

2018 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

HealthSelectSM Medicare Rx (PDP) provided through the Employees Retirement System of Texas (ERS)

Important Notes: This document has information about the drugs covered by this plan. For more up-to-date information or if you have any questions, please call Customer Service at:



Toll-Free **(866) 868-0609**, TTY **711**

7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday



www.HSMedicareRx.com

HealthSelect^{of Texas}
Medicare 

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Questions?

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



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What is a drug list?

A drug list, also called a formulary, is a list of prescription drugs covered by your plan. Your plan and a team of health care providers work together to select drugs that contribute to 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 November 1, 2018.

For an up-to-date list of covered drugs or if you have questions, please call Customer Service toll-free at **(866) 868-0609**, TTY **711**, 7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday. You can also visit us online at **www.HSMedicareRx.com**.

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 HealthSelect Medicare Rx.

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–34 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 35–115 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

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

Drug payment stage and drug tiers

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

- Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- Your drug's tier.** Each covered drug is in one of three drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

If you need help or have any questions about your drug costs, please review your Evidence of Coverage or call Customer Service toll-free at **(866) 868-0609**, TTY **711**, 7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday.

Drug Tier	Includes
Tier 1: Preferred generic	All covered generic drugs.
Tier 2: Preferred brand	Many common brand name drugs, called preferred brands.
Tier 3: Non-preferred drug	Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also call Customer Service toll-free at **(866) 868-0609**, TTY **711**, 7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday.

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 35. The codes and what they mean are shown below and on the next page.

You can also get more information about the coverage rules and/or limits applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. If you would like a copy sent to you, please call Customer Service toll-free at **(866) 868-0609**, TTY **711**, 7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday. You can also visit us online at **www.HSMedicareRx.com**.

Coverage Rules and Limits

PA - Prior authorization

The plan requires you or your doctor to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used and covered correctly by Medicare for your medical condition. Certain drugs may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs) depending on how it is used. If you don't get prior approval, the plan may not cover the drug.

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MED - Morphine equivalent dose

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional edit is called a cumulative morphine equivalent dose (MED). The MED is calculated based on the number of opioid drugs prescribed for you over a period of time. This cumulative limit is required for all plans and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than one 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.

SP - Specialty Drugs

This drug is considered a "specialty drug," meaning it's not eligible for a lower cost-sharing level.

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?

We may still cover your drug even if it is not included in this drug list. Call Customer Service toll-free at **(866) 868-0609**, TTY **711**, 7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday to ask if it's covered. Or go to **www.HSMedicareRx.com** to look it up online. The information is updated on a regular basis.

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

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

How can I get an exception?

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

Types of exceptions you can ask for

- Drug list exception:** Ask the plan to cover your drug even if it's not on the drug list. If approved, this drug will be covered at a pre-determined cost-sharing level. You will not be able to ask us to provide the drug at a lower cost-sharing level.
- Utilization exception:** Ask the plan to revise the coverage rules or limits on your drug. For example, if your drug has a quantity limit, you can ask the plan to change the limit and cover more.
- Tiering exception:** Ask the plan to cover your drug on our list at a lower cost-sharing level. If approved this would lower the amount you pay out-of-pocket for your drug. Specialty drugs (SP) are not eligible for a lower cost-sharing level.

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

Who can ask for an exception?

You, your authorized representative or your doctor can ask for an exception by calling Customer Service toll-free at **(866) 868-0609**, TTY **711**, 7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday. Your doctor must give us a supporting statement with the reason for the exception.

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the drug list change?

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

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

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

If we remove a drug from the list

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

If we change the coverage rules or limits

We'll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 116-144.

We'll tell you about any changes

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

Drugs with dosages other than a one-month supply

Drugs packaged in an extended day supply

Some drugs are packaged from the manufacturer to provide more than a one-month supply. When you fill these drugs, you may have to pay more than one copay/coinsurance for a single prescription. For more information, please call Customer Service toll-free at **(866) 868-0609**, TTY **711**, 7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday.

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call Customer Service toll-free at **(866) 868-0609**, TTY **711**, 7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday. You can also visit us online at **www.HSMedicareRx.com**.

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

Covered drugs by name (Drug index)

A			
Abacavir.....	65	Adrenalin.....	112
Abacavir Sulfate/Lamivudine/ Zidovudine.....	65	Adriamycin.....	57
Abacavir/Lamivudine.....	65	Adrucil.....	57
Abelcet.....	53	Advair Diskus.....	114
Abilify Maintena.....	62	Advair HFA.....	114
Abraxane.....	57	Adzenys XR-ODT.....	79
Absorica.....	82	Afeditab CR.....	74
Acamprosate Calcium DR.....	40	Afinitor.....	58
Acarbose.....	68	Afinitor Disperz.....	59
Acebutolol HCl.....	73	Afrezza.....	69
Acetaminophen/Codeine.....	38	Airduo Resplick 113/14....	114
Acetazolamide.....	77	Airduo Resplick 232/14....	114
Acetazolamide ER.....	77	Airduo Resplick 55/14.....	114
Acetazolamide Sodium.....	77	Ala-Cort.....	93
Acetic Acid.....	110	Albenza.....	60
Acetylcysteine.....	114	Albuterol Sulfate.....	112
Acitretin.....	82	Albuterol Sulfate ER.....	112
Actemra.....	104	Alclometasone Dipropionate	93
ActHIB.....	104	Alcohol Prep Pads.....	107
Actimmune.....	104	Aldactazide.....	75
Actoplus Met XR.....	68	Aldurazyme.....	91
Acuvail.....	109	Alecensa.....	59
Acyclovir.....	64	Alendronate Sodium.....	106
Acyclovir Sodium.....	64	Alfuzosin HCl ER.....	92
Adacel.....	104	Alimta.....	57
Adagen.....	91	Alinia.....	60
Adapalene.....	82	Aliqopa.....	58
Adapalene and Benzoyl Peroxide.....	82	Allopurinol.....	55
Adcirca.....	113	Allopurinol Sodium.....	55
Adefovir Dipivoxil.....	64	Almotriptan.....	55
Adempas.....	113	Alocril.....	108
		Alomide.....	108
		Alora.....	96
		Alosetron HCl.....	89
		Aloxi.....	53
		Alphagan P.....	108
		Alprazolam.....	67
		Alprazolam ER.....	67
		Alprazolam Intensol.....	67
		Alprazolam ODT.....	67
		Alrex.....	109
		Altavera.....	96
		Altoprev.....	78
		Alunbrig.....	59
		Alyacen 1/35.....	96
		Amabelz.....	97
		Amantadine HCl.....	61
		AmBisome.....	53
		Amcinonide.....	93
		Amethia.....	97
		Amethia Lo.....	97
		Amikacin Sulfate.....	41
		Amiloride HCl.....	77
		Amiloride/Hydrochlorothiazide	75
		Aminophylline.....	113
		Aminosyn 7%/Electrolytes....	84
		Aminosyn 8.5%/Electrolytes	84
		Aminosyn II.....	84
		Aminosyn II 8.5%/Electrolytes	84
		Aminosyn-HBC.....	84
		Aminosyn-PF.....	84
		Aminosyn-RF.....	84
		Amiodarone HCl.....	72

Amitiza.....	89	Antara.....	78	Atomoxetine.....	80
Amitriptyline HCl.....	52	Anzemet.....	53	Atorvastatin Calcium.....	78
Amlodipine Besylate.....	74	ApexiCon E.....	93	Atovaquone.....	60
Amlodipine Besylate/ Atorvastatin Calcium.....	75	Aplenzin.....	50	Atovaquone/Proguanil HCl....	60
Amlodipine Besylate/ Benazepril HCl.....	75	Apokyn.....	61	Atripla.....	65
Amlodipine Besylate/Valsartan	75	Apraclonidine.....	108	Atropine Sulfate.....	88, 107
Amlodipine/Olmesartan Medoxomil.....	75	Aprepitant.....	53	Atrovent HFA.....	112
Amlodipine/Valsartan/ Hydrochlorothiazide.....	75	Apri.....	97	Aubagio.....	82
Ammonium Lactate.....	82	Apriso.....	105	Aubra.....	97
Amnesteem.....	82	Aptiom.....	49	Augmented Betamethasone Dipropionate.....	93
Amoxapine.....	52	Aptivus.....	66	Augmentin.....	44
Amoxicillin.....	44	Aralast NP.....	91	Auryxia.....	88
Amoxicillin/Clavulanate Potassium.....	44	Aranella.....	97	Austedo.....	81
Amoxicillin/Clavulanate Potassium ER.....	44	Aranesp Albumin Free.....	71	Avandia.....	68
Amphetamine/ Dextroamphetamine.....	80	Arcalyst.....	104	Avastin.....	60
Amphotericin B.....	53	Arcapta Neohaler.....	112	AVC.....	53
Ampicillin.....	44	Argatroban.....	70	Aviane.....	97
Ampicillin Sodium.....	44	Aripiprazole.....	62	Avita.....	82
Ampicillin-Sulbactam.....	44	Aripiprazole ODT.....	62	Avonex.....	82
Ampyra.....	82	Aristada.....	62	Avonex Pen.....	82
Anadrol-50.....	96	Armodafinil.....	115	Azacitidine.....	71
Anagrelide HCl.....	71	Armonair Respiclick 113.....	111	Azactam.....	43
Anastrozole.....	58	Armonair Respiclick 232.....	111	Azasan.....	102
Androderm.....	96	Armonair Respiclick 55.....	111	Azasite.....	44
AndroGel.....	96	Arnuity Ellipta.....	111	Azathioprine.....	102
AndroGel Pump.....	96	Arranon.....	57	Azelastine HCl.....	108, 110
Angeliq.....	97	Ascomp/Codeine.....	38	Azelex.....	82
Anoro Ellipta.....	114	Ashlyna.....	97	Azithromycin.....	45
		Aspirin/Dipyridamole.....	72	Azopt.....	108
		Astagraf XL.....	102	Aztreonam.....	43
		Atazanavir Sulfate.....	66		
		Atenolol.....	73	B	
		Atenolol/Chlorthalidone.....	75	BACiiM.....	41
		Atgam.....	104	Bacitracin.....	41

Bacitracin/Polymyxin B.....	107	Bevespi Aerosphere.....	114	Brovana.....	112
Baclofen.....	114	Bevyxxa.....	70	Budesonide.....	105, 111
Bactocill in Dextrose.....	44	Bexarotene.....	60	Budesonide ER.....	105
Bactroban Nasal.....	41	Bexsero.....	104	Bumetanide.....	77
Balsalazide Disodium.....	105	Bicalutamide.....	56	Bunavail.....	40
Balziva.....	97	Bicillin C-R.....	44	Buprenorphine.....	36
Banzel.....	49	Bicillin L-A.....	44	Buprenorphine HCl.....	40
Baraclude.....	64	BiCNU.....	56	Buprenorphine HCl/Naloxone HCl.....	40
Bavencio.....	60	BiDil.....	75	Bupropion HCl.....	50
Baxdela.....	45	Biktaryv.....	65	Bupropion HCl SR.....	40, 50
BCG Vaccine.....	104	Biltricide.....	60	Bupropion HCl XL.....	50
Beconase AQ.....	111	Bimatoprost.....	110	Buspirone HCl.....	67
Bekyree.....	97	Binosto.....	106	Busulfan.....	56
Belbuca.....	36	Bisoprolol Fumarate.....	73	Busulfex.....	56
Beleodaq.....	59	Bisoprolol Fumarate/ Hydrochlorothiazide.....	75	Butalbital/Acetaminophen....	35
Belsomra.....	115	BIVIGAM.....	104	Butalbital/Acetaminophen/ Caffeine.....	35
Benazepril HCl.....	72	Bleomycin Sulfate.....	57	Butalbital/Acetaminophen/ Caffeine/Codeine.....	38
Benazepril HCl/ Hydrochlorothiazide.....	75	Blephamide.....	107	Butalbital/Aspirin/Caffeine....	35
Benlysta.....	104	Blephamide S.O.P.....	107	Butalbital/Aspirin/Caffeine/ Codeine.....	38
Benznidazole.....	60	Blisovi 24 Fe.....	97	Butisol Sodium.....	115
Benztropine Mesylate.....	61	Blisovi Fe 1.5/30.....	97	Butorphanol Tartrate.....	38
Bepreve.....	108	Blisovi Fe 1/20.....	97	Butrans.....	36
Berinerit.....	102	Boostrix.....	104	Bydureon Bcise.....	68
Besivance.....	45	Bortezomib.....	57	Bydureon Pen.....	68
Betamethasone Dipropionate	93	Bosulif.....	59	Bydureon Vial.....	68
Betamethasone Valerate.....	93	Botox.....	107	Byetta.....	68
Betaseron.....	82	Breo Ellipta.....	114	Bystolic.....	73
Betaxolol HCl.....	73, 108	Briellyn.....	97	Byvalson.....	75
Bethanechol Chloride.....	92	Brilinta.....	72		
Bethkis.....	112	Brimonidine Tartrate.....	108		
Betimol.....	108	Briviact.....	47		
Betoptic-S.....	108	Bromocriptine Mesylate.....	61		
		Bromsite.....	109		

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Cabergoline.....	101
Cabometyx.....	59

Calcipotriene.....	82	Carimune Nanofiltered.....	104	Cesamet.....	53
Calcipotriene/Betamethasone Dipropionate.....	83	Carisoprodol.....	114	Cetirizine HCl.....	110
Calcitonin-Salmon.....	106	Carisoprodol/Aspirin.....	115	Cevimeline HCl.....	82
Calcitriol.....	83, 106	Carisoprodol/Aspirin/Codeine	38	Chantix.....	40
Calcium Acetate.....	88	Carospir.....	77	Chantix Continuing Month Pak	40
Calquence.....	59	Carteolol HCl.....	108	Chantix Starting Month Pak...	40
Camila.....	100	Cartia XT.....	74	Chemet.....	88
Camrese Lo.....	97	Carvedilol.....	73	Chenodal.....	88
Canasa.....	105	Carvedilol Phosphate.....	73	Chloramphenicol Sodium Succinate.....	41
Candesartan Cilexetil.....	72	Caspofungin Acetate.....	53	Chlordiazepoxide HCl.....	67
Candesartan Cilexetil/ Hydrochlorothiazide.....	75	Cayston.....	112	Chlordiazepoxide/Amitriptyline	50
Capastat Sulfate.....	56	Caziant.....	97	Chlorhexidine Gluconate Oral Rinse.....	82
Capex.....	93	Cefaclor.....	42	Chloroquine Phosphate.....	60
Caprelsa.....	59	Cefaclor ER.....	42	Chlorothiazide.....	77
Captopril.....	72	Cefadroxil.....	42	Chlorothiazide Sodium.....	77
Captopril/Hydrochlorothiazide	75	Cefazolin Sodium.....	42	Chlorpromazine HCl.....	62
Carac.....	83	Cefdinir.....	43	Chlorpropamide.....	68
Carafate.....	90	Cefepime.....	43	Chlorthalidone.....	77
Carbaglu.....	84	Cefixime.....	43	Chlorzoxazone.....	115
Carbamazepine.....	49	Cefotaxime Sodium.....	43	Cholbam.....	91
Carbamazepine ER.....	49	Cefotetan.....	43	Cholestyramine.....	78
Carbidopa.....	61	Cefoxitin Sodium.....	43	Cholestyramine Light.....	78
Carbidopa/Levodopa.....	61	Cefpodoxime Proxetil.....	43	Chorionic Gonadotropin.....	95
Carbidopa/Levodopa ER.....	61	Cefprozil.....	43	Cialis.....	92
Carbidopa/Levodopa ODT....	61	Ceftazidime.....	43	Ciclopirox.....	53
Carbidopa/Levodopa/ Entacapone.....	61	Ceftriaxone Sodium.....	43	Ciclopirox Nail Lacquer.....	53
Carbinoxamine Maleate.....	110	Cefuroxime Axetil.....	43	Ciclopirox Olamine.....	53
Carboplatin.....	57	Cefuroxime Sodium.....	43	Cidofovir.....	63
Cardene IV.....	74	Celecoxib.....	35	Cilostazol.....	72
Cardizem LA.....	74	Celontin.....	47	Ciloxan.....	45
Cardura XL.....	92	Cephalexin.....	43	Cimduo.....	65
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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 12-34.

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 116-144.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Diclofenac Potassium (Tablet)	1	
Analgesics			Diclofenac Sodium (1% Gel, 1.5% Transdermal Solution)	1	PA
Butalbital/Acetaminophen (Tablet)	1	PA, QL, HRM	Diclofenac Sodium DR (Tablet Delayed-Release)	1	
Butalbital/Acetaminophen/Caffeine (50mg-300mg-40mg Capsule, 50mg-325mg-40mg Capsule, 50mg-325mg-40mg Tablet)	1	PA, QL, HRM	Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)	1	
Butalbital/Aspirin/Caffeine (Capsule)	1	PA, QL, HRM	Diclofenac Sodium/Misoprostol (Tablet Delayed-Release)	1	
Phrenilin Forte (Capsule)	1	PA, QL, HRM	Diflunisal (Tablet)	1	
Tencon (Tablet)	1	PA, QL, HRM	Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Vanatol LQ (Oral Solution)	1	PA, QL, HRM	Etodolac ER (Tablet Extended-Release 24 Hour)	1	
Zebutal (Capsule)	1	PA, QL, HRM	Fenoprofen Calcium (400mg Capsule)	1	
Nonsteroidal Anti-inflammatory Drugs					
Celecoxib (Capsule)	1	QL			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fenoprofen Calcium (600mg Tablet)	1	
Flector (Patch)	3	PA, QL
Flurbiprofen (Tablet)	1	
Ibu (Tablet)	1	
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1	
Indocin (Suspension)	3	PA, HRM
Indomethacin (25mg Capsule, 50mg Capsule)	1	PA, HRM
Indomethacin ER (Capsule Extended-Release)	1	PA, HRM
Ketoprofen ER (Capsule Extended-Release 24 Hour)	1	
Ketorolac Tromethamine (10mg Tablet, 15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	1	PA, HRM
Meclofenamate Sodium (Capsule)	1	
Mefenamic Acid (Capsule)	1	
Meloxicam (Tablet)	1	
Nabumetone (Tablet)	1	
Naprelan (750mg Tablet Extended-Release 24 Hour)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1	
Naproxen Sodium (Tablet Immediate-Release) (Generic Anaprox DS)	1	
Naproxen Sodium ER (Tablet Extended-Release 24 Hour) (Generic Naprelan)	1	
Oxaprozin (Tablet)	1	
Piroxicam (Capsule)	1	
Profeno (Tablet)	1	
Sulindac (Tablet)	1	
Tivorbex (Capsule)	3	PA, QL, HRM
Tolmetin Sodium (400mg Capsule, 600mg Tablet)	1	
Vivlodex (Capsule)	3	QL
Opioid Analgesics, Long-acting		
Belbuca (Film)	3	QL, MED
Buprenorphine (Patch Weekly)	3	QL, MED
Butrans (Patch Weekly)	3	QL, MED
Embeda (Capsule Extended-Release)	2	QL, MED

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fentanyl (Patch 72 Hour)	1	QL, MED	Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour, 10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian), (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin), (120mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	1	QL, MED
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	QL, MED			
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	2	QL, MED			
Levorphanol Tartrate (Tablet)	1	QL, MED			
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	QL, MED			
Methadone HCl (10mg/ml Injection)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxycodone HCl ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	3	QL, MED	Butorphanol Tartrate (10mg/ml Nasal Solution)	1	QL, MED
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	2	QL, MED	Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	1	
Oxymorphone HCl ER (Tablet Extended-Release 12 Hour)	1	QL, MED	Carisoprodol/Aspirin/Codeine (Tablet)	1	PA, QL, HRM, MED
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	1	QL, MED	Codeine Sulfate (Tablet)	1	QL, MED
Opioid Analgesics, Short-acting			Duramorph (Injection)	1	
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	1	QL, MED	Endocet (Tablet)	1	QL, MED
Ascomp/Codeine (Capsule)	1	PA, QL, HRM, MED	Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	1	PA, QL
Butalbital/Acetaminophen/Caffeine/Codeine (Capsule)	1	PA, QL, HRM, MED	Hydrocodone Bitartrate/Acetaminophen (10mg-300mg Tablet, 2.5mg-325mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet, 7.5mg-325mg/15ml Oral Solution)	1	QL, MED
Butalbital/Aspirin/Caffeine/Codeine (Capsule)	1	PA, QL, HRM, MED	Hydrocodone/Acetaminophen (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	1	QL, MED
			Hydrocodone/Ibuprofen (Tablet)	1	QL, MED
			Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydromorphone HCl (1mg/ml Liquid, 2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	1	QL, MED
Hydromorphone HCl (2mg/ml Injection)	1	
Ibudone (Tablet)	1	QL, MED
Lorcet (Tablet)	1	QL, MED
Lorcet HD (Tablet)	1	QL, MED
Lorcet Plus (Tablet)	1	QL, MED
Meperidine HCl (100mg Tablet, 50mg Tablet, 50mg/5ml Oral Solution)	1	PA, QL, HRM, MED
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	1	QL, MED
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	1	
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	1	QL, MED
Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)	1	
Nalbuphine HCl (Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nucynta (100mg Tablet)	3	QL, MED, SP
Nucynta (50mg Tablet, 75mg Tablet)	3	QL, MED
Oxycodone HCl (100mg/5ml Concentrate, 10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 5mg Capsule, 5mg/5ml Oral Solution)	1	QL, MED
Oxycodone/Acetaminophen (Tablet)	1	QL, MED
Oxycodone/Aspirin (Tablet)	1	QL, MED
Oxycodone/Ibuprofen (Tablet)	1	QL, MED
Oxymorphone HCl (Tablet Immediate-Release)	1	QL, MED
Panlor (Tablet)	1	QL, MED
Pentazocine/Naloxone HCl (Tablet)	1	PA, QL, HRM, MED
Primlev (10mg-300mg Tablet)	3	QL, MED, SP
Primlev (5mg-300mg Tablet, 7.5mg-300mg Tablet)	3	QL, MED

