

2018 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

UnitedHealthcare® MedicareRxSM for Groups (PDP)

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 **1-888-556-6648**, TTY **711**
8 a.m. - 8 p.m. local time, Monday - Friday



www.UHCRetiree.com



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Questions?

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



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What is a drug list?

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

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

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of September 1, 2017.

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 MedicareRx for Groups (PDP).

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 12–40 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 41–146 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 payment stage and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** 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	All covered generic drugs.
Tier 2: Preferred brand	Many common brand name drugs, called preferred brands.
Tier 3: Non-preferred drug	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 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 41. 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.

MED - Morphine equivalent dose

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

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

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

- **Drug list exception:** Ask the plan to cover your drug even if it's not on the drug list. If approved, this drug will be covered at a pre-determined cost-sharing level. You will not be able to ask us to provide the drug at a lower cost-sharing level.
- **Utilization exception:** Ask the plan to revise the coverage rules or limits on your drug. For example, if your drug has a quantity limit, you can ask the plan to change the limit and cover more.
- **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...	You can ask for...
are a new member in the first 90 days of your membership OR were a member last year and it's the first 90 days of your plan year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 98-day temporary supply
have been in the plan for more than 90 days	in a nursing home or long-term care facility and need a supply right away	at least a 31-day emergency supply
are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply

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

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

Can the drug list change?

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

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

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

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 147-185.

We'll tell you about any changes

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call Customer Service toll-free at **1-888-556-6648**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday. Or visit us online at **www.UHCRetiree.com**.

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

Covered drugs by name (Drug index)

A			
Abacavir.....	82	Activella.....	123
Abacavir Sulfate/Lamivudine/ Zidovudine.....	82	Actonel.....	134
Abacavir/Lamivudine.....	82	Actoplus Met.....	85
Abelcet.....	67	Actoplus Met XR.....	85
Abilify.....	78	Actos.....	85
Abilify Maintena.....	78	Acular.....	138
Abraxane.....	72	Acular LS.....	138
Absorica.....	106	Acuvail.....	138
Abstral.....	46	Acyclovir.....	81
Acamprosate Calcium DR.....	49	Acyclovir Sodium.....	81
Acanya.....	106	Aczone.....	106
Acarbose.....	85	Adacel.....	132
Accolate.....	141	Adagen.....	116
Accupril.....	91	Adalat CC.....	94
Accuretic.....	96	Adapalene.....	106
Acebutolol HCl.....	93	Adcirca.....	143
Acetaminophen/Codeine.....	46	Adderall.....	102
Acetasol HC.....	139	Adderall XR.....	102
Acetazolamide.....	99	Adefovir Dipivoxil.....	80
Acetazolamide ER.....	99	Adempas.....	143
Acetazolamide Sodium.....	99	Adlyxin.....	85
Acetic Acid.....	139	Adlyxin Starter Pack.....	85
Acetylcysteine.....	144	Adrenalin.....	141
Aciphex.....	115	Adriamycin.....	72
Aciphex Sprinkle.....	115	Adrucil.....	72
Acitretin.....	106	Advair Diskus.....	144
Actemra.....	132	Advair HFA.....	144
ActHIB.....	132	Adzenys XR-ODT.....	102
Actigall.....	113	Aerospan.....	140
Actimmune.....	132	Afeditab CR.....	94
Actiq.....	46	Afinitor.....	74
		Afinitor Disperz.....	74
		Afrezza.....	87
		Aggrenox.....	90
		Agrylin.....	89
		Airduo Respiclick 113/14.....	144
		Airduo Respiclick 232/14.....	144
		Airduo Respiclick 55/14.....	144
		Ala Scalp.....	118
		Ala-Cort.....	118
		Albenza.....	75
		Albuterol Sulfate.....	142
		Albuterol Sulfate ER.....	142
		Alclometasone Dipropionate	118
		Alcohol Prep Pads.....	135
		Aldactazide.....	96
		Aldactone.....	99
		Aldara.....	106
		Aldurazyme.....	116
		Alecensa.....	74
		Alendronate Sodium.....	134
		Alfuzosin HCl ER.....	118
		Alimta.....	72
		Alinia.....	75
		Alkeran.....	71
		Allopurinol.....	69
		Allopurinol Sodium.....	69
		Allzital.....	41
		Almotriptan Malate.....	69
		Alocril.....	136
		Alogliptin.....	85
		Alogliptin/Metformin HCl.....	85
		Alogliptin/Pioglitazone.....	85
		Alomide.....	136
		Aloprim.....	69

Alora.....	123	Aminosyn-HBC.....	108	Anastrozole.....	73
Alosetron HCl.....	114	Aminosyn-PF.....	108	Ancobon.....	67
Aloxi.....	66	Aminosyn-RF.....	108	Androderm.....	123
Alphagan P.....	137	Amiodarone HCl.....	92	AndroGel.....	123
Alprazolam.....	84	Amitiza.....	114	AndroGel Pump.....	123
Alprazolam ER.....	84	Amitriptyline HCl.....	65	Angeliq.....	123
Alprazolam Intensol.....	84	Amlodipine Besylate.....	94	Anoro Ellipta.....	144
Alprazolam ODT.....	84	Amlodipine Besylate/ Atorvastatin Calcium.....	96	Antabuse.....	49
Alrex.....	138	Amlodipine Besylate/ Benazepril HCl.....	96	Antara.....	99
Altace.....	91	Amlodipine Besylate/Valsartan	96	Anusol-HC.....	133
Altoprev.....	100	Amlodipine Besylate/Valsartan	96	Anzemet.....	66
Alunbrig.....	74	Amlodipine/Olmesartan Medoxomil.....	96	ApexiCon E.....	118
Alvesco.....	140	Amlodipine/Olmesartan Medoxomil.....	96	Apidra SoloStar.....	87
Alyacen 1/35.....	123	Amlodipine/Valsartan/ Hydrochlorothiazide.....	96	Apidra Vial.....	87
Amabelz.....	123	Ammonium Lactate.....	106	Aplenzin.....	63
Amantadine HCl.....	76	Amoxapine.....	65	Apokyn.....	76
Amaryl.....	85	Amoxicillin.....	53	Apraclonidine.....	137
Ambien.....	145	Amoxicillin/Clavulanate Potassium.....	54	Aprepitant.....	66
Ambien CR.....	145	Amoxicillin/Clavulanate Potassium ER.....	54	Apri.....	123
AmBisome.....	67	Amphetamine/ Dextroamphetamine.....	102	Apriso.....	133
Amcinonide.....	118	Amphotericin B.....	67	Aptensio XR.....	103
Amerge.....	69	Ampicillin.....	54	Aptiom.....	61
Amethia.....	123	Ampicillin Sodium.....	54	Aptivus.....	83
Amethia Lo.....	123	Ampicillin-Sulbactam.....	54	Aralast NP.....	116
Amikacin Sulfate.....	50	Ampyra.....	105	Aranelle.....	123
Amiloride HCl.....	99	Amrix.....	145	Aranesp Albumin Free.....	90
Amiloride/Hydrochlorothiazide	96	Anadrol-50.....	123	Arava.....	132
Aminophylline.....	143	Anafranil.....	65	Arcalyst.....	132
Aminosyn 7%/Electrolytes...	108	Anagrelide HCl.....	89	Arcapta Neohaler.....	142
Aminosyn 8.5%/Electrolytes	108	Anaprox DS.....	41	Argatroban.....	88
Aminosyn II.....	108			Aricept.....	62
Aminosyn II 8.5%/Electrolytes	108			Arimidex.....	73
				Aripiprazole.....	78
				Aripiprazole ODT.....	78

Aristada.....	78	Atrovent HFA.....	141	Azor.....	96
Arixtra.....	88	Aubagio.....	105	Aztreonam.....	53
Armodafinil.....	146	Aubra.....	123	Azulfidine.....	134
Arnuity Ellipta.....	140	Augmented Betamethasone Dipropionate.....	118	Azulfidine EN-Tabs.....	134
Aromasin.....	73	Augmentin.....	54	B	
Arranon.....	72	Auryxia.....	112	BACiiM.....	50
Arthrotec 50.....	41	Avalide.....	96	Bacitracin.....	50
Arthrotec 75.....	41	Avandia.....	85	Bacitracin/Polymyxin B.....	135
Asacol HD.....	133	Avapro.....	91	Baclofen.....	145
Ascomp/Codeine.....	46	Avastin.....	74	Bactocill in Dextrose.....	54
Ashlyna.....	123	AVC.....	67	Bactrim.....	56
Asmanex HFA.....	140	Aveed.....	123	Bactrim DS.....	56
Asmanex Twisthaler 120 Metered Doses.....	140	Avelox.....	55	Bactroban.....	50
Asmanex Twisthaler 30 Metered Doses.....	140	Aviane.....	123	Bactroban Nasal.....	50
Asmanex Twisthaler 60 Metered Doses.....	140	Avita.....	106	Balsalazide Disodium.....	133
Aspirin/Dipyridamole.....	90	Avodart.....	118	Balziva.....	123
Astagraf XL.....	130	Avonex.....	105	Banzel.....	61
Astepro.....	139	Avonex Pen.....	105	Baraclude.....	80
Atacand.....	91	Avycaz.....	52	Basaglar KwikPen.....	87
Atacand HCT.....	96	Axert.....	69	Bavencio.....	74
Atelvia.....	134	Axiron.....	123	BCG Vaccine.....	132
Atenolol.....	93	Aygestin.....	128	Beconase AQ.....	140
Atenolol/Chlorthalidone.....	96	Azacitidine.....	90	Bekyree.....	123
Atgam.....	131	Azactam in Iso-Osmotic Dextrose.....	53	Belbuca.....	43
Ativan.....	84	Azasan.....	130	Beleodaq.....	74
Atomoxetine.....	103	Azasite.....	55	Belsomra.....	146
Atorvastatin Calcium.....	100	Azathioprine.....	130	Benazepril HCl.....	91
Atovaquone.....	75	Azelastine HCl.....	136, 139	Benazepril HCl/ Hydrochlorothiazide.....	96
Atovaquone/Proguanil HCl....	75	Azelex.....	106	Benicar.....	91
Atralin.....	106	Azilect.....	77	Benicar HCT.....	96
Atripila.....	82	Azithromycin.....	55	Benlysta.....	132
Atropine Sulfate.....	112, 135	Azopt.....	137	Bentyl.....	112
				BenzaClin.....	106

Benzamycin.....	106	Blephamide.....	136	Busulfan.....	71
Benztropine Mesylate.....	76	Blephamide S.O.P.....	136	Busulfex.....	71
Bepreve.....	137	Blisovi 24 Fe.....	123	Butalbital/Acetaminophen....	41
Berinert.....	130	Blisovi Fe 1.5/30.....	124	Butalbital/Acetaminophen/ Caffeine.....	41
Besivance.....	56	Blisovi Fe 1/20.....	124	Butalbital/Acetaminophen/ Caffeine/Codeine.....	46
Betagan.....	137	Boniva.....	134	Butalbital/Aspirin/Caffeine....	41
Betamethasone Dipropionate	118	Boostrix.....	132	Butalbital/Aspirin/Caffeine/ Codeine.....	46
Betamethasone Valerate.....	119	Bosulif.....	74	Butalbital/Aspirin/Caffeine/ Codeine.....	46
Betapace.....	92	Botox.....	135	Butisol Sodium.....	146
Betaseron.....	105	Breo Ellipta.....	144	Butorphanol Tartrate.....	46
Betaxolol HCl.....	93, 137	Brevicon-28.....	124	Butrans.....	43
Bethanechol Chloride.....	118	Briellyn.....	124	Bydureon Pen.....	85
Bethkis.....	142	Brilinta.....	90	Bydureon Vial.....	85
Betimol.....	137	Brimonidine Tartrate.....	137	Byetta.....	85
Betoptic-S.....	137	Brisdelle.....	64	Bystolic.....	93
Bevespi Aerosphere.....	144	BRIVIACT.....	58	Byvalson.....	96
Bexarotene.....	75	Bromfenac.....	138		
Bexsero.....	132	Bromocriptine Mesylate.....	76	C	
Beyaz.....	123	Brovana.....	142	Cabergoline.....	129
Bicalutamide.....	71	Budesonide.....	133, 140	Cabometyx.....	74
Bicillin C-R.....	54	Budesonide Nasal Spray.....	140	Caduet.....	96
Bicillin L-A.....	54	Bumetanide.....	99	Cafergot.....	69
BiCNU.....	71	Bunavail.....	49	Calan.....	94
BiDil.....	96	Bupap.....	41	Calan SR.....	94
Biltricide.....	75	Buphenyl.....	116	Calcipotriene.....	106
Bimatoprost.....	139	Buprenex.....	49	Calcipotriene/Betamethasone Dipropionate.....	106
Binosto.....	134	Buprenorphine.....	43	Calcitonin-Salmon.....	134
Bisoprolol Fumarate.....	93	Buprenorphine HCl.....	49	Calcitriol.....	106, 134
Bisoprolol Fumarate/ Hydrochlorothiazide.....	96	Buprenorphine HCl/Naloxone HCl.....	49	Calcium Acetate.....	112
BIVIGAM.....	131	Bupropion HCl.....	63	Cambia.....	41
Bleomycin Sulfate.....	72	Bupropion HCl SR.....	49, 63	Camila.....	128
Bleph-10.....	56	Bupropion HCl XL.....	63	Camptosar.....	72
		Buspiron HCl.....	84	Camrese Lo.....	124

Canasa.....	133	Carisoprodol/Aspirin/Codeine	46	Cellcept Intravenous.....	130
Cancidas.....	67	Carnitor.....	108	Celontin.....	58
Candesartan Cilexetil.....	91	Carteolol HCl.....	137	Cephalexin.....	53
Candesartan Cilexetil/ Hydrochlorothiazide.....	96	Cartia XT.....	94	Cerdelga.....	116
Capastat Sulfate.....	71	Carvedilol.....	93	Cerebyx.....	61
Capex.....	119	Casodex.....	71	Cerezyme.....	116
Caprelsa.....	74	Catapres.....	91	Cesamet.....	66
Captopril.....	91	Catapres-TTS-1.....	91	Cetirizine HCl.....	139
Captopril/Hydrochlorothiazide	97	Catapres-TTS-2.....	91	Cevimeline HCl.....	105
Carac.....	106	Catapres-TTS-3.....	91	Chantix.....	49
Carafate.....	114	Cayston.....	142	Chantix Continuing Month Pak	49
Carbaglu.....	108	Caziant.....	124	Chantix Starting Month Pak...	49
Carbamazepine.....	61	Cefaclor.....	52	Chemet.....	112
Carbamazepine ER.....	61	Cefaclor ER.....	52	Chenodal.....	113
Carbatrol.....	61	Cefadroxil.....	52	Chloramphenicol Sodium Succinate.....	50
Carbidopa.....	76	Cefazolin Sodium.....	52	Chlordiazepoxide HCl.....	84
Carbidopa/Levodopa.....	76	Cefdinir.....	52	Chlordiazepoxide/Amitriptyline	63
Carbidopa/Levodopa ER.....	76	Cefepime.....	52	Chlorhexidine Gluconate.....	105
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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 12-40.

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 147-185.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Analgesics		
Allzital (Tablet)	3	PA, QL, HRM	Tencon (Tablet)	1	PA, QL, HRM
Bupap (Tablet)	4	PA, QL, HRM	Vanatol LQ (Oral Solution)	1	PA, QL, HRM
Butalbital/ Acetaminophen (Tablet)	1	PA, QL, HRM	Zebutal (Capsule)	1	PA, QL, HRM
Butalbital/ Acetaminophen/ Caffeine (50mg-300mg-40mg Capsule, 50mg-325mg-40mg Capsule, 50mg-325mg-40mg Tablet)	1	PA, QL, HRM	Nonsteroidal Anti-inflammatory Drugs		
Butalbital/Aspirin/ Caffeine (Capsule)	1	PA, QL, HRM	Anaprox DS (Tablet)	3	
Esgic (Tablet)	3	PA, QL, HRM	Arthrotec 50 (Tablet Delayed-Release)	3	
Fioricet (Capsule)	3	PA, QL, HRM	Arthrotec 75 (Tablet Delayed-Release)	3	
Fiorinal (Capsule)	3	PA, QL, HRM	Cambia (Packet)	3	
			Celebrex (Capsule)	3	QL
			Celecoxib (Capsule)	1	QL
			Daypro (Tablet)	3	
			Diclofenac Potassium (Tablet Immediate-Release)	1	
			Diclofenac Sodium (1% Gel, 1.5% Transdermal Solution)	1	PA
			Diclofenac Sodium DR (Tablet Delayed-Release)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)	1		Indomethacin ER (Capsule Extended-Release)	1	PA, HRM
Diclofenac Sodium/Misoprostol (Tablet Delayed-Release)	1		Ketoprofen (Capsule Immediate-Release)	1	
Diflunisal (Tablet)	1		Ketoprofen ER (Capsule Extended-Release 24 Hour)	1	
Duexis (Tablet)	4	ST	Ketorolac Tromethamine (10mg Tablet, 15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	1	PA, HRM
EC-Naprosyn (Tablet Delayed-Release)	3		Lodine (Tablet)	4	
Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1		Meclofenamate Sodium (Capsule)	1	
Etodolac ER (Tablet Extended-Release 24 Hour)	1		Mefenamic Acid (Capsule)	1	
Feldene (Capsule)	3		Meloxicam (Tablet)	1	
Fenoprofen Calcium (400mg Capsule)	1		Mobic (Tablet)	3	
Fenoprofen Calcium (600mg Tablet)	1		Nabumetone (Tablet)	1	
Flector (Patch)	3	PA, QL	Naprelan (375mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour)	4	
Flurbiprofen (Tablet)	1		Naprelan (750mg Tablet Extended-Release 24 Hour)	3	
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1		Naprosyn (Tablet)	3	
Indocin (Suspension)	3	PA, HRM			
Indomethacin (Capsule)	1	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
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1	
Naproxen Sodium (Tablet Immediate-Release) (Generic Anaprox DS)	1	
Naproxen Sodium CR (Tablet Extended-Release 24 Hour) (Generic Naprelan)	1	
Oxaprozin (Tablet)	1	
Pennsaid (Transdermal Solution)	4	PA
Piroxicam (Capsule)	1	
Ponstel (Capsule)	3	
Sulindac (Tablet)	1	
Tivorbex (Capsule)	3	PA, QL, HRM
Tolmetin Sodium (400mg Capsule, 600mg Tablet)	1	
Vimovo (Tablet Delayed-Release)	4	ST
Vivlodex (Capsule)	3	QL
Voltaren (Gel)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zipsor (Capsule)	3	ST
Zorvolex (Capsule)	3	ST
Opioid Analgesics, Long-acting		
Belbuca (Film)	3	PA, QL, MED
Buprenorphine (Patch Weekly)	3	QL, MED
Butrans (Patch Weekly)	2	QL, MED
Conzip (Capsule Extended-Release 24 Hour)	3	QL, MED
Dolophine (Tablet)	3	QL, MED
Duragesic (100mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	4	QL, MED
Duragesic (12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour)	3	QL, MED
Embeda (Capsule Extended-Release)	2	QL, MED
Exalgo (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	QL, MED

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Exalgo (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED	Kadian (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour)	3	QL, MED
Fentanyl (Patch 72 Hour)	1	QL, MED	Levorphanol Tartrate (Tablet)	1	QL, MED
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	QL, MED	Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	QL, MED
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	2	QL, MED	Methadone HCl (10mg/ml Injection)	1	
Kadian (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)	4	QL, MED			

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 Capsule Extended-Release 24 Hour, 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) (Generic Kadian), (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin), (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	1	QL, MED	Extended-Release 24 Hour) (Generic Avinza)		
			MS Contin (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 60mg Tablet Extended-Release)	4	QL, MED
			MS Contin (15mg Tablet Extended-Release, 30mg Tablet Extended-Release)	3	QL, MED
			Nucynta ER (Tablet Extended-Release 12 Hour)	2	QL, MED
			Opana ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	3	QL, MED
			Oxycodone HCl ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	3	QL, MED
			OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	2	QL, MED
			Oxymorphone HCl ER (Tablet Extended-Release 12 Hour)	1	QL, MED

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tramadol HCl ER (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	3	QL, MED	Ascomp/Codeine (Capsule)	1	PA, QL, HRM, MED
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	1	QL, MED	Butalbital/Acetaminophen/Caffeine/Codeine (Capsule)	1	PA, QL, HRM, MED
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	3	QL, ST, MED	Butalbital/Aspirin/Caffeine/Codeine (Capsule)	1	PA, QL, HRM, MED
Zohydro ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	3	PA, QL, MED	Butorphanol Tartrate (10mg/ml Nasal Solution)	1	QL, MED
Opioid Analgesics, Short-acting			Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	1	
Abstral (Tablet Sublingual)	4	PA, QL	Carisoprodol/Aspirin/Codeine (Tablet)	1	PA, QL, HRM, MED
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	1	QL, MED	Codeine Sulfate (Tablet)	1	QL, MED
Actiq (Lollipop)	4	PA, QL	Demerol (100mg Tablet)	3	PA, QL, HRM, MED
			Demerol (50mg/ml Injection)	3	PA, HRM
			Dilaudid (1mg/ml Liquid, 2mg Tablet, 4mg Tablet, 8mg Tablet)	3	QL, MED
			Duramorph (Injection)	1	
			Endocet (Tablet)	1	QL, MED
			Fentanyl Citrate Oral Transmucosal (Lollipop)	1	PA, QL
			Fentora (Tablet)	4	PA, QL
			Fioricet/Codeine (Capsule)	3	PA, QL, HRM, MED

