

# 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**



# TABLE OF CONTENTS

What is a drug list?.....	3
Note to existing members.....	3
How do I use the drug list?.....	4
What are generic drugs?.....	4
Drug payment stage and drug tiers.....	5
Getting Extra Help.....	5
Are there any rules or limits on my drug coverage?.....	6
What if my drug is not on this list?.....	8
How can I get an exception?.....	8
Can I get my drug while I wait for an exception?.....	9
Can the drug list change?.....	10
Drugs with dosages other than a 1-month supply.....	11
Covered drugs by name ( <b>Drug index</b> ).....	12
Covered drugs by medical condition.....	40
Covered drugs with a quantity limit (QL).....	170

## 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 MedicareRx for Groups (PDP).

## How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–39 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 40–169 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
<b>Tier 1:</b> <b>Preferred generic</b>	Most generic drugs.
<b>Tier 2:</b> <b>Preferred brand</b>	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
<b>Tier 3:</b> <b>Non-preferred drug</b>	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.
<b>Tier 4:</b> <b>Specialty tier</b>	Unique and/or very high-cost brand and generic drugs.

## Getting Extra Help

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

## **Are there any rules or limits on my drug coverage?**

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

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

### **Coverage Rules and Limits**

---

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

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

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

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

#### **ST - Step therapy**

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

## Other Special Coverage Rules

---

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

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

### **HRM - High-risk medication**

This drug is known as a high-risk medication (HRM) for 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 <b>OR</b> were a member last year and it's the first 90 days of your plan year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply
have been in the plan for more than 90 days	in a nursing home or long-term care facility and need a supply right away	at least a 31-day emergency supply
are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply

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

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

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

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

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

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

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

---

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 170-209.

### **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](http://www.medicare.gov) or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

**Covered drugs by name (Drug index)**

<b>A</b>	
Abacavir Sulfate..... 91	Actonel..... 155
Abacavir Sulfate-Lamivudine ..... 91	Actoplus Met..... 95
Abacavir-Lamivudine- Zidovudine..... 91	Actos..... 95
Abelcet..... 71	Acular..... 159
Abilify..... 85	Acular LS..... 159
Abilify Maintena..... 84, 85	Acuvail..... 159
Abiraterone Acetate..... 77	Acyclovir..... 89
Absorica..... 119	Acyclovir Sodium..... 89
Abstral..... 45	Aczone..... 119
Acamprosate Calcium..... 49	Adacel..... 152
Acanya..... 119	Adalat CC..... 106
Acarbose..... 95	Adapalene..... 119
Accolate..... 162	Adapalene-Benzoyl Peroxide ..... 119
Accupril..... 104	Adcirca..... 165
Accuretic..... 108	Adderall..... 114
Acebutolol HCl..... 106	Adderall XR..... 114
Acetaminophen-Codeine..... 45	Adefovir Dipivoxil..... 88
Acetazolamide..... 111	Adempas..... 165
Acetazolamide ER..... 111	Adlyxin..... 95
Acetic Acid..... 160	Adlyxin Starter Pack..... 95
Acetylcysteine..... 166	Admelog..... 98
Aciphex..... 129	Admelog SoloStar..... 98
Acitretin..... 119	Advair Diskus..... 166
Actemra..... 152	Advair HFA..... 166
Actemra ACTPen..... 152	Adzenys ER..... 114
Acthar..... 133	Adzenys XR-ODT..... 114
ActHIB..... 152	Afinitor..... 79
Actigall..... 127	Afinitor Disperz..... 79
Actimmune..... 152	Afrezza..... 98
Actiq..... 46	Aggrenox..... 103
Activella..... 141	Agrylin..... 101
	Aimovig..... 75
	AirDuo RespiClick 113/14 ..... 166
	AirDuo RespiClick 232/14 ..... 166
	AirDuo RespiClick 55/14.... 166
	Ajovy..... 75
	Aktipak..... 119
	Ala Scalp..... 133
	Ala-Cort..... 134
	Albendazole..... 81
	Albenza..... 81
	Albuterol Sulfate..... 163, 164
	Albuterol Sulfate ER..... 163
	Albuterol Sulfate HFA..... 163
	Alclometasone Dipropionate ..... 134
	Alcohol Prep Pads..... 156
	Aldactazide..... 108
	Aldactone..... 111
	Aldara..... 119
	Alecensa..... 79
	Alendronate Sodium..... 155
	Alfuzosin HCl ER..... 133
	Alinia..... 81
	Aliskiren Fumarate..... 108
	Allopurinol..... 74
	Allzital..... 40
	Almotriptan Malate..... 75
	Alocril..... 158
	Alogliptin Benzoate..... 95
	Alogliptin-Metformin HCl..... 95
	Alogliptin-Pioglitazone..... 95
	Alomide..... 158
	Alora..... 141

Alosetron HCl.....	128	Amitriptyline HCl.....	70	AndroGel.....	140
Alphagan P.....	158	Amlodipine Besylate.....	106	AndroGel Pump.....	140
Alprazolam.....	93	Amlodipine-Atorvastatin.....	108	Angeliq.....	141
Alprazolam ER.....	93	Amlodipine-Benazepril.....	108	Anoro Ellipta.....	166
Alprazolam Intensol.....	93	Amlodipine-Olmesartan.....	108	Antabuse.....	49
Alprazolam ODT.....	93	Amlodipine-Valsartan.....	108	Antara.....	112
Alrex.....	159	Amlodipine-Valsartan-HCTZ .....	108	Anusol-HC.....	155
Altace.....	104	Ammonium Lactate.....	119	ApexiCon E.....	134
Altavera.....	141	Amnesteem.....	119	Apidra.....	98
Altoprev.....	112	Amoxapine.....	70	Apidra SoloStar.....	98
Altreno.....	119	Amoxicillin.....	56	Aplenzin.....	67
Alunbrig.....	79	Amoxicillin-Clarithromycin- Lansoprazole.....	127	Apokyn.....	82
Alvesco.....	162	Amoxicillin-Potassium Clavulanate.....	56	Apraclonidine HCl.....	158
Alyacen 1/35.....	141	Amoxicillin-Potassium Clavulanate ER.....	56	Aprepitant.....	71
Alyq.....	165	Amphetamine Sulfate.....	114	Apri.....	141
Amabelz.....	141	Amphetamine- Dextroamphetamine.....	115	Apriso.....	154
Amantadine HCl.....	82	Amphetamine- Dextroamphetamine ER....	115	Aptensio XR.....	115
Amaryl.....	95	Amphotericin B.....	72	Aptiom.....	65
Ambien.....	168	Ampicillin.....	56	Aptivus.....	92
Ambien CR.....	168	Ampicillin Sodium.....	56	Aralast NP.....	130
AmBisome.....	72	Ampicillin-Sulbactam Sodium .....	56	Aranelle.....	141
Ambrisentan.....	165	Ampyra.....	117	Aranesp.....	101, 102
Amcinonide.....	134	Amrix.....	167	Arava.....	152
Amerge.....	75	Anadrol-50.....	140	Arcalyst.....	152
Amethia.....	141	Anafranil.....	70	Arcapta Neohaler.....	164
Amethia Lo.....	141	Anagrelide HCl.....	101	Aricept.....	66
Amikacin Sulfate.....	50	Anastrozole.....	79	Arikayce.....	50
Amiloride HCl.....	111	Ancobon.....	72	Arimidex.....	79
Amiloride-Hydrochlorothiazide .....	108	Androderm.....	140	Aripiprazole.....	85
Aminosyn II.....	123			Aripiprazole ODT.....	85
Aminosyn-PF.....	123			Aristada.....	85
Amiodarone HCl.....	105			Aristada Initio.....	85
Amitiza.....	128			Arixtra.....	100

Arnuita Ellipta.....	162	AVC Vaginal.....	72	Balversa.....	79	
Aromasin.....	79	Aveed.....	140	Balziva.....	141	
Arthrotec.....	40	Avelox.....	59	Banzel.....	65	
Asacol HD.....	154	Aviane.....	141	Baraclude.....	88, 89	
Ascomp-Codeine.....	46	Avita.....	119	Basaglar KwikPen.....	98	
Ashlyna.....	141	Avodart.....	133	Baxdela.....	59	
Asmanex.....	162	Avonex.....	117	BCG Vaccine.....	152	
Asmanex HFA.....	162	Avonex Pen.....	117	Beconase AQ.....	162	
Aspirin-Dipyridamole ER.....	103	Avonex Prefilled.....	117	Belbuca.....	42	
Astagraf XL.....	148	Avycaz.....	53	Belsomra.....	169	
Astepro.....	161	Aygestin.....	146	Benazepril HCl.....	104	
Atacand.....	104	Azactam.....	55	Benazepril-Hydrochlorothiazide .....	109	
Atacand HCT.....	109	Azasan.....	149	Benicar.....	104	
Atazanavir Sulfate.....	92	Azasite.....	57	Benicar HCT.....	109	
Atelvia.....	155	Azathioprine.....	149	Benlysta.....	152	
Atenolol.....	106	Azelaic Acid.....	119	BenzaClin with Pump.....	119	
Atenolol-Chlorthalidone.....	109	Azelastine HCl.....	158, 161	Benzamycin.....	119	
Ativan.....	93	Azelex.....	119	Benznidazole.....	81	
Atomoxetine HCl.....	115	Azilect.....	84	Benzoyl Peroxide-Erythromycin .....	119	
Atorvastatin Calcium.....	112	Azithromycin.....	58	Benzotropine Mesylate.....	82	
Atovaquone.....	81	Azopt.....	158	Bepreve.....	158	
Atovaquone-Proguanil HCl....	81	Azor.....	109	Berinert.....	148	
Atralin.....	119	Aztreonam.....	55	Beser.....	134	
Atripia.....	90	Azulfidine.....	155	Besivance.....	59	
Atropine Sulfate.....	156	Azulfidine EN-tabs.....	155	Betamethasone Dipropionate .....	134	
Atrovent HFA.....	163	<b>B</b>			Betamethasone Dipropionate Aug.....	134
Aubagio.....	117	Bacitracin.....	51	Betamethasone Valerate.....	134	
Aubra.....	141	Bacitracin-Polymyxin B.....	156	Betapace AF.....	105	
Augmentin.....	56	Baclofen.....	168	Betaseron.....	117	
Auryxia.....	126	Bactocill in Dextrose.....	56	Betaxolol HCl.....	106, 158	
Austedo.....	116	Bactrim.....	60	Bethanechol Chloride.....	133	
Avalide.....	109	Bactrim DS.....	60			
Avandia.....	95	Bactroban.....	51			
Avapro.....	104	Balsalazide Disodium.....	154			

Bethkis.....	165	Briellyn.....	141	Bydureon.....	95
Betimol.....	158	Brilinta.....	103	Bydureon BCise.....	95
Betoptic-S.....	158	Brimonidine Tartrate.....	158	Byetta 10MCG Pen.....	95
Bevespi Aerosphere.....	166	Brisdelle.....	68	Byetta 5MCG Pen.....	95
Bevyxxa.....	100	BRIVIACT.....	62	Bystolic.....	106
Bexarotene.....	81	Bromfenac Sodium.....	159	<b>C</b>	
Bexsero.....	152	Bromocriptine Mesylate.....	82	Cabergoline.....	147
Beyaz.....	141	BromSite.....	159	Cablivi.....	103
Bicalutamide.....	77	Brovana.....	164	Cabometyx.....	79
Bicillin C-R.....	57	Bryhali.....	134	Caduet.....	109
Bicillin C-R 900/300.....	57	Budesonide.....	155, 162	Cafergot.....	74
Bicillin L-A.....	57	Budesonide ER.....	155	Calan.....	106
BiDil.....	109	Bumetanide.....	111	Calan SR.....	107
Bijuva.....	141	Bunavail.....	49	Calcipotriene.....	119
Biktarvy.....	91	Bupap.....	40	Calcipotriene-Betamethasone .....	119
Biltricide.....	81	Buphenyl.....	130	Calcitonin Salmon.....	155
Bimatoprost.....	160	Buprenorphine.....	42	Calcitriol.....	119, 155
Binosto.....	155	Buprenorphine HCl.....	49	Calcium Acetate.....	126
Bisoprolol Fumarate.....	106	Buprenorphine HCl-Naloxone HCl.....	49	Calquence.....	79
Bisoprolol-Hydrochlorothiazide .....	109	Bupropion HCl.....	67	Cambia.....	40
BIVIGAM.....	151	Bupropion HCl ER.....	67	Camila.....	146
Bleph-10.....	60	Bupropion HCl SR.....	50, 67	Camrese Lo.....	141
Blephamide.....	157	Bupropion HCl XL.....	67	Canasa.....	154
Blephamide S.O.P.....	157	Buspiron HCl.....	93	Cancidas.....	72
Blisovi 24 Fe.....	141	Butalbital-Acetaminophen.....	40	Candesartan Cilexetil.....	104
Blisovi Fe 1.5/30.....	141	Butalbital-Acetaminophen- Caffeine.....	40	Candesartan Cilexetil-HCTZ .....	109
Boniva.....	155	Butalbital-Acetaminophen- Caffeine-Codeine.....	46	Capex.....	134
Bonjesta.....	70	Butalbital-Aspirin-Caffeine.....	40	Caprelsa.....	79
Boostrix.....	152	Butalbital-Aspirin-Caffeine- Codeine.....	46	Captopril.....	104
Bosentan.....	165	Butorphanol Tartrate.....	46	Captopril-Hydrochlorothiazide .....	109
Bosulif.....	79	Butrans.....	42	Carac.....	119
Braftovi.....	79			Carafate.....	129
Breo Ellipta.....	166				



Carbaglu.....	123	Cefaclor ER.....	53	Chloroquine Phosphate.....	81
Carbamazepine.....	65	Cefadroxil.....	54	Chlorothiazide.....	111
Carbamazepine ER.....	65	Cefazolin Sodium.....	54	Chlorpromazine HCl.....	84
Carbatrol.....	66	Cefdinir.....	54	Chlorthalidone.....	111
Carbidopa.....	83	Cefepime HCl.....	54	Chlorzoxazone.....	168
Carbidopa-Levodopa.....	83	Cefixime.....	54	Cholbam.....	130
Carbidopa-Levodopa ER.....	83	Cefotetan Disodium.....	54	Cholestyramine.....	113
Carbidopa-Levodopa ODT.....	83	Cefoxitin Sodium.....	54	Cholestyramine Light.....	113
Carbidopa-Levodopa- Entacapone.....	83	Cefpodoxime Proxetil.....	54	Cialis.....	133
Carbinoxamine Maleate.....	161	Cefprozil.....	54	Ciclopirox.....	72
Cardizem.....	107	Ceftazidime.....	54	Ciclopirox Olamine.....	72
Cardizem CD.....	107	Ceftriaxone Sodium.....	54	Cilostazol.....	103
Cardizem LA.....	107	Cefuroxime Axetil.....	54	Ciloxan.....	59
Cardura.....	104	Cefuroxime Sodium.....	54	Cimduo.....	91
Cardura XL.....	133	Celebrex.....	40	Cimetidine.....	128
Carisoprodol.....	168	Celecoxib.....	40	Cimetidine HCl.....	128
Carisoprodol-Aspirin.....	168	Celexa.....	68	Cimzia.....	149
Carisoprodol-Aspirin-Codeine .....	46	Cellcept.....	149	Cimzia Prefilled.....	149
Carnitor.....	123	Celontin.....	62	Cinacalcet HCl.....	156
CaroSpir.....	111	Cephalexin.....	55	Cinryze.....	148
Carteolol HCl.....	158	Cerdelga.....	130	Cipro.....	59
Cartia XT.....	107	Cesamet.....	71	Cipro HC.....	160
Carvedilol.....	106	Cetirizine HCl.....	161	Ciprodex.....	160
Carvedilol Phosphate ER.....	106	Cetralax.....	160	Ciprofloxacin.....	59
Casodex.....	77	Cevimeline HCl.....	118	Ciprofloxacin HCl.....	59, 160
Caspofungin Acetate.....	72	Chantix.....	50	Ciprofloxacin in D5W.....	59
Catapres.....	103	Chantix Continuing Month Pak .....	50	Citalopram Hydrobromide.....	68
Catapres-TTS-1.....	104	Chantix Starting Month Pak...50		Claravis.....	119
Catapres-TTS-2.....	104	Chemet.....	126	Clarinex.....	161
Catapres-TTS-3.....	104	Chenodal.....	127	Clarinex-D 12 Hour.....	167
Cayston.....	165	Chlordiazepoxide HCl.....	93	Clarithromycin.....	58
Caziant.....	141	Chlordiazepoxide-Amitriptyline .....	67	Clarithromycin ER.....	58
Cefaclor.....	53, 54	Chlorhexidine Gluconate.....	118	Clemastine Fumarate.....	161



Cleocin.....	51	Clonidine HCl ER.....	115	Cordran.....	135
Cleocin in D5W.....	51	Clopidogrel Bisulfate.....	103	Coreg.....	106
Cleocin Phosphate.....	51	Clorazepate Dipotassium.....	93	Coreg CR.....	106
Cleocin-T.....	119	Clotrimazole.....	72	Corgard.....	106
Climara.....	141	Clotrimazole-Betamethasone		Corlanor.....	109
Climara Pro.....	141	.....	120	Cortef.....	135
Clindacin-P.....	120	Clozapine.....	88	Cortisone Acetate.....	135
Clindagel.....	120	Clozapine ODT.....	88	Cortisporin.....	120
Clindamycin HCl.....	51	Clozaril.....	88	Cosentyx.....	120
Clindamycin Palmitate HCl....	51	Coartem.....	81	Cosentyx Sensoready.....	120
Clindamycin Phosphate.....	51,	Codeine Sulfate.....	46	Cosopt.....	158
120		Colazal.....	154	Cosopt PF.....	158
Clindamycin Phosphate in D5W		Colchicine.....	74	Cotellic.....	79
.....	51	Colcrys.....	74	Cotempla XR-ODT.....	115
Clindamycin Phosphate-		Colesevelam HCl.....	113	Coumadin.....	100
Benzoyl Peroxide.....	120	Colestid.....	113	Cozaar.....	104
Clindamycin-Tretinoin.....	120	Colestipol HCl.....	113	Creon.....	130
Clindesse.....	51	Colistimethate Sodium.....	51	Cresemba.....	72
Clinimix E/Dextrose.....	123	Colocort.....	155	Crestor.....	112
Clinimix/Dextrose.....	123	Colyte with Flavor Packs.....	128	Crinone.....	146
Clinisol SF.....	123	Combigan.....	158	Crixivan.....	92
Clobazam.....	62	CombiPatch.....	141	Cromolyn Sodium.....	127, 158,
Clobetasol Propionate.....	134,	Combivent Respimat.....	167	165	
135		Combivir.....	91	Cryselle-28.....	141
Clobetasol Propionate		Cometriq.....	79	Cubicin.....	51
Emollient Base.....	134	Complera.....	90	Cuprimine.....	133
Clobetasol Propionate		Compro.....	70	Cutivate.....	135
Emulsion.....	134	Comtan.....	82	Cuvposa.....	127
Clobex.....	135	Concerta.....	115	Cyclafem 1/35.....	141
Clobex Spray.....	135	Condylox.....	120	Cyclafem 7/7/7.....	141
Clodan.....	135	Constulose.....	128	Cyclobenzaprine HCl.....	168
Clomipramine HCl.....	70	ConZip.....	42	Cyclobenzaprine HCl ER.....	168
Clonazepam.....	93	Copaxone.....	117	Cyclophosphamide.....	77
Clonazepam ODT.....	93	Copiktra.....	78	Cycloset.....	95
Clonidine.....	104				
Clonidine HCl.....	104				

Cyclosporine.....	149	Delzicol.....	154	Dexamethasone Sodium Phosphate.....	159
Cyclosporine Modified.....	149	Demeclocycline HCl.....	60	Dexchlorpheniramine Maleate .....	161
Cymbalta.....	117	Demerol.....	46	Dexedrine.....	115
Cyproheptadine HCl.....	161	Demser.....	109	Dexilant.....	129
Cyred.....	141	Denavir.....	90	Dexmethylphenidate HCl.....	115
Cystadane.....	131	Depakene.....	62	Dexmethylphenidate HCl ER .....	115
Cystagon.....	131	Depakote.....	94	DexPak 13 Day.....	135
Cystaran.....	157	Depakote ER.....	94	Dextroamphetamine Sulfate .....	115
Cytomel.....	146	Depakote Sprinkles.....	94	Dextroamphetamine Sulfate ER .....	115
Cytotec.....	129	Depen Titratabs.....	133	Dextrose.....	123
<b>D</b>					
Daklinza.....	89	Depo-Estradiol.....	141	Dextrose-NaCl.....	123, 124
Dalfampridine ER.....	117	Depo-Provera.....	146	Diastat AcuDial.....	63
Daliresp.....	165	Depo-SubQ Provera 104.....	146	Diastat Pediatric.....	63
Dalvance.....	52	Depo-Testosterone.....	140	Diazepam.....	93, 94
Danazol.....	140	Descovy.....	91	Diazepam Intensol.....	93
Dantrium.....	168	Desipramine HCl.....	70	Dibenzylamine.....	104
Dantrolene Sodium.....	168	Desloratadine.....	161	Diclegis.....	70
Dapsone.....	77, 120	Desloratadine ODT.....	161	Diclofenac Epolamine.....	40
Daptacel.....	152	Desmopressin Acetate.....	139	Diclofenac Potassium.....	41
Daptomycin.....	52	Desmopressin Acetate Spray .....	139	Diclofenac Sodium.....	41, 120, 159
DARAPRIM.....	81	Desogestrel-Ethinyl Estradiol .....	141	Diclofenac Sodium ER.....	41
Darifenacin Hydrobromide ER .....	132	Desonate.....	135	Diclofenac-Misoprostol.....	41
Daurismo.....	79	Desonide.....	135	Dicloxacillin Sodium.....	57
Daypro.....	40	DesOwen.....	135	Dicyclomine HCl.....	127
Daytrana.....	115	Desoximetasone.....	135	Didanosine.....	91
DDAVP.....	139	Desoxyn.....	115	Differin.....	120
DDAVP Rhinal Tube.....	139	Desvenlafaxine ER.....	68	Difacid.....	58
Deblitane.....	146	Desvenlafaxine Succinate ER .....	68	Diflorasone Diacetate.....	135
Deferasirox.....	126	Detrol.....	132	Diflucan.....	72
Delestrogen.....	141	Detrol LA.....	132	Diflunisal.....	41
Delstrigo.....	90	Dexamethasone.....	135		
Delyla.....	141	Dexamethasone Intensol.....	135		

Digitek.....	109	Doryx MPC.....	60	Duragesic-50.....	43
Digox.....	109	Dorzolamide HCl.....	158	Duragesic-75.....	43
Digoxin.....	109	Dorzolamide HCl-Timolol Maleate.....	158	Duramorph.....	46
Dihydroergotamine Mesylate .....	75	Dorzolamide HCl-Timolol Maleate Preservative Free .....	158	Durezol.....	159
Dilantin.....	66	Dotti.....	141	Dutasteride.....	133
Dilantin INFATABS.....	66	Dovato.....	90	Dutasteride-Tamsulosin HCl .....	133
Dilaudid.....	46	Dovonex.....	120	DUTOPROL.....	109
Dilt-XR.....	107	Doxazosin Mesylate.....	104	Dvorah.....	46
Diltiazem HCl.....	107	Doxepin HCl.....	70, 120	Dyanavel XR.....	115
Diltiazem HCl ER.....	107	Doxercalciferol.....	156	Dyazide.....	109
Diltiazem HCl ER Beads.....	107	Doxy 100.....	60	Dymista.....	167
Diltiazem HCl ER Coated Beads.....	107	Doxycycline Hyclate.....	60, 61	Dyrenium.....	111
Diovan.....	104	Doxycycline Monohydrate.....	61	<b>E</b>	
Diovan HCT.....	109	Doxylamine-Pyridoxine.....	70	E.E.S. 400.....	58
Dipentum.....	154	Dronabinol.....	71	E.E.S. Granules.....	58
Diphenoxylate-Atropine.....	127	Drospirenone-Ethinyl Estradiol .....	141	Econazole Nitrate.....	72
Diphtheria-Tetanus Toxoids DT .....	153	Drospirenone-Ethinyl Estradiol- Levomefolate.....	142	Edarbi.....	104
Diprolene.....	135	Droxia.....	78	Edarbyclor.....	109
Dipyridamole.....	103	Duac.....	120	Edecrin.....	111
Disopyramide Phosphate....	105	Duavee.....	142	Edluar.....	168
Disulfiram.....	49	Duetact.....	95	Edurant.....	90
Ditropan XL.....	132	Duexis.....	41	Efavirenz.....	90
Diuril.....	111	Dulera.....	167	Effexor XR.....	68
Divalproex Sodium.....	94	Duloxetine HCl.....	117	Effient.....	103
Divalproex Sodium ER.....	94	Duobrii.....	120	Efudex.....	121
Divigel.....	141	Duopa.....	83	Egrifta.....	147
Dofetilide.....	105	Dupixent.....	120, 149	Elestrin.....	142
Dolophine.....	43	Duragesic-100.....	43	Eletriptan Hydrobromide.....	75
Donepezil HCl.....	66	Duragesic-12.....	43	Elidel.....	121
Donepezil HCl ODT.....	66	Duragesic-25.....	43	Eligard.....	147
Doptelet.....	102			Elimite.....	82
Doryx.....	60			Eliquis.....	100
				Eliquis Starter Pack.....	100

Elmiron.....	133	Epiduo Forte.....	121	Escitalopram Oxalate.....	68
Elocon.....	135	Epinastine HCl.....	158	Esgic.....	40
Embeda.....	43	Epinephrine.....	164	Esomeprazole Magnesium .....	129
Emcyt.....	78	EpiPen 2-Pak.....	164	Esomeprazole Strontium.....	129
Emend.....	71	EpiPen Jr 2-Pak.....	164	Estarylla.....	142
Emend Tri-Pack.....	71	Epitol.....	66	Estazolam.....	94
Emflaza.....	135	Epivir.....	91	Estrace.....	142
Emgality.....	75	Epivir HBV.....	89	Estradiol.....	142
Emoquette.....	142	Eplerenone.....	111	Estradiol Valerate.....	142
Emsam.....	68	Epogen.....	102	Estradiol-Norethindrone Acetate.....	142
Emtriva.....	91	Eprosartan Mesylate.....	104	Estring.....	142
Emverm.....	81	Epzicom.....	91	Eszopiclone.....	168
Enablex.....	132	Equetro.....	94	Ethacrynic Acid.....	111
Enalapril Maleate.....	104	Eraxis.....	72	Ethambutol HCl.....	77
Enalapril-Hydrochlorothiazide .....	109	Ergoloid Mesylates.....	156	Ethosuximide.....	62
Enbrel.....	149	Ergotamine-Caffeine.....	75	Ethynodiol Diacetate-Ethinyl Estradiol.....	142
Enbrel SureClick.....	149	Erivedge.....	79	Etodolac.....	41
Endari.....	124	Erleada.....	77	Etodolac ER.....	41
Endocet.....	46	Erlotinib HCl.....	79	Eucrisa.....	121
Engerix-B.....	153	Errin.....	146	Eurax.....	82
Enoxaparin Sodium.....	100	Ertaczo.....	72	Evamist.....	142
Enpresse-28.....	142	Ertapenem Sodium.....	55	Evekeo.....	115
Enskyce.....	142	Ery.....	121	Evista.....	146
Enstilar.....	121	Ery-Tab.....	58	Evoclin.....	121
Entacapone.....	82	Erygel.....	121	Evotaz.....	92
Entecavir.....	89	EryPed 200.....	58	Evoxac.....	118
Entocort EC.....	155	EryPed 400.....	58	Evzio.....	50
Entresto.....	109	Erythrocin Lactobionate.....	58	Exelderm.....	72
Enulose.....	128	Erythrocin Stearate.....	58	Exelon.....	66
Envarsus XR.....	149	Erythromycin.....	58, 121	Exemestane.....	79
Epclusa.....	89	Erythromycin Base.....	58	Exforge.....	109
Epidiolex.....	62	Erythromycin Ethylsuccinate .....	58	Exforge HCT.....	109
Epiduo.....	121	Esbriet.....	166		

Exjade.....	126	Fentora.....	46	Flumadine.....	93
Extavia.....	117	Ferriprox.....	126	Flunisolide.....	162
Extina.....	72	Fetzima.....	68	Fluocinolone Acetonide.....	136, 161
Ezallor Sprinkle.....	112	Fetzima Titration.....	69	Fluocinolone Acetonide Scalp .....	136
Ezetimibe.....	113	Fexmid.....	168	Fluocinonide.....	136
Ezetimibe-Simvastatin.....	113	Fiasp.....	98	Fluocinonide Emulsified Base .....	136
<b>F</b>					
Fabior.....	121	Fiasp FlexTouch.....	98	Fluorometholone.....	159
Falmina.....	142	Fibracor.....	112	Fluorouracil.....	121
Famciclovir.....	90	Finacea.....	121	Fluoxetine HCl.....	69
Famotidine.....	128	Finasteride.....	133	Fluphenazine Decanoate.....	84
Fanapt.....	85	Fioricet.....	40	Fluphenazine HCl.....	84
Fanapt Titration Pack.....	85	Fioricet/Codeine.....	46	Flurandrenolide.....	136
Fareston.....	78	Fiorinal.....	40	Flurazepam HCl.....	168
Farxiga.....	95	Fiorinal/Codeine #3.....	46	Flurbiprofen.....	41
Farydak.....	79	Firazyr.....	148	Flurbiprofen Sodium.....	159
Fasenra.....	167	Firdapse.....	156	Flutamide.....	77
Fayosim.....	142	Firmagon.....	147	Fluticasone Propionate.....	136, 162
FazaClo.....	88	Firvanq.....	52	Fluticasone-Salmeterol.....	167
Felbamate.....	63	Flac.....	160	Fluvastatin Sodium.....	112
Felbatol.....	63	Flagyl.....	52	Fluvastatin Sodium ER.....	112
Feldene.....	41	Flarex.....	159	Fluvoxamine Maleate.....	69
Felodipine ER.....	107	Flavoxate HCl.....	132	Fluvoxamine Maleate ER.....	69
Femara.....	79	Flebogamma DIF.....	151	FML.....	159
Femhrt Low Dose.....	142	Flecainide Acetate.....	105	FML Forte.....	159
Femring.....	142	Flector.....	41	FML Liquifilm.....	159
Femynor.....	142	FloLipid.....	112	Focalin.....	115
Fenofibrate.....	112	Flomax.....	133	Focalin XR.....	115
Fenofibrate Micronized.....	112	Flovent Diskus.....	162	Fondaparinux Sodium.....	100
Fenofibric Acid.....	112	Flovent HFA.....	162	Forfivo XL.....	68
Fenoglide.....	112	Flovent HFA.....	162	Fortamet.....	95
Fenoprofen Calcium.....	41	Fluconazole.....	73	Forteo.....	156
Fentanyl.....	43	Fluconazole in Sodium Chloride.....	72		
Fentanyl Citrate.....	46	Flucytosine.....	73		
		Fludrocortisone Acetate.....	135		

Fortesta.....	140	Gauze.....	156	Glucotrol XL.....	95
Fosamax.....	156	GaviLyte-C.....	128	Glumetza.....	95
Fosamax Plus D.....	156	GaviLyte-G.....	128	Glyburide.....	95
Fosamprenavir Calcium.....	92	GaviLyte-N with Flavor Pack .....	128	Glyburide Micronized.....	95
Fosinopril Sodium.....	104	Gelnique Pump.....	132	Glyburide-Metformin.....	95
Fosinopril Sodium-HCTZ.....	109	Gemfibrozil.....	112	Glycopyrrolate.....	127
Fosrenol.....	126	Generess Fe.....	142	Glynase.....	95
Fragmin.....	100	Generlac.....	129	Glyset.....	96
FreAmine HBC.....	124	Gengraf.....	149	Glyxambi.....	96
Frova.....	75	Genotropin.....	139	Gocovri.....	82
Frovatriptan Succinate.....	75	Genotropin MiniQuick.....	139	GoLYTELY.....	129
Fulphila.....	102	Gentak.....	50	GoNitro.....	114
Furadantin.....	52	Gentamicin Sulfate.....	50	Gralise.....	116
Furosemide.....	111	Gentamicin Sulfate-0.9% Sodium Chloride.....	50	Gralise Starter.....	116
Fuzeon.....	92	Genvoya.....	90	Granisetron HCl.....	71
Fyavolv.....	142	Geodon.....	85	Granix.....	102
Fycompa.....	63	Gianvi.....	142	Griseofulvin Microsize.....	73
<b>G</b>					
Gabapentin.....	63	Gilenya.....	117	Griseofulvin Ultramicrosize....	73
Gabitril.....	63	Gilotrif.....	79	Guanfacine HCl.....	104
Galafold.....	131	Glassia.....	131	Guanfacine HCl ER.....	115
Galantamine Hydrobromide .....	67	Glatiramer Acetate.....	117	Guanidine HCl.....	76
Galantamine Hydrobromide ER .....	67	Glatopa.....	117	Gynazole-1.....	73
Gammagard.....	151	Gleevec.....	79	<b>H</b>	
Gammagard S/D Less IgA .....	151	Gleostine.....	77	Haegarda.....	148
Gammaked.....	151	Glimepiride.....	95	Hailey 24 Fe.....	142
Gammaplex.....	151	Glipizide.....	95	Halcion.....	94
Gamunex-C.....	151	Glipizide ER.....	95	Haldol.....	84
Gardasil 9.....	153	Glipizide-Metformin HCl.....	95	Haldol Decanoate.....	84
Gastrocrom.....	127	GlucaGen HypoKit.....	97	Halobetasol Propionate.....	136
Gatifloxacin.....	59	Glucagon Emergency.....	97	Halog.....	136
Gattex.....	127	Glucophage.....	95	Haloperidol.....	84
		Glucophage XR.....	95	Haloperidol Decanoate.....	84
		Glucotrol.....	95	Haloperidol Lactate.....	84
				Harvoni.....	89

Havrix.....	153	Hydrochlorothiazide.....	111	Imipramine Pamoate.....	70
Heparin Sodium.....	101	Hydrocodone-Acetaminophen		Imiquimod.....	121
HepatAmine.....	124	.....	46	Imiquimod Pump.....	121
Hepsera.....	89	Hydrocodone-Ibuprofen.....	47	Imitrex.....	75
Hetlioz.....	169	Hydrocortisone.....	136, 155	Imitrex STATdose Refill.....	75
Hiberix.....	153	Hydrocortisone Acetate-		Imitrex STATdose System.....	75
Hiprex.....	52	Pramoxine.....	155	Imovax Rabies.....	153
Horizant.....	116	Hydrocortisone Butyrate.....	136	Impoyz.....	137
Humalog.....	98	Hydrocortisone Valerate.....	137	Imuran.....	149
Humalog Junior KwikPen.....	98	Hydrocortisone-Acetic Acid		Imvexxy Maintenance Pack	
Humalog KwikPen.....	98	.....	161	.....	142
Humalog Mix 50/50.....	98	Hydromorphone HCl.....	47	Imvexxy Starter Pack.....	142
Humalog Mix 50/50 KwikPen		Hydromorphone HCl ER.....	43	Inbrija.....	82
.....	98	Hydromorphone HCl		Incassia.....	146
Humalog Mix 75/25.....	98	Preservative Free.....	47	Increlex.....	139
Humalog Mix 75/25 KwikPen		Hydroxychloroquine Sulfate		Incruse Ellipta.....	163
.....	98	.....	81	Indapamide.....	111
Humatrope.....	139	Hydroxyurea.....	78	Inderal LA.....	106
Humira.....	149	Hydroxyzine HCl.....	93	Indocin.....	41
Humira Pediatric Crohns Start		Hydroxyzine Pamoate.....	70	Indomethacin.....	41
.....	149	Hysingla ER.....	43	Indomethacin ER.....	41
Humira Pen.....	149	Hyzaar.....	109	Infanrix.....	153
Humira Pen Crohns Disease				Ingrezza.....	116
Starter.....	149	Ibandronate Sodium.....	156	Inlyta.....	80
Humira Pen Psoriasis Starter		Ibrance.....	79	InnoPran XL.....	106
.....	149	Ibu.....	41	Inspra.....	111
Humulin 70/30.....	98	Ibuprofen.....	41	Insulin Lispro.....	99
Humulin 70/30 KwikPen.....	98	Iclusig.....	79	Insulin Syringes, Needles....	156
Humulin N.....	99	IDHIFA.....	80	Intelence.....	90
Humulin N KwikPen.....	99	Ilevro.....	159	Intermezzo.....	168
Humulin R.....	99	Ilumya.....	121	Intralipid.....	124
Humulin R U-500.....	99	Imatinib Mesylate.....	80	Intrarosa.....	140
Humulin R U-500 KwikPen.....	99	Imbruvica.....	80	Intron A.....	89
Hydralazine HCl.....	114	Imipenem-Cilastatin.....	55	Introvale.....	142
Hydrea.....	78	Imipramine HCl.....	70		



Intuniv.....	115	Itraconazole.....	73	Kapvay.....	116	
Invanz.....	55	Ivermectin.....	81	Kariva.....	143	
Invega.....	85	Ixiaro.....	153	Kazano.....	96	
Invega Sustenna.....	85	<b>J</b>			KCl in Dextrose-NaCl.....	124
Invega Trinza.....	86	Jadenu.....	126	KCl-Lactated Ringers-D5W	124	
Inveltys.....	160	Jadenu Sprinkle.....	126	Kelnor 1/35.....	143	
Invirase.....	92	Jakafi.....	80	Kelnor 1/50.....	143	
Invokamet.....	96	Jalyn.....	133	Kenalog.....	137	
Invokamet XR.....	96	Jantoven.....	101	Keppra.....	62	
Invokana.....	96	Janumet.....	96	Keppra XR.....	62	
Ionosol-MB in D5W.....	124	Janumet XR.....	96	Kerydin.....	73	
Iopidine.....	158	Januvia.....	96	Ketoconazole.....	73	
IPOL.....	153	Jardiance.....	96	Ketoprofen.....	41	
Ipratropium Bromide.....	163	Jasmiel.....	142	Ketoprofen ER.....	41	
Ipratropium-Albuterol.....	167	Jentadueto.....	96	Ketorolac Tromethamine.....	41, 160	
Irbesartan.....	104	Jentadueto XR.....	96	Keveyis.....	111	
Irbesartan-Hydrochlorothiazide	109	Jinteli.....	142	Kevzara.....	152	
.....	109	Jolivette.....	146	Khedezla.....	69	
Iressa.....	80	Jublia.....	73	Kineret.....	150	
Isentress.....	90	Juleber.....	142	Kinrix.....	153	
Isentress HD.....	90	Juluca.....	90	Kionex.....	126	
Isibloom.....	142	Junel 1.5/30.....	142	Kisqali.....	78	
Isolyte-P in D5W.....	124	Junel 1/20.....	142	Kisqali Femara.....	78	
Isolyte-S.....	124	Junel Fe 1.5/30.....	142	Klaron.....	121	
Isoniazid.....	77	Junel Fe 1/20.....	142	Klonopin.....	94	
Isopto Carpine.....	158	Junel Fe 24.....	143	Klor-Con.....	124	
Isordil Titradose.....	114	Juxtapid.....	113	Klor-Con 10.....	124	
Isosorbide Dinitrate.....	114	Jynarque.....	126	Klor-Con 8.....	124	
Isosorbide Dinitrate ER.....	114	<b>K</b>			Klor-Con M10.....	124
Isosorbide Mononitrate.....	114	K-Tab.....	124	Klor-Con M15.....	124	
Isosorbide Mononitrate ER	114	Kadian.....	43	Klor-Con M20.....	124	
.....	114	Kaitlib Fe.....	143	Klor-Con Sprinkle.....	124	
Isotretinoin.....	121	Kaletra.....	92	Kombiglyze XR.....	96	
Isradipine.....	107	Kalydeco.....	167			
Istalol.....	158					



