

2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

Plan Name (Plan_Type)
Group Name (Plan Sponsor)

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-XXX-XXX-XXXX**, TTY **711**
Hours of Operation



www.PlanURL.com



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What is a drug list?

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

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

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

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

Note to existing members:

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

For an up-to-date list of covered drugs or if you have questions, please call 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.

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 12–38 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 39–164 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

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

Drug payment stage and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** Each covered drug is in 1 of 4 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

Drug Tier	Includes
Tier 1: Preferred generic	Most generic drugs.
Tier 2: Preferred brand	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
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 39. 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 patients 65 years and older. This drug may cause side effects if taken on a regular basis. We suggest you talk with your doctor to see if an alternative drug is available to treat your condition.

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-Day limit

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

DL - Dispensing limit

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

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

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

What if my drug is not on this list?

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

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

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

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

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

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

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

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

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

Can the drug list change?

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

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

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

If we add new generic drugs

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

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

If we remove a drug from the list

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 165-202.

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

If you have general questions about Medicare prescription drug coverage, visit www.medicare.gov 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 Sulfate..... 88	Actoplus Met..... 92	AirDuo RespiClick 232/14 162
Abacavir Sulfate-Lamivudine 88	Actos..... 92	AirDuo RespiClick 55/14.... 162
Abacavir-Lamivudine- Zidovudine..... 88	Acular..... 155	Ajovy..... 72
Abelcet..... 69	Acular LS..... 155	Aktipak..... 116
Abilify..... 82	Acuvail..... 155	Ala Scalp..... 130
Abilify Maintena..... 82	Acyclovir..... 87	Ala-Cort..... 130
Abiraterone Acetate..... 75	Acyclovir Sodium..... 87	Albendazole..... 78
Absorica..... 115	Aczone..... 115	Albenza..... 78
Abstral..... 44	Adacel..... 148	Albuterol Sulfate..... 159
Acamprosate Calcium..... 47	Adalat CC..... 103	Albuterol Sulfate ER..... 159
Acanya..... 115	Adapalene..... 115, 116	Albuterol Sulfate HFA..... 159
Acarbose..... 92	Adapalene-Benzoyl Peroxide 116	Alclometasone Dipropionate 130
Accolate..... 158	Adcirca..... 161	Alcohol Prep Pads..... 152
Accupril..... 101	Adderall..... 111	Aldactazide..... 105
Accuretic..... 105	Adderall XR..... 111	Aldactone..... 108
Acebutolol HCl..... 103	Adefovir Dipivoxil..... 86	Aldara..... 116
Acetaminophen-Codeine..... 44	Adempas..... 161	Alecensa..... 76
Acetazolamide..... 108	Adlyxin..... 92	Alendronate Sodium... 151, 152
Acetazolamide ER..... 108	Adlyxin Starter Pack..... 92	Alfuzosin HCl ER..... 129
Acetic Acid..... 157	Admelog..... 95	Alinia..... 78
Acetylcysteine..... 162	Admelog SoloStar..... 95	Aliskiren Fumarate..... 105
Aciphex..... 126	Advair Diskus..... 162	Allopurinol..... 72
Acitretin..... 115	Advair HFA..... 162	Almotriptan Malate..... 72
Actemra..... 148	Adzenys ER..... 111	Alocril..... 154
Actemra ACTPen..... 148	Adzenys XR-ODT..... 111	Alogliptin Benzoate..... 92
Acthar..... 130	Afinitor..... 76	Alogliptin-Metformin HCl..... 92
ActHIB..... 148	Afinitor Disperz..... 76	Alogliptin-Pioglitazone..... 92
Actigall..... 124	Afrezza..... 95	Alomide..... 154
Actimmune..... 148	Aggrenox..... 100	Alora..... 137
Actiq..... 44	Agrylin..... 98	Alosetron HCl..... 125
Actonel..... 151	Aimovig..... 72	Alphagan P..... 154
	AirDuo RespiClick 113/14 162	Alprazolam..... 91

Alprazolam ER.....	90	Amlodipine-Valsartan.....	105	ApexiCon E.....	130
Alprazolam Intensol.....	91	Amlodipine-Valsartan-HCTZ		Apidra.....	95
Alprazolam ODT.....	91	105	Apidra SoloStar.....	95
Alrex.....	155	Ammonium Lactate.....	116	Aplenzin.....	65
Altace.....	102	Amnesteem.....	116	Apokyn.....	80
Altavera.....	137	Amoxapine.....	67	Apraclonidine HCl.....	154
Altoprev.....	109	Amoxicillin.....	53	Aprepitant.....	68
Altreno.....	116	Amoxicillin-Clarithromycin-		Apri.....	138
Alunbrig.....	76	Lansoprazole.....	124	Apriso.....	150
Alvesco.....	157	Amoxicillin-Potassium		Aptensio XR.....	112
Alyacen 1/35.....	137	Clavulanate.....	54	Aptiom.....	63
Alyq.....	161	Amoxicillin-Potassium		Aptivus.....	89
Amantadine HCl.....	79	Clavulanate ER.....	53	Aralast NP.....	127
Amaryl.....	92	Amphetamine Sulfate.....	111	Aranelle.....	138
Ambien.....	164	Amphetamine-		Aranesp.....	99
AmBisome.....	69	Dextroamphetamine.....	112	Arava.....	148
Ambrisentan.....	161	Amphetamine-		Arcalyst.....	148
Amcinonide.....	130	Dextroamphetamine ER....	112	Arcapta Neohaler.....	159
Amerge.....	72	Amphotericin B.....	69	Aricept.....	64
Amethia.....	138	Ampicillin.....	54	Arikayce.....	48
Amethia Lo.....	137	Ampicillin Sodium.....	54	Arimidex.....	76
Amikacin Sulfate.....	48	Ampicillin-Sulbactam Sodium		Aripiprazole.....	82
Amiloride HCl.....	108	54	Aripiprazole ODT.....	82
Amiloride-Hydrochlorothiazide		Ampyra.....	114	Aristada.....	82
.....	105	Anadrol-50.....	136	Aristada Initio.....	82
Aminosyn II.....	120	Anafranil.....	67	Arixtra.....	97
Aminosyn-PF.....	120	Anagrelide HCl.....	98	Armodafinil.....	164
Amiodarone HCl.....	102	Anastrozole.....	76	Arnuity Ellipta.....	157
Amitiza.....	125	Ancobon.....	69	Aromasin.....	76
Amitriptyline HCl.....	67	Androderm.....	136	Arthrotec.....	39
Amlodipine Besylate.....	103	AndroGel.....	137	Asacol HD.....	150
Amlodipine-Atorvastatin.....	105	AndroGel Pump.....	136	Ashlyna.....	138
Amlodipine-Benazepril.....	105	Anoro Ellipta.....	162	Asmanex.....	158
Amlodipine-Olmesartan.....	105	Antabuse.....	47	Asmanex HFA.....	158
		Antara.....	108		
		Anusol-HC.....	151		

Aspirin-Dipyridamole ER.....	100	Avonex Prefilled.....	114	Belbuca.....	41
Astagraf XL.....	145	Avycaz.....	51	Belsomra.....	164
Astepro.....	157	Aygestin.....	142	Benazepril HCl.....	102
Atacand.....	101	Azactam.....	53	Benazepril-Hydrochlorothiazide	106
Atacand HCT.....	105	Azasan.....	145	Benicar.....	101
Atazanavir Sulfate.....	89	Azasite.....	55	Benicar HCT.....	106
Atelvia.....	152	Azathioprine.....	145	Benlysta.....	148
Atenolol.....	103	Azelaic Acid.....	116	BenzaClin with Pump.....	116
Atenolol-Chlorthalidone.....	106	Azelastine HCl.....	154, 157	Benzamycin.....	116
Ativan.....	91	Azelex.....	116	Benznidazole.....	79
Atomoxetine HCl.....	112	Azilect.....	81	Benzoyl Peroxide-Erythromycin	116
Atorvastatin Calcium.....	109	Azithromycin.....	55	Benztropine Mesylate.....	79
Atovaquone.....	78	Azopt.....	154	Bepreve.....	154
Atovaquone-Proguanil HCl....	79	Azor.....	106	Berinert.....	144
Atralin.....	116	Aztreonam.....	53	Beser.....	130
Atripia.....	88	Azulfidine.....	151	Besivance.....	56
Atropine Sulfate.....	153	Azulfidine EN-tabs.....	151		
Atrovent HFA.....	159				
		B			
Aubagio.....	114	Bacitracin.....	48	Betamethasone Dipropionate	131
Aubra.....	138	Bacitracin-Polymyxin B.....	153	Betamethasone Dipropionate Aug.....	130, 131
Augmentin.....	54	Baclofen.....	163	Betamethasone Valerate.....	131
Auryxia.....	123	Bactocill in Dextrose.....	54	Betapace AF.....	102
Austedo.....	113	Bactrim.....	57	Betaseron.....	114
Avalide.....	106	Bactrim DS.....	57	Betaxolol HCl.....	103, 154
Avandia.....	92	Bactroban.....	48	Bethanechol Chloride.....	130
Avapro.....	101	Balsalazide Disodium.....	150	Bethkis.....	161
AVC Vaginal.....	69	Balversa.....	76	Betimol.....	154
Aveed.....	137	Balziva.....	138	Betoptic-S.....	154
Avelox.....	56	Banzel.....	63	Bevespi Aerosphere.....	162
Aviane.....	138	Baraclude.....	86	Bevyxxa.....	97
Avita.....	116	Basaglar KwikPen.....	95	Bexarotene.....	78
Avodart.....	129	Baxdela.....	56	Bexsero.....	149
Avonex.....	114	BCG Vaccine.....	149	Beyaz.....	138
Avonex Pen.....	114	Beconase AQ.....	158		

Bicalutamide.....	75	Budesonide ER.....	151	Cambia.....	39
Bicillin C-R.....	54	Bumetanide.....	108	Camila.....	142
Bicillin C-R 900/300.....	54	Bunavail.....	47	Camrese Lo.....	138
Bicillin L-A.....	54	Buphenyl.....	127	Canasa.....	150
BiDil.....	106	Buprenorphine.....	41	Cancidas.....	69
Biktarvy.....	88	Buprenorphine HCl.....	47	Candesartan Cilexetil.....	101
Biltricide.....	78	Buprenorphine HCl-Naloxone HCl.....	47	Candesartan Cilexetil-HCTZ	106
Bimatoprost.....	156	Bupropion HCl.....	65	Capex.....	131
Binosto.....	152	Bupropion HCl ER.....	65	Caprelsa.....	76
Bisoprolol Fumarate.....	103	Bupropion HCl SR.....	48, 65	Captopril.....	102
Bisoprolol-Hydrochlorothiazide	106	Bupropion HCl XL.....	65	Captopril-Hydrochlorothiazide	106
BIVIGAM.....	147	Buspirone HCl.....	90	Carac.....	116
Bleph-10.....	58	Butorphanol Tartrate.....	44	Carafate.....	126
Blephamide.....	153	Butrans.....	41	Carbaglu.....	120
Blephamide S.O.P.....	153	Bydureon.....	92	Carbamazepine.....	63
Blisovi 24 Fe.....	138	Bydureon BCise.....	92	Carbamazepine ER.....	63
Blisovi Fe 1.5/30.....	138	Byetta 10MCG Pen.....	92	Carbatrol.....	63
Boniva.....	152	Byetta 5MCG Pen.....	92	Carbidopa.....	80
Boostrix.....	149	Bystolic.....	103	Carbidopa-Levodopa.....	80
Bosentan.....	161	C		Carbidopa-Levodopa ER.....	80
Bosulif.....	76	Cabergoline.....	143	Carbidopa-Levodopa ODT.....	80
Braftovi.....	76	Cablivi.....	100	Carbidopa-Levodopa- Entacapone.....	81
Breo Ellipta.....	162	Cabometyx.....	76	Cardizem.....	104
Briellyn.....	138	Caduet.....	106	Cardizem CD.....	104
Brilinta.....	100	Cafergot.....	72	Cardizem LA.....	104
Brimonidine Tartrate.....	154	Calan.....	103	Cardura.....	101
BRIVIACT.....	59	Calan SR.....	104	Cardura XL.....	129
Bromfenac Sodium.....	155	Calcipotriene.....	116	Carnitor.....	120
Bromocriptine Mesylate.....	80	Calcipotriene-Betamethasone	116	CaroSpir.....	108
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Cayston.....	161	Chlorhexidine Gluconate.....	115	Cleocin.....	49
Caziant.....	138	Chloroquine Phosphate.....	79	Cleocin in D5W.....	49
Cefaclor.....	51	Chlorothiazide.....	108	Cleocin Phosphate.....	49
Cefaclor ER.....	51	Chlorpromazine HCl.....	81	Cleocin-T.....	116
Cefadroxil.....	51	Chlorthalidone.....	108	Climara Pro.....	138
Cefazolin Sodium.....	51	Cholbam.....	127	Clindacin-P.....	116
Cefdinir.....	51	Cholestyramine.....	110	Clindagel.....	116
Cefepime HCl.....	51	Cholestyramine Light.....	110	Clindamycin HCl.....	49
Cefixime.....	51	Cialis.....	129	Clindamycin Palmitate HCl....	49
Cefotetan Disodium.....	52	Ciclopirox.....	69	Clindamycin Phosphate.....	49, 116, 117
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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 12-38.

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 165-202.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Diclofenac-Misoprostol (Oral Tablet Delayed Release)	3	
Nonsteroidal Anti-inflammatory Drugs			Diflunisal (Oral Tablet)	2	
Arthrotec (Oral Tablet Delayed Release)	3		Duexis (Oral Tablet)	4	ST
Cambia (Oral Packet)	3		Etodolac ER (Oral Tablet Extended Release 24 Hour)	3	
Celebrex (Oral Capsule)	3	QL	Etodolac (Oral Capsule)	2	
Celecoxib (Oral Capsule)	2	QL	Etodolac (Oral Tablet Immediate Release)	2	
Daypro (Oral Tablet)	3		Feldene (Oral Capsule)	3	
Diclofenac Epolamine (Transdermal Patch)	3	PA; QL	Fenoprofen Calcium (400MG Oral Capsule)	3	
Diclofenac Potassium (Oral Tablet)	2		Fenoprofen Calcium (Oral Tablet)	3	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	1		Flector (Transdermal Patch)	3	PA; QL
Diclofenac Sodium (Oral Tablet Delayed Release)	1		Flurbiprofen (Oral Tablet)	2	
Diclofenac Sodium (1% Transdermal Gel)	2		Ibu (600MG Oral Tablet, 800MG Oral Tablet)	1	
Diclofenac Sodium (Transdermal Solution)	2	PA			

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
Ibuprofen (Oral Suspension)	1		Naproxen Sodium ER (375MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	4	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	1		Naproxen Sodium ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	3	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	3		Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	2	
Ketoprofen (Oral Capsule Immediate Release)	2		Oxaprozin (Oral Tablet)	3	
Lodine (Oral Tablet)	4		Pennsaid (Transdermal Solution)	4	PA
Meclofenamate Sodium (Oral Capsule)	3		Piroxicam (Oral Capsule)	2	
Mefenamic Acid (Oral Capsule)	3		Qmiiz ODT (Oral Tablet Dispersible)	3	
Meloxicam (Oral Tablet)	1		Sulindac (Oral Tablet)	1	
Mobic (Oral Tablet)	3		Tolmetin Sodium (Oral Capsule)	3	
Nabumetone (Oral Tablet)	2		Tolmetin Sodium (600MG Oral Tablet)	3	
Nalfon (Oral Tablet)	3		Vimovo (Oral Tablet Delayed Release)	4	ST
Naprelan (Oral Tablet Extended Release 24 Hour)	4		Vivlodex (Oral Capsule)	4	QL
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	1		Voltaren (Transdermal Gel)	3	PA
Naproxen (Oral Suspension)	3				
Naproxen (Oral Tablet Immediate Release)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zipsor (Oral Capsule)	4	ST	Duragesic-50 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Zorvolex (Oral Capsule)	3	ST	Duragesic-75 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Opioid Analgesics, Long-acting					
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	3	PA; 7D; DL; QL	Embeda (Oral Capsule Extended Release)	2	7D; MME; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	4	PA; 7D; DL; QL	Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 37.5MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	3	7D; MME; DL; QL
Buprenorphine (Transdermal Patch Weekly)	2	7D; DL; QL	Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour)	2	7D; MME; DL; QL
Butrans (Transdermal Patch Weekly)	2	7D; DL; QL	Fentanyl (62.5MCG/HR Transdermal Patch 72 Hour, 87.5MCG/HR Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	3	7D; MME; DL; QL
Dolophine (Oral Tablet)	3	7D; MME; DL; QL	Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	2	7D; MME; DL; QL
Duragesic-100 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL			
Duragesic-12 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL			
Duragesic-25 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Kadian (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	4	7D; MME; DL; QL	MorphaBond ER (100MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent)	4	7D; MME; DL; QL
Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	MorphaBond ER (15MG Oral Tablet ER 12 Hour Abuse-Deterrent)	3	7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	4	7D; MME; DL; QL	Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	3	7D; MME; DL; QL
Methadone HCl (Oral Solution)	1	7D; MME; DL; QL	Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	3	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	1	7D; MME; DL; QL	Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	2	7D; MME; DL; QL
			Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	3	7D; MME; DL; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	4	7D; MME; DL; QL	OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	2	7D; MME; DL; QL
MS Contin (15MG Oral Tablet Extended Release)	3	7D; MME; DL; QL	Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	3	7D; MME; DL; QL
Nucynta ER (Oral Tablet Extended Release 12 Hour)	2	7D; MME; DL; QL	Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	2	7D; MME; DL; QL
Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent)	3	7D; MME; DL; QL	Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL
Oxycodone HCl ER (60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	4	7D; MME; DL; QL	Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	2	7D; MME; DL; QL
			Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	ST; 7D; MME; DL; QL
			Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	PA; 7D; MME; DL; QL
			Opioid Analgesics, Short-acting		

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
Abstral (Tablet Sublingual)	4	PA; DL; QL	Fentanyl Citrate (Buccal Lozenge On A Handle)	4	PA; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	1	7D; MME; DL; QL	Fentanyl Citrate (Buccal Tablet)	4	PA; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	1	7D; MME; DL; QL	Fentora (Buccal Tablet)	4	PA; DL; QL
Actiq (Buccal Lozenge On A Handle)	4	PA; DL; QL	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	2	7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	2	7D; MME; DL; QL	Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	2	7D; MME; DL; QL
Codeine Sulfate (Oral Tablet)	2	7D; MME; DL; QL	Hydrocodone-Ibuprofen (10-200MG Oral Tablet, 5-200MG Oral Tablet)	3	7D; MME; DL; QL
Dilaudid (Oral Liquid)	3	7D; MME; DL; QL	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	2	7D; MME; DL; QL
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	3	7D; MME; DL; QL	Hydromorphone HCl (2MG/ML Injection Solution)	3	DL
Dilaudid (8MG Oral Tablet)	4	7D; MME; DL; QL	Hydromorphone HCl (1MG/ML Oral Liquid)	2	7D; MME; DL; QL
Duramorph (Injection Solution)	2	DL			
Dvorah (Oral Tablet)	3	7D; MME; DL; QL			
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	2	7D; MME; DL; QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Morphine Sulfate (Oral Solution)	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	3	DL	Morphine Sulfate (Oral Tablet Immediate Release)	2	7D; MME; DL; QL
Lazanda (Nasal Solution)	4	PA; DL; QL	Norco (Oral Tablet)	3	7D; MME; DL; QL
Lorcet HD (Oral Tablet)	2	7D; MME; DL; QL	Nucynta (100MG Oral Tablet Immediate Release)	4	7D; MME; DL; QL
Lorcet (Oral Tablet)	2	7D; MME; DL; QL	Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	3	7D; MME; DL; QL
Lorcet Plus (Oral Tablet)	2	7D; MME; DL; QL	Opana (10MG Oral Tablet Immediate Release)	4	7D; MME; DL; QL
Morphine Sulfate (100MG/5ML Oral Solution)	1	7D; MME; DL; QL	Opana (5MG Oral Tablet Immediate Release)	3	7D; MME; DL; QL
Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe)	2	DL	Oxycodone HCl (5MG Oral Capsule)	2	7D; MME; DL; QL
Morphine Sulfate (10MG/ML Injection Solution, 4MG/ML Injection Solution)	2	DL	Oxycodone HCl (100MG/5ML Oral Concentrate)	3	7D; MME; DL; QL
Morphine Sulfate (2MG/ML Injection Solution, 5MG/ML Injection Solution)	2	DL	Oxycodone HCl (5MG/5ML Oral Solution)	2	7D; MME; DL; QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	4	PA; DL; QL
Oxycodone-Acetaminophen (Oral Tablet)	2	7D; MME; DL; QL	Tramadol HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Oxycodone-Aspirin (Oral Tablet)	2	7D; MME; DL; QL	Tramadol-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL
Oxycodone-Ibuprofen (Oral Tablet)	2	7D; MME; DL; QL	Trelix (Oral Capsule)	3	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	3	7D; MME; DL; QL	Tylenol with Codeine #3 (Oral Tablet)	3	7D; MME; DL; QL
Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	4	7D; MME; DL; QL	Tylenol with Codeine #4 (Oral Tablet)	3	7D; MME; DL; QL
Percocet (2.5-325MG Oral Tablet)	3	7D; MME; DL; QL	Ultracet (Oral Tablet)	3	7D; MME; DL; QL
Primlev (Oral Tablet)	4	7D; MME; DL; QL	Ultram (Oral Tablet)	3	7D; MME; DL; QL
Roxicodone (15MG Oral Tablet, 5MG Oral Tablet)	3	7D; MME; DL; QL	Vicodin ES (Oral Tablet)	2	7D; MME; DL; QL
Roxicodone (30MG Oral Tablet)	4	7D; MME; DL; QL	Vicodin HP (Oral Tablet)	2	7D; MME; DL; QL
			Vicodin (Oral Tablet)	2	7D; MME; DL; QL
			Anesthetics		
			Local Anesthetics		
			Lidocaine (5% External Ointment)	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
Lidocaine (5% External Patch)	3	PA; QL	Buprenorphine HCl (Tablet Sublingual)	1	QL
Lidocaine HCl (4% External Solution)	1		Buprenorphine HCl-Naloxone HCl (Sublingual Film)	3	QL
Lidocaine HCl (External Gel)	1		Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	1	QL
Lidocaine Viscous (2% Mouth/Throat Solution)	1		Suboxone (Sublingual Film)	3	QL
Lidocaine-Prilocaine (External Cream)	2		Zubsolv (1.4-0.36MG Tablet Sublingual, 11.4-2.9MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual)	3	QL
Lidoderm (External Patch)	4	PA; QL	Opioid Reversal Agents		
Pliaglis (External Cream)	3		Evzio (Injection Solution Auto-Injector)	4	ST
ZTlido (External Patch)	3	PA; QL	Naloxone HCl (0.4MG/ML Injection Solution)	1	
Anti-Addiction/Substance Abuse Treatment Agents			Naloxone HCl (Injection Solution Cartridge)	1	
Alcohol Deterrents/Anti-craving			Naloxone HCl (Injection Solution Prefilled Syringe)	1	
Acamprosate Calcium (Oral Tablet Delayed Release)	3		Narcan (Nasal Liquid)	2	
Antabuse (Oral Tablet)	3		Smoking Cessation Agents		
Disulfiram (Oral Tablet)	2				
Naltrexone HCl (Oral Tablet)	2				
Vivitrol (Intramuscular Suspension Reconstituted)	4				
Opioid Dependence Treatments					
Bunavail (Buccal Film)	3	ST; QL			