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
Fiorinal/Codeine #3 (Capsule)	3	PA, QL, HRM, MED	Meperidine HCl (100mg Tablet, 50mg Tablet, 50mg/5ml Oral Solution)	1	PA, QL, HRM, MED
Hycet (Oral Solution)	3	QL, MED	Meperidine HCl (100mg/ml Injection, 25mg/ml Injection, 50mg/ml Injection)	1	PA, HRM
Hydrocodone/Acetaminophen (10mg-300mg Tablet, 10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-300mg Tablet, 5mg-325mg Tablet, 7.5mg-300mg Tablet, 7.5mg-325mg Tablet, 7.5mg-325mg/15ml Oral Solution)	1	QL, MED	Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	1	QL, MED
Hydrocodone/Ibuprofen (Tablet)	1	QL, MED	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	1	
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	1		Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	1	QL, MED
Hydromorphone HCl (1mg/ml Liquid, 2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	1	QL, MED	Morphine Sulfate (2mg/ml Injection)	1	
Hydromorphone HCl (2mg/ml Injection)	1		Nalbuphine HCl (Injection)	1	
Ibudone (Tablet)	1	QL, MED	Norco (Tablet)	3	QL, MED
Lazanda (Nasal Solution)	4	PA, QL	Nucynta (100mg Tablet)	4	QL, MED
Lorcet (Tablet)	1	QL, MED	Nucynta (50mg Tablet, 75mg Tablet)	3	QL, MED
Lorcet HD (Tablet)	1	QL, MED	Opana (10mg Tablet Immediate-Release)	4	QL, MED
Lorcet Plus (Tablet)	1	QL, MED	Opana (5mg Tablet Immediate-Release)	3	QL, MED
Lortab (Tablet)	1	QL, MED			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxycodone HCl (100mg/5ml Concentrate, 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	QL, MED	Percocet (2.5mg-325mg Tablet)	3	QL, MED
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 325mg/5ml-5mg/5ml Oral Solution)	1	QL, MED	Primlev (10mg-300mg Tablet)	4	QL, MED
Oxycodone/Aspirin (Tablet)	1	QL, MED	Primlev (5mg-300mg Tablet, 7.5mg-300mg Tablet)	3	QL, MED
Oxycodone/Ibuprofen (Tablet)	1	QL, MED	Roxicodone (15mg Tablet, 5mg Tablet)	3	QL, MED
Oxymorphone HCl (Tablet Immediate-Release)	1	QL, MED	Roxicodone (30mg Tablet)	4	QL, MED
Pentazocine/Naloxone HCl (Tablet)	1	PA, QL, HRM, MED	Subsys (Liquid)	4	PA, QL
Percocet (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	4	QL, MED	Synalgos-DC (Capsule)	3	QL, MED
			Talwin (Injection)	3	PA, HRM
			Tramadol HCl (Tablet Immediate-Release)	1	QL, MED
			Tramadol HCl/Acetaminophen (Tablet)	1	QL, MED
			Trezix (Capsule)	1	QL, MED
			Tylenol/Codeine #3 (Tablet)	3	QL, MED
			Tylenol/Codeine #4 (Tablet)	3	QL, MED
			Ultracet (Tablet)	3	QL, MED
			Ultram (Tablet)	3	QL, MED
			Vicodin (Tablet)	1	QL, MED
			Vicodin ES (Tablet)	1	QL, MED
			Vicodin HP (Tablet)	1	QL, MED
			Xodol (10mg-300mg Tablet, 7.5mg-300mg Tablet)	4	QL, MED

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
Xodol (5mg-300mg Tablet)	3	QL, MED
Zamicet (Oral Solution)	1	QL, MED
Anesthetics		
Local Anesthetics		
Lidocaine (5% Ointment)	1	
Lidocaine (5% Patch)	1	PA, QL
Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection)	1	B/D, PA
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (Gel)	1	
Lidocaine Viscous (Solution)	1	
Lidocaine/Prilocaine (Cream)	1	
Lidoderm (Patch)	3	PA, QL
Xylocaine (2% Injection)	3	B/D, PA
Xylocaine (4% External Solution)	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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Opioid Dependence Treatments		
Bunavail (Film)	3	QL, ST
Buprenex (Injection)	4	
Buprenorphine HCl (0.3mg/ml Injection)	1	
Buprenorphine HCl (2mg Tablet Sublingual, 8mg 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
Naloxone HCl (Injection)	1	
Narcan (Liquid)	2	
Smoking Cessation Agents		
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour)	1	
Chantix (Tablet)	2	
Chantix Continuing Month Pak (Tablet)	2	
Chantix Starting Month Pak (Tablet)	2	
Nicotrol Inhaler (Inhaler)	3	
Nicotrol NS (Nasal Solution)	3	

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zyban (Tablet Extended-Release 12 Hour)	3	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (Injection)	1	
Gentak (Ophthalmic Ointment)	1	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution, 10mg/ml Injection, 40mg/ml Injection)	1	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1	
Isotonic Gentamicin (Injection)	1	
Neomycin Sulfate (Tablet)	1	
Paromomycin Sulfate (Capsule)	1	
Streptomycin Sulfate (Injection)	3	
Tobramycin Sulfate (0.3% Ophthalmic Solution, 10mg/ml Injection, 80mg/2ml Injection)	1	
Tobrex (0.3% Ophthalmic Ointment)	2	
Tobrex (0.3% Ophthalmic Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antibacterials, Other		
BACiiM (Injection)	1	
Bacitracin (50000unit Injection, 500unit/gm Ophthalmic Ointment)	1	
Bactroban (Cream)	3	
Bactroban Nasal (Ointment)	3	PA
Chloramphenicol Sodium Succinate (Injection)	1	
Cleocin (100mg Suppository, 150mg Capsule, 300mg Capsule, 75mg Capsule, 2% Cream)	3	
Cleocin in D5W (Injection)	3	
Cleocin Pediatric Granules (Oral Solution)	3	
Cleocin Phosphate (Injection)	3	
Clindamycin HCl (150mg Capsule, 300mg Capsule, 75mg Capsule Immediate-Release)	1	
Clindamycin Palmitate HCl (Oral Solution)	1	
Clindamycin Phosphate (2% Cream, 300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin Phosphate in D5W (Injection)	1		Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion, 250mg Tablet, 500mg Tablet, 375mg Capsule)	1	
Clindesse (Cream)	3		Metronidazole in NaCl 0.79% (Injection)	1	
Colistimethate Sodium (Injection)	1		Metronidazole Vaginal (Gel)	1	
Cubicin (Injection)	4		Monurol (Packet)	3	
Dalvance (Injection)	4	PA	Mupirocin (2% Cream, 2% Ointment)	1	
Daptomycin (Injection)	1		Neomycin/Polymyxin B Sulfates (Irrigation Solution)	1	
Flagyl (250mg Tablet, 500mg Tablet, 375mg Capsule)	3		Nitrofurantoin (Suspension)	1	HRM
Furadantin (Suspension)	4	HRM	Nitrofurantoin Macrocrystals (Capsule) (Generic Macrochantin)	1	HRM
Hiprex (Tablet)	3		Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	1	HRM
Lincocin (Injection)	3		Noritate (Cream)	4	
Lincomycin HCl (Injection)	1		Nuversa (Gel)	3	
Linezolid (100mg/5ml Suspension, 600mg/300ml Injection)	1	PA	Orbactiv (Injection)	4	
Linezolid (600mg Tablet)	1	PA, QL	Polymyxin B Sulfate (Injection)	1	
Macrobid (Capsule)	3	HRM	Primsol (Oral Solution)	3	
Macrochantin (Capsule)	3	HRM			
Methenamine Hippurate (Tablet)	1				
MetroCream (Cream)	3				
MetroGel (Gel)	3				
MetroGel-Vaginal (Gel)	3				
MetroLotion (Lotion)	3				

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Sivextro (200mg Injection, 200mg Tablet)	4	PA
Sulfamylon (5% Packet)	4	
Sulfamylon (85mg/gm Cream)	3	
Synercid (Injection)	4	
Tigecycline (Injection)	4	
Tindamax (Tablet)	3	
Tinidazole (Tablet)	1	
Trimethoprim (Tablet)	1	
Tygacil (Injection)	4	
Vancocin HCl (Capsule)	4	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	1	
Vandazole (Gel)	1	
Zyvox (100mg/5ml Suspension, 600mg/300ml Injection)	4	PA
Zyvox (600mg Tablet)	4	PA, QL
Beta-lactam, Cephalosporins		
Avycaz (Injection)	4	PA
Cefaclor (125mg/5ml Suspension, 375mg/5ml Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release, 250mg/5ml Suspension)	1	
Cefaclor ER (Tablet Extended-Release 12 Hour)	1	
Cefadroxil (1gm Tablet, 250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1	
Cefazolin Sodium (Injection)	1	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	1	
Cefepime (Injection)	1	
Cefixime (Suspension)	1	
Cefotaxime Sodium (Injection)	1	
Cefotetan (Injection)	1	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	1	
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1		Suprax (400mg Capsule)	2	
Ceftazidime (Injection)	1		Suprax (500mg/5ml Suspension)	3	
Ceftin (Suspension)	3		Tazicef (Injection)	1	
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	1		Teflaro (Injection)	4	
Cefuroxime Axetil (Tablet)	1		Zerbaxa (Injection)	4	PA
Cefuroxime Sodium (Injection)	1		Zinacef (Injection)	3	
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule, 250mg Tablet, 500mg Tablet)	1		Beta-lactam, Other		
Fortaz (1gm Injection, 2gm Injection, 6gm Injection)	3		Azactam in Iso-Osmotic Dextrose (Injection)	3	
Maxipime (Injection)	3		Aztreonam (Injection)	1	
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	2		Doribax (Injection)	3	
Suprax (100mg/5ml Suspension, 200mg/5ml Suspension)	3		Imipenem/Cilastatin (Injection)	1	
			Invanz (Injection)	3	
			Meropenem (Injection)	1	
			Merrem (Injection)	3	
			Primaxin IV (Injection)	3	
			Beta-lactam, Penicillins		
			Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	1	

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
Amoxicillin/ Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/ 5ml-28.5mg/5ml Suspension, 250mg/ 5ml-62.5mg/5ml Suspension, 400mg/ 5ml-57mg/5ml Suspension, 600mg/ 5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	1		Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)	1	
			Augmentin (Suspension)	4	
			Bactocill in Dextrose (Injection)	3	
			Bicillin C-R (Injection)	3	
			Bicillin L-A (Injection)	3	
			Dicloxacillin Sodium (Capsule)	1	
			Nafcillin Sodium (Injection)	1	
			Oxacillin Sodium (Injection)	1	
			Penicillin G Potassium (Injection)	1	
			Penicillin G Potassium in Iso- Osmotic Dextrose (Injection)	2	
Amoxicillin/ Clavulanate Potassium ER (Tablet Extended- Release 12 Hour)	1		Penicillin G Procaine (Injection)	1	
Ampicillin (125mg/5ml Suspension, 250mg/ 5ml Suspension, 250mg Capsule, 500mg Capsule)	1		Penicillin G Sodium (Injection)	1	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	1		Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	1	
			Piperacillin/ Tazobactam (Injection)	1	
			Unasyn (Injection)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Unasyn Bulk Pack (Injection)	3	
Zosyn (Injection)	3	
Macrolides		
Azasite (Ophthalmic Solution)	3	
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	1	
Azithromycin (1gm Packet)	1	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	1	
Dificid (Tablet)	4	
E.E.S. 400 (Tablet)	3	
E.E.S. Granules (Suspension)	3	
Ery-Tab (Tablet Delayed-Release)	3	
EryPed 200 (Suspension)	3	
EryPed 400 (Suspension)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Erythrocin Lactobionate (Injection)	3	
Erythrocin Stearate (Tablet)	3	
Erythromycin (250mg Capsule Delayed-Release, 5mg/gm Ophthalmic Ointment)	1	
Erythromycin Base (Tablet)	1	
Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	1	
PCE (Tablet Delayed-Release)	3	
Zithromax (100mg/5ml Suspension, 200mg/5ml Suspension, 1gm Packet, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	3	
Zithromax Tri-Pak (Tablet)	3	
Zithromax Z-Pak (Tablet)	3	
Zmax (Suspension)	3	
Quinolones		
Avelox (400mg Tablet, 400mg/250ml-0.8% Injection)	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
Besivance (Suspension)	3		Levaquin (Tablet)	3	
Ciloxan (0.3% Ointment, 0.3% Ophthalmic Solution)	3		Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet, 25mg/ml Injection, 25mg/ml Oral Solution)	1	
Cipro (250mg Tablet, 500mg Tablet, 500mg/5ml Suspension, 5gm/100ml Suspension)	3		Levofloxacin in D5W (Injection)	1	
Cipro I.V. in D5W (Injection)	3		Moxeza (Ophthalmic Solution)	3	
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection)	1		Moxifloxacin HCl (400mg Tablet)	1	
Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	1		Moxifloxacin HCl (400mg/250ml Injection)	3	
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	1		Ocuflox (Ophthalmic Solution)	3	
Ciprofloxacin I.V. in D5W (Injection)	1		Ofloxacin (0.3% Ophthalmic Solution, 0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	1	
Floxin Otic (Otic Solution)	3		Vigamox (Ophthalmic Solution)	3	
Gatifloxacin (Ophthalmic Solution)	1		Zymaxid (Ophthalmic Solution)	3	
			Sulfonamides		
			Bactrim (Tablet)	3	
			Bactrim DS (Tablet)	3	
			Bleph-10 (Ophthalmic Solution)	3	
			Silvadene (Cream)	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
Silver Sulfadiazine (Cream)	1		Doxycycline Hyclate DR (Tablet Delayed-Release)	1	
Sodium Sulfacetamide (Ophthalmic Solution)	1		Doxycycline Monohydrate (100mg Capsule, 150mg Capsule, 50mg Capsule, 75mg Capsule, 100mg Tablet, 150mg Tablet, 50mg Tablet, 75mg Tablet)	1	
SSD (Cream)	1		Minocin (Capsule)	4	
Sulfacetamide Sodium (10% Ophthalmic Ointment)	1		Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	1	
Sulfadiazine (Tablet)	1		Minocycline HCl ER (Tablet Extended-Release 24 Hour)	1	
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet, 400mg-80mg/5ml Injection)	1		Morgidox 1x50mg (Capsule)	1	
Sulfamethoxazole/Trimethoprim DS (Tablet)	1		Oracea (Capsule Delayed-Release)	3	
Tetracyclines			Solodyn (Tablet Extended-Release 24 Hour)	4	
Demeclocycline HCl (Tablet)	1				
Doryx (Tablet Delayed-Release)	3				
Doryx MPC (Tablet Delayed-Release)	3				
Doxy 100 (Injection)	1				
Doxycycline (Suspension)	1				
Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet, 20mg Tablet Immediate-Release)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Targadox (Tablet)	3	
Tetracycline HCl (Capsule)	1	
Vibramycin (100mg Capsule, 25mg/5ml Suspension, 50mg/5ml Syrup)	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	4	QL
BRIVIACT (50mg/5ml Injection)	3	QL
Keppra (1000mg Tablet, 500mg Tablet, 750mg Tablet, 100mg/ml Oral Solution)	4	
Keppra (250mg Tablet)	3	
Keppra XR (Tablet Extended-Release 24 Hour)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection, 100mg/ml Oral Solution)	1	
Levetiracetam ER (Tablet Extended-Release 24 Hour)	1	
Roweepra (Tablet)	1	
Spritam (Tablet Disintegrating Soluble)	3	
Calcium Channel Modifying Agents		
Celontin (Capsule)	3	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	1	
Zarontin (250mg Capsule)	3	
Zarontin (250mg/5ml Oral Solution)	3	
Zonegran (Capsule)	4	
Zonisamide (Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gamma-aminobutyric Acid (GABA) Augmenting Agents			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
Depacon (Injection)	3		Primidone (Tablet)	1	
Depakene (250mg Capsule)	3		Sabril (500mg Packet, 500mg Tablet)	4	PA, QL, LA
Depakene (250mg/5ml Oral Solution)	4		Tiagabine HCl (Tablet)	1	
Diastat AcuDial (Gel)	3		Valproate Sodium (100mg/ml Injection)	1	
Diastat Pediatric (Gel)	3		Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	1	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	1		Glutamate Reducing Agents		
Gabitril (12mg Tablet, 16mg Tablet)	3	QL	Felbamate (400mg Tablet, 600mg Tablet, 600mg/5ml Suspension)	1	
Gabitril (2mg Tablet, 4mg Tablet)	3		Felbatol (400mg Tablet, 600mg Tablet, 600mg/5ml Suspension)	4	
Mysoline (Tablet)	4		Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	3	
Neurontin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution)	3		Lamictal (Tablet)	4	
Neurontin (600mg Tablet, 800mg Tablet)	4		Lamictal Chewable Dispersible (25mg Tablet Chewable)	4	
Onfi (10mg Tablet, 20mg Tablet)	4	QL			
Onfi (2.5mg/ml Suspension)	4				