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tramadol HCl (Tablet Immediate-Release)	1	QL, MED
Tramadol HCl/ Acetaminophen (Tablet)	1	QL, MED
Trezip (Capsule)	1	QL, MED
Vicodin (Tablet)	1	QL, MED
Vicodin ES (Tablet)	1	QL, MED
Vicodin HP (Tablet)	1	QL, MED
Anesthetics		
Local Anesthetics		
Lidocaine (5% Ointment)	1	
Lidocaine (5% Patch)	1	PA, QL
Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection)	1	B/D, PA
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (Gel)	1	
Lidocaine Viscous (Solution)	1	
Lidocaine/Prilocaine (Cream)	1	
Pliaglis (Cream)	3	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium DR (Tablet Delayed-Release)	1	
Disulfiram (Tablet)	1	
Naltrexone HCl (Tablet)	1	

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

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
Aminoglycosides			Chloramphenicol Sodium Succinate (Injection)	1	
Amikacin Sulfate (Injection)	1		Cleocin (100mg Suppository)	2	
Gentak (Ophthalmic Ointment)	1		Clindamycin HCl (Capsule Immediate-Release)	1	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution, 40mg/ml Injection)	1		Clindamycin Palmitate HCl (Oral Solution)	1	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1		Clindamycin Phosphate (2% Cream, 300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)	1	
Isotonic Gentamicin (Injection)	1		Clindamycin Phosphate in D5W (Injection)	1	
Neomycin Sulfate (Tablet)	1		Clindesse (Cream)	3	
Paromomycin Sulfate (Capsule)	1		Colistimethate Sodium (Injection)	1	
Streptomycin Sulfate (Injection)	3		Dalvance (Injection)	3	SP
Tobramycin Sulfate (0.3% Ophthalmic Solution, 10mg/ml Injection, 80mg/2ml Injection)	1		Daptomycin (500mg Injection)	1	
Tobrex (0.3% Ophthalmic Ointment)	3		Lincomycin HCl (Injection)	1	
Antibacterials, Other			Linezolid (100mg/5ml Suspension, 600mg/300ml Injection)	1	
BACiiM (Injection)	1		Linezolid (600mg Tablet)	1	QL
Bacitracin (50000unit Injection, 500unit/gm Ophthalmic Ointment)	1		Methenamine Hippurate (Tablet)	1	
Bactroban Nasal (Ointment)	3	PA			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 375mg Capsule Immediate-Release)	1	
Metronidazole in NaCl 0.79% (Injection)	1	
Metronidazole Vaginal (Gel)	1	
Monurol (Packet)	3	
Mupirocin (2% Cream, 2% Ointment)	1	
Neomycin/Polymyxin B Sulfates (Irrigation Solution)	1	
Nitrofurantoin (Suspension)	1	HRM
Nitrofurantoin Macrocrystals (Capsule) (Generic Macrochantin)	1	HRM
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	1	HRM
Noritrate (Cream)	3	SP
Polymyxin B Sulfate (Injection)	1	
Sivextro (200mg Injection, 200mg Tablet)	3	SP
Solosec (Packet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sulfamylon (85mg/gm Cream)	3	
Synercid (Injection)	3	SP
Tigecycline (Injection)	1	
Tinidazole (Tablet)	1	
Trimethoprim (Tablet)	1	
Tygacil (Injection)	3	SP
Vancomycin HCl (10gm Injection, 1gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	1	
Vandazole (Gel)	1	
Beta-lactam, Cephalosporins		
Cefaclor (125mg/5ml Suspension, 375mg/5ml Suspension)	2	
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release, 250mg/5ml Suspension)	1	
Cefaclor ER (Tablet Extended-Release 12 Hour)	1	
Cefadroxil (1gm Tablet, 250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1	
Cefazolin Sodium (Injection)	1	

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
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	1		Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule, 250mg Tablet, 500mg Tablet)	1	
Cefepime (Injection)	1		Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3	
Cefixime (Suspension)	1		Suprax (400mg Capsule, 500mg/5ml Suspension)	3	
Cefotaxime Sodium (Injection)	1		Tazicef (Injection)	1	
Cefotetan (Injection)	1		Teflaro (Injection)	3	SP
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	1		Zerbaxa (Injection)	3	SP
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	1		Beta-lactam, Other		
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1		Azactam (Injection)	3	
Ceftazidime (Injection)	1		Aztreonam (Injection)	1	
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	1		Doripenem (Injection)	2	
Cefuroxime Axetil (Tablet)	1		Imipenem/Cilastatin (Injection)	1	
Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	1		Invanz (Injection)	3	
			Meropenem (Injection)	1	
			Beta-lactam, Penicillins		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	1		Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	1	
Amoxicillin/Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	1		Ampicillin-Sulbactam (Injection)	1	
Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)	1		Augmentin (125mg/5ml-31.25mg/5ml Suspension)	3	SP
Ampicillin (Capsule)	1		Bactocill in Dextrose (Injection)	3	
			Bicillin C-R (Injection)	3	
			Bicillin L-A (Injection)	3	
			Dicloxacillin Sodium (Capsule)	1	
			Nafcillin Sodium (10gm Injection, 1gm Injection)	1	
			Oxacillin Sodium (Injection)	1	
			Penicillin G Potassium (Injection)	1	
			Penicillin G Procaine (Injection)	1	
			Penicillin G Sodium (Injection)	1	
			Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	1	
			Piperacillin/Tazobactam (Injection)	1	
			Macrolides		
			Azasite (Ophthalmic Solution)	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
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	1		Erythromycin Base (Tablet)	1	
Azithromycin (1gm Packet)	1		Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	1	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1		Quinolones		
Clarithromycin ER (Tablet Extended-Release 24 Hour)	1		Baxdela (300mg Injection, 450mg Tablet)	3	SP
Dificid (Tablet)	3	SP	Besivance (Suspension)	3	
E.E.S. Granules (Suspension)	3		Ciloxan (0.3% Ointment)	3	
Ery-Tab (Tablet Delayed-Release)	3		Cipro (500mg/5ml Suspension, 5gm/100ml Suspension)	3	
EryPed 200 (Suspension)	3		Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension)	1	
EryPed 400 (Suspension)	3	SP	Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	1	
Erythrocin Lactobionate (Injection)	3		Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	1	
Erythrocin Stearate (Tablet)	3		Ciprofloxacin I.V. in D5W (Injection)	1	
Erythromycin (250mg Capsule Delayed-Release, 5mg/gm Ophthalmic Ointment)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gatifloxacin (Ophthalmic Solution)	1		Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet, 400mg-80mg/5ml Injection)	1	
Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet, 25mg/ml Injection, 25mg/ml Oral Solution)	1		Sulfamethoxazole/Trimethoprim DS (Tablet)	1	
Levofloxacin in D5W (Injection)	1		Tetracyclines		
Moxeza (Ophthalmic Solution)	2		Demeclocycline HCl (Tablet)	1	
Moxifloxacin HCl/ Sodium HCl (Injection)	1		Doryx MPC (Tablet Delayed-Release)	3	
Moxifloxacin HCl (Ophthalmic Solution)	1		Doxy 100 (Injection)	1	
Moxifloxacin HCl (Tablet)	1		Doxycycline (Suspension)	1	
Ofloxacin (0.3% Ophthalmic Solution, 0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	1		Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 75mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	1	
Sulfonamides			Doxycycline Hyclate DR (Tablet Delayed-Release)	1	
Silver Sulfadiazine (Cream)	1				
Sodium Sulfacetamide (Ophthalmic Solution)	1				
SSD (Cream)	1				
Sulfacetamide Sodium (10% Ophthalmic Ointment)	1				
Sulfadiazine (Tablet)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxycycline Monohydrate (100mg Capsule, 150mg Capsule, 50mg Capsule, 75mg Capsule, 100mg Tablet, 150mg Tablet, 50mg Tablet, 75mg Tablet)	1	
Minocycline HCl (Capsule Immediate-Release, Tablet Immediate-Release)	1	
Minocycline HCl ER (Tablet Extended-Release 24 Hour)	1	
Morgidox 1x50mg (Capsule)	1	
Solodyn (Tablet Extended-Release 24 Hour)	3	SP
Targadox (Tablet)	3	
Tetracycline HCl (Capsule)	1	
Vibramycin (50mg/5ml Syrup)	3	
Ximino (Capsule Extended-Release 24 Hour)	3	
Anticonvulsants		
Anticonvulsants, Other		
Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	3	QL, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Briviact (50mg/5ml Injection)	3	QL
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 100mg/ml Oral Solution)	1	
Levetiracetam ER (Tablet Extended-Release 24 Hour)	1	
Roweepra (Tablet)	1	
Roweepra XR (Tablet Extended-Release 24 Hour)	1	
Spritam (Tablet Disintegrating Soluble)	3	
Calcium Channel Modifying Agents		
Celontin (Capsule)	3	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	1	
Zonisamide (Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Diastat AcuDial (Gel)	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
Diastat Pediatric (Gel)	3		Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	3	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	1		Lamictal XR (Kit)	3	
Gabitril (12mg Tablet, 16mg Tablet)	3		Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 25mg Tablet Chewable, 5mg Tablet Chewable)	1	
Onfi (10mg Tablet, 20mg Tablet)	3	QL, SP	Lamotrigine ER (Tablet Extended-Release 24 Hour)	1	
Onfi (2.5mg/ml Suspension)	3	SP	Lamotrigine ODT (Tablet Dispersible)	1	
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	1	PA, HRM	Lamotrigine Starter Kit/Blue (Kit)	1	
Primidone (Tablet)	1		Lamotrigine Starter Kit/Green (Kit)	1	
Sabril (500mg Tablet)	3	PA, QL, LA, SP	Lamotrigine Starter Kit/Orange (Kit)	1	
Tiagabine HCl (Tablet)	1		Topiramate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	1	
Valproate Sodium (100mg/ml Injection)	1				
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	1				
Vigabatrin (Packet)	1	PA, QL			
Glutamate Reducing Agents					
Felbamate (400mg Tablet, 600mg Tablet, 600mg/5ml Suspension)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Topiramate ER (Capsule Extended-Release 24 Hour Sprinkle)	1	
Trokendi XR (100mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	3	PA, QL
Trokendi XR (200mg Capsule Extended-Release 24 Hour)	3	PA, QL, SP
Sodium Channel Agents		
Aptiom (Tablet)	3	QL, SP
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	3	SP
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	1	
Dilantin (Capsule)	3	
Dilantin INFATABS (Tablet Chewable)	3	
Epitol (Tablet)	1	
Fosphenytoin Sodium (Injection)	1	
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet, 300mg/5ml Suspension)	1	
Oxtellar XR (Tablet Extended-Release 24 Hour)	3	PA
Peganone (Tablet)	3	
Phenytek (Capsule)	3	
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	1	
Phenytoin Sodium (Injection)	1	
Phenytoin Sodium Extended (Capsule)	1	

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	3	QL	Namenda XR (Capsule Extended-Release 24 Hour)	2	PA, QL
Vimpat (200mg/20ml Injection)	3		Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	2	PA, QL
Antidementia Agents			Antidepressants		
Cholinesterase Inhibitors			Antidepressants, Other		
Donepezil HCl (Tablet)	1	QL	Aplenzin (Tablet Extended-Release 24 Hour)	3	SP
Donepezil HCl ODT (Tablet Dispersible)	1	QL	Bupropion HCl (Tablet Immediate-Release)	1	
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution)	1	QL	Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)	1	
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	1	QL	Bupropion HCl XL (Tablet Extended-Release 24 Hour)	1	
Rivastigmine Tartrate (Capsule)	1	QL	Chlordiazepoxide/Amitriptyline (Tablet)	1	PA, HRM
Rivastigmine Transdermal System (Patch 24 Hour)	1	QL	Forfivo XL (Tablet Extended-Release 24 Hour)	2	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			Mirtazapine (Tablet)	1	
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	1	PA, QL	Mirtazapine ODT (Tablet Dispersible)	1	
Memantine HCl ER (Capsule Extended-Release 24 Hour)	1	PA, QL	Olanzapine/Fluoxetine (Capsule)	1	
Memantine HCl Titration Pak (Tablet)	1	PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Perphenazine/ Amitriptyline (Tablet)	1	PA, HRM
Monoamine Oxidase Inhibitors		
Emsam (Patch 24 Hour)	3	QL, SP
Marplan (Tablet)	3	
Phenelzine Sulfate (Tablet)	1	
Tranlycypromine Sulfate (Tablet)	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet, 10mg/5ml Oral Solution)	1	
Desvenlafaxine Succinate ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	1	QL
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Khedezla)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Fetzima (Capsule Extended-Release 24 Hour)	3	QL, ST
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	3	ST
Fluoxetine DR (Capsule Delayed-Release)	1	
Fluoxetine HCl (10mg Capsule, 20mg Capsule, 40mg Capsule, 20mg/5ml Oral Solution)	1	
Fluoxetine HCl (10mg Tablet, 20mg Tablet)	1	
Fluoxetine HCl (60mg Tablet)	1	
Fluvoxamine Maleate (Tablet)	1	
Fluvoxamine Maleate ER (Capsule Extended-Release 24 Hour)	1	
Khedezla (Tablet Extended-Release 24 Hour)	3	QL
Maprotiline HCl (Tablet)	1	
Nefazodone HCl (Tablet)	1	
Paroxetine (Capsule)	1	HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Paroxetine HCl (Tablet Immediate-Release)	1	PA, HRM	Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	1	PA, HRM
Paroxetine HCl ER (Tablet Extended-Release 24 Hour)	1	PA, HRM			
Paxil (10mg/5ml Suspension)	2	PA, HRM			
Pexeva (Tablet)	3	PA, HRM			
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate)	1				
Trazodone HCl (Tablet)	1		Imipramine HCl (Tablet)	1	PA, HRM
Trintellix (Tablet)	3	QL	Imipramine Pamoate (Capsule)	1	PA, HRM
Venlafaxine HCl (Tablet Immediate-Release)	1		Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1	PA, HRM
Venlafaxine HCl ER (Capsule Extended-Release 24 Hour)	1		Protriptyline HCl (Tablet)	1	PA, HRM
Venlafaxine HCl ER (Tablet Extended-Release 24 Hour)	1		Trimipramine Maleate (Capsule)	1	PA, HRM
Viibryd (Tablet)	3	QL	Antiemetics		
Viibryd Starter Pack (Kit)	3	QL	Antiemetics, Other		
Tricyclics			Compro (Suppository)	1	
Amitriptyline HCl (Tablet)	1	PA, HRM	Hydroxyzine Pamoate (Capsule)	1	PA, HRM
Amoxapine (Tablet)	1	PA, HRM	Meclizine HCl (Tablet)	1	PA, HRM
Clomipramine HCl (Capsule)	1	PA, HRM	Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution, 5mg/ml Injection)	1	
Desipramine HCl (Tablet)	1	PA, HRM	Metoclopramide ODT (Tablet Dispersible)	1	
			Perphenazine (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prochlorperazine (Suppository)	1	
Prochlorperazine Edisylate (Injection)	1	
Prochlorperazine Maleate (Tablet)	1	
Scopolamine (Patch 72 Hour)	1	PA, HRM
Transderm-Scop (Patch 72 Hour)	3	PA, HRM
Trimethobenzamide HCl (Capsule)	1	B/D, PA
Emetogenic Therapy Adjuncts		
Aloxi (Injection)	2	SP
Anzemet (100mg Tablet)	3	B/D, PA, SP
Anzemet (50mg Tablet)	3	B/D, PA
Aprepitant (Therapy Pack, Capsule)	1	PA
Cesamet (Capsule)	3	PA, SP
Dronabinol (Capsule)	1	PA
Emend (125mg Suspension)	3	PA
Emend (150mg Injection)	3	
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	1	
Granisetron HCl (1mg Tablet)	1	B/D, PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution)	1	B/D, PA
Ondansetron HCl (4mg/2ml Injection)	1	
Ondansetron ODT (Tablet Dispersible)	1	B/D, PA
Palonosetron HCl (0.25mg/2ml Injection)	1	
Palonosetron HCl (0.25mg/5ml Injection)	1	
Sancuso (Patch)	3	SP
Syndros (Oral Solution)	3	PA, SP
Varubi (90mg Tablet)	3	B/D, PA
Antifungals		
Antifungals		
Abelcet (Injection)	3	B/D, PA, SP
AmBisome (Injection)	3	B/D, PA, SP
Amphotericin B (Injection)	1	B/D, PA
AVC (Cream)	3	
Caspofungin Acetate (Injection)	1	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	1	
Ciclopirox Nail Lacquer (External Solution)	1	
Ciclopirox Olamine (Cream)	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
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	1		Ketoconazole (2% Cream, 2% Foam, 2% Shampoo, 200mg Tablet)	1	
Cresemba (186mg Capsule)	3	SP	Luzu (Cream)	3	
Econazole Nitrate (Cream)	1		Mentax (Cream)	3	
Eraxis (Injection)	3	SP	Miconazole 3 (Suppository)	1	
Ertaczo (Cream)	3	SP	Mycamine (Injection)	3	SP
Exelderm (1% Cream, 1% External Solution)	3		Naftifine HCl (1% Cream)	1	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	1		Naftifine HCl (2% Cream)	1	
Fluconazole in NaCl (Injection)	1		Naftin (1% Gel, 2% Gel)	3	
Flucytosine (Capsule)	1		Natacyn (Suspension)	2	
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	1		Noxafil (100mg Tablet Delayed-Release, 40mg/ml Suspension)	3	QL, SP
Griseofulvin Ultramicrosize (Tablet)	1		Nyamy (Powder)	1	
Gynazole-1 (Cream)	3		Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
Itraconazole (Capsule)	1	PA, QL	Nystatin/ Triamcinolone (0.1% Cream, 0.1% Ointment)	1	
Jublia (External Solution)	3		Nystop (Powder)	1	
Kerydin (External Solution)	3	SP	Oxiconazole Nitrate (Cream)	1	
			Oxistat (1% Lotion)	3	
			Sporanox (10mg/ml Oral Solution)	3	PA, SP
			Terbinafine HCl (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	1	
Voriconazole (200mg Injection, 200mg Tablet, 50mg Tablet, 40mg/ml Suspension)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Allopurinol Sodium (Injection)	1	
Colchicine (0.6mg Capsule, 0.6mg Tablet)	2	QL
Colcrys (Tablet)	2	QL
Duzallo (Tablet)	3	
Mitigare (Capsule)	3	QL
Probenecid (Tablet)	1	
Probenecid/Colchicine (Tablet)	1	
Uloric (Tablet)	2	ST
Zurampic (Tablet)	3	
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (1mg/ml Injection)	1	
Dihydroergotamine Mesylate (4mg/ml Nasal Solution)	1	
Ergotamine Tartrate/Caffeine (Tablet)	1	
Migergot (Suppository)	3	SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Serotonin (5-HT) 1b/1d Receptor Agonists		
Almotriptan (Tablet)	1	QL
Eletriptan HBr (Tablet)	1	QL
Frovatriptan Succinate (Tablet)	1	QL
Naratriptan HCl (Tablet)	1	QL
Onzetra Xsail (Exhaler Powder)	3	QL
Rizatriptan Benzoate (Tablet)	1	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	1	QL
Sumatriptan (Nasal Solution)	1	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet, 4mg/0.5ml Injection, 6mg/0.5ml Injection)	1	QL
Sumatriptan Succinate (6mg/0.5ml Injection)	1	QL
Sumatriptan Succinate Refill (Injection)	1	QL
Sumatriptan/Naproxen Sodium (Tablet)	1	QL
Treximet (Tablet)	3	QL, SP
Zembrace Symtouch (Injection)	3	QL, SP
Zolmitriptan (Tablet)	1	QL
Zolmitriptan ODT (Tablet Dispersible)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zomig (2.5mg Nasal Solution, 5mg Nasal Solution)	3	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Tablet)	2	
Mestinon (60mg/5ml Syrup)	2	SP
Pyridostigmine Bromide (Tablet Immediate-Release)	1	
Pyridostigmine Bromide ER (Tablet Extended-Release)	1	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (100mg Tablet, 25mg Tablet)	1	
Rifabutin (Capsule)	1	
Antituberculars		
Capastat Sulfate (Injection)	3	
Ethambutol HCl (Tablet)	1	
Isoniazid (100mg Tablet, 300mg Tablet, 100mg/ml Injection, 50mg/5ml Syrup)	1	
Paser (Packet)	3	
Priftin (Tablet)	3	
Pyrazinamide (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rifampin (150mg Capsule, 300mg Capsule, 600mg Injection)	1	
Rifater (Tablet)	3	
Sirturo (Tablet)	3	SP
Trecator (Tablet)	3	
Antineoplastics		
Alkylating Agents		
BiCNU (Injection)	2	SP
Busulfan (Injection)	1	
Busulfex (Injection)	2	SP
Cyclophosphamide (Capsule)	1	B/D, PA
Dacarbazine (Injection)	1	
Gleostine (Capsule)	3	
Hexalen (Capsule)	2	SP
Ifosfamide (Injection)	1	
Leukeran (Tablet)	2	
Matulane (Capsule)	2	LA, SP
Melphalan HCl (Injection)	1	
Mustargen (Injection)	2	SP
Treanda (Injection)	2	SP
Valchlor (Gel)	3	PA, LA, SP
Yondelis (Injection)	3	SP
Zanosar (Injection)	2	
Antiandrogens		
Bicalutamide (Tablet)	1	
Erleada (Tablet)	3	PA, QL, SP
Flutamide (Capsule)	1	
Nilutamide (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xtandi (Capsule)	3	PA, QL, SP
Zytiga (Tablet)	3	PA, QL, SP
Antiangiogenic Agents		
Pomalyst (Capsule)	3	PA, QL, SP
Revlimid (Capsule)	3	PA, QL, LA, SP
Thalomid (Capsule)	2	PA, QL, SP
Antiestrogens/Modifiers		
Emcyt (Capsule)	2	SP
Fareston (Tablet)	2	SP
Faslodex (Injection)	2	SP
Soltamox (Oral Solution)	3	
Tamoxifen Citrate (Tablet)	1	
Antimetabolites		
Adrucil (Injection)	1	B/D, PA
Alimta (Injection)	2	SP
Cladribine (Injection)	1	B/D, PA
Clofarabine (Injection)	1	
Cytarabine Aqueous (Injection)	1	B/D, PA
Droxia (Capsule)	3	
Fluorouracil (5gm/100ml Injection)	1	B/D, PA
Folotyn (Injection)	2	SP
Gemcitabine HCl (Injection)	1	
Hydroxyurea (Capsule)	1	
Mercaptopurine (Tablet)	1	
Nipent (Injection)	3	SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Purixan (Suspension)	3	SP
Tabloid (Tablet)	2	SP
Antineoplastics, Other		
Abraxane (Injection)	2	SP
Adriamycin (Injection)	1	B/D, PA
Arranon (Injection)	2	SP
Bleomycin Sulfate (Injection)	1	B/D, PA
Bortezomib (Injection)	3	PA, SP
Carboplatin (Injection)	1	
Cisplatin (Injection)	1	
Cosmegen (Injection)	3	SP
Dactinomycin (Injection)	1	
Daunorubicin HCl (Injection)	1	
Decitabine (Injection)	1	
Dexrazoxane (Injection)	1	
Docetaxel (160mg/16ml Injection)	1	
Docetaxel (80mg/4ml Injection)	1	
Doxil (Injection)	3	SP
Doxorubicin HCl (Injection)	1	B/D, PA
Doxorubicin HCl Liposome (Injection)	1	
Epirubicin HCl (Injection)	1	
Erwinaze (Injection)	2	SP
Fludarabine Phosphate (Injection)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Halaven (Injection)	2	PA, SP
Idarubicin HCl (Injection)	1	
Irinotecan (Injection)	1	
Istodax (Overfill) (Injection)	2	PA, SP
Kisqali (Tablet)	3	PA, QL, SP
Kisqali Femara 200 Dose (Tablet Therapy Pack)	3	PA, QL, SP
Kisqali Femara 400 Dose (Tablet Therapy Pack)	3	PA, QL, SP
Kisqali Femara 600 Dose (Tablet Therapy Pack)	3	PA, QL, SP
Leucovorin Calcium (100mg Injection, 350mg Injection, 10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	1	
Levoleucovorin (Injection)	1	
Lonsurf (Tablet)	3	PA, QL, SP
Mitomycin (Injection)	1	
Mitoxantrone HCl (Injection)	1	
Ninlaro (Capsule)	3	QL, SP
Oxaliplatin (100mg Vial, 100mg/20ml Injection)	1	
Paclitaxel (Injection)	1	
Proleukin (Injection)	2	SP
Synribo (Injection)	3	PA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Thiotepa (Injection)	1	
Trisenox (Injection)	3	SP
Velcade (Injection)	2	PA, SP
Verzenio (Tablet)	3	PA, QL, SP
Vinblastine Sulfate (Injection)	1	B/D, PA
Vincasar PFS (Injection)	1	B/D, PA
Vincristine Sulfate (Injection)	1	B/D, PA
Vinorelbine Tartrate (Injection)	1	
Vyxeos (Injection)	3	PA, SP
Zaltrap (Injection)	2	PA, SP
Zolinza (Capsule)	2	PA, SP
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	
Exemestane (Tablet)	1	
Letrozole (Tablet)	1	
Enzyme Inhibitors		
Aliqopa (Injection)	3	PA, SP
Etopophos (Injection)	3	
Etoposide (Injection)	1	
Kyprolis (Injection)	2	PA, SP
Rubraca (Tablet)	3	PA, QL, SP
Toposar (Injection)	1	
Topotecan HCl (Injection)	1	
Zejula (Capsule)	3	PA, QL, SP
Molecular Target Inhibitors		
Afinitor (Tablet)	2	PA, SP

