

2019 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 

Formulary ID Number 00019091, Version 10
Y0066_180629_042324

 UnitedHealthcare[®]

Last updated February 1, 2019

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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 February 1, 2019.

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 12–32 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 33–108 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 33. 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.

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 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.

7D - 7-Day limit

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

DL - Dispensing limit

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

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

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

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

Can the drug list change?

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

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

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

If we add new generic drugs

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

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

If we remove a drug from the list

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

If we change the coverage rules or limits

We’ll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 109-136.

We’ll tell you about any changes

If a drug you are taking is removed from the drug list during the plan year we’ll include an update in your Part D Explanation of Benefits (Part D EOB) statement. We’ll tell you about any changes to our drug list at least 30 days before they go into effect or when you request a refill of the drug. If you find out when requesting a refill, you will receive at least a 30-day supply of the drug so you have time to talk with your doctor. To get updated information about the drugs covered by your plan, 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. 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.....	61	Adzenys XR-ODT.....	74
Abacavir Sulfate/Lamivudine	61	Afeditab CR.....	69
Abacavir Sulfate/Lamivudine/ Zidovudine.....	61	Afinitor.....	54
Abelcet.....	51	Afinitor Disperz.....	54
Abilify Maintena.....	58	Afrezza.....	65
Abiraterone Acetate.....	53	Ala Scalp.....	87
Absorica.....	77	Ala-Cort.....	87
Acamprosate Calcium DR.....	38	Albenza.....	56
Acarbose.....	63	Albuterol Sulfate.....	105
Acebutolol HCl.....	68	Albuterol Sulfate ER.....	105
Acetaminophen/Codeine.....	36	Alclometasone Dipropionate	87
Acetazolamide.....	72	Alcohol Prep Pads.....	99
Acetazolamide ER.....	72	Aldactazide.....	70
Acetic Acid.....	103	Alecensa.....	54
Acetylcysteine.....	106	Alendronate Sodium.....	99
Acitretin.....	77	Alfuzosin HCl ER.....	87
Actemra.....	97	Alinia.....	56
ActHIB.....	97	Allopurinol.....	52
Actimmune.....	97	Almotriptan.....	52
Actoplus Met XR.....	63	Alocril.....	100
Acuvail.....	102	Alomide.....	100
Acyclovir.....	60	Alora.....	90
Acyclovir Sodium.....	60	Alosetron HCl.....	84
Adacel.....	97	Alphagan P.....	101
Adapalene.....	78	Alprazolam.....	63
Adapalene/Benzoyl Peroxide	78	Alprazolam ER.....	63
Adefovir Dipivoxil.....	59	Alprazolam Intensol.....	63
Adempas.....	106	Alprazolam ODT.....	63
Advair HFA.....	106	Alrex.....	102
Adzenys ER.....	74	Altavera.....	90
		Alunbrig.....	54
		Alyacen 1/35.....	91
		Amabelz.....	91
		Amantadine HCl.....	56
		AmBisome.....	51
		Amcinonide.....	87
		Amethia.....	91
		Amethia Lo.....	91
		Amiloride HCl.....	72
		Amiloride/Hydrochlorothiazide	70
		Aminosyn 7%/Electrolytes....	79
		Aminosyn 8.5%/Electrolytes	79
		Aminosyn II.....	80
		Aminosyn II 8.5%/Electrolytes	80
		Aminosyn-HBC.....	80
		Aminosyn-PF.....	80
		Aminosyn-RF.....	80
		Amiodarone HCl.....	67
		Amitiza.....	84
		Amitriptyline HCl.....	49
		Amlodipine Besylate.....	69
		Amlodipine Besylate/ Atorvastatin Calcium.....	70
		Amlodipine Besylate/ Benazepril HCl.....	70
		Amlodipine Besylate/Valsartan	70
		Amlodipine/Olmesartan Medoxomil.....	70
		Amlodipine/Valsartan/ Hydrochlorothiazide.....	70
		Ammonium Lactate.....	78
		Amnesteem.....	78
		Amoxapine.....	49
		Amoxicillin.....	41

Amoxicillin/Clavulanate Potassium.....	41	Armonair Respiclick 232.....	103	Azelastine HCl.....	100, 103
Amoxicillin/Clavulanate Potassium ER.....	41	Armonair Respiclick 55.....	103	Azelex.....	78
Amphetamine Sulfate.....	74	Arnuity Ellipta.....	104	Azithromycin.....	42
Amphetamine/ Dextroamphetamine.....	75	Ascomp/Codeine.....	36	Azopt.....	101
Amphotericin B.....	51	Ashlyna.....	91	Aztreonam.....	41
Ampicillin.....	42	Aspirin/Dipyridamole.....	67	B	
Ampicillin Sodium.....	42	Astagraf XL.....	96	Bacitracin.....	39
Ampicillin-Sulbactam.....	42	Atazanavir Sulfate.....	62	Bacitracin/Polymyxin B.....	100
Anadrol-50.....	90	Atenolol.....	68	Baclofen.....	107
Anagrelide HCl.....	66	Atenolol/Chlorthalidone.....	70	Bactocill in Dextrose.....	42
Anastrozole.....	54	Atomoxetine.....	75	Bactroban Nasal.....	39
Androderm.....	90	Atorvastatin Calcium.....	73	Balsalazide Disodium.....	98
Angeliq.....	91	Atovaquone.....	56	Balziva.....	91
Anoro Ellipta.....	106	Atovaquone/Proguanil HCl.....	56	Banzel.....	46
Antara.....	73	Atripla.....	60	Baraclude.....	59
Aplenzin.....	48	Atropine Sulfate.....	100	Baxdela.....	43
Apokyn.....	57	Atrovent HFA.....	104	BCG Vaccine.....	97
Apraclonidine.....	101	Aubagio.....	77	Beconase AQ.....	104
Aprepitant.....	50	Aubra.....	91	Belbuca.....	34, 35
Apri.....	91	Augmented Betamethasone Dipropionate.....	87	Belsomra.....	108
Apriso.....	98	Augmentin.....	42	Benazepril HCl.....	67
Aptiom.....	46	Auryxia.....	83	Benazepril HCl/ Hydrochlorothiazide.....	70
Aptivus.....	62	Austedo.....	76	Benlysta.....	97
Aralast NP.....	86	Avandia.....	63	Benznidazole.....	56
Aranelle.....	91	AVC.....	51	Benzotropine Mesylate.....	56
Arcalyst.....	97	Aviane.....	91	Bepreve.....	101
Arcapta Neohaler.....	105	Avita.....	78	Berinert.....	95
Aripiprazole.....	58	Avonex.....	77	Besivance.....	43
Aripiprazole ODT.....	58	Avonex Pen.....	77	Betamethasone Dipropionate	87
Aristada.....	58	Azasan.....	96	Betamethasone Valerate.....	87
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Bethkis.....	105	Brovana.....	105	Calcipotriene/Betamethasone Dipropionate.....	78
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Bevespi Aerosphere.....	106	Bumetanide.....	72	Calcium Acetate.....	83
Bevyxxa.....	66	Bunavail.....	38	Calquence.....	54
Bexarotene.....	56	Buprenorphine.....	35	Camila.....	94
Bexsero.....	97	Buprenorphine HCl.....	38	Camrese Lo.....	91
Bicalutamide.....	53	Buprenorphine HCl/Naloxone HCl.....	38	Canasa.....	98
Bicillin C-R.....	42	Bupropion HCl.....	48	Candesartan Cilexetil.....	67
Bicillin L-A.....	42	Bupropion HCl ER.....	48	Candesartan Cilexetil/ Hydrochlorothiazide.....	70
BiDil.....	70	Bupropion HCl SR.....	38, 48	Capex.....	87
Biktarvy.....	61	Bupropion HCl XL.....	48	Caprelsa.....	55
Bimatoprost.....	102	Bupropion HCl XL.....	48	Captopril.....	67
Binosto.....	99	Buspirone HCl.....	62	Captopril/Hydrochlorothiazide	70
Bisoprolol Fumarate.....	68	Butalbital/Acetaminophen.....	33	Carac.....	78
Bisoprolol Fumarate/ Hydrochlorothiazide.....	70	Butalbital/Acetaminophen/ Caffeine.....	33	Carafate.....	85
Bivigam.....	97	Butalbital/Acetaminophen/ Caffeine/Codeine.....	36	Carbaglu.....	80
Blephamide.....	100	Butalbital/Aspirin/Caffeine...	33	Carbamazepine.....	47
Blephamide S.O.P.....	100	Butalbital/Aspirin/Caffeine/ Codeine.....	36	Carbamazepine ER.....	47
Blisovi 24 Fe.....	91	Butisol Sodium.....	108	Carbidopa.....	57
Blisovi Fe 1.5/30.....	91	Butorphanol Tartrate.....	36	Carbidopa/Levodopa.....	57
Blisovi Fe 1/20.....	91	Butrans.....	35	Carbidopa/Levodopa ER.....	57
Bonjesta.....	50	Bydureon Bcise.....	63	Carbidopa/Levodopa ODT....	57
Boostrix.....	97	Bydureon Pen.....	63	Carbidopa/Levodopa/ Entacapone.....	57
Bosulif.....	54	Bydureon Vial.....	63	Carbinoxamine Maleate.....	103
Braftovi.....	54	Byetta.....	63	Cardizem LA.....	69
Breo Ellipta.....	106	Bystolic.....	68	Cardura XL.....	87
Briellyn.....	91	Byvalson.....	70	Carimune Nanofiltered.....	97
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Carvedilol.....	68	Chlorhexidine Gluconate Oral Rinse.....	77	Clenpiq.....	84
Carvedilol Phosphate.....	68	Chloroquine Phosphate.....	56	Cleocin.....	39
Cayston.....	105	Chlorothiazide.....	72	Climara Pro.....	91
Caziant.....	91	Chlorpromazine HCl.....	57	Clindacin-P.....	78
Cefaclor.....	40	Chlorpropamide.....	64	Clindamycin HCl.....	39
Cefaclor ER.....	40	Chlorthalidone.....	72	Clindamycin Palmitate HCl....	39
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Cefazolin Sodium.....	40	Cholbam.....	86	Clindamycin Phosphate in D5W	39
Cefdinir.....	40	Cholestyramine.....	73	Clindamycin Phosphate/ Tretinoin.....	78
Cefepime.....	40	Cholestyramine Light.....	73	Clindamycin/Benzoyl Peroxide	78
Cefixime.....	40	Ciclopirox.....	51	Clindesse.....	39
Cefotaxime Sodium.....	40	Ciclopirox Nail Lacquer.....	51	Clinimix 4.25%/Dextrose 10%	80
Cefoxitin Sodium.....	40	Ciclopirox Olamine.....	51	Clinimix 4.25%/Dextrose 25%	80
Cefpodoxime Proxetil.....	40	Cilostazol.....	67	Clinimix 4.25%/Dextrose 5%	80
Cefprozil.....	40	Ciloxan.....	43	Clinimix 5%/Dextrose 15%....	80
Ceftazidime.....	40	Cimduo.....	61	Clinimix 5%/Dextrose 20%....	80
Ceftriaxone Sodium.....	40	Cimetidine.....	84	Clinimix 5%/Dextrose 25%....	80
Cefuroxime Axetil.....	40	Cimetidine HCl.....	84	Clinimix E 2.75%/Dextrose 10%	80
Cefuroxime Sodium.....	40	Cimzia.....	96	Clinimix E 2.75%/Dextrose 5%	80
Celecoxib.....	33	Cinryze.....	96	Clinimix E 4.25%/Dextrose 10%	80
Celontin.....	45	Cipro.....	43	Clinimix E 4.25%/Dextrose 25%	80
Cephalexin.....	41	Cipro HC.....	103	Clinimix E 4.25%/Dextrose 5%	80
Cerdelga.....	86	Ciprodex.....	103	Clinimix E 4.25%/Dextrose 10%	80
Cesamet.....	50	Ciprofloxacin.....	43, 103	Clinimix E 4.25%/Dextrose 25%	80
Cetirizine HCl.....	103	Ciprofloxacin ER.....	43	Clinimix E 4.25%/Dextrose 5%	80
Cevimeline HCl.....	77	Ciprofloxacin HCl.....	43	Clinimix E 4.25%/Dextrose 10%	80
Chantix.....	38	Ciprofloxacin I.V. in D5W.....	43	Clinimix E 4.25%/Dextrose 25%	80
Chantix Continuing Month Pak	38	Citalopram HBr.....	48	Clinimix E 4.25%/Dextrose 5%	80
Chantix Starting Month Pak...38		Claravis.....	78		

Clinimix E 5%/Dextrose 15%	80	Complera.....	60	Cystaran.....	100
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Clinimix E 5%/Dextrose 25%	80	Condylox.....	78	Daklinza.....	60
Clobazam.....	45	Constulose.....	84	Dalfampridine ER.....	77
Clobetasol Propionate.....	88	Copiktra.....	54	Daliresp.....	105
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Clopidogrel.....	67	Cosopt PF.....	101	Darifenacin HBr ER.....	86
Clorazepate Dipotassium.....	63	Cotellic.....	55	Daytrana.....	75
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Dexamethasone.....	88	Diclofenac Sodium ER.....	33	Doryx MPC.....	44
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Dexamethasone 13-Day Dose Pack.....	88	Dicloxacillin Sodium.....	42	Dorzolamide HCl/Timolol Maleate.....	101
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Gentak.....	38	Guanfacine HCl.....	67	Humulin N KwikPen.....	65	
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Glyburide Micronized.....	64	Humalog KwikPen.....	65	Hysingla ER.....	35	
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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 12-32.

