



2017 Comprehensive

# FORMULARY

(Complete list of covered drugs)

UnitedHealthcare® Group Medicare Advantage

**Please read:** This document contains information about the drugs we cover in this plan.

For more recent information or if you have other questions, please call UnitedHealthcare Group Medicare Advantage Customer Service at:



Toll-Free **1-800-457-8506**, TTY **711**

8 a.m. - 8 p.m. local time, Monday - Friday



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



This Comprehensive Formulary is a **complete list** of the drugs covered by our plan. It is current as of August 1, 2016.

For a complete up-to-date formulary (drug list), please call us. Our contact information, along with the date we last updated the formulary, is on the cover.

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

This list of covered drugs is called a Formulary. We call it a “drug list” for short.

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

## The UnitedHealthcare Group Medicare Advantage

# COMPREHENSIVE FORMULARY (drug list)

A formulary (drug list) is a list of covered drugs selected by your plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

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

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

For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a **complete drug list** of the drugs covered by your plan.

For your drug to be covered by your plan, it must be included in the complete drug list.

To find out if your drug is covered:

1. See if your drug is included in this **complete drug list**.
2. Visit your plan website. Use the online tools to look up your drugs. The information is updated on a regular basis. The web address is on the cover.
3. Or call Customer Service. Our contact information is on the cover.

In most cases, your prescription must also be filled at one of our network pharmacies.

## **The drug list may change**

We try to make as few changes to the drug list as possible during the plan year.

- If there are changes to the drug list, such as regular or necessary updates, members may see information in their Explanation of Benefits (EOB) statements.
- If there are changes to the drug list outside of regular or necessary updates, members may receive a special mailing.

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 requirements or limits for a drug.
- Moves a drug into a different tier.

Generally, if you are taking a drug on the 2017 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 plan year except when a new, less expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

Other types of drug list changes, such as removing a drug from the list, will not affect members who are currently taking the drug. For those members it will remain available at the same cost for the remainder of the plan year. We feel it is important for you to have access for the entire plan year to the list of drugs that were available when you chose your plan, except when you can save additional money or your safety is a concern.

If we remove drugs from our drug list, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, during the plan year we must notify affected members at least 60 days before the change becomes effective, or when the member requests a refill of the drug. At this time the member will receive a 60-day supply of the drug.

If the Food and Drug Administration (FDA) declares a drug on our drug list to be unsafe, or if the drug's manufacturer removes the drug from the market, your plan will immediately remove the drug from the drug list and notify members who take the drug. The enclosed drug list is current as of the date printed on the cover. To get updated information about the drugs covered by your plan, please call Customer Service or visit our website using the information provided on the cover of this drug list.

## Drug payment stages and drug tiers

The amount you pay for a covered 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.
- **The drug tier for your drug.** Each covered drug is in one of four drug tiers. Each tier has a co-pay and/or co-insurance amount. The chart below shows the differences between the tiers.

**For more information about drug coverage and co-pay or co-insurance amounts for each tier, please review your Evidence of Coverage.**

Drug Tier	Includes
<b>Tier 1: Preferred generic</b>	Most generic drugs.
<b>Tier 2: Preferred brand</b>	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs.
<b>Tier 3: 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: Specialty tier</b>	Unique and/or very high-cost drugs.

### If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your co-pays and co-insurance 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.

## How to use the drug list

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

- 1. Medical condition:** Turn to the “Covered drugs by medical condition” section, which begins on page 12, to look for drugs based on your medical conditions. For example, if you want to find drugs used to treat high cholesterol, go to the “Cardiovascular Agents” category and look under “Dyslipidemics, HMG CoA Reductase Inhibitors.”
- 2. Alphabetical list (index):** If you are not sure what category to look under, turn to the “Index of covered drugs” section, which begins on page 157. Find the name of your drug. The page number where you can find the drug will be next to it.

## Generic drugs

Your plan covers both brand name drugs and generic drugs.

Generic drugs:

- Are approved by the Food and Drug Administration (FDA) as having the same active ingredients as brand name drugs.
- Usually cost less than brand name 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).

## Required actions, restrictions or limits

Some covered drugs may have additional requirements or limits on coverage. If your drug has any requirements or limits, there will be a code(s) in the “Required actions, restrictions or limits” column of the drug list. The codes and what they mean are shown below.

### Utilization Management Restrictions

#### PA - Prior authorization

The plan requires you or your doctor to get prior authorization for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.

#### QL - Quantity limits

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

#### ST - Step therapy

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

### Other Special Requirements for Coverage

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

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

#### HRM - High Risk Medication

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

#### LA - Limited access

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

#### MED - Morphine Equivalent Dose

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

You can find out if your drug has any additional requirements, restrictions or limits by looking it up in the “Covered drugs by medical condition” section that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may ask us to send you a copy. Our contact information, along with the date we last updated the drug list, is on the cover.

You and your doctor may ask the plan for an exception to these requirements, restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the, “How to request an exception to the UnitedHealthcare Group Medicare Advantage drug list” section on the next page or review your Evidence of Coverage to learn more. If you do not get prior approval from the plan for a drug with a requirement, restriction or limit, you may have to pay the full cost of the drug.

### **If your drug is not on the drug list**

If your drug is not included in this **complete formulary** (list of covered drugs), you should call Customer Service and ask if your drug is covered. Our contact information, along with the date we last updated the drug list, is on the cover.

If you learn that your plan does not cover your drug, you have two options:

1. Ask your plan for a list of similar drugs that it covers. Show the list to your doctor and ask him or her to prescribe one of the appropriate drugs from the list.
2. Ask your plan to make an exception and cover your drug. See next page for information about how to request an exception.



## How to request an exception to the UnitedHealthcare Group Medicare Advantage drug list

At times you may need to ask for drug coverage that's not normally provided by your plan. When you do, your plan will consider your request and respond with a coverage decision (coverage determination).

You can ask your plan to make an exception to the coverage rules. There are several types of exceptions that you can ask us to make.

- **Formulary exception:** You can ask your plan to cover your drug even if it is not on the drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- **Tiering exception:** You can ask your plan to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier.
- **Utilization exception:** You can ask your plan to waive coverage restrictions or limits on your drug. For example, your plan limits the amount it will cover for certain drugs. If your drug has a quantity limit, you can ask your plan to waive the limit and cover more.

Generally, your plan will approve your request for an exception only if the alternative drugs included in your plan's drug list, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause adverse medical effects.

### Who can ask for a coverage decision

You, your authorized representative or your doctor can ask for an initial coverage decision for a formulary exception, tiering exception or utilization restriction exception.

**When you are requesting a formulary exception, tiering exception or utilization restriction exception, your prescriber or physician should submit a statement supporting your request.**

### Receiving a coverage decision

Generally, your plan will make a coverage decision within 72 hours after receiving your prescribing physician's statement. You can request an expedited, or fast, decision if you or your doctor believes your health requires it. If your plan agrees to a fast decision, you will receive a decision within 24 hours after your plan receives your doctor's or prescribing physician's supporting statement.

## **What to do while you talk to your doctor about changing your drugs or requesting an exception**

### **New or continuing members**

As a new or continuing member in your plan, you may be taking drugs that are not on the drug list. Or you may be taking a drug that is on the drug list but your ability to get it is limited. For example, you may need prior authorization before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that your plan covers, or request a formulary exception so your plan will cover the drug you are currently taking. While you talk to your doctor to decide what to do, your plan may cover your drug in certain cases during the first 90 days you are a member of your plan.

For each of your drugs that is not on the drug list, or if your ability to get your drugs is limited, your plan may cover at least a temporary 30-day supply (unless you have a prescription written for fewer days) from a network pharmacy. After you receive at least a 30-day supply, your plan will not pay for these drugs, even if you have been a member of your plan less than 90 days.

### **Long-term care facility residents**

If you're a resident of a long-term care facility, your plan may allow you to refill your prescription until you have been provided with at least a 98-day transition supply of the drug consistent with dispensing increment (unless your prescription is written for fewer days). Your plan will also cover more than one refill of these drugs for the first 90 days you are a member of your plan. If you need a drug that's not on the drug list or if you have limited ability to get your drugs but you are past the first 90 days of membership in the plan, your plan will cover at least a 31-day emergency supply of the drug (unless your prescription is written for fewer days) while you request a formulary exception.

### **Other transitions**

You may have an unplanned transition, like a hospital discharge or a change in your level of care. If this happens and your doctor prescribes a drug that is not on the drug list, or a drug that is on the drug list but your ability to get it is limited, your plan may cover a one-time supply of at least 30-days. You may ask for a one-time emergency supply of at least 30-days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

## **Drugs with dosages other than a one-month supply**

### **Drugs packaged in an extended day supply**

Some drugs are packaged from the manufacturer to provide more than a one-month supply. When you fill these drugs, you may have to pay more than one co-pay/co-insurance for a single prescription. For more information, please call Customer Service using the information on the cover.

### **Daily cost share for oral medications filled for less than a one-month supply**

Daily cost share applies only if the drug is in the form of a solid oral dose (e.g., tablet or capsule) when dispensed for a supply of less than one month under applicable law. The daily cost share 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 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, please call us toll-free at **1-800-457-8506**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - Friday. Or visit us online at **[www.UHCRetiree.com](http://www.UHCRetiree.com)**.

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 medical condition

The Comprehensive Formulary (drug list) below provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the “Index of covered drugs,” which begins on page 157.

The first column of the chart lists the drug name. **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 of the chart lists which coverage level (Tier) your drug is in.

The “Required Actions, Restrictions or Limits” column shows you if your plan has any special coverage requirements for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 121-156.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Analgesics			Diclofenac Sodium DR (Tablet Delayed-Release)	1	
<b>Nonsteroidal Anti-inflammatory Drugs</b>			Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)	1	
<b>Anaprox DS (Tablet)</b>	3		Diclofenac Sodium/ Misoprostol (Tablet Delayed-Release)	3	
<b>Arthrotec 50 (Tablet Delayed-Release)</b>	3		Diflunisal (Tablet)	2	
<b>Arthrotec 75 (Tablet Delayed-Release)</b>	3		<b>Duexis (Tablet)</b>	4	ST
<b>Cambia (Packet)</b>	3		<b>EC-Naprosyn (Tablet Delayed-Release)</b>	3	
<b>Celebrex (Capsule)</b>	3	QL	Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	
Celecoxib (Capsule)	3	QL			
<b>Daypro (Tablet)</b>	3				
Diclofenac Potassium (Tablet Immediate-Release)	1				
Diclofenac Sodium (1% Gel)	2	PA			
Diclofenac Sodium (1.5% Transdermal Solution)	3	PA			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Etodolac ER (Tablet Extended-Release 24 Hour)	3		<b>Mobic (15mg Tablet, 7.5mg Tablet, 7.5mg/5ml Suspension)</b>	3	
<b>Feldene (Capsule)</b>	3		Nabumetone (Tablet)	3	
<b>Fenoprofen Calcium (400mg Capsule)</b>	3		<b>Naprelan (375mg Tablet Extended-Release 24 Hour, 500mg Tablet Extended-Release 24 Hour)</b>	4	
Fenoprofen Calcium (600mg Tablet)	3		<b>Naprelan (750mg Tablet Extended-Release 24 Hour)</b>	3	
<b>Flector (Patch)</b>	3	PA, QL	<b>Naprosyn (Tablet)</b>	3	
Flurbiprofen (Tablet)	1		Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1		Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	1	
Ketoprofen (Capsule Immediate-Release)	2		Naproxen Sodium (275mg Tablet Immediate-Release, 550mg Tablet Immediate-Release) (Generic Anaprox DS)	3	
Ketoprofen ER (Capsule Extended-Release 24 Hour)	3		Naproxen Sodium CR (Tablet Extended-Release 24 Hour) (Generic Naprelan)	3	
Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	3	PA, HRM			
Meclofenamate Sodium (Capsule)	3				
Mefenamic Acid (Capsule)	3				
Meloxicam (15mg Tablet, 7.5mg Tablet)	1				
<b>Meloxicam (7.5mg/5ml Suspension)</b>	3				

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Naproxen Sodium ER (Tablet Extended-Release 24 Hour) (Generic Naprelan)	3	
Oxaprozin (Tablet)	3	
<b>Pennsaid (Transdermal Solution)</b>	4	PA
Piroxicam (Capsule)	2	
Sulindac (Tablet)	1	
Tolmetin Sodium (400mg Capsule, 600mg Tablet)	3	
<b>Vimovo (Tablet Delayed-Release)</b>	4	ST
<b>Vivlodex (Capsule)</b>	3	QL
<b>Voltaren (Gel)</b>	2	PA
<b>Zipsor (Capsule)</b>	3	ST
<b>Zorvolex (Capsule)</b>	3	ST
<b>Opioid Analgesics, Long-acting</b>		
<b>Conzip (Capsule Extended-Release 24 Hour)</b>	3	QL, MED
<b>Dolophine (Tablet)</b>	3	QL, MED
<b>Duragesic (100mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)</b>	4	QL, MED

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Duragesic (12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour)</b>	3	QL, MED
<b>Embeda (Capsule Extended-Release)</b>	2	QL, MED
<b>Exalgo (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	3	QL, MED
<b>Exalgo (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	4	QL, MED
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 37.5mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	3	QL, MED
Fentanyl (62.5mcg/hr Patch 72 Hour, 87.5mcg/hr Patch 72 Hour)	4	QL, MED

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	3	QL, MED
Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED
<b>Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	4	QL, MED
<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	2	QL, MED
<b>Kadian (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)</b>	4	QL, MED

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Kadian (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour)</b>	3	QL, MED
Levorphanol Tartrate (Tablet)	3	QL, MED
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	2	QL, MED
<b>Methadone HCl (10mg/ml Injection)</b>	4	
Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour) (Generic Kadian)	4	QL, MED

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Morphine Sulfate ER (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin), (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian), (120mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	3	QL, MED	Morphine Sulfate ER (15mg Tablet Extended-Release, 30mg Tablet Extended-Release) (Generic MS Contin)	2	QL, MED
			<b>MS Contin (100mg Tablet Extended-Release, 200mg Tablet Extended-Release, 60mg Tablet Extended-Release)</b>	4	QL, MED
			<b>MS Contin (15mg Tablet Extended-Release, 30mg Tablet Extended-Release)</b>	3	QL, MED
			<b>Nucynta ER (Tablet Extended-Release 12 Hour)</b>	2	QL, MED
			<b>Opana ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)</b>	2	QL, MED
			<b>OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)</b>	2	QL, MED
			Oxymorphone HCl ER (Tablet Extended-Release 12 Hour)	3	QL, MED

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Tramadol HCl ER (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)</b>	3	QL, MED	Acetaminophen/ Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	1	QL, MED
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour) (Generic Ultram ER), (300mg Tablet Extended-Release 24 Hour) (Generic Ryzolt)	3	QL, MED	<b>Actiq (Lollipop)</b>	4	PA, QL
<b>Ultram ER (Tablet Extended-Release 24 Hour)</b>	3	QL, MED	Butorphanol Tartrate (10mg/ml Nasal Solution)	2	QL, MED
<b>Xartemis XR (Tablet Extended-Release)</b>	3	QL, MED	Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	2	
<b>Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)</b>	3	QL, ST, MED	Capital/Codeine (Suspension)	3	QL, MED
<b>Zohydro ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)</b>	3	PA, QL, MED	Codeine Sulfate (Tablet)	2	QL, MED
<b>Opioid Analgesics, Short-acting</b>			<b>Dilaudid (1mg/ml Liquid, 2mg Tablet, 4mg Tablet, 8mg Tablet)</b>	3	QL, MED
<b>Abstral (Tablet Sublingual)</b>	4	PA, QL	<b>Duramorph (Injection)</b>	2	
			Endocet (Tablet)	2	QL, MED
			Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	4	PA, QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fentanyl Citrate Oral Transmucosal (200mcg Lollipop, 400mcg Lollipop)	3	PA, QL
<b>Fentora (Tablet)</b>	4	PA, QL
Hycet (Oral Solution)	3	QL, MED
Hydrocodone Bitartrate/ Acetaminophen (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	3	QL, MED
Hydrocodone Bitartrate/ Acetaminophen (7.5mg-325mg/15ml Oral Solution)	2	QL, MED
Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	2	QL, MED
Hydrocodone/ Ibuprofen (10mg-200mg Tablet, 5mg-200mg Tablet)	3	QL, MED
Hydrocodone/ Ibuprofen (7.5mg-200mg Tablet)	2	QL, MED
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hydromorphone HCl (1mg/ml Liquid)	3	QL, MED
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	1	QL, MED
<b>Hydromorphone HCl (2mg/ml Injection)</b>	3	
Ibudone (Tablet)	3	QL, MED
<b>Lazanda (Nasal Solution)</b>	4	PA, QL
Lorcet (Tablet)	2	QL, MED
Lorcet Plus (Tablet)	2	QL, MED
Lortab (Tablet)	2	QL, MED
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	2	QL, MED
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	2	
<b>Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</b>	2	QL, MED
<b>Morphine Sulfate (2mg/ml Injection)</b>	2	

**Bold type = Brand name drug**

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nalbuphine HCl (Injection)	2		Oxycodone/ Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	3	QL, MED
Norco (Tablet)	3	QL, MED	Oxycodone/Aspirin (Tablet)	2	QL, MED
<b>Nucynta (100mg Tablet)</b>	4	QL, MED	Oxycodone/Ibuprofen (Tablet)	2	QL, MED
<b>Nucynta (50mg Tablet, 75mg Tablet)</b>	3	QL, MED	Oxymorphone HCl (Tablet Immediate- Release)	3	QL, MED
<b>Opana (10mg Tablet Immediate-Release)</b>	4	QL, MED	Percocet (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	4	QL, MED
<b>Opana (5mg Tablet Immediate-Release)</b>	3	QL, MED	Percocet (2.5mg-325mg Tablet)	3	QL, MED
Oxycodone HCl (100mg/5ml Concentrate, 5mg Capsule Immediate- Release)	3	QL, MED	Primlev (10mg-300mg Tablet, 7.5mg-300mg Tablet)	4	QL, MED
Oxycodone HCl (10mg Tablet Immediate- Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release)	1	QL, MED	Primlev (5mg-300mg Tablet)	3	QL, MED
Oxycodone HCl (5mg/ 5ml Oral Solution)	2	QL, MED	Reprexain (Tablet)	3	QL, MED
Oxycodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	2	QL, MED	<b>Roxicodone (15mg Tablet, 5mg Tablet)</b>	3	QL, MED
			<b>Roxicodone (30mg Tablet)</b>	4	QL, MED
			<b>Subsys (Liquid)</b>	4	PA, QL
			<b>Synalgos-DC (Capsule)</b>	3	QL, MED
			Tramadol HCl (Tablet Immediate-Release)	1	QL, MED

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tramadol HCl/Acetaminophen (Tablet)	1	QL, MED
Trezip (Capsule)	3	QL, MED
Tylenol/Codeine #3 (Tablet)	3	QL, MED
Tylenol/Codeine #4 (Tablet)	3	QL, MED
<b>Ultracet (Tablet)</b>	3	QL, MED
<b>Ultram (Tablet)</b>	3	QL, MED
Vicodin (Tablet)	3	QL, MED
Vicodin ES (Tablet)	3	QL, MED
Vicodin HP (Tablet)	3	QL, MED
Xodol (10mg-300mg Tablet, 7.5mg-300mg Tablet)	4	QL, MED
Xodol (5mg-300mg Tablet)	3	QL, MED
Zamicet (Oral Solution)	3	QL, MED
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
Lidocaine (5% Ointment)	3	
Lidocaine (5% Patch)	2	PA, QL
Lidocaine HCl (0.5% Injection, 2% Injection)	2	B/D, PA
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (Gel)	1	
Lidocaine Viscous (Solution)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lidocaine/Prilocaine (Cream)	2	
<b>Lidoderm (Patch)</b>	3	PA, QL
<b>Xylocaine (Injection)</b>	3	B/D, PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
Acamprosate Calcium DR (Tablet Delayed-Release)	3	
Antabuse (Tablet)	3	
Disulfiram (Tablet)	3	
Naltrexone HCl (Tablet)	2	
<b>Vivitrol (Injection)</b>	4	PA
<b>Opioid Dependence Treatments</b>		
<b>Belbuca (Film)</b>	3	PA, QL, MED
<b>Bunavail (Film)</b>	3	PA, QL
<b>Buprenex (Injection)</b>	4	
Buprenorphine HCl (0.3mg/ml Injection)	2	
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	2	PA, QL
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	2	PA, QL
<b>Butrans (Patch Weekly)</b>	2	QL, MED
<b>Evzio (Injection)</b>	4	ST

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Naloxone HCl (Injection)	2	
<b>Narcan (Liquid)</b>	2	
<b>Suboxone (Film)</b>	3	PA, QL
<b>Zubsolv (Tablet Sublingual)</b>	3	PA, QL
<b>Smoking Cessation Agents</b>		
Bupropion (Tablet Extended-Release 12 Hour)	1	
<b>Chantix (Tablet)</b>	2	
<b>Chantix Continuing Month Pak (Tablet)</b>	2	
<b>Chantix Starting Month Pak (Tablet)</b>	2	
<b>Nicotrol Inhaler</b>	3	
<b>Nicotrol NS (Nasal Solution)</b>	3	
<b>Zyban (Tablet Extended-Release 12 Hour)</b>	3	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
Amikacin Sulfate (Injection)	2	
<b>Bethkis (Nebulized Solution)</b>	4	B/D, PA, QL
Gentak (Ophthalmic Ointment)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution, 10mg/ml Injection, 40mg/ml Injection)	1	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	1	
Isotonic Gentamicin (Injection)	1	
Neomycin Sulfate (Tablet)	1	
Paromomycin Sulfate (Capsule)	3	
Streptomycin Sulfate (Injection)	3	
<b>TOBI (Nebulized Solution)</b>	4	B/D, PA, QL
<b>TOBI Podhaler (Capsule)</b>	4	PA, QL
<b>Tobradex (0.3%-0.1% Ophthalmic Ointment)</b>	2	
Tobramycin (Nebulized Solution)	4	B/D, PA, QL
Tobramycin Sulfate (0.3% Ophthalmic Solution)	1	
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Tobrex (0.3% Ophthalmic Ointment)</b>	2	
<b>Tobrex (0.3% Ophthalmic Solution)</b>	3	
<b>Antibacterials, Other</b>		
<b>Altabax (Ointment)</b>	3	
BACiiM (Injection)	1	
Bacitracin (50000unit Injection, 500unit/gm Ophthalmic Ointment)	1	
<b>Bactroban (Cream)</b>	3	
<b>Bactroban Nasal (Ointment)</b>	3	PA
Chloramphenicol Sodium Succinate (Injection)	2	
<b>Cleocin (100mg Suppository, 150mg Capsule, 300mg Capsule, 75mg Capsule, 2% Cream)</b>	3	
<b>Cleocin in D5W (Injection)</b>	3	
Cleocin Pediatric Granules (Oral Solution)	3	
Cleocin Phosphate (Injection)	3	
Clindamycin HCl (Capsule Immediate-Release)	1	
Clindamycin Palmitate HCl (Oral Solution)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clindamycin Phosphate (2% Cream)	2	
Clindamycin Phosphate (300mg/2ml Solution, 900mg/6ml Solution, 600mg/4ml Injection)	3	
Clindamycin Phosphate in D5W (Injection)	3	
<b>Clindesse (Cream)</b>	3	
Colistimethate Sodium (Injection)	3	
<b>Cubicin (Injection)</b>	4	
<b>Dalvance (Injection)</b>	4	PA
<b>Flagyl (250mg Tablet, 500mg Tablet, 375mg Capsule)</b>	3	
<b>Furadantin (Suspension)</b>	4	
<b>Hiprex (Tablet)</b>	3	
<b>Lincocin (Injection)</b>	3	
Lincomycin HCl (Injection)	3	
Linezolid (100mg/5ml Suspension)	4	PA
Linezolid (600mg Tablet)	4	PA, QL
Linezolid (600mg/300ml Injection)	3	PA
<b>Macrobid (Capsule)</b>	3	QL, HRM

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Macrochantin (100mg Capsule)</b>	3	QL, HRM
<b>Macrochantin (25mg Capsule, 50mg Capsule)</b>	3	
Methenamine Hippurate (Tablet)	3	
<b>MetroCream (Cream)</b>	3	
<b>MetroGel (Gel)</b>	3	
<b>MetroGel-Vaginal (Gel)</b>	3	
<b>MetroLotion (Lotion)</b>	3	
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion, 375mg Capsule Immediate-Release)	3	
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	1	
Metronidazole in NaCl 0.79% (Injection)	2	
Metronidazole Vaginal (Gel)	3	
<b>Monurol (Packet)</b>	3	
Mupirocin (2% Cream)	3	
Mupirocin (2% Ointment)	1	
Neomycin/Polymyxin B Sulfates (Irrigation Solution)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nitrofurantoin (Suspension)	3	
Nitrofurantoin Macrocrystals (100mg Capsule) (Generic Macrochantin)	3	QL, HRM
Nitrofurantoin Macrocrystals (25mg Capsule, 50mg Capsule) (Generic Macrochantin)	3	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3	QL, HRM
<b>Noritrate (Cream)</b>	4	
<b>Nuversa (Gel)</b>	3	
<b>Orbactiv (Injection)</b>	4	
Polymyxin B Sulfate (Injection)	2	
<b>Sivextro (200mg Injection, 200mg Tablet)</b>	4	PA
<b>Sulfamylon (5% Packet)</b>	4	
<b>Sulfamylon (85mg/gm Cream)</b>	3	
<b>Synercid (Injection)</b>	4	
<b>Tindamax (Tablet)</b>	3	
Tinidazole (Tablet)	3	
Trimethoprim (Tablet)	1	
<b>Tygacil (Injection)</b>	4	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Vancocin HCl (Capsule)</b>	4	PA
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection)	2	
Vancomycin HCl (125mg Capsule, 250mg Capsule)	4	PA
<b>Vandazole (Gel)</b>	3	
<b>Xifaxan (Tablet)</b>	4	PA
<b>Zyvox (100mg/5ml Suspension, 600mg/300ml Injection)</b>	4	PA
<b>Zyvox (600mg Tablet)</b>	4	PA, QL
<b>Beta-lactam, Cephalosporins</b>		
<b>Avycaz (Injection)</b>	4	PA
<b>Cedax (180mg/5ml Suspension, 400mg Capsule)</b>	3	
Cefaclor (125mg/5ml Suspension, 250mg/5ml Suspension, 375mg/5ml Suspension)	3	
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	1	
Cefaclor ER (Tablet Extended-Release 12 Hour)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cefadroxil (1gm Tablet)	3	
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	1	
Cefazolin Sodium (Injection)	2	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	2	
Cefepime (Injection)	2	
Cefixime (Suspension)	3	
Cefotaxime Sodium (Injection)	2	
Cefotetan (Injection)	3	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	2	
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	3	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	2	
Ceftazidime (Injection)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Ceftin (125mg/5ml Suspension, 250mg/5ml Suspension)</b>	3		Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	2	
<b>Ceftin (500mg Tablet)</b>	4		Suprax (100mg/5ml Suspension)	3	
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	2		Suprax (200mg/5ml Suspension)	4	
Cefuroxime Axetil (Tablet)	1		<b>Suprax (400mg Capsule, 500mg/5ml Suspension)</b>	2	
Cefuroxime Sodium (Injection)	1		Tazicef (Injection)	2	
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	1		<b>Teflaro (Injection)</b>	4	
Cephalexin (250mg Tablet, 500mg Tablet)	3		<b>Zerbaxa (Injection)</b>	4	PA
<b>Claforan (10gm Injection, 500mg Injection)</b>	3		<b>Zinacef (Injection)</b>	3	
Claforan (1gm Injection, 2gm Injection)	3		<b>Beta-lactam, Other</b>		
<b>Fortaz (1gm Injection, 2gm Injection, 6gm Injection)</b>	3		<b>Azactam in Iso-Osmotic Dextrose (Injection)</b>	3	
<b>Maxipime (Injection)</b>	3		Aztreonam (Injection)	3	
			<b>Doribax (Injection)</b>	2	
			Imipenem/Cilastatin (Injection)	2	
			<b>Invanz (Injection)</b>	3	
			Meropenem (Injection)	2	
			<b>Merrem (Injection)</b>	3	
			Primaxin IV (Injection)	3	
			<b>Beta-lactam, Penicillins</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	1		Amoxicillin/ Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)	3	
Amoxicillin/ Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	1		Ampicillin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule)	1	
			Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	2	
			Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)	2	
			<b>Augmentin (Suspension)</b>	4	
			<b>Bactocill in Dextrose (Injection)</b>	3	
			<b>Bicillin C-R (Injection)</b>	3	
			<b>Bicillin L-A (Injection)</b>	3	
			Dicloxacillin Sodium (Capsule)	1	
			Nafcillin Sodium (10gm Injection)	3	
			Nafcillin Sodium (1gm Injection)	4	
			Oxacillin Sodium (10gm Injection)	4	
			Oxacillin Sodium (2gm Injection)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Penicillin G Potassium (Injection)	3	
<b>Penicillin G Potassium in Iso-Osmotic Dextrose (Injection)</b>	2	
Penicillin G Procaine (Injection)	3	
Penicillin G Sodium (Injection)	4	
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	1	
Piperacillin/Tazobactam (Injection)	2	
<b>Unasyn (Injection)</b>	3	
<b>Unasyn Bulk Pack (Injection)</b>	3	
<b>Zosyn (Injection)</b>	3	
<b>Macrolides</b>		
<b>Azasite (Ophthalmic Solution)</b>	3	
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)	1	
<b>Azithromycin (1gm Packet)</b>	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Biaxin (250mg Tablet, 500mg Tablet, 250mg/5ml Suspension)</b>	3	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	3	
Clarithromycin (250mg Tablet, 500mg Tablet)	2	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	2	
<b>Dificid (Tablet)</b>	4	PA
E.E.S. 400 (Tablet)	3	
<b>E.E.S. Granules (Suspension)</b>	3	
<b>EryPed 200 (Suspension)</b>	3	
<b>EryPed 400 (Suspension)</b>	4	
Ery-Tab (Tablet Delayed-Release)	3	
Erythrocin Lactobionate (Injection)	3	
Erythrocin Stearate (Tablet)	3	
Erythromycin (250mg Capsule Delayed-Release)	3	
Erythromycin (5mg/gm Ophthalmic Ointment)	1	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Erythromycin Base (Tablet)	3	
Erythromycin Ethylsuccinate (Tablet)	3	
Ilotycin (Ophthalmic Ointment)	1	
<b>Ketek (Tablet)</b>	3	PA
<b>PCE (Tablet Delayed-Release)</b>	3	
<b>Zithromax (100mg/5ml Suspension, 200mg/5ml Suspension, 1gm Packet, 250mg Tablet, 500mg Tablet, 600mg Tablet, 500mg Injection)</b>	3	
<b>Zithromax Tri-Pak (Tablet)</b>	3	
<b>Zithromax Z-Pak (Tablet)</b>	3	
<b>Zmax (Suspension)</b>	3	
<b>Quinolones</b>		
<b>Avelox (400mg Tablet, 400mg/250ml-0.8% Injection)</b>	3	
<b>Avelox ABC Pack (Tablet)</b>	3	
<b>Besivance (Suspension)</b>	3	
<b>Ciloxan (0.3% Ointment, 0.3% Ophthalmic Solution)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Cipro (250mg Tablet, 500mg Tablet, 500mg/5ml Suspension, 5gm/100ml Suspension)</b>	3	
<b>Cipro I.V. in D5W (Injection)</b>	3	
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension)	3	
Ciprofloxacin (400mg/40ml Injection)	1	
Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	2	
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	1	
Ciprofloxacin I.V. in D5W (Injection)	1	
Gatifloxacin (Ophthalmic Solution)	2	
<b>Levaquin (Tablet)</b>	3	
Levofloxacin (0.5% Ophthalmic Solution, 25mg/ml Injection)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)	1	
Levofloxacin (25mg/ml Oral Solution)	3	
Levofloxacin in D5W (Injection)	2	
<b>Moxeza (Ophthalmic Solution)</b>	3	
Moxifloxacin HCl (400mg Tablet)	2	
<b>Moxifloxacin HCl (400mg/250ml Injection)</b>	3	
<b>Ocuflox (Ophthalmic Solution)</b>	3	
Ofloxacin (0.3% Ophthalmic Solution)	1	
Ofloxacin (0.3% Otic Solution, 400mg Tablet)	2	
<b>Vigamox (Ophthalmic Solution)</b>	3	
<b>Zymaxid (Ophthalmic Solution)</b>	3	
<b>Sulfonamides</b>		
<b>Bactrim (Tablet)</b>	3	
<b>Bactrim DS (Tablet)</b>	3	
<b>Bleph-10 (Ophthalmic Solution)</b>	3	
<b>Silvadene (Cream)</b>	3	
<b>Silver Sulfadiazine (Cream)</b>	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sodium Sulfacetamide (Ophthalmic Solution)	1	
<b>SSD (Cream)</b>	2	
Sulfacetamide Sodium (10% Ophthalmic Ointment)	1	
Sulfadiazine (Tablet)	3	
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet, 400mg-80mg/5ml Injection)	1	
Sulfamethoxazole/Trimethoprim DS (Tablet)	1	
<b>Tetracyclines</b>		
Adoxa (Capsule)	4	
Demeclocycline HCl (Tablet)	3	
Doxy 100 (Injection)	2	
Doxycycline (150mg Capsule, 75mg Capsule, 25mg/5ml Suspension)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Injection, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	2		Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release)	1	
Doxycycline Hyclate DR (100mg Tablet Delayed-Release, 150mg Tablet Delayed-Release, 50mg Tablet Delayed-Release, 75mg Tablet Delayed-Release)	3		Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	3	
Doxycycline Hyclate DR (200mg Tablet Delayed-Release)	4		Minocycline HCl ER (Tablet Extended-Release 24 Hour)	3	
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	2		<b>Oracea (Capsule Delayed-Release)</b>	3	
Doxycycline Monohydrate (150mg Tablet)	3		<b>Solodyn (Tablet Extended-Release 24 Hour)</b>	4	
<b>Minocin (Capsule)</b>	4		Tetracycline HCl (Capsule)	3	
			<b>Vibramycin (100mg Capsule, 25mg/5ml Suspension, 50mg/5ml Syrup)</b>	3	
			Anticonvulsants		
			<b>Anticonvulsants, Other</b>		