Korlym.....	140	Lasix.....	111	Levocetirizine Dihydrochloride .....	161
Krintafel.....	81	Lastacaft.....	157	Levofloxacin.....	59
Kristalose.....	129	Latanoprost.....	160	Levofloxacin in D5W.....	59
Kurvelo.....	143	Latuda.....	86	Levonest.....	143
Kuvan.....	131	Layolis Fe.....	143	Levonorgestrel-Ethinyl Estradiol .....	143
<b>L</b>					
Labetalol HCl.....	106	Ledipasvir-Sofosbuvir.....	89	Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol.....	143
Lacrisert.....	157	Leena.....	143	Levonorgestrel-Ethinyl Estradiol 91-Day.....	143
Lactulose.....	129	Leflunomide.....	152	Levora 0.15/30.....	143
Lamictal.....	63, 64	Lenvima 10MG Daily Dose....	80	Levorphanol Tartrate.....	44
Lamictal ODT.....	63	Lenvima 12MG Daily Dose....	80	Levothyroxine Sodium.....	146
Lamictal Starter.....	64	Lenvima 14MG Daily Dose....	80	Levoxyl.....	146
Lamictal XR.....	64	Lenvima 18MG Daily Dose....	80	Lexapro.....	69
Lamivudine.....	89, 91	Lenvima 20MG Daily Dose....	80	Lexette.....	137
Lamivudine-Zidovudine.....	91	Lenvima 24MG Daily Dose....	80	Lexiva.....	92
Lamotrigine.....	64	Lenvima 4MG Daily Dose.....	80	Lialda.....	154
Lamotrigine ER.....	64	Lenvima 8MG Daily Dose.....	80	Lidocaine.....	49
Lamotrigine ODT.....	64	Lescol XL.....	112	Lidocaine HCl.....	49
Lamotrigine Starter Kit-Blue .....	64	Lessina.....	143	Lidocaine Viscous.....	49
Lamotrigine Starter Kit-Green .....	64	Letairis.....	165	Lidocaine-Prilocaine.....	49
Lamotrigine Starter Kit-Orange .....	64	Letrozole.....	79	Lidoderm.....	49
Lanoxin.....	109	Leucovorin Calcium.....	78	Lindane.....	82
Lansoprazole.....	129	Leukeran.....	77	Linezolid.....	52
Lansoprazole ODT.....	129	Leukine.....	102	Linzess.....	128
Lanthanum Carbonate.....	126	Leuprolide Acetate.....	147	Liothyronine Sodium.....	146
Lantus.....	99	Levalbuterol HCl.....	164	Lipitor.....	112
Lantus SoloStar.....	99	Levalbuterol Tartrate.....	164	Lipofen.....	112
LARIN 1.5/30.....	143	Levemir.....	99	Lisinopril.....	105
LARIN 1/20.....	143	Levemir FlexTouch.....	99	Lisinopril-Hydrochlorothiazide .....	109
LARIN Fe 1.5/30.....	143	Levetiracetam.....	62	Lithium.....	94
LARIN Fe 1/20.....	143	Levetiracetam ER.....	62	Lithium Carbonate.....	94
Larissia.....	143	Levo-T.....	146		
		Levobunolol HCl.....	159		
		Levocarnitine.....	124		

Lithium Carbonate ER.....	94	Lotemax.....	160	Malathion.....	82
Lithobid.....	94	Lotemax SM.....	160	Maprotiline HCl.....	69
Lithostat.....	133	Lotensin.....	105	Marinol.....	71
Livalo.....	112	Loteprednol Etabonate.....	160	Marlissa.....	143
Lo Loestrin Fe.....	143	Lotrel.....	110	Marplan.....	68
Locoid.....	137	Lotrisone.....	121	Matulane.....	77
Locoid Lipocream.....	137	Lotronex.....	128	Matzim LA.....	107
Lodine.....	41	Lovastatin.....	112	Mavenclad.....	117, 118
Lodosyn.....	83	Lovaza.....	113	Mavyret.....	89
Loestrin 1.5/30.....	143	Lovenox.....	101	Maxalt.....	75
Loestrin 1/20.....	143	Low-Ogestrel.....	143	Maxalt-MLT.....	75
Loestrin Fe 1.5/30.....	143	Loxapine Succinate.....	84	Maxidex.....	160
Loestrin Fe 1/20.....	143	Lucemyra.....	156	Maxipime.....	55
Lokelma.....	126	Luliconazole.....	73	Maxitrol.....	157
Lomotil.....	127	Lumigan.....	160	Maxzide.....	110
Lonhala Magnair Refill Kit....	163	Lunesta.....	168	Maxzide-25.....	110
Lonsurf.....	78	Lupaneta Pack.....	147	Mayzent.....	118
Loperamide HCl.....	127	Lupron Depot.....	147	Meclizine HCl.....	70
Lopid.....	112	Lutera.....	143	Meclofenamate Sodium.....	41
Lopinavir-Ritonavir.....	92	Luxiq.....	137	Medrol.....	137
Lopreeza.....	143	Luzu.....	73	Medroxyprogesterone Acetate .....	146
Lopressor.....	106	Lynparza.....	80	Mefenamic Acid.....	41
Lopressor HCT.....	110	Lyrica.....	117	Mefloquine HCl.....	81
Loprox.....	73	Lyrica CR.....	117	Megestrol Acetate.....	146
Lorazepam.....	94	Lysodren.....	147	Mekinist.....	80
Lorbrena.....	78	Lysteda.....	103	Mektovi.....	80
Lorcet.....	47	Lyza.....	146	Melodetta 24 Fe.....	143
Lorcet HD.....	47			Meloxicam.....	41
Lorcet Plus.....	47			Memantine HCl.....	67
Loryna.....	143			Memantine HCl ER.....	67
Lorzone.....	168			Memantine HCl Titration Pak .....	67
Losartan Potassium.....	104			Menactra.....	153
Losartan Potassium-HCTZ...	110			Menest.....	143
LoSeasonique.....	143				

**M**

M-M-R II.....	153
Macrobid.....	52
Macrodantin.....	52
Mafenide Acetate.....	52
Magnesium Sulfate.....	124
Malarone.....	81

Menostar.....	143	Methylphenidate HCl.....	116	Miglustat.....	131
Mentax.....	73	Methylphenidate HCl CD.....	116	Migranal.....	75
Menveo.....	153	Methylphenidate HCl ER.....	116	Mili.....	144
Meperidine HCl.....	47	Methylphenidate HCl ER Osmotic Release.....	116	Millipred.....	137
Meprobamate.....	93	Methylphenidate HCl LA.....	116	Mimvey.....	144
Mepron.....	81	Methylprednisolone.....	137	Mimvey Lo.....	144
Mercaptopurine.....	78	Methyltestosterone.....	140	Minastrin 24 Fe.....	144
Meropenem.....	55	Metoclopramide HCl.....	71	Minipress.....	104
Merrem.....	55	Metoclopramide HCl ODT.....	71	Minitran.....	114
Mesalamine.....	154	Metolazone.....	111	Minivelle.....	144
Mesnex.....	81	Metoprolol Succinate ER.....	106	Minocin.....	61
Mestinon.....	76	Metoprolol Tartrate.....	106	Minocycline HCl.....	61
Metadate ER.....	116	Metoprolol Hydrochlorothiazide .....	110	Minocycline HCl ER.....	61
Metaproterenol Sulfate.....	164	MetroCream.....	52	Minoxidil.....	114
Metaxall.....	168	Metrogel.....	52	Mirapex.....	83
Metaxalone.....	168	MetroGel-Vaginal.....	52	Mirapex ER.....	83
Metformin HCl.....	96	MetroLotion.....	52	Mirtazapine.....	68
Metformin HCl ER.....	96	Metronidazole.....	52	Mirtazapine ODT.....	68
Methadone HCl.....	44	Metronidazole in NaCl 0.79% .....	52	Mirvaso.....	121
Methamphetamine HCl.....	115	Mexiletine HCl.....	105	Misoprostol.....	129
Methazolamide.....	111	Mibelas 24 Fe.....	143	Mitigare.....	74
Methenamine Hippurate.....	52	Micardis.....	104	Mobic.....	41
Methimazole.....	148	Micardis HCT.....	110	Modafinil.....	169
Methitest.....	140	Miconazole 3.....	73	Moexipril HCl.....	105
Methocarbamol.....	168	MiCort-HC.....	137	Molindone HCl.....	84
Methotrexate.....	150	Microgestin 1.5/30.....	143	Mometasone Furoate.....	137, 162
Methotrexate Sodium.....	150	Microgestin 1/20.....	143	Mondoxyne NL.....	61
Methoxsalen Rapid.....	121	Microgestin Fe 1.5/30.....	143	MonoNessa.....	144
Methscopolamine Bromide .....	127	Microgestin Fe 1/20.....	144	Montelukast Sodium.....	162
Methylclothiazide.....	111	Midodrine HCl.....	104	Monurol.....	52
Methyldopa.....	104	Migergot.....	75	Morgidox.....	61
Methyldopa- Hydrochlorothiazide.....	110	Miglitol.....	96	MorphaBond ER.....	44
Methylin.....	116			Morphine Sulfate.....	47

Morphine Sulfate ER.....	44	Naloxone HCl.....	50	Neomycin-Polymyxin-HC....	157, 161
Morphine Sulfate ER Beads		Naltrexone HCl.....	49	Neoral.....	150
.....	44	Namenda.....	67	NephrAmine.....	124
Motegrity.....	127	Namenda Titration Pak.....	67	Nerlynx.....	80
Movantik.....	127	Namenda XR.....	67	Nesina.....	96
MoviPrep.....	129	Namenda XR Titration Pack		Neuac.....	121
Moxeza.....	59	.....	67	Neulasta.....	102
Moxifloxacin HCl.....	60	Namzaric.....	116	Neupogen.....	102
Moxifloxacin HCl in NaCl.....	59	Naprelan.....	42	Neupro.....	83
MS Contin.....	44	Naproxen.....	42	Neurontin.....	63
Mulpleta.....	102	Naproxen DR.....	42	Nevanac.....	160
Multaq.....	105	Naproxen Sodium.....	42	Nevirapine.....	91
Mupirocin.....	52	Naproxen Sodium ER.....	42	Nevirapine ER.....	90
Mupirocin Calcium.....	52	Naratriptan HCl.....	75	Nexavar.....	80
Myalept.....	127	Narcan.....	50	Nexium.....	130
Myambutol.....	77	Nardil.....	68	Niacin ER.....	113
Mycamine.....	73	Nasonex.....	162	Niacor.....	113
Mycobutin.....	77	Natacyn.....	73	Niaspan.....	113
Mycophenolate Mofetil.....	150	Natazia.....	144	Nicardipine HCl.....	107
Mycophenolate Sodium.....	150	Nateglinide.....	96	Nicotrol.....	50
Mydayis.....	115	Natpara.....	156	Nicotrol NS.....	50
Myfortic.....	150	Natroba.....	82	Nifedipine.....	107
Myorisan.....	121	Nebupent.....	81	Nifedipine ER.....	107
Myrbetriq.....	132	Necon 0.5/35.....	144	Nifedipine ER Osmotic Release	
Mysoline.....	63	Nefazodone HCl.....	69	.....	107
Mytesi.....	127	Neo-Synalar.....	121	Nikki.....	144
<b>N</b>		Neomycin Sulfate.....	50	Nilandron.....	78
Nabumetone.....	41	Neomycin-Bacitracin-Polymyxin		Nilutamide.....	78
Nadolol.....	106	.....	157	Nimodipine.....	107
Nadolol-Bendroflumethiazide		Neomycin-Polymyxin-		Ninlaro.....	78
.....	110	Bacitracin-Hydrocortisone		Nisoldipine ER.....	107
Nafcillin Sodium.....	57	.....	156	Nitro-Bid.....	114
Naftifine HCl.....	73	Neomycin-Polymyxin-		Nitro-Dur.....	114
Naftin.....	73	Dexamethasone.....	157	Nitrofurantoin.....	53
Nalfon.....	42	Neomycin-Polymyxin-			
		Gramicidin.....	157		

Nitrofurantoin Macrocrystal... 52	Nortrel 7/7/7..... 144	Ocella..... 144
Nitrofurantoin Monohydrate ..... 53	Nortriptyline HCl..... 70	Octagam..... 151
Nitroglycerin..... 114	Norvasc..... 107	Octreotide Acetate..... 148
Nitrostat..... 114	Norvir..... 92	Ocuflox..... 60
Nityr..... 131	Novolin 70/30..... 99	Odefsey..... 91
Nivestym..... 103	Novolin N..... 99	Odomzo..... 80
Nizatidine..... 128	Novolin R..... 99	Ofev..... 166
Nizoral..... 73	NovoLog..... 99	Ofloxacin..... 60
Nocdurna..... 139	NovoLog FlexPen..... 99	Ogestrel..... 144
Nolix..... 137	NovoLog Mix 70/30..... 99	Olanzapine..... 86
Nora-BE..... 146	NovoLog Mix 70/30 FlexPen ..... 99	Olanzapine ODT..... 86
Norco..... 47	NovoLog PenFill..... 99	Olanzapine-Fluoxetine HCl.... 68
Norditropin FlexPro..... 139	Noxafil..... 73	Olmesartan Medoxomil..... 104
Norethindrone..... 146	Nucala..... 167	Olmesartan Medoxomil-HCTZ ..... 110
Norethindrone Acetate..... 146	Nucynta..... 47, 48	Olmesartan-Amlodipine-HCTZ ..... 110
Norethindrone Acetate-Ethinyl Estradiol..... 144	Nucynta ER..... 44	Olopatadine HCl..... 158, 161
Norethindrone Acetate-Ethinyl Estradiol-Fe..... 144	Nuedexta..... 116	Olumiant..... 150
Norgestimate-Ethinyl Estradiol ..... 144	NuLYTELY with Flavor Packs ..... 129	Olux..... 137
Norgestimate-Ethinyl Estradiol Triphasic..... 144	Nuplazid..... 86	Olux-E..... 137
Noritate..... 53	Nutrilipid..... 124	Omeclamox-Pak..... 127
Norlyroc..... 146	Nutropin AQ NuSpin 10..... 139	Omega-3-Acid Ethyl Esters ..... 113
Normosol-M in D5W..... 124	Nutropin AQ NuSpin 20..... 139	Omeprazole..... 130
Normosol-R in D5W..... 124	Nutropin AQ NuSpin 5..... 139	Omeprazole-Sodium Bicarbonate..... 130
Normosol-R pH 7.4..... 124	NuvaRing..... 144	Omnaris..... 162
Norpace..... 105	Nuvigil..... 169	Omnipred..... 160
Norpace CR..... 105	Nuzyra..... 61	Omnitrope..... 139
Norpramin..... 70	Nyamyc..... 73	Ondansetron HCl..... 71
Northera..... 104	Nymalize..... 107	Ondansetron ODT..... 71
Nortrel 0.5/35..... 144	Nystatin..... 73, 74	Onexton..... 121
Nortrel 1/35..... 144	Nystatin-Triamcinolone..... 74	Onfi..... 63
	Nystop..... 74	Onglyza..... 96
	<b>O</b>	
	Ocaliva..... 131	

Onzetra Xsail.....	75	Oxiconazole Nitrate.....	74	Paser.....	77	
Opana.....	48	Oxistat.....	74	Pataday.....	158	
Opsumit.....	166	Oxsoralen Ultra.....	121	Patanase.....	161	
Oracea.....	61	Oxtellar XR.....	66	Patanol.....	158	
Oralair 300IR.....	167	Oxybutynin Chloride.....	132	Paxil.....	69	
Orapred ODT.....	137	Oxybutynin Chloride ER.....	132	Paxil CR.....	69	
Oravig.....	74	Oxycodone HCl.....	48	Pazeo.....	158	
Orencia.....	150	Oxycodone HCl ER.....	45	Pediarix.....	153	
Orencia ClickJect.....	150	Oxycodone-Acetaminophen .....	48	Pedvax HIB.....	153	
Orenitram.....	166	Oxycodone-Aspirin.....	48	PEG-3350-Electrolytes.....	129	
Orfadin.....	131	Oxycodone-Ibuprofen.....	48	PEG-3350-NaCl-Na Bicarbonate-KCl.....	129	
Orilissa.....	148	OxyContin.....	45	Peganone.....	66	
Orkambi.....	165	Oxymorphone HCl.....	48	Pegasys.....	89	
Orphenadrine Citrate ER.....	168	Oxymorphone HCl ER.....	45	Pegasys ProClick.....	89	
Orsythia.....	144	Oxytrol.....	132	Penicillamine.....	133	
Ortho Micronor.....	146	Ozempic.....	96	Penicillin G Potassium.....	57	
Ortho Tri-Cyclen Lo.....	144	<b>P</b>			Penicillin G Potassium in Dextrose.....	57
Ortho-Novum 1/35.....	144	Pacerone.....	105	Penicillin G Procaine.....	57	
Ortho-Novum 7/7/7.....	144	Paliperidone ER.....	86	Penicillin G Sodium.....	57	
Oseltamivir Phosphate.....	93	Palynziq.....	131	Penicillin V Potassium.....	57	
Oseni.....	96	Pamelor.....	70	Pennsaid.....	42	
Osmolex ER.....	82	Pancreaze.....	131	PENTAM 300.....	82	
OsmoPrep.....	129	Pandel.....	137	Pentasa.....	155	
Osphena.....	146	Panretin.....	81	Pentazocine-Naloxone HCl....	48	
Otezla.....	152	Pantoprazole Sodium.....	130	Pentoxifylline ER.....	110	
Otovel.....	161	Panzyga.....	151	Pepcid.....	128	
Otrexup.....	150	Paricalcitol.....	156	Percocet.....	48	
Ovide.....	82	Parlodel.....	83	Perforomist.....	164	
Oxacillin Sodium.....	57	Parnate.....	68	Perindopril Erbumine.....	105	
Oxandrolone.....	140	Paromomycin Sulfate.....	51	Permethrin.....	82	
Oxaprozin.....	42	Paroxetine HCl.....	69	Perphenazine.....	71	
Oxazepam.....	94	Paroxetine HCl ER.....	69	Perphenazine-Amitriptyline....	68	
Oxcarbazepine.....	66	Paroxetine Mesylate.....	69	Perseris.....	86	
Oxervate.....	157					

Pertzye.....	131	Plenammine.....	125	Prednicarbate.....	137
Pexeva.....	69	Plenvu.....	129	Prednisolone.....	137
Phenadoz.....	161	Pliaglis.....	49	Prednisolone Acetate.....	160
Phenelzine Sulfate.....	68	Podofilox.....	121	Prednisolone Sodium Phosphate.....	137, 160
Phenobarbital.....	63	Polymyxin B Sulfate.....	53	Prednisolone Sodium Phosphate ODT.....	137
Phenoxybenzamine HCl.....	104	Polymyxin B-Trimethoprim .....	157	Prednisone.....	137, 138
Phenytek.....	66	Polytrim.....	157	Prednisone Intensol.....	137
Phenytoin.....	66	Pomalyst.....	78	Prefest.....	145
Phenytoin Sodium Extended .....	66	Portia-28.....	145	Premarin.....	145
Phoslyra.....	126	Potassium Chloride.....	125	Premasol.....	125
Phospholine Iodide.....	159	Potassium Chloride CR.....	125	Premphase.....	145
Phrenilin Forte.....	40	Potassium Chloride ER.....	125	Prempro.....	145
Picato.....	121	Potassium Chloride in Dextrose .....	125	Prepopik.....	129
Pifeltro.....	91	Potassium Chloride in NaCl .....	125	Prevacid.....	130
Pilocarpine HCl.....	118, 159	Potassium Citrate ER.....	125	Prevacid SoluTab.....	130
Pimecrolimus.....	121	Pradaxa.....	101	Prevalite.....	113
Pimozide.....	84	Praluent.....	113	Previfem.....	145
Pimtrea.....	144	Pramipexole Dihydrochloride .....	83	Prevymis.....	88
Pindolol.....	106	Pramipexole Dihydrochloride ER.....	83	Prezcobix.....	92
Pioglitazone HCl.....	96	Prandin.....	97	Prezista.....	92
Pioglitazone HCl-Glimepiride .....	97	Prasugrel HCl.....	103	Priftin.....	77
Pioglitazone HCl-Metformin HCl .....	97	Pravachol.....	113	Prilosec.....	130
Piperacillin-Tazobactam.....	57	Pravastatin Sodium.....	113	Primaquine Phosphate.....	82
Piqray.....	78, 79	Praziquantel.....	81	Primaxin IV.....	55
Pirmella 1/35.....	145	Prazosin HCl.....	104	Primidone.....	63
Piroxicam.....	42	Precose.....	97	Primlev.....	48
Plaquenil.....	82	Pred Forte.....	160	Prinivil.....	105
Plasma-Lyte 148.....	124	Pred Mild.....	160	Pristiq.....	69
Plasma-Lyte A.....	124	Pred-G.....	157	Privigen.....	151
Plavix.....	103	Pred-G S.O.P.....	157	ProAir HFA.....	164
Plegridy.....	118			ProAir RespiClick.....	164
Plegridy Starter Pack.....	118			Probenecid.....	74
				Probenecid-Colchicine.....	74



Procalamine.....	125	Protonix.....	130	Quinapril HCl.....	105
Procardia.....	108	Protopic.....	121	Quinapril-Hydrochlorothiazide	
Procardia XL.....	108	Protriptyline HCl.....	70	.....	110
ProCentra.....	115	Proventil HFA.....	164	Quinidine Gluconate ER.....	105
Prochlorperazine.....	71	Provera.....	146	Quinidine Sulfate.....	105
Prochlorperazine Maleate.....	71	Provigil.....	169	Quinine Sulfate.....	82
Procrit.....	103	Prozac.....	69	QVAR RediHaler.....	162
Procto-Med HC.....	155	PRUDOXIN.....	121	<b>R</b>	
Procto-Pak.....	155	Psorcon.....	138	RabAvert.....	153
Proctosol HC.....	155	Pulmicort.....	162	Rabeprazole Sodium.....	130
Proctozone-HC.....	155	Pulmicort Flexhaler.....	162	Raloxifene HCl.....	146
Progesterone Micronized....	146	Pulmozyme.....	167	Ramipril.....	105
Proglycem.....	97	Purixan.....	78	Ranexa.....	110
Prograf.....	150	Pylera.....	127	Ranitidine HCl.....	128
Prolastin-C.....	131	Pyrazinamide.....	77	Ranolazine ER.....	110
Prolensa.....	160	Pyridostigmine Bromide.....	77	Rapaflo.....	133
Prolia.....	156	Pyridostigmine Bromide ER		Rapamune.....	150
Promacta.....	103	.....	76	Rasagiline Mesylate.....	84
Promethazine HCl.....	161	<b>Q</b>		Rasuvo.....	150
Promethazine-Phenylephrine		Qbreliis.....	105	RAVICTI.....	131
.....	167	Qmiiz ODT.....	42	Rayaldee.....	156
Promethegan.....	161	Qnasl.....	162	Rayos.....	138
Prometrium.....	146	Qnasl Childrens.....	162	Razadyne.....	67
Propafenone HCl.....	105	Qtern.....	97	Razadyne ER.....	67
Propafenone HCl ER.....	105	Quadracel.....	153	Rebetol.....	89
Propantheline Bromide.....	127	Qualaquin.....	82	Rebif.....	118
Proparacaine HCl.....	157	Quartette.....	145	Rebif Rebidose.....	118
Propranolol HCl.....	106	Qudexy XR.....	64	Rebif Rebidose Titration Pack	
Propranolol HCl ER.....	106	Questran.....	113	.....	118
Propranolol-HCTZ.....	110	Questran Light.....	113	Rebif Titration Pack.....	118
Propylthiouracil.....	148	Quetiapine Fumarate.....	86	Reclipsen.....	145
ProQuad.....	153	Quetiapine Fumarate ER.....	86	Recombivax HB.....	153
Proscar.....	133	QuilliChew ER.....	116	Rectiv.....	114
Prosol.....	125	Quillivant XR.....	116	Reglan.....	71
				Regranex.....	121



Relenza Diskhaler.....	93	Rifadin.....	77	Ruconest.....	148
Relexxii.....	116	Rifamate.....	77	RyClora.....	161
Relistor.....	127	Rifampin.....	77	Rydapt.....	80
Relpax.....	75	Rifater.....	77	Rytary.....	83
Remeron.....	68	Rilutek.....	116	Rythmol SR.....	105
Remeron SolTab.....	68	Riluzole.....	116	RyVent.....	161
Renagel.....	126	Rimantadine HCl.....	93	<b>S</b>	
Renvela.....	126	Riomet.....	97	Sabril.....	63
Repaglinide.....	97	Risedronate Sodium.....	156	Safyral.....	145
Repaglinide-Metformin HCl... 97		Risperdal.....	86	Saizen.....	139
Repatha.....	113	Risperdal Consta.....	86	Saizenprep.....	139
Repatha Pushtronex System .....	113	Risperidone.....	86, 87	Salagen.....	118
Repatha SureClick.....	114	Risperidone ODT.....	87	Samsca.....	126
Requip XL.....	83	Ritalin.....	116	Sancuso.....	71
Rescriptor.....	91	Ritalin LA.....	116	Sandimmune.....	150, 151
Restasis.....	157	Ritonavir.....	93	Sandostatin.....	148
Restoril.....	168	Rivastigmine.....	67	Santyl.....	122
Retacrit.....	103	Rivastigmine Tartrate.....	67	Saphris.....	87
Retin-A.....	122	Rivelsa.....	145	Sarafem.....	69
Retin-A Micro.....	122	Rizatriptan Benzoate.....	75	Savaysa.....	101
Retin-A Micro Pump.....	122	Rizatriptan Benzoate ODT....	76	Savella.....	117
Retrovir.....	91	Rocaltrol.....	156	Savella Titration Pack.....	117
Revatio.....	166	Rocklatan.....	159	Scopolamine.....	71
Revlimid.....	78	Ropinirole HCl.....	83	Seasonique.....	145
Rexulti.....	86	Ropinirole HCl ER.....	83	Seebri Neohaler.....	163
Reyataz.....	92	Rosuvastatin Calcium.....	113	Segluromet.....	97
Rhofade.....	122	Rotarix.....	153	Selegiline HCl.....	84
Rhopressa.....	157	RotaTeq.....	153	Selenium Sulfide.....	122
Ribasphere.....	89	Rowasa.....	155	Selzentry.....	92
Ribasphere RibaPak.....	89	Roweepra.....	62	Semprex-D.....	167
Ribavirin.....	89	Roweepra XR.....	62	Sensipar.....	156
Ridaura.....	152	Roxicodone.....	48	Serevent Diskus.....	164
Rifabutin.....	77	Rozerem.....	169	Seroquel.....	87
		Rubraca.....	79	Seroquel XR.....	87

Serostim.....	127	Solodyn.....	61	Steglujan.....	97
Sertraline HCl.....	69	Solosec.....	53	Stelara.....	122
Setlakin.....	145	Soloxide.....	61	Stimate.....	139
Sevelamer Carbonate.....	126	Soltamox.....	78	Stiolto Respimat.....	167
Sevelamer HCl.....	127	Soma.....	168	Stivarga.....	80
Sharobel.....	146	Somatuline Depot.....	148	Strattera.....	116
Shingrix.....	154	Somavert.....	148	Streptomycin Sulfate.....	51
Signifor.....	148	Soolantra.....	122	Striant.....	140
Sildenafil Citrate.....	166	Soriatane.....	122	Stribild.....	90
Silenor.....	169	Sorilux.....	122	Striverdi Respimat.....	164
Siliq.....	122	Sorine.....	106	Stromectol.....	81
Silodosin.....	133	Sotalol HCl.....	106	Suboxone.....	49
Silvadene.....	60	Sotylyze.....	106	Subsys.....	48
Silver Sulfadiazine.....	60	Sovaldi.....	89	Sucraid.....	132
Simbrinza.....	159	Spiriva HandiHaler.....	163	Sucrafate.....	129
Simponi.....	151	Spiriva Respimat.....	163	Sular.....	108
Simvastatin.....	113	Spirolactone.....	111	Sulfacetamide Sodium.....	60, 122
Sinemet.....	83	Spirolactone-HCTZ.....	110	Sulfacetamide-Prednisolone .....	157
Sinemet CR.....	83	Sporanox.....	74	Sulfadiazine.....	60
Singular.....	163	Sprintec 28.....	145	Sulfamethoxazole- Trimethoprim.....	60
Sirolimus.....	151	Spritam.....	62	Sulfamylon.....	53
Sirturo.....	77	Sprycel.....	80	Sulfasalazine.....	155
Sivextro.....	53	SPS.....	126	Sulindac.....	42
Skelaxin.....	168	Sronyx.....	145	Sumatriptan.....	76
Sklice.....	81	SSD.....	60	Sumatriptan Succinate.....	76
Sodium Chloride.....	125	Stalevo 100.....	83	Sumatriptan Succinate Refill .....	76
Sodium Fluoride.....	125	Stalevo 125.....	83	Sumatriptan-Naproxen Sodium .....	76
Sodium Lactate.....	125	Stalevo 150.....	83	Suprax.....	55
Sodium Phenylbutyrate.....	131, 132	Stalevo 200.....	84	Suprep Bowel Prep Kit.....	129
Sodium Polystyrene Sulfonate .....	126	Stalevo 50.....	84	Surmontil.....	70
Sofosbuvir-Velpatasvir.....	89	Stalevo 75.....	84		
Solifenacin Succinate.....	132	Starlix.....	97		
Soliqua.....	97	Stavudine.....	91		
		Steglatro.....	97		

Sustiva.....	91	Tamsulosin HCl.....	133	Tenofovir Disoproxil Fumarate .....	91
Sutent.....	80	Tapazole.....	148	Tenoretic 100.....	110
Syeda.....	145	TaperDex 12-Day.....	138	Tenoretic 50.....	110
Sylatron.....	89	TaperDex 6-Day.....	138	Tenormin.....	106
Symbicort.....	167	TaperDex 7-Day.....	138	Terazosin HCl.....	133
Symbyax.....	68	Tarceva.....	80	Terbinafine HCl.....	74
Symdeko.....	165	TARGADOX.....	61	Terbutaline Sulfate.....	164
Symfi.....	91	Targretin.....	81	Terconazole.....	74
Symfi Lo.....	91	Tarina 24 Fe.....	145	Testim.....	140
SymlinPen 120.....	97	Tarina Fe 1/20.....	145	Testosterone.....	140
SymlinPen 60.....	97	Tarka.....	110	Testosterone Cypionate.....	140
Sympazan.....	63	Tasigna.....	80	Testosterone Enanthate.....	140
Symproic.....	127	Tasmar.....	82	Testosterone Pump.....	140
Symtuza.....	93	Tavalisse.....	103	Tetrabenazine.....	116
Synalar.....	138	Tazarotene.....	122	Tetracycline HCl.....	61
Synarel.....	148	Tazicef.....	55	Texacort.....	138
Syndros.....	71	Tazorac.....	122	Thalomid.....	78
Synjardy.....	97	Taztia XT.....	108	Theo-24.....	165
Synjardy XR.....	97	TDVAX.....	154	Theophylline.....	165
Synribo.....	79	Tecfidera.....	118	Theophylline ER.....	165
Synthroid.....	147	Tecfidera Starter Pack.....	118	Thiola.....	133
Syprine.....	126	Teflaro.....	55	Thioridazine HCl.....	84
<b>T</b>		Tegretol.....	66	Thiothixene.....	84
Tabloid.....	78	Tegretol XR.....	66	Thyrolar-1.....	147
Taclonex.....	122	Tegsedi.....	132	Thyrolar-1/2.....	147
Tacrolimus.....	122, 151	Tekturna.....	110	Thyrolar-1/4.....	147
Tadalafil.....	133, 166	Tekturna HCT.....	110	Thyrolar-2.....	147
Tafinlar.....	80	Telmisartan.....	104	Thyrolar-3.....	147
Tagrisso.....	80	Telmisartan-Amlodipine.....	110	Tiagabine HCl.....	63
Takhzyro.....	148	Telmisartan-HCTZ.....	110	Tiazac.....	108
Taltz.....	122	Temazepam.....	168	Tibsovo.....	80
Talzenna.....	79	Tencon.....	40	Tigan.....	71
Tamiflu.....	93	Tenivac.....	154	Tigecycline.....	53
Tamoxifen Citrate.....	78				

Tiglutik.....	117	Topiramate.....	65	Trezix.....	49
Tikosyn.....	106	Topiramate ER.....	65	Tri-Estarylla.....	145
Timolol Maleate.....	75, 159	Toprol XL.....	106	Tri-Legest Fe.....	145
Timolol Maleate Ophthalmic Gel Forming.....	159	Toremifene Citrate.....	78	Tri-Lo-Estarylla.....	145
Timoptic Ocudose.....	159	Toremide.....	111	Tri-Lo-Sprintec.....	145
Timoptic-XE.....	159	Toujeo Max SoloStar.....	99	Tri-Mili.....	145
Tinidazole.....	53	Toujeo SoloStar.....	99	Tri-Previfem.....	145
Tirosint.....	147	Toviaz.....	132	Tri-Sprintec.....	145
Tirosint-SOL.....	147	TPN Electrolytes.....	125	Tri-VyLibra.....	145
Tivicay.....	90	Tracleer.....	166	Tri-VyLibra Lo.....	145
Tivorbex.....	42	Tradjenta.....	97	Triamcinolone Acetonide... 138	
Tizanidine HCl.....	168	Tramadol HCl.....	48	Triamterene-HCTZ.....	110
TOBI.....	165	Tramadol HCl ER.....	45	Trianex.....	138
TOBI Podhaler.....	165	Tramadol-Acetaminophen....	48	Triazolam.....	94
TobraDex.....	157	Trandolapril.....	105	Tribenzor.....	110
TobraDex ST.....	157	Trandolapril-Verapamil HCl ER .....	110	Tricor.....	112
Tobramycin.....	51, 165	Tranexamic Acid.....	103	Triderm.....	138
Tobramycin Sulfate.....	51	Transderm-Scop.....	71	Tridesilon.....	138
Tobramycin-Dexamethasone .....	157	Tranxene-T.....	94	Trientine HCl.....	126
Tobrex.....	51	Tranylcypromine Sulfate.....	68	Trifluoperazine HCl.....	84
Tofranil.....	70	Travasol.....	125	Trifluridine.....	90
Tolak.....	122	Travatan Z.....	160	Triglide.....	112
Tolazamide.....	97	Trazodone HCl.....	69	Trihexyphenidyl HCl.....	82
Tolbutamide.....	97	Trecator.....	77	Trileptal.....	66
Tolcapone.....	82	Trelegy Ellipta.....	167	Trilipix.....	112
Tolmetin Sodium.....	42	Trelstar Mixject.....	148	TriLyte.....	129
Tolsura.....	74	Tremfya.....	122	Trimethobenzamide HCl.....	71
Tolterodine Tartrate.....	132	Tresiba.....	100	Trimethoprim.....	53
Tolterodine Tartrate ER.....	132	Tresiba FlexTouch.....	99	Trimipramine Maleate.....	70
Topamax.....	65	Tretinoin.....	81, 122	Trintellix.....	70
Topamax Sprinkle.....	65	Tretinoin Microsphere.....	122	Triumeq.....	90
Topicort.....	138	Trexall.....	151	Trivora.....	145
Topicort Spray.....	138	Treximet.....	76	Trizivir.....	91

Trokendi XR.....	65	Uroxatral.....	133	Veltassa.....	126	
TrophAmine.....	125	Urso 250.....	128	Vemlidy.....	89	
Trospium Chloride.....	133	Urso Forte.....	128	Venclexta.....	80	
Trospium Chloride ER.....	133	Ursodiol.....	128	Venclexta Starting Pack.....	80	
Trulance.....	128	Utibron Neohaler.....	167	Venlafaxine HCl.....	70	
Trulicity.....	97	<b>V</b>			Venlafaxine HCl ER.....	70
Trumenba.....	154	Vabomere.....	55	Ventavis.....	166	
Trusopt.....	159	Vagifem.....	145	Ventolin HFA.....	164	
Truvada.....	91	Valacyclovir HCl.....	90	Verapamil HCl.....	108	
Tudorza Pressair.....	163	Valchlor.....	77	Verapamil HCl ER.....	108	
Twinrix.....	154	Valcyte.....	88	Veregen.....	123	
Twynsta.....	110	Valganciclovir HCl.....	88	Verelan.....	108	
Tybost.....	90	Valium.....	94	Verelan PM.....	108	
Tydemy.....	145	Valproic Acid.....	63	Versacloz.....	88	
Tygacil.....	53	Valsartan.....	104	Verzenio.....	79	
Tykerb.....	80	Valsartan-Hydrochlorothiazide		Vesicare.....	133	
Tylenol with Codeine #3.....	49	.....	111	Vfend.....	74	
Tylenol with Codeine #4.....	49	Valtrex.....	90	Vfend IV.....	74	
Tymlos.....	156	Vanatol LQ.....	40	Viberzi.....	128	
Typhim Vi.....	154	Vancocin HCl.....	53	Vibramycin.....	61	
<b>U</b>		Vancomycin HCl.....	53	Vicodin.....	49	
Uceris.....	155	Vandazole.....	53	Vicodin ES.....	49	
Udenyca.....	103	Vanos.....	138	Vicodin HP.....	49	
Uloric.....	74	VAQTA.....	154	Victoza.....	97	
Ultracet.....	49	Varivax.....	154	Videx.....	92	
Ultram.....	49	Varizig.....	152	Videx EC.....	91	
Ultravate.....	138	Varubi.....	71	Viekira Pak.....	89	
Unasyn.....	57	Vascepa.....	114	Vienva.....	145	
Unithroid.....	147	Vaseretic.....	111	Vigabatrin.....	63	
Uptravi.....	166	Vasotec.....	105	Vigadrone.....	63	
Urecholine.....	133	Vecamyl.....	111	Vigamox.....	60	
Urocit-K 10.....	125	Vectical.....	123	Viiibryd.....	70	
Urocit-K 15.....	126	Velivet.....	145	Viiibryd Starter Pack.....	70	
Urocit-K 5.....	126	Velpphoro.....	127	Vimovo.....	42	