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 109-136.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Zebutal (Capsule)	1	PA, QL, HRM
Analgesics			Nonsteroidal Anti-inflammatory Drugs		
Butalbital/ Acetaminophen (300mg-50mg Capsule)	3	PA, QL, HRM, SP	Celecoxib (Capsule)	1	QL
Butalbital/ Acetaminophen (50mg-300mg Tablet, 50mg-325mg Tablet)	1	PA, QL, HRM	Diclofenac Potassium (Tablet)	1	
Butalbital/ Acetaminophen/ Caffeine (50mg-300mg-40mg Capsule, 50mg-325mg-40mg Capsule, 50mg-325mg-40mg Tablet)	1	PA, QL, HRM	Diclofenac Sodium (1% Gel, 1.5% Transdermal Solution)	1	PA
Butalbital/Aspirin/ Caffeine (Capsule)	1	PA, QL, HRM	Diclofenac Sodium DR (Tablet Delayed- Release)	1	
Phrenilin Forte (Capsule)	1	PA, QL, HRM	Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	1	
Tencon (Tablet)	1	PA, QL, HRM	Diclofenac Sodium/ Misoprostol (Tablet Delayed-Release)	1	
			Diflunisal (Tablet)	1	
			Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate- Release, 500mg Tablet Immediate-Release)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Etodolac ER (Tablet Extended-Release 24 Hour)	1		Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Flector (Patch)	3	PA, QL	Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1	
Flurbiprofen (Tablet)	1		Naproxen Sodium (Tablet Immediate-Release) (Generic Anaprox DS)	1	
Ibu (Tablet)	1		Naproxen Sodium ER (Tablet Extended-Release 24 Hour) (Generic Napreelan)	1	
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1		Oxaprozin (Tablet)	1	
Indocin (Suspension)	3	PA, HRM, SP	Piroxicam (Capsule)	1	
Indomethacin (25mg Capsule, 50mg Capsule)	1	PA, HRM	Sulindac (Tablet)	1	
Indomethacin ER (Capsule Extended-Release)	1	PA, HRM	Tivorbex (Capsule)	3	PA, QL, HRM
Ketoprofen (Capsule)	1		Tolmetin Sodium (400mg Capsule, 600mg Tablet)	1	
Ketoprofen ER (Capsule Extended-Release 24 Hour)	1		Vivlodex (Capsule)	3	QL
Ketorolac Tromethamine (10mg Tablet)	1	PA, HRM	Opioid Analgesics, Long-acting		
Meclofenamate Sodium (Capsule)	1		Belbuca (150mcg Film, 300mcg Film, 450mcg Film, 600mcg Film, 750mcg Film, 75mcg Film)	2	7D, DL, PA, QL
Mefenamic Acid (Capsule)	1				
Meloxicam (Tablet)	1				
Nabumetone (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
Belbuca (900mcg Film)	2	7D, DL, PA, QL, SP	Oxycodone HCl ER (10mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 15mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 20mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 30mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 40mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	3	7D, DL, QL, MME
Buprenorphine (5mcg/hr Patch Weekly, 10mcg/hr Patch Weekly, 15mcg/hr Patch Weekly, 20mcg/hr Patch Weekly)	1	7D, DL, QL	Oxycodone HCl ER (60mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 80mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	3	7D, DL, QL, MME, SP
Butrans (Patch Weekly)	3	7D, DL, QL	OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	2	7D, DL, QL, MME
Embeda (Capsule Extended-Release)	2	7D, DL, QL, MME	Oxymorphone HCl ER (Tablet Extended-Release 12 Hour)	1	7D, DL, QL, MME
Fentanyl (Patch 72 Hour)	1	7D, DL, QL, MME	Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	1	7D, DL, QL, MME
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	1	7D, DL, QL, MME			
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	2	7D, DL, QL, MME			
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	7D, DL, QL, MME			
Morphine Sulfate ER (Capsule Extended-Release 24 Hour) (Generic Kadian), (Tablet Extended-Release) (Generic MS Contin), (Capsule Extended-Release 24 Hour) (Generic Avinza)	1	7D, DL, QL, MME			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Opioid Analgesics, Short-acting			Hydrocodone Bitartrate/ Acetaminophen (10mg-300mg Tablet, 2.5mg-325mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet, 7.5mg-325mg/15ml Oral Solution)	1	7D, DL, QL, MME
Acetaminophen/ Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	1	7D, DL, QL, MME	Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	1	7D, DL, QL, MME
Ascomp/Codeine (Capsule)	1	7D, DL, PA, QL, HRM, MME	Hydrocodone/ Ibuprofen (Tablet)	1	7D, DL, QL, MME
Butalbital/ Acetaminophen/ Caffeine/Codeine (Capsule)	1	7D, DL, PA, QL, HRM, MME	Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	1	7D, DL
Butalbital/Aspirin/ Caffeine/Codeine (Capsule)	1	7D, DL, PA, QL, HRM, MME	Hydromorphone HCl (1mg/ml Liquid, 2mg Tablet Immediate- Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate- Release)	1	7D, DL, QL, MME
Butorphanol Tartrate (10mg/ml Nasal Solution)	1	7D, DL, QL, MME	Hydromorphone HCl (2mg/ml Injection)	1	7D, DL
Carisoprodol/Aspirin/ Codeine (Tablet)	1	7D, DL, PA, QL, HRM, MME	Ibudone (Tablet)	1	7D, DL, QL, MME
Codeine Sulfate (Tablet)	1	7D, DL, QL, MME	Lorcet (Tablet)	1	7D, DL, QL, MME
Duramorph (Injection)	1	7D, DL	Lorcet HD (Tablet)	1	7D, DL, QL, MME
Endocet (Tablet)	1	7D, DL, QL, MME	Lorcet Plus (Tablet)	1	7D, DL, QL, MME
Fentanyl Citrate Oral Transmucosal (Lozenge on a Handle)	1	DL, PA, QL			
Fioricet/Codeine (Capsule)	3	7D, DL, PA, QL, HRM, MME			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Meperidine HCl (100mg Tablet, 50mg Tablet, 50mg/5ml Oral Solution)	1	7D, DL, PA, QL, HRM, MME	Oxycodone/Acetaminophen (Tablet)	1	7D, DL, QL, MME
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	1	7D, DL, QL, MME	Oxycodone/Aspirin (Tablet)	1	7D, DL, QL, MME
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	1	7D, DL	Oxycodone/Ibuprofen (Tablet)	1	7D, DL, QL, MME
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	1	7D, DL, QL, MME	Oxymorphone HCl (Tablet Immediate-Release)	1	7D, DL, QL, MME
Morphine Sulfate (2mg/ml Injection, 5mg/ml Injection)	1	7D, DL	Pentazocine/Naloxone HCl (Tablet)	1	7D, DL, PA, QL, HRM, MME
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	7D, DL, QL, MME	Primlev (7.5mg-300mg Tablet)	3	7D, DL, QL, MME, SP
			Tramadol HCl (Tablet Immediate-Release)	1	7D, DL, QL, MME
			Tramadol HCl/Acetaminophen (Tablet)	1	7D, DL, QL, MME
			Vicodin (Tablet)	1	7D, DL, QL, MME
			Vicodin ES (Tablet)	1	7D, DL, QL, MME
			Vicodin HP (Tablet)	1	7D, DL, QL, MME
			Anesthetics		
			Local Anesthetics		
			Lidocaine (5% Patch)	1	PA, QL
			Lidocaine HCl (4% External Solution)	1	
			Lidocaine Viscous (2% Solution)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Vivitrol (Injection)	3	SP
Opioid Dependence Treatments		
Bunavail (Film)	3	QL
Buprenorphine HCl (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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Chantix (Tablet)	2	
Chantix Continuing Month Pak (Tablet)	2	
Chantix Starting Month Pak (Tablet)	2	
Nicotrol (Inhaler)	3	
Nicotrol NS (Nasal Solution)	3	
Antibacterials		
Aminoglycosides		
Gentak (Ophthalmic Ointment)	1	
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution, 40mg/ml Injection)	1	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1	
Isotonic Gentamicin (Injection)	1	
Neomycin Sulfate (Tablet)	1	
Paromomycin Sulfate (Capsule)	1	
Streptomycin Sulfate (Injection)	3	SP
Tobramycin Sulfate (0.3% Ophthalmic Solution, 10mg/ml Injection, 80mg/2ml Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tobrex (0.3% Ophthalmic Ointment)	3		Methenamine Hippurate (Tablet)	1	
Antibacterials, Other			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	
Bacitracin (Ophthalmic Ointment)	1		Metronidazole in NaCl 0.79% (Injection)	1	
Bactroban Nasal (Ointment)	3	PA	Metronidazole Vaginal (Gel)	1	
Cleocin (100mg Suppository)	2		Monurol (Packet)	3	
Clindamycin HCl (Capsule Immediate-Release)	1		Mupirocin (2% Cream, 2% Ointment)	1	
Clindamycin Palmitate HCl (Oral Solution)	1		Nitrofurantoin (Suspension)	1	HRM
Clindamycin Phosphate (2% Cream, 300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)	1		Nitrofurantoin Macrocrystals (Capsule) (Generic Macrochantin)	1	HRM
Clindamycin Phosphate in D5W (Injection)	1		Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	1	HRM
Clindesse (Cream)	3		Solosec (Packet)	3	
Colistimethate Sodium (Injection)	1		Tinidazole (Tablet)	1	
Dalvance (Injection)	3	SP	Trimethoprim (Tablet)	1	
Daptomycin (Injection)	1				
Linezolid (100mg/5ml Suspension, 600mg/300ml Injection)	1				
Linezolid (600mg Tablet)	1	QL			
Mafenide Acetate (Packet)	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
Vancomycin HCl (10gm Injection, 1gm Injection, 500mg Injection, 750mg Injection, 125mg Capsule, 250mg Capsule)	1		Cefixime (Suspension)	1	
Vancomycin HCl (Solution)	1		Cefotaxime Sodium (Injection)	1	
Vandazole (Gel)	1		Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	1	
Beta-lactam, Cephalosporins			Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	1	
Cefaclor (125mg/5ml Suspension, 375mg/5ml Suspension)	2		Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1	
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release, 250mg/5ml Suspension)	1		Ceftazidime (Injection)	1	
Cefaclor ER (Tablet Extended-Release 12 Hour)	1		Ceftriaxone Sodium (10gm Injection, 1gm Injection, 250mg Injection, 2gm Injection, 500mg Injection)	1	
Cefadroxil (1gm Tablet, 250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1		Cefuroxime Axetil (Tablet)	1	
Cefazolin Sodium (1gm Injection, 500mg Injection)	1		Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	1	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	1				
Cefepime (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
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule, 250mg Tablet, 500mg Tablet)	1		Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	1	
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3				
Suprax (400mg Capsule, 500mg/5ml Suspension)	3				
Tazicef (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	
Zerbaxa (Injection)	3				
Beta-lactam, Other					
Aztreonam (Injection)	1		Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)	1	
Doripenem (Injection)	2				
Ertapenem (Solution)	1				
Imipenem/Cilastatin (Injection)	1				
Invanz (Injection)	3	SP			
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
Ampicillin (Capsule)	1		Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	1	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	1		Azithromycin (1gm Packet)	1	
Ampicillin-Sulbactam (Injection)	1		Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1	
Augmentin (125mg/5ml-31.25mg/5ml Suspension)	3	SP	Clarithromycin ER (Tablet Extended-Release 24 Hour)	1	
Bactocill in Dextrose (Injection)	3		Difficid (Tablet)	3	SP
Bicillin C-R (Injection)	3		E.E.S. Granules (Suspension)	3	
Bicillin L-A (Injection)	3		Ery-Tab (Tablet Delayed-Release)	3	
Dicloxacillin Sodium (Capsule)	1		EryPed 200 (Suspension)	3	
Nafcillin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	1		EryPed 400 (Suspension)	3	SP
Penicillin G Potassium (Injection)	1		Erythrocin Lactobionate (Injection)	3	
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	1		Erythrocin Stearate (Tablet)	3	
Piperacillin/Tazobactam (Injection)	1		Erythromycin (250mg Capsule Delayed-Release, 5mg/gm Ophthalmic Ointment)	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
Erythromycin Base (Tablet)	1		Ciprofloxacin I.V. in D5W (Injection)	1	
Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	1		Gatifloxacin (Ophthalmic Solution)	1	
Quinolones			Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet, 25mg/ml Injection, 25mg/ml Oral Solution)	1	
Baxdela (300mg Injection, 450mg Tablet)	3	SP	Levofloxacin in D5W (Injection)	1	
Besivance (Suspension)	3		Moxeza (Ophthalmic Solution)	2	
Ciloxan (0.3% Ointment)	3		Moxifloxacin HCl/ Sodium HCl (Injection)	1	
Cipro (500mg/5ml Suspension, 5gm/ 100ml Suspension)	3		Moxifloxacin HCl (Ophthalmic Solution)	1	
Ciprofloxacin (250mg/ 5ml Suspension, 500mg/5ml Suspension)	1		Moxifloxacin HCl (Tablet)	1	
Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	1		Ofloxacin (0.3% Ophthalmic Solution, 0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	1	
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	1		Sulfonamides		
			Silver Sulfadiazine (Cream)	1	
			Sodium Sulfacetamide (Ophthalmic Solution)	1	
			SSD (Cream)	1	
			Sulfacetamide Sodium (10% Ophthalmic Ointment)	1	
			Sulfadiazine (Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sulfamethoxazole/ Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	1		Doxycycline Monohydrate (100mg Capsule, 150mg Capsule, 50mg Capsule, 75mg Capsule, 100mg Tablet, 150mg Tablet, 50mg Tablet, 75mg Tablet)	1	
Sulfamethoxazole/ Trimethoprim DS (Tablet)	1		Minocycline HCl (Capsule Immediate- Release, Tablet Immediate-Release)	1	
Tetracyclines			Minocycline HCl ER (Tablet Extended- Release 24 Hour)	1	
Demeclocycline HCl (Tablet)	1		Minocycline HCl ER (Tablet Extended- Release 24 Hour)	1	
Doryx MPC (Tablet Delayed-Release)	3		Minocycline HCl ER (55mg Tablet Extended-Release 24 Hour)	3	QL, SP
Doxy 100 (Injection)	1		Mondoxylene NL (Capsule)	1	
Doxycycline (Suspension)	1		Morgidox 1x50mg (Capsule)	1	
Doxycycline Hyclate (100mg Capsule, 50mg Capsule, 100mg Tablet Immediate- Release, 150mg Tablet Immediate-Release, 75mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	1		Solodyn (105mg Tablet Extended- Release 24 Hour, 55mg Tablet Extended-Release 24 Hour, 80mg Tablet Extended-Release 24 Hour)	3	QL, SP
Doxycycline Hyclate DR (Tablet 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
Soloxide (Tablet Delayed-Release)	1	
Targadox (Tablet)	3	
Tetracycline HCl (Capsule)	1	
Vibramycin (50mg/5ml Syrup)	3	
Ximino (Capsule Extended-Release 24 Hour)	3	QL
Anticonvulsants		
Anticonvulsants, Other		
Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	3	QL, SP
Epidiolex (Solution)	3	PA, SP
Levetiracetam (1000mg Tablet, 250mg Tablet, 500mg Tablet, 750mg Tablet, 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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Calcium Channel Modifying Agents		
Celontin (Capsule)	3	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	1	
Zonisamide (Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Clobazam (10mg Tablet, 20mg Tablet, 2.5mg/ml Suspension)	1	PA
Diastat AcuDial (Gel)	3	
Diastat Pediatric (Gel)	3	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	1	
Onfi (10mg Tablet, 20mg Tablet, 2.5mg/ml Suspension)	3	PA, SP
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
Primidone (Tablet)	1	
Sabril (500mg Tablet)	3	PA, QL, LA, SP
Tiagabine HCl (Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	1	
Vigabatrin (Packet)	1	PA, QL, LA
Glutamate Reducing Agents		
Felbamate (400mg Tablet, 600mg Tablet, 600mg/5ml Suspension)	1	
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	3	
Lamictal XR (Kit)	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	
Lamotrigine ER (Tablet Extended-Release 24 Hour)	1	
Lamotrigine ODT (Tablet Dispersible)	1	
Lamotrigine Starter Kit/Blue (Kit)	1	
Lamotrigine Starter Kit/Green (Kit)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamotrigine Starter Kit/Orange (Kit)	1	
Topiramate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	1	
Topiramate ER (Capsule Extended-Release 24 Hour Sprinkle)	1	
Trokendi XR (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour)	3	PA, SP
Trokendi XR (25mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	3	PA
Sodium Channel Agents		
Aptiom (Tablet)	3	QL, SP
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	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
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	1	
Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	1	
Dilantin (30mg Capsule)	3	
Epitol (Tablet)	1	
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet, 300mg/5ml Suspension)	1	
Oxtellar XR (150mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	PA
Oxtellar XR (600mg Tablet Extended-Release 24 Hour)	3	PA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Peganone (Tablet)	3	
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	1	
Phenytoin Sodium Extended (Capsule)	1	
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	3	QL
Antidementia Agents		
Cholinesterase Inhibitors		
Donepezil HCl (Tablet)	1	QL
Donepezil HCl ODT (Tablet Dispersible)	1	QL
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution)	1	QL
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	1	QL
Rivastigmine Tartrate (Capsule)	1	QL
Rivastigmine Transdermal System (Patch 24 Hour)	1	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	1	PA, QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Memantine HCl ER (Capsule Extended-Release 24 Hour)	1	PA, QL
Memantine HCl Titration Pak (Tablet)	1	PA
Antidepressants		
Antidepressants, Other		
Aplenzin (Tablet Extended-Release 24 Hour)	3	SP
Bupropion HCl (Tablet Immediate-Release)	1	
Bupropion HCl ER (450mg Tablet Extended-Release 24 Hour)	2	
Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour)	1	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	1	
Chlordiazepoxide/Amitriptyline (Tablet)	1	PA, HRM
Forfivo XL (Tablet Extended-Release 24 Hour)	2	
Mirtazapine (Tablet)	1	
Mirtazapine ODT (Tablet Dispersible)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Olanzapine/Fluoxetine (Capsule)	1	
Perphenazine/Amitriptyline (Tablet)	1	PA, HRM
Monoamine Oxidase Inhibitors		
Emsam (Patch 24 Hour)	3	QL, SP
Marplan (Tablet)	3	
Phenelzine Sulfate (Tablet)	1	
Tranylcypromine 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 ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	1	QL
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1		Paroxetine HCl (Tablet Immediate-Release)	1	PA, HRM
Fetzima (Capsule Extended-Release 24 Hour)	3	QL, ST	Paroxetine HCl ER (Tablet Extended-Release 24 Hour)	1	PA, HRM
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	3	ST	Paxil (10mg/5ml Suspension)	2	PA, HRM
Fluoxetine DR (Capsule Delayed-Release)	1		Pexeva (Tablet)	3	PA, HRM
Fluoxetine HCl (10mg Tablet, 20mg Tablet, 60mg Tablet, Capsule Immediate-Release, 20mg/5ml Oral Solution)	1		Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate)	1	
Fluoxetine HCl (Tablet)	1		Trazodone HCl (Tablet)	1	
Fluvoxamine Maleate (Tablet)	1		Trintellix (Tablet)	3	QL
Fluvoxamine Maleate ER (Capsule Extended-Release 24 Hour)	1		Venlafaxine HCl (Tablet Immediate-Release)	1	
Khedezla (Tablet Extended-Release 24 Hour)	3	QL	Venlafaxine HCl ER (Capsule Extended-Release 24 Hour, Tablet Extended-Release 24 Hour)	1	
Maprotiline HCl (Tablet)	1		Venlafaxine HCl ER (Tablet Extended-Release 24 Hour)	1	
Nefazodone HCl (Tablet)	1		Viibryd (Tablet)	3	QL
Paroxetine (Capsule)	1	HRM	Viibryd Starter Pack (Kit)	3	QL
			Tricyclics		
			Amitriptyline HCl (Tablet)	1	PA, HRM
			Amoxapine (Tablet)	1	PA, HRM
			Clomipramine HCl (Capsule)	1	PA, HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Desipramine HCl (Tablet)	1	PA, HRM
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	1	PA, HRM
Imipramine HCl (Tablet)	1	PA, HRM
Imipramine Pamoate (Capsule)	1	PA, HRM
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1	PA, HRM
Protriptyline HCl (Tablet)	1	PA, HRM
Trimipramine Maleate (Capsule)	1	PA, HRM
Antiemetics		
Antiemetics, Other		
Bonjesta (Tablet Extended-Release)	3	PA, HRM
Compro (Suppository)	1	
Hydroxyzine Pamoate (Capsule)	1	PA, HRM
Meclizine HCl (Tablet)	1	PA, HRM
Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Metoclopramide ODT (Tablet Dispersible)	1	
Perphenazine (Tablet)	1	
Prochlorperazine (Suppository)	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		
Aprepitant (Therapy Pack, Capsule)	1	PA
Cesamet (Capsule)	3	PA, SP
Dronabinol (Capsule)	1	PA
Emend (125mg Suspension)	3	PA
Granisetron HCl (1mg Tablet)	1	B/D, PA, QL
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution)	1	B/D, PA
Ondansetron ODT (Tablet Dispersible)	1	B/D, PA
Syndros (Oral Solution)	3	PA, SP
Varubi (90mg Tablet)	3	B/D, PA
Antifungals		
Antifungals		