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
Lamictal Chewable Dispersible (5mg Tablet Chewable)	3		Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 25mg Tablet Chewable, 5mg Tablet Chewable)	1	
Lamictal ODT (Tablet Dispersible)	3		Lamotrigine ER (Tablet Extended-Release 24 Hour)	1	
Lamictal Starter (Blue Kit)	3		Lamotrigine ODT (Tablet Dispersible)	1	
Lamictal Starter (Green Kit)	4		Qudexy XR (100mg Capsule Extended-Release 24 Hour Sprinkle, 200mg Capsule Extended-Release 24 Hour Sprinkle, 25mg Capsule Extended-Release 24 Hour Sprinkle, 50mg Capsule Extended-Release 24 Hour Sprinkle)	3	PA
Lamictal Starter (Orange Kit)	3		Qudexy XR (150mg Capsule Extended-Release 24 Hour Sprinkle)	4	PA
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		Topamax (100mg Tablet, 200mg Tablet)	4	
Lamictal XR (Kit)	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
Topamax (25mg Tablet, 50mg Tablet)	3		Sodium Channel Agents		
Topamax Sprinkle (15mg Capsule Sprinkle)	3		Optiom (Tablet)	4	QL
Topamax Sprinkle (25mg Capsule Sprinkle)	4		Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	4	
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)	1	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, 25mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	3	PA, QL	Carbatrol (Capsule Extended-Release 12 Hour)	3	
Trokendi XR (200mg Capsule Extended-Release 24 Hour)	4	PA, QL	Cerebyx (Injection)	3	
			Dilantin (Capsule)	2	
			Dilantin INFATABS (Tablet Chewable)	2	
			Dilantin-125 (Suspension)	3	
			Epitol (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vimpat (200mg/20ml Injection)	3	
Antidementia Agents		
Cholinesterase Inhibitors		
Aricept (Tablet)	3	QL
Donepezil HCl (Tablet Immediate-Release)	1	QL
Donepezil HCl ODT (Tablet Dispersible)	1	QL
Exelon (Patch 24 Hour)	3	QL
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution)	1	QL
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	1	QL
Razadyne (Tablet)	3	QL
Razadyne ER (Capsule Extended-Release 24 Hour)	3	QL
Rivastigmine Tartrate (Capsule)	1	QL
Rivastigmine Transdermal System (Patch 24 Hour)	1	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	1	PA, QL
Memantine HCl Titration Pak (Tablet)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 10mg/5ml Oral Solution)	3	PA, QL
Namenda Titration Pak (Tablet)	3	PA
Namenda XR (Capsule Extended-Release 24 Hour)	2	PA, QL
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	2	PA, QL
Antidepressants		
Antidepressants, Other		
Aplenzin (Tablet Extended-Release 24 Hour)	4	
Bupropion HCl (Tablet Immediate-Release)	1	
Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)	1	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	1	
Chlordiazepoxide/ Amitriptyline (Tablet)	1	PA, HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Forfivo XL (Tablet Extended-Release 24 Hour)	3	
Mirtazapine (Tablet Immediate-Release)	1	
Mirtazapine ODT (Tablet Dispersible)	1	
Olanzapine/Fluoxetine (Capsule)	1	
Perphenazine/ Amitriptyline (Tablet)	1	PA, HRM
Remeron (Tablet)	3	
Remeron Soltab (Tablet Dispersible)	3	
Symbyax (Capsule)	3	
Wellbutrin SR (Tablet Extended-Release 12 Hour)	3	
Wellbutrin XL (Tablet Extended-Release 24 Hour)	4	
Monoamine Oxidase Inhibitors		
Emsam (Patch 24 Hour)	4	QL
Marplan (Tablet)	3	
Nardil (Tablet)	3	
Parnate (Tablet)	4	
Phenelzine Sulfate (Tablet)	1	
Tranylcypromine Sulfate (Tablet)	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Brisdelle (Capsule)	3	HRM	Fluoxetine DR (Capsule Delayed-Release)	1	
Celexa (Tablet)	3		Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 10mg Tablet, 20mg Tablet, 20mg/5ml Oral Solution)	1	
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet, 10mg/5ml Oral Solution)	1		Fluoxetine HCl (60mg Tablet)	1	
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	1	QL	Fluvoxamine Maleate (Tablet)	1	
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Khedezla)	3	QL	Fluvoxamine Maleate ER (Capsule Extended-Release 24 Hour)	1	
Effexor XR (Capsule Extended-Release 24 Hour)	3		Khedezla (Tablet Extended-Release 24 Hour)	3	QL
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1		Lexapro (Tablet)	3	
Fetzima (Capsule Extended-Release 24 Hour)	3	QL, ST	Maprotiline HCl (Tablet)	1	
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	3	ST	Nefazodone HCl (Tablet)	1	
			Paroxetine HCl (Tablet Immediate-Release)	1	PA, HRM
			Paroxetine HCl ER (Tablet Extended-Release 24 Hour)	1	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	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	Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 150mg Tablet Extended-Release 24 Hour, 225mg Tablet Extended-Release 24 Hour, 37.5mg Tablet Extended-Release 24 Hour, 75mg Tablet Extended-Release 24 Hour)	1	
Paxil CR (Tablet Extended-Release 24 Hour)	3	PA, HRM	Viibryd (Tablet)	3	QL
Pexeva (Tablet)	3	PA, HRM	Viibryd Starter Pack (Kit)	3	QL
Pristiq (Tablet Extended-Release 24 Hour)	3	QL	Zoloft (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate)	3	
Prozac (10mg Capsule, 20mg Capsule)	3		Tricyclics		
Prozac (40mg Capsule)	4		Amitriptyline HCl (Tablet)	1	PA, HRM
Sarafem (Tablet)	3		Amoxapine (Tablet)	1	PA, HRM
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate)	1		Anafranil (Capsule)	4	PA, HRM
Trazodone HCl (Tablet)	1		Clomipramine HCl (Capsule)	1	PA, HRM
Trintellix (Tablet)	3	QL	Desipramine HCl (Tablet)	1	PA, HRM
Venlafaxine HCl (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
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	1	PA, HRM	Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution, 5mg/ml Injection)	1	
Elavil (Tablet)	4	PA, HRM	Metoclopramide ODT (Tablet Dispersible)	1	
Imipramine HCl (Tablet)	1	PA, HRM	Perphenazine (Tablet)	1	
Imipramine Pamoate (Capsule)	1	PA, HRM	Prochlorperazine (Suppository)	1	
Norpramin (Tablet)	3	PA, HRM	Prochlorperazine Edisylate (Injection)	1	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1	PA, HRM	Prochlorperazine Maleate (Tablet)	1	
Pamelor (Capsule)	4	PA, HRM	Reglan (Tablet)	3	
Protriptyline HCl (Tablet)	1	PA, HRM	Tigan (100mg/ml Injection)	3	
Surmontil (Capsule)	3	PA, HRM	Tigan (300mg Capsule)	3	B/D, PA
Tofranil (Tablet)	4	PA, HRM	Transderm-Scop (Patch 72 Hour)	3	PA, HRM
Trimipramine Maleate (Capsule)	1	PA, HRM	Trimethobenzamide HCl (Capsule)	1	B/D, PA
Antiemetics			Vistaril (Capsule)	3	PA, HRM
Antiemetics, Other			Emetogenic Therapy Adjuncts		
Compro (Suppository)	1		Aloxi (Injection)	4	
Hydroxyzine Pamoate (Capsule)	1	PA, HRM	Anzemet (100mg Tablet)	4	B/D, PA
Meclizine HCl (Tablet)	1	PA, HRM	Anzemet (50mg Tablet)	3	B/D, PA
			Aprepitant (Therapy Pack, Capsule)	1	PA
			Cesamet (Capsule)	4	PA
			Dronabinol (Capsule)	1	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Emend (125mg Capsule, 40mg Capsule, 80mg Capsule, 125mg Suspension)	3	PA	Zofran ODT (Tablet Dispersible)	4	B/D, PA
Emend (150mg Injection)	3		Zuplenz (4mg Film)	3	B/D, PA
Emend Tripack (Therapy Pack)	3	PA	Zuplenz (8mg Film)	4	B/D, PA
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	1		Antifungals		
Granisetron HCl (1mg Tablet)	1	B/D, PA, QL	Antifungals		
Marinol (10mg Capsule, 5mg Capsule)	4	PA, QL	Abelcet (Injection)	4	B/D, PA
Marinol (2.5mg Capsule)	3	PA, QL	AmBisome (Injection)	4	B/D, PA
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution)	1	B/D, PA	Amphotericin B (Injection)	1	B/D, PA
Ondansetron HCl (4mg/2ml Injection)	1		Ancobon (Capsule)	4	
Ondansetron ODT (Tablet Dispersible)	1	B/D, PA	AVC (Cream)	3	
Sancuso (Patch)	4		Candidas (Injection)	4	
Varubi (Tablet)	3	B/D, PA	Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	1	
Zofran (4mg Tablet)	3	B/D, PA	Ciclopirox Nail Lacquer (External Solution)	1	
Zofran (4mg/5ml Oral Solution, 8mg Tablet)	4	B/D, PA	Ciclopirox Olamine (Cream)	1	
			Clotrimazole (1% Cream, 1% External Solution, 10mg Troche)	1	
			Cresemba (186mg Capsule, 372mg Injection)	4	PA
			Diflucan (100mg Tablet, 150mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	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
Diflucan (200mg Tablet)	4		Ketoconazole (2% Cream, 2% Foam, 2% Shampoo, 200mg Tablet)	1	
Econazole Nitrate (Cream)	1		Lamisil (Tablet)	4	
Eraxis (Injection)	4		Loprox (Cream)	3	
Ertaczo (Cream)	4		Loprox Shampoo	4	
Exelderm (1% Cream, 1% External Solution)	3		Luzu (Cream)	3	
Extina (Foam)	3		Mentax (Cream)	3	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	1		Miconazole 3 (Suppository)	1	
Fluconazole in NaCl (Injection)	1		Mycamine (Injection)	4	
Flucytosine (Capsule)	1		Naftifine HCl (1% Cream)	1	
GRIS-PEG (Tablet)	3		Naftifine HCl (2% Cream)	1	
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	1		Naftin (1% Gel, 2% Gel, 2% Cream)	3	
Griseofulvin Ultramicrosize (Tablet)	1		Natacyn (Suspension)	3	
Gynazole-1 (Cream)	3		Nizoral (Shampoo)	3	
Itraconazole (Capsule)	1	PA, QL	Noxafil (100mg Tablet Delayed-Release)	4	PA, QL
Jublia (External Solution)	3		Noxafil (40mg/ml Suspension)	4	QL
Kerydin (External Solution)	4	ST	Nyamyc (Powder)	1	
			Nyata (Powder)	1	
			Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
			Nystatin/ Triamcinolone (0.1% Cream, 0.1% Ointment)	1	
			Nystop (Powder)	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
ONMEL (Tablet)	4	PA
Oravig (Tablet)	3	
Oxiconazole Nitrate (Cream)	1	
Oxistat (1% Cream, 1% Lotion)	3	
Sporanox (100mg Capsule)	4	PA, QL
Sporanox (10mg/ml Oral Solution)	4	PA
Terazol 7 (Cream)	3	
Terbinafine HCl (Tablet)	1	
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	1	
Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)	4	
Vfend IV (Injection)	4	
Voriconazole (200mg Injection, 200mg Tablet, 50mg Tablet, 40mg/ml Suspension)	1	
Zazole (Cream)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Allopurinol Sodium (Injection)	1	
Aloprim (Injection)	3	
Colchicine (0.6mg Capsule, 0.6mg Tablet)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Colcrys (Tablet)	3	PA, QL
Mitigare (Capsule)	3	QL
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 (1mg/ml Injection)	1	
Dihydroergotamine Mesylate (4mg/ml Nasal Solution)	1	
Ergotamine Tartrate/Caffeine (Tablet)	1	
Migergot (Suppository)	4	
Migranal (Nasal Solution)	4	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Almotriptan Malate (Tablet)	1	QL
Amerge (Tablet)	3	QL
Axert (12.5mg Tablet)	3	QL
Axert (6.25mg Tablet)	4	QL
Frova (Tablet)	3	QL
Frovatriptan Succinate (Tablet)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/act Nasal Solution, 5mg/act Nasal Solution)	3	QL	Sumatriptan Succinate Refill (Injection)	1	QL
Imitrex (6mg/0.5ml Injection)	4	QL	Sumavel DosePro (Injection)	4	QL
Imitrex Statdose Refill (4mg/0.5ml Injection)	3	QL	Treximet (Tablet)	4	QL
Imitrex Statdose Refill (6mg/0.5ml Injection)	4	QL	Zembrace Symtouch (Injection)	4	QL
Maxalt (Tablet)	3	QL	Zolmitriptan (Tablet)	1	QL
Maxalt-MLT (Tablet Dispersible)	3	QL	Zolmitriptan ODT (Tablet Dispersible)	1	QL
Naratriptan HCl (Tablet)	1	QL	Zomig Nasal Spray (2.5mg Solution, 5mg Solution)	3	QL
Onzetra Xsail (Exhaler Powder)	3	QL	Zomig (2.5mg Tablet, 5mg Tablet)	4	QL
Relpax (Tablet)	3	QL, ST	Zomig ZMT (Tablet Dispersible)	4	QL
Rizatriptan Benzoate (Tablet Immediate-Release)	1	QL	Antimyasthenic Agents		
Rizatriptan Benzoate ODT (Tablet Dispersible)	1	QL	Parasympathomimetics		
Sumatriptan (Nasal Solution)	1	QL	Guanidine HCl (Tablet)	2	
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet, 4mg/0.5ml Injection, 6mg/0.5ml Injection)	1	QL	Mestinon (60mg Tablet, 60mg/5ml Syrup)	4	
			Mestinon Timespan (Tablet Extended-Release)	4	
			Pyridostigmine Bromide (Tablet)	1	
			Pyridostigmine Bromide ER (Tablet Extended-Release)	1	
			Antimycobacterials		
			Antimycobacterials, Other		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dapsone (Tablet)	1	
Mycobutin (Capsule)	3	
Rifabutin (Capsule)	1	
Antituberculars		
Capastat Sulfate (Injection)	3	
Ethambutol HCl (Tablet)	1	
Isoniazid (100mg Tablet, 300mg Tablet, 100mg/ml Injection, 50mg/5ml Syrup)	1	
Myambutol (Tablet)	3	
Paser (Packet)	3	
Priftin (Tablet)	3	
Pyrazinamide (Tablet)	1	
Rifadin (150mg Capsule)	3	
Rifamate (Capsule)	3	
Rifampin (150mg Capsule, 300mg Capsule, 600mg Injection)	1	
Rifater (Tablet)	3	
Sirturo (Tablet)	4	PA
Trecator (Tablet)	3	
Antineoplastics		
Alkylating Agents		
Alkeran (Injection)	3	
BiCNU (Injection)	4	
Busulfan (Injection)	1	
Busulfex (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cyclophosphamide (Capsule)	3	B/D, PA
Dacarbazine (Injection)	1	
Gleostine (Capsule)	3	
Hexalen (Capsule)	4	PA
Ifex (Injection)	3	
Ifosfamide (Injection)	1	
Leukeran (Tablet)	3	
Matulane (Capsule)	4	LA
Melphalan HCl (Injection)	1	
Mustargen (Injection)	4	
Treanda (Injection)	4	PA
Valchlor (Gel)	4	PA, LA
Yondelis (Injection)	4	PA
Zanosar (Injection)	3	
Antiandrogens		
Bicalutamide (Tablet)	1	
Casodex (Tablet)	3	
Flutamide (Capsule)	1	
Nilandron (Tablet)	4	
Nilutamide (Tablet)	1	
Xtandi (Capsule)	4	PA, QL
Zytiga (Tablet)	4	PA, QL
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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Faslodex (Injection)	4	
Soltamox (Oral Solution)	3	
Tamoxifen Citrate (Tablet)	1	
Antimetabolites		
Adrucil (Injection)	1	B/D, PA
Alimta (Injection)	4	PA
Cladribine (Injection)	1	B/D, PA
Clofarabine (Injection)	1	
Clolar (Injection)	4	
Cytarabine Aqueous (Injection)	1	B/D, PA
Droxia (Capsule)	3	
Fluorouracil (2.5gm/50ml Injection)	1	B/D, PA
Folotyn (Injection)	4	
Gemcitabine HCl (Injection)	1	
Gemzar (Injection)	4	
Hydrea (Capsule)	3	
Hydroxyurea (Capsule)	1	
Mercaptopurine (Tablet)	1	
Nipent (Injection)	4	
Purixan (Suspension)	4	PA
Tabloid (Tablet)	4	PA
Antineoplastics, Other		
Abraxane (Injection)	4	PA
Adriamycin (Injection)	1	B/D, PA
Arranon (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bleomycin Sulfate (Injection)	1	B/D, PA
Camptosar (Injection)	3	
Carboplatin (Injection)	1	
Cisplatin (Injection)	1	
Cosmegen (Injection)	4	
Dacogen (Injection)	4	
Daunorubicin HCl (Injection)	1	
Decitabine (Injection)	1	
Dexrazoxane (Injection)	1	PA
Docetaxel (80mg/4ml Injection)	1	
Docetaxel (80mg/8ml Injection)	1	
Doxil (Injection)	4	
Doxorubicin HCl (Injection)	1	B/D, PA
Doxorubicin HCl Liposome (Injection)	1	
Ellence (Injection)	4	
Epirubicin HCl (Injection)	1	
Erwinaze (Injection)	4	
Fludarabine Phosphate (Injection)	1	
Fusilev (Injection)	4	
Halaven (Injection)	4	PA
Idamycin PFS (Injection)	4	
Idarubicin HCl (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Irinotecan (Injection)	1		Trisenox (Injection)	3	
Istodax (Overfill) (Injection)	4	PA	Velcade (Injection)	4	PA
Kisqali (Tablet)	4	PA, QL	Vinblastine Sulfate (Injection)	1	B/D, PA
Kisqali Femara 200 Dose (Tablet Therapy Pack)	4	PA, QL	Vincasar PFS (Injection)	1	B/D, PA
Kisqali Femara 400 Dose (Tablet Therapy Pack)	4	PA, QL	Vincristine Sulfate (Injection)	1	B/D, PA
Kisqali Femara 600 Dose (Tablet Therapy Pack)	4	PA, QL	Vinorelbine Tartrate (Injection)	1	
Leucovorin Calcium (100mg Injection, 350mg Injection, 10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	1		Zaltrap (Injection)	4	PA
Levoleucovorin Calcium (Injection)	1		Zinecard (Injection)	4	PA
Lonsurf (Tablet)	4	PA, QL	Zolanza (Capsule)	4	PA
Mitomycin (Injection)	1		Aromatase Inhibitors, 3rd Generation		
Mitoxantrone HCl (Injection)	1		Anastrozole (Tablet)	1	
Ninlaro (Capsule)	4	PA, QL	Arimidex (Tablet)	3	
Oxaliplatin (IV Solution 100mg/20ml)	1		Aromasin (Tablet)	4	
Paclitaxel (Injection)	1		Exemestane (Tablet)	1	
Proleukin (Injection)	4	PA	Femara (Tablet)	4	
Synribo (Injection)	4	PA	Letrozole (Tablet)	1	
Taxotere (Injection)	4		Enzyme Inhibitors		
Thiotepa (Injection)	1		Etopophos (Injection)	3	
			Etoposide (Injection)	1	
			Hycamtin (Injection)	4	
			Kyprolis (Injection)	4	PA
			Rubraca (Tablet)	4	PA, QL
			Toposar (Injection)	1	
			Topotecan HCl (Injection)	1	
			Zejula (Capsule)	4	PA, QL
			Molecular Target Inhibitors		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Afinitor (Tablet)	4	PA
Afinitor Disperz (Tablet Soluble)	4	PA
Alecensa (Capsule)	4	PA, QL
Alunbrig (Tablet)	4	PA, QL
Beleodaq (Injection)	4	PA
Bosulif (Tablet)	4	PA, QL
Cabometyx (Tablet)	4	PA, QL
Caprelsa (Tablet)	4	PA, LA
Cometriq (Kit)	4	PA
Cotellic (Tablet)	4	PA, QL, LA
Cyramza (Injection)	4	PA
Erivedge (Capsule)	4	PA, QL
Farydak (Capsule)	4	PA
Gilotrif (Tablet)	4	PA
Gleevec (Tablet)	4	PA, QL
Ibrance (Capsule)	4	PA, QL
Iclusig (Tablet)	4	PA, QL, LA
Imatinib Mesylate (Tablet)	1	PA, QL
Imbruvica (Capsule)	4	PA, QL
Inlyta (Tablet)	4	PA, QL
Iressa (Tablet)	4	PA, QL
Jakafi (Tablet)	4	PA, QL, LA
Jevtana (Injection)	4	PA
Lenvima (Capsule Therapy Pack)	4	PA
Lynparza (Capsule)	4	PA, QL
Mekinist (Tablet)	4	PA
Nexavar (Tablet)	4	PA
Odomzo (Capsule)	4	PA, QL, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rydapt (Capsule)	4	PA, QL
Sprycel (Tablet)	4	PA, QL
Stivarga (Tablet)	4	PA, QL
Sutent (Capsule)	4	PA, QL
Tafinlar (Capsule)	4	PA
Tagrisso (Tablet)	4	PA, QL, LA
Tarceva (Tablet)	4	PA, QL
Tasigna (Capsule)	4	PA, QL
Tykerb (Tablet)	4	PA
Venclexta (100mg Tablet, 50mg Tablet)	4	PA, QL
Venclexta (10mg Tablet)	2	PA, QL
Venclexta Starting Pack (Tablet Therapy Pack)	4	PA
Votrient (Tablet)	4	PA, QL
Xalkori (Capsule)	4	PA, LA
Zelboraf (Tablet)	4	PA, QL
Zydelig (Tablet)	4	PA, QL
Zykadia (Capsule)	4	PA, QL
Monoclonal Antibody/Antibody-Drug Conjugate		
Avastin (Injection)	4	PA
Bavencio (Injection)	4	PA
Darzalex (Injection)	4	PA, LA
Empliciti (Injection)	4	PA
Erbitux (Injection)	4	PA
Herceptin (Injection)	4	PA
Imfinzi (Injection)	4	PA
Kadcyla (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
Keytruda (Injection)	4	PA
Lartruvo (Injection)	4	PA
Opdivo (Injection)	4	PA
Perjeta (Injection)	4	PA
Rituxan (Injection)	4	PA
Tecentriq (Injection)	4	PA
Vectibix (Injection)	4	PA
Yervoy (Injection)	4	PA
Retinoids		
Bexarotene (Capsule)	1	PA
Panretin (Gel)	4	
Targetin (1% Gel, 75mg Capsule)	4	PA
Tretinoin (10mg Capsule)	1	
Treatment Adjuncts		
Elitek (Injection)	4	
Mesna (Injection)	1	
Mesnex (100mg/ml Injection)	3	
Mesnex (400mg Tablet)	4	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	4	QL
Biltricide (Tablet)	3	
Emverm (Tablet Chewable)	4	
Ivermectin (Tablet)	1	
Sklice (Lotion)	3	
Stromectol (Tablet)	3	
Antiprotozoals		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Alinia (100mg/5ml Suspension, 500mg Tablet)	4	
Atovaquone (Suspension)	1	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	1	
Chloroquine Phosphate (Tablet)	1	
Coartem (Tablet)	3	
DARAPRIM (Tablet)	4	
Hydroxychloroquine Sulfate (Tablet)	1	
Malarone (Tablet)	3	
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	
Quaaliquin (Capsule)	3	PA
Quinine Sulfate (Capsule)	1	PA
Pediculicides/Scabicides		
Elimite (Cream)	3	
Eurax (10% Cream, 10% Lotion)	3	
Lindane (Shampoo)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Malathion (Lotion)	1	
Ovide (Lotion)	3	
Permethrin (Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	PA, HRM
Benztropine Mesylate (1mg/ml Injection)	1	
Cogentin (Injection)	3	
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	
Comtan (Tablet)	3	
Entacapone (Tablet)	1	
Tasmar (Tablet)	4	QL
Tolcapone (Tablet)	1	QL
Dopamine Agonists		
Apokyn (Injection)	4	PA, QL
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	1	
Mirapex (Tablet)	3	
Mirapex ER (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)	1	
Requip (Tablet)	3	
Requip XL (Tablet Extended-Release 24 Hour)	3	
Ropinirole ER (Tablet Extended-Release 24 Hour)	1	
Ropinirole HCl (Tablet Immediate-Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Tablet)	1	
Carbidopa/Levodopa (Tablet Immediate-Release)	1	
Carbidopa/Levodopa ER (Tablet Extended-Release)	1	
Carbidopa/Levodopa ODT (Tablet Dispersible)	1	
Carbidopa/Levodopa/Entacapone (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Duopa (Suspension)	4	PA	Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet, 2.5mg/5ml Elixir, 2.5mg/ml Injection, 5mg/ml Concentrate)	1	
Lodosyn (Tablet)	4		Haldol (Injection)	3	
Rytary (Capsule Extended-Release)	3	ST	Haldol Decanoate 100 (Injection)	3	
Sinemet (Tablet)	3		Haldol Decanoate 50 (Injection)	3	
Sinemet CR (Tablet Extended-Release)	3		Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	1	
Stalevo 100 (Tablet)	4		Haloperidol Decanoate (Injection)	1	
Stalevo 125 (Tablet)	3		Haloperidol Lactate (Injection)	1	
Stalevo 150 (Tablet)	4		Loxapine Succinate (10mg Capsule, 5mg Capsule)	1	QL
Stalevo 200 (Tablet)	4		Loxapine Succinate (25mg Capsule, 50mg Capsule)	1	
Stalevo 50 (Tablet)	3		Orap (Tablet)	3	
Stalevo 75 (Tablet)	3		Pimozide (Tablet)	1	
Monoamine Oxidase B (MAO-B) Inhibitors			Thioridazine HCl (Tablet)	1	PA
Azilect (Tablet)	2		Thiothixene (Capsule)	1	
Eldepryl (Capsule)	3		Trifluoperazine HCl (Tablet)	1	
Rasagiline Mesylate (Tablet)	1				
Selegiline HCl (5mg Capsule, 5mg Tablet)	1				
Zelapar (Tablet Dispersible)	4				
Antipsychotics					
1st Generation/Typical					
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	1				
Fluphenazine Decanoate (Injection)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
2nd Generation/Atypical		
Abilify (Tablet)	4	QL
Abilify Maintena (Injection)	4	
Aripiprazole (Tablet)	1	QL
Aripiprazole ODT (Tablet Dispersible)	1	QL
Aristada (Injection)	4	
Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	4	QL, ST
Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	3	QL, ST
Fanapt Titration Pack (Tablet)	3	ST
Geodon (20mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)	4	QL
Geodon (20mg Injection)	3	
Invega (Tablet Extended-Release 24 Hour)	4	PA, QL
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Invega Sustenna (39mg/0.25ml Injection)	3	
Invega Trinza (Injection)	4	PA
Latuda (Tablet)	4	QL
Nuplazid (Tablet)	4	PA, QL
Olanzapine (10mg Injection)	1	
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	1	QL
Olanzapine ODT (Tablet Dispersible)	1	QL
Paliperidone ER (Tablet Extended-Release 24 Hour)	1	QL
Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	1	QL
Rexulti (Tablet)	4	QL