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
Afinitor Disperz (Tablet Soluble)	3	PA, SP
Alecensa (Capsule)	3	PA, QL, SP
Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)	3	PA, QL, SP
Beleodaq (Injection)	3	PA, SP
Bosulif (Tablet)	3	PA, QL, SP
Cabometyx (Tablet)	2	PA, QL, SP
Calquence (Capsule)	3	PA, QL, SP
Caprelsa (Tablet)	2	PA, LA, SP
Cometriq (Kit)	3	PA, SP
Cotellic (Tablet)	3	QL, LA, SP
Cyramza (Injection)	3	PA, SP
Erivedge (Capsule)	2	PA, QL, SP
Farydak (Capsule)	3	PA, SP
Gilotrif (Tablet)	3	PA, SP
Ibrance (Capsule)	3	PA, QL, SP
Iclusig (Tablet)	3	PA, QL, LA, SP
Idhifa (Tablet)	3	PA, QL, SP
Imatinib Mesylate (Tablet)	1	PA, QL
Imbruvica (140mg Capsule, 70mg Capsule, 140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)	3	PA, QL, SP
Inlyta (Tablet)	3	PA, QL, SP
Iressa (Tablet)	3	PA, QL, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Jakafi (Tablet)	2	PA, QL, LA, SP
Jevtana (Injection)	2	PA, SP
Lenvima (Capsule Therapy Pack)	3	PA, SP
Lynparza (100mg Tablet, 150mg Tablet, 50mg Capsule)	3	PA, QL, SP
Mekinist (Tablet)	2	PA, SP
Nerlynx (Tablet)	3	PA, QL, SP
Nexavar (Tablet)	2	PA, SP
Odomzo (Capsule)	3	PA, QL, LA, SP
Rydapt (Capsule)	3	PA, QL, SP
Sprycel (Tablet)	2	PA, QL, SP
Stivarga (Tablet)	3	PA, QL, SP
Sutent (Capsule)	3	PA, QL, SP
Tafinlar (Capsule)	2	PA, SP
Tagrisso (Tablet)	3	QL, LA, SP
Tarceva (Tablet)	3	PA, QL, SP
Tasigna (Capsule)	2	PA, QL, SP
Tykerb (Tablet)	2	PA, SP
Venclexta (100mg Tablet, 50mg Tablet)	3	PA, QL, SP
Venclexta (10mg Tablet)	2	PA, QL
Venclexta Starting Pack (Tablet Therapy Pack)	3	PA, SP
Votrient (Tablet)	3	PA, QL, SP
Xalkori (Capsule)	2	PA, LA, SP
Zelboraf (Tablet)	3	PA, QL, SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zydelig (Tablet)	3	PA, QL, SP
Zykadia (Capsule)	3	PA, QL, SP
Monoclonal Antibody/Antibody-Drug Conjugate		
Avastin (Injection)	2	SP
Bavencio (Injection)	3	PA, SP
Darzalex (Injection)	3	PA, LA, SP
Empliciti (Injection)	3	PA, SP
Erbix (Injection)	2	PA, SP
Herceptin (Injection)	2	PA, SP
Imfinzi (Injection)	3	PA, SP
Kadcyla (Injection)	3	PA, SP
Keytruda (Injection)	3	PA, SP
Lartruvo (Injection)	3	PA, SP
Mylotarg (Injection)	3	PA, SP
Opdivo (Injection)	3	PA, SP
Perjeta (Injection)	2	PA, SP
Rituxan (Injection)	2	PA, SP
Tecentriq (Injection)	3	PA, SP
Vectibix (Injection)	3	SP
Yervoy (Injection)	2	PA, SP
Retinoids		
Bexarotene (Capsule)	1	PA
Panretin (Gel)	3	SP
Targretin (1% Gel)	3	PA, SP
Tretinoin (10mg Capsule)	1	
Treatment Adjuncts		
Elitek (Injection)	3	SP
Mesna (Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mesnex (400mg Tablet)	3	SP
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	3	QL, SP
Biltricide (Tablet)	2	
Emverm (Tablet Chewable)	2	SP
Ivermectin (Tablet)	1	
Sklice (Lotion)	3	
Antiprotozoals		
Alinia (100mg/5ml Suspension, 500mg Tablet)	2	SP
Atovaquone (Suspension)	1	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	1	
Benznidazole (Tablet)	3	
Chloroquine Phosphate (Tablet)	1	
Coartem (Tablet)	3	
DARAPRIM (Tablet)	3	SP
Hydroxychloroquine Sulfate (Tablet)	1	
Mefloquine HCl (Tablet)	1	
Nebupent (Inhalation Solution)	2	B/D, PA, QL
Pentam 300 (Injection)	3	
Primaquine Phosphate (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Quinine Sulfate (Capsule)	1	PA
Pediculicides/Scabicides		
Eurax (10% Cream, 10% Lotion)	2	
Lindane (Shampoo)	1	
Malathion (Lotion)	1	
Permethrin (Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	PA, HRM
Benztropine Mesylate (1mg/ml Injection)	1	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	1	PA, HRM
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup)	1	
Entacapone (Tablet)	1	
Gocovri (Capsule Extended-Release 24 Hour)	3	PA, SP
Tolcapone (Tablet)	1	QL
Dopamine Agonists		
Apokyn (Injection)	2	PA, QL, SP
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	1	
Neupro (Patch 24 Hour)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pramipexole Dihydrochloride (Tablet Immediate-Release)	1	
Pramipexole Dihydrochloride ER (Tablet Extended-Release 24 Hour)	1	
Ropinirole ER (Tablet Extended-Release 24 Hour)	1	
Ropinirole HCl (Tablet Immediate-Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Tablet)	1	
Carbidopa/Levodopa (Tablet Immediate-Release)	1	
Carbidopa/Levodopa ER (Tablet Extended-Release)	1	
Carbidopa/Levodopa ODT (Tablet Dispersible)	1	
Carbidopa/Levodopa/Entacapone (Tablet)	1	
Duopa (Suspension)	3	PA, SP
Rytary (Capsule Extended-Release)	3	
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Tablet)	1	
Selegiline HCl (5mg Capsule, 5mg Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zelapar (Tablet Dispersible)	3	SP
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	1	
Fluphenazine Decanoate (Injection)	1	
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet, 2.5mg/5ml Elixir, 2.5mg/ml Injection, 5mg/ml Concentrate)	1	
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	1	
Haloperidol Decanoate (Injection)	1	
Haloperidol Lactate (Injection)	1	
Loxapine Succinate (Capsule)	1	
Pimozide (Tablet)	1	
Thioridazine HCl (Tablet)	1	
Thiothixene (Capsule)	1	
Trifluoperazine HCl (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
2nd Generation/Atypical		
Abilify Maintena (Injection)	3	SP
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution)	1	QL
Aripiprazole ODT (Tablet Dispersible)	1	QL
Aristada (Injection)	3	SP
Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	3	QL, ST, SP
Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	3	QL, ST
Fanapt Titration Pack (Tablet)	3	ST
Geodon (20mg Injection)	3	
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	3	SP
Invega Sustenna (39mg/0.25ml Injection)	3	
Invega Trinza (Injection)	3	SP
Latuda (Tablet)	3	QL, SP
Nuplazid (Tablet)	3	PA, QL, SP

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
Olanzapine (10mg Injection)	1		Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	3	QL, ST, SP
Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	1	QL	Vraylar (Capsule Therapy Pack)	3	ST
Olanzapine ODT (Tablet Dispersible)	1	QL	Ziprasidone HCl (Capsule)	1	QL
Paliperidone ER (Tablet Extended-Release 24 Hour)	1	QL	Zyprexa Relprew (Injection)	3	SP
Quetiapine Fumarate (Tablet Immediate-Release)	1	QL	Treatment-Resistant		
Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	1	QL	Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	1	
 Rexulti (Tablet)	3	QL, SP	Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	1	QL
Risperdal Consta (12.5mg Injection)	3		Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	1	QL
Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)	3	SP	Versacloz (Suspension)	3	SP
Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet, 1mg/ml Oral Solution)	1		Antivirals		
Risperidone ODT (Tablet Dispersible)	1		Anti-cytomegalovirus (CMV) Agents		
Saphris (Tablet Sublingual)	2	QL	Cidofovir (Injection)	1	
			Ganciclovir (Injection)	1	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prevymis (240mg Tablet, 480mg Tablet, 240mg/12ml Injection, 480mg/24ml Injection)	3	QL, SP	Ribasphere (200mg Capsule, 200mg Tablet, 400mg Tablet, 600mg Tablet)	1	
Valganciclovir (Tablet)	1	QL	Ribasphere Ribapak (Tablet)	1	
Valganciclovir Hydrochloride (Oral Solution)	1	QL	Ribavirin (200mg Capsule, 200mg Tablet)	1	
Zirgan (Gel)	3		Sylatron (Injection)	3	PA, SP
Anti-hepatitis B (HBV) Agents			Anti-hepatitis C (HCV) Direct Acting Agents		
Adefovir Dipivoxil (Tablet)	1		Daklinza (Tablet)	3	PA, QL, SP
Baraclude (0.05mg/ml Oral Solution)	3	SP	Epclusa (Tablet)	2	PA, QL, SP
Entecavir (Tablet)	1		Harvoni (Tablet)	2	PA, QL, SP
Epivir HBV (5mg/ml Oral Solution)	2		Mavyret (Tablet)	2	PA, QL, SP
Lamivudine (100mg Tablet)	1		Sovaldi (Tablet)	3	PA, QL, SP
Vemlidy (Tablet)	3	QL, SP	Technivie (Tablet)	3	PA, QL, SP
Anti-hepatitis C (HCV) Agents, Other			Viekira Pak (Tablet Therapy Pack)	3	PA, QL, SP
Intron A (Injection)	3	PA, SP	Viekira XR (Tablet Extended-Release 24 Hour)	3	PA, QL, SP
Moderiba (200mg Tablet)	1		Vosevi (Tablet)	2	PA, QL, SP
Moderiba 1200 Dose Pack (Tablet)	1		Zepatier (Tablet)	3	PA, QL, SP
Moderiba 800 Dose Pack (Tablet)	1		Antitherpetic Agents		
Pegasys (Injection)	2	PA, SP	Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet)	1	
Pegasys ProClick (Injection)	2	PA, SP	Acyclovir (5% Ointment)	1	QL
Rebetol (40mg/ml Oral Solution)	3		Acyclovir Sodium (Injection)	1	B/D, PA
			Denavir (Cream)	3	QL, SP

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
Famciclovir (Tablet)	1	QL
Trifluridine (Ophthalmic Solution)	1	
Valacyclovir HCl (Tablet)	1	QL
Xerese (Cream)	3	PA, QL, SP
Zovirax (5% Cream)	2	QL, SP
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Genvoya (Tablet)	2	QL, SP
Isentress (100mg Packet, 25mg Tablet Chewable)	2	QL
Isentress (100mg Tablet Chewable, 400mg Tablet)	2	QL, SP
Isentress HD (Tablet)	2	QL, SP
Stribild (Tablet)	2	QL, SP
Tivicay (10mg Tablet)	2	QL
Tivicay (25mg Tablet, 50mg Tablet)	2	QL, SP
Triumeq (Tablet)	2	QL, SP
Tybost (Tablet)	2	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Tablet)	2	QL, SP
Complera (Tablet)	2	QL, SP
Eduvant (Tablet)	2	QL, SP
Efavirenz (200mg Capsule, 50mg Capsule, 600mg Tablet)	1	QL
Intelence (100mg Tablet, 200mg Tablet)	2	QL, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Intelence (25mg Tablet)	2	QL
Juluca (Tablet)	2	QL, SP
Nevirapine (Tablet)	1	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	1	QL
Odefsey (Tablet)	2	QL, SP
Rescriptor (Tablet)	2	QL
Sustiva (200mg Capsule, 600mg Tablet)	2	QL, SP
Sustiva (50mg Capsule)	2	QL
Symfi (Tablet)	2	QL, SP
Symfi Lo (Tablet)	2	QL, SP
Viramune (50mg/5ml Suspension)	3	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (20mg/ml Oral Solution, 300mg Tablet)	1	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	1	QL
Abacavir/Lamivudine (Tablet)	1	QL
Biktarvy (Tablet)	3	QL, SP
Cimduo (Tablet)	2	QL, SP
Descovy (Tablet)	2	QL, SP
Didanosine (Capsule Delayed-Release)	1	QL