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
Abelcet (Injection)	3	B/D, PA, SP	Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	1	
AmBisome (Injection)	3	B/D, PA, SP	Griseofulvin Ultramicronsize (Tablet)	1	
Amphotericin B (Injection)	1	B/D, PA	Gynazole-1 (Cream)	3	
AVC (Cream)	3		Itraconazole (100mg Capsule, 10mg/ml Solution)	1	PA
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	1		Jublia (External Solution)	3	
Ciclopirox Nail Lacquer (External Solution)	1		Kerydin (External Solution)	3	SP
Ciclopirox Olamine (Cream)	1		Ketoconazole (2% Cream, 2% Foam, 2% Shampoo, 200mg Tablet)	1	
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	1		Mentax (Cream)	3	
Cresemba (186mg Capsule)	3	SP	Miconazole 3 (Suppository)	1	
Econazole Nitrate (Cream)	1		Naftifine HCl (1% Cream)	1	
Eraxis (100mg Injection)	3	SP	Naftifine HCl (2% Cream)	1	
Eraxis (50mg Injection)	3		Naftin (1% Gel, 2% Gel)	3	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	1		Natacyn (Suspension)	2	
Fluconazole in NaCl (Injection)	1		Noxafil (100mg Tablet Delayed-Release, 40mg/ml Suspension)	3	QL, SP
Flucytosine (Capsule)	1		Nyamy (Powder)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
Nystatin/ Triamcinolone (0.1% Cream, 0.1% Ointment)	1	
Nystop (Powder)	1	
Oxiconazole Nitrate (Cream)	1	
Terbinafine HCl (Tablet)	1	
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	
Colchicine (0.6mg Capsule) (Generic Mitigare)	3	QL
Colchicine (0.6mg Tablet) (Generic Colcrys)	2	QL
Colcrys (Tablet)	2	QL
Duzallo (Tablet)	3	
Mitigare (Capsule)	3	QL
Probenecid (Tablet)	1	
Probenecid/Colchicine (Tablet)	1	
Uloric (Tablet)	2	ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zurampic (Tablet)	3	
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (Nasal Solution)	1	
Ergotamine Tartrate/ Caffeine (Tablet)	1	
Migergot (Suppository)	3	SP
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 Auto-Injector Injection)	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
Sumatriptan Succinate Refill (Injection)	1	QL
Sumatriptan/Naproxen Sodium (Tablet)	1	QL
Zolmitriptan (Tablet)	1	QL
Zolmitriptan ODT (Tablet Dispersible)	1	QL
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		
Ethambutol HCl (Tablet)	1	
Isoniazid (100mg Tablet, 300mg Tablet, 50mg/5ml Syrup)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Paser (Packet)	3	
Priftin (Tablet)	3	
Pyrazinamide (Tablet)	1	
Rifampin (150mg Capsule, 300mg Capsule, 600mg Injection)	1	
Rifater (Tablet)	3	
Sirturo (Tablet)	3	LA, SP
Trecator (Tablet)	3	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Capsule)	1	B/D, PA
Gleostine (100mg Capsule)	3	SP
Gleostine (10mg Capsule)	2	
Gleostine (40mg Capsule)	3	
Leukeran (Tablet)	2	SP
Matulane (Capsule)	2	LA, SP
Valchlor (Gel)	3	PA, LA, SP
Antiandrogens		
Abiraterone Acetate (Tablet)	1	PA
Bicalutamide (Tablet)	1	
Erleada (Tablet)	3	PA, QL, SP
Flutamide (Capsule)	1	
Nilutamide (Tablet)	1	
Xtandi (Capsule)	3	PA, LA, SP
Zytiga (Tablet)	3	PA, LA, SP
Antiangiogenic Agents		

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Soltamox (Oral Solution)	3	SP
Tamoxifen Citrate (Tablet)	1	
Antimetabolites		
Droxia (Capsule)	3	
Hydroxyurea (Capsule)	1	
Mercaptopurine (Tablet)	1	
Purixan (Suspension)	3	SP
Tabloid (Tablet)	2	
Antineoplastics, Other		
Copiktra (Capsule)	3	PA, QL, 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 (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lonsurf (Tablet)	3	PA, QL, LA, SP
Lorbrena (Tablet)	3	PA, QL, SP
Ninlaro (Capsule)	3	QL, SP
Synribo (Injection)	3	PA, SP
Verzenio (Tablet)	3	PA, QL, LA, SP
Zolinza (Capsule)	2	PA, SP
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	
Exemestane (Tablet)	1	
Letrozole (Tablet)	1	
Enzyme Inhibitors		
Rubraca (Tablet)	2	PA, QL, LA, SP
Talzenna (Capsule)	3	PA, QL, SP
Zejula (Capsule)	3	PA, QL, LA, SP
Molecular Target Inhibitors		
Afinitor (Tablet)	2	PA, SP
Afinitor Disperz (Tablet Soluble)	3	PA, SP
Alecensa (Capsule)	3	PA, QL, LA, SP
Alunbrig (Tablet Therapy Pack, 180mg Tablet, 30mg Tablet, 90mg Tablet)	3	PA, QL, LA, SP
Bosulif (Tablet)	3	PA, QL, SP
Braftovi (Capsule)	3	PA, SP
Cabometyx (Tablet)	2	PA, QL, LA, SP
Calquence (Capsule)	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
Caprelsa (Tablet)	2	PA, LA, SP	Lynparza (50mg Capsule)	3	PA, LA, SP
Cometriq (Kit)	3	PA, LA, SP	Mekinist (Tablet)	2	PA, LA, SP
Cotellic (Tablet)	3	QL, LA, SP	Mektovi (Tablet)	3	PA, SP
Erivedge (Capsule)	2	PA, QL, LA, SP	Nerlynx (Tablet)	3	PA, QL, LA, SP
Farydak (Capsule)	3	PA, SP	Nexavar (Tablet)	2	PA, LA, SP
Gilotrif (Tablet)	3	PA, LA, SP	Odomzo (Capsule)	3	PA, QL, LA, SP
Ibrance (Capsule)	3	PA, QL, LA, SP	Rydapt (Capsule)	3	PA, QL, SP
Iclusig (Tablet)	3	PA, QL, LA, SP	Sprycel (Tablet)	2	PA, SP
Idhifa (Tablet)	3	PA, QL, LA, SP	Stivarga (Tablet)	3	PA, QL, LA, SP
Imatinib Mesylate (Tablet)	1	PA, QL	Sutent (Capsule)	3	PA, SP
Imbruvica (140mg Capsule, 70mg Capsule)	3	PA, QL, LA, SP	Tafinlar (Capsule)	2	PA, LA, SP
Imbruvica (140mg Tablet, 280mg Tablet, 420mg Tablet, 560mg Tablet)	3	PA, QL, SP	Tagrisso (Tablet)	3	QL, LA, SP
Inlyta (Tablet)	3	PA, QL, LA, SP	Tarceva (Tablet)	3	PA, QL, LA, SP
Iressa (Tablet)	3	PA, QL, LA, SP	Tasigna (Capsule)	3	PA, QL, SP
Jakafi (Tablet)	2	PA, QL, LA, SP	Tibsovo (Tablet)	3	PA, QL, SP
Lenvima (Capsule Therapy Pack)	3	PA, LA, SP	Tykerb (Tablet)	2	PA, LA, SP
Lynparza (100mg Tablet, 150mg Tablet)	3	PA, QL, LA, SP	Venclexta (100mg Tablet, 50mg Tablet)	3	PA, QL, LA, SP
			Venclexta (10mg Tablet)	2	PA, QL, LA
			Venclexta Starting Pack (Tablet Therapy Pack)	3	PA, LA, SP
			Vizimpro (Tablet)	3	PA, QL, SP
			Votrient (Tablet)	3	PA, QL, LA, SP
			Xalkori (Capsule)	2	PA, LA, SP

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zelboraf (Tablet)	3	PA, QL, LA, SP
Zydelig (Tablet)	3	PA, QL, LA, SP
Zykadia (Capsule)	3	PA, SP
Retinoids		
Bexarotene (Capsule)	1	PA
Panretin (Gel)	3	SP
Targretin (1% Gel)	3	PA, SP
Tretinoin (10mg Capsule)	1	
Treatment Adjuncts		
Mesnex (400mg Tablet)	3	SP
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	3	QL, SP
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
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		
Benzotropine Mesylate (Tablet)	1	PA, HRM
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	1	PA, HRM
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup)	1	
Entacapone (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
Gocovri (Capsule Extended-Release 24 Hour)	3	PA, SP
Tolcapone (Tablet)	1	QL
Dopamine Agonists		
Apokyn (Injection)	2	PA, QL, LA, SP
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	1	
Neupro (Patch 24 Hour)	3	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Carbidopa/Levodopa ODT (Tablet Dispersible)	1	
Carbidopa/Levodopa/Entacapone (Tablet)	1	
Duopa (Suspension)	3	PA, SP
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Tablet)	1	
Selegiline HCl (5mg Capsule, 5mg Tablet)	1	
Zelapar (Tablet Dispersible)	3	SP
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Tablet)	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	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Loxapine Succinate (Capsule)	1		Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	3	SP
Molindone HCl (Tablet)	1		Invega Sustenna (39mg/0.25ml Injection)	3	
Pimozide (Tablet)	1		Invega Trinza (Injection)	3	SP
Thioridazine HCl (Tablet)	1		Latuda (Tablet)	3	QL, SP
Thiothixene (Capsule)	1		Nuplazid (10mg Tablet, 34mg Capsule)	3	PA, QL, SP
Trifluoperazine HCl (Tablet)	1		Nuplazid (17mg Tablet)	3	PA, SP
2nd Generation/Atypical			Olanzapine (10mg Injection)	1	
Abilify Maintena (Injection)	3	SP	Olanzapine (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	1	QL
Aripiprazole (10mg Tablet, 15mg Tablet, 20mg Tablet, 2mg Tablet, 30mg Tablet, 5mg Tablet, 1mg/ml Oral Solution)	1	QL	Olanzapine ODT (Tablet Dispersible)	1	QL
Aripiprazole ODT (Tablet Dispersible)	1	QL	Paliperidone ER (Tablet Extended-Release 24 Hour)	1	QL
Aristada (Injection)	3	SP	Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
Fanapt (6mg Tablet, 8mg Tablet, 10mg Tablet, 12mg 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				

