

2018 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

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

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



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



www.UHCRetiree.com/ncshp



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Questions?

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



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What is a drug list?

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

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

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

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

Note to existing members:

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

For an up-to-date list of covered drugs or if you have questions, please call Customer Service. Our contact information is on the cover.

This drug list has changed since last year. Please review this document to make sure your prescription drugs are still covered. In most cases, you must use network pharmacies to have your prescriptions covered by the plan.

When this drug list refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare Group Medicare Advantage (PPO).

How do I use the drug list?

There are 2 ways to find your prescription drugs in this drug list:

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–39 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 40–139 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

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

Drug tiers

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

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

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

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

Getting Extra Help

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

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by medical condition” chart starting on page 40. The codes and what they mean are shown below and on the next page.

You can also get more information about the coverage rules and/or limits applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. If you would like a copy sent to you, please call Customer Service. Our contact information is on the cover.

Coverage Rules and Limits

PA - Prior authorization

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

QL - Quantity limits

The plan will cover only a certain amount of this drug for 1 copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

ST - Step therapy

There may be effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try 1 or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MED - Morphine equivalent dose

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

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

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

- **Drug list exception:** Ask the plan to cover your drug even if it's not on the drug list. If approved, this drug will be covered at a pre-determined cost-sharing level. You will not be able to ask us to provide the drug at a lower cost-sharing level.
- **Utilization exception:** Ask the plan to revise the coverage rules or limits on your drug. For example, if your drug has a quantity limit, you can ask the plan to change the limit and cover more.
- **Tiering exception:** Ask the plan to cover your drug on our list at a lower cost-sharing level if this drug is not on the specialty tier.

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

Who can ask for an exception?

You, your authorized representative or your doctor can ask for an exception by calling Customer Service. Your doctor must give us a supporting statement with the reason for the exception.

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the drug list change?

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

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

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

If we remove a drug from the list

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

If we change the coverage rules or limits

We'll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 140-176.

We'll tell you about any changes

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call Customer Service toll-free at **1-866-747-1014**, TTY **711**, 8 a.m. - 8 p.m. ET, Monday - Friday. Or visit us online at **www.UHCRetiree.com/ncshp**.

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

Covered drugs by name (Drug index)

A			
Abacavir.....	80	Actonel.....	129
Abacavir Sulfate/Lamivudine/ Zidovudine.....	80	Actoplus Met.....	83
Abacavir/Lamivudine.....	80	Actoplus Met XR.....	83
Abelcet.....	65	Actos.....	83
Abilify.....	75	Acular.....	133
Abilify Maintena.....	75	Acular LS.....	133
Abraxane.....	70	Acuvail.....	133
Absorica.....	102	Acyclovir.....	79
Abstral.....	44	Acyclovir Sodium.....	79
Acamprosate Calcium DR.....	47	Aczone.....	102
Acanya.....	102	Adacel.....	127
Acarbose.....	83	Adagen.....	112
Accolate.....	135	Adalat CC.....	90
Accupril.....	88	Adapalene.....	102
Accuretic.....	93	Adcirca.....	137
Acebutolol HCl.....	89	Adderall.....	98
Acetaminophen/Codeine.....	45	Adderall XR.....	98
Acetasol HC.....	134	Adefovir Dipivoxil.....	78
Acetazolamide.....	95	Adempas.....	137
Acetazolamide ER.....	95	Adlyxin.....	83
Acetazolamide Sodium.....	95	Adlyxin Starter Pack.....	83
Acetic Acid.....	134	Adrenalin.....	136
Acetylcysteine.....	138	Adriamycin.....	70
Aciphex.....	110	Adrucil.....	70
Aciphex Sprinkle.....	110	Advair Diskus.....	138
Acitretin.....	102	Advair HFA.....	138
Actemra.....	127	Adzenys XR-ODT.....	98
ActHIB.....	127	Aerospan.....	134
Actigall.....	109	Afeditab CR.....	90
Actimmune.....	127	Afinitor.....	71
Actiq.....	45	Afinitor Disperz.....	71
		Afrezza.....	85
		Aggrenox.....	87
		Agrylin.....	86
		Airduo Respiclick 113/14.....	138
		Airduo Respiclick 232/14.....	138
		Airduo Respiclick 55/14.....	138
		Ala Scalp.....	114
		Ala-Cort.....	114
		Albenza.....	73
		Albuterol Sulfate.....	136
		Albuterol Sulfate ER.....	136
		Alclometasone Dipropionate	114
		Alcohol Prep Pads.....	130
		Aldactazide.....	93
		Aldactone.....	95
		Aldara.....	102
		Aldurazyme.....	112
		Alecensa.....	71
		Alendronate Sodium.....	129
		Alfuzosin HCl ER.....	113
		Alimta.....	70
		Alinia.....	73
		Alkeran.....	69
		Allopurinol.....	67
		Allopurinol Sodium.....	67
		Almotriptan Malate.....	67
		Alocril.....	131
		Alogliptin.....	83
		Alogliptin/Metformin HCl.....	83
		Alogliptin/Pioglitazone.....	83
		Alomide.....	131
		Aloprim.....	67
		Alora.....	119
		Alosetron HCl.....	110

Aloxi.....	64	Amitiza.....	110	Anoro Ellipta.....	138
Alphagan P.....	132	Amitriptyline HCl.....	63	Antabuse.....	47
Alprazolam.....	82	Amlodipine Besylate.....	90	Antara.....	96
Alprazolam ER.....	82	Amlodipine Besylate/ Atorvastatin Calcium.....	93	Anusol-HC.....	128
Alprazolam Intensol.....	82	Amlodipine Besylate/ Benazepril HCl.....	93	Anzemet.....	64
Alrex.....	133	Amlodipine Besylate/Valsartan	93	ApexiCon E.....	114
Altace.....	88	Amlodipine/Olmesartan Medoxomil.....	93	Aplenzin.....	61
Altoprev.....	96	Amlodipine/Valsartan/ Hydrochlorothiazide.....	93	Apokyn.....	74
Alunbrig.....	71	Ammonium Lactate.....	102	Apraclonidine.....	132
Alvesco.....	134	Amoxapine.....	63	Aprepitant.....	64
Alyacen 1/35.....	119	Amoxicillin.....	52	Apri.....	119
Amantadine HCl.....	74	Amoxicillin/Clavulanate Potassium.....	52	Apriso.....	128
Amaryl.....	83	Amoxicillin/Clavulanate Potassium ER.....	52	Aptensio XR.....	99
Ambien.....	139	Amphetamine/ Dextroamphetamine.....	98	Aptiom.....	59
AmBisome.....	65	Amphotericin B.....	65	Aptivus.....	81
Amcinonide.....	114	Ampicillin.....	52	Aralast NP.....	112
Amerge.....	67	Ampicillin Sodium.....	52	Aranelle.....	119
Amethia.....	119	Ampicillin-Sulbactam.....	52	Aranesp Albumin Free.....	87
Amethia Lo.....	119	Ampyra.....	101	Arava.....	127
Amikacin Sulfate.....	48	Anadrol-50.....	118	Arcalyst.....	127
Amiloride HCl.....	95	Anafranil.....	63	Arcapta Neohaler.....	136
Amiloride/Hydrochlorothiazide	93	Anagrelide HCl.....	86	Argatroban.....	85, 86
Aminophylline.....	137	Anaprox DS.....	40	Aricept.....	60
Aminosyn 7%/Electrolytes...	104	Anastrozole.....	71	Arimidex.....	71
Aminosyn 8.5%/Electrolytes	104	Ancobon.....	65	Aripiprazole.....	75
Aminosyn II.....	104	Androderm.....	118	Aripiprazole ODT.....	75
Aminosyn II 8.5%/Electrolytes	104	AndroGel.....	118, 119	Aristada.....	75
Aminosyn-HBC.....	104	AndroGel Pump.....	119	Arixtra.....	86
Aminosyn-PF.....	104			Armodafinil.....	139
Aminosyn-RF.....	104			Arnuity Ellipta.....	134
Amiodarone HCl.....	89			Aromasin.....	71
				Arranon.....	70
				Arthrotec 50.....	40
				Arthrotec 75.....	40

Asacol HD.....	128	Avapro.....	88	Bactocill in Dextrose.....	53
Ashlyna.....	119	Avastin.....	72	Bactrim.....	55
Asmanex HFA.....	134	AVC.....	65	Bactrim DS.....	55
Asmanex Twisthaler 120 Metered Doses.....	135	Aveed.....	119	Bactroban.....	48
Asmanex Twisthaler 30 Metered Doses.....	135	Avelox.....	54	Bactroban Nasal.....	48
Asmanex Twisthaler 60 Metered Doses.....	135	Aviane.....	119	Balsalazide Disodium.....	128
Aspirin/Dipyridamole.....	87	Avita.....	102	Balziva.....	119
Astagraf XL.....	125	Avodart.....	113	Banzel.....	59
Astepro.....	134	Avonex.....	101	Baraclude.....	78
Atacand.....	88	Avonex Pen.....	101	Basaglar KwikPen.....	85
Atacand HCT.....	93	Avycaz.....	50	Bavencio.....	72
Atelvia.....	129	Axert.....	67	BCG Vaccine.....	127
Atenolol.....	89	Axiron.....	119	Beconase AQ.....	135
Atenolol/Chlorthalidone.....	93	Aygestin.....	123	Bekyree.....	119
Atgam.....	126	Azacitidine.....	87	Belbuca.....	41
Ativan.....	82	Azactam in Iso-Osmotic Dextrose.....	52	Beleodaq.....	71
Atomoxetine.....	99	Azasan.....	125	Belsomra.....	139
Atorvastatin Calcium.....	96	Azasite.....	53	Benazepril HCl.....	88
Atovaquone.....	73	Azathioprine.....	125	Benazepril HCl/ Hydrochlorothiazide.....	93
Atovaquone/Proguanil HCl....	73	Azelastine HCl.....	131, 134	Benicar.....	88
Atralin.....	102	Azelex.....	102	Benicar HCT.....	93
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Atrovent HFA.....	135	Azopt.....	132	BenzaClin.....	102
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Aubra.....	119	Aztreonam.....	52	Benzotropine Mesylate.....	73
Augmented Betamethasone Dipropionate.....	114	Azulfidine.....	129	Bepreve.....	131
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Avandia.....	83	Bacitracin.....	48	Betamethasone Dipropionate	114
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Betimol..... 132	Brisdelle..... 62	Calan..... 90
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BiDil..... 93	Buprenex..... 47	Camrese Lo..... 119
Biltricide..... 73	Buprenorphine..... 41	Canasa..... 128
Bimatoprost..... 133	Buprenorphine HCl..... 47	Cancidas..... 65
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Sumavel DosePro.....	68	Tamsulosin HCl.....	114	Terbinafine HCl.....	67	
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Tiazac.....	92	Topiramate.....	59	Tri-Legest Fe.....	122
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Trulicity.....	85	Valchlor.....	69	Venlafaxine HCl ER.....	63
Trumenba.....	128	Valcyte.....	78	Ventavis.....	138
Trusopt.....	132	Valganciclovir.....	78	Ventolin HFA.....	137
Truvada.....	80	Valganciclovir Hydrochloride	78	Verapamil HCl.....	92
Tudorza Pressair.....	136	78	Verapamil HCl ER.....	92
Twinrix.....	128	Valium.....	82	Verapamil HCl SR.....	92
Twynsta.....	95	Valproate Sodium.....	58	Veregen.....	104
Tybost.....	79	Valproic Acid.....	58	Verelan.....	92
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Viekira XR.....	79	Wellbutrin SR.....	62	Yervoy.....	72
Vienna.....	122	Wellbutrin XL.....	62	YF-Vax.....	128
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Vincasar PFS.....	71	Xanax XR.....	82	Zaleplon.....	139
Vincristine Sulfate.....	71	Xarelto.....	86	Zaltrap.....	71
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Vogelxo.....	119	Xodol.....	47	Zelapar.....	75
Vogelxo Pump.....	119	Xolair.....	127	Zelboraf.....	72
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Zepatier.....	79	Zofran.....	65	Zovirax.....	79
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Zestoretic.....	95	Zoledronic Acid.....	130	Zurampic.....	67
Zestril.....	89	Zolinza.....	71	Zyban.....	48
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Zetonna.....	135	Zolmitriptan ODT.....	68	Zyclara Pump.....	104
Ziac.....	95	Zoloft.....	63	Zydelig.....	72
Ziagen.....	81	Zolpidem Tartrate.....	139	Zyflo.....	135
Ziana.....	104	Zomacton.....	118	Zyflo CR.....	135
Zidovudine.....	81	Zometa.....	130	Zykadia.....	72
Zileuton ER.....	135	Zomig.....	68	Zylet.....	131
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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 12-39.

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 140-176.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Diclofenac Sodium/ Misoprostol (Tablet Delayed-Release)		
Nonsteroidal Anti-inflammatory Drugs			Diclofenac Sodium/ Misoprostol (Tablet Delayed-Release)	1	
Anaprox DS (Tablet)	3		Diflunisal (Tablet)	1	
Arthrotec 50 (Tablet Delayed-Release)	3		EC-Naprosyn (Tablet Delayed-Release)	3	
Arthrotec 75 (Tablet Delayed-Release)	3		Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Cambia (Packet)	3		Etodolac ER (Tablet Extended-Release 24 Hour)	1	
Celebrex (Capsule)	3	QL	Feldene (Capsule)	3	
Celecoxib (Capsule)	1	QL	Fenoprofen Calcium (400mg Capsule)	3	
Daypro (Tablet)	3		Fenoprofen Calcium (600mg Tablet)	3	
Diclofenac Potassium (Tablet Immediate- Release)	1		Flector (Patch)	3	PA, QL
Diclofenac Sodium (1% Gel)	1	PA	Flurbiprofen (Tablet)	1	
Diclofenac Sodium (1.5% Transdermal Solution)	3	PA	Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1	
Diclofenac Sodium DR (Tablet Delayed- Release)	1				
Diclofenac Sodium ER (Tablet 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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ketoprofen (Capsule Immediate-Release)	1		Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1	
Ketoprofen ER (Capsule Extended-Release 24 Hour)	3		Naproxen Sodium (Tablet Immediate-Release) (Generic Anaprox DS)	1	
Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	1	PA, HRM	Naproxen Sodium ER (Tablet Extended-Release 24 Hour) (Generic Naprelan)	3	
Lodine (Tablet)	4		Naproxen Sodium CR (Tablet Extended-Release 24 Hour) (Generic Naprelan)	3	
Meclofenamate Sodium (Capsule)	3		Oxaprozin (Tablet)	1	
Mefenamic Acid (Capsule)	3		Pennsaid (Transdermal Solution)	4	PA
Meloxicam (15mg Tablet, 7.5mg Tablet)	1		Piroxicam (Capsule)	1	
Mobic (Tablet)	3		Ponstel (Capsule)	3	
Nabumetone (Tablet)	1		Sulindac (Tablet)	1	
Naprelan (375mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour)	4		Tolmetin Sodium (400mg Capsule, 600mg Tablet)	3	
Naprelan (750mg Tablet Extended-Release 24 Hour)	3		Vivlodex (Capsule)	3	QL
Naprosyn (Tablet)	3		Voltaren (Gel)	3	PA
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1		Zipsor (Capsule)	3	ST
			Zorvolex (Capsule)	3	ST
			Opioid Analgesics, Long-acting		
			Belbuca (Film)	3	PA, QL, MED
			Buprenorphine (Patch Weekly)	3	QL, MED

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Butrans (Patch Weekly)	2	QL, MED	Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	1	QL, MED
Conzip (Capsule Extended-Release 24 Hour)	3	QL, MED	Fentanyl (37.5mcg/hr Patch 72 Hour)	3	QL, MED
Dolophine (Tablet)	3	QL, MED	Fentanyl (62.5mcg/hr Patch 72 Hour, 87.5mcg/hr Patch 72 Hour)	4	QL, MED
Duragesic (100mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	4	QL, MED	Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	QL, MED
Duragesic (12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour)	3	QL, MED	Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED
Embeda (Capsule Extended-Release)	2	QL, MED	Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED
Exalgo (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	QL, MED	Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	2	QL, MED
Exalgo (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED			

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Kadian (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)	4	QL, MED	Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release Generic, 60mg Tablet Extended-Release) (Generic MS Contin)	1	QL, MED
Kadian (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour)	3	QL, MED			
Levorphanol Tartrate (Tablet)	4	QL, MED			
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	QL, MED			
Methadone HCl (10mg/ml Injection)	4				
Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour) (Generic Kadian)	4	QL, MED			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian), (120mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	3	QL, MED	Nucynta ER (Tablet Extended-Release 12 Hour)	2	QL, MED
MS Contin (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 60mg Tablet Extended-Release)	4	QL, MED	Oxycodone HCl ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	3	QL, MED
MS Contin (15mg Tablet Extended-Release, 30mg Tablet Extended-Release)	3	QL, MED	OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	2	QL, MED
			Oxymorphone HCl ER (Tablet Extended-Release 12 Hour)	3	QL, MED
			Tramadol HCl ER (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	3	QL, MED
			Tramadol HCl ER (Tablet Extended-Release 24 Hour)	1	QL, MED
			Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	3	QL, ST, MED
			Zohydro ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	3	PA, QL, MED
			Opioid Analgesics, Short-acting		
			Abstral (Tablet Sublingual)	4	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Acetaminophen/ Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	1	QL, MED	Hydrocodone Bitartrate/ Acetaminophen (10mg-300mg Tablet)	3	QL, MED
Actiq (Lollipop)	4	PA, QL	Hydrocodone Bitartrate/ Acetaminophen (2.5mg-325mg Tablet, 5mg-300mg Tablet, 7.5mg-325mg Tablet, 7.5mg-300mg Tablet, 7.5mg-325mg/15ml Oral Solution)	1	QL, MED
Butorphanol Tartrate (10mg/ml Nasal Solution)	1	QL, MED	Hydrocodone/ Ibuprofen (10mg-200mg Tablet)	3	QL, MED
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	1		Hydrocodone/ Ibuprofen (5mg-200mg Tablet, 7.5mg-200mg Tablet)	1	QL, MED
Codeine Sulfate (Tablet)	1	QL, MED	Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	3	
Dilaudid (1mg/ml Liquid, 2mg Tablet, 4mg Tablet, 8mg Tablet)	3	QL, MED	Hydromorphone HCl (1mg/ml Liquid, 2mg Tablet Immediate- Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate- Release)	1	QL, MED
Duramorph (Injection)	1		Hydromorphone HCl (2mg/ml Injection)	3	
Endocet (Tablet)	1	QL, MED	Ibudone (Tablet)	1	QL, MED
Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	4	PA, QL	Lazanda (Nasal Solution)	4	PA, QL
Fentanyl Citrate Oral Transmucosal (200mcg Lollipop, 400mcg Lollipop)	3	PA, QL	Lorcet (Tablet)	1	QL, MED
Fentora (Tablet)	4	PA, QL	Lorcet HD (Tablet)	1	QL, MED
Hycet (Oral Solution)	3	QL, MED			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lorcet Plus (Tablet)	1	QL, MED	Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 5mg Capsule Immediate-Release, 5mg/5ml Oral Solution)	1	QL, MED
Lortab (Tablet)	1	QL, MED			
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	1	QL, MED			
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	1				
Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	1	QL, MED			
Morphine Sulfate (2mg/ml Injection)	1				
Nalbuphine HCl (10mg/ml Injection)	1				
Nalbuphine HCl (20mg/ml Injection)	3				
Norco (Tablet)	3	QL, MED			
Nucynta (100mg Tablet)	4	QL, MED			
Nucynta (50mg Tablet, 75mg Tablet)	3	QL, MED	Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet, 325mg/5ml-5mg/5ml Oral Solution)	1	QL, MED
Opana (10mg Tablet Immediate-Release)	4	QL, MED	Oxycodone/Aspirin (Tablet)	1	QL, MED
Opana (5mg Tablet Immediate-Release)	3	QL, MED	Oxycodone/Ibuprofen (Tablet)	1	QL, MED
Oxycodone HCl (100mg/5ml Concentrate)	3	QL, MED	Oxymorphone HCl (Tablet Immediate-Release)	3	QL, MED
			Percocet (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	4	QL, MED
			Percocet (2.5mg-325mg Tablet)	3	QL, MED
			Primlev (10mg-300mg Tablet)	4	QL, MED