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)</b>	4	QL
<b>BRIVIACT (50mg/5ml Injection)</b>	3	QL
<b>Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>	3	
<b>Keppra (1000mg Tablet, 500mg Tablet, 750mg Tablet, 100mg/ml Oral Solution)</b>	4	
<b>Keppra (250mg Tablet)</b>	3	
<b>Keppra XR (Tablet Extended-Release 24 Hour)</b>	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution, 500mg/5ml Injection)	1	
<b>Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection)</b>	1	
Levetiracetam ER (Tablet Extended-Release 24 Hour)	2	
<b>Potiga (Tablet)</b>	4	QL
Roweepra (Tablet)	1	
<b>Spritam (Tablet Disintegrating Soluble)</b>	3	
<b>Calcium Channel Modifying Agents</b>		
<b>Celontin (Capsule)</b>	3	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	2	
<b>Zarontin (250mg Capsule)</b>	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zarontin (250mg/5ml Oral Solution)	3	
<b>Zonegran (Capsule)</b>	4	
Zonisamide (Capsule)	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<b>Depacon (Injection)</b>	3	
<b>Depakene (250mg Capsule)</b>	3	
<b>Depakene (250mg/5ml Syrup)</b>	4	
<b>Diastat AcuDial (Gel)</b>	3	
<b>Diastat Pediatric (Gel)</b>	3	
<b>Diazepam (10mg Gel, 2.5mg Gel, 20mg Gel)</b>	3	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	1	
Gabapentin (250mg/5ml Oral Solution)	2	
<b>Gabitril (12mg Tablet, 16mg Tablet)</b>	3	QL
<b>Gabitril (2mg Tablet, 4mg Tablet)</b>	3	
<b>Mysoline (Tablet)</b>	4	
<b>Neurontin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Neurontin (600mg Tablet, 800mg Tablet)</b>	4	
<b>Onfi (10mg Tablet, 20mg Tablet)</b>	4	QL
<b>Onfi (2.5mg/ml Suspension)</b>	4	
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	3	PA, HRM
Primidone (Tablet)	1	
<b>Sabril (500mg Packet, 500mg Tablet)</b>	4	PA, QL, LA
Tiagabine HCl (Tablet)	3	
Valproate Sodium (100mg/ml Injection)	2	
Valproic Acid (250mg Capsule, 250mg/5ml Syrup)	1	
<b>Glutamate Reducing Agents</b>		
Felbamate (400mg Tablet, 600mg Tablet)	3	
Felbamate (600mg/5ml Suspension)	4	
<b>Felbatol (400mg Tablet, 600mg Tablet, 600mg/5ml Suspension)</b>	4	
<b>Lamictal (Tablet)</b>	4	

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Plain type = Generic drug



Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lamictal Chewable Dispersible (25mg Tablet Chewable)	4	
Lamictal Chewable Dispersible (5mg Tablet Chewable)	3	
Lamictal ODT (Tablet Dispersible)	3	
Lamictal Starter (Blue Kit)	3	
Lamictal Starter (Green Kit)	4	
Lamictal Starter (Orange Kit)	3	
Lamictal XR (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 250mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	4	
Lamictal XR (Kit)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	1	
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	2	
Lamotrigine ER (Tablet Extended-Release 24 Hour)	3	
Lamotrigine ODT (Tablet Dispersible)	3	
Qudexy XR (100mg Capsule Extended-Release 24 Hour Sprinkle, 25mg Capsule Extended-Release 24 Hour Sprinkle, 50mg Capsule Extended-Release 24 Hour Sprinkle)	3	PA
Qudexy XR (150mg Capsule Extended-Release 24 Hour Sprinkle, 200mg Capsule Extended-Release 24 Hour Sprinkle)	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Topamax (100mg Tablet, 200mg Tablet)</b>	4	
<b>Topamax (25mg Tablet, 50mg Tablet)</b>	3	
<b>Topamax Sprinkle (15mg Capsule Sprinkle)</b>	3	
<b>Topamax Sprinkle (25mg Capsule Sprinkle)</b>	4	
Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	1	
<b>Topiramate ER (Capsule Extended-Release 24 Hour Sprinkle)</b>	1	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Trokendi XR (100mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)</b>	3	PA, QL
<b>Trokendi XR (200mg Capsule Extended-Release 24 Hour)</b>	4	PA, QL
<b>Sodium Channel Agents</b>		
<b>Aptiom (200mg Tablet)</b>	3	QL
<b>Aptiom (400mg Tablet, 600mg Tablet, 800mg Tablet)</b>	4	QL
<b>Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)</b>	4	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	2	
<b>Carbatrol (Capsule Extended-Release 12 Hour)</b>	3	
<b>Cerebyx (Injection)</b>	4	
Dilantin (Capsule)	2	
Dilantin INFATABS (Tablet Chewable)	2	
<b>Dilantin-125 (Suspension)</b>	3	
Epitol (Tablet)	2	
Fosphenytoin Sodium (Injection)	2	
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	2	
Oxcarbazepine (300mg/5ml Suspension)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Oxtellar XR (Tablet Extended-Release 24 Hour)</b>	3	PA
<b>Peganone (Tablet)</b>	3	
Phenytek (Capsule)	1	
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	1	
Phenytoin Sodium (Injection)	1	
Phenytoin Sodium Extended (Capsule)	1	
<b>Tegretol (100mg/5ml Suspension, 200mg Tablet)</b>	3	
<b>Tegretol-XR (Tablet Extended-Release 12 Hour)</b>	3	
<b>Trileptal (150mg Tablet, 300mg Tablet)</b>	3	
<b>Trileptal (300mg/5ml Suspension, 600mg Tablet)</b>	4	
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)</b>	3	QL
<b>Vimpat (200mg/20ml Injection)</b>	3	PA
<b>Antidementia Agents</b>		
<b>Cholinesterase Inhibitors</b>		
<b>Aricept (Tablet)</b>	3	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Donepezil HCl (Tablet Immediate-Release)	1	QL
Donepezil HCl ODT (Tablet Dispersible)	1	QL
<b>Exelon (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	3	QL
<b>Exelon (13.3mg/24hr Patch 24 Hour, 4.6mg/24hr Patch 24 Hour, 9.5mg/24hr Patch 24 Hour)</b>	3	QL, ST
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 16mg Capsule Extended-Release 24 Hour, 24mg Capsule Extended-Release 24 Hour, 8mg Capsule Extended-Release 24 Hour, 4mg/ml Oral Solution)	3	QL
<b>Razadyne (Tablet)</b>	3	QL
<b>Razadyne ER (Capsule Extended-Release 24 Hour)</b>	3	QL
Rivastigmine Tartrate (Capsule Immediate-Release)	2	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rivastigmine Transdermal System (Patch 24 Hour)	3	QL, ST
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
Memantine HCl (10mg Tablet, 5mg Tablet)	1	PA, QL
Memantine HCl (2mg/ml Oral Solution)	2	PA, QL
<b>Memantine HCl Titration Pak (Tablet)</b>	1	PA
<b>Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 10mg/5ml Oral Solution)</b>	3	PA, QL
<b>Namenda Titration Pak (Tablet)</b>	3	PA
<b>Namenda XR (Capsule Extended-Release 24 Hour)</b>	2	PA, QL
<b>Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)</b>	2	PA, QL
Antidepressants		
<b>Antidepressants, Other</b>		
<b>Aplenzin (Tablet Extended-Release 24 Hour)</b>	4	
Bupropion HCl (Tablet Immediate-Release)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Bupropion HCl SR (Tablet Extended-Release 12 Hour)	1	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	1	
<b>Forfivo XL (Tablet Extended-Release 24 Hour)</b>	3	
Mirtazapine (Tablet Immediate-Release)	1	
Mirtazapine ODT (Tablet Dispersible)	1	
Olanzapine/Fluoxetine (Capsule)	3	
<b>Remeron (Tablet)</b>	3	
<b>Remeron Soltab (Tablet Dispersible)</b>	3	
<b>Symbyax (Capsule)</b>	3	
<b>Wellbutrin SR (Tablet Extended-Release 12 Hour)</b>	3	
<b>Wellbutrin XL (Tablet Extended-Release 24 Hour)</b>	4	
<b>Monoamine Oxidase Inhibitors</b>		
<b>Emsam (Patch 24 Hour)</b>	4	QL
<b>Marplan (Tablet)</b>	3	
<b>Nardil (Tablet)</b>	3	
<b>Parnate (Tablet)</b>	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Phenelzine Sulfate (Tablet)	2	
Tranylcypromine Sulfate (Tablet)	3	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>		
<b>Brisdelle (Capsule)</b>	3	
<b>Celexa (Tablet)</b>	3	
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1	
Citalopram HBr (10mg/5ml Oral Solution)	2	
<b>Desvenlafaxine ER (Tablet Extended-Release 24 Hour)</b>	3	QL, ST
<b>Effexor XR (Capsule Extended-Release 24 Hour)</b>	3	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	3	QL, ST
<b>Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)</b>	3	ST

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fluoxetine DR (Capsule Delayed-Release)	3	
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	1	
Fluoxetine HCl (10mg Tablet, 20mg Tablet)	3	
<b>Fluoxetine HCl (60mg Tablet)</b>	3	
Fluvoxamine Maleate (Tablet)	2	
Fluvoxamine Maleate ER (Capsule Extended-Release 24 Hour)	3	
<b>Khedezla (Tablet Extended-Release 24 Hour)</b>	3	QL, ST
<b>Lexapro (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)</b>	3	
Maprotiline HCl (Tablet)	3	
Nefazodone HCl (Tablet)	2	
Paroxetine HCl (Tablet Immediate-Release)	1	PA, HRM

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Paxil (10mg Tablet, 20mg Tablet, 30mg Tablet, 40mg Tablet, 10mg/5ml Suspension)</b>	3	PA, HRM
<b>Pristiq (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Prozac (10mg Capsule, 20mg Capsule)</b>	3	
<b>Prozac (40mg Capsule)</b>	4	
<b>Prozac Weekly (Capsule Delayed-Release)</b>	3	
<b>Sarafem (Tablet)</b>	3	
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Sertraline HCl (20mg/ml Concentrate)	3	
Trazodone HCl (Tablet)	1	
<b>Trintellix (Tablet)</b>	3	QL
Venlafaxine HCl (Tablet Immediate-Release)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	1		Clomipramine HCl (Capsule)	3	PA, HRM
Venlafaxine HCl ER (150mg Tablet Extended-Release 24 Hour, 37.5mg Tablet Extended-Release 24 Hour, 75mg Tablet Extended-Release 24 Hour)	3	ST	Desipramine HCl (Tablet)	1	PA, HRM
<b>Venlafaxine HCl ER (225mg Tablet Extended-Release 24 Hour)</b>	3	ST	Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	3	PA, HRM
<b>Viibryd (Tablet)</b>	3	QL	Elavil (Tablet)	4	PA, HRM
<b>Viibryd Starter Pack (Kit)</b>	3	QL	Imipramine HCl (Tablet)	3	PA, HRM
<b>Zoloft (100mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Concentrate)</b>	3		Imipramine Pamoate (Capsule)	3	PA, HRM
<b>Tricyclics</b>			<b>Norpramin (Tablet)</b>	3	PA, HRM
Amitriptyline HCl (Tablet)	3	PA, HRM	Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1	PA, HRM
Amoxapine (Tablet)	2	PA, HRM	<b>Pamelor (Capsule)</b>	4	PA, HRM
<b>Anafranil (Capsule)</b>	4	PA, HRM	Protriptyline HCl (Tablet)	3	PA, HRM
			<b>Surmontil (Capsule)</b>	3	PA, HRM
			Tofranil (Tablet)	4	PA, HRM
			Trimipramine Maleate (Capsule)	3	PA, HRM
			<b>Antiemetics</b>		
			<b>Antiemetics, Other</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Akynzeo (Capsule)</b>	3	PA
Compro (Suppository)	3	
Hydroxyzine Pamoate (Capsule)	3	PA, HRM
Meclizine HCl (12.5mg Tablet)	1	PA, HRM
Metoclopramide HCl (10mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Metoclopramide HCl (5mg/ml Injection)	2	
Metoclopramide ODT (Tablet Dispersible)	3	ST
<b>Metozolv ODT (Tablet Dispersible)</b>	4	ST
Perphenazine (Tablet)	3	
Prochlorperazine (Suppository)	3	
Prochlorperazine Edisylate (Injection)	2	
Prochlorperazine Maleate (Tablet)	1	
<b>Reglan (Tablet)</b>	3	
<b>Transderm-Scop (Patch 72 Hour)</b>	3	
<b>Vistaril (Capsule)</b>	3	PA, HRM
<b>Emetogenic Therapy Adjuncts</b>		
<b>Aloxi (Injection)</b>	4	
<b>Anzemet (100mg Tablet, 50mg Tablet)</b>	4	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Anzemet (20mg/ml Injection)</b>	3	
<b>Cesamet (Capsule)</b>	4	PA
Dronabinol (Capsule)	3	PA, QL
<b>Emend (Pack, 125mg Capsule, 40mg Capsule, 80mg Capsule)</b>	3	PA
<b>Emend (150mg Injection)</b>	3	
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	3	
Granisetron HCl (1mg Tablet)	3	B/D, PA, QL
<b>Marinol (10mg Capsule, 5mg Capsule)</b>	4	PA, QL
<b>Marinol (2.5mg Capsule)</b>	3	PA, QL
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	1	B/D, PA
Ondansetron HCl (4mg/2ml Injection)	2	
Ondansetron HCl (4mg/5ml Oral Solution)	3	B/D, PA
Ondansetron ODT (Tablet Dispersible)	1	B/D, PA
<b>Sancuso (Patch)</b>	4	
<b>Varubi (Tablet)</b>	3	B/D, PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Zofran (40mg/20ml Injection)</b>	3		<b>Cresemba (186mg Capsule, 372mg Injection)</b>	4	PA
<b>Zofran (4mg Tablet, 8mg Tablet, 4mg/5ml Oral Solution)</b>	4	B/D, PA	<b>Diflucan (100mg Tablet, 150mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)</b>	3	
<b>Zofran ODT (Tablet Dispersible)</b>	4	B/D, PA	<b>Diflucan (200mg Tablet)</b>	4	
<b>Zuplenz (4mg Film)</b>	3	B/D, PA	Econazole Nitrate (Cream)	3	
<b>Zuplenz (8mg Film)</b>	4	B/D, PA	<b>Eraxis (Injection)</b>	4	
Antifungals			<b>Ertaczo (Cream)</b>	4	
<b>Abelcet (Injection)</b>	4	B/D, PA	<b>Exelderm (1% Cream, 1% External Solution)</b>	3	
<b>AmBisome (Injection)</b>	4	B/D, PA	<b>Extina (Foam)</b>	4	
Amphotericin B (Injection)	3	B/D, PA	Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	1	
<b>Ancobon (Capsule)</b>	4		Fluconazole in NaCl (Injection)	1	
<b>AVC (Cream)</b>	3		Flucytosine (Capsule)	4	
<b>Candidas (Injection)</b>	4		Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	3	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	2		Griseofulvin Ultramicronsize (Tablet)	3	
Ciclopirox Nail Lacquer (External Solution)	2		<b>GRIS-PEG (Tablet)</b>	3	
Ciclopirox Olamine (Cream)	2				
Clotrimazole (1% Cream, 1% External Solution, 10mg Troche)	1				

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Gynazole-1 (Cream)	3	
Itraconazole (Capsule)	3	PA, QL
<b>Jublia (External Solution)</b>	3	
<b>Kerydin (External Solution)</b>	4	ST
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	1	
Ketoconazole (2% Foam)	3	
<b>Lamisil (125mg Packet, 187.5mg Packet)</b>	3	
<b>Lamisil (250mg Tablet)</b>	4	
<b>Loprox (Cream)</b>	3	
<b>Loprox Shampoo</b>	4	
<b>Luzu (Cream)</b>	3	
<b>Mentax (Cream)</b>	3	
Miconazole 3 (Suppository)	2	
<b>Mycamine (100mg Injection)</b>	4	
<b>Mycamine (50mg Injection)</b>	3	
<b>Naftifine HCl (1% Cream)</b>	3	
Naftifine HCl (2% Cream)	3	
<b>Naftin (1% Gel, 2% Gel, 2% Cream)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Natacyn (Suspension)</b>	2	
<b>Nizoral (Shampoo)</b>	3	
<b>Noxafil (100mg Tablet Delayed-Release)</b>	4	PA, QL
<b>Noxafil (40mg/ml Suspension)</b>	4	QL
Nyamyc (Powder)	1	
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
Nystatin/ Triamcinolone (0.1% Cream, 0.1% Ointment)	3	
Nystop (Powder)	1	
<b>ONMEL (Tablet)</b>	4	PA
<b>Oravig (Tablet)</b>	4	
Oxiconazole Nitrate (Cream)	3	
<b>Oxistat (1% Cream, 1% Lotion)</b>	3	
<b>Sporanox (100mg Capsule)</b>	4	PA, QL
<b>Sporanox (10mg/ml Oral Solution)</b>	4	PA
<b>Terazol 3 (Cream)</b>	3	
<b>Terazol 7 (Cream)</b>	3	
Terbinafine HCl (Tablet)	1	
Terconazole (0.4% Cream, 0.8% Cream)	3	
Terconazole (80mg Suppository)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)</b>	4	
<b>Vfend IV (Injection)</b>	4	
Voriconazole (200mg Injection, 40mg/ml Suspension)	4	
Voriconazole (200mg Tablet, 50mg Tablet)	3	
<b>Zazole (Cream)</b>	3	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
Allopurinol (Tablet)	1	
<b>Aloprim (Injection)</b>	3	
<b>Colchicine (0.6mg Capsule) (Generic Mitigare)</b>	3	QL
<b>Colchicine (0.6mg Tablet) (Generic Colcrys)</b>	2	QL
<b>Colcrys (Tablet)</b>	3	PA, QL
<b>Mitigare (Capsule)</b>	3	QL
Probenecid (Tablet)	1	
Probenecid/Colchicine (Tablet)	1	
<b>Uloric (Tablet)</b>	2	ST
<b>Zyloprim (Tablet)</b>	3	
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
Cafergot (Tablet)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dihydroergotamine Mesylate (1mg/ml Injection)	4	
<b>Dihydroergotamine Mesylate (4mg/ml Nasal Solution)</b>	4	
Ergomar (Tablet Sublingual)	3	
Migergot (Suppository)	4	
<b>Migranal (Nasal Solution)</b>	4	
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
Almotriptan Malate (Tablet)	3	QL, ST
<b>Amerge (Tablet)</b>	3	QL, ST
<b>Axert (12.5mg Tablet)</b>	3	QL, ST
<b>Axert (6.25mg Tablet)</b>	4	QL, ST
<b>Frova (Tablet)</b>	3	QL, ST
Frovatriptan Succinate (Tablet)	3	QL, ST
<b>Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet)</b>	3	QL, ST
<b>Imitrex (20mg/act Nasal Solution, 5mg/act Nasal Solution)</b>	3	QL
<b>Imitrex (6mg/0.5ml Injection)</b>	4	QL
<b>Imitrex Statdose Refill (Injection)</b>	4	QL
<b>Maxalt (Tablet)</b>	3	QL, ST