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
Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	1	QL
Rexulti (Tablet)	3	QL, SP
Risperdal Consta (12.5mg Injection)	3	
Risperdal Consta (25mg Injection, 37.5mg Injection, 50mg Injection)	3	SP
Risperidone (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 2mg Tablet, 3mg Tablet, 4mg Tablet, 1mg/ml Oral Solution)	1	
Risperidone ODT (Tablet Dispersible)	1	
Saphris (Tablet Sublingual)	2	QL, SP
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	3	QL, ST, SP
Vraylar (Capsule Therapy Pack)	3	ST
Ziprasidone HCl (Capsule)	1	QL
Zyprexa Relprew (Injection)	3	
Treatment-Resistant		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clozapine (100mg Tablet, 25mg Tablet, 50mg Tablet, 200mg Tablet)	1	
Clozapine ODT (Tablet Dispersible)	1	QL
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Prevymis (Tablet)	3	QL, SP
Valganciclovir (Tablet)	1	QL
Valganciclovir Hydrochloride (Oral Solution)	1	QL
Zirgan (Gel)	3	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Tablet)	1	
Baraclude (0.05mg/ml Oral Solution)	3	
Entecavir (Tablet)	1	
Epivir HBV (5mg/ml Oral Solution)	2	
Lamivudine (100mg Tablet)	1	
Vemlidy (Tablet)	3	QL, SP
Anti-hepatitis C (HCV) Agents, Other		
Intron A (Injection)	3	PA, LA, SP
Moderiba (200mg Tablet)	1	
Moderiba 1200 Dose Pack (Tablet)	1	
Moderiba 800 Dose Pack (Tablet)	1	
Pegasys (Injection)	2	PA, SP

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pegasys ProClick (Injection)	2	PA, SP
Rebetol (40mg/ml Oral Solution)	3	
Ribasphere (200mg Capsule, 200mg Tablet, 400mg Tablet, 600mg Tablet)	1	
Ribasphere Ribapak (Tablet)	1	
Ribavirin (200mg Capsule, 200mg Tablet)	1	
Sylatron (Injection)	3	PA, SP
Anti-hepatitis C (HCV) Direct Acting Agents		
Daklinza (Tablet)	3	PA, QL, SP
Epclusa (Tablet)	2	PA, QL, SP
Harvoni (Tablet)	2	PA, QL, SP
Ledipasvir/Sofosbuvir (Tablet)	2	PA, QL, SP
Mavyret (Tablet)	2	PA, QL, SP
Sofosbuvir/Velpatasvir (Tablet)	2	PA, QL, SP
Sovaldi (Tablet)	3	PA, QL, SP
Technivie (Tablet)	3	PA, QL, SP
Viekira Pak (Tablet Therapy Pack)	3	PA, QL, SP
Viekira XR (Tablet Extended-Release 24 Hour)	3	PA, QL, SP
Vosevi (Tablet)	2	PA, QL, SP
Zepatier (Tablet)	3	PA, QL, SP
Antitherpetic Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet, 5% Ointment)	1	
Acyclovir Sodium (Injection)	1	B/D, PA
Denavir (Cream)	3	SP
Famciclovir (Tablet)	1	
Trifluridine (Ophthalmic Solution)	1	
Valacyclovir HCl (Tablet)	1	QL
Zovirax (5% Cream)	2	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
Delstrigo (Tablet)	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
Edurant (Tablet)	2	QL, SP
Efavirenz (200mg Capsule, 50mg Capsule, 600mg Tablet)	1	QL
Intence (100mg Tablet, 200mg Tablet)	2	QL, SP
Intence (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
Pifeltro (Tablet)	3	QL, SP
Rescriptor (Tablet)	2	QL
Symfi (Tablet)	2	QL, SP
Symfi Lo (Tablet)	2	QL, SP
Viramune (50mg/5ml Suspension)	3	QL, SP
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (20mg/ml Oral Solution, 300mg Tablet)	1	QL
Abacavir Sulfate/Lamivudine (Tablet)	1	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	1	QL
Biktarvy (Tablet)	3	QL, SP
Cimduo (Tablet)	2	QL, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Descovy (Tablet)	2	QL, SP
Didanosine (Capsule Delayed-Release)	1	QL
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
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

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet, 20mg/ml Oral Solution)	2	QL, SP	Prezista (100mg/ml Suspension, 600mg Tablet, 800mg Tablet)	2	QL, SP
Selzentry (25mg Tablet)	2	QL	Prezista (150mg Tablet, 75mg Tablet)	2	QL
Anti-HIV Agents, Protease Inhibitors			Reyataz (50mg Packet)	2	QL, SP
Aptivus (100mg/ml Oral Solution, 250mg Capsule)	2	QL, SP	Ritonavir (Tablet)	1	QL
Atazanavir Sulfate (Capsule)	1	QL	Symtuza (Tablet)	3	QL, SP
Crixivan (Capsule)	2	QL	Viracept (Tablet)	2	QL, SP
Evotaz (Tablet)	2	QL, SP	Anti-influenza Agents		
Fosamprenavir Calcium (Tablet)	1	QL	Oseltamivir Phosphate (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	1	QL
Invirase (200mg Capsule, 500mg Tablet)	2	QL, SP	Relenza Diskhaler (Aerosol Powder)	3	QL
Kaletra (100mg-25mg Tablet)	2	QL	Rimantadine HCl (Tablet)	1	
Kaletra (200mg-50mg Tablet)	2	QL, SP	Anxiolytics		
Lexiva (50mg/ml Suspension)	2	QL	Anxiolytics, Other		
Lopinavir/Ritonavir (Oral Solution)	1	QL	Bupirone HCl (Tablet)	1	
Norvir (100mg Packet, 80mg/ml Oral Solution)	2	QL	Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 10mg/5ml Syrup)	1	PA, HRM
Prezcobix (Tablet)	2	QL, SP	Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup, 25mg/ml Injection, 50mg/ml Injection)	1	PA, HRM
			Meprobamate (Tablet)	1	PA, HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Benzodiazepines			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	Lithium (Oral Solution)	1	
Chlordiazepoxide HCl (Capsule)	1		Lithium Carbonate (Capsule Immediate-Release, Tablet Immediate-Release)	1	
Clonazepam (Tablet)	1	QL	Lithium Carbonate ER (Tablet Extended-Release)	1	
Clonazepam ODT (Tablet Dispersible)	1	QL	Blood Glucose Regulators		
Clorazepate Dipotassium (Tablet)	1	QL	Antidiabetic Agents		
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	1	QL	Acarbose (Tablet)	1	
Diazepam (5mg/5ml Oral Solution)	1		Actoplus Met XR (Tablet Extended-Release 24 Hour)	3	QL
Diazepam Intensol (5mg/ml Concentrate)	1	QL	Avandia (Tablet)	3	QL
Estazolam (Tablet)	1	QL, HRM	Bydureon Bcise (Auto injector)	2	QL
Lorazepam (0.5mg Tablet, 1mg Tablet, 2mg Tablet, 2mg/ml Concentrate)	1	QL	Bydureon Pen (Injection)	2	QL
Oxazepam (Capsule)	1		Bydureon Vial (Injection)	2	QL
Triazolam (Tablet)	1	QL, HRM	Byetta (Injection)	2	QL
Bipolar Agents					
Mood Stabilizers					

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Chlorpropamide (Tablet)	1	PA, QL, HRM	Metformin HCl (Tablet Immediate-Release)	1	QL
Cycloset (Tablet)	3		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
Glimepiride (Tablet)	1	QL	Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour) (Generic Glumetza)	1	PA, QL
Glipizide (Tablet Immediate-Release)	1	QL	Migliitol (Tablet)	1	
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL	Nateglinide (Tablet)	1	QL
Glipizide/Metformin HCl (Tablet)	1	QL	Ozempic (Injection)	2	QL
Glyburide (Tablet)	1	PA, QL, HRM	Pioglitazone HCl (Tablet)	1	QL
Glyburide Micronized (Tablet)	1	PA, QL, HRM	Pioglitazone HCl/ Glimepiride (Tablet)	1	QL
Glyburide/Metformin HCl (Tablet)	1	PA, QL, HRM	Pioglitazone HCl/ Metformin HCl (Tablet)	1	QL
Glyxambi (Tablet)	2	QL	Repaglinide (Tablet)	1	QL
Invokamet (Tablet)	2	QL	Repaglinide/ Metformin HCl (Tablet)	1	QL
Invokamet XR (Tablet Extended-Release 24 Hour)	2	QL	Riomet (Oral Solution)	3	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			
Jentadueto (Tablet)	2	QL			
Jentadueto XR (Tablet Extended-Release 24 Hour)	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
Soliqua 100/33 (Injection)	2	QL	Humalog Junior KwikPen (Injection)	2	
SymLinPen 120 (Injection)	3	PA, SP	Humalog KwikPen (Injection)	2	
SymLinPen 60 (Injection)	3	PA, SP	Humalog Mix 50/50 KwikPen (Injection)	2	
Synjardy (Tablet)	2	QL	Humalog Mix 50/50 Vial (Injection)	2	
Synjardy XR (Tablet Extended-Release 24 Hour)	2	QL	Humalog Mix 75/25 KwikPen (Injection)	2	
Tolazamide (Tablet)	1	QL	Humalog Mix 75/25 Vial (Injection)	2	
Tolbutamide (Tablet)	1	QL	Humalog Vial (Injection)	2	
Tradjenta (Tablet)	2	QL	Humulin 70/30 KwikPen (Injection)	2	
Trulicity (Injection)	2	QL	Humulin 70/30 Vial (Injection)	2	
Victoza (Injection)	2	QL	Humulin N KwikPen (Injection)	2	
Xultophy 100/3.6 (Injection)	3	QL, ST	Humulin N Vial (Injection)	2	
Glycemic Agents					
GlucaGen HypoKit (Injection)	2		Humulin R U-500 KwikPen (Injection)	2	
Glucagon Emergency Kit (Injection)	2		Humulin R U-500 Vial (Concentrated) (Injection)	2	
Proglycem (Suspension)	2	SP	Humulin R Vial (Injection)	2	
Insulins					
Afrezza (4unit Powder, 8unit Powder)	3	PA	Lantus SoloStar (Injection)	2	
Afrezza (4&8unit Powder, 4&8&12unit Powder)	3	PA, SP	Lantus Vial (Injection)	2	
Humalog Cartridge (Injection)	2		Toujeo Max Solostar (Injection)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Toujeo SoloStar (Injection)	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Bevyxxa (Capsule)	3	QL
Eliquis (Tablet)	2	QL
Eliquis Starter Pack (Tablet)	2	QL
Enoxaparin Sodium (Injection)	1	QL
Fondaparinux Sodium (Injection)	1	
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
Fragmin (2500unit/0.2ml Injection)	3	
Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	1	
Heparin Sodium (1000unit/ml Injection)	1	B/D, PA
Jantoven (Tablet)	1	
Pradaxa (Capsule)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Savaysa (Tablet)	3	QL
Warfarin Sodium (Tablet)	1	
Xarelto (10mg Tablet, 15mg Tablet, 20mg Tablet, 2.5mg Tablet)	2	QL
Xarelto Starter Pack (Tablet Therapy Pack)	2	QL
Zontivity (Tablet)	3	
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	1	
Doptelet (Tablet)	3	PA, SP
Granix (300mcg/0.5ml Injection, 480mcg/0.8ml Injection, 300mcg/ml Solution, 480mcg/1.6ml Solution)	2	ST, SP
Leukine (Injection)	3	PA, SP
Mircera (Injection)	3	PA, LA
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, 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
Zarxio (Injection)	2	SP
Hemostasis Agents		
Tavalisse (Tablet)	3	PA, QL, SP
Tranexamic Acid (Tablet)	1	
Platelet Modifying Agents		
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 (Tablet Immediate-Release, Patch Weekly)	1	
Guanfacine HCl (Tablet Immediate-Release)	1	PA, QL, HRM
Methyldopa (Tablet)	1	PA, HRM
Midodrine HCl (Tablet)	1	
Northera (Capsule)	3	PA, QL, LA, 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 (Tablet)	1	
Disopyramide Phosphate (Capsule)	1	PA, HRM
Dofetilide (Capsule)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Flecainide Acetate (Tablet)	1	
Mexiletine HCl (Capsule)	1	
Multaq (Tablet)	3	
Norpace CR (Capsule Extended-Release 12 Hour)	2	PA, HRM
Pacerone (200mg Tablet)	1	
Propafenone HCl (Tablet)	1	
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	1	
Quinidine Gluconate CR (Tablet Extended-Release)	1	
Quinidine Sulfate (Tablet)	1	
Sorine (Tablet)	1	
Sotalol HCl (Tablet)	1	
Sotalol HCl AF (Tablet)	1	
Sotylize (Oral Solution)	3	
Beta-adrenergic Blocking Agents		
Acebutolol HCl (Capsule)	1	
Atenolol (Tablet)	1	
Betaxolol HCl (10mg Tablet, 20mg Tablet)	1	
Bisoprolol Fumarate (Tablet)	1	
Bystolic (Tablet)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Carvedilol (Tablet)	1	
Carvedilol Phosphate (Capsule Extended-Release 24 Hour)	1	
Innopran XL (Capsule Extended-Release 24 Hour)	3	SP
Labetalol HCl (Tablet)	1	
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Nadolol (Tablet)	1	
Pindolol (Tablet)	1	
Propranolol HCl (20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1	
Propranolol HCl (Tablet Immediate-Release)	1	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1	
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	
Calcium Channel Blocking Agents		

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
Afeditab CR (Tablet 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	
Amlodipine Besylate (Tablet)	1				
Cardizem LA (120mg Tablet Extended-Release 24 Hour)	3				
Cartia XT (Capsule Extended-Release 24 Hour)	1				
Dilt-XR (Capsule Extended-Release 24 Hour)	1				
Diltiazem HCl (Tablet Immediate-Release)	1				
			Felodipine ER (Tablet Extended-Release 24 Hour)	1	
			Isradipine (Capsule)	1	
			Matzim LA (Tablet Extended-Release 24 Hour)	1	
			Nicardipine HCl (Capsule)	1	
			Nifedipine (Capsule)	1	PA, HRM
			Nifedipine ER (Tablet Extended-Release 24 Hour)	1	

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Plain type = Generic drug

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Corzide (80mg-5mg Tablet)	3		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 (125mcg Tablet)	1	QL, HRM	Pentoxifylline ER (Tablet Extended- Release)	1	
Digoxin (250mcg Tablet)	1	PA, HRM	Propranolol/ Hydrochlorothiazide (Tablet)	1	
DUTOPROL (Tablet Extended-Release 24 Hour)	3		Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
Edarbyclor (Tablet)	3	QL	Ranexa (Tablet Extended-Release 12 Hour)	2	
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			