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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
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	1		Gentamicin Sulfate (External Ointment)	1	
Chantix Continuing Month Pak (Oral Tablet)	2		Gentamicin Sulfate (40MG/ML Injection Solution)	1	
Chantix (Oral Tablet)	2		Gentamicin Sulfate (Ophthalmic Solution)	1	
Chantix Starting Month Pak (Oral Tablet)	2		Neomycin Sulfate (Oral Tablet)	1	
Nicotrol (Inhalation Inhaler)	3		Paromomycin Sulfate (Oral Capsule)	3	
Nicotrol NS (Nasal Solution)	3		Streptomycin Sulfate (Intramuscular Solution Reconstituted)	4	
Zyban (150MG Oral Tablet Extended Release 12 Hour)	3		Tobramycin (Ophthalmic Solution)	1	
Antibacterials			Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	3	
Aminoglycosides			Tobrex (Ophthalmic Ointment)	3	
Amikacin Sulfate (500MG/2ML Injection Solution)	2		Tobrex (Ophthalmic Solution)	3	
Arikayce (Inhalation Suspension)	4		Antibacterials, Other		
Gentak (Ophthalmic Ointment)	1		Bacitracin (Ophthalmic Ointment)	2	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	1		Bactroban (2% External Cream)	3	
Gentamicin Sulfate (External Cream)	1		Bactroban (2% Nasal Ointment)	3	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cleocin in D5W (300MG/50ML Intravenous Solution, 600MG/50ML Intravenous Solution, 900MG/50ML Intravenous Solution)	3		Clindamycin Phosphate (Vaginal Cream)	2	
Cleocin (150MG Oral Capsule, 75MG Oral Capsule)	3		Clindesse (Vaginal Cream)	3	
Cleocin (300MG Oral Capsule)	4		Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	4	
Cleocin (Oral Solution Reconstituted)	3		Cubicin (Intravenous Solution Reconstituted)	4	
Cleocin Phosphate (900MG/6ML Injection Solution)	3		Dalvance (Intravenous Solution Reconstituted)	4	PA
Cleocin (Vaginal Cream)	3		Daptomycin (350MG Intravenous Solution Reconstituted)	4	
Cleocin (Vaginal Suppository)	3		Daptomycin (500MG Intravenous Solution Reconstituted)	4	
Clindamycin HCl (Oral Capsule)	1		Firvanq (Oral Solution Reconstituted)	3	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	3		Flagyl (Oral Capsule)	3	
Clindamycin Phosphate in D5W (Intravenous Solution)	2		Flagyl (Oral Tablet)	3	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	2		Furadantin (Oral Suspension)	4	HRM
			Hiprex (Oral Tablet)	3	
			Linezolid (Intravenous Solution)	3	
			Linezolid (Oral Suspension Reconstituted)	4	
			Linezolid (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Macrobid (Oral Capsule)	3	HRM	Mupirocin Calcium (External Cream)	3	
Macrochantin (Oral Capsule)	3	HRM	Mupirocin (External Ointment)	1	
Mafenide Acetate (External Packet)	3		Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	2	HRM
Methenamine Hippurate (Oral Tablet)	2		Nitrofurantoin Macrocrystal (25MG Oral Capsule) (Generic Macrochantin)	3	HRM
MetroCream (External Cream)	3		Nitrofurantoin Monohydrate (Generic Macrobid)	2	HRM
Metrogel (External Gel)	3		Nitrofurantoin (Oral Suspension)	3	HRM
MetroGel-Vaginal (Vaginal Gel)	3		Noritrate (External Cream)	4	
MetroLotion (External Lotion)	4		Polymyxin B Sulfate (Injection Solution Reconstituted)	2	
Metronidazole (0.75% External Cream)	2		Sivextro (Intravenous Solution Reconstituted)	4	PA
Metronidazole (0.75% External Gel, 1% External Gel)	3		Sivextro (Oral Tablet)	4	PA
Metronidazole (0.75% External Lotion)	3		Solosec (Oral Packet)	3	
Metronidazole in NaCl 0.79% (Intravenous Solution)	1		Sulfamylon (External Cream)	3	
Metronidazole (375MG Oral Capsule)	3		Sulfamylon (External Packet)	4	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	1		Tigecycline (Intravenous Solution Reconstituted)	4	
Metronidazole (0.75% Vaginal Gel)	2				
Monurol (Oral Packet)	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
Tinidazole (Oral Tablet)	2		Avycaz (Intravenous Solution Reconstituted)	4	PA
Trimethoprim (Oral Tablet)	1		Cefaclor ER (Oral Tablet Extended Release 12 Hour)	3	
Tygalil (Intravenous Solution Reconstituted)	4		Cefaclor (Oral Capsule)	2	
Vancocin HCl (Oral Capsule)	4	QL	Cefaclor (Oral Suspension Reconstituted)	3	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	2		Cefadroxil (Oral Capsule)	1	
Vancomycin HCl (250MG Intravenous Solution Reconstituted)	2		Cefadroxil (Oral Suspension Reconstituted)	2	
Vancomycin HCl (Oral Capsule)	3	QL	Cefadroxil (Oral Tablet)	3	
Vandazole (Vaginal Gel)	2		Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	2	
Zyvox (600MG/300ML Intravenous Solution)	4		Cefdinir (Oral Capsule)	2	
Zyvox (Oral Suspension Reconstituted)	4		Cefdinir (Oral Suspension Reconstituted)	2	
Zyvox (Oral Tablet)	4		Cefepime HCl (Injection Solution Reconstituted)	3	
Beta-lactam, Cephalosporins			Cefixime (Oral Suspension Reconstituted)	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
Cefotetan Disodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	3		Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	2	
Cefoxitin Sodium (Injection Solution Reconstituted)	2		Cefuroxime Axetil (Oral Tablet)	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	2		Cefuroxime Sodium (Injection Solution Reconstituted)	1	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	3		Cefuroxime Sodium (Intravenous Solution Reconstituted)	1	
Cefpodoxime Proxetil (Oral Tablet)	2		Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	1	
Cefprozil (Oral Suspension Reconstituted)	2		Cephalexin (750MG Oral Capsule)	3	
Cefprozil (Oral Tablet)	2		Cephalexin (Oral Suspension Reconstituted)	1	
Ceftazidime (Injection Solution Reconstituted)	2		Cephalexin (Oral Tablet)	2	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	2		Maxipime (1GM Injection Solution Reconstituted)	3	
			Maxipime (2GM Intravenous Solution Reconstituted)	3	
			Suprax (Oral Capsule)	2	
			Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	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
Suprax (500MG/5ML Oral Suspension Reconstituted)	3	
Suprax (Oral Tablet Chewable)	2	
Tazicef (Injection Solution Reconstituted)	2	
Teflaro (Intravenous Solution Reconstituted)	4	
Zerbaxa (Intravenous Solution Reconstituted)	4	PA
Beta-lactam, Other		
Azactam (Injection Solution Reconstituted)	3	
Aztreonam (1GM Injection Solution Reconstituted)	3	
Ertapenem Sodium (Injection Solution Reconstituted)	3	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	3	
Invanz (Injection Solution Reconstituted)	4	
Meropenem (1GM Intravenous Solution Reconstituted)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Meropenem (500MG Intravenous Solution Reconstituted)	2	
Merrem (500MG Intravenous Solution Reconstituted)	3	
Primaxin IV (Intravenous Solution Reconstituted)	3	
Vabomere (Intravenous Solution Reconstituted)	4	
Beta-lactam, Penicillins		
Amoxicillin (Oral Capsule)	1	
Amoxicillin (Oral Suspension Reconstituted)	1	
Amoxicillin (Oral Tablet)	1	
Amoxicillin (Oral Tablet Chewable)	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxicillin-Potassium Clavulanate (200-28.5MG/5ML Oral Suspension Reconstituted, 400-57MG/5ML Oral Suspension Reconstituted, 600-42.9MG/5ML Oral Suspension Reconstituted)	1		Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	2	
Amoxicillin-Potassium Clavulanate (250-62.5MG/5ML Oral Suspension Reconstituted)	2		Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	2	
Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release)	2		Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	2	
Amoxicillin-Potassium Clavulanate (500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release)	1		Augmentin (125-31.25MG/5ML Oral Suspension Reconstituted)	4	
Amoxicillin-Potassium Clavulanate (200-28.5MG Oral Tablet Chewable, 400-57MG Oral Tablet Chewable)	2		Bactocill in Dextrose (Intravenous Solution)	3	
Ampicillin (Oral Capsule)	1		Bicillin C-R 900/300 (Intramuscular Suspension)	3	
			Bicillin C-R (Intramuscular Suspension)	3	
			Bicillin L-A (Intramuscular Suspension)	3	
			Dicloxacillin Sodium (Oral Capsule)	1	
			Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	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
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	3	
Oxacillin Sodium (Injection Solution Reconstituted)	3	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	3	
Penicillin G Procaine (Intramuscular Suspension)	3	
Penicillin G Sodium (Injection Solution Reconstituted)	4	
Penicillin V Potassium (Oral Solution Reconstituted)	1	
Penicillin V Potassium (Oral Tablet)	1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Unasyn (15 (10-5)GM Injection Solution Reconstituted, 3 (2-1)GM Injection Solution Reconstituted)	3	
Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution)	3	
Zosyn (40.5 (36-4.5)GM Intravenous Solution Reconstituted)	3	
Macrolides		
Azasite (Ophthalmic Solution)	3	
Azithromycin (Intravenous Solution Reconstituted)	1	
Azithromycin (Oral Packet)	1	
Azithromycin (Oral Suspension Reconstituted)	1	
Azithromycin (Oral Tablet)	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	2	
Clarithromycin (Oral Suspension Reconstituted)	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
Clarithromycin (Oral Tablet Immediate Release)	2		Erythromycin Ethylsuccinate (400MG/5ML Oral Suspension Reconstituted)	4	
Dificid (Oral Tablet)	4		Erythromycin Ethylsuccinate (Oral Tablet)	3	
E.E.S. 400 (Oral Tablet)	3		Erythromycin (Ophthalmic Ointment)	1	
E.E.S. Granules (Oral Suspension Reconstituted)	3		Zithromax (Intravenous Solution Reconstituted)	3	
EryPed 200 (Oral Suspension Reconstituted)	3		Zithromax (Oral Packet)	3	
EryPed 400 (Oral Suspension Reconstituted)	4		Zithromax (Oral Suspension Reconstituted)	3	
Ery-Tab (Oral Tablet Delayed Release)	3		Zithromax (250MG Oral Tablet, 500MG Oral Tablet)	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	3		Zithromax Tri-Pak (Oral Tablet)	3	
Erythrocin Stearate (Oral Tablet)	3		Zithromax Z-Pak (Oral Tablet)	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	3		Quinolones		
Erythromycin Base (Oral Tablet Immediate Release)	3		Avelox (400MG Oral Tablet)	3	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	3		Baxdela (Intravenous Solution Reconstituted)	4	
			Baxdela (Oral Tablet)	4	
			Besivance (Ophthalmic Suspension)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ciloxan (Ophthalmic Ointment)	3		Levofloxacin (0.5% Ophthalmic Solution)	2	
Ciloxan (Ophthalmic Solution)	3		Levofloxacin (25MG/ML Oral Solution)	3	
Cipro (Oral Suspension Reconstituted)	3		Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	
Cipro (Oral Tablet)	3		Moxeza (Ophthalmic Solution)	3	
Ciprofloxacin HCl (Ophthalmic Solution)	1		Moxifloxacin HCl in NaCl (Intravenous Solution)	3	
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	3		Moxifloxacin HCl (Ophthalmic Solution)	2	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	1		Moxifloxacin HCl (Oral Tablet)	2	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	1		Ocuflox (Ophthalmic Solution)	3	
Ciprofloxacin (Oral Suspension Reconstituted)	3		Ofloxacin (Ophthalmic Solution)	1	
Gatifloxacin (Ophthalmic Solution)	2		Ofloxacin (Oral Tablet)	3	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	2		Ofloxacin (Otic Solution)	2	
Levofloxacin (25MG/ML Intravenous Solution)	3		Vigamox (Ophthalmic Solution)	3	
			Xepi (External Cream)	3	
			Zymaxid (Ophthalmic Solution)	3	
			Sulfonamides		
			Bactrim DS (Oral Tablet)	3	
			Bactrim (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bleph-10 (Ophthalmic Solution)	3		Doxycycline Hyclate (Oral Capsule)	2	
Silvadene (External Cream)	3		Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	2	
Silver Sulfadiazine (External Cream)	1		Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	3	
SSD (External Cream)	1		Doxycycline Hyclate (100MG Oral Tablet Delayed Release, 150MG Oral Tablet Delayed Release, 200MG Oral Tablet Delayed Release, 50MG Oral Tablet Delayed Release, 75MG Oral Tablet Delayed Release)	3	
Sulfacetamide Sodium (Ophthalmic Ointment)	1		Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	1	
Sulfacetamide Sodium (Ophthalmic Solution)	1		Doxycycline Monohydrate (150MG Oral Capsule, 75MG Oral Capsule)	3	
Sulfadiazine (Oral Tablet)	3		Doxycycline Monohydrate (Oral Suspension Reconstituted)	3	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	2				
Sulfamethoxazole-Trimethoprim (Oral Tablet)	1				
Tetracyclines					
Demeclocycline HCl (Oral Tablet)	3				
Doryx MPC (Oral Tablet Delayed Release)	3				
Doryx (200MG Oral Tablet Delayed Release)	4				
Doryx (50MG Oral Tablet Delayed Release)	3				
Doxy 100 (Intravenous Solution Reconstituted)	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
Doxycycline Monohydrate (Oral Tablet)	2		Vibramycin (Oral Capsule)	3	
Minocin (50MG Oral Capsule)	3		Vibramycin (Oral Suspension Reconstituted)	3	
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	3	QL	Vibramycin (50MG/5ML Oral Syrup)	3	
Minocycline HCl (Oral Capsule)	1		Ximino (Oral Capsule Extended Release 24 Hour)	4	QL
Minocycline HCl (Oral Tablet Immediate Release)	3		Anticonvulsants		
Mondoxyne NL (100MG Oral Capsule)	1		Anticonvulsants, Other		
Mondoxyne NL (75MG Oral Capsule)	3		BRIVIACT (Oral Solution)	4	PA; QL
Morgidox (50MG Oral Capsule)	2		BRIVIACT (Oral Tablet)	4	PA; QL
Nuzyra (Intravenous Solution Reconstituted)	4	PA	Epidiolex (Oral Solution)	4	PA
Nuzyra (Oral Tablet)	4	PA; QL	Keppra (Oral Solution)	4	
Oracea (Oral Capsule Delayed Release)	3		Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	4	
Solodyn (Oral Tablet Extended Release 24 Hour)	4	QL	Keppra (250MG Oral Tablet Immediate Release)	3	
Soloxide (Oral Tablet Delayed Release)	3		Keppra XR (Oral Tablet Extended Release 24 Hour)	4	
TARGADOX (Oral Tablet)	3				
Tetracycline HCl (Oral Capsule)	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
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	2		Zonegran (Oral Capsule)	4	
Levetiracetam (Oral Solution)	1		Zonisamide (Oral Capsule)	1	
Levetiracetam (Oral Tablet Immediate Release)	1		Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Roweepra (Oral Tablet Immediate Release)	1		Clobazam (2.5MG/ML Oral Suspension)	4	PA; QL
Roweepra XR (Oral Tablet Extended Release 24 Hour)	2		Clobazam (10MG Oral Tablet)	3	PA; QL
Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble)	3		Clobazam (20MG Oral Tablet)	4	PA; QL
Calcium Channel Modifying Agents			Depakene (Oral Capsule)	3	
Celontin (Oral Capsule)	3		Diastat AcuDial (Rectal Gel)	3	
Ethosuximide (Oral Capsule)	3		Diastat Pediatric (Rectal Gel)	3	
Ethosuximide (Oral Solution)	3		Gabapentin (Oral Capsule)	1	
Zarontin (Oral Capsule)	3		Gabapentin (250MG/5ML Oral Solution)	2	
Zarontin (Oral Solution)	3		Gabapentin (Oral Tablet)	1	
			Gabitril (Oral Tablet)	4	
			Mysoline (Oral Tablet)	4	
			Neurontin (100MG Oral Capsule)	3	
			Neurontin (300MG Oral Capsule, 400MG Oral Capsule)	4	
			Neurontin (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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Neurontin (Oral Tablet)	4		Fycompa (Oral Suspension)	4	
Onfi (Oral Suspension)	4	PA; QL	Fycompa (Oral Tablet)	4	
Onfi (Oral Tablet)	4	PA; QL	Lamictal ODT (Oral Tablet Dispersible)	4	
Phenobarbital (Oral Elixir)	3	PA; HRM	Lamictal (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	4	
Phenobarbital (Oral Tablet)	3	PA; HRM	Lamictal (25MG Oral Tablet Chewable)	4	
Primidone (Oral Tablet)	1		Lamictal (5MG Oral Tablet Chewable)	3	
Sabril (Oral Packet)	4	PA; LA; QL	Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	3	
Sabril (Oral Tablet)	4	PA; LA; QL	Lamictal Starter (98 Tablets Oral Kit)	4	
Sympazan (Oral Film)	4	PA; QL	Lamictal XR (Oral Kit)	3	
Tiagabine HCl (Oral Tablet)	3				
Valproic Acid (Oral Capsule)	2				
Valproic Acid (Oral Solution)	1				
Vigabatrin (Oral Packet)	4	PA; LA; QL			
Vigabatrin (Oral Tablet)	4	PA; LA; QL			
Vigadrone (Oral Packet)	4	PA; LA; QL			
Glutamate Reducing Agents					
Felbamate (Oral Suspension)	4				
Felbamate (Oral Tablet)	3				
Felbatol (Oral Suspension)	4				
Felbatol (Oral Tablet)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 25MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	4		Lamotrigine Starter Kit-Green (Oral Kit)	4	
			Lamotrigine Starter Kit-Orange (Oral Kit)	3	
			Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	3	PA
			Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	4	PA
			Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	4	
			Topamax (25MG Oral Tablet)	3	
			Topamax Sprinkle (15MG Oral Capsule Sprinkle)	3	
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	3		Topamax Sprinkle (25MG Oral Capsule Sprinkle)	4	
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	1		Topiramate ER (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	3	PA
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	2				
Lamotrigine ODT (Oral Tablet Dispersible)	3				
Lamotrigine Starter Kit-Blue (Oral Kit)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Topiramate ER (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	4	PA	Carbamazepine ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 400MG Oral Tablet Extended Release 12 Hour)	3	
Topiramate (Oral Capsule Sprinkle Immediate Release)	2		Carbamazepine (Oral Suspension)	2	
Topiramate (Oral Tablet)	1		Carbamazepine (Oral Tablet Immediate Release)	2	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	4	PA	Carbamazepine (Oral Tablet Chewable)	2	
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	3	PA	Carbatrol (Oral Capsule Extended Release 12 Hour)	3	
Sodium Channel Agents			Dilantin INFATABS (Oral Tablet Chewable)	2	
Aptiom (Oral Tablet)	4	QL	Dilantin (Oral Capsule)	2	
Banzel (Oral Suspension)	4		Dilantin (Oral Suspension)	3	
Banzel (Oral Tablet)	4		Epitol (Oral Tablet)	2	
Carbamazepine ER (100MG Oral Capsule Extended Release 12 Hour, 200MG Oral Capsule Extended Release 12 Hour, 300MG Oral Capsule Extended Release 12 Hour)	2		Oxcarbazepine (300MG/5ML Oral Suspension)	3	
			Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	2	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	3	PA
Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	4	PA
Peganone (Oral Tablet)	3	
Phenytek (Oral Capsule)	1	
Phenytoin (Oral Suspension)	1	
Phenytoin (Oral Tablet Chewable)	1	
Phenytoin Sodium Extended (Oral Capsule)	1	
Tegretol (Oral Suspension)	3	
Tegretol (Oral Tablet Immediate Release)	3	
Tegretol XR (Oral Tablet Extended Release 12 Hour)	3	
Trileptal (Oral Suspension)	4	
Trileptal (150MG Oral Tablet)	3	
Trileptal (300MG Oral Tablet, 600MG Oral Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vimpat (Oral Solution)	3	QL
Vimpat (Oral Tablet)	3	QL
Antidementia Agents		
Cholinesterase Inhibitors		
Aricept (Oral Tablet)	3	QL
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	QL
Donepezil HCl (23MG Oral Tablet)	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	1	QL
Exelon (Transdermal Patch 24 Hour)	3	ST; QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	3	
Galantamine Hydrobromide (Oral Solution)	3	
Galantamine Hydrobromide (Oral Tablet)	2	
Razadyne ER (Oral Capsule Extended Release 24 Hour)	3	
Razadyne (Oral Tablet)	3	
Rivastigmine Tartrate (Oral Capsule)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Rivastigmine (Transdermal Patch 24 Hour)	3	ST; QL	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	3	
Memantine HCl (Oral Solution)	3	PA; QL	Bupropion HCl (Oral Tablet Immediate Release)	1	
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL	Forfivo XL (Oral Tablet Extended Release 24 Hour)	3	
Memantine HCl Titration Pak (Oral Tablet)	1	PA	Mirtazapine (Oral Tablet)	1	
Namenda (Oral Tablet)	3	PA; QL	Mirtazapine ODT (Oral Tablet Dispersible)	2	
Namenda Titration Pak (Oral Tablet)	3	PA	Olanzapine-Fluoxetine HCl (Oral Capsule)	3	
Namenda XR (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Remeron (Oral Tablet)	3	
Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Remeron SolTab (Oral Tablet Dispersible)	3	
Antidepressants			Symbyax (Oral Capsule)	3	
Antidepressants, Other			Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	3	
Aplenzin (Oral Tablet Extended Release 24 Hour)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	4	
Monoamine Oxidase Inhibitors		
Emsam (Transdermal Patch 24 Hour)	4	
Marplan (Oral Tablet)	3	
Nardil (Oral Tablet)	3	
Parnate (Oral Tablet)	4	
Phenelzine Sulfate (Oral Tablet)	2	
Tranlycypromine Sulfate (Oral Tablet)	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Celexa (Oral Tablet)	3	
Citalopram Hydrobromide (Oral Solution)	2	
Citalopram Hydrobromide (Oral Tablet)	1	
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	3	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Effexor XR (Oral Capsule Extended Release 24 Hour)	3	
Escitalopram Oxalate (Oral Solution)	3	
Escitalopram Oxalate (Oral Tablet)	1	
Fetzima (Oral Capsule Extended Release 24 Hour)	3	ST
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	3	ST
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	1	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	3	
Fluoxetine HCl (20MG/5ML Oral Solution)	1	
Fluoxetine HCl (10MG Oral Tablet)	1	
Fluoxetine HCl (20MG Oral Tablet, 60MG Oral Tablet)	3	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	3	
Fluvoxamine Maleate (Oral Tablet)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Khedezla (Oral Tablet Extended Release 24 Hour)	3		Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1	
Lexapro (Oral Tablet)	3		Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	3	
Maprotiline HCl (Oral Tablet)	2		Venlafaxine HCl (Oral Tablet Immediate Release)	1	
Nefazodone HCl (Oral Tablet)	3		Viibryd (Oral Tablet)	3	
Paroxetine HCl (Oral Tablet Immediate Release)	1	PA; HRM	Viibryd Starter Pack (Oral Kit)	3	
Paxil (Oral Suspension)	3	PA; HRM	Zoloft (Oral Tablet)	3	
Paxil (Oral Tablet Immediate Release)	3	PA; HRM	Tricyclics		
Pristiq (Oral Tablet Extended Release 24 Hour)	3		Amitriptyline HCl (Oral Tablet)	3	HRM
Prozac (10MG Oral Capsule)	3		Amoxapine (Oral Tablet)	2	PA; HRM
Prozac (20MG Oral Capsule, 40MG Oral Capsule)	4		Anafranil (Oral Capsule)	4	PA; HRM
Sarafem (Oral Tablet)	3		Clomipramine HCl (Oral Capsule)	3	PA; HRM
Sertraline HCl (Oral Concentrate)	2		Desipramine HCl (Oral Tablet)	3	PA; HRM
Sertraline HCl (Oral Tablet)	1		Doxepin HCl (Oral Capsule)	3	PA; HRM
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	1		Doxepin HCl (Oral Concentrate)	3	PA; HRM
Trazodone HCl (300MG Oral Tablet)	2		Imipramine HCl (Oral Tablet)	3	PA; HRM
Trintellix (Oral Tablet)	3		Imipramine Pamoate (Oral Capsule)	3	PA; HRM
			Norpramin (Oral Tablet)	3	PA; HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Nortriptyline HCl (Oral Capsule)	1	PA; HRM
Nortriptyline HCl (Oral Solution)	2	PA; HRM
Pamelor (Oral Capsule)	4	PA; HRM
Protriptyline HCl (Oral Tablet)	3	PA; HRM
Surmontil (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	3	PA; HRM
Tofranil (Oral Tablet)	4	PA; HRM
Trimipramine Maleate (Oral Capsule)	3	PA; HRM
Antiemetics		
Antiemetics, Other		
Compro (Rectal Suppository)	3	
Hydroxyzine Pamoate (Oral Capsule)	3	PA; HRM
Meclizine HCl (12.5MG Oral Tablet)	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	1	
Metoclopramide HCl (Oral Tablet)	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	3	
Perphenazine (Oral Tablet)	2	
Prochlorperazine Maleate (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prochlorperazine (Rectal Suppository)	3	
Reglan (Oral Tablet)	3	
Scopolamine (Transdermal Patch 72 Hour)	2	PA; HRM
Tigan (Oral Capsule)	3	B/D, PA
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	3	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	2	B/D, PA
Vistaril (Oral Capsule)	3	PA; HRM
Emetogenic Therapy Adjuncts		
Aprepitant (Oral Therapy Pack, Oral Capsule)	3	PA
Cesamet (Oral Capsule)	4	PA
Dronabinol (Oral Capsule)	3	PA
Emend (Oral Capsule)	3	PA
Emend (Oral Suspension Reconstituted)	3	PA
Emend Tri-Pack (Oral Capsule)	4	PA
Granisetron HCl (Oral Tablet)	2	B/D, PA
Marinol (10MG Oral Capsule, 5MG Oral 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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Marinol (2.5MG Oral Capsule)	3	PA	Cancidas (Intravenous Solution Reconstituted)	4	
Ondansetron HCl (Oral Solution)	2	B/D, PA	Caspofungin Acetate (50MG Intravenous Solution Reconstituted)	4	
Ondansetron HCl (Oral Tablet)	1	B/D, PA	Caspofungin Acetate (70MG Intravenous Solution Reconstituted)	3	
Ondansetron ODT (Oral Tablet Dispersible)	1	B/D, PA	Ciclopirox (External Gel)	2	
Sancuso (Transdermal Patch)	4		Ciclopirox (External Shampoo)	2	
Syndros (Oral Solution)	4	PA	Ciclopirox (External Solution)	2	
Varubi (Oral Tablet)	3	B/D, PA	Ciclopirox Olamine (External Cream)	2	
Zofran (8MG Oral Tablet)	4	B/D, PA	Ciclopirox Olamine (External Suspension)	2	
Zuplenz (Oral Film)	4	B/D, PA	Clotrimazole (External Cream)	1	
Antifungals			Clotrimazole (External Solution)	2	
Antifungals			Clotrimazole (Mouth/Throat Lozenge)	1	
Abelcet (Intravenous Suspension)	3	B/D, PA	Cresemba (Oral Capsule)	4	PA
AmBisome (Intravenous Suspension Reconstituted)	4	B/D, PA	Diflucan (Oral Suspension Reconstituted)	3	
Amphotericin B (Intravenous Solution Reconstituted)	3	B/D, PA			
Ancobon (Oral Capsule)	4				
AVC Vaginal (Vaginal Cream)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	3	
Diflucan (200MG Oral Tablet)	4	
Econazole Nitrate (External Cream)	2	QL
Eraxis (100MG Intravenous Solution Reconstituted)	4	
Eraxis (50MG Intravenous Solution Reconstituted)	3	
Ertaczo (External Cream)	4	
Exelderm (External Cream)	3	
Exelderm (External Solution)	3	
Extina (External Foam)	4	QL
Fluconazole in Sodium Chloride (Intravenous Solution)	2	
Fluconazole (Oral Suspension Reconstituted)	2	
Fluconazole (Oral Tablet)	1	
Flucytosine (Oral Capsule)	4	
Griseofulvin Microsize (Oral Suspension)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Griseofulvin Microsize (Oral Tablet)	3	
Griseofulvin Ultramicrosize (Oral Tablet)	3	
Gynazole-1 (Vaginal Cream)	3	
Itraconazole (Oral Capsule)	3	PA
Itraconazole (Oral Solution)	4	PA
Jublia (External Solution)	3	
Kerydin (External Solution)	4	ST
Ketoconazole (External Cream)	1	QL
Ketoconazole (External Foam)	3	QL
Ketoconazole (External Shampoo)	1	
Ketoconazole (Oral Tablet)	1	
Loprox (External Cream)	3	
Loprox (External Shampoo)	4	
Luliconazole (External Cream)	3	QL
Luzu (External Cream)	3	QL
Mentax (External Cream)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Miconazole 3 (Vaginal Suppository)	2		Nystop (External Powder)	1	
Mycamine (Intravenous Solution Reconstituted)	4		Oravig (Buccal Tablet)	4	
Naftifine HCl (External Cream)	3		Oxiconazole Nitrate (External Cream)	3	QL
Naftin (External Cream)	3		Oxistat (External Cream)	4	QL
Naftin (External Gel)	3		Oxistat (External Lotion)	4	QL
Natacyn (Ophthalmic Suspension)	3		Sporanox (Oral Capsule)	4	PA
Nizoral (External Shampoo)	3		Sporanox (Oral Solution)	4	PA
Noxafil (Oral Suspension)	4	QL	Terbinafine HCl (Oral Tablet)	1	
Noxafil (Oral Tablet Delayed Release)	4	PA; QL	Terconazole (Vaginal Cream)	2	
Nyamyc (External Powder)	1		Terconazole (Vaginal Suppository)	2	
Nystatin (External Cream)	1		Tolsura (Oral Capsule)	4	PA
Nystatin (External Ointment)	1		Vfend IV (Intravenous Solution Reconstituted)	4	
Nystatin (External Powder)	1		Vfend (Oral Suspension Reconstituted)	4	
Nystatin (Mouth/Throat Suspension)	1		Vfend (Oral Tablet)	4	
Nystatin (Oral Tablet)	1		Voriconazole (Intravenous Solution Reconstituted)	4	
Nystatin-Triamcinolone (External Cream)	2				
Nystatin-Triamcinolone (External Ointment)	2				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Voriconazole (Oral Suspension Reconstituted)	4	
Voriconazole (Oral Tablet)	3	
Antigout Agents		
Antigout Agents		
Allopurinol (Oral Tablet)	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	2	QL
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	2	QL
Colcrys (Oral Tablet)	3	PA; QL
Mitigare (Oral Capsule)	3	QL
Probenecid (Oral Tablet)	1	
Probenecid-Colchicine (Oral Tablet)	1	
Uloric (Oral Tablet)	3	ST
Zyloprim (Oral Tablet)	3	
Antimigraine Agents		
Ergot Alkaloids		
Cafergot (Oral Tablet)	3	
Dihydroergotamine Mesylate (Nasal Solution)	4	
Ergotamine-Caffeine (Oral Tablet)	2	
Migergot (Rectal Suppository)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Migranal (Nasal Solution)	4	
Prophylactic		
Aimovig (Subcutaneous Solution Auto-Injector)	3	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Emgality (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	3	PA; QL
Emgality (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Timolol Maleate (Oral Tablet)	2	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Almotriptan Malate (Oral Tablet)	3	ST; QL
Amerge (Oral Tablet)	3	QL
Eletriptan Hydrobromide (Oral Tablet)	3	ST; QL
Frova (Oral Tablet)	4	ST; QL
Frovatriptan Succinate (Oral Tablet)	3	ST; 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
Imitrex (Nasal Solution)	3	QL	Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	3	QL
Imitrex (Oral Tablet)	3	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	3	QL
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	4	QL	Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	3	QL
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	4	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	3	QL
Imitrex (Subcutaneous Solution)	4	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	3	QL
Maxalt (Oral Tablet)	3	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	3	QL
Maxalt-MLT (Oral Tablet Dispersible)	3	QL	Sumatriptan-Naproxen Sodium (Oral Tablet)	3	QL
Naratriptan HCl (Oral Tablet)	2	QL	Treximet (Oral Tablet)	4	QL
Onzetra Xsail (Nasal Exhaler Powder)	4	QL	Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	4	QL
Relpax (Oral Tablet)	3	ST; QL			
Rizatriptan Benzoate (Oral Tablet)	2	QL			
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	2	QL			
Sumatriptan (Nasal Solution)	3	QL			
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zolmitriptan (Oral Tablet)	3	QL
Zolmitriptan ODT (Oral Tablet Dispersible)	3	QL
Zomig (Nasal Solution)	3	QL
Zomig (Oral Tablet)	4	QL
Zomig ZMT (Oral Tablet Dispersible)	4	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Oral Tablet)	2	
Mestinon (Oral Syrup)	4	
Mestinon (Oral Tablet Immediate Release)	4	
Mestinon (Oral Tablet Extended Release)	4	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	3	
Pyridostigmine Bromide (Oral Solution)	4	
Pyridostigmine Bromide (30MG Oral Tablet Immediate Release)	4	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	2	
Antimycobacterials		
Antimycobacterials, Other		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dapsone (Oral Tablet)	2	
Mycobutin (Oral Capsule)	4	
Rifabutin (Oral Capsule)	3	
Antituberculars		
Ethambutol HCl (Oral Tablet)	2	
Isoniazid (Oral Syrup)	3	
Isoniazid (Oral Tablet)	1	
Myambutol (400MG Oral Tablet)	3	
Paser (Oral Packet)	3	
Priftin (Oral Tablet)	3	
Pyrazinamide (Oral Tablet)	3	
Rifadin (150MG Oral Capsule)	3	
Rifamate (Oral Capsule)	3	
Rifampin (Intravenous Solution Reconstituted)	3	
Rifampin (Oral Capsule)	2	
Rifater (Oral Tablet)	4	
Sirturo (Oral Tablet)	4	PA; LA
Trecator (Oral Tablet)	3	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Oral Capsule)	2	B/D, PA
Gleostine (100MG Oral Capsule)	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
Gleostine (10MG Oral Capsule)	2	
Gleostine (40MG Oral Capsule)	3	
Leukeran (Oral Tablet)	4	
Matulane (Oral Capsule)	4	LA
Valchlor (External Gel)	4	PA; LA
Antiandrogens		
Abiraterone Acetate (Oral Tablet)	4	PA
Bicalutamide (Oral Tablet)	1	
Casodex (Oral Tablet)	4	
Erleada (Oral Tablet)	4	PA; QL
Flutamide (Oral Capsule)	3	
Nilandron (Oral Tablet)	4	
Nilutamide (Oral Tablet)	4	
Xtandi (Oral Capsule)	4	PA; LA
Yonsa (Oral Tablet)	4	PA
Zytiga (Oral Tablet)	4	PA
Antiangiogenic Agents		
Pomalyst (Oral Capsule)	4	PA
Revlimid (Oral Capsule)	4	PA; LA
Thalomid (Oral Capsule)	4	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antiestrogens/Modifiers		
Emcyt (Oral Capsule)	4	
Fareston (Oral Tablet)	4	
Soltamox (Oral Solution)	4	
Tamoxifen Citrate (Oral Tablet)	1	
Toremifene Citrate (Oral Tablet)	4	
Antimetabolites		
Droxia (Oral Capsule)	3	
Hydrea (Oral Capsule)	3	
Hydroxyurea (Oral Capsule)	1	
Mercaptopurine (Oral Tablet)	2	
Purixan (Oral Suspension)	4	PA
Tabloid (Oral Tablet)	3	PA
Antineoplastics, Other		
Copiktra (Oral Capsule)	4	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	4	PA
Kisqali (400MG Dose) (Oral Tablet)	4	PA
Kisqali (600MG Dose) (Oral Tablet)	4	PA
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	4	PA
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	4	PA
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet)	2	
Leucovorin Calcium (25MG Oral Tablet)	3	
Leucovorin Calcium (5MG Oral Tablet)	1	
Lonsurf (Oral Tablet)	4	PA; LA
Lorbrena (Oral Tablet)	4	PA; QL
Ninlaro (Oral Capsule)	4	PA; QL
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	4	PA
Verzenio (Oral Tablet)	4	PA; LA
Zolinza (Oral Capsule)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Oral Tablet)	1	
Arimidex (Oral Tablet)	4	
Aromasin (Oral Tablet)	4	
Exemestane (Oral Tablet)	3	
Femara (Oral Tablet)	4	
Letrozole (Oral Tablet)	1	
Enzyme Inhibitors		
Balversa (Oral Tablet)	4	PA; QL
Rubraca (Oral Tablet)	4	PA; LA
Talzenna (Oral Capsule)	4	PA; LA; QL
Zejula (Oral Capsule)	4	PA; LA; QL
Molecular Target Inhibitors		
Afinitor Disperz (Oral Tablet Soluble)	4	PA
Afinitor (Oral Tablet)	4	PA
Alecensa (Oral Capsule)	4	PA; LA
Alunbrig (Oral Tablet)	4	PA; LA; QL
Alunbrig (Oral Tablet Therapy Pack)	4	PA; LA; QL
Bosulif (Oral Tablet)	4	PA
Braftovi (Oral Capsule)	4	PA
Cabometyx (Oral Tablet)	4	PA; LA; QL
Calquence (Oral Capsule)	4	PA; QL
Caprelsa (Oral Tablet)	4	PA; LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cometriq (100MG Daily Dose) (Oral Kit)	4	PA; LA	Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Cometriq (140MG Daily Dose) (Oral Kit)	4	PA; LA	Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Cometriq (60MG Daily Dose) (Oral Kit)	4	PA; LA	Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Cotellic (Oral Tablet)	4	PA; LA	Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Daurismo (Oral Tablet)	4	PA; LA; QL	Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Erivedge (Oral Capsule)	4	PA; LA; QL	Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Erlotinib HCl (Oral Tablet)	4	PA; QL	Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Farydak (Oral Capsule)	4	PA	Lynparza (Oral Tablet)	4	PA; LA
Gilotrif (Oral Tablet)	4	PA; LA	Mekinist (Oral Tablet)	4	PA; LA
Gleevec (Oral Tablet)	4	PA; QL	Mektovi (Oral Tablet)	4	PA
Ibrance (Oral Capsule)	4	PA; LA	Nerlynx (Oral Tablet)	4	PA; LA; QL
Iclusig (Oral Tablet)	4	PA; LA	Nexavar (Oral Tablet)	4	PA; LA
IDHIFA (Oral Tablet)	4	PA; LA	Odomzo (Oral Capsule)	4	PA; LA; QL
Imatinib Mesylate (Oral Tablet)	4	PA; QL	Rydapt (Oral Capsule)	4	PA; QL
Imbruvica (Oral Capsule)	4	PA; LA; QL	Sprycel (Oral Tablet)	4	PA
Imbruvica (Oral Tablet)	4	PA; QL	Stivarga (Oral Tablet)	4	PA; LA; QL
Inlyta (Oral Tablet)	4	PA; LA; QL	Sutent (Oral Capsule)	4	PA
Iressa (Oral Tablet)	4	PA; LA; QL			
Jakafi (Oral Tablet)	4	PA; LA; QL			
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Tafinlar (Oral Capsule)	4	PA; LA
Tagrisso (Oral Tablet)	4	PA; LA
Tarceva (Oral Tablet)	4	PA; LA; QL
Tasigna (Oral Capsule)	4	PA
Tibsovo (Oral Tablet)	4	PA; QL
Tykerb (Oral Tablet)	4	PA; LA
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	4	PA; LA
Venclexta (10MG Oral Tablet)	2	PA; LA
Venclexta Starting Pack (Oral Tablet Therapy Pack)	4	PA; LA
Vitrakvi (Oral Capsule)	4	PA; LA; QL
Vitrakvi (Oral Solution)	4	PA; LA; QL
Vizimpro (Oral Tablet)	4	PA; LA
Votrient (Oral Tablet)	4	PA; LA; QL
Xalkori (Oral Capsule)	4	PA; LA
Xospata (Oral Tablet)	4	PA; QL
Zelboraf (Oral Tablet)	4	PA; LA; QL
Zydelig (Oral Tablet)	4	PA; LA
Zykadia (Oral Capsule)	4	PA
Zykadia (Oral Tablet)	4	PA
Retinoids		
Bexarotene (Oral Capsule)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Panretin (External Gel)	4	
Targretin (External Gel)	4	PA
Targretin (Oral Capsule)	4	PA
Tretinoin (Oral Capsule)	4	
Treatment Adjuncts		
Mesnex (Oral Tablet)	4	
Antiparasitics		
Anthelmintics		
Albendazole (Oral Tablet)	4	QL
Albenza (Oral Tablet)	4	QL
Biltricide (Oral Tablet)	3	
Emverm (Oral Tablet Chewable)	4	
Ivermectin (Oral Tablet)	1	
Praziquantel (Oral Tablet)	3	
Sklice (External Lotion)	3	
Stromectol (Oral Tablet)	3	
Antiprotozoals		
Alinia (Oral Suspension Reconstituted)	4	
Alinia (Oral Tablet)	4	
Atovaquone (Oral Suspension)	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
Atovaquone-Proguanil HCl (Oral Tablet)	2		Elimite (External Cream)	3	
Benznidazole (Oral Tablet)	3		Eurax (External Cream)	3	
Chloroquine Phosphate (Oral Tablet)	2		Eurax (External Lotion)	3	
Coartem (Oral Tablet)	3		Lindane (External Shampoo)	3	
DARAPRIM (Oral Tablet)	4		Malathion (External Lotion)	3	
Hydroxychloroquine Sulfate (Oral Tablet)	1		Natroba (External Suspension)	3	
Krintafel (Oral Tablet)	3		Ovide (External Lotion)	3	
Malarone (Oral Tablet)	3		Permethrin (External Cream)	2	
Mefloquine HCl (Oral Tablet)	1		Antiparkinson Agents		
Mepron (Oral Suspension)	4		Anticholinergics		
Nebupent (Inhalation Solution Reconstituted)	3	B/D, PA; QL	Benztropine Mesylate (Oral Tablet)	2	PA; HRM
PENTAM 300 (Injection Solution Reconstituted)	3		Trihexyphenidyl HCl (Oral Elixir)	3	PA; HRM
Plaquenil (Oral Tablet)	3		Trihexyphenidyl HCl (Oral Tablet)	3	PA; HRM
Primaquine Phosphate (Oral Tablet)	2		Antiparkinson Agents, Other		
Qualaquin (Oral Capsule)	3	PA	Amantadine HCl (Oral Capsule)	2	
Quinine Sulfate (Oral Capsule)	3	PA	Amantadine HCl (Oral Syrup)	1	
Pediculicides/Scabicides			Amantadine HCl (Oral Tablet)	2	
			Comtan (Oral Tablet)	4	
			Entacapone (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gocovri (Oral Capsule Extended Release 24 Hour)	4	PA	Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	1	
Osmolex ER (Oral Tablet Extended Release 24 Hour)	3	PA	Requip XL (12MG Oral Tablet Extended Release 24 Hour, 8MG Oral Tablet Extended Release 24 Hour)	4	
Tasmar (Oral Tablet)	4	QL	Requip XL (4MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour)	3	
Tolcapone (Oral Tablet)	4	QL	Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	3	
Dopamine Agonists			Ropinirole HCl (Oral Tablet Immediate Release)	1	
Apokyn (Subcutaneous Solution Cartridge)	4	PA; LA; QL	Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Bromocriptine Mesylate (Oral Capsule)	3		Carbidopa (Oral Tablet)	3	
Bromocriptine Mesylate (Oral Tablet)	3		Carbidopa-Levodopa ER (Oral Tablet Extended Release)	2	
Inbrija (Inhalation Capsule)	4	PA	Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	
Mirapex ER (Oral Tablet Extended Release 24 Hour)	3		Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	3	
Mirapex (Oral Tablet Immediate Release)	3				
Neupro (Transdermal Patch 24 Hour)	3				
Parlodel (Oral Capsule)	3				
Parlodel (Oral Tablet)	3				
Pramipexole Dihydrochloride ER (Oral 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
Carbidopa-Levodopa-Entacapone (Oral Tablet)	3	
Duopa (Enteral Suspension)	4	PA
Lodosyn (Oral Tablet)	4	
Rytary (Oral Capsule Extended Release)	3	
Sinemet CR (Oral Tablet Extended Release)	3	
Sinemet (Oral Tablet Immediate Release)	3	
Stalevo 100 (Oral Tablet)	4	
Stalevo 125 (Oral Tablet)	4	
Stalevo 150 (Oral Tablet)	4	
Stalevo 200 (Oral Tablet)	4	
Stalevo 50 (Oral Tablet)	4	
Stalevo 75 (Oral Tablet)	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
Azilect (Oral Tablet)	3	
Rasagiline Mesylate (Oral Tablet)	3	
Selegiline HCl (Oral Capsule)	2	
Selegiline HCl (Oral Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zelapar (Oral Tablet Dispersible)	4	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Oral Tablet)	3	
Fluphenazine Decanoate (Injection Solution)	2	
Fluphenazine HCl (2.5MG/ML Injection Solution)	2	
Fluphenazine HCl (5MG/ML Oral Concentrate)	3	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	2	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	1	
Haldol Decanoate (Intramuscular Solution)	3	
Haldol (Injection Solution)	3	
Haloperidol Decanoate (Intramuscular Solution)	2	
Haloperidol Lactate (Injection Solution)	1	
Haloperidol Lactate (Oral Concentrate)	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
Haloperidol (Oral Tablet)	1		Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	4	QL
Loxapine Succinate (Oral Capsule)	2		Aristada Initio (Intramuscular Prefilled Syringe)	4	
Molindone HCl (Oral Tablet)	3		Aristada (Intramuscular Prefilled Syringe)	4	
Pimozide (Oral Tablet)	2		Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	4	ST; QL
Thioridazine HCl (Oral Tablet)	2		Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	3	ST; QL
Thiothixene (Oral Capsule)	2		Fanapt Titration Pack (Oral Tablet)	3	ST
Trifluoperazine HCl (Oral Tablet)	2		Geodon (Intramuscular Solution Reconstituted)	3	
2nd Generation/Atypical			Geodon (Oral Capsule)	4	QL
Abilify Maintena (Intramuscular Prefilled Syringe)	4				
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	4				
Abilify (Oral Tablet)	4	QL			
Aripiprazole (1MG/ML Oral Solution)	3	QL			
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	1	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Invega (3MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	4	PA; QL	Olanzapine (10MG Intramuscular Solution Reconstituted)	3	
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	4		Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	QL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	3		Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	2	QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	4		Paliperidone ER (Oral Tablet Extended Release 24 Hour)	3	QL
Latuda (Oral Tablet)	4	QL	Perseris (Subcutaneous Prefilled Syringe)	4	
Nuplazid (Oral Capsule)	4	PA; QL	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	2	QL
Nuplazid (Oral Tablet)	4	PA; QL	Quetiapine Fumarate (Oral Tablet Immediate Release)	1	QL
			Rexulti (Oral Tablet)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted)	3		Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	3	
Risperdal Consta (25MG Intramuscular Suspension Reconstituted, 37.5MG Intramuscular Suspension Reconstituted, 50MG Intramuscular Suspension Reconstituted)	4		Saphris (Tablet Sublingual)	4	
Risperdal (1MG/ML Oral Solution)	4		Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	3	QL
Risperdal (0.25MG Oral Tablet, 0.5MG Oral Tablet)	3		Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	4	QL
Risperdal (1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	4				
Risperidone (1MG/ML Oral Solution)	2				
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral 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
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	3	QL	Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	3	
Seroquel XR (400MG Oral Tablet Extended Release 24 Hour)	4	QL	Zyprexa Zydys (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	4	QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	4	ST; QL	Zyprexa Zydys (5MG Oral Tablet Dispersible)	3	QL
Vraylar (Oral Capsule Therapy Pack)	3	ST	Treatment-Resistant		
Ziprasidone HCl (Oral Capsule)	2	QL	Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	2	
Zyprexa (10MG Intramuscular Solution Reconstituted)	3		Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible)	3	
Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL	Clozapine ODT (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	2	
Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	4	QL	Clozapine ODT (200MG Oral Tablet Dispersible)	4	
			Clozaril (100MG Oral Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Clozaril (25MG Oral Tablet)	3	
FazaClo (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible)	4	
FazaClo (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	3	
Versacloz (Oral Suspension)	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Prevymis (Oral Tablet)	4	PA; QL
Valcyte (Oral Solution Reconstituted)	4	QL
Valcyte (Oral Tablet)	4	QL
Valganciclovir HCl (Oral Solution Reconstituted)	4	QL
Valganciclovir HCl (Oral Tablet)	4	QL
Zirgan (Ophthalmic Gel)	3	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Oral Tablet)	4	
Baraclude (Oral Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Baraclude (Oral Tablet)	4	
Entecavir (Oral Tablet)	3	
Epivir HBV (Oral Solution)	3	
Epivir HBV (Oral Tablet)	3	
Hepsera (Oral Tablet)	4	
Lamivudine (100MG Oral Tablet)	2	
Vemlidy (Oral Tablet)	4	QL
Anti-hepatitis C (HCV) Agents, Other		
Intron A (Injection Solution)	4	PA; LA
Intron A (Injection Solution Reconstituted)	4	PA; LA
Pegasys ProClick (Subcutaneous Solution)	4	PA
Pegasys (Subcutaneous Solution)	4	PA
Rebetol (Oral Solution)	3	
Ribasphere (Oral Capsule)	2	
Ribasphere (600MG Oral Tablet)	4	
Ribasphere RibaPak (600MG Oral Tablet)	4	
Ribasphere RibaPak (400 & 600MG Oral Tablet Therapy Pack)	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
Ribavirin (Oral Capsule)	2	
Ribavirin (Oral Tablet)	2	
Sylatron (Subcutaneous Kit)	4	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	4	PA; QL
Epclusa (Oral Tablet)	4	PA; QL
Harvoni (Oral Tablet)	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	4	PA; QL
Mavyret (Oral Tablet)	4	PA; QL
Sofosbuvir-Velpatasvir (Oral Tablet)	4	PA; QL
Sovaldi (Oral Tablet)	4	PA; QL
Viekira Pak (Oral Tablet Therapy Pack)	4	PA; QL
Vosevi (Oral Tablet)	4	PA; QL
Zepatier (Oral Tablet)	4	PA; QL
Antiherpetic Agents		
Acyclovir (External Cream)	3	
Acyclovir (External Ointment)	3	
Acyclovir (Oral Capsule)	1	
Acyclovir (Oral Suspension)	3	
Acyclovir (Oral Tablet)	1	
Acyclovir Sodium (Intravenous Solution)	3	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Denavir (External Cream)	4	
Famciclovir (Oral Tablet)	2	
Trifluridine (Ophthalmic Solution)	2	
Valacyclovir HCl (Oral Tablet)	2	QL
Valtrex (1GM Oral Tablet)	4	QL
Valtrex (500MG Oral Tablet)	3	QL
Xerese (External Cream)	4	PA
Zovirax (External Cream)	4	
Zovirax (External Ointment)	4	
Zovirax (Oral Capsule)	3	
Zovirax (Oral Suspension)	3	
Zovirax (800MG Oral Tablet)	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Dovato (Oral Tablet)	4	QL
Genvoya (Oral Tablet)	4	QL
Isentress HD (Oral Tablet)	4	QL
Isentress (Oral Packet)	3	QL
Isentress (Oral Tablet)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Isentress (100MG Oral Tablet Chewable)	4	QL
Isentress (25MG Oral Tablet Chewable)	2	QL
Stribild (Oral Tablet)	4	QL
Tivicay (10MG Oral Tablet)	3	QL
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	4	QL
Triumeq (Oral Tablet)	4	QL
Tybost (Oral Tablet)	3	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Oral Tablet)	4	QL
Complera (Oral Tablet)	4	QL
Delstrigo (Oral Tablet)	4	QL
Edurant (Oral Tablet)	4	QL
Efavirenz (Oral Capsule)	3	QL
Efavirenz (Oral Tablet)	4	QL
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	4	QL
Intelence (25MG Oral Tablet)	3	QL
Juluca (Oral Tablet)	4	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nevirapine (Oral Suspension)	3	QL
Nevirapine (Oral Tablet Immediate Release)	2	QL
Odefsey (Oral Tablet)	4	QL
Pifeltro (Oral Tablet)	4	QL
Rescriptor (Oral Tablet)	3	QL
Sustiva (Oral Capsule)	3	QL
Sustiva (Oral Tablet)	4	QL
Symfi Lo (Oral Tablet)	4	QL
Symfi (Oral Tablet)	4	QL
Viramune (Oral Suspension)	4	QL
Viramune (Oral Tablet Immediate Release)	4	QL
Viramune XR (Oral Tablet Extended Release 24 Hour)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir Sulfate (Oral Solution)	3	QL
Abacavir Sulfate (Oral Tablet)	3	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	3	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	4	QL
Biktarvy (Oral Tablet)	4	QL
Cimduo (Oral Tablet)	4	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Combivir (Oral Tablet)	4	QL
Descovy (Oral Tablet)	4	QL
Didanosine (Oral Capsule Delayed Release)	3	QL
Emtriva (Oral Capsule)	3	QL
Emtriva (Oral Solution)	3	QL
Epivir (Oral Solution)	3	QL
Epivir (Oral Tablet)	3	QL
Epzicom (Oral Tablet)	4	QL
Lamivudine (10MG/ML Oral Solution)	2	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	2	QL
Lamivudine-Zidovudine (Oral Tablet)	3	QL
Retrovir (Oral Capsule)	3	QL
Retrovir (Oral Syrup)	3	QL
Stavudine (Oral Capsule)	2	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	3	QL
Trizivir (Oral Tablet)	4	QL
Truvada (Oral Tablet)	4	QL
Videx EC (Oral Capsule Delayed Release)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Videx (4GM Oral Solution Reconstituted)	3	QL
Viread (Oral Powder)	4	QL
Viread (Oral Tablet)	4	QL
Ziagen (Oral Solution)	3	QL
Ziagen (Oral Tablet)	3	QL
Zidovudine (Oral Capsule)	2	QL
Zidovudine (Oral Syrup)	2	QL
Zidovudine (Oral Tablet)	2	QL
Anti-HIV Agents, Other		
Fuzeon (Subcutaneous Solution Reconstituted)	4	QL
Selzentry (Oral Solution)	4	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	4	QL
Selzentry (25MG Oral Tablet)	2	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (Oral Capsule)	4	QL
Aptivus (Oral Solution)	4	QL
Atazanavir Sulfate (Oral Capsule)	4	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Crixivan (Oral Capsule)	2	QL
Evotaz (Oral Tablet)	4	QL
Fosamprenavir Calcium (Oral Tablet)	4	QL
Invirase (Oral Tablet)	4	QL
Kaletra (Oral Solution)	3	QL
Kaletra (100-25MG Oral Tablet)	3	QL
Kaletra (200-50MG Oral Tablet)	4	QL
Lexiva (Oral Suspension)	3	QL
Lexiva (Oral Tablet)	4	QL
Lopinavir-Ritonavir (Oral Solution)	3	QL
Norvir (Oral Packet)	3	QL
Norvir (Oral Solution)	3	QL
Norvir (Oral Tablet)	3	QL
Prezcobix (Oral Tablet)	4	QL
Prezista (Oral Suspension)	4	QL
Prezista (150MG Oral Tablet, 75MG Oral Tablet)	3	QL
Prezista (600MG Oral Tablet, 800MG Oral Tablet)	4	QL
Reyataz (Oral Capsule)	4	QL
Reyataz (Oral Packet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ritonavir (Oral Tablet)	2	QL
Symtuza (Oral Tablet)	4	QL
Viracept (Oral Tablet)	4	QL
Anti-influenza Agents		
Flumadine (Oral Tablet)	3	
Oseltamivir Phosphate (Oral Capsule)	2	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	2	
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	2	
Rimantadine HCl (Oral Tablet)	2	
Tamiflu (Oral Capsule)	3	
Tamiflu (Oral Suspension Reconstituted)	3	
Xofluza (Oral Tablet Therapy Pack)	2	QL
Anxiolytics		
Anxiolytics, Other		
Bupirone HCl (Oral Tablet)	1	
Hydroxyzine HCl (Oral Syrup)	3	PA; HRM
Benzodiazepines		
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	2	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
Alprazolam Intensol (Oral Concentrate)	3	QL	Klonopin (Oral Tablet)	3	QL
Alprazolam (Oral Tablet Immediate Release)	1	QL	Lorazepam (2MG/ML Oral Concentrate)	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	3	QL	Lorazepam (Oral Tablet)	1	QL
Ativan (Oral Tablet)	4	QL	Oxazepam (Oral Capsule)	2	
Chlordiazepoxide HCl (Oral Capsule)	1		Tranxene-T (Oral Tablet)	3	QL
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	1	QL	Valium (Oral Tablet)	3	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	2	QL	Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	3	QL
Clorazepate Dipotassium (Oral Tablet)	3	QL	Xanax (2MG Oral Tablet Immediate Release)	4	QL
Diazepam Intensol (5MG/ML Oral Concentrate)	2	QL	Xanax XR (Oral Tablet Extended Release 24 Hour)	3	PA; QL
Diazepam (5MG/5ML Oral Solution)	1		Bipolar Agents		
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL	Mood Stabilizers		
			Depakote ER (Oral Tablet Extended Release 24 Hour)	3	
			Depakote (Oral Tablet Delayed Release)	3	
			Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	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
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1		Adlyxin (Subcutaneous Solution Pen-Injector)	3	ST; QL
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	2		Alogliptin Benzoate (Oral Tablet)	3	ST; QL
Divalproex Sodium (Oral Tablet Delayed Release)	1		Alogliptin-Metformin HCl (Oral Tablet)	3	ST; QL
Equetro (Oral Capsule Extended Release 12 Hour)	3		Alogliptin-Pioglitazone (Oral Tablet)	3	ST; QL
Lithium Carbonate ER (Oral Tablet Extended Release)	1		Amaryl (Oral Tablet)	3	QL
Lithium Carbonate (Oral Capsule)	1		Avandia (Oral Tablet)	3	PA; QL
Lithium Carbonate (Oral Tablet Immediate Release)	1		Bydureon BCise (Subcutaneous Auto-Injector)	3	QL
Lithium (Oral Solution)	2		Bydureon (Subcutaneous Pen-Injector)	3	QL
Lithobid (Oral Tablet Extended Release)	4		Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Blood Glucose Regulators			Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Antidiabetic Agents			Cycloset (Oral Tablet)	3	PA
Acarbose (Oral Tablet)	1		Duetact (Oral Tablet)	3	QL
Actoplus Met (Oral Tablet Immediate Release)	3	QL	Farxiga (Oral Tablet)	3	ST; QL
Actos (Oral Tablet)	3	QL	Fortamet (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	3	ST; QL	Glimepiride (Oral Tablet)	1	QL
			Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Glipizide (Oral Tablet Immediate Release)	1	QL	Jardiance (Oral Tablet)	2	QL
Glipizide-Metformin HCl (Oral Tablet)	2	QL	Jentaducto (Oral Tablet Immediate Release)	2	QL
Glucophage (Oral Tablet Immediate Release)	3	QL	Jentaducto XR (Oral Tablet Extended Release 24 Hour)	2	QL
Glucophage XR (Oral Tablet Extended Release 24 Hour)	3	QL	Kazano (Oral Tablet)	3	ST; QL
Glucotrol (Oral Tablet Immediate Release)	3	QL	Kombiglyze XR (Oral Tablet Extended Release 24 Hour)	3	QL
Glucotrol XL (Oral Tablet Extended Release 24 Hour)	3	QL	Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	4	PA; QL
Glumetza (Oral Tablet Extended Release 24 Hour)	4	PA; QL	Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	4	PA; QL
Glyset (Oral Tablet)	3		Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	3	PA; QL
Glyxambi (Oral Tablet)	2	QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL
Invokamet (Oral Tablet Immediate Release)	2	QL			
Invokamet XR (Oral Tablet Extended Release 24 Hour)	2	QL			
Invokana (Oral Tablet)	2	QL			
Janumet (Oral Tablet Immediate Release)	2	QL			
Janumet XR (Oral Tablet Extended Release 24 Hour)	2	QL			
Januvia (Oral Tablet)	2	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
Metformin HCl (Oral Tablet Immediate Release)	1	QL	Soliqua (Subcutaneous Solution Pen-Injector)	2	QL
Miglitol (Oral Tablet)	3		Starlix (Oral Tablet)	3	QL
Nateglinide (Oral Tablet)	2	QL	Steglatro (Oral Tablet)	3	ST; QL
Nesina (Oral Tablet)	3	ST; QL	Steglujan (Oral Tablet)	3	ST; QL
Onglyza (Oral Tablet)	3	QL	SymlinPen 120 (Subcutaneous Solution Pen-Injector)	4	PA
Oseni (Oral Tablet)	3	ST; QL	SymlinPen 60 (Subcutaneous Solution Pen-Injector)	4	PA
Ozempic (Subcutaneous Solution Pen-Injector)	2	QL	Synjardy (Oral Tablet Immediate Release)	2	QL
Pioglitazone HCl (Oral Tablet)	1	QL	Synjardy XR (Oral Tablet Extended Release 24 Hour)	2	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	3	QL	Tolazamide (250MG Oral Tablet, 500MG Oral Tablet)	2	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	3	QL	Tolbutamide (Oral Tablet)	1	QL
Prandin (1MG Oral Tablet)	3	QL	Tradjenta (Oral Tablet)	2	QL
Prandin (2MG Oral Tablet)	4	QL	Trulicity (Subcutaneous Solution Pen-Injector)	2	QL
Precose (Oral Tablet)	3		Victoza (Subcutaneous Solution Pen-Injector)	2	QL
Qtern (Oral Tablet)	3	ST; QL			
Repaglinide (Oral Tablet)	1	QL			
Repaglinide-Metformin HCl (Oral Tablet)	3	QL			
Riomet (Oral Solution)	3	QL			
Segluromet (Oral Tablet)	3	ST; 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
Xigduo XR (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Apidra SoloStar (Subcutaneous Solution Pen-Injector)	3	PA
Xultophy (Subcutaneous Solution Pen-Injector)	3	ST; QL	Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	3	ST
Glycemic Agents			Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	3	PA
GlucaGen HypoKit (Injection Solution Reconstituted)	3		Fiasp (Subcutaneous Solution)	3	PA
Glucagon Emergency (Injection Kit)	2		Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	2	
Proglycem (Oral Suspension)	4		Humalog KwikPen (Subcutaneous Solution Pen-Injector)	2	
Insulins			Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	3	PA	Humalog Mix 50/50 (Subcutaneous Suspension)	2	
Admelog (Subcutaneous Solution)	3	PA	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder)	4	PA	Humalog Mix 75/25 (Subcutaneous Suspension)	2	
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	3	PA			
Apidra (Injection Solution)	3	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
Humalog (Subcutaneous Solution)	2		Insulin Lispro (Subcutaneous Solution Pen-Injector)	2	
Humalog (Subcutaneous Solution Cartridge)	2		Lantus SoloStar (Subcutaneous Solution Pen-Injector)	2	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	2		Lantus (Subcutaneous Solution)	2	
Humulin 70/30 (Subcutaneous Suspension)	2		Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	2		Levemir (Subcutaneous Solution)	2	
Humulin N (Subcutaneous Suspension)	2		Novolin 70/30 (Subcutaneous Suspension)	3	PA
Humulin R (Injection Solution)	2		Novolin N (Subcutaneous Suspension)	3	PA
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	2		Novolin R (Injection Solution)	3	PA
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	2		NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	3	PA
Insulin Lispro (Subcutaneous Solution)	2		NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	3	PA
			NovoLog Mix 70/30 (Subcutaneous Suspension)	3	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
NovoLog PenFill (Subcutaneous Solution Cartridge)	3	PA	Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	3	QL
NovoLog (Subcutaneous Solution)	3	PA			
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	2				
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	2				
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	2				
Tresiba (Subcutaneous Solution)	2				
Blood Products/Modifiers/Volume Expanders			Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	2	QL
Anticoagulants					
Arixtra (Subcutaneous Solution)	4				
Bevyxxa (Oral Capsule)	3	QL	Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	4	
Coumadin (Oral Tablet)	2				
Eliquis (Oral Tablet)	2	QL	Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	3	
Eliquis Starter Pack (Oral Tablet)	2	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
Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution)	4		Lovenox (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	4	QL
Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	3		Lovenox (150MG/ML Subcutaneous Solution, 30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	3	QL
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	2		Pradaxa (Oral Capsule)	3	ST; QL
Heparin Sodium (1000UNIT/ML Injection Solution)	2	B/D, PA	Savaysa (Oral Tablet)	3	ST; QL
Jantoven (Oral Tablet)	1		Warfarin Sodium (Oral Tablet)	1	
			Xarelto (Oral Tablet)	2	QL
			Xarelto Starter Pack (Oral Tablet Therapy Pack)	2	QL
			Zontivity (Oral Tablet)	3	PA
			Blood Formation Modifiers		
			Agrylin (Oral Capsule)	3	
			Anagrelide HCl (Oral Capsule)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	4	PA	Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	3	PA
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)	3	PA	Doptelet (Oral Tablet)	4	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	4	PA	Epogen (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA
			Epogen (20000UNIT/ML Injection Solution)	4	PA
			Fulphila (Subcutaneous Solution Prefilled Syringe)	4	PA
			Granix (Subcutaneous Solution)	4	ST
			Granix (Subcutaneous Solution Prefilled Syringe)	4	ST
			Leukine (Injection Solution Reconstituted)	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
Mulpleta (Oral Tablet)	4	PA	Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	4	PA	Retacrit (40000UNIT/ML Injection Solution)	4	PA
Neupogen (Injection Solution)	4	ST	Udenyca (Subcutaneous Solution Prefilled Syringe)	4	PA
Neupogen (Injection Solution Prefilled Syringe)	4	ST	Zarxio (Injection Solution Prefilled Syringe)	4	
Nivestym (Injection Solution)	4	ST	Hemostasis Agents		
Nivestym (Injection Solution Prefilled Syringe)	4	ST	Lysteda (Oral Tablet)	3	
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA	Tavalisse (Oral Tablet)	4	PA; QL
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	4	PA	Tranexamic Acid (Oral Tablet)	2	
Promacta (Oral Packet)	4	PA; LA; QL	Platelet Modifying Agents		
Promacta (Oral Tablet)	4	PA; LA; QL	Aggrenox (Oral Capsule Extended Release 12 Hour)	3	QL
			Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	3	QL
			Brilinta (Oral Tablet)	2	QL
			Cablivi (Injection Kit)	4	PA; QL
			Cilostazol (Oral 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
Clopidogrel Bisulfate (75MG Oral Tablet)	1	QL
Effient (Oral Tablet)	3	
Plavix (Oral Tablet)	3	QL
Prasugrel HCl (Oral Tablet)	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Catapres (Oral Tablet)	3	
Catapres-TTS-1 (Transdermal Patch Weekly)	3	
Catapres-TTS-2 (Transdermal Patch Weekly)	3	
Catapres-TTS-3 (Transdermal Patch Weekly)	3	
Clonidine HCl (Oral Tablet Immediate Release)	1	
Clonidine (Transdermal Patch Weekly)	3	
Methyldopa (Oral Tablet)	3	PA; HRM
Midodrine HCl (Oral Tablet)	2	
Northera (Oral Capsule)	4	PA; LA; QL
Alpha-adrenergic Blocking Agents		
Cardura (Oral Tablet Immediate Release)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dibenzylamine (Oral Capsule)	4	
Doxazosin Mesylate (Oral Tablet)	1	
Minipress (Oral Capsule)	3	
Phenoxybenzamine HCl (Oral Capsule)	4	
Prazosin HCl (Oral Capsule)	1	
Angiotensin II Receptor Antagonists		
Atacand (Oral Tablet)	3	QL
Avapro (Oral Tablet)	3	QL
Benicar (Oral Tablet)	3	QL
Candesartan Cilexetil (Oral Tablet)	2	QL
Cozaar (Oral Tablet)	3	QL
Diovan (Oral Tablet)	3	QL
Edarbi (Oral Tablet)	3	QL
Eprosartan Mesylate (Oral Tablet)	2	QL
Irbesartan (Oral Tablet)	1	QL
Losartan Potassium (Oral Tablet)	1	QL
Micardis (Oral Tablet)	3	QL
Olmesartan Medoxomil (Oral Tablet)	1	QL
Telmisartan (Oral Tablet)	1	QL
Valsartan (Oral Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Accupril (Oral Tablet)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Altace (Oral Capsule)	3	QL
Benazepril HCl (Oral Tablet)	1	QL
Captopril (Oral Tablet)	2	QL
Enalapril Maleate (Oral Tablet)	1	QL
Fosinopril Sodium (Oral Tablet)	1	QL
Lisinopril (Oral Tablet)	1	QL
Lotensin (Oral Tablet)	3	QL
Moexipril HCl (Oral Tablet)	1	QL
Perindopril Erbumine (Oral Tablet)	2	QL
Prinivil (Oral Tablet)	3	QL
Qbrelis (Oral Solution)	4	QL
Quinapril HCl (Oral Tablet)	1	QL
Ramipril (Oral Capsule)	1	QL
Trandolapril (Oral Tablet)	1	QL
Vasotec (10MG Oral Tablet, 20MG Oral Tablet)	4	QL
Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)	3	QL
Zestril (Oral Tablet)	3	QL
Antiarrhythmics		
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amiodarone HCl (200MG Oral Tablet)	1	
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	4	
Betapace AF (80MG Oral Tablet)	3	
Dofetilide (Oral Capsule)	3	
Flecainide Acetate (Oral Tablet)	1	
Mexiletine HCl (Oral Capsule)	2	
Multaq (Oral Tablet)	2	
Pacerone (100MG Oral Tablet, 400MG Oral Tablet)	3	
Pacerone (200MG Oral Tablet)	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	3	
Propafenone HCl (Oral Tablet)	2	
Quinidine Gluconate ER (Oral Tablet Extended Release)	3	
Quinidine Sulfate (Oral Tablet)	1	
Rythmol SR (Oral Capsule Extended Release 12 Hour)	4	
Sorine (Oral 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
Sotalol HCl (AF) (120MG Oral Tablet)	1		Labetalol HCl (Oral Tablet)	1	
Sotalol HCl (Oral Tablet)	1		Lopressor (100MG Oral Tablet)	3	
Sotylize (Oral Solution)	3	PA	Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1	
Tikosyn (Oral Capsule)	3		Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	
Beta-adrenergic Blocking Agents			Nadolol (Oral Tablet)	2	
Acebutolol HCl (Oral Capsule)	2		Pindolol (Oral Tablet)	2	
Atenolol (Oral Tablet)	1		Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	2	
Betaxolol HCl (Oral Tablet)	2		Propranolol HCl (Oral Solution)	1	
Bisoprolol Fumarate (Oral Tablet)	1		Propranolol HCl (Oral Tablet)	1	
Bystolic (Oral Tablet)	2	QL	Tenormin (Oral Tablet)	3	
Carvedilol (Oral Tablet)	1		Toprol XL (Oral Tablet Extended Release 24 Hour)	3	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	3		Calcium Channel Blocking Agents		
Coreg CR (Oral Capsule Extended Release 24 Hour)	3		Adalat CC (Oral Tablet Extended Release 24 Hour)	3	
Coreg (Oral Tablet)	3		Amlodipine Besylate (Oral Tablet)	1	
Corgard (Oral Tablet)	3		Calan (Oral Tablet Immediate Release)	3	
Inderal LA (Oral Capsule Extended Release 24 Hour)	4				
InnoPran XL (Oral Capsule Extended Release 24 Hour)	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
Calan SR (120MG Oral Tablet Extended Release, 240MG Oral Tablet Extended Release)	3		Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	2	
Cardizem CD (Oral Capsule Extended Release 24 Hour)	4		Diltiazem HCl (Oral Tablet Immediate Release)	1	
Cardizem LA (Oral Tablet Extended Release 24 Hour)	3		Dilt-XR (Oral Capsule Extended Release 24 Hour)	1	
Cardizem (Oral Tablet Immediate Release)	4		Felodipine ER (Oral Tablet Extended Release 24 Hour)	1	
Cartia XT (Oral Capsule Extended Release 24 Hour)	1		Isradipine (Oral Capsule)	3	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	1		Matzim LA (Oral Tablet Extended Release 24 Hour)	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	1		Nicardipine HCl (Oral Capsule)	3	
			Nifedipine ER (Oral Tablet Extended Release 24 Hour)	1	
			Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	1	
			Nimodipine (Oral Capsule)	3	
			Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	3	
			Norvasc (Oral Tablet)	3	
			Nymalize (60MG/20ML Oral Solution)	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
Procardia XL (Oral Tablet Extended Release 24 Hour)	3		Verapamil HCl (Oral Tablet Immediate Release)	1	
Sular (Oral Tablet Extended Release 24 Hour)	3		Verelan (Oral Capsule Extended Release 24 Hour)	3	
Taztia XT (Oral Capsule Extended Release 24 Hour)	1		Verelan PM (Oral Capsule Extended Release 24 Hour)	3	
Tiazac (Oral Capsule Extended Release 24 Hour)	3		Cardiovascular Agents, Other		
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	2		Accuretic (Oral Tablet)	3	QL
Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)	2		Aldactazide (Oral Tablet)	3	
Verapamil HCl ER (Oral Tablet Extended Release)	1		Aliskiren Fumarate (Oral Tablet)	3	QL
			Amiloride-Hydrochlorothiazide (Oral Tablet)	1	
			Amlodipine-Atorvastatin (Oral Tablet)	3	QL
			Amlodipine-Benazepril (Oral Capsule)	1	QL
			Amlodipine-Olmesartan (Oral Tablet)	2	QL
			Amlodipine-Valsartan (Oral Tablet)	2	QL
			Amlodipine-Valsartan-HCTZ (Oral Tablet)	3	
			Atacand HCT (Oral Tablet)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Atenolol-Chlorthalidone (Oral Tablet)	1	
Avalide (Oral Tablet)	3	QL
Azor (Oral Tablet)	3	QL
Benazepril-Hydrochlorothiazide (Oral Tablet)	2	QL
Benicar HCT (Oral Tablet)	3	QL
BiDil (Oral Tablet)	2	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	1	QL
Caduet (Oral Tablet)	3	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	3	QL
Captopril-Hydrochlorothiazide (Oral Tablet)	2	QL
Corlanor (Oral Tablet)	3	PA; QL
Demser (Oral Capsule)	4	
Digitek (125MCG Oral Tablet)	3	HRM; QL
Digitek (250MCG Oral Tablet)	3	PA; HRM
Digox (125MCG Oral Tablet)	3	HRM; QL
Digox (250MCG Oral Tablet)	3	PA; HRM
Digoxin (Oral Solution)	3	PA; HRM; QL
Digoxin (125MCG Oral Tablet)	3	HRM; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Digoxin (250MCG Oral Tablet)	3	PA; HRM
Diovan HCT (Oral Tablet)	3	QL
DUTOPROL (Oral Tablet Extended Release 24 Hour)	3	
Dyazide (Oral Capsule)	3	
Edarbyclor (Oral Tablet)	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	1	QL
Entresto (Oral Tablet)	2	QL
Exforge HCT (Oral Tablet)	3	
Exforge (Oral Tablet)	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	2	QL
Hyzaar (Oral Tablet)	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL
Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)	3	HRM; QL
Lanoxin (250MCG Oral Tablet)	3	PA; HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL
Lopressor HCT (Oral Tablet)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Losartan Potassium-HCTZ (Oral Tablet)	1	QL	Spironolactone-HCTZ (Oral Tablet)	1	
Lotrel (Oral Capsule)	3	QL	Tarka (Oral Tablet Extended Release)	3	QL
Maxzide (Oral Tablet)	3		Tekturna HCT (Oral Tablet)	3	QL
Maxzide-25 (Oral Tablet)	3		Tekturna (Oral Tablet)	3	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	2		Telmisartan-Amlodipine (Oral Tablet)	3	QL
Micardis HCT (Oral Tablet)	3	QL	Telmisartan-HCTZ (Oral Tablet)	3	QL
Nadolol-Bendroflumethiazide (40-5MG Oral Tablet)	2		Tenoretic 100 (Oral Tablet)	3	
Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL	Tenoretic 50 (Oral Tablet)	3	
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	3	QL	Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	3	QL
Pentoxifylline ER (Oral Tablet Extended Release)	1		Triamterene-HCTZ (Oral Capsule)	1	
Propranolol-HCTZ (Oral Tablet)	2		Triamterene-HCTZ (Oral Tablet)	1	
Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL	Tribenzor (Oral Tablet)	3	QL
Ranexa (Oral Tablet Extended Release 12 Hour)	3		Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)	3	QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	2		Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL
			Vaseretic (Oral Tablet)	3	QL
			Vecamyl (Oral Tablet)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zestoretic (Oral Tablet)	3	QL
Ziac (2.5-6.25MG Oral Tablet)	3	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	2	
Acetazolamide (Oral Tablet)	2	
Keveyis (Oral Tablet)	4	PA; QL
Methazolamide (Oral Tablet)	3	
Diuretics, Loop		
Bumetanide (Injection Solution)	1	
Bumetanide (Oral Tablet)	2	
Edecrin (Oral Tablet)	4	
Ethacrynic Acid (Oral Tablet)	3	
Furosemide (Injection Solution)	1	B/D, PA
Furosemide (Oral Solution)	1	
Furosemide (Oral Tablet)	1	
Lasix (Oral Tablet)	3	
Torsemide (Oral Tablet)	1	
Diuretics, Potassium-sparing		
Aldactone (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amiloride HCl (Oral Tablet)	1	
CaroSpir (Oral Suspension)	3	
Dyrenium (Oral Capsule)	3	
Eplerenone (Oral Tablet)	2	
Inspra (Oral Tablet)	3	
Spironolactone (Oral Tablet)	1	
Diuretics, Thiazide		
Chlorothiazide (Oral Tablet)	1	
Chlorthalidone (Oral Tablet)	1	
Diuril (Oral Suspension)	3	
Hydrochlorothiazide (Oral Capsule)	1	
Hydrochlorothiazide (Oral Tablet)	1	
Indapamide (Oral Tablet)	1	
Methyclothiazide (5MG Oral Tablet)	2	
Metolazone (Oral Tablet)	2	
Dyslipidemics, Fibric Acid Derivatives		
Antara (Oral Capsule)	2	
Fenofibrate Micronized (130MG Oral Capsule)	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
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	2		Tricor (Oral Tablet)	3	
Fenofibrate (150MG Oral Capsule)	3		Triglide (Oral Tablet)	3	
Fenofibrate (50MG Oral Capsule)	2		Trilipix (Oral Capsule Delayed Release)	3	
Fenofibrate (120MG Oral Tablet, 40MG Oral Tablet)	3		Dyslipidemics, HMG CoA Reductase Inhibitors		
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	2		Altoprev (Oral Tablet Extended Release 24 Hour)	4	QL
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	1		Atorvastatin Calcium (Oral Tablet)	1	QL
Fenofibric Acid (Oral Capsule Delayed Release)	2		Crestor (Oral Tablet)	3	QL
Fenofibric Acid (105MG Oral Tablet)	2		Ezallor Sprinkle (Oral Capsule Sprinkle)	3	QL
Fenofibric Acid (35MG Oral Tablet)	2		FloLipid (Oral Suspension)	3	QL
Fenoglide (120MG Oral Tablet)	4		Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	3	QL
Fenoglide (40MG Oral Tablet)	3		Fluvastatin Sodium (Oral Capsule)	3	QL
Fibricor (Oral Tablet)	3		Lescol XL (Oral Tablet Extended Release 24 Hour)	3	QL
Gemfibrozil (Oral Tablet)	1		Lipitor (Oral Tablet)	3	QL
Lipofen (Oral Capsule)	3		Livalo (Oral Tablet)	2	QL
Lopid (Oral Tablet)	3		Lovastatin (Oral Tablet)	1	QL
			Pravachol (Oral Tablet)	3	QL
			Pravastatin Sodium (Oral Tablet)	1	QL
			Rosuvastatin Calcium (Oral Tablet)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Simvastatin (Oral Tablet)	1	QL	Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet Extended Release)	3	
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	3	QL	Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release)	1	
Zypitamag (Oral Tablet)	3	ST; QL	Niacor (Oral Tablet)	3	
Dyslipidemics, Other			Niaspan (Oral Tablet Extended Release)	3	
Cholestyramine Light (Oral Powder)	3		Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	3	
Cholestyramine (Oral Packet)	3		Praluent (Subcutaneous Solution Pen-Injector)	3	PA; LA; QL
Colesevelam HCl (Oral Packet)	3		Prevalite (Oral Packet)	3	
Colesevelam HCl (Oral Tablet)	3		Questran Light (Oral Powder)	3	
Colestid (Oral Packet)	3		Questran (Oral Packet)	3	
Colestid (Oral Tablet)	3		Repatha Pushtronex System (Subcutaneous Solution Cartridge)	3	PA; QL
Colestipol HCl (Oral Packet)	3		Repatha (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Colestipol HCl (Oral Tablet)	2		Repatha SureClick (Subcutaneous Solution Auto-Injector)	3	PA; QL
Ezetimibe (Oral Tablet)	1				
Ezetimibe-Simvastatin (Oral Tablet)	3	QL			
Juxtapid (Oral Capsule)	4	PA; LA			
Lovaza (Oral Capsule)	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
Vascepa (Oral Capsule)	3	
Vytorin (Oral Tablet)	3	QL
Welchol (Oral Packet)	3	
Welchol (Oral Tablet)	3	
Zetia (Oral Tablet)	3	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Oral Tablet)	1	
Minoxidil (Oral Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
GoNitro (Sublingual Packet)	3	
Isordil Titradoso (Oral Tablet)	4	
Isosorbide Dinitrate ER (Oral Tablet Extended Release)	1	
Isosorbide Dinitrate (Oral Tablet Immediate Release)	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	1	
Minitran (Transdermal Patch 24 Hour)	1	
Nitro-Bid (Transdermal Ointment)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitro-Dur (Transdermal Patch 24 Hour)	3	
Nitroglycerin (Tablet Sublingual)	1	
Nitroglycerin (Transdermal Patch 24 Hour)	1	
Nitroglycerin (Translingual Solution)	3	
Nitrostat (Tablet Sublingual)	3	
Rectiv (Rectal Ointment)	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL
Adderall XR (Oral Capsule Extended Release 24 Hour)	3	QL
Adzenys ER (Oral Suspension Extended Release)	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL
Amphetamine Sulfate (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	2	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	2	QL
Desoxyn (Oral Tablet)	4	PA
Dexedrine (Oral Capsule Extended Release 24 Hour)	4	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	3	QL
Dextroamphetamine Sulfate (Oral Tablet)	2	QL
Dyanavel XR (Oral Suspension Extended Release)	3	QL
Evekeo (Oral Tablet)	3	
Methamphetamine HCl (Oral Tablet)	3	PA
Mydayis (Oral Capsule Extended Release 24 Hour)	3	QL
ProCentra (Oral Solution)	3	
Vyvanse (Oral Capsule)	3	
Vyvanse (Oral Tablet Chewable)	3	
Zenzedi (Oral Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Aptensio XR (Oral Capsule Extended Release 24 Hour)	3	QL
Atomoxetine HCl (Oral Capsule)	3	
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	3	PA
Concerta (Oral Tablet Extended Release)	3	QL
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL
Daytrana (Transdermal Patch)	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	3	
Dexmethylphenidate HCl (Oral Tablet)	2	QL
Focalin (Oral Tablet)	3	QL
Focalin XR (Oral Capsule Extended Release 24 Hour)	3	
Kapvay (Oral Tablet Extended Release 12 Hour)	3	PA
Metadate ER (Oral Tablet Extended Release)	3	QL
Methylin (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
Methylphenidate HCl CD (Oral Capsule Extended Release)	3		Strattera (Oral Capsule)	3	
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour)	3		Central Nervous System, Other		
Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	3	QL	Austedo (Oral Tablet)	4	PA; LA; QL
Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	3	QL	Gralise (Oral Tablet)	3	PA
Methylphenidate HCl (Oral Solution)	3	QL	Gralise Starter (Oral)	3	PA
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	2	QL	Horizant (Oral Tablet Extended Release)	3	PA
Methylphenidate HCl (Oral Tablet Chewable)	3	QL	Ingrezza (Oral Capsule)	4	PA; QL
QuilliChew ER (Oral Tablet Chewable Extended Release)	3	QL	Ingrezza (Oral Capsule Therapy Pack)	4	PA; QL
Quillivant XR (Oral Suspension Reconstituted)	3		Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	2	PA; QL
Relexxii (Oral Tablet Extended Release)	3	QL	Namzaric (Oral Capsule Extended Release 24 Hour)	2	PA; QL
Ritalin LA (Oral Capsule Extended Release 24 Hour)	3		Nuedexta (Oral Capsule)	3	PA
Ritalin (Oral Tablet)	3	QL	Rilutek (Oral Tablet)	4	
			Riluzole (Oral Tablet)	2	
			Tetrabenazine (Oral Tablet)	4	PA; LA
			Tiglutik (Oral Suspension)	4	PA
			Xenazine (Oral Tablet)	4	PA; LA
			Fibromyalgia Agents		
			Cymbalta (Oral Capsule Delayed Release Particles)	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
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	1	QL	Copaxone (Subcutaneous Solution Prefilled Syringe)	4	
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	3	QL	Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	4	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	3	PA; QL	Extavia (Subcutaneous Kit)	4	
Lyrica (Oral Capsule)	2	QL	Gilenya (0.5MG Oral Capsule)	4	QL
Lyrica (Oral Solution)	2	QL	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	4	
Savella (Oral Tablet)	2		Glatopa (Subcutaneous Solution Prefilled Syringe)	4	
Savella Titration Pack (Oral Tablet)	2		Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	4	PA
Multiple Sclerosis Agents			Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	4	PA
Ampyra (Oral Tablet Extended Release 12 Hour)	4	QL	Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	4	PA
Aubagio (Oral Tablet)	4	LA; QL	Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	4	PA
Avonex (30MCG Intramuscular Kit)	4		Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	4	PA
Avonex Pen (Intramuscular Auto-Injector Kit)	4				
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	4				
Betaseron (Subcutaneous Kit)	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
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	4	PA	Tecfidera Starter Pack (Oral)	4	LA
Mayzent (Oral Tablet)	4	QL	Tecfidera (Oral Capsule Delayed Release)	4	LA; QL
Plegridy Starter Pack (Subcutaneous Solution Pen-Injector)	4		Dental and Oral Agents		
Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe)	4		Dental and Oral Agents		
Plegridy (Subcutaneous Solution Pen-Injector)	4		Cevimeline HCl (Oral Capsule)	3	ST
Plegridy (Subcutaneous Solution Prefilled Syringe)	4		Chlorhexidine Gluconate (Mouth Solution)	1	
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	4		Evoxac (Oral Capsule)	3	ST
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	4		Pilocarpine HCl (Oral Tablet)	3	
Rebif (Subcutaneous Solution Prefilled Syringe)	4		Salagen (Oral Tablet)	3	
			Triamcinolone Acetonide (Dental Paste)	2	
			Dermatological Agents		
			Dermatological Agents		
			Absorica (Oral Capsule)	4	PA
			Acanya (External Gel)	3	ST
			Acitretin (Oral Capsule)	3	
			Aczone (5% External Gel)	3	
			Adapalene (External Cream)	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
Adapalene (0.1% External Gel)	2		Benzoyl Peroxide-Erythromycin (External Gel)	3	
Adapalene (0.3% External Gel)	3		Calcipotriene (External Cream)	3	
Adapalene (External Pad)	3		Calcipotriene (External Ointment)	3	
Adapalene (External Solution)	4		Calcipotriene (External Solution)	2	
Adapalene-Benzoyl Peroxide (External Gel)	3	ST	Calcipotriene-Betamethasone (External Ointment)	3	
Aktipak (External Packet)	3	ST	Calcitriol (External Ointment)	3	
Aldara (External Cream)	3		Carac (External Cream)	4	
Altreno (External Lotion)	3	PA	Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	3	PA
Ammonium Lactate (External Cream)	1		Cleocin-T (External Gel)	3	
Ammonium Lactate (External Lotion)	1		Cleocin-T (External Lotion)	3	
Amnesteem (Oral Capsule)	3	PA	Cleocin-T (External Swab)	3	
Atralin (External Gel)	3	PA	Clindacin-P (External Swab)	2	
Avita (External Cream)	3	PA	Clindagel (External Gel)	4	
Avita (External Gel)	3	PA	Clindamycin Phosphate (External Foam)	3	
Azelaic Acid (External Gel)	3				
Azelex (External Cream)	3				
BenzaClin with Pump (External Gel)	3				
Benzamycin (External 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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin Phosphate (External Gel)	2		Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Clindamycin Phosphate (External Lotion)	2		Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	4	PA; LA
Clindamycin Phosphate (External Solution)	1		Dapsone (External Gel)	3	
Clindamycin Phosphate (External Swab)	2		Diclofenac Sodium (3% Transdermal Gel)	3	PA
Clindamycin Phosphate-Benzoyl Peroxide (1.2-2.5% External Gel)	3	ST	Differin (External Cream)	3	
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	3		Differin (External Gel)	3	
Clindamycin-Tretinoin (External Gel)	3	PA	Differin (External Lotion)	3	
Clotrimazole-Betamethasone (External Cream)	2		Dovonex (External Cream)	4	
Clotrimazole-Betamethasone (External Lotion)	3		Doxepin HCl (External Cream)	3	PA; QL
Condylox (External Gel)	3		Duac (External Gel)	3	
Cortisporin (External Cream)	3		Duobrii (External Lotion)	4	PA
Cortisporin (External Ointment)	3		Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	4	PA
			Efudex (External Cream)	3	
			Elidel (External Cream)	3	ST
			Enstilar (External Foam)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Epiduo (External Gel)	3	ST
Epiduo Forte (External Gel)	3	ST
Ery (External Pad)	2	
Erygel (External Gel)	3	
Erythromycin (External Gel)	3	
Erythromycin (External Solution)	2	
Eucrisa (External Ointment)	3	PA; QL
Evoclin (External Foam)	4	
Fabior (External Foam)	3	PA
Finacea (External Foam)	3	
Finacea (External Gel)	3	
Fluorouracil (0.5% External Cream)	4	
Fluorouracil (5% External Cream)	2	
Fluorouracil (External Solution)	2	
Ilumya (Subcutaneous Solution Prefilled Syringe)	4	PA
Imiquimod (5% External Cream)	2	
Imiquimod Pump (3.75% External Cream)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Isotretinoin (Oral Capsule)	3	PA
Klaron (External Lotion)	3	PA
Lotrisone (External Cream)	3	
Methoxsalen Rapid (Oral Capsule)	4	
Mirvaso (External Gel)	3	
Myorisan (Oral Capsule)	3	PA
Neo-Synalar (External Cream)	4	
Neuac (External Gel)	3	
Onexton (External Gel)	3	
Oxsoralen Ultra (Oral Capsule)	4	
Picato (External Gel)	2	
Pimecrolimus (External Cream)	3	ST
Podofilox (External Solution)	2	
Protopic (External Ointment)	3	ST
PRUDOXIN (External Cream)	3	PA; QL
Regranex (External Gel)	4	PA
Retin-A (External Cream)	3	PA
Retin-A (External Gel)	3	PA
Retin-A Micro (External Gel)	4	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	4	PA	Taltz (Subcutaneous Solution Auto-Injector)	4	PA; LA
Rhofade (External Cream)	3	PA	Taltz (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Santyl (External Ointment)	3		Tazarotene (External Cream)	3	PA
Selenium Sulfide (External Lotion)	1		Tazorac (External Cream)	3	PA
Siliq (Subcutaneous Solution Prefilled Syringe)	4	PA	Tazorac (0.05% External Gel)	4	PA
Soolantra (External Cream)	3		Tazorac (0.1% External Gel)	3	PA
Soriatane (Oral Capsule)	4		Tolak (External Cream)	3	
Sorilux (External Foam)	4		Tremfya (Subcutaneous Solution Pen-Injector)	4	PA
Stelara (Subcutaneous Solution)	4	PA	Tremfya (Subcutaneous Solution Prefilled Syringe)	4	PA
Stelara (Subcutaneous Solution Prefilled Syringe)	4	PA	Tretinoin (External Cream)	3	PA
Sulfacetamide Sodium (Acne) (External Lotion)	3	PA	Tretinoin (External Gel)	3	PA
Taclonex (External Ointment)	4		Tretinoin Microsphere (External Gel)	3	PA
Taclonex (External Suspension)	4		Vectical (External Ointment)	4	
Tacrolimus (External Ointment)	3	ST	Veregen (External Ointment)	4	
			Zenatane (Oral Capsule)	3	PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ziana (External Gel)	4	PA
Zonalon (External Cream)	3	PA; QL
Zyclara Pump (External Cream)	4	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Aminosyn II (Intravenous Solution)	3	B/D, PA
Aminosyn-PF (Intravenous Solution)	3	B/D, PA
Carbaglu (Oral Tablet)	4	LA
Carnitor (Oral Solution)	3	
Carnitor (Oral Tablet)	3	
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	3	B/D, PA
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Clinimix/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Clinisol SF (Intravenous Solution)	3	B/D, PA
Dextrose (10% Intravenous Solution)	2	
Dextrose (5% Intravenous Solution)	2	B/D, PA
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution)	2	
Dextrose-NaCl (5-0.9% Intravenous Solution)	2	B/D, PA
Endari (Oral Packet)	4	PA
FreAmine HBC (Intravenous Solution)	3	B/D, PA
HepatAmine (Intravenous Solution)	3	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Intralipid (Intravenous Emulsion)	3	B/D, PA	Levocarnitine (1GM/10ML Oral Solution)	3	
Ionosol-MB in D5W (Intravenous Solution)	3		Levocarnitine (330MG Oral Tablet)	2	
Isolyte-P in D5W (Intravenous Solution)	3		Magnesium Sulfate (50% Injection Solution)	1	
Isolyte-S (Intravenous Solution)	3		Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	1	
KCl in Dextrose-NaCl (Injection)	2		NephrAmine (Intravenous Solution)	3	B/D, PA
KCl-Lactated Ringers-D5W (Intravenous Solution)	2		Normosol-M in D5W (Intravenous Solution)	2	
Klor-Con 10 (Oral Tablet Extended Release)	1		Normosol-R in D5W (Intravenous Solution)	2	
Klor-Con M10 (Oral Tablet Extended Release)	1		Normosol-R pH 7.4 (Intravenous Solution)	2	
Klor-Con M15 (Oral Tablet Extended Release)	1		Nutrilipid (Intravenous Emulsion)	3	B/D, PA
Klor-Con M20 (Oral Tablet Extended Release)	1		Plasma-Lyte 148 (Intravenous Solution)	3	
Klor-Con (Oral Packet)	3		Plasma-Lyte A (Intravenous Solution)	3	
Klor-Con 8 (Oral Tablet Extended Release)	1		Plenammine (Intravenous Solution)	3	B/D, PA
Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release)	1		Potassium Chloride CR (Oral Tablet Extended Release)	1	
K-Tab (Oral Tablet Extended Release)	3		Potassium Chloride ER (Oral Capsule Extended Release)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride in Dextrose (Intravenous Solution)	2	B/D, PA	Prosol (Intravenous Solution)	3	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	2	B/D, PA	Sodium Chloride (0.45% Intravenous Solution)	1	
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	2	B/D, PA	Sodium Chloride (0.9% Intravenous Solution)	1	B/D, PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	1	B/D, PA	Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	1	B/D, PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	1	B/D, PA	Sodium Chloride (Irrigation Solution)	1	
Potassium Chloride (Oral Packet)	3		Sodium Fluoride (Oral Tablet)	1	
Potassium Chloride (Oral Solution)	3		Sodium Lactate (Intravenous Solution)	1	
Potassium Citrate ER (Oral Tablet Extended Release)	3		TPN Electrolytes (Intravenous Solution)	2	
Premasol (Intravenous Solution)	3	B/D, PA	Travasol (Intravenous Solution)	3	B/D, PA
Procalamine (Intravenous Solution)	3	B/D, PA	TrophAmine (Intravenous Solution)	3	B/D, PA
			Urocit-K 10 (Oral Tablet Extended Release)	3	
			Urocit-K 15 (Oral Tablet Extended Release)	3	
			Urocit-K 5 (Oral Tablet Extended Release)	3	
			Electrolyte/Mineral/Metal Modifiers		