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Primlev (5mg-300mg Tablet, 7.5mg-300mg Tablet)	3	QL, MED
Roxicodone (15mg Tablet, 5mg Tablet)	3	QL, MED
Roxicodone (30mg Tablet)	4	QL, MED
Subsys (Liquid)	4	PA, QL
Synalgos-DC (Capsule)	3	QL, MED
Tramadol HCl (Tablet Immediate-Release)	1	QL, MED
Tramadol HCl/Acetaminophen (Tablet)	1	QL, MED
Trezix (Capsule)	3	QL, MED
Tylenol/Codeine #3 (Tablet)	3	QL, MED
Tylenol/Codeine #4 (Tablet)	3	QL, MED
Ultracet (Tablet)	3	QL, MED
Ultram (Tablet)	3	QL, MED
Vicodin (Tablet)	1	QL, MED
Vicodin ES (Tablet)	1	QL, MED
Vicodin HP (Tablet)	1	QL, MED
Xodol (10mg-300mg Tablet, 7.5mg-300mg Tablet)	4	QL, MED
Xodol (5mg-300mg Tablet)	3	QL, MED
Zamicet (Oral Solution)	3	QL, MED
Anesthetics		
Local Anesthetics		
Lidocaine (5% Ointment)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lidocaine (5% Patch)	3	PA, QL
Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection)	1	B/D, PA
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (Gel)	1	
Lidocaine Viscous (Solution)	1	
Lidocaine/Prilocaine (2.5%-2.5% Cream)	1	
Lidoderm (Patch)	3	PA, QL
Xylocaine (Injection)	3	B/D, PA
Xylocaine (4% External Solution)	3	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium DR (Tablet Delayed-Release)	1	
Antabuse (Tablet)	3	
Disulfiram (Tablet)	1	
Naltrexone HCl (Tablet)	1	
Vivitrol (Injection)	4	
Opioid Dependence Treatments		
Bunavail (Film)	3	QL, ST
Buprenex (Injection)	4	
Buprenorphine HCl (0.3mg/ml Injection)	1	
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Buprenorphine HCl/ Naloxone HCl (Tablet Sublingual)	1	QL
Suboxone (Film)	3	QL
Zubsolv (Tablet Sublingual)	3	QL, ST
Opioid Reversal Agents		
Evzio (Injection)	4	ST
Naloxone HCl (Injection)	1	
Narcan (Liquid)	2	
Smoking Cessation Agents		
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour)	1	
Chantix (Tablet)	2	
Chantix Continuing Month Pak (Tablet)	2	
Chantix Starting Month Pak (Tablet)	2	
Nicotrol Inhaler (Inhaler)	3	
Nicotrol NS (Nasal Solution)	3	
Zyban (Tablet Extended-Release 12 Hour)	3	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (Injection)	1	
Gentak (Ophthalmic Ointment)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution, 10mg/ml Injection, 40mg/ml Injection)	1	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1	
Isotonic Gentamicin (Injection)	1	
Neomycin Sulfate (Tablet)	1	
Paromomycin Sulfate (Capsule)	3	
Streptomycin Sulfate (Injection)	3	
Tobramycin Sulfate (0.3% Ophthalmic Solution, 10mg/ml Injection, 80mg/2ml Injection)	1	
Tobrex (0.3% Ophthalmic Ointment)	2	
Tobrex (0.3% Ophthalmic Solution)	3	
Antibacterials, Other		
BACiiM (Injection)	1	
Bacitracin (50000unit Injection, 500unit/gm Ophthalmic Ointment)	1	
Bactroban (Cream)	3	
Bactroban Nasal (Ointment)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Chloramphenicol Sodium Succinate (Injection)	1		Cubicin (Injection)	4	
Cleocin (100mg Suppository, 150mg Capsule, 300mg Capsule, 75mg Capsule, 2% Cream)	3		Dalvance (Injection)	4	PA
Cleocin in D5W (Injection)	3		Daptomycin (Injection)	4	
Cleocin Pediatric Granules (Oral Solution)	3		Flagyl (250mg Tablet, 500mg Tablet, 375mg Capsule)	3	
Cleocin Phosphate (Injection)	3		Furadantin (Suspension)	4	HRM
Clindamycin HCl (Capsule Immediate-Release)	1		Hiprex (Tablet)	3	
Clindamycin Palmitate HCl (Oral Solution)	1		Lincocin (Injection)	3	
Clindamycin Phosphate (2% Cream, 300mg/2ml Solution, 900mg/6ml Solution, 600mg/4ml Injection)	1		Lincomycin HCl (Injection)	1	
Clindamycin Phosphate in D5W (300mg/50ml-5% Injection)	1		Linezolid (100mg/5ml Suspension)	4	PA
Clindamycin Phosphate in D5W (600mg/50ml-5% Injection, 900mg/50ml-5% Injection)	3		Linezolid (600mg Tablet)	3	PA, QL
Clindesse (Cream)	3		Linezolid (600mg/300ml Injection)	3	PA
Colistimethate Sodium (Injection)	3		Macrobid (Capsule)	3	HRM
			Macrodantin (25mg Capsule, 50mg Capsule)	3	HRM
			Methenamine Hippurate (Tablet)	1	
			MetroCream (Cream)	3	
			MetroGel (Gel)	3	
			MetroGel-Vaginal (Gel)	3	
			MetroLotion (Lotion)	3	
			Metronidazole (0.75% Cream, 0.75% Gel, 0.75% Lotion, 250mg Tablet, 500mg Tablet, 375mg Capsule)	1	
			Metronidazole (1% Gel)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metronidazole in NaCl 0.79% (Injection)	1		Sulfamylon (5% Packet)	4	
Metronidazole Vaginal (Gel)	1		Sulfamylon (85mg/gm Cream)	3	
Monurol (Packet)	3		Synercid (Injection)	4	
Mupirocin (2% Cream, 2% Ointment)	1		Tigecycline (Injection)	4	
Neomycin/Polymyxin B Sulfates (Irrigation Solution)	1		Tindamax (Tablet)	3	
Nitrofurantoin (Suspension)	3	HRM	Tinidazole (Tablet)	1	
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	1	HRM	Trimethoprim (Tablet)	1	
Nitrofurantoin Macrocrystals (25mg Capsule) (Generic Macrochantin)	3	HRM	Tygacil (Injection)	4	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	1	HRM	Vancocin HCl (Capsule)	4	
Noritate (Cream)	4		Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection)	1	
Nuversa (Gel)	3		Vancomycin HCl (125mg Capsule, 250mg Capsule)	3	
Orbactiv (Injection)	4		Vandazole (Gel)	1	
Polymyxin B Sulfate (Injection)	1		Zyvox (100mg/5ml Suspension, 600mg/300ml Injection)	4	PA
Primsol (Oral Solution)	3		Zyvox (600mg Tablet)	4	PA, QL
Sivextro (200mg Injection, 200mg Tablet)	4	PA	Beta-lactam, Cephalosporins		
			Avycaz (Injection)	4	PA
			Cefaclor (125mg/5ml Suspension, 250mg/5ml Suspension, 375mg/5ml Suspension)	3	
			Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule)	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
Cefaclor ER (Tablet Extended-Release 12 Hour)	3		Ceftin (125mg/5ml Suspension, 250mg/5ml Suspension)	3	
Cefadroxil (1gm Tablet, 250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1		Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	1	
Cefazolin Sodium (Injection)	1		Cefuroxime Axetil (Tablet)	1	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	1		Cefuroxime Sodium (Injection)	1	
Cefepime (Injection)	1		Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule, 250mg Tablet, 500mg Tablet)	1	
Cefixime (Suspension)	3		Fortaz (1gm Injection, 2gm Injection, 6gm Injection)	3	
Cefotaxime Sodium (Injection)	1		Maxipime (Injection)	3	
Cefotetan (Injection)	1		Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	2	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	1		Suprax (100mg/5ml Suspension, 200mg/5ml Suspension)	3	
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	1		Suprax (400mg Capsule)	2	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1		Suprax (500mg/5ml Suspension)	3	
Ceftazidime (Injection)	1		Tazicef (Injection)	1	
			Teflaro (Injection)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zerbaxa (Injection)	4	PA	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	
Zinacef (Injection)	3				
Beta-lactam, Other					
Azactam in Iso-Osmotic Dextrose (Injection)	3				
Aztreonam (Injection)	3				
Doribax (Injection)	3				
Imipenem/Cilastatin (250mg-250mg Injection)	1				
Imipenem/Cilastatin (500mg-500mg Injection)	3				
Invanz (Injection)	3				
Meropenem (Injection)	1				
Merrem (Injection)	3				
Primaxin IV (Injection)	3				
Beta-lactam, Penicillins					
Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	1				Amoxicillin/ Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)
			Ampicillin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule)	1	
			Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	1	
			Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Augmentin (Suspension)	4		Azasite (Ophthalmic Solution)	3	
Bactocill in Dextrose (Injection)	3		Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	1	
Bicillin C-R (Injection)	3		Azithromycin (1gm Packet)	1	
Bicillin L-A (Injection)	3		Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	1	
Dicloxacillin Sodium (Capsule)	1		Clarithromycin ER (Tablet Extended-Release 24 Hour)	1	
Nafcillin Sodium (Injection)	3		Dificid (Tablet)	4	
Oxacillin Sodium (10gm Injection)	4		E.E.S. 400 (Tablet)	3	
Oxacillin Sodium (2gm Injection)	3		E.E.S. Granules (Suspension)	3	
Penicillin G Potassium (Injection)	3		Ery-Tab (Tablet Delayed-Release)	3	
Penicillin G Potassium in Iso-Osmotic Dextrose (Injection)	2		EryPed 200 (Suspension)	3	
Penicillin G Procaine (Injection)	1		EryPed 400 (Suspension)	4	
Penicillin G Sodium (Injection)	3		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				
Unasyn (Injection)	3				
Unasyn Bulk Pack (Injection)	3				
Zosyn (Injection)	3				
Macrolides					

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxycycline Hyclate DR (Tablet Delayed-Release)	3		Oracea (Capsule Delayed-Release)	3	
Doxycycline Monohydrate (100mg Capsule, 150mg Capsule, 50mg Capsule, 75mg Capsule, 100mg Tablet, 150mg Tablet, 50mg Tablet, 75mg Tablet)	1		Solodyn (Tablet Extended-Release 24 Hour)	4	
Minocin (Capsule)	4		Targadox (Tablet)	3	
Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	1		Tetracycline HCl (Capsule)	3	
Minocycline HCl ER (135mg Tablet Extended-Release 24 Hour, 45mg Tablet Extended-Release 24 Hour)	1		Vibramycin (100mg Capsule, 25mg/5ml Suspension, 50mg/5ml Syrup)	3	
Minocycline HCl ER (90mg Tablet Extended-Release 24 Hour)	3		Anticonvulsants		
Morgidox 1x50mg (Capsule)	1		Anticonvulsants, Other		
			BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	4	QL
			BRIVIACT (50mg/5ml Injection)	3	QL
			Keppra (1000mg Tablet, 500mg Tablet, 750mg Tablet, 100mg/ml Oral Solution)	4	
			Keppra (250mg Tablet)	3	
			Keppra XR (Tablet Extended-Release 24 Hour)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Depacon (Injection)	3	
Depakene (250mg Capsule)	3	
Depakene (250mg/5ml Oral Solution)	4	
Diazepam (10mg Gel, 2.5mg Gel, 20mg Gel)	3	
Diastat Pediatric (Gel)	3	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	1	
Gabitril (12mg Tablet, 16mg Tablet)	3	QL
Gabitril (2mg Tablet, 4mg Tablet)	3	
Mysoline (Tablet)	4	
Neurontin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution)	3	
Neurontin (600mg Tablet, 800mg Tablet)	4	
Onfi (10mg Tablet, 20mg Tablet)	4	QL
Onfi (2.5mg/ml Suspension)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	1	PA, HRM	Lamictal Chewable Dispersible (5mg Tablet Chewable)	3	
Primidone (Tablet)	1		Lamictal ODT (Tablet Dispersible)	3	
Sabril (500mg Packet, 500mg Tablet)	4	PA, QL, LA	Lamictal Starter (Blue Kit)	3	
Tiagabine HCl (Tablet)	3		Lamictal Starter (Green Kit)	4	
Valproate Sodium (100mg/ml Injection)	1		Lamictal Starter (Orange Kit)	3	
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	1		Lamictal XR (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 250mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4	
Glutamate Reducing Agents			Lamictal XR (Kit)	3	
Felbamate (400mg Tablet, 600mg Tablet)	3		Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 25mg Tablet Chewable, 5mg Tablet Chewable)	1	
Felbamate (600mg/5ml Suspension)	4				
Felbatol (400mg Tablet, 600mg Tablet, 600mg/5ml Suspension)	4				
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	3				
Lamictal (Tablet)	4				
Lamictal Chewable Dispersible (25mg Tablet Chewable)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamotrigine ER (Tablet Extended-Release 24 Hour)	3		Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	1	
Lamotrigine ODT (Tablet Dispersible)	3				
Qudexy XR (100mg Capsule Extended-Release 24 Hour Sprinkle, 200mg Capsule Extended-Release 24 Hour Sprinkle, 25mg Capsule Extended-Release 24 Hour Sprinkle, 50mg Capsule Extended-Release 24 Hour Sprinkle)	3	PA	Topiramate ER (Capsule Extended-Release 24 Hour Sprinkle)	3	PA
Qudexy XR (150mg Capsule Extended-Release 24 Hour Sprinkle)	4	PA	Trokendi XR (100mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	3	PA, QL
Topamax (100mg Tablet, 200mg Tablet)	4		Trokendi XR (200mg Capsule Extended-Release 24 Hour)	4	PA, QL
Topamax (25mg Tablet, 50mg Tablet)	3		Sodium Channel Agents		
Topamax Sprinkle (15mg Capsule Sprinkle)	3		Aptiom (Tablet)	4	QL
Topamax Sprinkle (25mg Capsule Sprinkle)	4		Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	1		Oxcarbazepine (300mg/5ml Suspension)	3	
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		Oxtellar XR (Tablet Extended-Release 24 Hour)	3	PA
Carbatrol (Capsule Extended-Release 12 Hour)	3		Peganone (Tablet)	3	
Cerebyx (Injection)	3		Phenytek (Capsule)	1	
Dilantin (Capsule)	2		Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	1	
Dilantin INFATABS (Tablet Chewable)	2		Phenytoin Sodium (Injection)	1	
Dilantin-125 (Suspension)	2		Phenytoin Sodium Extended (Capsule)	1	
Epitol (Tablet)	1		Tegretol (100mg/5ml Suspension, 200mg Tablet)	3	
Fosphenytoin Sodium (Injection)	1		Tegretol-XR (Tablet Extended-Release 12 Hour)	3	
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet, 300mg/5ml Suspension)	1		Trileptal (150mg Tablet, 300mg Tablet)	3	
			Trileptal (300mg/5ml Suspension, 600mg Tablet)	4	
			Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	3	QL
			Vimpat (200mg/20ml Injection)	3	
			Antidementia Agents		
			Cholinesterase Inhibitors		
			Aricept (Tablet)	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
Donepezil HCl (Tablet Immediate-Release)	1	QL
Donepezil HCl ODT (Tablet Dispersible)	1	QL
Exelon (Patch 24 Hour)	3	QL, ST
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	1	QL
Galantamine HBr (4mg/ml Oral Solution)	3	QL
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	1	QL
Razadyne (Tablet)	3	QL
Razadyne ER (Capsule Extended-Release 24 Hour)	3	QL
Rivastigmine Tartrate (Capsule Immediate-Release)	1	QL
Rivastigmine Transdermal System (Patch 24 Hour)	3	QL, ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	1	PA, QL
Memantine HCl Titration Pak (Tablet)	1	PA
Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 10mg/5ml Oral Solution)	3	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Namenda Titration Pak (Tablet)	3	PA
Namenda XR (Capsule Extended-Release 24 Hour)	2	PA, QL
Namenda XR Titration Pak (Capsule Extended-Release 24 Hour)	2	PA, QL
Antidepressants		
Antidepressants, Other		
Aplenzin (Tablet Extended-Release 24 Hour)	4	
Bupropion HCl (Tablet Immediate-Release)	1	
Bupropion HCl SR (Tablet Extended-Release 12 Hour)	1	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	1	
Forfivo XL (Tablet Extended-Release 24 Hour)	3	
Mirtazapine (Tablet Immediate-Release)	1	
Mirtazapine ODT (Tablet Dispersible)	1	
Olanzapine/Fluoxetine (Capsule)	3	
Remeron (Tablet)	3	
Remeron Soltab (Tablet Dispersible)	3	
Symbyax (Capsule)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Wellbutrin SR (Tablet Extended-Release 12 Hour)	3		Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	3	QL
Wellbutrin XL (Tablet Extended-Release 24 Hour)	4		Effexor XR (Capsule Extended-Release 24 Hour)	3	
Monoamine Oxidase Inhibitors			Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Emsam (Patch 24 Hour)	4	QL	Fetzima (Capsule Extended-Release 24 Hour)	3	QL, ST
Marplan (Tablet)	3		Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	3	ST
Nardil (Tablet)	3		Fluoxetine DR (Capsule Delayed-Release)	1	
Parnate (Tablet)	4		Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 10mg Tablet, 20mg Tablet, 20mg/5ml Oral Solution)	1	
Phenelzine Sulfate (Tablet)	1		Fluoxetine HCl (60mg Tablet)	1	
Tranylcypromine Sulfate (Tablet)	3		Fluvoxamine Maleate (Tablet)	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)					
Brisdelle (Capsule)	3	HRM			
Celexa (Tablet)	3				
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet, 10mg/5ml Oral Solution)	1				
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg 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
Fluvoxamine Maleate ER (Capsule Extended-Release 24 Hour)	3		Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 150mg Tablet Extended-Release 24 Hour, 37.5mg Tablet Extended-Release 24 Hour, 75mg Tablet Extended-Release 24 Hour)	1	
Khedezla (Tablet Extended-Release 24 Hour)	3	QL			
Lexapro (Tablet)	3				
Maprotiline HCl (Tablet)	1				
Nefazodone HCl (Tablet)	1				
Paroxetine HCl (Tablet Immediate-Release)	1	PA, HRM			
Paxil (10mg Tablet, 20mg Tablet, 30mg Tablet, 40mg Tablet, 10mg/5ml Suspension)	3	PA, HRM	Venlafaxine HCl ER (225mg Tablet Extended-Release 24 Hour)	3	
Pristiq (Tablet Extended-Release 24 Hour)	3	QL	Viibryd (Tablet)	3	QL
Prozac (10mg Capsule, 20mg Capsule)	3		Viibryd Starter Pack (Kit)	3	QL
Prozac (40mg Capsule)	4		Zoloft (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate)	3	
Sarafem (Tablet)	3		Tricyclics		
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate)	1		Amitriptyline HCl (Tablet)	1	PA, HRM
Trazodone HCl (Tablet)	1		Amoxapine (Tablet)	1	PA, HRM
Trintellix (Tablet)	3	QL	Anafranil (Capsule)	4	PA, HRM
Venlafaxine HCl (Tablet Immediate-Release)	1		Clomipramine HCl (Capsule)	3	PA, HRM
			Desipramine HCl (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
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	1	PA, HRM	Meclizine HCl (12.5mg Tablet)	1	PA, HRM
Elavil (Tablet)	4	PA, HRM	Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution, 5mg/ml Injection)	1	
Imipramine HCl (Tablet)	1	PA, HRM	Metoclopramide ODT (Tablet Dispersible)	3	
Imipramine Pamoate (Capsule)	3	PA, HRM	Perphenazine (Tablet)	1	
Norpramin (Tablet)	3	PA, HRM	Prochlorperazine (Suppository)	1	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1	PA, HRM	Prochlorperazine Edisylate (Injection)	3	
Pamelor (Capsule)	4	PA, HRM	Prochlorperazine Maleate (Tablet)	1	
Protriptyline HCl (Tablet)	1	PA, HRM	Reglan (Tablet)	3	
Surmontil (Capsule)	3	PA, HRM	Tigan (100mg/ml Injection)	3	
Tofranil (Tablet)	4	PA, HRM	Tigan (300mg Capsule)	3	B/D, PA
Trimipramine Maleate (100mg Capsule, 50mg Capsule)	3	PA, HRM	Transderm-Scop (Patch 72 Hour)	3	PA, HRM
Trimipramine Maleate (25mg Capsule)	1	PA, HRM	Trimethobenzamide HCl (Capsule)	1	B/D, PA
Antiemetics			Vistaril (Capsule)	3	PA, HRM
Antiemetics, Other			Emetogenic Therapy Adjuncts		
Compro (Suppository)	1		Aloxi (Injection)	4	
Hydroxyzine Pamoate (Capsule)	1	PA, HRM	Anzemet (100mg Tablet, 50mg Tablet)	4	B/D, PA
			Anzemet (50mg Tablet)	3	B/D, PA
			Aprepitant (Therapy Pack, Capsule)	3	PA
			Cesamet (Capsule)	4	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dronabinol (Capsule)	3	PA, QL
Emend (125mg Capsule, 40mg Capsule, 80mg Capsule, 125mg Suspension)	3	PA
Emend (150mg Injection)	3	
Emend (Pack, 125mg Capsule, 40mg Capsule, 80mg Capsule)	3	PA
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	1	
Granisetron HCl (1mg Tablet)	1	B/D, PA, QL
Marinol (10mg Capsule, 5mg Capsule)	4	PA, QL
Marinol (2.5mg Capsule)	3	PA, QL
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution)	1	B/D, PA
Ondansetron HCl (4mg/2ml Injection)	1	
Ondansetron ODT (Tablet Dispersible)	1	B/D, PA
Sancuso (Patch)	4	
Varubi (Tablet)	3	B/D, PA
Zofran (4mg Tablet)	3	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zofran (4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution)	4	B/D, PA
Zofran ODT (Tablet Dispersible)	4	B/D, PA
Zuplenz (4mg Film)	3	B/D, PA
Zuplenz (8mg Film)	4	B/D, PA
Antifungals		
Antifungals		
Abelcet (Injection)	4	B/D, PA
AmBisome (Injection)	4	B/D, PA
Amphotericin B (Injection)	3	B/D, PA
Ancobon (Capsule)	4	
AVC (Cream)	3	
Cancidas (Injection)	4	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	1	
Ciclopirox Nail Lacquer (External Solution)	1	
Ciclopirox Olamine (Cream)	1	
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	1	
Cresemba (186mg Capsule, 372mg Injection)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diflucan (100mg Tablet, 150mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	3		Kerydin (External Solution)	4	ST
Diflucan (200mg Tablet)	4		Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	1	
Econazole Nitrate (Cream)	1		Ketoconazole (2% Foam)	3	
Eraxis (Injection)	4		Lamisil (250mg Tablet)	4	
Ertaczo (Cream)	4		Loprox (Cream)	3	
Exelderm (1% Cream, 1% External Solution)	3		Loprox Shampoo	4	
Extina (Foam)	3		Luzu (Cream)	3	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	1		Mentax (Cream)	3	
Fluconazole in NaCl (Injection)	1		Miconazole 3 (Suppository)	1	
Flucytosine (Capsule)	4		Mycamine (100mg Injection)	4	
GRIS-PEG (Tablet)	3		Naftifine HCl (1% Cream)	3	
Griseofulvin Microsize (125mg/5ml Suspension)	1		Naftifine HCl (2% Cream)	3	
Griseofulvin Microsize (500mg Tablet)	3		Naftin (1% Gel, 2% Gel, 2% Cream)	3	
Griseofulvin Ultramicrosize (Tablet)	3		Natacyn (Suspension)	3	
Gynazole-1 (Cream)	3		Nizoral (Shampoo)	3	
Itraconazole (Capsule)	3	PA, QL	Noxafil (100mg Tablet Delayed-Release)	4	PA, QL
Jublia (External Solution)	3		Noxafil (40mg/ml Suspension)	4	QL
			Nyamyc (Powder)	1	
			Nyata (Powder)	1	
			Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nystatin/ Triamcinolone (0.1% Cream, 0.1% Ointment)	1	
Nystop (Powder)	1	
ONMEL (Tablet)	4	PA
Oravig (Tablet)	3	
Oxiconazole Nitrate (Cream)	3	
Oxistat (1% Cream, 1% Lotion)	3	
Sporanox (100mg Capsule)	4	PA, QL
Sporanox (10mg/ml Oral Solution)	4	PA
Terazol 7 (Cream)	3	
Terbinafine HCl (Tablet)	1	
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	1	
Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)	4	
Vfend IV (Injection)	4	
Voriconazole (200mg Injection, 40mg/ml Suspension)	4	
Voriconazole (200mg Tablet, 50mg Tablet)	3	
Zazole (Cream)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Allopurinol Sodium (Injection)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aloprim (Injection)	3	
Colchicine (0.6mg Capsule, 0.6mg Tablet)	2	QL
Colcris (Tablet)	3	PA, QL
Mitigare (Capsule)	3	QL
Probenecid (Tablet)	1	
Probenecid/Colchicine (Tablet)	1	
Uloric (Tablet)	2	ST
Zurampic (Tablet)	3	PA
Zyloprim (Tablet)	3	
Antimigraine Agents		
Ergot Alkaloids		
Cafergot (Tablet)	3	
Dihydroergotamine Mesylate (1mg/ml Injection)	4	
Dihydroergotamine Mesylate (4mg/ml Nasal Solution)	4	
Ergotamine Tartrate/Caffeine (Tablet)	1	
Migergot (Suppository)	4	
Migranal (Nasal Solution)	4	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Almotriptan Malate (Tablet)	3	QL, ST
Amerge (Tablet)	3	QL
Axert (12.5mg Tablet)	3	QL, ST
Axert (6.25mg Tablet)	4	QL, ST
Frova (Tablet)	3	QL, ST