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, 1mg/ml Oral Solution)	3		Saphris (Tablet Sublingual)	3	QL
Risperdal (2mg Tablet, 3mg Tablet, 4mg Tablet)	4		Seroquel (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet)	3	QL
Risperdal Consta (12.5mg Injection)	3		Seroquel (300mg Tablet, 400mg Tablet)	4	QL
Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)	4		Seroquel XR (Tablet Extended-Release 24 Hour)	3	QL
Risperdal M-Tab (0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	3		Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	4	QL, ST
Risperdal M-Tab (2mg Tablet Dispersible, 3mg Tablet Dispersible, 4mg Tablet Dispersible)	4		Vraylar (Capsule Therapy Pack)	3	ST
Risperidone (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release, 3mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 1mg/ml Oral Solution)	1		Ziprasidone HCl (Capsule)	1	QL
Risperidone ODT (Tablet Dispersible)	1		Zyprexa (10mg Injection)	3	
			Zyprexa (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 7.5mg Tablet)	3	QL
			Zyprexa (15mg Tablet, 20mg Tablet)	4	QL
			Zyprexa Relprevv (Injection)	4	
			Zyprexa Zydys (10mg Tablet Dispersible, 5mg Tablet Dispersible)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zyprexa Zydis (15mg Tablet Dispersible, 20mg Tablet Dispersible)	4	QL
Treatment-Resistant		
Clozapine (Tablet Immediate-Release)	1	
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	1	QL
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	1	QL
Clozaril (100mg Tablet)	4	
Clozaril (25mg Tablet)	3	
Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	4	QL
Fazaclo (12.5mg Tablet Dispersible, 25mg Tablet Dispersible)	3	QL
Versacloz (Suspension)	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Cidofovir (Injection)	1	
Cytovene (Injection)	3	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ganciclovir (Injection)	1	B/D, PA
Valcyte (450mg Tablet, 50mg/ml Oral Solution)	4	QL
Valganciclovir (Tablet)	1	QL
Valganciclovir Hydrochloride (Oral Solution)	1	QL
Zirgan (Gel)	3	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Tablet)	1	
Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet)	4	
Entecavir (Tablet)	1	
Epivir HBV (100mg Tablet)	3	
Epivir HBV (5mg/ml Oral Solution)	2	
Hepsera (Tablet)	4	
Lamivudine (100mg Tablet)	1	
Vemlidy (Tablet)	4	QL
Anti-hepatitis C (HCV) Agents, Other		
Copegus (Tablet)	4	
Intron A (Injection)	4	PA
Moderiba (200mg Tablet)	1	
Moderiba 1200 Dose Pack (Tablet)	1	
Moderiba 800 Dose Pack (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pegasys (Injection)	4	PA
Pegasys ProClick (Injection)	4	PA
Rebetol (Oral Solution)	3	
Ribasphere (200mg Capsule, 200mg Tablet, 400mg Tablet, 600mg Tablet)	1	
Ribasphere Ribapak (Tablet)	1	
Ribavirin (200mg Capsule, 200mg Tablet)	1	
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
Olysio (Capsule)	4	PA, QL
Sovaldi (Tablet)	4	PA, QL
Technivie (Tablet)	4	PA, QL
Viekira Pak (Tablet Therapy Pack)	4	PA, QL
Viekira XR (Tablet Extended-Release 24 Hour)	4	PA, QL
Zepatier (Tablet)	4	PA, QL
Antiherpetic Agents		
Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Acyclovir (5% Ointment)	1	QL
Acyclovir Sodium (Injection)	1	B/D, PA
Denavir (Cream)	4	QL
Famciclovir (Tablet)	1	QL
Trifluridine (Ophthalmic Solution)	1	
Valacyclovir HCl (Tablet)	1	QL
Valtrex (Tablet)	3	QL
Viroptic (Ophthalmic Solution)	3	
Xerese (Cream)	4	PA, QL
Zovirax (200mg Capsule, 200mg/5ml Suspension)	3	
Zovirax (5% Cream, 5% Ointment)	4	QL
Zovirax (800mg Tablet)	4	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Genvoya (Tablet)	4	QL
Isentress (100mg Packet, 25mg Tablet Chewable)	2	QL
Isentress (100mg Tablet Chewable, 400mg Tablet)	4	QL
Stribild (Tablet)	4	QL
Tivicay (10mg Tablet)	3	QL
Tivicay (25mg Tablet, 50mg Tablet)	4	QL
Triumeq (Tablet)	4	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Intelence (100mg Tablet, 200mg Tablet)	4	QL
Intelence (25mg Tablet)	3	QL
Nevirapine (200mg Tablet Immediate-Release)	1	QL
Nevirapine (50mg/5ml Suspension)	1	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	1	QL
Odefsey (Tablet)	4	QL
Rescriptor (Tablet)	3	QL
Sustiva (200mg Capsule, 600mg Tablet)	4	QL
Sustiva (50mg Capsule)	3	QL
Viramune (200mg Tablet)	4	QL
Viramune (50mg/5ml Suspension)	3	QL
Viramune XR (100mg Tablet Extended-Release 24 Hour)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Viramune XR (400mg Tablet Extended-Release 24 Hour)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (Tablet)	1	QL
Abacavir Sulfate/ Lamivudine/ Zidovudine (Tablet)	1	QL
Abacavir/Lamivudine (Tablet)	1	QL
Combivir (Tablet)	4	QL
Descovy (Tablet)	4	QL
Didanosine (Capsule Delayed-Release)	1	QL
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	3	QL
Epivir (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL
Epzicom (Tablet)	4	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	1	QL
Lamivudine/ Zidovudine (Tablet)	1	QL
Retrovir (100mg Capsule, 50mg/5ml Syrup)	3	QL
Retrovir IV Infusion (Injection)	3	
Stavudine (Capsule)	1	QL
Trizivir (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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Truvada (Tablet)	4	QL	Invirase (200mg Capsule, 500mg Tablet)	4	QL
Videx EC (Capsule Delayed-Release)	3	QL	Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)	3	QL
Videx Pediatric (Oral Solution)	3	QL	Kaletra (200mg-50mg Tablet)	4	QL
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)	4	QL	Lexiva (50mg/ml Suspension)	3	QL
Zerit (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution)	3	QL	Lexiva (700mg Tablet)	4	QL
Ziagen (20mg/ml Oral Solution, 300mg Tablet)	3	QL	Lopinavir/Ritonavir (Oral Solution)	1	QL
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	1	QL	Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)	3	QL
Anti-HIV Agents, Other			Prezcobix (Tablet)	4	QL
Fuzeon (Injection)	4	QL	Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)	4	QL
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)	4	QL	Prezista (75mg Tablet)	3	QL
Selzentry (25mg Tablet)	2	QL	Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	4	QL
Anti-HIV Agents, Protease Inhibitors			Viracept (Tablet)	4	QL
Aptivus (100mg/ml Oral Solution, 250mg Capsule)	4	QL	Anti-influenza Agents		
Crixivan (Capsule)	2	QL	Flumadine (Tablet)	3	
Evotaz (Tablet)	4	QL	Osetamivir Phosphate (Capsule)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Relenza Diskhaler (Aerosol Powder)	2	QL
Rimantadine HCl (Tablet)	1	
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	3	QL
Anxiolytics		
Anxiolytics, Other		
Bupirone HCl (Tablet)	1	
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup, 25mg/ml Injection, 50mg/ml Injection)	1	PA, HRM
Meprobamate (Tablet)	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 Immediate-Release)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Estazolam (Tablet)	1	QL, HRM
Halcion (Tablet)	3	QL, HRM
Klonopin (Tablet)	3	QL
Lorazepam (Tablet)	1	QL
Lorazepam Intensol (2mg/ml Concentrate)	1	QL
Oxazepam (Capsule)	1	
Tranxene T (Tablet)	3	QL
Triazolam (Tablet)	1	QL, HRM
Valium (Tablet)	3	QL
Xanax (Tablet)	3	QL
Xanax XR (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour)	3	PA, QL
Xanax XR (2mg Tablet Extended-Release 24 Hour)	4	PA, QL
Bipolar Agents		
Mood Stabilizers		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Depakote (Tablet Delayed-Release)	3	
Depakote ER (Tablet Extended-Release 24 Hour)	3	
Depakote Sprinkles (Capsule Sprinkle Delayed-Release)	3	
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	1	
Divalproex Sodium DR (Tablet Delayed-Release)	1	
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	1	
Equetro (Capsule Extended-Release 12 Hour)	3	
Lithium (Oral Solution)	1	
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	1	
Lithium Carbonate ER (Tablet Extended-Release)	1	
Lithobid (Tablet Extended-Release)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Tablet)	1	QL
Actoplus Met (Tablet)	3	QL
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
Alogliptin (Tablet)	3	QL, ST
Alogliptin/Metformin HCl (Tablet)	3	QL, ST
Alogliptin/Pioglitazone (Tablet)	3	QL, ST
Amaryl (Tablet)	3	QL
Avandia (Tablet)	3	PA, QL
Bydureon Pen (Injection)	2	QL
Bydureon Vial (Injection)	2	QL
Byetta (Injection)	3	QL
Chlorpropamide (Tablet)	1	PA, QL, HRM
Cycloset (Tablet)	3	PA, QL
Duetact (Tablet)	3	QL
Farxiga (Tablet)	3	QL, ST
Fortamet (Tablet Extended-Release 24 Hour)	4	PA, QL
Glimepiride (Tablet)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Glipizide (Tablet Immediate-Release)	1	QL
Glipizide ER (Tablet Extended-Release 24 Hour)	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
Glucotrol XL (Tablet Extended-Release 24 Hour)	3	QL
Glucovance (Tablet)	3	PA, QL, HRM
Glumetza (Tablet Extended-Release 24 Hour)	4	PA, QL
Glyburide (Tablet)	1	PA, QL, HRM
Glyburide Micronized (Tablet)	1	PA, QL, HRM
Glyburide/Metformin HCl (Tablet)	1	PA, QL, HRM
Glynase (Tablet)	3	PA, QL, HRM
Glyset (Tablet)	3	QL
Glyxambi (Tablet)	3	QL, ST
Invokamet (Tablet)	2	QL
Invokamet XR (Tablet Extended-Release 24 Hour)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Invokana (Tablet)	2	QL
Janumet (Tablet Immediate-Release)	2	QL
Janumet XR (Tablet Extended-Release 24 Hour)	2	QL
Januvia (Tablet)	2	QL
Jardiance (Tablet)	2	QL
Jentaduetto (Tablet)	3	QL
Jentaduetto XR (Tablet Extended-Release 24 Hour)	3	QL
Kazano (Tablet)	3	QL, ST
Kombiglyze XR (Tablet Extended-Release 24 Hour)	2	QL
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour) (Generic Fortamet), (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour) (Generic Glumetza)	1	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Miglitol (Tablet)	1	QL
Nateglinide (Tablet)	1	QL
Nesina (Tablet)	3	QL, ST
Onglyza (Tablet)	2	QL
Oseni (Tablet)	3	QL, ST
Pioglitazone HCl (Tablet)	1	QL
Pioglitazone HCl/ Glimepiride (Tablet)	1	QL
Pioglitazone HCl/ Metformin HCl (Tablet)	1	QL
Prandin (1mg Tablet)	3	QL
Prandin (2mg Tablet)	4	QL
Precose (Tablet)	3	QL
Repaglinide (Tablet)	1	QL
Repaglinide/Metformin HCl (Tablet)	1	QL
Riomet (Oral Solution)	3	QL
Soliqua 100/33 (Injection)	2	QL
Starlix (Tablet)	3	QL
SymLinPen 120 (Injection)	4	PA
SymLinPen 60 (Injection)	4	PA
Synjardy (Tablet)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Glycemic Agents		
GlucaGen HypoKit (Injection)	3	
Glucagon Emergency Kit (Injection)	2	
Proglycem (Suspension)	4	
Insulins		
Afrezza (12unit Powder)	4	PA
Afrezza (4unit Powder, 8unit Powder)	3	PA
Afrezza (4&8unit Powder, 8&12unit Powder, 4/8/12unit Powder)	3	PA
Apidra SoloStar (Injection)	3	PA
Apidra Vial (Injection)	3	PA
Basaglar KwikPen (Injection)	3	ST
Humalog Cartridge (Injection)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humalog KwikPen (Injection)	2		Novolin 70/30 Vial (Injection)	3	PA
Humalog Mix 50/50 KwikPen (Injection)	2		Novolin N Vial (Injection)	3	PA
Humalog Mix 50/50 Vial (Injection)	2		Novolin R Vial (Injection)	3	PA
Humalog Mix 75/25 KwikPen (Injection)	2		NovoLog FlexPen (Injection)	3	PA
Humalog Mix 75/25 Vial (Injection)	2		NovoLog Mix 70/30 Prefilled FlexPen (Injection)	3	PA
Humalog Vial (Injection)	2		NovoLog Mix 70/30 Vial (Injection)	3	PA
Humulin 70/30 KwikPen (Injection)	2		NovoLog PenFill (Injection)	3	PA
Humulin 70/30 Vial (Injection)	2		NovoLog Vial (Injection)	3	PA
Humulin N KwikPen (Injection)	2		Toujeo SoloStar (Injection)	2	
Humulin N Vial (Injection)	2		Tresiba FlexTouch (Injection)	3	ST
Humulin R U-500 KwikPen (Injection)	2		Blood Products/Modifiers/Volume Expanders		
Humulin R U-500 Vial (Concentrated) (Injection)	2		Anticoagulants		
Humulin R Vial (Injection)	2		Argatroban (125mg/125ml-0.9% Injection)	1	B/D, PA
Lantus SoloStar (Injection)	2		Argatroban (250mg/2.5ml Injection)	1	B/D, PA
Lantus Vial (Injection)	2		Arixtra (Injection)	4	
Levemir FlexTouch (Injection)	2		Coumadin (Tablet)	2	
Levemir Vial (Injection)	2		Eliquis (Tablet)	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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	1	QL	Lovenox (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	4	QL
Fondaparinux Sodium (Injection)	1		Lovenox (30mg/0.3ml Injection, 40mg/0.4ml Injection)	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		Pradaxa (Capsule)	3	QL
Fragmin (2500unit/0.2ml Injection)	3		Savaysa (Tablet)	3	PA, QL
Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	1		Warfarin Sodium (Tablet)	1	
Heparin Sodium (1000unit/ml Injection)	1	B/D, PA	Xarelto (Tablet)	2	QL
Heparin Sodium/D5W (Injection)	1		Xarelto Starter Pack (Tablet Therapy Pack)	2	QL
Jantoven (Tablet)	1		Zontivity (Tablet)	3	PA, QL
			Blood Formation Modifiers		
			Agrylin (Capsule)	3	
			Anagrelide HCl (Capsule)	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
Aranesp Albumin Free (100mcg/0.5ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	4	PA	Neulasta (Injection)	4	PA
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	3	PA	Neupogen (Injection)	4	ST
Azacitidine (Injection)	1	PA	Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Epogen (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA	Procrit (20000unit/ml Injection, 40000unit/ml Injection)	4	PA
Epogen (20000unit/ml Injection)	4	PA	Promacta (Tablet)	4	PA, QL
Granix (Injection)	4	ST	Vidaza (Injection)	4	PA
Leukine (Injection)	4	PA	Zarxio (Injection)	4	
Mircera (Injection)	3	PA	Hemostasis Agents		
Mozobil (Injection)	4	PA	Cyklokapron (Injection)	3	
			Lysteda (Tablet)	4	
			Tranexamic Acid (1000mg/10ml Injection, 650mg Tablet)	1	
			Platelet Modifying Agents		
			Aggrenox (Capsule Extended-Release 12 Hour)	3	QL
			Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	1	QL
			Brilinta (Tablet)	2	QL
			Cilostazol (Tablet)	1	
			Clopidogrel (Tablet)	1	QL
			Dipyridamole (Tablet)	1	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
Effient (Tablet)	2	QL
Plavix (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 (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release, 0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	1	
Guanfacine HCl (Tablet Immediate-Release)	1	PA, QL, HRM
Methyldopa (Tablet)	1	PA, HRM
Methyldopate HCl (Injection)	1	HRM
Midodrine HCl (Tablet)	1	
Northera (Capsule)	4	PA, QL
Alpha-adrenergic Blocking Agents		
Cardura (Tablet)	3	
Dibenzyliline (Capsule)	4	
Doxazosin Mesylate (Tablet)	1	
Minipress (Capsule)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phenoxybenzamine HCl (Capsule)	1	
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
Captopril (Tablet)	1	QL
Enalapril Maleate (Tablet)	1	QL
Fosinopril Sodium (Tablet)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lisinopril (Tablet)	1	QL
Lotensin (Tablet)	3	QL
Moexipril HCl (Tablet)	1	QL
Perindopril Erbumine (Tablet)	1	QL
Prinivil (Tablet)	3	QL
Qbrelis (Oral Solution)	3	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 (100mg Tablet, 200mg Tablet, 400mg Tablet, 50mg/ml Injection)	1	
Betapace (80mg Tablet)	4	
Disopyramide Phosphate (Capsule)	1	PA, HRM
Dofetilide (Capsule)	1	
Flecainide Acetate (Tablet)	1	
Mexiletine HCl (Capsule)	1	
Multaq (Tablet)	2	QL
Nexterone (Injection)	3	
Norpace (Capsule)	3	PA, HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Norpace CR (Capsule Extended-Release 12 Hour)	3	PA, HRM
Pacerone (100mg Tablet, 400mg Tablet)	3	
Pacerone (200mg Tablet)	1	
Procainamide HCl (Injection)	1	
Propafenone HCl (Tablet)	1	
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	1	
Quinidine Gluconate (Injection)	3	
Quinidine Gluconate CR (Tablet Extended-Release)	1	
Quinidine Sulfate (Tablet)	1	
Rythmol SR (225mg Capsule Extended-Release 12 Hour)	3	
Rythmol SR (325mg Capsule Extended-Release 12 Hour, 425mg Capsule Extended-Release 12 Hour)	4	
Sorine (Tablet)	1	
Sotalol HCl (AF) (Tablet)	1	
Sotalol HCl (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sotylize (Oral Solution)	3	PA	Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet, 5mg/ml Injection)	1	
Tikosyn (Capsule)	3		Lopressor (Tablet)	3	
Beta-adrenergic Blocking Agents			Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Acebutolol HCl (Capsule)	1		Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 5mg/5ml Injection)	1	
Atenolol (Tablet)	1		Nadolol (Tablet)	1	
Betaxolol HCl (10mg Tablet, 20mg Tablet)	1		Pindolol (Tablet)	1	
Bisoprolol Fumarate (Tablet)	1		Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 1mg/ml Injection, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1	
Bystolic (Tablet)	2	QL	Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1	
Carvedilol (Tablet Immediate-Release)	1		Tenormin (Tablet)	3	
Coreg (Tablet)	3				
Coreg CR (Capsule Extended-Release 24 Hour)	3				
Corgard (Tablet)	3				
Inderal LA (120mg Capsule Extended-Release 24 Hour, 160mg Capsule Extended-Release 24 Hour)	4				
Inderal LA (60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)	3				
Innopran XL (Capsule Extended-Release 24 Hour)	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
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1		Cardizem LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	3	QL
Toprol XL (Tablet Extended-Release 24 Hour)	3		Cartia XT (Capsule Extended-Release 24 Hour)	1	
Calcium Channel Blocking Agents			Dilt-XR (Capsule Extended-Release 24 Hour)	1	
Adalat CC (Tablet Extended-Release 24 Hour)	3	QL	Diltiazem CD (Capsule Extended-Release 24 Hour)	1	
Afeditab CR (Tablet Extended-Release 24 Hour)	1	QL	Diltiazem HCl (100mg Injection, 50mg/10ml Injection, 120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	1	
Amlodipine Besylate (Tablet)	1				
Calan (Tablet)	3				
Calan SR (Tablet Extended-Release)	3				
Cardene IV (Injection)	3				
Cardizem (Tablet)	4				
Cardizem CD (Capsule Extended-Release 24 Hour)	4				
Cardizem LA (120mg Tablet Extended-Release 24 Hour, 180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3				

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diltiazem HCl ER (120mg Capsule Extended-Release 12 Hour, 60mg Capsule Extended-Release 12 Hour, 90mg Capsule Extended-Release 12 Hour, 120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 360mg Capsule Extended-Release 24 Hour, 420mg Capsule Extended-Release 24 Hour)	1		Nicardipine HCl (2.5mg/ml Injection, 20mg Capsule, 30mg Capsule)	1	
Felodipine ER (Tablet Extended-Release 24 Hour)	1		Nifedipine (Capsule)	1	PA, HRM
Isradipine (Capsule)	1		Nifedipine ER (Tablet Extended-Release 24 Hour)	1	QL
Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	1		Nimodipine (Capsule)	1	
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	1	QL	Nisoldipine ER (Tablet Extended-Release 24 Hour)	1	
			Norvasc (Tablet)	3	
			Procardia (Capsule)	3	PA, HRM
			Procardia XL (Tablet Extended-Release 24 Hour)	3	QL
			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 Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 2.5mg/ml Injection)	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
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)	1	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	QL
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	QL
			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	Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL
Corlanor (Tablet)	3	PA, QL	Hyzaar (Tablet)	3	QL
Corzide (40mg-5mg Tablet)	3	QL	Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL
Corzide (80mg-5mg Tablet)	3		Lanoxin (0.25mg/ml Injection)	3	HRM
Demser (Capsule)	4		Lanoxin (125mcg Tablet, 62.5mcg Tablet)	3	QL, HRM
Digitek (0.125mg Tablet)	1	QL, HRM	Lanoxin (187.5mcg Tablet, 250mcg Tablet)	3	PA, HRM
Digitek (0.25mg Tablet)	1	PA, HRM	Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
Digoxin (0.05mg/ml Oral Solution)	1	PA, QL, HRM	Lopressor HCT (Tablet)	3	
Digoxin (0.25mg/ml Injection)	1	HRM	Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Digoxin (125mcg Tablet)	1	QL, HRM	Lotrel (Capsule)	3	QL
Digoxin (250mcg Tablet)	1	PA, HRM	Maxzide (Tablet)	3	
Diovan HCT (Tablet)	3	QL	Methyldopa/ Hydrochlorothiazide (Tablet)	1	PA, HRM
DUTOPROL (Tablet Extended-Release 24 Hour)	3		Metoprolol/ Hydrochlorothiazide (Tablet)	1	
Dyazide (Capsule)	3		Micardis HCT (Tablet)	3	QL
Edarbyclor (Tablet)	3	QL	Moexipril/ Hydrochlorothiazide (Tablet)	1	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL			
Entresto (Tablet)	2	QL			
Exforge (Tablet)	3	QL			
Exforge HCT (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
Nadolol/ Bendroflumethiazide (40mg-5mg Tablet)	1	QL	Tekturna HCT (150mg-12.5mg Tablet, 150mg-25mg Tablet, 300mg-12.5mg Tablet, 300mg-25mg Tablet)	3	QL
Nadolol/ Bendroflumethiazide (80mg-5mg Tablet)	1		Telmisartan/ Amlodipine (Tablet)	1	QL
Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	1	QL	Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL
Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	1	QL	Tenoretic 100 (Tablet)	3	
Pentoxifylline ER (Tablet Extended- Release)	1		Tenoretic 50 (Tablet)	3	
Propranolol/ Hydrochlorothiazide (Tablet)	1		Trandolapril/Verapamil HCl ER (Tablet Extended-Release)	1	QL
Quinapril/ Hydrochlorothiazide (Tablet)	1	QL	Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	1	
Ranexa (Tablet Extended-Release 12 Hour)	2	QL	Tribenzor (Tablet)	3	QL
Spirolactone/ Hydrochlorothiazide (Tablet)	1		Twynsta (Tablet)	3	QL
Tarka (Tablet Extended-Release)	3	QL	Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Tekturna (Tablet)	3	QL	Vaseretic (Tablet)	3	QL
			Vecamyl (Tablet)	4	PA
			Zestoretic (Tablet)	3	QL
			Ziac (Tablet)	3	QL
			Diuretics, Carbonic Anhydrase Inhibitors		

