

# 2020 COMPLETE DRUG LIST (FORMULARY)



## Prescription drug list information

AARP® Medicare Advantage (HMO-POS)  
AARP® Medicare Advantage Focus (HMO)  
AARP® Medicare Advantage Plan 1 (HMO-POS)

**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 UnitedHealthcare Customer Service at:



Toll-free **1-866-550-4736**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



**[www.myAARPMedicare.com](http://www.myAARPMedicare.com)**

**AARP** | Medicare Advantage  
from UnitedHealthcare

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## Questions?

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



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## What is a drug list?

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

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

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

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

### Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of September 1, 2019.

For an up-to-date list of covered drugs or if you have questions, please call UnitedHealthcare 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 AARP Medicare Advantage Plans.

## 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 12–28 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 29–106 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



### Can't find your drug?

Check the complete drug list by visiting our plan website at [www.myAARPMedicare.com](http://www.myAARPMedicare.com). You can use online tools to look up your drugs. This information is updated on a regular basis.

## What are generic drugs?

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

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

## What is a compounded drug?

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

## Drug payment stage and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** Each covered drug is in 1 of 5 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 UnitedHealthcare Customer Service. Our contact information is on the cover.

Drug Tier	Includes
<b>Tier 1: Preferred generic</b>	Lower-cost, commonly used generic drugs.
<b>Tier 2: Generic</b>	Many generic drugs.
<b>Tier 3: Preferred brand</b>	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
<b>Tier 4: Non-preferred drug</b>	Non-preferred generic and non-preferred brand name drugs.
<b>Tier 5: Specialty tier</b>	Unique and/or very high-cost brand and generic drugs.

## Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also call UnitedHealthcare 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 29. 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 UnitedHealthcare Customer Service. Our contact information is on the cover.

### **Coverage Rules and Limits**

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#### **PA - Prior authorization**

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

#### **QL - Quantity limits**

The plan will cover only a certain amount of this drug for 1 copay 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

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### **B/D - Medicare Part B or Part D**

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

### **LA - Limited access**

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

### **MME - Morphine milligram equivalent**

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

### **7D - 7-Day limit**

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

### **DL - Dispensing limit**

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

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

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

## What if my drug is not on this list?

If your drug is not included in this drug list we may still cover it. Call UnitedHealthcare Customer Service to ask if it's covered. Our contact information, along with the date we last updated the drug list is on the cover.

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

1. **Ask UnitedHealthcare 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

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- 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. If approved this would lower the amount you pay out-of-pocket for your drug.

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?

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You, your authorized representative or your doctor can ask for an exception by calling UnitedHealthcare 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?

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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 request for an expedited review is approved, we'll give you a decision within 24 hours after we get your doctor's supporting statement.



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

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

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

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

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

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

## **Can the drug list change?**

Most changes in drug coverage happen on January 1. We may need to make changes during the plan year for safety or other reasons that can affect you. We must follow Medicare rules in making these changes.

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 cost-sharing tier.

### **If we add new generic drugs**

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

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

### **If we remove a drug from the list**

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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**

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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 107-133.

### **We’ll tell you about other changes**

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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 other changes to our drug list at least 30 days before they go into effect or when you request a refill of the drug. If you find out when requesting a refill, you will receive at least a 30-day supply of the drug so you have time to talk with your doctor. To get updated information about the drugs covered by your plan, please call UnitedHealthcare Customer Service. Our contact information is on the cover.

## **Drugs with dosages other than a 1-month supply**

### **Drugs packaged in an extended day supply**

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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**

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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, please call UnitedHealthcare Customer Service. Our contact information, along with the date we last updated the drug list, is on the cover.

If you have general questions about Medicare prescription drug coverage, visit [www.medicare.gov](http://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)**

<b>A</b>			
Abacavir Sulfate.....	58	Albendazole.....	52
Abacavir Sulfate-Lamivudine .....	58	Albuterol Sulfate.....	103
Abacavir-Lamivudine- Zidovudine.....	58	Alclometasone Dipropionate .....	83
Abelcet.....	45	Alcohol Prep Pads.....	99
Abilify Maintena.....	54	Alecensa.....	50
Abiraterone Acetate.....	48	Alendronate Sodium.....	98
Acamprosate Calcium.....	32	Alfuzosin HCl ER.....	83
Acarbose.....	61	Alinia.....	52
Acebutolol HCl.....	67	Aliskiren Fumarate.....	69
Acetaminophen-Codeine.....	31	Allopurinol.....	47
Acetazolamide.....	70	Alocril.....	100
Acetazolamide ER.....	70	Alomide.....	100
Acetic Acid.....	102	Alosetron HCl.....	81
Acetylcysteine.....	105	Alphagan P.....	100
Acitretin.....	75	Alprazolam.....	60
Actemra.....	95	Altavera.....	87
Actemra ACTPen.....	95	Alunbrig.....	50
ActHIB.....	96	Alyacen 1/35.....	87
Actimmune.....	95	Alyq.....	104
Acyclovir.....	57	Amantadine HCl.....	53
Acyclovir Sodium.....	57	AmBisome.....	45
Adacel.....	96	Ambrisentan.....	104
Adapalene.....	75	Amethia.....	87
Adefovir Dipivoxil.....	57	Amethia Lo.....	87
Adempas.....	104	Amikacin Sulfate.....	33
Advair Diskus.....	105	Amiloride HCl.....	71
Advair HFA.....	105	Amiloride-Hydrochlorothiazide .....	69
Afinitor.....	50	Aminosyn II.....	77
Afinitor Disperz.....	50	Aminosyn-PF.....	77
Aimovig.....	47	Amiodarone HCl.....	67
Ala-Cort.....	83	Amitiza.....	81
		Amitriptyline HCl.....	44
		Amlodipine Besylate.....	68
		Amlodipine-Atorvastatin.....	69
		Amlodipine-Benazepril.....	69
		Amlodipine-Olmesartan.....	69
		Amlodipine-Valsartan.....	69
		Amlodipine-Valsartan-HCTZ .....	69
		Ammonium Lactate.....	75
		Amoxapine.....	44
		Amoxicillin.....	37
		Amoxicillin-Potassium Clavulanate.....	37
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		Amphetamine- Dextroamphetamine.....	73
		Amphetamine- Dextroamphetamine ER.....	73
		Amphotericin B.....	45
		Ampicillin.....	37
		Ampicillin Sodium.....	37
		Ampicillin-Sulbactam Sodium .....	37
		Ampyra.....	74
		Anadrol-50.....	86
		Anagrelide HCl.....	64
		Anastrozole.....	50
		Androderm.....	86
		Anoro Ellipta.....	105
		Apokyn.....	53
		Apraclonidine HCl.....	100
		Aprepitant.....	45
		Apri.....	87
		Apriso.....	97
		Aptiom.....	41

Aptivus.....	59	Azithromycin.....	38	Bethkis.....	104	
Aralast NP.....	82	Azopt.....	100	Betimol.....	100	
Aranelle.....	87	Aztreonam.....	36	Bevespi Aerosphere.....	105	
Aranesp.....	64, 65	<b>B</b>			Bexarotene.....	51
Arcalyst.....	95	Bacitracin.....	34	Bexsero.....	96	
Aripiprazole.....	54	Bacitracin-Polymyxin B.....	99	Bicalutamide.....	48	
Aripiprazole ODT.....	54	Baclofen.....	106	Bicillin C-R.....	37	
Aristada.....	54	Bactocill in Dextrose.....	37	Bicillin C-R 900/300.....	37	
Aristada Initio.....	54	Bactroban.....	34	Bicillin L-A.....	37	
Arnuity Ellipta.....	102	Balsalazide Disodium.....	97	BiDil.....	69	
Ashlyna.....	87	Balversa.....	50	Biktarvy.....	58	
Aspirin-Dipyridamole ER.....	66	Balziva.....	87	Binosto.....	98	
Atazanavir Sulfate.....	59	Banzel.....	41, 42	Bisoprolol Fumarate.....	67	
Atenolol.....	67	Baraclude.....	57	Bisoprolol-Hydrochlorothiazide .....	69	
Atenolol-Chlorthalidone.....	69	BCG Vaccine.....	96	BIVIGAM.....	94	
Atomoxetine HCl.....	73	Belsomra.....	106	Blephamide.....	99	
Atorvastatin Calcium.....	71	Benazepril HCl.....	67	Blephamide S.O.P.....	99	
Atovaquone.....	52	Benazepril-Hydrochlorothiazide .....	69	Blisovi 24 Fe.....	87	
Atovaquone-Proguanil HCl....	52	Benlysta.....	95	Blisovi Fe 1.5/30.....	87	
Atripia.....	58	Benznidazole.....	52	Boostrix.....	96	
Atropine Sulfate.....	99	Benzoyl Peroxide-Erythromycin .....	75	Bosentan.....	104	
Atrovent HFA.....	103	Benzotropine Mesylate.....	52	Bosulif.....	50	
Aubagio.....	74	Bepreve.....	100	Braftovi.....	50	
Aubra.....	87	Berinert.....	92	Breo Ellipta.....	105	
Auryxia.....	79	Besivance.....	38	Briellyn.....	87	
Austedo.....	73	Betamethasone Dipropionate .....	83	Brilinta.....	66	
Aviane.....	87	Betamethasone Dipropionate Aug.....	83	Brimonidine Tartrate.....	100	
Avonex.....	74	Betamethasone Valerate.....	84	BRIVIACT.....	40	
Avonex Pen.....	74	Betaseron.....	74	Bromocriptine Mesylate.....	53	
Avonex Prefilled.....	74	Betaxolol HCl.....	67, 100	Budesonide.....	98, 102	
Azasite.....	38	Bethanechol Chloride.....	83	Budesonide ER.....	98	
Azathioprine.....	93			Bumetanide.....	70	
Azelaic Acid.....	75			Buprenorphine.....	30	
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Buprenorphine HCl.....	33	Carac.....	75	Cetirizine HCl.....	102
Buprenorphine HCl-Naloxone HCl.....	33	Carafate.....	81	Chantix.....	33
Bupropion HCl.....	43	Carbaglu.....	77	Chantix Continuing Month Pak .....	33
Bupropion HCl SR.....	33, 43	Carbamazepine.....	42	Chantix Starting Month Pak...	33
Bupropion HCl XL.....	43	Carbamazepine ER.....	42	Chemet.....	79
Buspiron HCl.....	60	Carbidopa.....	53	Chenodal.....	80
Butalbital-Acetaminophen- Caffeine.....	29	Carbidopa-Levodopa.....	53	Chlordiazepoxide HCl.....	60
Butalbital-Aspirin-Caffeine.....	29	Carbidopa-Levodopa ER.....	53	Chlorhexidine Gluconate.....	75
Butorphanol Tartrate.....	31	Carbidopa-Levodopa ODT.....	53	Chloroquine Phosphate.....	52
Bydureon.....	61	Carbidopa-Levodopa- Entacapone.....	53	Chlorothiazide.....	71
Bydureon BCise.....	61	Carteolol HCl.....	100	Chlorpromazine HCl.....	53
Byetta 10MCG Pen.....	61	Cartia XT.....	68	Chlorthalidone.....	71
Byetta 5MCG Pen.....	61	Carvedilol.....	67	Chlorzoxazone.....	106
Bystolic.....	67	Cayston.....	104	Cholbam.....	82
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Cabergoline.....	91	Caziant.....	87	Cholestyramine.....	72
Cablivi.....	66	Cefaclor.....	35	Cholestyramine Light.....	72
Cabometyx.....	50	Cefadroxil.....	35	Ciclopirox.....	45
Calcipotriene.....	75	Cefazolin Sodium.....	35	Ciclopirox Olamine.....	45
Calcitonin Salmon.....	98	Cefdinir.....	35	Cilostazol.....	66
Calcitriol.....	75, 98	Cefepime HCl.....	35	Ciloxan.....	39
Calcium Acetate.....	79	Cefixime.....	35	Cimduo.....	58
Calquence.....	50	Cefotetan Disodium.....	36	Cimetidine.....	80
Camila.....	90	Cefoxitin Sodium.....	36	Cimetidine HCl.....	80
Camrese Lo.....	87	Cefpodoxime Proxetil.....	36	Cimzia.....	93
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Candesartan Cilexetil.....	66	Ceftazidime.....	36	Cinacalcet HCl.....	98
Candesartan Cilexetil-HCTZ .....	69	Ceftriaxone Sodium.....	36	Cinryze.....	92
Caprelsa.....	50	Cefuroxime Axetil.....	36	Cipro HC.....	102
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		Celontin.....	40	Ciprofloxacin HCl.....	39
		Cephalexin.....	36	Ciprofloxacin in D5W.....	39
		Cesamet.....	45	Citalopram Hydrobromide.....	43

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Clarithromycin ER.....	38	Combigan.....	100	Cystaran.....	99
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Clonazepam.....	60	Cosentyx Sensoready.....	76	Daurismo.....	50
Clonazepam ODT.....	60	Cosopt PF.....	100	Deblitane.....	90
Clonidine.....	66	Cotellic.....	50	Deferasirox.....	79
Clonidine HCl.....	66	Coumadin.....	64	Delstrigo.....	58
Clonidine HCl ER.....	73	Creon.....	82	Delyla.....	87
Clopidogrel Bisulfate.....	66	Crinone.....	90	Demeclocycline HCl.....	39
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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 12-28.

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 107-133.

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Analgesics</b>		
Analgesics		
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	3	QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	3	QL
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
Celecoxib (Oral Capsule)	3	QL
Diclofenac Epolamine (Transdermal Patch)	4	PA; QL
Diclofenac Potassium (Oral Tablet)	2	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	2	
Diclofenac Sodium (Oral Tablet Delayed Release)	2	
Diclofenac Sodium (1% Transdermal Gel)	3	
Diflunisal (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Etodolac ER (Oral Tablet Extended Release 24 Hour)	4	
Etodolac (Oral Capsule)	3	
Etodolac (Oral Tablet Immediate Release)	3	
<b>Flector (Transdermal Patch)</b>	4	PA; QL
Flurbiprofen (Oral Tablet)	2	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	2	
Ibuprofen (Oral Suspension)	2	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	2	
Indomethacin (Oral Capsule Immediate Release)	2	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ketoprofen (Oral Capsule Immediate Release)	3		Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	4	7D; MME; DL; QL
Meloxicam (Oral Tablet)	1		<b>Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	3	7D; MME; DL; QL
Nabumetone (Oral Tablet)	2		Levorphanol Tartrate (Oral Tablet)	5	7D; MME; DL; QL
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	2		Methadone HCl (Oral Solution)	3	7D; MME; DL; QL
Naproxen (Oral Suspension)	4		Methadone HCl (Oral Tablet)	3	7D; MME; DL; QL
Naproxen (Oral Tablet Immediate Release)	2		Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	3	7D; MME; DL; QL
Piroxicam (Oral Capsule)	3		Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	4	7D; MME; DL; QL
Sulindac (Oral Tablet)	2		<b>Nucynta ER (Oral Tablet Extended Release 12 Hour)</b>	3	7D; MME; DL; QL
<b>Opioid Analgesics, Long-acting</b>			Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	3	7D; MME; DL; QL
Buprenorphine (Transdermal Patch Weekly)	4	7D; DL; QL	Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	3	7D; MME; DL; QL
<b>Embeda (Oral Capsule Extended Release)</b>	3	7D; MME; DL; QL			
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	4	7D; MME; DL; QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	3	7D; MME; DL; QL	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	3	7D; MME; DL; QL
Opioid Analgesics, Short-acting			Hydromorphone HCl (2MG/ML Injection Solution)	4	DL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	2	7D; MME; DL; QL	Hydromorphone HCl (1MG/ML Oral Liquid)	4	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	2	7D; MME; DL; QL	Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	2	7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	3	7D; MME; DL; QL	Hydromorphone HCl PF (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	4	DL
Codeine Sulfate (Oral Tablet)	3	7D; MME; DL; QL	Lorcet HD (Oral Tablet)	3	7D; MME; DL; QL
<b>Duramorph (Injection Solution)</b>	4	DL	Lorcet (Oral Tablet)	3	7D; MME; DL; QL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	3	7D; MME; DL; QL	Lorcet Plus (Oral Tablet)	3	7D; MME; DL; QL
Fentanyl Citrate (Buccal Lozenge On A Handle)	5	PA; DL; QL	Morphine Sulfate (100MG/5ML Oral Solution)	3	7D; MME; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	3	7D; MME; DL; QL	Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe)	4	DL
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	3	7D; MME; DL; QL			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate (10MG/ML Injection Solution, 4MG/ML Injection Solution)	4	DL	Tramadol HCl (Oral Tablet Immediate Release)	2	7D; MME; DL; QL
<b>Morphine Sulfate (2MG/ML Injection Solution, 5MG/ML Injection Solution)</b>	4	DL	Tramadol-Acetaminophen (Oral Tablet)	2	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	3	7D; MME; DL; QL	Trelix (Oral Capsule)	4	7D; MME; DL; QL
<b>Morphine Sulfate (Oral Tablet Immediate Release)</b>	3	7D; MME; DL; QL	<b>Anesthetics</b>		
Oxycodone HCl (100MG/5ML Oral Concentrate)	4	7D; MME; DL; QL	<b>Local Anesthetics</b>		
Oxycodone HCl (5MG/5ML Oral Solution)	3	7D; MME; DL; QL	Lidocaine (5% External Ointment)	4	QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	2	7D; MME; DL; QL	Lidocaine (5% External Patch)	4	PA; QL
Oxycodone-Acetaminophen (Oral Tablet)	3	7D; MME; DL; QL	Lidocaine HCl (4% External Solution)	2	
Oxycodone-Aspirin (Oral Tablet)	3	7D; MME; DL; QL	Lidocaine HCl (External Gel)	2	
Oxycodone-Ibuprofen (Oral Tablet)	3	7D; MME; DL; QL	Lidocaine HCl (External Cream)	2	
			Lidocaine Viscous (2% Mouth/Throat Solution)	2	
			Lidocaine-Prilocaine (External Cream)	3	
			<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
			<b>Alcohol Deterrents/Anti-craving</b>		
			Acamprosate Calcium (Oral Tablet Delayed Release)	4	
			Disulfiram (Oral Tablet)	3	
			Naltrexone HCl (Oral Tablet)	3	