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Frovatriptan Succinate (Tablet)	3	QL, ST
Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/act Nasal Solution, 5mg/act Nasal Solution)	3	QL
Imitrex (6mg/0.5ml Injection)	4	QL
Imitrex Statdose Refill (4mg/0.5ml Injection)	3	QL
Imitrex Statdose Refill (6mg/0.5ml Injection)	4	QL
Maxalt (Tablet)	3	QL
Maxalt-MLT (Tablet Dispersible)	3	QL
Naratriptan HCl (Tablet)	1	QL
Onzetra Xsail (Exhaler Powder)	3	QL
Relpax (Tablet)	3	QL, ST
Rizatriptan Benzoate (Tablet Immediate-Release)	1	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	1	QL
Sumatriptan (Nasal Solution)	3	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	QL
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sumatriptan Succinate Refill (Injection)	3	QL
Sumavel DosePro (Injection)	4	QL
Zembrace Symtouch (Injection)	4	QL
Zolmitriptan (Tablet)	1	QL
Zolmitriptan ODT (Tablet Dispersible)	1	QL
Zomig Nasal Spray (2.5mg Solution, 5mg Solution)	3	QL
Zomig (2.5mg Tablet, 5mg Tablet)	4	QL
Zomig ZMT (Tablet Dispersible)	4	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Tablet)	3	
Mestinon (60mg Tablet, 60mg/5ml Syrup)	4	
Mestinon Timespan (Tablet Extended-Release)	4	
Pyridostigmine Bromide (60mg Tablet)	1	
Pyridostigmine Bromide (180mg Tablet Extended-Release)	3	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (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
Mycobutin (Capsule)	3		Dacarbazine (Injection)	1	
Rifabutin (Capsule)	3		Gleostine (Capsule)	3	
Antituberculars			Hexalen (Capsule)	4	PA
Capastat Sulfate (Injection)	3		Ifex (Injection)	3	
Ethambutol HCl (Tablet)	1		Ifosfamide (Injection)	3	
Isoniazid (100mg Tablet, 300mg Tablet, 100mg/ml Injection, 50mg/5ml Syrup)	1		Leukeran (Tablet)	3	
Myambutol (Tablet)	3		Matulane (Capsule)	4	LA
Paser (Packet)	3		Melphalan HCl (Injection)	1	
Priftin (Tablet)	3		Mustargen (Injection)	4	
Pyrazinamide (Tablet)	1		Treanda (Injection)	4	PA
Rifadin (150mg Capsule)	3		Valchlor (Gel)	4	PA, LA
Rifamate (Capsule)	3		Yondelis (Injection)	4	PA
Rifampin (150mg Capsule, 300mg Capsule)	1		Zanosar (Injection)	3	
Rifampin (600mg Injection)	3		Antiandrogens		
Rifater (Tablet)	3		Bicalutamide (Tablet)	1	
Sirturo (Tablet)	4	PA	Casodex (Tablet)	3	
Treacator (Tablet)	3		Flutamide (Capsule)	1	
Antineoplastics			Nilandron (Tablet)	4	
Alkylating Agents			Nilutamide (Tablet)	4	
Alkeran (Injection)	3		Xtandi (Capsule)	4	PA, QL
BiCNU (Injection)	4		Zytiga (Tablet)	4	PA, QL
Busulfan (Injection)	4		Antiangiogenic Agents		
Busulfex (Injection)	4		Pomalyst (Capsule)	4	PA, QL
Cyclophosphamide (Capsule)	3	B/D, PA	Revlimid (Capsule)	4	PA, QL, LA
			Thalomid (Capsule)	4	PA, QL
			Antiandrogens/Modifiers		
			Emcyt (Capsule)	4	
			Fareston (Tablet)	4	
			Faslodex (Injection)	4	
			Soltamox (Oral Solution)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cosmegen (Injection)	4	
Dacogen (Injection)	4	
Daunorubicin HCl (Injection)	1	
Decitabine (Injection)	4	
Dexrazoxane (Injection)	4	PA
Docetaxel (80mg/4ml Injection)	3	
Docetaxel (80mg/8ml Injection)	4	
Doxil (Injection)	4	
Doxorubicin HCl (Injection)	1	B/D, PA
Doxorubicin HCl Liposome (Injection)	4	
Ellence (Injection)	4	
Epirubicin HCl (Injection)	1	
Erwinaze (Injection)	4	
Fludarabine Phosphate (Injection)	3	
Fusilev (Injection)	4	
Halaven (Injection)	4	PA
Idamycin PFS (Injection)	4	
Idarubicin HCl (Injection)	4	
Irinotecan (Injection)	1	
Istodax (Overfill) (Injection)	4	PA
Kisqali (Tablet)	4	PA, QL
Kisqali Femara 200 Dose (Tablet Therapy Pack)	4	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kisqali Femara 400 Dose (Tablet Therapy Pack)	4	PA, QL
Kisqali Femara 600 Dose (Tablet Therapy Pack)	4	PA, QL
Leucovorin Calcium (100mg Injection, 350mg Injection, 10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	1	
Levoleucovorin Calcium (Injection)	4	
Lonsurf (Tablet)	4	PA, QL
Mitomycin (Injection)	4	
Mitoxantrone HCl (Injection)	1	
Ninlaro (Capsule)	4	PA, QL
Oxaliplatin (Injection)	3	
Paclitaxel (Injection)	1	
Proleukin (Injection)	4	PA
Synribo (Injection)	4	PA
Taxotere (Injection)	4	
Thiotepa (Injection)	4	
Trisenox (Injection)	3	
Velcade (Injection)	4	PA
Vinblastine Sulfate (Injection)	1	B/D, PA
Vincasar PFS (Injection)	1	B/D, PA
Vincristine Sulfate (Injection)	1	B/D, PA
Vinorelbine Tartrate (Injection)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zaltrap (Injection)	4	PA
Zinecard (Injection)	4	PA
Zolinza (Capsule)	4	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	
Arimidex (Tablet)	3	
Aromasin (Tablet)	4	
Exemestane (Tablet)	1	
Femara (Tablet)	4	
Letrozole (Tablet)	1	
Enzyme Inhibitors		
Etopophos (Injection)	3	
Etoposide (Injection)	1	
Hycamtin (Injection)	4	
Kyprolis (Injection)	4	PA
Rubraca (Tablet)	4	PA, QL
Toposar (Injection)	1	
Topotecan HCl (Injection)	4	
Zejula (Capsule)	4	PA, QL
Molecular Target Inhibitors		
Afinitor (Tablet)	4	PA
Afinitor Disperz (Tablet Soluble)	4	PA
Alecensa (Capsule)	4	PA, QL
Alunbrig (Tablet)	4	PA, QL
Beleodaq (Injection)	4	PA
Bosulif (Tablet)	4	PA, QL
Cabometyx (Tablet)	4	PA, QL
Caprelsa (Tablet)	4	PA, LA
Cometriq (Kit)	4	PA
Cotellic (Tablet)	4	PA, QL, LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Cyramza (Injection)	4	PA
Erivedge (Capsule)	4	PA, QL
Farydak (Capsule)	4	PA
Gilotrif (Tablet)	4	PA
Gleevec (Tablet)	4	PA, QL
Ibrance (Capsule)	4	PA, QL
Iclusig (45mg Tablet)	4	PA, QL, LA
Imatinib Mesylate (Tablet)	4	PA, QL
Imbruvica (Capsule)	4	PA, QL
Inlyta (Tablet)	4	PA, QL
Iressa (Tablet)	4	PA, QL
Jakafi (Tablet)	4	PA, QL, LA
Jevtana (Injection)	4	PA
Lenvima (Capsule Therapy Pack)	4	PA
Lynparza (Capsule)	4	PA, QL
Mekinist (Tablet)	4	PA
Nexavar (Tablet)	4	PA
Odomzo (Capsule)	4	PA, QL, LA
Rydapt (Capsule)	4	PA, QL
Sprycel (Tablet)	4	PA, QL
Stivarga (Tablet)	4	PA, QL
Sutent (Capsule)	4	PA, QL
Tafinlar (Capsule)	4	PA
Tagrisso (Tablet)	4	PA, QL, LA
Tarceva (Tablet)	4	PA, QL
Tasigna (Capsule)	4	PA, QL
Tykerb (Tablet)	4	PA
Venclexta (100mg Tablet, 50mg Tablet)	4	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Venclexta (10mg Tablet)	2	PA, QL
Venclexta Starting Pack (Tablet Therapy Pack)	4	PA
Votrient (Tablet)	4	PA, QL
Xalkori (Capsule)	4	PA, LA
Zelboraf (Tablet)	4	PA, QL
Zydelig (Tablet)	4	PA, QL
Zykadia (Capsule)	4	PA, QL
Monoclonal Antibody/Antibody-Drug Conjugate		
Avastin (Injection)	4	PA
Bavencio (Injection)	4	PA
Darzalex (Injection)	4	PA, LA
Empliciti (Injection)	4	PA
Erbix (Injection)	4	PA
Herceptin (Injection)	4	PA
Imfinzi (Injection)	4	PA
Kadcyla (Injection)	4	PA
Keytruda (Injection)	4	PA
Lartruvo (Injection)	4	PA
Opdivo (Injection)	4	PA
Perjeta (Injection)	4	PA
Rituxan (Injection)	4	PA
Tecentriq (Injection)	4	PA
Vectibix (Injection)	4	PA
Yervoy (Injection)	4	PA
Retinoids		
Bexarotene (Capsule)	4	PA
Panretin (Gel)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Targretin (1% Gel, 75mg Capsule)	4	PA
Tretinoin (10mg Capsule)	4	
Treatment Adjuncts		
Elitek (Injection)	4	
Mesna (Injection)	1	
Mesnex (100mg/ml Injection)	3	
Mesnex (400mg Tablet)	4	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	4	QL
Biltricide (Tablet)	3	
Emverm (Tablet Chewable)	4	
Ivermectin (Tablet)	1	
Sklice (Lotion)	3	
Stromectol (Tablet)	3	
Antiprotozoals		
Alinia (500mg Tablet)	4	
Atovaquone (Suspension)	4	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	1	
Chloroquine Phosphate (Tablet)	1	
Coartem (Tablet)	3	
DARAPRIM (Tablet)	4	
Hydroxychloroquine Sulfate (Tablet)	1	
Malarone (Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mefloquine HCl (Tablet)	1	
Mepron (Suspension)	4	
Nebupent (Inhalation Solution)	3	B/D, PA, QL
Pentam 300 (Injection)	3	
Plaquenil (Tablet)	3	
Primaquine Phosphate (Tablet)	1	
Qualaquin (Capsule)	3	PA
Quinine Sulfate (Capsule)	3	PA
Pediculicides/Scabicides		
Elimite (Cream)	3	
Eurax (10% Cream, 10% Lotion)	3	
Lindane (Shampoo)	1	
Malathion (Lotion)	3	
Ovide (Lotion)	3	
Permethrin (Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	PA, HRM
Benzotropine Mesylate (1mg/ml Injection)	3	
Cogentin (Injection)	3	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	1	PA, HRM
Antiparkinson Agents, Other		

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
Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup)	1		Ropinirole ER (2mg Tablet Extended-Release 24 Hour, 4mg Tablet Extended-Release 24 Hour, 6mg Tablet Extended-Release 24 Hour, 8mg Tablet Extended-Release 24 Hour)	1	
Comtan (Tablet)	3		Ropinirole HCl (Tablet Immediate-Release)	1	
Entacapone (Tablet)	3		Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Tasmar (Tablet)	4	QL	Carbidopa (Tablet)	4	
Tolcapone (Tablet)	4	QL	Carbidopa/Levodopa (Tablet Immediate-Release)	1	
Dopamine Agonists			Carbidopa/Levodopa ER (Tablet Extended-Release)	1	
Apokyn (Injection)	4	PA, QL	Carbidopa/Levodopa ODT (Tablet Dispersible)	1	
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	1		Carbidopa/Levodopa/Entacapone (Tablet)	3	
Mirapex (Tablet)	3		Duopa (Suspension)	4	PA
Mirapex ER (Tablet Extended-Release 24 Hour)	3		Lodosyn (Tablet)	4	
Neupro (Patch 24 Hour)	3		Rytary (Capsule Extended-Release)	3	ST
Parlodel (2.5mg Tablet, 5mg Capsule)	3		Sinemet (Tablet)	3	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	1		Sinemet CR (Tablet Extended-Release)	3	
Pramipexole Dihydrochloride ER (Tablet Extended-Release 24 Hour)	3		Stalevo 100 (Tablet)	4	
Requip (Tablet)	3		Stalevo 125 (Tablet)	3	
Requip XL (Tablet Extended-Release 24 Hour)	3		Stalevo 150 (Tablet)	4	
Ropinirole ER (12mg Tablet Extended-Release 24 Hour)	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
Stalevo 200 (Tablet)	4		Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	1	
Stalevo 50 (Tablet)	3		Haloperidol Decanoate (Injection)	1	
Stalevo 75 (Tablet)	3		Haloperidol Lactate (Injection)	1	
Monoamine Oxidase B (MAO-B) Inhibitors			Loxapine Succinate (10mg Capsule, 5mg Capsule)	1	QL
Azilect (Tablet)	2		Loxapine Succinate (25mg Capsule, 50mg Capsule)	1	
Eldepryl (Capsule)	3		Orap (Tablet)	3	
Rasagiline Mesylate (Tablet)	1		Pimozide (Tablet)	1	
Selegiline HCl (5mg Capsule, 5mg Tablet)	1		Thioridazine HCl (Tablet)	1	PA
Zelapar (Tablet Dispersible)	4		Thiothixene (Capsule)	1	
Antipsychotics			Trifluoperazine HCl (Tablet)	1	
1st Generation/Typical			2nd Generation/Atypical		
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	3		Abilify (Tablet)	4	QL
Fluphenazine Decanoate (Injection)	1		Abilify Maintena (Injection)	4	
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet, 2.5mg/5ml Elixir, 5mg/ml Concentrate)	1		Aripiprazole (10mg Tablet, 15mg Tablet, 2mg Tablet, 5mg Tablet)	3	QL
Fluphenazine HCl (2.5mg/ml Injection)	3		Aripiprazole ODT (Tablet Dispersible)	4	QL
Haldol (Injection)	3		Aristada (Injection)	4	
Haldol Decanoate 100 (Injection)	3				
Haldol Decanoate 50 (Injection)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	4	QL, ST	Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	1	QL
Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	3	QL, ST	Olanzapine ODT (Tablet Dispersible)	1	QL
Fanapt Titration Pack (Tablet)	3	ST	Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 6mg Tablet Extended-Release 24 Hour)	3	QL
Geodon (20mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)	4	QL	Paliperidone ER (9mg Tablet Extended-Release 24 Hour)	4	QL
Geodon (20mg Injection)	3		Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
Invega (Tablet Extended-Release 24 Hour)	4	PA, QL	Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	1	QL
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	4		Rexulti (Tablet)	4	QL
Invega Sustenna (39mg/0.25ml Injection)	3		Risperdal (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 1mg/ml Oral Solution)	3	
Invega Trinza (Injection)	4	PA			
Latuda (Tablet)	4	QL			
Nuplazid (Tablet)	4	PA, QL			
Olanzapine (10mg Injection)	3				

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	1	QL
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible)	1	QL
Clozapine ODT (200mg Tablet Dispersible)	4	QL
Clozaril (100mg Tablet)	4	
Clozaril (25mg Tablet)	3	
Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	4	QL
Fazaclo (12.5mg Tablet Dispersible, 25mg Tablet Dispersible)	3	QL
Versacloz (Suspension)	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Cidofovir (Injection)	4	
Cytovene (Injection)	3	B/D, PA
Ganciclovir (Injection)	1	B/D, PA
Valcyte (450mg Tablet, 50mg/ml Oral Solution)	4	QL
Valganciclovir (Tablet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Valganciclovir Hydrochloride (Oral Solution)	4	QL
Zirgan (Gel)	3	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Tablet)	4	
Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet)	4	
Entecavir (Tablet)	4	
Epivir HBV (100mg Tablet)	3	
Epivir HBV (5mg/ml Oral Solution)	2	
Hepsera (Tablet)	4	
Lamivudine (100mg Tablet)	1	
Vemlidy (Tablet)	4	QL
Anti-hepatitis C (HCV) Agents, Other		
Copegus (Tablet)	4	
Intron A (Injection)	4	PA
Moderiba (200mg Tablet)	3	
Moderiba 1200 Dose Pack (Tablet)	3	
Moderiba 800 Dose Pack (Tablet)	3	
Pegasys (Injection)	4	PA
Pegasys ProClick (Injection)	4	PA
Rebetol (Oral 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
Ribasphere (200mg Capsule, 200mg Tablet, 400mg Tablet, 600mg Tablet)	1	
Ribasphere Ribapak (Tablet)	3	
Ribavirin (200mg Capsule, 200mg Tablet)	1	
Sylatron (Injection)	4	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Daklinza (Tablet)	4	PA, QL
Epclusa (Tablet)	4	PA, QL
Harvoni (Tablet)	4	PA, QL
Olysio (Capsule)	4	PA, QL
Sovaldi (Tablet)	4	PA, QL
Technivie (Tablet)	4	PA, QL
Viekira Pak (Tablet Therapy Pack)	4	PA, QL
Viekira XR (Tablet Extended-Release 24 Hour)	4	PA, QL
Zepatier (Tablet)	4	PA, QL
Antiherpetic Agents		
Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet)	1	
Acyclovir (5% Ointment)	3	QL
Acyclovir Sodium (Injection)	3	B/D, PA
Denavir (Cream)	4	QL
Famciclovir (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trifluridine (Ophthalmic Solution)	1	
Valacyclovir HCl (Tablet)	1	QL
Valtrex (Tablet)	3	QL
Viroptic (Ophthalmic Solution)	3	
Xerese (Cream)	4	PA, QL
Zovirax (200mg Capsule, 200mg/5ml Suspension)	3	
Zovirax (5% Cream, 5% Ointment)	4	QL
Zovirax (800mg Tablet)	4	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Genvoya (Tablet)	4	QL
Isentress (100mg Packet, 25mg Tablet Chewable)	2	QL
Isentress (100mg Tablet Chewable, 400mg Tablet)	4	QL
Stribild (Tablet)	4	QL
Tivicay (10mg Tablet)	3	QL
Tivicay (25mg Tablet, 50mg Tablet)	4	QL
Triumeq (Tablet)	4	QL
Tybost (Tablet)	3	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Tablet)	4	QL
Complera (Tablet)	4	QL
Edurant (Tablet)	4	QL

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
Intelence (100mg Tablet, 200mg Tablet)	4	QL	Abacavir/Lamivudine (Tablet)	4	QL
Intelence (25mg Tablet)	3	QL	Combivir (Tablet)	4	QL
Nevirapine (200mg Tablet Immediate-Release)	1	QL	Descovy (Tablet)	4	QL
Nevirapine (50mg/5ml Suspension)	1	QL	Didanosine (Capsule Delayed-Release)	1	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	1	QL	Emtriva (10mg/ml Oral Solution, 200mg Capsule)	3	QL
Odefsey (Tablet)	4	QL	Epivir (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL
Rescriptor (Tablet)	3	QL	Epzicom (Tablet)	4	QL
Sustiva (200mg Capsule, 600mg Tablet)	4	QL	Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	1	QL
Sustiva (50mg Capsule)	3	QL	Lamivudine/Zidovudine (Tablet)	3	QL
Viramune (200mg Tablet)	4	QL	Retrovir (100mg Capsule, 50mg/5ml Syrup)	3	QL
Viramune (50mg/5ml Suspension)	3	QL	Retrovir IV Infusion (Injection)	3	
Viramune XR (100mg Tablet Extended-Release 24 Hour)	3	QL	Stavudine (Capsule)	1	QL
Viramune XR (400mg Tablet Extended-Release 24 Hour)	4	QL	Trizivir (Tablet)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			Truvada (Tablet)	4	QL
Abacavir (Tablet)	3	QL	Videx EC (Capsule Delayed-Release)	3	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	4	QL	Videx Pediatric (Oral Solution)	3	QL
			Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)	4	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zerit (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution)	3	QL
Ziagen (20mg/ml Oral Solution, 300mg Tablet)	3	QL
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	1	QL
Anti-HIV Agents, Other		
Fuzeon (Injection)	4	QL
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)	4	QL
Selzentry (25mg Tablet)	2	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (100mg/ml Oral Solution, 250mg Capsule)	4	QL
Crixivan (Capsule)	2	QL
Evotaz (Tablet)	4	QL
Invirase (200mg Capsule, 500mg Tablet)	4	QL
Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)	3	QL
Kaletra (200mg-50mg Tablet)	4	QL
Lexiva (50mg/ml Suspension)	3	QL

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

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydroxyzine HCl (10mg/5ml Syrup, 25mg/ml Injection, 50mg/ml Injection)	1	PA, HRM
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	1	QL
Alprazolam ER (Tablet Extended-Release 24 Hour)	1	PA, QL
Alprazolam Intensol (1mg/ml Concentrate)	1	QL
Alprazolam ODT (Tablet Dispersible)	1	QL
Ativan (Tablet)	4	QL
Chlordiazepoxide HCl (Capsule)	1	
Clonazepam (Tablet Immediate-Release)	1	QL
Clonazepam ODT (Tablet Dispersible)	1	QL
Clorazepate Dipotassium (Tablet)	1	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	1	QL
Diazepam (1mg/ml Oral Solution)	1	
Diazepam Intensol (5mg/ml Concentrate)	1	QL
Klonopin (Tablet)	3	QL
Lorazepam (Tablet)	1	QL
Lorazepam Intensol (2mg/ml Concentrate)	1	QL
Oxazepam (Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tranxene T (Tablet)	3	QL
Valium (Tablet)	3	QL
Xanax (Tablet)	3	QL
Xanax XR (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour)	3	PA, QL
Xanax XR (2mg Tablet Extended-Release 24 Hour)	4	PA, QL
Bipolar Agents		
Mood Stabilizers		
Depakote (Tablet Delayed-Release)	3	
Depakote ER (Tablet Extended-Release 24 Hour)	3	
Depakote Sprinkles (Capsule Sprinkle Delayed-Release)	3	
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	1	
Divalproex Sodium DR (Tablet Delayed-Release)	1	
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	1	
Equetro (Capsule Extended-Release 12 Hour)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lithium (Oral Solution)	1		Bydureon Pen (Injection)	2	QL
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	1		Bydureon Vial (Injection)	2	QL
Lithium Carbonate ER (Tablet Extended-Release)	1		Byetta (Injection)	3	QL
Lithobid (Tablet Extended-Release)	3		Cycloset (Tablet)	3	PA, QL
Blood Glucose Regulators			Duetact (Tablet)	3	QL
Antidiabetic Agents			Farxiga (Tablet)	3	QL, ST
Acarbose (Tablet)	1	QL	Fortamet (Tablet Extended-Release 24 Hour)	4	PA, QL
Actoplus Met (Tablet)	3	QL	Glimepiride (Tablet)	1	QL
Actoplus Met XR (Tablet Extended-Release 24 Hour)	3	QL	Glipizide (Tablet Immediate-Release)	1	QL
Actos (Tablet)	3	QL	Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Adlyxin (Injection)	3	QL, ST	Glipizide/Metformin HCl (Tablet)	1	QL
Adlyxin Starter Pack (Injection)	3	QL, ST	Glucophage (Tablet)	3	QL
Alogliptin (Tablet)	3	QL, ST	Glucophage XR (Tablet Extended-Release 24 Hour)	3	QL
Alogliptin/Metformin HCl (Tablet)	3	QL, ST	Glucotrol (Tablet)	3	QL
Alogliptin/Pioglitazone (Tablet)	3	QL, ST	Glucotrol XL (Tablet Extended-Release 24 Hour)	3	QL
Amaryl (Tablet)	3	QL	Glumetza (Tablet Extended-Release 24 Hour)	4	PA, QL
Avandia (Tablet)	3	PA, QL	Glyset (Tablet)	3	QL
			Glyxambi (Tablet)	3	QL, ST
			Invokamet (Tablet)	2	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
Invokamet XR (Tablet Extended-Release 24 Hour)	2	QL	Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Invokana (Tablet)	2	QL	Miglitol (Tablet)	1	QL
Janumet (Tablet Immediate-Release)	2	QL	Nateglinide (Tablet)	1	QL
Janumet XR (Tablet Extended-Release 24 Hour)	2	QL	Nesina (Tablet)	3	QL, ST
Januvia (Tablet)	2	QL	Onglyza (Tablet)	2	QL
Jardiance (Tablet)	2	QL	Oseni (Tablet)	3	QL, ST
Jentadueto (Tablet)	3	QL	Pioglitazone HCl (Tablet)	1	QL
Jentadueto XR (Tablet Extended-Release 24 Hour)	3	QL	Pioglitazone HCl/Glimepiride (Tablet)	1	QL
Kazano (Tablet)	3	QL, ST	Pioglitazone HCl/Metformin HCl (Tablet)	1	QL
Kombiglyze XR (Tablet Extended-Release 24 Hour)	2	QL	Prandin (1mg Tablet)	3	QL
Metformin HCl (Tablet Immediate-Release)	1	QL	Prandin (2mg Tablet)	4	QL
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	3	PA, QL	Precose (Tablet)	3	QL
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour) (Generic Glumetza)	4	PA, QL	Repaglinide (Tablet)	1	QL
			Repaglinide/Metformin HCl (Tablet)	3	QL
			Riomet (Oral Solution)	3	QL
			Soliqua 100/33 (Injection)	2	QL
			Starlix (Tablet)	3	QL
			SymLinPen 120 (Injection)	4	PA
			SymLinPen 60 (Injection)	4	PA
			Synjardy (Tablet)	2	QL
			Tanzeum (Injection)	3	QL, ST