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
Chemet (Oral Capsule)	4	
Deferasirox (Oral Tablet Soluble)	4	PA
Exjade (Oral Tablet Soluble)	4	PA
Ferriprox (Oral Solution)	4	PA
Ferriprox (Oral Tablet)	4	PA
Jadenu (Oral Tablet)	4	PA
Jadenu Sprinkle (Oral Packet)	4	PA
Jynarque (Oral Tablet)	4	PA
Jynarque (Oral Tablet Therapy Pack)	4	PA; QL
Kionex (Oral Suspension)	2	
Lokelma (Oral Packet)	3	QL
Samsca (Oral Tablet)	4	PA
Sodium Polystyrene Sulfonate (Oral Powder)	2	
Sodium Polystyrene Sulfonate (Oral Suspension)	2	
SPS (Oral Suspension)	2	
Syprine (Oral Capsule)	4	PA; QL
Trientine HCl (Oral Capsule)	4	PA; QL
Veltassa (Oral Packet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phosphate Binders		
Auryxia (Oral Tablet)	4	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	2	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	2	
Fosrenol (Oral Packet)	4	
Fosrenol (Oral Tablet Chewable)	4	
Lanthanum Carbonate (Oral Tablet Chewable)	4	
Phoslyra (Oral Solution)	2	
Renagel (Oral Tablet)	4	
Renvela (Oral Packet)	4	
Renvela (Oral Tablet)	4	
Sevelamer Carbonate (Oral Packet)	4	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	3	
Sevelamer HCl (Oral Tablet)	3	
Velphoro (Oral Tablet Chewable)	4	
Vitamins		
VP-PNV-DHA (Oral Capsule)	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cuvposa (Oral Solution)	3	PA	Motegrity (Oral Tablet)	3	ST; QL
Dicyclomine HCl (Oral Capsule)	1	HRM	Movantik (Oral Tablet)	3	PA; QL
Dicyclomine HCl (Oral Solution)	3	HRM	Myalept (Subcutaneous Solution Reconstituted)	4	PA; LA
Dicyclomine HCl (Oral Tablet)	1	HRM	Mytesi (Oral Tablet Delayed Release)	4	PA
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	2	PA	Omeclamox-Pak (Oral)	4	
Methscopolamine Bromide (Oral Tablet)	3		Pylera (Oral Capsule)	4	
Propantheline Bromide (Oral Tablet)	3	PA; HRM	Relistor (Oral Tablet)	4	PA
Gastrointestinal Agents, Other			Relistor (Subcutaneous Solution)	4	PA
Actigall (Oral Capsule)	4		Serostim (Subcutaneous Solution Reconstituted)	4	PA; LA
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	3		Symproic (Oral Tablet)	3	PA; QL
Chenodal (Oral Tablet)	4		Trulance (Oral Tablet)	3	ST
Cromolyn Sodium (Oral Concentrate)	2		Urso 250 (Oral Tablet)	3	
Diphenoxylate-Atropine (Oral Liquid)	3	PA; HRM	Urso Forte (Oral Tablet)	3	
Diphenoxylate-Atropine (Oral Tablet)	3	PA; HRM	Ursodiol (Oral Capsule)	2	
Gastrocrom (Oral Concentrate)	4		Ursodiol (Oral Tablet)	3	
Gattex (Subcutaneous Kit)	4	PA; LA	Xermelo (Oral Tablet)	4	PA; LA; QL
Lomotil (Oral Tablet)	3	PA; HRM			
Loperamide HCl (Oral 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
Zorbive (Subcutaneous Solution Reconstituted)	4	PA; LA	Amitiza (Oral Capsule)	2	QL
Histamine2 (H2) Receptor Antagonists			Linzezz (Oral Capsule)	2	QL
Cimetidine HCl (Oral Solution)	2		Lotronex (Oral Tablet)	4	PA
Cimetidine (Oral Tablet)	2		Viberzi (Oral Tablet)	4	PA; QL
Famotidine (Oral Suspension Reconstituted)	3		Xifaxan (Oral Tablet)	4	PA
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1		Laxatives		
Nizatidine (Oral Capsule)	2		Clenpiq (Oral Solution)	2	
Nizatidine (Oral Solution)	3		Colyte with Flavor Packs (Oral Solution Reconstituted)	3	
Pepcid (20MG Oral Tablet)	3		Constulose (Oral Solution)	1	
Pepcid (40MG Oral Tablet)	4		Enulose (Oral Solution)	1	
Ranitidine HCl (150MG Oral Capsule, 300MG Oral Capsule)	2		GaviLyte-C (Oral Solution Reconstituted)	1	
Ranitidine HCl (75MG/5ML Oral Syrup)	1		GaviLyte-G (Oral Solution Reconstituted)	1	
Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet)	1		GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	1	
Irritable Bowel Syndrome Agents			Generlac (Oral Solution)	1	
Alosetron HCl (Oral Tablet)	4	PA	GoLYTELY (Oral Solution Reconstituted)	3	
			Kristalose (Oral Packet)	3	
			Lactulose (Oral Packet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lactulose (10GM/15ML Oral Solution)	1		Misoprostol (Oral Tablet)	2	
MoviPrep (Oral Solution Reconstituted)	3		Sucralfate (Oral Tablet)	1	
NuLYTELY with Flavor Packs (Oral Solution Reconstituted)	3		Proton Pump Inhibitors		
OsmoPrep (Oral Tablet)	3		Aciphex (Oral Tablet Delayed Release)	3	
PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte)	1		Dexilant (Oral Capsule Delayed Release)	3	QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1		Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	2	QL
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1		Esomeprazole Strontium (Oral Capsule Delayed Release)	3	QL
Plenvu (Oral Solution Reconstituted)	3		Lansoprazole (Oral Capsule Delayed Release)	2	QL
Prepopik (Oral Packet)	3		Lansoprazole ODT (Oral Tablet Dispersible)	3	
Suprep Bowel Prep Kit (Oral Solution)	2		Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	2	QL
TriLyte (Oral Solution Reconstituted)	1		Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	2	
Protectants					
Carafate (Oral Suspension)	3				
Carafate (Oral Tablet)	3				
Cytotec (Oral Tablet)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Omeprazole (10MG Oral Capsule Delayed Release)	1	QL	Yosprala (Oral Tablet Delayed Release)	3	
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	1		Zegerid (Oral Capsule)	4	PA
Omeprazole-Sodium Bicarbonate (20-1100MG Oral Capsule)	3	PA	Zegerid (Oral Packet)	4	PA
Omeprazole-Sodium Bicarbonate (40-1100MG Oral Capsule)	4	PA	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Omeprazole-Sodium Bicarbonate (Oral Packet)	4	PA	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL	Aralast NP (1000MG Intravenous Solution Reconstituted)	4	PA; LA
Prevacid (Oral Capsule Delayed Release)	3	QL	Buphenyl (Oral Powder)	4	
Prevacid SoluTab (Oral Tablet Dispersible)	3		Buphenyl (Oral Tablet)	4	
Prilosec (Oral Packet)	3	PA	Cerdelga (Oral Capsule)	4	PA
Protonix (Oral Packet)	3	ST	Cholbam (Oral Capsule)	4	PA
Protonix (Oral Tablet Delayed Release)	3	QL	Creon (Oral Capsule Delayed Release Particles)	2	
Rabeprazole Sodium (Oral Tablet Delayed Release)	2		Cystadane (Oral Powder)	4	
			Cystagon (Oral Capsule)	3	LA
			Galafold (Oral Capsule)	4	LA
			Glassia (Intravenous Solution)	4	PA; LA
			Kuvan (Oral Packet)	4	LA
			Kuvan (Oral Tablet Soluble)	4	LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Miglustat (Oral Capsule)	4	PA; LA	Pertzye (4000UNIT Oral Capsule Delayed Release Particles, 8000UNIT Oral Capsule Delayed Release Particles)	3	ST
Nityr (Oral Tablet)	4	LA	Prolastin-C (Intravenous Solution Reconstituted)	4	PA; LA
Ocaliva (Oral Tablet)	4	PA; QL	RAVICTI (Oral Liquid)	4	LA
Orfadin (Oral Capsule)	4	LA	Sodium Phenylbutyrate (Oral Powder)	4	
Orfadin (Oral Suspension)	4	LA	Sodium Phenylbutyrate (Oral Tablet)	4	
Palynziq (Subcutaneous Solution Prefilled Syringe)	4	PA; QL	Sucraid (Oral Solution)	4	LA
Pancreaze (10500UNIT Oral Capsule Delayed Release Particles, 16800UNIT Oral Capsule Delayed Release Particles, 2600UNIT Oral Capsule Delayed Release Particles, 4200UNIT Oral Capsule Delayed Release Particles)	3	ST	Tegsedi (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Pancreaze (21000UNIT Oral Capsule Delayed Release Particles)	4	ST	Viokace (10440UNIT Oral Tablet)	3	ST
Pertzye (16000UNIT Oral Capsule Delayed Release Particles)	4	ST	Viokace (20880UNIT Oral Tablet)	4	ST
			Xuriden (Oral Packet)	4	PA; LA
			Zavesca (Oral Capsule)	4	PA; LA
			Zemaira (Intravenous Solution Reconstituted)	4	PA; LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zenpep (Oral Capsule Delayed Release Particles)	2		Oxytrol (Transdermal Patch Twice Weekly)	4	
Genitourinary Agents			Solifenacin Succinate (Oral Tablet)	2	QL
Antispasmodics, Urinary			Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	3	
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Tolterodine Tartrate (Oral Tablet)	2	
Detrol LA (Oral Capsule Extended Release 24 Hour)	3		Toviaz (Oral Tablet Extended Release 24 Hour)	3	ST; QL
Detrol (Oral Tablet)	3		Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	3	
Ditropan XL (Oral Tablet Extended Release 24 Hour)	3		Trospium Chloride (Oral Tablet)	2	
Enablex (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Vesicare (Oral Tablet)	3	ST; QL
Flavoxate HCl (Oral Tablet)	2		Benign Prostatic Hypertrophy Agents		
Gelnique Pump (Transdermal Gel)	3		Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	2		Avodart (Oral Capsule)	3	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	2		Cardura XL (Oral Tablet Extended Release 24 Hour)	3	QL
Oxybutynin Chloride (Oral Syrup)	1		Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL
Oxybutynin Chloride (Oral Tablet Immediate Release)	1		Dutasteride (Oral Capsule)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Dutasteride-Tamsulosin HCl (Oral Capsule)	3	
Finasteride (5MG Oral Tablet) (Generic Proscar)	1	
Flomax (Oral Capsule)	3	
Jalyn (Oral Capsule)	3	
Proscar (Oral Tablet)	3	
Rapaflo (Oral Capsule)	3	QL
Silodosin (Oral Capsule)	3	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL
Tamsulosin HCl (Oral Capsule)	1	
Terazosin HCl (Oral Capsule)	1	
Uroxatral (Oral Tablet Extended Release 24 Hour)	3	
Genitourinary Agents, Other		
Bethanechol Chloride (Oral Tablet)	2	
Cuprimine (Oral Capsule)	4	PA
Depen Titratabs (Oral Tablet)	4	
Elmiron (Oral Capsule)	4	
Lithostat (Oral Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Penicillamine (Oral Capsule)	4	PA
Thiola (Oral Tablet Immediate Release)	4	LA
Urecholine (Oral Tablet)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Acthar (Injection Gel)	4	PA; LA
Ala Scalp (External Lotion)	3	
Ala-Cort (External Cream)	1	
Alclometasone Dipropionate (External Cream)	2	
Alclometasone Dipropionate (External Ointment)	2	
Amcinonide (External Cream)	3	
Amcinonide (External Lotion)	3	
Amcinonide (External Ointment)	3	
ApexiCon E (External Cream)	4	
Beser (External Lotion)	3	
Betamethasone Dipropionate Aug (External Cream)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Betamethasone Dipropionate Aug (External Gel)	2		Clobetasol Propionate Emollient Base (External Cream)	2	
Betamethasone Dipropionate Aug (External Lotion)	2		Clobetasol Propionate Emulsion (External Foam)	3	
Betamethasone Dipropionate Aug (External Ointment)	2		Clobetasol Propionate (External Cream)	2	
Betamethasone Dipropionate (External Cream)	2		Clobetasol Propionate (External Foam)	3	
Betamethasone Dipropionate (External Lotion)	2		Clobetasol Propionate (External Gel)	2	
Betamethasone Dipropionate (External Ointment)	2		Clobetasol Propionate (External Liquid)	3	
Betamethasone Valerate (External Cream)	2		Clobetasol Propionate (External Lotion)	3	
Betamethasone Valerate (External Foam)	3		Clobetasol Propionate (External Ointment)	2	
Betamethasone Valerate (External Lotion)	2		Clobetasol Propionate (External Shampoo)	3	
Betamethasone Valerate (External Ointment)	2		Clobetasol Propionate (External Solution)	2	
Bryhali (External Lotion)	3		Clobex (External Lotion)	3	
Capex (External Shampoo)	3		Clobex (External Shampoo)	4	
			Clobex Spray (External Liquid)	4	
			Clodan (External Shampoo)	3	
			Cordran (External Tape)	4	
			Cortef (Oral Tablet)	3	
			Cortisone Acetate (Oral Tablet)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cutivate (External Lotion)	4		Diflorasone Diacetate (External Ointment)	3	
Desonate (External Gel)	3		Diprolene (External Ointment)	3	
Desonide (External Cream)	2		Elocon (External Cream)	3	
Desonide (External Lotion)	3		Elocon (0.1% External Ointment)	3	
Desonide (External Ointment)	2		Emflaza (Oral Suspension)	4	PA; LA
DesOwen (External Cream)	3		Emflaza (Oral Tablet)	4	PA; LA
DesOwen (0.05% External Lotion)	3		Fludrocortisone Acetate (Oral Tablet)	1	
Desoximetasone (External Cream)	3		Fluocinolone Acetonide (External Cream)	2	
Desoximetasone (External Gel)	3		Fluocinolone Acetonide (External Ointment)	2	
Desoximetasone (External Liquid)	3		Fluocinolone Acetonide (External Solution)	2	
Desoximetasone (External Ointment)	3		Fluocinolone Acetonide Scalp (External Oil)	2	
Dexamethasone Intensol (Oral Concentrate)	2		Fluocinonide Emulsified Base (External Cream)	2	
Dexamethasone (Oral Elixir)	1		Fluocinonide (0.1% External Cream)	3	
Dexamethasone (Oral Tablet)	1		Fluocinonide (External Gel)	2	
Dexamethasone (Oral Tablet Therapy Pack)	3		Fluocinonide (External Ointment)	2	
DexPak 13 Day (Oral Tablet Therapy Pack)	3				
Diflorasone Diacetate (External Cream)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluocinonide (External Solution)	2		Hydrocortisone Butyrate (External Ointment)	2	
Flurandrenolide (External Cream)	3		Hydrocortisone Butyrate (External Solution)	3	
Flurandrenolide (External Lotion)	3		Hydrocortisone (1% External Cream, 2.5% External Cream)	1	
Flurandrenolide (External Ointment)	3		Hydrocortisone (2.5% External Lotion)	2	
Fluticasone Propionate (External Cream)	2		Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1	
Fluticasone Propionate (External Lotion)	3		Hydrocortisone (Oral Tablet)	1	
Fluticasone Propionate (External Ointment)	2		Hydrocortisone Valerate (External Cream)	3	
Halobetasol Propionate (External Cream)	3		Hydrocortisone Valerate (External Ointment)	3	
Halobetasol Propionate (External Foam)	4		Impoyz (External Cream)	3	
Halobetasol Propionate (External Ointment)	3		Kenalog (External Aerosol Solution)	4	
Halog (External Cream)	4		Lexette (External Foam)	4	
Halog (External Ointment)	4		Locoid (External Lotion)	4	
Hydrocortisone Butyrate (External Cream)	3		Locoid (External Solution)	3	
Hydrocortisone Butyrate (External Lotion)	3		Locoid Lipocream (External Cream)	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
Luxiq (External Foam)	3		Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	3	
Medrol (Oral Tablet)	3		Prednisolone Sodium Phosphate ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 30MG Oral Tablet Dispersible)	3	
Medrol (Oral Tablet Therapy Pack)	3		Prednisone Intensol (Oral Concentrate)	3	
Methylprednisolone (Oral Tablet)	1		Prednisone (5MG/5ML Oral Solution)	3	
Methylprednisolone (Oral Tablet Therapy Pack)	1		Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	1	
MiCort-HC (External Cream)	3		Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	1	
Millipred (Oral Tablet)	3		Psorcon (External Cream)	3	
Mometasone Furoate (External Cream)	1				
Mometasone Furoate (External Ointment)	1				
Mometasone Furoate (External Solution)	1				
Nolix (External Cream)	3				
Nolix (External Lotion)	3				
Olux (External Foam)	4				
Olux-E (External Foam)	4				
Orapred ODT (Oral Tablet Dispersible)	3				
Pandel (External Cream)	4				
Prednicarbate (External Cream)	3				
Prednicarbate (External Ointment)	3				
Prednisolone (Oral Solution)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Rayos (Oral Tablet Delayed Release)	4	PA	Trianex (External Ointment)	4	
Synalar (External Cream)	3		Triderm (0.1% External Cream)	1	
TaperDex 12-Day (Oral Tablet Therapy Pack)	3		Tridesilon (External Cream)	3	
TaperDex 6-Day (Oral Tablet Therapy Pack)	3		Ultravate (External Cream)	3	
TaperDex 7-Day (Oral Tablet Therapy Pack)	3		Ultravate (External Lotion)	4	
Texacort (External Solution)	3		Ultravate (External Ointment)	3	
Topicort (External Cream)	3		Vanos (External Cream)	4	
Topicort (External Gel)	3		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Topicort (0.05% External Ointment)	3		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Topicort (0.25% External Ointment)	3		DDAVP (Nasal Solution)	4	
Topicort Spray (External Liquid)	3		DDAVP (0.1MG Oral Tablet)	3	
Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	3		DDAVP (0.2MG Oral Tablet)	4	
Triamcinolone Acetonide (External Cream)	1		DDAVP Rhinal Tube (Nasal Solution)	3	
Triamcinolone Acetonide (External Lotion)	2		Desmopressin Acetate (Oral Tablet)	2	
Triamcinolone Acetonide (External Ointment)	1		Desmopressin Acetate Spray (Nasal Solution)	3	
			Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	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
Genotropin (Subcutaneous Solution Reconstituted)	4	PA	Saizen (Injection Solution Reconstituted)	4	PA; LA
Humatrope (Injection Solution Reconstituted), Humatrope Combo Pack (Injection)	4	PA	Saizenprep (Injection Solution Reconstituted)	4	PA; LA
Increlex (Subcutaneous Solution)	4	PA; LA	Stimate (Nasal Solution)	4	
Nocdurna (Tablet Sublingual)	3	PA	Zomacton (10MG Subcutaneous Solution Reconstituted)	4	PA
Norditropin FlexPro (Subcutaneous Solution)	4	PA	Zomacton (5MG Subcutaneous Solution Reconstituted)	3	PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution)	4	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Nutropin AQ NuSpin 20 (Subcutaneous Solution)	4	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Nutropin AQ NuSpin 5 (Subcutaneous Solution)	4	PA	Korlym (Oral Tablet)	4	PA; LA
Omnitrope (Subcutaneous Solution)	4	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Omnitrope (Subcutaneous Solution Reconstituted)	4	PA	Androgens		
			Anadrol-50 (Oral Tablet)	4	PA
			Androderm (Transdermal Patch 24 Hour)	2	
			AndroGel Pump (Transdermal 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	Drug Name	Drug Tier	Coverage Rules or Limits on use
AndroGel (20.25 MG/1.25GM 1.62% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel)	3		Testosterone Enanthate (Intramuscular Solution)	2	
AndroGel (25 MG/2.5GM 1% Transdermal Gel)	4		Testosterone (20.25 MG/1.25GM 1.62% Transdermal Gel, 25 MG/2.5GM 1% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel), Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel)	3	
Aveed (Intramuscular Solution)	3	PA	Testosterone (Transdermal Solution)	3	
Danazol (Oral Capsule)	3		Vogelxo Pump (Transdermal Gel)	3	
Depo-Testosterone (Intramuscular Solution)	3		Vogelxo (Transdermal Gel)	3	
Fortesta (Transdermal Gel)	3		Xyosted (Subcutaneous Solution Auto-Injector)	3	PA
Intrarosa (Vaginal Insert)	3	PA; QL	Estrogens		
Methitest (Oral Tablet)	4	PA	Alora (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Methyltestosterone (Oral Capsule)	4	PA	Altavera (Oral Tablet)	3	
Oxandrolone (10MG Oral Tablet)	3	PA	Alyacen 1/35 (Oral Tablet)	3	
Oxandrolone (2.5MG Oral Tablet)	2	PA	Amethia Lo (Oral Tablet)	3	
Striant (Buccal)	4	PA			
Testim (Transdermal Gel)	3				
Testosterone Cypionate (Intramuscular Solution)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amethia (Oral Tablet)	3		Dotti (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Apri (Oral Tablet)	3		Drospirenone-Ethinyl Estradiol (Oral Tablet)	3	
Aranelle (Oral Tablet)	3		Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	3	
Ashlyna (Oral Tablet)	3		Elestrin (Transdermal Gel)	3	PA; HRM
Aubra (Oral Tablet)	3		Emoquette (Oral Tablet)	3	
Aviane (Oral Tablet)	3		Enpresse-28 (Oral Tablet)	3	
Balziva (Oral Tablet)	3		Enskyce (Oral Tablet)	3	
Beyaz (Oral Tablet)	3		Estarilla (Oral Tablet)	3	
Blisovi 24 Fe (Oral Tablet)	3		Estrace (Oral Tablet)	3	PA; HRM
Blisovi Fe 1.5/30 (Oral Tablet)	3		Estrace (Vaginal Cream)	3	
Briellyn (Oral Tablet)	3		Estradiol (Oral Tablet)	3	PA; HRM
Camrese Lo (Oral Tablet)	3		Estradiol (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Caziant (Oral Tablet)	3		Estradiol (Vaginal Cream)	3	
Climara Pro (Transdermal Patch Weekly)	3	PA; HRM	Estradiol (Vaginal Tablet)	3	
Cryselle-28 (Oral Tablet)	3		Estradiol Valerate (Intramuscular Oil)	2	
Cyclafem 1/35 (Oral Tablet)	3		Estring (Vaginal Ring)	3	
Cyclafem 7/7/7 (Oral Tablet)	3		Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	3	
Cyred (Oral Tablet)	3		Falmina (Oral Tablet)	3	
Delestrogen (Intramuscular Oil)	3		Fayosim (Oral Tablet)	3	
Delyla (Oral Tablet)	3				
Depo-Estradiol (Intramuscular Oil)	3				
Desogestrel-Ethinyl Estradiol (Oral Tablet)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Femring (Vaginal Ring)	3		Kelnor 1/50 (Oral Tablet)	3	
Femynor (Oral Tablet)	3		Kurvelo (Oral Tablet)	3	
Fyavolv (Oral Tablet)	3	PA; HRM	LARIN 1.5/30 (Oral Tablet)	3	
Generess Fe (Oral Tablet Chewable)	3		LARIN 1/20 (Oral Tablet)	3	
Gianvi (Oral Tablet)	3		LARIN Fe 1.5/30 (Oral Tablet)	3	
Hailey 24 Fe (Oral Tablet)	3		LARIN Fe 1/20 (Oral Tablet)	3	
Imvexxy Maintenance Pack (Vaginal Insert)	2	PA; QL	Larissia (Oral Tablet)	3	
Imvexxy Starter Pack (Vaginal Insert)	2	PA; QL	Layolis Fe (Oral Tablet Chewable)	3	
Introvale (Oral Tablet)	3		Leena (Oral Tablet)	3	
Isibloom (Oral Tablet)	3		Lessina (Oral Tablet)	3	
Jasmiel (Oral Tablet)	3		Levonest (Oral Tablet)	3	
Jinteli (Oral Tablet)	3	PA; HRM	Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	3	
Juleber (Oral Tablet)	3		Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	3	
Junel 1.5/30 (Oral Tablet)	3		Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	3	
Junel 1/20 (Oral Tablet)	3		Levora 0.15/30 (28) (Oral Tablet)	3	
Junel Fe 1.5/30 (Oral Tablet)	3		Lo Loestrin Fe (Oral Tablet)	3	
Junel Fe 1/20 (Oral Tablet)	3		Loestrin 1.5/30 (21) (Oral Tablet)	3	
Junel Fe 24 (Oral Tablet)	3		Loestrin 1/20 (21) (Oral Tablet)	3	
Kaitlib Fe (Oral Tablet Chewable)	3				
Kariva (Oral Tablet)	3				
Kelnor 1/35 (Oral Tablet)	3				