Vimpat.....	66	Xalkori.....	81	YAZ.....	145
Viokace.....	132	Xanax.....	94	YF-Vax.....	154
Viracept.....	93	Xanax XR.....	94	Yonsa.....	78
Viramune.....	91	Xarelto.....	101	Yosprala.....	130
Viramune XR.....	91	Xarelto Starter Pack.....	101	Yupelri.....	163
Viread.....	92	Xatmep.....	151	Yuvaferm.....	145
Vistaril.....	71	Xeljanz.....	151	<b>Z</b>	
Vitrakvi.....	80	Xeljanz XR.....	151	Zafirlukast.....	163
Vivelle-Dot.....	145	Xelpros.....	160	Zaleplon.....	169
Vivitrol.....	49	Xenazine.....	117	Zanaflex.....	168
Vivlodex.....	42	Xepi.....	60	Zarah.....	146
Vizimpro.....	80	Xerese.....	90	Zarontin.....	62
Vogelxo.....	141	Xermelo.....	128	Zarxio.....	103
Vogelxo Pump.....	140	Xgeva.....	156	Zavesca.....	132
Voltaren.....	42	Xhance.....	162	Zebutal.....	40
Voriconazole.....	74	Xifaxan.....	128	Zegerid.....	130
Vosevi.....	89	Xigduo XR.....	97	Zejula.....	79
Votrient.....	81	Xiidra.....	157	Zelapar.....	84
VP-PNV-DHA.....	127	Ximino.....	61	Zelboraf.....	81
Vraylar.....	87	Xofluza.....	93	Zemaira.....	132
Vyfemla.....	145	Xolair.....	152	Zembrace SymTouch.....	76
VyLibra.....	145	Xopenex.....	165	Zemplar.....	156
Vytorin.....	114	Xopenex Concentrate.....	165	Zenatane.....	123
Vyvanse.....	115	Xopenex HFA.....	165	Zenpep.....	132
Vyzulta.....	160	Xospata.....	81	Zenzedi.....	115
<b>W</b>		Xtampza ER.....	45	Zepatier.....	89
Warfarin Sodium.....	101	Xtandi.....	78	Zerbaxa.....	55
Welchol.....	114	Xulane.....	145	Zestoretic.....	111
Wellbutrin SR.....	68	Xultophy.....	97	Zestril.....	105
Wellbutrin XL.....	68	Xuriden.....	132	Zetia.....	114
Wixela Inhub.....	167	Xyosted.....	141	Zetonna.....	162
WYMZYA Fe.....	145	Xyrem.....	169	Ziac.....	111
<b>X</b>		<b>Y</b>		Ziagen.....	92
Xalatan.....	160	Yasmin 28.....	145	Ziana.....	123

Zidovudine.....	92	Zolpidem Tartrate ER.....	169	Zuplenz.....	71
Zileuton ER.....	163	Zomacton.....	139	Zyban.....	50
Zioptan.....	160	Zomig.....	76	Zyclara Pump.....	123
Ziprasidone HCl.....	87	Zomig ZMT.....	76	Zydelig.....	81
Zipsor.....	42	Zonalon.....	123	Zyflo.....	163
Zirgan.....	88	Zonegran.....	62	Zyflo CR.....	163
Zithromax.....	58, 59	Zonisamide.....	62	Zykadia.....	81
Zithromax Tri-Pak.....	59	Zontivity.....	101	Zylet.....	158
Zithromax Z-Pak.....	59	Zorbtive.....	128	Zyloprim.....	74
Zocor.....	113	Zortress.....	151	Zymaxid.....	60
Zofran.....	71	Zorvolex.....	42	Zypitamag.....	113
Zohydro ER.....	45	Zostavax.....	154	Zyprexa.....	87
Zolinza.....	79	Zosyn.....	57	Zyprexa Relprevv.....	88
Zolmitriptan.....	76	Zovia 1/35E.....	146	Zyprexa Zydis.....	88
Zolmitriptan ODT.....	76	Zovirax.....	90	Zytiga.....	78
Zoloft.....	70	ZTlido.....	49	Zyvox.....	53
Zolpidem Tartrate.....	169	Zubsolv.....	50		

## Covered drugs by medical condition

The list below has information about the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-39.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 170-209.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Analgesics		
Allzital (Oral Tablet)	4	PA; HRM; QL	Fioricet (Oral Capsule)	3	PA; HRM; QL
Bupap (Oral Tablet)	4	PA; HRM; QL	<b>Fiorinal (Oral Capsule)</b>	3	PA; HRM; QL
Butalbital-Acetaminophen (Oral Capsule)	4	PA; HRM; QL	Phrenilin Forte (Oral Capsule)	3	PA; HRM; QL
Butalbital-Acetaminophen (Oral Tablet)	3	PA; HRM; QL	Tencon (Oral Tablet)	3	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Capsule)	3	PA; HRM; QL	Vanatol LQ (Oral Solution)	4	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	3	PA; HRM; QL	Zebutal (Oral Capsule)	3	PA; HRM; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	3	PA; HRM; QL	Nonsteroidal Anti-inflammatory Drugs		
Esgic (Oral Tablet)	3	PA; HRM; QL	<b>Arthrotec (Oral Tablet Delayed Release)</b>	3	
			<b>Cambia (Oral Packet)</b>	3	
			<b>Celebrex (Oral Capsule)</b>	3	QL
			Celecoxib (Oral Capsule)	2	QL
			<b>Daypro (Oral Tablet)</b>	3	
			Diclofenac Epolamine (Transdermal Patch)	3	PA; QL

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diclofenac Potassium (Oral Tablet)	2		Ibu (600MG Oral Tablet, 800MG Oral Tablet)	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	1		Ibuprofen (Oral Suspension)	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	1		Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	1	
Diclofenac Sodium (1% Transdermal Gel)	2		<b>Indocin (Oral Suspension)</b>	4	PA; HRM
Diclofenac Sodium (Transdermal Solution)	2	PA	Indomethacin ER (Oral Capsule Extended Release)	3	PA; HRM
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	3		Indomethacin (Oral Capsule Immediate Release)	3	PA; HRM
Diflunisal (Oral Tablet)	2		Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	3	
<b>Duexis (Oral Tablet)</b>	4	ST	Ketoprofen (Oral Capsule Immediate Release)	2	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	3		Ketorolac Tromethamine (Oral Tablet)	3	PA; HRM
Etodolac (Oral Capsule)	2		Lodine (Oral Tablet)	4	
Etodolac (Oral Tablet Immediate Release)	2		Meclofenamate Sodium (Oral Capsule)	3	
<b>Feldene (Oral Capsule)</b>	3		Mefenamic Acid (Oral Capsule)	3	
Fenoprofen Calcium (400MG Oral Capsule)	3		Meloxicam (Oral Tablet)	1	
Fenoprofen Calcium (Oral Tablet)	3		<b>Mobic (Oral Tablet)</b>	3	
<b>Flector (Transdermal Patch)</b>	3	PA; QL	Nabumetone (Oral Tablet)	2	
Flurbiprofen (Oral Tablet)	2				

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nalfon (Oral Tablet)	3	
<b>Naprelan (Oral Tablet Extended Release 24 Hour)</b>	4	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	1	
Naproxen (Oral Suspension)	3	
Naproxen (Oral Tablet Immediate Release)	1	
Naproxen Sodium ER (375MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	4	
Naproxen Sodium ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	3	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	2	
Oxaprozin (Oral Tablet)	3	
<b>Pennsaid (Transdermal Solution)</b>	4	PA
Piroxicam (Oral Capsule)	2	
<b>Qmiiz ODT (Oral Tablet Dispersible)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sulindac (Oral Tablet)	1	
<b>Tivorbex (Oral Capsule)</b>	3	PA; HRM; QL
Tolmetin Sodium (Oral Capsule)	3	
Tolmetin Sodium (600MG Oral Tablet)	3	
<b>Vimovo (Oral Tablet Delayed Release)</b>	4	ST
<b>Vivlodex (Oral Capsule)</b>	4	QL
<b>Voltaren (Transdermal Gel)</b>	3	PA
<b>Zipsor (Oral Capsule)</b>	4	ST
<b>Zorvolex (Oral Capsule)</b>	3	ST
Opioid Analgesics, Long-acting		
<b>Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)</b>	3	PA; 7D; DL; QL
<b>Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)</b>	4	PA; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	2	7D; DL; QL
<b>Butrans (Transdermal Patch Weekly)</b>	2	7D; DL; QL
<b>ConZip (Oral Capsule Extended Release 24 Hour)</b>	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
<b>Dolophine (Oral Tablet)</b>	3	7D; MME; DL; QL	Fentanyl (62.5MCG/HR Transdermal Patch 72 Hour, 87.5MCG/HR Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
<b>Duragesic-100 (Transdermal Patch 72 Hour)</b>	4	7D; MME; DL; QL	Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	3	7D; MME; DL; QL
<b>Duragesic-12 (Transdermal Patch 72 Hour)</b>	3	7D; MME; DL; QL	<b>Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	2	7D; MME; DL; QL
<b>Duragesic-25 (Transdermal Patch 72 Hour)</b>	3	7D; MME; DL; QL	<b>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)</b>	4	7D; MME; DL; QL
<b>Duragesic-50 (Transdermal Patch 72 Hour)</b>	4	7D; MME; DL; QL	<b>Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour)</b>	3	7D; MME; DL; QL
<b>Duragesic-75 (Transdermal Patch 72 Hour)</b>	4	7D; MME; DL; QL			
<b>Embeda (Oral Capsule Extended Release)</b>	2	7D; MME; 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			
Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour)	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
Levorphanol Tartrate (Oral Tablet)	4	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
Methadone HCl (Oral Solution)	1	7D; MME; DL; QL	Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	3	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	1	7D; MME; DL; QL	<b>MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)</b>	4	7D; MME; DL; QL
<b>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)</b>	4	7D; MME; DL; QL	<b>MS Contin (15MG Oral Tablet Extended Release)</b>	3	7D; MME; DL; QL
<b>MorphaBond ER (15MG Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	3	7D; MME; DL; QL	<b>Nucynta ER (Oral Tablet Extended Release 12 Hour)</b>	2	7D; MME; DL; QL
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	3	7D; MME; DL; QL			
Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	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
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
<b>OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	2	7D; MME; DL; QL	<b>Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	3	ST; 7D; MME; DL; QL
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	3	7D; MME; DL; QL	<b>Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	3	PA; 7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	2	7D; MME; DL; QL	Opioid Analgesics, Short-acting		
			<b>Abstral (Tablet Sublingual)</b>	4	PA; DL; QL
			Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	1	7D; MME; DL; QL
			Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	1	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
<b>Actiq (Buccal Lozenge On A Handle)</b>	4	PA; DL; QL	Dvorah (Oral Tablet)	3	7D; MME; DL; QL
Ascomp-Codeine (Oral Capsule)	3	PA; HRM; 7D; MME; DL; QL	Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	2	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	3	PA; HRM; 7D; MME; DL; QL	Fentanyl Citrate (Buccal Lozenge On A Handle)	4	PA; DL; QL
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	3	PA; HRM; 7D; MME; DL; QL	Fentanyl Citrate (Buccal Tablet)	4	PA; DL; QL
Butorphanol Tartrate (Nasal Solution)	2	7D; MME; DL; QL	<b>Fentora (Buccal Tablet)</b>	4	PA; DL; QL
Carisoprodol-Aspirin-Codeine (Oral Tablet)	3	PA; HRM; 7D; MME; DL; QL	Fioricet/Codeine (Oral Capsule)	3	PA; HRM; 7D; MME; DL; QL
Codeine Sulfate (Oral Tablet)	2	7D; MME; DL; QL	<b>Fiorinal/Codeine #3 (Oral Capsule)</b>	4	PA; HRM; 7D; MME; DL; QL
<b>Demerol (25MG/ML Injection Solution, 50MG/ML Injection Solution)</b>	3	PA; HRM; DL	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	2	7D; MME; DL; QL
<b>Dilaudid (Oral Liquid)</b>	3	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
<b>Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)</b>	3	7D; MME; DL; QL			
<b>Dilaudid (8MG Oral Tablet)</b>	4	7D; MME; DL; QL			
<b>Duramorph (Injection Solution)</b>	2	DL			

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
Hydrocodone-Ibuprofen (10-200MG Oral Tablet, 5-200MG Oral Tablet)	3	7D; MME; DL; QL	Meperidine HCl (Oral Solution)	3	PA; HRM; 7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	2	7D; MME; DL; QL	Meperidine HCl (Oral Tablet)	3	PA; HRM; 7D; MME; DL; QL
Hydromorphone HCl (2MG/ML Injection Solution)	3	DL	Morphine Sulfate (100MG/5ML Oral Solution)	1	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	2	7D; MME; DL; QL	Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe)	2	DL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Morphine Sulfate (10MG/ML Injection Solution, 4MG/ML Injection Solution)	2	DL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	3	DL	<b>Morphine Sulfate (2MG/ML Injection Solution, 5MG/ML Injection Solution)</b>	2	DL
<b>Lazanda (Nasal Solution)</b>	4	PA; DL; QL	Morphine Sulfate (Oral Solution)	1	7D; MME; DL; QL
Lorcet HD (Oral Tablet)	2	7D; MME; DL; QL	<b>Morphine Sulfate (Oral Tablet Immediate Release)</b>	2	7D; MME; DL; QL
Lorcet (Oral Tablet)	2	7D; MME; DL; QL	Norco (Oral Tablet)	3	7D; MME; DL; QL
Lorcet Plus (Oral Tablet)	2	7D; MME; DL; QL	<b>Nucynta (100MG Oral Tablet Immediate Release)</b>	4	7D; MME; DL; QL
Meperidine HCl (Injection Solution)	3	PA; HRM; DL			

---

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)</b>	3	7D; MME; DL; QL	Oxymorphone HCl (Oral Tablet Immediate Release)	3	7D; MME; DL; QL
<b>Opana (10MG Oral Tablet Immediate Release)</b>	4	7D; MME; DL; QL	Pentazocine-Naloxone HCl (Oral Tablet)	3	PA; HRM; 7D; MME; DL; QL
<b>Opana (5MG Oral Tablet Immediate Release)</b>	3	7D; MME; DL; QL	Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	4	7D; MME; DL; QL
Oxycodone HCl (5MG Oral Capsule)	2	7D; MME; DL; QL	Percocet (2.5-325MG Oral Tablet)	3	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	3	7D; MME; DL; QL	Primlev (Oral Tablet)	4	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	2	7D; MME; DL; QL	<b>Roxicodone (15MG Oral Tablet, 5MG Oral Tablet)</b>	3	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL	<b>Roxicodone (30MG Oral Tablet)</b>	4	7D; MME; DL; QL
Oxycodone-Acetaminophen (Oral Tablet)	2	7D; MME; DL; QL	<b>Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)</b>	4	PA; DL; QL
Oxycodone-Aspirin (Oral Tablet)	2	7D; MME; DL; QL	Tramadol HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Oxycodone-Ibuprofen (Oral Tablet)	2	7D; MME; DL; QL	Tramadol-Acetaminophen (Oral Tablet)	1	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
Trezix (Oral Capsule)	3	7D; MME; DL; QL	<b>Pliaglis (External Cream)</b>	3	
Tylenol with Codeine #3 (Oral Tablet)	3	7D; MME; DL; QL	<b>ZTlido (External Patch)</b>	3	PA; QL
Tylenol with Codeine #4 (Oral Tablet)	3	7D; MME; DL; QL	Anti-Addiction/Substance Abuse Treatment Agents		
<b>Ultracet (Oral Tablet)</b>	3	7D; MME; DL; QL	Alcohol Deterrents/Anti-craving		
<b>Ultram (Oral Tablet)</b>	3	7D; MME; DL; QL	Acamprosate Calcium (Oral Tablet Delayed Release)	3	
Vicodin ES (Oral Tablet)	2	7D; MME; DL; QL	Antabuse (Oral Tablet)	3	
Vicodin HP (Oral Tablet)	2	7D; MME; DL; QL	Disulfiram (Oral Tablet)	2	
Vicodin (Oral Tablet)	2	7D; MME; DL; QL	Naltrexone HCl (Oral Tablet)	2	
Anesthetics			<b>Vivitrol (Intramuscular Suspension Reconstituted)</b>	4	
Local Anesthetics			Opioid Dependence Treatments		
Lidocaine (5% External Ointment)	3	QL	<b>Bunavail (Buccal Film)</b>	3	ST; QL
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		<b>Suboxone (Sublingual Film)</b>	3	QL
Lidocaine-Prilocaine (External Cream)	2				
<b>Lidoderm (External Patch)</b>	4	PA; QL			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>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)</b>	3	QL	<b>Chantix Starting Month Pak (Oral Tablet)</b>	2	
			<b>Nicotrol (Inhalation Inhaler)</b>	3	
			<b>Nicotrol NS (Nasal Solution)</b>	3	
			<b>Zyban (150MG Oral Tablet Extended Release 12 Hour)</b>	3	
Opioid Reversal Agents			Antibacterials		
<b>Evzio (Injection Solution Auto-Injector)</b>	4	ST	Aminoglycosides		
Naloxone HCl (0.4MG/ML Injection Solution)	1		Amikacin Sulfate (500MG/2ML Injection Solution)	2	
Naloxone HCl (Injection Solution Cartridge)	1		<b>Arikayce (Inhalation Suspension)</b>	4	
Naloxone HCl (Injection Solution Prefilled Syringe)	1		Gentak (Ophthalmic Ointment)	1	
<b>Narcan (Nasal Liquid)</b>	2		Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	1	
Smoking Cessation Agents			Gentamicin Sulfate (External Cream)	1	
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	1		Gentamicin Sulfate (External Ointment)	1	
<b>Chantix Continuing Month Pak (Oral Tablet)</b>	2		Gentamicin Sulfate (40MG/ML Injection Solution)	1	
<b>Chantix (Oral Tablet)</b>	2		Gentamicin Sulfate (Ophthalmic Solution)	1	
			Neomycin Sulfate (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
Paromomycin Sulfate (Oral Capsule)	3		Cleocin (Oral Solution Reconstituted)	3	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	4		Cleocin Phosphate (900MG/6ML Injection Solution)	3	
Tobramycin (Ophthalmic Solution)	1		<b>Cleocin (Vaginal Cream)</b>	3	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	3		<b>Cleocin (Vaginal Suppository)</b>	3	
<b>Tobrex (Ophthalmic Ointment)</b>	3		Clindamycin HCl (Oral Capsule)	1	
<b>Tobrex (Ophthalmic Solution)</b>	3		Clindamycin Palmitate HCl (Oral Solution Reconstituted)	3	
Antibacterials, Other			Clindamycin Phosphate in D5W (Intravenous Solution)	2	
Bacitracin (Ophthalmic Ointment)	2		Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	2	
<b>Bactroban (2% External Cream)</b>	3		Clindamycin Phosphate (Vaginal Cream)	2	
<b>Bactroban (2% Nasal Ointment)</b>	3	PA	<b>Clindesse (Vaginal Cream)</b>	3	
<b>Cleocin in D5W (300MG/50ML Intravenous Solution, 600MG/50ML Intravenous Solution, 900MG/50ML Intravenous Solution)</b>	3		Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	4	
<b>Cleocin (150MG Oral Capsule, 75MG Oral Capsule)</b>	3		<b>Cubicin (Intravenous Solution Reconstituted)</b>	4	
<b>Cleocin (300MG Oral Capsule)</b>	4				

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Dalvance (Intravenous Solution Reconstituted)</b>	4	PA	<b>MetroGel-Vaginal (Vaginal Gel)</b>	3	
<b>Daptomycin (350MG Intravenous Solution Reconstituted)</b>	4		<b>MetroLotion (External Lotion)</b>	4	
Daptomycin (500MG Intravenous Solution Reconstituted)	4		Metronidazole (0.75% External Cream)	2	
<b>Firvanq (Oral Solution Reconstituted)</b>	3		Metronidazole (0.75% External Gel, 1% External Gel)	3	
<b>Flagyl (Oral Capsule)</b>	3		Metronidazole (0.75% External Lotion)	3	
<b>Flagyl (Oral Tablet)</b>	3		Metronidazole in NaCl 0.79% (Intravenous Solution)	1	
<b>Furadantin (Oral Suspension)</b>	4	HRM	Metronidazole (375MG Oral Capsule)	3	
<b>Hiprex (Oral Tablet)</b>	3		Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	1	
Linezolid (Intravenous Solution)	3		Metronidazole (0.75% Vaginal Gel)	2	
Linezolid (Oral Suspension Reconstituted)	4		<b>Monurol (Oral Packet)</b>	3	
Linezolid (Oral Tablet)	3		Mupirocin Calcium (External Cream)	3	
<b>Macrobid (Oral Capsule)</b>	3	HRM	Mupirocin (External Ointment)	1	
<b>Macrodantin (Oral Capsule)</b>	3	HRM	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin)	2	HRM
Mafenide Acetate (External Packet)	3		Nitrofurantoin Macrocrystal (25MG Oral Capsule) (Generic Macrodantin)	3	HRM
Methenamine Hippurate (Oral Tablet)	2				
<b>MetroCream (External Cream)</b>	3				
<b>Metrogel (External Gel)</b>	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitrofurantoin Monohydrate (Generic Macrobid)	2	HRM	Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	2	
Nitrofurantoin (Oral Suspension)	3	HRM	<b>Vancomycin HCl (250MG Intravenous Solution Reconstituted)</b>	2	
<b>Noritate (External Cream)</b>	4		Vancomycin HCl (Oral Capsule)	3	QL
Polymyxin B Sulfate (Injection Solution Reconstituted)	2		<b>Vandazole (Vaginal Gel)</b>	2	
<b>Sivextro (Intravenous Solution Reconstituted)</b>	4	PA	<b>Zyvox (600MG/300ML Intravenous Solution)</b>	4	
<b>Sivextro (Oral Tablet)</b>	4	PA	<b>Zyvox (Oral Suspension Reconstituted)</b>	4	
<b>Solosec (Oral Packet)</b>	3		<b>Zyvox (Oral Tablet)</b>	4	
<b>Sulfamylon (External Cream)</b>	3		Beta-lactam, Cephalosporins		
<b>Sulfamylon (External Packet)</b>	4		<b>Avycaz (Intravenous Solution Reconstituted)</b>	4	PA
Tigecycline (Intravenous Solution Reconstituted)	4		Cefaclor ER (Oral Tablet Extended Release 12 Hour)	3	
Tinidazole (Oral Tablet)	2		Cefaclor (Oral Capsule)	2	
Trimethoprim (Oral Tablet)	1				
<b>Tygacil (Intravenous Solution Reconstituted)</b>	4				
<b>Vancocin HCl (Oral Capsule)</b>	4	QL			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefaclor (Oral Suspension Reconstituted)	3		Cefoxitin Sodium (Intravenous Solution Reconstituted)	2	
Cefadroxil (Oral Capsule)	1		Cefpodoxime Proxetil (Oral Suspension Reconstituted)	3	
Cefadroxil (Oral Suspension Reconstituted)	2		Cefpodoxime Proxetil (Oral Tablet)	2	
Cefadroxil (Oral Tablet)	3		Cefprozil (Oral Suspension Reconstituted)	2	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	2		Cefprozil (Oral Tablet)	2	
Cefdinir (Oral Capsule)	2		Ceftazidime (Injection Solution Reconstituted)	2	
Cefdinir (Oral Suspension Reconstituted)	2		Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	2	
Cefepime HCl (Injection Solution Reconstituted)	3		Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	2	
Cefixime (Oral Suspension Reconstituted)	3		Cefuroxime Axetil (Oral Tablet)	1	
Cefotetan Disodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	3		Cefuroxime Sodium (Injection Solution Reconstituted)	1	
Cefoxitin Sodium (Injection Solution Reconstituted)	2		Cefuroxime Sodium (Intravenous Solution Reconstituted)	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
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	1	
Cephalexin (750MG Oral Capsule)	3	
Cephalexin (Oral Suspension Reconstituted)	1	
Cephalexin (Oral Tablet)	2	
<b>Maxipime (1GM Injection Solution Reconstituted)</b>	3	
<b>Maxipime (2GM Intravenous Solution Reconstituted)</b>	3	
<b>Suprax (Oral Capsule)</b>	2	
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	3	
<b>Suprax (500MG/5ML Oral Suspension Reconstituted)</b>	3	
Suprax (Oral Tablet Chewable)	2	
Tazicef (Injection Solution Reconstituted)	2	
<b>Teflaro (Intravenous Solution Reconstituted)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Zerbaxa (Intravenous Solution Reconstituted)</b>	4	PA
Beta-lactam, Other		
<b>Azactam (Injection Solution Reconstituted)</b>	3	
Aztreonam (1GM Injection Solution Reconstituted)	3	
Ertapenem Sodium (Injection Solution Reconstituted)	3	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	3	
<b>Invanz (Injection Solution Reconstituted)</b>	4	
Meropenem (1GM Intravenous Solution Reconstituted)	3	
Meropenem (500MG Intravenous Solution Reconstituted)	2	
<b>Merrem (500MG Intravenous Solution Reconstituted)</b>	3	
<b>Primaxin IV (Intravenous Solution Reconstituted)</b>	3	
<b>Vabomere (Intravenous Solution Reconstituted)</b>	4	
Beta-lactam, Penicillins		

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxicillin (Oral Capsule)	1		Amoxicillin-Potassium Clavulanate (500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release)	1	
Amoxicillin (Oral Suspension Reconstituted)	1		Amoxicillin-Potassium Clavulanate (200-28.5MG Oral Tablet Chewable, 400-57MG Oral Tablet Chewable)	2	
Amoxicillin (Oral Tablet)	1		Ampicillin (Oral Capsule)	1	
Amoxicillin (Oral Tablet Chewable)	1		Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	2	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	3		Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	2	
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-Sulbactam Sodium (Injection Solution Reconstituted)	2	
Amoxicillin-Potassium Clavulanate (250-62.5MG/5ML Oral Suspension Reconstituted)	2		<b>Augmentin (125-31.25MG/5ML Oral Suspension Reconstituted)</b>	4	
Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release)	2		<b>Bactocill in Dextrose (Intravenous Solution)</b>	3	

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Bicillin C-R 900/300 (Intramuscular Suspension)</b>	3		Penicillin G Procaine (Intramuscular Suspension)	3	
<b>Bicillin C-R (Intramuscular Suspension)</b>	3		Penicillin G Sodium (Injection Solution Reconstituted)	4	
<b>Bicillin L-A (Intramuscular Suspension)</b>	3		Penicillin V Potassium (Oral Solution Reconstituted)	1	
Dicloxacillin Sodium (Oral Capsule)	1		Penicillin V Potassium (Oral Tablet)	1	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	3		Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	3	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	3		<b>Unasyn (15 (10-5)GM Injection Solution Reconstituted, 3 (2-1)GM Injection Solution Reconstituted)</b>	3	
Oxacillin Sodium (Injection Solution Reconstituted)	3		<b>Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution)</b>	3	
<b>Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)</b>	3		<b>Zosyn (40.5 (36-4.5)GM Intravenous Solution Reconstituted)</b>	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	3		Macrolides		
			<b>Azasite (Ophthalmic Solution)</b>	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
Azithromycin (Intravenous Solution Reconstituted)	1		Erythrocin Lactobionate (Intravenous Solution Reconstituted)	3	
<b>Azithromycin (Oral Packet)</b>	1		Erythrocin Stearate (Oral Tablet)	3	
Azithromycin (Oral Suspension Reconstituted)	1		Erythromycin Base (Oral Capsule Delayed Release Particles)	3	
Azithromycin (Oral Tablet)	1		Erythromycin Base (Oral Tablet Immediate Release)	3	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	2		Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	3	
Clarithromycin (Oral Suspension Reconstituted)	3		Erythromycin Ethylsuccinate (400MG/5ML Oral Suspension Reconstituted)	4	
Clarithromycin (Oral Tablet Immediate Release)	2		Erythromycin Ethylsuccinate (Oral Tablet)	3	
<b>Dificid (Oral Tablet)</b>	4		Erythromycin (Ophthalmic Ointment)	1	
E.E.S. 400 (Oral Tablet)	3		<b>Zithromax (Intravenous Solution Reconstituted)</b>	3	
<b>E.E.S. Granules (Oral Suspension Reconstituted)</b>	3		<b>Zithromax (Oral Packet)</b>	3	
<b>EryPed 200 (Oral Suspension Reconstituted)</b>	3		<b>Zithromax (Oral Suspension Reconstituted)</b>	3	
<b>EryPed 400 (Oral Suspension Reconstituted)</b>	4				
Ery-Tab (Oral Tablet Delayed Release)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Zithromax (250MG Oral Tablet, 500MG Oral Tablet)</b>	3		Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	1	
<b>Zithromax Tri-Pak (Oral Tablet)</b>	3		Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	1	
<b>Zithromax Z-Pak (Oral Tablet)</b>	3		Ciprofloxacin (Oral Suspension Reconstituted)	3	
Quinolones			Gatifloxacin (Ophthalmic Solution)	2	
<b>Avelox (400MG Oral Tablet)</b>	3		Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	2	
<b>Baxdela (Intravenous Solution Reconstituted)</b>	4		Levofloxacin (25MG/ML Intravenous Solution)	3	
<b>Baxdela (Oral Tablet)</b>	4		Levofloxacin (0.5% Ophthalmic Solution)	2	
<b>Besivance (Ophthalmic Suspension)</b>	3		Levofloxacin (25MG/ML Oral Solution)	3	
<b>Ciloxan (Ophthalmic Ointment)</b>	3		Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	
<b>Ciloxan (Ophthalmic Solution)</b>	3		<b>Moxeza (Ophthalmic Solution)</b>	3	
<b>Cipro (Oral Suspension Reconstituted)</b>	3		Moxifloxacin HCl in NaCl (Intravenous Solution)	3	
<b>Cipro (Oral Tablet)</b>	3				
Ciprofloxacin HCl (Ophthalmic Solution)	1				
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	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
Moxifloxacin HCl (Ophthalmic Solution)	2		Sulfamethoxazole-Trimethoprim (Oral Suspension)	2	
Moxifloxacin HCl (Oral Tablet)	2		Sulfamethoxazole-Trimethoprim (Oral Tablet)	1	
<b>Ocuflox (Ophthalmic Solution)</b>	3		<b>Tetracyclines</b>		
Ofloxacin (Ophthalmic Solution)	1		Demeclocycline HCl (Oral Tablet)	3	
Ofloxacin (Oral Tablet)	3		<b>Doryx MPC (Oral Tablet Delayed Release)</b>	3	
Ofloxacin (Otic Solution)	2		<b>Doryx (200MG Oral Tablet Delayed Release)</b>	4	
<b>Vigamox (Ophthalmic Solution)</b>	3		<b>Doryx (50MG Oral Tablet Delayed Release)</b>	3	
<b>Xepi (External Cream)</b>	3		Doxy 100 (Intravenous Solution Reconstituted)	3	
<b>Zymaxid (Ophthalmic Solution)</b>	3		Doxycycline Hyclate (Oral Capsule)	2	
<b>Sulfonamides</b>			Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	2	
<b>Bactrim DS (Oral Tablet)</b>	3		Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	3	
<b>Bactrim (Oral Tablet)</b>	3				
Bleph-10 (Ophthalmic Solution)	3				
<b>Silvadene (External Cream)</b>	3				
Silver Sulfadiazine (External Cream)	1				
<b>SSD (External Cream)</b>	1				
Sulfacetamide Sodium (Ophthalmic Ointment)	1				
Sulfacetamide Sodium (Ophthalmic Solution)	1				
Sulfadiazine (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
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		Mondoxyne NL (100MG Oral Capsule)	1	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	1		Mondoxyne NL (75MG Oral Capsule)	3	
Doxycycline Monohydrate (150MG Oral Capsule, 75MG Oral Capsule)	3		Morgidox (50MG Oral Capsule)	2	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	3		<b>Nuzyra (Intravenous Solution Reconstituted)</b>	4	PA
Doxycycline Monohydrate (Oral Tablet)	2		<b>Nuzyra (Oral Tablet)</b>	4	PA; QL
<b>Minocin (50MG Oral Capsule)</b>	3		<b>Oracea (Oral Capsule Delayed Release)</b>	3	
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	3	QL	<b>Solodyn (Oral Tablet Extended Release 24 Hour)</b>	4	QL
Minocycline HCl (Oral Capsule)	1		Soloxide (Oral Tablet Delayed Release)	3	
Minocycline HCl (Oral Tablet Immediate Release)	3		TARGADOX (Oral Tablet)	3	
			Tetracycline HCl (Oral Capsule)	3	
			<b>Vibramycin (Oral Capsule)</b>	3	
			<b>Vibramycin (Oral Suspension Reconstituted)</b>	3	
			<b>Vibramycin (50MG/5ML Oral Syrup)</b>	3	
			<b>Ximino (Oral Capsule Extended Release 24 Hour)</b>	4	QL
			Anticonvulsants		
			Anticonvulsants, Other		

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>BRIVIACT (Oral Solution)</b>	4	PA; QL
<b>BRIVIACT (Oral Tablet)</b>	4	PA; QL
<b>Epidiolex (Oral Solution)</b>	4	PA
<b>Keppra (Oral Solution)</b>	4	
<b>Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)</b>	4	
<b>Keppra (250MG Oral Tablet Immediate Release)</b>	3	
<b>Keppra XR (Oral Tablet Extended Release 24 Hour)</b>	4	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	2	
Levetiracetam (Oral Solution)	1	
Levetiracetam (Oral Tablet Immediate Release)	1	
Roweepra (Oral Tablet Immediate Release)	1	
Roweepra XR (Oral Tablet Extended Release 24 Hour)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble)</b>	3	
Calcium Channel Modifying Agents		
<b>Celontin (Oral Capsule)</b>	3	
Ethosuximide (Oral Capsule)	3	
Ethosuximide (Oral Solution)	3	
<b>Zarontin (Oral Capsule)</b>	3	
Zarontin (Oral Solution)	3	
<b>Zonegran (Oral Capsule)</b>	4	
Zonisamide (Oral Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Clobazam (2.5MG/ML Oral Suspension)	4	PA; QL
Clobazam (10MG Oral Tablet)	3	PA; QL
Clobazam (20MG Oral Tablet)	4	PA; QL
<b>Depakene (Oral Capsule)</b>	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Diastat AcuDial (Rectal Gel)</b>	3		Tiagabine HCl (Oral Tablet)	3	
<b>Diastat Pediatric (Rectal Gel)</b>	3		Valproic Acid (Oral Capsule)	2	
Gabapentin (Oral Capsule)	1		Valproic Acid (Oral Solution)	1	
Gabapentin (250MG/5ML Oral Solution)	2		Vigabatrin (Oral Packet)	4	PA; LA; QL
Gabapentin (Oral Tablet)	1		Vigabatrin (Oral Tablet)	4	PA; LA; QL
<b>Gabitril (Oral Tablet)</b>	4		Vigadrone (Oral Packet)	4	PA; LA; QL
<b>Mysoline (Oral Tablet)</b>	4		Glutamate Reducing Agents		
<b>Neurontin (100MG Oral Capsule)</b>	3		Felbamate (Oral Suspension)	4	
<b>Neurontin (300MG Oral Capsule, 400MG Oral Capsule)</b>	4		Felbamate (Oral Tablet)	3	
<b>Neurontin (Oral Solution)</b>	3		<b>Felbatol (Oral Suspension)</b>	4	
<b>Neurontin (Oral Tablet)</b>	4		<b>Felbatol (Oral Tablet)</b>	4	
<b>Onfi (Oral Suspension)</b>	4	PA; QL	<b>Fycompa (Oral Suspension)</b>	4	
<b>Onfi (Oral Tablet)</b>	4	PA; QL	<b>Fycompa (Oral Tablet)</b>	4	
Phenobarbital (Oral Elixir)	3	PA; HRM	<b>Lamictal ODT (Oral Tablet Dispersible)</b>	4	
Phenobarbital (Oral Tablet)	3	PA; HRM	<b>Lamictal (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)</b>	4	
Primidone (Oral Tablet)	1				
<b>Sabril (Oral Packet)</b>	4	PA; LA; QL			
<b>Sabril (Oral Tablet)</b>	4	PA; LA; QL			
<b>Sympazan (Oral Film)</b>	4	PA; 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
Lamictal (25MG Oral Tablet Chewable)	4		Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	1	
Lamictal (5MG Oral Tablet Chewable)	3		Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	2	
Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	3		Lamotrigine ODT (Oral Tablet Dispersible)	3	
Lamictal Starter (98 Tablets Oral Kit)	4		Lamotrigine Starter Kit-Blue (Oral Kit)	3	
Lamictal XR (Oral Kit)	3		Lamotrigine Starter Kit-Green (Oral Kit)	4	
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-Orange (Oral Kit)	3	
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	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

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)</b>	4		<b>Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)</b>	3	PA
<b>Topamax (25MG Oral Tablet)</b>	3		Sodium Channel Agents		
<b>Topamax Sprinkle (15MG Oral Capsule Sprinkle)</b>	3		<b>Aptiom (Oral Tablet)</b>	4	QL
<b>Topamax Sprinkle (25MG Oral Capsule Sprinkle)</b>	4		<b>Banzel (Oral Suspension)</b>	4	
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	<b>Banzel (Oral Tablet)</b>	4	
Topiramate ER (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	4	PA	Carbamazepine ER (100MG Oral Capsule Extended Release 12 Hour, 200MG Oral Capsule Extended Release 12 Hour, 300MG Oral Capsule Extended Release 12 Hour)	2	
Topiramate (Oral Capsule Sprinkle Immediate Release)	2		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 Tablet)	1		Carbamazepine (Oral Suspension)	2	
<b>Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)</b>	4	PA	Carbamazepine (Oral Tablet Immediate Release)	2	
			Carbamazepine (Oral Tablet Chewable)	2	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Carbatrol (Oral Capsule Extended Release 12 Hour)</b>	3		Phenytoin Sodium Extended (Oral Capsule)	1	
Dilantin INFATABS (Oral Tablet Chewable)	2		<b>Tegretol (Oral Suspension)</b>	3	
Dilantin (Oral Capsule)	2		<b>Tegretol (Oral Tablet Immediate Release)</b>	3	
<b>Dilantin (Oral Suspension)</b>	3		<b>Tegretol XR (Oral Tablet Extended Release 12 Hour)</b>	3	
Epitol (Oral Tablet)	2		<b>Trileptal (Oral Suspension)</b>	4	
Oxcarbazepine (300MG/5ML Oral Suspension)	3		<b>Trileptal (150MG Oral Tablet)</b>	3	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	2		<b>Trileptal (300MG Oral Tablet, 600MG Oral Tablet)</b>	4	
<b>Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)</b>	3	PA	<b>Vimpat (Oral Solution)</b>	3	QL
<b>Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)</b>	4	PA	<b>Vimpat (Oral Tablet)</b>	3	QL
<b>Peganone (Oral Tablet)</b>	3		Antidementia Agents		
Phenytek (Oral Capsule)	1		Cholinesterase Inhibitors		
Phenytoin (Oral Suspension)	1		<b>Aricept (Oral Tablet)</b>	3	QL
Phenytoin (Oral Tablet Chewable)	1		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
			<b>Exelon (Transdermal Patch 24 Hour)</b>	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
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	3		<b>Namenda (Oral Tablet)</b>	3	PA; QL
Galantamine Hydrobromide (Oral Solution)	3		<b>Namenda Titration Pak (Oral Tablet)</b>	3	PA
Galantamine Hydrobromide (Oral Tablet)	2		<b>Namenda XR (Oral Capsule Extended Release 24 Hour)</b>	3	PA; QL
<b>Razadyne ER (Oral Capsule Extended Release 24 Hour)</b>	3		<b>Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)</b>	3	PA; QL
<b>Razadyne (Oral Tablet)</b>	3		Antidepressants		
Rivastigmine Tartrate (Oral Capsule)	2		Antidepressants, Other		
Rivastigmine (Transdermal Patch 24 Hour)	3	ST; QL	<b>Aplenzin (Oral Tablet Extended Release 24 Hour)</b>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1	
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	
Memantine HCl (Oral Solution)	3	PA; QL	Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	3	
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL	Bupropion HCl (Oral Tablet Immediate Release)	1	
<b>Memantine HCl Titration Pak (Oral Tablet)</b>	1	PA	Chlordiazepoxide-Amitriptyline (Oral Tablet)	3	PA; HRM