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Vivitrol (Intramuscular Suspension Reconstituted)</b>	5		<b>Chantix Starting Month Pak (Oral Tablet)</b>	3	
Opioid Dependence Treatments			<b>Nicotrol (Inhalation Inhaler)</b>	4	
Buprenorphine HCl (Tablet Sublingual)	2	QL	<b>Nicotrol NS (Nasal Solution)</b>	4	
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	4	QL	Antibacterials		
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	2	QL	Aminoglycosides		
<b>Suboxone (Sublingual Film)</b>	4	QL	Amikacin Sulfate (500MG/2ML Injection Solution)	4	
Opioid Reversal Agents			Gentak (Ophthalmic Ointment)	2	
Naloxone HCl (0.4MG/ML Injection Solution)	2		Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	4	
Naloxone HCl (Injection Solution Cartridge)	2		Gentamicin Sulfate (External Cream)	2	
Naloxone HCl (Injection Solution Prefilled Syringe)	2		Gentamicin Sulfate (External Ointment)	2	
<b>Narcan (Nasal Liquid)</b>	3		Gentamicin Sulfate (40MG/ML Injection Solution)	4	
Smoking Cessation Agents			Gentamicin Sulfate (Ophthalmic Solution)	2	
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	2		Neomycin Sulfate (Oral Tablet)	2	
<b>Chantix Continuing Month Pak (Oral Tablet)</b>	3		Paromomycin Sulfate (Oral Capsule)	4	
<b>Chantix (Oral Tablet)</b>	3		Streptomycin Sulfate (Intramuscular Solution Reconstituted)	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tobramycin (Ophthalmic Solution)	2		<b>Dalvance (Intravenous Solution Reconstituted)</b>	5	PA
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	4		<b>Daptomycin (350MG Intravenous Solution Reconstituted)</b>	5	
<b>Tobrex (Ophthalmic Ointment)</b>	4		Daptomycin (500MG Intravenous Solution Reconstituted)	5	
Antibacterials, Other			Linezolid (Intravenous Solution)	4	
Bacitracin (Ophthalmic Ointment)	2		Linezolid (Oral Suspension Reconstituted)	5	
<b>Bactroban (2% Nasal Ointment)</b>	4	PA	Linezolid (Oral Tablet)	4	QL
Clindamycin HCl (Oral Capsule)	2		Methenamine Hippurate (Oral Tablet)	4	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	2		Metronidazole (0.75% External Cream)	4	
Clindamycin Phosphate in D5W (Intravenous Solution)	4		Metronidazole (0.75% External Gel, 1% External Gel)	4	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	4		Metronidazole (0.75% External Lotion)	4	
Clindamycin Phosphate (Vaginal Cream)	3		Metronidazole in NaCl 0.79% (Intravenous Solution)	4	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	5		Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	2	
			Metronidazole (0.75% Vaginal Gel)	3	
			Mupirocin Calcium (External Cream)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mupirocin (External Ointment)	2		<b>Vancomycin HCl (250MG Intravenous Solution Reconstituted)</b>	4	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrobid)	3		Vancomycin HCl (Oral Capsule)	4	QL
Nitrofurantoin Monohydrate (Generic Macrobid)	3		<b>Vandazole (Vaginal Gel)</b>	3	
Nitrofurantoin (Oral Suspension)	4		<b>Beta-lactam, Cephalosporins</b>		
Polymyxin B Sulfate (Injection Solution Reconstituted)	4		Cefaclor (Oral Capsule)	2	
<b>Sulfamylon (External Cream)</b>	4		Cefadroxil (Oral Capsule)	2	
Tigecycline (Intravenous Solution Reconstituted)	5		Cefadroxil (Oral Suspension Reconstituted)	2	
Tinidazole (Oral Tablet)	4		Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	4	
Trimethoprim (Oral Tablet)	2		Cefdinir (Oral Capsule)	3	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	4		Cefdinir (Oral Suspension Reconstituted)	3	
			Cefepime HCl (Injection Solution Reconstituted)	4	
			Cefixime (Oral Suspension Reconstituted)	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
Cefotetan Disodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	4		Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	4	
Cefoxitin Sodium (Injection Solution Reconstituted)	4		Cefuroxime Axetil (Oral Tablet)	2	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	4		Cefuroxime Sodium (Injection Solution Reconstituted)	4	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	4		Cefuroxime Sodium (Intravenous Solution Reconstituted)	4	
Cefpodoxime Proxetil (Oral Tablet)	4		Cephalexin (Oral Capsule)	2	
Cefprozil (Oral Suspension Reconstituted)	3		Cephalexin (Oral Suspension Reconstituted)	2	
Cefprozil (Oral Tablet)	3		<b>Suprax (Oral Capsule)</b>	3	
Ceftazidime (Injection Solution Reconstituted)	4		<b>Suprax (500MG/5ML Oral Suspension Reconstituted)</b>	3	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	4		Suprax (Oral Tablet Chewable)	3	
			Tazicef (Injection Solution Reconstituted)	4	
			<b>Zerbaxa (Intravenous Solution Reconstituted)</b>	5	PA
			Beta-lactam, Other		
			Aztreonam (1GM Injection Solution Reconstituted)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ertapenem Sodium (Injection Solution Reconstituted)	4		Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	4	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	4		Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	4	
Meropenem (Intravenous Solution Reconstituted)	4		Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	4	
<b>Beta-lactam, Penicillins</b>			<b>Bactocill in Dextrose (Intravenous Solution)</b>	4	
Amoxicillin (Oral Capsule)	1		<b>Bicillin C-R 900/300 (Intramuscular Suspension)</b>	4	
Amoxicillin (Oral Suspension Reconstituted)	1		<b>Bicillin C-R (Intramuscular Suspension)</b>	4	
Amoxicillin (Oral Tablet)	1		<b>Bicillin L-A (Intramuscular Suspension)</b>	4	
Amoxicillin (Oral Tablet Chewable)	1		Dicloxacillin Sodium (Oral Capsule)	2	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	4		Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	4	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	2		Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	4	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	2				
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	2				
Ampicillin (Oral Capsule)	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
Oxacillin Sodium (Injection Solution Reconstituted)	4		Clarithromycin (Oral Suspension Reconstituted)	4	
Penicillin G Potassium (2000000UNIT Injection Solution Reconstituted)	4		Clarithromycin (Oral Tablet Immediate Release)	3	
Penicillin G Procaine (Intramuscular Suspension)	4		<b>Dificid (Oral Tablet)</b>	5	
Penicillin G Sodium (Injection Solution Reconstituted)	5		<b>E.E.S. Granules (Oral Suspension Reconstituted)</b>	4	
Penicillin V Potassium (Oral Solution Reconstituted)	2		Ery-Tab (Oral Tablet Delayed Release)	4	
Penicillin V Potassium (Oral Tablet)	2		Erythrocin Lactobionate (Intravenous Solution Reconstituted)	4	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	4		Erythromycin Base (Oral Capsule Delayed Release Particles)	4	
<b>Macrolides</b>			Erythromycin Base (Oral Tablet Immediate Release)	4	
<b>Azasite (Ophthalmic Solution)</b>	4		Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	4	
Azithromycin (Intravenous Solution Reconstituted)	4		Erythromycin Ethylsuccinate (Oral Tablet)	4	
Azithromycin (Oral Suspension Reconstituted)	1		Erythromycin (Ophthalmic Ointment)	2	
Azithromycin (Oral Tablet)	1		<b>Quinolones</b>		
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	3		<b>Besivance (Ophthalmic Suspension)</b>	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Ciloxan (Ophthalmic Ointment)</b>	4		Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	
Ciprofloxacin HCl (Ophthalmic Solution)	2		Moxifloxacin HCl in NaCl (Intravenous Solution)	4	
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	3		Moxifloxacin HCl (Ophthalmic Solution)	4	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	2		Moxifloxacin HCl (Oral Tablet)	3	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	4		Ofloxacin (Ophthalmic Solution)	2	
Ciprofloxacin (Oral Suspension Reconstituted)	4		Ofloxacin (Oral Tablet)	3	
Gatifloxacin (Ophthalmic Solution)	3		Ofloxacin (Otic Solution)	3	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	4		<b>Sulfonamides</b>		
Levofloxacin (25MG/ML Intravenous Solution)	4		Silver Sulfadiazine (External Cream)	3	
Levofloxacin (0.5% Ophthalmic Solution)	3		<b>SSD (External Cream)</b>	3	
Levofloxacin (25MG/ML Oral Solution)	4		Sulfacetamide Sodium (Ophthalmic Ointment)	2	
			Sulfacetamide Sodium (Ophthalmic Solution)	2	
			Sulfadiazine (Oral Tablet)	4	
			Sulfamethoxazole-Trimethoprim (Oral Suspension)	2	
			Sulfamethoxazole-Trimethoprim (Oral Tablet)	2	
			<b>Tetracyclines</b>		
			Demeclocycline HCl (Oral Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxy 100 (Intravenous Solution Reconstituted)	4		<b>BRIVIACT (Oral Tablet)</b>	5	PA; QL
Doxycycline Hyclate (Oral Capsule)	3		<b>Epidiolex (Oral Solution)</b>	5	PA
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	3		Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	3	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	3		Levetiracetam (Oral Solution)	2	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	4		Levetiracetam (Oral Tablet Immediate Release)	2	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	3		Roweepra (Oral Tablet Immediate Release)	2	
Minocycline HCl (Oral Capsule)	2		Roweepra XR (Oral Tablet Extended Release 24 Hour)	3	
Minocycline HCl (Oral Tablet Immediate Release)	4		<b>Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble)</b>	4	
Tetracycline HCl (Oral Capsule)	4		Calcium Channel Modifying Agents		
<b>Vibramycin (50MG/5ML Oral Syrup)</b>	4		<b>Celontin (Oral Capsule)</b>	4	
Anticonvulsants			Ethosuximide (Oral Capsule)	3	
Anticonvulsants, Other			Ethosuximide (Oral Solution)	3	
<b>BRIVIACT (Oral Solution)</b>	5	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
Zonisamide (Oral Capsule)	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Clobazam (2.5MG/ML Oral Suspension)	5	PA; QL
Clobazam (10MG Oral Tablet)	4	PA; QL
Clobazam (20MG Oral Tablet)	5	PA; QL
<b>Diastat AcuDial (Rectal Gel)</b>	4	
<b>Diastat Pediatric (Rectal Gel)</b>	4	
Gabapentin (Oral Capsule)	2	
Gabapentin (250MG/5ML Oral Solution)	3	
Gabapentin (Oral Tablet)	2	
Phenobarbital (Oral Elixir)	2	
Phenobarbital (Oral Tablet)	2	
Primidone (Oral Tablet)	2	
<b>Sympazan (Oral Film)</b>	5	PA; QL
Tiagabine HCl (Oral Tablet)	4	
Valproic Acid (Oral Capsule)	2	
Valproic Acid (Oral Solution)	2	
Vigabatrin (Oral Packet)	5	PA; LA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vigabatrin (Oral Tablet)	5	PA; LA; QL
Vigadrone (Oral Packet)	5	PA; LA; QL
Glutamate Reducing Agents		
Felbamate (Oral Suspension)	5	
Felbamate (Oral Tablet)	4	
<b>Fycompa (Oral Suspension)</b>	5	
<b>Fycompa (Oral Tablet)</b>	5	
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	2	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	3	
Topiramate (Oral Capsule Sprinkle Immediate Release)	2	
Topiramate (Oral Tablet)	2	
Sodium Channel Agents		
<b>Aptiom (Oral Tablet)</b>	5	QL
<b>Banzel (Oral Suspension)</b>	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Banzel (Oral Tablet)</b>	5	
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	3	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	3	
Carbamazepine (Oral Suspension)	3	
Carbamazepine (Oral Tablet Immediate Release)	3	
Carbamazepine (Oral Tablet Chewable)	3	
Dilantin INFATABS (Oral Tablet Chewable)	3	
Dilantin (Oral Capsule)	3	
Epitol (Oral Tablet)	3	
Oxcarbazepine (300MG/5ML Oral Suspension)	4	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	3	
<b>Peganone (Oral Tablet)</b>	4	
Phenytek (Oral Capsule)	2	
Phenytoin (Oral Suspension)	2	
Phenytoin (Oral Tablet Chewable)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phenytoin Sodium Extended (Oral Capsule)	2	
<b>Vimpat (Oral Solution)</b>	4	QL
<b>Vimpat (Oral Tablet)</b>	4	QL
<b>Antidementia Agents</b>		
Cholinesterase Inhibitors		
Donepezil HCl (Oral Tablet)	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	2	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	4	QL
Galantamine Hydrobromide (Oral Solution)	4	QL
Galantamine Hydrobromide (Oral Tablet)	4	QL
Rivastigmine Tartrate (Oral Capsule)	3	QL
Rivastigmine (Transdermal Patch 24 Hour)	4	ST; QL
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Memantine HCl (Oral Solution)	4	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
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	2	PA; QL
<b>Memantine HCl Titration Pak (Oral Tablet)</b>	3	PA
<b>Antidepressants</b>		
Antidepressants, Other		
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	2	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	2	
Bupropion HCl (Oral Tablet Immediate Release)	2	
Mirtazapine (Oral Tablet)	2	
Mirtazapine ODT (Oral Tablet Dispersible)	2	
<b>Monoamine Oxidase Inhibitors</b>		
<b>Emsam (Transdermal Patch 24 Hour)</b>	5	QL
<b>Marplan (Oral Tablet)</b>	4	
Phenelzine Sulfate (Oral Tablet)	3	
Tranylcypromine Sulfate (Oral Tablet)	4	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Citalopram Hydrobromide (Oral Solution)	3	
Citalopram Hydrobromide (Oral Tablet)	1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	3	QL
Escitalopram Oxalate (Oral Solution)	2	
Escitalopram Oxalate (Oral Tablet)	1	
<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>	4	ST; QL
<b>Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)</b>	4	ST
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	2	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	4	
Fluoxetine HCl (20MG/5ML Oral Solution)	2	
Fluvoxamine Maleate (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Maprotiline HCl (Oral Tablet)	4		Clomipramine HCl (Oral Capsule)	4	
Nefazodone HCl (Oral Tablet)	4		Desipramine HCl (Oral Tablet)	3	
Paroxetine HCl (Oral Tablet Immediate Release)	2		Doxepin HCl (Oral Capsule)	3	
<b>Paxil (Oral Suspension)</b>	4		Doxepin HCl (Oral Concentrate)	3	
Sertraline HCl (Oral Concentrate)	4		Imipramine HCl (Oral Tablet)	4	
Sertraline HCl (Oral Tablet)	1		Imipramine Pamoate (Oral Capsule)	4	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	1		Nortriptyline HCl (Oral Capsule)	2	
Trazodone HCl (300MG Oral Tablet)	2		Nortriptyline HCl (Oral Solution)	2	
<b>Trintellix (Oral Tablet)</b>	4	QL	Protriptyline HCl (Oral Tablet)	4	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	2		Trimipramine Maleate (Oral Capsule)	4	
Venlafaxine HCl (Oral Tablet Immediate Release)	3		<b>Antiemetics</b>		
<b>Viibryd (Oral Tablet)</b>	4	QL	Antiemetics, Other		
<b>Viibryd Starter Pack (Oral Kit)</b>	4	QL	Compro (Rectal Suppository)	4	
<b>Tricyclics</b>			Hydroxyzine Pamoate (Oral Capsule)	3	
Amitriptyline HCl (Oral Tablet)	4		Meclizine HCl (Oral Tablet)	2	
Amoxapine (Oral Tablet)	3		Metoclopramide HCl (5MG/5ML Oral Solution)	2	
			Metoclopramide HCl (Oral Tablet)	1	
			Perphenazine (Oral Tablet)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prochlorperazine Maleate (Oral Tablet)	2		<b>AmBisome (Intravenous Suspension Reconstituted)</b>	5	B/D, PA
Prochlorperazine (Rectal Suppository)	4		Amphotericin B (Intravenous Solution Reconstituted)	4	B/D, PA
Scopolamine (Transdermal Patch 72 Hour)	4		Ciclopirox (External Gel)	3	
<b>Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)</b>	4		Ciclopirox (External Shampoo)	3	
Emetogenic Therapy Adjuncts			Ciclopirox (External Solution)	3	
Aprepitant (Oral Therapy Pack, Oral Capsule)	4	PA	Ciclopirox Olamine (External Cream)	3	
<b>Cesamet (Oral Capsule)</b>	5	PA	Ciclopirox Olamine (External Suspension)	3	
Dronabinol (Oral Capsule)	4	PA	Clotrimazole (External Cream)	2	
Granisetron HCl (Oral Tablet)	4	B/D, PA; QL	Clotrimazole (External Solution)	2	
Ondansetron HCl (Oral Solution)	4	B/D, PA	Clotrimazole (Mouth/Throat Lozenge)	2	
Ondansetron HCl (Oral Tablet)	2	B/D, PA	Econazole Nitrate (External Cream)	4	QL
Ondansetron ODT (Oral Tablet Dispersible)	2	B/D, PA	<b>Eraxis (100MG Intravenous Solution Reconstituted)</b>	5	
<b>Sancuso (Transdermal Patch)</b>	5		<b>Eraxis (50MG Intravenous Solution Reconstituted)</b>	4	
Antifungals			<b>Exelderm (External Cream)</b>	4	
Antifungals			<b>Exelderm (External Solution)</b>	4	
<b>Abelcet (Intravenous Suspension)</b>	4	B/D, PA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluconazole in Sodium Chloride (Intravenous Solution)	4		<b>Mycamine (Intravenous Solution Reconstituted)</b>	5	
Fluconazole (Oral Suspension Reconstituted)	2		Naftifine HCl (External Cream)	4	
Fluconazole (Oral Tablet)	2		<b>Naftin (External Gel)</b>	4	
Flucytosine (Oral Capsule)	5		<b>Natacyn (Ophthalmic Suspension)</b>	4	
Griseofulvin Microsize (Oral Suspension)	4		<b>Noxafil (Oral Suspension)</b>	5	QL
Griseofulvin Microsize (Oral Tablet)	4		<b>Noxafil (Oral Tablet Delayed Release)</b>	5	PA; QL
Griseofulvin Ultramicrosize (Oral Tablet)	4		Nyamyc (External Powder)	2	
Itraconazole (Oral Capsule)	4	PA; QL	Nystatin (External Cream)	2	
Itraconazole (Oral Solution)	5	PA	Nystatin (External Ointment)	2	
<b>Jublia (External Solution)</b>	4		Nystatin (External Powder)	2	
Ketoconazole (External Cream)	2	QL	Nystatin (Mouth/Throat Suspension)	2	
Ketoconazole (External Shampoo)	2		Nystatin (Oral Tablet)	2	
Ketoconazole (Oral Tablet)	2		Nystop (External Powder)	2	
<b>Mentax (External Cream)</b>	4		Terbinafine HCl (Oral Tablet)	2	
Miconazole 3 (Vaginal Suppository)	3		Terconazole (Vaginal Cream)	3	
			Terconazole (Vaginal Suppository)	3	
			Voriconazole (Intravenous Solution Reconstituted)	5	