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Loestrin Fe 1.5/30 (Oral Tablet)	3		Necon 0.5/35 (28) (Oral Tablet)	3	
Loestrin Fe 1/20 (Oral Tablet)	3		Nikki (Oral Tablet)	3	
Loryna (Oral Tablet)	3		Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	3	PA; HRM
LoSeasonique (Oral Tablet)	3		Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	3	
Low-Ogestrel (Oral Tablet)	3		Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet)	3	
Lutera (Oral Tablet)	3		Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	3	
Marlissa (Oral Tablet)	3		Norgestimate-Ethinyl Estradiol (Oral Tablet)	3	
Melodetta 24 Fe (Oral Tablet Chewable)	3		Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	3	
Menest (Oral Tablet)	3	PA; HRM	Nortrel 0.5/35 (28) (Oral Tablet)	3	
Mibelas 24 Fe (Oral Tablet Chewable)	3		Nortrel 1/35 (21) (Oral Tablet)	3	
Microgestin 1.5/30 (Oral Tablet)	3		Nortrel 1/35 (28) (Oral Tablet)	3	
Microgestin 1/20 (Oral Tablet)	3				
Microgestin Fe 1.5/30 (Oral Tablet)	3				
Microgestin Fe 1/20 (Oral Tablet)	3				
Mili (Oral Tablet)	3				
Minastrin 24 Fe (Oral Tablet Chewable)	3				
Minivelle (Transdermal Patch Twice Weekly)	3	PA; HRM; QL			
MonoNessa (Oral Tablet)	3				
Natazia (Oral Tablet)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nortrel 7/7/7 (Oral Tablet)	3		Tarina 24 Fe (Oral Tablet)	3	
NuvaRing (Vaginal Ring)	3		Tarina Fe 1/20 (Oral Tablet)	3	
Ocella (Oral Tablet)	3		Tri-Estarylla (Oral Tablet)	3	
Ogestrel (Oral Tablet)	3		Tri-Legest Fe (Oral Tablet)	3	
Orsythia (Oral Tablet)	3		Tri-Lo-Estarylla (Oral Tablet)	3	
Ortho Tri-Cyclen Lo (Oral Tablet)	3		Tri-Lo-Sprintec (Oral Tablet)	3	
Ortho-Novum 1/35 (28) (Oral Tablet)	3		Tri-Mili (Oral Tablet)	3	
Ortho-Novum 7/7/7 (28) (Oral Tablet)	3		Tri-Previfem (Oral Tablet)	3	
Pimtreea (Oral Tablet)	3		Tri-Sprintec (Oral Tablet)	3	
Pirmella 1/35 (Oral Tablet)	3		Trivora (28) (Oral Tablet)	3	
Portia-28 (Oral Tablet)	3		Tri-VyLibra Lo (Oral Tablet)	3	
Premarin (Vaginal Cream)	2		Tri-VyLibra (Oral Tablet)	3	
Previfem (Oral Tablet)	3		Tydemy (Oral Tablet)	3	
Quartette (Oral Tablet)	3		Vagifem (Vaginal Tablet)	3	
Reclipsen (Oral Tablet)	3		Velivet (Oral Tablet)	3	
Rivelsa (Oral Tablet)	3		Vienva (Oral Tablet)	3	
Safyral (Oral Tablet)	3		Vivelle-Dot (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Seasonique (Oral Tablet)	3		Vyfemla (Oral Tablet)	3	
Setlakin (Oral Tablet)	3		VyLibra (Oral Tablet)	3	
Sprintec 28 (Oral Tablet)	3				
Sronyx (Oral Tablet)	3				
Syeda (Oral Tablet)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
WYMZYA Fe (Oral Tablet Chewable)	3		Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	1	
Xulane (Transdermal Patch Weekly)	3		Medroxyprogesterone Acetate (Oral Tablet)	1	
Yasmin 28 (Oral Tablet)	3		Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	3	PA; HRM
YAZ (Oral Tablet)	3		Megestrol Acetate (Oral Tablet)	3	PA; HRM
Yuvaferm (Vaginal Tablet)	3		Nora-BE (Oral Tablet)	2	
Zarah (Oral Tablet)	3		Norethindrone Acetate (5MG Oral Tablet)	1	
Zovia 1/35E (28) (Oral Tablet)	3		Norethindrone (0.35MG Oral Tablet)	2	
Progestins			Norlyroc (Oral Tablet)	2	
Aygestin (Oral Tablet)	3		Ortho Micronor (Oral Tablet)	3	
Camila (Oral Tablet)	2		Progesterone Micronized (Oral Capsule)	2	
Crinone (Vaginal Gel)	3	PA	Prometrium (Oral Capsule)	3	
Deblitane (Oral Tablet)	2		Provera (Oral Tablet)	3	
Depo-Provera (Intramuscular Suspension)	3		Sharobel (Oral Tablet)	2	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	3		Selective Estrogen Receptor Modifying Agents		
Errin (Oral Tablet)	2		Evista (Oral Tablet)	3	
Incassia (Oral Tablet)	2		Osphena (Oral Tablet)	2	PA; QL
Jolivette (0.35MG Oral Tablet)	2		Raloxifene HCl (Oral Tablet)	2	
Lyza (Oral Tablet)	2		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Medroxyprogesterone Acetate (Intramuscular Suspension)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Cytomel (Oral Tablet)	3	
Levo-T (Oral Tablet)	1	
Levothyroxine Sodium (Oral Tablet)	1	
Levoxyl (Oral Tablet)	1	
Liothyronine Sodium (Oral Tablet)	1	
Synthroid (Oral Tablet)	2	
Thyrolar-1 (Oral Tablet)	2	
Thyrolar-1/2 (Oral Tablet)	2	
Thyrolar-1/4 (Oral Tablet)	2	
Thyrolar-2 (Oral Tablet)	2	
Thyrolar-3 (Oral Tablet)	2	
Tirosint (Oral Capsule)	3	
Tirosint-SOL (Oral Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Oral Tablet)	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Oral Tablet)	2	
Egrifta (Subcutaneous Solution Reconstituted)	4	PA; LA
Eligard (Subcutaneous Kit)	3	PA
Firmagon (120MG Subcutaneous Solution Reconstituted)	4	PA
Firmagon (80MG Subcutaneous Solution Reconstituted)	3	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
Leuprolide Acetate (Injection Kit)	3	PA	Somatuline Depot (Subcutaneous Solution)	4	
Lupaneta Pack (Combination Kit)	4	PA	Somavert (Subcutaneous Solution Reconstituted)	4	PA; LA; QL
Lupron Depot (1-Month) (Intramuscular Kit)	4	PA	Synarel (Nasal Solution)	4	
Lupron Depot (3-Month) (Intramuscular Kit)	4	PA	Trelstar Mixject (Intramuscular Suspension Reconstituted)	4	PA
Lupron Depot (4-Month) (Intramuscular Kit)	4	PA	Hormonal Agents, Suppressant (Thyroid)		
Lupron Depot (6-Month) (Intramuscular Kit)	4	PA	Antithyroid Agents		
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	4	PA	Methimazole (Oral Tablet)	1	
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	3	PA	Propylthiouracil (Oral Tablet)	1	
Orilissa (Oral Tablet)	4	PA; QL	Tapazole (Oral Tablet)	3	
Sandostatin (Injection Solution)	4	PA	Immunological Agents		
Signifor (Subcutaneous Solution)	4	PA; LA	Angioedema Agents		
			Berinert (Intravenous Kit)	4	PA; LA
			Cinryze (Intravenous Solution Reconstituted)	4	PA; LA
			Firazyr (Subcutaneous Solution)	4	PA; LA; QL
			Haegarda (Subcutaneous Solution Reconstituted)	4	PA; LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ruconest (Intravenous Solution Reconstituted)	4	PA; LA	Cyclosporine Modified (Oral Capsule)	2	B/D, PA
Takhzyro (Subcutaneous Solution)	4	PA	Cyclosporine Modified (Oral Solution)	2	B/D, PA
Immune Suppressants			Cyclosporine (Oral Capsule)	3	B/D, PA
Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	3	B/D, PA	Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	4	PA
Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	4	B/D, PA	Enbrel (Subcutaneous Solution Prefilled Syringe)	4	PA
Azasan (100MG Oral Tablet)	3	B/D, PA	Enbrel (Subcutaneous Solution Reconstituted)	4	PA
Azasan (75MG Oral Tablet)	4	B/D, PA	Enbrel SureClick (Subcutaneous Solution Auto-Injector)	4	PA
Azathioprine (Oral Tablet)	1	B/D, PA	Envarsus XR (Oral Tablet Extended Release 24 Hour)	3	B/D, PA
Cellcept (Oral Capsule)	4	B/D, PA	Gengraf (Oral Capsule)	2	B/D, PA
Cellcept (Oral Suspension Reconstituted)	4	B/D, PA	Gengraf (Oral Solution)	2	B/D, PA
Cellcept (Oral Tablet)	4	B/D, PA	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	4	PA
Cimzia Prefilled (Subcutaneous Kit)	4	PA			
Cimzia (Subcutaneous Kit)	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
Humira Pen (Subcutaneous Pen-Injector Kit)	4	PA	Mycophenolate Sodium (Oral Tablet Delayed Release)	3	B/D, PA
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	4	PA	Myfortic (180MG Oral Tablet Delayed Release)	3	B/D, PA
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	4	PA	Myfortic (360MG Oral Tablet Delayed Release)	4	B/D, PA
Humira (Subcutaneous Prefilled Syringe Kit)	4	PA	Neoral (Oral Capsule)	3	B/D, PA
Imuran (Oral Tablet)	3	B/D, PA	Neoral (Oral Solution)	3	B/D, PA
Kineret (Subcutaneous Solution Prefilled Syringe)	4	PA	Olumiant (Oral Tablet)	4	PA; QL
Methotrexate (Oral Tablet)	1		Orencia ClickJect (Subcutaneous Solution Auto-Injector)	4	PA
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1		Orencia (Subcutaneous Solution Prefilled Syringe)	4	PA
Methotrexate Sodium (50MG/2ML Injection Solution)	1		Otrexup (Subcutaneous Solution Auto-Injector)	3	PA
Mycophenolate Mofetil (Oral Capsule)	2	B/D, PA	Prograf (0.5MG Oral Capsule)	3	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	4	B/D, PA	Prograf (1MG Oral Capsule, 5MG Oral Capsule)	4	B/D, PA
Mycophenolate Mofetil (Oral Tablet)	2	B/D, PA	Prograf (Oral Packet)	4	B/D, PA
			Rapamune (Oral Solution)	4	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Rapamune (0.5MG Oral Tablet)	3	B/D, PA	Xatmep (Oral Solution)	3	PA
Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	4	B/D, PA	Xeljanz (Oral Tablet Immediate Release)	4	PA; QL
Rasuvo (Subcutaneous Solution Auto-Injector)	3	PA	Xeljanz XR (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Sandimmune (100MG Oral Capsule)	4	B/D, PA	Zortress (Oral Tablet)	4	B/D, PA
Sandimmune (25MG Oral Capsule)	3	B/D, PA	Immunizing Agents, Passive		
Sandimmune (100MG/ML Oral Solution)	4	B/D, PA	BIVIGAM (10GM/100ML Intravenous Solution)	4	PA
Simponi (Subcutaneous Solution Auto-Injector)	4	PA	Flebogamma DIF (5GM/50ML Intravenous Solution)	4	PA
Simponi (Subcutaneous Solution Prefilled Syringe)	4	PA	Gammagard (2.5GM/25ML Injection Solution)	4	PA
Sirolimus (Oral Solution)	4	B/D, PA	Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	4	PA
Sirolimus (0.5MG Oral Tablet, 1MG Oral Tablet)	3	B/D, PA	Gammaked (1GM/10ML Injection Solution)	4	PA
Sirolimus (2MG Oral Tablet)	4	B/D, PA	Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	4	PA
Tacrolimus (Oral Capsule)	2	B/D, PA			
Trexall (Oral Tablet)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gamunex-C (1GM/10ML Injection Solution)	4	PA	Benlysta (Subcutaneous Solution Auto-Injector)	4	PA
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	4	PA	Benlysta (Subcutaneous Solution Prefilled Syringe)	4	PA
Panzyga (Intravenous Solution)	4	PA	Kevzara (Subcutaneous Solution Prefilled Syringe)	4	PA
Privigen (20GM/200ML Intravenous Solution)	4	PA	Leflunomide (Oral Tablet)	2	
Varizig (Intramuscular Solution)	4		Otezla (Oral Tablet)	4	PA; LA
Immunomodulators			Otezla (Oral Tablet Therapy Pack)	4	PA; LA
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	4	PA	Ridaura (Oral Capsule)	4	
Actemra (Subcutaneous Solution Prefilled Syringe)	4	PA	Xolair (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Actimmune (Subcutaneous Solution)	4	LA	Xolair (Subcutaneous Solution Reconstituted)	4	PA; LA
Arava (Oral Tablet)	4		Vaccines		
Arcalyst (Subcutaneous Solution Reconstituted)	4	PA; LA	ActHIB (Intramuscular Solution Reconstituted)	2	
			Adacel (Intramuscular Suspension)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
BCG Vaccine (Injection)	2		Imovax Rabies (Intramuscular Injectable)	2	B/D, PA
Bexsero (Intramuscular Suspension Prefilled Syringe)	2		Infanrix (Intramuscular Suspension)	2	
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	2		IPOL (Injection)	2	
Daptacel (Intramuscular Suspension)	2		Ixiaro (Intramuscular Suspension)	2	
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	2		Kinrix (Intramuscular Suspension)	2	
Engerix-B (Injection Suspension)	2	B/D, PA	Menactra (Intramuscular Injectable)	2	
Gardasil 9 (Intramuscular Suspension)	2		Menveo (Intramuscular Solution Reconstituted)	2	
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	2		M-M-R II (Subcutaneous Injectable)	2	
Havrix (Intramuscular Suspension)	2	PA	Pediarix (Intramuscular Suspension)	2	
Hiberix (Injection Solution Reconstituted)	2		Pedvax HIB (Intramuscular Suspension)	2	
			ProQuad (Subcutaneous Suspension Reconstituted)	2	
			Quadracel (Intramuscular Suspension)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
RabAvert (Intramuscular Suspension Reconstituted)	2	B/D, PA	VAQTA (Intramuscular Suspension)	2	PA
Recombivax HB (Injection Suspension)	2	B/D, PA	Varivax (Subcutaneous Injectable)	2	
Rotarix (Oral Suspension Reconstituted)	2		YF-Vax (Subcutaneous Injectable)	2	
RotaTeq (Oral Solution)	2		Zostavax (Subcutaneous Suspension Reconstituted)	3	PA
Shingrix (Intramuscular Suspension Reconstituted)	2	PA	Inflammatory Bowel Disease Agents		
TDVAX (Intramuscular Suspension)	2		Aminosalicylates		
Tenivac (Intramuscular Injectable)	2		Apriso (Oral Capsule Extended Release 24 Hour)	2	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	2		Asacol HD (Oral Tablet Delayed Release)	4	ST; QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	2		Balsalazide Disodium (Oral Capsule)	3	
Typhim Vi (Intramuscular Solution)	2		Canasa (Rectal Suppository)	4	
			Colazal (Oral Capsule)	4	
			Delzicol (Oral Capsule Delayed Release)	3	ST
			Dipentum (Oral Capsule)	4	
			Lialda (Oral Tablet Delayed Release)	4	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mesalamine (Oral Capsule Delayed Release)	3	ST	Hydrocortisone (Rectal Enema)	3	
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	3	QL	Procto-Med HC (Rectal Cream)	1	
Mesalamine (800MG Oral Tablet Delayed Release)	3	ST; QL	Procto-Pak (Rectal Cream)	1	
Mesalamine (Rectal Enema)	3		Proctosol HC (Rectal Cream)	1	
Mesalamine (Rectal Suppository)	4		Proctozone-HC (Rectal Cream)	1	
Pentasa (Oral Capsule Extended Release)	3	QL	Uceris (Oral Tablet Extended Release 24 Hour)	4	ST
Rowasa (Rectal Kit)	4		Uceris (Rectal Foam)	3	
Glucocorticoids			Sulfonamides		
Anusol-HC (Rectal Cream)	3		Azulfidine EN-tabs (Oral Tablet Delayed Release)	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	4	ST	Azulfidine (Oral Tablet Immediate Release)	3	
Budesonide (Oral Capsule Delayed Release Particles)	3		Sulfasalazine (Oral Tablet Immediate Release)	1	
Colocort (Rectal Enema)	3		Sulfasalazine (Oral Tablet Delayed Release)	1	
Entocort EC (Oral Capsule Delayed Release Particles)	4		Metabolic Bone Disease Agents		
Hydrocortisone Acetate-Pramoxine (1-1% Rectal Cream)	3		Metabolic Bone Disease Agents		
			Actonel (150MG Oral Tablet, 35MG Oral Tablet, 5MG Oral Tablet)	3	
			Alendronate Sodium (Oral Solution)	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
Alendronate Sodium (Oral Tablet)	1		Prolia (Subcutaneous Solution Prefilled Syringe)	3	QL
Atelvia (Oral Tablet Delayed Release)	3		Rayaldee (Oral Capsule Extended Release)	4	QL
Binosto (Oral Tablet Effervescent)	3		Risedronate Sodium (Oral Tablet Immediate Release)	3	
Boniva (Oral Tablet)	3		Risedronate Sodium (Oral Tablet Delayed Release)	3	
Calcitonin Salmon (Nasal Solution)	2		Rocaltrol (Oral Capsule)	3	B/D, PA
Calcitriol (Oral Capsule)	1	B/D, PA	Rocaltrol (Oral Solution)	3	B/D, PA
Calcitriol (Oral Solution)	2	B/D, PA	Sensipar (Oral Tablet)	4	B/D, PA; QL
Cinacalcet HCl (30MG Oral Tablet)	3	B/D, PA; QL	Tymlos (Subcutaneous Solution Pen-Injector)	4	PA; QL
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	4	B/D, PA; QL	Xgeva (Subcutaneous Solution)	4	PA
Doxercalciferol (Oral Capsule)	3	B/D, PA	Zemplar (1MCG Oral Capsule)	3	B/D, PA
Forteo (Subcutaneous Solution)	4	PA	Zemplar (2MCG Oral Capsule)	4	B/D, PA
Fosamax (Oral Tablet)	3		Miscellaneous Therapeutic Agents		
Fosamax Plus D (Oral Tablet)	3		Miscellaneous Therapeutic Agents		
Ibandronate Sodium (Oral Tablet)	2		Alcohol Prep Pads	2	
Natpara (Subcutaneous Cartridge)	4	PA; LA	Firdapse (Oral Tablet)	4	PA; LA; QL
Paricalcitol (Oral Capsule)	3	B/D, PA	Gauze (Non-medicated 2X2 Pad)	2	
			Insulin Syringes, Needles	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lucemyra (Oral Tablet)	4	QL	Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1	
Ophthalmic Agents			Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	2	
Ophthalmic Agents, Other			Neomycin-Polymyxin-HC (Ophthalmic Suspension)	3	
Atropine Sulfate (Ophthalmic Solution)	2		Oxervate (Ophthalmic Solution)	4	PA; LA; QL
Bacitracin-Polymyxin B (Ophthalmic Ointment)	1		Polymyxin B-Trimethoprim (Ophthalmic Solution)	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	2		Polytrim (Ophthalmic Solution)	3	
Blephamide (Ophthalmic Suspension)	3		Pred-G (Ophthalmic Suspension)	3	
Blephamide S.O.P. (Ophthalmic Ointment)	3		Pred-G S.O.P. (Ophthalmic Ointment)	3	
Cystaran (Ophthalmic Solution)	4	LA	Proparacaine HCl (Ophthalmic Solution)	1	
Lacrisert (Ophthalmic Insert)	3		Restasis (Ophthalmic Emulsion)	2	QL
Lastacaft (Ophthalmic Solution)	2		Rhopressa (Ophthalmic Solution)	2	ST
Maxitrol (Ophthalmic Ointment)	3		Sulfacetamide-Prednisolone (Ophthalmic Solution)	1	
Maxitrol (Ophthalmic Suspension)	3		TobraDex (Ophthalmic Ointment)	2	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	2				
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
TobraDex (Ophthalmic Suspension)	3	
TobraDex ST (Ophthalmic Suspension)	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	2	
Xiidra (Ophthalmic Solution)	3	QL
Zylet (Ophthalmic Suspension)	3	
Ophthalmic Anti-allergy Agents		
Alocril (Ophthalmic Solution)	3	
Alomide (Ophthalmic Solution)	3	
Azelastine HCl (Ophthalmic Solution)	1	
Bepreve (Ophthalmic Solution)	3	
Cromolyn Sodium (Ophthalmic Solution)	1	
Epinastine HCl (Ophthalmic Solution)	2	
Olopatadine HCl (Ophthalmic Solution)	2	
Pataday (Ophthalmic Solution)	3	
Patanol (Ophthalmic Solution)	3	