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Maxalt-MLT (Tablet Dispersible)</b>	3	QL, ST
Naratriptan HCl (Tablet)	2	QL
<b>Onzetra Xsail (Exhaler Powder)</b>	3	QL
<b>Relpax (Tablet)</b>	3	QL, ST
Rizatriptan Benzoate (Tablet Immediate-Release)	2	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	2	QL
<b>Sumatriptan (Nasal Solution)</b>	3	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	QL
Sumatriptan Succinate (6mg/0.5ml Injection)	3	QL
<b>Sumatriptan Succinate Refill (Injection)</b>	3	QL
<b>Sumavel DosePro (Injection)</b>	4	QL
<b>Treximet (Tablet)</b>	4	QL, ST
<b>Zembrace Symtouch (Injection)</b>	4	QL
Zolmitriptan (Tablet)	3	QL, ST
Zolmitriptan ODT (Tablet Dispersible)	3	QL, ST
<b>Zomig (2.5mg Tablet, 5mg Tablet)</b>	4	QL, ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Zomig Nasal Spray (2.5mg Solution, 5mg Solution)</b>	3	QL
<b>Zomig ZMT (Tablet Dispersible)</b>	4	QL, ST
Antimyasthenic Agents		
Parasympathomimetics		
<b>Guanidine HCl (Tablet)</b>	2	
<b>Mestinon (60mg Tablet, 60mg/5ml Syrup)</b>	4	
<b>Mestinon Timespan (Tablet Extended-Release)</b>	4	
Pyridostigmine Bromide (180mg Tablet Extended-Release, 60mg Tablet)	3	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Tablet)	2	
<b>Mycobutin (Capsule)</b>	3	
Rifabutin (Capsule)	3	
Antituberculars		
<b>Capastat Sulfate (Injection)</b>	3	
Ethambutol HCl (Tablet)	2	
Isoniazid (100mg Tablet, 300mg Tablet)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Isoniazid (100mg/ml Injection)	2	
Isoniazid (50mg/5ml Syrup)	3	
<b>Myambutol (Tablet)</b>	3	
Paser (Packet)	3	
<b>Priftin (Tablet)</b>	3	
Pyrazinamide (Tablet)	3	
Rifadin (150mg Capsule)	3	
<b>Rifadin (300mg Capsule)</b>	3	
<b>Rifadin (600mg Injection)</b>	4	
Rifamate (Capsule)	3	
Rifampin (150mg Capsule, 300mg Capsule)	2	
Rifampin (600mg Injection)	3	
<b>Rifater (Tablet)</b>	3	
<b>Sirturo (Tablet)</b>	4	PA
<b>Trecator (Tablet)</b>	3	
Antineoplastics		
<b>Alkylating Agents</b>		
<b>Alkeran (Injection)</b>	3	
<b>BiCNU (Injection)</b>	4	
<b>Busulfex (Injection)</b>	4	
<b>Cyclophosphamide (Capsule)</b>	3	B/D, PA
Dacarbazine (Injection)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Gleostine (Capsule)</b>	3	
<b>Hexalen (Capsule)</b>	4	PA
<b>Ifex (Injection)</b>	3	
Ifosfamide (Injection)	3	
<b>Leukeran (Tablet)</b>	2	
<b>Matulane (Capsule)</b>	4	LA
Melphalan HCl (Injection)	3	
<b>Mustargen (Injection)</b>	4	
<b>Treanda (Injection)</b>	4	PA
<b>Valchlor (Gel)</b>	4	PA, LA
<b>Zanosar (Injection)</b>	3	
<b>Antiandrogens</b>		
Bicalutamide (Tablet)	1	
<b>Casodex (Tablet)</b>	3	
Flutamide (Capsule)	2	
<b>Nilandron (Tablet)</b>	4	
<b>Xtandi (Capsule)</b>	4	PA, QL
<b>Zytiga (Tablet)</b>	4	PA, QL
<b>Antiangiogenic Agents</b>		
<b>Pomalyst (Capsule)</b>	4	PA, QL
<b>Revlimid (Capsule)</b>	4	PA, QL, LA
<b>Thalomid (Capsule)</b>	4	PA, QL
<b>Antiestrogens/Modifiers</b>		
<b>Emcyt (Capsule)</b>	4	
<b>Fareston (Tablet)</b>	4	
<b>Faslodex (Injection)</b>	4	
<b>Soltamox (Oral Solution)</b>	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tamoxifen Citrate (Tablet)	1	
<b>Antimetabolites</b>		
Adrucil (Injection)	2	B/D, PA
<b>Alimta (Injection)</b>	4	PA
Cladribine (Injection)	4	B/D, PA
<b>Clolar (Injection)</b>	4	
Cytarabine Aqueous (Injection)	1	B/D, PA
<b>Droxia (Capsule)</b>	3	
<b>Elitek (Injection)</b>	4	
Fluorouracil (2.5gm/50ml Injection)	2	B/D, PA
<b>Folotyn (Injection)</b>	4	
Gemcitabine HCl (Injection)	3	
<b>Gemzar (Injection)</b>	4	
<b>Hydrea (Capsule)</b>	3	
Hydroxyurea (Capsule)	1	
<b>Lonsurf (Tablet)</b>	4	PA, QL
Mercaptopurine (Tablet)	2	
<b>Nipent (Injection)</b>	4	
<b>Purixan (Suspension)</b>	4	PA
<b>Tabloid (Tablet)</b>	4	PA
<b>Antineoplastics, Other</b>		
<b>Abraxane (Injection)</b>	4	PA
<b>Alecensa (Capsule)</b>	4	PA, QL
Amifostine (Injection)	4	
<b>Arranon (Injection)</b>	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Azacitidine (Injection)	4	PA
<b>Beleodaq (Injection)</b>	4	PA
Bleomycin Sulfate (Injection)	2	B/D, PA
<b>Camptosar (Injection)</b>	3	
Carboplatin (Injection)	2	
Cisplatin (Injection)	2	
<b>Cosmegen (Injection)</b>	4	
<b>Dacogen (Injection)</b>	4	
Daunorubicin HCl (Injection)	1	
Decitabine (Injection)	4	
Dexrazoxane (Injection)	4	PA
<b>Docefrez (Injection)</b>	4	
Docetaxel (80mg/4ml Injection)	4	
<b>Docetaxel (80mg/8ml Injection)</b>	4	
<b>Doxil (Injection)</b>	4	
Doxorubicin HCl (Injection)	2	B/D, PA
Doxorubicin HCl Liposome (Injection)	4	
<b>Ellence (Injection)</b>	4	
<b>Erwinaze (Injection)</b>	4	
<b>Farydak (Capsule)</b>	4	PA
Fludarabine Phosphate (Injection)	3	
<b>Fusilev (Injection)</b>	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Halaven (Injection)</b>	4	PA
<b>Ibrance (Capsule)</b>	4	PA, QL
<b>Idamycin PFS (Injection)</b>	4	
Idarubicin HCl (Injection)	4	
Irinotecan (Injection)	3	
<b>Istodax (Injection)</b>	4	PA
<b>Jevtana (Injection)</b>	4	PA
Leucovorin Calcium (100mg Injection, 350mg Injection, 10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	2	
Levoleucovorin Calcium (Injection)	4	
<b>Lynparza (Capsule)</b>	4	PA, QL
Mesna (Injection)	2	
<b>Mesnex (100mg/ml Injection)</b>	3	
<b>Mesnex (400mg Tablet)</b>	4	
Mitomycin (Injection)	4	
Mitoxantrone HCl (Injection)	2	
<b>Ninlaro (Capsule)</b>	4	PA, QL
Oxaliplatin (Injection)	3	
Paclitaxel (Injection)	2	
<b>Proleukin (Injection)</b>	4	PA
<b>Synribo (Injection)</b>	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Taxotere (Injection)</b>	4	
Thiotepa (Injection)	4	
<b>Trisenox (Injection)</b>	3	
<b>Velcade (Injection)</b>	4	PA
<b>Venclexta (100mg Tablet)</b>	4	PA, QL
<b>Venclexta (10mg Tablet, 50mg Tablet)</b>	3	PA, QL
<b>Venclexta Starting Pack (Tablet Therapy Pack)</b>	4	PA
<b>Vidaza (Injection)</b>	4	PA
Vinblastine Sulfate (Injection)	2	B/D, PA
Vincasar PFS (Injection)	2	B/D, PA
Vincristine Sulfate (Injection)	2	B/D, PA
Vinorelbine Tartrate (Injection)	2	
<b>Zaltrap (Injection)</b>	4	PA
<b>Zinecard (Injection)</b>	4	PA
<b>Zolanza (Capsule)</b>	4	PA
<b>Zydelig (Tablet)</b>	4	PA, QL
<b>Zykadia (Capsule)</b>	4	PA, QL
<b>Aromatase Inhibitors, 3rd Generation</b>		
Anastrozole (Tablet)	1	
<b>Arimidex (Tablet)</b>	3	
<b>Aromasin (Tablet)</b>	4	
Exemestane (Tablet)	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Femara (Tablet)</b>	4	
Letrozole (Tablet)	1	
<b>Enzyme Inhibitors</b>		
<b>Etopophos (Injection)</b>	4	
Etoposide (Injection)	2	
<b>Hycamtin (Injection)</b>	4	
Toposar (Injection)	2	
Topotecan HCl (Injection)	4	
<b>Molecular Target Inhibitors</b>		
<b>Afinitor (Tablet)</b>	4	PA
<b>Afinitor Disperz (Tablet Soluble)</b>	4	PA
<b>Bosulif (Tablet)</b>	4	PA, QL
<b>Cabometyx (Tablet)</b>	4	PA, QL
<b>Caprelsa (Tablet)</b>	4	PA, LA
<b>Cometriq (Kit)</b>	4	PA
<b>Cotellic (Tablet)</b>	4	PA, QL, LA
<b>Erivedge (Capsule)</b>	4	PA, QL
<b>Gilotrif (Tablet)</b>	4	PA
<b>Gleevec (Tablet)</b>	4	PA, QL
<b>Iclusig (15mg Tablet)</b>	4	PA, QL, LA
<b>Iclusig (45mg Tablet)</b>	4	PA, QL
Imatinib Mesylate (Tablet)	4	PA, QL
<b>Imbruvica (Capsule)</b>	4	PA, QL
<b>Inlyta (Tablet)</b>	4	PA, QL
<b>Iressa (Tablet)</b>	4	PA, QL
<b>Jakafi (Tablet)</b>	4	PA, QL, LA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Lenvima (Capsule Therapy Pack)</b>	4	PA
<b>Mekinist (Tablet)</b>	4	PA
<b>Nexavar (Tablet)</b>	4	PA
<b>Odomzo (Capsule)</b>	4	PA, QL, LA
<b>Sprycel (Tablet)</b>	4	PA, QL
<b>Stivarga (Tablet)</b>	4	PA, QL
<b>Sutent (Capsule)</b>	4	PA, QL
<b>Tafinlar (Capsule)</b>	4	PA
<b>Tarceva (Tablet)</b>	4	PA, QL
<b>Tasigna (Capsule)</b>	4	PA, QL
<b>Tykerb (Tablet)</b>	4	PA
<b>Votrient (Tablet)</b>	4	PA, QL
<b>Xalkori (Capsule)</b>	4	PA, LA
<b>Zelboraf (Tablet)</b>	4	PA, QL
<b>Monoclonal Antibodies</b>		
<b>Avastin (Injection)</b>	4	PA
<b>Cyramza (Injection)</b>	4	PA
<b>Darzalex (Injection)</b>	4	PA, LA
<b>Empliciti (Injection)</b>	4	PA
<b>Erbitux (Injection)</b>	4	PA
<b>Herceptin (Injection)</b>	4	PA
<b>Kadcyla (Injection)</b>	4	PA
<b>Keytruda (Injection)</b>	4	PA
<b>Opdivo (Injection)</b>	4	PA
<b>Perjeta (Injection)</b>	4	PA
<b>Rituxan (Injection)</b>	4	PA
<b>Sylvant (Injection)</b>	4	PA
<b>Tagrisso (Tablet)</b>	4	PA, QL, LA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Tecentriq (Injection)</b>	4	PA
<b>Vectibix (Injection)</b>	4	PA
<b>Yervoy (Injection)</b>	4	PA
<b>Retinoids</b>		
Bexarotene (Capsule)	4	PA
<b>Panretin (Gel)</b>	4	PA
<b>Targetin (1% Gel, 75mg Capsule)</b>	4	PA
Tretinoin (10mg Capsule)	4	
Antiparasitics		
<b>Anthelmintics</b>		
<b>Albenza (Tablet)</b>	4	QL
<b>Biltricide (Tablet)</b>	3	
Emverm (Tablet Chewable)	4	
Ivermectin (Tablet)	2	
<b>Sklice (Lotion)</b>	3	
<b>Stromectol (Tablet)</b>	3	
<b>Antiprotozoals</b>		
<b>Alinia (100mg/5ml Suspension)</b>	3	
<b>Alinia (500mg Tablet)</b>	4	
Atovaquone (Suspension)	4	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	2	
Chloroquine Phosphate (Tablet)	1	
<b>Coartem (Tablet)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>DARAPRIM (Tablet)</b>	4	
Hydroxychloroquine Sulfate (Tablet)	1	
<b>Malarone (Tablet)</b>	3	
Mefloquine HCl (Tablet)	1	
<b>Mepron (Suspension)</b>	4	
<b>Nebupent (Inhalation Solution)</b>	3	B/D, PA, QL
<b>Pentam 300 (Injection)</b>	3	
<b>Plaquenil (Tablet)</b>	3	
Primaquine Phosphate (Tablet)	3	
<b>Qualaquin (Capsule)</b>	3	PA
Quinine Sulfate (Capsule)	3	PA
<b>Pediculicides/Scabicides</b>		
Elimite (Cream)	3	
<b>Eurax (10% Cream, 10% Lotion)</b>	3	
Lindane (Shampoo)	3	
Malathion (Lotion)	3	
Ovide (Lotion)	3	
Permethrin (Cream)	2	
Antiparkinson Agents		
<b>Anticholinergics</b>		
Benzotropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	PA, HRM

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Benzotropine Mesylate (1mg/ml Injection)	3	
<b>Cogentin (Injection)</b>	3	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	3	PA, HRM
<b>Antiparkinson Agents, Other</b>		
Amantadine HCl (100mg Capsule, 100mg Tablet)	2	
Amantadine HCl (50mg/5ml Syrup)	1	
<b>Comtan (Tablet)</b>	3	
Entacapone (Tablet)	3	
<b>Tasmar (Tablet)</b>	4	QL
Tolcapone (Tablet)	4	QL
<b>Dopamine Agonists</b>		
<b>Apokyn (Injection)</b>	4	PA, QL
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	2	
<b>Mirapex (Tablet)</b>	3	
<b>Mirapex ER (Tablet Extended-Release 24 Hour)</b>	3	
<b>Neupro (Patch 24 Hour)</b>	3	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Pramipexole Dihydrochloride ER (Tablet Extended-Release 24 Hour)	3	
<b>Requip (Tablet)</b>	3	
<b>Requip XL (Tablet Extended-Release 24 Hour)</b>	3	
Ropinirole ER (Tablet Extended-Release 24 Hour)	3	
Ropinirole HCl (Tablet Immediate-Release)	1	
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>		
Carbidopa (Tablet)	4	
Carbidopa/Levodopa (Tablet Immediate-Release)	1	
Carbidopa/Levodopa ER (Tablet Extended-Release)	1	
Carbidopa/Levodopa ODT (Tablet Dispersible)	1	
<b>Carbidopa/Levodopa/Entacapone (Tablet)</b>	3	
<b>Duopa (Suspension)</b>	4	PA
<b>Lodosyn (Tablet)</b>	4	
<b>Rytary (Capsule Extended-Release)</b>	3	
<b>Sinemet (Tablet)</b>	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Sinemet CR (Tablet Extended-Release)</b>	3	
<b>Stalevo 100 (Tablet)</b>	4	PA
<b>Stalevo 125 (Tablet)</b>	3	PA
<b>Stalevo 150 (Tablet)</b>	4	PA
<b>Stalevo 200 (Tablet)</b>	4	PA
<b>Stalevo 50 (Tablet)</b>	3	PA
<b>Stalevo 75 (Tablet)</b>	3	PA
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<b>Azilect (Tablet)</b>	2	
<b>Eldepryl (Capsule)</b>	3	
Selegiline HCl (5mg Capsule, 5mg Tablet)	2	
<b>Zelapar (Tablet Dispersible)</b>	4	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	1	
Fluphenazine Decanoate (Injection)	2	
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet, 2.5mg/ml Injection)	1	
Fluphenazine HCl (2.5mg/5ml Elixir)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fluphenazine HCl (5mg/ml Concentrate)	2	
<b>Haldol (Injection)</b>	3	
<b>Haldol Decanoate 100 (Injection)</b>	3	
<b>Haldol Decanoate 50 (Injection)</b>	3	
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	1	
Haloperidol Decanoate (Injection)	1	
Haloperidol Lactate (Injection)	1	
Loxapine Succinate (10mg Capsule, 5mg Capsule)	1	QL
Loxapine Succinate (25mg Capsule, 50mg Capsule)	1	
Molindone HCl (Tablet)	3	
<b>Orap (Tablet)</b>	3	
Pimozide (Tablet)	2	
Thioridazine HCl (Tablet)	3	PA, HRM
Thiothixene (Capsule)	3	
Trifluoperazine HCl (Tablet)	3	
<b>2nd Generation/Atypical</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Abilify (Tablet)</b>	4	QL
<b>Abilify Maintena (Injection)</b>	4	
Aripiprazole (Tablet)	3	QL
Aripiprazole ODT (Tablet Dispersible)	4	QL
<b>Aristada (Injection)</b>	4	
<b>Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)</b>	4	QL, ST
<b>Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)</b>	3	QL, ST
<b>Fanapt Titration Pack (Tablet)</b>	3	ST
<b>Geodon (20mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)</b>	4	QL
<b>Geodon (20mg Injection)</b>	3	
<b>Invega (Tablet Extended-Release 24 Hour)</b>	4	PA, QL
<b>Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)</b>	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Invega Sustenna (39mg/0.25ml Injection)</b>	3	
<b>Invega Trinza (Injection)</b>	4	PA
<b>Latuda (Tablet)</b>	4	QL
<b>Nuplazid (Tablet)</b>	4	PA, QL
Olanzapine (10mg Injection)	3	
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	1	QL
Olanzapine ODT (Tablet Dispersible)	3	QL
Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL
Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
<b>Rexulti (Tablet)</b>	4	QL
<b>Risperdal (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet, 1mg/ml Oral Solution)</b>	3	

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

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Zyprexa Zydis (15mg Tablet Dispersible, 20mg Tablet Dispersible)</b>	4	QL
<b>Treatment-Resistant</b>		
Clozapine (Tablet Immediate-Release)	2	
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	2	QL
<b>Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible)</b>	2	QL
<b>Clozapine ODT (200mg Tablet Dispersible)</b>	4	QL
<b>Clozaril (100mg Tablet)</b>	4	
<b>Clozaril (25mg Tablet)</b>	3	
<b>Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)</b>	4	QL
<b>Fazaclo (12.5mg Tablet Dispersible, 25mg Tablet Dispersible)</b>	3	QL
<b>Versacloz (Suspension)</b>	4	
Antivirals		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Anti-cytomegalovirus (CMV) Agents</b>		
Cidofovir (Injection)	4	
<b>Cytovene (Injection)</b>	3	B/D, PA
Ganciclovir (Injection)	2	B/D, PA
<b>Valcyte (450mg Tablet)</b>	4	QL
<b>Valcyte (50mg/ml Oral Solution)</b>	4	
Valganciclovir (Tablet)	4	
<b>Zirgan (Gel)</b>	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
Adefovir Dipivoxil (Tablet)	4	
<b>Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet)</b>	4	
Entecavir (Tablet)	4	
<b>Epivir HBV (100mg Tablet)</b>	3	
<b>Epivir HBV (5mg/ml Oral Solution)</b>	2	
<b>Hepsera (Tablet)</b>	4	
Lamivudine (100mg Tablet)	2	
<b>Tyzeka (Tablet)</b>	4	
<b>Anti-hepatitis C (HCV) Agents</b>		
<b>Copegus (Tablet)</b>	4	
<b>Daklinza (Tablet)</b>	4	PA, QL
<b>Harvoni (Tablet)</b>	4	PA, QL
<b>Intron A (Injection)</b>	4	PA

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Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Intron A w/Diluent (Injection)</b>	4	PA
Moderiba (200mg Tablet)	3	
Moderiba 1200 Dose Pack (Tablet)	3	
Moderiba 800 Dose Pack (Tablet)	3	
<b>Pegasys (Injection)</b>	4	PA
<b>Pegasys ProClick (Injection)</b>	4	PA
<b>PegIntron (Injection)</b>	4	PA
<b>PegIntron REDIPEN (Injection)</b>	4	PA
<b>Rebetol (Oral Solution)</b>	3	
Ribasphere (200mg Capsule)	3	
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	2	
Ribasphere Ribapak (Tablet)	3	
Ribavirin (200mg Capsule)	3	
Ribavirin (200mg Tablet)	2	
<b>Sovaldi (Tablet)</b>	4	PA, QL
<b>Sylatron (Injection)</b>	4	PA
<b>Technivie (Tablet)</b>	4	PA, QL
<b>Viekira Pak (Tablet Therapy Pack)</b>	4	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Zepatier (Tablet)</b>	4	PA, QL
<b>Antiherpetic Agents</b>		
Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet)	1	
Acyclovir (5% Ointment)	3	QL
Acyclovir Sodium (Injection)	1	B/D, PA
<b>Denavir (Cream)</b>	4	QL
Famciclovir (Tablet)	2	QL
<b>Famvir (125mg Tablet, 250mg Tablet)</b>	3	QL
<b>Famvir (500mg Tablet)</b>	4	QL
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Tablet)	2	QL
<b>Valtrex (Tablet)</b>	3	QL
<b>Viroptic (Ophthalmic Solution)</b>	3	
<b>Xerese (Cream)</b>	4	PA, QL
<b>Zovirax (200mg Capsule, 200mg/5ml Suspension)</b>	3	
<b>Zovirax (5% Cream, 5% Ointment)</b>	4	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
<b>Evotaz (Tablet)</b>	4	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Genvoya (Tablet)</b>	4	QL
<b>Isentress (100mg Packet, 100mg Tablet Chewable, 400mg Tablet)</b>	4	QL
<b>Isentress (25mg Tablet Chewable)</b>	2	QL
<b>Prezcobix (Tablet)</b>	4	QL
<b>Stribild (Tablet)</b>	4	QL
<b>Tivicay (10mg Tablet)</b>	3	QL
<b>Tivicay (25mg Tablet, 50mg Tablet)</b>	4	QL
<b>Triumeq (Tablet)</b>	4	QL
<b>Tybost (Tablet)</b>	3	QL
<b>Vitekta (Tablet)</b>	4	QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
<b>Atripla (Tablet)</b>	4	QL
<b>Complera (Tablet)</b>	4	QL
<b>Edurant (Tablet)</b>	4	QL
<b>Intelence (Tablet)</b>	4	QL
<b>Nevirapine (200mg Tablet Immediate-Release)</b>	2	QL
<b>Nevirapine (50mg/5ml Suspension)</b>	2	QL
<b>Nevirapine ER (Tablet Extended-Release 24 Hour)</b>	2	QL
<b>Odefsey (Tablet)</b>	4	QL
<b>Rescriptor (Tablet)</b>	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Sustiva (200mg Capsule, 600mg Tablet)</b>	4	QL
<b>Sustiva (50mg Capsule)</b>	3	QL
<b>Viramune (200mg Tablet)</b>	4	QL
<b>Viramune (50mg/5ml Suspension)</b>	3	QL
<b>Viramune XR (100mg Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Viramune XR (400mg Tablet Extended-Release 24 Hour)</b>	4	QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<b>Abacavir (Tablet)</b>	3	QL
<b>Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)</b>	4	QL
<b>Combivir (Tablet)</b>	4	QL
<b>Descovy (Tablet)</b>	4	QL
<b>Didanosine (Capsule Delayed-Release)</b>	2	QL
<b>Emtriva (10mg/ml Oral Solution, 200mg Capsule)</b>	3	QL
<b>Epivir (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)</b>	3	QL
<b>Epzicom (Tablet)</b>	4	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	2	QL	<b>Ziagen (20mg/ml Oral Solution, 300mg Tablet)</b>	3	QL
Lamivudine/ Zidovudine (Tablet)	3	QL	Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	2	QL
<b>Retrovir (100mg Capsule, 50mg/5ml Syrup)</b>	3	QL	<b>Anti-HIV Agents, Other</b>		
<b>Retrovir IV Infusion (Injection)</b>	3		<b>Fuzeon (Injection)</b>	4	QL
Stavudine (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution)	2	QL	<b>Selzentry (Tablet)</b>	4	QL
<b>Trizivir (Tablet)</b>	4	QL	<b>Anti-HIV Agents, Protease Inhibitors</b>		
<b>Truvada (Tablet)</b>	4	QL	<b>Aptivus (100mg/ml Oral Solution, 250mg Capsule)</b>	4	QL
<b>Videx EC (Capsule Delayed-Release)</b>	3	QL	<b>Crixivan (Capsule)</b>	2	QL
<b>Videx Pediatric (Oral Solution)</b>	3	QL	<b>Invirase (200mg Capsule, 500mg Tablet)</b>	4	QL
<b>Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)</b>	4	QL	<b>Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)</b>	3	QL
<b>Zerit (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution)</b>	3	QL	<b>Kaletra (200mg-50mg Tablet)</b>	4	QL
			<b>Lexiva (50mg/ml Suspension)</b>	3	QL
			<b>Lexiva (700mg Tablet)</b>	4	QL
			<b>Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)</b>	3	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)</b>	4	QL
<b>Prezista (75mg Tablet)</b>	3	QL
<b>Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)</b>	4	QL
<b>Viracept (Tablet)</b>	4	QL
<b>Anti-influenza Agents</b>		
<b>Flumadine (Tablet)</b>	3	
<b>Relenza Diskhaler (Aerosol Powder)</b>	2	QL
Rimantadine HCl (Tablet)	3	
<b>Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)</b>	3	QL
<b>Antivirals</b>		
<b>Virazole (Inhalation Solution)</b>	4	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
Bupirone HCl (Tablet)	1	
Hydroxyzine HCl (10mg/5ml Syrup, 25mg/ml Injection, 50mg/ml Injection)	3	PA, HRM

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Benzodiazepines</b>		
Alprazolam (Tablet Immediate-Release)	1	QL
Alprazolam ER (Tablet Extended-Release 24 Hour)	3	PA, QL
Alprazolam Intensol (1mg/ml Concentrate)	3	QL
Alprazolam ODT (Tablet Dispersible)	3	QL
Alprazolam XR (0.5mg Tablet Extended-Release 24 Hour)	3	PA, QL
<b>Ativan (Tablet)</b>	4	QL
Chlordiazepoxide HCl (Capsule)	1	
Clonazepam (Tablet Immediate-Release)	1	QL
Clonazepam ODT (Tablet Dispersible)	3	QL
Clorazepate Dipotassium (Tablet)	1	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	1	QL
Diazepam (1mg/ml Oral Solution)	1	
Diazepam Intensol (5mg/ml Concentrate)	1	QL
<b>Klonopin (Tablet)</b>	3	QL
Lorazepam (Tablet)	1	QL
Lorazepam Intensol (2mg/ml Concentrate)	1	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Oxazepam (Capsule)	3		<b>Equetro (Capsule Extended-Release 12 Hour)</b>	3	
<b>Tranxene T (Tablet)</b>	3	QL	<b>Lithium (Oral Solution)</b>	2	
<b>Valium (Tablet)</b>	3	QL	Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	1	
<b>Xanax (Tablet)</b>	3	QL	Lithium Carbonate ER (Tablet Extended-Release)	1	
<b>Xanax XR (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour)</b>	3	PA, QL	<b>Lithobid (Tablet Extended-Release)</b>	3	
<b>Xanax XR (2mg Tablet Extended-Release 24 Hour)</b>	4	PA, QL	<b>Blood Glucose Regulators</b>		
<b>Bipolar Agents</b>			<b>Antidiabetic Agents</b>		
<b>Mood Stabilizers</b>			Acarbose (Tablet)	1	QL
<b>Depakote (Tablet Delayed-Release)</b>	3		<b>Actoplus Met (Tablet)</b>	3	QL
<b>Depakote ER (Tablet Extended-Release 24 Hour)</b>	3		<b>Actoplus Met XR (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Depakote Sprinkles (Capsule Sprinkle Delayed-Release)</b>	3		<b>Actos (Tablet)</b>	3	QL
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	1		<b>Alogliptin (Tablet)</b>	3	QL, ST
Divalproex Sodium DR (Tablet Delayed-Release)	1		<b>Alogliptin/Metformin HCl (Tablet)</b>	3	QL, ST
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	1		<b>Alogliptin/Pioglitazone (Tablet)</b>	3	QL, ST
			<b>Amaryl (Tablet)</b>	3	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Avandia (Tablet)</b>	3	PA, QL
<b>Bydureon (Injection)</b>	2	QL
<b>Byetta (Injection)</b>	3	QL
<b>Cycloset (Tablet)</b>	3	PA, QL
<b>Duetact (Tablet)</b>	3	QL
<b>Farxiga (Tablet)</b>	3	QL, ST
<b>Fortamet (Tablet Extended-Release 24 Hour)</b>	4	PA, QL
Glimepiride (Tablet)	1	QL
Glipizide (Tablet Immediate-Release)	1	QL
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
Glipizide/Metformin HCl (Tablet)	1	QL
<b>Glucophage (Tablet)</b>	3	QL
<b>Glucophage XR (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Glucotrol (Tablet)</b>	3	QL
<b>Glucotrol XL (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Glumetza (Tablet Extended-Release 24 Hour)</b>	4	PA, QL
<b>Glyset (Tablet)</b>	3	QL
<b>Glyxambi (Tablet)</b>	3	QL, ST
<b>Invokamet (Tablet)</b>	2	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Invokana (Tablet)</b>	2	QL
<b>Janumet (Tablet Immediate-Release)</b>	2	QL
<b>Janumet XR (Tablet Extended-Release 24 Hour)</b>	2	QL
<b>Januvia (Tablet)</b>	2	QL
<b>Jardiance (Tablet)</b>	2	QL
<b>Jentadueto (Tablet)</b>	3	QL
<b>Jentadueto XR (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Kazano (Tablet)</b>	3	QL, ST
<b>Kombiglyze XR (Tablet Extended-Release 24 Hour)</b>	2	QL
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	3	PA, QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Miglitol (Tablet)	3	QL
Nateglinide (Tablet)	1	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Nesina (Tablet)</b>	3	QL, ST
<b>Onglyza (Tablet)</b>	2	QL
<b>Oseni (Tablet)</b>	3	QL, ST
Pioglitazone HCl (Tablet)	1	QL
Pioglitazone HCl/Glimepiride (Tablet)	1	QL
Pioglitazone HCl/Metformin HCl (Tablet)	1	QL
<b>Prandin (0.5mg Tablet, 1mg Tablet)</b>	3	QL
<b>Prandin (2mg Tablet)</b>	4	QL
<b>Precose (Tablet)</b>	3	QL
Repaglinide (Tablet)	1	QL
Repaglinide/Metformin HCl (Tablet)	3	QL
<b>Riomet (Oral Solution)</b>	3	QL
<b>Starlix (Tablet)</b>	3	QL
<b>SymlinPen 120 (Injection)</b>	4	PA
<b>SymlinPen 60 (Injection)</b>	4	PA
<b>Synjardy (Tablet)</b>	2	QL
<b>Tanzeum (Injection)</b>	3	QL, ST
Tolazamide (Tablet)	1	QL
Tolbutamide (Tablet)	1	QL
<b>Tradjenta (Tablet)</b>	3	QL
<b>Trulicity (Injection)</b>	2	QL
<b>Victoza (Injection)</b>	2	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Xigduo XR (Tablet Extended-Release 24 Hour)</b>	3	QL, ST
<b>Glycemic Agents</b>		
<b>GlucaGen HypoKit (Injection)</b>	3	
<b>Glucagon Emergency Kit (Injection)</b>	2	
<b>Proglycem (Suspension)</b>	4	
<b>Insulins</b>		
<b>Afrezza (Powder)</b>	3	PA
<b>Apidra SoloStar (Injection)</b>	3	PA
<b>Apidra Vial (Injection)</b>	3	PA
<b>Humalog Cartridge (Injection)</b>	2	
<b>Humalog KwikPen (Injection)</b>	2	
<b>Humalog Mix 50/50 KwikPen (Injection)</b>	2	
<b>Humalog Mix 50/50 Vial (Injection)</b>	2	
<b>Humalog Mix 75/25 KwikPen (Injection)</b>	2	
<b>Humalog Mix 75/25 Vial (Injection)</b>	2	
<b>Humalog Vial (Injection)</b>	2	
<b>Humulin 70/30 KwikPen (Injection)</b>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Humulin 70/30 Vial (Injection)</b>	2	
<b>Humulin N KwikPen (Injection)</b>	2	
<b>Humulin N Vial (Injection)</b>	2	
<b>Humulin R U-500 KwikPen (Injection)</b>	2	
<b>Humulin R U-500 Vial (Concentrated) (Injection)</b>	2	
<b>Humulin R Vial (Injection)</b>	2	
<b>Lantus SoloStar (Injection)</b>	2	
<b>Lantus Vial (Injection)</b>	2	
<b>Levemir FlexTouch (Injection)</b>	2	
<b>Levemir Vial (Injection)</b>	2	
<b>Novolin 70/30 Vial (Injection)</b>	3	PA
<b>Novolin N Vial (Injection)</b>	3	PA
<b>Novolin R Vial (Injection)</b>	3	PA
<b>NovoLog FlexPen (Injection)</b>	3	PA
<b>NovoLog Mix 70/30 Prefilled FlexPen (Injection)</b>	3	PA
<b>NovoLog Mix 70/30 Vial (Injection)</b>	3	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>NovoLog PenFill (Injection)</b>	3	PA
<b>NovoLog Vial (Injection)</b>	3	PA
<b>Toujeo SoloStar (Injection)</b>	2	
<b>Tresiba FlexTouch (Injection)</b>	3	ST
Blood Products/Modifiers/Volume Expanders		
<b>Anticoagulants</b>		
<b>Arixtra (Injection)</b>	4	
<b>Coumadin (Tablet)</b>	2	
<b>Eliquis (Tablet)</b>	2	PA, QL
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	3	QL
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	4	
Fondaparinux Sodium (2.5mg/0.5ml Injection)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Fragmin (10000unit/ml Injection, 12500unit/0.5ml Injection, 15000unit/0.6ml Injection, 18000unit/0.72ml Injection, 5000unit/0.2ml Injection, 7500unit/0.3ml Injection, 95000unit/3.8ml Injection)</b>	4	
<b>Fragmin (2500unit/0.2ml Injection)</b>	3	
Heparin Sodium (Injection)	2	B/D, PA
<b>Heparin Sodium/D5W (Injection)</b>	2	B/D, PA
Jantoven (Tablet)	1	
<b>Lovenox (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)</b>	4	QL
<b>Lovenox (30mg/0.3ml Injection, 40mg/0.4ml Injection)</b>	3	QL
<b>Pradaxa (Capsule)</b>	3	PA, QL
<b>Savaysa (Tablet)</b>	3	PA, QL
Warfarin Sodium (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Xarelto (Tablet)</b>	2	PA, QL
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	2	PA, QL
<b>Blood Formation Modifiers</b>		
<b>Agrylin (Capsule)</b>	3	
Anagrelide HCl (Capsule)	1	
<b>Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)</b>	4	PA
<b>Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)</b>	3	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Epogen (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)</b>	3	PA
<b>Epogen (20000unit/ml Injection)</b>	4	PA
<b>Granix (Injection)</b>	4	PA
<b>Leukine (Injection)</b>	4	PA
<b>Mircera (Injection)</b>	3	PA
<b>Mozobil (Injection)</b>	4	PA
<b>Neulasta (Injection)</b>	4	PA
<b>Neupogen (Injection)</b>	4	PA
<b>Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)</b>	3	PA
<b>Procrit (20000unit/ml Injection, 40000unit/ml Injection)</b>	4	PA
<b>Promacta (Tablet)</b>	4	PA, QL
<b>Zarxio (Injection)</b>	4	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Argatroban (125mg/125ml-0.9% Injection)</b>	4	B/D, PA
Argatroban (250mg/2.5ml Injection)	4	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Coagulants</b>		
<b>Cyklokapron (Injection)</b>	3	
<b>Lysteda (Tablet)</b>	4	
Tranexamic Acid (1000mg/10ml Injection)	2	
Tranexamic Acid (650mg Tablet)	3	
<b>Platelet Modifying Agents</b>		
<b>Aggrenox (Capsule Extended-Release 12 Hour)</b>	3	PA, QL
<b>Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)</b>	3	QL
<b>Brilinta (Tablet)</b>	2	QL
Cilostazol (Tablet)	1	
Clopidogrel (300mg Tablet)	3	QL
Clopidogrel (75mg Tablet)	1	QL
<b>Durlaza (Capsule Extended-Release 24 Hour)</b>	3	
<b>Effient (Tablet)</b>	2	QL
<b>Plavix (Tablet)</b>	3	QL
<b>Zontivity (Tablet)</b>	3	PA, QL
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<b>Catapres (Tablet)</b>	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Catapres-TTS-1 (Patch Weekly)</b>	3	
<b>Catapres-TTS-2 (Patch Weekly)</b>	3	
<b>Catapres-TTS-3 (Patch Weekly)</b>	3	
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	1	
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	3	
Methyldopa (Tablet)	3	PA, HRM
Methyldopate HCl (Injection)	3	
Midodrine HCl (Tablet)	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<b>Cardura (Tablet)</b>	3	
<b>Dibenzylamine (Capsule)</b>	4	
Doxazosin Mesylate (Tablet)	1	
<b>Minipress (Capsule)</b>	3	
Phenoxybenzamine HCl (Capsule)	4	
Prazosin HCl (Capsule)	1	
<b>Angiotensin II Receptor Antagonists</b>		
<b>Atacand (Tablet)</b>	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Avapro (Tablet)</b>	3	QL
<b>Benicar (Tablet)</b>	2	QL
Candesartan Cilexetil (Tablet)	1	QL
<b>Cozaar (Tablet)</b>	3	QL
<b>Diovan (Tablet)</b>	3	QL
<b>Edarbi (Tablet)</b>	3	QL
Eprosartan Mesylate (Tablet)	1	QL
Irbesartan (Tablet)	1	QL
Losartan Potassium (Tablet)	1	QL
<b>Micardis (Tablet)</b>	3	QL
Telmisartan (Tablet)	1	QL
Valsartan (Tablet)	1	QL
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<b>Accupril (Tablet)</b>	3	QL
<b>Altace (Capsule)</b>	3	QL
Benazepril HCl (Tablet)	1	QL
Captopril (Tablet)	1	QL
Enalapril Maleate (Tablet)	1	QL
<b>Epaned (Oral Solution)</b>	3	
Fosinopril Sodium (Tablet)	1	QL
Lisinopril (Tablet)	1	QL
<b>Lotensin (Tablet)</b>	3	QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Mavik (1mg Tablet, 2mg Tablet)</b>	3	QL
Moexipril HCl (15mg Tablet)	1	
Moexipril HCl (7.5mg Tablet)	1	QL
Perindopril Erbumine (Tablet)	1	QL
<b>Prinivil (Tablet)</b>	3	QL
Quinapril HCl (Tablet)	1	QL
Ramipril (Capsule)	1	QL
Trandolapril (Tablet)	1	QL
<b>Vasotec (10mg Tablet)</b>	4	QL
<b>Vasotec (2.5mg Tablet, 5mg Tablet)</b>	3	QL
<b>Vasotec (20mg Tablet)</b>	4	
<b>Zestril (Tablet)</b>	3	QL
<b>Antiarrhythmics</b>		
Amiodarone HCl (200mg Tablet, 50mg/ml Injection)	1	
Amiodarone HCl (400mg Tablet)	3	
<b>Betapace (120mg Tablet, 160mg Tablet)</b>	4	
<b>Betapace (80mg Tablet)</b>	3	
Dofetilide (Capsule)	3	
Flecainide Acetate (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Mexiletine HCl (Capsule)	1	
<b>Multaq (Tablet)</b>	2	QL
<b>Nexterone (Injection)</b>	3	
Pacerone (100mg Tablet, 400mg Tablet)	3	
Pacerone (200mg Tablet)	1	
Procainamide HCl (Injection)	2	
Propafenone HCl (Tablet)	1	
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	3	
<b>Quinidine Gluconate (Injection)</b>	3	
Quinidine Gluconate CR (Tablet Extended-Release)	3	
Quinidine Sulfate (Tablet)	1	
<b>Rythmol (Tablet)</b>	3	
<b>Rythmol SR (225mg Capsule Extended-Release 12 Hour)</b>	3	
<b>Rythmol SR (325mg Capsule Extended-Release 12 Hour, 425mg Capsule Extended-Release 12 Hour)</b>	4	
Sorine (Tablet)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sotalol HCl (AF) (Tablet)	1		<b>Inderal LA (60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)</b>	3	
Sotalol HCl (Tablet)	1		<b>Innopran XL (Capsule Extended-Release 24 Hour)</b>	3	
<b>Sotylize (Oral Solution)</b>	3	PA	Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet, 5mg/ml Injection)	1	
<b>Tikosyn (Capsule)</b>	3		<b>Lopressor (Tablet)</b>	3	
<b>Beta-adrenergic Blocking Agents</b>			Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Acebutolol HCl (Capsule)	2		Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Atenolol (Tablet)	1		Metoprolol Tartrate (1mg/ml Injection)	2	
Betaxolol HCl (10mg Tablet, 20mg Tablet)	2		Nadolol (Tablet)	3	
Bisoprolol Fumarate (Tablet)	2		Pindolol (Tablet)	2	
<b>Bystolic (Tablet)</b>	2	QL			
Carvedilol (Tablet Immediate-Release)	1				
<b>Coreg (Tablet)</b>	3				
<b>Coreg CR (Capsule Extended-Release 24 Hour)</b>	3				
<b>Corgard (Tablet)</b>	3				
<b>Inderal LA (120mg Capsule Extended-Release 24 Hour, 160mg Capsule Extended-Release 24 Hour)</b>	4				