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Humalog Mix 75/25 KwikPen (Injection)	2	
Humalog Mix 75/25 Vial (Injection)	2	
Humalog Vial (Injection)	2	
Humulin 70/30 KwikPen (Injection)	2	
Humulin 70/30 Vial (Injection)	2	
Humulin N KwikPen (Injection)	2	
Humulin N Vial (Injection)	2	
Humulin R U-500 KwikPen (Injection)	2	
Humulin R U-500 Vial (Concentrated) (Injection)	2	
Humulin R Vial (Injection)	2	
Lantus SoloStar (Injection)	2	
Lantus Vial (Injection)	2	
Levemir FlexTouch (Injection)	2	
Levemir Vial (Injection)	2	
Toujeo SoloStar (Injection)	2	
Tresiba FlexTouch (Injection)	3	ST
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Argatroban (125mg/125ml-0.9% Injection)	4	B/D, PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Argatroban (250mg/2.5ml Injection)	4	B/D, PA
Arixtra (Injection)	4	
Coumadin (Tablet)	2	
Eliquis (Tablet)	2	QL
Enoxaparin Sodium (100mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	3	QL
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	4	
Fondaparinux Sodium (2.5mg/0.5ml Injection)	3	
Fragmin (10000unit/ml Injection, 12500unit/0.5ml Injection, 15000unit/0.6ml Injection, 18000unit/0.72ml Injection, 7500unit/0.3ml Injection, 95000unit/3.8ml Injection)	4	
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Heparin Sodium/D5W (Injection)	1	
Jantoven (Tablet)	1	
Lovenox (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	4	QL
Lovenox (30mg/0.3ml Injection, 40mg/0.4ml Injection)	3	QL
Pradaxa (Capsule)	3	QL
Savaysa (Tablet)	3	PA, QL
Warfarin Sodium (Tablet)	1	
Xarelto (Tablet)	2	QL
Xarelto Starter Pack (Tablet Therapy Pack)	2	QL
Zontivity (Tablet)	3	PA, QL
Blood Formation Modifiers		
Agrylin (Capsule)	3	
Anagrelide HCl (Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	4	PA
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	3	PA
Azacitidine (Injection)	4	PA
Epogen (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Epogen (20000unit/ml Injection)	4	PA
Granix (Injection)	4	ST
Leukine (Injection)	4	PA
Mircera (Injection)	3	PA
Mozobil (Injection)	4	PA
Neulasta (Injection)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Neupogen (Injection)	4	ST
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	4	PA
Promacta (Tablet)	4	PA, QL
Vidaza (Injection)	4	PA
Zarxio (Injection)	4	
Hemostasis Agents		
Cyklokapron (Injection)	3	
Lysteda (Tablet)	4	
Tranexamic Acid (1000mg/10ml Injection, 650mg Tablet)	1	
Platelet Modifying Agents		
Aggrenox (Capsule Extended-Release 12 Hour)	3	QL
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	3	QL
Brilinta (Tablet)	2	QL
Cilostazol (Tablet)	1	
Clopidogrel (Tablet)	1	QL
Effient (Tablet)	2	QL
Plavix (Tablet)	3	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Catapres (Tablet)	3	
Catapres-TTS-1 (Patch Weekly)	3	
Catapres-TTS-2 (Patch Weekly)	3	
Catapres-TTS-3 (Patch Weekly)	3	
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release, 0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	1	
Methyldopa (Tablet)	1	PA, HRM
Methyldopate HCl (Injection)	1	HRM
Midodrine HCl (Tablet)	1	
Northera (Capsule)	4	PA, QL
Alpha-adrenergic Blocking Agents		
Cardura (Tablet)	3	
Dibenzyliline (Capsule)	4	
Doxazosin Mesylate (Tablet)	1	
Minipress (Capsule)	3	
Phenoxybenzamine HCl (Capsule)	4	
Prazosin HCl (Capsule)	1	
Angiotensin II Receptor Antagonists		
Atacand (Tablet)	3	QL
Avapro (Tablet)	3	QL
Benicar (Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Candesartan Cilexetil (Tablet)	1	QL
Cozaar (Tablet)	3	QL
Diovan (Tablet)	3	QL
Edarbi (Tablet)	3	QL
Eprosartan Mesylate (Tablet)	1	QL
Irbesartan (Tablet)	1	QL
Losartan Potassium (Tablet)	1	QL
Micardis (Tablet)	3	QL
Olmesartan Medoxomil (Tablet)	1	QL
Telmisartan (Tablet)	1	QL
Valsartan (Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Accupril (Tablet)	3	QL
Altace (Capsule)	3	QL
Benazepril HCl (Tablet)	1	QL
Captopril (Tablet)	1	QL
Enalapril Maleate (Tablet)	1	QL
Fosinopril Sodium (Tablet)	1	QL
Lisinopril (Tablet)	1	QL
Lotensin (Tablet)	3	QL
Moexipril HCl (7.5mg Tablet)	1	QL
Perindopril Erbumine (Tablet)	1	QL
Prinivil (Tablet)	3	QL
Qbrelis (Oral Solution)	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
Quinapril HCl (Tablet)	1	QL	Quinidine Gluconate CR (Tablet Extended-Release)	3	
Ramipril (Capsule)	1	QL	Quinidine Sulfate (Tablet)	1	
Trandolapril (Tablet)	1	QL	Rythmol SR (225mg Capsule Extended-Release 12 Hour)	3	
Vasotec (10mg Tablet, 20mg Tablet)	4	QL	Rythmol SR (325mg Capsule Extended-Release 12 Hour, 425mg Capsule Extended-Release 12 Hour)	4	
Vasotec (2.5mg Tablet, 5mg Tablet)	3	QL	Sorine (Tablet)	1	
Zestril (Tablet)	3	QL	Sotalol HCl (AF) (Tablet)	1	
Antiarrhythmics			Sotalol HCl (Tablet)	1	
Amiodarone HCl (100mg Tablet, 200mg Tablet, 400mg Tablet, 50mg/ml Injection)	1		Sotylize (Oral Solution)	3	PA
Betapace (80mg Tablet)	4		Tikosyn (Capsule)	3	
Dofetilide (Capsule)	3		Beta-adrenergic Blocking Agents		
Flecainide Acetate (Tablet)	1		Acebutolol HCl (Capsule)	1	
Mexiletine HCl (Capsule)	1		Atenolol (Tablet)	1	
Multaq (Tablet)	2	QL	Betaxolol HCl (10mg Tablet, 20mg Tablet)	1	
Nexterone (Injection)	3		Bisoprolol Fumarate (Tablet)	1	
Pacerone (100mg Tablet, 400mg Tablet)	3		Bystolic (Tablet)	2	QL
Pacerone (200mg Tablet)	1		Carvedilol (Tablet Immediate-Release)	1	
Procainamide HCl (Injection)	1		Coreg (Tablet)	3	
Propafenone HCl (Tablet)	1		Coreg CR (Capsule Extended-Release 24 Hour)	3	
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	3				
Quinidine Gluconate (Injection)	3				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Corgard (Tablet)	3		Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 1mg/ml Injection, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1	
Inderal LA (120mg Capsule Extended-Release 24 Hour, 160mg Capsule Extended-Release 24 Hour)	4				
Inderal LA (60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)	3				
Innopran XL (Capsule Extended-Release 24 Hour)	3				
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet, 5mg/ml Injection)	1				
Lopressor (Tablet)	3				
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1				
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 1mg/ml Injection)	1				
Nadolol (Tablet)	1				
Pindolol (Tablet)	1				
			Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1	
			Tenormin (Tablet)	3	
			Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	
			Toprol XL (Tablet Extended-Release 24 Hour)	3	
Calcium Channel Blocking Agents					
			Adalat CC (Tablet Extended-Release 24 Hour)	3	QL
			Afeditab CR (Tablet Extended-Release 24 Hour)	1	QL
			Amlodipine Besylate (Tablet)	1	
			Calan (Tablet)	3	
			Calan SR (Tablet Extended-Release)	3	
			Cardene IV (Injection)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cardizem (Tablet)	4		Diltiazem HCl (100mg Injection, 50mg/10ml Injection, 120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	1	
Cardizem CD (Capsule Extended-Release 24 Hour)	4		Diltiazem HCl ER (120mg Capsule Extended-Release 12 Hour, 60mg Capsule Extended-Release 12 Hour, 90mg Capsule Extended-Release 12 Hour, 120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 360mg Capsule Extended-Release 24 Hour, 420mg Capsule Extended-Release 24 Hour)	1	
Cardizem LA (120mg Tablet Extended-Release 24 Hour, 180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3		Felodipine ER (Tablet Extended-Release 24 Hour)	1	
Cardizem LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	3	QL	Isradipine (Capsule)	1	
Cartia XT (Capsule Extended-Release 24 Hour)	1				
Dilt-XR (Capsule Extended-Release 24 Hour)	1				
Diltiazem CD (Capsule Extended-Release 24 Hour)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	1		Tiazac (Capsule Extended-Release 24 Hour)	3	
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	1	QL	Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 2.5mg/ml Injection)	1	
Nicardipine HCl (2.5mg/ml Injection, 20mg Capsule, 30mg Capsule)	1		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	
Nifedipine ER (Tablet Extended-Release 24 Hour)	1	QL	Verapamil HCl SR (Capsule Extended-Release 24 Hour)	1	
Nimodipine (Capsule)	4		Verelan (Capsule Extended-Release 24 Hour)	3	
Nisoldipine ER (Tablet Extended-Release 24 Hour)	3		Verelan PM (Capsule Extended-Release 24 Hour)	3	
Norvasc (Tablet)	3				
Procardia XL (Tablet Extended-Release 24 Hour)	3	QL			
Sular (Tablet Extended-Release 24 Hour)	3				
Taztia XT (Capsule Extended-Release 24 Hour)	1				

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cardiovascular Agents, Other		
Accuretic (Tablet)	3	QL
Aldactazide (Tablet)	3	
Amiloride/ Hydrochlorothiazide (Tablet)	1	
Amlodipine Besylate/ Atorvastatin Calcium (Tablet)	1	QL
Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL
Amlodipine Besylate/ Valsartan (Tablet)	1	QL
Amlodipine/ Olmesartan Medoxomil (Tablet)	1	QL
Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Atacand HCT (Tablet)	3	QL
Atenolol/ Chlorthalidone (Tablet)	1	
Avalide (Tablet)	3	QL
Azor (Tablet)	3	QL
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
Benicar HCT (Tablet)	3	QL
BiDil (Tablet)	2	QL
Bisoprolol Fumarate/ Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	1	QL
Byvalson (Tablet)	3	QL, ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Caduet (Tablet)	3	QL
Candesartan Cilexetil/ Hydrochlorothiazide (Tablet)	1	QL
Captopril/ Hydrochlorothiazide (Tablet)	1	QL
Corlanor (Tablet)	3	PA, QL
Corzide (40mg-5mg Tablet)	3	QL
Corzide (80mg-5mg Tablet)	3	
Demser (Capsule)	4	
Digitek (0.125mg Tablet)	1	QL, HRM
Digitek (0.25mg Tablet)	1	PA, HRM
Digoxin (0.05mg/ml Oral Solution)	1	PA, QL, HRM
Digoxin (0.25mg/ml Injection)	1	HRM
Digoxin (125mcg Tablet)	1	QL, HRM
Digoxin (250mcg Tablet)	1	PA, HRM
Diovan HCT (Tablet)	3	QL
DUTOPROL (Tablet Extended-Release 24 Hour)	3	
Dyazide (Capsule)	3	
Edarbyclor (Tablet)	3	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL
Entresto (Tablet)	2	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
Exforge (Tablet)	3	QL	Nadolol/ Bendroflumethiazide (40mg-5mg Tablet)	1	QL
Exforge HCT (Tablet)	3	QL	Nadolol/ Bendroflumethiazide (80mg-5mg Tablet)	1	
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL	Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	1	QL
Hyzaar (Tablet)	3	QL	Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	1	QL
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL	Pentoxifylline ER (Tablet Extended- Release)	1	
Lanoxin (0.25mg/ml Injection)	3	HRM	Propranolol/ Hydrochlorothiazide (Tablet)	1	
Lanoxin (125mcg Tablet, 62.5mcg Tablet)	3	QL, HRM	Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
Lanoxin (187.5mcg Tablet, 250mcg Tablet)	3	PA, HRM	Ranexa (Tablet Extended-Release 12 Hour)	2	QL
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL	Spironolactone/ Hydrochlorothiazide (Tablet)	1	
Lopressor HCT (Tablet)	3		Tarka (Tablet Extended-Release)	3	QL
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL	Tekturna (Tablet)	3	QL
Lotrel (Capsule)	3	QL	Tekturna HCT (Tablet)	3	QL
Maxzide (Tablet)	3		Telmisartan/ Amlodipine (Tablet)	1	QL
Metoprolol/ Hydrochlorothiazide (Tablet)	1				
Micardis HCT (Tablet)	3	QL			
Moexipril/ Hydrochlorothiazide (Tablet)	1	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL
Tenoretic 100 (Tablet)	3	
Tenoretic 50 (Tablet)	3	
Trandolapril/Verapamil HCl (Tablet Extended- Release)	1	QL
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	1	
Tribenzor (Tablet)	3	QL
Twynsta (Tablet)	3	QL
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Vaseretic (Tablet)	3	QL
Vecamyl (Tablet)	4	PA
Zestoretic (10mg-12.5mg Tablet, 20mg-12.5mg Tablet)	3	QL
Ziac (Tablet)	3	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	1	
Acetazolamide ER (Capsule Extended- Release 12 Hour)	1	
Acetazolamide Sodium (Injection)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diamox (Capsule Extended-Release 12 Hour)	3	
Keveyis (Tablet)	4	PA, QL
Methazolamide (Tablet)	3	
Diuretics, Loop		
Bumetanide (0.25mg/ ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Demadex (Tablet)	3	
Edecrin (Tablet)	4	
Ethacrynate Sodium (Injection)	1	
Ethacrynic Acid (Tablet)	4	
Furosemide (10mg/ml Injection)	1	B/D, PA
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Lasix (Tablet)	3	
Torsemide (Tablet)	1	
Diuretics, Potassium-sparing		
Aldactone (Tablet)	3	
Amiloride HCl (Tablet)	1	
Dyrenium (Capsule)	3	
Eplerenone (Tablet)	1	
Inspra (Tablet)	3	
Spironolactone (Tablet)	1	
Diuretics, Thiazide		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Chlorothiazide (Tablet)	1	
Chlorothiazide Sodium (Injection)	1	B/D, PA
Chlorthalidone (Tablet)	1	
Diuril (Suspension)	3	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	1	
Methyclothiazide (Tablet)	1	
Metolazone (Tablet)	1	
Microzide (Capsule)	3	
Sodium Diuril (Injection)	3	B/D, PA
Dyslipidemics, Fibric Acid Derivatives		
Antara (Capsule)	2	
Fenofibrate (120mg Tablet, 40mg Tablet)	3	
Fenofibrate (130mg Capsule, 43mg Capsule, 145mg Tablet, 160mg Tablet, 48mg Tablet, 54mg Tablet)	1	
Fenofibrate (150mg Capsule, 50mg Capsule)	1	
Fenofibrate Micronized (Capsule)	1	
Fenofibric Acid (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fenofibric Acid DR (Capsule Delayed-Release)	1	
Fenoglide (120mg Tablet)	4	
Fenoglide (40mg Tablet)	3	
Fibricor (Tablet)	3	
Gemfibrozil (Tablet)	1	
Lipofen (Capsule)	3	
Lopid (Tablet)	3	
Tricor (Tablet)	3	
Triglide (Tablet)	3	
Trilipix (Capsule Delayed-Release)	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Altoprev (Tablet Extended-Release 24 Hour)	3	QL
Atorvastatin Calcium (Tablet)	1	QL
Crestor (Tablet)	3	QL
Fluvastatin (Capsule Immediate-Release)	1	QL
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	3	QL
Lescol XL (Tablet Extended-Release 24 Hour)	3	QL
Lipitor (Tablet)	3	QL
Livalo (Tablet)	2	QL
Lovastatin (Tablet Immediate-Release)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pravachol (Tablet)	3	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	1	QL
Simvastatin (Tablet)	1	QL
Zocor (Tablet)	3	QL
Dyslipidemics, Other		
Cholestyramine (Powder)	1	
Cholestyramine Light (Powder)	1	
Colestid (1gm Tablet, 5gm Granules)	3	
Colestipol HCl (1gm Tablet, 5gm Granules)	1	
Ezetimibe (Tablet)	1	QL
Ezetimibe/Simvastatin (Tablet)	1	QL
Juxtapid (Capsule)	4	PA, LA
Kynamro (Injection)	4	PA, LA
Lovaza (Capsule)	3	QL
Niacin ER (Tablet Extended-Release)	1	
Niacor (Tablet)	1	
Niaspan (Tablet Extended-Release)	3	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	1	QL
Praluent (Injection)	4	PA, QL
Prevalite (Powder)	1	
Questran (Packet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Questran Light (Powder)	3	
Repatha (Injection)	4	PA, QL
Repatha Pushtronex System (Injection)	4	PA, QL
Repatha SureClick (Injection)	4	PA, QL
Vascepa (Capsule)	3	
Vytorin (Tablet)	3	QL
Welchol (3.75gm Packet, 625mg Tablet)	2	
Zetia (Tablet)	3	QL
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Hydralazine HCl (20mg/ml Injection)	3	
Minoxidil (Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
Gonitro (Packet)	3	
Isordil Titradoso (Tablet)	4	
Isosorbide Dinitrate (Tablet Immediate-Release)	1	
Isosorbide Dinitrate ER (Tablet Extended-Release)	1	
Isosorbide Mononitrate (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			
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	1		Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour, 10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release)	1	QL			
Minitran (Patch 24 Hour)	1							
Nitro-Bid (Ointment)	2							
Nitro-Dur (Patch 24 Hour)	3							
Nitroglycerin (0.3mg Tablet Sublingual, 0.4mg Tablet Sublingual, 0.6mg Tablet Sublingual, 5mg/ml Injection)	1							
Nitroglycerin Lingual (Translingual Solution)	1							
Nitroglycerin Transdermal (Patch 24 Hour)	1							
NitroMist (Aerosol Solution)	3							
Nitrostat (Tablet Sublingual)	3							
Rectiv (Ointment)	3							
Central Nervous System Agents								
Attention Deficit Hyperactivity Disorder Agents, Amphetamines								
Adderall (Tablet)	3	QL				Desoxyn (Tablet)	4	PA
Adderall XR (Capsule Extended-Release 24 Hour)	3	QL	Dexedrine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour)	4	QL			
Adzenys XR-ODT (Tablet Extended-Release Dispersible)	3	QL	Dexedrine (5mg Capsule 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
Dextroamphetamine Sulfate (10mg Tablet, 5mg Tablet Immediate-Release)	1	QL
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour)	3	QL
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	1	QL
Methamphetamine HCl (Tablet)	3	PA
ProCentra (Oral Solution)	3	
Vyvanse (Capsule)	3	
Zenzedi (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 30mg Tablet, 5mg Tablet)	3	QL
Zenzedi (7.5mg Tablet)	4	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Aptensio XR (Capsule Extended-Release 24 Hour)	3	QL
Atomoxetine (Capsule)	3	QL, ST
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	3	PA
Concerta (Tablet Extended-Release)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Daytrana (Patch)	3	QL
Dexmethylphenidate HCl (Tablet Immediate-Release)	1	QL
Dexmethylphenidate HCl ER (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	3	
Dexmethylphenidate HCl ER (25mg Capsule Extended-Release 24 Hour, 35mg Capsule Extended-Release 24 Hour)	1	
Focalin (Tablet)	3	QL
Focalin XR (Capsule Extended-Release 24 Hour)	3	
Kapvay (Tablet Extended-Release 12 Hour)	3	PA
Metadate CD (Capsule Extended-Release)	3	
Metadate ER (Tablet Extended-Release)	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
Methylin (Oral Solution)	3	QL	Methylphenidate HCl ER (20mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release, 30mg Capsule Extended-Release, 40mg Capsule Extended-Release)	3	
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	1	QL	Methylphenidate HCl ER (LA) (Capsule Extended-Release 24 Hour)	3	
Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL	QuilliChew ER (Tablet Chewable Extended-Release)	3	QL
Methylphenidate HCl CD (Capsule Extended-Release)	3		Quillivant XR (Suspension)	3	
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release, 18mg Tablet Extended-Release 24 Hour, 27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour, 54mg Tablet Extended-Release 24 Hour)	3	QL	Ritalin (Tablet)	3	QL
			Ritalin LA (Capsule Extended-Release 24 Hour)	3	
			Strattera (Capsule)	3	QL, ST
			Central Nervous System, Other		
			Gralise (Tablet)	3	PA
			Gralise Starter Pack	3	PA
			Horizant (Tablet Extended-Release)	3	PA
			Ingrezza (Capsule)	4	PA, QL
			Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	2	PA, QL
			Nuedexta (Capsule)	3	PA