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 HCl (Ophthalmic Solution)	2	
Azopt (Ophthalmic Suspension)	2	
Betaxolol HCl (Ophthalmic Solution)	2	
Betimol (Ophthalmic Solution)	3	
Betoptic-S (Ophthalmic Suspension)	3	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	3	
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	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1		Timolol Maleate (0.5% (DAILY) Ophthalmic Solution)	3	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	3		Timoptic Ocudose (Ophthalmic Solution)	3	
Iopidine (1% Ophthalmic Solution)	4		Timoptic-XE (Ophthalmic Gel Forming Solution)	3	
Isopto Carpine (Ophthalmic Solution)	3		Trusopt (Ophthalmic Solution)	3	
Istalol (Ophthalmic Solution)	3		Ophthalmic Anti-inflammatories		
Levobunolol HCl (Ophthalmic Solution)	1		Acular LS (Ophthalmic Solution)	3	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	3		Acular (Ophthalmic Solution)	3	
Pilocarpine HCl (Ophthalmic Solution)	2		Acuvail (Ophthalmic Solution)	3	ST
Rocklatan (Ophthalmic Solution)	3	ST	Alrex (Ophthalmic Suspension)	3	
Simbrinza (Ophthalmic Suspension)	2		Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	3	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	2		BromSite (Ophthalmic Solution)	3	ST
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1		Dexamethasone Sodium Phosphate (Ophthalmic Solution)	2	
			Diclofenac Sodium (Ophthalmic Solution)	1	
			Durezol (Ophthalmic Emulsion)	2	
			Flarex (Ophthalmic Suspension)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluorometholone (Ophthalmic Suspension)	2		Nevanac (Ophthalmic Suspension)	3	
Flurbiprofen Sodium (Ophthalmic Solution)	1		Omnipred (1% Ophthalmic Suspension)	3	
FML Forte (Ophthalmic Suspension)	3		Pred Forte (Ophthalmic Suspension)	3	
FML Liquifilm (Ophthalmic Suspension)	3		Pred Mild (Ophthalmic Suspension)	3	
FML (Ophthalmic Ointment)	3		Prednisolone Acetate (Ophthalmic Suspension)	2	
Ilevro (Ophthalmic Suspension)	2		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Inveltys (Ophthalmic Suspension)	3	ST	Prolensa (Ophthalmic Solution)	3	
Ketorolac Tromethamine (Ophthalmic Solution)	2		Ophthalmic Prostaglandin and Prostanamide Analogs		
Lotemax (Ophthalmic Gel)	3		Bimatoprost (Ophthalmic Solution)	3	
Lotemax (Ophthalmic Ointment)	3		Latanoprost (Ophthalmic Solution)	1	
Lotemax (Ophthalmic Suspension)	3		Lumigan (Ophthalmic Solution)	2	
Lotemax SM (Ophthalmic Gel)	3		Travatan Z (Ophthalmic Solution)	3	
Loteprednol Etabonate (Ophthalmic Suspension)	3		Vyzulta (Ophthalmic Solution)	3	
Maxidex (Ophthalmic Suspension)	3		Xalatan (Ophthalmic Solution)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Xelpros (Ophthalmic Emulsion)	3	ST
Zioptan (Ophthalmic Solution)	3	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	1	
Cetraxal (Otic Solution)	3	
Cipro HC (Otic Suspension)	3	
Ciprodex (Otic Suspension)	2	
Ciprofloxacin HCl (Otic Solution)	3	
Flac (Otic Oil)	3	
Fluocinolone Acetonide (Otic Oil)	2	
Hydrocortisone-Acetic Acid (Otic Solution)	2	
Neomycin-Polymyxin-HC (1% Otic Solution)	2	
Neomycin-Polymyxin-HC (Otic Suspension)	2	
Otovel (Otic Solution)	3	ST
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Astepro (Nasal Solution)	3	
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cetirizine HCl (1MG/ML Oral Solution)	1	
Clarinox (Oral Syrup)	3	
Clarinox (Oral Tablet)	3	
Cyproheptadine HCl (Oral Tablet)	3	PA; HRM
Desloratadine (Oral Tablet)	2	
Desloratadine ODT (Oral Tablet Dispersible)	3	
Levocetirizine Dihydrochloride (Oral Solution)	2	
Levocetirizine Dihydrochloride (Oral Tablet)	1	
Olopatadine HCl (Nasal Solution)	3	
Patanase (Nasal Solution)	3	
Phenadoz (12.5MG Rectal Suppository)	3	PA; HRM
Promethazine HCl (Oral Tablet)	3	PA; HRM
Promethazine HCl (12.5MG Rectal Suppository)	3	PA; HRM
Anti-inflammatories, Inhaled Corticosteroids		
Alvesco (Inhalation Aerosol Solution)	3	ST; QL
Arnunity Ellipta (Inhalation Aerosol Powder Breath Activated)	2	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
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Omnaris (Nasal Suspension)	3	ST
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	3	ST
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Pulmicort (Inhalation Suspension)	3	B/D, PA
Asmanex HFA (Inhalation Aerosol)	3	ST; QL	Qnasl Childrens (Nasal Aerosol Solution)	3	ST
Beconase AQ (Nasal Suspension)	3	ST	Qnasl (Nasal Aerosol Solution)	3	ST
Budesonide (Inhalation Suspension)	3	B/D, PA	QVAR RediHaler (Inhalation Aerosol Breath Activated)	3	ST; QL
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	2		Xhance (Nasal Exhaler Suspension)	3	
Flovent HFA (Inhalation Aerosol)	2	QL	Zetonna (Nasal Aerosol Solution)	3	ST
Flunisolide (Nasal Solution)	2		Antileukotrienes		
Fluticasone Propionate (Nasal Suspension)	1		Accolate (Oral Tablet)	3	
Mometasone Furoate (Nasal Suspension)	3		Montelukast Sodium (Oral Packet)	2	QL
Nasonex (Nasal Suspension)	3		Montelukast Sodium (Oral Tablet)	1	QL
			Montelukast Sodium (Oral Tablet Chewable)	1	QL
			Singulair (Oral Packet)	3	QL
			Singulair (Oral Tablet)	3	QL
			Singulair (Oral Tablet Chewable)	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
Zafirlukast (Oral Tablet)	2	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	4	ST
Zyflo CR (600MG Oral Tablet Extended Release 12 Hour)	4	ST
Zyflo (Oral Tablet Immediate Release)	4	ST
Bronchodilators, Anticholinergic		
Atrovent HFA (Inhalation Aerosol Solution)	3	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Ipratropium Bromide (Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (Nasal Solution)	2	
Lonhala Magnair Refill Kit (Inhalation Solution)	4	QL
Seebri Neohaler (Inhalation Capsule)	3	ST
Spiriva HandiHaler (Inhalation Capsule)	2	QL
Spiriva Respimat (Inhalation Aerosol Solution)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	3	ST
Yupelri (Inhalation Solution)	4	B/D, PA; QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	3	
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proair)	3	ST
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proventil), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	3	ST
Albuterol Sulfate (Inhalation Nebulization Solution)	1	B/D, PA
Albuterol Sulfate (Oral Syrup)	3	
Albuterol Sulfate (Oral Tablet Immediate Release)	3	
Arcapta Neohaler (Inhalation Capsule)	3	ST

