

2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

Plan Name (Plan_Type)

Group Name (Plan Sponsor)

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



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

Hours of Operation



www.PlanURL.com



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What is a drug list?

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

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

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

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

Note to existing members:

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

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

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

When this drug list refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare MedicareRx for Groups (PDP).

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–39 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 40–165 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

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

Drug payment stage and drug tiers

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

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

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

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

Getting Extra Help

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

Are there any rules or limits on my drug coverage?

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

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

Coverage Rules and Limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-Day limit

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

DL - Dispensing limit

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

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

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the drug list change?

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

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

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

If we add new generic drugs

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

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

If we remove a drug from the list

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

If we change the coverage rules or limits

We’ll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 166-205.

We’ll tell you about other changes

If a drug you are taking is removed from the drug list during the plan year, we’ll include an update in your Part D Explanation of Benefits (Part D EOB) statement. We’ll tell you about other changes to our drug list at least 30 days before they go into effect or when you request a refill of the drug. If you find out when requesting a refill, you will receive at least a 30-day supply of the drug so you have time to talk with your doctor. To get updated information about the drugs covered by your plan, please call Customer Service. Our contact information is on the cover.

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, please call Customer Service. Our contact information, along with the date we last updated the drug list, is on the cover.

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

Covered drugs by name (Drug index)

A	
Abacavir Sulfate..... 88	Actonel..... 151
Abacavir Sulfate-Lamivudine 88	Actoplus Met..... 91
Abacavir-Lamivudine- Zidovudine..... 88	Actos..... 91
Abelcet..... 69	Acular..... 154
Abilify..... 82	Acular LS..... 154
Abilify Maintena..... 82	Acuvail..... 154
Abiraterone Acetate..... 75	Acyclovir..... 86
Absorica..... 115	Acyclovir Sodium..... 86
Abstral..... 45	Aczone..... 115
Acamprosate Calcium..... 49	Adacel..... 148
Acanya..... 115	Adalat CC..... 103
Acarbose..... 91	Adapalene..... 115
Accolate..... 158	Adapalene-Benzoyl Peroxide 115
Accupril..... 101	Adcirca..... 161
Accuretic..... 105	Adderall..... 111
Acebutolol HCl..... 102	Adderall XR..... 111
Acetaminophen-Codeine..... 45	Adefovir Dipivoxil..... 85
Acetazolamide..... 107	Adempas..... 161
Acetazolamide ER..... 107	Adlyxin..... 92
Acetic Acid..... 156	Adlyxin Starter Pack..... 91
Acetylcysteine..... 162	Admelog..... 94
Aciphex..... 126	Admelog SoloStar..... 94
Acitretin..... 115	Advair Diskus..... 162
Actemra..... 147	Advair HFA..... 162
Actemra ACTPen..... 147	Adzenys ER..... 111
Acthar..... 130	Adzenys XR-ODT..... 111
ActHIB..... 148	Afinitor..... 76
Actigall..... 123	Afinitor Disperz..... 76
Actimmune..... 147	Afrezza..... 95
Actiq..... 45	Aggrenox..... 100
Activella..... 137	Agrylin..... 98
	Aimovig..... 72
	AirDuo RespiClick 113/14 162
	AirDuo RespiClick 232/14 162
	AirDuo RespiClick 55/14.... 162
	Ajovy..... 72
	Aktipak..... 115
	Ala Scalp..... 130
	Ala-Cort..... 130
	Albendazole..... 78
	Albenza..... 78
	Albuterol Sulfate..... 159
	Albuterol Sulfate ER..... 159
	Albuterol Sulfate HFA..... 159
	Alclometasone Dipropionate 130
	Alcohol Prep Pads..... 152
	Aldactazide..... 105
	Aldactone..... 108
	Aldara..... 115
	Alecensa..... 76
	Alendronate Sodium..... 151
	Alfuzosin HCl ER..... 129
	Alinia..... 79
	Aliskiren Fumarate..... 105
	Allopurinol..... 72
	Allzital..... 40
	Almotriptan Malate..... 73
	Alocril..... 153
	Alogliptin Benzoate..... 92
	Alogliptin-Metformin HCl..... 92
	Alogliptin-Pioglitazone..... 92
	Alomide..... 153
	Alora..... 137