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
Rilutek (Tablet)	4	
Riluzole (Tablet)	1	
Tetrabenazine (Tablet)	4	PA, QL
Xenazine (Tablet)	4	PA, QL, LA
Fibromyalgia Agents		
Cymbalta (Capsule Delayed-Release)	3	QL
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	1	QL
Duloxetine HCl (40mg Capsule Delayed-Release)	3	QL
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	2	QL
Savella (Tablet)	2	
Savella Titration Pack	2	
Multiple Sclerosis Agents		
Ampyra (Tablet Extended-Release 12 Hour)	4	QL
Aubagio (Tablet)	4	QL
Avonex (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Avonex Pen (Injection)	4	
Betaseron (Injection)	4	
Copaxone (Injection)	4	
Extavia (Injection)	4	
Gilenya (Capsule)	4	QL
Glatopa (Injection)	4	
Plegridy (Injection)	4	
Plegridy Starter Pack (Injection)	4	
Rebif (Injection)	4	
Rebif Rebidose (Injection)	4	
Rebif Rebidose Titration Pack (Injection)	4	
Rebif Titration Pack (Injection)	4	
Tecfidera (Capsule Delayed-Release)	4	QL
Tecfidera Starter Pack	4	
Tysabri (Injection)	4	PA
Zinbryta (Injection)	4	PA
Dental and Oral Agents		
Dental and Oral Agents		
Cevimeline HCl (Capsule)	3	ST
Chlorhexidine Gluconate (Solution)	1	
Evoxac (Capsule)	3	ST
Kepivance (Injection)	4	
Periogard (Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	1	
Salagen (Tablet)	3	
Triamcinolone in Orabase (Paste)	1	
Dermatological Agents		
Dermatological Agents		
Absorica (Capsule)	4	PA
Acanya (Gel)	3	ST
Acitretin (Capsule)	3	
Aczone (Gel)	3	
Adapalene (0.1% Cream, 0.1% Gel, 0.3% Gel)	1	
Aldara (Cream)	4	
Ammonium Lactate (12% Cream, 12% Lotion)	1	
Atralin (Gel)	3	PA
Avita (0.025% Cream, 0.025% Gel)	1	PA
Azelex (Cream)	3	
BenzaClin (Gel)	3	
Benzamycin (Gel)	3	
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)	3	
Calcipotriene (0.005% External Solution)	1	
Calcipotriene/Betamethasone Dipropionate (Ointment)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Calcitriol (3mcg/gm Ointment)	3	
Carac (Cream)	4	
Claravis (Capsule)	3	PA
Cleocin-T (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
Clindagel (Gel)	4	
Clindamax (Gel)	3	
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	1	
Clindamycin Phosphate (1% Foam)	3	
Clindamycin Phosphate/Tretinoin (Gel)	3	PA
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	3	
Clindamycin/Benzoyl Peroxide (5%-1.2% Gel)	1	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream, 1%-0.05% Lotion)	1	
Condylox (Gel)	3	
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)	3	
Cosentyx (Injection)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cosentyx Sensoready Pen (Injection)	4	PA
Diclofenac Sodium (3% Gel)	4	PA
Differin (0.1% Cream, 0.1% Gel, 0.3% Gel, 0.1% Lotion)	3	
Dovonex (Cream)	4	
Doxepin HCl (Cream)	4	PA
Duac (Gel)	3	
Dupixent (Injection)	4	PA, QL
Efudex (Cream)	3	
Elidel (Cream)	3	ST
Enstilar (Foam)	4	PA
Epiduo (Gel)	3	ST
Epiduo Forte (Gel)	3	ST
Ery (2% Pad)	1	
Erygel (Gel)	3	
Erythromycin (2% External Solution, 2% Gel)	1	
Erythromycin/Benzoyl Peroxide (Gel)	3	
Eucrisa (Ointment)	3	PA
Evoclin (Foam)	3	
Fabior (Foam)	3	PA
Finacea (15% Foam, 15% Gel)	2	
Fluorouracil (0.5% Cream)	4	
Fluorouracil (2% External Solution, 5% External Solution, 5% Cream)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Imiquimod (Cream)	1	
Klaron (Lotion)	3	PA
Lotrisone (Cream)	3	
Methoxsalen (Capsule)	4	
Mirvaso (Gel)	3	
Myorisan (10mg Capsule)	1	PA
Myorisan (20mg Capsule, 30mg Capsule, 40mg Capsule)	3	PA
Neo-Synalar (Cream)	3	
Neuac (Gel)	3	
Onexton (Gel)	3	
Oxsoralen Ultra (Capsule)	4	
Picato (Gel)	2	
Podofilox (External Solution)	1	
Protopic (Ointment)	3	ST
PRUDOXIN (Cream)	3	PA
Regranex (Gel)	4	PA
Retin-A (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	3	PA
Retin-A Micro (Gel)	3	PA
Retin-A Micro Pump (Gel)	4	PA
Santyl (Ointment)	3	
Selenium Sulfide (Lotion)	1	
Siliq (Solution Prefilled Syringe)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Solaraze (Gel)	4	PA
Soolantra (Cream)	3	
Soriatane (Capsule)	4	
Sorilux (Foam)	4	
Stelara (Injection)	4	PA
Sulfacetamide Sodium (10% Lotion)	1	PA
Taclonex (0.064%-0.005% Ointment, 0.064%-0.005% Suspension)	4	
Tacrolimus (0.03% Ointment, 0.1% Ointment)	3	ST
Taltz (Injection)	4	PA
Tazarotene (Cream)	3	PA
Tazorac (0.05% Cream, 0.1% Cream, 0.05% Gel, 0.1% Gel)	3	PA
Tolak (Cream)	3	
Tretinoin (0.01% Gel, 0.025% Gel, 0.05% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	1	PA
Tretinoin (0.05% Gel)	3	PA
Tretinoin Microsphere (Gel)	3	PA
Vectical (Ointment)	4	
Veregen (Ointment)	4	
Zenatane (Capsule)	3	PA
Ziana (Gel)	4	PA
Zonalon (Cream)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zyclara (Cream)	4	PA
Zyclara Pump (Cream)	4	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Aminosyn 7%/ Electrolytes (Injection)	3	B/D, PA
Aminosyn 8.5%/ Electrolytes (Injection)	1	B/D, PA
Aminosyn II (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)	4	LA
Carnitor (1gm/10ml Oral Solution, 200mg/ml Injection, 330mg Tablet)	3	
Carnitor (200mg/ml Injection)	3	B/D, PA
Clinimix 2.75%/ Dextrose 5% (Injection)	3	B/D, PA
Clinimix 4.25%/ Dextrose 10% (Injection)	3	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clinimix 4.25%/Dextrose 20% (Injection)	3	B/D, PA	Clinimix E 5%/Dextrose 25% (Injection)	3	B/D, PA
Clinimix 4.25%/Dextrose 25% (Injection)	3	B/D, PA	Clinisol SF 15% (Injection)	3	B/D, PA
Clinimix 4.25%/Dextrose 5% (Injection)	3	B/D, PA	Dextrose 10% (Injection)	1	
Clinimix 5%/Dextrose 15% (Injection)	3	B/D, PA	Dextrose 10%/NaCl 0.2% (Injection)	1	
Clinimix 5%/Dextrose 20% (Injection)	3	B/D, PA	Dextrose 10%/NaCl 0.45% (Injection)	1	
Clinimix 5%/Dextrose 25% (Injection)	3	B/D, PA	Dextrose 2.5%/NaCl 0.45% (Injection)	1	
Clinimix E 2.75%/Dextrose 10% (Injection)	3	B/D, PA	Dextrose 5% (Injection)	1	
Clinimix E 2.75%/Dextrose 5% (Injection)	3	B/D, PA	Lactated Ringers Dextrose 5% Viaflex (Injection)	1	
Clinimix E 4.25%/Dextrose 10% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.2% (Injection)	1	
Clinimix E 4.25%/Dextrose 25% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.225% (Injection)	1	
Clinimix E 4.25%/Dextrose 5% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.33% (Injection)	1	
Clinimix E 5%/Dextrose 15% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.45% (Injection)	1	
Clinimix E 5%/Dextrose 20% (Injection)	3	B/D, PA	Dextrose 5%/NaCl 0.9% (Injection)	1	
			FreAmine HBC 6.9% (Injection)	3	B/D, PA
			HepatAmine (Injection)	1	B/D, PA
			Intralipid (20gm/100ml Injection)	1	B/D, PA
			Intralipid (30gm/100ml Injection)	3	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ionosol-MB/Dextrose 5% (Injection)	3		Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	1	
Isolyte-P/Dextrose 5% (Injection)	3		Magnesium Sulfate (1gm/2ml-50% Injection)	1	
Isolyte-S (Injection)	3		Magnesium Sulfate (5gm/10ml-50% Injection)	1	
K-Tab (Tablet Extended-Release)	3		Nephramine (Injection)	3	B/D, PA
KCl 0.075%/D5W/NaCl 0.45% (Injection)	1		Normosol-M in D5W (Injection)	1	
KCl 0.15%/D5W/NaCl 0.2% (Injection)	1		Normosol-R (Injection)	1	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	1		Normosol-R in D5W (Injection)	1	
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 10 (Tablet Extended-Release)	1		Physiolyte (Irrigation Solution)	3	
Klor-Con 8 (Tablet Extended-Release)	1		Physiosol Irrigation (Solution)	3	
Klor-Con M10 (Tablet Extended-Release)	1		Plasma-Lyte A (Injection)	3	
Klor-Con M15 (Tablet Extended-Release)	1		Plasma-Lyte-148 (Injection)	3	
Klor-Con M20 (Tablet Extended-Release)	1		Plenaminate (Injection)	1	B/D, PA
Klor-Con Sprinkle (Capsule Extended-Release)	1		Potassium Chloride (10% Oral Solution, 20% Oral Solution)	1	
Lactated Ringers Irrigation (Solution)	1				
Lactated Ringers Viaflex (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
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	1	B/D, PA	Potassium Chloride 0.15% /NaCl 0.45% Viaflex (Injection)	1	B/D, PA
Potassium Chloride (2meq/ml Injection)	1	B/D, PA	Potassium Chloride 0.15%/NaCl 0.9% (Injection)	1	B/D, PA
Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)	1		Potassium Citrate ER (Tablet Extended-Release)	1	
Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)	1		Premasol (10% Injection)	3	B/D, PA
Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)	1		Premasol (6% Injection)	1	B/D, PA
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	1		Procalamine (Injection)	3	B/D, PA
Potassium Chloride ER (20meq Tablet Extended-Release)	1		Prosol (Injection)	3	B/D, PA
Potassium Chloride 0.3%/D5W (Injection)	1	B/D, PA	Ringers Injection	1	
KCl 0.15%/D5W/LR (Injection)	1		Ringers Irrigation (Solution)	1	
			Sodium Chloride (0.9% Injection, 2.5meq/ml Injection)	1	
			Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)	1	B/D, PA
			Sodium Chloride 0.45% (Injection)	1	
			Sodium Chloride 0.9% (Irrigation Solution)	1	
			Sodium Fluoride (Tablet)	1	
			Sodium Lactate (Injection)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)	4	
Phoslyra (Oral Solution)	2	
Renagel (Tablet)	2	ST
Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	2	
Velphoro (Tablet Chewable)	4	
Vitamins		
VP-PNV-DHA (Capsule)	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Atropine Sulfate (0.25mg/5ml Injection)	1	PA, HRM
Bentyl (10mg Capsule)	3	QL, HRM
Cuvposa (Oral Solution)	3	
Dicyclomine HCl (10mg Capsule, 20mg Tablet, 10mg/5ml Oral Solution)	1	HRM
Glycopyrrolate (1mg Tablet, 2mg Tablet)	1	PA
Glycopyrrolate (4mg/20ml Injection)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Methscopolamine Bromide (Tablet)	1	
Propantheline Bromide (Tablet)	1	PA, HRM
Robinul (1mg Tablet)	3	PA
Robinul Forte (Tablet)	3	PA
Gastrointestinal Agents, Other		
Actigall (Capsule)	4	
Chenodal (Tablet)	4	
Cromolyn Sodium (100mg/5ml Concentrate)	3	
Diphenoxylate/ Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	1	PA, HRM
Gastrocrom (Concentrate)	4	
Gattex (Injection)	4	PA
Lansoprazole/ Amoxicillin/ Clarithromycin (Therapy Pack)	3	
Lomotil (Tablet)	3	PA, HRM
Loperamide HCl (Capsule)	1	
Movantik (Tablet)	3	PA, QL
Myalept (Injection)	4	PA
Mytesi (Tablet Delayed-Release)	3	PA
Prevpac (Therapy Pack)	4	
Pylera (Capsule)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)	4	PA
Relistor (150mg Tablet)	4	PA, QL
Serostim (Injection)	4	PA
Urso (Tablet)	3	
Ursodiol (250mg Tablet)	1	
Ursodiol (300mg Capsule, 500mg Tablet)	3	
Xermelo (Tablet)	4	PA, QL
Zorbive (Injection)	4	PA
Histamine2 (H2) Receptor Antagonists		
Cimetidine (Tablet)	1	
Cimetidine HCl (Oral Solution)	1	
Famotidine (20mg Tablet, 40mg Tablet, 20mg/2ml Injection, 40mg/5ml Suspension)	1	
Famotidine Premixed (Injection)	1	
Nizatidine (150mg Capsule, 300mg Capsule)	1	
Nizatidine (15mg/ml Oral Solution)	3	
Pepcid (20mg Tablet)	3	
Pepcid (40mg Tablet)	4	
Pepcid (Suspension)	3	

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexilant (Capsule Delayed-Release)	3	QL	Omeprazole/Sodium Bicarbonate (20mg-1680mg Packet, 40mg-1680mg Packet)	4	ST
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	1	QL	Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL
Esomeprazole Sodium (Injection)	1		Pantoprazole Sodium (40mg Injection)	1	
Lansoprazole (Capsule Delayed-Release)	1	QL	Prevacid (Capsule Delayed-Release)	3	QL
Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)	2		Prevacid SoluTab (Tablet Dispersible)	3	ST
Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL	Prilosec (Packet)	3	PA
Nexium I.V. (Injection)	3		Protonix (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	3	QL
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL	Protonix (40mg Injection)	3	
Omeprazole (20mg Capsule Delayed-Release)	1		Protonix (40mg Packet)	3	ST
Omeprazole/Sodium Bicarbonate (20mg-1100mg Capsule, 40mg-1100mg Capsule)	3		Rabeprazole Sodium (Tablet Delayed-Release)	1	
			Yosprala (Tablet Delayed-Release)	3	QL
			Zegerid (20mg-1100mg Capsule, 40mg-1100mg Capsule)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zegerid (20mg-1680mg Packet, 40mg-1680mg Packet)	4	ST
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Adagen (Injection)	4	LA
Aldurazyme (Injection)	4	
Aralast NP (Injection)	4	PA, LA
Buphenyl (3gm/tsp Powder, 500mg Tablet)	4	
Cerdelga (Capsule)	4	PA, QL
Cerezyme (Injection)	4	PA
Cholbam (Capsule)	4	PA
Creon (Capsule Delayed-Release)	2	
Cystadane (Powder)	4	
Cystagon (Capsule)	3	LA
Elaprased (Injection)	4	
Elelyso (Injection)	4	PA, LA
Exondys 51 (Injection)	4	PA, LA
Fabrazyme (Injection)	4	
Glassia (Injection)	4	PA, LA
Kanuma (Injection)	4	PA
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lumizyme (Injection)	4	
Naglazyme (Injection)	4	
Ocaliva (Tablet)	4	PA, QL
Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	4	LA
Pancreaze (10850unit-2600unit-6200unit Capsule Delayed-Release, 24600unit-4200unit-14200unit Capsule Delayed-Release, 61500unit-10500unit-35500unit Capsule Delayed-Release, 98400unit-16800unit-56800unit Capsule Delayed-Release)	3	ST
Pancreaze (83900unit-21000unit-54700unit Capsule Delayed-Release)	4	ST
Pertzye (15125unit-4000unit-14375unit Capsule Delayed-Release, 30250unit-8000unit-28750unit Capsule Delayed-Release)	3	ST
Pertzye (60500unit-16000unit-57500unit Capsule Delayed-Release)	4	ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Procysbi (Capsule Delayed-Release)	4	
Prolastin-C (Injection)	4	PA, LA
RAVICTI (Liquid)	4	QL
Sodium Phenylbutyrate (Powder)	4	
Strensiq (Injection)	4	PA, LA
Sucraid (Oral Solution)	4	LA
Viokace (39150unit-10440unit -39150unit Tablet)	3	ST
Viokace (78300unit-20880unit -78300unit Tablet)	4	ST
VPRIV (Injection)	4	PA
Zavesca (Capsule)	4	PA, LA
Zemaira (Injection)	4	PA, LA
Zenpep (Capsule Delayed-Release)	2	
Genitourinary Agents		
Antispasmodics, Urinary		
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	3	QL, ST
Detrol (Tablet)	3	
Detrol LA (Capsule Extended-Release 24 Hour)	3	
Ditropan XL (Tablet Extended-Release 24 Hour)	3	QL
Enablex (Tablet Extended-Release 24 Hour)	3	QL, ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Flavoxate HCl (Tablet)	1	
Gelnique (10% Gel)	3	QL
Myrbetriq (Tablet Extended-Release 24 Hour)	2	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	1	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	1	QL
Oxytrol (Patch Twice Weekly)	3	
Tolterodine Tartrate (Tablet)	1	
Tolterodine Tartrate ER (Capsule Extended-Release 24 Hour)	1	
Toviaz (Tablet Extended-Release 24 Hour)	3	QL, ST
Trospium Chloride (Tablet)	1	
Trospium Chloride ER (Capsule Extended-Release 24 Hour)	1	
Vesicare (Tablet)	2	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
Avodart (Capsule)	3	
Cardura XL (Tablet Extended-Release 24 Hour)	3	QL

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clobetasol Propionate E (Cream)	3	
Clobex (0.05% Liquid, 0.05% Lotion, 0.05% Shampoo)	4	
Clodan (Shampoo)	3	
Cloderm Pump (Cream)	3	
Cordran (Tape)	3	
Cormax Scalp Application (External Solution)	1	
Cortef (Tablet)	3	
Cortisone Acetate (Tablet)	1	
Cutivate (Lotion)	4	
Depo-Medrol (Injection)	3	
Dermatop (Cream)	3	
Desonate (Gel)	3	
Desonide (0.05% Cream, 0.05% Ointment)	1	
Desonide (0.05% Lotion)	3	
DesOwen (0.05% Cream)	3	
DesOwen (0.05% Lotion)	3	
Desoximetasone (0.05% Cream, 0.05% Ointment, 0.25% Ointment)	3	
Desoximetasone (0.05% Gel, 0.25% Cream)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	1	
Dexamethasone Intensol (1mg/ml Concentrate)	1	
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	1	
DexPak 13 Day (Tablet Therapy Pack)	3	
Diflorasone Diacetate (0.05% Cream, 0.05% Ointment)	3	
Diprolene (0.05% Lotion, 0.05% Ointment)	3	
Diprolene AF (Cream)	3	
Elocon (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3	
Fludrocortisone Acetate (Tablet)	1	
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	1	
Fluocinolone Acetonide Body (Oil)	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
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	1		Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	1	
Fluocinonide (0.1% Cream)	3		Kenalog (Aerosol Solution)	3	
Fluocinonide-E (Cream)	1		Kenalog-10 (Injection)	3	
Flurandrenolide (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3		Kenalog-40 (Injection)	3	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	1		Locoid (0.1% Cream, 0.1% External Solution, 0.1% Lotion, 0.1% Ointment)	3	
Fluticasone Propionate (0.05% Lotion)	3		LoKara (Lotion)	3	
H.P. Acthar (Injection)	4	PA	Medrol (Tablet)	3	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	1		Medrol Dosepak (Tablet Therapy Pack)	3	
Halog (0.1% Cream, 0.1% Ointment)	4		Methylprednisolone (Tablet)	1	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment, 10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	1		Methylprednisolone Acetate (Injection)	1	
Hydrocortisone Butyrate (0.1% External Solution, 0.1% Ointment)	1		Methylprednisolone Dose Pack (Tablet Therapy Pack)	1	
Hydrocortisone Butyrate (Lipophilic) (Cream)	3		Methylprednisolone Sodium Succinate (Injection)	1	
			Micort-HC (Cream)	3	
			Millipred (10mg/5ml Oral Solution, 5mg Tablet)	3	
			Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	1	
			Nolix (Lotion)	3	
			Olux (Foam)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orapred ODT (Tablet Dispersible)	3	
Pandel (Cream)	3	
Prednicarbate (0.1% Cream)	1	
Prednicarbate (0.1% Ointment)	1	
Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 15mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	
Prednisolone Sodium Phosphate ODT (Tablet Dispersible)	3	
Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Prednisone Intensol (5mg/ml Concentrate)	1	
Psorcon (Cream)	3	
Rayos (Tablet Delayed-Release)	4	PA
Solu-Cortef (Injection)	3	
Solu-Medrol (Injection)	3	
Synalar (Cream)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Topicort (0.05% Cream, 0.25% Cream, 0.05% Gel, 0.25% Ointment)	3	
Topicort (0.05% Ointment, 0.25% Liquid)	3	
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Lotion, 0.1% Lotion, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	1	
Triamcinolone Acetonide (0.147mg/gm Aerosol Solution Generic Kenalog Spray)	3	
Trianex (Ointment)	4	
Triderm (Cream)	1	
Tridesilon (Cream)	1	
Ultravate (0.05% Cream, 0.05% Ointment)	3	
Ultravate (0.05% Lotion)	4	
Vanos (Cream)	4	
Veripred 20 (Oral Solution)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		

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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
Chorionic Gonadotropin (Injection)	3	PA	Humatrope Combo Pack (Injection)	4	PA
DDAVP (0.01% Nasal Rhinal Tube Solution, 0.1mg Tablet, 4mcg/ml Injection)	3		Increlex (Injection)	4	PA
DDAVP (0.01% Nasal Spray Solution, 0.2mg Tablet, 4mcg/ml Injection)	4		Norditropin FlexPro (Injection)	4	PA
Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)	3		Novarel (Injection)	3	PA
Desmopressin Acetate (0.01% Nasal Spray Solution, 0.1mg Tablet, 0.2mg Tablet)	1		Nutropin AQ (Injection)	4	PA
Desmopressin Acetate (4mcg/ml Injection)	3		Omnitrope (Injection)	4	PA
Genotropin (12mg Injection, 5mg Injection)	4	PA	Omnitrope (5.8mg Injection)	3	PA
Genotropin Miniquick (0.2mg Injection)	3	PA	Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)	3	PA
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)	4	PA	Saizen (Injection)	4	PA
Humatrope (Injection)	4	PA	Stimate (Nasal Solution)	4	
			Zomacton (10mg Injection)	4	PA
			Zomacton (5mg Injection)	3	PA
			Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
			Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
			Korlym (Tablet)	4	PA, QL
			Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
			Androgens		
			Anadrol-50 (Tablet)	4	PA
			Androderm (Patch 24 Hour)	2	QL
			AndroGel (1% Packet Gel)	3	

