
Ziagen (20mg/ml Oral Solution)	Maximum of 48 ml per day
Ziagen (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (100mg Capsule)	Maximum of 8 capsules per day
Zidovudine (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (50mg/5ml Syrup)	Maximum of 96 ml per day
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day
Zocor (Tablet)	Maximum of 1 tablet per day
Zohydro ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 2 capsules per day
Zolmitriptan (Tablet)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 90 days of use per year

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Drug Name	Quantity Limit
Zomig (2.5mg Nasal Solution)	Maximum of 18 devices per 30 days
Zomig (2.5mg Tablet, 5mg Tablet)	Maximum of 12 tablets per 30 days
Zomig (5mg Nasal Solution)	Maximum of 12 devices per 30 days
Zomig ZMT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zonalon (Cream)	Maximum of 90 grams per 30 days
Zubsolv (1.4mg-0.36mg Tablet Sublingual, 5.7mg-1.4mg Tablet Sublingual)	Maximum of 3 tablets per day
Zubsolv (11.4mg-2.9mg Tablet Sublingual)	Maximum of 1 tablet per day
Zubsolv (2.9mg-0.71mg Tablet Sublingual)	Maximum of 5 tablets per day
Zubsolv (8.6mg-2.1mg Tablet Sublingual)	Maximum of 2 tablets per day
Zydelig (Tablet)	Maximum of 2 tablets per day
Zypitamag (Tablet)	Maximum of 1 tablet per day
Zyprexa (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 1 tablet per day
Zyprexa Zydis (10mg Tablet Dispersible, 15mg Tablet Dispersible, 20mg Tablet Dispersible, 5mg Tablet Dispersible)	Maximum of 1 tablet per day

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Required information

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

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