Alosetron HCl.....	124	Amitriptyline HCl.....	68	AndroGel.....	136
Alphagan P.....	153	Amlodipine Besylate.....	103	AndroGel Pump.....	136
Alprazolam.....	90	Amlodipine-Atorvastatin.....	105	Angeliq.....	137
Alprazolam ER.....	90	Amlodipine-Benazepril.....	105	Anoro Ellipta.....	162
Alprazolam Intensol.....	90	Amlodipine-Olmesartan.....	105	Antabuse.....	49
Alprazolam ODT.....	90	Amlodipine-Valsartan.....	105	Antara.....	108
Alrex.....	154	Amlodipine-Valsartan-HCTZ	105	Anusol-HC.....	150
Altace.....	101	Ammonium Lactate.....	115	ApexiCon E.....	130
Altavera.....	137	Amnesteem.....	115	Apidra.....	95
Altoprev.....	109	Amoxapine.....	68	Apidra SoloStar.....	95
Altreno.....	115	Amoxicillin.....	55	Aplenzin.....	65
Alunbrig.....	76, 77	Amoxicillin-Clarithromycin- Lansoprazole.....	123	Apokyn.....	80
Alvesco.....	157	Amoxicillin-Potassium Clavulanate.....	55	Apraclonidine HCl.....	153
Alyacen 1/35.....	137	Amoxicillin-Potassium Clavulanate ER.....	55	Aprepitant.....	69
Alyq.....	161	Amphetamine Sulfate.....	111	Apri.....	137
Amabelz.....	137	Amphetamine- Dextroamphetamine.....	111	Apriso.....	150
Amantadine HCl.....	80	Amphetamine- Dextroamphetamine ER....	111	Aptensio XR.....	111
Amaryl.....	92	Amphotericin B.....	69	Aptiom.....	63
Ambien.....	164	Ampicillin.....	55	Aptivus.....	89
Ambien CR.....	164	Ampicillin Sodium.....	55	Aralast NP.....	127
AmBisome.....	69	Ampicillin-Sulbactam Sodium	55	Aranelle.....	137
Ambrisentan.....	161	Ampyra.....	113	Aranesp.....	98
Amcinonide.....	130	Amrix.....	163	Arava.....	147
Amerge.....	73	Anadrol-50.....	136	Arcalyst.....	147
Amethia.....	137	Anafranil.....	68	Arcapta Neohaler.....	159
Amethia Lo.....	137	Anagrelide HCl.....	98	Aricept.....	64
Amikacin Sulfate.....	50	Anastrozole.....	76	Arikayce.....	50
Amiloride HCl.....	108	Ancobon.....	69	Arimidex.....	76
Amiloride-Hydrochlorothiazide	105	Androderm.....	136	Aripiprazole.....	82
Aminosyn II.....	119			Aripiprazole ODT.....	82
Aminosyn-PF.....	119			Aristada.....	82
Amiodarone HCl.....	101			Aristada Initio.....	82
Amitiza.....	124			Arixtra.....	97