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Forfivo XL (Oral Tablet Extended Release 24 Hour)</b>	3		Tranylcypromine Sulfate (Oral Tablet)	3	
Mirtazapine (Oral Tablet)	1		SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Mirtazapine ODT (Oral Tablet Dispersible)	2		<b>Brisdelle (Oral Capsule)</b>	3	PA; HRM
Olanzapine-Fluoxetine HCl (Oral Capsule)	3		<b>Celexa (Oral Tablet)</b>	3	
Perphenazine-Amitriptyline (Oral Tablet)	3	PA; HRM	Citalopram Hydrobromide (Oral Solution)	2	
<b>Remeron (Oral Tablet)</b>	3		Citalopram Hydrobromide (Oral Tablet)	1	
<b>Remeron SolTab (Oral Tablet Dispersible)</b>	3		Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	3	
<b>Symbyax (Oral Capsule)</b>	3		Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	2	
<b>Wellbutrin SR (Oral Tablet Extended Release 12 Hour)</b>	3		<b>Effexor XR (Oral Capsule Extended Release 24 Hour)</b>	3	
<b>Wellbutrin XL (Oral Tablet Extended Release 24 Hour)</b>	4		Escitalopram Oxalate (Oral Solution)	3	
Monoamine Oxidase Inhibitors			Escitalopram Oxalate (Oral Tablet)	1	
<b>Emsam (Transdermal Patch 24 Hour)</b>	4		<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>	3	ST
<b>Marplan (Oral Tablet)</b>	3				
<b>Nardil (Oral Tablet)</b>	3				
<b>Parnate (Oral Tablet)</b>	4				
Phenelzine Sulfate (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
<b>Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)</b>	3	ST	Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	3	PA; HRM
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	1		Paroxetine HCl (Oral Tablet Immediate Release)	1	PA; HRM
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	3		Paroxetine Mesylate (Oral Capsule)	3	PA; HRM
Fluoxetine HCl (20MG/5ML Oral Solution)	1		<b>Paxil CR (Oral Tablet Extended Release 24 Hour)</b>	3	PA; HRM
Fluoxetine HCl (10MG Oral Tablet)	1		<b>Paxil (Oral Suspension)</b>	3	PA; HRM
Fluoxetine HCl (20MG Oral Tablet, 60MG Oral Tablet)	3		<b>Paxil (Oral Tablet Immediate Release)</b>	3	PA; HRM
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	3		<b>Pexeva (Oral Tablet)</b>	3	PA; HRM
Fluvoxamine Maleate (Oral Tablet)	2		<b>Pristiq (Oral Tablet Extended Release 24 Hour)</b>	3	
<b>Khedezia (Oral Tablet Extended Release 24 Hour)</b>	3		<b>Prozac (10MG Oral Capsule)</b>	3	
<b>Lexapro (Oral Tablet)</b>	3		<b>Prozac (20MG Oral Capsule, 40MG Oral Capsule)</b>	4	
Maprotiline HCl (Oral Tablet)	2		<b>Sarafem (Oral Tablet)</b>	3	
Nefazodone HCl (Oral Tablet)	3		Sertraline HCl (Oral Concentrate)	2	
			Sertraline HCl (Oral Tablet)	1	
			Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	1	
			Trazodone HCl (300MG Oral Tablet)	2	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Trintellix (Oral Tablet)</b>	3	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1	
Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	3	
Venlafaxine HCl (Oral Tablet Immediate Release)	1	
<b>Viibryd (Oral Tablet)</b>	3	
<b>Viibryd Starter Pack (Oral Kit)</b>	3	
<b>Zoloft (Oral Tablet)</b>	3	
Tricyclics		
Amitriptyline HCl (Oral Tablet)	3	HRM
Amoxapine (Oral Tablet)	2	PA; HRM
<b>Anafranil (Oral Capsule)</b>	4	PA; HRM
Clomipramine HCl (Oral Capsule)	3	PA; HRM
Desipramine HCl (Oral Tablet)	3	PA; HRM
Doxepin HCl (Oral Capsule)	3	PA; HRM
Doxepin HCl (Oral Concentrate)	3	PA; HRM
Imipramine HCl (Oral Tablet)	3	PA; HRM
Imipramine Pamoate (Oral Capsule)	3	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Norpramin (Oral Tablet)</b>	3	PA; HRM
Nortriptyline HCl (Oral Capsule)	1	PA; HRM
Nortriptyline HCl (Oral Solution)	2	PA; HRM
<b>Pamelor (Oral Capsule)</b>	4	PA; HRM
Protriptyline HCl (Oral Tablet)	3	PA; HRM
<b>Surmontil (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)</b>	3	PA; HRM
Tofranil (Oral Tablet)	4	PA; HRM
Trimipramine Maleate (Oral Capsule)	3	PA; HRM
Antiemetics		
Antiemetics, Other		
<b>Bonjesta (Oral Tablet Extended Release)</b>	3	PA; HRM
Compro (Rectal Suppository)	3	
<b>Diclegis (Oral Tablet Delayed Release)</b>	3	PA; HRM
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	3	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	3	PA; HRM
Meclizine HCl (Oral Tablet)	1	HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metoclopramide HCl (5MG/5ML Oral Solution)	1		<b>Emend (Oral Suspension Reconstituted)</b>	3	PA
Metoclopramide HCl (Oral Tablet)	1		<b>Emend Tri-Pack (Oral Capsule)</b>	4	PA
Metoclopramide HCl ODT (Oral Tablet Dispersible)	3		Granisetron HCl (Oral Tablet)	2	B/D, PA
Perphenazine (Oral Tablet)	2		<b>Marinol (10MG Oral Capsule, 5MG Oral Capsule)</b>	4	PA
Prochlorperazine Maleate (Oral Tablet)	1		<b>Marinol (2.5MG Oral Capsule)</b>	3	PA
Prochlorperazine (Rectal Suppository)	3		Ondansetron HCl (Oral Solution)	2	B/D, PA
<b>Reglan (Oral Tablet)</b>	3		Ondansetron HCl (Oral Tablet)	1	B/D, PA
Scopolamine (Transdermal Patch 72 Hour)	2	PA; HRM	Ondansetron ODT (Oral Tablet Dispersible)	1	B/D, PA
<b>Tigan (Oral Capsule)</b>	3	B/D, PA	<b>Sancuso (Transdermal Patch)</b>	4	
<b>Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)</b>	3	PA; HRM	<b>Syndros (Oral Solution)</b>	4	PA
Trimethobenzamide HCl (Oral Capsule)	2	B/D, PA	<b>Varubi (Oral Tablet)</b>	3	B/D, PA
<b>Vistaril (Oral Capsule)</b>	3	PA; HRM	<b>Zofran (8MG Oral Tablet)</b>	4	B/D, PA
Emetogenic Therapy Adjuncts			<b>Zuplenz (Oral Film)</b>	4	B/D, PA
Aprepitant (Oral Therapy Pack, Oral Capsule)	3	PA	Antifungals		
<b>Cesamet (Oral Capsule)</b>	4	PA	Antifungals		
Dronabinol (Oral Capsule)	3	PA	<b>Abelcet (Intravenous Suspension)</b>	3	B/D, PA
<b>Emend (Oral Capsule)</b>	3	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
<b>AmBisome (Intravenous Suspension Reconstituted)</b>	4	B/D, PA	Clotrimazole (External Solution)	2	
Amphotericin B (Intravenous Solution Reconstituted)	3	B/D, PA	Clotrimazole (Mouth/Throat Lozenge)	1	
<b>Ancobon (Oral Capsule)</b>	4		<b>Cresemba (Oral Capsule)</b>	4	PA
<b>AVC Vaginal (Vaginal Cream)</b>	3		<b>Diflucan (Oral Suspension Reconstituted)</b>	3	
<b>Candidas (Intravenous Solution Reconstituted)</b>	4		<b>Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)</b>	3	
Caspofungin Acetate (50MG Intravenous Solution Reconstituted)	4		<b>Diflucan (200MG Oral Tablet)</b>	4	
Caspofungin Acetate (70MG Intravenous Solution Reconstituted)	3		Econazole Nitrate (External Cream)	2	QL
Ciclopirox (External Gel)	2		<b>Eraxis (100MG Intravenous Solution Reconstituted)</b>	4	
Ciclopirox (External Shampoo)	2		<b>Eraxis (50MG Intravenous Solution Reconstituted)</b>	3	
Ciclopirox (External Solution)	2		<b>Ertaczo (External Cream)</b>	4	
Ciclopirox Olamine (External Cream)	2		<b>Exelderm (External Cream)</b>	3	
Ciclopirox Olamine (External Suspension)	2		<b>Exelderm (External Solution)</b>	3	
Clotrimazole (External Cream)	1		<b>Extina (External Foam)</b>	4	QL
			Fluconazole in Sodium Chloride (Intravenous Solution)	2	

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluconazole (Oral Suspension Reconstituted)	2		<b>Loprox (External Shampoo)</b>	4	
Fluconazole (Oral Tablet)	1		<b>Luliconazole (External Cream)</b>	3	QL
Flucytosine (Oral Capsule)	4		<b>Luzu (External Cream)</b>	3	QL
Griseofulvin Microsize (Oral Suspension)	2		<b>Mentax (External Cream)</b>	3	
Griseofulvin Microsize (Oral Tablet)	3		Miconazole 3 (Vaginal Suppository)	2	
Griseofulvin Ultramicrosize (Oral Tablet)	3		<b>Mycamine (Intravenous Solution Reconstituted)</b>	4	
Gynazole-1 (Vaginal Cream)	3		Naftifine HCl (External Cream)	3	
Itraconazole (Oral Capsule)	3	PA	<b>Naftin (External Cream)</b>	3	
Itraconazole (Oral Solution)	4	PA	<b>Naftin (External Gel)</b>	3	
<b>Jublia (External Solution)</b>	3		<b>Natacyn (Ophthalmic Suspension)</b>	3	
<b>Kerydin (External Solution)</b>	4	ST	<b>Nizoral (External Shampoo)</b>	3	
Ketoconazole (External Cream)	1	QL	<b>Noxafil (Oral Suspension)</b>	4	QL
Ketoconazole (External Foam)	3	QL	<b>Noxafil (Oral Tablet Delayed Release)</b>	4	PA; QL
Ketoconazole (External Shampoo)	1		Nyamyc (External Powder)	1	
Ketoconazole (Oral Tablet)	1		Nystatin (External Cream)	1	
<b>Loprox (External Cream)</b>	3		Nystatin (External Ointment)	1	
			Nystatin (External Powder)	1	

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nystatin (Mouth/Throat Suspension)	1	
Nystatin (Oral Tablet)	1	
Nystatin-Triamcinolone (External Cream)	2	
Nystatin-Triamcinolone (External Ointment)	2	
Nystop (External Powder)	1	
<b>Oravig (Buccal Tablet)</b>	4	
Oxiconazole Nitrate (External Cream)	3	QL
<b>Oxistat (External Cream)</b>	4	QL
<b>Oxistat (External Lotion)</b>	4	QL
<b>Sporanox (Oral Capsule)</b>	4	PA
<b>Sporanox (Oral Solution)</b>	4	PA
Terbinafine HCl (Oral Tablet)	1	
Terconazole (Vaginal Cream)	2	
Terconazole (Vaginal Suppository)	2	
<b>Tolsura (Oral Capsule)</b>	4	PA
<b>Vfend IV (Intravenous Solution Reconstituted)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Vfend (Oral Suspension Reconstituted)</b>	4	
<b>Vfend (Oral Tablet)</b>	4	
Voriconazole (Intravenous Solution Reconstituted)	4	
Voriconazole (Oral Suspension Reconstituted)	4	
Voriconazole (Oral Tablet)	3	
<b>Antigout Agents</b>		
Antigout Agents		
Allopurinol (Oral Tablet)	1	
<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)</b>	2	QL
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	2	QL
<b>Colcrys (Oral Tablet)</b>	3	PA; QL
<b>Mitigare (Oral Capsule)</b>	3	QL
Probenecid (Oral Tablet)	1	
Probenecid-Colchicine (Oral Tablet)	1	
<b>Uloric (Oral Tablet)</b>	3	ST
<b>Zyloprim (Oral Tablet)</b>	3	
<b>Antimigraine Agents</b>		
Ergot Alkaloids		
Cafergot (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
Dihydroergotamine Mesylate (Nasal Solution)	4		<b>Amerge (Oral Tablet)</b>	3	QL
Ergotamine-Caffeine (Oral Tablet)	2		Eletriptan Hydrobromide (Oral Tablet)	3	ST; QL
Migergot (Rectal Suppository)	4		<b>Frova (Oral Tablet)</b>	4	ST; QL
<b>Migranal (Nasal Solution)</b>	4		Frovatriptan Succinate (Oral Tablet)	3	ST; QL
Prophylactic			<b>Imitrex (Nasal Solution)</b>	3	QL
<b>Aimovig (Subcutaneous Solution Auto-Injector)</b>	3	PA; QL	<b>Imitrex (Oral Tablet)</b>	3	QL
<b>Ajovy (Subcutaneous Solution Prefilled Syringe)</b>	3	PA; QL	<b>Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)</b>	4	QL
<b>Emgality (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	3	PA; QL	<b>Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)</b>	4	QL
<b>Emgality (Subcutaneous Solution Auto-Injector)</b>	3	PA; QL	<b>Imitrex (Subcutaneous Solution)</b>	4	QL
<b>Emgality (Subcutaneous Solution Prefilled Syringe)</b>	3	PA; QL	<b>Maxalt (Oral Tablet)</b>	3	QL
Timolol Maleate (Oral Tablet)	2		<b>Maxalt-MLT (Oral Tablet Dispersible)</b>	3	QL
Serotonin (5-HT) 1b/1d Receptor Agonists			Naratriptan HCl (Oral Tablet)	2	QL
Almotriptan Malate (Oral Tablet)	3	ST; QL	<b>Onzetra Xsail (Nasal Exhaler Powder)</b>	4	QL
			<b>Relpax (Oral Tablet)</b>	3	ST; QL
			Rizatriptan Benzoate (Oral Tablet)	2	QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	2	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	3	QL
Sumatriptan (Nasal Solution)	3	QL	Sumatriptan-Naproxen Sodium (Oral Tablet)	3	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	QL	<b>Treximet (Oral Tablet)</b>	4	QL
<b>Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)</b>	3	QL	<b>Zembrace SymTouch (Subcutaneous Solution Auto-Injector)</b>	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	3	QL	Zolmitriptan (Oral Tablet)	3	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	3	QL	Zolmitriptan ODT (Oral Tablet Dispersible)	3	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	3	QL	<b>Zomig (Nasal Solution)</b>	3	QL
<b>Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)</b>	3	QL	<b>Zomig (Oral Tablet)</b>	4	QL
			<b>Zomig ZMT (Oral Tablet Dispersible)</b>	4	QL
			Antimyasthenic Agents		
			Parasympathomimetics		
			<b>Guanidine HCl (Oral Tablet)</b>	2	
			<b>Mestinon (Oral Syrup)</b>	4	
			<b>Mestinon (Oral Tablet Immediate Release)</b>	4	
			<b>Mestinon (Oral Tablet Extended Release)</b>	4	
			Pyridostigmine Bromide ER (Oral Tablet Extended Release)	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
Pyridostigmine Bromide (Oral Solution)	4		Rifampin (Intravenous Solution Reconstituted)	3	
Pyridostigmine Bromide (30MG Oral Tablet Immediate Release)	4		Rifampin (Oral Capsule)	2	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	2		<b>Rifater (Oral Tablet)</b>	4	
<b>Antimycobacterials</b>			<b>Sirturo (Oral Tablet)</b>	4	PA; LA
Antimycobacterials, Other			<b>Trecator (Oral Tablet)</b>	3	
Dapsone (Oral Tablet)	2		<b>Antineoplastics</b>		
<b>Mycobutin (Oral Capsule)</b>	4		Alkylating Agents		
Rifabutin (Oral Capsule)	3		Cyclophosphamide (Oral Capsule)	2	B/D, PA
<b>Antituberculars</b>			<b>Gleostine (100MG Oral Capsule)</b>	4	
Ethambutol HCl (Oral Tablet)	2		<b>Gleostine (10MG Oral Capsule)</b>	2	
Isoniazid (Oral Syrup)	3		<b>Gleostine (40MG Oral Capsule)</b>	3	
Isoniazid (Oral Tablet)	1		<b>Leukeran (Oral Tablet)</b>	4	
<b>Myambutol (400MG Oral Tablet)</b>	3		<b>Matulane (Oral Capsule)</b>	4	LA
Paser (Oral Packet)	3		<b>Valchlor (External Gel)</b>	4	PA; LA
<b>Priftin (Oral Tablet)</b>	3		<b>Antiandrogens</b>		
Pyrazinamide (Oral Tablet)	3		Abiraterone Acetate (Oral Tablet)	4	PA
<b>Rifadin (150MG Oral Capsule)</b>	3		Bicalutamide (Oral Tablet)	1	
Rifamate (Oral Capsule)	3		<b>Casodex (Oral Tablet)</b>	4	
			<b>Erleada (Oral Tablet)</b>	4	PA; QL
			Flutamide (Oral Capsule)	3	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Nilandron (Oral Tablet)</b>	4	
Nilutamide (Oral Tablet)	4	
<b>Xtandi (Oral Capsule)</b>	4	PA; LA
<b>Yonsa (Oral Tablet)</b>	4	PA
<b>Zytiga (Oral Tablet)</b>	4	PA
Antiangiogenic Agents		
<b>Pomalyst (Oral Capsule)</b>	4	PA
<b>Revlimid (Oral Capsule)</b>	4	PA; LA
<b>Thalomid (Oral Capsule)</b>	4	PA; QL
Antiestrogens/Modifiers		
<b>Emcyt (Oral Capsule)</b>	4	
<b>Fareston (Oral Tablet)</b>	4	
<b>Soltamox (Oral Solution)</b>	4	
Tamoxifen Citrate (Oral Tablet)	1	
Toremifene Citrate (Oral Tablet)	4	
Antimetabolites		
<b>Droxia (Oral Capsule)</b>	3	
<b>Hydrea (Oral Capsule)</b>	3	
Hydroxyurea (Oral Capsule)	1	
Mercaptopurine (Oral Tablet)	2	
<b>Purixan (Oral Suspension)</b>	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tabloid (Oral Tablet)</b>	3	PA
Antineoplastics, Other		
<b>Copiktra (Oral Capsule)</b>	4	PA; QL
<b>Kisqali (200MG Dose) (Oral Tablet)</b>	4	PA
<b>Kisqali (400MG Dose) (Oral Tablet)</b>	4	PA
<b>Kisqali (600MG Dose) (Oral Tablet)</b>	4	PA
<b>Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)</b>	4	PA
<b>Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)</b>	4	PA
<b>Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)</b>	4	PA
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet)	2	
Leucovorin Calcium (25MG Oral Tablet)	3	
Leucovorin Calcium (5MG Oral Tablet)	1	
<b>Lonsurf (Oral Tablet)</b>	4	PA; LA
<b>Lorbrena (Oral Tablet)</b>	4	PA; QL
<b>Ninlaro (Oral Capsule)</b>	4	PA; QL
<b>Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	4	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	4	PA; QL	<b>Alecensa (Oral Capsule)</b>	4	PA; LA
<b>Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	4	PA; QL	<b>Alunbrig (Oral Tablet)</b>	4	PA; LA; QL
<b>Synribo (Subcutaneous Solution Reconstituted)</b>	4	PA	<b>Alunbrig (Oral Tablet Therapy Pack)</b>	4	PA; LA; QL
<b>Verzenio (Oral Tablet)</b>	4	PA; LA	<b>Bosulif (Oral Tablet)</b>	4	PA
<b>Zolinza (Oral Capsule)</b>	4	PA	<b>Braftovi (Oral Capsule)</b>	4	PA
Aromatase Inhibitors, 3rd Generation			<b>Cabometyx (Oral Tablet)</b>	4	PA; LA; QL
Anastrozole (Oral Tablet)	1		<b>Calquence (Oral Capsule)</b>	4	PA; QL
<b>Arimidex (Oral Tablet)</b>	4		<b>Caprelsa (Oral Tablet)</b>	4	PA; LA
<b>Aromasin (Oral Tablet)</b>	4		<b>Cometriq (100MG Daily Dose) (Oral Kit)</b>	4	PA; LA
Exemestane (Oral Tablet)	3		<b>Cometriq (140MG Daily Dose) (Oral Kit)</b>	4	PA; LA
<b>Femara (Oral Tablet)</b>	4		<b>Cometriq (60MG Daily Dose) (Oral Kit)</b>	4	PA; LA
Letrozole (Oral Tablet)	1		<b>Cotellic (Oral Tablet)</b>	4	PA; LA
Enzyme Inhibitors			<b>Daurismo (Oral Tablet)</b>	4	PA; LA; QL
<b>Balversa (Oral Tablet)</b>	4	PA; QL	<b>Erivedge (Oral Capsule)</b>	4	PA; LA; QL
<b>Rubraca (Oral Tablet)</b>	4	PA; LA	Erlotinib HCl (Oral Tablet)	4	PA; QL
<b>Talzenna (Oral Capsule)</b>	4	PA; LA; QL	<b>Farydak (Oral Capsule)</b>	4	PA
<b>Zejula (Oral Capsule)</b>	4	PA; LA; QL	<b>Gilotrif (Oral Tablet)</b>	4	PA; LA
Molecular Target Inhibitors			<b>Gleevec (Oral Tablet)</b>	4	PA; QL
<b>Afinitor Disperz (Oral Tablet Soluble)</b>	4	PA	<b>Ibrance (Oral Capsule)</b>	4	PA; LA
<b>Afinitor (Oral Tablet)</b>	4	PA	<b>Iclusig (Oral Tablet)</b>	4	PA; LA

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>IDHIFA (Oral Tablet)</b>	4	PA; LA
Imatinib Mesylate (Oral Tablet)	4	PA; QL
<b>Imbruvica (Oral Capsule)</b>	4	PA; LA; QL
<b>Imbruvica (Oral Tablet)</b>	4	PA; QL
<b>Inlyta (Oral Tablet)</b>	4	PA; LA; QL
<b>Iressa (Oral Tablet)</b>	4	PA; LA; QL
<b>Jakafi (Oral Tablet)</b>	4	PA; LA; QL
<b>Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)</b>	4	PA; LA
<b>Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)</b>	4	PA; LA
<b>Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)</b>	4	PA; LA
<b>Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)</b>	4	PA; LA
<b>Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)</b>	4	PA; LA
<b>Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)</b>	4	PA; LA
<b>Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)</b>	4	PA; LA
<b>Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)</b>	4	PA; LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Lynparza (Oral Tablet)</b>	4	PA; LA
<b>Mekinist (Oral Tablet)</b>	4	PA; LA
<b>Mektovi (Oral Tablet)</b>	4	PA
<b>Nerlynx (Oral Tablet)</b>	4	PA; LA; QL
<b>Nexavar (Oral Tablet)</b>	4	PA; LA
<b>Odomzo (Oral Capsule)</b>	4	PA; LA; QL
<b>Rydapt (Oral Capsule)</b>	4	PA; QL
<b>Sprycel (Oral Tablet)</b>	4	PA
<b>Stivarga (Oral Tablet)</b>	4	PA; LA; QL
<b>Sutent (Oral Capsule)</b>	4	PA
<b>Tafinlar (Oral Capsule)</b>	4	PA; LA
<b>Tagrisso (Oral Tablet)</b>	4	PA; LA
<b>Tarceva (Oral Tablet)</b>	4	PA; LA; QL
<b>Tasigna (Oral Capsule)</b>	4	PA
<b>Tibsovo (Oral Tablet)</b>	4	PA; QL
<b>Tykerb (Oral Tablet)</b>	4	PA; LA
<b>Venclexta (100MG Oral Tablet, 50MG Oral Tablet)</b>	4	PA; LA
<b>Venclexta (10MG Oral Tablet)</b>	2	PA; LA
<b>Venclexta Starting Pack (Oral Tablet Therapy Pack)</b>	4	PA; LA
<b>Vitrakvi (Oral Capsule)</b>	4	PA; LA; QL
<b>Vitrakvi (Oral Solution)</b>	4	PA; LA; QL
<b>Vizimpro (Oral Tablet)</b>	4	PA; LA

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



Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Votrient (Oral Tablet)</b>	4	PA; LA; QL
<b>Xalkori (Oral Capsule)</b>	4	PA; LA
<b>Xospata (Oral Tablet)</b>	4	PA; QL
<b>Zelboraf (Oral Tablet)</b>	4	PA; LA; QL
<b>Zydelig (Oral Tablet)</b>	4	PA; LA
<b>Zykadia (Oral Capsule)</b>	4	PA
<b>Zykadia (Oral Tablet)</b>	4	PA
Retinoids		
Bexarotene (Oral Capsule)	4	PA
<b>Panretin (External Gel)</b>	4	
<b>Targretin (External Gel)</b>	4	PA
<b>Targretin (Oral Capsule)</b>	4	PA
Tretinoin (Oral Capsule)	4	
Treatment Adjuncts		
<b>Mesnex (Oral Tablet)</b>	4	
Antiparasitics		
Anthelmintics		
Albendazole (Oral Tablet)	4	QL
<b>Albenza (Oral Tablet)</b>	4	QL
<b>Biltricide (Oral Tablet)</b>	3	
Emverm (Oral Tablet Chewable)	4	
Ivermectin (Oral Tablet)	1	
Praziquantel (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Sklice (External Lotion)</b>	3	
<b>Stromectol (Oral Tablet)</b>	3	
Antiprotozoals		
<b>Alinia (Oral Suspension Reconstituted)</b>	4	
<b>Alinia (Oral Tablet)</b>	4	
Atovaquone (Oral Suspension)	4	
Atovaquone-Proguanil HCl (Oral Tablet)	2	
<b>Benznidazole (Oral Tablet)</b>	3	
Chloroquine Phosphate (Oral Tablet)	2	
<b>Coartem (Oral Tablet)</b>	3	
<b>DARAPRIM (Oral Tablet)</b>	4	
Hydroxychloroquine Sulfate (Oral Tablet)	1	
<b>Krintafel (Oral Tablet)</b>	3	
<b>Malarone (Oral Tablet)</b>	3	
Mefloquine HCl (Oral Tablet)	1	
<b>Mepron (Oral Suspension)</b>	4	
<b>Nebupent (Inhalation Solution Reconstituted)</b>	3	B/D, PA; QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>PENTAM 300 (Injection Solution Reconstituted)</b>	3	
<b>Plaquenil (Oral Tablet)</b>	3	
Primaquine Phosphate (Oral Tablet)	2	
<b>Qaluaquin (Oral Capsule)</b>	3	PA
Quinine Sulfate (Oral Capsule)	3	PA
Pediculicides/Scabicides		
<b>Elimite (External Cream)</b>	3	
<b>Eurax (External Cream)</b>	3	
<b>Eurax (External Lotion)</b>	3	
Lindane (External Shampoo)	3	
Malathion (External Lotion)	3	
<b>Natroba (External Suspension)</b>	3	
Ovide (External Lotion)	3	
Permethrin (External Cream)	2	
Antiparkinson Agents		
Anticholinergics		
Benzotropine Mesylate (Oral Tablet)	2	PA; HRM
Trihexyphenidyl HCl (Oral Elixir)	3	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trihexyphenidyl HCl (Oral Tablet)	3	PA; HRM
Antiparkinson Agents, Other		
Amantadine HCl (Oral Capsule)	2	
Amantadine HCl (Oral Syrup)	1	
Amantadine HCl (Oral Tablet)	2	
<b>Comtan (Oral Tablet)</b>	4	
Entacapone (Oral Tablet)	3	
<b>Gocovri (Oral Capsule Extended Release 24 Hour)</b>	4	PA
<b>Osmolex ER (Oral Tablet Extended Release 24 Hour)</b>	3	PA
<b>Tasmar (Oral Tablet)</b>	4	QL
Tolcapone (Oral Tablet)	4	QL
Dopamine Agonists		
<b>Apokyn (Subcutaneous Solution Cartridge)</b>	4	PA; LA; QL
Bromocriptine Mesylate (Oral Capsule)	3	
Bromocriptine Mesylate (Oral Tablet)	3	
<b>Inbrija (Inhalation Capsule)</b>	4	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Mirapex ER (Oral Tablet Extended Release 24 Hour)</b>	3	
<b>Mirapex (Oral Tablet Immediate Release)</b>	3	
<b>Neupro (Transdermal Patch 24 Hour)</b>	3	
<b>Parlodel (Oral Capsule)</b>	3	
<b>Parlodel (Oral Tablet)</b>	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	3	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	1	
<b>Requip XL (12MG Oral Tablet Extended Release 24 Hour, 8MG Oral Tablet Extended Release 24 Hour)</b>	4	
<b>Requip XL (4MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour,)</b>	3	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ropinirole HCl (Oral Tablet Immediate Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Oral Tablet)	3	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	2	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	3	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	3	
<b>Duopa (Enteral Suspension)</b>	4	PA
<b>Lodosyn (Oral Tablet)</b>	4	
<b>Rytary (Oral Capsule Extended Release)</b>	3	
<b>Sinemet CR (Oral Tablet Extended Release)</b>	3	
<b>Sinemet (Oral Tablet Immediate Release)</b>	3	
<b>Stalevo 100 (Oral Tablet)</b>	4	
<b>Stalevo 125 (Oral Tablet)</b>	4	
<b>Stalevo 150 (Oral Tablet)</b>	4	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Stalevo 200 (Oral Tablet)</b>	4		Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	1	
<b>Stalevo 50 (Oral Tablet)</b>	4		<b>Haldol Decanoate (Intramuscular Solution)</b>	3	
<b>Stalevo 75 (Oral Tablet)</b>	4		<b>Haldol (Injection Solution)</b>	3	
Monoamine Oxidase B (MAO-B) Inhibitors			Haloperidol Decanoate (Intramuscular Solution)	2	
<b>Azilect (Oral Tablet)</b>	3		Haloperidol Lactate (Injection Solution)	1	
Rasagiline Mesylate (Oral Tablet)	3		Haloperidol Lactate (Oral Concentrate)	1	
Selegiline HCl (Oral Capsule)	2		Haloperidol (Oral Tablet)	1	
Selegiline HCl (Oral Tablet)	2		Loxapine Succinate (Oral Capsule)	2	
<b>Zelapar (Oral Tablet Dispersible)</b>	4		Molindone HCl (Oral Tablet)	3	
Antipsychotics			Pimozide (Oral Tablet)	2	
1st Generation/Typical			Thioridazine HCl (Oral Tablet)	2	
Chlorpromazine HCl (Oral Tablet)	3		Thiothixene (Oral Capsule)	2	
Fluphenazine Decanoate (Injection Solution)	2		Trifluoperazine HCl (Oral Tablet)	2	
Fluphenazine HCl (2.5MG/ML Injection Solution)	2		2nd Generation/Atypical		
Fluphenazine HCl (5MG/ML Oral Concentrate)	3		<b>Abilify Maintena (Intramuscular Prefilled Syringe)</b>	4	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER)</b>	4		<b>Fanapt Titration Pack (Oral Tablet)</b>	3	ST
<b>Abilify (Oral Tablet)</b>	4	QL	<b>Geodon (Intramuscular Solution Reconstituted)</b>	3	
Aripiprazole (1MG/ML Oral Solution)	3	QL	<b>Geodon (Oral Capsule)</b>	4	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	1	QL	<b>Invega (3MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)</b>	4	PA; QL
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	4	QL	<b>Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)</b>	4	
<b>Aristada Initio (Intramuscular Prefilled Syringe)</b>	4		<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)</b>	3	
<b>Aristada (Intramuscular Prefilled Syringe)</b>	4				
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	4	ST; QL			
<b>Fanapt (1MG Oral Tablet, 2MG Oral Tablet)</b>	3	ST; QL			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe)</b>	4		Quetiapine Fumarate (Oral Tablet Immediate Release)	1	QL
<b>Latuda (Oral Tablet)</b>	4	QL	<b>Rexulti (Oral Tablet)</b>	4	QL
<b>Nuplazid (Oral Capsule)</b>	4	PA; QL	<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted)</b>	3	
<b>Nuplazid (Oral Tablet)</b>	4	PA; QL	<b>Risperdal Consta (25MG Intramuscular Suspension Reconstituted, 37.5MG Intramuscular Suspension Reconstituted, 50MG Intramuscular Suspension Reconstituted)</b>	4	
Olanzapine (10MG Intramuscular Solution Reconstituted)	3		<b>Risperdal (1MG/ML Oral Solution)</b>	4	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	QL	<b>Risperdal (0.25MG Oral Tablet, 0.5MG Oral Tablet)</b>	3	
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	2	QL	<b>Risperdal (1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)</b>	4	
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	3	QL	Risperidone (1MG/ML Oral Solution)	2	
<b>Perseris (Subcutaneous Prefilled Syringe)</b>	4				
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	2	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	1		<b>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)</b>	3	QL
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	3		<b>Seroquel XR (400MG Oral Tablet Extended Release 24 Hour)</b>	4	QL
<b>Saphris (Tablet Sublingual)</b>	4		<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	4	ST; QL
<b>Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)</b>	3	QL	<b>Vraylar (Oral Capsule Therapy Pack)</b>	3	ST
<b>Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)</b>	4	QL	Ziprasidone HCl (Oral Capsule)	2	QL
			<b>Zyprexa (10MG Intramuscular Solution Reconstituted)</b>	3	
			<b>Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</b>	3	QL
			<b>Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)</b>	4	QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)</b>	3		<b>Clozaril (25MG Oral Tablet)</b>	3	
<b>Zyprexa Zydis (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)</b>	4	QL	<b>FazaClo (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible)</b>	4	
<b>Zyprexa Zydis (5MG Oral Tablet Dispersible)</b>	3	QL	<b>FazaClo (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)</b>	3	
Treatment-Resistant			<b>Versacloz (Oral Suspension)</b>		
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	2		Antivirals		
Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible)	3		Anti-cytomegalovirus (CMV) Agents		
Clozapine ODT (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	2		<b>Prevymis (Oral Tablet)</b>	4	PA; QL
Clozapine ODT (200MG Oral Tablet Dispersible)	4		<b>Valcyte (Oral Solution Reconstituted)</b>	4	QL
<b>Clozaril (100MG Oral Tablet)</b>	4		<b>Valcyte (Oral Tablet)</b>	4	QL
			Valganciclovir HCl (Oral Solution Reconstituted)	4	QL
			Valganciclovir HCl (Oral Tablet)	4	QL
			<b>Zirgan (Ophthalmic Gel)</b>	3	
			Anti-hepatitis B (HBV) Agents		
			Adefovir Dipivoxil (Oral Tablet)	4	
			<b>Baraclude (Oral Solution)</b>	3	

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



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

**Bold type = Brand name drug**

Plain type = Generic drug

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nevirapine (Oral Suspension)	3	QL	<b>Combivir (Oral Tablet)</b>	4	QL
Nevirapine (Oral Tablet Immediate Release)	2	QL	<b>Descovy (Oral Tablet)</b>	4	QL
<b>Odefsey (Oral Tablet)</b>	4	QL	Didanosine (Oral Capsule Delayed Release)	3	QL
<b>Pifeltro (Oral Tablet)</b>	4	QL	<b>Emtriva (Oral Capsule)</b>	3	QL
<b>Rescriptor (Oral Tablet)</b>	3	QL	<b>Emtriva (Oral Solution)</b>	3	QL
<b>Sustiva (Oral Capsule)</b>	3	QL	<b>Epivir (Oral Solution)</b>	3	QL
<b>Sustiva (Oral Tablet)</b>	4	QL	<b>Epivir (Oral Tablet)</b>	3	QL
<b>Symfi Lo (Oral Tablet)</b>	4	QL	<b>Epzicom (Oral Tablet)</b>	4	QL
<b>Symfi (Oral Tablet)</b>	4	QL	Lamivudine (10MG/ML Oral Solution)	2	QL
<b>Viramune (Oral Suspension)</b>	4	QL	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	2	QL
<b>Viramune (Oral Tablet Immediate Release)</b>	4	QL	Lamivudine-Zidovudine (Oral Tablet)	3	QL
<b>Viramune XR (Oral Tablet Extended Release 24 Hour)</b>	4	QL	<b>Retrovir (Oral Capsule)</b>	3	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			<b>Retrovir (Oral Syrup)</b>	3	QL
Abacavir Sulfate (Oral Solution)	3	QL	Stavudine (Oral Capsule)	2	QL
Abacavir Sulfate (Oral Tablet)	3	QL	Tenofovir Disoproxil Fumarate (Oral Tablet)	3	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	3	QL	<b>Trizivir (Oral Tablet)</b>	4	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	4	QL	<b>Truvada (Oral Tablet)</b>	4	QL
<b>Biktarvy (Oral Tablet)</b>	4	QL	<b>Videx EC (Oral Capsule Delayed Release)</b>	3	QL
<b>Cimduo (Oral Tablet)</b>	4	QL			

**Bold type = Brand name drug**

Plain type = Generic drug

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Crixivan (Oral Capsule)</b>	2	QL
<b>Evotaz (Oral Tablet)</b>	4	QL
Fosamprenavir Calcium (Oral Tablet)	4	QL
<b>Invirase (Oral Tablet)</b>	4	QL
<b>Kaletra (Oral Solution)</b>	3	QL
<b>Kaletra (100-25MG Oral Tablet)</b>	3	QL
<b>Kaletra (200-50MG Oral Tablet)</b>	4	QL
<b>Lexiva (Oral Suspension)</b>	3	QL
<b>Lexiva (Oral Tablet)</b>	4	QL
Lopinavir-Ritonavir (Oral Solution)	3	QL
<b>Norvir (Oral Packet)</b>	3	QL
<b>Norvir (Oral Solution)</b>	3	QL
<b>Norvir (Oral Tablet)</b>	3	QL
<b>Prezcobix (Oral Tablet)</b>	4	QL
<b>Prezista (Oral Suspension)</b>	4	QL
<b>Prezista (150MG Oral Tablet, 75MG Oral Tablet)</b>	3	QL
<b>Prezista (600MG Oral Tablet, 800MG Oral Tablet)</b>	4	QL
<b>Reyataz (Oral Capsule)</b>	4	QL
<b>Reyataz (Oral Packet)</b>	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
Ritonavir (Oral Tablet)	2	QL
<b>Symtuza (Oral Tablet)</b>	4	QL
<b>Viracept (Oral Tablet)</b>	4	QL
Anti-influenza Agents		
<b>Flumadine (Oral Tablet)</b>	3	
Oseltamivir Phosphate (Oral Capsule)	2	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	2	
<b>Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)</b>	2	
Rimantadine HCl (Oral Tablet)	2	
<b>Tamiflu (Oral Capsule)</b>	3	
<b>Tamiflu (Oral Suspension Reconstituted)</b>	3	
<b>Xofluza (Oral Tablet Therapy Pack)</b>	2	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Oral Tablet)	1	
Hydroxyzine HCl (Oral Syrup)	3	PA; HRM
Hydroxyzine HCl (Oral Tablet)	3	PA; HRM
Meprobamate (Oral Tablet)	3	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Benzodiazepines		
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	2	PA; QL
Alprazolam Intensol (Oral Concentrate)	3	QL
Alprazolam (Oral Tablet Immediate Release)	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	3	QL
<b>Ativan (Oral Tablet)</b>	4	QL
Chlordiazepoxide HCl (Oral Capsule)	1	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	1	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
Clorazepate Dipotassium (Oral Tablet)	3	QL
Diazepam Intensol (5MG/ML Oral Concentrate)	2	QL
Diazepam (5MG/5ML Oral Solution)	1	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL
Estazolam (Oral Tablet)	3	HRM; QL
<b>Halcion (Oral Tablet)</b>	3	HRM; QL
<b>Klonopin (Oral Tablet)</b>	3	QL
Lorazepam (2MG/ML Oral Concentrate)	1	QL
Lorazepam (Oral Tablet)	1	QL
Oxazepam (Oral Capsule)	2	
<b>Tranxene-T (Oral Tablet)</b>	3	QL
Triazolam (Oral Tablet)	3	HRM; QL
<b>Valium (Oral Tablet)</b>	3	QL
<b>Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)</b>	3	QL
<b>Xanax (2MG Oral Tablet Immediate Release)</b>	4	QL
<b>Xanax XR (Oral Tablet Extended Release 24 Hour)</b>	3	PA; QL
Bipolar Agents		
Mood Stabilizers		