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
Spirolactone/ Hydrochlorothiazide (Tablet)	1		Bumetanide (0.25mg/ ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Tekturra (Tablet)	2	QL	Ethacrynic Acid (Tablet)	1	
Tekturra HCT (Tablet)	2	QL	Furosemide (10mg/ml Injection)	1	B/D, PA
Telmisartan/ Amlodipine (Tablet)	1	QL	Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL	Torsemide (Tablet)	1	
Trandolapril/Verapamil HCl ER (Tablet Extended-Release)	1	QL	Diuretics, Potassium-sparing		
Triamterene/ Hydrochlorothiazide (25mg-37.5mg Tablet, 50mg-75mg Tablet, 37.5mg-25mg Capsule)	1		Amiloride HCl (Tablet)	1	
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL	Carospir (Suspension)	3	SP
Vecamyl (Tablet)	3	SP	Dyrenium (Capsule)	3	
Diuretics, Carbonic Anhydrase Inhibitors			Eplerenone (Tablet)	1	
Acetazolamide (Tablet Immediate-Release)	1		Spirolactone (Tablet)	1	
Acetazolamide ER (Capsule Extended- Release 12 Hour)	1		Diuretics, Thiazide		
Keveyis (Tablet)	3	PA, QL, SP	Chlorothiazide (Tablet)	1	
Methazolamide (Tablet)	1		Chlorthalidone (Tablet)	1	
Diuretics, Loop			Diuril (Suspension)	3	
			Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
			Indapamide (Tablet)	1	
			Methyclothiazide (Tablet)	1	
			Metolazone (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
Dyslipidemics, Fibric Acid Derivatives		
Antara (Capsule)	3	
Fenofibrate (120mg Tablet, 145mg Tablet, 160mg Tablet, 40mg Tablet, 48mg Tablet, 54mg Tablet, 130mg Capsule, 150mg Capsule, 43mg Capsule, 50mg Capsule)	1	
Fenofibrate Micronized (Capsule)	1	
Fenofibric Acid (105mg Tablet)	1	
Fenofibric Acid (35mg Tablet)	1	
Fenofibric Acid DR (Capsule Delayed-Release)	1	
Gemfibrozil (Tablet)	1	
Lipofen (Capsule)	2	
Triglide (Tablet)	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
Flolipid (Suspension)	3	QL
Fluvastatin (Capsule Immediate-Release)	1	QL
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	1	QL
Livalo (Tablet)	3	QL
Lovastatin (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	1	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Cholestyramine (Packet)	1	
Cholestyramine Light (Powder)	1	
Colesevelam HCl (Tablet)	1	
Colestipol HCl (1gm Tablet, 5gm Packet)	1	
Ezetimibe (Tablet)	1	
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	
Praluent (Injection)	2	PA, QL, LA, SP
Prevalite (Packet)	1	
Repatha (Injection)	2	PA, QL, SP
Repatha Pushtronex System (Injection)	2	PA, QL, SP
Repatha SureClick (Injection)	2	PA, QL, SP
Vascepa (Capsule)	2	

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Tablet)	1	
Minoxidil (Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
Gonitro (Packet)	3	
Isordil Titradose (40mg Tablet)	3	SP
Isosorbide Dinitrate (Tablet Immediate-Release)	1	
Isosorbide Dinitrate ER (Tablet Extended-Release)	1	
Isosorbide Mononitrate (Tablet Immediate-Release)	1	
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	1	
Minitran (Patch 24 Hour)	1	
Nitro-Bid (Ointment)	3	
Nitro-Dur (0.3mg/hr Patch 24 Hour, 0.8mg/hr Patch 24 Hour)	3	
Nitroglycerin (Tablet Sublingual)	1	
Nitroglycerin Lingual (Translingual Solution)	1	
Nitroglycerin Transdermal (Patch 24 Hour)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rectiv (Ointment)	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Adzenys ER (Suspension Extended-Release)	3	QL
Adzenys XR-ODT (Tablet Extended-Release Dispersible)	3	QL
Amphetamine Sulfate (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
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	Methamphetamine HCl (Tablet)	1	PA
Dextroamphetamine Sulfate (Tablet)	1	QL	Mydayis (Capsule Extended-Release 24 Hour)	3	QL
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	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	
Dyanavel XR (Suspension Extended-Release)	3	QL	Zenzedi (15mg Tablet, 2.5mg Tablet, 20mg Tablet, 30mg Tablet, 7.5mg Tablet)	3	QL
Evekeo (Tablet)	3		Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
			Atomoxetine (Capsule)	1	QL
			Clonidine HCl ER (Tablet Extended- Release 12 Hour)	1	
			Cotempla XR-Odt (Tablet Extended- Release Dispersible)	3	QL
			Daytrana (Patch)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexmethylphenidate HCl (Tablet Immediate-Release)	1	QL	Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release, 72mg Tablet Extended-Release, 18mg Tablet Extended-Release 24 Hour, 27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour, 54mg Tablet Extended-Release 24 Hour)	1	QL
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	1		Methylphenidate HCl LA (Capsule Extended-Release 24 Hour)	1	
Guanfacine ER (Tablet Extended-Release 24 Hour)	1	PA, HRM	Quillivant XR (Suspension)	3	
Metadate ER (Tablet Extended-Release)	1	QL	Relexxii (Tablet Extended-Release)	1	QL
Methylphenidate HCl (Tablet Chewable, Oral Solution, Tablet Immediate-Release)	1	QL	Central Nervous System, Other		
Methylphenidate HCl CD (Capsule Extended-Release)	1		Austedo (Tablet)	3	PA, QL, LA, SP
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		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

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
Riluzole (Tablet)	1	
Tetrabenazine (Tablet)	1	PA, LA
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)	2	QL
Lyrica (20mg/ml Oral Solution)	3	QL
Lyrica CR (Tablet Extended-Release 24 Hour)	3	PA, QL
Savella (Tablet)	3	
Savella Titration Pack	3	
Multiple Sclerosis Agents		
Aubagio (Tablet)	3	QL, LA, SP
Avonex (Injection)	2	SP
Avonex Pen (Injection)	2	SP
Betaseron (Injection)	2	SP
Dalfampridine ER (Tablet Extended-Release 12 Hour)	1	QL
Gilenya (0.5mg Capsule)	3	QL, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Glatiramer Acetate (Solution Prefilled Syringe)	1	
Glatopa (Injection)	1	
Rebif (Injection)	3	SP
Rebif Rebidose (Injection)	3	SP
Rebif Rebidose Titration Pack (Injection)	3	SP
Rebif Titration Pack (Injection)	3	SP
Tecfidera (Capsule Delayed-Release)	2	QL, LA, SP
Tecfidera Starter Pack	2	LA, SP
Dental and Oral Agents		
Dental and Oral Agents		
Cevimeline HCl (Capsule)	1	
Chlorhexidine Gluconate Oral Rinse (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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Adapalene (0.1% Cream, 0.1% Gel, 0.3% Gel)	1		Clindamycin Phosphate/Tretinoin (Gel)	1	PA
Adapalene (0.1% Solution)	3	SP	Clindamycin/Benzoyl Peroxide (Gel) (Generic BenzaClin)	1	
Adapalene/Benzoyl Peroxide (Gel)	1		Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream, 1%-0.05% Lotion)	1	
Ammonium Lactate (12% Cream, 12% Lotion)	1		Condylox (0.5% Gel)	3	
Amnesteem (Capsule)	1	PA	Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)	3	
Avita (0.025% Cream, 0.025% Gel)	1	PA	Cosentyx (Injection)	3	PA, LA, SP
Azelaic Acid (Gel)	1		Cosentyx Sensoready Pen (Injection)	3	PA, LA, SP
Azelex (Cream)	3		Dapsone (5% Gel)	1	
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)	1		Diclofenac Sodium (3% Gel)	1	PA
Calcipotriene/Betamethasone Dipropionate (Ointment)	1		Differin (0.1% Lotion)	3	
Calcitriol (3mcg/gm Ointment)	1		Dupixent (Injection)	2	PA, QL, SP
Carac (Cream)	3	SP	Elidel (Cream)	2	ST
Claravis (Capsule)	1	PA	Epiduo Forte (Gel)	3	
Clindacin-P (Swab)	1		Ery (2% Pad)	1	
Clindamycin Phosphate (1% External Solution, 1% Foam, 1% Gel, 1% Lotion, 1% Swab)	1		Erythromycin (2% External Solution, 2% Gel)	1	
			Erythromycin/Benzoyl Peroxide (Gel)	1	
			Eucria (Ointment)	2	
			Fabior (Foam)	3	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
Finacea (15% Foam, 15% Gel)	3		Soolantra (Cream)	2	
Fluorouracil (0.5% Cream)	2	SP	Stelara (Injection)	2	PA, SP
Fluorouracil (2% External Solution, 5% External Solution, 5% Cream)	1		Sulfacetamide Sodium (10% Lotion)	1	PA
Imiquimod (5% Cream)	1		Taclonex (0.064%-0.005% Suspension)	3	SP
Imiquimod Pump (3.75% Cream)	3	SP	Tacrolimus (0.03% Ointment, 0.1% Ointment)	1	
Isotretinoin (Capsule)	1	PA	Tazarotene (Cream)	1	PA
Methoxsalen (Capsule)	1		Tazorac (0.05% Cream, 0.1% Gel)	3	PA
Mirvaso (Gel)	2		Tazorac (0.05% Gel)	3	PA, SP
Myorisan (Capsule)	1	PA	Tolak (Cream)	3	
Neo-Synalar (Cream)	3		Tremfya (Injection)	2	PA, SP
Neuac (Gel)	1		Tretinoin (0.01% Gel, 0.025% Gel, 0.05% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	1	PA
Onexton (Gel)	3		Tretinoin Microsphere (Gel)	1	PA
Oxsoralen Ultra (Capsule)	2	SP	Zenatane (Capsule)	1	PA
Picato (Gel)	3		Zyclara Pump (Cream)	3	SP
Plixda	3		Electrolytes/Minerals/Metals/Vitamins		
Podofilox (External Solution)	1		Electrolyte/Mineral Replacement		
Regranex (Gel)	3	PA, SP	Aminosyn 7%/ Electrolytes (Injection)	3	B/D, PA
Retin-A Micro (0.06% Gel)	2	PA, SP	Aminosyn 8.5%/ Electrolytes (Injection)	1	B/D, PA
Retin-A Micro Pump (0.08% Gel)	2	PA, SP			
Santyl (Ointment)	3				
Selenium Sulfide (Lotion)	1				
Siliq (Injection)	3	PA, SP			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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 4.25%/ Dextrose 10% (Injection)	3	B/D, PA
Clinimix 4.25%/ Dextrose 25% (Injection)	3	B/D, PA
Clinimix 4.25%/ Dextrose 5% (Injection)	3	B/D, PA
Clinimix 5%/Dextrose 15% (Injection)	3	B/D, PA
Clinimix 5%/Dextrose 20% (Injection)	3	B/D, PA
Clinimix 5%/Dextrose 25% (Injection)	3	B/D, PA
Clinimix E 2.75%/ Dextrose 10% (Injection)	3	B/D, PA
Clinimix E 2.75%/ Dextrose 5% (Injection)	3	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clinimix E 4.25%/ Dextrose 10% (Injection)	3	B/D, PA
Clinimix E 4.25%/ Dextrose 25% (Injection)	3	B/D, PA
Clinimix E 4.25%/ Dextrose 5% (Injection)	3	B/D, PA
Clinimix E 5%/ Dextrose 15% (Injection)	3	B/D, PA
Clinimix E 5%/ Dextrose 20% (Injection)	3	B/D, PA
Clinimix E 5%/ Dextrose 25% (Injection)	3	B/D, PA
Dextrose 10% (Injection)	1	
Dextrose 10%/NaCl 0.2% (Injection)	1	
Dextrose 10%/NaCl 0.45% (Injection)	1	
Dextrose 2.5%/NaCl 0.45% (Injection)	1	
Dextrose 5% (Injection)	1	B/D, PA
Dextrose 5%/NaCl 0.2% (Injection)	1	
Dextrose 5%/NaCl 0.225% (Injection)	1	
Dextrose 5%/NaCl 0.33% (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
Dextrose 5%/NaCl 0.45% (Injection)	1		Klor-Con 8 (Tablet Extended-Release)	1	
Dextrose 5%/NaCl 0.9% (Injection)	1	B/D, PA	Klor-Con M10 (Tablet Extended-Release)	1	
Endari (Packet)	3	PA, SP	Klor-Con M15 (Tablet Extended-Release)	1	
FreAmine HBC 6.9% (Injection)	3	B/D, PA	Klor-Con M20 (Tablet Extended-Release)	1	
HepatAmine (Injection)	1	B/D, PA	Klor-Con Sprinkle (Capsule Extended-Release)	1	
Intralipid (20gm/100ml Injection)	1	B/D, PA	Levocarnitine (1gm/10ml Oral Solution)	1	
Intralipid (30gm/100ml Injection)	3	B/D, PA	Levocarnitine (330mg Tablet)	1	
Ionosol-MB/Dextrose 5% (Injection)	3		Magnesium Sulfate (1gm/2ml-50% Injection)	1	
Isolyte-P/Dextrose 5% (Injection)	3		Magnesium Sulfate (5gm/10ml-50% Injection)	1	
KCl 0.075%/D5W/NaCl 0.45% (Injection)	1		Nephramine (Injection)	3	B/D, PA
KCl 0.15%/D5W/NaCl 0.2% (Injection)	1		Normosol-M in D5W (Injection)	3	
KCl 0.15%/D5W/NaCl 0.45% (Injection)	1		Normosol-R (Injection)	3	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	1		Normosol-R in D5W (Injection)	3	
KCl 0.3%/D5W/NaCl 0.45% (Injection)	1		NutreStore (Packet)	3	
KCl 0.3%/D5W/NaCl 0.9% (Injection)	1		Nutrilipid (Injection)	1	B/D, PA
Klor-Con (Packet)	1		Plenamaine (Injection)	1	B/D, PA
Klor-Con 10 (Tablet Extended-Release)	1				

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	1		Potassium Chloride/ Sodium Chloride (20meq/L-0.45% Injection)	1	B/D, PA
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	1	B/D, PA	Potassium Chloride/ Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)	1	B/D, PA
Potassium Chloride (2meq/ml Injection)	1	B/D, PA	Potassium Citrate ER (Tablet Extended-Release)	1	
Potassium Chloride CR (Tablet Extended-Release)	1		Premasol (10% Injection)	3	B/D, PA
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	1		Premasol (6% Injection)	1	B/D, PA
Potassium Chloride/ Dextrose (Injection)	1	B/D, PA	Procalamine (Injection)	3	B/D, PA
Potassium Chloride/ Dextrose/Lactated Ringers (Injection)	1		Prosol (Injection)	3	B/D, PA
Potassium Chloride/ Dextrose/Sodium Chloride (Injection)	1		Sodium Chloride 0.9% (Irrigation Solution)	1	
			Sodium Chloride (0.9% Injection)	1	B/D, PA
			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	

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
Travasol (Injection)	3	B/D, PA
Trophamine (10% Injection)	3	B/D, PA
Electrolyte/Mineral/Metal Modifiers		
Chemet (Capsule)	3	
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
Jynarque (Tablet Therapy Pack)	3	QL, SP
Kionex (Suspension)	1	
Samsca (Tablet)	2	QL, SP
Sodium Polystyrene Sulfonate (Powder)	1	
SPS (Suspension)	1	
Trientine HCl (Capsule)	1	PA, QL
Veltassa (Packet)	3	QL, SP
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phoslyra (Oral Solution)	3	
Renagel (800mg Tablet)	3	SP
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		
Cuvposa (Oral Solution)	3	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution)	1	HRM
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	1	HRM
Glycopyrrolate (1mg Tablet, 2mg Tablet) (Generic Robinul)	1	
Methscopolamine Bromide (Tablet)	1	
Propantheline Bromide (Tablet)	1	PA, HRM
Gastrointestinal Agents, Other		
Chenodal (Tablet)	3	SP
Cromolyn Sodium (100mg/5ml Concentrate)	1	