Arnuit Ellipta.....	157	AVC Vaginal.....	69	Balversa.....	76	
Aromasin.....	76	Aveed.....	136	Balziva.....	137	
Arthrotec.....	40	Avelox.....	57	Banzel.....	63	
Asacol HD.....	150	Aviane.....	137	Baraclude.....	85, 86	
Ascomp-Codeine.....	45	Avita.....	115	Basaglar KwikPen.....	95	
Ashlyna.....	137	Avodart.....	129	Baxdela.....	58	
Asmanex.....	157	Avonex.....	113	BCG Vaccine.....	148	
Asmanex HFA.....	157	Avonex Pen.....	113	Beconase AQ.....	157	
Aspirin-Dipyridamole ER.....	100	Avonex Prefilled.....	113	Belbuca.....	42	
Astagraf XL.....	144	Avycaz.....	53	Belsomra.....	165	
Astepro.....	156	Aygestin.....	141	Benazepril HCl.....	101	
Atacand.....	101	Azactam.....	54	Benazepril-Hydrochlorothiazide	105	
Atacand HCT.....	105	Azasan.....	144	Benicar.....	101	
Atazanavir Sulfate.....	89	Azasite.....	56	Benicar HCT.....	105	
Atelvia.....	151	Azathioprine.....	144	Benlysta.....	147	
Atenolol.....	102	Azelaic Acid.....	115	BenzaClin with Pump.....	115	
Atenolol-Chlorthalidone.....	105	Azelastine HCl.....	153, 156	Benzamycin.....	115	
Ativan.....	90	Azelex.....	115	Benznidazole.....	79	
Atomoxetine HCl.....	111	Azilect.....	81	Benzoyl Peroxide-Erythromycin	115	
Atorvastatin Calcium.....	109	Azithromycin.....	56, 57	Benzotropine Mesylate.....	79	
Atovaquone.....	79	Azopt.....	153	Bepreve.....	153	
Atovaquone-Proguanil HCl....	79	Azor.....	105	Berinert.....	144	
Atralin.....	115	Aztreonam.....	54	Beser.....	130	
Atripia.....	87	Azulfidine.....	151	Besivance.....	58	
Atropine Sulfate.....	152	Azulfidine EN-tabs.....	151	Betamethasone Dipropionate	130	
Atrovent HFA.....	158	B			Betamethasone Dipropionate Aug.....	130
Aubagio.....	113	Bacitracin.....	50	Betamethasone Valerate.....	130	
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Augmentin.....	55	Baclofen.....	163	Betaseron.....	113	
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Betoptic-S.....	154	Brimonidine Tartrate.....	154	Byetta 10MCG Pen.....	92
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Bexsero.....	148	Bromocriptine Mesylate.....	80	Cabergoline.....	143
Beyaz.....	137	BromSite.....	155	Cablivi.....	100
Bicalutamide.....	75	Brovana.....	159	Cabometyx.....	77
Bicillin C-R.....	56	Bryhali.....	130	Caduet.....	105
Bicillin C-R 900/300.....	55	Budesonide.....	150, 157	Cafergot.....	72
Bicillin L-A.....	56	Budesonide ER.....	150	Calan.....	103
BiDil.....	105	Bumetanide.....	107	Calan SR.....	103
Bijuva.....	137	Bunavail.....	49	Calcipotriene.....	115
Biktarvy.....	88	Bupap.....	40	Calcipotriene-Betamethasone	115
Biltricide.....	78	Buphenyl.....	127	Calcitonin Salmon.....	151
Bimatoprost.....	156	Buprenorphine.....	42	Calcitriol.....	116, 151
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Bisoprolol Fumarate.....	102	Buprenorphine HCl-Naloxone HCl.....	49	Calquence.....	77
Bisoprolol-Hydrochlorothiazide	105	Bupropion HCl.....	65	Cambia.....	40
BIVIGAM.....	147	Bupropion HCl ER.....	65	Camila.....	141
Bleph-10.....	58	Bupropion HCl SR.....	49, 65	Camrese Lo.....	137
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Carbidopa-Levodopa ER.....	81	Cefotetan Disodium.....	53	Cholestyramine.....	109
Carbidopa-Levodopa ODT.....	81	Cefoxitin Sodium.....	53	Cholestyramine Light.....	109
Carbidopa-Levodopa- Entacapone.....	81	Cefpodoxime Proxetil.....	53	Cialis.....	129
Carbinoxamine Maleate.....	156	Cefprozil.....	54	Ciclopirox.....	69, 70
Cardizem.....	103	Ceftazidime.....	54	Ciclopirox Olamine.....	70
Cardizem CD.....	103	Ceftriaxone Sodium.....	54	Cilostazol.....	100
Cardizem LA.....	103	Cefuroxime Axetil.....	54	Ciloxan.....	58
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Cardura XL.....	129	Celebrex.....	40	Cimetidine.....	124
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Sylatron.....	86	TaperDex 6-Day.....	134	Terazosin HCl.....	129
Symbicort.....	163	TaperDex 7-Day.....	134	Terbinafine HCl.....	71
Symbyax.....	66	Tarceva.....	78	Terbutaline Sulfate.....	160
Symdeko.....	160	TARGADOX.....	60	Terconazole.....	71, 72
Symfi.....	88	Targretin.....	78	Testim.....	136
Symfi Lo.....	88	Tarina 24 Fe.....	141	Testosterone.....	136
SymlinPen 120.....	94	Tarina Fe 1/20.....	141	Testosterone Cypionate.....	136
SymlinPen 60.....	94	Tarka.....	107	Testosterone Enanthate.....	136
Sympazan.....	61	Tasigna.....	78	Tetrabenazine.....	113
Symproic.....	124	Tasmar.....	80	Tetracycline HCl.....	60
Symtuza.....	90	Tavalisse.....	100	Texacort.....	134
Synalar.....	134	Tazarotene.....	118	Thalomid.....	75
Synarel.....	143	Tazicef.....	54	Theo-24.....	161
Syndros.....	69	Tazorac.....	118	Theophylline.....	161
Synjardy.....	94	Tazia XT.....	104	Theophylline ER.....	161
Synjardy XR.....	94	TDVAX.....	149	Thiola.....	129
Synribo.....	76	Tecfidera.....	114	Thioridazine HCl.....	82
Synthroid.....	142	Tecfidera Starter Pack.....	114	Thiothixene.....	82
Syprine.....	122	Teflaro.....	54	Thyrolar-1.....	142
T		Tegretol.....	64	Thyrolar-1/2.....	142
Tabloid.....	76	Tegretol XR.....	64	Thyrolar-1/4.....	142
Taclonex.....	118	Tegsedi.....	128	Thyrolar-2.....	142
Tacrolimus.....	118, 146	Tekturna.....	107	Thyrolar-3.....	142
Tadalafil.....	129, 161	Tekturna HCT.....	107	Tiagabine HCl.....	61
Tafinlar.....	78	Telmisartan.....	101	Tiazac.....	104
Tagrisso.....	78	Telmisartan-Amlodipine.....	107	Tibsovo.....	78
Takhzyro.....	144	Telmisartan-HCTZ.....	107	Tigan.....	68
Taltz.....	118	Temazepam.....	164	Tigecycline.....	52
Talzenna.....	76	Tencon.....	40		