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Depakote ER (Oral Tablet Extended Release 24 Hour)</b>	3	
<b>Depakote (Oral Tablet Delayed Release)</b>	3	
<b>Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)</b>	3	
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	2	
Divalproex Sodium (Oral Tablet Delayed Release)	1	
<b>Equetro (Oral Capsule Extended Release 12 Hour)</b>	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	1	
Lithium Carbonate (Oral Capsule)	1	
Lithium Carbonate (Oral Tablet Immediate Release)	1	
<b>Lithium (Oral Solution)</b>	2	
<b>Lithobid (Oral Tablet Extended Release)</b>	4	
Blood Glucose Regulators		
Antidiabetic Agents		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Acarbose (Oral Tablet)	1		<b>Fortamet (Oral Tablet Extended Release 24 Hour)</b>	4	PA; QL
<b>Actoplus Met (Oral Tablet Immediate Release)</b>	3	QL	Glimepiride (Oral Tablet)	1	QL
<b>Actos (Oral Tablet)</b>	3	QL	Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL
<b>Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)</b>	3	ST; QL	Glipizide (Oral Tablet Immediate Release)	1	QL
<b>Adlyxin (Subcutaneous Solution Pen-Injector)</b>	3	ST; QL	Glipizide-Metformin HCl (Oral Tablet)	2	QL
Alogliptin Benzoate (Oral Tablet)	3	ST; QL	<b>Glucophage (Oral Tablet Immediate Release)</b>	3	QL
<b>Alogliptin-Metformin HCl (Oral Tablet)</b>	3	ST; QL	<b>Glucophage XR (Oral Tablet Extended Release 24 Hour)</b>	3	QL
Alogliptin-Pioglitazone (Oral Tablet)	3	ST; QL	<b>Glucotrol (Oral Tablet Immediate Release)</b>	3	QL
<b>Amaryl (Oral Tablet)</b>	3	QL	<b>Glucotrol XL (Oral Tablet Extended Release 24 Hour)</b>	3	QL
<b>Avandia (Oral Tablet)</b>	3	PA; QL	<b>Glumetza (Oral Tablet Extended Release 24 Hour)</b>	4	PA; QL
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	3	QL	Glyburide Micronized (Oral Tablet)	3	PA; HRM; QL
<b>Bydureon (Subcutaneous Pen-Injector)</b>	3	QL	Glyburide (Oral Tablet)	3	PA; HRM; QL
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	3	ST; QL	Glyburide-Metformin (Oral Tablet)	3	PA; HRM; QL
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	3	ST; QL	<b>Glynase (Oral Tablet)</b>	3	PA; HRM; QL
<b>Cycloset (Oral Tablet)</b>	3	PA			
<b>Duetact (Oral Tablet)</b>	3	QL			
<b>Farxiga (Oral Tablet)</b>	3	ST; QL			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Glyset (Oral Tablet)</b>	3		Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	4	PA; QL
<b>Glyxambi (Oral Tablet)</b>	2	QL	Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	4	PA; QL
<b>Invokamet (Oral Tablet Immediate Release)</b>	2	QL	Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	3	PA; QL
<b>Invokamet XR (Oral Tablet Extended Release 24 Hour)</b>	2	QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL
<b>Invokana (Oral Tablet)</b>	2	QL	Metformin HCl (Oral Tablet Immediate Release)	1	QL
<b>Janumet (Oral Tablet Immediate Release)</b>	2	QL	Miglitol (Oral Tablet)	3	
<b>Janumet XR (Oral Tablet Extended Release 24 Hour)</b>	2	QL	Nateglinide (Oral Tablet)	2	QL
<b>Januvia (Oral Tablet)</b>	2	QL	<b>Nesina (Oral Tablet)</b>	3	ST; QL
<b>Jardiance (Oral Tablet)</b>	2	QL	<b>Onglyza (Oral Tablet)</b>	3	QL
<b>Jentadueto (Oral Tablet Immediate Release)</b>	2	QL	<b>Oseni (Oral Tablet)</b>	3	ST; QL
<b>Jentadueto XR (Oral Tablet Extended Release 24 Hour)</b>	2	QL	<b>Ozempic (Subcutaneous Solution Pen-Injector)</b>	2	QL
<b>Kazano (Oral Tablet)</b>	3	ST; QL	Pioglitazone HCl (Oral Tablet)	1	QL
<b>Kombiglyze XR (Oral Tablet Extended Release 24 Hour)</b>	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
Pioglitazone HCl-Glimepiride (Oral Tablet)	3	QL	<b>Synjardy (Oral Tablet Immediate Release)</b>	2	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	3	QL	<b>Synjardy XR (Oral Tablet Extended Release 24 Hour)</b>	2	QL
Prandin (1MG Oral Tablet)	3	QL	Tolazamide (250MG Oral Tablet, 500MG Oral Tablet)	2	QL
Prandin (2MG Oral Tablet)	4	QL	Tolbutamide (Oral Tablet)	1	QL
<b>Precose (Oral Tablet)</b>	3		<b>Tradjenta (Oral Tablet)</b>	2	QL
<b>Qtern (Oral Tablet)</b>	3	ST; QL	<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	2	QL
Repaglinide (Oral Tablet)	1	QL	<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	2	QL
Repaglinide-Metformin HCl (Oral Tablet)	3	QL	<b>Xigduo XR (Oral Tablet Extended Release 24 Hour)</b>	3	ST; QL
<b>Riomet (Oral Solution)</b>	3	QL	<b>Xultophy (Subcutaneous Solution Pen-Injector)</b>	3	ST; QL
<b>Segluromet (Oral Tablet)</b>	3	ST; QL	Glycemic Agents		
<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	2	QL	<b>GlucaGen HypoKit (Injection Solution Reconstituted)</b>	3	
<b>Starlix (Oral Tablet)</b>	3	QL	<b>Glucagon Emergency (Injection Kit)</b>	2	
<b>Steglatro (Oral Tablet)</b>	3	ST; QL	<b>Proglycem (Oral Suspension)</b>	4	
<b>Steglujan (Oral Tablet)</b>	3	ST; QL	Insulins		
<b>SymlinPen 120 (Subcutaneous Solution Pen-Injector)</b>	4	PA			
<b>SymlinPen 60 (Subcutaneous Solution Pen-Injector)</b>	4	PA			

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Admelog SoloStar (Subcutaneous Solution Pen-Injector)</b>	3	PA	<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector)</b>	2	
<b>Admelog (Subcutaneous Solution)</b>	3	PA	<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	2	
<b>Afrezza (12UNIT Inhalation Powder, 4 &amp; 8 &amp; 12UNIT Inhalation Powder, 4 &amp; 8UNIT Inhalation Powder, 8 &amp; 12UNIT Inhalation Powder)</b>	4	PA	<b>Humalog Mix 50/50 (Subcutaneous Suspension)</b>	2	
<b>Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)</b>	3	PA	<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	2	
<b>Apidra (Injection Solution)</b>	3	PA	<b>Humalog Mix 75/25 (Subcutaneous Suspension)</b>	2	
<b>Apidra SoloStar (Subcutaneous Solution Pen-Injector)</b>	3	PA	<b>Humalog (Subcutaneous Solution)</b>	2	
<b>Basaglar KwikPen (Subcutaneous Solution Pen-Injector)</b>	3	ST	<b>Humalog (Subcutaneous Solution Cartridge)</b>	2	
<b>Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)</b>	3	PA	<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	2	
<b>Fiasp (Subcutaneous Solution)</b>	3	PA	<b>Humulin 70/30 (Subcutaneous Suspension)</b>	2	
<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)</b>	2				

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)</b>	2		<b>Novolin 70/30 (Subcutaneous Suspension)</b>	3	PA
<b>Humulin N (Subcutaneous Suspension)</b>	2		<b>Novolin N (Subcutaneous Suspension)</b>	3	PA
<b>Humulin R (Injection Solution)</b>	2		<b>Novolin R (Injection Solution)</b>	3	PA
<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution)</b>	2		<b>NovoLog FlexPen (Subcutaneous Solution Pen-Injector)</b>	3	PA
<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)</b>	2		<b>NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)</b>	3	PA
Insulin Lispro (Subcutaneous Solution)	2		<b>NovoLog Mix 70/30 (Subcutaneous Suspension)</b>	3	PA
Insulin Lispro (Subcutaneous Solution Pen-Injector)	2		<b>NovoLog PenFill (Subcutaneous Solution Cartridge)</b>	3	PA
<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector)</b>	2		<b>NovoLog (Subcutaneous Solution)</b>	3	PA
<b>Lantus (Subcutaneous Solution)</b>	2		<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)</b>	2	
<b>Levemir FlexTouch (Subcutaneous Solution Pen-Injector)</b>	2		<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector)</b>	2	
<b>Levemir (Subcutaneous Solution)</b>	2		<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)</b>	2	

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tresiba (Subcutaneous Solution)</b>	2		Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	4	
Blood Products/Modifiers/Volume Expanders					
Anticoagulants					
<b>Arixtra (Subcutaneous Solution)</b>	4		Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	3	
<b>Bevyxxa (Oral Capsule)</b>	3	QL	<b>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)</b>	4	
<b>Coumadin (Oral Tablet)</b>	2		<b>Fragmin (2500UNIT/0.2ML Subcutaneous Solution)</b>	3	
<b>Eliquis (Oral Tablet)</b>	2	QL			
<b>Eliquis Starter Pack (Oral Tablet)</b>	2	QL			
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			
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	2	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	2		<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	2	QL
Heparin Sodium (1000UNIT/ML Injection Solution)	2	B/D, PA	<b>Zontivity (Oral Tablet)</b>	3	PA
Jantoven (Oral Tablet)	1		Blood Formation Modifiers		
<b>Lovenox (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)</b>	4	QL	<b>Agrylin (Oral Capsule)</b>	3	
<b>Lovenox (150MG/ML Subcutaneous Solution, 30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)</b>	3	QL	Anagrelide HCl (Oral Capsule)	2	
<b>Pradaxa (Oral Capsule)</b>	3	ST; QL	<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)</b>	4	PA
<b>Savaysa (Oral Tablet)</b>	3	ST; QL	<b>Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)</b>	3	PA
Warfarin Sodium (Oral Tablet)	1				
<b>Xarelto (Oral Tablet)</b>	2	QL			

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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
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	Epogen (20000UNIT/ML Injection Solution)	4	PA
Doptelet (Oral Tablet)	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
			Mulpleta (Oral Tablet)	4	PA
			Neulasta (Subcutaneous Solution Prefilled Syringe)	4	PA
			Neupogen (Injection Solution)	4	ST
			Neupogen (Injection Solution Prefilled Syringe)	4	ST

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Nivestym (Injection Solution)</b>	4	ST	<b>Zarxio (Injection Solution Prefilled Syringe)</b>	4	
<b>Nivestym (Injection Solution Prefilled Syringe)</b>	4	ST	Hemostasis Agents		
<b>Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)</b>	3	PA	<b>Lysteda (Oral Tablet)</b>	3	
<b>Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)</b>	4	PA	<b>Tavalisse (Oral Tablet)</b>	4	PA; QL
<b>Promacta (Oral Packet)</b>	4	PA; LA; QL	Tranexamic Acid (Oral Tablet)	2	
<b>Promacta (Oral Tablet)</b>	4	PA; LA; QL	Platelet Modifying Agents		
<b>Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)</b>	3	PA	<b>Aggrenox (Oral Capsule Extended Release 12 Hour)</b>	3	QL
<b>Retacrit (40000UNIT/ML Injection Solution)</b>	4	PA	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	3	QL
<b>Udenyca (Subcutaneous Solution Prefilled Syringe)</b>	4	PA	<b>Brilinta (Oral Tablet)</b>	2	QL
			<b>Cablivi (Injection Kit)</b>	4	PA; QL
			Cilostazol (Oral Tablet)	1	
			Clopidogrel Bisulfate (75MG Oral Tablet)	1	QL
			Dipyridamole (Oral Tablet)	3	PA; HRM
			<b>Effient (Oral Tablet)</b>	3	
			<b>Plavix (Oral Tablet)</b>	3	QL
			Prasugrel HCl (Oral Tablet)	2	
			Cardiovascular Agents		
			Alpha-adrenergic Agonists		
			<b>Catapres (Oral Tablet)</b>	3	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Catapres-TTS-1 (Transdermal Patch Weekly)</b>	3	
<b>Catapres-TTS-2 (Transdermal Patch Weekly)</b>	3	
<b>Catapres-TTS-3 (Transdermal Patch Weekly)</b>	3	
Clonidine HCl (Oral Tablet Immediate Release)	1	
Clonidine (Transdermal Patch Weekly)	3	
Guanfacine HCl (Oral Tablet Immediate Release)	3	PA; HRM; QL
Methyldopa (Oral Tablet)	3	PA; HRM
Midodrine HCl (Oral Tablet)	2	
<b>Northera (Oral Capsule)</b>	4	PA; LA; QL
Alpha-adrenergic Blocking Agents		
<b>Cardura (Oral Tablet Immediate Release)</b>	3	
<b>Dibenzyliline (Oral Capsule)</b>	4	
Doxazosin Mesylate (Oral Tablet)	1	
<b>Minipress (Oral Capsule)</b>	3	
Phenoxybenzamine HCl (Oral Capsule)	4	

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

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
Lisinopril (Oral Tablet)	1	QL	Disopyramide Phosphate (Oral Capsule)	3	PA; HRM
<b>Lotensin (Oral Tablet)</b>	3	QL	Dofetilide (Oral Capsule)	3	
Moexipril HCl (Oral Tablet)	1	QL	Flecainide Acetate (Oral Tablet)	1	
Perindopril Erbumine (Oral Tablet)	2	QL	Mexiletine HCl (Oral Capsule)	2	
<b>Prinivil (Oral Tablet)</b>	3	QL	<b>Multaq (Oral Tablet)</b>	2	
<b>Qbrelis (Oral Solution)</b>	4	QL	<b>Norpace CR (Oral Capsule Extended Release 12 Hour)</b>	3	PA; HRM
Quinapril HCl (Oral Tablet)	1	QL	<b>Norpace (Oral Capsule Immediate Release)</b>	3	PA; HRM
Ramipril (Oral Capsule)	1	QL	Pacerone (100MG Oral Tablet, 400MG Oral Tablet)	3	
Trandolapril (Oral Tablet)	1	QL	Pacerone (200MG Oral Tablet)	1	
<b>Vasotec (10MG Oral Tablet, 20MG Oral Tablet)</b>	4	QL	Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	3	
<b>Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)</b>	3	QL	Propafenone HCl (Oral Tablet)	2	
<b>Zestril (Oral Tablet)</b>	3	QL	Quinidine Gluconate ER (Oral Tablet Extended Release)	3	
Antiarrhythmics			Quinidine Sulfate (Oral Tablet)	1	
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet)	3		<b>Rythmol SR (Oral Capsule Extended Release 12 Hour)</b>	4	
Amiodarone HCl (200MG Oral Tablet)	1				
<b>Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)</b>	4				
<b>Betapace AF (80MG Oral Tablet)</b>	3				

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sorine (Oral Tablet)	1	
Sotalol HCl (AF) (120MG Oral Tablet)	1	
Sotalol HCl (Oral Tablet)	1	
<b>Sotylize (Oral Solution)</b>	3	PA
<b>Tikosyn (Oral Capsule)</b>	3	
Beta-adrenergic Blocking Agents		
Acebutolol HCl (Oral Capsule)	2	
Atenolol (Oral Tablet)	1	
Betaxolol HCl (Oral Tablet)	2	
Bisoprolol Fumarate (Oral Tablet)	1	
<b>Bystolic (Oral Tablet)</b>	2	QL
Carvedilol (Oral Tablet)	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	3	
<b>Coreg CR (Oral Capsule Extended Release 24 Hour)</b>	3	
<b>Coreg (Oral Tablet)</b>	3	
<b>Corgard (Oral Tablet)</b>	3	
<b>Inderal LA (Oral Capsule Extended Release 24 Hour)</b>	4	
<b>InnoPran XL (Oral Capsule Extended Release 24 Hour)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Labetalol HCl (Oral Tablet)	1	
<b>Lopressor (100MG Oral Tablet)</b>	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	
Nadolol (Oral Tablet)	2	
Pindolol (Oral Tablet)	2	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	2	
Propranolol HCl (Oral Solution)	1	
Propranolol HCl (Oral Tablet)	1	
<b>Tenormin (Oral Tablet)</b>	3	
<b>Toprol XL (Oral Tablet Extended Release 24 Hour)</b>	3	
Calcium Channel Blocking Agents		
<b>Adalat CC (Oral Tablet Extended Release 24 Hour)</b>	3	
Amlodipine Besylate (Oral Tablet)	1	
<b>Calan (Oral Tablet Immediate Release)</b>	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Calan SR (120MG Oral Tablet Extended Release, 240MG Oral Tablet Extended Release)</b>	3		Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	2	
<b>Cardizem CD (Oral Capsule Extended Release 24 Hour)</b>	4		Diltiazem HCl (Oral Tablet Immediate Release)	1	
<b>Cardizem LA (Oral Tablet Extended Release 24 Hour)</b>	3		Dilt-XR (Oral Capsule Extended Release 24 Hour)	1	
<b>Cardizem (Oral Tablet Immediate Release)</b>	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	
			Nifedipine (Oral Capsule)	3	PA; HRM
			Nimodipine (Oral Capsule)	3	
			Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	3	
			<b>Norvasc (Oral Tablet)</b>	3	
			<b>Nymalize (60MG/20ML Oral Solution)</b>	4	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Procardia (Oral Capsule)</b>	3	PA; HRM	Verapamil HCl ER (Oral Tablet Extended Release)	1	
<b>Procardia XL (Oral Tablet Extended Release 24 Hour)</b>	3		Verapamil HCl (Oral Tablet Immediate Release)	1	
<b>Sular (Oral Tablet Extended Release 24 Hour)</b>	3		<b>Verelan (Oral Capsule Extended Release 24 Hour)</b>	3	
Taztia XT (Oral Capsule Extended Release 24 Hour)	1		<b>Verelan PM (Oral Capsule Extended Release 24 Hour)</b>	3	
<b>Tiazac (Oral Capsule Extended Release 24 Hour)</b>	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		<b>Accuretic (Oral Tablet)</b>	3	QL
<b>Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)</b>	2		<b>Aldactazide (Oral Tablet)</b>	3	
			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	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Atacand HCT (Oral Tablet)</b>	3	QL	Digoxin (125MCG Oral Tablet)	3	HRM; QL
Atenolol-Chlorthalidone (Oral Tablet)	1		Digoxin (250MCG Oral Tablet)	3	PA; HRM
<b>Avalide (Oral Tablet)</b>	3	QL	<b>Diovan HCT (Oral Tablet)</b>	3	QL
<b>Azor (Oral Tablet)</b>	3	QL	<b>DUTOPROL (Oral Tablet Extended Release 24 Hour)</b>	3	
Benazepril-Hydrochlorothiazide (Oral Tablet)	2	QL	<b>Dyazide (Oral Capsule)</b>	3	
<b>Benicar HCT (Oral Tablet)</b>	3	QL	<b>Edarbyclor (Oral Tablet)</b>	3	QL
<b>BiDil (Oral Tablet)</b>	2		Enalapril-Hydrochlorothiazide (Oral Tablet)	1	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	1	QL	<b>Entresto (Oral Tablet)</b>	2	QL
<b>Caduet (Oral Tablet)</b>	3	QL	<b>Exforge HCT (Oral Tablet)</b>	3	
Candesartan Cilexetil-HCTZ (Oral Tablet)	3	QL	<b>Exforge (Oral Tablet)</b>	3	QL
Captopril-Hydrochlorothiazide (Oral Tablet)	2	QL	Fosinopril Sodium-HCTZ (Oral Tablet)	2	QL
<b>Corlanor (Oral Tablet)</b>	3	PA; QL	<b>Hyzaar (Oral Tablet)</b>	3	QL
<b>Demser (Oral Capsule)</b>	4		Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL
Digitek (125MCG Oral Tablet)	3	HRM; QL	<b>Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)</b>	3	HRM; QL
Digitek (250MCG Oral Tablet)	3	PA; HRM	<b>Lanoxin (250MCG Oral Tablet)</b>	3	PA; HRM
Digox (125MCG Oral Tablet)	3	HRM; QL	Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL
Digox (250MCG Oral Tablet)	3	PA; HRM			
<b>Digoxin (Oral Solution)</b>	3	PA; HRM; QL			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Lopressor HCT (Oral Tablet)</b>	3	
Losartan Potassium-HCTZ (Oral Tablet)	1	QL
<b>Lotrel (Oral Capsule)</b>	3	QL
<b>Maxzide (Oral Tablet)</b>	3	
<b>Maxzide-25 (Oral Tablet)</b>	3	
Methyldopa-Hydrochlorothiazide (Oral Tablet)	3	PA; HRM
Metoprolol-Hydrochlorothiazide (Oral Tablet)	2	
<b>Micardis HCT (Oral Tablet)</b>	3	QL
Nadolol-Bendroflumethiazide (40-5MG Oral Tablet)	2	
Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	3	QL
Pentoxifylline ER (Oral Tablet Extended Release)	1	
Propranolol-HCTZ (Oral Tablet)	2	
Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Ranexa (Oral Tablet Extended Release 12 Hour)</b>	3	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	2	
Spirolactone-HCTZ (Oral Tablet)	1	
<b>Tarka (Oral Tablet Extended Release)</b>	3	QL
<b>Tekturna HCT (Oral Tablet)</b>	3	QL
<b>Tekturna (Oral Tablet)</b>	3	QL
Telmisartan-Amlodipine (Oral Tablet)	3	QL
Telmisartan-HCTZ (Oral Tablet)	3	QL
<b>Tenoretic 100 (Oral Tablet)</b>	3	
<b>Tenoretic 50 (Oral Tablet)</b>	3	
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	3	QL
Triamterene-HCTZ (Oral Capsule)	1	
Triamterene-HCTZ (Oral Tablet)	1	
<b>Tribenzor (Oral Tablet)</b>	3	QL
<b>Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)</b>	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
Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL
<b>Vaseretic (Oral Tablet)</b>	3	QL
Vecamyl (Oral Tablet)	4	PA
<b>Zestoretic (Oral Tablet)</b>	3	QL
<b>Ziac (2.5-6.25MG Oral Tablet)</b>	3	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	2	
Acetazolamide (Oral Tablet)	2	
<b>Keveyis (Oral Tablet)</b>	4	PA; QL
Methazolamide (Oral Tablet)	3	
Diuretics, Loop		
Bumetanide (Injection Solution)	1	
Bumetanide (Oral Tablet)	2	
<b>Edecrin (Oral Tablet)</b>	4	
Ethacrynic Acid (Oral Tablet)	3	
Furosemide (Injection Solution)	1	B/D, PA
Furosemide (Oral Solution)	1	
Furosemide (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Lasix (Oral Tablet)</b>	3	
Torsemide (Oral Tablet)	1	
Diuretics, Potassium-sparing		
<b>Aldactone (Oral Tablet)</b>	3	
Amiloride HCl (Oral Tablet)	1	
<b>CaroSpir (Oral Suspension)</b>	3	
<b>Dyrenium (Oral Capsule)</b>	3	
Eplerenone (Oral Tablet)	2	
<b>Inspra (Oral Tablet)</b>	3	
Spirolactone (Oral Tablet)	1	
Diuretics, Thiazide		
Chlorothiazide (Oral Tablet)	1	
Chlorthalidone (Oral Tablet)	1	
<b>Diuril (Oral Suspension)</b>	3	
Hydrochlorothiazide (Oral Capsule)	1	
Hydrochlorothiazide (Oral Tablet)	1	
Indapamide (Oral Tablet)	1	
Methyclothiazide (5MG Oral Tablet)	2	
Metolazone (Oral Tablet)	2	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dyslipidemics, Fibric Acid Derivatives		
<b>Antara (Oral Capsule)</b>	2	
Fenofibrate Micronized (130MG Oral Capsule)	3	
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	2	
Fenofibrate (150MG Oral Capsule)	3	
Fenofibrate (50MG Oral Capsule)	2	
Fenofibrate (120MG Oral Tablet, 40MG Oral Tablet)	3	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	2	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	1	
Fenofibric Acid (Oral Capsule Delayed Release)	2	
<b>Fenofibric Acid (105MG Oral Tablet)</b>	2	
Fenofibric Acid (35MG Oral Tablet)	2	
<b>Fenoglide (120MG Oral Tablet)</b>	4	
<b>Fenoglide (40MG Oral Tablet)</b>	3	
<b>Fibricor (Oral Tablet)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gemfibrozil (Oral Tablet)	1	
<b>Lipofen (Oral Capsule)</b>	3	
<b>Lopid (Oral Tablet)</b>	3	
<b>Tricor (Oral Tablet)</b>	3	
<b>Triglide (Oral Tablet)</b>	3	
<b>Trilipix (Oral Capsule Delayed Release)</b>	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<b>Altoprev (Oral Tablet Extended Release 24 Hour)</b>	4	QL
Atorvastatin Calcium (Oral Tablet)	1	QL
<b>Crestor (Oral Tablet)</b>	3	QL
<b>Ezallor Sprinkle (Oral Capsule Sprinkle)</b>	3	QL
<b>FloLipid (Oral Suspension)</b>	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	3	QL
Fluvastatin Sodium (Oral Capsule)	3	QL
<b>Lescol XL (Oral Tablet Extended Release 24 Hour)</b>	3	QL
<b>Lipitor (Oral Tablet)</b>	3	QL
<b>Livalo (Oral Tablet)</b>	2	QL
Lovastatin (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
<b>Pravachol (Oral Tablet)</b>	3	QL	<b>Juxtapid (Oral Capsule)</b>	4	PA; LA
Pravastatin Sodium (Oral Tablet)	1	QL	<b>Lovaza (Oral Capsule)</b>	3	
Rosuvastatin Calcium (Oral Tablet)	1	QL	Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet Extended Release)	3	
Simvastatin (Oral Tablet)	1	QL	Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release)	1	
<b>Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)</b>	3	QL	Niacor (Oral Tablet)	3	
<b>Zypitamag (Oral Tablet)</b>	3	ST; QL	<b>Niaspan (Oral Tablet Extended Release)</b>	3	
Dyslipidemics, Other			Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	3	
Cholestyramine Light (Oral Powder)	3		<b>Praluent (Subcutaneous Solution Pen-Injector)</b>	3	PA; LA; QL
Cholestyramine (Oral Packet)	3		Prevalite (Oral Packet)	3	
Colesevelam HCl (Oral Packet)	3		Questran Light (Oral Powder)	3	
Colesevelam HCl (Oral Tablet)	3		Questran (Oral Packet)	3	
<b>Colestid (Oral Packet)</b>	3		<b>Repatha Pushtronex System (Subcutaneous Solution Cartridge)</b>	3	PA; QL
<b>Colestid (Oral Tablet)</b>	3		<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	3	PA; QL
Colestipol HCl (Oral Packet)	3				
Colestipol HCl (Oral Tablet)	2				
Ezetimibe (Oral Tablet)	1				
Ezetimibe-Simvastatin (Oral Tablet)	3	QL			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	3	PA; QL
<b>Vascepa (Oral Capsule)</b>	3	
<b>Vytorin (Oral Tablet)</b>	3	QL
<b>Welchol (Oral Packet)</b>	3	
<b>Welchol (Oral Tablet)</b>	3	
<b>Zetia (Oral Tablet)</b>	3	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Oral Tablet)	1	
Minoxidil (Oral Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
<b>GoNitro (Sublingual Packet)</b>	3	
<b>Isordil Titradoze (Oral Tablet)</b>	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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitro-Bid (Transdermal Ointment)	3	
<b>Nitro-Dur (Transdermal Patch 24 Hour)</b>	3	
Nitroglycerin (Tablet Sublingual)	1	
Nitroglycerin (Transdermal Patch 24 Hour)	1	
Nitroglycerin (Translingual Solution)	3	
<b>Nitrostat (Tablet Sublingual)</b>	3	
<b>Rectiv (Rectal Ointment)</b>	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL
<b>Adderall XR (Oral Capsule Extended Release 24 Hour)</b>	3	QL
<b>Adzenys ER (Oral Suspension Extended Release)</b>	3	QL
<b>Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)</b>	3	QL
Amphetamine Sulfate (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
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	2	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	2	QL
<b>Desoxyn (Oral Tablet)</b>	4	PA
<b>Dexedrine (Oral Capsule Extended Release 24 Hour)</b>	4	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	3	QL
Dextroamphetamine Sulfate (Oral Tablet)	2	QL
<b>Dyanavel XR (Oral Suspension Extended Release)</b>	3	QL
Evekeo (Oral Tablet)	3	
Methamphetamine HCl (Oral Tablet)	3	PA
<b>Mydayis (Oral Capsule Extended Release 24 Hour)</b>	3	QL
ProCentra (Oral Solution)	3	
<b>Vyvanse (Oral Capsule)</b>	3	
<b>Vyvanse (Oral Tablet Chewable)</b>	3	
Zenzedi (Oral Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<b>Aptensio XR (Oral Capsule Extended Release 24 Hour)</b>	3	QL
Atomoxetine HCl (Oral Capsule)	3	
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	3	PA
<b>Concerta (Oral Tablet Extended Release)</b>	3	QL
<b>Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)</b>	3	QL
<b>Daytrana (Transdermal Patch)</b>	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	3	
Dexmethylphenidate HCl (Oral Tablet)	2	QL
<b>Focalin (Oral Tablet)</b>	3	QL
<b>Focalin XR (Oral Capsule Extended Release 24 Hour)</b>	3	
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	3	PA; HRM
<b>Intuniv (Oral Tablet Extended Release 24 Hour)</b>	3	PA; HRM

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Kapvay (Oral Tablet Extended Release 12 Hour)</b>	3	PA	<b>Quillivant XR (Oral Suspension Reconstituted)</b>	3	
Metadate ER (Oral Tablet Extended Release)	3	QL	Relexxii (Oral Tablet Extended Release)	3	QL
<b>Methylin (Oral Solution)</b>	3	QL	<b>Ritalin LA (Oral Capsule Extended Release 24 Hour)</b>	3	
Methylphenidate HCl CD (Oral Capsule Extended Release)	3		<b>Ritalin (Oral Tablet)</b>	3	QL
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour)	3		<b>Strattera (Oral Capsule)</b>	3	
Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	3	QL	Central Nervous System, Other		
Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	3	QL	<b>Austedo (Oral Tablet)</b>	4	PA; LA; QL
Methylphenidate HCl (Oral Solution)	3	QL	<b>Gralise (Oral Tablet)</b>	3	PA
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	2	QL	<b>Gralise Starter (Oral)</b>	3	PA
Methylphenidate HCl (Oral Tablet Chewable)	3	QL	<b>Horizant (Oral Tablet Extended Release)</b>	3	PA
<b>QuilliChew ER (Oral Tablet Chewable Extended Release)</b>	3	QL	<b>Ingrezza (Oral Capsule)</b>	4	PA; QL
			<b>Ingrezza (Oral Capsule Therapy Pack)</b>	4	PA; QL
			<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	2	PA; QL
			<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	2	PA; QL
			<b>Nuedexta (Oral Capsule)</b>	3	PA
			<b>Rilutek (Oral Tablet)</b>	4	
			Riluzole (Oral Tablet)	2	
			Tetrabenazine (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
<b>Tiglutik (Oral Suspension)</b>	4	PA	<b>Avonex Pen (Intramuscular Auto-Injector Kit)</b>	4	
<b>Xenazine (Oral Tablet)</b>	4	PA; LA	<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit)</b>	4	
Fibromyalgia Agents			<b>Betaseron (Subcutaneous Kit)</b>	4	
<b>Cymbalta (Oral Capsule Delayed Release Particles)</b>	3	QL	<b>Copaxone (Subcutaneous Solution Prefilled Syringe)</b>	4	
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	1	QL	Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	4	QL
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	3	QL	<b>Extavia (Subcutaneous Kit)</b>	4	
<b>Lyrica CR (Oral Tablet Extended Release 24 Hour)</b>	3	PA; QL	<b>Gilenya (0.5MG Oral Capsule)</b>	4	QL
<b>Lyrica (Oral Capsule)</b>	2	QL	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	4	
<b>Lyrica (Oral Solution)</b>	2	QL	Glatopa (Subcutaneous Solution Prefilled Syringe)	4	
<b>Savella (Oral Tablet)</b>	2		<b>Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)</b>	4	PA
<b>Savella Titration Pack (Oral Tablet)</b>	2		<b>Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)</b>	4	PA
Multiple Sclerosis Agents					
<b>Ampyra (Oral Tablet Extended Release 12 Hour)</b>	4	QL			
<b>Aubagio (Oral Tablet)</b>	4	LA; QL			
<b>Avonex (30MCG Intramuscular Kit)</b>	4				

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	4	
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	4	PA	Tecfidera Starter Pack (Oral)	4	LA
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	4	PA	Tecfidera (Oral Capsule Delayed Release)	4	LA; QL
Mayzent (Oral Tablet)	4	QL	Dental and Oral Agents		
Plegridy Starter Pack (Subcutaneous Solution Pen-Injector)	4		Dental and Oral Agents		
Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe)	4		Cevimeline HCl (Oral Capsule)	3	ST
Plegridy (Subcutaneous Solution Pen-Injector)	4		Chlorhexidine Gluconate (Mouth Solution)	1	
Plegridy (Subcutaneous Solution Prefilled Syringe)	4		<b>Evoxac (Oral Capsule)</b>	3	ST
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	4		Pilocarpine HCl (Oral Tablet)	3	
			<b>Salagen (Oral Tablet)</b>	3	
			Triamcinolone Acetonide (Dental Paste)	2	
			Dermatological Agents		
			Dermatological Agents		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Absorica (Oral Capsule)</b>	4	PA	<b>Avita (External Gel)</b>	3	PA
<b>Acanya (External Gel)</b>	3	ST	Azelaic Acid (External Gel)	3	
Acitretin (Oral Capsule)	3		<b>Azelex (External Cream)</b>	3	
<b>Aczone (5% External Gel)</b>	3		<b>BenzaClin with Pump (External Gel)</b>	3	
Adapalene (External Cream)	3		<b>Benzamycin (External Gel)</b>	3	
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	
<b>Aktipak (External Packet)</b>	3	ST	<b>Calcitriol (External Ointment)</b>	3	
<b>Aldara (External Cream)</b>	3		<b>Carac (External Cream)</b>	4	
<b>Altreno (External Lotion)</b>	3	PA	Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	3	PA
Ammonium Lactate (External Cream)	1		<b>Cleocin-T (External Gel)</b>	3	
Ammonium Lactate (External Lotion)	1		<b>Cleocin-T (External Lotion)</b>	3	
Amnesteem (Oral Capsule)	3	PA	<b>Cleocin-T (External Swab)</b>	3	
<b>Atralin (External Gel)</b>	3	PA			
<b>Avita (External Cream)</b>	3	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
Clindacin-P (External Swab)	2		<b>Condylox (External Gel)</b>	3	
<b>Clindagel (External Gel)</b>	4		<b>Cortisporin (External Cream)</b>	3	
Clindamycin Phosphate (External Foam)	3		<b>Cortisporin (External Ointment)</b>	3	
Clindamycin Phosphate (External Gel)	2		<b>Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	4	PA; LA
Clindamycin Phosphate (External Lotion)	2		<b>Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)</b>	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	<b>Differin (External Cream)</b>	3	
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	3		<b>Differin (External Gel)</b>	3	
Clindamycin-Tretinoin (External Gel)	3	PA	<b>Differin (External Lotion)</b>	3	
Clotrimazole-Betamethasone (External Cream)	2		<b>Dovonex (External Cream)</b>	4	
Clotrimazole-Betamethasone (External Lotion)	3		Doxepin HCl (External Cream)	3	PA; QL
			<b>Duac (External Gel)</b>	3	
			<b>Duobrii (External Lotion)</b>	4	PA
			<b>Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)</b>	4	PA