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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
Gattex (Injection)	3	PA, LA, SP
Lansoprazole/ Amoxicillin/ Clarithromycin (Therapy Pack)	1	
Loperamide HCl (Capsule)	1	
Myalept (Injection)	3	PA, LA, SP
Mytesi (Tablet Delayed-Release)	3	
Omeclamox-Pak (Therapy Pack)	2	
Pylera (Capsule)	2	SP
Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)	3	PA, SP
Relistor (150mg Tablet)	3	PA, QL, SP
Serostim (Injection)	2	PA, LA, SP
Symproic (Tablet)	2	PA, QL
Trulance (Tablet)	3	QL, ST
Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule)	1	
Xermelo (Tablet)	3	PA, QL, LA, SP
Zorbitive (Injection)	3	PA, LA, SP
Histamine2 (H2) Receptor Antagonists		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cimetidine (Tablet)	1	
Cimetidine HCl (Oral Solution)	1	
Famotidine (20mg Tablet, 40mg Tablet, 40mg/5ml Suspension)	1	
Nizatidine (150mg Capsule, 300mg Capsule, 15mg/ml Oral Solution)	1	
Ranitidine HCl (150mg Capsule, 300mg Capsule, 150mg Tablet, 300mg Tablet, 75mg/5ml Syrup)	1	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	1	PA
Amitiza (Capsule)	2	QL
Linzess (Capsule)	2	QL
Viberzi (Tablet)	3	PA, QL, SP
Xifaxan (Tablet)	3	PA, SP
Laxatives		
Clenpiq (Oral Solution)	3	
Constulose (Oral Solution)	1	
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution)	1	
GaviLyte-G (Oral Solution)	1	
GaviLyte-N/Flavor Pack (Oral Solution)	1	

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
Generlac (Oral Solution)	1	
GoLYTELY (227.1gm-2.82gm-6.36gm-5.53gm-21.5gm Oral Solution)	3	
Kristalose (Packet)	3	
Lactulose (10gm Packet, 10gm/15ml Oral Solution)	1	
MoviPrep (Oral Solution)	3	
OsmoPrep (Tablet)	3	
PEG 3350/Electrolytes (Oral Solution) (Generic Colyte)	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	
Misoprostol (Tablet)	1	
Sucralfate (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Proton Pump Inhibitors		
Dexilant (Capsule Delayed-Release)	2	QL
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	1	QL
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	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prilosec (Packet)	3	
Protonix (40mg Packet)	3	ST
Rabeprazole Sodium (Tablet Delayed-Release)	1	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Aralast NP (Injection)	3	PA, LA, SP
Cerdelga (Capsule)	3	PA, SP
Cholbam (Capsule)	3	PA, SP
Creon (Capsule Delayed-Release)	2	
Cystadane (Powder)	3	SP
Cystagon (Capsule)	3	LA
Glassia (Injection)	3	PA, LA, SP
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	2	LA, SP
Miglustat (Capsule)	1	PA, LA
Ocaliva (Tablet)	3	PA, QL, SP
Orfadin (10mg Capsule, 20mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	3	LA, SP
Palynziq (Solution Prefilled Syringe)	3	PA, QL, SP
Prolastin-C (Injection)	3	PA, LA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ravicti (Liquid)	3	LA, SP
Sodium Phenylbutyrate (3gm/TSP Powder, 500mg Tablet)	1	
Sucraid (Oral Solution)	3	LA, SP
Xuriden (Packet)	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	
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	

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
Toviaz (Tablet Extended-Release 24 Hour)	3	QL
Trospium Chloride (Tablet)	1	
Trospium Chloride ER (Capsule Extended-Release 24 Hour)	1	
Vesicare (Tablet)	2	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
Cardura XL (Tablet Extended-Release 24 Hour)	3	QL
Dutasteride (Capsule)	1	QL
Dutasteride/ Tamsulosin HCl (Capsule)	1	
Finasteride (5mg Tablet) (Generic Proscar)	1	
Rapaflo (4mg Capsule, 8mg Capsule)	2	QL
Tadalafil (Tablet)	1	PA, QL
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	1	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	1	
Cuprimine (Capsule)	3	PA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Depen Titratabs (Tablet)	2	SP
Elmiron (Capsule)	2	SP
Lithostat (Tablet)	3	SP
Thiola (Tablet)	3	LA, SP
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Ala Scalp (Lotion)	3	
Ala-Cort (Cream)	1	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	1	
Amcinonide (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	1	
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	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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		Dexamethasone 6-Day Dose Pack (Tablet Therapy Pack)	1	
Clobetasol Propionate E (Cream)	1		Dexamethasone Intensol (1mg/ml Concentrate)	1	
Clodan (Shampoo)	1		Emflaza (18mg Tablet, 30mg Tablet, 36mg Tablet, 6mg Tablet, 22.75mg/ml Suspension)	3	PA, LA, SP
Cordran (Tape)	3		Fludrocortisone Acetate (Tablet)	1	
Cortisone Acetate (Tablet)	1		Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	1	
Desonide (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	1		Fluocinolone Acetonide Scalp (Oil)	1	
Desoximetasone (0.05% Cream, 0.25% Cream, 0.05% Gel, 0.05% Ointment, 0.25% Ointment)	1		Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% 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		Fluocinonide Emulsified Base (Cream)	1	
Dexamethasone 10-Day Dose Pack (Tablet Therapy Pack)	1		Flurandrenolide (0.05% Cream, 0.05% Ointment)	1	
Dexamethasone 13-Day Dose Pack (Tablet Therapy Pack)	1		Fluticasone Propionate (0.005% Ointment, 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	Drug Name	Drug Tier	Coverage Rules or Limits on use
H.P. Acthar (Injection)	2	PA, LA, SP	Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	1		Prednisolone Sodium Phosphate ODT (Tablet Dispersible)	1	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment, 10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	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	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	1		Prednisone Intensol (5mg/ml Concentrate)	1	
Impoyz (Cream)	3		Taperdex 12-Day (Tablet Therapy Pack)	3	
Medrol (2mg Tablet)	2		Taperdex 6-Day (Tablet Therapy Pack)	3	
Methylprednisolone (Tablet)	1		Texacort (External Solution)	3	
Methylprednisolone Dose Pack (Tablet Therapy Pack)	1				
Millipred (5mg Tablet)	2				
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	1				
Nolix (0.05% Cream)	1				
Prednicarbate (0.1% Cream, 0.1% Ointment)	1				
Prednisolone (15mg/5ml Oral Solution)	1				

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Lotion, 0.1% Lotion, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment, 0.147mg/gm Aerosol Solution Generic Kenalog Spray)	1	
Triderm (Cream)	1	
Tridesilon (Cream)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Desmopressin Acetate (0.01% Nasal Spray Solution, 0.1mg Tablet, 0.2mg Tablet)	1	
Increlex (Injection)	2	PA, LA, SP
Noctiva (Emulsion)	3	PA
Norditropin FlexPro (Injection)	2	PA, SP
Nutropin AQ (Injection)	2	PA, SP
Omnitrope (Injection)	2	PA, SP
Stimate (Nasal Solution)	3	SP
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Korlym (Tablet)	3	PA, QL, LA, SP
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Tablet)	3	PA, SP
Androderm (Patch 24 Hour)	2	
Danazol (Capsule)	1	
Intrarosa (Insert)	3	PA, QL
Methitest (Tablet)	3	PA, SP
Methyltestosterone (Capsule)	1	PA
Oxandrolone (Tablet)	1	PA, QL
Striant	3	PA
Testosterone (20.25mg/1.25gm 1.62% Gel, 40.5mg/2.5gm 1.62% Gel, 10mg/act 2% Gel, 25mg/2.5gm 1% Gel, 50mg/5gm 1% Gel, 30mg/act Transdermal Solution)	1	
Testosterone Cypionate (Injection)	1	
Testosterone Enanthate (Injection)	1	
Testosterone Pump (1% Gel)	1	
Estrogens		
Alora (Patch Twice Weekly)	3	PA, QL, HRM
Altavera (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
Alyacen 1/35 (Tablet)	1		Drospirenone/Ethinyl Estradiol (Tablet)	1	
Amabelz (Tablet)	1	PA, HRM	Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium (Tablet)	1	
Amethia (Tablet)	1		Duavee (Tablet)	2	PA, HRM
Amethia Lo (Tablet)	1		Elestrin (Gel)	3	PA, HRM
Angeliq (Tablet)	3	PA, HRM	Emoquette (Tablet)	1	
Apri (Tablet)	1		Enpresse-28 (Tablet)	1	
Aranelle (Tablet)	1		Enskyce (Tablet)	1	
Ashlyna (Tablet)	1		Estasylla (Tablet)	1	
Aubra (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
Aviane (Tablet)	1		Estradiol (0.1mg/gm Cream, 10mcg Tablet)	1	
Balziva (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				
Cyred Eq (Tablet)	1				
Delestrogen (Injection)	3				
Delyla (Tablet)	1				
Depo-Estradiol (Injection)	3				
Desogestrel/Ethinyl Estradiol (Tablet)	1				
Divigel (Gel)	3	PA, HRM			

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Estradiol Valerate (Injection)	1		Kaitlib Fe (Tablet Chewable)	1	
Estradiol/ Norethindrone Acetate (Tablet)	1	PA, HRM	Kariva (Tablet)	1	
Estring (Ring)	3		Kelnor 1/35 (Tablet)	1	
Estropipate (0.75mg Tablet)	1	PA, HRM	Kelnor 1/50 (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 (Tablet)	1	PA, HRM	Layolis Fe (Tablet Chewable)	1	
Gianvi (Tablet)	1		Leena (Tablet)	1	
Imvexxy Maintenance Pack (Insert)	3	PA, QL	Lessina (Tablet)	1	
Imvexxy Starter Pack (Insert)	3	PA, QL	Levonest (Tablet)	1	
Introvale (Tablet)	1		Levonorgestrel and Ethinyl Estradiol (90mcg-20mcg Tablet)	1	
Isibloom (Tablet)	1		Levonorgestrel/Ethinyl Estradiol (Tablet)	1	
Jinteli (Tablet)	1	PA, HRM	Levora 0.15/30-28 (Tablet)	1	
Juleber (Tablet)	1		Lo Loestrin Fe (Tablet)	3	
Junel 1.5/30 (Tablet)	1		Loryna (Tablet)	1	
Junel 1/20 (Tablet)	1		Low-Ogestrel (Tablet)	1	
Junel Fe 1.5/30 (Tablet)	1		Lutera (Tablet)	1	
Junel Fe 1/20 (Tablet)	1		Marlissa (Tablet)	1	
Junel Fe 24 (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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Menest (Tablet)	2	PA, HRM	Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet, Tablet Chewable)	1	
Menostar (Patch Weekly)	3	PA, QL, HRM	Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	1	
Mibelas 24 Fe (Tablet Chewable)	1		Norgestimate/Ethinyl Estradiol (Tablet)	1	
Microgestin 1.5/30 (Tablet)	1		Nortrel 0.5/35 (28) (Tablet)	1	
Microgestin 1/20 (Tablet)	1		Nortrel 1/35 (Tablet)	1	
Microgestin Fe (Tablet)	1		Nortrel 7/7/7 (Tablet)	1	
Microgestin Fe 1.5/30 (Tablet)	1		NuvaRing (Ring)	2	
Mili (Tablet)	1		Ocella (Tablet)	1	
Mimvey (Tablet)	1	PA, HRM	Ogestrel (Tablet)	1	
Mimvey Lo (Tablet)	1	PA, HRM	Orsythia (Tablet)	1	
Minivelle (Patch Twice Weekly)	3	PA, QL, HRM	Pimtrea (Tablet)	1	
MonoNessa (Tablet)	1		Pirmella 1/35 (Tablet)	1	
Natazia (Tablet)	2		Portia-28 (Tablet)	1	
Necon 0.5/35-28 (Tablet)	1		Prefest (Tablet)	3	PA, HRM
Nikki (Tablet)	1		Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	2	PA, QL, HRM
Norethindrone Acetate/Ethinyl Estradiol (0.5mg-2.5mcg Tablet, 1mg-5mcg Tablet)	1	PA, HRM	Premarin (Vaginal Cream)	2	
Norethindrone Acetate/Ethinyl Estradiol (20mcg-1mg Tablet, 20mcg-75mg-1mg Tablet Chewable)	1		Premphase (Tablet)	2	PA, QL, HRM
			Prempro (Tablet)	2	PA, QL, HRM