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
Acetazolamide (Tablet Immediate-Release)	1	
Acetazolamide ER (Capsule Extended-Release 12 Hour)	1	
Acetazolamide Sodium (Injection)	1	
Diamox (Capsule Extended-Release 12 Hour)	3	
Keveyis (Tablet)	4	PA, QL
Methazolamide (Tablet)	1	
Diuretics, Loop		
Bumetanide (0.25mg/ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Demadex (Tablet)	3	
Edecrin (Tablet)	4	
Ethacrynate Sodium (Injection)	1	
Ethacrynic Acid (Tablet)	1	
Furosemide (10mg/ml Injection)	1	B/D, PA
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Lasix (Tablet)	3	
Torsemide (Tablet)	1	
Diuretics, Potassium-sparing		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aldactone (Tablet)	3	
Amiloride HCl (Tablet)	1	
Dyrenium (Capsule)	3	
Eplerenone (Tablet)	1	
Inspra (Tablet)	3	
Spironolactone (Tablet)	1	
Diuretics, Thiazide		
Chlorothiazide (Tablet)	1	
Chlorothiazide Sodium (Injection)	1	B/D, PA
Chlorthalidone (Tablet)	1	
Diuril (Suspension)	3	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	1	
Methyclothiazide (Tablet)	1	
Metolazone (Tablet)	1	
Microzide (Capsule)	3	
Sodium Diuril (Injection)	3	B/D, PA
Dyslipidemics, Fibric Acid Derivatives		
Antara (Capsule)	2	
Fenofibrate (120mg Tablet, 145mg Tablet, 160mg Tablet, 40mg Tablet, 48mg Tablet, 54mg Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fenofibrate (150mg Capsule, 50mg Capsule)	1	
Fenofibrate Micronized (Capsule)	1	
Fenofibric Acid (Tablet)	1	
Fenofibric Acid DR (Capsule Delayed-Release)	1	
Fenoglide (120mg Tablet)	4	
Fenoglide (40mg Tablet)	3	
Fibracor (Tablet)	3	
Gemfibrozil (Tablet)	1	
Lipofen (Capsule)	3	
Lopid (Tablet)	3	
Tricor (Tablet)	3	
Triglide (Tablet)	3	
Trilipix (Capsule Delayed-Release)	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Altoprev (Tablet Extended-Release 24 Hour)	3	QL
Atorvastatin Calcium (Tablet)	1	QL
Crestor (Tablet)	3	QL
Fluvastatin (20mg Capsule, 40mg Capsule Immediate-Release)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	1	QL
Lescol XL (Tablet Extended-Release 24 Hour)	3	QL
Lipitor (Tablet)	3	QL
Livalo (Tablet)	2	QL
Lovastatin (Tablet Immediate-Release)	1	QL
Pravachol (Tablet)	3	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	1	QL
Simvastatin (Tablet)	1	QL
Zocor (Tablet)	3	QL
Dyslipidemics, Other		
Cholestyramine (Powder)	1	
Cholestyramine Light (Powder)	1	
Colestid (1gm Tablet, 5gm Granules)	3	
Colestipol HCl (1gm Tablet, 5gm Granules)	1	
Ezetimibe (Tablet)	1	QL
Ezetimibe/Simvastatin (Tablet)	1	QL
Juxtapid (Capsule)	4	PA, LA
Kynamro (Injection)	4	PA, LA
Lovaza (Capsule)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Niacin ER (Tablet Extended-Release)	1		Isordil Titradoso (Tablet)	4	
Niacor (Tablet)	1		Isosorbide Dinitrate (Tablet Immediate-Release)	1	
Niaspan (Tablet Extended-Release)	3		Isosorbide Dinitrate ER (Tablet Extended-Release)	1	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	1	QL	Isosorbide Mononitrate (Tablet Immediate-Release)	1	
Praluent (Injection)	4	PA, QL	Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	1	
Prevalite (Powder)	1		Minitran (Patch 24 Hour)	1	
Questran (Packet)	3		Nitro-Bid (Ointment)	3	
Questran Light (Powder)	3		Nitro-Dur (Patch 24 Hour)	3	
Repatha (Injection)	4	PA, QL	Nitroglycerin (0.3mg Tablet Sublingual, 0.4mg Tablet Sublingual, 0.6mg Tablet Sublingual, 5mg/ml Injection)	1	
Repatha Pushtronex System (Injection)	4	PA, QL	Nitroglycerin Lingual (Translingual Solution)	1	
Repatha SureClick (Injection)	4	PA, QL	Nitroglycerin Transdermal (Patch 24 Hour)	1	
Vascepa (Capsule)	3		NitroMist (Aerosol Solution)	3	
Vytorin (Tablet)	3	QL	Nitrostat (Tablet Sublingual)	3	
Welchol (3.75gm Packet, 625mg Tablet)	2		Rectiv (Ointment)	3	
Zetia (Tablet)	3	QL			
Vasodilators, Direct-acting Arterial					
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Injection)	1				
Minoxidil (Tablet)	1				
Vasodilators, Direct-acting Arterial/Venous					
Gonitro (Packet)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Adderall (Tablet)	3	QL
Adderall XR (Capsule Extended-Release 24 Hour)	3	QL
Adzenys XR-ODT (Tablet Extended-Release Dispersible)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Desoxyn (Tablet)	4	PA
Dexedrine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour)	4	QL
Dexedrine (5mg Capsule Extended-Release 24 Hour)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextroamphetamine Sulfate (Tablet Immediate-Release)	1	QL	Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	1	
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	1	QL	Focalin (Tablet)	3	QL
Methamphetamine HCl (Tablet)	1	PA	Focalin XR (Capsule Extended-Release 24 Hour)	3	
ProCentra (Oral Solution)	3		Guanfacine ER (Tablet Extended-Release 24 Hour)	1	PA, HRM
Vyvanse (Capsule)	3		Intuniv (Tablet Extended-Release 24 Hour)	3	PA, HRM
Zenzedi (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 30mg Tablet, 5mg Tablet)	3	QL	Kapvay (Tablet Extended-Release 12 Hour)	3	PA
Zenzedi (7.5mg Tablet)	4	QL	Metadate CD (Capsule Extended-Release)	3	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			Metadate ER (Tablet Extended-Release)	1	QL
Aptensio XR (Capsule Extended-Release 24 Hour)	3	QL	Methylin (Oral Solution)	3	QL
Atomoxetine (Capsule)	1	QL			
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	1	PA			
Concerta (Tablet Extended-Release)	3	QL			
Daytrana (Patch)	3	QL			
Dexmethylphenidate HCl (Tablet Immediate-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
Methylphenidate HCl (10mg Tablet Chewable, 2.5mg Tablet Chewable, 5mg Tablet Chewable), (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin), (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	QL	QuilliChew ER (Tablet Chewable Extended-Release)	3	QL
Methylphenidate HCl CD (Capsule Extended-Release)	1		Quillivant XR (Suspension)	3	
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg 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)	1	QL	Ritalin (Tablet)	3	QL
Methylphenidate HCl ER (Capsule Extended-Release 24 Hour)	1		Ritalin LA (Capsule Extended-Release 24 Hour)	3	
Methylphenidate HCl LA (Capsule Extended-Release 24 Hour)	1		Strattera (Capsule)	3	QL, ST
			Central Nervous System, Other		
			Gralise (Tablet)	3	PA
			Gralise Starter Pack	3	PA
			Horizant (Tablet Extended-Release)	3	PA
			Ingrezza (Capsule)	4	PA, QL
			Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	2	PA, QL
			Nuedexta (Capsule)	3	PA
			Rilutek (Tablet)	4	
			Riluzole (Tablet)	1	
			Tetrabenazine (Tablet)	1	PA, QL
			Xenazine (Tablet)	4	PA, QL, LA
			Fibromyalgia Agents		
			Cymbalta (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
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	1	QL	Glatopa (Injection)	1	
Duloxetine HCl (40mg Capsule Delayed-Release)	3	QL	Plegridy (Injection)	4	
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	2	QL	Plegridy Starter Pack (Injection)	4	
Savella (Tablet)	2		Rebif (Injection)	4	
Savella Titration Pack	2		Rebif Rebidose (Injection)	4	
Multiple Sclerosis Agents			Rebif Rebidose Titration Pack (Injection)	4	
Ampyra (Tablet Extended-Release 12 Hour)	4	QL	Rebif Titration Pack (Injection)	4	
Aubagio (Tablet)	4	QL	Tecfidera (Capsule Delayed-Release)	4	QL
Avonex (Injection)	4		Tecfidera Starter Pack	4	
Avonex Pen (Injection)	4		Tysabri (Injection)	4	PA
Betaseron (Injection)	4		Zinbryta (Injection)	4	PA
Copaxone (Injection)	4		Dental and Oral Agents		
Extavia (Injection)	4		Dental and Oral Agents		
Gilenya (Capsule)	4	QL	Cevimeline HCl (Capsule)	1	ST
			Chlorhexidine Gluconate (Solution)	1	
			Evoxac (Capsule)	3	ST
			Kepivance (Injection)	4	
			Periogard (Solution)	1	
			Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	1	
			Salagen (Tablet)	3	
			Triamcinolone in Orabase (Paste)	1	
			Dermatological Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Dermatological Agents		
Absorica (Capsule)	4	PA
Acanya (Gel)	3	ST
Acitretin (Capsule)	1	
Aczone (Gel)	3	
Adapalene (0.1% Cream, 0.1% Gel, 0.3% Gel)	1	
Aldara (Cream)	4	
Ammonium Lactate (12% Cream, 12% Lotion)	1	
Atralin (Gel)	3	PA
Avita (0.025% Cream, 0.025% Gel)	1	PA
Azelex (Cream)	3	
BenzaClin (Gel)	3	
Benzamycin (Gel)	3	
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)	1	
Calcipotriene/ Betamethasone Dipropionate (Ointment)	1	
Calcitriol (3mcg/gm Ointment)	1	
Carac (Cream)	4	
Claravis (Capsule)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cleocin-T (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
Clindacin-P (Swab)	1	
Clindagel (Gel)	4	
Clindamax (Gel)	3	
Clindamycin Phosphate (1% External Solution, 1% Foam, 1% Gel, 1% Lotion, 1% Swab)	1	
Clindamycin Phosphate/Tretinoin (Gel)	1	PA
Clindamycin/Benzoyl Peroxide (Gel) (Generic BenzaClin)	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
Cosentyx Sensoready Pen (Injection)	4	PA
Diclofenac Sodium (3% Gel)	1	PA
Differin (0.1% Cream, 0.1% Gel, 0.3% Gel, 0.1% Lotion)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dovonex (Cream)	4	
Doxepin HCl (Cream)	1	PA
Duac (Gel)	3	
Dupixent (Injection)	4	PA, QL
Efudex (Cream)	3	
Elidel (Cream)	3	ST
Enstilar (Foam)	4	PA
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)	1	
Eucrisa (Ointment)	3	PA
Evoclin (Foam)	3	
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	
Klaron (Lotion)	3	PA
Lotrisone (Cream)	3	
Methoxsalen (Capsule)	1	
Mirvaso (Gel)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Myorisan (Capsule)	1	PA
Neo-Synalar (Cream)	3	
Neuac (Gel)	1	
Onexton (Gel)	3	
Oxsoralen Ultra (Capsule)	4	
Picato (Gel)	2	
Podofilox (External Solution)	1	
Protopic (Ointment)	3	
PRUDOXIN (Cream)	1	PA
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 (Gel)	3	PA
Retin-A Micro Pump (Gel)	4	PA
Santyl (Ointment)	3	
Selenium Sulfide (Lotion)	1	
Siliq (Solution Prefilled Syringe)	4	PA
Solaraze (Gel)	4	PA
Soolantra (Cream)	3	
Soriatane (Capsule)	4	
Sorilux (Foam)	4	
Stelara (Injection)	4	PA
Sulfacetamide Sodium (10% Lotion)	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
Taclonex (0.064%-0.005% Ointment, 0.064%-0.005% Suspension)	4		Aminosyn 8.5%/ Electrolytes (Injection)	1	B/D, PA
Tacrolimus (0.03% Ointment, 0.1% Ointment)	1		Aminosyn II (Injection)	3	B/D, PA
Taltz (Injection)	4	PA	Aminosyn II 8.5%/ Electrolytes (Injection)	1	B/D, PA
Tazarotene (Cream)	1	PA	Aminosyn-HBC (Injection)	3	B/D, PA
Tazorac (0.05% Cream, 0.1% Cream, 0.05% Gel, 0.1% Gel)	3	PA	Aminosyn-PF (Injection)	3	B/D, PA
Tolak (Cream)	3		Aminosyn-RF (Injection)	3	B/D, PA
Tretinoin (0.01% Gel, 0.025% Gel, 0.05% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	1	PA	Carbaglu (Tablet)	4	LA
Tretinoin Microsphere (Gel)	1	PA	Carnitor (1gm/10ml Oral Solution, 330mg Tablet)	3	
Vectical (Ointment)	4		Carnitor (200mg/ml Injection)	3	B/D, PA
Veregen (Ointment)	4		Clinimix 2.75%/ Dextrose 5% (Injection)	3	B/D, PA
Zenatane (Capsule)	1	PA	Clinimix 4.25%/ Dextrose 10% (Injection)	3	B/D, PA
Ziana (Gel)	4	PA	Clinimix 4.25%/ Dextrose 20% (Injection)	3	B/D, PA
Zonalon (Cream)	4	PA	Clinimix 4.25%/ Dextrose 25% (Injection)	3	B/D, PA
Zyclara (Cream)	4	PA	Clinimix 4.25%/ Dextrose 5% (Injection)	3	B/D, PA
Zyclara Pump (Cream)	4	PA			
Electrolytes/Minerals/Metals/Vitamins					
Electrolyte/Mineral Replacement					
Aminosyn 7%/ Electrolytes (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
Clinimix 5%/Dextrose 15% (Injection)	3	B/D, PA	Dextrose 10%/NaCl 0.2% (Injection)	1	
Clinimix 5%/Dextrose 20% (Injection)	3	B/D, PA	Dextrose 10%/NaCl 0.45% (Injection)	1	
Clinimix 5%/Dextrose 25% (Injection)	3	B/D, PA	Dextrose 2.5%/NaCl 0.45% (Injection)	1	
Clinimix E 2.75%/Dextrose 10% (Injection)	3	B/D, PA	Dextrose 5% (Injection)	1	
Clinimix E 2.75%/Dextrose 5% (Injection)	3	B/D, PA	Dextrose 5%/Lactated Ringers (Injection)	1	
Clinimix E 4.25%/Dextrose 10% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.2% (Injection)	1	
Clinimix E 4.25%/Dextrose 25% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.225% (Injection)	1	
Clinimix E 4.25%/Dextrose 5% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.33% (Injection)	1	
Clinimix E 5%/Dextrose 15% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.45% (Injection)	1	
Clinimix E 5%/Dextrose 20% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.9% (Injection)	1	
Clinimix E 5%/Dextrose 25% (Injection)	3	B/D, PA	FreAmine HBC 6.9% (Injection)	3	B/D, PA
Clinisol SF 15% (Injection)	3	B/D, PA	HepatAmine (Injection)	1	B/D, PA
Dextrose 10% (Injection)	1		Intralipid (20gm/100ml Injection)	1	B/D, PA
			Intralipid (30gm/100ml Injection)	3	B/D, PA
			Ionosol-MB/Dextrose 5% (Injection)	3	
			Isolyte-P/Dextrose 5% (Injection)	3	
			Isolyte-S (Injection)	3	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
K-Tab (Tablet Extended-Release)	3	
KCl 0.075%/D5W/NaCl 0.45% (Injection)	1	
KCl 0.15%/D5W/NaCl 0.2% (Injection)	1	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	1	
KCl 0.3%/D5W/NaCl 0.45% (Injection)	1	
KCl 0.3%/D5W/NaCl 0.9% (Injection)	1	
Klor-Con 10 (Tablet Extended-Release)	1	
Klor-Con 8 (Tablet Extended-Release)	1	
Klor-Con M10 (Tablet Extended-Release)	1	
Klor-Con M15 (Tablet Extended-Release)	1	
Klor-Con M20 (Tablet Extended-Release)	1	
Klor-Con Sprinkle (Capsule Extended-Release)	1	
Lactated Ringers Irrigation (Solution)	1	
Lactated Ringers Viaflex (Injection)	1	
Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Magnesium Sulfate (1gm/2ml-50% Injection)	1	
Magnesium Sulfate (5gm/10ml-50% Injection)	1	
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
Physiolyte (Irrigation Solution)	3	
Physiosol Irrigation (Solution)	3	
Plasma-Lyte A (Injection)	3	
Plasma-Lyte-148 (Injection)	3	
Plenaminate (Injection)	1	B/D, PA
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	1	
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride (2meq/ml Injection)	1	B/D, PA	Potassium Chloride/ Sodium Chloride (20meq/L-0.9% Injection, 40meq/ L-0.9% Injection)	1	B/D, PA
Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)	1		Potassium Citrate ER (Tablet Extended- Release)	1	
Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)	1		Premasol (10% Injection)	3	B/D, PA
Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)	1		Premasol (6% Injection)	1	B/D, PA
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended- Release)	1		Procalamine (Injection)	3	B/D, PA
Potassium Chloride ER (20meq Tablet Extended-Release)	1		Prosol (Injection)	3	B/D, PA
Potassium Chloride/ Dextrose (Injection)	1	B/D, PA	Ringers Injection	1	
Potassium Chloride/ Dextrose/Lactated Ringers (Injection)	1		Ringers Irrigation (Solution)	1	
Potassium Chloride/ Sodium Chloride (20meq/L-0.45% Injection)	1	B/D, PA	Sodium Chloride (0.9% Injection, 2.5meq/ml Injection)	1	
			Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)	1	B/D, PA
			Sodium Chloride 0.45% (Injection)	1	
			Sodium Chloride 0.9% (Irrigation Solution)	1	
			Sodium Fluoride (Tablet)	1	
			Sodium Lactate (Injection)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
TPN Electrolytes (Injection)	1	
Travasol (Injection)	3	B/D, PA
Trophamine (Injection)	3	B/D, PA
Urocit-K (Tablet Extended-Release)	3	
Electrolyte/Mineral/Metal Modifiers		
Chemet (Capsule)	4	
Exjade (Tablet Soluble)	4	PA
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	4	PA
Jadenu (Tablet)	4	PA
Jadenu Sprinkle (Packet)	4	PA
Kayexalate (Powder)	3	
Kionex (Powder)	1	
Samsca (Tablet)	4	PA, QL
Sodium Polystyrene Sulfonate (Suspension)	1	
SPS (Suspension)	1	
Syprine (Capsule)	4	PA, QL
Veltassa (Packet)	3	QL
Phosphate Binders		
Auryxia (Tablet)	4	
Calcium Acetate (667mg Capsule, 667mg Tablet)	1	
Eliphos (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)	4	
Phoslyra (Oral Solution)	2	
Renagel (Tablet)	2	ST
Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	2	
Velphoro (Tablet Chewable)	4	
Vitamins		
VP-PNV-DHA (Capsule)	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Atropine Sulfate (0.25mg/5ml Injection)	1	PA, HRM
Bentyl (10mg Capsule)	3	QL, HRM
Bentyl (10mg/ml Injection)	3	HRM
Cuvposa (Oral Solution)	3	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 10mg/ml Injection, 20mg Tablet)	1	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
Glycopyrrolate (1mg Tablet, 2mg Tablet)	1	PA	Mytesi (Tablet Delayed-Release)	3	PA
Glycopyrrolate (4mg/20ml Injection)	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)	4	PA
Robinul (1mg Tablet)	3	PA	Relistor (150mg Tablet)	4	PA, QL
Robinul Forte (Tablet)	3	PA	Serostim (Injection)	4	PA
Gastrointestinal Agents, Other			Urso (Tablet)	3	
Actigall (Capsule)	4		Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule)	1	
Chenodal (Tablet)	4		Xermelo (Tablet)	4	PA, QL
Cromolyn Sodium (100mg/5ml Concentrate)	1		Zorbive (Injection)	4	PA
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	1	PA, HRM	Histamine2 (H2) Receptor Antagonists		
Gastrocrom (Concentrate)	4		Cimetidine (Tablet)	1	
Gattex (Injection)	4	PA	Cimetidine HCl (Oral Solution)	1	
Lansoprazole/Amoxicillin/Clarithromycin (Therapy Pack)	1		Famotidine (20mg Tablet, 40mg Tablet, 20mg/2ml Injection, 40mg/5ml Suspension)	1	
Lomotil (Tablet)	3	PA, HRM	Famotidine Premixed (Injection)	1	
Loperamide HCl (Capsule)	1		Nizatidine (150mg Capsule, 300mg Capsule, 15mg/ml Oral Solution)	1	
Movantik (Tablet)	3	PA, QL	Pepcid (20mg Tablet)	3	
Myalept (Injection)	4	PA	Pepcid (40mg Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Pepcid (40mg/5ml Suspension)	3	
Ranitidine HCl (150mg Capsule, 300mg Capsule, 150mg Tablet, 300mg Tablet, 50mg/2ml Injection, 75mg/5ml Syrup)	1	
Zantac (150mg Tablet, 300mg Tablet, 25mg/ml Injection)	3	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	1	PA
Amitiza (Capsule)	2	QL
Linzess (Capsule)	2	QL
Lotronex (Tablet)	4	PA
Viberzi (Tablet)	4	PA, QL
Xifaxan (Tablet)	4	PA
Laxatives		
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-H (Kit)	1	
GaviLyte-N/Flavor Pack (Oral Solution)	1	
Generlac (Oral Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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 GoLYTELY)	1	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	1	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	1	
Prepopik (Packet)	3	
Suprep Bowel Prep Kit (Oral Solution)	2	
TriLyte (Oral Solution)	1	
Protectants		
Carafate (1gm Tablet, 1gm/10ml Suspension)	3	
Cytotec (Tablet)	3	
Misoprostol (Tablet)	1	
Sucralfate (Tablet)	1	
Proton Pump Inhibitors		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aciphex (Tablet Delayed-Release)	3	
Aciphex Sprinkle (Capsule Sprinkle)	3	ST
Dexilant (Capsule Delayed-Release)	3	QL
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	1	QL
Esomeprazole Sodium (Injection)	1	
Lansoprazole (Capsule Delayed-Release)	1	QL
Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)	2	
Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL
Nexium I.V. (Injection)	3	
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL
Omeprazole (20mg Capsule Delayed-Release)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Omeprazole/Sodium Bicarbonate (20mg-1100mg Capsule, 40mg-1100mg Capsule, 20mg-1680mg Packet, 40mg-1680mg Packet)	1	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL
Pantoprazole Sodium (40mg Injection)	1	
Prevacid (Capsule Delayed-Release)	3	QL
Prevacid SoluTab (Tablet Dispersible)	3	ST
Prilosec (Packet)	3	PA
Protonix (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	3	QL
Protonix (40mg Injection)	3	
Protonix (40mg Packet)	3	ST
Rabeprazole Sodium (Tablet Delayed-Release)	1	
Yosprala (Tablet Delayed-Release)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zegerid (20mg-1100mg Capsule, 40mg-1100mg Capsule, 20mg-1680mg Packet, 40mg-1680mg Packet)	4	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Adagen (Injection)	4	LA
Aldurazyme (Injection)	4	
Aralast NP (Injection)	4	PA, LA
Buphenyl (3gm/tsp Powder, 500mg Tablet)	4	
Cerdelga (Capsule)	4	PA, QL
Cerezyme (Injection)	4	PA
Cholbam (Capsule)	4	PA
Creon (Capsule Delayed-Release)	2	
Cystadane (Powder)	4	
Cystagon (Capsule)	3	LA
Elaprase (Injection)	4	
Elelyso (Injection)	4	PA, LA
Exondys 51 (Injection)	4	PA, LA
Fabrazyme (Injection)	4	
Glassia (Injection)	4	PA, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kanuma (Injection)	4	PA
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	4	
Lumizyme (Injection)	4	
Naglazyme (Injection)	4	
Ocaliva (Tablet)	4	PA, QL
Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	4	LA
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
Pancreaze (83900unit-21000unit-54700unit Capsule Delayed-Release)	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
Pertzye (15125unit-4000unit-14375unit Capsule Delayed-Release, 30250unit-8000unit-28750unit Capsule Delayed-Release)	3	ST	Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	1	QL
Pertzye (60500unit-16000unit-57500unit Capsule Delayed-Release)	4	ST	Detrol (Tablet)	3	
Procysbi (Capsule Delayed-Release)	4		Detrol LA (Capsule Extended-Release 24 Hour)	3	
Prolastin-C (Injection)	4	PA, LA	Ditropan XL (Tablet Extended-Release 24 Hour)	3	QL
RAVICTI (Liquid)	4	QL	Enablex (Tablet Extended-Release 24 Hour)	3	QL
Sodium Phenylbutyrate (Powder)	1		Flavoxate HCl (Tablet)	1	
Strensiq (Injection)	4	PA, LA	Gelnique (10% Gel)	3	QL
Sucraid (Oral Solution)	4	LA	Myrbetriq (Tablet Extended-Release 24 Hour)	2	
Viokace (39150unit-10440unit-39150unit Tablet)	3	ST	Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	1	
Viokace (78300unit-20880unit-78300unit Tablet)	4	ST	Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	1	QL
VPRIV (Injection)	4	PA	Oxytrol (Patch Twice Weekly)	3	
Zavesca (Capsule)	4	PA, LA	Tolterodine Tartrate (Tablet)	1	
Zemaira (Injection)	4	PA, LA	Tolterodine Tartrate ER (Capsule Extended-Release 24 Hour)	1	
Zenpep (Capsule Delayed-Release)	2		Toviaz (Tablet Extended-Release 24 Hour)	3	QL, ST
Genitourinary Agents					
Antispasmodics, Urinary					