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 1mg/ml Injection, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	1	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1	
<b>Sectral (Capsule)</b>	3	
<b>Tenormin (Tablet)</b>	3	
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	3	
<b>Toprol XL (Tablet Extended-Release 24 Hour)</b>	3	
<b>Zebeta (Tablet)</b>	3	
<b>Calcium Channel Blocking Agents</b>		
<b>Adalat CC (Tablet Extended-Release 24 Hour)</b>	3	QL
Afeditab CR (Tablet Extended-Release 24 Hour)	1	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amlodipine Besylate (Tablet)	1	
<b>Calan (Tablet)</b>	3	
<b>Calan SR (Tablet Extended-Release)</b>	3	
<b>Cardene IV (Injection)</b>	3	
<b>Cardizem (Tablet)</b>	4	
<b>Cardizem CD (Capsule Extended-Release 24 Hour)</b>	4	
<b>Cardizem LA (120mg Tablet Extended-Release 24 Hour, 180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)</b>	3	
<b>Cardizem LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)</b>	3	QL
Cartia XT (Capsule Extended-Release 24 Hour)	1	
Diltiazem CD (Capsule Extended-Release 24 Hour)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Diltiazem HCl (100mg Injection, 50mg/10ml Injection, 120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	1		Isradipine (Capsule)	3	
Diltiazem HCl ER (120mg Capsule Extended-Release 12 Hour, 60mg Capsule Extended-Release 12 Hour, 90mg Capsule Extended-Release 12 Hour, 120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 360mg Capsule Extended-Release 24 Hour, 420mg Capsule Extended-Release 24 Hour)	1		Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	1	
Dilt-XR (Capsule Extended-Release 24 Hour)	1		Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	1	QL
Felodipine ER (Tablet Extended-Release 24 Hour)	2		Nicardipine HCl (2.5mg/ml Injection)	1	
			Nicardipine HCl (20mg Capsule, 30mg Capsule)	2	
			Nifedical XL (Tablet Extended-Release 24 Hour)	1	QL
			Nifedipine ER (Tablet Extended-Release 24 Hour)	1	QL
			Nimodipine (Capsule)	4	
			Nisoldipine (Tablet Extended-Release 24 Hour)	3	
			Nisoldipine ER (Tablet Extended-Release 24 Hour)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Norvasc (Tablet)</b>	3	
<b>Procardia XL (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Sular (Tablet Extended-Release 24 Hour)</b>	3	
Taztia XT (Capsule Extended-Release 24 Hour)	1	
<b>Tiazac (Capsule Extended-Release 24 Hour)</b>	3	
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	1	
Verapamil HCl (2.5mg/ml Injection)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	2	
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	1	
<b>Verapamil HCl SR (Capsule Extended-Release 24 Hour)</b>	2	
<b>Verelan (Capsule Extended-Release 24 Hour)</b>	3	
<b>Verelan PM (Capsule Extended-Release 24 Hour)</b>	3	
<b>Cardiovascular Agents, Other</b>		
<b>Accuretic (Tablet)</b>	3	QL
<b>Aldactazide (Tablet)</b>	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amiloride/ Hydrochlorothiazide (Tablet)	1		Candesartan Cilexetil/ Hydrochlorothiazide (Tablet)	1	QL
Amlodipine Besylate/ Atorvastatin Calcium (Tablet)	1	QL	Captopril/ Hydrochlorothiazide (Tablet)	1	QL
Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL	Clorpres (Tablet)	3	
Amlodipine Besylate/ Valsartan (Tablet)	3	QL	<b>Corlanor (Tablet)</b>	3	PA, QL
Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)	3	QL	<b>Corzide (40mg-5mg Tablet)</b>	3	QL
<b>Atacand HCT (Tablet)</b>	3	QL	<b>Corzide (80mg-5mg Tablet)</b>	3	
Atenolol/ Chlorthalidone (Tablet)	1		<b>Demser (Capsule)</b>	4	
<b>Avalide (Tablet)</b>	3	QL	Digitex (0.125mg Tablet)	3	QL, HRM
<b>Azor (Tablet)</b>	2	QL	Digitex (0.25mg Tablet)	3	PA, HRM
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL	<b>Digoxin (0.05mg/ml Oral Solution)</b>	3	PA, QL, HRM
<b>Benicar HCT (Tablet)</b>	2	QL	Digoxin (0.25mg/ml Injection)	3	
<b>BiDil (Tablet)</b>	2	QL	Digoxin (125mcg Tablet)	3	QL, HRM
Bisoprolol Fumarate/ Hydrochlorothiazide (10mg-6.25mg Tablet)	2		Digoxin (250mcg Tablet)	3	PA, HRM
Bisoprolol Fumarate/ Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	2	QL	<b>Diovan HCT (Tablet)</b>	3	QL
<b>Caduet (Tablet)</b>	3	QL	<b>DUTOPROL (Tablet Extended-Release 24 Hour)</b>	3	
			<b>Dyazide (Capsule)</b>	3	
			<b>Edarbyclor (Tablet)</b>	3	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL
<b>Entresto (Tablet)</b>	2	PA, QL
<b>Exforge (Tablet)</b>	3	QL
<b>Exforge HCT (Tablet)</b>	3	QL
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL
<b>Hyzaar (Tablet)</b>	3	QL
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL
<b>Lanoxin (0.25mg/ml Injection)</b>	3	
<b>Lanoxin (125mcg Tablet, 62.5mcg Tablet)</b>	3	QL, HRM
<b>Lanoxin (187.5mcg Tablet, 250mcg Tablet)</b>	3	PA, HRM
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
<b>Lopressor HCT (Tablet)</b>	3	
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
<b>Lotrel (Capsule)</b>	3	QL
<b>Maxzide (Tablet)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Metoprolol/ Hydrochlorothiazide (Tablet)	2	
<b>Micardis HCT (Tablet)</b>	3	QL
Moexipril/ Hydrochlorothiazide (Tablet)	1	QL
Nadolol/ Bendroflumethiazide (40mg-5mg Tablet)	2	QL
Nadolol/ Bendroflumethiazide (80mg-5mg Tablet)	2	
<b>Northera (Capsule)</b>	4	PA, QL
Pentoxifylline ER (Tablet Extended- Release)	1	
Propranolol/ Hydrochlorothiazide (Tablet)	1	
Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	2	QL
Spironolactone/ Hydrochlorothiazide (Tablet)	1	
<b>Tarka (Tablet Extended-Release)</b>	3	QL
<b>Tekturna (Tablet)</b>	3	QL
<b>Tekturna HCT (Tablet)</b>	3	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Telmisartan/ Amlodipine (Tablet)	1	QL	Acetazolamide (Tablet Immediate-Release)	2	
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL	Acetazolamide ER (Capsule Extended- Release 12 Hour)	3	
<b>Tenoretic 100 (Tablet)</b>	3		Acetazolamide Sodium (Injection)	2	
<b>Tenoretic 50 (Tablet)</b>	3		<b>Diamox (Capsule Extended-Release 12 Hour)</b>	3	
Trandolapril/Verapamil HCl (Tablet Extended- Release)	3	QL	<b>Keveyis (Tablet)</b>	4	PA, QL
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	1		Methazolamide (Tablet)	3	
<b>Tribenzor (Tablet)</b>	2	QL	<b>Diuretics, Loop</b>		
<b>Twynsta (Tablet)</b>	3	QL	Bumetanide (0.25mg/ ml Injection, 0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL	<b>Demadex (Tablet)</b>	3	
<b>Vaseretic (Tablet)</b>	3		<b>Edecrin (Tablet)</b>	4	
Vecamyl (Tablet)	4	PA	Ethacrynate Sodium (Injection)	3	
<b>Zestoretic (10mg-12.5mg Tablet, 20mg-12.5mg Tablet)</b>	3	QL	Furosemide (10mg/ml Injection)	1	B/D, PA
<b>Zestoretic (20mg-25mg Tablet)</b>	3		Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
<b>Ziac (Tablet)</b>	3	QL	<b>Lasix (Tablet)</b>	3	
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>			Torsemide (Tablet)	1	
			<b>Diuretics, Potassium-sparing</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Aldactone (Tablet)</b>	3	
Amiloride HCl (Tablet)	1	
<b>Dyrenium (Capsule)</b>	3	
Eplerenone (Tablet)	2	
<b>Inspra (Tablet)</b>	3	
Spironolactone (Tablet)	1	
<b>Diuretics, Thiazide</b>		
Chlorothiazide (Tablet)	1	
Chlorothiazide Sodium (Injection)	1	B/D, PA
Chlorthalidone (Tablet)	1	
<b>Diuril (Suspension)</b>	3	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	1	
Methyclothiazide (Tablet)	2	
Metolazone (Tablet)	2	
<b>Microzide (Capsule)</b>	3	
<b>Sodium Diuril (Injection)</b>	3	B/D, PA
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<b>Antara (Capsule)</b>	2	
<b>Fenofibrate (120mg Tablet)</b>	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fenofibrate (130mg Capsule, 43mg Capsule, 145mg Tablet, 48mg Tablet)	2	
<b>Fenofibrate (150mg Capsule, 50mg Capsule, 40mg Tablet)</b>	3	
Fenofibrate (160mg Tablet, 54mg Tablet)	1	
Fenofibrate Micronized (134mg Capsule, 200mg Capsule, 67mg Capsule)	2	
<b>Fenofibric Acid (Tablet)</b>	2	
Fenofibric Acid DR (Capsule Delayed-Release)	2	
<b>Fenoglide (120mg Tablet)</b>	4	
<b>Fenoglide (40mg Tablet)</b>	3	
<b>Fibricor (Tablet)</b>	3	
Gemfibrozil (Tablet)	1	
<b>Lipofen (Capsule)</b>	3	
Lofibra (134mg Capsule, 200mg Capsule, 67mg Capsule, 160mg Tablet, 54mg Tablet)	3	
<b>Lopid (Tablet)</b>	3	
<b>Tricor (Tablet)</b>	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Triglide (Tablet)</b>	3	
<b>Trilipix (Capsule Delayed-Release)</b>	3	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<b>Altprev (Tablet Extended-Release 24 Hour)</b>	3	QL, ST
Atorvastatin Calcium (Tablet)	1	QL
<b>Crestor (Tablet)</b>	2	QL
Fluvastatin (Capsule Immediate-Release)	1	QL
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	3	QL, ST
<b>Lescol XL (Tablet Extended-Release 24 Hour)</b>	3	QL, ST
<b>Lipitor (Tablet)</b>	3	QL
<b>Livalo (Tablet)</b>	3	QL
Lovastatin (Tablet Immediate-Release)	1	QL
<b>Pravachol (Tablet)</b>	3	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	2	QL
Simvastatin (Tablet)	1	QL
<b>Zocor (Tablet)</b>	3	QL
<b>Dyslipidemics, Other</b>		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cholestyramine Light (Packet)	3	
<b>Colestid (1gm Tablet, 5gm Granules)</b>	3	
Colestipol HCl (1gm Tablet)	2	
Colestipol HCl (5gm Granules)	3	
<b>Juxtapid (Capsule)</b>	4	PA
<b>Kynamro (Injection)</b>	4	PA
<b>Lovaza (Capsule)</b>	3	QL
Niacin ER (Tablet Extended-Release)	3	
Niacor (Tablet)	1	
<b>Niaspan (Tablet Extended-Release)</b>	3	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	3	QL
<b>Praluent (Injection)</b>	4	PA, QL, LA
Prevalite (Powder)	3	
Questran (Packet)	3	
<b>Repatha (Injection)</b>	4	PA, QL
<b>Repatha SureClick (Injection)</b>	4	PA, QL
<b>Vascepa (Capsule)</b>	3	
<b>Vytorin (Tablet)</b>	3	QL
<b>Welchol (3.75gm Packet, 625mg Tablet)</b>	2	
<b>Zetia (Tablet)</b>	2	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Vasodilators, Direct-acting Arterial</b>		
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 20mg/ml Injection)	1	
Minoxidil (Tablet)	1	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<b>Isordil Titradoso (Tablet)</b>	4	
Isosorbide Dinitrate (Tablet Immediate-Release)	1	
Isosorbide Dinitrate ER (Tablet Extended-Release)	1	
Isosorbide Mononitrate (Tablet Immediate-Release)	1	
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	1	
Minitran (Patch 24 Hour)	1	
Nitro-Bid (Ointment)	3	
<b>Nitro-Dur (Patch 24 Hour)</b>	3	
Nitroglycerin (Injection)	1	
Nitroglycerin Lingual (Translingual Solution)	1	
Nitroglycerin Transdermal (Patch 24 Hour)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Nitrolingual Pumpspray (Translingual Solution)</b>	3	
<b>NitroMist (Aerosol Solution)</b>	3	
<b>Nitrostat (Tablet Sublingual)</b>	2	
<b>Rectiv (Ointment)</b>	3	
Central Nervous System Agents		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
Adderall (Tablet)	3	QL
<b>Adderall XR (Capsule Extended-Release 24 Hour)</b>	3	QL
<b>Adzenys XR-ODT (Tablet Extended-Release Dispersible)</b>	3	QL
Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	3	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release)	2	QL	Methamphetamine HCl (Tablet)	3	PA
<b>Desoxy (Tablet)</b>	4	PA	ProCentra (Oral Solution)	3	
<b>Dexedrine (10mg Capsule Extended- Release 24 Hour, 15mg Capsule Extended-Release 24 Hour)</b>	4	QL	<b>Vyvanse (Capsule)</b>	3	
Dexedrine (10mg Tablet, 5mg Tablet)	3	QL	Zenzedi (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 30mg Tablet, 5mg Tablet)	3	QL
<b>Dexedrine (5mg Capsule Extended- Release 24 Hour)</b>	3	QL	Zenzedi (7.5mg Tablet)	4	QL
Dextroamphetamine Sulfate (Tablet Immediate-Release)	3	QL	<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	3	QL	<b>Aptensio XR (Capsule Extended-Release 24 Hour)</b>	3	QL
			Clonidine HCl ER (Tablet Extended- Release 12 Hour)	3	PA
			<b>Concerta (Tablet Extended-Release)</b>	3	QL
			<b>Daytrana (Patch)</b>	3	QL
			Dexmethylphenidate HCl (Tablet Immediate- Release)	2	QL
			Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	3	
			<b>Focalin (Tablet)</b>	3	QL
			<b>Focalin XR (Capsule Extended-Release 24 Hour)</b>	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Kapvay (Tablet Extended-Release 12 Hour)</b>	3	PA
<b>Metadate CD (Capsule Extended-Release)</b>	3	
Metadate ER (Tablet Extended-Release)	3	QL
<b>Methylin (Oral Solution)</b>	3	QL
Methylphenidate HCl (10mg Tablet Chewable, 2.5mg Tablet Chewable, 5mg Tablet Chewable, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	2	QL
Methylphenidate HCl CD (Capsule Extended-Release)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release, 18mg Tablet Extended-Release 24 Hour, 27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour, 54mg Tablet Extended-Release 24 Hour)	3	QL
Methylphenidate HCl ER (20mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour)	3	
<b>QuilliChew ER (Tablet Chewable Extended-Release)</b>	3	QL
<b>Quillivant XR (Suspension)</b>	3	
<b>Ritalin (Tablet)</b>	3	QL
<b>Ritalin LA (Capsule Extended-Release 24 Hour)</b>	3	
<b>Strattera (Capsule)</b>	3	QL, ST
<b>Central Nervous System, Other</b>		
<b>Gralise (Tablet)</b>	3	PA
<b>Gralise Starter Pack</b>	3	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Horizant (Tablet Extended-Release)</b>	3	PA
<b>Namzaric (Capsule Extended-Release 24 Hour)</b>	2	PA, QL
<b>Nuedexta (Capsule)</b>	3	PA
<b>Rilutek (Tablet)</b>	4	
Riluzole (Tablet)	2	
Tetrabenazine (Tablet)	4	PA, QL
<b>Xenazine (Tablet)</b>	4	PA, QL, LA
<b>Fibromyalgia Agents</b>		
<b>Cymbalta (Capsule Delayed-Release)</b>	3	QL
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	QL
Duloxetine HCl (40mg Capsule Delayed-Release)	3	QL
Irenka (Capsule Delayed-Release)	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)</b>	2	QL
<b>Savella (Tablet)</b>	2	
<b>Savella Titration Pack</b>	2	
<b>Multiple Sclerosis Agents</b>		
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	4	PA, QL
<b>Aubagio (Tablet)</b>	4	PA, QL
<b>Avonex (Injection)</b>	4	PA
<b>Avonex Pen (Injection)</b>	4	PA
<b>Betaseron (Injection)</b>	4	PA
<b>Copaxone (Injection)</b>	4	PA
<b>Extavia (Injection)</b>	4	PA
<b>Gilenya (Capsule)</b>	4	PA, QL
Glatopa (Injection)	4	PA
<b>Plegridy (Injection)</b>	4	PA
<b>Plegridy Starter Pack (Injection)</b>	4	PA
<b>Rebif (Injection)</b>	4	PA
<b>Rebif Rebidose (Injection)</b>	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Rebif Rebidose Titration Pack (Injection)</b>	4	PA
<b>Rebif Titration Pack (Injection)</b>	4	PA
<b>Tecfidera (Capsule Delayed-Release)</b>	4	PA, QL
<b>Tecfidera Starter Pack</b>	4	PA
<b>Tysabri (Injection)</b>	4	PA
Dental and Oral Agents		
<b>Dental and Oral Agents</b>		
Cevimeline HCl (Capsule)	3	ST
Chlorhexidine Gluconate Oral Rinse (Solution)	1	
<b>Evoxac (Capsule)</b>	3	ST
<b>Kepivance (Injection)</b>	4	
Periogard (Solution)	1	
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	3	
<b>Salagen (Tablet)</b>	3	
Triamcinolone in Orabase (Paste)	2	
Dermatological Agents		
<b>Dermatological Agents</b>		
<b>8-MOP (Capsule)</b>	3	
<b>Absorica (Capsule)</b>	4	PA
<b>Acanya (Gel)</b>	3	ST
Acitretin (Capsule)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Aczone (Gel)</b>	3	
Adapalene (0.1% Cream, 0.1% Gel, 0.3% Gel)	3	
<b>Aldara (Cream)</b>	4	
Ammonium Lactate (12% Cream, 12% Lotion)	2	
<b>Atralin (Gel)</b>	3	PA
<b>Avita (0.025% Cream, 0.025% Gel)</b>	3	PA
<b>Azelex (Cream)</b>	3	
<b>BenzaClin (Gel)</b>	3	
<b>Benzamycin (Gel)</b>	3	
Calcipotriene (0.005% Cream, 0.005% External Solution, 0.005% Ointment)	3	
Calcipotriene/Betamethasone Dipropionate (Ointment)	3	
<b>Calcitriol (3mcg/gm Ointment)</b>	3	
<b>Carac (Cream)</b>	4	PA
Claravis (Capsule)	3	PA
<b>Cleocin-T (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)</b>	3	
Clindacin PAC (Kit)	2	
<b>Clindagel (Gel)</b>	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clindamax (Gel)	3	
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	2	
Clindamycin Phosphate (1% Foam)	3	
Clindamycin/Benzoyl Peroxide (Gel) (Generic BenzaClin)	3	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	2	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	3	
<b>Condylox (Gel)</b>	3	
<b>Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)</b>	3	
Diclofenac Sodium (3% Gel)	4	PA
<b>Differin (0.1% Cream, 0.1% Gel, 0.3% Gel, 0.1% Lotion)</b>	3	
<b>Dovonex (Cream)</b>	4	
<b>Doxepin HCl (Cream)</b>	3	
<b>Duac (Gel)</b>	3	
<b>Efudex (Cream)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Elidel (Cream)</b>	3	ST
<b>Enstilar (Foam)</b>	4	PA
<b>Epiduo (Gel)</b>	3	ST
<b>Epiduo Forte (Gel)</b>	3	ST
Ery (2% Pad)	2	
Erygel (Gel)	3	
Erythromycin (2% External Solution)	1	
Erythromycin (2% Gel)	3	
Erythromycin/Benzoyl Peroxide (Gel)	3	
<b>Evoclin (Foam)</b>	4	
<b>Fabior (Foam)</b>	3	PA
<b>Finacea (15% Foam, 15% Gel)</b>	3	
<b>Fluorouracil (0.5% Cream)</b>	4	
Fluorouracil (2% External Solution, 5% External Solution)	2	
Fluorouracil (5% Cream)	3	
Imiquimod (Cream)	3	
<b>Klaron (Lotion)</b>	3	PA
<b>Lotrisone (Cream)</b>	3	
Methoxsalen (Capsule)	4	
<b>Mirvaso (Gel)</b>	3	PA
Myorisan (Capsule)	3	PA
Neo-Synalar (Cream)	3	
Neuac (Gel)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Onexton (Gel)</b>	3	
<b>Oxsoralen Ultra (Capsule)</b>	4	
<b>Picato (Gel)</b>	2	
Podofilox (External Solution)	2	
<b>Protopic (Ointment)</b>	3	ST
<b>PRUDOXIN (Cream)</b>	3	
<b>Regranex (Gel)</b>	4	PA
<b>Retin-A (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)</b>	3	PA
<b>Retin-A Micro (Gel)</b>	4	PA
<b>Retin-A Micro Pump (Gel)</b>	4	PA
<b>Santyl (Ointment)</b>	3	
Selenium Sulfide (Lotion)	1	
<b>Solaraze (Gel)</b>	4	PA
<b>Soolantra (Cream)</b>	3	
<b>Soriatane (Capsule)</b>	4	
<b>Sorilux (Foam)</b>	4	
Sulfacetamide Sodium (10% Suspension)	3	PA
<b>Taclonex (0.064%-0.005% Ointment, 0.064%-0.005% Suspension)</b>	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tacrolimus (0.03% Ointment, 0.1% Ointment)	3	ST
<b>Tazorac (0.05% Cream, 0.1% Cream, 0.05% Gel, 0.1% Gel)</b>	3	PA
<b>Tolak (Cream)</b>	3	
Tretinoin (0.01% Gel, 0.025% Gel, 0.05% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	3	PA
Tretinoin Microsphere (Gel)	3	PA
Tretin-X (Cream)	3	PA
<b>Uvadex (Injection)</b>	3	
<b>Vectical (Ointment)</b>	4	
<b>Veltin (Gel)</b>	3	PA
<b>Veregen (Ointment)</b>	4	
Zenatane (Capsule)	3	PA
<b>Ziana (Gel)</b>	4	PA
<b>Zonalon (Cream)</b>	3	
<b>Zyclara (Cream)</b>	4	PA
<b>Zyclara Pump (Cream)</b>	4	PA
Enzyme Replacement/Modifiers		
<b>Enzyme Replacement/Modifiers</b>		
<b>Adagen (Injection)</b>	4	LA
<b>Aldurazyme (Injection)</b>	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Buphenyl (3gm/tsp Powder, 500mg Tablet)	4		Pancreaze (17500unit-4200unit-10000unit Capsule Delayed-Release, 43750unit-10500unit-25000unit Capsule Delayed-Release, 70000unit-16800unit-40000unit Capsule Delayed-Release)	3	ST
Cerdelga (Capsule)	4	PA, QL	Pancreaze (61000unit-21000unit-37000unit Capsule Delayed-Release)	4	ST
Cerezyme (Injection)	4	PA	Pertzye (30250unit-8000unit-28750unit Capsule Delayed-Release)	3	ST
Creon (Capsule Delayed-Release)	2		Pertzye (60500unit-16000unit-57500unit Capsule Delayed-Release)	4	ST
Cystadane (Powder)	4		Procysbi (Capsule Delayed-Release)	4	
Cystagon (Capsule)	3	LA	RAVICTI (Liquid)	4	QL
Elaprase (Injection)	4		Sodium Phenylbutyrate (Powder)	4	
ElELYso (Injection)	4	PA, LA	Strensiq (Injection)	4	PA, LA
Fabrazyme (Injection)	4		Sucraid (Oral Solution)	4	LA
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	4		Viokace (39150unit-10440unit-39150unit Tablet)	3	ST
Lumizyme (Injection)	4				
Naglazyme (Injection)	4				
Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	4	LA			