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	2	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	1	QL
Lamivudine/ Zidovudine (Tablet)	1	QL
Retrovir IV Infusion (Injection)	2	
Stavudine (Capsule)	1	QL
Tenofovir Disoproxil Fumarate (Tablet)	1	QL
Truvada (Tablet)	2	QL, SP
Videx EC (125mg Capsule Delayed-Release)	3	QL
Videx Pediatric (Oral Solution)	2	QL
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 40mg/gm Powder)	2	QL, SP
Zerit (1mg/ml Oral Solution)	2	QL
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	1	QL
Anti-HIV Agents, Other		
Fuzeon (Injection)	2	QL, SP
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)	2	QL, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Selzentry (25mg Tablet)	2	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (100mg/ml Oral Solution, 250mg Capsule)	2	QL, SP
Atazanavir Sulfate (Capsule)	1	QL
Crixivan (Capsule)	2	QL
Evotaz (Tablet)	2	QL, SP
Fosamprenavir Calcium (Tablet)	1	QL
Invirase (200mg Capsule, 500mg Tablet)	2	QL, SP
Kaletra (100mg-25mg Tablet)	2	QL
Kaletra (200mg-50mg Tablet)	2	QL, SP
Lexiva (50mg/ml Suspension)	2	QL
Lopinavir/Ritonavir (Oral Solution)	1	QL
Norvir (100mg Capsule, 100mg Packet, 100mg Tablet, 80mg/ml Oral Solution)	2	QL
Prezcobix (Tablet)	2	QL, SP
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)	2	QL, SP
Prezista (75mg Tablet)	2	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Reyataz (50mg Packet)	2	QL, SP	Chlordiazepoxide HCl (Capsule)	1	
Ritonavir (Tablet)	1	QL	Clonazepam (Tablet)	1	QL
Viracept (Tablet)	2	QL, SP	Clonazepam ODT (Tablet Dispersible)	1	QL
Anti-influenza Agents			Clorazepate Dipotassium (Tablet)	1	QL
Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	1	QL	Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	1	QL
Relenza Diskhaler (Aerosol Powder)	2	QL	Diazepam (5mg/5ml Oral Solution)	1	
Rimantadine HCl (Tablet)	1		Diazepam Intensol (5mg/ml Concentrate)	1	QL
Anxiolytics			Estazolam (Tablet)	1	QL, HRM
Anxiolytics, Other			Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/ml Concentrate)	1	QL
Bupirone HCl (Tablet)	1		Oxazepam (Capsule)	1	
Hydroxyzine HCl (10mg/5ml Syrup, 25mg/ml Injection, 50mg/ml Injection)	1	PA, HRM	Triazolam (Tablet)	1	QL, HRM
Hydroxyzine HCl (Tablet)	1	PA, HRM	Bipolar Agents		
Meprobamate (Tablet)	1	PA, HRM	Mood Stabilizers		
Benzodiazepines			Divalproex Sodium (Capsule Sprinkle Delayed-Release)	1	
Alprazolam (Tablet Immediate-Release)	1	QL	Divalproex Sodium DR (Tablet Delayed-Release)	1	
Alprazolam ER (Tablet Extended-Release 24 Hour)	1	PA, QL	Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	1	
Alprazolam Intensol (1mg/ml Concentrate)	1	QL	Equetro (Capsule Extended-Release 12 Hour)	3	
Alprazolam ODT (Tablet Dispersible)	1	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lithium (Oral Solution)	1	
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	1	
Lithium Carbonate ER (Tablet Extended-Release)	1	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Tablet)	1	QL
Actoplus Met XR (Tablet Extended-Release 24 Hour)	3	QL
Avandia (Tablet)	3	QL
Bydureon Bcise (Auto injector)	2	QL
Bydureon Pen (Injection)	2	QL
Bydureon Vial (Injection)	2	QL
Byetta (Injection)	2	QL
Chlorpropamide (Tablet)	1	PA, QL, HRM
Cycloset (Tablet)	3	QL
Glimepiride (Tablet)	1	QL
Glipizide (Tablet Immediate-Release)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Glipizide/Metformin HCl (Tablet)	1	QL
Glyburide (Tablet)	1	PA, QL, HRM
Glyburide Micronized (Tablet)	1	PA, QL, HRM
Glyburide/Metformin HCl (Tablet)	1	PA, QL, HRM
Glyxambi (Tablet)	3	QL
Invokamet (Tablet)	2	QL
Invokamet XR (Tablet Extended-Release 24 Hour)	2	QL
Invokana (Tablet)	2	QL
Janumet (Tablet Immediate-Release)	2	QL
Janumet XR (Tablet Extended-Release 24 Hour)	2	QL
Januvia (Tablet)	2	QL
Jardiance (Tablet)	2	QL
Jentaduetto (Tablet)	2	QL
Jentaduetto XR (Tablet Extended-Release 24 Hour)	2	QL
Metformin HCl (Tablet Immediate-Release)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour) (Generic Fortamet), (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour) (Generic Glumetza)	1	PA, QL
Miglitol (Tablet)	1	QL
Nateglinide (Tablet)	1	QL
Pioglitazone HCl (Tablet)	1	QL
Pioglitazone HCl/ Glimperide (Tablet)	1	QL
Pioglitazone HCl/ Metformin HCl (Tablet)	1	QL
Repaglinide (Tablet)	1	QL
Repaglinide/Metformin HCl (Tablet)	1	QL
Riomet (Oral Solution)	3	QL
Soliqua 100/33 (Injection)	2	QL
SymLinPen 120 (Injection)	3	PA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
SymLinPen 60 (Injection)	3	PA, SP
Synjardy (Tablet)	2	QL
Synjardy XR (Tablet Extended-Release 24 Hour)	2	QL
Tolazamide (Tablet)	1	QL
Tolbutamide (Tablet)	1	QL
Tradjenta (Tablet)	2	QL
Trulicity (Injection)	2	QL
Victoza (Injection)	2	QL
Xultophy 100/3.6 (Injection)	3	QL, ST
Glycemic Agents		
GlucaGen HypoKit (Injection)	2	
Glucagon Emergency Kit (Injection)	2	
Proglycem (Suspension)	2	SP
Insulins		
Afrezza (12unit Powder)	3	PA, SP
Afrezza (Powder, 4unit Powder, 8unit Powder)	3	PA
Humalog Cartridge (Injection)	2	
Humalog Junior KwikPen (Injection)	2	
Humalog KwikPen (Injection)	2	
Humalog Mix 50/50 KwikPen (Injection)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humalog Mix 50/50 Vial (Injection)	2		Argatroban (250mg/2.5ml Injection)	1	B/D, PA
Humalog Mix 75/25 KwikPen (Injection)	2		Bevyxxa (Capsule)	3	QL
Humalog Mix 75/25 Vial (Injection)	2		Coumadin (Tablet)	3	
Humalog Vial (Injection)	2		Eliquis (Tablet)	3	QL
Humulin 70/30 KwikPen (Injection)	2		Eliquis Starter Pack (Tablet)	3	QL
Humulin 70/30 Vial (Injection)	2		Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	1	QL
Humulin N KwikPen (Injection)	2		Fondaparinux Sodium (Injection)	1	
Humulin N Vial (Injection)	2		Fragmin (10000unit/ml Injection, 12500unit/0.5ml Injection, 15000unit/0.6ml Injection, 18000unit/0.72ml Injection, 5000unit/0.2ml Injection, 7500unit/0.3ml Injection, 95000unit/3.8ml Injection)	3	SP
Humulin R U-500 KwikPen (Injection)	2		Fragmin (2500unit/0.2ml Injection)	3	
Humulin R U-500 Vial (Concentrated) (Injection)	2		Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	1	
Humulin R Vial (Injection)	2				
Lantus SoloStar (Injection)	2				
Lantus Vial (Injection)	2				
Toujeo Max Solostar (Injection)	2				
Toujeo SoloStar (Injection)	2				
Blood Products/Modifiers/Volume Expanders					
Anticoagulants					
Argatroban (125mg/125ml-0.9% Injection)	1	B/D, PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Heparin Sodium (1000unit/ml Injection)	1	B/D, PA
Heparin Sodium/D5W (Injection)	1	
Jantoven (Tablet)	1	
Pradaxa (Capsule)	2	QL
Savaysa (Tablet)	3	QL
Warfarin Sodium (Tablet)	1	
Xarelto (Tablet)	2	QL
Xarelto Starter Pack (Tablet Therapy Pack)	2	QL
Zontivity (Tablet)	3	QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	1	
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	3	PA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	3	PA
Azacitidine (Injection)	1	
Granix (Injection)	2	ST, SP
Leukine (Injection)	3	PA, SP
Mircera (Injection)	3	PA
Mozobil (Injection)	2	PA, SP
Neulasta (Injection)	3	PA, SP
Neupogen (Injection)	2	ST, SP
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	2	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	2	PA, SP
Promacta (Tablet)	3	PA, QL, SP
Zarxio (Solution Prefilled Syringe)	2	SP
Hemostasis Agents		
Tranexamic Acid (1000mg/10ml Injection, 650mg Tablet)	1	
Platelet Modifying Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	1	QL
Brilinta (Tablet)	2	QL
Cilostazol (Tablet)	1	
Clopidogrel (Tablet)	1	QL
Dipyridamole (Tablet)	1	PA, HRM
Prasugrel (Tablet)	1	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release, 0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	1	
Guanfacine HCl (Tablet Immediate-Release)	1	PA, QL, HRM
Methyldopa (Tablet)	1	PA, HRM
Methyldopate HCl (Injection)	1	HRM
Midodrine HCl (Tablet)	1	
Northera (Capsule)	3	PA, QL, SP
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	1	
Phenoxybenzamine HCl (Capsule)	1	
Prazosin HCl (Capsule)	1	
Angiotensin II Receptor Antagonists		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Candesartan Cilexetil (Tablet)	1	QL
Edarbi (Tablet)	3	QL
Eprosartan Mesylate (Tablet)	1	QL
Irbesartan (Tablet)	1	QL
Losartan Potassium (Tablet)	1	QL
Olmesartan Medoxomil (Tablet)	1	QL
Telmisartan (Tablet)	1	QL
Valsartan (Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Tablet)	1	QL
Captopril (Tablet)	1	QL
Enalapril Maleate (Tablet)	1	QL
Fosinopril Sodium (Tablet)	1	QL
Lisinopril (Tablet)	1	QL
Moexipril HCl (Tablet)	1	QL
Perindopril Erbumine (Tablet)	1	QL
Quinapril HCl (Tablet)	1	QL
Ramipril (Capsule)	1	QL
Trandolapril (Tablet)	1	QL
Antiarrhythmics		
Amiodarone HCl (100mg Tablet, 200mg Tablet, 400mg Tablet, 50mg/ml Injection)	1	
Disopyramide Phosphate (Capsule)	1	PA, HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dofetilide (Capsule)	1		Betaxolol HCl (10mg Tablet, 20mg Tablet)	1	
Flecainide Acetate (Tablet)	1		Bisoprolol Fumarate (Tablet)	1	
Mexiletine HCl (Capsule)	1		Bystolic (Tablet)	2	QL
Multaq (Tablet)	2	QL	Carvedilol (Tablet)	1	
Norpace CR (Capsule Extended-Release 12 Hour)	2	PA, HRM	Carvedilol Phosphate (Capsule Extended-Release 24 Hour)	1	
Pacerone (200mg Tablet)	1		Innopran XL (Capsule Extended-Release 24 Hour)	3	
Procainamide HCl (Injection)	1		Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet, 5mg/ml Injection)	1	
Propafenone HCl (Tablet)	1		Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	1		Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 5mg/5ml Injection)	1	
Quinidine Gluconate (Injection)	3		Nadolol (Tablet)	1	
Quinidine Gluconate CR (Tablet Extended-Release)	1		Pindolol (Tablet)	1	
Quinidine Sulfate (Tablet)	1		Propranolol HCl (1mg/ml Injection, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1	
Sorine (Tablet)	1		Propranolol HCl (Tablet Immediate-Release)	1	
Sotalol HCl (AF) (Tablet)	1				
Sotalol HCl (Tablet)	1				
Sotylize (Oral Solution)	3				
Beta-adrenergic Blocking Agents					
Acebutolol HCl (Capsule)	1				
Atenolol (Tablet)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1		Diltiazem HCl ER (120mg Capsule Extended-Release 12 Hour, 60mg Capsule Extended-Release 12 Hour, 90mg Capsule Extended-Release 12 Hour) (Generic Cardizem SR), (120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD), (360mg Capsule Extended-Release 24 Hour, 420mg Capsule Extended-Release 24 Hour) (Generic Tiazac)	1	
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1		Felodipine ER (Tablet Extended-Release 24 Hour)	1	
Calcium Channel Blocking Agents			Isradipine (Capsule)	1	
Afeditab CR (Tablet Extended-Release 24 Hour)	1	QL	Matzim LA (Tablet Extended-Release 24 Hour)	1	
Amlodipine Besylate (Tablet)	1		Nicardipine HCl (2.5mg/ml Injection, 20mg Capsule, 30mg Capsule)	1	
Cardene IV (Injection)	3		Nifedipine (Capsule)	1	PA, HRM
Cardizem LA (120mg Tablet Extended-Release 24 Hour)	3		Nifedipine ER (Tablet Extended-Release 24 Hour)	1	QL
Cartia XT (Capsule Extended-Release 24 Hour)	1				
Dilt-XR (Capsule Extended-Release 24 Hour)	1				
Diltiazem HCl (100mg Injection, 50mg/10ml Injection, 120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nimodipine (Capsule)	1		Cardiovascular Agents, Other		
Nisoldipine ER (Tablet Extended-Release 24 Hour)	1		Aldactazide (50mg-50mg Tablet)	3	
Nymalize (Oral Solution)	3	SP	Amiloride/ Hydrochlorothiazide (Tablet)	1	
Taztia XT (Capsule Extended-Release 24 Hour)	1		Amlodipine Besylate/ Atorvastatin Calcium (Tablet)	1	QL
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 2.5mg/ml Injection)	1		Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL
Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour, 120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	1		Amlodipine Besylate/ Valsartan (Tablet)	1	QL
Verapamil HCl SR (Capsule Extended-Release 24 Hour)	1		Amlodipine/ Olmesartan Medoxomil (Tablet)	1	QL
			Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
			Atenolol/ Chlorthalidone (Tablet)	1	
			Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
			BiDil (Tablet)	3	QL
			Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet)	1	QL
			Byvalson (Tablet)	2	QL
			Candesartan Cilexetil/ Hydrochlorothiazide (Tablet)	1	QL
			Captopril/ Hydrochlorothiazide (Tablet)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Corlanor (Tablet)	3	PA, QL	Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Demser (Capsule)	3	SP	Methyldopa/ Hydrochlorothiazide (Tablet)	1	PA, HRM
Digitek (0.125mg Tablet)	1	QL, HRM	Metoprolol/ Hydrochlorothiazide (Tablet)	1	
Digitek (0.25mg Tablet)	1	PA, HRM	Moexipril/ Hydrochlorothiazide (Tablet)	1	QL
Digox (125mcg Tablet)	1	QL, HRM	Nadolol/ Bendroflumethiazide (Tablet)	1	
Digox (250mcg Tablet)	1	PA, HRM	Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	1	QL
Digoxin (0.05mg/ml Oral Solution)	1	PA, QL, HRM	Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	1	QL
Digoxin (0.25mg/ml Injection)	1	HRM	Pentoxifylline ER (Tablet Extended- Release)	1	
Digoxin (125mcg Tablet)	1	QL, HRM	Propranolol/ Hydrochlorothiazide (Tablet)	1	
Digoxin (250mcg Tablet)	1	PA, HRM	Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
DUTOPROL (Tablet Extended-Release 24 Hour)	3		Ranexa (Tablet Extended-Release 12 Hour)	2	QL
Edarbyclor (Tablet)	3	QL			
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL			
Entresto (Tablet)	2	QL			
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL			
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL			
Lanoxin (62.5mcg Tablet)	2	QL, HRM			
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Spironolactone/ Hydrochlorothiazide (Tablet)	1	
Tekturna (Tablet)	2	QL
Tekturna HCT (Tablet)	2	QL
Telmisartan/ Amlodipine (Tablet)	1	QL
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL
Trandolapril/Verapamil HCl ER (Tablet Extended-Release)	1	QL
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Tablet, 75mg-50mg Tablet, 37.5mg-25mg Capsule)	1	
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Vecamyl (Tablet)	3	SP
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	1	
Acetazolamide ER (Capsule Extended- Release 12 Hour)	1	
Acetazolamide Sodium (Injection)	1	
Keveyis (Tablet)	3	PA, QL, SP
Methazolamide (Tablet)	1	
Diuretics, Loop		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bumetanide (0.25mg/ ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Ethacrynic Acid (Tablet)	1	
Furosemide (10mg/ml Injection)	1	B/D, PA
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Torsemide (Tablet)	1	
Diuretics, Potassium-sparing		
Amiloride HCl (Tablet)	1	
Carospir (Suspension)	3	SP
Dyrenium (Capsule)	3	
Eplerenone (Tablet)	1	
Spironolactone (Tablet)	1	
Diuretics, Thiazide		
Chlorothiazide (Tablet)	1	
Chlorothiazide Sodium (Injection)	1	B/D, PA
Chlorthalidone (Tablet)	1	
Diuril (Suspension)	3	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	1	
Methyclothiazide (Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Metolazone (Tablet)	1	
Dyslipidemics, Fibric Acid Derivatives		
Antara (Capsule)	3	
Fenofibrate (120mg Tablet, 145mg Tablet, 160mg Tablet, 40mg Tablet, 48mg Tablet, 54mg Tablet, 130mg Capsule, 43mg Capsule)	1	
Fenofibrate (150mg Capsule, 50mg Capsule)	1	
Fenofibrate Micronized (Capsule)	1	
Fenofibric Acid (Tablet)	1	
Fenofibric Acid DR (Capsule Delayed-Release)	1	
Gemfibrozil (Tablet)	1	
Lipofen (Capsule)	2	
Triglide (Tablet)	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Altoprev (Tablet Extended-Release 24 Hour)	3	QL
Atorvastatin Calcium (Tablet)	1	QL
Flolipid (Suspension)	3	QL
Fluvastatin (Capsule Immediate-Release)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	1	QL
Livalo (Tablet)	3	QL
Lovastatin (Tablet)	1	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	1	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Cholestyramine (Packet)	1	
Cholestyramine Light (Powder)	1	
Colesevelam HCl (Tablet)	1	
Colestipol HCl (1gm Tablet, 5gm Packet)	1	
Ezetimibe (Tablet)	1	QL
Ezetimibe/Simvastatin (Tablet)	1	QL
Juxtapid (Capsule)	3	PA, LA, SP
Kynamro (Injection)	3	PA, LA, SP
Niacin ER (Tablet Extended-Release)	1	
Niacor (Tablet)	1	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	1	QL
Praluent (Injection)	2	PA, QL, SP
Prevalite (Packet)	1	
Repatha (Injection)	2	PA, QL, SP