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
AndroGel (1.62% Packet Gel)	2	
AndroGel Pump (1.62% Gel)	2	
Aveed (Injection)	3	PA
Axiron (Transdermal Solution)	3	PA, QL
Danazol (100mg Capsule, 200mg Capsule)	3	
Danazol (50mg Capsule)	1	
Depo-Testosterone (Injection)	3	PA
Fortesta (Gel)	3	PA
Methitest (Tablet)	3	PA
Methyltestosterone (Capsule)	4	PA
Oxandrolone (10mg Tablet)	3	PA, QL
Oxandrolone (2.5mg Tablet)	1	PA, QL
Striant	3	PA
Testim (Gel)	3	PA
Testosterone (10mg/act Gel)	3	PA
Testosterone (25mg/2.5gm Gel, 50mg/5gm Gel)	1	
Testosterone Cypionate (Injection)	1	PA
Testosterone Enanthate (Injection)	1	PA
Testosterone Pump (Gel)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vogelxo (Gel)	3	PA
Vogelxo Pump (Gel)	3	PA
Estrogens		
Alora (Patch Twice Weekly)	3	PA, QL, HRM
Alyacen 1/35 (Tablet)	1	
Amethia (Tablet)	1	
Amethia Lo (Tablet)	1	
Apri (Tablet)	1	
Aranelle (Tablet)	1	
Ashlyna (Tablet)	1	
Aubra (Tablet)	1	
Aviane (Tablet)	1	
Balziva (Tablet)	1	
Bekyree (Tablet)	1	
Beyaz (Tablet)	3	
Blisovi 24 Fe (Tablet)	1	
Blisovi Fe 1.5/30 (Tablet)	1	
Blisovi Fe 1/20 (Tablet)	1	
Brevicon-28 (Tablet)	3	
Briellyn (Tablet)	1	
Camrese Lo (Tablet)	1	
Caziant (Tablet)	1	
Climara Pro (Patch Weekly)	3	PA, HRM
Cryselle-28 (Tablet)	1	
Cyclafem (Tablet)	1	
Cyclessa (Tablet)	3	
Delestrogen (Injection)	3	
Delyla (Tablet)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Depo-Estradiol (Injection)	3	
Desogen (Tablet)	3	
Desogestrel/Ethinyl Estradiol (Tablet)	1	
Drospirenone/Ethinyl Estradiol (Tablet)	1	
Drospirenone/Ethinyl Estradiol/ Levomefolate Calcium (Tablet)	1	
Elestrin (Gel)	3	PA, HRM
Emoquette (Tablet)	1	
Enpresse-28 (Tablet)	1	
Estrace (0.1mg/gm Cream)	3	
Estrace (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	3	PA, HRM
Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly)	1	PA, QL, HRM
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	1	PA, HRM
Estradiol Valerate (Injection)	1	
Estring (Ring)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ethinodiol Diacetate/ Ethinyl Estradiol (Tablet)	1	
Falmina (Tablet)	1	
Fayosim (Tablet)	1	
Femhrt Low Dose (Tablet)	3	PA, HRM
Femring (Ring)	3	
Femynor (Tablet)	1	
Fyavolv (Tablet)	1	PA, HRM
Generess Fe (Tablet Chewable)	3	
Gianvi (Tablet)	1	
Gildagia (Tablet)	1	
Introvale (Tablet)	1	
Jinteli (Tablet)	1	PA, HRM
Juleber (Tablet)	1	
Junel 1.5/30 (Tablet)	1	
Junel 1/20 (Tablet)	1	
Junel Fe 1.5/30 (Tablet)	1	
Junel Fe 1/20 (Tablet)	1	
Junel Fe 24 (Tablet)	1	
Kaitlib Fe (Tablet Chewable)	1	
Kariva (Tablet)	1	
Kelnor 1/35 (Tablet)	1	
Kimidess (Tablet)	1	
LARIN 1.5/30 (Tablet)	1	
LARIN 1/20 (Tablet)	1	
LARIN Fe 1.5/30 (Tablet)	1	
LARIN Fe 1/20 (Tablet)	1	

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
Larissia (Tablet)	1	
Layolis Fe (Tablet Chewable)	1	
Leena (Tablet)	1	
Lessina (Tablet)	1	
Levonest (Tablet)	1	
Levonorgestrel and Ethinyl Estradiol (Tablet)	1	
Levonorgestrel/Ethinyl Estradiol (Tablet)	1	
Levora 0.15/30-28 (Tablet)	1	
Lo Loestrin Fe (Tablet)	3	
Loestrin 1.5/30-21 (Tablet)	3	
Loestrin 1/20-21 (Tablet)	3	
Loestrin Fe 1.5/30 (Tablet)	3	
Loestrin Fe 1/20 (Tablet)	3	
Lomedia 24 Fe (Tablet)	1	
Loryna (Tablet)	1	
LoSeasonique (Tablet)	3	
Low-Ogestrel (Tablet)	1	
Lutera (Tablet)	1	
Marlissa (Tablet)	1	
Menest (Tablet)	3	PA, HRM
Mibelas 24 Fe (Tablet Chewable)	1	
Microgestin 1.5/30 (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Microgestin 1/20 (Tablet)	1	
Microgestin Fe (Tablet)	1	
Microgestin Fe 1.5/30 (Tablet)	1	
Minastrin 24 Fe (Tablet Chewable)	3	
Minivelle (Patch Twice Weekly)	3	PA, QL, HRM
MonoNessa (Tablet)	1	
Natazia (Tablet)	3	
Necon 0.5/35-28 (Tablet)	1	
Necon 1/50-28 (Tablet)	1	
Necon 10/11-28 (Tablet)	1	
Necon 7/7/7 (Tablet)	1	
Nikki (Tablet)	1	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.8mg-25mcg Tablet Chewable)	1	
Norethindrone Acetate/Ethinyl Estradiol (0.5mg-2.5mcg Tablet, 1mg-5mcg Tablet)	1	PA, HRM
Norethindrone Acetate/Ethinyl Estradiol (1mg-20mcg Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (1mg-20mcg-75mg Tablet Chewable)	1		Ovcon-35 (Tablet)	3	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)	1		Pimtreea (Tablet)	1	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.4mg-35mcg Tablet Chewable)	1		Pirmella 1/35 (Tablet)	1	
Norgestimate/Ethinyl Estradiol (Tablet)	1		Portia-28 (Tablet)	1	
Norinyl 1+35 (Tablet)	3		Premarin (25mg Injection)	3	
Nortrel 0.5/35 (28) (Tablet)	1		Premarin (Vaginal Cream)	2	
Nortrel 1/35 (Tablet)	1		Previfem (Tablet)	1	
Nortrel 7/7/7 (Tablet)	1		Quartette (Tablet)	3	
NuvaRing (Ring)	3		Quasense (Tablet)	1	
Ocella (Tablet)	1		Reclipsen (Tablet)	1	
Ogestrel (Tablet)	1		Rivelsa (Tablet)	1	
Orsythia (Tablet)	1		Safyral (Tablet)	3	
Ortho Tri-Cyclen (Tablet)	3		Seasonique (Tablet)	3	
Ortho Tri-Cyclen Lo (Tablet)	3		Setlakin (Tablet)	1	
Ortho-Cyclen (Tablet)	3		Sprintec 28 (Tablet)	1	
Ortho-Novum 1/35 (Tablet)	3		Sronyx (Tablet)	1	
Ortho-Novum 7/7/7 (Tablet)	3		Tarina Fe 1/20 (Tablet)	1	
			Tri-Legest Fe (Tablet)	1	
			Tri-Lo-Estarylla (Tablet)	1	
			Tri-Lo-Sprintec (Tablet)	1	
			Tri-Norinyl 28 (Tablet)	3	
			Tri-Previfem (Tablet)	1	
			Tri-Sprintec (Tablet)	1	
			Trinessa (Tablet)	1	
			Trivora-28 (Tablet)	1	
			Vagifem (Tablet)	3	QL
			Velivet (Tablet)	1	
			Vestura (Tablet)	1	
			Vienva (Tablet)	1	

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
Vivelle-Dot (Patch Twice Weekly)	3	PA, QL, HRM
Vyfemla (Tablet)	1	
WYMZYA Fe (Tablet Chewable)	1	
Xulane (Patch Weekly)	1	
Yasmin 28 (Tablet)	3	
Yaz (Tablet)	3	
Yuvaferm (Tablet)	3	QL
Zarah (Tablet)	1	
Zenchent (Tablet)	1	
Zenchent Fe (Tablet Chewable)	1	
Zovia 1/35E (Tablet)	1	
Zovia 1/50E (Tablet)	1	
Progestins		
Aygestin (Tablet)	3	
Camila (Tablet)	1	
Crinone (Gel)	3	PA
Deblitane (Tablet)	1	
Depo-Provera (Injection)	3	
Depo-Provera Contraceptive (Injection)	3	
Depo-SubQ Provera104 (Injection)	3	
Errin (Tablet)	1	
Hydroxyprogesterone Caproate (Injection)	4	PA
Jolivette (Tablet)	1	
Lyza (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Makena (Injection)	4	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection)	1	
Megace ES (Suspension)	4	PA, HRM
Megace Oral (Suspension)	3	PA, HRM
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	1	PA, HRM
Megestrol Acetate (625mg/5ml Suspension)	3	PA, HRM
Nora-BE (Tablet)	1	
Norethindrone (Tablet)	1	
Norethindrone Acetate (Tablet)	1	
Norlyroc (Tablet)	1	
Ortho Micronor (Tablet)	3	
Progesterone (Capsule)	1	
Prometrium (Capsule)	3	
Provera (Tablet)	3	
Sharobel (Tablet)	1	
Selective Estrogen Receptor Modifying Agents		
Evista (Tablet)	3	QL
Raloxifene HCl (Tablet)	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

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
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			Firmagon (120mg Injection)	4	PA
Cytomel (Tablet)	3		Firmagon (80mg Injection)	3	PA
Levothyroxine Sodium (100mcg Injection)	4		Leuprolide Acetate (Injection)	3	PA
Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)	1		Lupaneta Pack (Kit)	4	PA
Levoxyl (Tablet)	1		Lupron Depot (1-Month) (Injection)	4	PA
Liothyronine Sodium (10mcg/ml Injection, 25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	1		Lupron Depot (3-Month) (Injection)	4	PA
Synthroid (Tablet)	2		Lupron Depot (4-Month) (Injection)	4	PA
Thyrolar (Tablet)	2		Lupron Depot (6-Month) (Injection)	4	PA
Tirosint (Capsule)	3		Lupron Depot-Ped (1-Month) (Injection)	4	PA
Triostat (Injection)	3		Octreotide Acetate (Injection)	3	PA
Unithroid (Tablet)	1		Sandostatin (100mcg/ml Injection, 500mcg/ml Injection)	4	PA
Hormonal Agents, Suppressant (Adrenal)			Sandostatin (50mcg/ml Injection)	3	PA
Hormonal Agents, Suppressant (Adrenal)			Sandostatin LAR Depot (Injection)	4	PA
Lysodren (Tablet)	4		Signifor (Injection)	4	PA
Hormonal Agents, Suppressant (Pituitary)			Signifor LAR (Injection)	4	PA
Hormonal Agents, Suppressant (Pituitary)			Somatuline Depot (Injection)	4	PA
Cabergoline (Tablet)	1		Somavert (Injection)	4	PA, QL
Egrifta (Injection)	4	PA	Synarel (Nasal Solution)	4	
Eligard (Injection)	3	PA	Trelstar Mixject (Injection)	4	PA

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

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Mycophenolate Mofetil (200mg/ml Suspension)	4	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	1	PA
Mycophenolate Mofetil (500mg Injection)	3	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	3	B/D, PA
Myfortic (180mg Tablet Delayed-Release)	3	B/D, PA
Myfortic (360mg Tablet Delayed-Release)	4	B/D, PA
Neoral (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
Nulojix (Injection)	4	PA
Orencia (125mg/ml Injection, 50mg/0.4ml Injection, 87.5mg/0.7ml Injection, 250mg Injection)	4	PA
Orencia Clickject (Injection)	4	PA
Otrexup (Injection)	3	PA
Prograf (0.5mg Capsule, 1mg Capsule, 5mg/ml Injection)	3	PA
Prograf (5mg Capsule)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rapamune (0.5mg Tablet)	3	B/D, PA
Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)	4	B/D, PA
Rasuvo (Injection)	3	PA
Remicade (Injection)	4	PA
Sandimmune (100mg Capsule)	4	B/D, PA
Sandimmune (100mg/ml Oral Solution, 25mg Capsule)	3	B/D, PA
Sandimmune (50mg/ml Injection)	3	
Simponi (Injection)	4	PA
Simponi Aria (Injection)	4	PA
Sirolimus (Tablet)	3	B/D, PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	1	PA
Torisel (Injection)	4	
Trexall (Tablet)	3	
Xeljanz (Tablet)	4	PA, QL
Xeljanz XR (Tablet Extended-Release 24 Hour)	4	PA, QL
Zortress (Tablet)	4	PA
Immunizing Agents, Passive		
Atgam (Injection)	4	
BIVIGAM (Injection)	4	PA
Carimune Nanofiltered (Injection)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Flebogamma DIF (Injection)	4	PA
Gamastan S/D (Injection)	2	PA
Gammagard Liquid (Injection)	4	PA
Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	4	PA
Gammaked (Injection)	4	PA
Gammplex (Injection)	4	PA
Gamunex-C (Injection)	4	PA
Hyperrab S/D (Injection)	3	B/D, PA
Imogam Rabies-HT (Injection)	3	B/D, PA
Octagam (Injection)	4	PA
Privigen (Injection)	4	PA
Thymoglobulin (Injection)	4	
Varizig (Injection)	1	
Immunomodulators		
Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection)	4	PA
Actemra (80mg/4ml Injection)	3	PA
Actimmune (Injection)	4	
Arava (Tablet)	4	
Arcalyst (Injection)	4	PA, LA
Benlysta (Injection)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ilaris (Injection)	4	PA, QL, LA
Leflunomide (Tablet)	1	
Otezla (Tablet Therapy Pack, 30mg Tablet)	4	PA
Ridaura (Capsule)	4	
Simulect (Injection)	4	
Sylvant (Injection)	4	PA
Synagis (Injection)	4	PA
Xolair (Injection)	4	PA
Zinplava (Injection)	4	PA
Vaccines		
ActHIB (Injection)	1	
Adacel (Injection)	1	
BCG Vaccine (Injection)	2	
Bexsero (Injection)	1	
Boostrix (Injection)	1	
Daptacel (Injection)	1	
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	1	
Engerix-B (Injection)	1	B/D, PA
Gardasil 9 (Injection)	1	
Havrix (Injection)	1	
Hiberix (Injection)	1	
Imovax Rabies (H.D.C.V.) (Injection)	1	B/D, PA
Infanrix (Injection)	1	
IPOL Inactivated IPV (Injection)	1	
Ixiaro (Injection)	2	
Kinrix (Injection)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
M-M-R II (Injection)	1	
Menactra (Injection)	1	
Menomune-A/C/Y/W-135 (Injection)	1	
Menveo (Injection)	1	
Pediarix (Injection)	1	
Pedvax HIB (Injection)	1	
ProQuad (Injection)	1	
Quadracel (Injection)	1	
Rabavert (Injection)	1	B/D, PA
Recombivax HB (Injection)	1	B/D, PA
Rotarix (Suspension)	1	
RotaTeq (Oral Solution)	1	
Tenivac (Injection)	1	
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	1	
Trumenba (Injection)	1	
Twinrix (Injection)	1	
Typhim Vi (Injection)	2	
VAQTA (Injection)	1	
Varivax (Injection)	1	
YF-Vax (Injection)	2	
Zostavax (Injection)	1	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	2	QL
Asacol HD (Tablet Delayed-Release)	3	QL, ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Balsalazide Disodium (Capsule)	1	
Canasa (Suppository)	4	
Colazal (Capsule)	4	
Delzicol (Capsule Delayed-Release)	3	ST
Dipentum (Capsule)	4	
Giazo (Tablet)	3	
Lialda (Tablet Delayed-Release)	2	QL
Mesalamine (Kit)	3	
Mesalamine DR (Tablet Delayed-Release)	3	QL, ST
Pentasa (Capsule Extended-Release)	3	QL
sfRowasa (Enema)	4	QL
Glucocorticoids		
Anusol-HC (Cream)	3	
Budesonide (3mg Capsule Delayed-Release)	3	
Colocort (Enema)	1	
Entocort EC (Capsule Delayed-Release)	4	
Hydrocortisone (100mg/60ml Enema)	1	
Procto-Med HC (Cream)	1	
Procto-Pak (Cream)	1	
Proctosol HC (Cream)	1	
Proctozone-HC (Cream)	1	
Uceris (2mg/act Foam)	3	

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
Uceris (9mg Tablet Extended-Release 24 Hour)	4	ST
Sulfonamides		
Azulfidine (Tablet)	3	
Azulfidine EN-Tabs (Tablet Delayed-Release)	3	
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Actonel (Tablet)	3	QL
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Alendronate Sodium (70mg/75ml Oral Solution)	1	
Atelvia (Tablet Delayed-Release)	3	QL
Binosto (Tablet Effervescent)	3	QL
Boniva (150mg Tablet)	3	QL
Boniva (3mg/3ml Injection)	3	B/D, PA
Calcitonin-Salmon (Nasal Solution)	1	QL

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection)	1	B/D, PA
Paricalcitol (4mcg Capsule)	3	B/D, PA
Prolia (Injection)	3	
Reclast (Injection)	3	PA
Risedronate Sodium (Tablet)	1	QL
Risedronate Sodium DR (Tablet Delayed-Release)	1	QL
Rocaltrol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	3	B/D, PA
Sensipar (30mg Tablet)	2	QL
Sensipar (60mg Tablet, 90mg Tablet)	4	QL
Tymlos (Injection)	4	PA, QL
Xgeva (Injection)	4	PA
Zemplar (1mcg Capsule, 2mcg Capsule)	3	B/D, PA, QL
Zemplar (2mcg/ml Injection)	3	B/D, PA
Zemplar (5mcg/ml Injection)	4	B/D, PA
Zoledronic Acid (4mg/5ml Injection)	1	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	1	PA
Zometa (Injection)	4	B/D, PA
Miscellaneous Therapeutic Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	1	
Botox (Injection)	3	PA, QL
Dysport (Injection)	3	PA
Fomepizole (Injection)	4	
Gauze (Non-medicated 2X2)	1	
Insulin Syringes, Needles	1	
Sterile Water Irrigation (Solution)	1	
Xeomin (Injection)	3	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (1% Ophthalmic Solution)	1	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	1	
Blephamide (Suspension)	3	
Blephamide S.O.P. (Ointment)	3	
Cystaran (Ophthalmic Solution)	4	
Lacrisert (Insert)	3	
Lastacaft (Ophthalmic Solution)	2	
Maxitrol (0.1% Ointment, 0.1% Suspension)	3	
Neomycin/Bacitracin/Polymyxin (Ointment)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin/Polymyxin/ Bacitracin/ Hydrocortisone (Ophthalmic Ointment)	1		Tobradex (0.3%-0.1% Ophthalmic Suspension)	3	
Neomycin/Polymyxin/ Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	1		Tobradex ST (Ophthalmic Suspension)	3	
Neomycin/Polymyxin/ Gramicidin (Ophthalmic Solution)	1		Tobramycin/ Dexamethasone (Ophthalmic Suspension)	1	
Neomycin/Polymyxin/ Hydrocortisone (1% Ophthalmic Suspension)	1		Xiidra (Ophthalmic Solution)	3	QL
Neosporin (Ophthalmic Solution)	3		Zylet (Suspension)	3	
Polymyxin B Sulfate/ Trimethoprim Sulfate (Ophthalmic Solution)	1		Ophthalmic Anti-allergy Agents		
Polytrim (Ophthalmic Solution)	3		Alocril (Ophthalmic Solution)	3	
Pred-G (Suspension)	3		Alomide (Ophthalmic Solution)	3	
Pred-G S.O.P. (Ointment)	3		Azelastine HCl (0.05% Ophthalmic Solution)	1	
Proparacaine HCl (Ophthalmic Solution)	1		Bepreve (Ophthalmic Solution)	3	
Restasis (Emulsion)	2	QL	Cromolyn Sodium (4% Ophthalmic Solution)	1	
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	1		Elestat (Ophthalmic Solution)	3	
Tobradex (0.3%-0.1% Ophthalmic Ointment)	2		Emadine (Ophthalmic Solution)	3	
			Epinastine HCl (Ophthalmic Solution)	1	
			Olopatadine HCl (Ophthalmic Solution)	1	
			Pataday (Ophthalmic Solution)	3	
			Patanol (Ophthalmic Solution)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1	
Iopidine (Ophthalmic Solution)	3	
Isopto Carpine (Ophthalmic Solution)	3	
Istalol (Ophthalmic Solution)	3	
Levobunolol HCl (Ophthalmic Solution)	1	
Metipranolol (Ophthalmic Solution)	1	
Phospholine Iodide (Ophthalmic Solution)	3	
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	1	
Simbrinza (Suspension)	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1	
Timolol Maleate Ophthalmic Gel Forming (Solution)	1	
Timoptic Ocudose (Ophthalmic Solution)	3	
Timoptic-XE (Gel Form Solution)	3	
Trusopt (Ophthalmic Solution)	3	
Ophthalmic Anti-inflammatories		

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Acular (Ophthalmic Solution)	3		Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	3	
Acular LS (Ophthalmic Solution)	3		Maxidex (Suspension)	3	
Acuvail (Ophthalmic Solution)	3	ST	Nevanac (Suspension)	2	
Alrex (Suspension)	3		Ocufen (Ophthalmic Solution)	3	
Bromfenac (Ophthalmic Solution)	1		Omnipred (Suspension)	3	
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	1		Pred Forte (Suspension)	3	
Diclofenac Sodium (0.1% Ophthalmic Solution)	1		Pred Mild (Suspension)	3	
Durezol (Emulsion)	2		Prednisolone Acetate (Ophthalmic Suspension)	1	
Flarex (Suspension)	3		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Fluorometholone (Ophthalmic Suspension)	1		Prolensa (Ophthalmic Solution)	3	
Flurbiprofen Sodium (Ophthalmic Solution)	1		Ophthalmic Prostaglandin and Prostaglandin Analogs		
FML (Ointment)	3		Bimatoprost (Ophthalmic Solution)	1	
FML Forte (Suspension)	3		Latanoprost (Ophthalmic Solution)	1	
FML Liquifilm (Suspension)	3		Lumigan (Ophthalmic Solution)	2	
Ilevro (Suspension)	2		Travatan Z (Ophthalmic Solution)	2	
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1		Xalatan (Ophthalmic Solution)	3	
			Zioptan (Ophthalmic Solution)	3	ST

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Desloratadine ODT (Tablet Dispersible)	1	
Diphenhydramine HCl (50mg/ml Injection)	1	B/D, PA
Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution)	1	
Levocetirizine Dihydrochloride (5mg Tablet)	1	QL
Olopatadine HCl (0.6% Nasal Solution)	1	
Patanase (Nasal Solution)	3	
Phenadoz (12.5mg Suppository)	1	PA, HRM
Phenergan (12.5mg Suppository)	1	PA, HRM
Promethazine HCl (12.5mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	PA, HRM
Xyzal (2.5mg/5ml Oral Solution)	3	
Xyzal (5mg Tablet)	3	QL
Anti-inflammatories, Inhaled Corticosteroids		
Aerospan (Aerosol Solution)	3	QL, ST
Alvesco (Aerosol Solution)	3	QL, ST
Arnuity Ellipta (Aerosol Powder)	2	QL
Asmanex HFA (Aerosol)	3	QL, ST