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Efudex (External Cream)</b>	3		Imiquimod (5% External Cream)	2	
<b>Elidel (External Cream)</b>	3	ST	Imiquimod Pump (3.75% External Cream)	4	PA
<b>Enstilar (External Foam)</b>	4	PA	Isotretinoin (Oral Capsule)	3	PA
<b>Epiduo (External Gel)</b>	3	ST	<b>Klaron (External Lotion)</b>	3	PA
<b>Epiduo Forte (External Gel)</b>	3	ST	<b>Lotrisone (External Cream)</b>	3	
Ery (External Pad)	2		Methoxsalen Rapid (Oral Capsule)	4	
<b>Erygel (External Gel)</b>	3		<b>Mirvaso (External Gel)</b>	3	
Erythromycin (External Gel)	3		Myorisan (Oral Capsule)	3	PA
Erythromycin (External Solution)	2		Neo-Synalar (External Cream)	4	
<b>Eucrisa (External Ointment)</b>	3	PA; QL	Neuac (External Gel)	3	
<b>Evoclin (External Foam)</b>	4		<b>Onexton (External Gel)</b>	3	
<b>Fabior (External Foam)</b>	3	PA	<b>Oxsoralen Ultra (Oral Capsule)</b>	4	
<b>Finacea (External Foam)</b>	3		<b>Picato (External Gel)</b>	2	
<b>Finacea (External Gel)</b>	3		Pimecrolimus (External Cream)	3	ST
Fluorouracil (0.5% External Cream)	4		Podofilox (External Solution)	2	
Fluorouracil (5% External Cream)	2		<b>Protopic (External Ointment)</b>	3	ST
Fluorouracil (External Solution)	2		<b>PRUDOXIN (External Cream)</b>	3	PA; QL
<b>Ilumya (Subcutaneous Solution Prefilled Syringe)</b>	4	PA	<b>Regranex (External Gel)</b>	4	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
<b>Retin-A (External Cream)</b>	3	PA	<b>Taclonex (External Ointment)</b>	4	
<b>Retin-A (External Gel)</b>	3	PA	<b>Taclonex (External Suspension)</b>	4	
<b>Retin-A Micro (External Gel)</b>	4	PA	Tacrolimus (External Ointment)	3	ST
<b>Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)</b>	4	PA	<b>Taltz (Subcutaneous Solution Auto-Injector)</b>	4	PA; LA
<b>Rhofade (External Cream)</b>	3	PA	<b>Taltz (Subcutaneous Solution Prefilled Syringe)</b>	4	PA; LA
<b>Santyl (External Ointment)</b>	3		Tazarotene (External Cream)	3	PA
Selenium Sulfide (External Lotion)	1		<b>Tazorac (External Cream)</b>	3	PA
<b>Siliq (Subcutaneous Solution Prefilled Syringe)</b>	4	PA	<b>Tazorac (0.05% External Gel)</b>	4	PA
<b>Soolantra (External Cream)</b>	3		<b>Tazorac (0.1% External Gel)</b>	3	PA
<b>Soriatane (Oral Capsule)</b>	4		<b>Tolak (External Cream)</b>	3	
<b>Sorilux (External Foam)</b>	4		<b>Tremfya (Subcutaneous Solution Pen-Injector)</b>	4	PA
<b>Stelara (Subcutaneous Solution)</b>	4	PA	<b>Tremfya (Subcutaneous Solution Prefilled Syringe)</b>	4	PA
<b>Stelara (Subcutaneous Solution Prefilled Syringe)</b>	4	PA	Tretinoin (External Cream)	3	PA
Sulfacetamide Sodium (Acne) (External Lotion)	3	PA	Tretinoin (External Gel)	3	PA
			Tretinoin Microsphere (External Gel)	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
<b>Vectical (External Ointment)</b>	4		<b>Clinimix E/Dextrose (5/20) (Intravenous Solution)</b>	3	B/D, PA
<b>Veregen (External Ointment)</b>	4		<b>Clinimix/Dextrose (4.25/10) (Intravenous Solution)</b>	3	B/D, PA
Zenatane (Oral Capsule)	3	PA	<b>Clinimix/Dextrose (4.25/5) (Intravenous Solution)</b>	3	B/D, PA
<b>Ziana (External Gel)</b>	4	PA	<b>Clinimix/Dextrose (5/15) (Intravenous Solution)</b>	3	B/D, PA
<b>Zonalon (External Cream)</b>	3	PA; QL	<b>Clinimix/Dextrose (5/20) (Intravenous Solution)</b>	3	B/D, PA
<b>Zyclara Pump (External Cream)</b>	4	PA	Clinisol SF (Intravenous Solution)	3	B/D, PA
Electrolytes/Minerals/Metals/Vitamins			<b>Dextrose (10% Intravenous Solution)</b>	2	
Electrolyte/Mineral Replacement			Dextrose (5% Intravenous Solution)	2	B/D, PA
<b>Aminosyn II (Intravenous Solution)</b>	3	B/D, PA	<b>Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution)</b>	2	
<b>Aminosyn-PF (Intravenous Solution)</b>	3	B/D, PA			
<b>Carbaglu (Oral Tablet)</b>	4	LA			
<b>Carnitor (Oral Solution)</b>	3				
<b>Carnitor (Oral Tablet)</b>	3				
<b>Clinimix E/Dextrose (2.75/5) (Intravenous Solution)</b>	3	B/D, PA			
<b>Clinimix E/Dextrose (4.25/10) (Intravenous Solution)</b>	3	B/D, PA			
<b>Clinimix E/Dextrose (4.25/5) (Intravenous Solution)</b>	3	B/D, PA			
<b>Clinimix E/Dextrose (5/15) (Intravenous Solution)</b>	3	B/D, 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
<b>Dextrose-NaCl (5-0.9% Intravenous Solution)</b>	2	B/D, PA	<b>Klor-Con 8 (Oral Tablet Extended Release)</b>	1	
<b>Endari (Oral Packet)</b>	4	PA	Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release)	1	
<b>FreAmine HBC (Intravenous Solution)</b>	3	B/D, PA	<b>K-Tab (Oral Tablet Extended Release)</b>	3	
<b>HepatAmine (Intravenous Solution)</b>	3	B/D, PA	Levocarnitine (1GM/10ML Oral Solution)	3	
<b>Intralipid (Intravenous Emulsion)</b>	3	B/D, PA	<b>Levocarnitine (330MG Oral Tablet)</b>	2	
<b>Ionosol-MB in D5W (Intravenous Solution)</b>	3		<b>Magnesium Sulfate (50% Injection Solution)</b>	1	
<b>Isolyte-P in D5W (Intravenous Solution)</b>	3		Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	1	
<b>Isolyte-S (Intravenous Solution)</b>	3		<b>NephrAmine (Intravenous Solution)</b>	3	B/D, PA
<b>KCl in Dextrose-NaCl (Injection)</b>	2		<b>Normosol-M in D5W (Intravenous Solution)</b>	2	
<b>KCl-Lactated Ringers-D5W (Intravenous Solution)</b>	2		<b>Normosol-R in D5W (Intravenous Solution)</b>	2	
<b>Klor-Con 10 (Oral Tablet Extended Release)</b>	1		<b>Normosol-R pH 7.4 (Intravenous Solution)</b>	2	
Klor-Con M10 (Oral Tablet Extended Release)	1		<b>Nutrilipid (Intravenous Emulsion)</b>	3	B/D, PA
Klor-Con M15 (Oral Tablet Extended Release)	1		<b>Plasma-Lyte 148 (Intravenous Solution)</b>	3	
Klor-Con M20 (Oral Tablet Extended Release)	1		<b>Plasma-Lyte A (Intravenous Solution)</b>	3	
Klor-Con (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
Plenamaine (Intravenous Solution)	3	B/D, PA	Potassium Citrate ER (Oral Tablet Extended Release)	3	
Potassium Chloride CR (Oral Tablet Extended Release)	1		Premasol (Intravenous Solution)	3	B/D, PA
Potassium Chloride ER (Oral Capsule Extended Release)	1		<b>Procalamine (Intravenous Solution)</b>	3	B/D, PA
<b>Potassium Chloride in Dextrose (Intravenous Solution)</b>	2	B/D, PA	<b>Prosol (Intravenous Solution)</b>	3	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	2	B/D, PA	<b>Sodium Chloride (0.45% Intravenous Solution)</b>	1	
<b>Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)</b>	2	B/D, PA	Sodium Chloride (0.9% Intravenous Solution)	1	B/D, PA
<b>Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)</b>	1	B/D, PA	<b>Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)</b>	1	B/D, PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	1	B/D, PA	<b>Sodium Chloride (Irrigation Solution)</b>	1	
Potassium Chloride (Oral Packet)	3		Sodium Fluoride (Oral Tablet)	1	
Potassium Chloride (Oral Solution)	3		<b>Sodium Lactate (Intravenous Solution)</b>	1	
			<b>TPN Electrolytes (Intravenous Solution)</b>	2	
			<b>Travasol (Intravenous Solution)</b>	3	B/D, PA
			<b>TrophAmine (Intravenous Solution)</b>	3	B/D, PA
			<b>Urocit-K 10 (Oral Tablet Extended Release)</b>	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
<b>Urocit-K 15 (Oral Tablet Extended Release)</b>	3		Sodium Polystyrene Sulfonate (Oral Suspension)	2	
<b>Urocit-K 5 (Oral Tablet Extended Release)</b>	3		SPS (Oral Suspension)	2	
Electrolyte/Mineral/Metal Modifiers			<b>Syprine (Oral Capsule)</b>	4	PA; QL
<b>Chemet (Oral Capsule)</b>	4		Trientine HCl (Oral Capsule)	4	PA; QL
Deferasirox (Oral Tablet Soluble)	4	PA	<b>Veltassa (Oral Packet)</b>	4	QL
<b>Exjade (Oral Tablet Soluble)</b>	4	PA	Phosphate Binders		
<b>Ferriprox (Oral Solution)</b>	4	PA	<b>Auryxia (Oral Tablet)</b>	4	PA
<b>Ferriprox (Oral Tablet)</b>	4	PA	Calcium Acetate (Phosphate Binder) (Oral Capsule)	2	
<b>Jadenu (Oral Tablet)</b>	4	PA	Calcium Acetate (Phosphate Binder) (Oral Tablet)	2	
<b>Jadenu Sprinkle (Oral Packet)</b>	4	PA	<b>Fosrenol (Oral Packet)</b>	4	
<b>Jynarque (Oral Tablet)</b>	4	PA	<b>Fosrenol (Oral Tablet Chewable)</b>	4	
<b>Jynarque (Oral Tablet Therapy Pack)</b>	4	PA; QL	Lanthanum Carbonate (Oral Tablet Chewable)	4	
Kionex (Oral Suspension)	2		<b>Phoslyra (Oral Solution)</b>	2	
<b>Lokelma (Oral Packet)</b>	3	QL	<b>Renagel (Oral Tablet)</b>	4	
<b>Samsca (Oral Tablet)</b>	4	PA	<b>Renvela (Oral Packet)</b>	4	
Sodium Polystyrene Sulfonate (Oral Powder)	2		<b>Renvela (Oral Tablet)</b>	4	
			Sevelamer Carbonate (Oral Packet)	4	
			Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	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
Sevelamer HCl (Oral Tablet)	3	
<b>Velphoro (Oral Tablet Chewable)</b>	4	
Vitamins		
VP-PNV-DHA (Oral Capsule)	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<b>Cuvposa (Oral Solution)</b>	3	PA
Dicyclomine HCl (Oral Capsule)	1	HRM
Dicyclomine HCl (Oral Solution)	3	HRM
Dicyclomine HCl (Oral Tablet)	1	HRM
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	2	PA
Methscopolamine Bromide (Oral Tablet)	3	
Propantheline Bromide (Oral Tablet)	3	PA; HRM
Gastrointestinal Agents, Other		
<b>Actigall (Oral Capsule)</b>	4	
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	3	
Chenodal (Oral Tablet)	4	
Cromolyn Sodium (Oral Concentrate)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diphenoxylate-Atropine (Oral Liquid)	3	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	3	PA; HRM
<b>Gastrocrom (Oral Concentrate)</b>	4	
<b>Gattex (Subcutaneous Kit)</b>	4	PA; LA
<b>Lomotil (Oral Tablet)</b>	3	PA; HRM
Loperamide HCl (Oral Capsule)	1	
<b>Motegrity (Oral Tablet)</b>	3	ST; QL
<b>Movantik (Oral Tablet)</b>	3	PA; QL
<b>Myalept (Subcutaneous Solution Reconstituted)</b>	4	PA; LA
<b>Mytesi (Oral Tablet Delayed Release)</b>	4	PA
<b>Omeclamox-Pak (Oral)</b>	4	
<b>Pylera (Oral Capsule)</b>	4	
<b>Relistor (Oral Tablet)</b>	4	PA
<b>Relistor (Subcutaneous Solution)</b>	4	PA
<b>Serostim (Subcutaneous Solution Reconstituted)</b>	4	PA; LA
<b>Symproic (Oral Tablet)</b>	3	PA; QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Trulance (Oral Tablet)</b>	3	ST
<b>Urso 250 (Oral Tablet)</b>	3	
<b>Urso Forte (Oral Tablet)</b>	3	
Ursodiol (Oral Capsule)	2	
Ursodiol (Oral Tablet)	3	
<b>Xermelo (Oral Tablet)</b>	4	PA; LA; QL
<b>Zorbtive (Subcutaneous Solution Reconstituted)</b>	4	PA; LA
Histamine2 (H2) Receptor Antagonists		
Cimetidine HCl (Oral Solution)	2	
Cimetidine (Oral Tablet)	2	
Famotidine (Oral Suspension Reconstituted)	3	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1	
Nizatidine (Oral Capsule)	2	
Nizatidine (Oral Solution)	3	
Pepcid (20MG Oral Tablet)	3	
Pepcid (40MG Oral Tablet)	4	
Ranitidine HCl (150MG Oral Capsule, 300MG Oral Capsule)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ranitidine HCl (75MG/5ML Oral Syrup)	1	
Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet)	1	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Oral Tablet)	4	PA
<b>Amitiza (Oral Capsule)</b>	2	QL
<b>Linzess (Oral Capsule)</b>	2	QL
<b>Lotronex (Oral Tablet)</b>	4	PA
<b>Viberzi (Oral Tablet)</b>	4	PA; QL
<b>Xifaxan (Oral Tablet)</b>	4	PA
Laxatives		
<b>Clenpiq (Oral Solution)</b>	2	
<b>Colyte with Flavor Packs (Oral Solution Reconstituted)</b>	3	
Constulose (Oral Solution)	1	
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution Reconstituted)	1	
GaviLyte-G (Oral Solution Reconstituted)	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	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
Generlac (Oral Solution)	1		<b>Suprep Bowel Prep Kit (Oral Solution)</b>	2	
<b>GoLYTELY (Oral Solution Reconstituted)</b>	3		TriLyte (Oral Solution Reconstituted)	1	
Kristalose (Oral Packet)	3		Protectants		
Lactulose (Oral Packet)	3		<b>Carafate (Oral Suspension)</b>	3	
Lactulose (10GM/15ML Oral Solution)	1		<b>Carafate (Oral Tablet)</b>	3	
<b>MoviPrep (Oral Solution Reconstituted)</b>	3		<b>Cytotec (Oral Tablet)</b>	3	
<b>NuLYTELY with Flavor Packs (Oral Solution Reconstituted)</b>	3		Misoprostol (Oral Tablet)	2	
<b>OsmoPrep (Oral Tablet)</b>	3		Sucralfate (Oral Tablet)	1	
PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte)	1		Proton Pump Inhibitors		
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1		<b>Aciphex (Oral Tablet Delayed Release)</b>	3	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1		<b>Dexilant (Oral Capsule Delayed Release)</b>	3	QL
<b>Plenvu (Oral Solution Reconstituted)</b>	3		Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	2	QL
<b>Prepopik (Oral Packet)</b>	3		<b>Esomeprazole Strontium (Oral Capsule Delayed Release)</b>	3	QL
			Lansoprazole (Oral Capsule Delayed Release)	2	QL
			Lansoprazole ODT (Oral Tablet Dispersible)	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
<b>Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)</b>	2	QL	<b>Prevacid SoluTab (Oral Tablet Dispersible)</b>	3	
<b>Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)</b>	2		<b>Prilosec (Oral Packet)</b>	3	PA
Omeprazole (10MG Oral Capsule Delayed Release)	1	QL	<b>Protonix (Oral Packet)</b>	3	ST
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	1		<b>Protonix (Oral Tablet Delayed Release)</b>	3	QL
Omeprazole-Sodium Bicarbonate (20-1100MG Oral Capsule)	3	PA	Rabeprazole Sodium (Oral Tablet Delayed Release)	2	
Omeprazole-Sodium Bicarbonate (40-1100MG Oral Capsule)	4	PA	<b>Yosprala (Oral Tablet Delayed Release)</b>	3	
Omeprazole-Sodium Bicarbonate (Oral Packet)	4	PA	<b>Zegerid (Oral Capsule)</b>	4	PA
Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL	<b>Zegerid (Oral Packet)</b>	4	PA
<b>Prevacid (Oral Capsule Delayed Release)</b>	3	QL	Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
			Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
			<b>Aralast NP (1000MG Intravenous Solution Reconstituted)</b>	4	PA; LA
			<b>Buphenyl (Oral Powder)</b>	4	
			<b>Buphenyl (Oral Tablet)</b>	4	
			<b>Cerdelga (Oral Capsule)</b>	4	PA
			<b>Cholbam (Oral Capsule)</b>	4	PA
			<b>Creon (Oral Capsule Delayed Release Particles)</b>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Cystadane (Oral Powder)</b>	4		<b>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)</b>	3	ST
<b>Cystagon (Oral Capsule)</b>	3	LA	<b>Pancreaze (21000UNIT Oral Capsule Delayed Release Particles)</b>	4	ST
<b>Galafold (Oral Capsule)</b>	4	LA	<b>Pertzye (16000UNIT Oral Capsule Delayed Release Particles)</b>	4	ST
<b>Glassia (Intravenous Solution)</b>	4	PA; LA	<b>Pertzye (4000UNIT Oral Capsule Delayed Release Particles, 8000UNIT Oral Capsule Delayed Release Particles)</b>	3	ST
<b>Kuvan (Oral Packet)</b>	4	LA	<b>Prolastin-C (Intravenous Solution Reconstituted)</b>	4	PA; LA
<b>Kuvan (Oral Tablet Soluble)</b>	4	LA	<b>RAVICTI (Oral Liquid)</b>	4	LA
<b>Miglustat (Oral Capsule)</b>	4	PA; LA	<b>Sodium Phenylbutyrate (Oral Powder)</b>	4	
<b>Nityr (Oral Tablet)</b>	4	LA			
<b>Ocaliva (Oral Tablet)</b>	4	PA; QL			
<b>Orfadin (Oral Capsule)</b>	4	LA			
<b>Orfadin (Oral Suspension)</b>	4	LA			
<b>Palynziq (Subcutaneous Solution Prefilled Syringe)</b>	4	PA; 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
Sodium Phenylbutyrate (Oral Tablet)	4		<b>Ditropan XL (Oral Tablet Extended Release 24 Hour)</b>	3	
<b>Sucraid (Oral Solution)</b>	4	LA	<b>Enablex (Oral Tablet Extended Release 24 Hour)</b>	3	ST; QL
<b>Tegsedi (Subcutaneous Solution Prefilled Syringe)</b>	4	PA; LA	Flavoxate HCl (Oral Tablet)	2	
<b>Viokace (10440UNIT Oral Tablet)</b>	3	ST	<b>Gelnique Pump (Transdermal Gel)</b>	3	
<b>Viokace (20880UNIT Oral Tablet)</b>	4	ST	<b>Myrbetriq (Oral Tablet Extended Release 24 Hour)</b>	2	
<b>Xuriden (Oral Packet)</b>	4	PA; LA	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	2	
<b>Zavesca (Oral Capsule)</b>	4	PA; LA	Oxybutynin Chloride (Oral Syrup)	1	
<b>Zemaira (Intravenous Solution Reconstituted)</b>	4	PA; LA	Oxybutynin Chloride (Oral Tablet Immediate Release)	1	
<b>Zenpep (Oral Capsule Delayed Release Particles)</b>	2		<b>Oxytrol (Transdermal Patch Twice Weekly)</b>	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	
<b>Detrol LA (Oral Capsule Extended Release 24 Hour)</b>	3		<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	3	ST; QL
<b>Detrol (Oral Tablet)</b>	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	3		Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL
Trospium Chloride (Oral Tablet)	2		Tamsulosin HCl (Oral Capsule)	1	
<b>Vesicare (Oral Tablet)</b>	3	ST; QL	Terazosin HCl (Oral Capsule)	1	
Benign Prostatic Hypertrophy Agents			<b>Uroxatral (Oral Tablet Extended Release 24 Hour)</b>	3	
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1		Genitourinary Agents, Other		
<b>Avodart (Oral Capsule)</b>	3		Bethanechol Chloride (Oral Tablet)	2	
<b>Cardura XL (Oral Tablet Extended Release 24 Hour)</b>	3	QL	<b>Cuprimine (Oral Capsule)</b>	4	PA
<b>Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)</b>	3	PA; QL	<b>Depen Titratabs (Oral Tablet)</b>	4	
Dutasteride (Oral Capsule)	2		<b>Elmiron (Oral Capsule)</b>	4	
Dutasteride-Tamsulosin HCl (Oral Capsule)	3		<b>Lithostat (Oral Tablet)</b>	4	
Finasteride (5MG Oral Tablet) (Generic Proscar)	1		Penicillamine (Oral Capsule)	4	PA
<b>Flomax (Oral Capsule)</b>	3		<b>Thiola (Oral Tablet Immediate Release)</b>	4	LA
<b>Jalyn (Oral Capsule)</b>	3		Urecholine (Oral Tablet)	3	
<b>Proscar (Oral Tablet)</b>	3		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<b>Rapaflo (Oral Capsule)</b>	3	QL	Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Silodosin (Oral Capsule)	3	QL	<b>Acthar (Injection Gel)</b>	4	PA; LA
			Ala Scalp (External Lotion)	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
Ala-Cort (External Cream)	1		Betamethasone Dipropionate (External Ointment)	2	
Alclometasone Dipropionate (External Cream)	2		Betamethasone Valerate (External Cream)	2	
Alclometasone Dipropionate (External Ointment)	2		Betamethasone Valerate (External Foam)	3	
Amcinonide (External Cream)	3		Betamethasone Valerate (External Lotion)	2	
Amcinonide (External Lotion)	3		Betamethasone Valerate (External Ointment)	2	
Amcinonide (External Ointment)	3		<b>Bryhali (External Lotion)</b>	3	
ApexiCon E (External Cream)	4		<b>Capex (External Shampoo)</b>	3	
Beser (External Lotion)	3		Clobetasol Propionate Emollient Base (External Cream)	2	
Betamethasone Dipropionate Aug (External Cream)	1		Clobetasol Propionate Emulsion (External Foam)	3	
Betamethasone Dipropionate Aug (External Gel)	2		Clobetasol Propionate (External Cream)	2	
Betamethasone Dipropionate Aug (External Lotion)	2		Clobetasol Propionate (External Foam)	3	
Betamethasone Dipropionate Aug (External Ointment)	2		Clobetasol Propionate (External Gel)	2	
Betamethasone Dipropionate (External Cream)	2		Clobetasol Propionate (External Liquid)	3	
Betamethasone Dipropionate (External Lotion)	2		Clobetasol Propionate (External Lotion)	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
Clobetasol Propionate (External Ointment)	2		Desoximetasone (External Cream)	3	
Clobetasol Propionate (External Shampoo)	3		Desoximetasone (External Gel)	3	
Clobetasol Propionate (External Solution)	2		Desoximetasone (External Liquid)	3	
<b>Clobex (External Lotion)</b>	3		Desoximetasone (External Ointment)	3	
<b>Clobex (External Shampoo)</b>	4		Dexamethasone Intensol (Oral Concentrate)	2	
<b>Clobex Spray (External Liquid)</b>	4		Dexamethasone (Oral Elixir)	1	
Clodan (External Shampoo)	3		Dexamethasone (Oral Tablet)	1	
<b>Cordran (External Tape)</b>	4		Dexamethasone (Oral Tablet Therapy Pack)	3	
<b>Cortef (Oral Tablet)</b>	3		DexPak 13 Day (Oral Tablet Therapy Pack)	3	
Cortisone Acetate (Oral Tablet)	2		Diflorasone Diacetate (External Cream)	3	
<b>Cutivate (External Lotion)</b>	4		Diflorasone Diacetate (External Ointment)	3	
<b>Desonate (External Gel)</b>	3		<b>Diprolene (External Ointment)</b>	3	
Desonide (External Cream)	2		<b>Elocon (External Cream)</b>	3	
Desonide (External Lotion)	3		<b>Elocon (0.1% External Ointment)</b>	3	
Desonide (External Ointment)	2		<b>Emflaza (Oral Suspension)</b>	4	PA; LA
<b>DesOwen (External Cream)</b>	3		<b>Emflaza (Oral Tablet)</b>	4	PA; LA
DesOwen (0.05% External Lotion)	3		Fludrocortisone Acetate (Oral Tablet)	1	

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluocinolone Acetonide (External Cream)	2		Halobetasol Propionate (External Cream)	3	
Fluocinolone Acetonide (External Ointment)	2		<b>Halobetasol Propionate (External Foam)</b>	4	
Fluocinolone Acetonide (External Solution)	2		Halobetasol Propionate (External Ointment)	3	
Fluocinolone Acetonide Scalp (External Oil)	2		<b>Halog (External Cream)</b>	4	
Fluocinonide Emulsified Base (External Cream)	2		<b>Halog (External Ointment)</b>	4	
Fluocinonide (0.1% External Cream)	3		Hydrocortisone Butyrate (External Cream)	3	
Fluocinonide (External Gel)	2		Hydrocortisone Butyrate (External Lotion)	3	
Fluocinonide (External Ointment)	2		Hydrocortisone Butyrate (External Ointment)	2	
Fluocinonide (External Solution)	2		Hydrocortisone Butyrate (External Solution)	3	
Flurandrenolide (External Cream)	3		Hydrocortisone (1% External Cream, 2.5% External Cream)	1	
Flurandrenolide (External Lotion)	3		Hydrocortisone (2.5% External Lotion)	2	
Flurandrenolide (External Ointment)	3		Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1	
Fluticasone Propionate (External Cream)	2		Hydrocortisone (Oral Tablet)	1	
Fluticasone Propionate (External Lotion)	3				
Fluticasone Propionate (External Ointment)	2				

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrocortisone Valerate (External Cream)	3		Mometasone Furoate (External Solution)	1	
Hydrocortisone Valerate (External Ointment)	3		Nolix (External Cream)	3	
<b>Impoyz (External Cream)</b>	3		Nolix (External Lotion)	3	
<b>Kenalog (External Aerosol Solution)</b>	4		<b>Olux (External Foam)</b>	4	
<b>Lexette (External Foam)</b>	4		<b>Olux-E (External Foam)</b>	4	
<b>Locoid (External Lotion)</b>	4		<b>Orapred ODT (Oral Tablet Dispersible)</b>	3	
<b>Locoid (External Solution)</b>	3		<b>Pandel (External Cream)</b>	4	
<b>Locoid Lipocream (External Cream)</b>	3		Prednicarbate (External Cream)	3	
<b>Luxiq (External Foam)</b>	3		Prednicarbate (External Ointment)	3	
<b>Medrol (Oral Tablet)</b>	3		Prednisolone (Oral Solution)	1	
<b>Medrol (Oral Tablet Therapy Pack)</b>	3		Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	3	
Methylprednisolone (Oral Tablet)	1		Prednisolone Sodium Phosphate ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 30MG Oral Tablet Dispersible)	3	
Methylprednisolone (Oral Tablet Therapy Pack)	1		Prednisone Intensol (Oral Concentrate)	3	
MiCort-HC (External Cream)	3		Prednisone (5MG/5ML Oral Solution)	3	
Millipred (Oral Tablet)	3				
Mometasone Furoate (External Cream)	1				
Mometasone Furoate (External Ointment)	1				

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	1		Topicort (0.25% External Ointment)	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		<b>Topicort Spray (External Liquid)</b>	3	
Psorcon (External Cream)	3		Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	3	
<b>Rayos (Oral Tablet Delayed Release)</b>	4	PA	Triamcinolone Acetonide (External Cream)	1	
<b>Synalar (External Cream)</b>	3		Triamcinolone Acetonide (External Lotion)	2	
TaperDex 12-Day (Oral Tablet Therapy Pack)	3		Triamcinolone Acetonide (External Ointment)	1	
TaperDex 6-Day (Oral Tablet Therapy Pack)	3		Trianex (External Ointment)	4	
TaperDex 7-Day (Oral Tablet Therapy Pack)	3		Triderm (0.1% External Cream)	1	
Texacort (External Solution)	3		<b>Tridesilon (External Cream)</b>	3	
Topicort (External Cream)	3		<b>Ultravate (External Cream)</b>	3	
Topicort (External Gel)	3		<b>Ultravate (External Lotion)</b>	4	
<b>Topicort (0.05% External Ointment)</b>	3		<b>Ultravate (External Ointment)</b>	3	
			<b>Vanos (External Cream)</b>	4	
			Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
			Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>DDAVP (Nasal Solution)</b>	4	
<b>DDAVP (0.1MG Oral Tablet)</b>	3	
<b>DDAVP (0.2MG Oral Tablet)</b>	4	
<b>DDAVP Rhinal Tube (Nasal Solution)</b>	3	
Desmopressin Acetate (Oral Tablet)	2	
Desmopressin Acetate Spray (Nasal Solution)	3	
<b>Genotropin MiniQuick (Subcutaneous Solution Reconstituted)</b>	4	PA
<b>Genotropin (Subcutaneous Solution Reconstituted)</b>	4	PA
<b>Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)</b>	4	PA
<b>Increlex (Subcutaneous Solution)</b>	4	PA; LA
<b>Nocdurna (Tablet Sublingual)</b>	3	PA
<b>Norditropin FlexPro (Subcutaneous Solution)</b>	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Nutropin AQ NuSpin 10 (Subcutaneous Solution)</b>	4	PA
<b>Nutropin AQ NuSpin 20 (Subcutaneous Solution)</b>	4	PA
<b>Nutropin AQ NuSpin 5 (Subcutaneous Solution)</b>	4	PA
<b>Omnitrope (Subcutaneous Solution)</b>	4	PA
<b>Omnitrope (Subcutaneous Solution Reconstituted)</b>	4	PA
<b>Saizen (Injection Solution Reconstituted)</b>	4	PA; LA
<b>Saizenprep (Injection Solution Reconstituted)</b>	4	PA; LA
<b>Stimate (Nasal Solution)</b>	4	
<b>Zomacton (10MG Subcutaneous Solution Reconstituted)</b>	4	PA
<b>Zomacton (5MG Subcutaneous Solution Reconstituted)</b>	3	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<b>Korlym (Oral Tablet)</b>	4	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<b>Anadrol-50 (Oral Tablet)</b>	4	PA
<b>Androderm (Transdermal Patch 24 Hour)</b>	2	
<b>AndroGel Pump (Transdermal Gel)</b>	3	
<b>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)</b>	3	
<b>AndroGel (25 MG/2.5GM 1% Transdermal Gel)</b>	4	
<b>Aveed (Intramuscular Solution)</b>	3	PA
Danazol (Oral Capsule)	3	
Depo-Testosterone (Intramuscular Solution)	3	
<b>Fortesta (Transdermal Gel)</b>	3	
<b>Intrarosa (Vaginal Insert)</b>	3	PA; QL
Methitest (Oral Tablet)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Methyltestosterone (Oral Capsule)	4	PA
Oxandrolone (10MG Oral Tablet)	3	PA
Oxandrolone (2.5MG Oral Tablet)	2	PA
<b>Striant (Buccal)</b>	4	PA
<b>Testim (Transdermal Gel)</b>	3	
Testosterone Cypionate (Intramuscular Solution)	1	
Testosterone Enanthate (Intramuscular Solution)	2	
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	
Testosterone Pump (Transdermal Solution)	3	
<b>Vogelxo Pump (Transdermal Gel)</b>	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Vogelxo (Transdermal Gel)</b>	3		Camrese Lo (Oral Tablet)	3	
<b>Xyosted (Subcutaneous Solution Auto-Injector)</b>	3	PA	Caziant (Oral Tablet)	3	
Estrogens			<b>Climara Pro (Transdermal Patch Weekly)</b>	3	PA; HRM
<b>Activella (1-0.5MG Oral Tablet)</b>	3	PA; HRM	<b>Climara (Transdermal Patch Weekly)</b>	3	PA; HRM; QL
<b>Alora (Transdermal Patch Twice Weekly)</b>	3	PA; HRM; QL	<b>CombiPatch (Transdermal Patch Twice Weekly)</b>	3	PA; HRM
Altavera (Oral Tablet)	3		Cryselle-28 (Oral Tablet)	3	
Alyacen 1/35 (Oral Tablet)	3		Cyclafem 1/35 (Oral Tablet)	3	
Amabelz (Oral Tablet)	3	PA; HRM	Cyclafem 7/7/7 (Oral Tablet)	3	
Amethia Lo (Oral Tablet)	3		Cyred (Oral Tablet)	3	
Amethia (Oral Tablet)	3		<b>Delestrogen (Intramuscular Oil)</b>	3	
<b>Angeliq (Oral Tablet)</b>	3	PA; HRM	Delyla (Oral Tablet)	3	
Apri (Oral Tablet)	3		Depo-Estradiol (Intramuscular Oil)	3	
Aranelle (Oral Tablet)	3		Desogestrel-Ethinyl Estradiol (Oral Tablet)	3	
Ashlyna (Oral Tablet)	3		<b>Divigel (1MG/GM Transdermal Gel)</b>	3	PA; HRM
Aubra (Oral Tablet)	3		Dotti (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Aviane (Oral Tablet)	3		Drospirenone-Ethinyl Estradiol (Oral Tablet)	3	
Balziva (Oral Tablet)	3				
<b>Beyaz (Oral Tablet)</b>	3				
<b>Bijuva (Oral Capsule)</b>	3	PA; HRM			
Blisovi 24 Fe (Oral Tablet)	3				
Blisovi Fe 1.5/30 (Oral Tablet)	3				
Briellyn (Oral Tablet)	3				

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	3	
<b>Duavee (Oral Tablet)</b>	3	PA; HRM
<b>Elestrin (Transdermal Gel)</b>	3	PA; HRM
Emoquette (Oral Tablet)	3	
Enpresse-28 (Oral Tablet)	3	
Enskyce (Oral Tablet)	3	
Estarylla (Oral Tablet)	3	
Estrace (Oral Tablet)	3	PA; HRM
Estrace (Vaginal Cream)	3	
Estradiol (Oral Tablet)	3	PA; HRM
Estradiol (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Estradiol (Transdermal Patch Weekly)	3	PA; HRM; QL
Estradiol (Vaginal Cream)	3	
Estradiol (Vaginal Tablet)	3	
Estradiol Valerate (Intramuscular Oil)	2	
Estradiol-Norethindrone Acetate (Oral Tablet)	3	PA; HRM
<b>Estring (Vaginal Ring)</b>	3	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Evamist (Transdermal Solution)</b>	3	PA; HRM
Falmina (Oral Tablet)	3	
Fayosim (Oral Tablet)	3	
<b>Femhrt Low Dose (Oral Tablet)</b>	3	PA; HRM
<b>Femring (Vaginal Ring)</b>	3	
Femynor (Oral Tablet)	3	
Fyavolv (Oral Tablet)	3	PA; HRM
<b>Generess Fe (Oral Tablet Chewable)</b>	3	
Gianvi (Oral Tablet)	3	
Hailey 24 Fe (Oral Tablet)	3	
<b>Imvexxy Maintenance Pack (Vaginal Insert)</b>	2	PA; QL
<b>Imvexxy Starter Pack (Vaginal Insert)</b>	2	PA; QL
Introvale (Oral Tablet)	3	
Isibloom (Oral Tablet)	3	
Jasmiel (Oral Tablet)	3	
Jinteli (Oral Tablet)	3	PA; HRM
Juleber (Oral Tablet)	3	
Junel 1.5/30 (Oral Tablet)	3	
Junel 1/20 (Oral Tablet)	3	
Junel Fe 1.5/30 (Oral Tablet)	3	
Junel Fe 1/20 (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
Junel Fe 24 (Oral Tablet)	3		<b>Lo Loestrin Fe (Oral Tablet)</b>	3	
Kaitlib Fe (Oral Tablet Chewable)	3		Loestrin 1.5/30 (21) (Oral Tablet)	3	
Kariva (Oral Tablet)	3		Loestrin 1/20 (21) (Oral Tablet)	3	
Kelnor 1/35 (Oral Tablet)	3		Loestrin Fe 1.5/30 (Oral Tablet)	3	
Kelnor 1/50 (Oral Tablet)	3		Loestrin Fe 1/20 (Oral Tablet)	3	
Kurvelo (Oral Tablet)	3		Lopreeza (1-0.5MG Oral Tablet)	3	PA; HRM
LARIN 1.5/30 (Oral Tablet)	3		Loryna (Oral Tablet)	3	
LARIN 1/20 (Oral Tablet)	3		<b>LoSeasonique (Oral Tablet)</b>	3	
LARIN Fe 1.5/30 (Oral Tablet)	3		Low-Ogestrel (Oral Tablet)	3	
LARIN Fe 1/20 (Oral Tablet)	3		Lutera (Oral Tablet)	3	
Larissia (Oral Tablet)	3		Marlissa (Oral Tablet)	3	
<b>Layolis Fe (Oral Tablet Chewable)</b>	3		Melodetta 24 Fe (Oral Tablet Chewable)	3	
Leena (Oral Tablet)	3		Menest (Oral Tablet)	3	PA; HRM
Lessina (Oral Tablet)	3		<b>Menostar (Transdermal Patch Weekly)</b>	3	PA; HRM; QL
Levonest (Oral Tablet)	3		Mibelas 24 Fe (Oral Tablet Chewable)	3	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	3		Microgestin 1.5/30 (Oral Tablet)	3	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	3		Microgestin 1/20 (Oral Tablet)	3	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	3		Microgestin Fe 1.5/30 (Oral Tablet)	3	
Levora 0.15/30 (28) (Oral Tablet)	3				

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Microgestin Fe 1/20 (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	
Mili (Oral Tablet)	3		Norgestimate-Ethinyl Estradiol (Oral Tablet)	3	
Mimvey Lo (Oral Tablet)	3	PA; HRM	Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	3	
Mimvey (Oral Tablet)	3	PA; HRM	Nortrel 0.5/35 (28) (Oral Tablet)	3	
<b>Minastrin 24 Fe (Oral Tablet Chewable)</b>	3		Nortrel 1/35 (21) (Oral Tablet)	3	
<b>Minivelle (Transdermal Patch Twice Weekly)</b>	3	PA; HRM; QL	Nortrel 1/35 (28) (Oral Tablet)	3	
<b>MonoNessa (Oral Tablet)</b>	3		Nortrel 7/7/7 (Oral Tablet)	3	
<b>Natazia (Oral Tablet)</b>	3		<b>NuvaRing (Vaginal Ring)</b>	3	
Necon 0.5/35 (28) (Oral Tablet)	3		Ocella (Oral Tablet)	3	
Nikki (Oral Tablet)	3		Ogestrel (Oral Tablet)	3	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	3	PA; HRM	Orsythia (Oral Tablet)	3	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	3		<b>Ortho Tri-Cyclen Lo (Oral Tablet)</b>	3	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet)	3		<b>Ortho-Novum 1/35 (28) (Oral Tablet)</b>	3	
			<b>Ortho-Novum 7/7/7 (28) (Oral Tablet)</b>	3	
			Pimtreea (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
Pirmella 1/35 (Oral Tablet)	3		Tri-Lo-Estarylla (Oral Tablet)	3	
Portia-28 (Oral Tablet)	3		Tri-Lo-Sprintec (Oral Tablet)	3	
Prefest (Oral Tablet)	3	PA; HRM	Tri-Mili (Oral Tablet)	3	
<b>Premarin (Oral Tablet)</b>	3	PA; HRM; QL	Tri-Previfem (Oral Tablet)	3	
<b>Premarin (Vaginal Cream)</b>	2		Tri-Sprintec (Oral Tablet)	3	
<b>Premphase (Oral Tablet)</b>	3	PA; HRM; QL	Trivora (28) (Oral Tablet)	3	
<b>Prempro (Oral Tablet)</b>	3	PA; HRM; QL	Tri-VyLibra Lo (Oral Tablet)	3	
Previfem (Oral Tablet)	3		Tri-VyLibra (Oral Tablet)	3	
<b>Quartette (Oral Tablet)</b>	3		Tydemy (Oral Tablet)	3	
Reclipsen (Oral Tablet)	3		<b>Vagifem (Vaginal Tablet)</b>	3	
Rivelsa (Oral Tablet)	3		Velivet (Oral Tablet)	3	
<b>Safyral (Oral Tablet)</b>	3		Vienva (Oral Tablet)	3	
<b>Seasonique (Oral Tablet)</b>	3		<b>Vivelle-Dot (Transdermal Patch Twice Weekly)</b>	3	PA; HRM; QL
Setlakin (Oral Tablet)	3		Vyfemla (Oral Tablet)	3	
Sprintec 28 (Oral Tablet)	3		VyLibra (Oral Tablet)	3	
Sronyx (Oral Tablet)	3		WYMZYA Fe (Oral Tablet Chewable)	3	
Syeda (Oral Tablet)	3		Xulane (Transdermal Patch Weekly)	3	
Tarina 24 Fe (Oral Tablet)	3		<b>Yasmin 28 (Oral Tablet)</b>	3	
Tarina Fe 1/20 (Oral Tablet)	3		<b>YAZ (Oral Tablet)</b>	3	
Tri-Estarylla (Oral Tablet)	3		Yuvaferm (Vaginal Tablet)	3	
Tri-Legest Fe (Oral Tablet)	3				