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
Voriconazole (Oral Suspension Reconstituted)	5	
Voriconazole (Oral Tablet)	4	
<b>Antigout Agents</b>		
Antigout Agents		
Allopurinol (Oral Tablet)	1	
<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)</b>	3	QL
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	3	QL
<b>Colcrys (Oral Tablet)</b>	3	QL
Probenecid (Oral Tablet)	2	
Probenecid-Colchicine (Oral Tablet)	2	
<b>Antimigraine Agents</b>		
Ergot Alkaloids		
Dihydroergotamine Mesylate (Nasal Solution)	5	
Ergotamine-Caffeine (Oral Tablet)	3	
Migergot (Rectal Suppository)	5	
Prophylactic		
<b>Aimovig (Subcutaneous Solution Auto-Injector)</b>	4	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Timolol Maleate (Oral Tablet)	3	
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
Naratriptan HCl (Oral Tablet)	3	QL
Rizatriptan Benzoate (Oral Tablet)	3	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	3	QL
Sumatriptan (Nasal Solution)	4	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	2	QL
<b>Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)</b>	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	4	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)</b>	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	4	QL
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<b>Guanidine HCl (Oral Tablet)</b>	3	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	4	
Pyridostigmine Bromide (Oral Solution)	5	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	3	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
Dapsone (Oral Tablet)	3	
Rifabutin (Oral Capsule)	4	
<b>Antituberculars</b>		
Ethambutol HCl (Oral Tablet)	3	
Isoniazid (Oral Syrup)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Isoniazid (Oral Tablet)	2	
Paser (Oral Packet)	4	
<b>Priftin (Oral Tablet)</b>	4	
Pyrazinamide (Oral Tablet)	4	
Rifampin (Intravenous Solution Reconstituted)	4	
Rifampin (Oral Capsule)	3	
<b>Rifater (Oral Tablet)</b>	5	
<b>Sirturo (Oral Tablet)</b>	5	PA; LA
<b>Trecator (Oral Tablet)</b>	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
Cyclophosphamide (Oral Capsule)	4	B/D, PA
<b>Gleostine (100MG Oral Capsule)</b>	5	
<b>Gleostine (10MG Oral Capsule, 40MG Oral Capsule)</b>	3	
<b>Leukeran (Oral Tablet)</b>	5	
<b>Matulane (Oral Capsule)</b>	5	LA
<b>Valchlor (External Gel)</b>	5	PA; LA
<b>Antiandrogens</b>		
Abiraterone Acetate (Oral Tablet)	5	PA; QL
Bicalutamide (Oral Tablet)	2	
<b>Erleada (Oral Tablet)</b>	5	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
Flutamide (Oral Capsule)	3		<b>Kisqali (400MG Dose) (Oral Tablet)</b>	5	PA; QL
Nilutamide (Oral Tablet)	5		<b>Kisqali (600MG Dose) (Oral Tablet)</b>	5	PA; QL
<b>Xtandi (Oral Capsule)</b>	5	PA; LA; QL	<b>Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)</b>	5	PA; QL
Antiangiogenic Agents			<b>Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)</b>	5	PA; QL
<b>Pomalyst (Oral Capsule)</b>	5	PA; QL	<b>Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)</b>	5	PA; QL
<b>Revlimid (Oral Capsule)</b>	5	PA; LA; QL	Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	3	
<b>Thalomid (Oral Capsule)</b>	5	PA; QL	Leucovorin Calcium (25MG Oral Tablet)	4	
Antiestrogens/Modifiers			<b>Lonsurf (Oral Tablet)</b>	5	PA; LA; QL
<b>Emcyt (Oral Capsule)</b>	5		<b>Lorbrena (Oral Tablet)</b>	5	PA; QL
<b>Soltamox (Oral Solution)</b>	5		<b>Ninlaro (Oral Capsule)</b>	5	PA; QL
Tamoxifen Citrate (Oral Tablet)	2		<b>Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	5	PA; QL
Toremifene Citrate (Oral Tablet)	5		<b>Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	5	PA; QL
Antimetabolites			<b>Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	5	PA; QL
<b>Droxia (Oral Capsule)</b>	4				
Hydroxyurea (Oral Capsule)	2				
Mercaptopurine (Oral Tablet)	3				
<b>Purixan (Oral Suspension)</b>	5	PA			
<b>Tabloid (Oral Tablet)</b>	4	PA			
Antineoplastics, Other					
<b>Copiktra (Oral Capsule)</b>	5	PA; QL			
<b>Kisqali (200MG Dose) (Oral Tablet)</b>	5	PA; QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Synribo (Subcutaneous Solution Reconstituted)</b>	5	PA
<b>Verzenio (Oral Tablet)</b>	5	PA; LA; QL
<b>Zolinza (Oral Capsule)</b>	5	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Oral Tablet)	1	
Exemestane (Oral Tablet)	4	
Letrozole (Oral Tablet)	2	
Enzyme Inhibitors		
<b>Balversa (Oral Tablet)</b>	5	PA; QL
<b>Rubraca (Oral Tablet)</b>	5	PA; LA; QL
<b>Talzenna (Oral Capsule)</b>	5	PA; LA; QL
<b>Zejula (Oral Capsule)</b>	5	PA; LA; QL
Molecular Target Inhibitors		
<b>Afinitor Disperz (Oral Tablet Soluble)</b>	5	PA
<b>Afinitor (Oral Tablet)</b>	5	PA
<b>Alecensa (Oral Capsule)</b>	5	PA; LA; QL
<b>Alunbrig (Oral Tablet)</b>	5	PA; LA; QL
<b>Alunbrig (Oral Tablet Therapy Pack)</b>	5	PA; LA; QL
<b>Bosulif (Oral Tablet)</b>	5	PA; QL
<b>Braftovi (Oral Capsule)</b>	5	PA
<b>Cabometyx (Oral Tablet)</b>	5	PA; LA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Calquence (Oral Capsule)</b>	5	PA; QL
<b>Caprelsa (Oral Tablet)</b>	5	PA; LA
<b>Cometriq (100MG Daily Dose) (Oral Kit)</b>	5	PA; LA
<b>Cometriq (140MG Daily Dose) (Oral Kit)</b>	5	PA; LA
<b>Cometriq (60MG Daily Dose) (Oral Kit)</b>	5	PA; LA
<b>Cotellic (Oral Tablet)</b>	5	PA; LA; QL
<b>Daurismo (Oral Tablet)</b>	5	PA; LA; QL
<b>Erivedge (Oral Capsule)</b>	5	PA; LA; QL
Erlotinib HCl (Oral Tablet)	5	PA; QL
<b>Farydak (Oral Capsule)</b>	5	PA
<b>Gilotrif (Oral Tablet)</b>	5	PA; LA
<b>Ibrance (Oral Capsule)</b>	5	PA; LA; QL
<b>Iclusig (Oral Tablet)</b>	5	PA; LA; QL
<b>IDHIFA (Oral Tablet)</b>	5	PA; LA; QL
Imatinib Mesylate (Oral Tablet)	5	PA; QL
<b>Imbruvica (Oral Capsule)</b>	5	PA; LA; QL
<b>Imbruvica (Oral Tablet)</b>	5	PA; QL
<b>Inlyta (Oral Tablet)</b>	5	PA; LA; QL
<b>Iressa (Oral Tablet)</b>	5	PA; LA; QL
<b>Jakafi (Oral Tablet)</b>	5	PA; LA; QL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)</b>	5	PA; LA	<b>Stivarga (Oral Tablet)</b>	5	PA; LA; QL
<b>Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)</b>	5	PA; LA	<b>Sutent (Oral Capsule)</b>	5	PA; QL
<b>Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)</b>	5	PA; LA	<b>Tafinlar (Oral Capsule)</b>	5	PA; LA
<b>Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)</b>	5	PA; LA	<b>Tagrisso (Oral Tablet)</b>	5	PA; LA; QL
<b>Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)</b>	5	PA; LA	<b>Tasigna (Oral Capsule)</b>	5	PA; QL
<b>Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)</b>	5	PA; LA	<b>Tibsovo (Oral Tablet)</b>	5	PA; QL
<b>Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)</b>	5	PA; LA	<b>Tykerb (Oral Tablet)</b>	5	PA; LA
<b>Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)</b>	5	PA; LA	<b>Venclexta (100MG Oral Tablet, 50MG Oral Tablet)</b>	5	PA; LA; QL
<b>Lynparza (Oral Tablet)</b>	5	PA; LA; QL	<b>Venclexta (10MG Oral Tablet)</b>	3	PA; LA; QL
<b>Mekinist (Oral Tablet)</b>	5	PA; LA	<b>Venclexta Starting Pack (Oral Tablet Therapy Pack)</b>	5	PA; LA
<b>Mektovi (Oral Tablet)</b>	5	PA	<b>Vitrakvi (Oral Capsule)</b>	5	PA; LA; QL
<b>Nerlynx (Oral Tablet)</b>	5	PA; LA; QL	<b>Vitrakvi (Oral Solution)</b>	5	PA; LA; QL
<b>Nexavar (Oral Tablet)</b>	5	PA; LA	<b>Vizimpro (Oral Tablet)</b>	5	PA; LA; QL
<b>Odomzo (Oral Capsule)</b>	5	PA; LA; QL	<b>Votrient (Oral Tablet)</b>	5	PA; LA; QL
<b>Rydapt (Oral Capsule)</b>	5	PA; QL	<b>Xalkori (Oral Capsule)</b>	5	PA; LA
<b>Sprycel (Oral Tablet)</b>	5	PA; QL	<b>Xospata (Oral Tablet)</b>	5	PA; QL
			<b>Zelboraf (Oral Tablet)</b>	5	PA; LA; QL
			<b>Zydelig (Oral Tablet)</b>	5	PA; LA; QL
			<b>Zykadia (Oral Capsule)</b>	5	PA; QL
			<b>Zykadia (Oral Tablet)</b>	5	PA; QL
			<b>Retinoids</b>		
			<b>Bexarotene (Oral Capsule)</b>	5	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Panretin (External Gel)</b>	5		Hydroxychloroquine Sulfate (Oral Tablet)	2	
<b>Targretin (External Gel)</b>	5	PA	Mefloquine HCl (Oral Tablet)	2	
Tretinoin (Oral Capsule)	5		<b>Nebupent (Inhalation Solution Reconstituted)</b>	4	B/D, PA; QL
Treatment Adjuncts			<b>PENTAM 300 (Injection Solution Reconstituted)</b>	4	
<b>Mesnex (Oral Tablet)</b>	5		Primaquine Phosphate (Oral Tablet)	4	
Antiparasitics			Quinine Sulfate (Oral Capsule)	4	PA
Anthelmintics			Pediculicides/Scabicides		
Albendazole (Oral Tablet)	5	QL	<b>Eurax (External Cream)</b>	4	
Ivermectin (Oral Tablet)	3		<b>Eurax (External Lotion)</b>	4	
Praziquantel (Oral Tablet)	4		Lindane (External Shampoo)	4	
Antiprotozoals			Malathion (External Lotion)	4	
<b>Alinia (Oral Suspension Reconstituted)</b>	5		Permethrin (External Cream)	3	
<b>Alinia (Oral Tablet)</b>	5		Antiparkinson Agents		
Atovaquone (Oral Suspension)	5		Anticholinergics		
Atovaquone-Proguanil HCl (Oral Tablet)	3		Benzotropine Mesylate (Oral Tablet)	2	
<b>Benznidazole (Oral Tablet)</b>	4		Trihexyphenidyl HCl (Oral Elixir)	2	
Chloroquine Phosphate (Oral Tablet)	2		Trihexyphenidyl HCl (Oral Tablet)	2	
<b>Coartem (Oral Tablet)</b>	4		Antiparkinson Agents, Other		
<b>DARAPRIM (Oral Tablet)</b>	5				

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
Amantadine HCl (Oral Capsule)	3		Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	
Amantadine HCl (Oral Syrup)	2		Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	2	
Amantadine HCl (Oral Tablet)	3		Carbidopa-Levodopa-Entacapone (Oral Tablet)	4	
Entacapone (Oral Tablet)	4		<b>Rytary (Oral Capsule Extended Release)</b>	4	ST
Tolcapone (Oral Tablet)	5	QL	<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<b>Dopamine Agonists</b>			Rasagiline Mesylate (Oral Tablet)	4	
<b>Apokyn (Subcutaneous Solution Cartridge)</b>	5	PA; LA; QL	Selegiline HCl (Oral Capsule)	3	
Bromocriptine Mesylate (Oral Capsule)	3		Selegiline HCl (Oral Tablet)	3	
Bromocriptine Mesylate (Oral Tablet)	3		<b>Zelapar (Oral Tablet Dispersible)</b>	5	
<b>Neupro (Transdermal Patch 24 Hour)</b>	4		<b>Antipsychotics</b>		
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	2		<b>1st Generation/Typical</b>		
Ropinirole HCl (Oral Tablet Immediate Release)	2		Chlorpromazine HCl (Oral Tablet)	4	
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>			Fluphenazine Decanoate (Injection Solution)	4	
Carbidopa (Oral Tablet)	4		Fluphenazine HCl (2.5MG/ML Injection Solution)	4	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	1		Fluphenazine HCl (5MG/ML Oral Concentrate)	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
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	4		<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER)</b>	5	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	2		Aripiprazole (1MG/ML Oral Solution)	4	QL
Haloperidol Decanoate (Intramuscular Solution)	4		Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	3	QL
Haloperidol Lactate (Injection Solution)	4		Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	5	QL
Haloperidol Lactate (Oral Concentrate)	2		<b>Aristada Initio (Intramuscular Prefilled Syringe)</b>	5	
Haloperidol (Oral Tablet)	2		<b>Aristada (Intramuscular Prefilled Syringe)</b>	5	
Loxapine Succinate (Oral Capsule)	2		<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	5	ST; QL
Molindone HCl (Oral Tablet)	4		<b>Fanapt (1MG Oral Tablet, 2MG Oral Tablet)</b>	4	ST; QL
Pimozide (Oral Tablet)	4		<b>Fanapt Titration Pack (Oral Tablet)</b>	4	ST
Thioridazine HCl (Oral Tablet)	3				
Thiothixene (Oral Capsule)	3				
Trifluoperazine HCl (Oral Tablet)	3				
2nd Generation/Atypical					
<b>Abilify Maintena (Intramuscular Prefilled Syringe)</b>	5				

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
<b>Geodon (Intramuscular Solution Reconstituted)</b>	4		Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	2	QL
<b>Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)</b>	5		Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	4	QL
<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)</b>	4		Paliperidone ER (Oral Tablet Extended Release 24 Hour)	4	QL
<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe)</b>	5		<b>Perseris (Subcutaneous Prefilled Syringe)</b>	5	
<b>Latuda (Oral Tablet)</b>	5	QL	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	3	QL
<b>Nuplazid (Oral Capsule)</b>	5	PA; QL	Quetiapine Fumarate (Oral Tablet Immediate Release)	2	QL
<b>Nuplazid (Oral Tablet)</b>	5	PA; QL	<b>Rexulti (Oral Tablet)</b>	5	QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted, 25MG Intramuscular Suspension Reconstituted)</b>	4		<b>Saphris (Tablet Sublingual)</b>	5	QL
<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted, 50MG Intramuscular Suspension Reconstituted)</b>	5		<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	5	ST; QL
Risperidone (1MG/ML Oral Solution)	4		<b>Vraylar (Oral Capsule Therapy Pack)</b>	4	ST
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	2		Ziprasidone HCl (Oral Capsule)	3	QL
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	4		<b>Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)</b>	4	
			Treatment-Resistant		
			Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	3	
			Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	4	QL
			<b>Versacloz (Oral Suspension)</b>	5	
			Antivirals		