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
Asmanex Twisthaler 120 Metered Doses (Aerosol Powder)	3	QL, ST	Qnasl (Aerosol Solution)	3	ST
Asmanex Twisthaler 30 Metered Doses (Aerosol Powder)	3	QL, ST	Qnasl Childrens (Aerosol Solution)	3	ST
Asmanex Twisthaler 60 Metered Doses (Aerosol Powder)	3	QL, ST	QVAR (Aerosol Solution)	3	QL, ST
Beconase AQ (Suspension)	3	ST	Triamcinolone Acetonide (55mcg/act Aerosol)	1	
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	3	B/D, PA	Zetonna (Aerosol Solution)	3	ST
Budesonide Nasal Spray (Suspension)	1		Antileukotrienes		
Flovent Diskus (Aerosol Powder)	2	QL	Accolate (Tablet)	3	QL
Flovent HFA (Aerosol)	2	QL	Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL
Flunisolide (Nasal Solution)	1		Singularair (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	3	QL
Fluticasone Propionate (50mcg/act Suspension)	1		Zafirlukast (Tablet)	1	QL
Mometasone Furoate (50mcg/act Suspension)	3		Zileuton ER (Tablet Extended-Release 12 Hour)	4	ST
Nasonex (Suspension)	3		Zyflo (Tablet)	4	ST
Omnaris (Suspension)	3	ST	Zyflo CR (Tablet Extended-Release 12 Hour)	4	ST
Pulmicort (Suspension)	3	B/D, PA	Bronchodilators, Anticholinergic		
Pulmicort Flexhaler (Aerosol Powder)	3	QL, ST	Atrovent HFA (Aerosol Solution)	3	
			Incruse Ellipta (Aerosol Powder)	2	QL

Bold type = Brand name drug

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Epinephrine (0.15mg/0.15ml Injection, 0.3mg/0.3ml Injection) (Generic AdrenaClick)	3	QL, ST
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	2	QL
EpiPen (Injection)	3	QL, ST
Levalbuterol (Nebulized Solution)	1	B/D, PA
Levalbuterol Tartrate HFA (Aerosol)	3	ST
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	1	
Perforomist (Nebulized Solution)	3	B/D, PA, QL
ProAir HFA (Aerosol Solution)	2	
ProAir RespiClick (Aerosol Powder)	2	
Proventil HFA (Aerosol Solution)	3	ST
Serevent Diskus (Aerosol Powder)	2	QL
Striverdi Respimat (Aerosol Solution)	3	QL, ST
Terbutaline Sulfate (1mg/ml Injection)	4	
Terbutaline Sulfate (2.5mg Tablet, 5mg Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ventolin HFA (Aerosol Solution)	3	ST
Xopenex (Nebulized Solution)	3	B/D, PA
Xopenex Concentrate (Nebulized Solution)	3	B/D, PA
Xopenex HFA (Aerosol)	3	ST
Cystic Fibrosis Agents		
Bethkis (Nebulized Solution)	4	B/D, PA, QL
Cayston (Inhalation Solution)	4	PA, LA
Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)	4	PA, QL
Orkambi (Tablet)	4	PA, QL, LA
TOBI (Nebulized Solution)	4	B/D, PA, QL
TOBI Podhaler (Capsule)	4	PA, QL
Tobramycin (Nebulized Solution)	4	B/D, PA, QL
Mast Cell Stabilizers		
Cromolyn Sodium (20mg/2ml Nebulized Solution)	1	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Aminophylline (Injection)	1	
Daliresp (Tablet)	3	PA, QL
Theo-24 (Capsule Extended-Release 24 Hour)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Theophylline (Oral Solution)	1	
Theophylline CR (Tablet Extended-Release 12 Hour)	1	
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	1	
Pulmonary Antihypertensives		
Adcirca (Tablet)	4	PA, QL
Adempas (Tablet)	4	PA
Letairis (Tablet)	4	PA, QL, LA
Opsumit (Tablet)	4	PA, LA
Orenitram (0.125mg Tablet Extended-Release)	3	PA, QL
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	4	PA, QL
Orenitram (2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	4	PA
Remodulin (Injection)	4	PA, LA
Revatio (10mg/12.5ml Injection)	4	PA
Revatio (10mg/ml Suspension, 20mg Tablet)	4	PA, QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sildenafil (10mg/12.5ml Injection)	4	PA	Airduo Respiclick 55/14 (Aerosol Powder)	3	QL, ST
Sildenafil (20mg Tablet) (Generic Revatio)	1	PA, QL	Anoro Ellipta (Aerosol Powder)	2	QL
Tracleer (Tablet)	4	PA, QL	Bevespi Aerosphere (Aerosol)	2	QL
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	4	PA, QL	Breo Ellipta (Aerosol Powder)	2	QL
Uptravi (Tablet Therapy Pack)	4	PA	Clarinex-D 12 Hour (Tablet Extended-Release)	3	
Ventavis (Inhalation Solution)	4	PA, QL, LA	Combivent Respimat (Aerosol Solution)	2	
Pulmonary Fibrosis Agents			Dulera (Aerosol)	3	PA, QL
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	4	PA, QL, LA	Dymista (Suspension)	3	
Ofev (Capsule)	4	PA, QL, LA	Fluticasone Propionate/Salmeterol (Aerosol Powder)	2	QL
Respiratory Tract Agents, Other			Grastek (Tablet Sublingual)	3	PA, QL
Acetylcysteine (Inhalation Solution)	1	B/D, PA	Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
Advair Diskus (Aerosol Powder)	2	QL	Nucala (Injection)	4	PA, QL, LA
Advair HFA (Aerosol)	2	QL	Oralair (Tablet Sublingual)	3	PA, QL
Airduo Respiclick 113/14 (Aerosol Powder)	3	QL, ST	Pulmozyme (Inhalation Solution)	4	B/D, PA, QL
Airduo Respiclick 232/14 (Aerosol Powder)	3	QL, ST	Ragwitek (Tablet Sublingual)	3	PA, QL
			Semprex-D (Capsule)	3	
			Stiolto Respimat (Aerosol Solution)	2	QL
			Symbicort (Aerosol)	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
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Tablet)	1	
Cyclobenzaprine HCl (7.5mg Tablet)	3	PA, HRM
Dantrium (Capsule)	3	
Dantrolene Sodium (Capsule)	1	
Fexmid (Tablet)	3	PA, HRM
Gablofen (40000mcg/20ml Injection)	4	B/D, PA
Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection)	3	B/D, PA
Lioresal Intrathecal (10mg/5ml Injection)	4	B/D, PA
Orphenadrine Citrate (Injection)	1	PA, HRM
Tizanidine HCl (2mg Capsule, 4mg Capsule, 2mg Tablet, 4mg Tablet)	1	
Tizanidine HCl (6mg Capsule)	3	
Zanaflex (2mg Capsule, 4mg Capsule, 6mg Capsule, 4mg Tablet)	3	

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

Bold type = Brand name drug

Plain type = Generic drug

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir (Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abacavir/Lamivudine (Tablet)	Maximum of 2 tablets per day
Abilify (Tablet)	Maximum of 1 tablet per day
Abstral (Tablet Sublingual)	Maximum of 4 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Accolate (Tablet)	Maximum of 2 tablets per day
Accupril (Tablet)	Maximum of 2 tablets per day
Accuretic (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Accuretic (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Acetaminophen/Codeine (120mg/5ml-12mg/5ml Oral Solution)	Maximum of 150 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Actiq (Lollipop)	Maximum of 4 lozenges per day
Actonel (150mg Tablet)	Maximum of 1 tablet per 30 days
Actonel (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Actonel (35mg Tablet)	Maximum of 4 tablets per 28 days
Actoplus Met (Tablet)	Maximum of 3 tablets per day
Actoplus Met XR (15mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Actoplus Met XR (30mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Actos (15mg Tablet)	Maximum of 3 tablets per day
Actos (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Acyclovir (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
Adalat CC (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Adcirca (Tablet)	Maximum of 2 tablets per day
Adderall (20mg Tablet)	Maximum of 3 tablets per day
Adderall (5mg Tablet, 7.5mg Tablet)	Maximum of 2 tablets per day
Adderall XR (Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Adlyxin (Injection)	Maximum of 6 ml (2 pens) per 28 days
Adlyxin Starter Pack (Injection)	Maximum of 6 ml (1 kit) per 28 days
Advair Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys XR-ODT (Tablet Extended-Release Dispersible)	Maximum of 1 tablet per day
Aerospan (Aerosol Solution)	Maximum of 2 inhalers (17.8 grams) per 30 days
Afeditab CR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Aggrenox (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Airduo Resplick 113/14 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Airduo Resplick 232/14 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Airduo Resplick 55/14 (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Albenza (Tablet)	Maximum of 16 tablets per day
Alecensa (Capsule)	Maximum of 8 capsules per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Almotriptan Malate (Tablet)	Maximum of 12 tablets per 30 days
Alogliptin (Tablet)	Maximum of 1 tablet per day
Alogliptin/Metformin HCl (Tablet)	Maximum of 2 tablets per day
Alogliptin/Pioglitazone (Tablet)	Maximum of 1 tablet per day
Alora (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day

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Drug Name	Quantity Limit
Alprazolam ER (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Alprazolam ER (2mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Alprazolam ER (3mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Alprazolam Intensol (1mg/ml Concentrate)	Maximum of 10 ml per day
Alprazolam ODT (0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2mg Tablet Dispersible)	Maximum of 5 tablets per day
Altace (Capsule)	Maximum of 2 capsules per day
Altoprev (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Alunbrig (Tablet)	Maximum of 6 tablets per day
Alvesco (160mcg/act Aerosol Solution)	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80mcg/act Aerosol Solution)	Maximum of 1 inhaler (6.1 grams) per 30 days
Amaryl (1mg Tablet)	Maximum of 8 tablets per day
Amaryl (2mg Tablet)	Maximum of 4 tablets per day
Amaryl (4mg Tablet)	Maximum of 2 tablets per day
Ambien (Tablet)	Maximum of 90 days of use per year
Amerge (Tablet)	Maximum of 12 tablets per 30 days
Amitiza (Capsule)	Maximum of 2 capsules per day
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amlodipine/Olmesartan Medoxomil (Tablet)	Maximum of 1 tablet per day
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Ampyra (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Injection)	Maximum of 3 ml per day
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Aptensio XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Aptiom (200mg Tablet, 400mg Tablet)	Maximum of 1 tablet per day
Aptiom (600mg Tablet, 800mg Tablet)	Maximum of 2 tablets per day
Aptivus (100mg/ml Oral Solution)	Maximum of 15 ml per day
Aptivus (250mg Capsule)	Maximum of 6 capsules per day
Arcapta Neohaler (Capsule)	Maximum of 1 capsule per day
Aricept (10mg Tablet)	Maximum of 2 tablets per day
Aricept (23mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Aripiprazole (Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Armodafinil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Armodafinil (50mg Tablet)	Maximum of 2 tablets per day
Arnuity Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Asacol HD (Tablet Delayed-Release)	Maximum of 6 tablets per day
Asmanex HFA (Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Asmanex TwisThaler 120 Metered Doses (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Asmanex TwisThaler 30 Metered Doses (110mcg/INH Aerosol Powder)	Maximum of 2 inhalers per 30 days
Asmanex TwisThaler 30 Metered Doses (220mcg/INH Aerosol Powder)	Maximum of 1 inhaler per 30 days
Asmanex TwisThaler 60 Metered Doses (Aerosol Powder)	Maximum of 1 inhaler per 30 days

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Drug Name	Quantity Limit
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Atacand (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Atacand (8mg Tablet)	Maximum of 3 tablets per day
Atacand HCT (Tablet)	Maximum of 1 tablet per day
Atelvia (Tablet Delayed-Release)	Maximum of 4 tablets per 28 days
Ativan (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Ativan (2mg Tablet)	Maximum of 5 tablets per day
Atomoxetine (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day
Aubagio (Tablet)	Maximum of 1 tablet per day
Avalide (Tablet)	Maximum of 1 tablet per day
Avandia (2mg Tablet)	Maximum of 4 tablets per day
Avandia (4mg Tablet)	Maximum of 2 tablets per day
Avapro (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Avapro (75mg Tablet)	Maximum of 3 tablets per day
Axert (12.5mg Tablet, 6.25mg Tablet)	Maximum of 12 tablets per 30 days
Axiron (Transdermal Solution)	Maximum of 2 bottles (180 ml) per 30 days
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
Azor (Tablet)	Maximum of 1 tablet per day
Belbuca (Film)	Maximum of 2 films per day
Belsomra (Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Benicar (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Benicar (5mg Tablet)	Maximum of 2 tablets per day
Benicar HCT (Tablet)	Maximum of 1 tablet per day
Bentyl (10mg Capsule)	Maximum of 16 capsules per 30 days
Bethkis (Nebulized Solution)	Maximum of 8 ml (2 ampules) per day
Bevespi Aerosphere (Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
BiDil (Tablet)	Maximum of 6 tablets per day
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days

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Drug Name	Quantity Limit
Bisoprolol Fumarate/Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	Maximum of 2 tablets per day
Boniva (150mg Tablet)	Maximum of 1 tablet per 28 days
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (500mg Tablet)	Maximum of 1 tablet per day
Botox (Injection)	Maximum of 9 vials per 30 days
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
BRIVIACT (10mg/ml Oral Solution)	Maximum of 20 ml per day
BRIVIACT (50mg/5ml Intravenous Solution)	Maximum of 20 ml per day
Brovana (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Bunavail (Film)	Maximum of 2 films per day
Buprenorphine (Patch Weekly)	Maximum of 4 patches per 28 days
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Patch Weekly)	Maximum of 4 patches per 28 days
Bydureon Pen (Injection)	Maximum of 4 pens per 28 days
Bydureon Vial (Injection)	Maximum of 4 vials per 28 days
Byetta (10mcg/0.04ml Solution Pen injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta (5mcg/0.02ml Solution Pen injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Byvalson (Tablet)	Maximum of 1 tablet per day
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	Maximum of 2 tablets per day
Caduet (Tablet)	Maximum of 1 tablet per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8mg Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

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Drug Name	Quantity Limit
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
Cardizem LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Cardura XL (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Celebrex (Capsule)	Maximum of 2 capsules per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Cerdelga (Capsule)	Maximum of 2 capsules per day
Cialis (2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (300mg Tablet)	Maximum of 1 tablet per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
Colchicine (0.6mg Capsule) (Generic Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcris)	Maximum of 4 tablets per day
Colcris (Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Combivir (Tablet)	Maximum of 3 tablets per day
Complera (Tablet)	Maximum of 2 tablets per day
Concerta (18mg Tablet Extended-Release)	Maximum of 3 tablets per day
Concerta (27mg Tablet Extended-Release, 36mg Tablet Extended-Release)	Maximum of 2 tablets per day
Concerta (54mg Tablet Extended-Release)	Maximum of 1 tablet per day
Conzip (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Corlanor (Tablet)	Maximum of 2 tablets per day
Corzide (40mg-5mg Tablet)	Maximum of 1 tablet per day
Cotellic (Tablet)	Maximum of 3 tablets per day
Cozaar (100mg Tablet)	Maximum of 1 tablet per day
Cozaar (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Crestor (Tablet)	Maximum of 1 tablet per day
Crixivan (Capsule)	Maximum of 9 capsules per day
Cycloset (Tablet)	Maximum of 6 tablets per day
Cymbalta (Capsule Delayed-Release)	Maximum of 2 capsules per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Daliresp (Tablet)	Maximum of 1 tablet per day
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Daytrana (Patch)	Maximum of 1 patch per day
Denavir (Cream)	Maximum of 1 tube (5 grams) per 30 days
Descovy (Tablet)	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour) (Generic Khedezla)	Maximum of 4 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Desvenlafaxine ER (50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Dexedrine (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dexedrine (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dexedrine (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day

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Drug Name	Quantity Limit
Dexilant (Capsule Delayed-Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate (10mg Tablet)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (5mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Digitek (0.125mg Tablet)	Maximum of 1 tablet per day
Digoxin (0.05mg/ml Oral Solution)	Maximum of 5 ml per day
Digoxin (125mcg Tablet)	Maximum of 1 tablet per day
Dilaudid (1mg/ml Liquid)	Maximum of 90 ml per day
Dilaudid (2mg Tablet, 4mg Tablet)	Maximum of 8 tablets per day
Dilaudid (8mg Tablet)	Maximum of 11 tablets per day
Diovan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Diovan (320mg Tablet)	Maximum of 1 tablet per day
Diovan HCT (Tablet)	Maximum of 1 tablet per day
Ditropan XL (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ditropan XL (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Dolophine (10mg Tablet)	Maximum of 12 tablets per day
Dolophine (5mg Tablet)	Maximum of 8 tablets per day
Donepezil HCl (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
Duetact (Tablet)	Maximum of 1 tablet per day
Dulera (Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Duloxetine HCl (40mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Dupixent (Injection)	Maximum of 8 ml (4 syringes) per 28 days
Duragesic (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day
Edurant (Tablet)	Maximum of 2 tablets per day
Effient (Tablet)	Maximum of 1 tablet per day
Eliquis (Tablet)	Maximum of 2 tablets per day
Embeda (100mg-4mg Capsule Extended-Release)	Maximum of 3 capsules per day
Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)	Maximum of 4 capsules per day
Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)	Maximum of 2 capsules per day
Embeda (60mg-2.4mg Capsule Extended-Release)	Maximum of 6 capsules per day
Emsam (Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (10mg/ml Oral Solution)	Maximum of 42.5 ml per day
Emtriva (200mg Capsule)	Maximum of 2 capsules per day
Enablex (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Endocet (Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (300mg/3ml Solution)	Maximum of 1 vial (3 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Tablet)	Maximum of 2 tablets per day
Epclusa (Tablet)	Maximum of 1 tablet per day
Epinephrine (Injection) (Generic EpiPen)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen (Injection)	Maximum of 4 pens (2 boxes) per 30 days
Epivir (10mg/ml Oral Solution)	Maximum of 48 ml per day
Epivir (150mg Tablet)	Maximum of 3 tablets per day
Epivir (300mg Tablet)	Maximum of 2 tablets per day
Eprosartan Mesylate (Tablet)	Maximum of 1 tablet per day
Epzicom (Tablet)	Maximum of 2 tablets per day
Erivedge (Capsule)	Maximum of 1 capsule per day
Esbriet (Capsule)	Maximum of 9 capsules per day
Esbriet (267mg Tablet)	Maximum of 6 tablets per day
Esbriet (801mg Tablet)	Maximum of 3 tablets per day
Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 2 capsules per day
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
Evista (Tablet)	Maximum of 1 tablet per day
Evotaz (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Exalgo (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 32mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Exelon (13.3mg/24hr Patch 24 Hour, 4.6mg/24hr Patch 24 Hour, 9.5mg/24hr Patch 24 Hour)	Maximum of 1 patch per day
Exforge (Tablet)	Maximum of 1 tablet per day
Exforge HCT (Tablet)	Maximum of 1 tablet per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Farxiga (Tablet)	Maximum of 1 tablet per day
Fazaclo (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Fazaclo (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Fazaclo (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Fazaclo (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Fazaclo (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 37.5mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 62.5mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour, 87.5mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 200mcg Lollipop, 400mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	Maximum of 4 lozenges per day
Fentora (Tablet)	Maximum of 4 tablets per day
Fetzima (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Firazyr (Injection)	Maximum of 9 ml per day
Flector (Patch)	Maximum of 2 patches per day
Flovent Diskus (Aerosol Powder)	Maximum of 2 inhalers (120 blisters) per 30 days

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Drug Name	Quantity Limit
Flovent HFA (110mcg/act Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220mcg/act Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44mcg/act Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone Propionate/Salmeterol (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Fluvastatin (20mg Capsule Immediate-Release)	Maximum of 1 capsule per day
Fluvastatin (40mg Capsule Immediate-Release)	Maximum of 2 capsules per day
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Focalin (Tablet)	Maximum of 2 tablets per day
Fortamet (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Fortamet (500mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Forteo (Injection)	Maximum of 1 pen (2.4 ml) per 28 days
Fosamax (Tablet)	Maximum of 4 tablets per 28 days
Fosamax Plus D (Tablet)	Maximum of 4 tablets per 28 days
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium/Hydrochlorothiazide (Tablet)	Maximum of 4 tablets per day
Frova (Tablet)	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Tablet)	Maximum of 12 tablets per 30 days
Fuzeon (Injection)	Maximum of 3 vials per day
Gabitril (12mg Tablet)	Maximum of 4 tablets per day
Gabitril (16mg Tablet)	Maximum of 3 tablets per day
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Galantamine HBr (4mg/ml Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Galantamine HBr (16mg Capsule Extended-Release 24 Hour, 24mg Capsule Extended-Release 24 Hour, 8mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Gelnique (10% Gel)	Maximum of 1 packet per day
Genvoya (Tablet)	Maximum of 2 tablets per day
Geodon (20mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 2 capsules per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Tablet)	Maximum of 3 tablets per day
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Glucophage (1000mg Tablet)	Maximum of 2.5 tablets per day
Glucophage (500mg Tablet)	Maximum of 5 tablets per day
Glucophage (850mg Tablet)	Maximum of 3 tablets per day
Glucophage XR (500mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glucophage XR (750mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol (10mg Tablet)	Maximum of 4 tablets per day
Glucotrol (5mg Tablet)	Maximum of 8 tablets per day
Glucotrol XL (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol XL (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glucotrol XL (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glumetza (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glumetza (500mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glyset (100mg Tablet)	Maximum of 3 tablets per day
Glyset (25mg Tablet)	Maximum of 12 tablets per day
Glyset (50mg Tablet)	Maximum of 6 tablets per day
Glyxambi (Tablet)	Maximum of 1 tablet per day
Granisetron HCl (1mg Tablet)	Maximum of 2 tablets per day
Grastek (Tablet Sublingual)	Maximum of 1 tablet per day
Harvoni (Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Hectorol (0.5mcg Capsule)	Maximum of 3 capsules per day
Hectorol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Hetlioz (Capsule)	Maximum of 1 capsule per day
Hycet (Oral Solution)	Maximum of 180 ml per day
Hydrocodone Bitartrate/Acetaminophen (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (10mg-200mg Tablet, 5mg-200mg Tablet, 7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 90 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 11 tablets per day
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Hyzaar (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Hyzaar (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
Ibrance (Capsule)	Maximum of 1 capsule per day
Ibudone (Tablet)	Maximum of 5 tablets per day
Iclusig (15mg Tablet)	Maximum of 2 tablets per day
Iclusig (45mg Tablet)	Maximum of 1 tablet per day
Ilaris (Injection)	Maximum of 2 vials per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
Imbruvica (Capsule)	Maximum of 4 capsules per day
Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days
Imitrex (20mg/act Nasal Solution, 5mg/act Nasal Solution)	Maximum of 12 devices per 30 days