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Brovana (Inhalation Nebulization Solution)	4	PA; QL	Metaproterenol Sulfate (10MG Oral Tablet, 20MG Oral Tablet)	3	
Epinephrine (0.3 MG/ 0.3ML Injection Solution Auto-Injector) (Brand Equivalent Adrenaclick)	3	ST; QL	Perforomist (Inhalation Nebulization Solution)	3	B/D, PA; QL
Epinephrine (0.15 MG/ 0.15ML Injection Solution Auto-Injector) (Brand Equivalent Adrenaclick)	3	ST; QL	ProAir HFA (Inhalation Aerosol Solution)	2	
Epinephrine (0.15MG/ 0.3ML Injection Solution Auto-Injector) (Brand Equivalent EpiPen-JR), Epinephrine (0.3MG/ 0.3ML Injection Solution Auto-Injector) (Brand Equivalent EpiPen)	2	QL	ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	2	
EpiPen 2-Pak (Injection Solution Auto-Injector)	3	ST; QL	Proventil HFA (Inhalation Aerosol Solution)	3	ST
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	3	ST; QL	Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	2	QL
Levalbuterol HCl (Inhalation Nebulization Solution)	3	B/D, PA	Striverdi Respimat (Inhalation Aerosol Solution)	3	ST
Levalbuterol Tartrate (Inhalation Aerosol)	3	ST	Terbutaline Sulfate (Oral Tablet)	3	
Metaproterenol Sulfate (Oral Syrup)	3		Ventolin HFA (Inhalation Aerosol Solution)	3	ST
			Xopenex Concentrate (Inhalation Nebulization Solution)	3	B/D, PA
			Xopenex HFA (Inhalation Aerosol)	3	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
Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution)	3	B/D, PA
Xopenex (1.25MG/3ML Inhalation Nebulization Solution)	4	B/D, PA
Cystic Fibrosis Agents		
Bethkis (Inhalation Nebulization Solution)	4	B/D, PA; QL
Cayston (Inhalation Solution Reconstituted)	4	PA; LA
Orkambi (Oral Packet)	4	PA; LA; QL
Orkambi (Oral Tablet)	4	PA; LA; QL
Symdeko (Oral Tablet Therapy Pack)	4	PA; QL
TOBI (Inhalation Nebulization Solution)	4	B/D, PA; QL
TOBI Podhaler (Inhalation Capsule)	4	PA; QL
Tobramycin (Inhalation Nebulization Solution)	4	B/D, PA; QL
Mast Cell Stabilizers		
Cromolyn Sodium (Inhalation Nebulization Solution)	2	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Oral Tablet)	3	PA
Theo-24 (Oral Capsule Extended Release 24 Hour)	3	
Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour)	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	1	
Theophylline (Oral Solution)	3	
Pulmonary Antihypertensives		
Adcirca (Oral Tablet)	4	PA
Adempas (Oral Tablet)	4	PA; LA
Alyq (Oral Tablet)	4	PA
Ambrisentan (Oral Tablet)	4	PA; LA; QL
Bosentan (Oral Tablet)	4	PA; LA; QL
Letairis (Oral Tablet)	4	PA; LA; QL
Opsumit (Oral Tablet)	4	PA; LA
Orenitram (0.125MG Oral Tablet Extended Release)	3	PA; LA