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Viokace (78300unit-20880unit -78300unit Tablet)</b>	4	ST
<b>VPRIV (Injection)</b>	4	PA
<b>Zavesca (Capsule)</b>	4	PA, LA
<b>Zenpep (Capsule Delayed-Release)</b>	2	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<b>Atropine Sulfate (0.05mg/ml Injection, 0.1mg/ml Injection)</b>	1	
<b>Bentyl (10mg Capsule, 10mg/ml Injection, 20mg Tablet)</b>	3	
<b>Cuvposa (Oral Solution)</b>	3	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	1	
Dicyclomine HCl (10mg/ml Injection)	3	
Glycopyrrolate (1mg Tablet, 2mg Tablet)	3	PA
Glycopyrrolate (4mg/20ml Injection)	4	
Methscopolamine Bromide (Tablet)	3	
Propantheline Bromide (Tablet)	3	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Robinul (0.4mg/2ml Injection)</b>	3	
<b>Robinul (1mg Tablet)</b>	3	PA
<b>Robinul Forte (Tablet)</b>	3	PA
<b>Gastrointestinal Agents, Other</b>		
<b>Actigall (Capsule)</b>	4	
Chenodal (Tablet)	4	
<b>Cholbam (Capsule)</b>	4	PA
Cromolyn Sodium (100mg/5ml Concentrate)	3	
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	3	
<b>Gastrocrom (Concentrate)</b>	4	
<b>Gattex (Injection)</b>	4	PA
Lansoprazole/Amoxicillin/Clarithromycin (Therapy Pack)	3	
<b>Lomotil (Tablet)</b>	3	
Loperamide HCl (Capsule)	1	
<b>Movantik (Tablet)</b>	3	PA, QL
<b>Omeclamox-Pak (Therapy Pack)</b>	3	
<b>Prevpac (Therapy Pack)</b>	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Pylera (Capsule)</b>	4	
<b>Relistor (Injection)</b>	4	PA
<b>Serostim (Injection)</b>	4	PA
<b>Urso (Tablet)</b>	3	
Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule)	3	
<b>Zorbive (Injection)</b>	4	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
Cimetidine (Tablet)	1	
Cimetidine HCl (Oral Solution)	1	
Famotidine (20mg Tablet, 40mg Tablet, 20mg/2ml Injection)	1	
Famotidine (40mg/5ml Suspension)	3	
Famotidine Premixed (Injection)	2	
Nizatidine (150mg Capsule, 300mg Capsule, 15mg/ml Oral Solution)	3	
<b>Pepcid (Suspension)</b>	3	
Ranitidine HCl (150mg Capsule, 300mg Capsule, 15mg/ml Syrup)	3	
Ranitidine HCl (150mg Tablet, 300mg Tablet, 150mg/6ml Injection)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Zantac (150mg Tablet, 300mg Tablet, 25mg/ml Injection)</b>	3	
<b>Irritable Bowel Syndrome Agents</b>		
Alosetron HCl (Tablet)	4	PA
<b>Amitiza (Capsule)</b>	2	QL
<b>Linzess (Capsule)</b>	2	QL
<b>Lotronex (Tablet)</b>	4	PA
<b>Viberzi (Tablet)</b>	4	PA, QL
<b>Laxatives</b>		
<b>CoLyte-Flavor Packs (Oral Solution)</b>	3	
Constulose (Oral Solution)	1	
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution)	1	
GaviLyte-G (Oral Solution)	1	
GaviLyte-H (Kit)	2	
GaviLyte-N/Flavor Pack (Oral Solution)	1	
Generlac (Oral Solution)	1	
<b>GoLYTELY (Oral Solution)</b>	3	
Kristalose (Packet)	3	
Lactulose (Oral Solution)	1	
<b>MoviPrep (Oral Solution)</b>	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>NuLYTELY/Flavor Packs (Oral Solution)</b>	3	
<b>OsmoPrep (Tablet)</b>	3	
<b>PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)</b>	2	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	2	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	1	
<b>Prepopik (Packet)</b>	3	
<b>Suprep Bowel Prep (Oral Solution)</b>	2	
TriLyte (Oral Solution)	1	
<b>Protectants</b>		
<b>Carafate (1gm Tablet, 1gm/10ml Suspension)</b>	3	
<b>Cytotec (Tablet)</b>	3	
Misoprostol (Tablet)	2	
Sucralfate (Tablet)	1	
<b>Proton Pump Inhibitors</b>		
<b>Aciphex (Tablet Delayed-Release)</b>	3	
<b>Aciphex Sprinkle (Capsule Sprinkle)</b>	3	ST
<b>Dexilant (Capsule Delayed-Release)</b>	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	2	QL
Esomeprazole Sodium (Injection)	3	
Lansoprazole (Capsule Delayed-Release)	3	QL
<b>Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)</b>	2	
<b>Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)</b>	2	QL
<b>Nexium I.V. (Injection)</b>	3	
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL
Omeprazole (20mg Capsule Delayed-Release)	1	
<b>Omeprazole/Sodium Bicarbonate (Capsule)</b>	2	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Pantoprazole Sodium (40mg Injection)	3	
<b>Prevacid (Capsule Delayed-Release)</b>	3	QL
<b>Prevacid SoluTab (Tablet Dispersible)</b>	3	ST
<b>Prilosec (Packet)</b>	3	PA
<b>Protonix (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)</b>	3	QL
<b>Protonix (40mg Injection)</b>	3	
<b>Protonix (40mg Packet)</b>	3	ST
Rabeprazole Sodium (Tablet Delayed-Release)	3	
<b>Zegerid (20mg-1100mg Capsule, 40mg-1100mg Capsule)</b>	4	
<b>Zegerid (20mg-1680mg Packet, 40mg-1680mg Packet)</b>	4	ST
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	3	QL, ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Detrol (Tablet)</b>	3	
<b>Detrol LA (Capsule Extended-Release 24 Hour)</b>	3	
<b>Ditropan XL (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Enablex (Tablet Extended-Release 24 Hour)</b>	3	QL, ST
Flavoxate HCl (Tablet)	3	
<b>Gelnique (10% Gel)</b>	3	QL
<b>Myrbetriq (Tablet Extended-Release 24 Hour)</b>	2	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	1	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	2	QL
<b>Oxytrol (Patch Twice Weekly)</b>	3	
Tolterodine Tartrate (Tablet)	3	
Tolterodine Tartrate ER (Capsule Extended-Release 24 Hour)	3	
<b>Toviaz (Tablet Extended-Release 24 Hour)</b>	3	QL, ST

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Trospium Chloride (Tablet)	3	
Trospium Chloride ER (Capsule Extended-Release 24 Hour)	3	
<b>Vesicare (Tablet)</b>	2	QL
<b>Benign Prostatic Hypertrophy Agents</b>		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
<b>Avodart (Capsule)</b>	3	
<b>Cardura XL (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Cialis (2.5mg Tablet, 5mg Tablet)</b>	3	PA, QL
Dutasteride (Capsule)	2	
Dutasteride/ Tamsulosin HCl (Capsule)	3	
Finasteride (5mg Tablet) (Generic Proscar)	1	
<b>Flomax (Capsule)</b>	3	
<b>Jalyn (Capsule)</b>	3	
<b>Proscar (Tablet)</b>	3	
<b>Rapaflo (Capsule)</b>	2	QL
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Uroxatral (Tablet Extended-Release 24 Hour)</b>	3	
<b>Genitourinary Agents, Other</b>		
Bethanechol Chloride (Tablet)	1	
<b>Cuprimine (Capsule)</b>	4	PA
<b>Depen Titratabs (Tablet)</b>	4	
<b>Elmiron (Capsule)</b>	3	
<b>Lithostat (Tablet)</b>	4	
<b>Thiola (Tablet)</b>	4	
Urecholine (Tablet)	3	
<b>Phosphate Binders</b>		
<b>Auryxia (Tablet)</b>	4	ST
Calcium Acetate (Capsule)	2	
Eliphos (Tablet)	3	
<b>Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)</b>	4	
<b>PhosLo (Capsule)</b>	2	
<b>Phoslyra (Oral Solution)</b>	2	
<b>Renagel (Tablet)</b>	2	ST

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)</b>	2	
<b>Velphoro (Tablet Chewable)</b>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
A-Hydrocort (Injection)	2	
Ala Cort (Cream)	1	
Ala Scalp (Lotion)	3	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	2	
Amcinonide (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3	
ApexiCon E (Cream)	4	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	2	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment, 0.12% Foam)	3	
<b>Capex (Shampoo)</b>	3	
Clobetasol Propionate (0.05% External Solution)	2	
Clobetasol Propionate (0.05% Foam, 0.05% Gel, 0.05% Liquid, 0.05% Lotion, 0.05% Ointment, 0.05% Shampoo)	3	
Clobetasol Propionate E (Cream)	3	
<b>Clobex (0.05% Liquid, 0.05% Lotion, 0.05% Shampoo)</b>	4	
Clodan (Shampoo)	3	
<b>Cloderm Pump (Cream)</b>	3	
<b>Cordran Tape (Tape)</b>	3	
Cormax Scalp Application (External Solution)	2	
<b>Cortef (Tablet)</b>	3	
Cortisone Acetate (Tablet)	3	
<b>Cutivate (Lotion)</b>	4	
<b>Depo-Medrol (Injection)</b>	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Dermatop (Cream)</b>	3	
<b>Desonate (Gel)</b>	3	
Desonide (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3	
<b>DesOwen (0.05% Cream)</b>	3	
DesOwen (0.05% Lotion)	3	
Desoximetasone (0.05% Cream, 0.25% Cream, 0.05% Gel, 0.25% Ointment)	3	
<b>Desoximetasone (0.05% Ointment)</b>	3	
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	1	
Dexamethasone Intensol (1mg/ml Concentrate)	1	
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	1	
DexPak 13 Day (Tablet Therapy Pack)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Diflorasone Diacetate (0.05% Cream, 0.05% Ointment)	3	
<b>Diprolene (0.05% Lotion, 0.05% Ointment)</b>	3	
<b>Diprolene AF (Cream)</b>	3	
<b>Elocon (0.1% Cream, 0.1% Lotion, 0.1% Ointment)</b>	3	
Fludrocortisone Acetate (Tablet)	1	
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	3	
Fluocinolone Acetonide Body (Oil)	3	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	2	
Fluocinonide (0.1% Cream)	3	
Fluocinonide-E (Cream)	2	
Flurandrenolide (Cream)	3	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fluticasone Propionate (0.05% Lotion)	3	
<b>H.P. Acthar (Injection)</b>	4	PA
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	3	
<b>Halog (0.1% Cream, 0.1% Ointment)</b>	4	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	1	
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	2	
Hydrocortisone Butyrate (0.1% External Solution)	3	
Hydrocortisone Butyrate (0.1% Ointment)	2	
Hydrocortisone Butyrate (Lipophilic) (Cream)	3	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	3	
<b>Kenalog (Aerosol Solution)</b>	3	
<b>Kenalog-10 (Injection)</b>	3	
<b>Kenalog-40 (Injection)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Locoid (0.1% Cream)</b>	4	
<b>Locoid (0.1% External Solution, 0.1% Lotion, 0.1% Ointment)</b>	3	
LoKara (Lotion)	3	
<b>Medrol (Tablet)</b>	3	
<b>Medrol Dosepak (Tablet Therapy Pack)</b>	3	
Methylprednisolone (Tablet)	1	
Methylprednisolone Acetate (Injection)	2	
Methylprednisolone Dose Pack (Tablet Therapy Pack)	1	
Methylprednisolone Sodium Succinate (Injection)	2	
Millipred (10mg/5ml Oral Solution, 5mg Tablet)	3	
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	2	
<b>Olux (Foam)</b>	4	
<b>Orapred ODT (Tablet Dispersible)</b>	3	
<b>Pandel (Cream)</b>	3	
<b>Prednicarbate (0.1% Cream)</b>	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Prednicarbate (0.1% Ointment)	3	
Prednisolone Sodium Phosphate (15mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	1	
Prednisolone Sodium Phosphate ODT (Tablet Dispersible)	3	
Prednisone (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	1	
Prednisone Intensol (5mg/ml Concentrate)	1	
Psorcon (Cream)	3	
<b>Rayos (Tablet Delayed-Release)</b>	4	PA
<b>Solu-Cortef (Injection)</b>	3	
<b>Solu-Medrol (Injection)</b>	3	
<b>Synalar Cream Kit (Kit)</b>	3	
Temovate (Ointment)	3	
Topicort (0.05% Cream, 0.25% Cream, 0.05% Gel, 0.25% Ointment)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Topicort (0.05% Ointment, 0.25% Liquid)</b>	3	
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2	
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion, 0.147mg/gm Aerosol Solution Generic Kenalog Spray)	3	
Trianex (Ointment)	4	
Triderm (Cream)	2	
<b>Ultravate (0.05% Cream, 0.05% Ointment)</b>	3	
<b>Ultravate (0.05% Lotion)</b>	4	
<b>Vanos (Cream)</b>	4	
Veripred 20 (Oral Solution)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Chorionic Gonadotropin (Injection)</b>	2	PA

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

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>AndroGel Pump (Gel)</b>	2	PA
<b>Aveed (Injection)</b>	3	
<b>Axiron (Transdermal Solution)</b>	3	PA, QL
Danazol (Capsule)	3	
Depo-Testosterone (Injection)	3	
<b>Fortesta (Gel)</b>	3	PA
Methitest (Tablet)	3	PA
Methyltestosterone (Capsule)	4	PA
<b>Natesto (Gel)</b>	3	PA
Oxandrolone (10mg Tablet)	3	PA, QL
Oxandrolone (2.5mg Tablet)	2	PA, QL
<b>Striant</b>	3	PA
<b>Testim (Gel)</b>	3	PA
Testosterone (25mg/2.5gm Gel, 50mg/5gm Gel)	2	PA
<b>Testosterone (10mg/act Gel)</b>	3	PA
Testosterone Cypionate (Injection)	2	
Testosterone Enanthate (Injection)	2	
Testosterone Pump (Gel)	3	PA
<b>Vogelxo (Gel)</b>	3	PA
<b>Vogelxo Pump (Gel)</b>	3	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Estrogens</b>		
<b>Alora (Patch Twice Weekly)</b>	3	PA, QL, HRM
Amethia (Tablet)	3	
Amethyst (Tablet)	3	
Apri (Tablet)	3	
Aranelle (Tablet)	3	
Ashlyna (Tablet)	3	
Aubra (Tablet)	3	
Aviane (Tablet)	3	
Balziva (Tablet)	3	
Bekyree (Tablet)	3	
<b>Beyaz (Tablet)</b>	3	
Blisovi 24 Fe (Tablet)	3	
Blisovi Fe 1.5/30 (Tablet)	3	
Blisovi Fe 1/20 (Tablet)	3	
<b>Brevicon-28 (Tablet)</b>	3	
Briellyn (Tablet)	3	
<b>Climara Pro (Patch Weekly)</b>	3	PA, HRM
Cryselle-28 (Tablet)	3	
Cyclafem (Tablet)	3	
<b>Cyclessa (Tablet)</b>	3	
<b>Delestrogen (Injection)</b>	3	
Delyla (Tablet)	3	
Depo-Estradiol (Injection)	3	
<b>Desogen (Tablet)</b>	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Desogestrel/Ethinyl Estradiol (Tablet)	3	
Drospirenone/Ethinyl Estradiol (Tablet)	3	
<b>Elestrin (Gel)</b>	3	PA, HRM
Emoquette (Tablet)	3	
Enpresse-28 (Tablet)	3	
Estrace (0.1mg/gm Cream)	3	
Estrace (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	3	PA, HRM
Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly)	3	PA, QL, HRM
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	3	PA, HRM
Estradiol Valerate (Injection)	2	
<b>Estring (Ring)</b>	3	
Falmina (Tablet)	3	
<b>Femcon Fe (Tablet Chewable)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Femhrt Low Dose (Tablet)</b>	3	PA, HRM
<b>Femring (Ring)</b>	3	
Fyavolv (Tablet)	3	PA, HRM
<b>Generess Fe (Tablet Chewable)</b>	3	
<b>Gianvi (Tablet)</b>	3	
Gildagia (Tablet)	3	
Gildess 1.5/30 (Tablet)	3	
Gildess 24 Fe (Tablet)	3	
Introvale (Tablet)	3	
Jinteli (Tablet)	3	PA, HRM
Juleber (Tablet)	3	
Junel 1.5/30 (Tablet)	3	
Junel 1/20 (Tablet)	3	
Junel Fe 1.5/30 (Tablet)	3	
Junel Fe 1/20 (Tablet)	3	
Junel Fe 24 (Tablet)	3	
Kaitlib Fe (Tablet Chewable)	3	
Kariva (Tablet)	3	
Kelnor 1/35 (Tablet)	3	
Kimidess (Tablet)	3	
LARIN 1.5/30 (Tablet)	3	
LARIN 1/20 (Tablet)	3	
LARIN Fe 1.5/30 (Tablet)	3	
LARIN Fe 1/20 (Tablet)	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Layolis Fe (Tablet Chewable)</b>	3	
<b>Leena (Tablet)</b>	3	
Lessina (Tablet)	3	
Levonest (Tablet)	3	
Levonorgestrel and Ethinyl Estradiol (Tablet)	3	
Levonorgestrel/Ethinyl Estradiol (Tablet)	3	
Levora 0.15/30-28 (Tablet)	3	
<b>Lo Loestrin Fe (Tablet)</b>	3	
Loestrin 1.5/30-21 (Tablet)	3	
Loestrin 1/20-21 (Tablet)	3	
Loestrin Fe 1.5/30 (Tablet)	3	
Loestrin Fe 1/20 (Tablet)	3	
Lomedia 24 Fe (Tablet)	3	
Loryna (Tablet)	3	
<b>LoSeasonique (Tablet)</b>	3	
Lutera (Tablet)	3	
Marlissa (Tablet)	3	
Menest (Tablet)	3	PA, HRM
<b>Microgestin 1.5/30 (Tablet)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Microgestin 1/20 (Tablet)</b>	3	
<b>Microgestin Fe (Tablet)</b>	3	
<b>Microgestin Fe 1.5/30 (Tablet)</b>	3	
<b>Minastrin 24 Fe (Tablet Chewable)</b>	3	
<b>Minivelle (Patch Twice Weekly)</b>	3	PA, QL, HRM
<b>Modicon (Tablet)</b>	3	
<b>MonoNessa (Tablet)</b>	3	
<b>Natazia (Tablet)</b>	3	
Necon 0.5/35-28 (Tablet)	3	
Necon 1/35 (Tablet)	3	
<b>Necon 1/50-28 (Tablet)</b>	3	
Necon 10/11-28 (Tablet)	3	
<b>Necon 7/7/7 (Tablet)</b>	3	
Nikki (Tablet)	3	
Norethindrone & Ethinyl Estradiol Ferrous Fumarate (Tablet Chewable)	3	
Norethindrone Acetate/Ethinyl Estradiol (Tablet)	3	PA, HRM

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)	3		<b>Premarin (Vaginal Cream)</b>	2	
Norgestimate/Ethinyl Estradiol (Tablet)	3		Previfem (Tablet)	3	
<b>Norinyl 1+35 (Tablet)</b>	3		<b>Quartette (Tablet)</b>	3	
<b>Norinyl 1+50 (Tablet)</b>	3		Quasense (Tablet)	3	
Nortrel 0.5/35 (28) (Tablet)	3		Reclipsen (Tablet)	3	
Nortrel 1/35 (Tablet)	3		<b>Safyral (Tablet)</b>	3	
Nortrel 7/7/7 (Tablet)	3		<b>Seasonique (Tablet)</b>	3	
<b>NuvaRing (Ring)</b>	3		Setlakin (Tablet)	3	
<b>Ocella (Tablet)</b>	3		Sprintec 28 (Tablet)	3	
Ogestrel (Tablet)	3		Sronyx (Tablet)	3	
Orsythia (Tablet)	3		Tarina Fe 1/20 (Tablet)	3	
<b>Ortho Tri-Cyclen (Tablet)</b>	3		Tri-Legest Fe (Tablet)	3	
<b>Ortho Tri-Cyclen Lo (Tablet)</b>	3		Tri-Lo-Estarylla (Tablet)	3	
<b>Ortho-Cyclen (Tablet)</b>	3		Tri-Lo-Sprintec (Tablet)	3	
<b>Ortho-Novum 1/35 (Tablet)</b>	3		<b>Trinessa (Tablet)</b>	3	
<b>Ortho-Novum 7/7/7 (Tablet)</b>	3		<b>Tri-Norinyl 28 (Tablet)</b>	3	
Ovcon-35 (Tablet)	3		Tri-Previfem (Tablet)	3	
Pimtreea (Tablet)	3		Tri-Sprintec (Tablet)	3	
Pirmella 1/35 (Tablet)	3		Trivora-28 (Tablet)	3	
Portia-28 (Tablet)	3		<b>Vagifem (Tablet)</b>	3	QL
<b>Premarin (25mg Injection)</b>	3		Velivet (Tablet)	3	
			Vestura (Tablet)	3	
			Vienva (Tablet)	3	
			<b>Vivelle-Dot (Patch Twice Weekly)</b>	3	PA, QL, HRM
			Vyfemla (Tablet)	3	
			<b>WYMZYA Fe (Tablet Chewable)</b>	3	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Xulane (Patch Weekly)	3	
<b>Yasmin 28 (Tablet)</b>	3	
<b>Yaz (Tablet)</b>	3	
Zenchant (Tablet)	3	
Zenchant Fe (Tablet Chewable)	3	
Zovia 1/35E (Tablet)	3	
Zovia 1/50E (Tablet)	3	
<b>Progestins</b>		
Aygestin (Tablet)	3	
Camila (Tablet)	2	
<b>Crinone (Gel)</b>	3	PA
Deblitane (Tablet)	2	
<b>Depo-Provera (Injection)</b>	3	
<b>Depo-Provera Contraceptive (Injection)</b>	3	
<b>Depo-SubQ Provera104 (Injection)</b>	3	
Errin (Tablet)	2	
Hydroxyprogesterone Caproate (Injection)	4	PA
<b>Jolivette (Tablet)</b>	2	
Lyza (Tablet)	2	
<b>Makena (Injection)</b>	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 150mg/ml Injection)	1	
<b>Megace ES (Suspension)</b>	4	PA, HRM
<b>Megace Oral (Suspension)</b>	3	PA, HRM
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension, 625mg/5ml Suspension)	3	PA, HRM
<b>Nora-BE (Tablet)</b>	2	
Norethindrone (Tablet)	2	
Norethindrone Acetate (Tablet)	1	
Norlyroc (Tablet)	2	
<b>Nor-QD (Tablet)</b>	3	
<b>Ortho Micronor (Tablet)</b>	3	
Progesterone (Capsule)	1	PA
<b>Prometrium (Capsule)</b>	3	PA
<b>Provera (Tablet)</b>	3	
Sharobel (Tablet)	2	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<b>Evista (Tablet)</b>	3	QL
Raloxifene HCl (Tablet)	2	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Cytomel (Tablet)</b>	3	
<b>Levothyroxine Sodium (100mcg Injection)</b>	4	
Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)	1	
<b>Levoxyl (Tablet)</b>	2	
Liothyronine Sodium (10mcg/ml Injection, 25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	1	
<b>Synthroid (Tablet)</b>	2	
<b>Thyrolar (Tablet)</b>	2	
<b>Tirosint (Capsule)</b>	3	
<b>Triostat (Injection)</b>	3	
<b>Unithroid (Tablet)</b>	2	
Hormonal Agents, Suppressant (Adrenal)		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Lysodren (Tablet)</b>	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hormonal Agents, Suppressant (Parathyroid)		
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b>Sensipar (30mg Tablet)</b>	2	QL
<b>Sensipar (60mg Tablet, 90mg Tablet)</b>	4	QL
Hormonal Agents, Suppressant (Pituitary)		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
Cabergoline (Tablet)	2	
<b>Egrifta (Injection)</b>	4	PA
<b>Eligard (22.5mg Injection, 30mg Injection, 7.5mg Injection)</b>	3	PA
<b>Eligard (45mg Injection)</b>	4	PA
<b>Firmagon (120mg Injection)</b>	4	PA
<b>Firmagon (80mg Injection)</b>	3	PA
Leuprolide Acetate (Injection)	2	PA
<b>Lupaneta Pack (Kit)</b>	4	PA
<b>Lupron Depot (Injection)</b>	4	PA
<b>Lupron Depot-PED (Injection)</b>	4	PA
Octreotide Acetate (1000mcg/ml Injection)	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection)	3	PA
<b>Sandostatin (Injection)</b>	4	PA
<b>Sandostatin LAR Depot (Injection)</b>	4	PA
<b>Signifor (Injection)</b>	4	PA
<b>Signifor LAR (Injection)</b>	4	PA
<b>Somatuline Depot (Injection)</b>	4	PA
<b>Somavert (Injection)</b>	4	PA, QL
<b>Synarel (Nasal Solution)</b>	4	
<b>Trelstar Mixject (Injection)</b>	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<b>Antithyroid Agents</b>		
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	1	
Tapazole (Tablet)	3	
Immunological Agents		
<b>Angioedema (HAE) Agents</b>		
<b>Berinert (Injection)</b>	4	PA, LA
<b>Cinryze (Injection)</b>	4	PA, LA
<b>Firazyr (Injection)</b>	4	PA, QL
<b>Ruconest (Injection)</b>	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Immune Suppressants</b>		
<b>Astagraf XL (0.5mg Capsule Extended-Release 24 Hour, 1mg Capsule Extended-Release 24 Hour)</b>	3	PA
<b>Astagraf XL (5mg Capsule Extended-Release 24 Hour)</b>	4	PA
Azasan (Tablet)	3	B/D, PA
Azathioprine (100mg Injection)	4	B/D, PA
Azathioprine (50mg Tablet)	1	B/D, PA
<b>Cellcept (200mg/ml Suspension, 250mg Capsule, 500mg Tablet)</b>	4	PA
<b>Cellcept Intravenous (Injection)</b>	3	PA
<b>Cimzia (Injection)</b>	4	PA
<b>Cosentyx (Injection)</b>	4	PA
<b>Cosentyx Sensoready Pen (Injection)</b>	4	PA
Cyclosporine (100mg Capsule, 25mg Capsule)	2	B/D, PA
Cyclosporine (50mg/ml Injection)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	2	B/D, PA
<b>Enbrel (Injection)</b>	4	PA
<b>Enbrel SureClick (Injection)</b>	4	PA
<b>Envarsus XR (Tablet Extended-Release 24 Hour)</b>	3	PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	2	B/D, PA
<b>Humira (Injection)</b>	4	PA
<b>Humira Pediatric Crohns Disease Starter Pack (Injection)</b>	4	PA
<b>Humira Pen (Injection)</b>	4	PA
<b>Humira Pen Crohns Disease Starter Pack (Injection)</b>	4	PA
<b>Imuran (Tablet)</b>	3	B/D, PA
<b>Kineret (Injection)</b>	4	PA
Methotrexate (Tablet)	1	
Methotrexate Sodium (Injection)	1	
Mycophenolate Mofetil (200mg/ml Suspension)	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	2	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	3	B/D, PA
<b>Myfortic (180mg Tablet Delayed-Release)</b>	3	B/D, PA
<b>Myfortic (360mg Tablet Delayed-Release)</b>	4	B/D, PA
<b>Neoral (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)</b>	3	B/D, PA
<b>Nulojix (Injection)</b>	4	PA
<b>Orencia (125mg/ml Injection, 250mg Injection)</b>	4	PA
<b>Otrexup (Injection)</b>	3	PA
<b>Prograf (0.5mg Capsule, 1mg Capsule, 5mg/ml Injection)</b>	3	PA
<b>Prograf (5mg Capsule)</b>	4	PA
<b>Rapamune (0.5mg Tablet)</b>	3	B/D, PA
<b>Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)</b>	4	B/D, PA
<b>Rasuvo (Injection)</b>	3	PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Remicade (Injection)</b>	4	PA
<b>Rheumatrex (Tablet)</b>	3	
<b>Sandimmune (100mg Capsule)</b>	4	B/D, PA
<b>Sandimmune (100mg/ml Oral Solution, 25mg Capsule)</b>	3	B/D, PA
<b>Sandimmune (50mg/ml Injection)</b>	3	
<b>Simponi (Injection)</b>	4	PA
<b>Simponi Aria (Injection)</b>	4	PA
Sirolimus (0.5mg Tablet, 1mg Tablet)	3	B/D, PA
Sirolimus (2mg Tablet)	4	B/D, PA
<b>Stelara (Injection)</b>	4	PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	2	PA
<b>Torisel (Injection)</b>	4	
Trexall (Tablet)	3	
<b>Xeljanz (Tablet)</b>	4	PA, QL
<b>Xeljanz XR (Tablet Extended-Release 24 Hour)</b>	4	PA, QL
<b>Zortress (Tablet)</b>	4	PA
<b>Immunizing Agents, Passive</b>		
<b>Atgam (Injection)</b>	4	
<b>BIVIGAM (Injection)</b>	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Carimune Nanofiltered (Injection)</b>	4	PA
<b>Flebogamma DIF (Injection)</b>	4	PA
<b>Gamastan S/D (Injection)</b>	2	PA
<b>Gammagard Liquid (Injection)</b>	4	PA
<b>Gammaked (Injection)</b>	4	PA
<b>Gammaplex (Injection)</b>	4	PA
<b>Gamunex-C (Injection)</b>	4	PA
<b>Hyperrab S/D (Injection)</b>	3	B/D, PA
<b>Octagam (Injection)</b>	4	PA
<b>Privigen (Injection)</b>	4	PA
<b>Thymoglobulin (Injection)</b>	4	
<b>Varizig (Injection)</b>	2	
<b>Immunomodulators</b>		
<b>Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection, 80mg/4ml Injection)</b>	4	PA
<b>Actimmune (Injection)</b>	4	
<b>Arava (Tablet)</b>	4	
<b>Arcalyst (Injection)</b>	4	PA, LA
<b>Benlysta (Injection)</b>	4	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Ilaris (Injection)</b>	4	PA, QL, LA	<b>Ixiaro (Injection)</b>	2	
Leflunomide (Tablet)	1		<b>Menactra (Injection)</b>	2	
<b>Otezla (Tablet Therapy Pack, 30mg Tablet)</b>	4	PA	<b>MENHIBRIX (Injection)</b>	2	
<b>Ridaura (Capsule)</b>	4		<b>Menomune-A/C/Y/W-135 (Injection)</b>	2	
<b>Simulect (Injection)</b>	4		<b>Menveo (Injection)</b>	2	
<b>Synagis (Injection)</b>	4	PA	<b>M-M-R II (Injection)</b>	2	
<b>Vaccines</b>			<b>Pedvax HIB (Injection)</b>	2	
<b>ActHIB (Injection)</b>	2		<b>ProQuad (Injection)</b>	2	
<b>Adacel (Injection)</b>	2		<b>Quadracel (Injection)</b>	2	
<b>BCG Vaccine (Injection)</b>	2		<b>Rabavert (Injection)</b>	2	B/D, PA
<b>Bexsero (Injection)</b>	2		<b>Recombivax HB (Injection)</b>	2	B/D, PA
<b>Boostrix (Injection)</b>	2		<b>Rotarix (Suspension)</b>	2	
<b>Cervarix (Injection)</b>	3		<b>RotaTeq (Oral Solution)</b>	2	
<b>Daptacel (Injection)</b>	2		<b>Tenivac (Injection)</b>	2	
<b>Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)</b>	2		<b>Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)</b>	2	
<b>Engerix-B (Injection)</b>	2	B/D, PA	<b>Trumenba (Injection)</b>	2	
<b>Gardasil (Injection)</b>	2		<b>Twinrix (Injection)</b>	2	
<b>Gardasil 9 (Injection)</b>	2		<b>Typhim Vi (Injection)</b>	2	
<b>Havrix (Injection)</b>	2		<b>VAQTA (Injection)</b>	2	
<b>Hiberix (Injection)</b>	2		<b>Varivax (Injection)</b>	2	
<b>Imovax Rabies (H.D.C.V.) (Injection)</b>	2	B/D, PA	<b>YF-Vax (Injection)</b>	2	
<b>Infanrix (Injection)</b>	2		<b>Zostavax (Injection)</b>	3	PA
<b>IPOL Inactivated IPV (Injection)</b>	2		<b>Inflammatory Bowel Disease Agents</b>		
			<b>Aminosalicylates</b>		