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
Repatha Pushtonex System (Injection)	2	PA, QL, SP	Minitran (Patch 24 Hour)	1	
Repatha SureClick (Injection)	2	PA, QL, SP	Nitro-Bid (Ointment)	3	
Vascepa (Capsule)	2		Nitro-Dur (0.3mg/hr Patch 24 Hour, 0.8mg/hr Patch 24 Hour)	3	
Welchol (3.75gm Packet, 625mg Tablet)	2		Nitroglycerin (0.3mg Tablet Sublingual, 0.4mg Tablet Sublingual, 0.6mg Tablet Sublingual, 5mg/ml Injection)	1	
Vasodilators, Direct-acting Arterial			Nitroglycerin Lingual (Translingual Solution)	1	
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Injection)	1		Nitroglycerin Transdermal (Patch 24 Hour)	1	
Minoxidil (Tablet)	1		Rectiv (Ointment)	3	
Vasodilators, Direct-acting Arterial/Venous			Central Nervous System Agents		
Gonitro (Packet)	3		Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Isordil Titradose (40mg Tablet)	3	SP	Adzenys XR-ODT (Tablet Extended-Release Dispersible)	3	QL
Isosorbide Dinitrate (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	1				
Isosorbide Dinitrate ER (Tablet Extended-Release)	1				
Isosorbide Mononitrate (Tablet Immediate-Release)	1				
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour, 10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release)	1	QL	Mydayis (Capsule Extended-Release 24 Hour)	3	QL
Dextroamphetamine Sulfate (Tablet)	1	QL	Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable)	2	
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	1	QL	Zenzedi (15mg Tablet, 2.5mg Tablet, 20mg Tablet, 30mg Tablet)	3	QL
Dyanavel XR (Suspension Extended-Release)	3	QL	Zenzedi (7.5mg Tablet)	3	QL, SP
Methamphetamine HCl (Tablet)	1	PA	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
			Atomoxetine (Capsule)	1	QL
			Clonidine HCl ER (Tablet Extended- Release 12 Hour)	1	
			Daytrana (Patch)	3	QL
			Dexmethylphenidate HCl (Tablet Immediate- Release)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	1		Methylphenidate HCl ER (10mg Tablet Extended-Release, 18mg Tablet Extended-Release, 20mg Tablet Extended-Release, 27mg Tablet Extended-Release, 36mg Tablet Extended-Release, 54mg Tablet Extended-Release, 72mg Tablet Extended-Release)	1	QL
Guanfacine ER (Tablet Extended-Release 24 Hour)	1	PA, HRM	Methylphenidate HCl LA (Capsule Extended-Release 24 Hour)	1	
Metadate ER (Tablet Extended-Release)	1	QL	Quillivant XR (Suspension)	3	
Methylphenidate HCl (10mg Tablet Chewable, 2.5mg Tablet Chewable, 5mg Tablet Chewable), (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin), (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	QL	Ritalin LA (10mg Capsule Extended-Release 24 Hour)	3	
Methylphenidate HCl CD (Capsule Extended-Release)	1		Central Nervous System, Other		
Methylphenidate HCl ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour)	1		Austedo (Tablet)	3	PA, QL, SP
			Gralise (Tablet)	3	PA
			Gralise Starter Pack	3	PA
			Horizant (Tablet Extended-Release)	3	PA
			Ingrezza (Capsule)	3	PA, QL, SP
			Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	2	PA, QL
			Nuedexta (Capsule)	3	PA
			Radicava (Injection)	3	PA, LA, SP
			Riluzole (Tablet)	1	
			Tetrabenazine (Tablet)	1	PA, QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Fibromyalgia Agents		
Duloxetine HCl (Capsule Delayed-Release)	1	QL
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	2	QL
Savella (Tablet)	3	
Savella Titration Pack	3	
Multiple Sclerosis Agents		
Ampyra (Tablet Extended-Release 12 Hour)	2	QL, SP
Aubagio (Tablet)	3	PA, QL, SP
Avonex (Injection)	2	PA, SP
Avonex Pen (Injection)	2	PA, SP
Betaseron (Injection)	2	PA, SP
Gilenya (Capsule)	3	PA, QL, SP
Glatiramer Acetate (Solution Prefilled Syringe)	1	PA
Glatopa (Injection)	1	PA
Tecfidera (Capsule Delayed-Release)	2	PA, QL, SP
Tecfidera Starter Pack	2	PA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tysabri (Injection)	3	PA, SP
Dental and Oral Agents		
Dental and Oral Agents		
Cevimeline HCl (Capsule)	1	
Chlorhexidine Gluconate Oral Rinse (Solution)	1	
Kezivance (Injection)	2	SP
Periogard (Solution)	1	
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	1	
Triamcinolone Acetonide Dental Paste (Paste)	1	
Dermatological Agents		
Dermatological Agents		
Absorica (Capsule)	3	PA, SP
Acitretin (Capsule)	1	
Adapalene (0.1% Cream, 0.1% Gel, 0.3% Gel)	1	
Adapalene and Benzoyl Peroxide (Gel)	1	
Ammonium Lactate (12% Cream, 12% Lotion)	1	
Amnesteem (Capsule)	1	PA
Avita (0.025% Cream, 0.025% Gel)	1	PA
Azelex (Cream)	3	
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Calcipotriene/ Betamethasone Dipropionate (Ointment)	1	
Calcitriol (3mcg/gm Ointment)	1	
Carac (Cream)	3	SP
Claravis (Capsule)	1	PA
Clindacin-P (Swab)	1	
Clindamycin Phosphate (1% External Solution, 1% Foam, 1% Gel, 1% Lotion, 1% Swab)	1	
Clindamycin Phosphate/Tretinoin (Gel)	1	PA
Clindamycin/Benzoyl Peroxide (Gel) (Generic BenzaClin)	1	
Clotrimazole/ Betamethasone Dipropionate (1%-0.05% Cream, 1%-0.05% Lotion)	1	
Condylox (0.5% Gel)	3	
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)	3	
Cosentyx (Injection)	3	PA, SP
Cosentyx Sensoready Pen (Injection)	3	PA, SP
Dapsone (5% Gel)	1	
Diclofenac Sodium (3% Gel)	1	PA
Differin (0.1% Lotion)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxepin HCl (Cream)	1	PA
Dupixent (Injection)	2	PA, QL, SP
Elidel (Cream)	2	ST
Epiduo Forte (Gel)	3	
Ery (2% Pad)	1	
Erythromycin (2% External Solution, 2% Gel)	1	
Erythromycin/Benzoyl Peroxide (Gel)	1	
Eucria (Ointment)	2	
Fabior (Foam)	3	PA
Finacea (15% Foam, 15% Gel)	3	
Fluorouracil (0.5% Cream)	2	SP
Fluorouracil (2% External Solution, 5% External Solution, 5% Cream)	1	
Imiquimod (Cream)	1	
Isotretinoin (Capsule)	1	PA
Methoxsalen (Capsule)	1	
Mirvaso (Gel)	2	
Myorisan (Capsule)	1	PA
Neo-Synalar (Cream)	3	
Neuac (Gel)	1	
Onexton (Gel)	3	
Oxsoralen Ultra (Capsule)	2	SP
Picato (Gel)	3	
Podofilox (External Solution)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prudoxin (Cream)	1	PA
Regranex (Gel)	3	PA, SP
Retin-A Micro (0.06% Gel)	2	PA, SP
Retin-A Micro Pump (0.08% Gel)	2	PA, SP
Santyl (Ointment)	3	
Selenium Sulfide (Lotion)	1	
Siliq (Injection)	3	PA, SP
Soolantra (Cream)	2	
Sorilux (Foam)	3	SP
Stelara (130mg/26ml Injection, 45mg/0.5ml Injection, 90mg/ml Injection)	2	PA, SP
Sulfacetamide Sodium (10% Lotion)	1	PA
Taclonex (0.064%-0.005% Suspension)	3	SP
Tacrolimus (0.03% Ointment, 0.1% Ointment)	1	
Taltz (Injection)	3	PA, SP
Tazarotene (Cream)	1	PA
Tazorac (0.05% Cream, 0.1% Cream, 0.05% Gel, 0.1% Gel)	3	PA
Tolak (Cream)	3	
Tremfya (Injection)	2	PA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tretinoin (0.01% Gel, 0.025% Gel, 0.05% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	1	PA
Tretinoin Microsphere (Gel)	1	PA
Veregen (Ointment)	3	SP
Zenatane (Capsule)	1	PA
Zyclara Pump (Cream)	3	SP
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Aminosyn 7%/Electrolytes (Injection)	3	B/D, PA
Aminosyn 8.5%/Electrolytes (Injection)	1	B/D, PA
Aminosyn II (10% Injection)	3	B/D, PA
Aminosyn II 8.5%/Electrolytes (Injection)	1	B/D, PA
Aminosyn-HBC (Injection)	3	B/D, PA
Aminosyn-PF (Injection)	3	B/D, PA
Aminosyn-RF (Injection)	3	B/D, PA
Carbaglu (Tablet)	2	LA, SP
Clinimix 2.75%/Dextrose 5% (Injection)	3	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clinimix 4.25%/ Dextrose 10% (Injection)	3	B/D, PA	Clinimix E 5%/ Dextrose 15% (Injection)	3	B/D, PA
Clinimix 4.25%/ Dextrose 20% (Injection)	3	B/D, PA	Clinimix E 5%/ Dextrose 20% (Injection)	3	B/D, PA
Clinimix 4.25%/ Dextrose 25% (Injection)	3	B/D, PA	Clinimix E 5%/ Dextrose 25% (Injection)	3	B/D, PA
Clinimix 4.25%/ Dextrose 5% (Injection)	3	B/D, PA	Dextrose 10% (Injection)	1	
Clinimix 5%/Dextrose 15% (Injection)	3	B/D, PA	Dextrose 10%/NaCl 0.2% (Injection)	1	
Clinimix 5%/Dextrose 20% (Injection)	3	B/D, PA	Dextrose 10%/NaCl 0.45% (Injection)	1	
Clinimix 5%/Dextrose 25% (Injection)	3	B/D, PA	Dextrose 2.5%/NaCl 0.45% (Injection)	1	
Clinimix E 2.75%/ Dextrose 10% (Injection)	3	B/D, PA	Dextrose 5% (Injection)	1	
Clinimix E 2.75%/ Dextrose 5% (Injection)	3	B/D, PA	Dextrose 5%/ Lactated Ringers (Injection)	1	
Clinimix E 4.25%/ Dextrose 10% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.2% (Injection)	1	
Clinimix E 4.25%/ Dextrose 25% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.225% (Injection)	1	
Clinimix E 4.25%/ Dextrose 5% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.33% (Injection)	1	
			Dextrose 5%/NaCl 0.45% (Injection)	1	
			Dextrose 5%/NaCl 0.9% (Injection)	1	
			Endari (Packet)	3	PA, SP
			FreAmine HBC 6.9% (Injection)	3	B/D, PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
HepatAmine (Injection)	1	B/D, PA
Intralipid (20gm/100ml Injection)	1	B/D, PA
Intralipid (30gm/100ml Injection)	3	B/D, PA
Ionosol-MB/Dextrose 5% (Injection)	3	
Isolyte-P/Dextrose 5% (Injection)	3	
Isolyte-S (Injection)	3	
KCl 0.075%/D5W/NaCl 0.45% (Injection)	1	
KCl 0.15%/D5W/NaCl 0.2% (Injection)	1	
KCl 0.15%/D5W/NaCl 0.45% (Injection)	1	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	1	
KCl 0.3%/D5W/NaCl 0.45% (Injection)	1	
KCl 0.3%/D5W/NaCl 0.9% (Injection)	1	
Klor-Con (Packet)	1	
Klor-Con 10 (Tablet Extended-Release)	1	
Klor-Con 8 (Tablet Extended-Release)	1	
Klor-Con M10 (Tablet Extended-Release)	1	
Klor-Con M15 (Tablet Extended-Release)	1	
Klor-Con M20 (Tablet Extended-Release)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Klor-Con Sprinkle (Capsule Extended-Release)	1	
Lactated Ringers Irrigation (Solution)	1	
Lactated Ringers Viaflex (Injection)	1	
Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	1	
Magnesium Sulfate (1gm/2ml-50% Injection)	1	
Magnesium Sulfate (5gm/10ml-50% Injection)	1	
Nephramine (Injection)	3	B/D, PA
Normosol-M in D5W (Injection)	3	
Normosol-R (Injection)	3	
Normosol-R in D5W (Injection)	3	
NutreStore (Packet)	3	
Nutrilipid (Injection)	1	B/D, PA
Physiolyte (Irrigation Solution)	3	
Physiosol Irrigation (Solution)	3	
Plasma-Lyte A (Injection)	3	
Plasma-Lyte-148 (Injection)	3	
Plenamaine (Injection)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	1	
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	1	B/D, PA
Potassium Chloride (2meq/ml Injection)	1	B/D, PA
Potassium Chloride CR (Tablet Extended-Release)	1	
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	1	
Potassium Chloride/Dextrose (Injection)	1	B/D, PA
Potassium Chloride/Dextrose/Lactated Ringers (Injection)	1	
Potassium Chloride/Dextrose/Sodium Chloride (Injection)	1	
Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	1	B/D, PA

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Travasol (Injection)	3	B/D, PA
Trophamine (10% Injection)	3	B/D, PA
Electrolyte/Mineral/Metal Modifiers		
Chemet (Capsule)	3	SP
Exjade (Tablet Soluble)	3	PA, SP
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	3	PA, SP
Jadenu (Tablet)	3	PA, SP
Jadenu Sprinkle (Packet)	3	PA, SP
Kionex (Suspension)	1	
Samsca (Tablet)	2	QL, SP
Sodium Polystyrene Sulfonate (Powder)	1	
SPS (Suspension)	1	
Syprine (Capsule)	3	PA, QL, SP
Trientine HCl (Capsule)	1	PA, QL
Veltassa (Packet)	3	QL
Phosphate Binders		
Auryxia (Tablet)	3	PA, SP
Calcium Acetate (667mg Capsule, 667mg Tablet)	1	
Fosrenol (1000mg Packet, 750mg Packet)	3	SP
Lanthanum Carbonate (Tablet Chewable)	1	
Phoslyra (Oral Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Renagel (Tablet)	3	
Renvela (0.8gm Packet, 2.4gm Packet)	2	
Sevelamer Carbonate (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	1	
Velphoro (Tablet Chewable)	3	SP
Vitamins		
VP-PNV-DHA (Capsule)	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Atropine Sulfate (0.25mg/5ml Injection)	1	PA, HRM
Cuvposa (Oral Solution)	3	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution)	1	HRM
Dicyclomine HCl (Tablet)	1	HRM
Glycopyrrolate (1mg Tablet, 2mg Tablet, 4mg/20ml Injection)	1	
Methscopolamine Bromide (Tablet)	1	
Propantheline Bromide (Tablet)	1	PA, HRM
Gastrointestinal Agents, Other		
Chenodal (Tablet)	3	SP
Cromolyn Sodium (100mg/5ml Concentrate)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diphenoxylate/ Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	1	PA, HRM	Cimetidine HCl (Oral Solution)	1	
Gattex (Injection)	3	PA, SP	Famotidine (20mg Tablet, 40mg Tablet, 20mg/2ml Injection, 40mg/5ml Suspension)	1	
Lansoprazole/ Amoxicillin/ Clarithromycin (Therapy Pack)	1		Famotidine Premixed (Injection)	1	
Loperamide HCl (Capsule)	1		Nizatidine (150mg Capsule, 300mg Capsule, 15mg/ml Oral Solution)	1	
Myalept (Injection)	3	PA, SP	Ranitidine HCl (150mg Capsule, 300mg Capsule, 150mg Tablet, 300mg Tablet, 50mg/2ml Injection, 75mg/5ml Syrup)	1	
Mytesi (Tablet Delayed-Release)	3		Irritable Bowel Syndrome Agents		
Omeclamox-Pak (Therapy Pack)	2		Alosetron HCl (Tablet)	1	PA
Pylera (Capsule)	2	SP	Amitiza (Capsule)	2	QL
Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)	2	PA, SP	Linzess (Capsule)	2	QL
Relistor (150mg Tablet)	3	PA, QL, SP	Viberzi (Tablet)	3	PA, QL, SP
Serostim (Injection)	2	PA, SP	Xifaxan (Tablet)	3	PA, SP
Symproic (Tablet)	3	PA, QL	Laxatives		
Trulance (Tablet)	3	QL, ST	Clenpiq (Oral Solution)	3	
Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule)	1		Constulose (Oral Solution)	1	
Xermelo (Tablet)	3	PA, QL, SP	Enulose (Oral Solution)	1	
Zorbtive (Injection)	3	PA, SP	GaviLyte-C (Oral Solution)	1	
Histamine2 (H2) Receptor Antagonists			GaviLyte-G (Oral Solution)	1	
Cimetidine (Tablet)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
GaviLyte-N/Flavor Pack (Oral Solution)	1	
Generlac (Oral Solution)	1	
GoLYTELY (227.1gm-2.82gm-6.36gm-5.53gm-21.5gm Oral Solution)	3	
Kristalose (Packet)	3	
Lactulose (Oral Solution)	1	
MoviPrep (Oral Solution)	3	
OsmoPrep (Tablet)	3	
PEG 3350/ Electrolytes (Oral Solution)	1	
PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	1	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	1	
Prepopik (Packet)	3	
Suprep Bowel Prep Kit (Oral Solution)	3	
TriLyte (Oral Solution)	1	
Protectants		
Carafate (1gm/10ml Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Misoprostol (Tablet)	1	
Sucralfate (Tablet)	1	
Proton Pump Inhibitors		
Dexilant (Capsule Delayed-Release)	2	QL
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	1	QL
Esomeprazole Sodium (Injection)	1	
Esomeprazole Strontium (Capsule Delayed-Release)	3	QL
Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)	1	QL
Lansoprazole (15mg Tablet Dispersible, 30mg Tablet Dispersible)	1	
Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)	3	
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL
Omeprazole (20mg Capsule Delayed-Release)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Omeprazole/Sodium Bicarbonate (20mg-1100mg Capsule, 40mg-1100mg Capsule, 20mg-1680mg Packet, 40mg-1680mg Packet)	1	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL
Prevacid SoluTab (Tablet Dispersible)	3	
Prilosec (Packet)	3	
Protonix (40mg Packet)	3	ST
Rabeprazole Sodium (Tablet Delayed-Release)	1	
Yosprala (Tablet Delayed-Release)	3	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Adagen (Injection)	2	LA, SP
Aldurazyme (Injection)	2	SP
Aralast NP (Injection)	3	PA, LA, SP
Cerdelga (Capsule)	3	PA, QL, SP
Cerezyme (Injection)	2	PA, SP
Cholbam (Capsule)	3	PA, SP
Creon (Capsule Delayed-Release)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cystadane (Powder)	3	SP
Cystagon (Capsule)	3	LA
Elaprase (Injection)	2	SP
Elelyso (Injection)	3	PA, LA, SP
Exondys 51 (Injection)	3	PA, LA, SP
Fabrazyme (Injection)	2	SP
Glassia (Injection)	3	PA, LA, SP
Kanuma (Injection)	3	PA, SP
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	2	SP
Lumizyme (Injection)	2	SP
Miglustat (Capsule)	1	PA, LA
Naglazyme (Injection)	2	SP
Ocaliva (Tablet)	3	PA, QL, SP
Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	3	LA, SP
Procysbi (Capsule Delayed-Release)	3	SP
Prolastin-C (Injection)	3	PA, LA, SP
Ravicti (Liquid)	3	QL, SP
Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet)	1	
Strensiq (Injection)	3	PA, LA, SP
Sucraid (Oral Solution)	3	LA, SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
VPRIV (Injection)	3	PA, SP
Xuriden (Packet)	3	PA, SP
Zavesca (Capsule)	3	PA, LA, SP
Zemaira (Injection)	3	PA, LA, SP
Zenpep (Capsule Delayed-Release)	2	
Genitourinary Agents		
Antispasmodics, Urinary		
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	1	QL
Flavoxate HCl (Tablet)	1	
Gelnique (10% Gel)	3	QL
Myrbetriq (Tablet Extended-Release 24 Hour)	2	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	1	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	1	QL
Oxytrol (Patch Twice Weekly)	3	
Tolterodine Tartrate (Tablet)	1	
Tolterodine Tartrate ER (Capsule Extended-Release 24 Hour)	1	
Toviaz (Tablet Extended-Release 24 Hour)	3	QL
Trospium Chloride (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trospium Chloride ER (Capsule Extended-Release 24 Hour)	1	
Vesicare (Tablet)	2	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
Cardura XL (Tablet Extended-Release 24 Hour)	3	QL
Cialis (2.5mg Tablet, 5mg Tablet)	2	PA, QL
Dutasteride (Capsule)	1	
Dutasteride/ Tamsulosin HCl (Capsule)	1	
Finasteride (5mg Tablet) (Generic Proscar)	1	
Rapaflo (Capsule)	2	QL
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	1	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	1	
Cuprimine (Capsule)	3	PA, SP
Depen Titratabs (Tablet)	2	SP
Elmiron (Capsule)	2	
Lithostat (Tablet)	3	SP
Thiola (Tablet)	3	SP

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clodan (Shampoo)	1	
Cordran (Tape)	3	
Cortisone Acetate (Tablet)	1	
Depo-Medrol (20mg/ml Injection)	3	
Desonate (Gel)	3	
Desonide (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	1	
Desoximetasone (0.05% Cream, 0.25% Cream, 0.05% Gel, 0.05% Ointment, 0.25% Ointment)	1	
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	1	
Dexamethasone Intensol (1mg/ml Concentrate)	1	
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	1	
DexPak 13 Day (Tablet Therapy Pack)	3	
Diflorasone Diacetate (0.05% Cream, 0.05% Ointment)	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
Emflaza (18mg Tablet, 30mg Tablet, 36mg Tablet, 6mg Tablet, 22.75mg/ml Suspension)	3	PA, SP	Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment, 10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	1	
Fludrocortisone Acetate (Tablet)	1		Hydrocortisone Butyrate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	1	
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	1		Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	1	
Fluocinolone Acetonide Scalp (Oil)	1		Kenalog-10 (Injection)	3	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	1		Locoid (0.1% Lotion)	3	
Fluocinonide Emulsified Base (Cream)	1		Medrol (2mg Tablet)	2	
Flurandrenolide (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	1		Methylprednisolone (Tablet)	1	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream, 0.05% Lotion)	1		Methylprednisolone Acetate (Injection)	1	
H.P. Acthar (Injection)	2	PA, SP	Methylprednisolone Dose Pack (Tablet Therapy Pack)	1	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	1		Methylprednisolone Sodium Succinate (Injection)	1	
Halog (0.1% Cream, 0.1% Ointment)	3	SP	Micort-HC (Cream)	3	
			Millipred (10mg/5ml Oral Solution)	3	
			Millipred (5mg Tablet)	2	
			Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	1	
			Nolix (0.05% Cream, 0.05% Lotion)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pandel (Cream)	3	
Prednicarbate (0.1% Cream)	1	
Prednicarbate (0.1% Ointment)	1	
Prednisolone (15mg/5ml Oral Solution)	1	
Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	
Prednisolone Sodium Phosphate ODT (Tablet Dispersible)	1	
Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Prednisone Intensol (5mg/ml Concentrate)	1	
Psorcon (Cream)	1	
Solu-Cortef (Injection)	3	
Solu-Medrol (2gm Injection)	3	
Taperdex 12-Day (Tablet Therapy Pack)	3	
Taperdex 6-Day (Tablet Therapy Pack)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Texacort (External Solution)	3	
Topicort (0.25% Liquid)	3	
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Lotion, 0.1% Lotion, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment), (0.147mg/gm Aerosol Solution) (Generic Kenalog Spray), (40mg/ml Injection)	1	
Trianex (Ointment)	3	SP
Triderm (Cream)	1	
Tridesilon (Cream)	1	
Ultravate (0.05% Lotion)	3	SP
Veripred 20 (Oral Solution)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Chorionic Gonadotropin (Injection)	1	PA
Desmopressin Acetate (0.01% Nasal Spray Solution, 0.1mg Tablet, 0.2mg Tablet, 4mcg/ml Injection)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Genotropin (12mg Injection, 5mg Injection)	2	PA, SP
Genotropin Miniquick (0.2mg Injection)	2	PA
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)	2	PA, SP
Increlex (Injection)	2	PA, SP
Norditropin FlexPro (Injection)	2	PA, SP
Novarel (10000unit Injection)	1	PA
Novarel (5000unit Injection)	3	PA
Nutropin AQ (Injection)	2	PA, SP
Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)	1	PA
Stimate (Nasal Solution)	3	SP
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	3	PA, QL, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Tablet)	3	PA, SP
Androderm (Patch 24 Hour)	2	PA, QL
AndroGel (1.62% Packet Gel)	2	PA
AndroGel Pump (1.62% Gel)	2	PA
Danazol (Capsule)	1	
Intrarosa (Insert)	3	PA, QL
Methitest (Tablet)	3	PA
Methyltestosterone (Capsule)	1	PA
Oxandrolone (Tablet)	1	PA, QL
Striant	3	PA
Testosterone (25mg/2.5gm Gel, 50mg/5gm Gel)	1	
Testosterone (30mg/act Transdermal Solution)	1	QL
Testosterone Cypionate (Injection)	1	
Testosterone Enanthate (Injection)	1	
Testosterone Pump (Gel)	1	
Estrogens		
Alora (Patch Twice Weekly)	3	PA, QL, HRM
Altavera (Tablet)	1	
Alyacen 1/35 (Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amabelz (Tablet)	1	PA, HRM	Drospirenone/Ethinyl Estradiol (Tablet)	1	
Amethia (Tablet)	1		Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium (Tablet)	1	
Amethia Lo (Tablet)	1		Duavee (Tablet)	2	PA, HRM
Angeliq (Tablet)	3	PA, HRM	Elestrin (Gel)	3	PA, HRM
Apri (Tablet)	1		Emoquette (Tablet)	1	
Aranelle (Tablet)	1		Enpresse-28 (Tablet)	1	
Ashlyna (Tablet)	1		Enskyce (Tablet)	1	
Aubra (Tablet)	1		Estaylla (Tablet)	1	
Aviane (Tablet)	1		Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly, 0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	1	PA, QL, HRM
Balziva (Tablet)	1		Estradiol (0.1mg/gm Cream)	1	
Bekyree (Tablet)	1		Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	1	PA, HRM
Blisovi 24 Fe (Tablet)	1				
Blisovi Fe 1.5/30 (Tablet)	1				
Blisovi Fe 1/20 (Tablet)	1				
Briellyn (Tablet)	1				
Camrese Lo (Tablet)	1				
Caziant (Tablet)	1				
Climara Pro (Patch Weekly)	2	PA, HRM			
Combipatch (Patch Twice Weekly)	3	PA, HRM			
Cryselle-28 (Tablet)	1				
Cyclafem (Tablet)	1				
Delestrogen (10mg/ml Injection)	3				
Delyla (Tablet)	1				
Depo-Estradiol (Injection)	3				
Desogestrel/Ethinyl Estradiol (Tablet)	1				
Divigel (Gel)	3	PA, HRM			