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
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	4	PA; LA	Acetylcysteine (Inhalation Solution)	1	B/D, PA
Revatio (Oral Suspension Reconstituted)	4	PA	Advair Diskus (Inhalation Aerosol Powder Breath Activated)	2	QL
Revatio (Oral Tablet)	4	PA	Advair HFA (Inhalation Aerosol)	2	QL
Sildenafil Citrate (Oral Suspension Reconstituted)	4	PA	AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	2	PA	AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Tadalafil (PAH) (20MG Oral Tablet)	4	PA	AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Tracleer (Oral Tablet)	4	PA; LA; QL	Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Tracleer (Oral Tablet Soluble)	4	PA; LA; QL	Bevespi Aerosphere (Inhalation Aerosol)	3	ST
Uptravi (Oral Tablet)	4	PA; LA; QL	Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Uptravi (Oral Tablet Therapy Pack)	4	PA; LA	Clarinex-D 12 Hour (Oral Tablet Extended Release 12 Hour)	3	
Ventavis (Inhalation Solution)	4	PA; LA			
Pulmonary Fibrosis Agents					
Esbriet (Oral Capsule)	4	PA; LA; QL			
Esbriet (Oral Tablet)	4	PA; LA; QL			
Ofev (Oral Capsule)	4	PA; LA; QL			
Respiratory Tract Agents, Other					

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Combivent Respimat (Inhalation Aerosol Solution)	2	QL	Pulmozyme (Inhalation Solution)	4	B/D, PA; QL
Dulera (Inhalation Aerosol)	3	QL	Semprex-D (Oral Capsule)	3	
Dymista (Nasal Suspension)	3		Stiolto Respimat (Inhalation Aerosol Solution)	2	
Fasenra (Subcutaneous Solution Prefilled Syringe)	4	PA; LA	Symbicort (Inhalation Aerosol)	2	QL
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	2	QL	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA	Utibron Neohaler (Inhalation Capsule)	3	ST
Kalydeco (Oral Packet)	4	PA; LA	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	2	QL
Kalydeco (Oral Tablet)	4	PA; LA	Skeletal Muscle Relaxants		
Nucala (Subcutaneous Solution Auto-Injector)	4	PA; LA; QL	Skeletal Muscle Relaxants		
Nucala (Subcutaneous Solution Prefilled Syringe)	4	PA; LA; QL	Baclofen (Oral Tablet)	1	
Nucala (Subcutaneous Solution Reconstituted)	4	PA; LA; QL	Cyclobenzaprine HCl (7.5MG Oral Tablet)	3	PA; HRM
Oralair 300IR (Tablet Sublingual)	3	PA	Dantrium (Oral Capsule)	3	
			Dantrolene Sodium (Oral Capsule)	3	
			Fexmid (Oral Tablet)	3	PA; HRM
			Tizanidine HCl (2MG Oral Capsule, 4MG Oral Capsule, 6MG Oral Capsule)	3	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tizanidine HCl (2MG Oral Tablet, 4MG Oral Tablet)	1		Zolpidem Tartrate (Oral Tablet Immediate Release)	3	PA; HRM; QL
Zanaflex (Oral Capsule)	3		Sleep Disorders, Other		
Zanaflex (Oral Tablet)	3		Armodafinil (Oral Tablet)	2	PA; QL
Sleep Disorder Agents			Belsomra (Oral Tablet)	2	QL
GABA Receptor Modulators			Hetlioz (Oral Capsule)	4	PA; LA; QL
Ambien (Oral Tablet Immediate Release)	3	PA; HRM; QL	Modafinil (Oral Tablet)	3	PA; QL
Restoril (22.5MG Oral Capsule)	4	HRM; QL	Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	4	PA; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	2	HRM; QL	Nuvigil (50MG Oral Tablet)	3	PA; QL
Temazepam (22.5MG Oral Capsule, 7.5MG Oral Capsule)	3	HRM; QL	Provigil (Oral Tablet)	4	PA; QL
Zaleplon (Oral Capsule)	2	HRM; QL	Rozerem (Oral Tablet)	3	
			Silenor (Oral Tablet)	3	
			Xyrem (Oral Solution)	4	PA; LA; QL

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

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir Sulfate (Oral Solution)	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	Maximum of 1 tablet per day
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Abilify (Oral Tablet)	Maximum of 1 tablet per day
Abstral (Tablet Sublingual)	Maximum of 4 tablets per day
Accupril (Oral Tablet)	Maximum of 2 tablets per day
Accuretic (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Accuretic (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	Maximum of 13 tablets per day
Actiq (Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Actoplus Met (Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Actos (15MG Oral Tablet)	Maximum of 3 tablets per day
Actos (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Adderall (20MG Oral Tablet)	Maximum of 3 tablets per day
Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 2 tablets per day
Adderall XR (Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	Maximum of 6 ml (1 kit) per 28 days
Adlyxin (Subcutaneous Solution Pen-Injector)	Maximum of 6 ml (2 pens) per 28 days
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days

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Drug Name	Quantity Limit
Advair HFA (Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys ER (Oral Suspension Extended Release)	Maximum of 15 ml per day
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	Maximum of 1 tablet per day
Aggrenox (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
Aimovig (140MG/ML Subcutaneous Solution Auto-Injector)	Maximum of 1 ml (1 pen) per 30 days
Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)	Maximum of 2 ml per 30 days
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	Maximum of 1.5 ml (1 syringe) per 30 days
Albendazole (Oral Tablet)	Maximum of 16 tablets per day
Albenza (Oral Tablet)	Maximum of 16 tablets per day
Aliskiren Fumarate (Oral Tablet)	Maximum of 1 tablet per day
Almotriptan Malate (Oral Tablet)	Maximum of 12 tablets per 30 days
Alogliptin Benzoate (Oral Tablet)	Maximum of 1 tablet per day
Alogliptin-Metformin HCl (Oral Tablet)	Maximum of 2 tablets per day
Alogliptin-Pioglitazone (Oral Tablet)	Maximum of 1 tablet per day
Alora (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Concentrate)	Maximum of 10 ml per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day