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
<b>Anti-cytomegalovirus (CMV) Agents</b>		
Valganciclovir HCl (Oral Solution Reconstituted)	5	QL
Valganciclovir HCl (Oral Tablet)	5	QL
<b>Zirgan (Ophthalmic Gel)</b>	4	
<b>Anti-hepatitis B (HBV) Agents</b>		
Adefovir Dipivoxil (Oral Tablet)	5	
<b>Baraclude (Oral Solution)</b>	4	
Entecavir (Oral Tablet)	4	
<b>Epivir HBV (Oral Solution)</b>	4	
Lamivudine (100MG Oral Tablet)	3	
<b>Vemlidy (Oral Tablet)</b>	5	QL
<b>Anti-hepatitis C (HCV) Agents, Other</b>		
<b>Intron A (Injection Solution)</b>	5	PA; LA
<b>Intron A (Injection Solution Reconstituted)</b>	5	PA; LA
<b>Pegasys ProClick (Subcutaneous Solution)</b>	5	PA
<b>Pegasys (Subcutaneous Solution)</b>	5	PA
Ribasphere (600MG Oral Tablet)	3	
Ribavirin (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Sylatron (Subcutaneous Kit)</b>	5	PA
<b>Anti-hepatitis C (HCV) Direct Acting Agents</b>		
<b>Daklinza (30MG Oral Tablet, 60MG Oral Tablet)</b>	5	PA; QL
<b>Epclusa (Oral Tablet)</b>	5	PA; QL
<b>Mavyret (Oral Tablet)</b>	5	PA; QL
Sofosbuvir-Velpatasvir (Oral Tablet)	5	PA; QL
<b>Sovaldi (Oral Tablet)</b>	5	PA; QL
<b>Vosevi (Oral Tablet)</b>	5	PA; QL
<b>Antitherpetic Agents</b>		
Acyclovir (External Ointment)	4	QL
Acyclovir (Oral Capsule)	2	
Acyclovir (Oral Suspension)	3	
Acyclovir (Oral Tablet)	1	
Acyclovir Sodium (Intravenous Solution)	4	B/D, PA
<b>Denavir (External Cream)</b>	5	QL
Famciclovir (Oral Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Oral Tablet)	3	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
<b>Dovato (Oral Tablet)</b>	5	QL
<b>Genvoya (Oral Tablet)</b>	5	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Isentress HD (Oral Tablet)</b>	5	QL
<b>Isentress (Oral Packet)</b>	4	QL
<b>Isentress (Oral Tablet)</b>	5	QL
<b>Isentress (100MG Oral Tablet Chewable)</b>	5	QL
<b>Isentress (25MG Oral Tablet Chewable)</b>	3	QL
<b>Stribild (Oral Tablet)</b>	5	QL
<b>Tivicay (10MG Oral Tablet)</b>	4	QL
<b>Tivicay (25MG Oral Tablet, 50MG Oral Tablet)</b>	5	QL
<b>Triumeq (Oral Tablet)</b>	5	QL
<b>Tybost (Oral Tablet)</b>	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
<b>Atripla (Oral Tablet)</b>	5	QL
<b>Complera (Oral Tablet)</b>	5	QL
<b>Delstrigo (Oral Tablet)</b>	5	QL
<b>Edurant (Oral Tablet)</b>	5	QL
Efavirenz (Oral Capsule)	4	QL
Efavirenz (Oral Tablet)	5	QL
<b>Intelence (100MG Oral Tablet, 200MG Oral Tablet)</b>	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Intelence (25MG Oral Tablet)</b>	4	QL
<b>Juluca (Oral Tablet)</b>	5	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	4	QL
Nevirapine (Oral Suspension)	4	QL
Nevirapine (Oral Tablet Immediate Release)	3	QL
<b>Odefsey (Oral Tablet)</b>	5	QL
<b>Pifeltro (Oral Tablet)</b>	5	QL
<b>Rescriptor (Oral Tablet)</b>	4	QL
<b>Symfi Lo (Oral Tablet)</b>	5	QL
<b>Symfi (Oral Tablet)</b>	5	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir Sulfate (Oral Solution)	4	QL
Abacavir Sulfate (Oral Tablet)	4	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	4	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	5	QL
<b>Biktarvy (Oral Tablet)</b>	5	QL
<b>Cimduo (Oral Tablet)</b>	5	QL
<b>Descovy (Oral Tablet)</b>	5	QL
Didanosine (Oral 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
<b>Emtriva (Oral Capsule)</b>	4	QL	<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	5	QL
<b>Emtriva (Oral Solution)</b>	4	QL	<b>Selzentry (Oral Solution)</b>	5	QL
Lamivudine (10MG/ML Oral Solution)	3	QL	<b>Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)</b>	5	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	3	QL	<b>Selzentry (25MG Oral Tablet)</b>	3	QL
Lamivudine-Zidovudine (Oral Tablet)	4	QL	Anti-HIV Agents, Protease Inhibitors		
Stavudine (Oral Capsule)	3	QL	<b>Aptivus (Oral Capsule)</b>	5	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	4	QL	<b>Aptivus (Oral Solution)</b>	5	QL
<b>Truvada (Oral Tablet)</b>	5	QL	Atazanavir Sulfate (Oral Capsule)	5	QL
<b>Videx EC (125MG Oral Capsule Delayed Release)</b>	4	QL	<b>Crixivan (Oral Capsule)</b>	3	QL
<b>Videx (4GM Oral Solution Reconstituted)</b>	4	QL	<b>Evotaz (Oral Tablet)</b>	5	QL
<b>Viread (Oral Powder)</b>	5	QL	Fosamprenavir Calcium (Oral Tablet)	5	QL
<b>Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	5	QL	<b>Invirase (Oral Tablet)</b>	5	QL
Zidovudine (Oral Capsule)	3	QL	<b>Kaletra (100-25MG Oral Tablet)</b>	4	QL
Zidovudine (Oral Syrup)	3	QL	<b>Kaletra (200-50MG Oral Tablet)</b>	5	QL
Zidovudine (Oral Tablet)	3	QL	<b>Lexiva (Oral Suspension)</b>	4	QL
Anti-HIV Agents, Other			Lopinavir-Ritonavir (Oral Solution)	4	QL
			<b>Norvir (Oral Packet)</b>	4	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
<b>Norvir (Oral Solution)</b>	4	QL	Hydroxyzine HCl (Oral Syrup)	3	
<b>Prezcobix (Oral Tablet)</b>	5	QL	Hydroxyzine HCl (Oral Tablet)	3	
<b>Prezista (Oral Suspension)</b>	5	QL	<b>Benzodiazepines</b>		
<b>Prezista (150MG Oral Tablet, 75MG Oral Tablet)</b>	4	QL	Alprazolam (Oral Tablet Immediate Release)	1	QL
<b>Prezista (600MG Oral Tablet, 800MG Oral Tablet)</b>	5	QL	Chlordiazepoxide HCl (Oral Capsule)	2	
<b>Reyataz (Oral Packet)</b>	5	QL	Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	2	QL
Ritonavir (Oral Tablet)	3	QL	Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	4	QL
<b>Symtuza (Oral Tablet)</b>	5	QL	Clorazepate Dipotassium (Oral Tablet)	3	QL
<b>Viracept (Oral Tablet)</b>	5	QL	Diazepam Intensol (5MG/ML Oral Concentrate)	2	QL
<b>Anti-influenza Agents</b>			Diazepam (5MG/5ML Oral Solution)	2	
Oseltamivir Phosphate (Oral Capsule)	3	QL	Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	2	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	3	QL			
<b>Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)</b>	3	QL			
Rimantadine HCl (Oral Tablet)	4				
<b>Xofluza (Oral Tablet Therapy Pack)</b>	3	QL			
<b>Anxiolytics</b>					
<b>Anxiolytics, Other</b>					
Bupirone HCl (Oral Tablet)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lorazepam (2MG/ML Oral Concentrate)	2	QL	<b>Bydureon (Subcutaneous Pen-Injector)</b>	3	QL
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	1	QL	<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	4	QL
<b>Bipolar Agents</b>			<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	4	QL
<b>Mood Stabilizers</b>			<b>Cycloset (Oral Tablet)</b>	4	PA; QL
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	2		Glimepiride (Oral Tablet)	1	QL
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	2		Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL
Divalproex Sodium (Oral Tablet Delayed Release)	2		Glipizide (Oral Tablet Immediate Release)	1	QL
Lithium Carbonate ER (Oral Tablet Extended Release)	2		Glipizide-Metformin HCl (Oral Tablet)	1	QL
Lithium Carbonate (Oral Capsule)	2		<b>Glyxambi (Oral Tablet)</b>	3	QL
Lithium Carbonate (Oral Tablet Immediate Release)	2		<b>Invokamet (Oral Tablet Immediate Release)</b>	3	QL
<b>Lithium (Oral Solution)</b>	3		<b>Invokamet XR (Oral Tablet Extended Release 24 Hour)</b>	3	QL
<b>Blood Glucose Regulators</b>			<b>Invokana (Oral Tablet)</b>	3	QL
<b>Antidiabetic Agents</b>			<b>Janumet (Oral Tablet Immediate Release)</b>	3	QL
Acarbose (Oral Tablet)	1	QL	<b>Janumet XR (Oral Tablet Extended Release 24 Hour)</b>	3	QL
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	3	QL	<b>Januvia (Oral Tablet)</b>	3	QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Jardiance (Oral Tablet)</b>	3	QL	<b>Riomet (Oral Solution)</b>	4	QL
<b>Jentaduetto (Oral Tablet Immediate Release)</b>	3	QL	<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	3	QL
<b>Jentaduetto XR (Oral Tablet Extended Release 24 Hour)</b>	3	QL	<b>SymlinPen 120 (Subcutaneous Solution Pen-Injector)</b>	5	PA
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL	<b>SymlinPen 60 (Subcutaneous Solution Pen-Injector)</b>	5	PA
Metformin HCl (Oral Tablet Immediate Release)	1	QL	<b>Synjardy (Oral Tablet Immediate Release)</b>	3	QL
Migliitol (Oral Tablet)	4	QL	<b>Synjardy XR (Oral Tablet Extended Release 24 Hour)</b>	3	QL
Nateglinide (Oral Tablet)	1	QL	<b>Tradjenta (Oral Tablet)</b>	3	QL
<b>Ozempic (Subcutaneous Solution Pen-Injector)</b>	3	QL	<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	3	QL
Pioglitazone HCl (Oral Tablet)	1	QL	<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	3	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	1	QL	Glycemic Agents		
Pioglitazone HCl-Metformin HCl (Oral Tablet)	1	QL	<b>GlucaGen HypoKit (Injection Solution Reconstituted)</b>	4	
Repaglinide (Oral Tablet)	1	QL	<b>Glucagon Emergency (Injection Kit)</b>	3	
Repaglinide-Metformin HCl (Oral Tablet)	4	QL	<b>Proglycem (Oral Suspension)</b>	5	
			Insulins		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)</b>	3		<b>Humulin 70/30 (Subcutaneous Suspension)</b>	3	
<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector)</b>	3		<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)</b>	3	
<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	3		<b>Humulin N (Subcutaneous Suspension)</b>	3	
<b>Humalog Mix 50/50 (Subcutaneous Suspension)</b>	3		<b>Humulin R (Injection Solution)</b>	3	
<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	3		<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution)</b>	3	
<b>Humalog Mix 75/25 (Subcutaneous Suspension)</b>	3		<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)</b>	3	
<b>Humalog (Subcutaneous Solution)</b>	3		Insulin Lispro (Subcutaneous Solution)	3	
<b>Humalog (Subcutaneous Solution Cartridge)</b>	3		Insulin Lispro (Subcutaneous Solution Pen-Injector)	3	
<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	3		<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector)</b>	3	
			<b>Lantus (Subcutaneous Solution)</b>	3	
			<b>Levemir FlexTouch (Subcutaneous Solution Pen-Injector)</b>	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
<b>Levemir (Subcutaneous Solution)</b>	3		Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	4	
<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)</b>	3		Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	3	
<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector)</b>	3		Heparin Sodium (1000UNIT/ML Injection Solution)	3	B/D, PA
<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)</b>	3		Jantoven (Oral Tablet)	1	
<b>Tresiba (Subcutaneous Solution)</b>	3		Warfarin Sodium (Oral Tablet)	1	
<b>Blood Products/Modifiers/Volume Expanders</b>			<b>Xarelto (Oral Tablet)</b>	3	QL
<b>Anticoagulants</b>			<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	3	QL
<b>Coumadin (Oral Tablet)</b>	4		<b>Blood Formation Modifiers</b>		
<b>Eliquis (Oral Tablet)</b>	3	QL	Anagrelide HCl (Oral Capsule)	3	
<b>Eliquis Starter Pack (Oral Tablet)</b>	3	QL	<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)</b>	5	PA
Enoxaparin Sodium (Subcutaneous Solution)	4	QL			
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	5				

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)</b>	4	PA	<b>Granix (Subcutaneous Solution)</b>	5	ST
<b>Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)</b>	5	PA	<b>Granix (Subcutaneous Solution Prefilled Syringe)</b>	5	ST
<b>Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)</b>	4	PA	<b>Leukine (Injection Solution Reconstituted)</b>	5	PA
			<b>Neulasta (Subcutaneous Solution Prefilled Syringe)</b>	5	PA
			<b>Neupogen (Injection Solution)</b>	5	ST
			<b>Neupogen (Injection Solution Prefilled Syringe)</b>	5	ST
			<b>Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)</b>	4	PA
			<b>Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)</b>	5	PA
			<b>Promacta (Oral Packet)</b>	5	PA; LA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Promacta (Oral Tablet)</b>	5	PA; LA; QL
<b>Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)</b>	4	PA
<b>Retacrit (40000UNIT/ML Injection Solution)</b>	5	PA
<b>Udenyca (Subcutaneous Solution Prefilled Syringe)</b>	5	PA
<b>Zarxio (Injection Solution Prefilled Syringe)</b>	5	
Hemostasis Agents		
Tranexamic Acid (Oral Tablet)	3	
Platelet Modifying Agents		
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	3	QL
<b>Brilinta (Oral Tablet)</b>	3	QL
<b>Cablivi (Injection Kit)</b>	5	PA; QL
Cilostazol (Oral Tablet)	2	
Clopidogrel Bisulfate (75MG Oral Tablet)	2	QL
Prasugrel HCl (Oral Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (Oral Tablet Immediate Release)	1	
Clonidine (Transdermal Patch Weekly)	4	
Methyldopa (Oral Tablet)	3	
Midodrine HCl (Oral Tablet)	3	
<b>Northera (Oral Capsule)</b>	5	PA; LA; QL
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Oral Tablet)	2	
Phenoxybenzamine HCl (Oral Capsule)	5	
Prazosin HCl (Oral Capsule)	2	
Angiotensin II Receptor Antagonists		
Candesartan Cilexetil (Oral Tablet)	1	QL
<b>Edarbi (Oral Tablet)</b>	4	QL
Eprosartan Mesylate (Oral Tablet)	1	QL
Irbesartan (Oral Tablet)	1	QL
Losartan Potassium (Oral Tablet)	1	QL
Olmesartan Medoxomil (Oral Tablet)	1	QL
Telmisartan (Oral 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
Valsartan (Oral Tablet)	1	QL	Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	4	
Angiotensin-converting Enzyme (ACE) Inhibitors			Propafenone HCl (Oral Tablet)	2	
Benazepril HCl (Oral Tablet)	1	QL	Quinidine Gluconate ER (Oral Tablet Extended Release)	4	
Captopril (Oral Tablet)	1	QL	Quinidine Sulfate (Oral Tablet)	2	
Enalapril Maleate (Oral Tablet)	1	QL	Sotalol HCl (AF) (120MG Oral Tablet)	2	
Fosinopril Sodium (Oral Tablet)	1	QL	Sotalol HCl (Oral Tablet)	2	
Lisinopril (Oral Tablet)	1	QL	Beta-adrenergic Blocking Agents		
Moexipril HCl (Oral Tablet)	1	QL	Acebutolol HCl (Oral Capsule)	2	
Perindopril Erbumine (Oral Tablet)	1	QL	Atenolol (Oral Tablet)	1	
Quinapril HCl (Oral Tablet)	1	QL	Betaxolol HCl (Oral Tablet)	3	
Ramipril (Oral Capsule)	1	QL	Bisoprolol Fumarate (Oral Tablet)	2	
Trandolapril (Oral Tablet)	1	QL	<b>Bystolic (Oral Tablet)</b>	3	QL
Antiarrhythmics			Carvedilol (Oral Tablet)	1	
Amiodarone HCl (200MG Oral Tablet)	1		Labetalol HCl (Oral Tablet)	2	
Dofetilide (Oral Capsule)	4		Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1	
Flecainide Acetate (Oral Tablet)	2		Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	
Mexiletine HCl (Oral Capsule)	3				
<b>Multaq (Oral Tablet)</b>	3	QL			
Pacerone (200MG Oral Tablet)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nadolol (Oral Tablet)	4		Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	2	
Pindolol (Oral Tablet)	3		Diltiazem HCl (Oral Tablet Immediate Release)	2	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	2		Dilt-XR (Oral Capsule Extended Release 24 Hour)	2	
Propranolol HCl (Oral Solution)	2		Felodipine ER (Oral Tablet Extended Release 24 Hour)	2	
Propranolol HCl (Oral Tablet)	2		Matzim LA (Oral Tablet Extended Release 24 Hour)	2	
<b>Calcium Channel Blocking Agents</b>			Nicardipine HCl (Oral Capsule)	3	
Amlodipine Besylate (Oral Tablet)	1		Nifedipine ER (Oral Tablet Extended Release 24 Hour)	2	QL
Cartia XT (Oral Capsule Extended Release 24 Hour)	2		Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	2	QL
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	2		Nimodipine (Oral Capsule)	4	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	2		<b>Nymalize (60MG/20ML Oral Solution)</b>	5	
			Taztia XT (Oral Capsule Extended Release 24 Hour)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	3		Amlodipine-Olmesartan (Oral Tablet)	2	QL
<b>Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)</b>	3		Amlodipine-Valsartan (Oral Tablet)	2	QL
Verapamil HCl ER (Oral Tablet Extended Release)	2		Amlodipine-Valsartan-HCTZ (Oral Tablet)	2	QL
Verapamil HCl (Oral Tablet Immediate Release)	2		Atenolol-Chlorthalidone (Oral Tablet)	1	
Cardiovascular Agents, Other			Benazepril-Hydrochlorothiazide (Oral Tablet)	1	QL
Aliskiren Fumarate (Oral Tablet)	4	QL	<b>BiDil (Oral Tablet)</b>	3	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	2		Bisoprolol-Hydrochlorothiazide (Oral Tablet)	2	QL
Amlodipine-Atorvastatin (Oral Tablet)	2	QL	Candesartan Cilexetil-HCTZ (Oral Tablet)	1	QL
Amlodipine-Benazepril (Oral Capsule)	1	QL	Captopril-Hydrochlorothiazide (Oral Tablet)	1	QL
			<b>Corlanor (Oral Tablet)</b>	4	PA; QL
			<b>Demser (Oral Capsule)</b>	5	
			Digitek (Oral Tablet)	2	
			Digox (Oral Tablet)	2	
			<b>Digoxin (Oral Solution)</b>	3	
			Digoxin (Oral Tablet)	2	
			<b>Edarbyclor (Oral Tablet)</b>	4	QL
			Enalapril-Hydrochlorothiazide (Oral 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
<b>Entresto (Oral Tablet)</b>	3	QL	Ranolazine ER (Oral Tablet Extended Release 12 Hour)	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	1	QL	Spironolactone-HCTZ (Oral Tablet)	2	
Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL	Telmisartan-Amlodipine (Oral Tablet)	1	QL
<b>Lanoxin (Oral Tablet)</b>	4		Telmisartan-HCTZ (Oral Tablet)	1	QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL	Triamterene-HCTZ (Oral Capsule)	2	
Losartan Potassium-HCTZ (Oral Tablet)	1	QL	Triamterene-HCTZ (Oral Tablet)	2	
Methyldopa-Hydrochlorothiazide (Oral Tablet)	3		Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	2		<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
Nadolol-Bendroflumethiazide (40-5MG Oral Tablet)	3		Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	4	
Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL	Acetazolamide (Oral Tablet)	3	
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	2	QL	Methazolamide (Oral Tablet)	4	
Pentoxifylline ER (Oral Tablet Extended Release)	2		<b>Diuretics, Loop</b>		
Propranolol-HCTZ (Oral Tablet)	2		Bumetanide (Injection Solution)	4	
Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL	Bumetanide (Oral Tablet)	1	
			Ethacrynic Acid (Oral Tablet)	4	
			Furosemide (Injection Solution)	4	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Furosemide (Oral Solution)	2		Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule)	2	
Furosemide (Oral Tablet)	1		Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	2	
Torsemide (Oral Tablet)	2		Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	1	
Diuretics, Potassium-sparing			Fenofibric Acid (Oral Capsule Delayed Release)	3	
Amiloride HCl (Oral Tablet)	2		<b>Fenofibric Acid (105MG Oral Tablet)</b>	3	
<b>Dyrenium (Oral Capsule)</b>	4		Fenofibric Acid (35MG Oral Tablet)	3	
Eplerenone (Oral Tablet)	3		Gemfibrozil (Oral Tablet)	2	
Spirolactone (Oral Tablet)	2		Dyslipidemics, HMG CoA Reductase Inhibitors		
Diuretics, Thiazide			Atorvastatin Calcium (Oral Tablet)	1	QL
Chlorothiazide (Oral Tablet)	2		Fluvastatin Sodium (Oral Capsule)	2	QL
Chlorthalidone (Oral Tablet)	2		<b>Livalo (Oral Tablet)</b>	3	QL
<b>Diuril (Oral Suspension)</b>	4		Lovastatin (Oral Tablet)	1	QL
Hydrochlorothiazide (Oral Capsule)	1		Pravastatin Sodium (Oral Tablet)	1	QL
Hydrochlorothiazide (Oral Tablet)	1		Rosuvastatin Calcium (Oral Tablet)	1	QL
Indapamide (Oral Tablet)	2		Simvastatin (Oral Tablet)	1	QL
Methyclothiazide (5MG Oral Tablet)	3		Dyslipidemics, Other		
Metolazone (Oral Tablet)	3				
Dyslipidemics, Fibric Acid Derivatives					