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Previfem (Tablet)	1	
Quasense (Tablet)	1	
Reclipsen (Tablet)	1	
Rivelsa (Tablet)	1	
Setlakin (Tablet)	1	
Sprintec 28 (Tablet)	1	
Sronyx (Tablet)	1	
Syeda (Tablet)	1	
Tarina Fe 1/20 (Tablet)	1	
Tri-Legest Fe (Tablet)	1	
Tri-Lo-Estarylla (Tablet)	1	
Tri-Lo-Sprintec (Tablet)	1	
Tri-Mili (Tablet)	1	
Tri-Previfem (Tablet)	1	
Tri-Sprintec (Tablet)	1	
Tri-Vylibra (Tablet)	1	
Trinessa (Tablet)	1	
Trivora-28 (Tablet)	1	
Tydemy (Tablet)	1	
Velivet (Tablet)	1	
Vienva (Tablet)	1	
Vyfemla (Tablet)	1	
Vylibra (Tablet)	1	
Wymzya Fe (Tablet Chewable)	1	
Xulane (Patch Weekly)	1	
Yuvaferm (Tablet)	1	
Zarah (Tablet)	1	
Zenchant (Tablet)	1	
Zovia 1/35E (Tablet)	1	
Progestins		
Camila (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Crinone (Gel)	3	PA
Deblitane (Tablet)	1	
Depo-Provera (Injection)	3	
Depo-SubQ Provera104 (Injection)	3	
Errin (Tablet)	1	
Incassia (Tablet)	1	
Jolivette (Tablet)	1	
Lyza (Tablet)	1	
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection)	1	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension, 625mg/5ml Suspension)	1	PA, HRM
Nora-BE (Tablet)	1	
Norethindrone (0.35mg Tablet)	1	
Norethindrone Acetate (5mg Tablet)	1	
Norlyroc (Tablet)	1	
Progesterone (Capsule)	1	
Sharobel (Tablet)	1	
Selective Estrogen Receptor Modifying Agents		
Osphena (Tablet)	3	PA, QL
Raloxifene 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
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Levo-T (Tablet)	1	
Levothyroxine Sodium (Tablet)	1	
Levoxyl (Tablet)	1	
Liothyronine Sodium (Tablet)	1	
Thyrolar (Tablet)	3	
Tirosint (Capsule)	3	
Unithroid (Tablet)	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	2	SP
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	1	
Egrifta (Injection)	3	PA, LA, SP
Eligard (Injection)	3	PA
Firmagon (120mg Injection)	3	PA, SP
Firmagon (80mg Injection)	3	PA
Leuprolide Acetate (Injection)	1	PA
Lupaneta Pack (Kit)	3	PA, SP
Lupron Depot (1-Month) (3.75mg Injection)	3	PA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Octreotide Acetate (Injection)	1	PA
Orilissa (Tablet)	2	PA, QL, SP
Signifor (Injection)	3	PA, LA, SP
Somatuline Depot (Injection)	3	SP
Somavert (Injection)	3	PA, QL, LA, SP
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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cinryze (Injection)	2	PA, LA, SP
Firazyr (Injection)	2	PA, QL, LA, SP
Haegarda (Injection)	3	PA, LA, SP
Ruconest (Injection)	3	PA, LA, SP
Immune Suppressants		
Astagraf XL (Capsule Extended-Release 24 Hour)	3	B/D, PA
Azasan (100mg Tablet)	3	B/D, PA
Azasan (75mg Tablet)	3	B/D, PA, SP
Azathioprine (50mg Tablet)	1	B/D, PA
Cimzia (Injection)	2	PA, SP
Cyclosporine (Capsule)	1	B/D, PA
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA
Dupixent (200mg/1.14ml Solution Prefilled Syringe)	2	PA, QL, SP
Enbrel (Injection)	2	PA, SP
Enbrel SureClick (Injection)	2	PA, SP
Envarsus XR (Tablet Extended-Release 24 Hour)	3	B/D, PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Humira (Injection)	2	PA, SP
Humira Pediatric Crohns Disease Starter Pack (Injection)	2	PA, SP
Humira Pen (Injection)	2	PA, SP
Humira Pen Crohns Disease Starter Pack (Injection)	2	PA, SP
Humira Pen-Psoriasis Starter (Injection)	2	PA, SP
Kineret (Injection)	3	PA, SP
Methotrexate (Tablet)	1	
Methotrexate Sodium (25mg/ml Injection, 50mg/2ml Injection)	1	
Mycophenolate Mofetil (200mg/ml Suspension, 250mg Capsule, 500mg Tablet)	1	B/D, PA
Mycophenolic Acid DR (Tablet Delayed-Release)	1	B/D, PA
Olumiant (Tablet)	3	PA, QL, SP
Orencia (Injection)	3	PA, SP
Orencia Clickject (Injection)	3	PA, SP
Otrexup (Injection)	3	PA
Rapamune (1mg/ml Oral Solution)	3	B/D, PA, SP
Rasuvo (Injection)	2	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sandimmune (100mg/ml Oral Solution)	2	B/D, PA, SP	Gamunex-C (Injection)	2	PA, SP
Simponi (Injection)	2	PA, SP	Octagam (Injection)	2	PA, SP
Sirolimus (Tablet)	1	B/D, PA	Privigen (Injection)	2	PA, SP
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	1	B/D, PA	Varizig (Injection)	2	
Trexall (Tablet)	3		Immunomodulators		
Xatmep (Oral Solution)	3		Actemra (162mg/0.9ml Injection)	3	PA, SP
Xeljanz (10mg Tablet, 5mg Tablet)	3	PA, QL, SP	Actimmune (Injection)	2	LA, SP
Xeljanz XR (Tablet Extended-Release 24 Hour)	3	PA, QL, SP	Arcalyst (Injection)	3	PA, LA, SP
Zortress (Tablet)	3	B/D, PA, SP	Benlysta (200mg/ml Injection)	3	PA, SP
Immunizing Agents, Passive			Kevzara (Injection)	3	PA, SP
Bivigam (Injection)	2	PA, SP	Leflunomide (Tablet)	1	
Carimune Nanofiltered (Injection)	2	PA, SP	Otezla (Tablet Therapy Pack, 30mg Tablet)	2	PA, LA, SP
Flebogamma DIF (Injection)	2	PA, SP	Ridaura (Capsule)	3	SP
Gammagard Liquid (Injection)	2	PA, SP	Xolair (150mg Injection, 150mg/ml Solution Prefilled Syringe, 75mg/0.5ml Solution Prefilled Syringe)	2	PA, LA, SP
Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	2	PA, SP	Vaccines		
Gammaked (Injection)	2	PA, SP	ActHIB (Injection)	2	
Gammaplex (Injection)	2	PA, SP	Adacel (Injection)	2	
			BCG Vaccine (Injection)	2	
			Bexsero (Injection)	2	
			Boostrix (Injection)	2	
			Daptacel (Injection)	2	

Bold type = Brand name drug

Plain type = Generic drug

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)	3	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, 800mg Tablet Delayed-Release)	1	QL
Pentasa (Capsule Extended-Release)	3	QL
Glucocorticoids		
Budesonide (3mg Capsule Delayed-Release)	1	
Budesonide ER (Tablet Extended-Release 24 Hour)	1	
Colocort (Enema)	1	
Hydrocortisone (100mg/60ml Enema)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Procto-Med HC (Cream)	1	
Procto-Pak (Cream)	1	
Proctosol HC (Cream)	1	
Proctozone-HC (Cream)	1	
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet, 70mg/75ml Oral Solution)	1	
Alendronate Sodium (35mg Tablet, 70mg Tablet)	1	QL
Binosto (Tablet Effervescent)	3	QL
Calcitonin-Salmon (Nasal Solution)	1	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	1	B/D, PA
Doxercalciferol (Capsule)	1	B/D, PA
Etidronate Disodium (Tablet)	1	
Forteo (Injection)	2	PA, SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fosamax Plus D (Tablet)	3	QL
Ibandronate Sodium (150mg Tablet)	1	QL
Natpara (Injection)	3	PA, LA, SP
Paricalcitol (1mcg Capsule, 2mcg Capsule, 4mcg Capsule)	1	B/D, PA
Prolia (Injection)	2	QL
Rayaldee (Capsule Extended-Release)	3	QL, SP
Risedronate Sodium (150mg Tablet, 35mg Tablet)	1	QL
Risedronate Sodium (30mg Tablet, 5mg Tablet)	1	
Risedronate Sodium DR (Tablet Delayed-Release)	1	QL
Sensipar (Tablet)	3	B/D, PA, QL, SP
Tymlos (Injection)	2	PA, QL, SP
Xgeva (Injection)	2	PA, SP
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	1	
Ergoloid Mesylates (Tablet)	1	PA, HRM
Gauze (Non-medicated 2X2)	2	
Insulin Syringes, Needles	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lucemyra (Tablet)	3	QL, SP
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (Ophthalmic Solution)	1	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	1	
Blephamide (Suspension)	3	
Blephamide S.O.P. (Ointment)	3	
Cystaran (Ophthalmic Solution)	3	LA, 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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	1	
Pred-G (Suspension)	3	
Pred-G S.O.P. (Ointment)	3	
Proparacaine HCl (Ophthalmic Solution)	1	
Restasis (Emulsion)	2	QL
Rhopressa (Ophthalmic Solution)	2	
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	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bepreve (Ophthalmic Solution)	3		Combigan (Ophthalmic Solution)	2	
Cromolyn Sodium (4% Ophthalmic Solution)	1		Cosopt PF (Ophthalmic Solution)	3	
Emadine (Ophthalmic Solution)	3		Dorzolamide HCl (Ophthalmic Solution)	1	
Epinastine HCl (Ophthalmic Solution)	1		Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1	
Olopatadine HCl (0.1% Ophthalmic Solution)	1		Dorzolamide HCl/ Timolol Maleate Preservative Free (Solution)	1	
Olopatadine HCl (0.2% Ophthalmic Solution)	1		Ipidine (1% Ophthalmic Solution)	3	SP
Pazeo (Ophthalmic Solution)	2		Levobunolol HCl (Ophthalmic Solution)	1	
Ophthalmic Antiglaucoma Agents			Metipranolol (Ophthalmic Solution)	1	
Alphagan P (0.1% Ophthalmic Solution)	2		Phospholine Iodide (Ophthalmic Solution)	2	
Apraclonidine (Ophthalmic Solution)	1		Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	1	
Azopt (Suspension)	2		Simbrinza (Suspension)	2	
Betaxolol HCl (0.5% Ophthalmic Solution)	1		Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	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				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Timolol Maleate Ophthalmic Gel Forming (Solution) (Generic Timoptic-XE)	1		Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1	
Timoptic Ocudose (Ophthalmic Solution)	2		Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	3	
Ophthalmic Anti-inflammatories			Maxidex (Suspension)	3	
Acuvail (Ophthalmic Solution)	3		Nevanac (Suspension)	3	
Alrex (Suspension)	3		Pred Mild (Suspension)	2	
Bromsite (Ophthalmic Solution)	3	ST	Prednisolone Acetate (Suspension)	1	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Diclofenac Sodium (0.1% Ophthalmic Solution)	1		Prolensa (Ophthalmic Solution)	2	
Durezol (Emulsion)	3		Ophthalmic Prostaglandin and Prostanamide Analogs		
Flarex (Suspension)	3		Bimatoprost (Ophthalmic Solution)	1	
Fluorometholone (Ophthalmic Suspension)	1		Latanoprost (Ophthalmic Solution)	1	
Flurbiprofen Sodium (Ophthalmic Solution)	1		Lumigan (Ophthalmic Solution)	2	
FML (Ointment)	2		Travatan Z (Ophthalmic Solution)	2	
FML Forte (Suspension)	2		Vyzulta (Ophthalmic Solution)	3	
FML Liquifilm (Suspension)	3		Otic Agents		
Ilevro (Suspension)	3		Otic Agents		

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
Acetic Acid (Otic Solution)	1		Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	1	PA, HRM
Cipro HC (Suspension)	3		Desloratadine (Tablet)	1	
Ciprodex (Otic Suspension)	2		Desloratadine ODT (Tablet Dispersible)	1	
Ciprofloxacin (0.2% Otic Solution)	1		Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution, 5mg Tablet)	1	
Coly-Mycin S (Suspension)	3		Olopatadine HCl (0.6% Nasal Solution)	1	
Flac (Oil)	1		Phenadoz (Suppository)	1	PA, HRM
Fluocinolone Acetonide (0.01% Otic Oil)	1		Promethazine HCl (12.5mg Suppository, 25mg Suppository, 50mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	1	PA, HRM
Hydrocortisone/Acetic Acid (Otic Solution)	1		Promethegan (Suppository)	1	PA, HRM
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	1		Ryvent (Tablet)	1	PA, HRM
Respiratory Tract/Pulmonary Agents			Anti-inflammatories, Inhaled Corticosteroids		
Antihistamines			Armonair Respiclick 113 (Aerosol Powder)	3	QL
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1		Armonair Respiclick 232 (Aerosol Powder)	3	QL
Carbinoxamine Maleate (4mg Tablet, 4mg/5ml Oral Solution)	1	PA, HRM	Armonair Respiclick 55 (Aerosol Powder)	3	QL
Cetirizine HCl (Oral Solution)	1				
Clarinex (0.5mg/ml Syrup)	3				
Clemastine Fumarate (Tablet)	1	PA, 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
Arnuity Ellipta (100mcg/act Aerosol Powder, 200mcg/act Aerosol Powder, 50mcg/act Aerosol Powder)	2	QL	Zetonna (Aerosol Solution)	3	
Beconase AQ (Suspension)	3		Antileukotrienes		
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	1	B/D, PA	Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL
Flovent Diskus (Aerosol Powder)	2	QL	Zafirlukast (Tablet)	1	
Flovent HFA (Aerosol)	2	QL	Zileuton ER (Tablet Extended-Release 12 Hour)	1	ST
Flunisolide (Nasal Solution)	1		Zyflo (Tablet)	3	ST, SP
Fluticasone Propionate (50mcg/act Suspension)	1		Bronchodilators, Anticholinergic		
Mometasone Furoate (50mcg/act Suspension)	1		Atrovent HFA (Aerosol Solution)	3	
Omnaris (Suspension)	3		Incruse Ellipta (Aerosol Powder)	2	QL
Pulmicort Flexhaler (Aerosol Powder)	2	QL	Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA
Qnasl (Aerosol Solution)	3		Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1	
Qnasl Childrens (Aerosol Solution)	3		Lonhala Magnair Starter Kit (Inhalation Solution)	3	QL, SP
Xhance (Nasal Suspension)	3		Spiriva HandiHaler (Capsule)	2	QL
			Spiriva Respimat (Aerosol Solution)	2	QL
			Bronchodilators, Sympathomimetic		

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
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	1	B/D, PA	Striverdi Respimat (Aerosol Solution)	3	QL, ST
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 2mg/5ml Syrup)	1		Terbutaline Sulfate (2.5mg Tablet, 5mg Tablet)	1	
Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	1		Ventolin HFA (Aerosol Solution)	2	
Arcapta Neohaler (Capsule)	3	QL, ST	Cystic Fibrosis Agents		
Brovana (Nebulized Solution)	3	B/D, PA, QL, SP	Bethkis (Nebulized Solution)	2	B/D, PA, QL, SP
Epinephrine (Injection) (Generic EpiPen)	1	QL	Cayston (Inhalation Solution)	3	PA, LA, SP
Levalbuterol (Nebulized Solution)	1	B/D, PA	Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	3	PA, LA, SP
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	1		Orkambi (Packet, Tablet)	3	PA, QL, LA, SP
Perforomist (Nebulized Solution)	3	B/D, PA, QL	Symdeko (Tablet Therapy Pack)	3	PA, QL, SP
ProAir HFA (Aerosol Solution)	2		Tobramycin (Nebulized Solution)	1	B/D, PA, QL
ProAir RespiClick (Aerosol Powder)	2		Mast Cell Stabilizers		
Serevent Diskus (Aerosol Powder)	2	QL	Cromolyn Sodium (20mg/2ml Nebulized Solution)	1	B/D, PA
			Phosphodiesterase Inhibitors, Airways Disease		
			Daliresp (Tablet)	3	PA
			Theo-24 (Capsule Extended-Release 24 Hour)	3	
			Theophylline (Oral Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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		
Adempas (Tablet)	2	PA, LA, SP
Letairis (Tablet)	2	PA, QL, LA, SP
Opsumit (Tablet)	2	PA, LA, SP
Orenitram (0.125mg Tablet Extended-Release)	3	PA, LA
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release, 2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	3	PA, LA, SP
Revatio (10mg/ml Suspension)	3	PA, QL, SP
Sildenafil (20mg Tablet) (Generic Revatio)	1	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tracleer (125mg Tablet, 62.5mg Tablet, 32mg Tablet Soluble)	2	PA, QL, LA, SP
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	3	QL, LA, SP
Uptravi (Tablet Therapy Pack)	3	LA, SP
Ventavis (Inhalation Solution)	3	PA, QL, LA, SP
Pulmonary Fibrosis Agents		
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	3	PA, QL, LA, SP
Ofev (Capsule)	3	PA, QL, LA, SP
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
Advair HFA (Aerosol)	2	QL
Anoro Ellipta (Aerosol Powder)	2	QL
Bevespi Aerosphere (Aerosol)	3	
Breo Ellipta (Aerosol Powder)	2	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Combivent Respimat (Aerosol Solution)	2		Cyclobenzaprine HCl (Tablet)	1	PA, HRM
Dymista (Suspension)	2		Dantrolene Sodium (Capsule)	1	
Fasenra (Injection)	3	PA, LA, SP	Metaxall (Tablet)	1	PA, HRM
Fluticasone Propionate/Salmeterol (Aerosol Powder)	1	QL	Metaxalone (Tablet)	1	PA, HRM
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA	Methocarbamol (Tablet)	1	PA, HRM
Nucala (Injection)	3	PA, QL, LA, SP	Orphenadrine Citrate ER (Tablet Extended-Release 12 Hour)	1	PA, HRM
Oralair (Tablet Sublingual)	3	PA, QL	Tizanidine HCl (2mg Capsule, 4mg Capsule, 6mg Capsule, 2mg Tablet, 4mg Tablet)	1	
Promethazine/Phenylephrine (Syrup)	1	PA, HRM	Sleep Disorder Agents		
Pulmozyme (Inhalation Solution)	2	B/D, PA, QL, SP	GABA Receptor Modulators		
Stiolto Respimat (Aerosol Solution)	2	QL	Edluar (Tablet Sublingual)	3	PA, HRM
Symbicort (Aerosol)	2	QL	Eszopiclone (Tablet)	1	PA, QL, HRM
Trelegy Ellipta (Aerosol Powder)	2	QL	Flurazepam HCl (Capsule)	1	QL, HRM
Skeletal Muscle Relaxants			Temazepam (Capsule)	1	QL, HRM
Skeletal Muscle Relaxants			Zaleplon (Capsule)	1	PA, QL, HRM
Baclofen (10mg Tablet, 20mg Tablet, 5mg Tablet)	1		Zolpidem Tartrate (1.75mg Tablet Sublingual, 3.5mg Tablet Sublingual)	1	PA, HRM
Carisoprodol (Tablet)	1	PA, QL, HRM			
Carisoprodol/Aspirin (Tablet)	1	PA, HRM			
Chlorzoxazone (500mg Tablet)	1	PA, HRM			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Belsomra (Tablet)	2	QL
Butisol Sodium (Tablet)	3	PA, HRM
Hetlioz (Capsule)	3	PA, QL, LA, SP
Modafinil (Tablet)	1	PA, QL
Rozerem (Tablet)	3	QL
Silenor (Tablet)	3	
Xyrem (Oral Solution)	3	PA, QL, LA, SP