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Trospium Chloride (Tablet)	1	
Trospium Chloride ER (Capsule Extended-Release 24 Hour)	1	
Vesicare (Tablet)	2	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
Avodart (Capsule)	3	
Cardura XL (Tablet Extended-Release 24 Hour)	3	QL
Cialis (2.5mg Tablet, 5mg Tablet)	3	PA, QL
Dutasteride (Capsule)	1	
Dutasteride/ Tamsulosin HCl (Capsule)	1	
Finasteride (5mg Tablet) (Generic Proscar)	1	
Flomax (Capsule)	3	
Jalyn (Capsule)	3	
Proscar (Tablet)	3	
Rapaflo (Capsule)	2	QL
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	1	
Uroxatral (Tablet Extended-Release 24 Hour)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	1	
Cuprimine (Capsule)	4	PA
Depen Titratabs (Tablet)	4	
Elmiron (Capsule)	3	
Lithostat (Tablet)	4	
Thiola (Tablet)	4	
Urecholine (Tablet)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
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)	1	
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	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment, 0.12% Foam)	1		Desonide (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	1	
Capex (Shampoo)	3		DesOwen (0.05% Cream)	3	
Clobetasol Propionate (0.05% External Solution, 0.05% Foam, 0.05% Gel, 0.05% Liquid, 0.05% Lotion, 0.05% Ointment, 0.05% Shampoo)	1		DesOwen (0.05% Lotion)	3	
Clobetasol Propionate E (Cream)	1		Desoximetasone (0.05% Cream, 0.25% Cream, 0.05% Gel, 0.05% Ointment, 0.25% Ointment)	1	
Clobex (0.05% Liquid, 0.05% Lotion, 0.05% Shampoo)	4		Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	1	
Clodan (Shampoo)	1		Dexamethasone Intensol (1mg/ml Concentrate)	1	
Cloderm Pump (Cream)	3		Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	1	
Cordran (Tape)	3		DexPak 13 Day (Tablet Therapy Pack)	3	
Cormax Scalp Application (External Solution)	1		Diflorasone Diacetate (0.05% Cream, 0.05% Ointment)	1	
Cortef (Tablet)	3		Diprolene (0.05% Lotion, 0.05% Ointment)	3	
Cortisone Acetate (Tablet)	1		Diprolene AF (Cream)	3	
Cutivate (Lotion)	4				
Depo-Medrol (Injection)	3				
Dermatop (Cream)	3				
Desonate (Gel)	3				

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Elocon (0.1% Cream, 0.1% Ointment)	3		Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment, 10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	1	
Fludrocortisone Acetate (Tablet)	1		Hydrocortisone Butyrate (0.1% External Solution, 0.1% Ointment)	1	
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	1		Hydrocortisone Butyrate (Lipophilic) (Cream)	1	
Fluocinolone Acetonide Body (Oil)	1		Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	1	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment, 0.1% Cream)	1		Kenalog (Aerosol Solution)	3	
Fluocinonide-E (Cream)	1		Kenalog-10 (Injection)	3	
Flurandrenolide (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	1		Kenalog-40 (Injection)	3	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream, 0.05% Lotion)	1		Locoid (0.1% Cream, 0.1% External Solution, 0.1% Lotion, 0.1% Ointment)	3	
H.P. Acthar (Injection)	4	PA	LoKara (Lotion)	1	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	1		Medrol (Tablet)	3	
Halog (0.1% Cream, 0.1% Ointment)	4		Medrol Dosepak (Tablet Therapy Pack)	3	
			Methylprednisolone (Tablet)	1	
			Methylprednisolone Acetate (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Methylprednisolone Dose Pack (Tablet Therapy Pack)	1	
Methylprednisolone Sodium Succinate (Injection)	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 (Lotion)	1	
Olux (Foam)	4	
Orapred ODT (Tablet Dispersible)	3	
Pandel (Cream)	3	
Prednicarbate (0.1% Cream)	1	
Prednicarbate (0.1% Ointment)	1	
Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 15mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	
Prednisolone Sodium Phosphate ODT (Tablet Dispersible)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Prednisone Intensol (5mg/ml Concentrate)	1	
Psorcon (Cream)	1	
Rayos (Tablet Delayed-Release)	4	PA
Solu-Cortef (Injection)	3	
Solu-Medrol (Injection)	3	
Synalar (Cream)	3	
Topicort (0.05% Cream, 0.25% Cream, 0.05% Gel, 0.25% Ointment)	3	
Topicort (0.05% Ointment, 0.25% Liquid)	3	
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Lotion, 0.1% Lotion, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment, 0.147mg/gm Aerosol Solution Generic Kenalog Spray)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Trianex (Ointment)	4	
Triderm (Cream)	1	
Tridesilon (Cream)	1	
Ultravate (0.05% Cream, 0.05% Ointment)	3	
Ultravate (0.05% Lotion)	4	
Vanos (Cream)	4	
Veripred 20 (Oral Solution)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Chorionic Gonadotropin (Injection)	1	PA
DDAVP (0.01% Nasal Rhinal Tube Solution, 0.1mg Tablet)	3	
DDAVP (0.01% Nasal Spray Solution, 0.2mg Tablet, 4mcg/ml Injection)	4	
Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)	1	
Desmopressin Acetate (0.01% Nasal Spray Solution, 0.1mg Tablet, 0.2mg Tablet, 4mcg/ml Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Norditropin FlexPro (Injection)	4	PA
Novarel (Injection)	1	PA
Nutropin AQ (Injection)	4	PA
Omnitrope (10mg/1.5ml Injection, 5mg/1.5ml Injection)	4	PA
Omnitrope (5.8mg Injection)	3	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)	1	PA
Saizen (Injection)	4	PA
Stimate (Nasal Solution)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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, QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Tablet)	4	PA
Androderm (Patch 24 Hour)	2	QL
AndroGel (1% Packet Gel)	3	
AndroGel (1.62% Packet Gel)	2	
AndroGel Pump (1.62% Gel)	2	
Aveed (Injection)	3	
Axiron (Transdermal Solution)	3	PA, QL
Danazol (Capsule)	1	
Depo-Testosterone (Injection)	3	
Fortesta (Gel)	3	PA
Methitest (Tablet)	3	PA
Methyltestosterone (Capsule)	1	PA
Oxandrolone (Tablet)	1	PA, QL
Striant	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Testim (Gel)	3	PA
Testosterone (10mg/act Gel)	3	PA
Testosterone (25mg/2.5gm Gel, 50mg/5gm Gel)	1	
Testosterone Cypionate (Injection)	1	
Testosterone Enanthate (Injection)	1	
Testosterone Pump (Gel)	1	
Vogelxo (Gel)	3	PA
Vogelxo Pump (Gel)	3	PA
Estrogens		
Activella (Tablet)	3	PA, HRM
Alora (Patch Twice Weekly)	3	PA, QL, HRM
Alyacen 1/35 (Tablet)	1	
Amabelz (Tablet)	1	PA, HRM
Amethia (Tablet)	1	
Amethia Lo (Tablet)	1	
Angeliq (Tablet)	3	PA, HRM
Apri (Tablet)	1	
Aranelle (Tablet)	1	
Ashlyna (Tablet)	1	
Aubra (Tablet)	1	
Aviane (Tablet)	1	
Balziva (Tablet)	1	
Bekyree (Tablet)	1	
Beyaz (Tablet)	3	
Blisovi 24 Fe (Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Blisovi Fe 1.5/30 (Tablet)	1		Emoquette (Tablet)	1	
Blisovi Fe 1/20 (Tablet)	1		Enpresse-28 (Tablet)	1	
Brevicon-28 (Tablet)	3		Estrace (0.1mg/gm Cream)	3	
Briellyn (Tablet)	1		Estrace (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	3	PA, HRM
Camrese Lo (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, 0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	1	PA, QL, HRM
Caziant (Tablet)	1		Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	1	PA, HRM
Climara (Patch Weekly)	3	PA, QL, HRM	Estradiol Valerate (Injection)	1	
Climara Pro (Patch Weekly)	3	PA, HRM	Estradiol/ Norethindrone Acetate (Tablet)	1	PA, HRM
Combipatch (Patch Twice Weekly)	3	PA, HRM	Estring (Ring)	3	
Cryselle-28 (Tablet)	1		Estropipate (Tablet)	1	PA, HRM
Cyclafem (Tablet)	1				
Cyclessa (Tablet)	3				
Delestrogen (Injection)	3				
Delyla (Tablet)	1				
Depo-Estradiol (Injection)	3				
Desogen (Tablet)	3				
Desogestrel/Ethinyl Estradiol (Tablet)	1				
Divigel (Gel)	3	PA, HRM			
Drospirenone/Ethinyl Estradiol (Tablet)	1				
Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium (Tablet)	1				
Duavee (Tablet)	3	PA, HRM			
Elestrin (Gel)	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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ethinodiol Diacetate/ Ethinyl Estradiol (Tablet)	1		LARIN Fe 1.5/30 (Tablet)	1	
Evamist (Transdermal Solution)	3	PA, HRM	LARIN Fe 1/20 (Tablet)	1	
Falmina (Tablet)	1		Larissia (Tablet)	1	
Fayosim (Tablet)	1		Layolis Fe (Tablet Chewable)	1	
Femhrt Low Dose (Tablet)	3	PA, HRM	Leena (Tablet)	1	
Femring (Ring)	3		Lessina (Tablet)	1	
Femynor (Tablet)	1		Levonest (Tablet)	1	
Fyavolv (Tablet)	1	PA, HRM	Levonorgestrel and Ethinyl Estradiol (Tablet)	1	
Generess Fe (Tablet Chewable)	3		Levonorgestrel/Ethinyl Estradiol (Tablet)	1	
Gianvi (Tablet)	1		Levora 0.15/30-28 (Tablet)	1	
Gildagia (Tablet)	1		Lo Loestrin Fe (Tablet)	3	
Introvale (Tablet)	1		Loestrin 1.5/30-21 (Tablet)	3	
Jinteli (Tablet)	1	HRM	Loestrin 1/20-21 (Tablet)	3	
Juleber (Tablet)	1		Loestrin Fe 1.5/30 (Tablet)	3	
Junel 1.5/30 (Tablet)	1		Loestrin Fe 1/20 (Tablet)	3	
Junel 1/20 (Tablet)	1		Lomedia 24 Fe (Tablet)	1	
Junel Fe 1.5/30 (Tablet)	1		Loryna (Tablet)	1	
Junel Fe 1/20 (Tablet)	1		LoSeasonique (Tablet)	3	
Junel Fe 24 (Tablet)	1		Low-Ogestrel (Tablet)	1	
Kaitlib Fe (Tablet Chewable)	1		Lutera (Tablet)	1	
Kariva (Tablet)	1		Marlissa (Tablet)	1	
Kelnor 1/35 (Tablet)	1				
Kimidess (Tablet)	1				
LARIN 1.5/30 (Tablet)	1				
LARIN 1/20 (Tablet)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Menest (Tablet)	3	PA, HRM	Norethindrone Acetate/Ethinyl Estradiol (2.5mcg-0.5mg Tablet, 5mcg-1mg Tablet)	1	PA, HRM
Menostar (Patch Weekly)	3	PA, QL, HRM	Norethindrone Acetate/Ethinyl Estradiol (20mcg-1mg Tablet)	1	
Mibelas 24 Fe (Tablet Chewable)	1		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (20mcg-75mg-1mg Tablet Chewable)	1	
Microgestin 1.5/30 (Tablet)	1		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)	1	
Microgestin 1/20 (Tablet)	1		Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	1	
Microgestin Fe (Tablet)	1		Norgestimate/Ethinyl Estradiol (Tablet)	1	
Microgestin Fe 1.5/30 (Tablet)	1		Norinyl 1+35 (Tablet)	3	
Mimvey (Tablet)	1	PA, HRM	Nortrel 0.5/35 (28) (Tablet)	1	
Mimvey Lo (Tablet)	1	PA, HRM	Nortrel 1/35 (Tablet)	1	
Minastrin 24 Fe (Tablet Chewable)	3		Nortrel 7/7/7 (Tablet)	1	
Minivelle (Patch Twice Weekly)	3	PA, QL, HRM	NuvaRing (Ring)	3	
MonoNessa (Tablet)	1		Ocella (Tablet)	1	
Natazia (Tablet)	3		Ogestrel (Tablet)	1	
Necon 0.5/35-28 (Tablet)	1		Orsythia (Tablet)	1	
Necon 1/50-28 (Tablet)	1				
Necon 10/11-28 (Tablet)	1				
Necon 7/7/7 (Tablet)	1				
Nikki (Tablet)	1				
Norethindrone & Ethinyl Estradiol Ferrous Fumarate (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
Ortho Tri-Cyclen (Tablet)	3	
Ortho Tri-Cyclen Lo (Tablet)	3	
Ortho-Cyclen (Tablet)	3	
Ortho-Novum 1/35 (Tablet)	3	
Ortho-Novum 7/7/7 (Tablet)	3	
Ovcon-35 (Tablet)	3	
Pimtrea (Tablet)	1	
Pirmella 1/35 (Tablet)	1	
Portia-28 (Tablet)	1	
Prefest (Tablet)	3	PA, HRM
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	3	PA, QL, HRM
Premarin (25mg Injection)	3	
Premarin (Vaginal Cream)	2	
Premphase (Tablet)	3	PA, QL, HRM
Prempro (Tablet)	3	PA, QL, HRM
Previfem (Tablet)	1	
Quartette (Tablet)	3	
Quasense (Tablet)	1	
Reclipsen (Tablet)	1	
Rivelsa (Tablet)	1	
Safyral (Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Seasonique (Tablet)	3	
Setlakin (Tablet)	1	
Sprintec 28 (Tablet)	1	
Sronyx (Tablet)	1	
Tarina Fe 1/20 (Tablet)	1	
Tri-Legest Fe (Tablet)	1	
Tri-Lo-Estarylla (Tablet)	1	
Tri-Lo-Sprintec (Tablet)	1	
Tri-Norinyl 28 (Tablet)	3	
Tri-Previfem (Tablet)	1	
Tri-Sprintec (Tablet)	1	
Trinessa (Tablet)	1	
Trivora-28 (Tablet)	1	
Vagifem (Tablet)	3	QL
Velivet (Tablet)	1	
Vestura (Tablet)	1	
Vienva (Tablet)	1	
Vivelle-Dot (Patch Twice Weekly)	3	PA, QL, HRM
Vyfemla (Tablet)	1	
WYMZYA Fe (Tablet Chewable)	1	
Xulane (Patch Weekly)	1	
Yasmin 28 (Tablet)	3	
Yaz (Tablet)	3	
Yuvafem (Tablet)	1	QL
Zarah (Tablet)	1	
Zenchent (Tablet)	1	
Zenchent Fe (Tablet Chewable)	1	
Zovia 1/35E (Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zovia 1/50E (Tablet)	1	
Progestins		
Aygestin (Tablet)	3	
Camila (Tablet)	1	
Crinone (Gel)	3	PA
Deblitane (Tablet)	1	
Depo-Provera (Injection)	3	
Depo-Provera Contraceptive (Injection)	3	
Depo-SubQ Provera104 (Injection)	3	
Errin (Tablet)	1	
Hydroxyprogesterone Caproate (Injection)	1	PA
Jolivette (Tablet)	1	
Lyza (Tablet)	1	
Makena (Injection)	4	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection)	1	
Megace ES (Suspension)	4	PA, HRM
Megace Oral (Suspension)	3	PA, HRM
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension, 625mg/5ml Suspension)	1	PA, HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nora-BE (Tablet)	1	
Norethindrone (Tablet)	1	
Norethindrone Acetate (Tablet)	1	
Norlyroc (Tablet)	1	
Ortho Micronor (Tablet)	3	
Progesterone (Capsule)	1	
Prometrium (Capsule)	3	
Provera (Tablet)	3	
Sharobel (Tablet)	1	
Selective Estrogen Receptor Modifying Agents		
Evista (Tablet)	3	QL
Raloxifene HCl (Tablet)	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Cytomel (Tablet)	3	
Levothyroxine Sodium (100mcg Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)	1	
Levoxyl (Tablet)	1	
Liothyronine Sodium (10mcg/ml Injection, 25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	1	
Synthroid (Tablet)	2	
Thyrolar (Tablet)	2	
Tirosint (Capsule)	3	
Triostat (Injection)	3	
Unithroid (Tablet)	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	1	
Egrifta (Injection)	4	PA
Eligard (Injection)	3	PA
Firmagon (120mg Injection)	4	PA
Firmagon (80mg Injection)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Leuprolide Acetate (Injection)	1	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
Lupron Depot-Ped (1-Month) (Injection)	4	PA
Octreotide Acetate (Injection)	1	PA
Sandostatin (100mcg/ml Injection, 500mcg/ml Injection)	4	PA
Sandostatin (50mcg/ml Injection)	3	PA
Sandostatin LAR Depot (Injection)	4	PA
Signifor (Injection)	4	PA
Signifor LAR (Injection)	4	PA
Somatuline Depot (Injection)	4	PA
Somavert (Injection)	4	PA, QL
Synarel (Nasal Solution)	4	
Trelstar Mixject (Injection)	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	1	
Tapazole (Tablet)	3	
Immunological Agents		
Angioedema Agents		
Berinert (Injection)	4	PA, LA
Cinryze (Injection)	4	PA, LA
Firazyr (Injection)	4	PA, QL
Ruconest (Injection)	4	PA
Immune Suppressants		
Astagraf XL (Capsule Extended-Release 24 Hour)	3	PA
Azasan (Tablet)	3	B/D, PA
Azathioprine (100mg Injection, 50mg Tablet)	1	B/D, PA
Cellcept (200mg/ml Suspension, 250mg Capsule, 500mg Tablet)	4	PA
Cellcept Intravenous (Injection)	3	PA
Cimzia (Injection)	4	PA
Cyclosporine (100mg Capsule, 25mg Capsule)	1	B/D, PA
Cyclosporine (50mg/ml Injection)	1	
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Enbrel (Injection)	4	PA
Enbrel SureClick (Injection)	4	PA
Envarsus XR (Tablet Extended-Release 24 Hour)	3	PA
Gengraf (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA
Humira (Injection)	4	PA
Humira Pediatric Crohns Disease Starter Pack (Injection)	4	PA
Humira Pen (Injection)	4	PA
Humira Pen Crohns Disease Starter Pack (Injection)	4	PA
Humira Pen-Psoriasis Starter (Injection)	4	PA
Imuran (Tablet)	3	B/D, PA
Inflectra (Injection)	4	PA
Kineret (Injection)	4	PA
Methotrexate (Tablet)	1	
Methotrexate Sodium (1gm Injection, 1gm/40ml Injection, 50mg/2ml Injection)	1	
Methotrexate Sodium (50mg/2ml Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mycophenolate Mofetil (200mg/ml Suspension, 250mg Capsule, 500mg Injection, 500mg Tablet)	1	PA	Rapamune (0.5mg Tablet)	3	B/D, PA
Mycophenolic Acid DR (Tablet Delayed-Release)	1	B/D, PA	Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)	4	B/D, PA
Myfortic (180mg Tablet Delayed-Release)	3	B/D, PA	Rasuvo (Injection)	3	PA
Myfortic (360mg Tablet Delayed-Release)	4	B/D, PA	Remicade (Injection)	4	PA
Neoral (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA	Sandimmune (100mg Capsule)	4	B/D, PA
Nulojix (Injection)	4	PA	Sandimmune (100mg/ml Oral Solution, 25mg Capsule)	3	B/D, PA
Orencia (125mg/ml Injection, 50mg/0.4ml Injection, 87.5mg/0.7ml Injection, 250mg Injection)	4	PA	Sandimmune (50mg/ml Injection)	3	
Orencia Clickject (Injection)	4	PA	Simponi (Injection)	4	PA
Otrexup (Injection)	3	PA	Simponi Aria (Injection)	4	PA
Prograf (0.5mg Capsule, 1mg Capsule, 5mg/ml Injection)	3	PA	Sirolimus (Tablet)	1	B/D, PA
Prograf (5mg Capsule)	4	PA	Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	1	PA
			Torisel (Injection)	4	
			Trexall (Tablet)	3	
			Xeljanz (Tablet)	4	PA, QL
			Xeljanz XR (Tablet Extended-Release 24 Hour)	4	PA, QL
			Zortress (Tablet)	4	PA
			Immunizing Agents, Passive		
			Atgam (Injection)	4	
			BIVIGAM (Injection)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Carimune Nanofiltered (Injection)	4	PA
Flebogamma DIF (Injection)	4	PA
Gamastan S/D (Injection)	2	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
Hyperrab S/D (Injection)	3	B/D, PA
Imogam Rabies-HT (Injection)	3	B/D, PA
Octagam (Injection)	4	PA
Privigen (Injection)	4	PA
Thymoglobulin (Injection)	4	
Varizig (Injection)	2	
Immunomodulators		
Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection)	4	PA
Actemra (80mg/4ml Injection)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Actimmune (Injection)	4	
Arava (Tablet)	4	
Arcalyst (Injection)	4	PA, LA
Benlysta (Injection)	4	PA
Ilaris (Injection)	4	PA, QL, LA
Leflunomide (Tablet)	1	
Otezla (Tablet Therapy Pack, 30mg Tablet)	4	PA
Ridaura (Capsule)	4	
Simulect (Injection)	4	
Sylvant (Injection)	4	PA
Synagis (Injection)	4	PA
Xolair (Injection)	4	PA
Zinplava (Injection)	4	PA
Vaccines		
ActHIB (Injection)	2	
Adacel (Injection)	2	
BCG Vaccine (Injection)	2	
Bexsero (Injection)	2	
Boostrix (Injection)	2	
Daptacel (Injection)	2	
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	1	
Engerix-B (Injection)	2	B/D, PA
Gardasil 9 (Injection)	2	
Havrix (Injection)	2	
Hiberix (Injection)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Imovax Rabies (H.D.C.V.) (Injection)	2	B/D, PA
Infanrix (Injection)	2	
IPOL Inactivated IPV (Injection)	2	
Ixiaro (Injection)	2	
Kinrix (Injection)	2	
M-M-R II (Injection)	2	
Menactra (Injection)	2	
Menomune-A/C/Y/W-135 (Injection)	2	
Menveo (Injection)	2	
Pediarix (Injection)	2	
Pedvax HIB (Injection)	2	
ProQuad (Injection)	2	
Quadracel (Injection)	2	
Rabavert (Injection)	2	B/D, PA
Recombivax HB (Injection)	2	B/D, PA
Rotarix (Suspension)	2	
RotaTeq (Oral Solution)	2	
Tenivac (Injection)	2	
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	1	
Trumenba (Injection)	2	
Twinrix (Injection)	2	
Typhim Vi (Injection)	2	
VAQTA (Injection)	2	
Varivax (Injection)	2	
YF-Vax (Injection)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zostavax (Injection)	2	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	2	QL
Asacol HD (Tablet Delayed-Release)	3	QL, ST
Balsalazide Disodium (Capsule)	1	
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 (Kit)	1	
Mesalamine DR (Tablet Delayed-Release)	3	QL, ST
Pentasa (Capsule Extended-Release)	3	QL
sfRowasa (Enema)	4	QL
Glucocorticoids		
Anusol-HC (Cream)	3	
Budesonide (3mg Capsule Delayed-Release)	1	
Colocort (Enema)	1	
Entocort EC (Capsule Delayed-Release)	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
Hydrocortisone (100mg/60ml Enema)	1		Atelvia (Tablet Delayed-Release)	3	QL
Procto-Med HC (Cream)	1		Binosto (Tablet Effervescent)	3	QL
Procto-Pak (Cream)	1		Boniva (150mg Tablet)	3	QL
Proctosol HC (Cream)	1		Boniva (3mg/3ml Injection)	3	B/D, PA
Proctozone-HC (Cream)	1		Calcitonin-Salmon (Nasal Solution)	1	QL
Uceris (2mg/act Foam)	3		Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Injection, 1mcg/ml Oral Solution)	1	B/D, PA
Uceris (9mg Tablet Extended-Release 24 Hour)	4	ST	Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	1	B/D, PA, QL
Sulfonamides			Doxercalciferol (4mcg/2ml Injection)	1	B/D, PA
Azulfidine (Tablet)	3		Etidronate Disodium (Tablet)	1	
Azulfidine EN-Tabs (Tablet Delayed-Release)	3		Forteo (Injection)	4	PA, QL
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1		Fosamax (Tablet)	3	QL
Metabolic Bone Disease Agents			Fosamax Plus D (Tablet)	3	QL
Metabolic Bone Disease Agents			Hectorol (0.5mcg Capsule, 1mcg Capsule)	3	B/D, PA, QL
Actonel (Tablet)	3	QL	Hectorol (2.5mcg Capsule)	4	B/D, PA, QL
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL	Hectorol (4mcg/2ml Injection)	3	B/D, PA
Alendronate Sodium (70mg/75ml 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
Ibandronate Sodium (150mg Tablet)	1	QL
Ibandronate Sodium (3mg/3ml Injection)	1	B/D, PA
Miacalcin (Injection)	4	PA
Natpara (Injection)	4	PA
Pamidronate Disodium (Injection)	1	B/D, PA
Paricalcitol (1mcg Capsule, 2mcg Capsule)	1	B/D, PA, QL
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection, 4mcg Capsule)	1	B/D, PA
Prolia (Injection)	3	
Reclast (Injection)	3	PA
Risedronate Sodium (Tablet)	1	QL
Risedronate Sodium DR (Tablet Delayed-Release)	1	QL
Rocaltrol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	3	B/D, PA
Sensipar (30mg Tablet)	2	B/D, PA, QL
Sensipar (60mg Tablet, 90mg Tablet)	4	B/D, PA, QL
Tymlos (Injection)	4	PA, QL
Xgeva (Injection)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zemplar (1mcg Capsule, 2mcg Capsule)	3	B/D, PA, QL
Zemplar (2mcg/ml Injection)	3	B/D, PA
Zemplar (5mcg/ml Injection)	4	B/D, PA
Zoledronic Acid (4mg/5ml Injection)	1	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	1	PA
Zometa (Injection)	4	B/D, PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	2	
Botox (Injection)	3	PA, QL
Dysport (Injection)	3	PA
Ergoloid Mesylates (Tablet)	1	PA, HRM
Fomepizole (Injection)	1	
Gauze (Non-medicated 2X2)	2	
Insulin Syringes, Needles	2	
Sterile Water Irrigation (Solution)	1	
Xeomin (Injection)	3	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (1% Ophthalmic Solution)	1	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	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
Blephamide (Suspension)	3		Polytrim (Ophthalmic Solution)	3	
Blephamide S.O.P. (Ointment)	3		Pred-G (Suspension)	3	
Cystaran (Ophthalmic Solution)	4		Pred-G S.O.P. (Ointment)	3	
Lacrisert (Insert)	3		Proparacaine HCl (Ophthalmic Solution)	1	
Lastacft (Ophthalmic Solution)	2		Restasis (Emulsion)	2	QL
Maxitrol (0.1% Ointment, 0.1% Suspension)	3		Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	1	
Neomycin/Bacitracin/Polymyxin (Ointment)	1		Tobradex (0.3%-0.1% Ophthalmic Ointment)	2	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	1		Tobradex (0.3%-0.1% Ophthalmic Suspension)	3	
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	1		Tobradex ST (Ophthalmic Suspension)	3	
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	1		Tobramycin/Dexamethasone (Ophthalmic Suspension)	1	
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	1		Xiidra (Ophthalmic Solution)	3	QL
Neosporin (Ophthalmic Solution)	3		Zylet (Suspension)	3	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	1		Ophthalmic Anti-allergy Agents		
			Alocril (Ophthalmic Solution)	3	
			Alomide (Ophthalmic Solution)	3	
			Azelastine HCl (0.05% Ophthalmic Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bepreve (Ophthalmic Solution)	3		Brimonidine Tartrate (0.15% Ophthalmic Solution)	1	
Cromolyn Sodium (4% Ophthalmic Solution)	1		Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Elestat (Ophthalmic Solution)	3		Carteolol HCl (Ophthalmic Solution)	1	
Emadine (Ophthalmic Solution)	3		Combigan (Ophthalmic Solution)	2	
Epinastine HCl (Ophthalmic Solution)	1		Cosopt (Ophthalmic Solution)	3	
Olopatadine HCl (Ophthalmic Solution)	1		Cosopt PF (Ophthalmic Solution)	3	
Pataday (Ophthalmic Solution)	3		Dorzolamide HCl (Ophthalmic Solution)	1	
Patanol (Ophthalmic Solution)	2		Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1	
Pazeo (Ophthalmic Solution)	2		Iopidine (Ophthalmic Solution)	3	
Ophthalmic Antiglaucoma Agents			Isopto Carpine (Ophthalmic Solution)	3	
Alphagan P (0.1% Ophthalmic Solution)	2		Istalol (Ophthalmic Solution)	3	
Alphagan P (0.15% Ophthalmic Solution)	3		Levobunolol HCl (Ophthalmic Solution)	1	
Apraclonidine (Ophthalmic Solution)	1		Metipranolol (Ophthalmic Solution)	1	
Azopt (Suspension)	2		Phospholine Iodide (Ophthalmic Solution)	3	
Betagan (Ophthalmic Solution)	3				
Betaxolol HCl (0.5% Ophthalmic Solution)	1				
Betimol (Ophthalmic Solution)	3				
Betoptic-S (Suspension)	3				