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cholestyramine Light (Oral Powder)	4		<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	4	PA; QL
Cholestyramine (Oral Packet)	4		<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	4	PA; QL
Colesevelam HCl (Oral Packet)	3		<b>Vascepa (Oral Capsule)</b>	4	
Colesevelam HCl (Oral Tablet)	3		Vasodilators, Direct-acting Arterial		
Colestipol HCl (Oral Packet)	4		Hydralazine HCl (Oral Tablet)	2	
Colestipol HCl (Oral Tablet)	3		Minoxidil (Oral Tablet)	2	
Ezetimibe (Oral Tablet)	2	QL	Vasodilators, Direct-acting Arterial/Venous		
Ezetimibe-Simvastatin (Oral Tablet)	3	QL	Isosorbide Dinitrate ER (Oral Tablet Extended Release)	2	
<b>Juxtapid (Oral Capsule)</b>	5	PA; LA	Isosorbide Dinitrate (Oral Tablet Immediate Release)	2	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	4		Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	2	
Niacor (Oral Tablet)	2		Isosorbide Mononitrate (Oral Tablet Immediate Release)	2	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	4	QL	Minitran (Transdermal Patch 24 Hour)	2	
<b>Praluent (Subcutaneous Solution Pen-Injector)</b>	4	PA; LA; QL	Nitro-Bid (Transdermal Ointment)	4	
Prevalite (Oral Packet)	4		Nitroglycerin (Tablet Sublingual)	2	
<b>Repatha Pushtronex System (Subcutaneous Solution Cartridge)</b>	4	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
Nitroglycerin (Transdermal Patch 24 Hour)	2		Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	4	PA
Nitroglycerin (Translingual Solution)	3		Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	4	
<b>Nitrostat (Tablet Sublingual)</b>	3		Dexmethylphenidate HCl (Oral Tablet)	3	QL
<b>Rectiv (Rectal Ointment)</b>	4		Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	4	
Central Nervous System Agents			Metadate ER (Oral Tablet Extended Release)	4	QL
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	4	QL
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	4	QL	Methylphenidate HCl (Oral Solution)	4	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	3	QL	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	3	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	4	QL	Central Nervous System, Other		
Dextroamphetamine Sulfate (Oral Tablet)	4	QL	<b>Austedo (Oral Tablet)</b>	5	PA; LA; QL
<b>Vyvanse (Oral Capsule)</b>	4		<b>Ingrezza (Oral Capsule)</b>	5	PA; QL
<b>Vyvanse (Oral Tablet Chewable)</b>	4		<b>Ingrezza (Oral Capsule Therapy Pack)</b>	5	PA; QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	3	PA; QL
Atomoxetine HCl (Oral Capsule)	4	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	3	PA; QL
<b>Nuedexta (Oral Capsule)</b>	4	PA
Riluzole (Oral Tablet)	3	
Tetrabenazine (Oral Tablet)	5	PA; LA; QL
<b>Fibromyalgia Agents</b>		
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	2	QL
<b>Lyrica (Oral Capsule)</b>	3	QL
<b>Lyrica (Oral Solution)</b>	3	QL
<b>Savella (Oral Tablet)</b>	3	
<b>Savella Titration Pack (Oral Tablet)</b>	3	
<b>Multiple Sclerosis Agents</b>		
<b>Ampyra (Oral Tablet Extended Release 12 Hour)</b>	5	QL
<b>Aubagio (Oral Tablet)</b>	5	LA; QL
<b>Avonex (30MCG Intramuscular Kit)</b>	5	QL
<b>Avonex Pen (Intramuscular Auto-Injector Kit)</b>	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit)</b>	5	QL
<b>Betaseron (Subcutaneous Kit)</b>	5	QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	5	QL
<b>Gilenya (0.5MG Oral Capsule)</b>	5	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	5	QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	5	QL
<b>Mayzent (Oral Tablet)</b>	5	QL
<b>Rebif Rebidose (Subcutaneous Solution Auto-Injector)</b>	5	QL
<b>Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)</b>	5	QL
<b>Rebif (Subcutaneous Solution Prefilled Syringe)</b>	5	QL
<b>Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)</b>	5	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
<b>Tecfidera Starter Pack (Oral)</b>	5	LA	Calcipotriene (External Ointment)	4	
<b>Tecfidera (Oral Capsule Delayed Release)</b>	5	LA; QL	Calcipotriene (External Solution)	3	
Dental and Oral Agents			<b>Calcitriol (External Ointment)</b>	4	
Dental and Oral Agents			<b>Carac (External Cream)</b>	5	PA
Chlorhexidine Gluconate (Mouth Solution)	2		Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	4	PA
Pilocarpine HCl (Oral Tablet)	4		Clindamycin Phosphate (External Gel)	3	
Triamcinolone Acetonide (Dental Paste)	3		Clindamycin Phosphate (External Lotion)	3	
Dermatological Agents			Clindamycin Phosphate (External Solution)	3	
Dermatological Agents			Clindamycin Phosphate (External Swab)	3	
Acitretin (Oral Capsule)	4		Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel)	4	
Adapalene (External Cream)	4		Clotrimazole-Betamethasone (External Cream)	3	
Adapalene (0.1% External Gel)	3		Clotrimazole-Betamethasone (External Lotion)	4	
Ammonium Lactate (External Cream)	3		<b>Cortisporin (External Cream)</b>	4	
Ammonium Lactate (External Lotion)	3				
Azelaic Acid (External Gel)	4				
Benzoyl Peroxide-Erythromycin (External Gel)	4				
Calcipotriene (External Cream)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Cortisporin (External Ointment)</b>	4	
<b>Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	5	PA; LA
<b>Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)</b>	5	PA; LA
Diclofenac Sodium (3% Transdermal Gel)	4	PA
Doxepin HCl (External Cream)	5	PA; QL
Ery (External Pad)	3	
Erythromycin (External Gel)	4	
Erythromycin (External Solution)	2	
<b>Finacea (External Foam)</b>	4	
Fluorouracil (0.5% External Cream)	5	
Fluorouracil (5% External Cream)	4	
Fluorouracil (External Solution)	3	
Imiquimod (5% External Cream)	4	
Imiquimod Pump (3.75% External Cream)	5	PA
Isotretinoin (Oral Capsule)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Methoxsalen Rapid (Oral Capsule)	5	
<b>Mirvaso (External Gel)</b>	4	
<b>Oxsoralen Ultra (Oral Capsule)</b>	5	
<b>Picato (External Gel)</b>	3	
Pimecrolimus (External Cream)	4	ST
Podofilox (External Solution)	3	
<b>Regranex (External Gel)</b>	5	PA
<b>Santyl (External Ointment)</b>	4	
Selenium Sulfide (External Lotion)	2	
<b>Stelara (Subcutaneous Solution)</b>	5	PA
<b>Stelara (Subcutaneous Solution Prefilled Syringe)</b>	5	PA
Tacrolimus (External Ointment)	4	ST
Tazarotene (External Cream)	4	PA
<b>Tazorac (0.05% External Cream)</b>	4	PA
<b>Tazorac (0.05% External Gel)</b>	5	PA
<b>Tazorac (0.1% External Gel)</b>	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	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tolak (External Cream)</b>	4		<b>Dextrose-NaCl (5-0.9% Intravenous Solution)</b>	4	B/D, PA
Tretinoin (External Cream)	4	PA	<b>FreAmine HBC (Intravenous Solution)</b>	4	B/D, PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	4	PA	<b>HepatAmine (Intravenous Solution)</b>	4	B/D, PA
Tretinoin Microsphere (External Gel)	4	PA	<b>Intralipid (Intravenous Emulsion)</b>	4	B/D, PA
<b>Zyclara Pump (External Cream)</b>	5	PA	<b>Ionosol-MB in D5W (Intravenous Solution)</b>	4	
Electrolytes/Minerals/Metals/Vitamins			<b>Isolyte-P in D5W (Intravenous Solution)</b>	4	
Electrolyte/Mineral Replacement			<b>Isolyte-S (Intravenous Solution)</b>	4	
<b>Aminosyn II (Intravenous Solution)</b>	4	B/D, PA	<b>KCl in Dextrose-NaCl (Injection)</b>	4	
<b>Aminosyn-PF (Intravenous Solution)</b>	4	B/D, PA	<b>KCl-Lactated Ringers-D5W (Intravenous Solution)</b>	4	
<b>Carbaglu (Oral Tablet)</b>	5	LA	<b>Klor-Con 10 (Oral Tablet Extended Release)</b>	3	
<b>Dextrose (10% Intravenous Solution)</b>	4		Klor-Con M10 (Oral Tablet Extended Release)	2	
Dextrose (5% Intravenous Solution)	4	B/D, PA	Klor-Con M15 (Oral Tablet Extended Release)	2	
<b>Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution)</b>	4		Klor-Con M20 (Oral Tablet Extended Release)	2	
			Klor-Con (Oral Packet)	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
<b>Klor-Con 8 (Oral Tablet Extended Release)</b>	3		Potassium Chloride CR (Oral Tablet Extended Release)	2	
Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release)	3		Potassium Chloride ER (Oral Capsule Extended Release)	2	
Levocarnitine (1GM/10ML Oral Solution)	3		<b>Potassium Chloride in Dextrose (Intravenous Solution)</b>	4	B/D, PA
<b>Levocarnitine (330MG Oral Tablet)</b>	3		Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	4	B/D, PA
<b>Magnesium Sulfate (50% Injection Solution)</b>	4		<b>Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)</b>	4	B/D, PA
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	4		<b>Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)</b>	4	B/D, PA
<b>NephrAmine (Intravenous Solution)</b>	4	B/D, PA	Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	4	B/D, PA
<b>Normosol-M in D5W (Intravenous Solution)</b>	4		Potassium Chloride (Oral Packet)	3	
<b>Normosol-R in D5W (Intravenous Solution)</b>	4		Potassium Chloride (Oral Solution)	3	
<b>Normosol-R pH 7.4 (Intravenous Solution)</b>	4				
<b>Nutrilipid (Intravenous Emulsion)</b>	4	B/D, PA			
<b>Plasma-Lyte 148 (Intravenous Solution)</b>	4				
<b>Plasma-Lyte A (Intravenous Solution)</b>	4				
Plenaminate (Intravenous Solution)	4	B/D, PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Citrate ER (Oral Tablet Extended Release)	3		Deferasirox (Oral Tablet Soluble)	5	PA
Premasol (Intravenous Solution)	4	B/D, PA	<b>Ferriprox (Oral Solution)</b>	5	PA
<b>Procalamine (Intravenous Solution)</b>	4	B/D, PA	<b>Ferriprox (Oral Tablet)</b>	5	PA
<b>Prosol (Intravenous Solution)</b>	4	B/D, PA	<b>Jadenu (Oral Tablet)</b>	5	PA
<b>Sodium Chloride (0.45% Intravenous Solution)</b>	4		<b>Jadenu Sprinkle (Oral Packet)</b>	5	PA
Sodium Chloride (0.9% Intravenous Solution)	4	B/D, PA	Kionex (Oral Suspension)	3	
<b>Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)</b>	4	B/D, PA	<b>Lokelma (Oral Packet)</b>	4	QL
<b>Sodium Chloride (Irrigation Solution)</b>	3		Sodium Polystyrene Sulfonate (Oral Powder)	3	
Sodium Fluoride (Oral Tablet)	2		Sodium Polystyrene Sulfonate (Oral Suspension)	3	
<b>Sodium Lactate (Intravenous Solution)</b>	4		SPS (Oral Suspension)	3	
<b>TPN Electrolytes (Intravenous Solution)</b>	4		Trientine HCl (Oral Capsule)	5	PA; QL
<b>Travasol (Intravenous Solution)</b>	4	B/D, PA	<b>Veltassa (Oral Packet)</b>	5	QL
<b>TrophAmine (10% Intravenous Solution)</b>	4	B/D, PA	Phosphate Binders		
Electrolyte/Mineral/Metal Modifiers			<b>Auryxia (Oral Tablet)</b>	5	PA
<b>Chemet (Oral Capsule)</b>	5		Calcium Acetate (Phosphate Binder) (Oral Capsule)	3	
			Calcium Acetate (Phosphate Binder) (Oral Tablet)	3	
			Lanthanum Carbonate (Oral Tablet Chewable)	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Phoslyra (Oral Solution)</b>	3		Loperamide HCl (Oral Capsule)	2	
Sevelamer Carbonate (Oral Packet)	5		<b>Myalept (Subcutaneous Solution Reconstituted)</b>	5	PA; LA
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	4		<b>Relistor (Oral Tablet)</b>	5	PA; QL
<b>Velphoro (Oral Tablet Chewable)</b>	5		<b>Relistor (Subcutaneous Solution)</b>	5	PA
Vitamins			<b>Serostim (Subcutaneous Solution Reconstituted)</b>	5	PA; LA
VP-PNV-DHA (Oral Capsule)	2		Histamine2 (H2) Receptor Antagonists		
Gastrointestinal Agents			Ursodiol (Oral Capsule)	3	
Antispasmodics, Gastrointestinal			Ursodiol (Oral Tablet)	4	
<b>Cuvposa (Oral Solution)</b>	4	PA	<b>Zorbive (Subcutaneous Solution Reconstituted)</b>	5	PA; LA
Dicyclomine HCl (Oral Capsule)	2		Gastrointestinal Agents, Other		
Dicyclomine HCl (Oral Solution)	2		Chenodal (Oral Tablet)	5	
Dicyclomine HCl (Oral Tablet)	2		Cromolyn Sodium (Oral Concentrate)	3	
Methscopolamine Bromide (Oral Tablet)	4		Diphenoxylate-Atropine (Oral Liquid)	4	
Gastrointestinal Agents, Other			Diphenoxylate-Atropine (Oral Tablet)	4	
Chenodal (Oral Tablet)	5		<b>Gattex (Subcutaneous Kit)</b>	5	PA; LA
Cromolyn Sodium (Oral Concentrate)	3				
Diphenoxylate-Atropine (Oral Liquid)	4				
Diphenoxylate-Atropine (Oral Tablet)	4				
<b>Gattex (Subcutaneous Kit)</b>	5	PA; LA			

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet)	2		PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	2	
Irritable Bowel Syndrome Agents			PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)		
Alosetron HCl (Oral Tablet)	5	PA	<b>Suprep Bowel Prep Kit (Oral Solution)</b>	3	
<b>Amitiza (Oral Capsule)</b>	3	QL	TriLyte (Oral Solution Reconstituted)	2	
<b>Linzess (Oral Capsule)</b>	3	QL	Protectants		
<b>Xifaxan (Oral Tablet)</b>	5	PA	<b>Carafate (Oral Suspension)</b>	4	
Laxatives			Misoprostol (Oral Tablet)	3	
<b>Clenpiq (Oral Solution)</b>	3		Sucalfate (Oral Tablet)	2	
Constulose (Oral Solution)	2		Proton Pump Inhibitors		
Enulose (Oral Solution)	2		<b>Dexilant (Oral Capsule Delayed Release)</b>	4	QL
GaviLyte-C (Oral Solution Reconstituted)	2		Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	3	QL
GaviLyte-G (Oral Solution Reconstituted)	2		Lansoprazole (Oral Capsule Delayed Release)	2	QL
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	2		Omeprazole (10MG Oral Capsule Delayed Release)	2	QL
Generlac (Oral Solution)	2				
Lactulose (10GM/15ML Oral Solution)	2				
PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte)	2				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	2	
Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL
<b>Prilosec (Oral Packet)</b>	4	PA
Rabeprazole Sodium (Oral Tablet Delayed Release)	3	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
<b>Aralast NP (1000MG Intravenous Solution Reconstituted)</b>	5	PA; LA
<b>Cholbam (Oral Capsule)</b>	5	PA
<b>Creon (Oral Capsule Delayed Release Particles)</b>	3	
<b>Cystadane (Oral Powder)</b>	5	
<b>Cystagon (Oral Capsule)</b>	4	LA
<b>Glassia (Intravenous Solution)</b>	5	PA; LA
<b>Kuvan (Oral Packet)</b>	5	LA
<b>Kuvan (Oral Tablet Soluble)</b>	5	LA
Miglustat (Oral Capsule)	5	PA; LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Ocaliva (Oral Tablet)</b>	5	PA; QL
<b>Orfadin (Oral Capsule)</b>	5	LA
<b>Orfadin (Oral Suspension)</b>	5	LA
<b>Prolastin-C (Intravenous Solution Reconstituted)</b>	5	PA; LA
<b>RAVICTI (Oral Liquid)</b>	5	LA; QL
Sodium Phenylbutyrate (Oral Powder)	5	
Sodium Phenylbutyrate (Oral Tablet)	5	
<b>Sucraid (Oral Solution)</b>	5	LA
<b>Tegsedi (Subcutaneous Solution Prefilled Syringe)</b>	5	PA; LA
<b>Zemaira (Intravenous Solution Reconstituted)</b>	5	PA; LA
<b>Zenpep (Oral Capsule Delayed Release Particles)</b>	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<b>Myrbetriq (Oral Tablet Extended Release 24 Hour)</b>	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
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	2	QL	Penicillamine (Oral Capsule)	5	PA
Oxybutynin Chloride (Oral Syrup)	2		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Oxybutynin Chloride (Oral Tablet Immediate Release)	2		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Solifenacin Succinate (Oral Tablet)	3	QL	Ala-Cort (External Cream)	2	
Benign Prostatic Hypertrophy Agents			Alclometasone Dipropionate (External Cream)	3	
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	2		Alclometasone Dipropionate (External Ointment)	3	
Dutasteride (Oral Capsule)	3	QL	Betamethasone Dipropionate Aug (External Cream)	3	
Finasteride (5MG Oral Tablet) (Generic Proscar)	1		Betamethasone Dipropionate Aug (External Gel)	3	
Silodosin (Oral Capsule)	3	QL	Betamethasone Dipropionate Aug (External Lotion)	3	
Tamsulosin HCl (Oral Capsule)	1		Betamethasone Dipropionate Aug (External Ointment)	3	
Terazosin HCl (Oral Capsule)	2		Betamethasone Dipropionate (External Cream)	3	
Genitourinary Agents, Other			Betamethasone Dipropionate (External Lotion)	3	
Bethanechol Chloride (Oral Tablet)	2		Betamethasone Dipropionate (External Ointment)	3	
<b>Depen Titratabs (Oral Tablet)</b>	5				
<b>Elmiron (Oral Capsule)</b>	5				
<b>Lithostat (Oral Tablet)</b>	5				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Betamethasone Valerate (External Cream)	3		Dexamethasone (Oral Tablet)	2	
Betamethasone Valerate (External Lotion)	3		Fludrocortisone Acetate (Oral Tablet)	2	
Betamethasone Valerate (External Ointment)	3		Fluocinolone Acetonide (External Cream)	3	
Clobetasol Propionate Emollient Base (External Cream)	4		Fluocinolone Acetonide (External Ointment)	3	
Clobetasol Propionate (External Cream)	4		Fluocinolone Acetonide (External Solution)	3	
Clobetasol Propionate (External Gel)	4		Fluocinolone Acetonide Scalp (External Oil)	4	
Clobetasol Propionate (External Ointment)	4		Fluocinonide Emulsified Base (External Cream)	3	
Clobetasol Propionate (External Shampoo)	4		Fluocinonide (External Gel)	3	
Clobetasol Propionate (External Solution)	3		Fluocinonide (External Ointment)	3	
<b>Cordran (External Tape)</b>	4		Fluocinonide (External Solution)	3	
Cortisone Acetate (Oral Tablet)	4		Fluticasone Propionate (External Cream)	3	
Desonide (External Ointment)	4		Fluticasone Propionate (External Ointment)	3	
Desoximetasone (External Cream)	4		Halobetasol Propionate (External Cream)	4	
Dexamethasone Intensol (Oral Concentrate)	2		Halobetasol Propionate (External Ointment)	4	
Dexamethasone (Oral Elixir)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrocortisone Butyrate (External Ointment)	3		Prednisolone (Oral Solution)	2	
Hydrocortisone (1% External Cream, 2.5% External Cream)	2		Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	2	
Hydrocortisone (2.5% External Lotion)	3		Prednisone Intensol (Oral Concentrate)	2	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	2		Prednisone (5MG/5ML Oral Solution)	2	
Hydrocortisone (Oral Tablet)	3		Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	1	
Hydrocortisone Valerate (External Cream)	4		Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	1	
Hydrocortisone Valerate (External Ointment)	4		Triamcinolone Acetonide (External Cream)	2	
Methylprednisolone (Oral Tablet)	2		Triamcinolone Acetonide (External Lotion)	2	
Methylprednisolone (Oral Tablet Therapy Pack)	2		Triamcinolone Acetonide (External Ointment)	2	
Mometasone Furoate (External Cream)	2				
Mometasone Furoate (External Ointment)	2				
Mometasone Furoate (External Solution)	2				
Prednicarbate (External Cream)	4				
Prednicarbate (External Ointment)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Triderm (0.1% External Cream)	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Desmopressin Acetate (Oral Tablet)	3	
Desmopressin Acetate Spray (Nasal Solution)	4	
<b>Genotropin MiniQuick (Subcutaneous Solution Reconstituted)</b>	5	PA
<b>Genotropin (Subcutaneous Solution Reconstituted)</b>	5	PA
<b>Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)</b>	5	PA
<b>Increlex (Subcutaneous Solution)</b>	5	PA; LA
<b>Norditropin FlexPro (Subcutaneous Solution)</b>	5	PA
<b>Nutropin AQ NuSpin 10 (Subcutaneous Solution)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Nutropin AQ NuSpin 20 (Subcutaneous Solution)</b>	5	PA
<b>Nutropin AQ NuSpin 5 (Subcutaneous Solution)</b>	5	PA
<b>Saizen (Injection Solution Reconstituted)</b>	5	PA; LA
<b>Saizenprep (Injection Solution Reconstituted)</b>	5	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<b>Korlym (Oral Tablet)</b>	5	PA; LA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<b>Anadrol-50 (Oral Tablet)</b>	5	PA
<b>Androderm (Transdermal Patch 24 Hour)</b>	3	QL
Danazol (Oral Capsule)	4	
Oxandrolone (10MG Oral Tablet)	4	PA; QL
Oxandrolone (2.5MG Oral Tablet)	3	PA; QL
Testosterone Cypionate (Intramuscular Solution)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Testosterone Enanthate (Intramuscular Solution)	3		Blisovi Fe 1.5/30 (Oral Tablet)	4	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	3		Briellyn (Oral Tablet)	4	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	4		Camrese Lo (Oral Tablet)	4	
<b>Estrogens</b>			Caziant (Oral Tablet)	4	
Altavera (Oral Tablet)	4		<b>Climara Pro (Transdermal Patch Weekly)</b>	4	
Alyacen 1/35 (Oral Tablet)	4		Cryselle-28 (Oral Tablet)	4	
Amethia Lo (Oral Tablet)	4		Cyclafem 1/35 (Oral Tablet)	4	
Amethia (Oral Tablet)	4		Cyclafem 7/7/7 (Oral Tablet)	4	
Apri (Oral Tablet)	4		Cyred (Oral Tablet)	4	
Aranelle (Oral Tablet)	4		Delyla (Oral Tablet)	4	
Ashlyna (Oral Tablet)	4		Depo-Estradiol (Intramuscular Oil)	4	
Aubra (Oral Tablet)	4		Desogestrel-Ethinyl Estradiol (Oral Tablet)	4	
Aviane (Oral Tablet)	4		Drospirenone-Ethinyl Estradiol (Oral Tablet)	4	
Balziva (Oral Tablet)	4		<b>Duavee (Oral Tablet)</b>	4	
Blisovi 24 Fe (Oral Tablet)	4		<b>Elestrin (Transdermal Gel)</b>	4	
			Emoquette (Oral Tablet)	4	
			Enpresse-28 (Oral Tablet)	4	
			Enskyce (Oral Tablet)	4	
			Estarylla (Oral Tablet)	4	
			Estradiol (Oral Tablet)	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
Estradiol (Transdermal Patch Weekly)	3	QL	Junel Fe 1.5/30 (Oral Tablet)	4	
Estradiol (Vaginal Cream)	4		Junel Fe 1/20 (Oral Tablet)	4	
Estradiol (Vaginal Tablet)	4	QL	Junel Fe 24 (Oral Tablet)	4	
Estradiol Valerate (Intramuscular Oil)	4		Kaitlib Fe (Oral Tablet Chewable)	4	
<b>Estring (Vaginal Ring)</b>	4		Kariva (Oral Tablet)	4	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	4		Kelnor 1/35 (Oral Tablet)	4	
Falmina (Oral Tablet)	4		Kelnor 1/50 (Oral Tablet)	4	
Fayosim (Oral Tablet)	4		Kurvelo (Oral Tablet)	4	
<b>Femring (Vaginal Ring)</b>	4		LARIN 1.5/30 (Oral Tablet)	4	
Femynor (Oral Tablet)	4		LARIN 1/20 (Oral Tablet)	4	
Fyavolv (Oral Tablet)	4		LARIN Fe 1.5/30 (Oral Tablet)	4	
Gianvi (Oral Tablet)	4		LARIN Fe 1/20 (Oral Tablet)	4	
Hailey 24 Fe (Oral Tablet)	4		Larissia (Oral Tablet)	4	
<b>Imvexxy Maintenance Pack (Vaginal Insert)</b>	3	PA; QL	<b>Layolis Fe (Oral Tablet Chewable)</b>	4	
<b>Imvexxy Starter Pack (Vaginal Insert)</b>	3	PA; QL	Leena (Oral Tablet)	4	
Introvale (Oral Tablet)	4		Lessina (Oral Tablet)	4	
Isibloom (Oral Tablet)	4		Levonest (Oral Tablet)	4	
Jasmiel (Oral Tablet)	4		Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	4	
Jinteli (Oral Tablet)	4		Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	4	
Juleber (Oral Tablet)	4				
Junel 1.5/30 (Oral Tablet)	4				
Junel 1/20 (Oral Tablet)	4				