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

Covered drugs with a quantity limit (QL)

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

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

You can also 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 (Tablet)	Maximum of 2 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 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
Advair HFA (Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys ER (Suspension Extended-Release)	Maximum of 15 ml per day
Adzenys XR-ODT (Tablet Extended-Release Dispersible)	Maximum of 1 tablet per day
Albenza (Tablet)	Maximum of 16 tablets per day
Alecensa (Capsule)	Maximum of 8 capsules 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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Alprazolam ER (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Alprazolam ER (2mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Alprazolam ER (3mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Alprazolam Intensol (1mg/ml Concentrate)	Maximum of 10 ml per day
Alprazolam ODT (0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2mg Tablet Dispersible)	Maximum of 5 tablets per day
Alunbrig (180mg Tablet, 90mg Tablet)	Maximum of 1 tablet per day
Alunbrig (30mg Tablet)	Maximum of 4 tablets per day
Alunbrig (Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days
Amitiza (Capsule)	Maximum of 2 capsules per day
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amlodipine/Olmesartan Medoxomil (Tablet)	Maximum of 1 tablet per day
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
Bethkis (Nebulized Solution)	Maximum of 8 ml (2 ampules) per day
Bevyxxa (Capsule)	Maximum of 31 capsules per 30 days
Biktarvy (Tablet)	Maximum of 2 tablets per day
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
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
Briviact (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Briviact (10mg/ml Oral Solution)	Maximum of 20 ml per day
Brovana (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Bunavail (Film)	Maximum of 2 films per day
Buprenorphine (Patch Weekly)	Maximum of 4 patches per 28 days
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen (300mg-50mg Capsule)	Maximum of 6 capsules 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

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Drug Name	Quantity Limit
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Byvalson (Tablet)	Maximum of 1 tablet per day
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Calquence (Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8mg Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
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
Chlorpropamide (100mg Tablet)	Maximum of 7 tablets per day
Chlorpropamide (250mg Tablet)	Maximum of 3 tablets 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

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Drug Name	Quantity Limit
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
Copiktra (Capsule)	Maximum of 2 capsules per day
Corlanor (Tablet)	Maximum of 2 tablets per day
Cotellic (Tablet)	Maximum of 3 tablets per day
Cotempla XR-Odt (Tablet Extended-Release Dispersible)	Maximum of 2 tablets per day
Crixivan (Capsule)	Maximum of 9 capsules per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Dalfampridine ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Daytrana (Patch)	Maximum of 1 patch per day
Delstrigo (Tablet)	Maximum of 2 tablets per day
Descovy (Tablet)	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
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

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Drug Name	Quantity Limit
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
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
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Duloxetine HCl (40mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Dupixent (200mg/1.14ml Solution Prefilled Syringe)	Maximum of 4.56 mL (4 syringes) per 28 days
Dupixent (300mg/2ml Solution Prefilled Syringe)	Maximum of 8 ml (4 syringes) per 28 days
Dutasteride (Capsule)	Maximum of 1 capsule per day
Dyanavel XR (Suspension Extended-Release)	Maximum of 8 ml per day
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day
Eduvant (Tablet)	Maximum of 2 tablets per day
Efavirenz (200mg Capsule)	Maximum of 3 capsules per day
Efavirenz (50mg Capsule)	Maximum of 9 capsules per day
Efavirenz (600mg Tablet)	Maximum of 2 tablets per day
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

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Drug Name	Quantity Limit
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
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 (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
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

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Drug Name	Quantity Limit
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
Eszopiclone (Tablet)	Maximum of 1 tablet per day
Evotaz (Tablet)	Maximum of 2 tablets per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet 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
Fioricet/Codeine (Capsule)	Maximum of 6 capsules 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

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Drug Name	Quantity Limit
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
Galantamine HBr (4mg/ml Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Genvoya (Tablet)	Maximum of 2 tablets per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
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

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Drug Name	Quantity Limit
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
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 50 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
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
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
Imvexxy Maintenance Pack (Insert)	Maximum of 1 vaginal insert per day
Imvexxy Starter Pack (Insert)	Maximum of 1 vaginal insert per day
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (Capsule)	Maximum of 1 capsule per day
Inlyta (Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
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
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
Jakafi (Tablet)	Maximum of 2 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Tablet)	Maximum of 1 tablet per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Juluca (Tablet)	Maximum of 2 tablets per day
Jynarque (Tablet Therapy Pack)	Maximum of 2 tablets per day
Kaletra (100mg-25mg Tablet)	Maximum of 10 tablets per day
Kaletra (200mg-50mg Tablet)	Maximum of 6 tablets per day
Keveyis (Tablet)	Maximum of 4 tablets per day
Khedezla (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Khedeza (50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Kisqali (Tablet)	Maximum of 3 tablets per day
Kisqali Femara 200 Dose (Tablet Therapy Pack)	Maximum of 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
Ledipasvir/Sofosbuvir (Tablet)	Maximum of 1 tablet per day
Letairis (Tablet)	Maximum of 1 tablet per day
Lexiva (Suspension)	Maximum of 90 ml per day
Lidocaine (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
Lonhala Magnair Starter Kit (Inhalation Solution)	Maximum of 2 vials (2 ml) per day
Lonsurf (6.14mg-15mg Tablet)	Maximum of 10 tablets per day
Lonsurf (8.19mg-20mg Tablet)	Maximum of 8 tablets per day
Lopinavir/Ritonavir (Oral Solution)	Maximum of 16 ml per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam (2mg/ml Concentrate)	Maximum of 5 ml per day
Lorbrena (100mg Tablet)	Maximum of 1 tablet per day
Lorbrena (25mg Tablet)	Maximum of 3 tablets per day
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet HD (Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Lovastatin (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet)	Maximum of 2 tablets per day
Lucemyra (Tablet)	Maximum of 16 tablets per day
Lynparza (100mg Tablet, 150mg Tablet)	Maximum of 4 tablets 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
Lyrica CR (165mg Tablet Extended-Release 24 Hour, 82.5mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Lyrica CR (330mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Mavyret (Tablet)	Maximum of 3 tablets per day
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

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Drug Name	Quantity Limit
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
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 Glumetza)	Maximum of 4 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 5 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
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

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Drug Name	Quantity Limit
Methylphenidate HCl ER (18mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Methylphenidate HCl ER (72mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Minivelle (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Minocycline HCl ER (55mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
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 10 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 3 capsules per day
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Morphine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules per day
Morphine Sulfate ER (120mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate ER (40mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules 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
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
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

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Drug Name	Quantity Limit
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days
Northera (100mg Capsule)	Maximum of 3 capsules per day
Northera (200mg Capsule, 300mg Capsule)	Maximum of 6 capsules per day
Norvir (100mg Packet)	Maximum of 18 packets 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
Nuplazid (10mg Tablet)	Maximum of 1 tablet per day
Nuplazid (34mg Capsule)	Maximum of 1 capsule 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
Olumiant (Tablet)	Maximum of 1 tablet per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onzetra Xsail (Exhaler Powder)	Maximum of 1 kit (16 exhalers) per 30 days
Oralair (Tablet Sublingual)	Maximum of 1 tablet per day
Orilissa (150mg Tablet)	Maximum of 1 tablet per day
Orilissa (200mg Tablet)	Maximum of 2 tablets per day
Orkambi (100mg-125mg Packet, 150mg-188mg Packet)	Maximum of 56 packets per 28 days
Orkambi (100mg-125mg Tablet, 200mg-125mg Tablet)	Maximum of 112 tablets per 28 days

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Drug Name	Quantity Limit
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
Osphepa (Tablet)	Maximum of 1 tablet per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (20mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxycodone HCl (5mg Capsule Immediate-Release)	Maximum of 12 capsules per day
Oxycodone HCl (5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 130 ml per day
Oxycodone HCl ER (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

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Drug Name	Quantity Limit
Oxymorphone HCl ER (30mg Tablet Extended-Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40mg Tablet Extended-Release 12 Hour)	Maximum of 3 tablets per day
Ozempic 0.25mg or 0.5mg per dose (2mg/1.5ml Solution Pen injector)	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic 1mg per dose (2mg/1.5ml Solution Pen injector)	Maximum of 2 pens (3 ml) per 28 days
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Palyzinq (10mg/0.5ml Solution Prefilled Syringe)	Maximum 28 syringes per 28 days
Palyzinq (2.5mg/0.5ml Solution Prefilled Syringe)	Maximum 8 syringes per 28 days
Palyzinq (20mg/ml Solution Prefilled Syringe)	Maximum 56 syringes per 28 days
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
Pifeltro (Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Glimepiride (Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Metformin HCl (Tablet)	Maximum of 3 tablets per day
Pomalyst (Capsule)	Maximum of 1 capsule per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (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

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Drug Name	Quantity Limit
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 (Tablet)	Maximum of 1 tablet per day
Prezcobix (Tablet)	Maximum of 2 tablets per day
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day
Prezista (75mg Tablet)	Maximum of 7 tablets per day
Primlev (7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Prolia (Injection)	Maximum of 1 syringe every 180 days
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
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
Ramipril (Capsule)	Maximum of 2 capsules per day
Rapaflo (Capsule)	Maximum of 1 capsule per day
Rayaldee (Capsule Extended-Release)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
Relexxii (Tablet Extended-Release)	Maximum of 1 tablet per day
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
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 (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
Selzentry (150mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day
Selzentry (20mg/ml Oral Solution)	Maximum of 92 ml per day

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Drug Name	Quantity Limit
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
Sofosbuvir/Velpatasvir (Tablet)	Maximum of 1 tablet per day
Soliqua 100/33 (Injection)	Maximum of 18 ml (6 pens) per 30 days
Solodyn (105mg Tablet Extended-Release 24 Hour, 55mg Tablet Extended-Release 24 Hour, 80mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Somavert (Injection)	Maximum of 1 vial per day
Sovaldi (Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Stribild (Tablet)	Maximum of 2 tablets per day
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 Prefilled Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan/Naproxen Sodium (Tablet)	Maximum of 9 tablets per 30 days

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Drug Name	Quantity Limit
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Symfi (Tablet)	Maximum of 2 tablets per day
Symfi Lo (Tablet)	Maximum of 2 tablets per day
Symproic (Tablet)	Maximum of 1 tablet per day
Symtuza (Tablet)	Maximum of 2 tablets per day
Synjardy (Tablet)	Maximum of 2 tablets per day
Synjardy XR (10mg-1000mg Tablet Extended-Release 24 Hour, 25mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Synjardy XR (12.5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Tadalafil (Tablet)	Maximum of 1 tablet per day
Tagrisso (40mg Tablet)	Maximum of 1 tablet per day
Tagrisso (80mg Tablet)	Maximum of 2 tablets per day
Talzenna (0.25mg Capsule)	Maximum of 3 capsules per day
Talzenna (1mg Capsule)	Maximum of 1 capsule 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
Tavalisse (Tablet)	Maximum of 2 tablets per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day
Technivie (Tablet)	Maximum of 2 tablets per day
Tekturna (Tablet)	Maximum of 1 tablet per day
Tekturna HCT (Tablet)	Maximum of 1 tablet per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Amlodipine (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (40mg-12.5mg Tablet, 80mg-25mg Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (80mg-12.5mg Tablet)	Maximum of 2 tablets per day
Temazepam (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
Thalomid (100mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Thalomid (150mg Capsule, 200mg Capsule)	Maximum of 2 capsules per day
Tibsovo (Tablet)	Maximum of 2 tablets per day
Tivicay (10mg Tablet, 25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
Tivorbex (Capsule)	Maximum of 3 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
Tolazamide (250mg Tablet)	Maximum of 4 tablets per day
Tolazamide (500mg Tablet)	Maximum of 2 tablets per day
Tolbutamide (Tablet)	Maximum of 6 tablets per day
Tolcapone (Tablet)	Maximum of 6 tablets per day
Toviaz (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (125mg Tablet, 62.5mg Tablet)	Maximum of 2 tablets per day
Tracleer (32mg Tablet Soluble)	Maximum of 4 tablets per day
Tradjenta (Tablet)	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl ER (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
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
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
Uptravi (200mcg Tablet)	Maximum of 5 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
Veltassa (Packet)	Maximum of 1 packet per day
Vemlidy (Tablet)	Maximum of 1 tablet per day
Venclexta (100mg Tablet)	Maximum of 6 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
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

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Drug Name	Quantity Limit
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
Vizimpro (Tablet)	Maximum of 1 tablet 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 (2.5mg Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (Tablet)	Maximum of 2 tablets per day
Xeljanz XR (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xermelo (Tablet)	Maximum of 3 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Ximino (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Xultophy 100/3.6 (Injection)	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	Maximum of 18 ml per day
Zaleplon (Capsule)	Maximum of 90 days of use per year
Zebutal (Capsule)	Maximum of 6 capsules per day
Zejula (Capsule)	Maximum of 3 capsules per day
Zelboraf (Tablet)	Maximum of 8 tablets per day
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
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

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Drug Name	Quantity Limit
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
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

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

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