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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
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	1		Diclofenac Sodium (0.1% Ophthalmic Solution)	1	
Simbrinza (Suspension)	2		Durezol (Emulsion)	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1		Flarex (Suspension)	3	
Timolol Maleate Ophthalmic Gel Forming (Solution)	1		Fluorometholone (Ophthalmic Suspension)	1	
Timoptic Ocudose (Ophthalmic Solution)	3		Flurbiprofen Sodium (Ophthalmic Solution)	1	
Timoptic-XE (Gel Form Solution)	3		FML (Ointment)	3	
Trusopt (Ophthalmic Solution)	3		FML Forte (Suspension)	3	
Ophthalmic Anti-inflammatories			FML Liquifilm (Suspension)	3	
Acular (Ophthalmic Solution)	3		Ilevro (Suspension)	2	
Acular LS (Ophthalmic Solution)	3		Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1	
Acuvail (Ophthalmic Solution)	3	ST	Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	3	
Alrex (Suspension)	3		Maxidex (Suspension)	3	
Bromfenac (Ophthalmic Solution)	1		Nevanac (Suspension)	2	
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	1		Ocufen (Ophthalmic Solution)	3	
			Omnipred (Suspension)	3	
			Pred Forte (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
Pred Mild (Suspension)	3	
Prednisolone Acetate (Ophthalmic Suspension)	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Prolensa (Ophthalmic Solution)	3	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
Bimatoprost (Ophthalmic Solution)	1	
Latanoprost (Ophthalmic Solution)	1	
Lumigan (Ophthalmic Solution)	2	
Travatan Z (Ophthalmic Solution)	2	
Xalatan (Ophthalmic Solution)	3	
Zioptan (Ophthalmic Solution)	3	ST
Otic Agents		
Otic Agents		
Acetasol HC (Otic Solution)	3	
Acetic Acid (Otic Solution)	1	
Cipro HC (Suspension)	3	
Ciprodex (Otic Suspension)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Coly-Mycin S (Suspension)	3	
Fluocinolone Acetonide (0.01% Otic Oil)	1	
Hydrocortisone/Acetic Acid (Otic Solution)	1	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	1	
Otovel (Otic Solution)	3	ST
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Astepro (Nasal Solution)	3	
Azelastine HCl (0.1% Nasal Solution)	1	QL
Azelastine HCl (0.15% Nasal Solution)	1	
Carbinoxamine Maleate (4mg Tablet, 4mg/5ml Oral Solution)	1	PA, HRM
Cetirizine HCl (Syrup)	1	
Clarinet (0.5mg/ml Syrup, 5mg Tablet)	3	
Clemastine Fumarate (Tablet)	1	PA, HRM
Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	1	PA, HRM
Desloratadine (Tablet)	1	
Desloratadine ODT (Tablet Dispersible)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diphenhydramine HCl (Injection)	1	B/D, PA
Karbinal ER (Suspension Extended-Release)	3	PA, HRM
Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution)	1	
Levocetirizine Dihydrochloride (5mg Tablet)	1	QL
Olopatadine HCl (0.6% Nasal Solution)	1	
Patanase (Nasal Solution)	3	
Phenadoz (Suppository)	1	PA, HRM
Phenergan (12.5mg Suppository, 25mg Suppository, 50mg Suppository)	1	PA, HRM
Phenergan (25mg/ml Injection, 50mg/ml Injection)	3	PA, HRM
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 50mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet, 25mg/ml Injection, 50mg/ml Injection, 6.25mg/5ml Syrup)	1	PA, HRM
Promethegan (Suppository)	1	PA, HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ryvent (Tablet)	3	PA, HRM
Xyzal (2.5mg/5ml Oral Solution)	3	
Xyzal (5mg Tablet)	3	QL
Anti-inflammatories, Inhaled Corticosteroids		
Aerospan (Aerosol Solution)	3	QL, ST
Alvesco (Aerosol Solution)	3	QL, ST
Arnuity Ellipta (Aerosol Powder)	2	QL
Asmanex HFA (Aerosol)	3	QL, ST
Asmanex Twisterhaler 120 Metered Doses (Aerosol Powder)	3	QL, ST
Asmanex Twisterhaler 30 Metered Doses (Aerosol Powder)	3	QL, ST
Asmanex Twisterhaler 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)	1	B/D, PA
Budesonide Nasal Spray (Suspension)	1	
Flovent Diskus (Aerosol Powder)	2	QL
Flovent HFA (Aerosol)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Flunisolide (Nasal Solution)	1	
Fluticasone Propionate (50mcg/act Suspension)	1	
Mometasone Furoate (50mcg/act Suspension)	1	
Nasonex (Suspension)	3	
Omnaris (Suspension)	3	ST
Pulmicort (Suspension)	3	B/D, PA
Pulmicort Flexhaler (Aerosol Powder)	3	QL, ST
Qnasl (Aerosol Solution)	3	ST
Qnasl Childrens (Aerosol Solution)	3	ST
QVAR (Aerosol Solution)	3	QL, ST
Triamcinolone Acetonide (55mcg/act Aerosol)	1	
Zetonna (Aerosol Solution)	3	ST
Antileukotrienes		
Accolate (Tablet)	3	QL
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Singularair (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	3	QL
Zafirlukast (Tablet)	1	QL
Zileuton ER (Tablet Extended-Release 12 Hour)	1	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
Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1	
Spiriva HandiHaler (Capsule)	2	QL
Spiriva Respimat (Aerosol Solution)	2	QL
Tudorza Pressair (Aerosol Powder)	3	ST
Bronchodilators, Sympathomimetic		
Adrenalin (Injection)	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
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, 2mg/5ml Syrup)	1		Perforomist (Nebulized Solution)	3	B/D, PA, QL
Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	1		ProAir HFA (Aerosol Solution)	2	
Arcapta Neohaler (Capsule)	3	QL, ST	ProAir RespiClick (Aerosol Powder)	2	
Brovana (Nebulized Solution)	3	B/D, PA, QL	Proventil HFA (Aerosol Solution)	3	ST
Epinephrine (0.15mg/0.15ml Injection, 0.3mg/0.3ml Injection) (Generic AdrenaClick)	3	QL, ST	Serevent Diskus (Aerosol Powder)	2	QL
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	2	QL	Striverdi Respimat (Aerosol Solution)	3	QL, ST
EpiPen (Injection)	3	QL, ST	Terbutaline Sulfate (1mg/ml Injection, 2.5mg Tablet, 5mg Tablet)	1	
Levalbuterol (Nebulized Solution)	1	B/D, PA	Ventolin HFA (Aerosol Solution)	3	ST
Levalbuterol Tartrate HFA (Aerosol)	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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	4	PA, QL
Orkambi (Tablet)	4	PA, QL, LA
TOBI (Nebulized Solution)	4	B/D, PA, QL
TOBI Podhaler (Capsule)	4	PA, QL
Tobramycin (Nebulized Solution)	1	B/D, PA, QL
Mast Cell Stabilizers		
Cromolyn Sodium (20mg/2ml Nebulized Solution)	1	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Aminophylline (Injection)	1	
Daliresp (Tablet)	3	PA, QL
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pulmonary Antihypertensives		
Adcirca (Tablet)	4	PA, QL
Adempas (Tablet)	4	PA
Letairis (Tablet)	4	PA, QL, LA
Opsumit (Tablet)	4	PA, LA
Orenitram (0.125mg Tablet Extended-Release)	3	PA, QL
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	4	PA, QL
Orenitram (2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	4	PA
Remodulin (Injection)	4	PA, LA
Revatio (10mg/12.5ml Injection)	4	PA
Revatio (10mg/ml Suspension, 20mg Tablet)	4	PA, QL
Sildenafil (10mg/12.5ml Injection)	1	PA
Sildenafil (20mg Tablet) (Generic Revatio)	1	PA, QL
Tracleer (Tablet)	4	PA, QL

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	4	PA, QL	Bevespi Aerosphere (Aerosol)	2	QL
Uptravi (Tablet Therapy Pack)	4	PA	Breo Ellipta (Aerosol Powder)	2	QL
Ventavis (Inhalation Solution)	4	PA, QL, LA	Clarinet-D 12 Hour (Tablet Extended-Release)	3	
Pulmonary Fibrosis Agents			Combivent Respimat (Aerosol Solution)	2	
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	4	PA, QL, LA	Dulera (Aerosol)	3	PA, QL
Ofev (Capsule)	4	PA, QL, LA	Dymista (Suspension)	3	
Respiratory Tract Agents, Other			Fluticasone Propionate/Salmeterol (Aerosol Powder)	2	QL
Acetylcysteine (Inhalation Solution)	1	B/D, PA	Grastek (Tablet Sublingual)	3	PA, QL
Advair Diskus (Aerosol Powder)	2	QL	Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
Advair HFA (Aerosol)	2	QL	Nucala (Injection)	4	PA, QL, LA
Airduo Resplick 113/14 (Aerosol Powder)	3	QL, ST	Oralair (Tablet Sublingual)	3	PA, QL
Airduo Resplick 232/14 (Aerosol Powder)	3	QL, ST	Promethazine VC Plain (Syrup)	1	PA, HRM
Airduo Resplick 55/14 (Aerosol Powder)	3	QL, ST	Pulmozyme (Inhalation Solution)	4	B/D, PA, QL
Anoro Ellipta (Aerosol Powder)	2	QL	Ragwitek (Tablet Sublingual)	3	PA, QL
			Semprex-D (Capsule)	3	
			Stiolto Respimat (Aerosol Solution)	2	QL
			Symbicort (Aerosol)	2	QL
			Skeletal Muscle Relaxants		

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
Skeletal Muscle Relaxants		
Amrix (Capsule Extended-Release 24 Hour)	4	PA, HRM
Baclofen (Tablet)	1	
Carisoprodol (Tablet)	1	PA, QL, HRM
Carisoprodol/Aspirin (Tablet)	1	PA, HRM
Chlorzoxazone (Tablet)	1	PA, HRM
Cyclobenzaprine HCl (Tablet)	1	PA, HRM
Dantrium (Capsule)	3	
Dantrolene Sodium (Capsule)	1	
Fexmid (Tablet)	3	PA, HRM
Gablofen (40000mcg/20ml Injection)	4	B/D, PA
Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection)	3	B/D, PA
Lioresal Intrathecal (10mg/5ml Injection)	4	B/D, PA
Lorzone (Tablet)	3	PA, HRM
Metaxall (Tablet)	1	PA, HRM
Metaxalone (Tablet)	1	PA, HRM
Methocarbamol (1000mg/10ml Injection, 500mg Tablet, 750mg Tablet)	1	PA, HRM
Orphenadrine Citrate (Injection)	1	PA, HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orphenadrine Citrate ER (Tablet Extended-Release 12 Hour)	1	PA, HRM
Skelaxin (Tablet)	3	PA, HRM
Soma (250mg Tablet)	3	PA, QL, HRM
Soma (350mg Tablet)	4	PA, QL, HRM
Tizanidine HCl (2mg Capsule, 4mg Capsule, 6mg Capsule, 2mg Tablet, 4mg Tablet)	1	
Zanaflex (2mg Capsule, 4mg Capsule, 6mg Capsule, 4mg Tablet)	3	
Sleep Disorder Agents		
GABA Receptor Modulators		
Ambien (Tablet)	3	PA, QL, HRM
Ambien CR (Tablet Extended-Release)	3	PA, QL, HRM
Edluar (Tablet Sublingual)	3	PA, HRM
Eszopiclone (Tablet)	1	PA, QL, HRM
Flurazepam HCl (Capsule)	1	QL, HRM
Intermezzo (Tablet Sublingual)	3	PA, HRM
Lunesta (Tablet)	3	PA, QL, HRM
Restoril (Capsule)	3	QL, HRM
Sonata (Capsule)	3	PA, QL, HRM

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Temazepam (Capsule)	1	QL, HRM
Zaleplon (Capsule)	1	PA, QL, HRM
Zolpidem Tartrate (1.75mg Tablet Sublingual, 3.5mg Tablet Sublingual)	1	PA, HRM
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	1	PA, QL, HRM
Zolpidem Tartrate ER (Tablet Extended-Release)	1	PA, QL, HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sleep Disorders, Other		
Armodafinil (Tablet)	1	PA, QL
Belsomra (Tablet)	2	QL
Butisol Sodium (Tablet)	3	PA, HRM
Hetlioz (Capsule)	4	PA, QL
Modafinil (Tablet)	1	PA, QL
Nuvigil (Tablet)	3	PA, QL
Provigil (Tablet)	4	PA, QL
Rozerem (Tablet)	3	QL
Silenor (Tablet)	3	
Xyrem (Oral Solution)	4	PA, QL, LA

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

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir (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
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Accolate (Tablet)	Maximum of 2 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 (Lollipop)	Maximum of 4 lozenges per day
Actonel (150mg Tablet)	Maximum of 1 tablet per 30 days
Actonel (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Actonel (35mg Tablet)	Maximum of 4 tablets per 28 days
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

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Plain type = Generic drug

Drug Name	Quantity Limit
Acyclovir (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
Adalat CC (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Adcirca (Tablet)	Maximum of 2 tablets 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
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 XR-ODT (Tablet Extended-Release Dispersible)	Maximum of 1 tablet per day
Aerospan (Aerosol Solution)	Maximum of 2 inhalers (17.8 grams) per 30 days
Afeditab CR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets 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
Alecensa (Capsule)	Maximum of 8 capsules per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Allzital (Tablet)	Maximum of 12 tablets per day
Almotriptan Malate (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, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day