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	2	QL
<b>Asacol HD (Tablet Delayed-Release)</b>	3	ST
Balsalazide Disodium (Capsule)	3	
<b>Canasa (Suppository)</b>	4	
<b>Colazal (Capsule)</b>	4	
<b>Delzicol (Capsule Delayed-Release)</b>	3	ST
<b>Dipentum (Capsule)</b>	4	
<b>Giazo (Tablet)</b>	3	
<b>Lialda (Tablet Delayed-Release)</b>	2	QL
Mesalamine (Kit)	3	
<b>Pentasa (Capsule Extended-Release)</b>	3	QL
<b>sfRowasa (Enema)</b>	4	QL
<b>Glucocorticoids</b>		
Anusol-HC (Cream)	3	
Budesonide (3mg Capsule Delayed-Release)	3	
Colocort (Enema)	3	
<b>Entocort EC (Capsule Delayed-Release)</b>	4	
<b>Hydrocortisone (100mg/60ml Enema)</b>	3	
Procto-Med HC (Cream)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Procto-Pak (Cream)	1	
Proctosol HC (Cream)	1	
Proctozone-HC (Cream)	1	
<b>Uceris (2mg/act Foam)</b>	3	
<b>Uceris (9mg Tablet Extended-Release 24 Hour)</b>	4	ST
<b>Sulfonamides</b>		
<b>Azulfidine (Tablet)</b>	3	
<b>Azulfidine EN-Tabs (Tablet Delayed-Release)</b>	3	
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<b>Actonel (Tablet)</b>	3	QL
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Alendronate Sodium (70mg/75ml Oral Solution)	3	
<b>Atelvia (Tablet Delayed-Release)</b>	3	QL
<b>Binosto (Tablet Effervescent)</b>	3	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Boniva (150mg Tablet)</b>	3	QL	Ibandronate Sodium (150mg Tablet)	2	QL
<b>Boniva (3mg/3ml Injection)</b>	3	B/D, PA	Ibandronate Sodium (3mg/3ml Injection)	3	B/D, PA
Calcitonin-Salmon (Nasal Solution)	2	QL	<b>Miacalcin (200unit/ACT Nasal Solution)</b>	3	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Injection, 1mcg/ml Oral Solution)	1	B/D, PA	<b>Miacalcin (200unit/ml Injection)</b>	4	PA
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	3	B/D, PA, QL	<b>Natpara (Injection)</b>	4	PA
Doxercalciferol (4mcg/2ml Injection)	2	B/D, PA	Pamidronate Disodium (Injection)	3	B/D, PA
Etidronate Disodium (Tablet)	3		Paricalcitol (1mcg Capsule, 2mcg Capsule)	3	B/D, PA, QL
<b>Forteo (Injection)</b>	4	PA, QL	<b>Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection)</b>	3	B/D, PA
<b>Fortical (Nasal Solution)</b>	3	QL	Paricalcitol (4mcg Capsule)	3	B/D, PA
<b>Fosamax (Tablet)</b>	3	QL	<b>Prolia (Injection)</b>	3	PA
<b>Fosamax Plus D (Tablet)</b>	3	QL	<b>Reclast (Injection)</b>	3	PA
<b>Hectorol (0.5mcg Capsule)</b>	3	B/D, PA, QL	Risedronate Sodium (Tablet)	2	QL
<b>Hectorol (1mcg Capsule, 2.5mcg Capsule)</b>	4	B/D, PA, QL	Risedronate Sodium DR (Tablet Delayed-Release)	3	QL
<b>Hectorol (4mcg/2ml Injection)</b>	3	B/D, PA	<b>Rocaltrol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)</b>	3	B/D, PA
			<b>Xgeva (Injection)</b>	4	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Zemplar (1mcg Capsule, 2mcg Capsule)</b>	3	B/D, PA, QL
<b>Zemplar (2mcg/ml Injection)</b>	3	B/D, PA
<b>Zemplar (5mcg/ml Injection)</b>	4	B/D, PA
Zoledronic Acid (4mg/5ml Injection)	3	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	3	PA
<b>Zometa (Injection)</b>	4	B/D, PA
Miscellaneous Therapeutic Agents		
<b>Miscellaneous Therapeutic Agents</b>		
Alcohol Prep Pads	2	
<b>Botox (Injection)</b>	3	PA, QL
<b>Dysport (Injection)</b>	3	PA
Fomepizole (Injection)	4	
Gauze (Non-medicated 2X2)	2	
Insulin Syringes, Needles	2	
<b>Kanuma (Injection)</b>	4	PA
Methylergonovine Maleate (Tablet)	4	
<b>Myalept (Injection)</b>	4	PA
<b>Sterile Water Irrigation (Solution)</b>	2	
<b>Xeomin (Injection)</b>	3	PA
Ophthalmic Agents		
<b>Ophthalmic Agents, Other</b>		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Alcaine (Ophthalmic Solution)	3	
<b>Atropine Sulfate (1% Ophthalmic Solution)</b>	3	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	1	
<b>Blephamide (Suspension)</b>	3	
Blephamide S.O.P. (Ointment)	3	
<b>Cystaran (Ophthalmic Solution)</b>	4	
<b>Lacrisert (Insert)</b>	3	
<b>Lastacaft (Ophthalmic Solution)</b>	2	
<b>Maxitrol (0.1% Ointment, 0.1% Suspension)</b>	3	
Naphazoline HCl (Ophthalmic Solution)	1	
Neomycin/Bacitracin/Polymyxin (Ointment)	2	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	2	
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Neomycin/Polymyxin/ Gramicidin (Ophthalmic Solution)	2	
Neomycin/Polymyxin/ Hydrocortisone (1% Ophthalmic Suspension)	3	
Neosporin (Ophthalmic Solution)	3	
Polymyxin B Sulfate/ Trimethoprim Sulfate (Ophthalmic Solution)	1	
<b>Polytrim (Ophthalmic Solution)</b>	3	
<b>Pred-G (Suspension)</b>	3	
<b>Pred-G S.O.P. (Ointment)</b>	3	
Proparacaine HCl (Ophthalmic Solution)	1	
<b>Restasis (Emulsion)</b>	2	QL
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	1	
<b>Tobradex (0.3%-0.1% Ophthalmic Suspension)</b>	3	
<b>Tobradex ST (Ophthalmic Suspension)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tobramycin/ Dexamethasone (Ophthalmic Suspension)	2	
<b>Zylet (Suspension)</b>	3	
<b>Ophthalmic Anti-allergy Agents</b>		
<b>Alocril (Ophthalmic Solution)</b>	3	
<b>Alomide (Ophthalmic Solution)</b>	3	
Azelastine HCl (0.05% Ophthalmic Solution)	3	
<b>Bepreve (Ophthalmic Solution)</b>	3	
Cromolyn Sodium (4% Ophthalmic Solution)	1	
<b>Elestat (Ophthalmic Solution)</b>	3	
<b>Emadine (Ophthalmic Solution)</b>	3	
Epinastine HCl (Ophthalmic Solution)	2	
Olopatadine HCl (0.1% Ophthalmic Solution)	2	
<b>Pataday (Ophthalmic Solution)</b>	2	
<b>Patanol (Ophthalmic Solution)</b>	2	
<b>Pazeo (Ophthalmic Solution)</b>	2	
<b>Ophthalmic Antiglaucoma Agents</b>		
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Alphagan P (0.15% Ophthalmic Solution)</b>	3	
Apraclonidine (Ophthalmic Solution)	2	
<b>Azopt (Suspension)</b>	2	
<b>Betagan (Ophthalmic Solution)</b>	3	
Betaxolol HCl (0.5% Ophthalmic Solution)	2	
<b>Betimol (Ophthalmic Solution)</b>	3	
<b>Betoptic-S (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	
Dorzolamide HCl (Ophthalmic Solution)	1	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1	
<b>Iopidine (Ophthalmic Solution)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Isopto Carpine (Ophthalmic Solution)</b>	3	
<b>Istalol (Ophthalmic Solution)</b>	3	
Levobunolol HCl (Ophthalmic Solution)	1	
Metipranolol (Ophthalmic Solution)	1	
<b>Phospholine Iodide (Ophthalmic Solution)</b>	3	
<b>Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)</b>	2	
<b>Simbrinza (Suspension)</b>	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution)	1	
<b>Timolol Maleate Ophthalmic Gel Forming (Solution)</b>	2	
<b>Timoptic Ocudose (Ophthalmic Solution)</b>	3	
<b>Timoptic-XE (Gel Form Solution)</b>	3	
<b>Trusopt (Ophthalmic Solution)</b>	3	
<b>Ophthalmic Anti-inflammatories</b>		
<b>Acular (Ophthalmic Solution)</b>	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Acular LS (Ophthalmic Solution)</b>	3	
<b>Acuvail (Ophthalmic Solution)</b>	3	ST
<b>Alrex (Suspension)</b>	3	
Bromfenac (Ophthalmic Solution)	3	
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	1	
Diclofenac Sodium (0.1% Ophthalmic Solution)	1	
<b>Durezol (Emulsion)</b>	2	
<b>Flarex (Suspension)</b>	3	
<b>Fluorometholone (Ophthalmic Suspension)</b>	2	
Flurbiprofen Sodium (Ophthalmic Solution)	1	
<b>FML (Ointment)</b>	3	
<b>FML Forte (Suspension)</b>	3	
<b>FML Liquifilm (Suspension)</b>	3	
<b>Ilevro (Suspension)</b>	2	
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)</b>	3	
<b>Maxidex (Suspension)</b>	3	
<b>Nevanac (Suspension)</b>	2	
<b>Ocufen (Ophthalmic Solution)</b>	3	
<b>Omnipred (Suspension)</b>	3	
<b>Pred Forte (Suspension)</b>	3	
<b>Pred Mild (Suspension)</b>	3	
<b>Prednisolone Acetate (Ophthalmic Suspension)</b>	2	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
<b>Prolensa (Ophthalmic Solution)</b>	3	
<b>Vexol (Suspension)</b>	3	
<b>Ophthalmic Prostaglandin and Prostaglandin Analogs</b>		
Bimatoprost (Ophthalmic Solution)	3	
Latanoprost (Ophthalmic Solution)	1	
<b>Lumigan (Ophthalmic Solution)</b>	2	
<b>Travatan Z (Ophthalmic Solution)</b>	2	

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Travoprost (Ophthalmic Solution)	1	
<b>Xalatan (Ophthalmic Solution)</b>	3	
<b>Zioptan (Ophthalmic Solution)</b>	3	ST
Otic Agents		
<b>Otic Agents</b>		
Acetasol HC (Otic Solution)	3	
Acetic Acid (Otic Solution)	1	
<b>Cipro HC (Suspension)</b>	3	
<b>Ciprodex (Otic Suspension)</b>	2	
<b>Coly-Mycin S (Suspension)</b>	3	
Fluocinolone Acetonide (0.01% Otic Oil)	3	
Hydrocortisone/Acetic Acid (Otic Solution)	2	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	2	
Respiratory Tract/Pulmonary Agents		
<b>Antihistamines</b>		
<b>Astepro (Nasal Solution)</b>	3	
Azelastine HCl (0.1% Nasal Solution)	2	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Azelastine HCl (0.15% Nasal Solution)	2	
Cetirizine HCl (Syrup)	1	
<b>Clarinex (0.5mg/ml Syrup, 5mg Tablet)</b>	3	
Cyproheptadine HCl (4mg Tablet)	3	PA, HRM
Desloratadine (Tablet)	3	
Desloratadine ODT (Tablet Dispersible)	3	
Diphenhydramine HCl (50mg/ml Injection)	3	B/D, PA
Levocetirizine Dihydrochloride (2.5mg/5ml Oral Solution)	3	
Levocetirizine Dihydrochloride (5mg Tablet)	1	QL
Olopatadine HCl (0.6% Nasal Solution)	3	
<b>Patanase (Nasal Solution)</b>	3	
Phenadoz (12.5mg Suppository)	3	PA, HRM
Phenergan (12.5mg Suppository)	3	PA, HRM
Promethazine HCl (12.5mg Suppository, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	3	PA, HRM
<b>Xyzal (2.5mg/5ml Oral Solution)</b>	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Xyzal (5mg Tablet)</b>	3	QL	Flunisolide (Nasal Solution)	2	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>			Fluticasone Propionate (50mcg/act Suspension)	1	
<b>Aerospan (Aerosol Solution)</b>	3	QL, ST	Mometasone Furoate (50mcg/act Suspension)	3	
<b>Alvesco (Aerosol Solution)</b>	3	QL, ST	<b>Nasonex (Suspension)</b>	3	PA
<b>Arnuity Ellipta (Aerosol Powder)</b>	2	QL	<b>Omnaris (Suspension)</b>	3	ST
<b>Asmanex HFA (Aerosol)</b>	3	QL, ST	<b>Pulmicort (Suspension)</b>	3	B/D, PA
<b>Asmanex Twisthaler 120 Metered Doses (Aerosol Powder)</b>	3	QL, ST	<b>Pulmicort Flexhaler (Aerosol Powder)</b>	3	QL, ST
<b>Asmanex Twisthaler 30 Metered Doses (Aerosol Powder)</b>	3	QL, ST	<b>Qnasl (Aerosol Solution)</b>	3	ST
<b>Asmanex Twisthaler 60 Metered Doses (Aerosol Powder)</b>	3	QL, ST	<b>Qnasl Childrens (Aerosol Solution)</b>	3	ST
<b>Beconase AQ (Suspension)</b>	3	ST	<b>QVAR (Aerosol Solution)</b>	3	QL, ST
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	3	B/D, PA	<b>Veramyst (Suspension)</b>	3	ST
Budesonide (32mcg/act Suspension)	3	ST	<b>Zetonna (Aerosol Solution)</b>	3	ST
<b>Flovent Diskus (Aerosol Powder)</b>	2	QL	<b>Antileukotrienes</b>		
<b>Flovent HFA (Aerosol)</b>	2	QL	<b>Accolate (Tablet)</b>	3	QL
			Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	1	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Singulair (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)</b>	3	QL
Zafirlukast (Tablet)	2	QL
<b>Zyflo (Tablet)</b>	4	ST
<b>Zyflo CR (Tablet Extended-Release 12 Hour)</b>	4	ST
<b>Bronchodilators, Anticholinergic</b>		
<b>Atrovent (Nasal Solution)</b>	3	
<b>Atrovent HFA (Aerosol Solution)</b>	3	
<b>Incruse Ellipta (Aerosol Powder)</b>	2	QL
Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1	
<b>Spiriva HandiHaler (Capsule)</b>	2	QL
<b>Spiriva Respimat (Aerosol Solution)</b>	2	QL
<b>Tudorza Pressair (Aerosol Powder)</b>	3	ST
<b>Bronchodilators, Sympathomimetic</b>		
<b>Adrenalin (Injection)</b>	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	1	B/D, PA
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 2mg/5ml Syrup)	3	
Albuterol Sulfate ER (Tablet Extended-Release 12 Hour)	3	
<b>Arcapta Neohaler (Capsule)</b>	3	QL, ST
<b>Brovana (Nebulized Solution)</b>	3	B/D, PA, QL
<b>Epinephrine (Injection)</b>	3	ST
<b>EpiPen (Injection)</b>	2	
<b>Foradil Aerolizer (Capsule)</b>	3	QL, ST
Levalbuterol (Nebulized Solution)	3	B/D, PA
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	3	
<b>Perforomist (Nebulized Solution)</b>	3	B/D, PA, QL

**Bold type = Brand name drug**

Plain type = Generic drug



Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>ProAir HFA (Aerosol Solution)</b>	2	
<b>ProAir RespiClick (Aerosol Powder)</b>	2	
<b>Proventil HFA (Aerosol Solution)</b>	3	ST
<b>Serevent Diskus (Aerosol Powder)</b>	2	QL
<b>Striverdi Respimat (Aerosol Solution)</b>	3	QL, ST
Terbutaline Sulfate (1mg/ml Injection)	4	
Terbutaline Sulfate (2.5mg Tablet, 5mg Tablet)	3	
<b>Ventolin HFA (Aerosol Solution)</b>	3	ST
Vospire ER (Tablet Extended-Release 12 Hour)	3	
<b>Xopenex (Nebulized Solution)</b>	3	B/D, PA
<b>Xopenex HFA (Aerosol)</b>	3	ST
<b>Cystic Fibrosis Agents</b>		
<b>Cayston (Inhalation Solution)</b>	4	PA, LA
<b>Kalydeco (50mg Packet, 75mg Packet)</b>	4	PA, QL
<b>Orkambi (Tablet)</b>	4	PA, QL, LA
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Aminophylline (Injection)	1	
<b>Daliresp (Tablet)</b>	3	PA, QL
Elixophyllin (Elixir)	3	
Theo-24 (Capsule Extended-Release 24 Hour)	3	
Theophylline (Oral Solution)	1	
Theophylline CR (Tablet Extended-Release 12 Hour)	1	
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 450mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	1	
<b>Pulmonary Antihypertensives</b>		
<b>Adcirca (Tablet)</b>	4	PA, QL
<b>Adempas (Tablet)</b>	4	PA
<b>Letairis (Tablet)</b>	4	PA, QL, LA
<b>Opsumit (Tablet)</b>	4	PA, LA
<b>Orenitram (0.125mg Tablet Extended-Release)</b>	3	PA, QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)</b>	4	PA, QL
<b>Orenitram (2.5mg Tablet Extended-Release)</b>	4	PA
<b>Remodulin (Injection)</b>	4	PA, LA
<b>Revatio (10mg/12.5ml Injection)</b>	4	PA
<b>Revatio (10mg/ml Suspension, 20mg Tablet)</b>	4	PA, QL
Sildenafil (10mg/12.5ml Injection)	4	PA
Sildenafil (20mg Tablet) (Generic Revatio)	2	PA, QL
<b>Tracleer (Tablet)</b>	4	PA, QL
<b>Tyvaso (Inhalation Solution)</b>	4	PA, QL
<b>Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)</b>	4	PA, QL
<b>Uptravi (Tablet Therapy Pack)</b>	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Ventavis (Inhalation Solution)</b>	4	PA, QL, LA
<b>Respiratory Tract Agents, Other</b>		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
<b>Advair Diskus (Aerosol Powder)</b>	2	QL
<b>Advair HFA (Aerosol)</b>	2	QL
<b>Anoro Ellipta (Aerosol Powder)</b>	2	QL
<b>Aralast NP (Injection)</b>	4	PA, LA
<b>Breo Ellipta (Aerosol Powder)</b>	2	QL
Cromolyn Sodium (20mg/2ml Nebulized Solution)	2	B/D, PA
<b>Dulera (Aerosol)</b>	3	PA, QL
<b>Esbriet (Capsule)</b>	4	PA, QL, LA
<b>Glassia (Injection)</b>	4	PA, LA
<b>Grastek (Tablet Sublingual)</b>	3	PA, QL
<b>Kalydeco (150mg Tablet)</b>	4	PA, QL
<b>Ofev (Capsule)</b>	4	PA, QL, LA
<b>Oralair (Tablet Sublingual)</b>	3	PA, QL
<b>Prolastin-C (Injection)</b>	4	PA, LA
<b>Pulmozyme (Inhalation Solution)</b>	4	B/D, PA, QL
<b>Ragwitek (Tablet Sublingual)</b>	3	PA, QL
<b>Semprex-D (Capsule)</b>	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Stiolto Respimat (Aerosol Solution)</b>	2	QL
<b>Symbicort (Aerosol)</b>	2	QL
<b>Zemaira (Injection)</b>	4	PA, LA
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Clarinet-D 12 Hour (Tablet Extended-Release)</b>	3	
<b>Combivent Respimat (Aerosol Solution)</b>	2	
<b>Dymista (Suspension)</b>	3	
Ipratropium Bromide/ Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
<b>Nucala (Injection)</b>	4	PA, QL, LA
<b>Xolair (Injection)</b>	4	PA
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
Baclofen (Tablet)	1	
Cyclobenzaprine HCl (7.5mg Tablet)	3	PA, HRM
<b>Dantrium (Capsule)</b>	3	
Dantrolene Sodium (Capsule)	3	
Fexmid (Tablet)	3	PA, HRM
<b>Gablofen (10000mcg/ 20ml Injection, 50mcg/ml Injection)</b>	3	B/D, PA
<b>Gablofen (40000mcg/ 20ml Injection)</b>	4	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection)</b>	3	B/D, PA
<b>Lioresal Intrathecal (10mg/5ml Injection)</b>	4	B/D, PA
Orphenadrine Citrate (Injection)	3	PA, HRM
Tizanidine HCl (2mg Capsule, 4mg Capsule, 6mg Capsule)	3	
Tizanidine HCl (2mg Tablet, 4mg Tablet)	1	
<b>Zanaflex (2mg Capsule, 4mg Capsule, 6mg Capsule, 4mg Tablet)</b>	3	
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
<b>Ambien (Tablet)</b>	3	PA, QL, HRM
<b>Sonata (Capsule)</b>	3	PA, QL, HRM
Zaleplon (Capsule)	2	PA, QL, HRM
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate- Release)	3	PA, QL, HRM
<b>Sleep Disorders, Other</b>		
Armodafinil (Tablet)	3	PA, QL
<b>Belsomra (Tablet)</b>	2	QL
<b>Hetlioz (Capsule)</b>	4	PA, QL

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Modafinil (Tablet)	3	PA, QL
<b>Nuvigil (Tablet)</b>	3	PA, QL
<b>Provigil (Tablet)</b>	4	PA, QL
<b>Rozerem (Tablet)</b>	3	QL
<b>Xyrem (Oral Solution)</b>	4	PA, QL, LA
Therapeutic Nutrients/Minerals/Electrolytes		
<b>Electrolyte/Mineral Modifiers</b>		
<b>Chemet (Capsule)</b>	3	
<b>Exjade (Tablet Soluble)</b>	4	PA
<b>Ferriprox (100mg/ml Oral Solution, 500mg Tablet)</b>	4	PA
<b>Jadenu (Tablet)</b>	4	PA
<b>Kayexalate (Powder)</b>	4	
Kionex (Powder)	2	
<b>Samsca (Tablet)</b>	4	PA, QL
Sodium Polystyrene Sulfonate (Suspension)	2	
<b>Syprine (Capsule)</b>	4	PA
<b>Veltassa (Packet)</b>	3	QL
<b>Electrolyte/Mineral Replacement</b>		
Ammonium Chloride (Injection)	3	
<b>Carbaglu (Tablet)</b>	4	LA
<b>Isolyte-S (Injection)</b>	3	
<b>Klor-Con 10 (Tablet Extended-Release)</b>	2	
<b>Klor-Con 8 (Tablet Extended-Release)</b>	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Klor-Con M15 (Tablet Extended-Release)	2	
Klor-Con M20 (Tablet Extended-Release)	1	
Klor-Con Sprinkle (Capsule Extended-Release)	2	
<b>K-Tab (Tablet Extended-Release)</b>	3	
<b>Magnesium Sulfate (1gm/2ml-50% Injection)</b>	2	
Magnesium Sulfate (5gm/10ml-50% Injection)	2	
<b>Normosol-R (Injection)</b>	2	
<b>Physiolyte (Irrigation Solution)</b>	3	
<b>Physiosol Irrigation (Solution)</b>	3	
<b>Plasma-Lyte A (Injection)</b>	3	
<b>Plasma-Lyte-148 (Injection)</b>	3	
<b>Potassium Chloride (10% Oral Solution, 20% Oral Solution)</b>	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)</b>	2	B/D, PA	Sodium Chloride (0.9% Injection)	1	
Potassium Chloride (2meq/ml Injection)	2	B/D, PA	<b>Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)</b>	1	
Potassium Chloride 0.15% /NaCl 0.45% Viaflex (Injection)	2	B/D, PA	<b>Sodium Chloride 0.45% Viaflex (Injection)</b>	1	
<b>Potassium Chloride 0.15%/NaCl 0.9% (Injection)</b>	2	B/D, PA	<b>Sodium Chloride 0.9% (Irrigation Solution)</b>	2	
<b>Potassium Chloride 0.3%/ NaCl 0.9% (Injection)</b>	2	B/D, PA	Sodium Fluoride (Tablet)	1	
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 8meq Tablet Extended-Release)	2		<b>Urocit-K (Tablet Extended-Release)</b>	3	
Potassium Chloride ER Microencapsulated (10meq Tablet Extended-Release, 20meq Tablet Extended-Release)	1		<b>Therapeutic Nutrients/Minerals/ Electrolytes</b>		
Potassium Citrate ER (Tablet Extended-Release)	2		<b>Aminosyn 7%/ Electrolytes (Injection)</b>	3	B/D, PA
			<b>Aminosyn 8.5%/ Electrolytes (Injection)</b>	3	B/D, PA
			<b>Aminosyn II (Injection)</b>	3	B/D, PA
			<b>Aminosyn II 8.5%/ Electrolytes (Injection)</b>	3	B/D, PA
			<b>Aminosyn-HBC (Injection)</b>	3	B/D, PA
			<b>Aminosyn-PF (Injection)</b>	3	B/D, PA

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Aminosyn-RF (Injection)</b>	3	B/D, PA
<b>Carnitor (1gm/10ml Oral Solution, 200mg/ml Injection, 330mg Tablet)</b>	3	B/D, PA
<b>Clinimix 2.75%/Dextrose 5% (Injection)</b>	3	B/D, PA
<b>Clinimix 4.25%/Dextrose 10% (Injection)</b>	3	B/D, PA
<b>Clinimix 4.25%/Dextrose 20% (Injection)</b>	3	B/D, PA
<b>Clinimix 4.25%/Dextrose 25% (Injection)</b>	3	B/D, PA
<b>Clinimix 4.25%/Dextrose 5% (Injection)</b>	3	B/D, PA
<b>Clinimix 5%/Dextrose 15% (Injection)</b>	3	B/D, PA
<b>Clinimix 5%/Dextrose 20% (Injection)</b>	3	B/D, PA
<b>Clinimix 5%/Dextrose 25% (Injection)</b>	3	B/D, PA
<b>Clinimix E 2.75%/Dextrose 10% (Injection)</b>	3	B/D, PA
<b>Clinimix E 2.75%/Dextrose 5% (Injection)</b>	3	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
<b>Clinimix E 4.25%/Dextrose 10% (Injection)</b>	3	B/D, PA
<b>Clinimix E 4.25%/Dextrose 25% (Injection)</b>	3	B/D, PA
<b>Clinimix E 4.25%/Dextrose 5% (Injection)</b>	3	B/D, PA
<b>Clinimix E 5%/Dextrose 15% (Injection)</b>	3	B/D, PA
<b>Clinimix E 5%/Dextrose 20% (Injection)</b>	3	B/D, PA
<b>Clinimix E 5%/Dextrose 25% (Injection)</b>	3	B/D, PA
Clinisol SF 15% (Injection)	3	B/D, PA
<b>Dextrose 10% (Injection)</b>	2	
<b>Dextrose 10%/NaCl 0.2% (Injection)</b>	2	
<b>Dextrose 10%/NaCl 0.45% (Injection)</b>	2	
<b>Dextrose 2.5%/Sodium Chloride 0.45% (Injection)</b>	2	
<b>Dextrose 5% (Injection)</b>	2	
<b>Dextrose 5%/NaCl 0.2% (Injection)</b>	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dextrose 5%/NaCl 0.225% (Injection)	2		KCl 0.3%/D5W/NaCl 0.45% (Injection)	2	
Dextrose 5%/NaCl 0.33% (Injection)	2		KCl 0.3%/D5W/NaCl 0.9% (Injection)	2	
Dextrose 5%/NaCl 0.45% (Injection)	2		Lactated Ringers Dextrose 5% Viaflex (Injection)	2	
Dextrose 5%/NaCl 0.9% (Injection)	2		Lactated Ringers Irrigation (Solution)	2	
Dextrose 5%/Potassium Chloride 0.15% (Injection)	2	B/D, PA	Lactated Ringers Viaflex (Injection)	2	
FreAmine HBC 6.9% (Injection)	3	B/D, PA	Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	2	B/D, PA
HepatAmine (Injection)	3	B/D, PA	Nephramine (Injection)	3	B/D, PA
Intralipid (Injection)	3	B/D, PA	Normosol-M in D5W (Injection)	2	
Ionosol-B/Dextrose 5% (Injection)	3		Normosol-R in D5W (Injection)	2	
Ionosol-MB/Dextrose 5% (Injection)	3		NutreStore (Packet)	3	
Isolyte-P/Dextrose 5% (Injection)	3		Nutrilipid (Injection)	3	B/D, PA
KCl 0.075%/D5W/NaCl 0.45% (Injection)	2		Plasma-Lyte-56/D5W (Injection)	3	
KCl 0.15%/D5W/LR (Injection)	2		Plenamaine (Injection)	3	B/D, PA
KCl 0.15%/D5W/NaCl 0.2% (Injection)	2		Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)	2	
KCl 0.15%/D5W/NaCl 0.225% (Injection)	2		Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)	2	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	2				

You can find information on what the symbols and abbreviations in this table mean by going to page 7.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Required Actions, Restrictions or Limits</b>
<b>Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)</b>	2	
<b>Potassium Chloride 0.3%/D5W (Injection)</b>	2	B/D, PA
Premasol (Injection)	3	B/D, PA
<b>Procalamine (Injection)</b>	3	B/D, PA
<b>Prosol (Injection)</b>	3	B/D, PA
<b>Ringers Injection</b>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Required Actions, Restrictions or Limits</b>
<b>Ringers Irrigation (Solution)</b>	2	
<b>Sodium Lactate (Injection)</b>	1	
<b>TPN Electrolytes (Injection)</b>	2	
<b>Travasol (Injection)</b>	3	B/D, PA
<b>Trophamine (Injection)</b>	3	B/D, PA
VP-PNV-DHA (Capsule)	1	

**Bold type = Brand name drug**

Plain type = Generic drug



## Drugs with a quantity limit (QL)

This list shows drugs that have a quantity limit. Your plan will cover only a certain amount of these drugs for one co-pay/co-insurance or will only cover these drugs for a certain number of days. These limits may be in place to ensure your safety.