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 (10mcg Tablet)	1	QL	Kaitlib Fe (Tablet Chewable)	1	
Estradiol Valerate (Injection)	1		Kariva (Tablet)	1	
Estradiol/ Norethindrone Acetate (Tablet)	1	PA, HRM	Kelnor 1/35 (Tablet)	1	
Estring (Ring)	3		Kelnor 1/50 (Tablet)	1	
Estropipate (Tablet)	1	PA, HRM	Kimidess (Tablet)	1	
Ethinodiol Diacetate/ Ethinyl Estradiol (Tablet)	1		Kurvelo (Tablet)	1	
Evamist (Transdermal Solution)	3	PA, HRM	Larin 1.5/30 (Tablet)	1	
Falmina (Tablet)	1		Larin 1/20 (Tablet)	1	
Fayosim (Tablet)	1		Larin Fe 1.5/30 (Tablet)	1	
Femring (Ring)	3		Larin Fe 1/20 (Tablet)	1	
Femynor (Tablet)	1		Larissia (Tablet)	1	
Fyavolv (0.5mg-2.5mcg Tablet)	1	PA, HRM	Layolis Fe (Tablet Chewable)	1	
Fyavolv (1mg-5mcg Tablet)	1	HRM	Leena (Tablet)	1	
Gianvi (Tablet)	1		Lessina (Tablet)	1	
Introvale (Tablet)	1		Levonest (Tablet)	1	
Isibloom (Tablet)	1		Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)	1	
Jinteli (Tablet)	1	HRM	Levonorgestrel/Ethinyl Estradiol (Tablet)	1	
Juleber (Tablet)	1		Levora 0.15/30-28 (Tablet)	1	
Junel 1.5/30 (Tablet)	1		Lo Loestrin Fe (Tablet)	3	
Junel 1/20 (Tablet)	1		Loryna (Tablet)	1	
Junel Fe 1.5/30 (Tablet)	1		Low-Ogestrel (Tablet)	1	
Junel Fe 1/20 (Tablet)	1		Lutera (Tablet)	1	
Junel Fe 24 (Tablet)	1		Marlissa (Tablet)	1	
			Melodetta 24 Fe (Tablet Chewable)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Menest (Tablet)	2	PA, HRM
Menostar (Patch Weekly)	3	PA, QL, HRM
Mibelas 24 Fe (Tablet Chewable)	1	
Microgestin 1.5/30 (Tablet)	1	
Microgestin 1/20 (Tablet)	1	
Microgestin Fe (Tablet)	1	
Microgestin Fe 1.5/30 (Tablet)	1	
Mili (Tablet)	1	
Mimvey (Tablet)	1	PA, HRM
Mimvey Lo (Tablet)	1	PA, HRM
Minivelle (Patch Twice Weekly)	3	PA, QL, HRM
MonoNessa (Tablet)	1	
Natazia (Tablet)	2	
Necon 0.5/35-28 (Tablet)	1	
Necon 7/7/7 (Tablet)	1	
Nikki (Tablet)	1	
Norethindrone Acetate/Ethinyl Estradiol (0.5mg-2.5mcg Tablet)	1	PA, HRM
Norethindrone Acetate/Ethinyl Estradiol (1mg-20mcg Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Norethindrone Acetate/Ethinyl Estradiol (1mg-5mcg Tablet)	1	HRM
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)	1	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet)	1	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	1	
Norgestimate/Ethinyl Estradiol (Tablet)	1	
Nortrel 0.5/35 (28) (Tablet)	1	
Nortrel 1/35 (Tablet)	1	
Nortrel 7/7/7 (Tablet)	1	
NuvaRing (Ring)	2	
Ocella (Tablet)	1	
Ogestrel (Tablet)	1	
Orsythia (Tablet)	1	
Pimtrea (Tablet)	1	
Pirmella 1/35 (Tablet)	1	
Portia-28 (Tablet)	1	
Prefest (Tablet)	3	PA, HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	2	PA, QL, HRM
Premarin (Vaginal Cream)	2	
Premphase (Tablet)	2	PA, QL, HRM
Prempro (Tablet)	2	PA, QL, HRM
Previfem (Tablet)	1	
Quasense (Tablet)	1	
Reclipsen (Tablet)	1	
Rivelsa (Tablet)	1	
Safyral (Tablet)	3	
Setlakin (Tablet)	1	
Sprintec 28 (Tablet)	1	
Sronyx (Tablet)	1	
Syeda (Tablet)	1	
Tarina Fe 1/20 (Tablet)	1	
Tri-Legest Fe (Tablet)	1	
Tri-Lo-Estarylla (Tablet)	1	
Tri-Lo-Sprintec (Tablet)	1	
Tri-Mili (Tablet)	1	
Tri-Previfem (Tablet)	1	
Tri-Sprintec (Tablet)	1	
Tri-Vylibra (Tablet)	1	
Trinessa (Tablet)	1	
Trivora-28 (Tablet)	1	
Tydemy (Tablet)	1	
Velivet (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vienva (Tablet)	1	
Vyfemla (Tablet)	1	
Vylibra (Tablet)	1	
Wymzya Fe (Tablet Chewable)	1	
Xulane (Patch Weekly)	1	
Yuvaferm (Tablet)	1	QL
Zarah (Tablet)	1	
Zenchent (Tablet)	1	
Zovia 1/35E (Tablet)	1	
Progestins		
Camila (Tablet)	1	
Crinone (Gel)	3	PA
Deblitane (Tablet)	1	
Depo-Provera (Injection)	3	
Depo-SubQ Provera104 (Injection)	3	
Errin (Tablet)	1	
Hydroxyprogesterone Caproate (Injection)	1	PA
Incassia (Tablet)	1	
Jolivette (Tablet)	1	
Lyza (Tablet)	1	
Makena (250mg/ml Injection)	2	PA, SP
Makena (275mg/1.1ml Injection)	3	PA, SP

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
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection)	1		Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)	1	
Medroxyprogesterone Acetate (150mg/ml Injection)	1		Levoxl (Tablet)	1	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension, 625mg/5ml Suspension)	1	PA, HRM	Liothyronine Sodium (10mcg/ml Injection, 25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	1	
Nora-BE (Tablet)	1		Synthroid (Tablet)	2	
Norethindrone (0.35mg Tablet)	1		Thyrolar (Tablet)	3	
Norethindrone Acetate (5mg Tablet)	1		Tirosint (Capsule)	3	
Norlyroc (Tablet)	1		Unithroid (Tablet)	1	
Progesterone (Capsule)	1		Hormonal Agents, Suppressant (Adrenal)		
Sharobel (Tablet)	1		Hormonal Agents, Suppressant (Adrenal)		
Selective Estrogen Receptor Modifying Agents			Lysodren (Tablet)	2	SP
Osphena (Tablet)	3	PA, QL	Hormonal Agents, Suppressant (Pituitary)		
Raloxifene HCl (Tablet)	1	QL	Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			Cabergoline (Tablet)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			Egrifta (Injection)	3	PA, SP
Levo-T (Tablet)	1		Eligard (Injection)	3	PA
Levothyroxine Sodium (100mcg Injection)	1		Firmagon (120mg Injection)	3	PA, SP
			Firmagon (80mg Injection)	3	PA
			Leuprolide Acetate (Injection)	1	PA
			Lupaneta Pack (Kit)	3	PA, SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lupron Depot (1-Month) (3.75mg Injection)	3	PA, SP
Lupron Depot (1-Month) (7.5mg Injection)	2	PA, SP
Lupron Depot (3-Month) (11.25mg Injection)	3	PA, SP
Lupron Depot (3-Month) (22.5mg Injection)	2	PA, SP
Lupron Depot (4-Month) (Injection)	2	PA, SP
Lupron Depot (6-Month) (Injection)	2	PA, SP
Lupron Depot-Ped (1-Month) (11.25mg Injection)	3	PA, SP
Lupron Depot-Ped (1-Month) (15mg Injection)	2	PA, SP
Lupron Depot-Ped (3-Month) (Injection)	2	PA, SP
Octreotide Acetate (Injection)	1	PA
Sandostatin LAR Depot (Injection)	3	PA, SP
Signifor (Injection)	3	PA, SP
Signifor LAR (Injection)	3	PA, SP
Somatuline Depot (Injection)	3	PA, SP
Somavert (Injection)	3	PA, QL, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Synarel (Nasal Solution)	2	SP
Trelstar Mixject (Injection)	3	PA, SP
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	1	
Immunological Agents		
Angioedema Agents		
Beriner (Injection)	2	PA, LA, SP
Cinryze (Injection)	2	PA, LA, SP
Firazy (Injection)	2	PA, QL, SP
Haegarda (Injection)	3	PA, SP
Ruconest (Injection)	3	PA, SP
Immune Suppressants		
Astagraf XL (Capsule Extended-Release 24 Hour)	3	PA
Azasan (Tablet)	3	B/D, PA
Azathioprine (100mg Injection, 50mg Tablet)	1	B/D, PA
Cimzia (Injection)	2	PA, SP
Cyclosporine (100mg Capsule, 25mg Capsule)	1	B/D, PA
Cyclosporine (50mg/ml Injection)	1	
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA

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
Enbrel (Injection)	2	PA, SP	Orencia (125mg/ml Injection, 50mg/0.4ml Injection, 87.5mg/0.7ml Injection, 250mg Injection)	3	PA, SP
Enbrel SureClick (Injection)	2	PA, SP	Orencia Clickject (Injection)	3	PA, SP
Envarsus XR (Tablet Extended-Release 24 Hour)	3	PA	Otrexup (Injection)	3	PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA	Prograf (5mg/ml Injection)	2	
Humira (Injection)	2	PA, SP	Rapamune (1mg/ml Oral Solution)	3	B/D, PA, SP
Humira Pediatric Crohns Disease Starter Pack (Injection)	2	PA, SP	Rasuvo (Injection)	2	PA
Humira Pen (Injection)	2	PA, SP	Remicade (Injection)	2	PA, SP
Humira Pen Crohns Disease Starter Pack (Injection)	2	PA, SP	Renflexis (Injection)	3	PA, SP
Humira Pen Psoriasis Starter (Injection)	2	PA, SP	Sandimmune (100mg/ml Oral Solution)	2	B/D, PA
Kineret (Injection)	3	PA, SP	Simponi (Injection)	2	PA, SP
Methotrexate (Tablet)	1		Simponi Aria (Injection)	2	PA, SP
Methotrexate Sodium (Injection)	1		Sirolimus (Tablet)	1	B/D, PA
Mycophenolate Mofetil (200mg/ml Suspension, 250mg Capsule, 500mg Injection, 500mg Tablet)	1	PA	Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	1	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	1	B/D, PA	Torisel (Injection)	2	SP
Nulojix (Injection)	3	PA, SP	Trexall (Tablet)	3	
			Xatmep (Oral Solution)	3	
			Xeljanz (10mg Tablet, 5mg Tablet)	3	PA, QL, SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Xeljanz XR (Tablet Extended-Release 24 Hour)	3	PA, QL, SP
Zortress (Tablet)	3	PA, SP
Immunizing Agents, Passive		
Atgam (Injection)	2	SP
BIVIGAM (Injection)	2	PA, SP
Carimune Nanofiltered (Injection)	2	PA, SP
Flebogamma DIF (Injection)	2	PA, SP
Gamastan S/D (Injection)	2	PA
Gammagard Liquid (Injection)	2	PA, SP
Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	2	PA, SP
Gammaked (Injection)	2	PA, SP
Gammaplex (Injection)	2	PA, SP
Gamunex-C (Injection)	2	PA, SP
Hyperrab S/D (Injection)	2	B/D, PA
Imogam Rabies-HT (Injection)	2	B/D, PA
Octagam (Injection)	2	PA, SP
Privigen (Injection)	2	PA, SP
Thymoglobulin (Injection)	3	SP
Varizig (Injection)	2	
Immunomodulators		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection)	3	PA, SP
Actemra (80mg/4ml Injection)	3	PA
Actimmune (Injection)	2	SP
Arcalyst (Injection)	3	PA, LA, SP
Benlysta (120mg Injection, 400mg Injection, 200mg/ml Injection)	3	PA, SP
Ilaris (Injection)	2	PA, QL, LA, SP
Kevzara (Injection)	3	PA, SP
Leflunomide (Tablet)	1	
Otezla (Tablet Therapy Pack, 30mg Tablet)	2	PA, SP
Ridaura (Capsule)	3	SP
Simulect (Injection)	3	SP
Sylvant (Injection)	3	PA, SP
Synagis (Injection)	2	PA, SP
Xolair (Injection)	2	PA, SP
Vaccines		
ActHIB (Injection)	2	
Adacel (Injection)	2	
BCG Vaccine (Injection)	2	
Bexsero (Injection)	2	
Boostrix (Injection)	2	
Daptacel (Injection)	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
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	1	
Engerix-B (Injection)	2	B/D, PA
Gardasil 9 (Injection)	2	
Havrix (Injection)	2	
Hiberix (Injection)	2	
Imovax Rabies (H.D.C.V.) (Injection)	2	B/D, PA
Infanrix (Injection)	2	
IPOL Inactivated IPV (Injection)	2	
Ixiaro (Injection)	2	
Kinrix (Injection)	2	
M-M-R II (Injection)	2	
Menactra (Injection)	2	
Menveo (Injection)	2	
Pediarix (Injection)	2	
Pedvax HIB (Injection)	2	
ProQuad (Injection)	2	
Quadracel (Injection)	2	
Rabavert (Injection)	2	B/D, PA
Recombivax HB (Injection)	2	B/D, PA
Rotarix (Suspension)	2	
RotaTeq (Oral Solution)	2	
Shingrix (Injection)	2	PA
Tenivac (Injection)	2	
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trumenba (Injection)	2	
Twinrix (Injection)	2	
Typhim Vi (Injection)	2	
VAQTA (Injection)	2	
Varivax (Injection)	2	
YF-Vax (Injection)	2	
Zostavax (Injection)	1	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	2	QL
Balsalazide Disodium (Capsule)	1	
Canasa (Suppository)	2	SP
Dipentum (Capsule)	3	SP
Mesalamine (Enema)	1	
Mesalamine DR (1.2gm Tablet Delayed-Release)	1	QL
Mesalamine DR (800mg Tablet Delayed-Release)	1	QL
Pentasa (Capsule Extended-Release)	3	QL
Rowasa (Kit)	2	SP
Glucocorticoids		
Budesonide (3mg Capsule Delayed-Release)	1	
Budesonide ER (Tablet Extended-Release 24 Hour)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Colocort (Enema)	1	
Hydrocortisone (100mg/60ml Enema)	1	
Procto-Med HC (Cream)	1	
Procto-Pak (Cream)	1	
Proctosol HC (Cream)	1	
Proctozone-HC (Cream)	1	
Uceris (2mg/act Foam)	3	
Uceris (9mg Tablet Extended-Release 24 Hour)	3	SP
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Alendronate Sodium (70mg/75ml Oral Solution)	1	
Binosto (Tablet Effervescent)	3	QL
Calcitonin-Salmon (Nasal Solution)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Injection, 1mcg/ml Oral Solution)	1	B/D, PA
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	1	B/D, PA, QL
Doxercalciferol (4mcg/2ml Injection)	1	B/D, PA
Etidronate Disodium (Tablet)	1	
Forteo (Injection)	2	PA, QL, SP
Fosamax Plus D (Tablet)	3	QL
Ibandronate Sodium (150mg Tablet)	1	QL
Ibandronate Sodium (3mg/3ml Injection)	1	B/D, PA
Miacalcin (200unit/ml Injection)	3	B/D, PA, SP
Natpara (Injection)	3	PA, SP
Pamidronate Disodium (Injection)	1	B/D, PA
Paricalcitol (1mcg Capsule, 2mcg Capsule, 4mcg Capsule, 2mcg/ml Injection, 5mcg/ml Injection)	1	B/D, PA
Prolia (Injection)	2	
Royaldee (Capsule Extended-Release)	3	QL, SP

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
Risedronate Sodium (Tablet Immediate-Release)	1	QL
Risedronate Sodium DR (Tablet Delayed-Release)	1	QL
Sensipar (30mg Tablet)	2	B/D, PA, QL
Sensipar (60mg Tablet, 90mg Tablet)	3	B/D, PA, QL, SP
Tymlos (Injection)	2	PA, QL, SP
Xgeva (Injection)	2	PA, SP
Zoledronic Acid (4mg/5ml Injection)	1	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	1	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	1	
Botox (Injection)	2	PA, QL
Dysport (Injection)	3	PA
Ergoloid Mesylates (Tablet)	1	PA, HRM
Fomepizole (Injection)	1	
Gauze (Non-medicated 2X2)	2	
Insulin Syringes, Needles	1	
Sterile Water Irrigation (Solution)	1	
Xeomin (Injection)	3	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Atropine Sulfate (1% Ophthalmic Solution)	1	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	1	
Blephamide (Suspension)	3	
Blephamide S.O.P. (Ointment)	3	
Cystaran (Ophthalmic Solution)	3	SP
Lacrisert (Insert)	3	
Lastacraft (Ophthalmic Solution)	3	
Neomycin/Bacitracin/Polymyxin (Ointment)	1	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	1	
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	1	
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	1	
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	1	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	1	
Pred-G (Suspension)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Pred-G S.O.P. (Ointment)	3	
Proparacaine HCl (Ophthalmic Solution)	1	
Restasis (Emulsion)	2	QL
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	1	
Tobradex (0.3%-0.1% Ophthalmic Ointment)	3	
Tobradex ST (Ophthalmic Suspension)	3	
Tobramycin/Dexamethasone (Ophthalmic Suspension)	1	
Xiidra (Ophthalmic Solution)	2	QL
Zylet (Suspension)	3	
Ophthalmic Anti-allergy Agents		
Alocril (Ophthalmic Solution)	3	
Alomide (Ophthalmic Solution)	3	
Azelastine HCl (0.05% Ophthalmic Solution)	1	
Bepreve (Ophthalmic Solution)	3	
Cromolyn Sodium (4% Ophthalmic Solution)	1	
Emadine (Ophthalmic Solution)	3	
Epinastine HCl (Ophthalmic Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Olopatadine HCl (0.1% Ophthalmic Solution)	1	
Olopatadine HCl (0.2% Ophthalmic Solution)	1	
Pazeo (Ophthalmic Solution)	2	
Ophthalmic Antiglaucoma Agents		
Alphagan P (0.1% Ophthalmic Solution)	2	
Apraclonidine (Ophthalmic Solution)	1	
Azopt (Suspension)	2	
Betaxolol HCl (0.5% Ophthalmic Solution)	1	
Betimol (Ophthalmic Solution)	3	
Betoptic-S (Suspension)	2	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Carteolol HCl (Ophthalmic Solution)	1	
Combigan (Ophthalmic Solution)	2	
Cosopt PF (Ophthalmic Solution)	3	
Dorzolamide HCl (Ophthalmic Solution)	1	
Dorzolamide HCl/Timolol Maleate (Ophthalmic Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Iopidine (1% Ophthalmic Solution)	3		Diclofenac Sodium (0.1% Ophthalmic Solution)	1	
Levobunolol HCl (Ophthalmic Solution)	1		Durezol (Emulsion)	3	
Metipranolol (Ophthalmic Solution)	1		Flarex (Suspension)	3	
Phospholine Iodide (Ophthalmic Solution)	2		Fluorometholone (Ophthalmic Suspension)	1	
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	1		Flurbiprofen Sodium (Ophthalmic Solution)	1	
Simbrinza (Suspension)	2		FML (Ointment)	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1		FML Forte (Suspension)	2	
Timolol Maleate Ophthalmic Gel Forming (Solution)	1		Ilevro (Suspension)	3	
Timoptic Ocudose (Ophthalmic Solution)	2		Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1	
Ophthalmic Anti-inflammatories			Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	3	
Acuvail (Ophthalmic Solution)	3		Maxidex (Suspension)	3	
Alrex (Suspension)	3		Nevanac (Suspension)	3	
Bromsite (Ophthalmic Solution)	3	ST	Pred Mild (Suspension)	2	
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	1		Prednisolone Acetate (Ophthalmic Suspension)	1	
			Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
			Prolensa (Ophthalmic Solution)	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
Ophthalmic Prostaglandin and Prostanoid Analogs			Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1	
Bimatoprost (Ophthalmic Solution)	1		Carbinoxamine Maleate (4mg Tablet, 4mg/5ml Oral Solution)	1	PA, HRM
Latanoprost (Ophthalmic Solution)	1		Cetirizine HCl (Oral Solution)	1	
Lumigan (Ophthalmic Solution)	2		Clarinet (0.5mg/ml Syrup)	3	
Travatan Z (Ophthalmic Solution)	2		Clemastine Fumarate (Tablet)	1	PA, HRM
Vyzulta (Ophthalmic Solution)	3		Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	1	PA, HRM
Otic Agents			Desloratadine (Tablet)	1	
Otic Agents			Desloratadine ODT (Tablet Dispersible)	1	
Acetic Acid (Otic Solution)	1		Diphenhydramine HCl (Injection)	1	B/D, PA
Cipro HC (Suspension)	3		Karbinal ER (Suspension Extended-Release)	3	PA, HRM
Ciprodex (Otic Suspension)	2		Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution)	1	
Ciprofloxacin (0.2% Otic Solution)	1		Levocetirizine Dihydrochloride (5mg Tablet)	1	QL
Coly-Mycin S (Suspension)	3		Olopatadine HCl (0.6% Nasal Solution)	1	
Fluocinolone Acetonide (0.01% Otic Oil)	1		Phenadoz (Suppository)	1	PA, HRM
Hydrocortisone/Acetic Acid (Otic Solution)	1				
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	1				
Respiratory Tract/Pulmonary Agents					
Antihistamines					