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zarah (Oral Tablet)	3	
Zovia 1/35E (28) (Oral Tablet)	3	
<b>Progestins</b>		
Aygestin (Oral Tablet)	3	
Camila (Oral Tablet)	2	
<b>Crinone (Vaginal Gel)</b>	3	PA
Deblitane (Oral Tablet)	2	
<b>Depo-Provera (Intramuscular Suspension)</b>	3	
<b>Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)</b>	3	
Errin (Oral Tablet)	2	
Incassia (Oral Tablet)	2	
<b>Jolivette (0.35MG Oral Tablet)</b>	2	
Lyza (Oral Tablet)	2	
Medroxyprogesterone Acetate (Intramuscular Suspension)	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	1	
Medroxyprogesterone Acetate (Oral Tablet)	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	3	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Megestrol Acetate (Oral Tablet)	3	PA; HRM
Nora-BE (Oral Tablet)	2	
Norethindrone Acetate (5MG Oral Tablet)	1	
Norethindrone (0.35MG Oral Tablet)	2	
Norlyroc (Oral Tablet)	2	
<b>Ortho Micronor (Oral Tablet)</b>	3	
Progesterone Micronized (Oral Capsule)	2	
<b>Prometrium (Oral Capsule)</b>	3	
<b>Provera (Oral Tablet)</b>	3	
Sharobel (Oral Tablet)	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<b>Evista (Oral Tablet)</b>	3	
<b>Osphena (Oral Tablet)</b>	2	PA; QL
Raloxifene HCl (Oral Tablet)	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Cytomel (Oral Tablet)</b>	3	
<b>Levo-T (Oral Tablet)</b>	1	
Levothyroxine Sodium (Oral Tablet)	1	
<b>Levoxyl (Oral Tablet)</b>	1	
Liothyronine Sodium (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
<b>Synthroid (Oral Tablet)</b>	2	
<b>Thyrolar-1 (Oral Tablet)</b>	2	
<b>Thyrolar-1/2 (Oral Tablet)</b>	2	
<b>Thyrolar-1/4 (Oral Tablet)</b>	2	
<b>Thyrolar-2 (Oral Tablet)</b>	2	
<b>Thyrolar-3 (Oral Tablet)</b>	2	
<b>Tirosint (Oral Capsule)</b>	3	
<b>Tirosint-SOL (Oral Solution)</b>	3	
<b>Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)</b>	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
<b>Lysodren (Oral Tablet)</b>	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cabergoline (Oral Tablet)	2	
<b>Egrifta (Subcutaneous Solution Reconstituted)</b>	4	PA; LA
<b>Eligard (Subcutaneous Kit)</b>	3	PA
<b>Firmagon (120MG Subcutaneous Solution Reconstituted)</b>	4	PA
<b>Firmagon (80MG Subcutaneous Solution Reconstituted)</b>	3	PA
Leuprolide Acetate (Injection Kit)	3	PA
<b>Lupaneta Pack (Combination Kit)</b>	4	PA
<b>Lupron Depot (1-Month) (Intramuscular Kit)</b>	4	PA
<b>Lupron Depot (3-Month) (Intramuscular Kit)</b>	4	PA
<b>Lupron Depot (4-Month) (Intramuscular Kit)</b>	4	PA
<b>Lupron Depot (6-Month) (Intramuscular Kit)</b>	4	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
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	4	PA	Propylthiouracil (Oral Tablet)	1	
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	3	PA	Tapazole (Oral Tablet)	3	
<b>Orilissa (Oral Tablet)</b>	4	PA; QL	Immunological Agents		
<b>Sandostatin (Injection Solution)</b>	4	PA	Angioedema Agents		
<b>Signifor (Subcutaneous Solution)</b>	4	PA; LA	<b>Berinert (Intravenous Kit)</b>	4	PA; LA
<b>Somatuline Depot (Subcutaneous Solution)</b>	4		<b>Cinryze (Intravenous Solution Reconstituted)</b>	4	PA; LA
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	4	PA; LA; QL	<b>Firazyr (Subcutaneous Solution)</b>	4	PA; LA; QL
<b>Synarel (Nasal Solution)</b>	4		<b>Haegarda (Subcutaneous Solution Reconstituted)</b>	4	PA; LA
<b>Trelstar Mixject (Intramuscular Suspension Reconstituted)</b>	4	PA	<b>Ruconest (Intravenous Solution Reconstituted)</b>	4	PA; LA
Hormonal Agents, Suppressant (Thyroid)			<b>Takhzyro (Subcutaneous Solution)</b>	4	PA
Antithyroid Agents			Immune Suppressants		
Methimazole (Oral Tablet)	1		<b>Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)</b>	3	B/D, PA
			<b>Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)</b>	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
Azasan (100MG Oral Tablet)	3	B/D, PA	<b>Enbrel (Subcutaneous Solution Reconstituted)</b>	4	PA
Azasan (75MG Oral Tablet)	4	B/D, PA	<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector)</b>	4	PA
Azathioprine (Oral Tablet)	1	B/D, PA	<b>Envarsus XR (Oral Tablet Extended Release 24 Hour)</b>	3	B/D, PA
<b>Cellcept (Oral Capsule)</b>	4	B/D, PA	Gengraf (Oral Capsule)	2	B/D, PA
<b>Cellcept (Oral Suspension Reconstituted)</b>	4	B/D, PA	Gengraf (Oral Solution)	2	B/D, PA
<b>Cellcept (Oral Tablet)</b>	4	B/D, PA	<b>Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)</b>	4	PA
<b>Cimzia Prefilled (Subcutaneous Kit)</b>	4	PA	<b>Humira Pen (Subcutaneous Pen-Injector Kit)</b>	4	PA
<b>Cimzia (Subcutaneous Kit)</b>	4	PA	<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)</b>	4	PA
Cyclosporine Modified (Oral Capsule)	2	B/D, PA	<b>Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)</b>	4	PA
Cyclosporine Modified (Oral Solution)	2	B/D, PA	<b>Humira (Subcutaneous Prefilled Syringe Kit)</b>	4	PA
Cyclosporine (Oral Capsule)	3	B/D, PA	<b>Imuran (Oral Tablet)</b>	3	B/D, PA
<b>Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)</b>	4	PA			
<b>Enbrel (Subcutaneous Solution Prefilled Syringe)</b>	4	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
<b>Kineret (Subcutaneous Solution Prefilled Syringe)</b>	4	PA	<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector)</b>	4	PA
Methotrexate (Oral Tablet)	1		<b>Orencia (Subcutaneous Solution Prefilled Syringe)</b>	4	PA
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1		<b>Otrexup (Subcutaneous Solution Auto-Injector)</b>	3	PA
Methotrexate Sodium (50MG/2ML Injection Solution)	1		<b>Prograf (0.5MG Oral Capsule)</b>	3	B/D, PA
Mycophenolate Mofetil (Oral Capsule)	2	B/D, PA	<b>Prograf (1MG Oral Capsule, 5MG Oral Capsule)</b>	4	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	4	B/D, PA	<b>Prograf (Oral Packet)</b>	4	B/D, PA
Mycophenolate Mofetil (Oral Tablet)	2	B/D, PA	<b>Rapamune (Oral Solution)</b>	4	B/D, PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	3	B/D, PA	<b>Rapamune (0.5MG Oral Tablet)</b>	3	B/D, PA
<b>Myfortic (180MG Oral Tablet Delayed Release)</b>	3	B/D, PA	<b>Rapamune (1MG Oral Tablet, 2MG Oral Tablet)</b>	4	B/D, PA
<b>Myfortic (360MG Oral Tablet Delayed Release)</b>	4	B/D, PA	<b>Rasuvo (Subcutaneous Solution Auto-Injector)</b>	3	PA
<b>Neoral (Oral Capsule)</b>	3	B/D, PA	<b>Sandimmune (100MG Oral Capsule)</b>	4	B/D, PA
<b>Neoral (Oral Solution)</b>	3	B/D, PA	<b>Sandimmune (25MG Oral Capsule)</b>	3	B/D, PA
<b>Olumiant (Oral Tablet)</b>	4	PA; QL			

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Sandimmune (100MG/ML Oral Solution)</b>	4	B/D, PA	<b>Flebogamma DIF (5GM/50ML Intravenous Solution)</b>	4	PA
<b>Simponi (Subcutaneous Solution Auto-Injector)</b>	4	PA	<b>Gammagard (2.5GM/25ML Injection Solution)</b>	4	PA
<b>Simponi (Subcutaneous Solution Prefilled Syringe)</b>	4	PA	<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted)</b>	4	PA
Sirolimus (Oral Solution)	4	B/D, PA	<b>Gammaked (1GM/10ML Injection Solution)</b>	4	PA
Sirolimus (0.5MG Oral Tablet, 1MG Oral Tablet)	3	B/D, PA	<b>Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)</b>	4	PA
Sirolimus (2MG Oral Tablet)	4	B/D, PA	<b>Gamunex-C (1GM/10ML Injection Solution)</b>	4	PA
Tacrolimus (Oral Capsule)	2	B/D, PA	<b>Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)</b>	4	PA
Trexall (Oral Tablet)	3		<b>Panzyga (Intravenous Solution)</b>	4	PA
<b>Xatmep (Oral Solution)</b>	3	PA	<b>Privigen (20GM/200ML Intravenous Solution)</b>	4	PA
<b>Xeljanz (Oral Tablet Immediate Release)</b>	4	PA; QL			
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	4	PA; QL			
<b>Zortress (Oral Tablet)</b>	4	B/D, PA			
Immunizing Agents, Passive					
<b>BIVIGAM (10GM/100ML Intravenous Solution)</b>	4	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
<b>Varizig (Intramuscular Solution)</b>	4		<b>Otezla (Oral Tablet Therapy Pack)</b>	4	PA; LA
Immunomodulators			<b>Ridaura (Oral Capsule)</b>	4	
<b>Actemra ACTPen (Subcutaneous Solution Auto-Injector)</b>	4	PA	<b>Xolair (Subcutaneous Solution Prefilled Syringe)</b>	4	PA; LA
<b>Actemra (Subcutaneous Solution Prefilled Syringe)</b>	4	PA	<b>Xolair (Subcutaneous Solution Reconstituted)</b>	4	PA; LA
<b>Actimmune (Subcutaneous Solution)</b>	4	LA	Vaccines		
<b>Arava (Oral Tablet)</b>	4		<b>ActHIB (Intramuscular Solution Reconstituted)</b>	2	
<b>Arcalyst (Subcutaneous Solution Reconstituted)</b>	4	PA; LA	<b>Adacel (Intramuscular Suspension)</b>	2	
<b>Benlysta (Subcutaneous Solution Auto-Injector)</b>	4	PA	<b>BCG Vaccine (Injection)</b>	2	
<b>Benlysta (Subcutaneous Solution Prefilled Syringe)</b>	4	PA	<b>Bexsero (Intramuscular Suspension Prefilled Syringe)</b>	2	
<b>Kevzara (Subcutaneous Solution Prefilled Syringe)</b>	4	PA	<b>Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)</b>	2	
Leflunomide (Oral Tablet)	2		<b>Daptacel (Intramuscular Suspension)</b>	2	
<b>Otezla (Oral Tablet)</b>	4	PA; LA			

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)</b>	2		<b>Menveo (Intramuscular Solution Reconstituted)</b>	2	
<b>Engerix-B (Injection Suspension)</b>	2	B/D, PA	<b>M-M-R II (Subcutaneous Injectable)</b>	2	
<b>Gardasil 9 (Intramuscular Suspension)</b>	2		<b>Pediarix (Intramuscular Suspension)</b>	2	
<b>Gardasil 9 (Intramuscular Suspension Prefilled Syringe)</b>	2		<b>Pedvax HIB (Intramuscular Suspension)</b>	2	
<b>Havrix (Intramuscular Suspension)</b>	2	PA	<b>ProQuad (Subcutaneous Suspension Reconstituted)</b>	2	
<b>Hiberix (Injection Solution Reconstituted)</b>	2		<b>Quadracel (Intramuscular Suspension)</b>	2	
<b>Imovax Rabies (Intramuscular Injectable)</b>	2	B/D, PA	<b>RabAvert (Intramuscular Suspension Reconstituted)</b>	2	B/D, PA
<b>Infanrix (Intramuscular Suspension)</b>	2		<b>Recombivax HB (Injection Suspension)</b>	2	B/D, PA
<b>IPOL (Injection)</b>	2		<b>Rotarix (Oral Suspension Reconstituted)</b>	2	
<b>Ixiaro (Intramuscular Suspension)</b>	2		<b>RotaTeq (Oral Solution)</b>	2	
<b>Kinrix (Intramuscular Suspension)</b>	2				
<b>Menactra (Intramuscular Injectable)</b>	2				

---

**Bold type = Brand name drug**
**Plain type = Generic drug**

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Shingrix (Intramuscular Suspension Reconstituted)</b>	2	PA
<b>TDVAX (Intramuscular Suspension)</b>	2	
<b>Tenivac (Intramuscular Injectable)</b>	2	
<b>Trumenba (Intramuscular Suspension Prefilled Syringe)</b>	2	
<b>Twinrix (Intramuscular Suspension Prefilled Syringe)</b>	2	
<b>Typhim Vi (Intramuscular Solution)</b>	2	
<b>VAQTA (Intramuscular Suspension)</b>	2	PA
<b>Varivax (Subcutaneous Injectable)</b>	2	
<b>YF-Vax (Subcutaneous Injectable)</b>	2	
<b>Zostavax (Subcutaneous Suspension Reconstituted)</b>	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<b>Apriso (Oral Capsule Extended Release 24 Hour)</b>	2	QL
<b>Asacol HD (Oral Tablet Delayed Release)</b>	4	ST; QL
Balsalazide Disodium (Oral Capsule)	3	
<b>Canasa (Rectal Suppository)</b>	4	
Colazal (Oral Capsule)	4	
<b>Delzicol (Oral Capsule Delayed Release)</b>	3	ST
<b>Dipentum (Oral Capsule)</b>	4	
<b>Lialda (Oral Tablet Delayed Release)</b>	4	QL
Mesalamine (Oral Capsule Delayed Release)	3	ST
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	3	QL
Mesalamine (800MG Oral Tablet Delayed Release)	3	ST; QL
Mesalamine (Rectal Enema)	3	
Mesalamine (Rectal Suppository)	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
<b>Pentasa (Oral Capsule Extended Release)</b>	3	QL
<b>Rowasa (Rectal Kit)</b>	4	
Glucocorticoids		
Anusol-HC (Rectal Cream)	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	4	ST
Budesonide (Oral Capsule Delayed Release Particles)	3	
Colocort (Rectal Enema)	3	
<b>Entocort EC (Oral Capsule Delayed Release Particles)</b>	4	
Hydrocortisone Acetate-Pramoxine (1-1% Rectal Cream)	3	
Hydrocortisone (Rectal Enema)	3	
Procto-Med HC (Rectal Cream)	1	
Procto-Pak (Rectal Cream)	1	
Proctosol HC (Rectal Cream)	1	
Proctozone-HC (Rectal Cream)	1	
<b>Uceris (Oral Tablet Extended Release 24 Hour)</b>	4	ST
<b>Uceris (Rectal Foam)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sulfonamides		
<b>Azulfidine EN-tabs (Oral Tablet Delayed Release)</b>	3	
<b>Azulfidine (Oral Tablet Immediate Release)</b>	3	
Sulfasalazine (Oral Tablet Immediate Release)	1	
Sulfasalazine (Oral Tablet Delayed Release)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<b>Actonel (150MG Oral Tablet, 35MG Oral Tablet, 5MG Oral Tablet)</b>	3	
Alendronate Sodium (Oral Solution)	3	
Alendronate Sodium (Oral Tablet)	1	
<b>Atelvia (Oral Tablet Delayed Release)</b>	3	
<b>Binosto (Oral Tablet Effervescent)</b>	3	
<b>Boniva (Oral Tablet)</b>	3	
Calcitonin Salmon (Nasal Solution)	2	
Calcitriol (Oral Capsule)	1	B/D, PA
Calcitriol (Oral Solution)	2	B/D, 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
Cinacalcet HCl (30MG Oral Tablet)	3	B/D, PA; QL	<b>Rocaltrol (Oral Solution)</b>	3	B/D, PA
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	4	B/D, PA; QL	<b>Sensipar (Oral Tablet)</b>	4	B/D, PA; QL
Doxercalciferol (Oral Capsule)	3	B/D, PA	<b>Tymlos (Subcutaneous Solution Pen-Injector)</b>	4	PA; QL
<b>Forteo (Subcutaneous Solution)</b>	4	PA	<b>Xgeva (Subcutaneous Solution)</b>	4	PA
<b>Fosamax (Oral Tablet)</b>	3		<b>Zemplar (1MCG Oral Capsule)</b>	3	B/D, PA
<b>Fosamax Plus D (Oral Tablet)</b>	3		<b>Zemplar (2MCG Oral Capsule)</b>	4	B/D, PA
Ibandronate Sodium (Oral Tablet)	2		<b>Miscellaneous Therapeutic Agents</b>		
<b>Natpara (Subcutaneous Cartridge)</b>	4	PA; LA	<b>Miscellaneous Therapeutic Agents</b>		
Paricalcitol (Oral Capsule)	3	B/D, PA	Alcohol Prep Pads	2	
<b>Prolia (Subcutaneous Solution Prefilled Syringe)</b>	3	QL	Ergoloid Mesylates (Oral Tablet)	3	PA; HRM
<b>Rayaldee (Oral Capsule Extended Release)</b>	4	QL	<b>Firdapse (Oral Tablet)</b>	4	PA; LA; QL
Risedronate Sodium (Oral Tablet Immediate Release)	3		Gauze (Non-medicated 2X2 Pad)	2	
<b>Risedronate Sodium (Oral Tablet Delayed Release)</b>	3		Insulin Syringes, Needles	2	
<b>Rocaltrol (Oral Capsule)</b>	3	B/D, PA	<b>Lucemyra (Oral Tablet)</b>	4	QL
			<b>Ophthalmic Agents</b>		
			<b>Ophthalmic Agents, Other</b>		
			<b>Atropine Sulfate (Ophthalmic Solution)</b>	2	
			Bacitracin-Polymyxin B (Ophthalmic Ointment)	1	
			Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	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
<b>Blephamide (Ophthalmic Suspension)</b>	3		Polymyxin B-Trimethoprim (Ophthalmic Solution)	1	
Blephamide S.O.P. (Ophthalmic Ointment)	3		<b>Polytrim (Ophthalmic Solution)</b>	3	
<b>Cystaran (Ophthalmic Solution)</b>	4	LA	<b>Pred-G (Ophthalmic Suspension)</b>	3	
<b>Lacrisert (Ophthalmic Insert)</b>	3		<b>Pred-G S.O.P. (Ophthalmic Ointment)</b>	3	
<b>Lastacraft (Ophthalmic Solution)</b>	2		Proparacaine HCl (Ophthalmic Solution)	1	
<b>Maxitrol (Ophthalmic Ointment)</b>	3		<b>Restasis (Ophthalmic Emulsion)</b>	2	QL
<b>Maxitrol (Ophthalmic Suspension)</b>	3		<b>Rhopressa (Ophthalmic Solution)</b>	2	ST
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	2		Sulfacetamide-Prednisolone (Ophthalmic Solution)	1	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	1		<b>TobraDex (Ophthalmic Ointment)</b>	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1		<b>TobraDex (Ophthalmic Suspension)</b>	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	2		<b>TobraDex ST (Ophthalmic Suspension)</b>	3	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	3		Tobramycin-Dexamethasone (Ophthalmic Suspension)	2	
<b>Oxervate (Ophthalmic Solution)</b>	4	PA; LA; QL	<b>Xiidra (Ophthalmic Solution)</b>	3	QL

---

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Zylet (Ophthalmic Suspension)</b>	3	
Ophthalmic Anti-allergy Agents		
<b>Alocril (Ophthalmic Solution)</b>	3	
<b>Alomide (Ophthalmic Solution)</b>	3	
Azelastine HCl (Ophthalmic Solution)	1	
<b>Bepreve (Ophthalmic Solution)</b>	3	
Cromolyn Sodium (Ophthalmic Solution)	1	
Epinastine HCl (Ophthalmic Solution)	2	
Olopatadine HCl (Ophthalmic Solution)	2	
<b>Pataday (Ophthalmic Solution)</b>	3	
<b>Patanol (Ophthalmic Solution)</b>	3	
<b>Pazeo (Ophthalmic Solution)</b>	2	
Ophthalmic Antiglaucoma Agents		
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	2	
<b>Alphagan P (0.15% Ophthalmic Solution)</b>	3	
Apraclonidine HCl (Ophthalmic Solution)	2	
<b>Azopt (Ophthalmic Suspension)</b>	2	
Betaxolol HCl (Ophthalmic Solution)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Betimol (Ophthalmic Solution)</b>	3	
<b>Betoptic-S (Ophthalmic Suspension)</b>	3	
<b>Brimonidine Tartrate (0.15% Ophthalmic Solution)</b>	3	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Carteolol HCl (Ophthalmic Solution)	1	
<b>Combigan (Ophthalmic Solution)</b>	2	
<b>Cosopt (Ophthalmic Solution)</b>	3	
<b>Cosopt PF (Ophthalmic Solution)</b>	3	
Dorzolamide HCl (Ophthalmic Solution)	1	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	3	
<b>Ipidine (1% Ophthalmic Solution)</b>	4	
<b>Isopto Carpine (Ophthalmic Solution)</b>	3	
<b>Istalol (Ophthalmic Solution)</b>	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Levobunolol HCl (Ophthalmic Solution)	1		<b>Acular (Ophthalmic Solution)</b>	3	
<b>Phospholine Iodide (Ophthalmic Solution Reconstituted)</b>	3		<b>Acuvail (Ophthalmic Solution)</b>	3	ST
Pilocarpine HCl (Ophthalmic Solution)	2		<b>Alrex (Ophthalmic Suspension)</b>	3	
<b>Rocklatan (Ophthalmic Solution)</b>	3	ST	Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	3	
<b>Simbrinza (Ophthalmic Suspension)</b>	2		<b>BromSite (Ophthalmic Solution)</b>	3	ST
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	2		Dexamethasone Sodium Phosphate (Ophthalmic Solution)	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1		Diclofenac Sodium (Ophthalmic Solution)	1	
Timolol Maleate (0.5% (DAILY) Ophthalmic Solution)	3		<b>Durezol (Ophthalmic Emulsion)</b>	2	
<b>Timoptic Ocudose (Ophthalmic Solution)</b>	3		<b>Flarex (Ophthalmic Suspension)</b>	3	
<b>Timoptic-XE (Ophthalmic Gel Forming Solution)</b>	3		Fluorometholone (Ophthalmic Suspension)	2	
<b>Trusopt (Ophthalmic Solution)</b>	3		Flurbiprofen Sodium (Ophthalmic Solution)	1	
Ophthalmic Anti-inflammatories			<b>FML Forte (Ophthalmic Suspension)</b>	3	
<b>Acular LS (Ophthalmic Solution)</b>	3		<b>FML Liquifilm (Ophthalmic Suspension)</b>	3	
			<b>FML (Ophthalmic Ointment)</b>	3	
			<b>Ilevro (Ophthalmic Suspension)</b>	2	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Inveltys (Ophthalmic Suspension)</b>	3	ST
Ketorolac Tromethamine (Ophthalmic Solution)	2	
<b>Lotemax (Ophthalmic Gel)</b>	3	
<b>Lotemax (Ophthalmic Ointment)</b>	3	
<b>Lotemax (Ophthalmic Suspension)</b>	3	
<b>Lotemax SM (Ophthalmic Gel)</b>	3	
Loteprednol Etabonate (Ophthalmic Suspension)	3	
<b>Maxidex (Ophthalmic Suspension)</b>	3	
<b>Nevanac (Ophthalmic Suspension)</b>	3	
<b>Omnipred (1% Ophthalmic Suspension)</b>	3	
<b>Pred Forte (Ophthalmic Suspension)</b>	3	
<b>Pred Mild (Ophthalmic Suspension)</b>	3	
Prednisolone Acetate (Ophthalmic Suspension)	2	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Prolensa (Ophthalmic Solution)</b>	3	
Ophthalmic Prostaglandin and Prostanamide Analogs		
Bimatoprost (Ophthalmic Solution)	3	
Latanoprost (Ophthalmic Solution)	1	
<b>Lumigan (Ophthalmic Solution)</b>	2	
<b>Travatan Z (Ophthalmic Solution)</b>	3	
<b>Vyzulta (Ophthalmic Solution)</b>	3	
<b>Xalatan (Ophthalmic Solution)</b>	3	
<b>Xelpros (Ophthalmic Emulsion)</b>	3	ST
<b>Zioptan (Ophthalmic Solution)</b>	3	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	1	
<b>Cetraxal (Otic Solution)</b>	3	
<b>Cipro HC (Otic Suspension)</b>	3	
<b>Ciprodex (Otic Suspension)</b>	2	
<b>Ciprofloxacin HCl (Otic Solution)</b>	3	
Flac (Otic Oil)	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
Fluocinolone Acetonide (Otic Oil)	2		Desloratadine ODT (Oral Tablet Dispersible)	3	
Hydrocortisone-Acetic Acid (Otic Solution)	2		Dexchlorpheniramine Maleate (Oral Solution)	4	PA; HRM
Neomycin-Polymyxin-HC (1% Otic Solution)	2		Levocetirizine Dihydrochloride (Oral Solution)	2	
Neomycin-Polymyxin-HC (Otic Suspension)	2		Levocetirizine Dihydrochloride (Oral Tablet)	1	
<b>Otovel (Otic Solution)</b>	3	ST	Olopatadine HCl (Nasal Solution)	3	
<b>Respiratory Tract/Pulmonary Agents</b>			<b>Patanase (Nasal Solution)</b>	3	
<b>Antihistamines</b>			Phenadoz (12.5MG Rectal Suppository)	3	PA; HRM
<b>Astepro (Nasal Solution)</b>	3		Promethazine HCl (Oral Syrup)	3	PA; HRM
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	2		Promethazine HCl (Oral Tablet)	3	PA; HRM
Carbinoxamine Maleate (Oral Solution)	3	PA; HRM	Promethazine HCl (12.5MG Rectal Suppository, 25MG Rectal Suppository)	3	PA; HRM
Carbinoxamine Maleate (4MG Oral Tablet)	3	PA; HRM	Promethazine HCl (50MG Rectal Suppository)	4	PA; HRM
Cetirizine HCl (1MG/ML Oral Solution)	1		Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	3	PA; HRM
<b>Clarinet (Oral Syrup)</b>	3		RyClora (Oral Solution)	4	PA; HRM
<b>Clarinet (Oral Tablet)</b>	3		RyVent (Oral Tablet)	3	PA; HRM
Clemastine Fumarate (2.68MG Oral Tablet)	3	PA; HRM	<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
Cyproheptadine HCl (Oral Syrup)	3	PA; HRM			
Cyproheptadine HCl (Oral Tablet)	3	PA; HRM			
Desloratadine (Oral Tablet)	2				

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Alvesco (Inhalation Aerosol Solution)</b>	3	ST; QL	Fluticasone Propionate (Nasal Suspension)	1	
<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	2	QL	Mometasone Furoate (Nasal Suspension)	3	
<b>Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	3	ST; QL	<b>Nasonex (Nasal Suspension)</b>	3	
<b>Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	3	ST; QL	<b>Omnaris (Nasal Suspension)</b>	3	ST
<b>Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	3	ST; QL	<b>Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)</b>	3	ST
<b>Asmanex HFA (Inhalation Aerosol)</b>	3	ST; QL	<b>Pulmicort (Inhalation Suspension)</b>	3	B/D, PA
<b>Beconase AQ (Nasal Suspension)</b>	3	ST	<b>Qnasl Childrens (Nasal Aerosol Solution)</b>	3	ST
Budesonide (Inhalation Suspension)	3	B/D, PA	<b>Qnasl (Nasal Aerosol Solution)</b>	3	ST
<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	2		<b>QVAR RediHaler (Inhalation Aerosol Breath Activated)</b>	3	ST; QL
<b>Flovent HFA (Inhalation Aerosol)</b>	2	QL	<b>Xhance (Nasal Exhaler Suspension)</b>	3	
Flunisolide (Nasal Solution)	2		<b>Zetonna (Nasal Aerosol Solution)</b>	3	ST
			Antileukotrienes		
			<b>Accolate (Oral Tablet)</b>	3	
			Montelukast Sodium (Oral Packet)	2	QL
			Montelukast Sodium (Oral Tablet)	1	QL
			Montelukast Sodium (Oral Tablet Chewable)	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
<b>Singulair (Oral Packet)</b>	3	QL	<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	2	QL
<b>Singulair (Oral Tablet)</b>	3	QL	<b>Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)</b>	3	ST
<b>Singulair (Oral Tablet Chewable)</b>	3	QL	<b>Yupelri (Inhalation Solution)</b>	4	B/D, PA; QL
Zafirlukast (Oral Tablet)	2		Bronchodilators, Sympathomimetic		
Zileuton ER (Oral Tablet Extended Release 12 Hour)	4	ST	Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	3	
<b>Zyflo CR (600MG Oral Tablet Extended Release 12 Hour)</b>	4	ST	<b>Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proair)</b>	3	ST
<b>Zyflo (Oral Tablet Immediate Release)</b>	4	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
Bronchodilators, Anticholinergic			Albuterol Sulfate (Inhalation Nebulization Solution)	1	B/D, PA
<b>Atrovent HFA (Inhalation Aerosol Solution)</b>	3		Albuterol Sulfate (Oral Syrup)	3	
<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	2	QL			
Ipratropium Bromide (Inhalation Solution)	1	B/D, PA			
Ipratropium Bromide (Nasal Solution)	2				
<b>Lonhala Magnair Refill Kit (Inhalation Solution)</b>	4	QL			
<b>Seebri Neohaler (Inhalation Capsule)</b>	3	ST			
<b>Spiriva HandiHaler (Inhalation Capsule)</b>	2	QL			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Albuterol Sulfate (Oral Tablet Immediate Release)	3		Levalbuterol Tartrate (Inhalation Aerosol)	3	ST
<b>Arcapta Neohaler (Inhalation Capsule)</b>	3	ST	Metaproterenol Sulfate (Oral Syrup)	3	
<b>Brovana (Inhalation Nebulization Solution)</b>	4	PA; QL	Metaproterenol Sulfate (10MG Oral Tablet, 20MG Oral Tablet)	3	
Epinephrine (0.3 MG/0.3ML Injection Solution Auto-Injector) (Generic Adrenaclick)	3	ST; QL	<b>Perforomist (Inhalation Nebulization Solution)</b>	3	B/D, PA; QL
Epinephrine (0.15 MG/0.15ML Injection Solution Auto-Injector) (Generic Adrenaclick)	3	ST; QL	<b>ProAir HFA (Inhalation Aerosol Solution)</b>	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	<b>ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)</b>	2	
<b>EpiPen 2-Pak (Injection Solution Auto-Injector)</b>	3	ST; QL	<b>Proventil HFA (Inhalation Aerosol Solution)</b>	3	ST
<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector)</b>	3	ST; QL	<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	2	QL
Levalbuterol HCl (Inhalation Nebulization Solution)	3	B/D, PA	<b>Striverdi Respimat (Inhalation Aerosol Solution)</b>	3	ST
			Terbutaline Sulfate (Oral Tablet)	3	
			<b>Ventolin HFA (Inhalation Aerosol Solution)</b>	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	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Xopenex Concentrate (Inhalation Nebulization Solution)</b>	3	B/D, PA	Tobramycin (Inhalation Nebulization Solution)	4	B/D, PA; QL
<b>Xopenex HFA (Inhalation Aerosol)</b>	3	ST	<b>Mast Cell Stabilizers</b>		
<b>Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution)</b>	3	B/D, PA	Cromolyn Sodium (Inhalation Nebulization Solution)	2	B/D, PA
<b>Xopenex (1.25MG/3ML Inhalation Nebulization Solution)</b>	4	B/D, PA	<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<b>Cystic Fibrosis Agents</b>			<b>Daliresp (Oral Tablet)</b>	3	PA
<b>Bethkis (Inhalation Nebulization Solution)</b>	4	B/D, PA; QL	Theo-24 (Oral Capsule Extended Release 24 Hour)	3	
<b>Cayston (Inhalation Solution Reconstituted)</b>	4	PA; LA	Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour)	1	
<b>Orkambi (Oral Packet)</b>	4	PA; LA; QL	Theophylline ER (Oral Tablet Extended Release 24 Hour)	1	
<b>Orkambi (Oral Tablet)</b>	4	PA; LA; QL	Theophylline (Oral Solution)	3	
<b>Symdeko (Oral Tablet Therapy Pack)</b>	4	PA; QL	<b>Pulmonary Antihypertensives</b>		
<b>TOBI (Inhalation Nebulization Solution)</b>	4	B/D, PA; QL	<b>Adcirca (Oral Tablet)</b>	4	PA
<b>TOBI Podhaler (Inhalation Capsule)</b>	4	PA; QL	<b>Adempas (Oral Tablet)</b>	4	PA; LA
			Alyq (Oral Tablet)	4	PA
			Ambrisentan (Oral Tablet)	4	PA; LA; QL
			Bosentan (Oral Tablet)	4	PA; LA; QL
			<b>Letairis (Oral Tablet)</b>	4	PA; LA; QL

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Opsumit (Oral Tablet)</b>	4	PA; LA
<b>Orenitram (0.125MG Oral Tablet Extended Release)</b>	3	PA; LA
<b>Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)</b>	4	PA; LA
<b>Revatio (Oral Suspension Reconstituted)</b>	4	PA
<b>Revatio (Oral Tablet)</b>	4	PA
Sildenafil Citrate (Oral Suspension Reconstituted)	4	PA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	2	PA
Tadalafil (PAH) (20MG Oral Tablet)	4	PA
<b>Tracleer (Oral Tablet)</b>	4	PA; LA; QL
<b>Tracleer (Oral Tablet Soluble)</b>	4	PA; LA; QL
<b>Uptravi (Oral Tablet)</b>	4	PA; LA; QL
<b>Uptravi (Oral Tablet Therapy Pack)</b>	4	PA; LA
<b>Ventavis (Inhalation Solution)</b>	4	PA; LA
Pulmonary Fibrosis Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Esbriet (Oral Capsule)</b>	4	PA; LA; QL
<b>Esbriet (Oral Tablet)</b>	4	PA; LA; QL
<b>Ofev (Oral Capsule)</b>	4	PA; LA; QL
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated)</b>	2	QL
<b>Advair HFA (Inhalation Aerosol)</b>	2	QL
<b>AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)</b>	3	ST; QL
<b>AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)</b>	3	ST; QL
<b>AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)</b>	3	ST; QL
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	2	QL
<b>Bevespi Aerosphere (Inhalation Aerosol)</b>	3	ST
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	2	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour)</b>	3		<b>Nucala (Subcutaneous Solution Reconstituted)</b>	4	PA; LA; QL
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	2	QL	<b>Oralair 300IR (Tablet Sublingual)</b>	3	PA
<b>Dulera (Inhalation Aerosol)</b>	3	QL	Promethazine-Phenylephrine (Oral Syrup)	3	PA; HRM
<b>Dymista (Nasal Suspension)</b>	3		<b>Pulmozyme (Inhalation Solution)</b>	4	B/D, PA; QL
<b>Fasenra (Subcutaneous Solution Prefilled Syringe)</b>	4	PA; LA	<b>Semprex-D (Oral Capsule)</b>	3	
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	2	QL	<b>Stiolto Respimat (Inhalation Aerosol Solution)</b>	2	
Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA	<b>Symbicort (Inhalation Aerosol)</b>	2	QL
<b>Kalydeco (Oral Packet)</b>	4	PA; LA	<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	2	QL
<b>Kalydeco (Oral Tablet)</b>	4	PA; LA	<b>Utibron Neohaler (Inhalation Capsule)</b>	3	ST
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	4	PA; LA; QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	2	QL
<b>Nucala (Subcutaneous Solution Prefilled Syringe)</b>	4	PA; LA; QL	<b>Skeletal Muscle Relaxants</b>		
			<b>Skeletal Muscle Relaxants</b>		
			<b>Amrix (Oral Capsule Extended Release 24 Hour)</b>	4	PA; HRM

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Baclofen (Oral Tablet)	1		Tizanidine HCl (2MG Oral Capsule, 4MG Oral Capsule, 6MG Oral Capsule)	3	
Carisoprodol (Oral Tablet)	3	PA; HRM; QL	Tizanidine HCl (2MG Oral Tablet, 4MG Oral Tablet)	1	
Carisoprodol-Aspirin (Oral Tablet)	3	PA; HRM	<b>Zanaflex (Oral Capsule)</b>	3	
Chlorzoxazone (375MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	3	PA; HRM	<b>Zanaflex (Oral Tablet)</b>	3	
Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	4	PA; HRM	Sleep Disorder Agents		
Cyclobenzaprine HCl (Oral Tablet)	3	PA; HRM	GABA Receptor Modulators		
<b>Dantrium (Oral Capsule)</b>	3		<b>Ambien CR (Oral Tablet Extended Release)</b>	3	PA; HRM; QL
Dantrolene Sodium (Oral Capsule)	3		<b>Ambien (Oral Tablet Immediate Release)</b>	3	PA; HRM; QL
Fexmid (Oral Tablet)	3	PA; HRM	<b>Edluar (Tablet Sublingual)</b>	3	PA; HRM
Lorzone (Oral Tablet)	3	PA; HRM	Eszopiclone (Oral Tablet)	3	PA; HRM; QL
Metaxall (Oral Tablet)	3	PA; HRM	Flurazepam HCl (Oral Capsule)	3	HRM; QL
Metaxalone (Oral Tablet)	3	PA; HRM	<b>Intermezzo (Tablet Sublingual)</b>	3	PA; HRM
Methocarbamol (Oral Tablet)	3	PA; HRM	<b>Lunesta (Oral Tablet)</b>	3	PA; HRM; QL
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	3	PA; HRM	<b>Restoril (Oral Capsule)</b>	4	HRM; QL
<b>Skelaxin (Oral Tablet)</b>	4	PA; HRM	Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	2	HRM; QL
<b>Soma (250MG Oral Tablet)</b>	3	PA; HRM; QL	Temazepam (22.5MG Oral Capsule, 7.5MG Oral Capsule)	3	HRM; QL
<b>Soma (350MG Oral Tablet)</b>	4	PA; HRM; 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
Zaleplon (Oral Capsule)	2	HRM; QL
Zolpidem Tartrate ER (Oral Tablet Extended Release)	3	PA; HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	3	PA; HRM; QL
Zolpidem Tartrate (Tablet Sublingual)	3	PA; HRM
Sleep Disorders, Other		
Armodafinil (Oral Tablet)	2	PA; QL
<b>Belsomra (Oral Tablet)</b>	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Hetlioz (Oral Capsule)</b>	4	PA; LA; QL
Modafinil (Oral Tablet)	3	PA; QL
<b>Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	4	PA; QL
<b>Nuvigil (50MG Oral Tablet)</b>	3	PA; QL
<b>Provigil (Oral Tablet)</b>	4	PA; QL
<b>Rozerem (Oral Tablet)</b>	3	
<b>Silenor (Oral Tablet)</b>	3	
<b>Xyrem (Oral Solution)</b>	4	PA; LA; QL