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Plain type = Generic drug

Drug Name	Quantity Limit
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	Maximum of 5 tablets per day
Altace (Oral Capsule)	Maximum of 2 capsules per day
Altoprev (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	Maximum of 1 inhaler (6.1 grams) per 30 days
Amaryl (1MG Oral Tablet)	Maximum of 8 tablets per day
Amaryl (2MG Oral Tablet)	Maximum of 4 tablets per day
Amaryl (4MG Oral Tablet)	Maximum of 2 tablets per day
Ambien (Oral Tablet Immediate Release)	Maximum of 90 tablets per year
Ambrisentan (Oral Tablet)	Maximum of 1 tablet per day
Amerge (Oral Tablet)	Maximum of 12 tablets per 30 days
Amitiza (Oral Capsule)	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	Maximum of 3 tablets per day
Ampyra (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	Maximum of 3 ml per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Apriso (Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Aptensio XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	Maximum of 4 capsules per day
Aptivus (Oral Solution)	Maximum of 4 bottles (380 ml) per 30 days
Aricept (10MG Oral Tablet)	Maximum of 2 tablets per day
Aricept (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Aripiprazole (1MG/ML Oral Solution)	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Asacol HD (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/INH Inhalation Aerosol Powder Breath Activated)	Maximum of 2 inhalers per 30 days
Asmanex (30 Metered Doses) (220MCG/INH Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
Atacand HCT (Oral Tablet)	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Atacand (8MG Oral Tablet)	Maximum of 3 tablets per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	Maximum of 2 capsules per day
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	Maximum of 5 tablets per day
Atorvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Atripla (Oral Tablet)	Maximum of 1 tablet per day
Aubagio (Oral Tablet)	Maximum of 1 tablet per day
Austedo (Oral Tablet)	Maximum of 4 tablets per day
Avalide (Oral Tablet)	Maximum of 1 tablet per day
Avandia (2MG Oral Tablet)	Maximum of 4 tablets per day
Avandia (4MG Oral Tablet)	Maximum of 2 tablets per day
Avapro (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Avapro (75MG Oral Tablet)	Maximum of 3 tablets per day
Azor (Oral Tablet)	Maximum of 1 tablet per day
Balversa (3MG Oral Tablet)	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	Maximum of 1 tablet per day
Belbuca (Buccal Film)	Maximum of 2 films per day
Belsomra (Oral Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Benicar HCT (Oral Tablet)	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	Maximum of 2 tablets per day
Bethkis (Inhalation Nebulization Solution)	Maximum of 8 ml (2 ampules) per day
Bevyxxa (Oral Capsule)	Maximum of 31 capsules per 30 days
Biktarvy (Oral Tablet)	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	Maximum of 2 tablets per day
Bosentan (Oral Tablet)	Maximum of 2 tablets per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Oral Tablet)	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	Maximum of 20 ml per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Brovana (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Bunavail (Buccal Film)	Maximum of 2 films per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Bydureon BCise (Subcutaneous Auto-Injector)	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon (Subcutaneous Pen-Injector)	Maximum of 4 pens per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	Maximum of 2 tablets per day
Cablivi (Injection Kit)	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	Maximum of 2 tablets per day
Caduet (Oral Tablet)	Maximum of 1 tablet per day
Calquence (Oral Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Captopril (100MG Oral Tablet)	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	Maximum of 9 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	Maximum of 2 tablets per day
Cardura XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Celebrex (Oral Capsule)	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	Maximum of 2 capsules per day
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Cimduo (Oral Tablet)	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	Maximum of 4 tablets per day
Clobazam (2.5MG/ML Oral Suspension)	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	Maximum of 12 tablets per day
Codeine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	Maximum of 4 tablets per day
Colcrys (Oral Tablet)	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 20 days
Combivir (Oral Tablet)	Maximum of 2 tablets per day
Complera (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Concerta (18MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
ConZip (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Copiktra (Oral Capsule)	Maximum of 2 capsules per day
Corlanor (Oral Tablet)	Maximum of 2 tablets per day
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	Maximum of 2 tablets per day
Cozaar (100MG Oral Tablet)	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Crestor (Oral Tablet)	Maximum of 1 tablet per day
Crixivan (200MG Oral Capsule)	Maximum of 9 capsules per day
Crixivan (400MG Oral Capsule)	Maximum of 6 capsules per day
Cymbalta (Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	Maximum of 2 tablets per day
Daytrana (Transdermal Patch)	Maximum of 1 patch per day
Delstrigo (Oral Tablet)	Maximum of 1 tablet per day
Descovy (Oral Tablet)	Maximum of 1 tablet per day
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dexedrine (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dexedrine (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dexilant (Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Diazepam Intensol (5MG/ML Oral Concentrate)	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	Maximum of 4 tablets per day
Diclofenac Epolamine (Transdermal Patch)	Maximum of 2 patches per day
Didanosine (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Digitek (125MCG Oral Tablet)	Maximum of 1 tablet per day
Digox (125MCG Oral Tablet)	Maximum of 1 tablet per day
Digoxin (Oral Solution)	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day
Dilaudid (Oral Liquid)	Maximum of 50 ml per day
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	Maximum of 8 tablets per day
Dilaudid (8MG Oral Tablet)	Maximum of 6 tablets per day
Diovan HCT (Oral Tablet)	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	Maximum of 1 tablet per day
Dolophine (10MG Oral Tablet)	Maximum of 12 tablets per day
Dolophine (5MG Oral Tablet)	Maximum of 8 tablets per day
Donepezil HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	Maximum of 90 grams per 30 days

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Drug Name	Quantity Limit
Duetact (Oral Tablet)	Maximum of 1 tablet per day
Dulera (Inhalation Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	Maximum of 3 capsules per day
Duragesic-100 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-12 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-25 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-50 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-75 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Dvorah (Oral Tablet)	Maximum of 10 tablets per day
Dyanavel XR (Oral Suspension Extended Release)	Maximum of 8 ml per day
Econazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	Maximum of 1 tablet per day
Edurant (Oral Tablet)	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	Maximum of 1 tablet per day
Eletriptan Hydrobromide (Oral Tablet)	Maximum of 12 tablets per 30 days
Eliquis (Oral Tablet)	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	Maximum of 1 pack (74 tablets) per 30 days
Embeda (100-4MG Oral Capsule Extended Release)	Maximum of 3 capsules per day
Embeda (20-0.8MG Oral Capsule Extended Release, 80-3.2MG Oral Capsule Extended Release)	Maximum of 4 capsules per day
Embeda (30-1.2MG Oral Capsule Extended Release, 50-2MG Oral Capsule Extended Release)	Maximum of 2 capsules per day
Embeda (60-2.4MG Oral Capsule Extended Release)	Maximum of 6 capsules per day
Emgality (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 ml (3 syringes or pens) per 30 days
Emgality (Subcutaneous Solution Auto-Injector)	Maximum of 2 ml (2 syringes or pens) per 30 days

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Drug Name	Quantity Limit
Emgality (120 MG Dose) (Subcutaneous Solution Prefilled Syringe)	Maximum of 2 ml (2 syringes or pens) per 30 days
Emtriva (Oral Capsule)	Maximum of 1 capsule per day
Emtriva (Oral Solution)	Maximum of 5 bottles (850 ml) per 30 days
Enablex (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Enalapril Maleate (Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	Maximum of 2 tablets per day
Epclusa (Oral Tablet)	Maximum of 1 tablet per day
Epinephrine (0.3 MG/0.3ML Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
Epinephrine (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
Epivir (Oral Solution)	Maximum of 32 ml per day
Epivir (150MG Oral Tablet)	Maximum of 2 tablets per day
Epivir (300MG Oral Tablet)	Maximum of 1 tablet per day
Eprosartan Mesylate (Oral Tablet)	Maximum of 1 tablet per day
Epzicom (Oral Tablet)	Maximum of 1 tablet per day
Erivedge (Oral Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Erleada (Oral Tablet)	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 2 capsules per day
Esomeprazole Strontium (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Eucrisa (External Ointment)	Maximum of 60 grams per 30 days
Evotaz (Oral Tablet)	Maximum of 1 tablet per day
Exelon (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Exforge (Oral Tablet)	Maximum of 1 tablet per day
Extina (External Foam)	Maximum of 100 grams per 28 days
Ezallor Sprinkle (Oral Capsule Sprinkle)	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	Maximum of 2 tablets per day
Farxiga (Oral Tablet)	Maximum of 1 tablet per day
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentora (Buccal Tablet)	Maximum of 4 tablets per day
Firazyr (Subcutaneous Solution)	Maximum of 9 ml per day
Firdapse (Oral Tablet)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Flector (Transdermal Patch)	Maximum of 2 patches per day
FloLipid (20MG/5ML Oral Suspension)	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	Maximum of 10 ml per day
Flovent HFA (110MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	Maximum of 2 capsules per day
Focalin (Oral Tablet)	Maximum of 2 tablets per day
Fortamet (1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Fortamet (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Fosamprenavir Calcium (Oral Tablet)	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	Maximum of 4 tablets per day
Frova (Oral Tablet)	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	Maximum of 2 vials per day
Genvoya (Oral Tablet)	Maximum of 1 tablet per day
Geodon (Oral Capsule)	Maximum of 2 capsules per day
Gilenya (0.5MG Oral Capsule)	Maximum of 1 pack (30 capsules) per 30 days

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Drug Name	Quantity Limit
Gleevec (Oral Tablet)	Maximum of 3 tablets per day
Glimepiride (1MG Oral Tablet)	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
Glucophage (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Glucophage (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Glucophage (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Glucophage XR (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glucophage XR (750MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glucotrol (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glumetza (1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Glumetza (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	Maximum of 1 tablet per day
Harvoni (Oral Tablet)	Maximum of 1 tablet per day
Hetlioz (Oral Capsule)	Maximum of 1 capsule per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Hyzaar (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Imatinib Mesylate (Oral Tablet)	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	Maximum of 1 capsule per day
Imbruvica (Oral Tablet)	Maximum of 1 tablet per day
Imitrex (Nasal Solution)	Maximum of 12 devices per 30 days
Imitrex (Oral Tablet)	Maximum of 12 tablets per 30 days
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	Maximum of 12 injections (6 ml) per 30 days
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days
Imitrex (Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Imvexy Maintenance Pack (Vaginal Insert)	Maximum of 1 vaginal insert per day

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Drug Name	Quantity Limit
Imvexxy Starter Pack (Vaginal Insert)	Maximum of 1 vaginal insert per day
Increase Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (Oral Capsule)	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	Maximum of 28 capsules (1 pack) per 28 days
Inlyta (Oral Tablet)	Maximum of 4 tablets per day
Intence (100MG Oral Tablet, 200MG Oral Tablet)	Maximum of 2 tablets per day
Intence (25MG Oral Tablet)	Maximum of 4 tablets per day
Intrarosa (Vaginal Insert)	Maximum of 1 vaginal insert per day
Invega (3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Invega (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invirase (Oral Tablet)	Maximum of 4 tablets per day
Invokamet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Iressa (Oral Tablet)	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Packet)	Maximum of 2 packets per day
Isentress (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	Maximum of 6 tablets per day
Jakafi (Oral Tablet)	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Oral Tablet)	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Jentaduetto (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Jentaduetto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Juluca (Oral Tablet)	Maximum of 1 tablet per day
Jynarque (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Kadian (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Kadian (200MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Kaletra (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Kaletra (100-25MG Oral Tablet)	Maximum of 2 tablets per day
Kaletra (200-50MG Oral Tablet)	Maximum of 4 tablets per day
Kazano (Oral Tablet)	Maximum of 2 tablets per day
Ketoconazole (External Cream)	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	Maximum of 100 grams per 28 days
Keveyis (Oral Tablet)	Maximum of 4 tablets per day
Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Klonopin (2MG Oral Tablet)	Maximum of 10 tablets per day
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Lamivudine (10MG/ML Oral Solution)	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Lanoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day
Lanoxin (62.5MCG Oral Tablet)	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	Maximum of 2 tablets per day
Lazanda (Nasal Solution)	Maximum of 15 bottles (79.5 ml) per 30 days
Ledipasvir-Sofosbuvir (Oral Tablet)	Maximum of 1 tablet per day
Lescol XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Letairis (Oral Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	Maximum of 60 ml per day
Lexiva (Oral Tablet)	Maximum of 4 tablets per day
Lialda (Oral Tablet Delayed Release)	Maximum of 4 tablets per day
Lidocaine (5% External Ointment)	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	Maximum of 3 patches per day
Lidoderm (External Patch)	Maximum of 3 patches per day
Linzess (Oral Capsule)	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	Maximum of 1 tablet per day
Lisinopril (Oral Tablet)	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Livalo (Oral Tablet)	Maximum of 1 tablet per day
Lokelma (Oral Packet)	Maximum of 90 packets per 30 days
Lonhala Magnair Refill Kit (Inhalation Solution)	Maximum of 2 vials (2 ml) per day
Lopinavir-Ritonavir (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam (2MG/ML Oral Concentrate)	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Lorcet HD (Oral Tablet)	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Oral Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Lotensin (Oral Tablet)	Maximum of 2 tablets per day
Lotrel (Oral Capsule)	Maximum of 1 capsule per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	Maximum of 2 tablets per day
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 (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
Lucemyra (Oral Tablet)	Maximum of 16 tablets per day
Luliconazole (External Cream)	Maximum of 60 grams per 28 days
Luzu (External Cream)	Maximum of 60 grams per 28 days
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Lyrica (Oral Solution)	Maximum of 30 ml per day
Mavyret (Oral Tablet)	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	Maximum of 3 tablets per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Metadate ER (Oral Tablet Extended Release)	Maximum of 3 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 5 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	Maximum of 12 tablets per day

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Drug Name	Quantity Limit
Methadone HCl (5MG Oral Tablet)	Maximum of 8 tablets 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 ER (10MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release), Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
Methylphenidate HCl (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	Maximum of 3 tablets per day
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Micardis (Oral Tablet)	Maximum of 1 tablet per day
Minivelle (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Mitigare (Oral Capsule)	Maximum of 4 capsules per day
Modafinil (100MG Oral Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Modafinil (200MG Oral Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	Maximum of 1 tablet per day
MorphaBond ER (100MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
MorphaBond ER (15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Morphine Sulfate (100MG/5ML Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 4 capsules per day
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	Maximum of 3 capsules per day
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	Maximum of 1 tablet per day
Movantik (Oral Tablet)	Maximum of 1 tablet per day
MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
MS Contin (200MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda (10MG Oral Tablet)	Maximum of 2 tablets per day
Namenda (5MG Oral Tablet)	Maximum of 3 tablets per day
Namenda XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution Reconstituted)	Maximum of 300 mg (1 vial) per 28 days
Nerlynx (Oral Tablet)	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
Nesina (Oral Tablet)	Maximum of 1 tablet per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Nexium (20MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Ninlaro (Oral Capsule)	Maximum of 3 capsules per 28 days
Norco (Oral Tablet)	Maximum of 12 tablets per day
Northera (100MG Oral Capsule)	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	Maximum of 6 capsules per day
Norvir (Oral Packet)	Maximum of 12 packets per day
Norvir (Oral Solution)	Maximum of 16 ml per day
Norvir (Oral Tablet)	Maximum of 12 tablets per day
Noxafil (Oral Suspension)	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Nucynta (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Nuplazid (Oral Capsule)	Maximum of 1 capsule per day
Nuplazid (10MG Oral Tablet)	Maximum of 1 tablet per day
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Nuvigil (50MG Oral Tablet)	Maximum of 2 tablets per day
Nuzyra (Oral Tablet)	Maximum of 2 tablets per day
Ocaliva (Oral Tablet)	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Ofev (Oral Capsule)	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olumiant (Oral Tablet)	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Onfi (Oral Suspension)	Maximum of 16 ml per day
Onfi (Oral Tablet)	Maximum of 2 tablets per day
Onglyza (Oral Tablet)	Maximum of 1 tablet per day
Onzetra Xsail (Nasal Exhaler Powder)	Maximum of 1 kit (16 exhalers) per 30 days
Opana (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Orilissa (150MG Oral Tablet)	Maximum of 1 tablet per day
Orilissa (200MG Oral Tablet)	Maximum of 2 tablets per day
Orkambi (Oral Packet)	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	Maximum of 112 tablets per 28 days
Oseni (Oral Tablet)	Maximum of 1 tablet per day
Osphena (Oral Tablet)	Maximum of 1 tablet per day
Oxervate (Ophthalmic Solution)	Maximum of 2 ml (2 vials) per day
Oxiconazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Lotion)	Maximum of 60 ml per 30 days
Oxycodone HCl ER (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	Maximum of 130 ml per day

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Drug Name	Quantity Limit
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Ibuprofen (Oral Tablet)	Maximum of 4 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Ozempic (0.25 or 0.5MG/DOSE Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1MG/DOSE Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Palyngiq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 28 syringes per 28 days
Palyngiq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 8 syringes per 28 days
Palyngiq (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 56 syringes per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Pentasa (250MG Oral Capsule Extended Release)	Maximum of 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	Maximum of 8 capsules per day
Percocet (Oral Tablet)	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl (15MG Oral Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	Maximum of 3 tablets per day
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 tablet per day
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Plavix (Oral Tablet)	Maximum of 4 tablets per day
Pradaxa (Oral Capsule)	Maximum of 2 capsules per day
Praluent (Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (2 ml) per 28 days
Prandin (1MG Oral Tablet)	Maximum of 16 tablets per day
Prandin (2MG Oral Tablet)	Maximum of 8 tablets per day
Pravachol (Oral Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	Maximum of 1 tablet per day
Prevacid (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Prevymis (Oral Tablet)	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	Maximum of 1 tablet per day
Prezista (Oral Suspension)	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Prezista (800MG Oral Tablet)	Maximum of 1 tablet per day
Primlev (Oral Tablet)	Maximum of 13 tablets per day

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Drug Name	Quantity Limit
Prinivil (Oral Tablet)	Maximum of 2 tablets per day
Prolia (Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Protonix (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	Maximum of 1 tablet per day
Provigil (200MG Oral Tablet)	Maximum of 2 tablets per day
PRUDOXIN (External Cream)	Maximum of 90 grams per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Qbrelis (Oral Solution)	Maximum of 80 ml per day
Qtern (Oral Tablet)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	Maximum of 2 inhalers (21.2 grams) per 30 days
Ramipril (Oral Capsule)	Maximum of 2 capsules per day
Rapaflo (Oral Capsule)	Maximum of 1 capsule per day
Rayaldee (Oral Capsule Extended Release)	Maximum of 2 capsules per day
Relexxii (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Relpax (Oral Tablet)	Maximum of 12 tablets per 30 days
Repaglinide (0.5MG Oral Tablet)	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	Maximum of 8 tablets per day
Repaglinide-Metformin HCl (Oral Tablet)	Maximum of 5 tablets per day
Repatha Pushttronex System (Subcutaneous Solution Cartridge)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Oral Tablet)	Maximum of 6 tablets per day
Restasis (Ophthalmic Emulsion)	Maximum of 2 vials per day
Restoril (22.5MG Oral Capsule)	Maximum of 1 capsule per day
Retrovir (Oral Capsule)	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	Maximum of 64 ml per day
Rexulti (Oral Tablet)	Maximum of 1 tablet per day
Reyataz (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Reyataz (200MG Oral Capsule)	Maximum of 2 capsules per day
Reyataz (Oral Packet)	Maximum of 6 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Ritalin (Oral Tablet)	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Roxicodone (15MG Oral Tablet)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Roxicodone (30MG Oral Tablet)	Maximum of 6 tablets per day
Roxicodone (5MG Oral Tablet)	Maximum of 12 tablets per day
Rydapt (Oral Capsule)	Maximum of 8 capsules per day
Sabril (Oral Packet)	Maximum of 6 packets per day
Sabril (Oral Tablet)	Maximum of 6 tablets per day
Savaysa (Oral Tablet)	Maximum of 1 tablet per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	Maximum of 4 tablets per day
Selzentry (Oral Solution)	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	Maximum of 4 tablets per day
Sensipar (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Sensipar (90MG Oral Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Seroquel (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Silodosin (Oral Capsule)	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Singulair (Oral Packet)	Maximum of 1 packet per day
Singulair (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Singulair (Oral Tablet Chewable)	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	Maximum of 18 ml (6 pens) per 30 days
Solodyn (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Somavert (Subcutaneous Solution Reconstituted)	Maximum of 1 vial per day
Sovaldi (Oral Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Starlix (120MG Oral Tablet)	Maximum of 3 tablets per day
Starlix (60MG Oral Tablet)	Maximum of 6 tablets per day
Stavudine (Oral Capsule)	Maximum of 2 capsules per day
Steglatro (15MG Oral Tablet)	Maximum of 1 tablet per day
Steglatro (5MG Oral Tablet)	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	Maximum of 1 tablet per day
Stivarga (Oral Tablet)	Maximum of 4 tablets per day
Stribild (Oral Tablet)	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	Maximum of 4 sprays per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days

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Drug Name	Quantity Limit
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	Maximum of 9 tablets per 30 days
Sustiva (Oral Capsule)	Maximum of 3 capsules per day
Sustiva (Oral Tablet)	Maximum of 1 tablet per day
Symbicort (Inhalation Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Symfi Lo (Oral Tablet)	Maximum of 1 tablet per day
Symfi (Oral Tablet)	Maximum of 1 tablet per day
Sympazan (Oral Film)	Maximum of 2 films per day
Symproic (Oral Tablet)	Maximum of 1 tablet per day
Symtuza (Oral Tablet)	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Syprine (Oral Capsule)	Maximum of 8 capsules per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	Maximum of 3 capsules per day
Talzenna (1MG Oral Capsule)	Maximum of 1 capsule per day
Tarceva (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Tarceva (25MG Oral Tablet)	Maximum of 3 tablets per day
Tarka (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Tasmar (Oral Tablet)	Maximum of 6 tablets per day
Tavalisse (Oral Tablet)	Maximum of 2 tablets per day
Tecfidera (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Tekturna HCT (Oral Tablet)	Maximum of 1 tablet per day
Tekturna (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Telmisartan (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	Maximum of 1 capsule per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	Maximum of 1 tablet per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	Maximum of 2 tablets per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	Maximum of 2 tablets per day
TOBI (Inhalation Nebulization Solution)	Maximum of 10 ml (2 ampules) per day
TOBI Podhaler (Inhalation Capsule)	Maximum of 8 capsules per day
Tobramycin (Inhalation Nebulization Solution)	Maximum of 10 ml (2 ampules) per day
Tolazamide (250MG Oral Tablet)	Maximum of 4 tablets per day
Tolazamide (500MG Oral Tablet)	Maximum of 2 tablets per day
Tolbutamide (Oral Tablet)	Maximum of 6 tablets per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day
Toviaz (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	Maximum of 2 tablets per day
Tracleer (Oral Tablet Soluble)	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl (Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Tranxene-T (Oral Tablet)	Maximum of 12 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Treximet (Oral Tablet)	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	Maximum of 10 capsules per day
Tribenzor (Oral Tablet)	Maximum of 1 tablet per day
Trientine HCl (Oral Capsule)	Maximum of 8 capsules per day
Triumeq (Oral Tablet)	Maximum of 1 tablet per day
Trizivir (Oral Tablet)	Maximum of 2 tablets per day
Trulicity (Subcutaneous Solution Pen-Injector)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Oral Tablet)	Maximum of 1 tablet per day
Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)	Maximum of 1 tablet per day
Tybost (Oral Tablet)	Maximum of 1 tablet per day
Tylenol with Codeine #3 (Oral Tablet)	Maximum of 13 tablets per day
Tylenol with Codeine #4 (Oral Tablet)	Maximum of 13 tablets per day
Tymlos (Subcutaneous Solution Pen-Injector)	Maximum of 1.56 ml per 30 days
Ultracet (Oral Tablet)	Maximum of 8 tablets per day
Ultram (Oral Tablet)	Maximum of 8 tablets per day
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	Maximum of 5 tablets per day
Valacyclovir HCl (1GM Oral Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	Maximum of 2 tablets per day
Valcyte (Oral Solution Reconstituted)	Maximum of 36 ml per day
Valcyte (Oral Tablet)	Maximum of 4 tablets per day
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	Maximum of 4 tablets per day
Valium (Oral Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Valtrex (1GM Oral Tablet)	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	Maximum of 2 tablets per day
Vancocin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancocin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Vaseretic (Oral Tablet)	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	Maximum of 2 tablets per day
Veltassa (Oral Packet)	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	Maximum of 1 tablet per day
Vesicare (Oral Tablet)	Maximum of 1 tablet per day
Viberzi (Oral Tablet)	Maximum of 2 tablets per day
Vicodin ES (Oral Tablet)	Maximum of 13 tablets per day
Vicodin HP (Oral Tablet)	Maximum of 13 tablets per day
Vicodin (Oral Tablet)	Maximum of 13 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (125MG Oral Capsule Delayed Release)	Maximum of 4 capsules per day
Videx EC (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Videx EC (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Videx (4GM Oral Solution Reconstituted)	Maximum of 40 ml per day
Viekira Pak (Oral Tablet Therapy Pack)	Maximum of 1 pack (112 tablets) per 28 days
Vigabatrin (Oral Packet)	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	Maximum of 6 packets per day
Vimpat (Oral Solution)	Maximum of 40 ml per day
Vimpat (Oral Tablet)	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	Maximum of 4 tablets per day
Viramune (Oral Suspension)	Maximum of 40 ml per day
Viramune (Oral Tablet Immediate Release)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Viramune XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Viread (Oral Powder)	Maximum of 4 bottles (240 grams) per 30 days
Viread (Oral Tablet)	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	Maximum of 20 ml per day
Vivelle-Dot (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Vivlodex (Oral Capsule)	Maximum of 1 capsule per day
Vosevi (Oral Tablet)	Maximum of 1 tablet per day
Votrient (Oral Tablet)	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	Maximum of 1 capsule per day
Vytorin (Oral Tablet)	Maximum of 1 tablet per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Xanax (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Ximino (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Xofluza (Oral Tablet Therapy Pack)	Maximum of 2 tablets per 30 days
Xospata (Oral Tablet)	Maximum of 3 tablets per day
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 6 capsules per day
Xultophy (Subcutaneous Solution Pen-Injector)	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	Maximum of 18 ml per day
Yupelri (Inhalation Solution)	Maximum of 1 vial (3 ml) per day
Zaleplon (Oral Capsule)	Maximum of 90 capsules per year
Zejula (Oral Capsule)	Maximum of 3 capsules per day
Zelboraf (Oral Tablet)	Maximum of 8 tablets per day
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	Maximum of 8 ml (16 syringes) per 30 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Zestoretic (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Zestril (Oral Tablet)	Maximum of 2 tablets per day
Ziac (2.5-6.25MG Oral Tablet)	Maximum of 2 tablets per day
Ziagen (Oral Solution)	Maximum of 32 ml per day

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Drug Name	Quantity Limit
Ziagen (Oral Tablet)	Maximum of 2 tablets per day
Zidovudine (Oral Capsule)	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	Maximum of 2 capsules per day
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 1 tablet per day
Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 2 capsules per day
Zolmitriptan (Oral Tablet)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zolpidem Tartrate (Oral Tablet Immediate Release)	Maximum of 90 tablets per year
Zomig (2.5MG Nasal Solution)	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	Maximum of 12 devices per 30 days
Zomig (Oral Tablet)	Maximum of 12 tablets per 30 days
Zomig ZMT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zonalon (External Cream)	Maximum of 90 grams per 30 days
ZTlido (External Patch)	Maximum of 3 patches per day
Zubsolv (1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)	Maximum of 3 tablets per day
Zubsolv (11.4-2.9MG Tablet Sublingual)	Maximum of 1 tablet per day
Zubsolv (2.9-0.71MG Tablet Sublingual)	Maximum of 5 tablets per day
Zubsolv (8.6-2.1MG Tablet Sublingual)	Maximum of 2 tablets per day
Zypitamag (Oral Tablet)	Maximum of 1 tablet per day
Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day
Zyprexa Zydys (Oral Tablet Dispersible)	Maximum of 1 tablet 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.



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

Toll-free **1-XXX-XXX-XXXX**, TTY **711**

Hours of Operation

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