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
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 50mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet, 25mg/ml Injection, 50mg/ml Injection, 6.25mg/5ml Syrup)	1	PA, HRM
Promethegan (Suppository)	1	PA, HRM
Ryvent (Tablet)	1	PA, HRM
Anti-inflammatories, Inhaled Corticosteroids		
Armonair Respiclick 113 (Aerosol Powder)	3	QL
Armonair Respiclick 232 (Aerosol Powder)	3	QL
Armonair Respiclick 55 (Aerosol Powder)	3	QL
Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder)	2	QL
Beconase AQ (Suspension)	3	
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	1	B/D, PA
Flovent Diskus (Aerosol Powder)	2	QL
Flovent HFA (Aerosol)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Flunisolide (Nasal Solution)	1	
Fluticasone Propionate (50mcg/act Suspension)	1	
Mometasone Furoate (50mcg/act Suspension)	1	
Omnaris (Suspension)	3	
Pulmicort Flexhaler (Aerosol Powder)	2	QL
Qnasl (Aerosol Solution)	3	
Qnasl Childrens (Aerosol Solution)	3	
Triamcinolone Acetonide (55mcg/act Aerosol)	1	
Xhance (Nasal Suspension)	3	
Zetonna (Aerosol Solution)	3	
Antileukotrienes		
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL
Zafirlukast (Tablet)	1	QL
Zileuton ER (Tablet Extended-Release 12 Hour)	1	ST
Zyflo (Tablet)	3	ST, SP
Zyflo CR (Tablet Extended-Release 12 Hour)	3	ST, SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Bronchodilators, Anticholinergic		
Atrovent HFA (Aerosol Solution)	3	
Increase Ellipta (Aerosol Powder)	2	QL
Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1	
Seebri Neohaler (Capsule)	3	QL, ST
Spiriva HandiHaler (Capsule)	2	QL
Spiriva Respimat (Aerosol Solution)	2	QL
Bronchodilators, Sympathomimetic		
Adrenalin (1mg/ml Injection)	3	
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	1	B/D, PA
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 2mg/5ml Syrup)	1	
Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	1	
Arcapta Neohaler (Capsule)	3	QL, ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Brovana (Nebulized Solution)	3	B/D, PA, QL
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	2	QL
EpiPen (0.3mg/0.3ml Injection)	2	QL
Levalbuterol (Nebulized Solution)	1	B/D, PA
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	1	
Perforomist (Nebulized Solution)	3	B/D, PA, QL
ProAir HFA (Aerosol Solution)	2	
ProAir RespiClick (Aerosol Powder)	2	
Serevent Diskus (Aerosol Powder)	2	QL
Striverdi Respimat (Aerosol Solution)	3	QL, ST
Terbutaline Sulfate (1mg/ml Injection, 2.5mg Tablet, 5mg Tablet)	1	
Ventolin HFA (Aerosol Solution)	2	
Cystic Fibrosis Agents		
Bethkis (Nebulized Solution)	2	B/D, PA, QL, SP
Cayston (Inhalation Solution)	3	PA, LA, SP

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
Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	3	PA, QL, SP
Orkambi (Tablet)	3	PA, QL, LA, SP
TOBI Podhaler (Capsule)	3	PA, QL, SP
Tobramycin (Nebulized Solution)	1	B/D, PA, QL
Mast Cell Stabilizers		
Cromolyn Sodium (20mg/2ml Nebulized Solution)	1	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Aminophylline (Injection)	1	
Daliresp (Tablet)	3	PA, QL
Theo-24 (Capsule Extended-Release 24 Hour)	3	
Theophylline (Oral Solution)	1	
Theophylline CR (Tablet Extended-Release 12 Hour)	1	
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	1	
Pulmonary Antihypertensives		
Adcirca (Tablet)	3	PA, QL, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Adempas (Tablet)	2	PA, SP
Letairis (Tablet)	2	PA, QL, LA, SP
Opsumit (Tablet)	2	PA, LA, SP
Orenitram (0.125mg Tablet Extended-Release)	3	PA
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	3	PA, SP
Remodulin (Injection)	2	PA, LA, SP
Revatio (10mg/ml Suspension)	3	PA, QL, SP
Sildenafil (10mg/12.5ml Injection)	1	PA
Sildenafil (20mg Tablet) (Generic Revatio)	1	PA, QL
Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble)	2	PA, QL, SP
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	3	QL, SP

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Uptravi (Tablet Therapy Pack)	3	SP
Ventavis (Inhalation Solution)	3	PA, QL, LA, SP
Pulmonary Fibrosis Agents		
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	2	PA, QL, LA, SP
Ofev (Capsule)	3	PA, QL, LA, SP
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
Advair Diskus (Aerosol Powder)	2	QL
Advair HFA (Aerosol)	2	QL
Airduo Respiclick 113/14 (Aerosol Powder)	1	QL
Airduo Respiclick 232/14 (Aerosol Powder)	1	QL
Airduo Respiclick 55/14 (Aerosol Powder)	1	QL
Anoro Ellipta (Aerosol Powder)	2	QL
Bevespi Aerosphere (Aerosol)	3	QL
Breo Ellipta (Aerosol Powder)	2	QL
Clarinex-D 12 Hour (Tablet Extended-Release)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Combivent Respimat (Aerosol Solution)	2	
Dulera (Aerosol)	3	QL
Dymista (Suspension)	2	
Fasenra (Injection)	3	PA, SP
Fluticasone Propionate/Salmeterol (Aerosol Powder)	1	QL
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
Nucala (Injection)	3	PA, QL, LA, SP
Oralair (Tablet Sublingual)	3	PA, QL
Promethazine VC Plain (Oral Solution)	1	PA, HRM
Pulmozyme (Inhalation Solution)	2	B/D, PA, QL, SP
Semprex-D (Capsule)	3	
Stiolto Respimat (Aerosol Solution)	2	QL
Symbicort (Aerosol)	2	QL
Trelegy Ellipta (Aerosol Powder)	2	QL
Utibron Neohaler (Capsule)	3	QL, ST
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	
Carisoprodol (Tablet)	1	PA, QL, HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Carisoprodol/Aspirin (Tablet)	1	PA, HRM
Chlorzoxazone (Tablet)	1	PA, HRM
Cyclobenzaprine HCl (Tablet)	1	PA, HRM
Dantrolene Sodium (Capsule)	1	
Lioresal Intrathecal (2000mcg/ml Injection)	2	B/D, PA, SP
Lioresal Intrathecal (500mcg/ml Injection)	2	B/D, PA
Metaxall (Tablet)	1	PA, HRM
Metaxalone (400mg Tablet, 800mg Tablet)	1	PA, HRM
Methocarbamol (1000mg/10ml Injection, 500mg Tablet, 750mg Tablet)	1	PA, HRM
Orphenadrine Citrate (Injection)	1	PA, HRM
Orphenadrine Citrate ER (Tablet Extended-Release 12 Hour)	1	PA, HRM
Tizanidine HCl (2mg Capsule, 4mg Capsule, 6mg Capsule, 2mg Tablet, 4mg Tablet)	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
Edluar (Tablet Sublingual)	3	PA, HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Eszopiclone (Tablet)	1	PA, QL, HRM
Flurazepam HCl (Capsule)	1	QL, HRM
Temazepam (Capsule)	1	QL, HRM
Zaleplon (Capsule)	1	PA, QL, HRM
Zolpidem Tartrate (1.75mg Tablet Sublingual, 3.5mg Tablet Sublingual)	1	PA, HRM
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	1	PA, QL, HRM
Zolpidem Tartrate ER (Tablet Extended-Release)	1	PA, QL, HRM
Sleep Disorders, Other		
Armodafinil (Tablet)	1	PA, QL
Belsomra (Tablet)	2	QL
Butisol Sodium (Tablet)	3	PA, HRM
Hetlioz (Capsule)	3	PA, QL, SP
Modafinil (Tablet)	1	PA, QL
Rozerem (Tablet)	3	QL
Silenor (Tablet)	3	
Xyrem (Oral Solution)	3	PA, QL, LA, SP

Bold type = Brand name drug

Plain type = Generic drug

Covered drugs with a quantity limit (QL)

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

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

You can also contact us by calling Customer Service toll-free at **(866) 868-0609**, TTY **711**, 7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday.

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir (20mg/ml Oral Solution)	Maximum of 48 ml per day
Abacavir (300mg Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abacavir/Lamivudine (Tablet)	Maximum of 2 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution)	Maximum of 150 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Actoplus Met XR (15mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Actoplus Met XR (30mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Acyclovir (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
Adcirca (Tablet)	Maximum of 2 tablets per day
Advair Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys XR-ODT (Tablet Extended-Release Dispersible)	Maximum of 1 tablet per day
Afedritab CR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Airduo Respiclick 113/14 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Airduo Respiclick 232/14 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Airduo Respiclick 55/14 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Albenza (Tablet)	Maximum of 16 tablets per day
Alecensa (Capsule)	Maximum of 8 capsules per day

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Drug Name	Quantity Limit
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Almotriptan (Tablet)	Maximum of 12 tablets per 30 days
Alora (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Alprazolam ER (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Alprazolam ER (2mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Alprazolam ER (3mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Alprazolam Intensol (1mg/ml Concentrate)	Maximum of 10 ml per day
Alprazolam ODT (0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2mg Tablet Dispersible)	Maximum of 5 tablets per day
Altoprev (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Alunbrig (180mg Tablet, 90mg Tablet)	Maximum of 1 tablet per day
Alunbrig (30mg Tablet)	Maximum of 6 tablets per day
Alunbrig (Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days
Amitiza (Capsule)	Maximum of 2 capsules per day
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amlodipine/Olmesartan Medoxomil (Tablet)	Maximum of 1 tablet per day
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Ampyra (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Injection)	Maximum of 3 ml per day
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Aptiom (200mg Tablet, 400mg Tablet)	Maximum of 1 tablet per day
Aptiom (600mg Tablet, 800mg Tablet)	Maximum of 2 tablets per day
Aptivus (100mg/ml Oral Solution)	Maximum of 15 ml per day
Aptivus (250mg Capsule)	Maximum of 6 capsules per day
Arcapta Neohaler (Capsule)	Maximum of 1 capsule per day
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Aripiprazole (1mg/ml Oral Solution)	Maximum of 25 ml per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Armodafinil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Armodafinil (50mg Tablet)	Maximum of 2 tablets per day
Armonair Respiclick 113 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Armonair Respiclick 232 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Armonair Respiclick 55 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Arnuity Ellipta (50mcg/act Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Ascomp/Codeine (Capsule)	Maximum of 6 capsules per day
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Atazanavir Sulfate (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Atazanavir Sulfate (200mg Capsule)	Maximum of 3 capsules per day
Atomoxetine (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day
Aubagio (Tablet)	Maximum of 1 tablet per day
Austedo (Tablet)	Maximum of 4 tablets per day
Avandia (2mg Tablet)	Maximum of 4 tablets per day
Avandia (4mg Tablet)	Maximum of 2 tablets per day
Belbuca (Film)	Maximum of 2 films per day
Belsomra (Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Bethkis (Nebulized Solution)	Maximum of 8 ml (2 ampules) per day
Bevespi Aerosphere (Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
Bevyxxa (Capsule)	Maximum of 31 capsules per 30 days
BiDil (Tablet)	Maximum of 6 tablets per day
Biktarvy (Tablet)	Maximum of 2 tablets per day
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)	Maximum of 2 tablets per day
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (400mg Tablet, 500mg Tablet)	Maximum of 1 tablet per day
Botox (Injection)	Maximum of 9 vials per 30 days
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
BRIVIACT (10mg/ml Oral Solution)	Maximum of 20 ml per day
BRIVIACT (50mg/5ml Intravenous Solution)	Maximum of 20 ml per day
Brovana (Nebulized Solution)	Maximum of 2 vials (4 ml) per day

Bold type = Brand name drug

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Drug Name	Quantity Limit
Bunavail (Film)	Maximum of 2 films per day
Buprenorphine (Patch Weekly)	Maximum of 4 patches per 28 days
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen (Tablet)	Maximum of 6 tablets per day
Butalbital/Acetaminophen/Caffeine (50mg-300mg-40mg Capsule, 50mg-325mg-40mg Capsule)	Maximum of 6 capsules per day
Butalbital/Acetaminophen/Caffeine (50mg-325mg-40mg Tablet)	Maximum of 6 tablets per day
Butalbital/Acetaminophen/Caffeine/Codeine (Capsule)	Maximum of 6 capsules per day
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butalbital/Aspirin/Caffeine/Codeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Patch Weekly)	Maximum of 4 patches per 28 days
Bydureon Bcise (Auto injector)	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon Pen (Injection)	Maximum of 4 pens per 28 days
Bydureon Vial (Injection)	Maximum of 4 vials per 28 days
Byetta (10mcg/0.04ml Solution Pen injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta (5mcg/0.02ml Solution Pen injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Byvalson (Tablet)	Maximum of 1 tablet per day
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Calquence (Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8mg Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
Cardura XL (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Carisoprodol (Tablet)	Maximum of 4 tablets per day
Carisoprodol/Aspirin/Codeine (Tablet)	Maximum of 4 tablets per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Cerdelga (Capsule)	Maximum of 2 capsules per day
Chlorpropamide (100mg Tablet)	Maximum of 7 tablets per day
Chlorpropamide (250mg Tablet)	Maximum of 3 tablets per day
Cialis (2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Cimduo (Tablet)	Maximum of 2 tablets per day
Clonazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
Colchicine (0.6mg Capsule) (Generic Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcrys)	Maximum of 4 tablets per day
Colcrys (Tablet)	Maximum of 4 tablets per day
Complera (Tablet)	Maximum of 2 tablets per day
Corlanor (Tablet)	Maximum of 2 tablets per day
Cotellic (Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Crixivan (Capsule)	Maximum of 9 capsules per day
Cycloset (Tablet)	Maximum of 6 tablets per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Daliresp (Tablet)	Maximum of 1 tablet per day
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Daytrana (Patch)	Maximum of 1 patch per day
Denavir (Cream)	Maximum of 1 tube (5 grams) per 30 days
Descovy (Tablet)	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour) (Generic Khedezla)	Maximum of 4 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	Maximum of 1 tablet per day
Desvenlafaxine ER (50mg Tablet Extended-Release 24 Hour) (Generic Khedezla)	Maximum of 1 tablet per day
Dexilant (Capsule Delayed-Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate (Tablet)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Digitek (0.125mg Tablet)	Maximum of 1 tablet per day
Digox (125mcg Tablet)	Maximum of 1 tablet per day
Digoxin (0.05mg/ml Oral Solution)	Maximum of 5 ml per day
Digoxin (125mcg Tablet)	Maximum of 1 tablet per day
Donepezil HCl (10mg Tablet)	Maximum of 2 tablets per day
Donepezil HCl (23mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dulera (Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Duloxetine HCl (40mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Dupixent (Injection)	Maximum of 8 ml (4 syringes) per 28 days
Dyanavel XR (Suspension Extended-Release)	Maximum of 8 ml per day
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day
Edurant (Tablet)	Maximum of 2 tablets per day
Efavirenz (200mg Capsule)	Maximum of 3 capsules per day
Efavirenz (50mg Capsule)	Maximum of 9 capsules per day
Efavirenz (600mg Tablet)	Maximum of 2 tablets per day
Eletriptan HBr (Tablet)	Maximum of 12 tablets per 30 days
Eliquis (Tablet)	Maximum of 2 tablets per day
Eliquis Starter Pack (Tablet)	Maximum of 1 pack (74 tablets) per 30 days
Embeda (100mg-4mg Capsule Extended-Release)	Maximum of 3 capsules per day
Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)	Maximum of 4 capsules per day
Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)	Maximum of 2 capsules per day
Embeda (60mg-2.4mg Capsule Extended-Release)	Maximum of 6 capsules per day
Emsam (Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (10mg/ml Oral Solution)	Maximum of 42.5 ml per day
Emtriva (200mg Capsule)	Maximum of 2 capsules per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Endocet (Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (300mg/3ml Solution)	Maximum of 1 vial (3 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Tablet)	Maximum of 2 tablets per day
Epclusa (Tablet)	Maximum of 1 tablet per day
Epinephrine (Injection) (Generic EpiPen)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen (Injection)	Maximum of 4 pens (2 boxes) per 30 days
Eprosartan Mesylate (Tablet)	Maximum of 1 tablet per day
Erivedge (Capsule)	Maximum of 1 capsule per day
Erleada (Tablet)	Maximum of 4 tablets per day
Esbriet (267mg Capsule)	Maximum of 9 capsules per day
Esbriet (267mg Tablet)	Maximum of 9 tablets per day
Esbriet (801mg Tablet)	Maximum of 3 tablets per day
Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 2 capsules per day
Esomeprazole Strontium (Capsule Delayed-Release)	Maximum of 2 capsules per day
Estazolam (Tablet)	Maximum of 1 tablet per day
Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly)	Maximum of 8 patches per 28 days
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days

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Drug Name	Quantity Limit
Estradiol (10mcg Tablet)	Maximum of 1 tablet per day
Eszopiclone (Tablet)	Maximum of 1 tablet per day
Evotaz (Tablet)	Maximum of 2 tablets per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
Fanapt (Tablet)	Maximum of 2 tablets per day
Fentanyl (Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	Maximum of 4 lozenges per day
Fetzima (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Firazyr (Injection)	Maximum of 9 ml per day
Flector (Patch)	Maximum of 2 patches per day
Flolipid (20mg/5ml Suspension)	Maximum of 5 ml per day
Flolipid (40mg/5ml Suspension)	Maximum of 10 ml per day
Flovent Diskus (Aerosol Powder)	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110mcg/act Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220mcg/act Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44mcg/act Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Flurazepam HCl (Capsule)	Maximum of 1 capsule per day
Fluticasone Propionate/Salmeterol (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Fluvastatin (20mg Capsule Immediate-Release)	Maximum of 1 capsule per day
Fluvastatin (40mg Capsule Immediate-Release)	Maximum of 2 capsules per day
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Forteo (Injection)	Maximum of 1 pen (2.4 ml) per 28 days
Fosamax Plus D (Tablet)	Maximum of 4 tablets per 28 days
Fosamprenavir Calcium (Tablet)	Maximum of 6 tablets per day
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium/Hydrochlorothiazide (Tablet)	Maximum of 4 tablets per day
Frovatriptan Succinate (Tablet)	Maximum of 12 tablets per 30 days
Fuzeon (Injection)	Maximum of 3 vials per day
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Galantamine HBr (4mg/ml Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Gelnique (10% Gel)	Maximum of 1 packet per day
Genvoya (Tablet)	Maximum of 2 tablets per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glyburide (1.25mg Tablet)	Maximum of 16 tablets per day
Glyburide (2.5mg Tablet)	Maximum of 8 tablets per day
Glyburide (5mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (1.5mg Tablet)	Maximum of 8 tablets per day
Glyburide Micronized (3mg Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (6mg Tablet)	Maximum of 2 tablets per day
Glyburide/Metformin HCl (1.25mg-250mg Tablet)	Maximum of 8 tablets per day
Glyburide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glyxambi (Tablet)	Maximum of 1 tablet per day
Granisetron HCl (1mg Tablet)	Maximum of 2 tablets per day
Guanfacine HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Harvoni (Tablet)	Maximum of 1 tablet per day
Hetlioz (Capsule)	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day