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Drug Name	Quantity Limit
Imitrex (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Imitrex Statdose Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (Capsule)	Maximum of 2 capsules per day
Inlyta (Tablet)	Maximum of 4 tablets per day
Intelence (100mg Tablet)	Maximum of 2 tablets per day
Intelence (200mg Tablet)	Maximum of 3 tablets per day
Intelence (25mg Tablet)	Maximum of 6 tablets per day
Invega (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Invega (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Invirase (200mg Capsule)	Maximum of 15 capsules per day
Invirase (500mg Tablet)	Maximum of 6 tablets per day
Invokamet (Tablet)	Maximum of 2 tablets per day
Invokamet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Tablet)	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Iressa (Tablet)	Maximum of 2 tablets per day
Isentress (100mg Packet)	Maximum of 4 packets per day
Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)	Maximum of 9 tablets per day
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Tablet)	Maximum of 1 tablet per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Jentaduetto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Kadian (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Kadian (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Kadian (200mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Kaletra (100mg-25mg Tablet)	Maximum of 10 tablets per day
Kaletra (200mg-50mg Tablet)	Maximum of 6 tablets per day
Kaletra (400mg-100mg/5ml Oral Solution)	Maximum of 16 ml per day
Kalydeco (150mg Tablet)	Maximum of 2 tablets per day
Kalydeco (50mg Packet, 75mg Packet)	Maximum of 2 packets per day
Kazano (Tablet)	Maximum of 2 tablets per day
Keveyis (Tablet)	Maximum of 4 tablets per day
Khedezla (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Khedezla (50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Kisqali (Tablet)	Maximum of 3 tablets per day
Kisqali Femara 200 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) per 28 days
Kisqali Femara 400 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) per 28 days
Kisqali Femara 600 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) per 28 days
Klonopin (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Klonopin (2mg Tablet)	Maximum of 10 tablets per day
Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Korlym (Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Lanoxin (125mcg Tablet)	Maximum of 1 tablet per day
Lanoxin (62.5mcg Tablet)	Maximum of 2 tablets per day
Lansoprazole (Capsule Delayed-Release)	Maximum of 2 capsules per day
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Lazanda (Nasal Solution)	Maximum of 15 bottles (79.5 ml) per 30 days
Lescol XL (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Letairis (Tablet)	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day
Lexiva (50mg/ml Suspension)	Maximum of 90 ml per day
Lexiva (700mg Tablet)	Maximum of 6 tablets per day
Lialda (Tablet Delayed-Release)	Maximum of 4 tablets per day
Lidocaine (5% Patch)	Maximum of 3 patches per day
Lidoderm (Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
Linzess (Capsule)	Maximum of 1 capsule per day
Lipitor (Tablet)	Maximum of 1 tablet per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Livalo (Tablet)	Maximum of 1 tablet per day
Lonsurf (6.14mg-15mg Tablet)	Maximum of 10 tablets per day
Lonsurf (8.19mg-20mg Tablet)	Maximum of 8 tablets per day
Lopinavir/Ritonavir (Oral Solution)	Maximum of 16 ml per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam Intensol (2mg/ml Concentrate)	Maximum of 5 ml per day

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Drug Name	Quantity Limit
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet HD (Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Tablet)	Maximum of 12 tablets per day
Lortab (Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Lotensin (Tablet)	Maximum of 2 tablets per day
Lotrel (Capsule)	Maximum of 1 capsule per day
Lovastatin (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Lovaza (Capsule)	Maximum of 4 capsules per day
Lovenox (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Lovenox (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Lovenox (300mg/3ml Solution)	Maximum of 1 vial (3 ml) per day
Lovenox (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Loxapine Succinate (10mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day
Lynparza (Capsule)	Maximum of 16 capsules per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (20mg/ml Oral Solution)	Maximum of 30 ml per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Marinol (10mg Capsule, 2.5mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day

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Plain type = Generic drug

Drug Name	Quantity Limit
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Maxalt (Tablet)	Maximum of 12 tablets per 30 days
Maxalt-MLT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (2mg/ml Oral Solution)	Maximum of 10 ml per day
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day
Mesalamine DR (Tablet Delayed-Release)	Maximum of 6 tablets per day
Metadate ER (Tablet Extended-Release)	Maximum of 3 tablets per day
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour (Generic Fortamet))	Maximum of 2 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic 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 (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Methylin (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylin (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl (10mg Tablet Chewable)	Maximum of 6 tablets per day
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day

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Drug Name	Quantity Limit
Methylphenidate HCl (2.5mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 3 tablets per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10mg Tablet Extended-Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (18mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Micardis (Tablet)	Maximum of 1 tablet per day
Micardis HCT (12.5mg-40mg Tablet, 25mg-80mg Tablet)	Maximum of 1 tablet per day
Micardis HCT (12.5mg-80mg Tablet)	Maximum of 2 tablets per day
Miglitol (100mg Tablet)	Maximum of 3 tablets per day
Miglitol (25mg Tablet)	Maximum of 12 tablets per day
Miglitol (50mg Tablet)	Maximum of 6 tablets per day
Minivelle (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Mitigare (Capsule)	Maximum of 4 capsules per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Moexipril HCl (7.5mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (15mg-12.5mg Tablet, 15mg-25mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (7.5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 18 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day

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Drug Name	Quantity Limit
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 3 capsules per day
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules per day
Morphine Sulfate ER (120mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate ER (75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 4 capsules per day
Movantik (Tablet)	Maximum of 1 tablet per day
MS Contin (100mg Tablet Extended-Release, 15mg Tablet Extended-Release)	Maximum of 3 tablets per day
MS Contin (200mg Tablet Extended-Release)	Maximum of 2 tablets per day
MS Contin (30mg Tablet Extended-Release, 60mg Tablet Extended-Release)	Maximum of 4 tablets per day
Multaq (Tablet)	Maximum of 2 tablets per day
Nadolol/Bendroflumethiazide (40mg-5mg Tablet)	Maximum of 1 tablet per day
Namenda (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Namenda (10mg/5ml Oral Solution)	Maximum of 10 ml per day
Namenda (5mg Tablet Immediate-Release)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Namenda XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution)	Maximum of 300 mg (1 vial) in 28 days
Nesina (Tablet)	Maximum of 1 tablet per day
Nevirapine (200mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Nevirapine (50mg/5ml Suspension)	Maximum of 60 ml per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Nexium (20mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Nexium (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Nifedipine ER (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days
Norco (Tablet)	Maximum of 12 tablets per day
Northera (100mg Capsule)	Maximum of 3 capsules per day
Northera (200mg Capsule, 300mg Capsule)	Maximum of 6 capsules per day
Norvir (100mg Capsule)	Maximum of 18 capsules per day
Norvir (100mg Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day
Noxafil (100mg Tablet Delayed-Release)	Maximum of 8 tablets per day
Noxafil (40mg/ml Suspension)	Maximum of 20 ml per day
Nucala (Injection)	Maximum of 1 vial per 28 days
Nucynta (100mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 6 tablets per day
Nucynta ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Nuplazid (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Nuvigil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Nuvigil (50mg Tablet)	Maximum of 2 tablets per day
Ocaliva (Tablet)	Maximum of 1 tablet per day
Odefsey (Tablet)	Maximum of 2 tablets per day
Odomzo (Capsule)	Maximum of 1 capsule per day
Ofev (Capsule)	Maximum of 2 capsules per day
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5mg Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Olysio (Capsule)	Maximum of 1 capsule per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onfi (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets per day
Onglyza (Tablet)	Maximum of 1 tablet per day
Onzetra Xsail (Exhaler Powder)	Maximum of 1 kit (16 exhalers) per 30 days
Opana (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Oralair (Tablet Sublingual)	Maximum of 1 tablet per day
Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	Maximum of 6 tablets per day
Orkambi (Tablet)	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (Capsule)	Maximum of 2 capsules per day
Oseni (Tablet)	Maximum of 1 tablet per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 12 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (5mg Capsule Immediate-Release)	Maximum of 12 capsules per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 240 ml per day
Oxycodone HCl ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	Maximum of 60 ml per day
Oxycodone/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxymorphone HCl (Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxymorphone HCl ER (10mg Tablet Extended-Release 12 Hour, 15mg Tablet Extended-Release 12 Hour, 20mg Tablet Extended-Release 12 Hour, 5mg Tablet Extended-Release 12 Hour, 7.5mg Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30mg Tablet Extended-Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40mg Tablet Extended-Release 12 Hour)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Paricalcitol (1mcg Capsule)	Maximum of 1 capsule per day
Paricalcitol (2mcg Capsule)	Maximum of 2 capsules per day
Pentasa (250mg Capsule Extended-Release)	Maximum of 12 capsules per day
Pentasa (500mg Capsule Extended-Release)	Maximum of 8 capsules per day
Percocet (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Perforomist (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Tablet)	Maximum of 2 tablets per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Glimepiride (Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Metformin HCl (Tablet)	Maximum of 3 tablets per day
Plavix (300mg Tablet)	Maximum of 1 tablet per day
Plavix (75mg Tablet)	Maximum of 4 tablets per day
Pomalyst (Capsule)	Maximum of 1 capsule per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)	Maximum of 2 pens (2 ml) per 28 days
Prandin (1mg Tablet)	Maximum of 16 tablets per day
Prandin (2mg Tablet)	Maximum of 8 tablets per day
Pravachol (Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Precose (100mg Tablet)	Maximum of 3 tablets per day
Precose (25mg Tablet)	Maximum of 12 tablets per day
Precose (50mg Tablet)	Maximum of 6 tablets per day
Prevacid (Capsule Delayed-Release)	Maximum of 2 capsules per day
Prezcobix (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day
Prezista (75mg Tablet)	Maximum of 7 tablets per day
Primlev (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Prinivil (Tablet)	Maximum of 2 tablets per day
Pristiq (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Pristiq (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Procardia XL (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Protonix (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Protonix (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Provigil (100mg Tablet)	Maximum of 1 tablet per day
Provigil (200mg Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler (Aerosol Powder)	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Qbrelis (Oral Solution)	Maximum of 80 ml per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quetiapine Fumarate ER (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
QuilliChew ER (20mg Tablet Chewable Extended-Release, 40mg Tablet Chewable Extended-Release)	Maximum of 1 tablet per day
QuilliChew ER (30mg Tablet Chewable Extended-Release)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
QVAR (Aerosol Solution)	Maximum of 2 inhalers (17.4 grams) per 30 days
Ragwitek (Tablet Sublingual)	Maximum of 1 tablet per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranexa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Rapaflo (Capsule)	Maximum of 1 capsule per day
RAVICTI (Liquid)	Maximum of 17.5 ml per day
Razadyne (Tablet)	Maximum of 2 tablets per day
Razadyne ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
Relistor (150mg Tablet)	Maximum of 3 tablets per day
Relpax (Tablet)	Maximum of 12 tablets per 30 days
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
Repaglinide/Metformin HCl (Tablet)	Maximum of 5 tablets per day
Repatha (Injection)	Maximum of 3 syringes (3 ml) per 28 days
Repatha Pushtronex System (Injection)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha SureClick (Injection)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Tablet)	Maximum of 9 tablets per day
Restasis (Emulsion)	Maximum of 2 vials per day
Restoril (22.5mg Capsule)	Maximum of 1 capsule per day
Retrovir (100mg Capsule)	Maximum of 8 capsules per day
Retrovir (50mg/5ml Syrup)	Maximum of 96 ml per day
Revatio (10mg/ml Suspension)	Maximum of 6 ml per day
Revatio (20mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Revlimid (Capsule)	Maximum of 1 capsule per day
Rexulti (Tablet)	Maximum of 1 tablet per day
Reyataz (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Reyataz (200mg Capsule)	Maximum of 3 capsules per day
Reyataz (50mg Packet)	Maximum of 8 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Risedronate Sodium (150mg Tablet)	Maximum of 1 tablet per 30 days
Risedronate Sodium (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Risedronate Sodium (35mg Tablet)	Maximum of 4 tablets per 28 days
Risedronate Sodium DR (Tablet Delayed-Release)	Maximum of 4 tablets per 28 days
Ritalin (Tablet)	Maximum of 3 tablets per day
Rivastigmine Tartrate (Capsule Immediate-Release)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet Immediate-Release)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Roxicodone (15mg Tablet)	Maximum of 16 tablets per day
Roxicodone (30mg Tablet)	Maximum of 8 tablets per day
Roxicodone (5mg Tablet)	Maximum of 12 tablets per day
Rozerem (Tablet)	Maximum of 1 tablet per day
Rubraca (Tablet)	Maximum of 4 tablets per day
Rydapt (Capsule)	Maximum of 8 capsules per day
Sabril (500mg Packet)	Maximum of 6 packets per day
Sabril (500mg Tablet)	Maximum of 6 tablets per day
Samsca (Tablet)	Maximum of 2 tablets per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Savaysa (Tablet)	Maximum of 1 tablet per day
Selzentry (150mg Tablet)	Maximum of 3 tablets per day
Selzentry (300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 inhalations) per 30 days

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Drug Name	Quantity Limit
Seroquel (100mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Seroquel (25mg Tablet)	Maximum of 4 tablets per day
Seroquel (300mg Tablet, 400mg Tablet)	Maximum of 2 tablets per day
Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Seroquel XR (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
sfRowasa (Enema)	Maximum of 1 bottle (60 ml) per day
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Singulair (10mg Tablet)	Maximum of 1 tablet per day
Singulair (4mg Packet)	Maximum of 1 packet per day
Singulair (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Soliqua 100/33 (Injection)	Maximum of 18 ml (6 pens) per 30 days
Somavert (Injection)	Maximum of 1 vial per day
Sonata (Capsule)	Maximum of 90 days of use per year
Sovaldi (Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sporanox (100mg Capsule)	Maximum of 4 capsules per day
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	Maximum of 2 tablets per day
Starlix (120mg Tablet)	Maximum of 3 tablets per day
Starlix (60mg Tablet)	Maximum of 6 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Strattera (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Stribild (Tablet)	Maximum of 2 tablets per day
Striverdi Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	Maximum of 3 films per day
Subsys (Liquid)	Maximum of 4 sprays per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sumavel DosePro (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sustiva (200mg Capsule)	Maximum of 3 capsules per day
Sustiva (50mg Capsule)	Maximum of 9 capsules per day
Sustiva (600mg Tablet)	Maximum of 2 tablets per day
Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Sutent (37.5mg Capsule)	Maximum of 2 tablets per day
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Synalgos-DC (Capsule)	Maximum of 8 capsules per day
Synjardy (Tablet)	Maximum of 2 tablets per day
Syprine (Capsule)	Maximum of 8 capsules per day
Tagrisso (Tablet)	Maximum of 1 tablet per day
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule)	Maximum of 2 capsules per day
Tamiflu (6mg/ml Suspension)	Maximum of 26 ml per day
Tanzeum (Injection)	Maximum of 4 pens per 28 days
Tarceva (100mg Tablet, 150mg Tablet)	Maximum of 1 tablet per day
Tarceva (25mg Tablet)	Maximum of 3 tablets per day
Tarka (Tablet Extended-Release)	Maximum of 1 tablet per day
Tasigna (150mg Capsule)	Maximum of 5 capsules per day
Tasigna (200mg Capsule)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Tasmar (Tablet)	Maximum of 6 tablets per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day
Technivie (Tablet)	Maximum of 2 tablets per day
Tekturna (Tablet)	Maximum of 1 tablet per day
Tekturna HCT (150mg-12.5mg Tablet, 150mg-25mg Tablet, 300mg-12.5mg Tablet)	Maximum of 1 tablet per day
Tekturna HCT (300mg-25mg Tablet)	Maximum of 1 tablet per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Amlodipine (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (40mg-12.5mg Tablet, 80mg-25mg Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (80mg-12.5mg Tablet)	Maximum of 2 tablets per day
Temazepam (22.5mg Capsule)	Maximum of 1 capsule per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
Thalomid (100mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Thalomid (150mg Capsule, 200mg Capsule)	Maximum of 2 tablets per day
Tivicay (10mg Tablet, 25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
TOBI (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
TOBI Podhaler (Capsule)	Maximum of 8 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
Tolazamide (250mg Tablet)	Maximum of 4 tablets per day
Tolazamide (500mg Tablet)	Maximum of 2 tablets per day
Tolbutamide (Tablet)	Maximum of 6 tablets per day
Tolcapone (Tablet)	Maximum of 6 tablets per day
Toviaz (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (Tablet)	Maximum of 2 tablets per day
Tradjenta (Tablet)	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl ER (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trandolapril (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day
Trandolapril (4mg Tablet)	Maximum of 2 tablets per day
Trandolapril/Verapamil HCl ER (Tablet Extended-Release)	Maximum of 1 tablet per day
Tranxene T (7.5mg Tablet)	Maximum of 12 tablets per day
Trezix (Capsule)	Maximum of 10 capsules per day
Tribenzor (Tablet)	Maximum of 1 tablet per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
Trizivir (Tablet)	Maximum of 3 tablets per day
Trokendi XR (100mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Trokendi XR (200mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Trulicity (Injection)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Tablet)	Maximum of 2 tablets per day
Twynsta (Tablet)	Maximum of 1 tablet per day
Tybost (Tablet)	Maximum of 2 tablets per day
Tylenol/Codeine #3 (Tablet)	Maximum of 13 tablets per day
Tylenol/Codeine #4 (Tablet)	Maximum of 13 tablets per day
Tymlos (Injection)	Maximum of 1.56 ml per 30 days
Ultracet (Tablet)	Maximum of 12 tablets per day
Ultram (Tablet)	Maximum of 8 tablets per day
Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)	Maximum of 2 tablets per day
Uptravi (200mcg Tablet)	Maximum of 5 tablets per day
Vagifem (Tablet)	Maximum of 1 tablet per day
Valacyclovir HCl (1gm Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Valcyte (450mg Tablet)	Maximum of 4 tablets per day
Valcyte (50mg/ml Oral Solution)	Maximum of 36 ml per day
Valganciclovir (Tablet)	Maximum of 4 tablets per day
Valganciclovir Hydrochloride (Oral Solution)	Maximum of 36 ml per day
Valium (Tablet)	Maximum of 4 tablets per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Valtrex (1gm Tablet)	Maximum of 4 tablets per day
Valtrex (500mg Tablet)	Maximum of 2 tablets per day
Vaseretic (Tablet)	Maximum of 2 tablets per day
Vasotec (10mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet)	Maximum of 2 tablets per day
Veltassa (Packet)	Maximum of 1 packet per day
Vemlidy (Tablet)	Maximum of 1 tablet per day
Venclexta (100mg Tablet)	Maximum of 4 tablets per day
Venclexta (10mg Tablet)	Maximum of 2 tablets per day
Venclexta (50mg Tablet)	Maximum of 1 tablet per day
Ventavis (10mcg/ml Inhalation Solution)	Maximum of 7 ml per day
Ventavis (20mcg/ml Inhalation Solution)	Maximum of 3 ml per day
Vesicare (Tablet)	Maximum of 1 tablet per day
Viberzi (Tablet)	Maximum of 2 tablets per day
Vicodin (Tablet)	Maximum of 13 tablets per day
Vicodin ES (Tablet)	Maximum of 13 tablets per day
Vicodin HP (Tablet)	Maximum of 13 tablets per day
Victoza (Injection)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (Capsule Delayed-Release)	Maximum of 2 capsules per day
Videx Pediatric (Oral Solution)	Maximum of 30 ml per day
Viekira Pak (Tablet Therapy Pack)	Maximum of 1 pack (112 tablets) per 28 days
Viekira XR (Tablet Extended-Release 24 Hour)	Maximum of 1 pack (84 tablets) per 28 days
Viibryd (Tablet)	Maximum of 1 tablet per day
Viibryd Starter Pack (Kit)	Maximum of 1 tablet per day
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Vimpat (10mg/ml Oral Solution)	Maximum of 40 ml per day

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Drug Name	Quantity Limit
Viracept (250mg Tablet)	Maximum of 15 tablets per day
Viracept (625mg Tablet)	Maximum of 6 tablets per day
Viramune (200mg Tablet)	Maximum of 3 tablets per day
Viramune (50mg/5ml Suspension)	Maximum of 60 ml per day
Viramune XR (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Viramune XR (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)	Maximum of 2 tablets per day
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
Vivelle-Dot (Patch Twice Weekly)	Maximum of 8 patches per 28 days
Vivlodex (Capsule)	Maximum of 1 capsule per day
Votrient (Tablet)	Maximum of 4 tablets per day
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	Maximum of 1 capsule per day
Vytorin (Tablet)	Maximum of 1 tablet per day
Xanax (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Xanax (2mg Tablet)	Maximum of 5 tablets per day
Xanax XR (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xanax XR (2mg Tablet Extended-Release 24 Hour)	Maximum of 5 tablets per day
Xanax XR (3mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (Tablet)	Maximum of 2 tablets per day
Xeljanz XR (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Xenazine (25mg Tablet)	Maximum of 4 tablets per day
Xerese (Cream)	Maximum of 1 tube (5 grams) per 30 days
Xermelo (Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Xodol (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 capsules per day
Xtandi (Capsule)	Maximum of 4 capsules per day
Xyrem (Oral Solution)	Maximum of 18 ml per day
Xyzal (5mg Tablet)	Maximum of 1 tablet per day
Yosprala (Tablet Delayed-Release)	Maximum of 1 tablet per day
Yuvaferm (Tablet)	Maximum of 1 tablet per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (Capsule)	Maximum of 90 days of use per year
Zamicet (Oral Solution)	Maximum of 180 ml per day
Zejula (Capsule)	Maximum of 3 capsules per day
Zelboraf (Tablet)	Maximum of 8 tablets per day
Zembrace Symtouch (Injection)	Maximum of 8 ml (16 syringes) per 30 days
Zemplar (1mcg Capsule)	Maximum of 1 capsule per day
Zemplar (2mcg Capsule)	Maximum of 2 capsules per day
Zenzedi (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 6 tablets per day
Zenzedi (15mg Tablet)	Maximum of 4 tablets per day
Zenzedi (20mg Tablet)	Maximum of 3 tablets per day
Zenzedi (30mg Tablet)	Maximum of 2 tablets per day
Zepatier (Tablet)	Maximum of 1 tablet per day
Zerit (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Zerit (1mg/ml Oral Solution)	Maximum of 120 ml per day
Zerit (20mg Capsule)	Maximum of 2 capsules per day
Zestoretic (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Zestoretic (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Zestoretic (20mg-25mg Tablet)	Maximum of 2 tablets per day
Zestril (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Zetia (Tablet)	Maximum of 1 tablet per day
Ziac (Tablet)	Maximum of 2 tablets per day
Ziagen (20mg/ml Oral Solution)	Maximum of 48 ml per day
Ziagen (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (100mg Capsule)	Maximum of 8 capsules per day
Zidovudine (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (50mg/5ml Syrup)	Maximum of 96 ml per day
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day
Zocor (Tablet)	Maximum of 1 tablet per day
Zohydro ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 2 capsules per day
Zolmitriptan (Tablet)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 90 days of use per year
Zomig (2.5mg Nasal Solution, 5mg Nasal Solution)	Maximum of 12 devices per 30 days
Zomig (2.5mg Tablet, 5mg Tablet)	Maximum of 12 tablets per 30 days
Zomig ZMT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zontivity (Tablet)	Maximum of 1 tablet per day
Zovirax (5% Cream)	Maximum of 1 tube (5 grams) per 30 days
Zovirax (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
Zubsolv (1.4mg-0.36mg Tablet Sublingual, 5.7mg-1.4mg Tablet Sublingual)	Maximum of 3 tablets per day
Zubsolv (11.4mg-2.9mg Tablet Sublingual)	Maximum of 1 tablet per day
Zubsolv (2.9mg-0.71mg Tablet Sublingual)	Maximum of 5 tablets per day
Zubsolv (8.6mg-2.1mg Tablet Sublingual)	Maximum of 2 tablets per day
Zydelig (Tablet)	Maximum of 2 tablets per day
Zykadia (Capsule)	Maximum of 5 capsules per day
Zyprexa (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 1 tablet per day
Zyprexa Zydis (10mg Tablet Dispersible, 15mg Tablet Dispersible, 20mg Tablet Dispersible, 5mg Tablet Dispersible)	Maximum of 1 tablet per day
Zytiga (Tablet)	Maximum of 4 tablets per day
Zyvox (600mg Tablet)	Maximum of 2 tablets per day

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Required information

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

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

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



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