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	4		Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	4	
Levora 0.15/30 (28) (Oral Tablet)	4		Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet)	4	
Loryna (Oral Tablet)	4		Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	4	
Low-Ogestrel (Oral Tablet)	4		Norgestimate-Ethinyl Estradiol (Oral Tablet)	4	
Lutera (Oral Tablet)	4		Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	4	
Marlissa (Oral Tablet)	4		Nortrel 0.5/35 (28) (Oral Tablet)	4	
Melodetta 24 Fe (Oral Tablet Chewable)	4		Nortrel 1/35 (21) (Oral Tablet)	4	
Menest (Oral Tablet)	3		Nortrel 1/35 (28) (Oral Tablet)	4	
Mibelas 24 Fe (Oral Tablet Chewable)	4		Nortrel 7/7/7 (Oral Tablet)	4	
Microgestin 1.5/30 (Oral Tablet)	4		Ocella (Oral Tablet)	4	
Microgestin 1/20 (Oral Tablet)	4		Ogestrel (Oral Tablet)	4	
Microgestin Fe 1.5/30 (Oral Tablet)	4		Orsythia (Oral Tablet)	4	
Microgestin Fe 1/20 (Oral Tablet)	4		Pimtreea (Oral Tablet)	4	
Mili (Oral Tablet)	4		Pirmella 1/35 (Oral Tablet)	4	
<b>MonoNessa (Oral Tablet)</b>	4				
Necon 0.5/35 (28) (Oral Tablet)	4				
Nikki (Oral Tablet)	4				
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Portia-28 (Oral Tablet)	4	
<b>Premarin (Oral Tablet)</b>	4	QL
<b>Premarin (Vaginal Cream)</b>	3	
<b>Premphase (Oral Tablet)</b>	4	QL
<b>Prempro (Oral Tablet)</b>	4	QL
Previfem (Oral Tablet)	4	
Reclipsen (Oral Tablet)	4	
Rivelsa (Oral Tablet)	4	
Setlakin (Oral Tablet)	4	
Sprintec 28 (Oral Tablet)	4	
Sronyx (Oral Tablet)	4	
Syeda (Oral Tablet)	4	
Tarina 24 Fe (Oral Tablet)	4	
Tarina Fe 1/20 (Oral Tablet)	4	
Tri-Estarylla (Oral Tablet)	4	
Tri-Legest Fe (Oral Tablet)	4	
Tri-Lo-Estarylla (Oral Tablet)	4	
Tri-Lo-Sprintec (Oral Tablet)	4	
Tri-Mili (Oral Tablet)	4	
Tri-Previfem (Oral Tablet)	4	
Tri-Sprintec (Oral Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trivora (28) (Oral Tablet)	4	
Tri-VyLibra Lo (Oral Tablet)	4	
Tri-VyLibra (Oral Tablet)	4	
Velivet (Oral Tablet)	4	
Vienva (Oral Tablet)	4	
Vyfemla (Oral Tablet)	4	
VyLibra (Oral Tablet)	4	
WYMZYA Fe (Oral Tablet Chewable)	4	
Xulane (Transdermal Patch Weekly)	4	
Yuvaferm (Vaginal Tablet)	4	QL
Zarah (Oral Tablet)	4	
Zovia 1/35E (28) (Oral Tablet)	4	
<b>Progestins</b>		
Camila (Oral Tablet)	3	
<b>Crinone (Vaginal Gel)</b>	4	PA
Deblitane (Oral Tablet)	3	
<b>Depo-Provera (400MG/ML Intramuscular Suspension)</b>	4	
Errin (Oral Tablet)	3	
Incassia (Oral Tablet)	3	
<b>Jolivette (0.35MG Oral Tablet)</b>	3	
Lyza (Oral Tablet)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	4	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	4	
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	2	
Megestrol Acetate (40MG/ML Oral Suspension)	3	
Megestrol Acetate (625MG/5ML Oral Suspension)	4	
Megestrol Acetate (Oral Tablet)	3	
Nora-BE (Oral Tablet)	3	
Norethindrone Acetate (5MG Oral Tablet)	2	
Norethindrone (0.35MG Oral Tablet)	3	
Norlyroc (Oral Tablet)	3	
Progesterone Micronized (Oral Capsule)	2	
Sharobel (Oral Tablet)	3	
Selective Estrogen Receptor Modifying Agents		
<b>Osphena (Oral Tablet)</b>	3	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Raloxifene HCl (Oral Tablet)	3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<b>Levo-T (Oral Tablet)</b>	3	
Levothyroxine Sodium (Oral Tablet)	1	
<b>Levoxyl (Oral Tablet)</b>	3	
Liothyronine Sodium (Oral Tablet)	2	
<b>Synthroid (Oral Tablet)</b>	3	
<b>Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)</b>	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
<b>Lysodren (Oral Tablet)</b>	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Egrifta (Subcutaneous Solution Reconstituted)</b>	5	PA; LA	Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	4	PA
<b>Firmagon (120MG Subcutaneous Solution Reconstituted)</b>	5	PA	<b>Signifor (Subcutaneous Solution)</b>	5	PA; LA
<b>Firmagon (80MG Subcutaneous Solution Reconstituted)</b>	4	PA	<b>Somatuline Depot (Subcutaneous Solution)</b>	5	
Leuprolide Acetate (Injection Kit)	4	PA	<b>Somavert (Subcutaneous Solution Reconstituted)</b>	5	PA; LA; QL
<b>Lupaneta Pack (Combination Kit)</b>	5	PA	<b>Synarel (Nasal Solution)</b>	5	
<b>Lupron Depot (1-Month) (Intramuscular Kit)</b>	5	PA	<b>Trelstar Mixject (Intramuscular Suspension Reconstituted)</b>	5	PA
<b>Lupron Depot (3-Month) (Intramuscular Kit)</b>	5	PA	Hormonal Agents, Suppressant (Thyroid)		
<b>Lupron Depot (4-Month) (Intramuscular Kit)</b>	5	PA	Antithyroid Agents		
<b>Lupron Depot (6-Month) (Intramuscular Kit)</b>	5	PA	Methimazole (Oral Tablet)	2	
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	5	PA	Propylthiouracil (Oral Tablet)	2	
			Immunological Agents		
			Angioedema Agents		
			<b>Berinert (Intravenous Kit)</b>	5	PA; LA
			<b>Cinryze (Intravenous Solution Reconstituted)</b>	5	PA; LA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Firazyr (Subcutaneous Solution)</b>	5	PA; LA; QL	<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector)</b>	5	PA
<b>Haegarda (Subcutaneous Solution Reconstituted)</b>	5	PA; LA	<b>Envarsus XR (Oral Tablet Extended Release 24 Hour)</b>	4	B/D, PA
<b>Ruconest (Intravenous Solution Reconstituted)</b>	5	PA; LA	Gengraf (Oral Capsule)	3	B/D, PA
<b>Immune Suppressants</b>			Gengraf (Oral Solution)	3	B/D, PA
Azathioprine (Oral Tablet)	2	B/D, PA	<b>Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)</b>	5	PA
<b>Cimzia Prefilled (Subcutaneous Kit)</b>	5	PA	<b>Humira Pen (Subcutaneous Pen-Injector Kit)</b>	5	PA
<b>Cimzia (Subcutaneous Kit)</b>	5	PA	<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)</b>	5	PA
Cyclosporine Modified (Oral Capsule)	3	B/D, PA	<b>Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)</b>	5	PA
Cyclosporine Modified (Oral Solution)	3	B/D, PA	<b>Humira (Subcutaneous Prefilled Syringe Kit)</b>	5	PA
Cyclosporine (Oral Capsule)	3	B/D, PA	<b>Kineret (Subcutaneous Solution Prefilled Syringe)</b>	5	PA
<b>Enbrel (Subcutaneous Solution Prefilled Syringe)</b>	5	PA	Methotrexate (Oral Tablet)	2	
<b>Enbrel (Subcutaneous Solution Reconstituted)</b>	5	PA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	2		<b>Simponi (Subcutaneous Solution Auto-Injector)</b>	5	PA
Methotrexate Sodium (50MG/2ML Injection Solution)	2		<b>Simponi (Subcutaneous Solution Prefilled Syringe)</b>	5	PA
Mycophenolate Mofetil (Oral Capsule)	3	B/D, PA	Sirolimus (Oral Solution)	5	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	5	B/D, PA	Sirolimus (Oral Tablet)	4	B/D, PA
Mycophenolate Mofetil (Oral Tablet)	3	B/D, PA	Tacrolimus (Oral Capsule)	3	B/D, PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	4	B/D, PA	Trexall (Oral Tablet)	4	
<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector)</b>	5	PA	<b>Xatmep (Oral Solution)</b>	4	PA
<b>Orencia (Subcutaneous Solution Prefilled Syringe)</b>	5	PA	<b>Xeljanz (Oral Tablet Immediate Release)</b>	5	PA; QL
<b>Prograf (Oral Packet)</b>	5	B/D, PA	<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	5	PA; QL
<b>Rasuvo (Subcutaneous Solution Auto-Injector)</b>	4	PA	<b>Zortress (Oral Tablet)</b>	5	B/D, PA
<b>Sandimmune (Oral Solution)</b>	4	B/D, PA	Immunizing Agents, Passive		
			<b>BIVIGAM (10GM/100ML Intravenous Solution)</b>	5	PA
			<b>Flebogamma DIF (5GM/50ML Intravenous Solution)</b>	5	PA
			<b>Gammagard (2.5GM/25ML Injection Solution)</b>	5	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted)</b>	5	PA	<b>Actemra (Subcutaneous Solution Prefilled Syringe)</b>	5	PA
<b>Gammaked (1GM/10ML Injection Solution)</b>	5	PA	<b>Actimmune (Subcutaneous Solution)</b>	5	LA
<b>Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)</b>	5	PA	<b>Arcalyst (Subcutaneous Solution Reconstituted)</b>	5	PA; LA
<b>Gamunex-C (1GM/10ML Injection Solution)</b>	5	PA	<b>Benlysta (Subcutaneous Solution Auto-Injector)</b>	5	PA
<b>Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)</b>	5	PA	<b>Benlysta (Subcutaneous Solution Prefilled Syringe)</b>	5	PA
<b>Panzyga (Intravenous Solution)</b>	5	PA	Leflunomide (Oral Tablet)	2	
<b>Privigen (20GM/200ML Intravenous Solution)</b>	5	PA	<b>Otezla (Oral Tablet)</b>	5	PA; LA
<b>Varizig (Intramuscular Solution)</b>	5		<b>Otezla (Oral Tablet Therapy Pack)</b>	5	PA; LA
<b>Immunomodulators</b>			<b>Ridaura (Oral Capsule)</b>	5	
<b>Actemra ACTPen (Subcutaneous Solution Auto-Injector)</b>	5	PA	<b>Xolair (Subcutaneous Solution Prefilled Syringe)</b>	5	PA; LA
			<b>Xolair (Subcutaneous Solution Reconstituted)</b>	5	PA; LA
			<b>Vaccines</b>		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>ActHIB (Intramuscular Solution Reconstituted)</b>	3		<b>Gardasil 9 (Intramuscular Suspension Prefilled Syringe)</b>	3	
<b>Adacel (Intramuscular Suspension)</b>	3		<b>Havrix (Intramuscular Suspension)</b>	3	PA
<b>BCG Vaccine (Injection)</b>	3		<b>Hiberix (Injection Solution Reconstituted)</b>	3	
<b>Bexsero (Intramuscular Suspension Prefilled Syringe)</b>	3		<b>Imovax Rabies (Intramuscular Injectable)</b>	3	B/D, PA
<b>Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)</b>	3		<b>Infanrix (Intramuscular Suspension)</b>	3	
<b>Daptacel (Intramuscular Suspension)</b>	3		<b>IPOL (Injection)</b>	3	
<b>Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)</b>	3		<b>Ixiaro (Intramuscular Suspension)</b>	3	
<b>Engerix-B (Injection Suspension)</b>	3	B/D, PA	<b>Kinrix (Intramuscular Suspension)</b>	3	
<b>Gardasil 9 (Intramuscular Suspension)</b>	3		<b>Menactra (Intramuscular Injectable)</b>	3	
			<b>Menveo (Intramuscular Solution Reconstituted)</b>	3	
			<b>M-M-R II (Subcutaneous Injectable)</b>	3	
			<b>Pediarix (Intramuscular Suspension)</b>	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
<b>Pedvax HIB (Intramuscular Suspension)</b>	3		<b>Trumenba (Intramuscular Suspension Prefilled Syringe)</b>	3	
<b>ProQuad (Subcutaneous Suspension Reconstituted)</b>	3		<b>Twinrix (Intramuscular Suspension Prefilled Syringe)</b>	3	
<b>Quadracel (Intramuscular Suspension)</b>	3		<b>Typhim Vi (Intramuscular Solution)</b>	3	
<b>RabAvert (Intramuscular Suspension Reconstituted)</b>	3	B/D, PA	<b>VAQTA (Intramuscular Suspension)</b>	3	PA
<b>Recombivax HB (Injection Suspension)</b>	3	B/D, PA	<b>Varivax (Subcutaneous Injectable)</b>	3	
<b>Rotarix (Oral Suspension Reconstituted)</b>	3		<b>YF-Vax (Subcutaneous Injectable)</b>	3	
<b>RotaTeq (Oral Solution)</b>	3		<b>Zostavax (Subcutaneous Suspension Reconstituted)</b>	4	PA
<b>Shingrix (Intramuscular Suspension Reconstituted)</b>	3	PA	<b>Inflammatory Bowel Disease Agents</b>		
<b>TDVAX (Intramuscular Suspension)</b>	3		Aminosalicylates		
<b>Tenivac (Intramuscular Injectable)</b>	3		<b>Apriso (Oral Capsule Extended Release 24 Hour)</b>	3	QL
			Balsalazide Disodium (Oral Capsule)	4	
			<b>Canasa (Rectal Suppository)</b>	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Dipentum (Oral Capsule)</b>	5	
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	3	QL
Mesalamine (Rectal Enema)	4	QL
Mesalamine (Rectal Suppository)	5	
<b>Pentasa (Oral Capsule Extended Release)</b>	4	QL
<b>Glucocorticoids</b>		
Budesonide ER (Oral Tablet Extended Release 24 Hour)	5	ST
Budesonide (Oral Capsule Delayed Release Particles)	4	
Colocort (Rectal Enema)	4	
Hydrocortisone (Rectal Enema)	4	
Procto-Med HC (Rectal Cream)	2	
Procto-Pak (Rectal Cream)	2	
Proctosol HC (Rectal Cream)	2	
Proctozone-HC (Rectal Cream)	2	
<b>Sulfonamides</b>		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sulfasalazine (Oral Tablet Immediate Release)	2	
Sulfasalazine (Oral Tablet Delayed Release)	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
Alendronate Sodium (Oral Solution)	4	
Alendronate Sodium (Oral Tablet)	1	QL
<b>Binosto (Oral Tablet Effervescent)</b>	4	QL
Calcitonin Salmon (Nasal Solution)	3	QL
Calcitriol (Oral Capsule)	2	B/D, PA
Calcitriol (Oral Solution)	2	B/D, PA
Cinacalcet HCl (30MG Oral Tablet)	4	B/D, PA; QL
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	5	B/D, PA; QL
Doxercalciferol (Oral Capsule)	4	B/D, PA; QL
<b>Forteo (Subcutaneous Solution)</b>	5	PA; QL
Ibandronate Sodium (Oral Tablet)	2	QL
<b>Natpara (Subcutaneous Cartridge)</b>	5	PA; LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Paricalcitol (Oral Capsule)	4	B/D, PA
<b>Prolia (Subcutaneous Solution Prefilled Syringe)</b>	4	QL
<b>Rayaldee (Oral Capsule Extended Release)</b>	5	QL
Risedronate Sodium (Oral Tablet Immediate Release)	3	QL
<b>Tymlos (Subcutaneous Solution Pen-Injector)</b>	5	PA; QL
<b>Xgeva (Subcutaneous Solution)</b>	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	3	
Gauze (Non-medicated 2X2 Pad)	3	
Insulin Syringes, Needles	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<b>Atropine Sulfate (Ophthalmic Solution)</b>	3	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	2	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Blephamide (Ophthalmic Suspension)</b>	4	
Blephamide S.O.P. (Ophthalmic Ointment)	4	
<b>Cystaran (Ophthalmic Solution)</b>	5	LA
<b>Lacrisert (Ophthalmic Insert)</b>	4	
<b>Lastacft (Ophthalmic Solution)</b>	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	3	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	2	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	3	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	4	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	2	
<b>Pred-G (Ophthalmic Suspension)</b>	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Pred-G S.O.P. (Ophthalmic Ointment)</b>	4	
Proparacaine HCl (Ophthalmic Solution)	2	
<b>Restasis (Ophthalmic Emulsion)</b>	3	QL
<b>Rhopressa (Ophthalmic Solution)</b>	3	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	2	
<b>TobraDex (Ophthalmic Ointment)</b>	3	
<b>TobraDex ST (Ophthalmic Suspension)</b>	4	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	3	
<b>Xiidra (Ophthalmic Solution)</b>	4	QL
Ophthalmic Anti-allergy Agents		
<b>Alocril (Ophthalmic Solution)</b>	4	
<b>Alomide (Ophthalmic Solution)</b>	4	
Azelastine HCl (Ophthalmic Solution)	3	
<b>Bepreve (Ophthalmic Solution)</b>	4	
Cromolyn Sodium (Ophthalmic Solution)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Epinastine HCl (Ophthalmic Solution)	3	
Olopatadine HCl (Ophthalmic Solution)	3	
<b>Pazeo (Ophthalmic Solution)</b>	3	
Ophthalmic Antiglaucoma Agents		
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	3	
Apraclonidine HCl (Ophthalmic Solution)	3	
<b>Azopt (Ophthalmic Suspension)</b>	3	
Betaxolol HCl (Ophthalmic Solution)	3	
<b>Betimol (Ophthalmic Solution)</b>	4	
<b>Brimonidine Tartrate (0.15% Ophthalmic Solution)</b>	4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	
Carteolol HCl (Ophthalmic Solution)	2	
<b>Combigan (Ophthalmic Solution)</b>	3	
<b>Cosopt PF (Ophthalmic Solution)</b>	4	
Dorzolamide HCl (Ophthalmic Solution)	2	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	4		Fluorometholone (Ophthalmic Suspension)	3	
Levobunolol HCl (Ophthalmic Solution)	2		Flurbiprofen Sodium (Ophthalmic Solution)	2	
<b>Phospholine Iodide (Ophthalmic Solution Reconstituted)</b>	4		<b>FML Forte (Ophthalmic Suspension)</b>	4	
Pilocarpine HCl (Ophthalmic Solution)	3		<b>FML (Ophthalmic Ointment)</b>	4	
<b>Simbrinza (Ophthalmic Suspension)</b>	3		<b>Ilevro (Ophthalmic Suspension)</b>	3	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	3		Ketorolac Tromethamine (Ophthalmic Solution)	3	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	2		<b>Lotemax (Ophthalmic Gel)</b>	4	
<b>Ophthalmic Anti-inflammatories</b>			<b>Lotemax (Ophthalmic Ointment)</b>	4	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	2		<b>Lotemax (Ophthalmic Suspension)</b>	4	
Diclofenac Sodium (Ophthalmic Solution)	2		<b>Lotemax SM (Ophthalmic Gel)</b>	4	
<b>Durezol (Ophthalmic Emulsion)</b>	3		Loteprednol Etabonate (Ophthalmic Suspension)	4	
<b>Flarex (Ophthalmic Suspension)</b>	4		<b>Pred Mild (Ophthalmic Suspension)</b>	4	
			Prednisolone Acetate (Ophthalmic Suspension)	3	
			Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	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
<b>Prolensa (Ophthalmic Solution)</b>	4		Cetirizine HCl (1MG/ML Oral Solution)	2	
Ophthalmic Prostaglandin and Prostaglandin Analogs			Cyproheptadine HCl (Oral Syrup)	4	
Latanoprost (Ophthalmic Solution)	1		Cyproheptadine HCl (Oral Tablet)	4	
<b>Lumigan (Ophthalmic Solution)</b>	3		Levocetirizine Dihydrochloride (Oral Tablet)	1	QL
<b>Vyzulta (Ophthalmic Solution)</b>	4		Phenadoz (12.5MG Rectal Suppository)	4	
<b>Zioptan (Ophthalmic Solution)</b>	4		Promethazine HCl (Oral Syrup)	3	
Otic Agents			Promethazine HCl (Oral Tablet)	3	
Otic Agents			Promethazine HCl (12.5MG Rectal Suppository, 25MG Rectal Suppository)	4	
Acetic Acid (Otic Solution)	2		Promethegan (25MG Rectal Suppository)	4	
<b>Cipro HC (Otic Suspension)</b>	4		Anti-inflammatories, Inhaled Corticosteroids		
<b>Ciprodex (Otic Suspension)</b>	3		<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	3	QL
Flac (Otic Oil)	4		Budesonide (Inhalation Suspension)	4	B/D, PA
Fluocinolone Acetonide (Otic Oil)	4		<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	3	QL
Hydrocortisone-Acetic Acid (Otic Solution)	3		<b>Flovent HFA (Inhalation Aerosol)</b>	3	QL
Neomycin-Polymyxin-HC (1% Otic Solution)	3				
Neomycin-Polymyxin-HC (Otic Suspension)	3				
Respiratory Tract/Pulmonary Agents					
Antihistamines					
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Flunisolide (Nasal Solution)	1		<b>Spiriva HandiHaler (Inhalation Capsule)</b>	3	QL
Fluticasone Propionate (Nasal Suspension)	2		<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	3	QL
Mometasone Furoate (Nasal Suspension)	4		Bronchodilators, Sympathomimetic		
Antileukotrienes			Albuterol Sulfate (Inhalation Nebulization Solution)	2	B/D, PA
Montelukast Sodium (Oral Packet)	2	QL	Albuterol Sulfate (Oral Syrup)	4	
Montelukast Sodium (Oral Tablet)	1	QL	Albuterol Sulfate (Oral Tablet Immediate Release)	4	
Montelukast Sodium (Oral Tablet Chewable)	2	QL	Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent EpiPen-JR), Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent EpiPen)	3	QL
Zafirlukast (Oral Tablet)	3	QL	<b>EpiPen 2-Pak (Injection Solution Auto-Injector)</b>	3	QL
Zileuton ER (Oral Tablet Extended Release 12 Hour)	5	ST	<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector)</b>	3	QL
<b>Zyflo (Oral Tablet Immediate Release)</b>	5	ST	Levalbuterol HCl (Inhalation Nebulization Solution)	4	B/D, PA
Bronchodilators, Anticholinergic			Metaproterenol Sulfate (Oral Syrup)	4	
<b>Atrovent HFA (Inhalation Aerosol Solution)</b>	4				
<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	3	QL			
Ipratropium Bromide (Inhalation Solution)	2	B/D, PA			
Ipratropium Bromide (Nasal Solution)	2				
<b>Lonhala Magnair Refill Kit (Inhalation Solution)</b>	5	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
Metaproterenol Sulfate (10MG Oral Tablet, 20MG Oral Tablet)	4		Cromolyn Sodium (Inhalation Nebulization Solution)	3	B/D, PA
<b>Perforomist (Inhalation Nebulization Solution)</b>	4	B/D, PA; QL	Phosphodiesterase Inhibitors, Airways Disease		
<b>ProAir HFA (Inhalation Aerosol Solution)</b>	3		<b>Daliresp (Oral Tablet)</b>	4	PA; QL
<b>ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)</b>	3		Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour)	2	
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	3	QL	Theophylline ER (Oral Tablet Extended Release 24 Hour)	2	
Cystic Fibrosis Agents			Theophylline (Oral Solution)	2	
<b>Bethkis (Inhalation Nebulization Solution)</b>	5	B/D, PA; QL	Pulmonary Antihypertensives		
<b>Cayston (Inhalation Solution Reconstituted)</b>	5	PA; LA	<b>Adempas (Oral Tablet)</b>	5	PA; LA
<b>Orkambi (Oral Packet)</b>	5	PA; LA; QL	Alyq (Oral Tablet)	5	PA; QL
<b>Orkambi (Oral Tablet)</b>	5	PA; LA; QL	Ambrisentan (Oral Tablet)	5	PA; LA; QL
<b>TOBI Podhaler (Inhalation Capsule)</b>	5	PA; QL	Bosentan (Oral Tablet)	5	PA; LA; QL
Tobramycin (Inhalation Nebulization Solution)	5	B/D, PA; QL	<b>Opsumit (Oral Tablet)</b>	5	PA; LA
Mast Cell Stabilizers			<b>Orenitram (0.125MG Oral Tablet Extended Release)</b>	4	PA; LA