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Drug Name	Quantity Limit
Hydrocodone Bitartrate/Acetaminophen (2.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 90 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 11 tablets per day
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
Ibrance (Capsule)	Maximum of 1 capsule per day
Ibudone (Tablet)	Maximum of 5 tablets per day
Iclusig (15mg Tablet)	Maximum of 2 tablets per day
Iclusig (45mg Tablet)	Maximum of 1 tablet per day
Idhifa (Tablet)	Maximum of 1 tablet per day
Ilaris (Injection)	Maximum of 2 vials per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
Imbruvica (140mg Capsule)	Maximum of 4 capsules per day
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)	Maximum of 1 tablet per day
Imbruvica (70mg Capsule)	Maximum of 1 capsule per day
Increase Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (40mg Capsule)	Maximum of 2 capsules per day
Ingrezza (80mg Capsule)	Maximum of 1 capsule per day
Inlyta (Tablet)	Maximum of 4 tablets per day
Intelence (100mg Tablet)	Maximum of 2 tablets per day
Intelence (200mg Tablet)	Maximum of 3 tablets per day
Intelence (25mg Tablet)	Maximum of 6 tablets per day
Intrarosa (Insert)	Maximum of 1 vaginal insert per day
Invirase (200mg Capsule)	Maximum of 15 capsules per day

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Drug Name	Quantity Limit
Invirase (500mg Tablet)	Maximum of 6 tablets per day
Invokamet (Tablet)	Maximum of 2 tablets per day
Invokamet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Tablet)	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Iressa (Tablet)	Maximum of 2 tablets per day
Isentress (100mg Packet)	Maximum of 4 packets per day
Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)	Maximum of 9 tablets per day
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Isentress HD (Tablet)	Maximum of 3 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Tablet)	Maximum of 1 tablet per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Juluca (Tablet)	Maximum of 2 tablets per day
Kaletra (100mg-25mg Tablet)	Maximum of 10 tablets per day
Kaletra (200mg-50mg Tablet)	Maximum of 6 tablets per day
Kalydeco (150mg Tablet)	Maximum of 2 tablets per day
Kalydeco (50mg Packet, 75mg Packet)	Maximum of 2 packets per day
Keveyis (Tablet)	Maximum of 4 tablets per day
Khedezla (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Khedezla (50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Kisqali (Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Kisqali Femara 200 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Kisqali Femara 400 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Kisqali Femara 600 Dose (Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Korlym (Tablet)	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Lanoxin (62.5mcg Tablet)	Maximum of 2 tablets per day
Lansoprazole (15mg Capsule Delayed-Release, 30mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Letairis (Tablet)	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day
Lexiva (Suspension)	Maximum of 90 ml per day
Lidocaine (5% Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
Linzess (Capsule)	Maximum of 1 capsule per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Livalo (Tablet)	Maximum of 1 tablet per day
Lonsurf (6.14mg-15mg Tablet)	Maximum of 10 tablets per day
Lonsurf (8.19mg-20mg Tablet)	Maximum of 8 tablets per day
Lopinavir/Ritonavir (Oral Solution)	Maximum of 16 ml per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam (2mg/ml Concentrate)	Maximum of 5 ml per day

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Drug Name	Quantity Limit
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet HD (Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Lovastatin (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet)	Maximum of 2 tablets per day
Lynparza (100mg Tablet, 150mg Tablet)	Maximum of 4 tablets per day
Lynparza (50mg Capsule)	Maximum of 16 capsules per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (20mg/ml Oral Solution)	Maximum of 30 ml per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Mavyret (Tablet)	Maximum of 3 tablets per day
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (2mg/ml Oral Solution)	Maximum of 10 ml per day
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day
Memantine HCl ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Menostar (Patch Weekly)	Maximum of 4 patches per 28 days
Meperidine HCl (100mg Tablet)	Maximum of 9 tablets per day
Meperidine HCl (50mg Tablet)	Maximum of 18 tablets per day
Meperidine HCl (50mg/5ml Oral Solution)	Maximum of 90 ml per day
Mesalamine DR (1.2gm Tablet Delayed-Release)	Maximum of 4 tablets per day
Mesalamine DR (800mg Tablet Delayed-Release)	Maximum of 6 tablets per day
Metadate ER (Tablet Extended-Release)	Maximum of 3 tablets per day
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Glumetza)	Maximum of 2 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 5 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glumetza)	Maximum of 4 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Methylphenidate HCl (10mg Tablet Chewable)	Maximum of 6 tablets per day
Methylphenidate HCl (10mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (2.5mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 3 tablets per day
Methylphenidate HCl (20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10mg Tablet Extended-Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (18mg Tablet Extended-Release, 20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54mg Tablet Extended-Release 24 Hour, 72mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Miglitol (100mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Miglitol (25mg Tablet)	Maximum of 12 tablets per day
Miglitol (50mg Tablet)	Maximum of 6 tablets per day
Minivelle (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Mitigare (Capsule)	Maximum of 4 capsules per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (15mg-12.5mg Tablet, 15mg-25mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (7.5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 18 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 3 capsules per day
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules per day
Morphine Sulfate ER (120mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Morphine Sulfate ER (30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate ER (75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 4 capsules per day
Multaq (Tablet)	Maximum of 2 tablets per day
Mydayis (12.5mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Mydayis (12.5mg-12.5mg-12.5mg-12.5mg Capsule Extended-Release 24 Hour, 9.375mg-9.375mg-9.375mg-9.375mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution)	Maximum of 300 mg (1 vial) in 28 days
Nerlynx (Tablet)	Maximum of 6 tablets per day
Nevirapine (Tablet)	Maximum of 3 tablets per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Nifedipine ER (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days
Northera (100mg Capsule)	Maximum of 3 capsules per day

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Drug Name	Quantity Limit
Northera (200mg Capsule, 300mg Capsule)	Maximum of 6 capsules per day
Norvir (100mg Capsule)	Maximum of 18 capsules per day
Norvir (100mg Packet)	Maximum of 18 packets per day
Norvir (100mg Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day
Noxafil (100mg Tablet Delayed-Release)	Maximum of 8 tablets per day
Noxafil (40mg/ml Suspension)	Maximum of 20 ml per day
Nucala (Injection)	Maximum of 3 vials per 28 days
Nucynta (Tablet)	Maximum of 6 tablets per day
Nuplazid (Tablet)	Maximum of 2 tablets per day
Ocaliva (Tablet)	Maximum of 1 tablet per day
Odefsey (Tablet)	Maximum of 2 tablets per day
Odomzo (Capsule)	Maximum of 1 capsule per day
Ofev (Capsule)	Maximum of 2 capsules per day
Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5mg Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onfi (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets per day
Onzetra Xsail (Exhaler Powder)	Maximum of 1 kit (16 exhalers) per 30 days
Oralair (Tablet Sublingual)	Maximum of 1 tablet per day
Orkambi (Tablet)	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule)	Maximum of 2 capsules per day
Oseltamivir Phosphate (6mg/ml Suspension)	Maximum of 26 ml per day
Osphena (Tablet)	Maximum of 1 tablet per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 12 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (5mg Capsule Immediate-Release)	Maximum of 12 capsules per day
Oxycodone HCl (5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 240 ml per day
Oxycodone HCl ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxycodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Oxycodone/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxymorphone HCl (Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxymorphone HCl ER (10mg Tablet Extended-Release 12 Hour, 15mg Tablet Extended-Release 12 Hour, 20mg Tablet Extended-Release 12 Hour, 5mg Tablet Extended-Release 12 Hour, 7.5mg Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30mg Tablet Extended-Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40mg Tablet Extended-Release 12 Hour)	Maximum of 3 tablets per day
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Panlor (Tablet)	Maximum of 10 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Pentasa (250mg Capsule Extended-Release)	Maximum of 12 capsules per day
Pentasa (500mg Capsule Extended-Release)	Maximum of 8 capsules per day
Pentazocine/Naloxone HCl (Tablet)	Maximum of 12 tablets per day
Perforomist (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Tablet)	Maximum of 2 tablets per day
Phrenilin Forte (Capsule)	Maximum of 6 capsules per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Glimepiride (Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Metformin HCl (Tablet)	Maximum of 3 tablets per day
Pomalyst (Capsule)	Maximum of 1 capsule per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (Injection)	Maximum of 2 pens (2 ml) per 28 days
Prasugrel (Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	Maximum of 1 tablet per day
Premphase (Tablet)	Maximum of 1 tablet per day
Prempro (Tablet)	Maximum of 1 tablet per day
Prevymis (240mg Tablet, 480mg Tablet)	Maximum of 1 tablet per day
Prevymis (240mg/12ml Intravenous Solution)	Maximum of 12 ml per day
Prevymis (480mg/24ml Intravenous Solution)	Maximum of 24 ml per day
Prezcobix (Tablet)	Maximum of 2 tablets per day
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day
Prezista (75mg Tablet)	Maximum of 7 tablets per day
Primlev (Tablet)	Maximum of 13 tablets per day
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler (Aerosol Powder)	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quetiapine Fumarate ER (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranaxa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Rapaflo (Capsule)	Maximum of 1 capsule per day
Ravicti (Liquid)	Maximum of 17.5 ml per day
Royaldee (Capsule Extended-Release)	Maximum of 2 capsules per day
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (150mg Tablet)	Maximum of 3 tablets per day
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
Repaglinide/Metformin HCl (Tablet)	Maximum of 5 tablets per day
Repatha (Injection)	Maximum of 3 syringes (3 ml) per 28 days
Repatha Pushtronex System (Injection)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha SureClick (Injection)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Tablet)	Maximum of 9 tablets per day

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Drug Name	Quantity Limit
Restasis (Emulsion)	Maximum of 2 vials per day
Revatio (10mg/ml Suspension)	Maximum of 6 ml per day
Revlimid (Capsule)	Maximum of 1 capsule per day
Rexulti (Tablet)	Maximum of 1 tablet per day
Reyataz (Packet)	Maximum of 8 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Risedronate Sodium (150mg Tablet)	Maximum of 1 tablet per 30 days
Risedronate Sodium (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Risedronate Sodium (35mg Tablet)	Maximum of 4 tablets per 28 days
Risedronate Sodium DR (Tablet Delayed-Release)	Maximum of 4 tablets per 28 days
Ritonavir (Tablet)	Maximum of 18 tablets per day
Rivastigmine Tartrate (Capsule)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Rozerem (Tablet)	Maximum of 1 tablet per day
Rubraca (Tablet)	Maximum of 4 tablets per day
Rydapt (Capsule)	Maximum of 8 capsules per day
Sabril (Tablet)	Maximum of 6 tablets per day
Samsca (Tablet)	Maximum of 2 tablets per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Savaysa (Tablet)	Maximum of 1 tablet per day
Seebri Neohaler (Capsule)	Maximum of 1 inhaler (60 capsules) per 30 day
Selzentry (150mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day
Selzentry (20mg/ml Oral Solution)	Maximum of 92 ml per day
Selzentry (25mg Tablet, 300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 inhalations) per 30 days
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Soliqua 100/33 (Injection)	Maximum of 18 ml (6 pens) per 30 days
Somavert (Injection)	Maximum of 1 vial per day

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Drug Name	Quantity Limit
Sovaldi (Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution) (Retail Pack)	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	Maximum of 2 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Aerosol Solution) (Retail Pack)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Stribild (Tablet)	Maximum of 2 tablets per day
Striverdi Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan/Naproxen Sodium (Tablet)	Maximum of 9 tablets per 30 days
Sustiva (200mg Capsule)	Maximum of 3 capsules per day
Sustiva (50mg Capsule)	Maximum of 9 capsules per day
Sustiva (600mg Tablet)	Maximum of 2 tablets per day
Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Sutent (37.5mg Capsule)	Maximum of 2 capsules per day
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symfi (Tablet)	Maximum of 2 tablets per day
Symfi Lo (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Symproic (Tablet)	Maximum of 1 tablet per day
Synjardy (Tablet)	Maximum of 2 tablets per day
Synjardy XR (10mg-1000mg Tablet Extended-Release 24 Hour, 25mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Synjardy XR (12.5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Syprine (Capsule)	Maximum of 8 capsules per day
Tagrisso (Tablet)	Maximum of 1 tablet per day
Tarceva (100mg Tablet, 150mg Tablet)	Maximum of 1 tablet per day
Tarceva (25mg Tablet)	Maximum of 3 tablets per day
Tasigna (150mg Capsule)	Maximum of 5 capsules per day
Tasigna (200mg Capsule)	Maximum of 4 capsules per day
Tasigna (50mg Capsule)	Maximum of 14 capsules per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day
Technivie (Tablet)	Maximum of 2 tablets per day
Tekturna (Tablet)	Maximum of 1 tablet per day
Tekturna HCT (Tablet)	Maximum of 1 tablet per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Amlodipine (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (40mg-12.5mg Tablet, 80mg-25mg Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (80mg-12.5mg Tablet)	Maximum of 2 tablets per day
Temazepam (Capsule)	Maximum of 1 capsule per day
Tencon (Tablet)	Maximum of 6 tablets per day
Tenofovir Disoproxil Fumarate (Tablet)	Maximum of 2 tablets per day
Testosterone (30mg/act Transdermal Solution)	Maximum of 2 bottles (180 ml) per 30 days
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
Thalomid (100mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Thalomid (150mg Capsule, 200mg Capsule)	Maximum of 2 capsules per day
Tivicay (10mg Tablet, 25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
Tivorbex (Capsule)	Maximum of 3 capsules per day
TOBI Podhaler (Capsule)	Maximum of 8 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day

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Drug Name	Quantity Limit
Tolazamide (250mg Tablet)	Maximum of 4 tablets per day
Tolazamide (500mg Tablet)	Maximum of 2 tablets per day
Tolbutamide (Tablet)	Maximum of 6 tablets per day
Tolcapone (Tablet)	Maximum of 6 tablets per day
Toviaz (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (125mg Tablet, 62.5mg Tablet)	Maximum of 2 tablets per day
Tracleer (32mg Tablet Soluble)	Maximum of 4 tablets per day
Tradjenta (Tablet)	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trandolapril (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day
Trandolapril (4mg Tablet)	Maximum of 2 tablets per day
Trandolapril/Verapamil HCl ER (Tablet Extended-Release)	Maximum of 1 tablet per day
Trelegy Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Treximet (Tablet)	Maximum of 9 tablets per 30 days
Trezix (Capsule)	Maximum of 10 capsules per day
Triazolam (0.125mg Tablet)	Maximum of 1 tablet per day
Triazolam (0.25mg Tablet)	Maximum of 2 tablets per day
Trientine HCl (Capsule)	Maximum of 8 capsules per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
Trokendi XR (100mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Trokendi XR (200mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Trulance (Tablet)	Maximum of 1 tablet per day
Trulicity (Injection)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Tablet)	Maximum of 2 tablets per day
Tybost (Tablet)	Maximum of 2 tablets per day
Tymlos (Injection)	Maximum of 1.56 ml per 30 days
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Uptravi (200mcg Tablet)	Maximum of 5 tablets per day
Utibron Neohaler (Capsule)	Maximum of 1 inhaler (60 capsules) per 30 day
Valacyclovir HCl (1gm Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valganciclovir (Tablet)	Maximum of 4 tablets per day
Valganciclovir Hydrochloride (Oral Solution)	Maximum of 36 ml per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Vanatol LQ (Oral Solution)	Maximum of 90 ml per day
Veltassa (Packet)	Maximum of 1 packet per day
Vemlidy (Tablet)	Maximum of 1 tablet per day
Venclexta (100mg Tablet)	Maximum of 4 tablets per day
Venclexta (10mg Tablet)	Maximum of 2 tablets per day
Venclexta (50mg Tablet)	Maximum of 1 tablet per day
Ventavis (10mcg/ml Inhalation Solution)	Maximum of 7 ml per day
Ventavis (20mcg/ml Inhalation Solution)	Maximum of 3 ml per day
Verzenio (Tablet)	Maximum of 2 tablets per day
Vesicare (Tablet)	Maximum of 1 tablet per day
Viberzi (Tablet)	Maximum of 2 tablets per day
Vicodin (Tablet)	Maximum of 13 tablets per day
Vicodin ES (Tablet)	Maximum of 13 tablets per day
Vicodin HP (Tablet)	Maximum of 13 tablets per day
Victoza (Injection)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (125mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Videx Pediatric (Oral Solution)	Maximum of 30 ml per day
Viekira Pak (Tablet Therapy Pack)	Maximum of 1 pack (112 tablets) per 28 days
Viekira XR (Tablet Extended-Release 24 Hour)	Maximum of 1 pack (84 tablets) per 28 days
Vigabatrin (Packet)	Maximum of 6 packets per day
Viibryd (Tablet)	Maximum of 1 tablet per day
Viibryd Starter Pack (Kit)	Maximum of 1 pack (30 tablets) per 30 days
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Vimpat (10mg/ml Oral Solution)	Maximum of 40 ml per day
Viracept (250mg Tablet)	Maximum of 15 tablets per day

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Drug Name	Quantity Limit
Viracept (625mg Tablet)	Maximum of 6 tablets per day
Viramune (Suspension)	Maximum of 60 ml per day
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
Vivlodex (Capsule)	Maximum of 1 capsule per day
Vosevi (Tablet)	Maximum of 1 tablet per day
Votrient (Tablet)	Maximum of 4 tablets per day
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	Maximum of 1 capsule per day
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (10mg Tablet)	Maximum of 2 tablets per day
Xeljanz (5mg Tablet)	Maximum of 2 tablets per day
Xeljanz XR (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xerese (Cream)	Maximum of 1 tube (5 grams) per 30 days
Xermelo (Tablet)	Maximum of 3 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Xtandi (Capsule)	Maximum of 4 capsules per day
Xultophy 100/3.6 (Injection)	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	Maximum of 18 ml per day
Yosprala (Tablet Delayed-Release)	Maximum of 1 tablet per day
Yuvaferm (Tablet)	Maximum of 1 tablet per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (Capsule)	Maximum of 90 days of use per year
Zebutal (Capsule)	Maximum of 6 capsules per day
Zejula (Capsule)	Maximum of 3 capsules per day
Zelboraf (Tablet)	Maximum of 8 tablets per day
Zembrace Syntouch (Injection)	Maximum of 8 ml (16 syringes) per 30 days
Zenzedi (15mg Tablet)	Maximum of 4 tablets per day
Zenzedi (2.5mg Tablet, 7.5mg Tablet)	Maximum of 6 tablets per day
Zenzedi (20mg Tablet)	Maximum of 3 tablets per day
Zenzedi (30mg Tablet)	Maximum of 2 tablets per day
Zepatier (Tablet)	Maximum of 1 tablet per day
Zerit (Oral Solution)	Maximum of 120 ml per day

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Drug Name	Quantity Limit
Zidovudine (100mg Capsule)	Maximum of 8 capsules per day
Zidovudine (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (50mg/5ml Syrup)	Maximum of 96 ml per day
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day
Zolmitriptan (Tablet)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 90 days of use per year
Zolpidem Tartrate ER (Tablet Extended-Release)	Maximum of 1 tablet per day
Zomig (2.5mg Nasal Solution)	Maximum of 18 devices per 30 days
Zomig (5mg Nasal Solution)	Maximum of 12 devices per 30 days
Zontivity (Tablet)	Maximum of 1 tablet per day
Zovirax (5% Cream)	Maximum of 1 tube (5 grams) per 30 days
Zubsolv (1.4mg-0.36mg Tablet Sublingual, 5.7mg-1.4mg Tablet Sublingual)	Maximum of 3 tablets per day
Zubsolv (11.4mg-2.9mg Tablet Sublingual)	Maximum of 1 tablet per day
Zubsolv (2.9mg-0.71mg Tablet Sublingual)	Maximum of 5 tablets per day
Zubsolv (8.6mg-2.1mg Tablet Sublingual)	Maximum of 2 tablets per day
Zydelig (Tablet)	Maximum of 2 tablets per day
Zykadia (Capsule)	Maximum of 5 capsules per day
Zytiga (250mg Tablet)	Maximum of 4 tablets per day
Zytiga (500mg Tablet)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Required information

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

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

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.



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

Toll-Free **(866) 868-0609**, TTY **711**

7 a.m. - 7 p.m. CT, Monday - Friday, 7 a.m. - 3 p.m. CT, Saturday

www.HSMedicareRx.com