Drugs are listed in alphabetical order in the chart below. Some drugs come in many 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.

For more information about quantity limits, talk to your doctor or pharmacist. You can also call us. Our contact information, along with the date we last updated the drug list, is on the cover.

Drug Name	Quantity Limit
Abacavir (Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
<b>Abilify (Tablet)</b>	Maximum of 1 tablet per day
<b>Abstral (Tablet Sublingual)</b>	Maximum of 4 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
<b>Accolate (Tablet)</b>	Maximum of 2 tablets per day
<b>Accupril (Tablet)</b>	Maximum of 2 tablets per day
<b>Accuretic (10mg-12.5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Accuretic (20mg-12.5mg Tablet, 20mg-25mg Tablet)</b>	Maximum of 2 tablets per day
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution)	Maximum of 140 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
<b>Actiq (Lollipop)</b>	Maximum of 4 lozenges per day
<b>Actonel (150mg Tablet)</b>	Maximum of 1 tablet per 30 days
<b>Actonel (30mg Tablet, 5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Actonel (35mg Tablet)</b>	Maximum of 4 tablets per 28 days
<b>Actoplus Met (Tablet)</b>	Maximum of 3 tablets per day
<b>Actoplus Met XR (15mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Actoplus Met XR (30mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Actos (15mg Tablet)</b>	Maximum of 3 tablets per day
<b>Actos (30mg Tablet, 45mg Tablet)</b>	Maximum of 1 tablet per day

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

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Drug Name	Quantity Limit
Alprazolam ODT (0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2mg Tablet Dispersible)	Maximum of 5 tablets per day
Alprazolam XR (0.5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
<b>Altace (Capsule)</b>	Maximum of 2 capsules per day
<b>Altoprev (Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Alvesco (160mcg/act Aerosol Solution)</b>	Maximum of 2 inhalers (12.2 grams) per 30 days
<b>Alvesco (80mcg/act Aerosol Solution)</b>	Maximum of 1 inhaler (6.1 grams) per 30 days
<b>Amaryl (1mg Tablet)</b>	Maximum of 8 tablets per day
<b>Amaryl (2mg Tablet)</b>	Maximum of 4 tablets per day
<b>Amaryl (4mg Tablet)</b>	Maximum of 2 tablets per day
<b>Ambien (Tablet)</b>	Maximum of 90 days of use per year
<b>Amerge (Tablet)</b>	Maximum of 9 tablets per 30 days
<b>Amitiza (Capsule)</b>	Maximum of 2 capsules per day
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Androderm (Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Anoro Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Apokyn (Injection)</b>	Maximum of 2 cartridges (6 ml) per day
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	Maximum of 4 capsules per day
<b>Aptensio XR (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Aptiom (200mg Tablet, 400mg Tablet, 800mg Tablet)</b>	Maximum of 1 tablet per day
<b>Aptiom (600mg Tablet)</b>	Maximum of 2 tablets per day
<b>Aptivus (100mg/ml Oral Solution)</b>	Maximum of 15 ml per day
<b>Aptivus (250mg Capsule)</b>	Maximum of 6 capsules per day
<b>Arcapta Neohaler (Capsule)</b>	Maximum of 1 capsule per day
<b>Aricept (10mg Tablet)</b>	Maximum of 2 tablets per day
<b>Aricept (23mg Tablet, 5mg Tablet)</b>	Maximum of 1 tablet per day
Aripiprazole (Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Armodafinil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Armodafinil (50mg Tablet)	Maximum of 2 tablets per day
<b>Arnuity Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Asmanex HFA (Aerosol)</b>	Maximum of 1 inhaler (13 grams) per 30 days
<b>Asmanex Twisthaler 120 Metered Doses (Aerosol Powder)</b>	Maximum of 1 inhaler per 30 days
<b>Asmanex Twisthaler 30 Metered Doses (110mcg/INH Aerosol Powder)</b>	Maximum of 2 inhalers per 30 days
<b>Asmanex Twisthaler 30 Metered Doses (220mcg/INH Aerosol Powder)</b>	Maximum of 1 inhaler per 30 days
<b>Asmanex Twisthaler 60 Metered Doses (Aerosol Powder)</b>	Maximum of 1 inhaler per 30 days
<b>Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)</b>	Maximum of 2 capsules per day
<b>Atacand (16mg Tablet, 32mg Tablet, 4mg Tablet)</b>	Maximum of 1 tablet per day
<b>Atacand (8mg Tablet)</b>	Maximum of 3 tablets per day
<b>Atacand HCT (Tablet)</b>	Maximum of 1 tablet per day
<b>Atelvia (Tablet Delayed-Release)</b>	Maximum of 4 tablets per 28 days
<b>Ativan (0.5mg Tablet, 1mg Tablet)</b>	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
<b>Ativan (2mg Tablet)</b>	Maximum of 5 tablets per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
<b>Atripla (Tablet)</b>	Maximum of 2 tablets per day
<b>Aubagio (Tablet)</b>	Maximum of 1 tablet per day
<b>Avalide (Tablet)</b>	Maximum of 1 tablet per day
<b>Avandia (2mg Tablet)</b>	Maximum of 4 tablets per day
<b>Avandia (4mg Tablet)</b>	Maximum of 2 tablets per day
<b>Avapro (150mg Tablet, 300mg Tablet)</b>	Maximum of 1 tablet per day
<b>Avapro (75mg Tablet)</b>	Maximum of 3 tablets per day
<b>Axert (12.5mg Tablet, 6.25mg Tablet)</b>	Maximum of 12 tablets per 30 days
<b>Axiron (Transdermal Solution)</b>	Maximum of 2 bottles (180 ml) per 30 days
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
<b>Azor (Tablet)</b>	Maximum of 1 tablet per day
<b>Belbuca (Film)</b>	Maximum of 2 films per day
<b>Belsomra (Tablet)</b>	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Benicar (20mg Tablet, 40mg Tablet)</b>	Maximum of 1 tablet per day
<b>Benicar (5mg Tablet)</b>	Maximum of 2 tablets per day
<b>Benicar HCT (Tablet)</b>	Maximum of 1 tablet per day
<b>Bethkis (Nebulized Solution)</b>	Maximum of 8 ml (2 ampules) per day
<b>BiDil (Tablet)</b>	Maximum of 6 tablets per day
<b>Binosto (Tablet Effervescent)</b>	Maximum of 4 tablets per 28 days
Bisoprolol Fumarate/Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	Maximum of 2 tablets per day
<b>Boniva (150mg Tablet)</b>	Maximum of 1 tablet per 28 days
<b>Bosulif (100mg Tablet)</b>	Maximum of 6 tablets per day
<b>Bosulif (500mg Tablet)</b>	Maximum of 1 tablet per day
<b>Botox (Injection)</b>	Maximum of 9 vials per 30 days
<b>Breo Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Brilinta (Tablet)</b>	Maximum of 2 tablets per day
<b>BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)</b>	Maximum of 2 tablets per day
<b>BRIVIACT (10mg/ml Oral Solution)</b>	Maximum of 20 ml per day
<b>BRIVIACT (50mg/5ml Intravenous Solution)</b>	Maximum of 20 ml per day
<b>Brovana (Nebulized Solution)</b>	Maximum of 2 vials (4 ml) per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Bunavail (Film)</b>	Maximum of 2 films per day
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
<b>Butrans (Patch Weekly)</b>	Maximum of 4 patches per 28 days
<b>Bydureon (2mg Pen injector)</b>	Maximum of 4 pens per 28 days
<b>Bydureon (2mg Suspension Extended-Release)</b>	Maximum of 4 vials per 28 days
<b>Byetta (10mcg/0.04ml Solution Pen injector)</b>	Maximum of 1 pen (2.4 ml) per 30 days
<b>Byetta (5mcg/0.02ml Solution Pen injector)</b>	Maximum of 1 pen (1.2 ml) per 30 days
<b>Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Bystolic (20mg Tablet)</b>	Maximum of 2 tablets per day
<b>Cabometyx (20mg Tablet, 60mg Tablet)</b>	Maximum of 1 tablet per day
<b>Cabometyx (40mg Tablet)</b>	Maximum of 2 tablets per day
<b>Caduet (Tablet)</b>	Maximum of 1 tablet per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8mg Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Capital/Codeine (Suspension)	Maximum of 150 ml per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
<b>Cardizem LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Cardura XL (Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Celebrex (Capsule)</b>	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Celecoxib (Capsule)	Maximum of 2 capsules per day
<b>Cerdelga (Capsule)</b>	Maximum of 2 capsules per day
<b>Cialis (2.5mg Tablet, 5mg Tablet)</b>	Maximum of 1 tablet per day
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (300mg Tablet)	Maximum of 1 tablet per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
<b>Clozapine ODT (12.5mg Tablet Dispersible)</b>	Maximum of 2 tablets per day
<b>Clozapine ODT (150mg Tablet Dispersible)</b>	Maximum of 6 tablets per day
<b>Clozapine ODT (200mg Tablet Dispersible)</b>	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
<b>Colchicine (0.6mg Capsule) (Generic Mitigare)</b>	Maximum of 4 capsules per day
<b>Colchicine (0.6mg Tablet) (Generic Colcrys)</b>	Maximum of 4 tablets per day
<b>Colcrys (Tablet)</b>	Maximum of 4 tablets per day
<b>Combivir (Tablet)</b>	Maximum of 3 tablets per day
<b>Complera (Tablet)</b>	Maximum of 2 tablets per day
<b>Concerta (18mg Tablet Extended-Release)</b>	Maximum of 3 tablets per day
<b>Concerta (27mg Tablet Extended-Release, 36mg Tablet Extended-Release)</b>	Maximum of 2 tablets per day
<b>Concerta (54mg Tablet Extended-Release)</b>	Maximum of 1 tablet per day
<b>Conzip (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Corlanor (Tablet)</b>	Maximum of 2 tablets per day
<b>Corzide (40mg-5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Cotellic (Tablet)</b>	Maximum of 3 tablets per day
<b>Cozaar (100mg Tablet)</b>	Maximum of 1 tablet per day
<b>Cozaar (25mg Tablet, 50mg Tablet)</b>	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Crestor (Tablet)</b>	Maximum of 1 tablet per day
<b>Crixivan (Capsule)</b>	Maximum of 9 capsules per day
<b>Cycloset (Tablet)</b>	Maximum of 6 tablets per day
<b>Cymbalta (Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
<b>Daklinza (Tablet)</b>	Maximum of 1 tablet per day
<b>Daliresp (Tablet)</b>	Maximum of 1 tablet per day
Darifenacin HBr ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
<b>Daytrana (Patch)</b>	Maximum of 1 patch per day
<b>Denavir (Cream)</b>	Maximum of 1 tube (5 grams) per 30 days
<b>Descovy (Tablet)</b>	Maximum of 2 tablets per day
<b>Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour)</b>	Maximum of 4 tablets per day
<b>Desvenlafaxine ER (50mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Dexedrine (10mg Capsule Extended-Release 24 Hour)</b>	Maximum of 6 capsules per day
Dexedrine (10mg Tablet, 5mg Tablet)	Maximum of 6 tablets per day
<b>Dexedrine (15mg Capsule Extended-Release 24 Hour)</b>	Maximum of 4 capsules per day
<b>Dexedrine (5mg Capsule Extended-Release 24 Hour)</b>	Maximum of 3 capsules per day
<b>Dexilant (Capsule Delayed-Release)</b>	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate (Tablet Immediate-Release)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Digitex (0.125mg Tablet)	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Digoxin (0.05mg/ml Oral Solution)</b>	Maximum of 5 ml per day
Digoxin (125mcg Tablet)	Maximum of 1 tablet per day
<b>Dilaudid (1mg/ml Liquid)</b>	Maximum of 90 ml per day
<b>Dilaudid (2mg Tablet, 4mg Tablet)</b>	Maximum of 8 tablets per day
<b>Dilaudid (8mg Tablet)</b>	Maximum of 11 tablets per day
<b>Diovan (160mg Tablet, 40mg Tablet, 80mg Tablet)</b>	Maximum of 2 tablets per day
<b>Diovan (320mg Tablet)</b>	Maximum of 1 tablet per day
<b>Diovan HCT (Tablet)</b>	Maximum of 1 tablet per day
<b>Ditropan XL (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Ditropan XL (5mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Dolophine (10mg Tablet)</b>	Maximum of 12 tablets per day
<b>Dolophine (5mg Tablet)</b>	Maximum of 8 tablets per day
Donepezil HCl (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
<b>Duetact (Tablet)</b>	Maximum of 1 tablet per day
<b>Dulera (Aerosol)</b>	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Duloxetine HCl (40mg Capsule Delayed-Release)	Maximum of 3 capsules per day
<b>Duragesic (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)</b>	Maximum of 15 patches per 30 days
<b>Edarbi (Tablet)</b>	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
<b>Edarbyclor (Tablet)</b>	Maximum of 1 tablet per day
<b>Edurant (Tablet)</b>	Maximum of 2 tablets per day
<b>Effient (Tablet)</b>	Maximum of 1 tablet per day
<b>Eliquis (Tablet)</b>	Maximum of 2 tablets per day
<b>Embeda (100mg-4mg Capsule Extended-Release)</b>	Maximum of 3 capsules per day
<b>Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)</b>	Maximum of 4 capsules per day
<b>Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)</b>	Maximum of 2 capsules per day
<b>Embeda (60mg-2.4mg Capsule Extended-Release)</b>	Maximum of 6 capsules per day
<b>Emsam (Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Emtriva (10mg/ml Oral Solution)</b>	Maximum of 42.5 ml per day
<b>Emtriva (200mg Capsule)</b>	Maximum of 2 capsules per day
<b>Enablex (Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
<b>Endocet (Tablet)</b>	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
<b>Enoxaparin Sodium (300mg/3ml Solution)</b>	Maximum of 1 vial (3 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
<b>Entresto (Tablet)</b>	Maximum of 2 tablets per day
<b>Epivir (10mg/ml Oral Solution)</b>	Maximum of 48 ml per day
<b>Epivir (150mg Tablet)</b>	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
<b>Epivir (300mg Tablet)</b>	Maximum of 2 tablets per day
Eprosartan Mesylate (Tablet)	Maximum of 1 tablet per day
<b>Epzicom (Tablet)</b>	Maximum of 2 tablets per day
<b>Erivedge (Capsule)</b>	Maximum of 1 capsule per day
<b>Esbriet (Capsule)</b>	Maximum of 9 capsules per day
Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 2 capsules per day
Estradiol (0.025mg/24hr Patch Twice Weekly, 0.0375mg/24hr Patch Twice Weekly, 0.05mg/24hr Patch Twice Weekly, 0.075mg/24hr Patch Twice Weekly, 0.1mg/24hr Patch Twice Weekly)	Maximum of 8 patches per 28 days
<b>Evista (Tablet)</b>	Maximum of 1 tablet per day
<b>Evotaz (Tablet)</b>	Maximum of 2 tablets per day
<b>Exalgo (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 32mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	Maximum of 2 tablets per day
<b>Exelon (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	Maximum of 2 capsules per day
<b>Exelon (13.3mg/24hr Patch 24 Hour, 4.6mg/24hr Patch 24 Hour, 9.5mg/24hr Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Exforge (Tablet)</b>	Maximum of 1 tablet per day
<b>Exforge HCT (Tablet)</b>	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
<b>Famvir (125mg Tablet, 250mg Tablet)</b>	Maximum of 2 tablets per day
<b>Famvir (500mg Tablet)</b>	Maximum of 3 tablets per day
<b>Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>	Maximum of 2 tablets per day
<b>Farxiga (Tablet)</b>	Maximum of 1 tablet per day
<b>Fazaclo (100mg Tablet Dispersible)</b>	Maximum of 9 tablets per day
<b>Fazaclo (12.5mg Tablet Dispersible)</b>	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Fazaclo (150mg Tablet Dispersible)</b>	Maximum of 6 tablets per day
<b>Fazaclo (200mg Tablet Dispersible)</b>	Maximum of 4 tablets per day
<b>Fazaclo (25mg Tablet Dispersible)</b>	Maximum of 3 tablets per day
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 37.5mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 62.5mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour, 87.5mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 200mcg Lollipop, 400mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	Maximum of 4 lozenges per day
<b>Fentora (Tablet)</b>	Maximum of 4 tablets per day
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Firazyr (Injection)</b>	Maximum of 9 ml per day
<b>Flector (Patch)</b>	Maximum of 2 patches per day
<b>Flovent Diskus (Aerosol Powder)</b>	Maximum of 2 inhalers (120 blisters) per 30 days
<b>Flovent HFA (110mcg/act Aerosol)</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>Flovent HFA (220mcg/act Aerosol)</b>	Maximum of 2 inhalers (24 grams) per 30 days
<b>Flovent HFA (44mcg/act Aerosol)</b>	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluvastatin (20mg Capsule Immediate-Release)	Maximum of 1 capsule per day
Fluvastatin (40mg Capsule Immediate-Release)	Maximum of 2 capsules per day
Fluvastatin Sodium ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
<b>Focalin (Tablet)</b>	Maximum of 2 tablets per day
<b>Foradil Aerolizer (Capsule)</b>	Maximum of 2 capsules per day
<b>Fortamet (1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Fortamet (500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 5 tablets per day
<b>Forteo (Injection)</b>	Maximum of 1 pen (2.4 ml) per 28 days
<b>Fortical (Nasal Solution)</b>	Maximum of 1 bottle per 28 days
<b>Fosamax (Tablet)</b>	Maximum of 4 tablets per 28 days
<b>Fosamax Plus D (Tablet)</b>	Maximum of 4 tablets per 28 days
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium/Hydrochlorothiazide (Tablet)	Maximum of 4 tablets per day
<b>Frova (Tablet)</b>	Maximum of 9 tablets per 30 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
Frovatriptan Succinate (Tablet)	Maximum of 9 tablets per 30 days
<b>Fuzeon (Injection)</b>	Maximum of 3 vials per day
<b>Gabitril (12mg Tablet)</b>	Maximum of 4 tablets per day
<b>Gabitril (16mg Tablet)</b>	Maximum of 3 tablets per day
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Galantamine HBr (16mg Capsule Extended-Release 24 Hour, 24mg Capsule Extended-Release 24 Hour, 8mg Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Galantamine HBr (4mg/ml Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
<b>Gelnique (10% Gel)</b>	Maximum of 1 packet per day
<b>Genvoya (Tablet)</b>	Maximum of 2 tablets per day
<b>Geodon (20mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule)</b>	Maximum of 2 capsules per day
<b>Gilenya (Capsule)</b>	Maximum of 1 pack (30 capsules) per 30 days
<b>Gleevec (Tablet)</b>	Maximum of 3 tablets per day
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
<b>Glucophage (1000mg Tablet)</b>	Maximum of 2.5 tablets per day
<b>Glucophage (500mg Tablet)</b>	Maximum of 5 tablets per day
<b>Glucophage (850mg Tablet)</b>	Maximum of 3 tablets per day
<b>Glucophage XR (500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 4 tablets per day
<b>Glucophage XR (750mg Tablet Extended-Release 24 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>Glucotrol (10mg Tablet)</b>	Maximum of 4 tablets per day
<b>Glucotrol (5mg Tablet)</b>	Maximum of 8 tablets per day
<b>Glucotrol XL (10mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Glucotrol XL (2.5mg Tablet Extended-Release 24 Hour)</b>	Maximum of 8 tablets per day
<b>Glucotrol XL (5mg Tablet Extended-Release 24 Hour)</b>	Maximum of 4 tablets per day
<b>Glumetza (1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Glumetza (500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 4 tablets per day
<b>Glyset (100mg Tablet)</b>	Maximum of 3 tablets per day
<b>Glyset (25mg Tablet)</b>	Maximum of 12 tablets per day
<b>Glyset (50mg Tablet)</b>	Maximum of 6 tablets per day
<b>Glyxambi (Tablet)</b>	Maximum of 1 tablet per day
Granisetron HCl (1mg Tablet)	Maximum of 2 tablets per day
<b>Grastek (Tablet Sublingual)</b>	Maximum of 1 tablet per day
<b>Harvoni (Tablet)</b>	Maximum of 1 tablet per day
<b>Hectorol (0.5mcg Capsule)</b>	Maximum of 3 capsules per day
<b>Hectorol (1mcg Capsule, 2.5mcg Capsule)</b>	Maximum of 4 capsules per day
<b>Hetlioz (Capsule)</b>	Maximum of 1 capsule per day
Hycet (Oral Solution)	Maximum of 180 ml per day
Hydrocodone Bitartrate/Acetaminophen (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (10mg-200mg Tablet, 5mg-200mg Tablet, 7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 90 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 11 tablets per day

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Drug Name	Quantity Limit
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
<b>Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	Maximum of 2 tablets per day
<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	Maximum of 1 tablet per day
<b>Hyzaar (100mg-12.5mg Tablet, 100mg-25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Hyzaar (50mg-12.5mg Tablet)</b>	Maximum of 2 tablets per day
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
<b>Ibrance (Capsule)</b>	Maximum of 1 capsule per day
Ibudone (Tablet)	Maximum of 5 tablets per day
<b>Iclusig (15mg Tablet)</b>	Maximum of 2 tablets per day
<b>Iclusig (45mg Tablet)</b>	Maximum of 1 tablet per day
<b>Ilaris (Injection)</b>	Maximum of 2 doses per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
<b>Imbruvica (Capsule)</b>	Maximum of 4 capsules per day
<b>Imitrex (100mg Tablet, 25mg Tablet, 50mg Tablet)</b>	Maximum of 9 tablets per 30 days
<b>Imitrex (20mg/act Nasal Solution, 5mg/act Nasal Solution)</b>	Maximum of 12 devices per 30 days
<b>Imitrex (6mg/0.5ml Subcutaneous Solution)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Imitrex Statdose Refill (Injection)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Incruse Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Inlyta (Tablet)</b>	Maximum of 4 tablets per day
<b>Intence (100mg Tablet)</b>	Maximum of 2 tablets per day
<b>Intence (200mg Tablet)</b>	Maximum of 3 tablets per day
<b>Intence (25mg Tablet)</b>	Maximum of 6 tablets per day
<b>Invega (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Invega (6mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Invirase (200mg Capsule)</b>	Maximum of 15 capsules per day
<b>Invirase (500mg Tablet)</b>	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
<b>Invokamet (Tablet)</b>	Maximum of 2 tablets per day
<b>Invokana (Tablet)</b>	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Irenka (Capsule Delayed-Release)	Maximum of 3 capsules per day
<b>Iressa (Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress (100mg Packet)</b>	Maximum of 4 packets per day
<b>Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)</b>	Maximum of 9 tablets per day
<b>Isentress (400mg Tablet)</b>	Maximum of 6 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
<b>Jakafi (Tablet)</b>	Maximum of 2 tablets per day
<b>Janumet (Tablet Immediate-Release)</b>	Maximum of 2 tablets per day
<b>Janumet XR (Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Januvia (Tablet)</b>	Maximum of 1 tablet per day
<b>Jardiance (Tablet)</b>	Maximum of 1 tablet per day
<b>Jentadueto (Tablet)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Kadian (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour)</b>	Maximum of 3 capsules per day
<b>Kadian (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 40mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)</b>	Maximum of 2 capsules per day
<b>Kadian (200mg Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Kaletra (100mg-25mg Tablet)</b>	Maximum of 10 tablets per day
<b>Kaletra (200mg-50mg Tablet)</b>	Maximum of 6 tablets per day
<b>Kaletra (400mg-100mg/5ml Oral Solution)</b>	Maximum of 16 ml per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Kalydeco (150mg Tablet)</b>	Maximum of 2 tablets per day
<b>Kalydeco (50mg Packet, 75mg Packet)</b>	Maximum of 2 packets per day
<b>Kazano (Tablet)</b>	Maximum of 2 tablets per day
<b>Keveyis (Tablet)</b>	Maximum of 4 tablets per day
<b>Khedezla (100mg Tablet Extended-Release 24 Hour)</b>	Maximum of 4 tablets per day
<b>Khedezla (50mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Klonopin (0.5mg Tablet, 1mg Tablet)</b>	Maximum of 4 tablets per day
<b>Klonopin (2mg Tablet)</b>	Maximum of 10 tablets per day
<b>Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Korlym (Tablet)</b>	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
<b>Lanoxin (125mcg Tablet)</b>	Maximum of 1 tablet per day
<b>Lanoxin (62.5mcg Tablet)</b>	Maximum of 2 tablets per day
Lansoprazole (Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)</b>	Maximum of 1 tablet per day
<b>Latuda (80mg Tablet)</b>	Maximum of 2 tablets per day
<b>Lazanda (Nasal Solution)</b>	Maximum of 15 bottles (79.5 ml) per 30 days
<b>Lescol XL (Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Letairis (Tablet)</b>	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day
<b>Lexiva (50mg/ml Suspension)</b>	Maximum of 90 ml per day
<b>Lexiva (700mg Tablet)</b>	Maximum of 6 tablets per day
<b>Lialda (Tablet Delayed-Release)</b>	Maximum of 4 tablets per day
Lidocaine (5% Patch)	Maximum of 3 patches per day
<b>Lidoderm (Patch)</b>	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
<b>Linzess (Capsule)</b>	Maximum of 1 capsule per day
<b>Lipitor (Tablet)</b>	Maximum of 1 tablet per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
<b>Livalo (Tablet)</b>	Maximum of 1 tablet per day
<b>Lonsurf (6.14mg-15mg Tablet)</b>	Maximum of 10 tablets per day
<b>Lonsurf (8.19mg-20mg Tablet)</b>	Maximum of 8 tablets per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam Intensol (2mg/ml Concentrate)	Maximum of 5 ml per day
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Tablet)	Maximum of 12 tablets per day
Lortab (Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
<b>Lotensin (Tablet)</b>	Maximum of 2 tablets per day
<b>Lotrel (Capsule)</b>	Maximum of 1 capsule per day
Lovastatin (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet Immediate-Release)	Maximum of 2 tablets per day
<b>Lovaza (Capsule)</b>	Maximum of 4 capsules 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 (300mg/3ml Solution)</b>	Maximum of 1 vial (3 ml) per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<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
Loxapine Succinate (10mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day
<b>Lynparza (Capsule)</b>	Maximum of 16 capsules per day
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)</b>	Maximum of 3 capsules per day
<b>Lyrica (20mg/ml Oral Solution)</b>	Maximum of 30 ml per day
<b>Lyrica (225mg Capsule, 300mg Capsule)</b>	Maximum of 2 capsules per day
<b>Macrobid (Capsule)</b>	Maximum of 90 days of use per year
<b>Macrodantin (100mg Capsule)</b>	Maximum of 90 days of use per year
<b>Marinol (10mg Capsule, 2.5mg Capsule, 5mg Capsule)</b>	Maximum of 4 capsules per day
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
<b>Mavik (1mg Tablet, 2mg Tablet)</b>	Maximum of 1 tablet per day
<b>Maxalt (Tablet)</b>	Maximum of 12 tablets per 30 days
<b>Maxalt-MLT (Tablet Dispersible)</b>	Maximum of 12 tablets per 30 days
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (2mg/ml Oral Solution)	Maximum of 10 ml per day
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day
Metadate ER (Tablet Extended-Release)	Maximum of 3 tablets per day
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
<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 (10mg Tablet Chewable)	Maximum of 6 tablets per day
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (2.5mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 3 tablets per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10mg Tablet Extended-Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (18mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27mg Tablet Extended-Release 24 Hour, 36mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
<b>Miacalcin (200unit/ACT Nasal Solution)</b>	Maximum of 1 bottle per 28 days
<b>Micardis (Tablet)</b>	Maximum of 1 tablet per day
<b>Micardis HCT (Tablet)</b>	Maximum of 1 tablet per day
Miglitol (100mg Tablet)	Maximum of 3 tablets per day
Miglitol (25mg Tablet)	Maximum of 12 tablets per day
Miglitol (50mg Tablet)	Maximum of 6 tablets per day
<b>Minivelle (Patch Twice Weekly)</b>	Maximum of 8 patches per 28 days
<b>Mitigare (Capsule)</b>	Maximum of 4 capsules per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Moexipril HCl (7.5mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (15mg-12.5mg Tablet, 15mg-25mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Moexipril/Hydrochlorothiazide (7.5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 18 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
<b>Morphine Sulfate (15mg Tablet Immediate-Release)</b>	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
<b>Morphine Sulfate (30mg Tablet Immediate-Release)</b>	Maximum of 12 tablets per day
Morphine Sulfate ER (100mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour, 80mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 3 capsules per day
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (10mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules per day
Morphine Sulfate ER (120mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Capsule Extended-Release 24 Hour, 45mg Capsule Extended-Release 24 Hour, 60mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate ER (75mg Capsule Extended-Release 24 Hour, 90mg Capsule Extended-Release 24 Hour) (Generic Avinza)	Maximum of 4 capsules per day
<b>Movantik (Tablet)</b>	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>MS Contin (100mg Tablet Extended-Release, 15mg Tablet Extended-Release)</b>	Maximum of 3 tablets per day
<b>MS Contin (200mg Tablet Extended-Release)</b>	Maximum of 2 tablets per day
<b>MS Contin (30mg Tablet Extended-Release, 60mg Tablet Extended-Release)</b>	Maximum of 4 tablets per day
<b>Multaq (Tablet)</b>	Maximum of 2 tablets per day
Nadolol/Bendroflumethiazide (40mg-5mg Tablet)	Maximum of 1 tablet per day
<b>Namenda (10mg Tablet Immediate-Release)</b>	Maximum of 2 tablets per day
<b>Namenda (10mg/5ml Oral Solution)</b>	Maximum of 10 ml per day
<b>Namenda (5mg Tablet Immediate-Release)</b>	Maximum of 3 tablets per day
<b>Namenda XR (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Namzaric (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
Naratriptan HCl (Tablet)	Maximum of 9 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
<b>Nebupent (Inhalation Solution)</b>	Maximum of 300 mg (1 vial) in 28 days
<b>Nesina (Tablet)</b>	Maximum of 1 tablet per day
Nevirapine (200mg Tablet Immediate-Release)	Maximum of 3 tablets per day
<b>Nevirapine (50mg/5ml Suspension)</b>	Maximum of 60 ml per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
<b>Nexium (20mg Capsule Delayed-Release)</b>	Maximum of 3 capsules per day
<b>Nexium (40mg Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
Nifedical XL (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Nifedipine ER (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
<b>Ninlaro (Capsule)</b>	Maximum of 3 capsules per 28 days
Nitrofurantoin Macrocrystals (100mg Capsule) (Generic Macrochantin)	Maximum of 90 days of use per year
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	Maximum of 90 days of use per year