---

**Bold type = Brand name drug**

Plain type = Generic drug

## Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

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

**Bold type = Brand name drug**

Plain type = Generic drug

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

**Bold type = Brand name drug**

Plain type = Generic drug

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

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Apokyn (Subcutaneous Solution Cartridge)</b>	Maximum of 3 ml per day
<b>Apriso (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 4 capsules per day
<b>Aptensio XR (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Aptiom (200MG Oral Tablet, 400MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Aptiom (600MG Oral Tablet, 800MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Aptivus (Oral Capsule)</b>	Maximum of 4 capsules per day
<b>Aptivus (Oral Solution)</b>	Maximum of 4 bottles (380 ml) per 30 days
<b>Aricept (10MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Aricept (23MG Oral Tablet, 5MG Oral Tablet)</b>	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
<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Asacol HD (Oral Tablet Delayed Release)</b>	Maximum of 6 tablets per day
Ascomp-Codeine (Oral Capsule)	Maximum of 6 capsules per day
<b>Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler per 30 days
<b>Asmanex (30 Metered Doses) (110MCG/INH Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 2 inhalers per 30 days
<b>Asmanex (30 Metered Doses) (220MCG/INH Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler per 30 days
<b>Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler per 30 days
<b>Asmanex HFA (Inhalation Aerosol)</b>	Maximum of 1 inhaler (13 grams) per 30 days

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Quantity Limit
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
<b>Atacand HCT (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Atacand (8MG Oral Tablet)</b>	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
<b>Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Ativan (2MG Oral Tablet)</b>	Maximum of 5 tablets per day
Atorvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
<b>Atripla (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Aubagio (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Austedo (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Avalide (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Avandia (2MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Avandia (4MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Avapro (150MG Oral Tablet, 300MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Avapro (75MG Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Azor (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Balversa (3MG Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Balversa (4MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Balversa (5MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Belbuca (Buccal Film)</b>	Maximum of 2 films per day
<b>Belsomra (Oral Tablet)</b>	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
<b>Benicar HCT (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Benicar (20MG Oral Tablet, 40MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Benicar (5MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Bethkis (Inhalation Nebulization Solution)</b>	Maximum of 8 ml (2 ampules) per day
<b>Bevyxxa (Oral Capsule)</b>	Maximum of 31 capsules per 30 days
<b>Biktarvy (Oral Tablet)</b>	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

**Bold type = Brand name drug**

Plain type = Generic drug



<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Brilinta (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>BRIVIACT (10MG/ML Oral Solution)</b>	Maximum of 20 ml per day
<b>BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Brovana (Inhalation Nebulization Solution)</b>	Maximum of 2 vials (4 ml) per day
<b>Bunavail (Buccal Film)</b>	Maximum of 2 films per day
Bupap (Oral Tablet)	Maximum of 6 tablets per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen (Oral Capsule)	Maximum of 6 capsules per day
Butalbital-Acetaminophen (Oral Tablet)	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine (50-300-40MG Oral Capsule, 50-325-40MG Oral Capsule)	Maximum of 6 capsules per day
Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Tablet)	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
<b>Butrans (Transdermal Patch Weekly)</b>	Maximum of 4 patches per 28 days
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	Maximum of 4 pens (3.4 ml) per 28 days
<b>Bydureon (Subcutaneous Pen-Injector)</b>	Maximum of 4 pens per 28 days
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	Maximum of 1 pen (2.4 ml) per 30 days
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	Maximum of 1 pen (1.2 ml) per 30 days

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Bystolic (20MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Cablivi (Injection Kit)</b>	Maximum of 1 kit per day
<b>Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Cabometyx (40MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Caduet (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Calquence (Oral Capsule)</b>	Maximum of 2 capsules per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Captopril (100MG Oral Tablet)	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	Maximum of 9 tablets per day
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	Maximum of 2 tablets per day
<b>Cardura XL (Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
Carisoprodol (Oral Tablet)	Maximum of 4 tablets per day
Carisoprodol-Aspirin-Codeine (Oral Tablet)	Maximum of 4 tablets per day
<b>Celebrex (Oral Capsule)</b>	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	Maximum of 2 capsules per day
<b>Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Cimduo (Oral Tablet)</b>	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	Maximum of 4 tablets per day
<b>Climara (Transdermal Patch Weekly)</b>	Maximum of 4 patches per 28 days
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

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Quantity Limit
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
<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)</b>	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	Maximum of 4 tablets per day
<b>Colcrys (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 20 days
<b>Combivir (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Complera (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Concerta (18MG Oral Tablet Extended Release)</b>	Maximum of 3 tablets per day
<b>Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)</b>	Maximum of 2 tablets per day
<b>Concerta (54MG Oral Tablet Extended Release)</b>	Maximum of 1 tablet per day
<b>ConZip (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Copiktra (Oral Capsule)</b>	Maximum of 2 capsules per day
<b>Corlanor (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)</b>	Maximum of 2 tablets per day
<b>Cozaar (100MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Cozaar (25MG Oral Tablet, 50MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Crestor (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Crixivan (200MG Oral Capsule)</b>	Maximum of 9 capsules per day
<b>Crixivan (400MG Oral Capsule)</b>	Maximum of 6 capsules per day
<b>Cymbalta (Oral Capsule Delayed Release Particles)</b>	Maximum of 2 capsules per day

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Quantity Limit
<b>Daklinza (30MG Oral Tablet, 60MG Oral Tablet)</b>	Maximum of 1 tablet per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
<b>Daurismo (100MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Daurismo (25MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Daytrana (Transdermal Patch)</b>	Maximum of 1 patch per day
<b>Delstrigo (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Descovy (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Dexedrine (10MG Oral Capsule Extended Release 24 Hour)</b>	Maximum of 6 capsules per day
<b>Dexedrine (15MG Oral Capsule Extended Release 24 Hour)</b>	Maximum of 4 capsules per day
<b>Dexedrine (5MG Oral Capsule Extended Release 24 Hour)</b>	Maximum of 3 capsules per day
<b>Dexilant (Oral Capsule Delayed Release)</b>	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
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
<b>Digoxin (Oral Solution)</b>	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Dilaudid (Oral Liquid)</b>	Maximum of 50 ml per day
<b>Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)</b>	Maximum of 8 tablets per day
<b>Dilaudid (8MG Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Diovan HCT (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Diovan (320MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Dolophine (10MG Oral Tablet)</b>	Maximum of 12 tablets per day
<b>Dolophine (5MG Oral Tablet)</b>	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
<b>Dovato (Oral Tablet)</b>	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	Maximum of 90 grams per 30 days
<b>Duetact (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Dulera (Inhalation Aerosol)</b>	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	Maximum of 3 capsules per day
<b>Duragesic-100 (Transdermal Patch 72 Hour)</b>	Maximum of 15 patches per 30 days
<b>Duragesic-12 (Transdermal Patch 72 Hour)</b>	Maximum of 15 patches per 30 days
<b>Duragesic-25 (Transdermal Patch 72 Hour)</b>	Maximum of 15 patches per 30 days
<b>Duragesic-50 (Transdermal Patch 72 Hour)</b>	Maximum of 15 patches per 30 days
<b>Duragesic-75 (Transdermal Patch 72 Hour)</b>	Maximum of 15 patches per 30 days
Dvorah (Oral Tablet)	Maximum of 10 tablets per day
<b>Dyanavel XR (Oral Suspension Extended Release)</b>	Maximum of 8 ml per day
Econazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
<b>Edarbi (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Edarbyclor (Oral Tablet)</b>	Maximum of 1 tablet per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Edurant (Oral Tablet)</b>	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	Maximum of 1 tablet per day
Eletriptan Hydrobromide (Oral Tablet)	Maximum of 12 tablets per 30 days
<b>Eliquis (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Eliquis Starter Pack (Oral Tablet)</b>	Maximum of 1 pack (74 tablets) per 30 days
<b>Embeda (100-4MG Oral Capsule Extended Release)</b>	Maximum of 3 capsules per day
<b>Embeda (20-0.8MG Oral Capsule Extended Release, 80-3.2MG Oral Capsule Extended Release)</b>	Maximum of 4 capsules per day
<b>Embeda (30-1.2MG Oral Capsule Extended Release, 50-2MG Oral Capsule Extended Release)</b>	Maximum of 2 capsules per day
<b>Embeda (60-2.4MG Oral Capsule Extended Release)</b>	Maximum of 6 capsules per day
<b>Emgality (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 3 ml (3 syringes or pens) per 30 days
<b>Emgality (Subcutaneous Solution Auto-Injector)</b>	Maximum of 2 ml (2 syringes or pens) per 30 days
<b>Emgality (120 MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 2 ml (2 syringes or pens) per 30 days
<b>Emtriva (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Emtriva (Oral Solution)</b>	Maximum of 5 bottles (850 ml) per 30 days
<b>Enablex (Oral Tablet Extended Release 24 Hour)</b>	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

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Quantity Limit
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
<b>Entresto (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Epclusa (Oral Tablet)</b>	Maximum of 1 tablet per day
Epinephrine (0.3 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
<b>EpiPen 2-Pak (Injection Solution Auto-Injector)</b>	Maximum of 4 pens (2 boxes) per 30 days
<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector)</b>	Maximum of 4 pens (2 boxes) per 30 days
<b>Epivir (Oral Solution)</b>	Maximum of 32 ml per day
<b>Epivir (150MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Epivir (300MG Oral Tablet)</b>	Maximum of 1 tablet per day
Eprosartan Mesylate (Oral Tablet)	Maximum of 1 tablet per day
<b>Epzicom (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Erivedge (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Erleada (Oral Tablet)</b>	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	Maximum of 3 tablets per day
<b>Esbriet (Oral Capsule)</b>	Maximum of 9 capsules per day
<b>Esbriet (267MG Oral Tablet)</b>	Maximum of 9 tablets per day
<b>Esbriet (801MG Oral Tablet)</b>	Maximum of 3 tablets per day
Esgic (Oral Tablet)	Maximum of 6 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
<b>Esomeprazole Strontium (Oral Capsule Delayed Release)</b>	Maximum of 2 capsules per day
Estazolam (Oral Tablet)	Maximum of 1 tablet per day
Estradiol (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Estradiol (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Eszopiclone (Oral Tablet)	Maximum of 1 tablet per day
<b>Eucrisa (External Ointment)</b>	Maximum of 60 grams per 30 days

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Evotaz (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Exelon (Transdermal Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Exforge (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Extina (External Foam)</b>	Maximum of 100 grams per 28 days
<b>Ezallor Sprinkle (Oral Capsule Sprinkle)</b>	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Farxiga (Oral Tablet)</b>	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
<b>Fentora (Buccal Tablet)</b>	Maximum of 4 tablets per day
Fioricet (Oral Capsule)	Maximum of 6 capsules per day
Fioricet/Codeine (Oral Capsule)	Maximum of 6 capsules per day
<b>Fiorinal (Oral Capsule)</b>	Maximum of 6 capsules per day
<b>Fiorinal/Codeine #3 (Oral Capsule)</b>	Maximum of 6 capsules per day
<b>Firazyr (Subcutaneous Solution)</b>	Maximum of 9 ml per day
<b>Firdapse (Oral Tablet)</b>	Maximum of 8 tablets per day
<b>Flector (Transdermal Patch)</b>	Maximum of 2 patches per day
<b>FloLipid (20MG/5ML Oral Suspension)</b>	Maximum of 5 ml per day
<b>FloLipid (40MG/5ML Oral Suspension)</b>	Maximum of 10 ml per day
<b>Flovent HFA (110MCG/ACT Inhalation Aerosol)</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>Flovent HFA (220MCG/ACT Inhalation Aerosol)</b>	Maximum of 2 inhalers (24 grams) per 30 days
<b>Flovent HFA (44MCG/ACT Inhalation Aerosol)</b>	Maximum of 1 inhaler (10.6 grams) per 30 days
Flurazepam HCl (Oral Capsule)	Maximum of 1 capsule per day

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Quantity Limit
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
<b>Focalin (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Fortamet (1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Fortamet (500MG Oral Tablet Extended Release 24 Hour)</b>	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
<b>Frova (Oral Tablet)</b>	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	Maximum of 12 tablets per 30 days
<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	Maximum of 2 vials per day
<b>Genvoya (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Geodon (Oral Capsule)</b>	Maximum of 2 capsules per day
<b>Gilenya (0.5MG Oral Capsule)</b>	Maximum of 1 pack (30 capsules) per 30 days
<b>Gleevec (Oral Tablet)</b>	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

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Quantity Limit
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
<b>Glucophage (1000MG Oral Tablet Immediate Release)</b>	Maximum of 2.5 tablets per day
<b>Glucophage (500MG Oral Tablet Immediate Release)</b>	Maximum of 5 tablets per day
<b>Glucophage (850MG Oral Tablet Immediate Release)</b>	Maximum of 3 tablets per day
<b>Glucophage XR (500MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 4 tablets per day
<b>Glucophage XR (750MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Glucotrol (10MG Oral Tablet Immediate Release)</b>	Maximum of 4 tablets per day
<b>Glucotrol (5MG Oral Tablet Immediate Release)</b>	Maximum of 8 tablets per day
<b>Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 8 tablets per day
<b>Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 4 tablets per day
<b>Glumetza (1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Glumetza (500MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 4 tablets per day
Glyburide Micronized (1.5MG Oral Tablet)	Maximum of 8 tablets per day
Glyburide Micronized (3MG Oral Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (6MG Oral Tablet)	Maximum of 2 tablets per day
Glyburide (1.25MG Oral Tablet)	Maximum of 16 tablets per day
Glyburide (2.5MG Oral Tablet)	Maximum of 8 tablets per day
Glyburide (5MG Oral Tablet)	Maximum of 4 tablets per day
Glyburide-Metformin (1.25-250MG Oral Tablet)	Maximum of 8 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug



<b>Drug Name</b>	<b>Quantity Limit</b>
Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
<b>Glynase (1.5MG Oral Tablet)</b>	Maximum of 8 tablets per day
<b>Glynase (3MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Glynase (6MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Glyxambi (Oral Tablet)</b>	Maximum of 1 tablet per day
Guanfacine HCl (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
<b>Halcion (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Harvoni (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Hetlioz (Oral Capsule)</b>	Maximum of 1 capsule per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG 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
<b>Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	Maximum of 1 tablet per day
<b>Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Hyzaar (50-12.5MG Oral Tablet)</b>	Maximum of 2 tablets per day
Imatinib Mesylate (Oral Tablet)	Maximum of 3 tablets per day
<b>Imbruvica (140MG Oral Capsule)</b>	Maximum of 4 capsules per day
<b>Imbruvica (70MG Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Imbruvica (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Imitrex (Nasal Solution)</b>	Maximum of 12 devices per 30 days
<b>Imitrex (Oral Tablet)</b>	Maximum of 12 tablets per 30 days

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Imitrex (Subcutaneous Solution)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Imvexxy Maintenance Pack (Vaginal Insert)</b>	Maximum of 1 vaginal insert per day
<b>Imvexxy Starter Pack (Vaginal Insert)</b>	Maximum of 1 vaginal insert per day
<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Ingrezza (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Ingrezza (Oral Capsule Therapy Pack)</b>	Maximum of 28 capsules (1 pack) per 28 days
<b>Inlyta (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Intence (100MG Oral Tablet, 200MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Intence (25MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Intrarosa (Vaginal Insert)</b>	Maximum of 1 vaginal insert per day
<b>Invega (3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Invega (6MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Invirase (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Invokamet (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Invokamet XR (Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Invokana (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Irbesartan (75MG Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Irbesartan-Hydrochlorothiazide (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Iressa (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress HD (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress (Oral Packet)</b>	Maximum of 2 packets per day
<b>Isentress (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress (Oral Tablet Chewable)</b>	Maximum of 6 tablets per day
<b>Jakafi (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Janumet (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Januvia (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Jardiance (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Jentadueto (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Juluca (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Jynarque (Oral Tablet Therapy Pack)</b>	Maximum of 2 tablets per day
<b>Kadian (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)</b>	Maximum of 3 capsules per day
<b>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)</b>	Maximum of 2 capsules per day
<b>Kadian (200MG Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Kaletra (Oral Solution)</b>	Maximum of 2 bottles (320 ml) per 30 days
<b>Kaletra (100-25MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Kaletra (200-50MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Kazano (Oral Tablet)</b>	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
<b>Keveyis (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Klonopin (2MG Oral Tablet)</b>	Maximum of 10 tablets per day
<b>Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day

**Bold type = Brand name drug**

Plain type = Generic drug

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

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	Maximum of 5 tablets per day
<b>Lorbrena (100MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Lorbrena (25MG Oral Tablet)</b>	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Oral Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
<b>Lotensin (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Lotrel (Oral Capsule)</b>	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
<b>Lovenox (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)</b>	Maximum of 2 syringes (2 ml) per day
<b>Lovenox (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)</b>	Maximum of 2 syringes (1.6 ml) per day
<b>Lovenox (30MG/0.3ML Subcutaneous Solution)</b>	Maximum of 2 syringes (0.6 ml) per day
<b>Lovenox (40MG/0.4ML Subcutaneous Solution)</b>	Maximum of 2 syringes (0.8 ml) per day
<b>Lovenox (60MG/0.6ML Subcutaneous Solution)</b>	Maximum of 2 syringes (1.2 ml) per day
<b>Lucemyra (Oral Tablet)</b>	Maximum of 16 tablets per day
<b>Luliconazole (External Cream)</b>	Maximum of 60 grams per 28 days
<b>Lunesta (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Luzu (External Cream)</b>	Maximum of 60 grams per 28 days
<b>Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 3 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)</b>	Maximum of 3 capsules per day
<b>Lyrica (225MG Oral Capsule, 300MG Oral Capsule)</b>	Maximum of 2 capsules per day
<b>Lyrica (Oral Solution)</b>	Maximum of 30 ml per day
<b>Mavyret (Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Maxalt (Oral Tablet)</b>	Maximum of 12 tablets per 30 days
<b>Maxalt-MLT (Oral Tablet Dispersible)</b>	Maximum of 12 tablets per 30 days
<b>Mayzent (0.25MG Oral Tablet)</b>	Maximum of 8 tablets per day
<b>Mayzent (2MG Oral Tablet)</b>	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	Maximum of 3 tablets per day
<b>Menostar (Transdermal Patch Weekly)</b>	Maximum of 4 patches per 28 days
Meperidine HCl (Oral Solution)	Maximum of 90 ml per day
Meperidine HCl (100MG Oral Tablet)	Maximum of 9 tablets per day
Meperidine HCl (50MG Oral Tablet)	Maximum of 18 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

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Quantity Limit
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	Maximum of 8 tablets per day
<b>Methylin (10MG/5ML Oral Solution)</b>	Maximum of 30 ml per day
<b>Methylin (5MG/5ML Oral Solution)</b>	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

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Quantity Limit
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
<b>Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Micardis HCT (80-12.5MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Micardis (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Minivelle (Transdermal Patch Twice Weekly)</b>	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
<b>Mitigare (Oral Capsule)</b>	Maximum of 4 capsules per day
Modafinil (100MG Oral Tablet)	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	Maximum of 1 tablet per day
<b>MorphaBond ER (100MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	Maximum of 3 tablets per day
<b>MorphaBond ER (15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	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

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Quantity Limit
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
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	Maximum of 50 ml per day
<b>Morphine Sulfate (15MG Oral Tablet Immediate Release)</b>	Maximum of 8 tablets per day
<b>Morphine Sulfate (30MG Oral Tablet Immediate Release)</b>	Maximum of 6 tablets per day
<b>Motegrity (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Movantik (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)</b>	Maximum of 3 tablets per day
<b>MS Contin (200MG Oral Tablet Extended Release)</b>	Maximum of 2 tablets per day
<b>MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)</b>	Maximum of 4 tablets per day
<b>Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)</b>	Maximum of 2 capsules per day
<b>Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Namenda (10MG Oral Tablet)</b>	Maximum of 2 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Namenda (5MG Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Namenda XR (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	Maximum of 1 capsule per day
<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	Maximum of 6 tablets per day
<b>Nebupent (Inhalation Solution Reconstituted)</b>	Maximum of 300 mg (1 vial) per 28 days
<b>Nerlynx (Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Nesina (Oral Tablet)</b>	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
<b>Nexium (20MG Oral Capsule Delayed Release)</b>	Maximum of 3 capsules per day
<b>Nexium (40MG Oral Capsule Delayed Release)</b>	Maximum of 2 capsules per day
<b>Ninlaro (Oral Capsule)</b>	Maximum of 3 capsules per 28 days
Norco (Oral Tablet)	Maximum of 12 tablets per day
<b>Northera (100MG Oral Capsule)</b>	Maximum of 3 capsules per day
<b>Northera (200MG Oral Capsule, 300MG Oral Capsule)</b>	Maximum of 6 capsules per day
<b>Norvir (Oral Packet)</b>	Maximum of 12 packets per day
<b>Norvir (Oral Solution)</b>	Maximum of 16 ml per day
<b>Norvir (Oral Tablet)</b>	Maximum of 12 tablets per day
<b>Noxafil (Oral Suspension)</b>	Maximum of 20 ml per day
<b>Noxafil (Oral Tablet Delayed Release)</b>	Maximum of 6 tablets per day
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	Maximum of 3 ml per 28 days
<b>Nucala (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 3 ml per 28 days

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	Maximum of 3 vials per 28 days
<b>Nucynta ER (Oral Tablet Extended Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Nucynta (Oral Tablet Immediate Release)</b>	Maximum of 6 tablets per day
<b>Nuplazid (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Nuplazid (10MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Nuvigil (50MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Nuzyra (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Ocaliva (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Odefsey (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Odomzo (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Ofev (Oral Capsule)</b>	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
<b>Olumiant (Oral Tablet)</b>	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
<b>Onfi (Oral Suspension)</b>	Maximum of 16 ml per day
<b>Onfi (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Onglyza (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Onzetra Xsail (Nasal Exhaler Powder)</b>	Maximum of 1 kit (16 exhalers) per 30 days
<b>Opana (Oral Tablet Immediate Release)</b>	Maximum of 6 tablets per day
<b>Orilissa (150MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Orilissa (200MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Orkambi (Oral Packet)</b>	Maximum of 56 packets per 28 days

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Orkambi (Oral Tablet)</b>	Maximum of 112 tablets per 28 days
<b>Oseni (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Osphena (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Oxervate (Ophthalmic Solution)</b>	Maximum of 2 ml (2 vials) per day
Oxiconazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
<b>Oxistat (External Cream)</b>	Maximum of 90 grams per 30 days
<b>Oxistat (External Lotion)</b>	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
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Ibuprofen (Oral Tablet)	Maximum of 4 tablets per day
<b>OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	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
<b>Ozempic (0.25 or 0.5MG/DOSE Subcutaneous Solution Pen-Injector)</b>	Maximum of 1 pen (1.5 ml) per 28 days
<b>Ozempic (1MG/DOSE Subcutaneous Solution Pen-Injector)</b>	Maximum of 2 pens (3 ml) per 28 days

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Quantity Limit
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
<b>Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 28 syringes per 28 days
<b>Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 8 syringes per 28 days
<b>Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 56 syringes per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
<b>Pentasa (250MG Oral Capsule Extended Release)</b>	Maximum of 12 capsules per day
<b>Pentasa (500MG Oral Capsule Extended Release)</b>	Maximum of 8 capsules per day
Pentazocine-Naloxone HCl (Oral Tablet)	Maximum of 12 tablets per day
Percocet (Oral Tablet)	Maximum of 12 tablets per day
<b>Perforomist (Inhalation Nebulization Solution)</b>	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	Maximum of 2 tablets per day
Phrenilin Forte (Oral Capsule)	Maximum of 6 capsules per day
<b>Pifeltro (Oral Tablet)</b>	Maximum of 1 tablet per day
Pioglitazone HCl (15MG Oral Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	Maximum of 3 tablets per day
<b>Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	Maximum of 1 tablet per day
<b>Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	Maximum of 2 tablets per day
<b>Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	Maximum of 2 tablets per day
Plavix (Oral Tablet)	Maximum of 4 tablets per day
<b>Pradaxa (Oral Capsule)</b>	Maximum of 2 capsules per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Praluent (Subcutaneous Solution Pen-Injector)</b>	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
<b>Pravachol (Oral Tablet)</b>	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	Maximum of 1 tablet per day
<b>Premarin (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Premphase (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Prempro (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Prevacid (Oral Capsule Delayed Release)</b>	Maximum of 2 capsules per day
<b>Prevymis (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Prezcobix (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Prezista (Oral Suspension)</b>	Maximum of 2 bottles (400 ml) per 30 days
<b>Prezista (150MG Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Prezista (600MG Oral Tablet, 75MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Prezista (800MG Oral Tablet)</b>	Maximum of 1 tablet per day
Primlev (Oral Tablet)	Maximum of 13 tablets per day
<b>Prinivil (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Prolia (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 1 syringe per 180 days
<b>Promacta (Oral Packet)</b>	Maximum of 6 packets per day
<b>Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Promacta (50MG Oral Tablet, 75MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Protonix (20MG Oral Tablet Delayed Release)</b>	Maximum of 3 tablets per day
<b>Protonix (40MG Oral Tablet Delayed Release)</b>	Maximum of 2 tablets per day
<b>Provigil (100MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Provigil (200MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>PRUDOXIN (External Cream)</b>	Maximum of 90 grams per 30 days
<b>Pulmozyme (Inhalation Solution)</b>	Maximum of 5 ml (2 ampules) per day
<b>Qbrelis (Oral Solution)</b>	Maximum of 80 ml per day
<b>Qtern (Oral Tablet)</b>	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

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Quantity Limit
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
<b>QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)</b>	Maximum of 1 tablet per day
<b>QuilliChew ER (30MG Oral Tablet Chewable Extended Release)</b>	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
<b>QVAR RediHaler (Inhalation Aerosol Breath Activated)</b>	Maximum of 2 inhalers (21.2 grams) per 30 days
Ramipril (Oral Capsule)	Maximum of 2 capsules per day
<b>Rapaflo (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Royaldee (Oral Capsule Extended Release)</b>	Maximum of 2 capsules per day
Relexxii (Oral Tablet Extended Release)	Maximum of 1 tablet per day
<b>Relpax (Oral Tablet)</b>	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
<b>Repatha Pushtrox System (Subcutaneous Solution Cartridge)</b>	Maximum of 1 cartridge (3.5 ml) per 28 days
<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	Maximum of 3 pens (3 ml) per 28 days

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Rescriptor (Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Restasis (Ophthalmic Emulsion)</b>	Maximum of 2 vials per day
<b>Restoril (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Retrovir (Oral Capsule)</b>	Maximum of 6 capsules per day
<b>Retrovir (Oral Syrup)</b>	Maximum of 64 ml per day
<b>Rexulti (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Reyataz (150MG Oral Capsule, 300MG Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Reyataz (200MG Oral Capsule)</b>	Maximum of 2 capsules per day
<b>Reyataz (Oral Packet)</b>	Maximum of 6 packets per day
<b>Riomet (Oral Solution)</b>	Maximum of 25.5 ml per day
<b>Ritalin (Oral Tablet)</b>	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
<b>Roxicodone (15MG Oral Tablet)</b>	Maximum of 8 tablets per day
<b>Roxicodone (30MG Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Roxicodone (5MG Oral Tablet)</b>	Maximum of 12 tablets per day
<b>Rydapt (Oral Capsule)</b>	Maximum of 8 capsules per day
<b>Sabril (Oral Packet)</b>	Maximum of 6 packets per day
<b>Sabril (Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Savaysa (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Segluromet (2.5-500MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Selzentry (Oral Solution)</b>	Maximum of 8 bottles (1840 ml) per 30 days
<b>Selzentry (150MG Oral Tablet, 75MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Selzentry (25MG Oral Tablet, 300MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Sensipar (30MG Oral Tablet, 60MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Sensipar (90MG Oral Tablet)</b>	Maximum of 4 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug



<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (60 inhalations) per 30 days
<b>Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)</b>	Maximum of 3 tablets per day
<b>Seroquel (25MG Oral Tablet Immediate Release)</b>	Maximum of 4 tablets per day
<b>Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
Silodosin (Oral Capsule)	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
<b>Singulair (Oral Packet)</b>	Maximum of 1 packet per day
<b>Singulair (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Singulair (Oral Tablet Chewable)</b>	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	Maximum of 1 tablet per day
<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	Maximum of 18 ml (6 pens) per 30 days
<b>Solodyn (Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Soma (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	Maximum of 1 vial per day
<b>Sovaldi (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Spiriva HandiHaler (Inhalation Capsule)</b>	Maximum of 1 capsule per day
<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Starlix (120MG Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Starlix (60MG Oral Tablet)</b>	Maximum of 6 tablets per day
Stavudine (Oral Capsule)	Maximum of 2 capsules per day
<b>Steglatro (15MG Oral Tablet)</b>	Maximum of 1 tablet per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Steglatro (5MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Steglujan (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Stivarga (Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Stribild (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)</b>	Maximum of 2 films per day
<b>Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)</b>	Maximum of 3 films per day
<b>Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)</b>	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
<b>Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)</b>	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	Maximum of 12 injections (6 ml) per 30 days
<b>Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)</b>	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	Maximum of 9 tablets per 30 days
<b>Sustiva (Oral Capsule)</b>	Maximum of 3 capsules per day
<b>Sustiva (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Symbicort (Inhalation Aerosol)</b>	Maximum of 1 inhaler (10.2 grams) per 30 days
<b>Symdeko (Oral Tablet Therapy Pack)</b>	Maximum of 1 pack (56 tablets) per 28 days
<b>Symfi Lo (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Symfi (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Sympazan (Oral Film)</b>	Maximum of 2 films per day
<b>Symproic (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Symtuza (Oral Tablet)</b>	Maximum of 1 tablet per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Synjardy (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Syprine (Oral Capsule)</b>	Maximum of 8 capsules per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
<b>Talzenna (0.25MG Oral Capsule)</b>	Maximum of 3 capsules per day
<b>Talzenna (1MG Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Tarceva (100MG Oral Tablet, 150MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Tarceva (25MG Oral Tablet)</b>	Maximum of 3 tablets per day
<b>Tarka (Oral Tablet Extended Release)</b>	Maximum of 1 tablet per day
<b>Tasmar (Oral Tablet)</b>	Maximum of 6 tablets per day
<b>Tavalisse (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Tecfidera (Oral Capsule Delayed Release)</b>	Maximum of 2 capsules per day
<b>Tekturna HCT (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Tekturna (Oral Tablet)</b>	Maximum of 1 tablet per day
Telmisartan (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	Maximum of 1 capsule per day
Tencon (Oral Tablet)	Maximum of 6 tablets per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	Maximum of 1 tablet per day
<b>Thalomid (100MG Oral Capsule, 50MG Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Thalomid (150MG Oral Capsule, 200MG Oral Capsule)</b>	Maximum of 2 capsules per day
<b>Tibsovo (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Tivicay (10MG Oral Tablet, 25MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Tivicay (50MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Tivorbex (Oral Capsule)</b>	Maximum of 3 capsules per day
<b>TOBI (Inhalation Nebulization Solution)</b>	Maximum of 10 ml (2 ampules) per day
<b>TOBI Podhaler (Inhalation Capsule)</b>	Maximum of 8 capsules per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
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
<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Tracleer (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Tracleer (Oral Tablet Soluble)</b>	Maximum of 8 tablets per day
<b>Tradjenta (Oral Tablet)</b>	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl ER (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
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
<b>Tranxene-T (Oral Tablet)</b>	Maximum of 12 tablets per day
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Treximet (Oral Tablet)</b>	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	Maximum of 10 capsules per day
Triazolam (0.125MG Oral Tablet)	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	Maximum of 2 tablets per day
<b>Tribenzor (Oral Tablet)</b>	Maximum of 1 tablet per day
Trientine HCl (Oral Capsule)	Maximum of 8 capsules per day
<b>Triumeq (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Trizivir (Oral Tablet)</b>	Maximum of 2 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	Maximum of 4 pens (2 ml) per 28 days
<b>Truvada (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Tybost (Oral Tablet)</b>	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
<b>Tymlos (Subcutaneous Solution Pen-Injector)</b>	Maximum of 1.56 ml per 30 days
<b>Ultracet (Oral Tablet)</b>	Maximum of 8 tablets per day
<b>Ultram (Oral Tablet)</b>	Maximum of 8 tablets per day
<b>Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Uptravi (200MCG Oral Tablet)</b>	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
<b>Valcyte (Oral Solution Reconstituted)</b>	Maximum of 36 ml per day
<b>Valcyte (Oral Tablet)</b>	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
<b>Valium (Oral Tablet)</b>	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
<b>Valtrex (1GM Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Valtrex (500MG Oral Tablet)</b>	Maximum of 2 tablets per day
Vanatol LQ (Oral Solution)	Maximum of 90 ml per day
<b>Vancocin HCl (125MG Oral Capsule)</b>	Maximum of 4 capsules per day
<b>Vancocin HCl (250MG Oral Capsule)</b>	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
<b>Vaseretic (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Vasotec (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Veltassa (Oral Packet)</b>	Maximum of 1 packet per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Vemlidy (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Vesicare (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Viberzi (Oral Tablet)</b>	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
<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	Maximum of 3 pens (9 ml) per 30 days
<b>Videx EC (125MG Oral Capsule Delayed Release)</b>	Maximum of 4 capsules per day
<b>Videx EC (200MG Oral Capsule Delayed Release)</b>	Maximum of 2 capsules per day
<b>Videx EC (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)</b>	Maximum of 1 capsule per day
<b>Videx (4GM Oral Solution Reconstituted)</b>	Maximum of 40 ml per day
<b>Viekira Pak (Oral Tablet Therapy Pack)</b>	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
<b>Vimpat (Oral Solution)</b>	Maximum of 40 ml per day
<b>Vimpat (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Viracept (250MG Oral Tablet)</b>	Maximum of 10 tablets per day
<b>Viracept (625MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Viramune (Oral Suspension)</b>	Maximum of 40 ml per day
<b>Viramune (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Viramune XR (Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Viread (Oral Powder)</b>	Maximum of 4 bottles (240 grams) per 30 days
<b>Viread (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Vitrakvi (100MG Oral Capsule)</b>	Maximum of 4 capsules per day
<b>Vitrakvi (25MG Oral Capsule)</b>	Maximum of 6 capsules per day
<b>Vitrakvi (Oral Solution)</b>	Maximum of 20 ml per day
<b>Vivelle-Dot (Transdermal Patch Twice Weekly)</b>	Maximum of 8 patches per 28 days
<b>Vivlodex (Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Vosevi (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Votrient (Oral Tablet)</b>	Maximum of 4 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug



<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	Maximum of 1 capsule per day
<b>Vytorin (Oral Tablet)</b>	Maximum of 1 tablet per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)</b>	Maximum of 4 tablets per day
<b>Xanax (2MG Oral Tablet Immediate Release)</b>	Maximum of 5 tablets per day
<b>Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Xanax XR (2MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 5 tablets per day
<b>Xanax XR (3MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 3 tablets per day
<b>Xarelto (10MG Oral Tablet, 20MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	Maximum of 1 pack (51 tablets) per 30 days
<b>Xeljanz (Oral Tablet Immediate Release)</b>	Maximum of 2 tablets per day
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Xermelo (Oral Tablet)</b>	Maximum of 3 tablets per day
<b>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)</b>	Maximum of 1 tablet per day
<b>Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Xiidra (Ophthalmic Solution)</b>	Maximum of 2 vials per day
<b>Ximino (Oral Capsule Extended Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Xofluza (Oral Tablet Therapy Pack)</b>	Maximum of 2 tablets per 30 days
<b>Xospata (Oral Tablet)</b>	Maximum of 3 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Quantity Limit
<b>Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	Maximum of 3 capsules per day
<b>Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	Maximum of 6 capsules per day
<b>Xultophy (Subcutaneous Solution Pen-Injector)</b>	Maximum of 5 pens (15 ml) per 30 days
<b>Xyrem (Oral Solution)</b>	Maximum of 18 ml per day
<b>Yupelri (Inhalation Solution)</b>	Maximum of 1 vial (3 ml) per day
Zaleplon (Oral Capsule)	Maximum of 90 capsules per year
Zebutal (Oral Capsule)	Maximum of 6 capsules per day
<b>Zejula (Oral Capsule)</b>	Maximum of 3 capsules per day
<b>Zelboraf (Oral Tablet)</b>	Maximum of 8 tablets per day
<b>Zembrace SymTouch (Subcutaneous Solution Auto-Injector)</b>	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
<b>Zepatier (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Zestoretic (10-12.5MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Zestoretic (20-12.5MG Oral Tablet)</b>	Maximum of 4 tablets per day
<b>Zestoretic (20-25MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Zestril (Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Ziac (2.5-6.25MG Oral Tablet)</b>	Maximum of 2 tablets per day
<b>Ziagen (Oral Solution)</b>	Maximum of 32 ml per day
<b>Ziagen (Oral Tablet)</b>	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
<b>Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	Maximum of 2 capsules per day
Zolmitriptan (Oral Tablet)	Maximum of 12 tablets per 30 days

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
Zolmitriptan ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zolpidem Tartrate ER (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	Maximum of 90 tablets per year
<b>Zomig (2.5MG Nasal Solution)</b>	Maximum of 18 devices per 30 days
<b>Zomig (5MG Nasal Solution)</b>	Maximum of 12 devices per 30 days
<b>Zomig (Oral Tablet)</b>	Maximum of 12 tablets per 30 days
<b>Zomig ZMT (Oral Tablet Dispersible)</b>	Maximum of 12 tablets per 30 days
<b>Zonalon (External Cream)</b>	Maximum of 90 grams per 30 days
<b>ZTlido (External Patch)</b>	Maximum of 3 patches per day
<b>Zubsolv (1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)</b>	Maximum of 3 tablets per day
<b>Zubsolv (11.4-2.9MG Tablet Sublingual)</b>	Maximum of 1 tablet per day
<b>Zubsolv (2.9-0.71MG Tablet Sublingual)</b>	Maximum of 5 tablets per day
<b>Zubsolv (8.6-2.1MG Tablet Sublingual)</b>	Maximum of 2 tablets per day
<b>Zypitamag (Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</b>	Maximum of 1 tablet per day
<b>Zyprexa Zydis (Oral Tablet Dispersible)</b>	Maximum of 1 tablet per day

---

**Bold type = Brand name drug**

Plain type = Generic drug

**Required information**

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

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. 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

---

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