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)</b>	5	PA; LA	<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	3	QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	3	PA; QL	<b>Bevespi Aerosphere (Inhalation Aerosol)</b>	3	QL
Tadalafil (PAH) (20MG Oral Tablet)	5	PA; QL	<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	3	QL
<b>Tracleer (Oral Tablet Soluble)</b>	5	PA; LA; QL	<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	3	QL
<b>Ventavis (Inhalation Solution)</b>	5	PA; LA; QL	<b>Dulera (Inhalation Aerosol)</b>	4	QL
Pulmonary Fibrosis Agents			<b>Dymista (Nasal Suspension)</b>	4	
<b>Esbriet (Oral Capsule)</b>	5	PA; LA; QL	Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	3	QL
<b>Esbriet (Oral Tablet)</b>	5	PA; LA; QL	Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA
<b>Ofev (Oral Capsule)</b>	5	PA; LA; QL	<b>Kalydeco (Oral Packet)</b>	5	PA; LA; QL
Respiratory Tract Agents, Other			<b>Kalydeco (Oral Tablet)</b>	5	PA; LA; QL
Acetylcysteine (Inhalation Solution)	2	B/D, PA	<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	5	PA; LA; QL
<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated)</b>	3	QL	<b>Nucala (Subcutaneous Solution Prefilled Syringe)</b>	5	PA; LA; QL
<b>Advair HFA (Inhalation Aerosol)</b>	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
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	5	PA; LA; QL	Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	2	
<b>Pulmozyme (Inhalation Solution)</b>	5	B/D, PA; QL	Cyclobenzaprine HCl (7.5MG Oral Tablet)	4	
<b>Stiolto Respimat (Inhalation Aerosol Solution)</b>	3	QL	Dantrolene Sodium (Oral Capsule)	4	
<b>Symbicort (Inhalation Aerosol)</b>	3	QL	Tizanidine HCl (Oral Tablet)	2	
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	3	QL	<b>Sleep Disorder Agents</b>		
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	3	QL	<b>GABA Receptor Modulators</b>		
<b>Skeletal Muscle Relaxants</b>			Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	2	QL
<b>Skeletal Muscle Relaxants</b>			Zaleplon (Oral Capsule)	3	QL
Baclofen (Oral Tablet)	2		Zolpidem Tartrate (Oral Tablet Immediate Release)	2	QL
Chlorzoxazone (500MG Oral Tablet)	3		<b>Sleep Disorders, Other</b>		
			<b>Belsomra (Oral Tablet)</b>	3	QL
			<b>Hetlioz (Oral Capsule)</b>	5	PA; LA; QL
			Modafinil (Oral Tablet)	4	PA; QL
			<b>Xyrem (Oral Solution)</b>	5	PA; LA; QL

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 UnitedHealthcare Customer Service. Our contact information is on the cover.

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir Sulfate (Oral Solution)	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	Maximum of 1 tablet per day
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Abiraterone Acetate (Oral Tablet)	Maximum of 4 tablets per day
Acarbose (100MG Oral Tablet)	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	Maximum of 6 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	Maximum of 13 tablets per day
Acyclovir (External Ointment)	Maximum of 1 tube (30 grams) per 30 days
<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Advair HFA (Inhalation Aerosol)</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>Aimovig (140MG/ML Subcutaneous Solution Auto-Injector)</b>	Maximum of 1 ml (1 pen) per 30 days
<b>Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)</b>	Maximum of 2 ml per 30 days
Albendazole (Oral Tablet)	Maximum of 16 tablets per day
<b>Alecensa (Oral Capsule)</b>	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet, 40MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
<b>Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Alunbrig (30MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Alunbrig (Oral Tablet Therapy Pack)</b>	Maximum of 1 pack (30 tablets) per 30 days
Alyq (Oral Tablet)	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	Maximum of 1 tablet per day
<b>Amitiza (Oral Capsule)</b>	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Valsartan-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	Maximum of 3 tablets per day
<b>Ampyra (Oral Tablet Extended Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Androderm (Transdermal Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Apokyn (Subcutaneous Solution Cartridge)</b>	Maximum of 3 ml per day
<b>Apriso (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 4 capsules per day
<b>Aptiom (200MG Oral Tablet, 400MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Aptiom (600MG Oral Tablet, 800MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Aptivus (Oral Capsule)</b>	Maximum of 4 capsules per day
<b>Aptivus (Oral Solution)</b>	Maximum of 4 bottles (380 ml) per 30 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
Aripiprazole (1MG/ML Oral Solution)	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
<b>Atripla (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Aubagio (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Austedo (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Avonex (30MCG Intramuscular Kit)</b>	Maximum of 1 kit (4 vials) per 28 days
<b>Avonex Pen (Intramuscular Auto-Injector Kit)</b>	Maximum of 1 kit per 28 days
<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit)</b>	Maximum of 1 kit per 28 days
<b>Balversa (3MG Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Balversa (4MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Balversa (5MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Belsomra (Oral Tablet)</b>	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
<b>Betaseron (Subcutaneous Kit)</b>	Maximum of 1 kit (15 vials) per 30 days
<b>Bethkis (Inhalation Nebulization Solution)</b>	Maximum of 8 ml (2 ampules) per day
<b>Bevespi Aerosphere (Inhalation Aerosol)</b>	Maximum of 1 inhaler (10.7 grams) per 30 days
<b>BiDil (Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Biktarvy (Oral Tablet)</b>	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Binosto (Oral Tablet Effervescent)</b>	Maximum of 4 tablets per 28 days
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	Maximum of 2 tablets per day
Bosentan (Oral Tablet)	Maximum of 2 tablets per day
<b>Bosulif (100MG Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Bosulif (400MG Oral Tablet, 500MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Brilinta (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>BRIVIACT (10MG/ML Oral Solution)</b>	Maximum of 20 ml per day
<b>BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)</b>	Maximum of 2 tablets per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	Maximum of 4 pens (3.4 ml) per 28 days
<b>Bydureon (Subcutaneous Pen-Injector)</b>	Maximum of 4 pens per 28 days
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	Maximum of 1 pen (2.4 ml) per 30 days
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	Maximum of 1 pen (1.2 ml) per 30 days
<b>Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Bystolic (20MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Cablivi (Injection Kit)</b>	Maximum of 1 kit per day
<b>Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Cabometyx (40MG Oral Tablet)</b>	Maximum of 2 tablets per day
Calcitonin Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Calquence (Oral Capsule)</b>	Maximum of 2 capsules per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Captopril (100MG Oral Tablet)	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	Maximum of 9 tablets per day
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	Maximum of 2 tablets per day
Celecoxib (Oral Capsule)	Maximum of 2 capsules per day
<b>Cimduo (Oral Tablet)</b>	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	Maximum of 4 tablets per day
Clobazam (2.5MG/ML Oral Suspension)	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100MG Oral Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	Maximum of 3 tablets per day

**Bold type = Brand name drug**

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<b>Drug Name</b>	<b>Quantity Limit</b>
Codeine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)</b>	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	Maximum of 4 tablets per day
<b>Colcrys (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 20 days
<b>Complera (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Copiktra (Oral Capsule)</b>	Maximum of 2 capsules per day
<b>Corlanor (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Cotellic (Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Crixivan (200MG Oral Capsule)</b>	Maximum of 9 capsules per day
<b>Crixivan (400MG Oral Capsule)</b>	Maximum of 6 capsules per day
<b>Cycloset (Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Daklinza (30MG Oral Tablet, 60MG Oral Tablet)</b>	Maximum of 1 tablet per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
<b>Daliresp (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Daurismo (100MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Daurismo (25MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Delstrigo (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Denavir (External Cream)</b>	Maximum of 1 tube (5 grams) per 30 days
<b>Descovy (Oral Tablet)</b>	Maximum of 1 tablet per day
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	Maximum of 4 tablets per day
Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	Maximum of 1 tablet per day
<b>Dexilant (Oral Capsule Delayed Release)</b>	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Diazepam Intensol (5MG/ML Oral Concentrate)	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	Maximum of 4 tablets per day
Diclofenac Epolamine (Transdermal Patch)	Maximum of 2 patches per day
Didanosine (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Donepezil HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
<b>Dovato (Oral Tablet)</b>	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	Maximum of 90 grams per 30 days
Doxercalciferol (0.5MCG Oral Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1MCG Oral Capsule, 2.5MCG Oral Capsule)	Maximum of 4 capsules per day
<b>Dulera (Inhalation Aerosol)</b>	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Dutasteride (Oral Capsule)	Maximum of 1 capsule per day
Econazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
<b>Edarbi (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Edarbyclor (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Eduvant (Oral Tablet)</b>	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	Maximum of 1 tablet per day
<b>Eliquis (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Eliquis Starter Pack (Oral Tablet)</b>	Maximum of 1 pack (74 tablets) per 30 days