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Drug Name	Quantity Limit
Norco (Tablet)	Maximum of 12 tablets per day
<b>Northera (100mg Capsule)</b>	Maximum of 3 capsules per day
<b>Northera (200mg Capsule, 300mg Capsule)</b>	Maximum of 6 capsules per day
<b>Norvir (100mg Capsule)</b>	Maximum of 18 capsules per day
<b>Norvir (100mg Tablet)</b>	Maximum of 18 tablets per day
<b>Norvir (80mg/ml Oral Solution)</b>	Maximum of 24 ml per day
<b>Noxafil (100mg Tablet Delayed-Release)</b>	Maximum of 8 tablets per day
<b>Noxafil (40mg/ml Suspension)</b>	Maximum of 20 ml per day
<b>Nucala (Injection)</b>	Maximum of 1 vial per 28 days
<b>Nucynta (100mg Tablet, 50mg Tablet, 75mg Tablet)</b>	Maximum of 6 tablets per day
<b>Nucynta ER (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Nuplazid (Tablet)</b>	Maximum of 2 tablets per day
<b>Nuvigil (150mg Tablet, 200mg Tablet, 250mg Tablet)</b>	Maximum of 1 tablet per day
<b>Nuvigil (50mg Tablet)</b>	Maximum of 2 tablets per day
<b>Odefsey (Tablet)</b>	Maximum of 2 tablets per day
<b>Odomzo (Capsule)</b>	Maximum of 1 capsule per day
<b>Ofev (Capsule)</b>	Maximum of 2 capsules per day
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Onfi (10mg Tablet, 20mg Tablet)</b>	Maximum of 2 tablets per day
<b>Onglyza (Tablet)</b>	Maximum of 1 tablet per day
<b>Onzetra Xsail (Exhaler Powder)</b>	Maximum of 1 kit (8 pouches) per 30 days
<b>Opana (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)</b>	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
<b>Opana ER (10mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 15mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 20mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 5mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 7.5mg Tablet Extended-Release 12 Hour Abuse-Deterrent)</b>	Maximum of 2 tablets per day
<b>Opana ER (30mg Tablet Extended-Release 12 Hour Abuse-Deterrent)</b>	Maximum of 4 tablets per day
<b>Opana ER (40mg Tablet Extended-Release 12 Hour Abuse-Deterrent)</b>	Maximum of 3 tablets per day
<b>Oralair (Tablet Sublingual)</b>	Maximum of 1 tablet per day
<b>Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)</b>	Maximum of 6 tablets per day
<b>Orkambi (Tablet)</b>	Maximum of 112 tablets per 28 days
<b>Oseni (Tablet)</b>	Maximum of 1 tablet per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 12 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (5mg Capsule Immediate-Release)	Maximum of 12 capsules per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 240 ml per day
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day

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Drug Name	Quantity Limit
Oxycodone/Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	Maximum of 60 ml per day
Oxycodone/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
<b>OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)</b>	Maximum of 3 tablets per day
Oxymorphone HCl (Tablet Immediate-Release)	Maximum of 6 tablets per day
Oxymorphone HCl ER (10mg Tablet Extended-Release 12 Hour, 15mg Tablet Extended-Release 12 Hour, 20mg Tablet Extended-Release 12 Hour, 5mg Tablet Extended-Release 12 Hour, 7.5mg Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30mg Tablet Extended-Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40mg Tablet Extended-Release 12 Hour)	Maximum of 3 tablets per day
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Paricalcitol (1mcg Capsule)	Maximum of 1 capsule per day
Paricalcitol (2mcg Capsule)	Maximum of 2 capsules per day
<b>Pentasa (250mg Capsule Extended-Release)</b>	Maximum of 12 capsules per day
<b>Pentasa (500mg Capsule Extended-Release)</b>	Maximum of 8 capsules per day
Percocet (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
<b>Perforomist (Nebulized Solution)</b>	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Tablet)	Maximum of 2 tablets per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Glimepiride (Tablet)	Maximum of 1 tablet per day

**Bold type = Brand name drug**

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Drug Name	Quantity Limit
Pioglitazone HCl/Metformin HCl (Tablet)	Maximum of 3 tablets per day
<b>Plavix (300mg Tablet)</b>	Maximum of 1 tablet per day
<b>Plavix (75mg Tablet)</b>	Maximum of 4 tablets per day
<b>Pomalyst (Capsule)</b>	Maximum of 1 capsule per day
<b>Potiga (200mg Tablet, 300mg Tablet, 400mg Tablet)</b>	Maximum of 3 tablets per day
<b>Potiga (50mg Tablet)</b>	Maximum of 9 tablets per day
<b>Pradaxa (Capsule)</b>	Maximum of 2 capsules per day
<b>Praluent (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)</b>	Maximum of 2 pens (2 ml) per 28 days
<b>Praluent (150mg/ml Solution Prefilled Syringe, 75mg/ml Solution Prefilled Syringe)</b>	Maximum of 2 syringes (2 ml) per 28 days
<b>Prandin (0.5mg Tablet)</b>	Maximum of 32 tablets per day
<b>Prandin (1mg Tablet)</b>	Maximum of 16 tablets per day
<b>Prandin (2mg Tablet)</b>	Maximum of 8 tablets per day
<b>Pravachol (Tablet)</b>	Maximum of 1 tablet per day
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
<b>Precose (100mg Tablet)</b>	Maximum of 3 tablets per day
<b>Precose (25mg Tablet)</b>	Maximum of 12 tablets per day
<b>Precose (50mg Tablet)</b>	Maximum of 6 tablets per day
<b>Prevacid (Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
<b>Prezcobix (Tablet)</b>	Maximum of 2 tablets per day
<b>Prezista (100mg/ml Suspension)</b>	Maximum of 60 ml per day
<b>Prezista (150mg Tablet)</b>	Maximum of 6 tablets per day
<b>Prezista (600mg Tablet, 800mg Tablet)</b>	Maximum of 3 tablets per day
<b>Prezista (75mg Tablet)</b>	Maximum of 7 tablets per day
Primlev (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
<b>Prinivil (Tablet)</b>	Maximum of 2 tablets per day
<b>Pristiq (100mg Tablet Extended-Release 24 Hour)</b>	Maximum of 4 tablets per day
<b>Pristiq (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Procardia XL (Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Promacta (12.5mg Tablet, 25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Promacta (50mg Tablet, 75mg Tablet)</b>	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
<b>Protonix (20mg Tablet Delayed-Release)</b>	Maximum of 3 tablets per day
<b>Protonix (40mg Tablet Delayed-Release)</b>	Maximum of 2 tablets per day
<b>Provigil (100mg Tablet)</b>	Maximum of 1 tablet per day
<b>Provigil (200mg Tablet)</b>	Maximum of 2 tablets per day
<b>Pulmicort Flexhaler (Aerosol Powder)</b>	Maximum of 2 inhalers per 30 days
<b>Pulmozyme (Inhalation Solution)</b>	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
<b>QuilliChew ER (20mg Tablet Chewable Extended-Release, 40mg Tablet Chewable Extended-Release)</b>	Maximum of 1 tablet per day
<b>QuilliChew ER (30mg Tablet Chewable Extended-Release)</b>	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
<b>QVAR (Aerosol Solution)</b>	Maximum of 2 inhalers (17.4 grams) per 30 days
<b>Ragwitek (Tablet Sublingual)</b>	Maximum of 1 tablet per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Rapaflo (Capsule)</b>	Maximum of 1 capsule per day
<b>RAVICTI (Liquid)</b>	Maximum of 17.5 ml per day
<b>Razadyne (Tablet)</b>	Maximum of 2 tablets per day
<b>Razadyne ER (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Relenza Diskhaler (Aerosol Powder)</b>	Maximum of 3 inhalers (60 blisters) per 30 days
<b>Relpax (Tablet)</b>	Maximum of 12 tablets per 30 days
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day

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Drug Name	Quantity Limit
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
Repaglinide/Metformin HCl (Tablet)	Maximum of 5 tablets per day
<b>Repatha (Injection)</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha SureClick (Injection)</b>	Maximum of 3 pens (3 ml) per 28 days
Reprexain (Tablet)	Maximum of 5 tablets per day
<b>Rescriptor (Tablet)</b>	Maximum of 9 tablets per day
<b>Restasis (Emulsion)</b>	Maximum of 2 vials per day
<b>Retrovir (100mg Capsule)</b>	Maximum of 8 capsules per day
<b>Retrovir (50mg/5ml Syrup)</b>	Maximum of 96 ml per day
<b>Revatio (10mg/ml Suspension)</b>	Maximum of 6 ml per day
<b>Revatio (20mg Tablet)</b>	Maximum of 3 tablets per day
<b>Revlimid (Capsule)</b>	Maximum of 1 capsule per day
<b>Rexulti (Tablet)</b>	Maximum of 1 tablet per day
<b>Reyataz (150mg Capsule, 300mg Capsule)</b>	Maximum of 2 capsules per day
<b>Reyataz (200mg Capsule)</b>	Maximum of 3 capsules per day
<b>Reyataz (50mg Packet)</b>	Maximum of 8 packets per day
<b>Riomet (Oral Solution)</b>	Maximum of 25.5 ml per day
Risedronate Sodium (150mg Tablet)	Maximum of 1 tablet per 30 days
Risedronate Sodium (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Risedronate Sodium (35mg Tablet)	Maximum of 4 tablets per 28 days
Risedronate Sodium DR (Tablet Delayed-Release)	Maximum of 4 tablets per 28 days
<b>Ritalin (Tablet)</b>	Maximum of 3 tablets per day
Rivastigmine Tartrate (Capsule Immediate-Release)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet Immediate-Release)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
<b>Roxicodone (15mg Tablet)</b>	Maximum of 16 tablets per day
<b>Roxicodone (30mg Tablet)</b>	Maximum of 8 tablets per day
<b>Roxicodone (5mg Tablet)</b>	Maximum of 12 tablets per day
<b>Rozerem (Tablet)</b>	Maximum of 1 tablet per day
<b>Sabril (500mg Packet)</b>	Maximum of 6 packets per day
<b>Sabril (500mg Tablet)</b>	Maximum of 6 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Samsca (Tablet)</b>	Maximum of 2 tablets per day
<b>Saphris (Tablet Sublingual)</b>	Maximum of 2 tablets per day
<b>Savaysa (Tablet)</b>	Maximum of 1 tablet per day
<b>Selzentry (150mg Tablet)</b>	Maximum of 3 tablets per day
<b>Selzentry (300mg Tablet)</b>	Maximum of 6 tablets per day
<b>Sensipar (30mg Tablet, 60mg Tablet)</b>	Maximum of 2 tablets per day
<b>Sensipar (90mg Tablet)</b>	Maximum of 4 tablets per day
<b>Serevent Diskus (Aerosol Powder)</b>	Maximum of 1 inhaler (60 inhalations) per 30 days
<b>Seroquel (100mg Tablet, 200mg Tablet, 50mg Tablet)</b>	Maximum of 3 tablets per day
<b>Seroquel (25mg Tablet)</b>	Maximum of 4 tablets per day
<b>Seroquel (300mg Tablet, 400mg Tablet)</b>	Maximum of 2 tablets per day
<b>Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Seroquel XR (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>sfRowasa (Enema)</b>	Maximum of 1 bottle (60 ml) per day
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
<b>Singulair (10mg Tablet)</b>	Maximum of 1 tablet per day
<b>Singulair (4mg Packet)</b>	Maximum of 1 packet per day
<b>Singulair (4mg Tablet Chewable, 5mg Tablet Chewable)</b>	Maximum of 1 tablet per day
<b>Somavert (Injection)</b>	Maximum of 1 vial per day
<b>Sonata (Capsule)</b>	Maximum of 90 days of use per year
<b>Sovaldi (Tablet)</b>	Maximum of 1 tablet per day
<b>Spiriva HandiHaler (Capsule)</b>	Maximum of 1 capsule per day
<b>Spiriva Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Sporanox (100mg Capsule)</b>	Maximum of 4 capsules per day
<b>Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)</b>	Maximum of 1 tablet per day
<b>Sprycel (20mg Tablet, 50mg Tablet)</b>	Maximum of 3 tablets per day
<b>Sprycel (80mg Tablet)</b>	Maximum of 2 tablets per day
<b>Starlix (120mg Tablet)</b>	Maximum of 3 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Starlix (60mg Tablet)</b>	Maximum of 6 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (1mg/ml Oral Solution)	Maximum of 120 ml per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
<b>Stiolto Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Stivarga (Tablet)</b>	Maximum of 4 tablets per day
<b>Strattera (100mg Capsule, 60mg Capsule, 80mg Capsule)</b>	Maximum of 1 capsule per day
<b>Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)</b>	Maximum of 2 capsules per day
<b>Stribild (Tablet)</b>	Maximum of 2 tablets per day
<b>Striverdi Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Suboxone (12mg-3mg Film, 4mg-1mg Film)</b>	Maximum of 2 sublingual films per day
<b>Suboxone (2mg-0.5mg Film, 8mg-2mg Film)</b>	Maximum of 3 sublingual films per day
<b>Subsys (Liquid)</b>	Maximum of 4 sprays per day
<b>Sumatriptan (Nasal Solution)</b>	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 9 tablets per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
<b>Sumatriptan Succinate Refill (Injection)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Sumavel DosePro (Injection)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Sustiva (200mg Capsule)</b>	Maximum of 3 capsules per day
<b>Sustiva (50mg Capsule)</b>	Maximum of 9 capsules per day
<b>Sustiva (600mg Tablet)</b>	Maximum of 2 tablets per day
<b>Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)</b>	Maximum of 1 capsule per day
<b>Sutent (37.5mg Capsule)</b>	Maximum of 2 tablets per day
<b>Symbicort (Aerosol)</b>	Maximum of 1 inhaler (10.2 grams) per 30 days
<b>Synalgos-DC (Capsule)</b>	Maximum of 8 capsules per day
<b>Synjardy (Tablet)</b>	Maximum of 2 tablets per day
<b>Tagrisso (Tablet)</b>	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule)</b>	Maximum of 2 capsules per day
<b>Tamiflu (6mg/ml Suspension)</b>	Maximum of 26 ml per day
<b>Tanzeum (Injection)</b>	Maximum of 4 pens per 28 days
<b>Tarceva (100mg Tablet, 150mg Tablet)</b>	Maximum of 1 tablet per day
<b>Tarceva (25mg Tablet)</b>	Maximum of 3 tablets per day
<b>Tarka (Tablet Extended-Release)</b>	Maximum of 1 tablet per day
<b>Tasigna (150mg Capsule)</b>	Maximum of 5 capsules per day
<b>Tasigna (200mg Capsule)</b>	Maximum of 4 capsules per day
<b>Tasmar (Tablet)</b>	Maximum of 6 tablets per day
<b>Tecfidera (Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
<b>Technivie (Tablet)</b>	Maximum of 2 tablets per day
<b>Tekturna (Tablet)</b>	Maximum of 1 tablet per day
<b>Tekturna HCT (Tablet)</b>	Maximum of 1 tablet per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Amlodipine (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
<b>Thalomid (100mg Capsule, 50mg Capsule)</b>	Maximum of 1 capsule per day
<b>Thalomid (150mg Capsule, 200mg Capsule)</b>	Maximum of 2 tablets per day
<b>Tivicay (10mg Tablet, 25mg Tablet)</b>	Maximum of 2 tablets per day
<b>Tivicay (50mg Tablet)</b>	Maximum of 3 tablets per day
<b>TOBI (Nebulized Solution)</b>	Maximum of 10 ml (2 ampules) per day
<b>TOBI Podhaler (Capsule)</b>	Maximum of 8 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
Tolazamide (250mg Tablet)	Maximum of 4 tablets per day
Tolazamide (500mg Tablet)	Maximum of 2 tablets per day
Tolbutamide (Tablet)	Maximum of 6 tablets per day
Tolcapone (Tablet)	Maximum of 6 tablets per day
<b>Toviaz (Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Tracleer (Tablet)</b>	Maximum of 2 tablets per day
<b>Tradjenta (Tablet)</b>	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
<b>Tramadol HCl ER (100mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour) (Generic Ultram ER)	Maximum of 1 tablet per day
Tramadol HCl ER (300mg Tablet Extended-Release 24 Hour) (Generic Ryzolt)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trandolapril (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day
Trandolapril (4mg Tablet)	Maximum of 2 tablets per day
Trandolapril/Verapamil HCl (Tablet Extended-Release)	Maximum of 1 tablet per day
<b>Tranxene T (3.75mg Tablet)</b>	Maximum of 24 tablets per day
<b>Tranxene T (7.5mg Tablet)</b>	Maximum of 12 tablets per day
<b>Treximet (Tablet)</b>	Maximum of 9 tablets per 30 days
Trezix (Capsule)	Maximum of 10 capsules per day
<b>Tribenzor (Tablet)</b>	Maximum of 1 tablet per day
<b>Trintellix (Tablet)</b>	Maximum of 1 tablet per day
<b>Triumeq (Tablet)</b>	Maximum of 2 tablets per day
<b>Trizivir (Tablet)</b>	Maximum of 3 tablets per day
<b>Trokendi XR (100mg Capsule Extended-Release 24 Hour, 50mg Capsule Extended-Release 24 Hour)</b>	Maximum of 3 capsules per day
<b>Trokendi XR (200mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour)</b>	Maximum of 2 capsules per day
<b>Trulicity (Injection)</b>	Maximum of 4 pens (2 ml) per 28 days
<b>Truvada (Tablet)</b>	Maximum of 2 tablets per day
<b>Twynsta (Tablet)</b>	Maximum of 1 tablet per day
<b>Tybost (Tablet)</b>	Maximum of 2 tablets per day
Tylenol/Codeine #3 (Tablet)	Maximum of 13 tablets per day
Tylenol/Codeine #4 (Tablet)	Maximum of 13 tablets per day
<b>Tyvaso (Inhalation Solution)</b>	Maximum of 4 ampules per day
<b>Ultracet (Tablet)</b>	Maximum of 12 tablets per day
<b>Ultram (Tablet)</b>	Maximum of 8 tablets per day
<b>Ultram ER (Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
<b>Uptravi (1000mcg Tablet, 1200mcg Tablet, 1400mcg Tablet, 1600mcg Tablet, 200mcg Tablet, 400mcg Tablet, 600mcg Tablet, 800mcg Tablet)</b>	Maximum of 2 tablets per day
<b>Vagifem (Tablet)</b>	Maximum of 1 tablet per day
Valacyclovir HCl (1000mg Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
<b>Valcyte (450mg Tablet)</b>	Maximum of 4 tablets per day
<b>Valium (Tablet)</b>	Maximum of 4 tablets per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Valtrex (1gm Tablet)</b>	Maximum of 4 tablets per day
<b>Valtrex (500mg Tablet)</b>	Maximum of 2 tablets per day
<b>Vasotec (10mg Tablet, 2.5mg Tablet, 5mg Tablet)</b>	Maximum of 2 tablets per day
<b>Veltassa (Packet)</b>	Maximum of 1 packet per day
<b>Venclexta (100mg Tablet)</b>	Maximum of 4 tablets per day
<b>Venclexta (10mg Tablet)</b>	Maximum of 2 tablets per day
<b>Venclexta (50mg Tablet)</b>	Maximum of 1 tablet per day
<b>Ventavis (10mcg/ml Inhalation Solution)</b>	Maximum of 7 ml per day
<b>Ventavis (20mcg/ml Inhalation Solution)</b>	Maximum of 3 ml per day
<b>Vesicare (Tablet)</b>	Maximum of 1 tablet per day
<b>Viberzi (Tablet)</b>	Maximum of 2 tablets per day
Vicodin (Tablet)	Maximum of 13 tablets per day
Vicodin ES (Tablet)	Maximum of 13 tablets per day
Vicodin HP (Tablet)	Maximum of 13 tablets per day
<b>Victoza (Injection)</b>	Maximum of 3 pens (9 ml) per 30 days
<b>Videx EC (Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
<b>Videx Pediatric (Oral Solution)</b>	Maximum of 30 ml per day
<b>Viekira Pak (Tablet Therapy Pack)</b>	Maximum of 1 pack (112 tablets) per 28 days
<b>Viibryd (Tablet)</b>	Maximum of 1 tablet per day
<b>Viibryd Starter Pack (Kit)</b>	Maximum of 1 tablet per day
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)</b>	Maximum of 2 tablets per day
<b>Vimpat (10mg/ml Oral Solution)</b>	Maximum of 40 ml per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Viracept (250mg Tablet)</b>	Maximum of 15 tablets per day
<b>Viracept (625mg Tablet)</b>	Maximum of 6 tablets per day
<b>Viramune (200mg Tablet)</b>	Maximum of 3 tablets per day
<b>Viramune (50mg/5ml Suspension)</b>	Maximum of 60 ml per day
<b>Viramune XR (100mg Tablet Extended-Release 24 Hour)</b>	Maximum of 3 tablets per day
<b>Viramune XR (400mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Viread (150mg Tablet)</b>	Maximum of 1 tablet per day
<b>Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)</b>	Maximum of 2 tablets per day
<b>Viread (40mg/gm Powder)</b>	Maximum of 6 bottles (360 grams) per 30 days
<b>Vitekta (Tablet)</b>	Maximum of 2 tablets per day
<b>Vivelle-Dot (Patch Twice Weekly)</b>	Maximum of 8 patches per 28 days
<b>Vivlodex (Capsule)</b>	Maximum of 1 capsule per day
<b>Votrient (Tablet)</b>	Maximum of 4 tablets per day
<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	Maximum of 1 capsule per day
<b>Vytorin (Tablet)</b>	Maximum of 1 tablet per day
<b>Xanax (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet)</b>	Maximum of 4 tablets per day
<b>Xanax (2mg Tablet)</b>	Maximum of 5 tablets per day
<b>Xanax XR (0.5mg Tablet Extended-Release 24 Hour, 1mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Xanax XR (2mg Tablet Extended-Release 24 Hour)</b>	Maximum of 5 tablets per day
<b>Xanax XR (3mg Tablet Extended-Release 24 Hour)</b>	Maximum of 3 tablets per day
<b>Xarelto (10mg Tablet, 20mg Tablet)</b>	Maximum of 1 tablet per day
<b>Xarelto (15mg Tablet)</b>	Maximum of 2 tablets per day
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	Maximum of 1 pack (51 tablets) per 30 days
<b>Xartemis XR (Tablet Extended-Release)</b>	Maximum of 12 tablets per day
<b>Xeljanz (Tablet)</b>	Maximum of 2 tablets per day
<b>Xeljanz XR (Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Xenazine (12.5mg Tablet)</b>	Maximum of 3 tablets per day
<b>Xenazine (25mg Tablet)</b>	Maximum of 4 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Xerese (Cream)</b>	Maximum of 1 tube (5 grams) per 30 days
<b>Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Xigduo XR (5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
Xodol (10mg-300mg Tablet, 5mg-300mg Tablet, 7.5mg-300mg Tablet)	Maximum of 13 tablets per day
<b>Xtampza ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)</b>	Maximum of 3 capsules per day
<b>Xtandi (Capsule)</b>	Maximum of 4 capsules per day
<b>Xyrem (Oral Solution)</b>	Maximum of 18 ml per day
<b>Xyzal (5mg Tablet)</b>	Maximum of 1 tablet per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (Capsule)	Maximum of 90 days of use per year
Zamicet (Oral Solution)	Maximum of 180 ml per day
<b>Zelboraf (Tablet)</b>	Maximum of 8 tablets per day
<b>Zembrace Symtouch (Injection)</b>	Maximum of 8 ml (16 syringes) per 30 days
<b>Zemplar (1mcg Capsule)</b>	Maximum of 1 capsule per day
<b>Zemplar (2mcg Capsule)</b>	Maximum of 2 capsules per day
Zenzedi (10mg Tablet, 2.5mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 6 tablets per day
Zenzedi (15mg Tablet)	Maximum of 4 tablets per day
Zenzedi (20mg Tablet)	Maximum of 3 tablets per day
Zenzedi (30mg Tablet)	Maximum of 2 tablets per day
<b>Zepatier (Tablet)</b>	Maximum of 1 tablet per day
<b>Zerit (15mg Capsule, 30mg Capsule, 40mg Capsule)</b>	Maximum of 3 capsules per day
<b>Zerit (1mg/ml Oral Solution)</b>	Maximum of 120 ml per day
<b>Zerit (20mg Capsule)</b>	Maximum of 2 capsules per day
<b>Zestoretic (10mg-12.5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Zestoretic (20mg-12.5mg Tablet)</b>	Maximum of 4 tablets per day
<b>Zestril (Tablet)</b>	Maximum of 2 tablets per day
<b>Zetia (Tablet)</b>	Maximum of 1 tablet per day
<b>Ziac (Tablet)</b>	Maximum of 2 tablets per day
<b>Ziagen (20mg/ml Oral Solution)</b>	Maximum of 48 ml per day

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Ziagen (300mg Tablet)</b>	Maximum of 3 tablets per day
Zidovudine (100mg Capsule)	Maximum of 8 capsules per day
Zidovudine (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (50mg/5ml Syrup)	Maximum of 96 ml per day
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day
<b>Zocor (Tablet)</b>	Maximum of 1 tablet per day
<b>Zohydro ER (Capsule Extended-Release 12 Hour Abuse-Deterrent)</b>	Maximum of 2 capsules per day
Zolmitriptan (Tablet)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (2.5mg Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (5mg Tablet Dispersible)	Maximum of 9 tablets per 30 days
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 90 days of use per year
<b>Zomig (2.5mg Tablet, 5mg Tablet)</b>	Maximum of 12 tablets per 30 days
<b>Zomig Nasal Spray (2.5mg Solution)</b>	Maximum of 18 devices per 30 days
<b>Zomig Nasal Spray (5mg Solution)</b>	Maximum of 12 devices per 30 days
<b>Zomig ZMT (2.5mg Tablet Dispersible)</b>	Maximum of 12 tablets per 30 days
<b>Zomig ZMT (5mg Tablet Dispersible)</b>	Maximum of 9 tablets per 30 days
<b>Zontivity (Tablet)</b>	Maximum of 1 tablet per day
<b>Zovirax (5% Cream)</b>	Maximum of 1 tube (5 grams) per 30 days
<b>Zovirax (5% Ointment)</b>	Maximum of 1 tube (30 grams) per 30 days
<b>Zubsolv (1.4mg-0.36mg Tablet Sublingual, 5.7mg-1.4mg Tablet Sublingual)</b>	Maximum of 3 tablets per day
<b>Zubsolv (11.4mg-2.9mg Tablet Sublingual)</b>	Maximum of 1 tablet per day
<b>Zubsolv (2.9mg-0.71mg Tablet Sublingual)</b>	Maximum of 5 tablets per day
<b>Zubsolv (8.6mg-2.1mg Tablet Sublingual)</b>	Maximum of 2 tablets per day
<b>Zydelig (Tablet)</b>	Maximum of 2 tablets per day
<b>Zykadia (Capsule)</b>	Maximum of 5 capsules per day
<b>Zyprexa (10mg Tablet, 15mg Tablet, 2.5mg Tablet, 20mg Tablet, 5mg Tablet, 7.5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Zyprexa Zydis (10mg Tablet Dispersible, 15mg Tablet Dispersible, 20mg Tablet Dispersible, 5mg Tablet Dispersible)</b>	Maximum of 1 tablet per day
<b>Zytiga (Tablet)</b>	Maximum of 4 tablets per day
<b>Zyvox (600mg Tablet)</b>	Maximum of 2 tablets per day

**Bold type = Brand name drug**

Plain type = Generic drug

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