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Drug Name	Quantity Limit
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 (Tablet)	Maximum of 6 tablets per day
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
Ambien CR (Tablet Extended-Release)	Maximum of 1 tablet per day
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
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Ampyra (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Injection)	Maximum of 3 ml per day
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
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
Arcapta Neohaler (Capsule)	Maximum of 1 capsule per day
Aricept (10mg Tablet)	Maximum of 2 tablets per day
Aricept (23mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Aripiprazole (Tablet)	Maximum of 1 tablet 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
Arnuity Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Asacol HD (Tablet Delayed-Release)	Maximum of 6 tablets per day
Ascomp/Codeine (Capsule)	Maximum of 6 capsules 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

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Drug Name	Quantity Limit
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
Atelvia (Tablet Delayed-Release)	Maximum of 4 tablets per 28 days
Ativan (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Ativan (2mg Tablet)	Maximum of 5 tablets per day
Atomoxetine (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day
Aubagio (Tablet)	Maximum of 1 tablet per day
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
Axert (12.5mg Tablet, 6.25mg Tablet)	Maximum of 12 tablets per 30 days
Axiron (Transdermal Solution)	Maximum of 2 bottles (180 ml) per 30 days
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
Azor (Tablet)	Maximum of 1 tablet per day
Belbuca (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
Bentyl (10mg Capsule)	Maximum of 16 capsules per 30 days
Bethkis (Nebulized Solution)	Maximum of 8 ml (2 ampules) per day
Bevespi Aerosphere (Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
BiDil (Tablet)	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)	Maximum of 2 tablets per day
Boniva (150mg Tablet)	Maximum of 1 tablet per 28 days
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (500mg Tablet)	Maximum of 1 tablet per day
Botox (Injection)	Maximum of 9 vials per 30 days
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
BRIVIACT (10mg/ml Oral Solution)	Maximum of 20 ml per day
BRIVIACT (50mg/5ml Intravenous Solution)	Maximum of 20 ml per day
Brovana (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Bunavail (Film)	Maximum of 2 films per day
Bupap (Tablet)	Maximum of 6 tablets per day
Buprenorphine (Patch Weekly)	Maximum of 4 patches per 28 days
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen (Tablet)	Maximum of 6 tablets per day
Butalbital/Acetaminophen/Caffeine (50mg-325mg-40mg Tablet)	Maximum of 6 tablets per day
Butalbital/Acetaminophen/Caffeine (50mg-300mg-40mg Capsule, 50mg-325mg-40mg Capsule)	Maximum of 6 capsules per day
Butalbital/Acetaminophen/Caffeine/Codeine (Capsule)	Maximum of 6 capsules per day
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butalbital/Aspirin/Caffeine/Codeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Patch Weekly)	Maximum of 4 patches 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

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Drug Name	Quantity Limit
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
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
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
Cardizem LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Cardura XL (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Carisoprodol (Tablet)	Maximum of 4 tablets per day
Carisoprodol/Aspirin/Codeine (Tablet)	Maximum of 4 tablets per day
Celebrex (Capsule)	Maximum of 2 capsules per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Cerdelga (Capsule)	Maximum of 2 capsules per day
Chlorpropamide (100mg Tablet)	Maximum of 7 tablets per day
Chlorpropamide (250mg Tablet)	Maximum of 3 tablets per day
Cialis (2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Climara (Patch Weekly)	Maximum of 4 patches per 28 days
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	Maximum of 10 tablets per day

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Drug Name	Quantity Limit
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 (300mg Tablet)	Maximum of 1 tablet per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
Colchicine (0.6mg Capsule) (Generic Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcrys)	Maximum of 4 tablets per day
Colcrys (Tablet)	Maximum of 4 tablets per day
Combivir (Tablet)	Maximum of 3 tablets per day
Complera (Tablet)	Maximum of 2 tablets per day
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
Corzide (40mg-5mg Tablet)	Maximum of 1 tablet per day
Cotellic (Tablet)	Maximum of 3 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
Cycloset (Tablet)	Maximum of 6 tablets per day
Cymbalta (Capsule Delayed-Release)	Maximum of 2 capsules per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Daliresp (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Daytrana (Patch)	Maximum of 1 patch per day
Demerol (100mg Tablet)	Maximum of 9 tablets per day
Denavir (Cream)	Maximum of 1 tube (5 grams) per 30 days
Descovy (Tablet)	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour) (Generic Khedezla)	Maximum of 4 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
Desvenlafaxine ER (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
Dextroamphetamine Sulfate (10mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (5mg Tablet Immediate-Release)	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
Digoxin (0.05mg/ml Oral Solution)	Maximum of 5 ml per day

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Drug Name	Quantity Limit
Digoxin (125mcg Tablet)	Maximum of 1 tablet per day
Dilaudid (1mg/ml Liquid)	Maximum of 90 ml per day
Dilaudid (2mg Tablet, 4mg Tablet)	Maximum of 8 tablets per day
Dilaudid (8mg Tablet)	Maximum of 11 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, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 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 Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
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
Duloxetine HCl (40mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Dupixent (Injection)	Maximum of 8 ml (4 syringes) per 28 days
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
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Edurant (Tablet)	Maximum of 2 tablets per day
Effient (Tablet)	Maximum of 1 tablet per day
Eliquis (Tablet)	Maximum of 2 tablets per day
Embeda (100mg-4mg Capsule Extended-Release)	Maximum of 3 capsules per day
Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)	Maximum of 4 capsules per day
Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)	Maximum of 2 capsules per day
Embeda (60mg-2.4mg Capsule Extended-Release)	Maximum of 6 capsules per day
Emsam (Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (10mg/ml Oral Solution)	Maximum of 42.5 ml per day
Emtriva (200mg Capsule)	Maximum of 2 capsules per day
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
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (300mg/3ml Solution)	Maximum of 1 vial (3 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Tablet)	Maximum of 2 tablets per day
Epclusa (Tablet)	Maximum of 1 tablet per day
Epinephrine (Injection) (Generic EpiPen)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen (Injection)	Maximum of 4 pens (2 boxes) per 30 days

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Drug Name	Quantity Limit
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
Esbriet (267mg Capsule)	Maximum of 9 capsules per day
Esbriet (267mg Tablet)	Maximum of 6 tablets per day
Esbriet (801mg Tablet)	Maximum of 3 tablets per day
Esgic (Tablet)	Maximum of 6 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
Estazolam (Tablet)	Maximum of 1 tablet 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
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days
Eszopiclone (Tablet)	Maximum of 1 tablet per day
Evista (Tablet)	Maximum of 1 tablet per day
Evotaz (Tablet)	Maximum of 2 tablets per day
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
Exforge HCT (Tablet)	Maximum of 1 tablet per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Farxiga (Tablet)	Maximum of 1 tablet per day
Fazaclo (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Fazaclo (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Fazaclo (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Fazaclo (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Fazaclo (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Fentanyl (Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (Lollipop)	Maximum of 4 lozenges per day
Fentora (Tablet)	Maximum of 4 tablets per day
Fetzima (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Fioricet (Capsule)	Maximum of 6 capsules per day
Fioricet/Codeine (Capsule)	Maximum of 6 capsules per day
Fiorinal (Capsule)	Maximum of 6 capsules per day
Fiorinal/Codeine #3 (Capsule)	Maximum of 6 capsules per day
Firazyr (Injection)	Maximum of 9 ml per day
Flector (Patch)	Maximum of 2 patches per day
Flovent Diskus (Aerosol Powder)	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110mcg/act Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220mcg/act Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44mcg/act Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Flurazepam HCl (Capsule)	Maximum of 1 capsule per day
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
Forteo (Injection)	Maximum of 1 pen (2.4 ml) per 28 days

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Drug Name	Quantity Limit
Fosamax (Tablet)	Maximum of 4 tablets per 28 days
Fosamax Plus D (Tablet)	Maximum of 4 tablets per 28 days
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
Gabitril (12mg Tablet)	Maximum of 4 tablets per day
Gabitril (16mg Tablet)	Maximum of 3 tablets 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
Gelnique (10% Gel)	Maximum of 1 packet 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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
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
Glucovance (Tablet)	Maximum of 4 tablets per day
Glumetza (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glumetza (500mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glyburide (1.25mg Tablet)	Maximum of 16 tablets per day
Glyburide (2.5mg Tablet)	Maximum of 8 tablets per day
Glyburide (5mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (1.5mg Tablet)	Maximum of 8 tablets per day
Glyburide Micronized (3mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (6mg Tablet)	Maximum of 2 tablets per day
Glyburide/Metformin HCl (1.25mg-250mg Tablet)	Maximum of 8 tablets per day
Glyburide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glynase (1.5mg Tablet)	Maximum of 8 tablets per day
Glynase (3mg Tablet)	Maximum of 4 tablets per day
Glynase (6mg Tablet)	Maximum of 2 tablets per day
Glyset (100mg Tablet)	Maximum of 3 tablets per day
Glyset (25mg Tablet)	Maximum of 12 tablets per day
Glyset (50mg Tablet)	Maximum of 6 tablets per day
Glyxambi (Tablet)	Maximum of 1 tablet per day
Granisetron HCl (1mg Tablet)	Maximum of 2 tablets per day
Grastek (Tablet Sublingual)	Maximum of 1 tablet per day
Guanfacine HCl (Tablet)	Maximum of 2 tablets per day
Halcion (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Harvoni (Tablet)	Maximum of 1 tablet per day
Hectorol (0.5mcg Capsule)	Maximum of 3 capsules per day
Hectorol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules 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 Bitartrate/Acetaminophen (325mg-2.5mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 90 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 11 tablets per day
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
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
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
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
Ilaris (Injection)	Maximum of 2 vials per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
Imbruvica (Capsule)	Maximum of 4 capsules per day
Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days

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Drug Name	Quantity Limit
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
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (Capsule)	Maximum of 2 capsules 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
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
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Tablet)	Maximum of 1 tablet per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
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
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, 50mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Kadian (200mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Kaletra (100mg-25mg Tablet)	Maximum of 10 tablets per day
Kaletra (200mg-50mg Tablet)	Maximum of 6 tablets per day
Kaletra (400mg-100mg/5ml Oral Solution)	Maximum of 16 ml per day
Kalydeco (150mg Tablet)	Maximum of 2 tablets per day
Kalydeco (50mg Packet, 75mg Packet)	Maximum of 2 packets per day
Kazano (Tablet)	Maximum of 2 tablets per day
Keveyis (Tablet)	Maximum of 4 tablets per day
Khedezla (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Khedezla (50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Kisqali (Tablet)	Maximum of 3 tablets per day
Kisqali Femara 200 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) per 28 days
Kisqali Femara 400 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) per 28 days
Kisqali Femara 600 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) 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

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Drug Name	Quantity Limit
Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Korlym (Tablet)	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Lanoxin (125mcg Tablet)	Maximum of 1 tablet per day
Lanoxin (62.5mcg Tablet)	Maximum of 2 tablets per day
Lansoprazole (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
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day
Lexiva (50mg/ml Suspension)	Maximum of 90 ml per day
Lexiva (700mg Tablet)	Maximum of 6 tablets per day
Lialda (Tablet Delayed-Release)	Maximum of 4 tablets per day
Lidocaine (5% Patch)	Maximum of 3 patches per day
Lidoderm (Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets 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
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Livalo (Tablet)	Maximum of 1 tablet per day
Lonsurf (6.14mg-15mg Tablet)	Maximum of 10 tablets per day
Lonsurf (8.19mg-20mg Tablet)	Maximum of 8 tablets per day
Lopinavir/Ritonavir (Oral Solution)	Maximum of 16 ml per day

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Drug Name	Quantity Limit
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
Lortab (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 (Tablet)	Maximum of 2 tablets per day
Lotrel (Capsule)	Maximum of 1 capsule per day
Lovastatin (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Lovaza (Capsule)	Maximum of 4 capsules 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 (300mg/3ml Solution)	Maximum of 1 vial (3 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
Loxapine Succinate (10mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day
Lunesta (Tablet)	Maximum of 1 tablet per day
Lynparza (Capsule)	Maximum of 16 capsules per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day

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Drug Name	Quantity Limit
Lyrica (20mg/ml Oral Solution)	Maximum of 30 ml per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Marinol (10mg Capsule, 2.5mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet 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
Menostar (Patch Weekly)	Maximum of 4 patches per 28 days
Meperidine HCl (100mg Tablet)	Maximum of 9 tablets per day
Meperidine HCl (50mg Tablet)	Maximum of 18 tablets per day
Meperidine HCl (50mg/5ml Oral Solution)	Maximum of 90 ml per day
Mesalamine DR (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 (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 4 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glumetza)	Maximum of 5 tablets per day
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day

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Drug Name	Quantity Limit
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, 20mg Tablet Immediate-Release, 5mg 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 (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
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
Miglitol (100mg Tablet)	Maximum of 3 tablets per day
Miglitol (25mg Tablet)	Maximum of 12 tablets per day
Miglitol (50mg Tablet)	Maximum of 6 tablets per day
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
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

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Drug Name	Quantity Limit
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 18 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Morphine Sulfate ER (100mg 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
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

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Drug Name	Quantity Limit
MS Contin (30mg Tablet Extended-Release, 60mg Tablet Extended-Release)	Maximum of 4 tablets per day
Multaq (Tablet)	Maximum of 2 tablets per day
Nadolol/Bendroflumethiazide (40mg-5mg Tablet)	Maximum of 1 tablet per day
Namenda (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Namenda (10mg/5ml Oral Solution)	Maximum of 10 ml 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
Nesina (Tablet)	Maximum of 1 tablet per day
Nevirapine (200mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Nevirapine (50mg/5ml Suspension)	Maximum of 60 ml per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Nexium (20mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Nexium (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Nifedipine ER (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days
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 Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day

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Drug Name	Quantity Limit
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 1 vial 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
Nuplazid (Tablet)	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 Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	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
Olysio (Capsule)	Maximum of 1 capsule per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onfi (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets per day
Onglyza (Tablet)	Maximum of 1 tablet per day
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
Opana 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, 5mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 7.5mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Opana ER (30mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 4 tablets per day
Opana ER (40mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oralair (Tablet Sublingual)	Maximum of 1 tablet per day
Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	Maximum of 6 tablets per day
Orkambi (Tablet)	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (Capsule)	Maximum of 2 capsules per day
Oseni (Tablet)	Maximum of 1 tablet per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 12 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (5mg Capsule Immediate-Release)	Maximum of 12 capsules per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 240 ml per day
Oxycodone HCl ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	Maximum of 60 ml per day
Oxycodone/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
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
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Paricalcitol (1mcg Capsule)	Maximum of 1 capsule per day
Paricalcitol (2mcg Capsule)	Maximum of 2 capsules per day
Pentasa (250mg Capsule Extended-Release)	Maximum of 12 capsules per day
Pentasa (500mg Capsule Extended-Release)	Maximum of 8 capsules per day
Pentazocine/Naloxone HCl (Tablet)	Maximum of 12 tablets 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

Bold type = Brand name drug

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Drug Name	Quantity Limit
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 (300mg Tablet)	Maximum of 1 tablet per day
Plavix (75mg Tablet)	Maximum of 4 tablets per day
Pomalyst (Capsule)	Maximum of 1 capsule per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)	Maximum of 2 pens (2 ml) per 28 days
Prandin (1mg Tablet)	Maximum of 16 tablets per day
Prandin (2mg Tablet)	Maximum of 8 tablets per day
Pravachol (Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Precose (100mg Tablet)	Maximum of 3 tablets per day
Precose (25mg Tablet)	Maximum of 12 tablets per day
Precose (50mg Tablet)	Maximum of 6 tablets per day
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	Maximum of 1 tablet per day
Premphase (Tablet)	Maximum of 1 tablet per day
Prempro (Tablet)	Maximum of 1 tablet per day
Prevacid (Capsule Delayed-Release)	Maximum of 2 capsules 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 (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg 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
Procardia XL (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
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
Pulmicort Flexhaler (Aerosol Powder)	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Qbrelis (Oral Solution)	Maximum of 80 ml per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quetiapine Fumarate ER (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
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 (Aerosol Solution)	Maximum of 2 inhalers (17.4 grams) per 30 days
Ragwitek (Tablet Sublingual)	Maximum of 1 tablet per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranexa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Rapaflo (Capsule)	Maximum of 1 capsule per day
RAVICTI (Liquid)	Maximum of 17.5 ml per day
Razadyne (Tablet)	Maximum of 2 tablets per day
Razadyne ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (150mg Tablet)	Maximum of 3 tablets 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
Restasis (Emulsion)	Maximum of 2 vials per day
Restoril (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
Revatio (10mg/ml Suspension)	Maximum of 6 ml per day
Revatio (20mg Tablet)	Maximum of 3 tablets per day
Revlimid (Capsule)	Maximum of 1 capsule per day
Rexulti (Tablet)	Maximum of 1 tablet per day
Reyataz (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Reyataz (200mg Capsule)	Maximum of 3 capsules per day
Reyataz (50mg Packet)	Maximum of 8 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Risedronate Sodium (150mg Tablet)	Maximum of 1 tablet per 30 days
Risedronate Sodium (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Risedronate Sodium (35mg Tablet)	Maximum of 4 tablets per 28 days
Risedronate Sodium DR (Tablet Delayed-Release)	Maximum of 4 tablets per 28 days
Ritalin (Tablet)	Maximum of 3 tablets per day
Rivastigmine Tartrate (Capsule)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day

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Drug Name	Quantity Limit
Rizatriptan Benzoate (Tablet Immediate-Release)	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 16 tablets per day
Roxicodone (30mg Tablet)	Maximum of 8 tablets per day
Roxicodone (5mg Tablet)	Maximum of 12 tablets per day
Rozerem (Tablet)	Maximum of 1 tablet per day
Rubraca (Tablet)	Maximum of 4 tablets per day
Rydapt (Capsule)	Maximum of 8 capsules per day
Sabril (500mg Packet)	Maximum of 6 packets per day
Sabril (500mg Tablet)	Maximum of 6 tablets per day
Samsca (Tablet)	Maximum of 2 tablets per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Savaysa (Tablet)	Maximum of 1 tablet per day
Selzentry (150mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day
Selzentry (25mg Tablet, 300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (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
sfRowasa (Enema)	Maximum of 1 bottle (60 ml) per day
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 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

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Drug Name	Quantity Limit
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
Soma (250mg Tablet, 350mg Tablet)	Maximum of 4 tablets 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
Sporanox (100mg Capsule)	Maximum of 4 capsules per day
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	Maximum of 2 tablets per day
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
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Strattera (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Stribild (Tablet)	Maximum of 2 tablets per day
Striverdi Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
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
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days

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Drug Name	Quantity Limit
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
Sumavel DosePro (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sustiva (200mg Capsule)	Maximum of 3 capsules per day
Sustiva (50mg Capsule)	Maximum of 9 capsules per day
Sustiva (600mg Tablet)	Maximum of 2 tablets per day
Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Sutent (37.5mg Capsule)	Maximum of 2 tablets per day
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Synalgos-DC (Capsule)	Maximum of 8 capsules per day
Synjardy (Tablet)	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
Tasmar (Tablet)	Maximum of 6 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 (150mg-12.5mg Tablet, 150mg-25mg Tablet, 300mg-12.5mg Tablet)	Maximum of 1 tablet per day
Tekturna HCT (300mg-25mg 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 (Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Tencon (Tablet)	Maximum of 6 tablets per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
Thalomid (100mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Thalomid (150mg Capsule, 200mg Capsule)	Maximum of 2 tablets per day
Tivicay (10mg Tablet, 25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
Tivorbex (Capsule)	Maximum of 3 capsules 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 (Tablet)	Maximum of 2 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
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
Treximet (Tablet)	Maximum of 9 tablets per 30 days
Trezix (Capsule)	Maximum of 10 capsules per day
Triazolam (0.125mg Tablet)	Maximum of 1 tablet per day
Triazolam (0.25mg Tablet)	Maximum of 2 tablets per day
Tribenzor (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
Trizivir (Tablet)	Maximum of 3 tablets per day
Trokendi XR (100mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Trokendi XR (200mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules 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
Vagifem (Tablet)	Maximum of 1 tablet 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
Valtrex (500mg Tablet)	Maximum of 2 tablets per day
Vanatol LQ (Oral Solution)	Maximum of 90 ml per day
Vaseretic (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
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
Ventavis (10mcg/ml Inhalation Solution)	Maximum of 7 ml per day
Ventavis (20mcg/ml Inhalation Solution)	Maximum of 3 ml 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
Viibryd (Tablet)	Maximum of 1 tablet per day
Viibryd Starter Pack (Kit)	Maximum of 1 tablet per day
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
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

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Drug Name	Quantity Limit
Vivlodex (Capsule)	Maximum of 1 capsule 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
Xenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Xenazine (25mg Tablet)	Maximum of 4 tablets per day
Xerese (Cream)	Maximum of 1 tube (5 grams) per 30 days
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 (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Xodol (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 capsules per day
Xtandi (Capsule)	Maximum of 4 capsules per day
Xyrem (Oral Solution)	Maximum of 18 ml per day
Xyzal (5mg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Yosprala (Tablet Delayed-Release)	Maximum of 1 tablet per day
Yuvaferm (Tablet)	Maximum of 1 tablet per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (Capsule)	Maximum of 90 days of use per year
Zamicet (Oral Solution)	Maximum of 180 ml per day
Zebutal (Capsule)	Maximum of 6 capsules per day
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
Zemplar (1mcg Capsule)	Maximum of 1 capsule per day
Zemplar (2mcg Capsule)	Maximum of 2 capsules per day
Zenedi (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 6 tablets per day
Zenedi (15mg Tablet)	Maximum of 4 tablets per day
Zenedi (20mg Tablet)	Maximum of 3 tablets per day
Zenedi (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
Zetia (Tablet)	Maximum of 1 tablet 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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
Zolpidem Tartrate ER (Tablet Extended-Release)	Maximum of 1 tablet per day
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
Zontivity (Tablet)	Maximum of 1 tablet per day
Zovirax (5% Cream)	Maximum of 1 tube (5 grams) per 30 days
Zovirax (5% Ointment)	Maximum of 1 tube (30 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
Zykadia (Capsule)	Maximum of 5 capsules 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
Zytiga (Tablet)	Maximum of 4 tablets per day
Zyvox (600mg Tablet)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

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.

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.



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

Toll-Free **1-888-556-6648**, TTY **711**

8 a.m. - 8 p.m. local time, Monday - Friday

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