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Drug Name	Quantity Limit
<b>Embeda (100-4MG Oral Capsule Extended Release)</b>	Maximum of 3 capsules per day
<b>Embeda (20-0.8MG Oral Capsule Extended Release, 80-3.2MG Oral Capsule Extended Release)</b>	Maximum of 4 capsules per day
<b>Embeda (30-1.2MG Oral Capsule Extended Release, 50-2MG Oral Capsule Extended Release)</b>	Maximum of 2 capsules per day
<b>Embeda (60-2.4MG Oral Capsule Extended Release)</b>	Maximum of 6 capsules per day
<b>Emsam (Transdermal Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Emtriva (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Emtriva (Oral Solution)</b>	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral 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 (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
<b>Entresto (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Epclusa (Oral Tablet)</b>	Maximum of 1 tablet per day
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen-JR), Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen)	Maximum of 4 pens (2 boxes) per 30 days
<b>EpiPen 2-Pak (Injection Solution Auto-Injector)</b>	Maximum of 4 pens (2 boxes) per 30 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector)</b>	Maximum of 4 pens (2 boxes) per 30 days
Eprosartan Mesylate (Oral Tablet)	Maximum of 1 tablet per day
<b>Erivedge (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Erleada (Oral Tablet)</b>	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	Maximum of 3 tablets per day
<b>Esbriet (Oral Capsule)</b>	Maximum of 9 capsules per day
<b>Esbriet (267MG Oral Tablet)</b>	Maximum of 9 tablets per day
<b>Esbriet (801MG Oral Tablet)</b>	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Estradiol (Vaginal Tablet)	Maximum of 1 tablet per day
<b>Evotaz (Oral Tablet)</b>	Maximum of 1 tablet per day
Ezetimibe (Oral Tablet)	Maximum of 1 tablet per day
Ezetimibe-Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	Maximum of 3 tablets per day
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	Maximum of 2 tablets per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Firazyr (Subcutaneous Solution)</b>	Maximum of 9 ml per day
<b>Flector (Transdermal Patch)</b>	Maximum of 2 patches per day
<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 2 inhalers (120 blisters) per 30 days

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Drug Name	Quantity Limit
<b>Flovent HFA (110MCG/ACT Inhalation Aerosol)</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>Flovent HFA (220MCG/ACT Inhalation Aerosol)</b>	Maximum of 2 inhalers (24 grams) per 30 days
<b>Flovent HFA (44MCG/ACT Inhalation Aerosol)</b>	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium (20MG Oral Capsule)	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	Maximum of 2 capsules per day
<b>Forteo (Subcutaneous Solution)</b>	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Oral Tablet)	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	Maximum of 4 tablets per day
<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	Maximum of 2 vials per day
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Galantamine Hydrobromide (Oral Tablet)	Maximum of 2 tablets per day
<b>Genvoya (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Gilenya (0.5MG Oral Capsule)</b>	Maximum of 1 pack (30 capsules) per 30 days
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 syringes (12 ml) per 28 days
Glimepiride (1MG Oral Tablet)	Maximum of 8 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Glimepiride (2MG Oral Tablet)	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
<b>Glyxambi (Oral Tablet)</b>	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	Maximum of 2 tablets per day
<b>Hetlioz (Oral Capsule)</b>	Maximum of 1 capsule per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
<b>Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	Maximum of 1 tablet per day
Ibandronate Sodium (Oral Tablet)	Maximum of 1 tablet per 28 days
<b>Ibrance (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Iclusig (15MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Iclusig (45MG Oral Tablet)</b>	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>IDHIFA (Oral Tablet)</b>	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	Maximum of 3 tablets per day
<b>Imbruvica (140MG Oral Capsule)</b>	Maximum of 4 capsules per day
<b>Imbruvica (70MG Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Imbruvica (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Imvexxy Maintenance Pack (Vaginal Insert)</b>	Maximum of 1 vaginal insert per day
<b>Imvexxy Starter Pack (Vaginal Insert)</b>	Maximum of 1 vaginal insert per day
<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Ingrezza (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Ingrezza (Oral Capsule Therapy Pack)</b>	Maximum of 28 capsules (1 pack) per 28 days
<b>Inlyta (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Intence (100MG Oral Tablet, 200MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Intence (25MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Invirase (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Invokamet (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Invokamet XR (Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Invokana (Oral Tablet)</b>	Maximum of 1 tablet per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
<b>Iressa (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress HD (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress (Oral Packet)</b>	Maximum of 2 packets per day
<b>Isentress (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress (Oral Tablet Chewable)</b>	Maximum of 6 tablets per day
Itraconazole (Oral Capsule)	Maximum of 4 capsules per day
<b>Jakafi (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Janumet (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Januvia (Oral Tablet)</b>	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Jardiance (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Jentadueto (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Juluca (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Kaletra (100-25MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Kaletra (200-50MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Kalydeco (Oral Packet)</b>	Maximum of 2 packets per day
<b>Kalydeco (Oral Tablet)</b>	Maximum of 2 tablets per day
Ketoconazole (External Cream)	Maximum of 90 grams per 30 days
<b>Kisqali (200MG Dose) (Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Kisqali (400MG Dose) (Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Kisqali (600MG Dose) (Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)</b>	Maximum of 1 pack (91 tablets) per 28 days
<b>Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)</b>	Maximum of 1 pack (91 tablets) per 28 days
<b>Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)</b>	Maximum of 1 pack (91 tablets) per 28 days
<b>Korlym (Oral Tablet)</b>	Maximum of 4 tablets per day
Lamivudine (10MG/ML Oral Solution)	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
<b>Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Latuda (80MG Oral Tablet)</b>	Maximum of 2 tablets per day
Levocetirizine Dihydrochloride (Oral Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	Maximum of 6 tablets per day
<b>Lexiva (Oral Suspension)</b>	Maximum of 60 ml per day
Lidocaine (5% External Ointment)	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	Maximum of 3 patches per day
Linezolid (Oral Tablet)	Maximum of 2 tablets per day
<b>Linzess (Oral Capsule)</b>	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	Maximum of 2 tablets per day
<b>Livalo (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Lokelma (Oral Packet)</b>	Maximum of 90 packets per 30 days
<b>Lonhala Magnair Refill Kit (Inhalation Solution)</b>	Maximum of 2 vials (2 ml) per day
<b>Lonsurf (15-6.14MG Oral Tablet)</b>	Maximum of 10 tablets per day
<b>Lonsurf (20-8.19MG Oral Tablet)</b>	Maximum of 8 tablets per day
Lopinavir-Ritonavir (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam (2MG/ML Oral Concentrate)	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	Maximum of 5 tablets per day
<b>Lorbrena (100MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Lorbrena (25MG Oral Tablet)</b>	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Oral Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	Maximum of 2 tablets per day
<b>Lynparza (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)</b>	Maximum of 3 capsules per day
<b>Lyrica (225MG Oral Capsule, 300MG Oral Capsule)</b>	Maximum of 2 capsules per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Lyrica (Oral Solution)</b>	Maximum of 30 ml per day
<b>Mavyret (Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Mayzent (0.25MG Oral Tablet)</b>	Maximum of 8 tablets per day
<b>Mayzent (2MG Oral Tablet)</b>	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	Maximum of 3 tablets per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	Maximum of 4 tablets per day
Mesalamine (Rectal Enema)	Maximum of 1 bottle (60 ml) per day
Metadate ER (Oral Tablet Extended Release)	Maximum of 3 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	Maximum of 8 tablets per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Methylphenidate HCl (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	Maximum of 3 tablets per day
Miglitol (100MG Oral Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Miglitol (25MG Oral Tablet)	Maximum of 12 tablets per day
Miglitol (50MG Oral Tablet)	Maximum of 6 tablets per day
Modafinil (100MG Oral Tablet)	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100MG/5ML Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	Maximum of 50 ml per day
<b>Morphine Sulfate (15MG Oral Tablet Immediate Release)</b>	Maximum of 8 tablets per day
<b>Morphine Sulfate (30MG Oral Tablet Immediate Release)</b>	Maximum of 6 tablets per day
<b>Multaq (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	Maximum of 1 capsule per day
<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	Maximum of 6 tablets per day
<b>Nebupent (Inhalation Solution Reconstituted)</b>	Maximum of 300 mg (1 vial) per 28 days
<b>Nerlynx (Oral Tablet)</b>	Maximum of 6 tablets per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
<b>Ninlaro (Oral Capsule)</b>	Maximum of 3 capsules per 28 days
<b>Northera (100MG Oral Capsule)</b>	Maximum of 3 capsules per day
<b>Northera (200MG Oral Capsule, 300MG Oral Capsule)</b>	Maximum of 6 capsules per day
<b>Norvir (Oral Packet)</b>	Maximum of 12 packets per day
<b>Norvir (Oral Solution)</b>	Maximum of 16 ml per day
<b>Noxafil (Oral Suspension)</b>	Maximum of 20 ml per day
<b>Noxafil (Oral Tablet Delayed Release)</b>	Maximum of 6 tablets per day
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	Maximum of 3 ml per 28 days
<b>Nucala (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 3 ml per 28 days
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	Maximum of 3 vials per 28 days
<b>Nucynta ER (Oral Tablet Extended Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Nuplazid (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Nuplazid (10MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Ocaliva (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Odefsey (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Odomzo (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Ofev (Oral Capsule)</b>	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Omeprazole (10MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
<b>Orkambi (Oral Packet)</b>	Maximum of 56 packets per 28 days
<b>Orkambi (Oral Tablet)</b>	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (Oral Capsule)	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	Maximum of 26 ml per day
<b>Osphena (Oral Tablet)</b>	Maximum of 1 tablet per day
Oxandrolone (10MG Oral Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5MG Oral Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Ibuprofen (Oral Tablet)	Maximum of 4 tablets per day
<b>Ozempic (0.25 or 0.5MG/DOSE Subcutaneous Solution Pen-Injector)</b>	Maximum of 1 pen (1.5 ml) per 28 days
<b>Ozempic (1MG/DOSE Subcutaneous Solution Pen-Injector)</b>	Maximum of 2 pens (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
<b>Pentasa (250MG Oral Capsule Extended Release)</b>	Maximum of 12 capsules per day
<b>Pentasa (500MG Oral Capsule Extended Release)</b>	Maximum of 8 capsules per day
<b>Perforomist (Inhalation Nebulization Solution)</b>	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	Maximum of 2 tablets per day
<b>Pifeltro (Oral Tablet)</b>	Maximum of 1 tablet per day
Pioglitazone HCl (15MG Oral Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	Maximum of 3 tablets per day
<b>Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	Maximum of 1 tablet per day
<b>Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	Maximum of 2 tablets per day
<b>Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	Maximum of 2 tablets per day
<b>Pomalyst (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Praluent (Subcutaneous Solution Pen-Injector)</b>	Maximum of 2 pens (2 ml) per 28 days
Prasugrel HCl (Oral Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	Maximum of 1 tablet per day
<b>Premarin (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Premphase (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Prempro (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Prezcobix (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Prezista (Oral Suspension)</b>	Maximum of 2 bottles (400 ml) per 30 days
<b>Prezista (150MG Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Prezista (600MG Oral Tablet, 75MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Prezista (800MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Prolia (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 1 syringe per 180 days
<b>Promacta (Oral Packet)</b>	Maximum of 6 packets per day
<b>Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)</b>	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Promacta (50MG Oral Tablet, 75MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Pulmozyme (Inhalation Solution)</b>	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Oral Tablet)	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
<b>RAVICTI (Oral Liquid)</b>	Maximum of 17.5 ml per day
<b>Rayaldee (Oral Capsule Extended Release)</b>	Maximum of 2 capsules per day
<b>Rebif Rebidose (Subcutaneous Solution Auto-Injector)</b>	Maximum of 12 pens (6 ml) per 28 days
<b>Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)</b>	Maximum of 1 pack (4.2 ml) per 28 days
<b>Rebif (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 12 syringes (6 ml) per 28 days
<b>Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 1 pack (4.2 ml) per 28 days
<b>Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 3 inhalers (60 blisters) per 30 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Relistor (Oral Tablet)</b>	Maximum of 3 tablets per day
Repaglinide (0.5MG Oral Tablet)	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	Maximum of 8 tablets per day
Repaglinide-Metformin HCl (Oral Tablet)	Maximum of 5 tablets per day
<b>Repatha Pushtrox System (Subcutaneous Solution Cartridge)</b>	Maximum of 1 cartridge (3.5 ml) per 28 days
<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	Maximum of 3 pens (3 ml) per 28 days
<b>Rescriptor (Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Restasis (Ophthalmic Emulsion)</b>	Maximum of 2 vials per day
<b>Revlimid (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Rexulti (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Reyataz (Oral Packet)</b>	Maximum of 6 packets per day
<b>Riomet (Oral Solution)</b>	Maximum of 25.5 ml per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	Maximum of 1 tablet per 30 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 1 tablet per day
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
<b>Rubraca (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Rydapt (Oral Capsule)</b>	Maximum of 8 capsules per day
<b>Saphris (Tablet Sublingual)</b>	Maximum of 2 tablets per day
<b>Selzentry (Oral Solution)</b>	Maximum of 8 bottles (1840 ml) per 30 days
<b>Selzentry (150MG Oral Tablet, 75MG Oral Tablet)</b>	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Selzentry (25MG Oral Tablet, 300MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (60 inhalations) per 30 days
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Silodosin (Oral Capsule)	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	Maximum of 1 tablet per day
<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	Maximum of 18 ml (6 pens) per 30 days
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	Maximum of 1 vial per day
<b>Sovaldi (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Spiriva HandiHaler (Inhalation Capsule)</b>	Maximum of 1 capsule per day
<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Sprycel (20MG Oral Tablet, 50MG Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Sprycel (80MG Oral Tablet)</b>	Maximum of 2 tablets per day
Stavudine (Oral Capsule)	Maximum of 2 capsules per day
<b>Stiolto Respimat (Inhalation Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Stivarga (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Stribild (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)</b>	Maximum of 2 films per day
<b>Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)</b>	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 12 tablets per 30 days
<b>Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)</b>	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days

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Drug Name	Quantity Limit
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	Maximum of 12 injections (6 ml) per 30 days
<b>Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)</b>	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
<b>Sutent (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Sutent (37.5MG Oral Capsule)</b>	Maximum of 2 capsules per day
<b>Symbicort (Inhalation Aerosol)</b>	Maximum of 1 inhaler (10.2 grams) per 30 days
<b>Symfi Lo (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Symfi (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Sympazan (Oral Film)</b>	Maximum of 2 films per day
<b>Symtuza (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Synjardy (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
Tadalafil (PAH) (20MG Oral Tablet)	Maximum of 2 tablets per day
<b>Tagrisso (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Talzenna (0.25MG Oral Capsule)</b>	Maximum of 3 capsules per day
<b>Talzenna (1MG Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Tasigna (150MG Oral Capsule)</b>	Maximum of 5 capsules per day
<b>Tasigna (200MG Oral Capsule)</b>	Maximum of 4 capsules per day
<b>Tasigna (50MG Oral Capsule)</b>	Maximum of 14 capsules per day
<b>Tecfidera (Oral Capsule Delayed Release)</b>	Maximum of 2 capsules per day
Telmisartan (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	Maximum of 1 capsule per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Tetrabenazine (12.5MG Oral Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	Maximum of 4 tablets per day
<b>Thalomid (100MG Oral Capsule, 50MG Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Thalomid (150MG Oral Capsule, 200MG Oral Capsule)</b>	Maximum of 2 capsules per day
<b>Tibsovo (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Tivicay (10MG Oral Tablet, 25MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Tivicay (50MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>TOBI Podhaler (Inhalation Capsule)</b>	Maximum of 8 capsules per day
Tobramycin (Inhalation Nebulization Solution)	Maximum of 10 ml (2 ampules) per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day
<b>Tracleer (Oral Tablet Soluble)</b>	Maximum of 8 tablets per day
<b>Tradjenta (Oral Tablet)</b>	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl (Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	Maximum of 2 tablets per day
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
Trezix (Oral Capsule)	Maximum of 10 capsules per day
Trientine HCl (Oral Capsule)	Maximum of 8 capsules per day
<b>Trintellix (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Triumeq (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	Maximum of 4 pens (2 ml) per 28 days
<b>Truvada (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Tybost (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Tymlos (Subcutaneous Solution Pen-Injector)</b>	Maximum of 1.56 ml per 30 days
Valacyclovir HCl (1GM Oral Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	Maximum of 2 tablets per day
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	Maximum of 36 ml per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Valganciclovir HCl (450MG Oral Tablet)	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Vancomycin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
<b>Veltassa (Oral Packet)</b>	Maximum of 1 packet per day
<b>Vemlidy (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Venclexta (100MG Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Venclexta (10MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Venclexta (50MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Ventavis (10MCG/ML Inhalation Solution)</b>	Maximum of 7 ml per day
<b>Ventavis (20MCG/ML Inhalation Solution)</b>	Maximum of 3 ml per day
<b>Verzenio (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	Maximum of 3 pens (9 ml) per 30 days
<b>Videx EC (125MG Oral Capsule Delayed Release)</b>	Maximum of 4 capsules per day
<b>Videx (4GM Oral Solution Reconstituted)</b>	Maximum of 40 ml per day
Vigabatrin (Oral Packet)	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	Maximum of 6 packets per day
<b>Viibryd (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Viibryd Starter Pack (Oral Kit)</b>	Maximum of 1 pack (30 tablets) per 30 days
<b>Vimpat (Oral Solution)</b>	Maximum of 40 ml per day
<b>Vimpat (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Viracept (250MG Oral Tablet)</b>	Maximum of 10 tablets per day
<b>Viracept (625MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Viread (Oral Powder)</b>	Maximum of 4 bottles (240 grams) per 30 days
<b>Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Vitrakvi (100MG Oral Capsule)</b>	Maximum of 4 capsules per day
<b>Vitrakvi (25MG Oral Capsule)</b>	Maximum of 6 capsules per day
<b>Vitrakvi (Oral Solution)</b>	Maximum of 20 ml per day
<b>Vizimpro (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Vosevi (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Votrient (Oral Tablet)</b>	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	Maximum of 1 capsule per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Xarelto (10MG Oral Tablet, 20MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	Maximum of 1 pack (51 tablets) per 30 days
<b>Xeljanz (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Xiidra (Ophthalmic Solution)</b>	Maximum of 2 vials per day
<b>Xofluza (Oral Tablet Therapy Pack)</b>	Maximum of 2 tablets per 30 days
<b>Xospata (Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	Maximum of 3 capsules per day
<b>Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	Maximum of 6 capsules per day
<b>Xtandi (Oral Capsule)</b>	Maximum of 4 capsules per day
<b>Xyrem (Oral Solution)</b>	Maximum of 18 ml per day
Yuvaferm (Vaginal Tablet)	Maximum of 1 tablet per day
Zafirlukast (Oral Tablet)	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	Maximum of 1 capsule per day
<b>Zejula (Oral Capsule)</b>	Maximum of 3 capsules per day
<b>Zelboraf (Oral Tablet)</b>	Maximum of 8 tablets per day
Zidovudine (Oral Capsule)	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	Maximum of 2 capsules per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	Maximum of 1 tablet per day
<b>Zydelig (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Zykadia (Oral Capsule)</b>	Maximum of 3 capsules per day

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Quantity Limit
<b>Zykadia (Oral Tablet)</b>	Maximum of 3 tablets per day

**Required information**

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

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

ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame a Servicio al Cliente de UnitedHealthcare. Nuestra información de contacto se encuentra en la portada.

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

Toll-free **1-866-550-4736**, TTY **711**

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

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