Tiglutik.....	113	Topiramate.....	63	Trezix.....	48
Tikosyn.....	102	Topiramate ER.....	63	Tri-Estarylla.....	141
Timolol Maleate.....	73, 154	Toprol XL.....	103	Tri-Legest Fe.....	141
Timolol Maleate Ophthalmic Gel Forming.....	154	Toremifene Citrate.....	75	Tri-Lo-Estarylla.....	141
Timoptic Ocudose.....	154	Toremide.....	108	Tri-Lo-Sprintec.....	141
Timoptic-XE.....	154	Toujeo Max SoloStar.....	96	Tri-Mili.....	141
Tinidazole.....	52	Toujeo SoloStar.....	96	Tri-Previfem.....	141
Tirosint.....	142	Toviaz.....	129	Tri-Sprintec.....	141
Tirosint-SOL.....	142	TPN Electrolytes.....	122	Tri-VyLibra.....	141
Tivicay.....	87	Tracleer.....	161	Tri-VyLibra Lo.....	141
Tivorbex.....	42	Tradjenta.....	94	Triamcinolone Acetonide..	115, 134
Tizanidine HCl.....	164	Tramadol HCl.....	48	Triamterene-HCTZ.....	107
TOBI.....	160	Tramadol HCl ER.....	44, 45	Trianex.....	134
TOBI Podhaler.....	160	Tramadol-Acetaminophen....	48	Triazolam.....	91
TobraDex.....	153	Trandolapril.....	101	Tribenzor.....	107
TobraDex ST.....	153	Trandolapril-Verapamil HCl ER	107	Tricor.....	108
Tobramycin.....	50, 160	Tranexamic Acid.....	100	Triderm.....	134
Tobramycin Sulfate.....	50	Transderm-Scop.....	69	Tridesilon.....	134
Tobramycin-Dexamethasone	153	Tranxene-T.....	91	Trientine HCl.....	122
Tobrex.....	50	Tranylcpromine Sulfate.....	66	Trifluoperazine HCl.....	82
Tofranil.....	68	Travasol.....	122	Trifluridine.....	87
Tolak.....	118	Travatan Z.....	156	Triglide.....	108
Tolazamide.....	94	Trazodone HCl.....	67	Trihexyphenidyl HCl.....	79
Tolbutamide.....	94	Trecator.....	75	Trileptal.....	64
Tolcapone.....	80	Trelegy Ellipta.....	163	Trilipix.....	108
Tolmetin Sodium.....	42	Trelstar Mixject.....	144	TriLyte.....	125
Tolsura.....	72	Tremfya.....	119	Trimethobenzamide HCl.....	69
Tolterodine Tartrate.....	129	Tresiba.....	96	Trimethoprim.....	52
Tolterodine Tartrate ER.....	128	Tresiba FlexTouch.....	96	Trimipramine Maleate.....	68
Topamax.....	63	Tretinoin.....	78, 119	Trintellix.....	67
Topamax Sprinkle.....	63	Tretinoin Microsphere.....	119	Triumeq.....	87
Topicort.....	134	Trexall.....	146	Trivora.....	141
Topicort Spray.....	134	Treximet.....	74	Trizivir.....	88

Trokendi XR.....	63	Uroxatral.....	129	Veltassa.....	122	
TrophAmine.....	122	Urso 250.....	124	Vemlidy.....	86	
Trospium Chloride.....	129	Urso Forte.....	124	Venclexta.....	78	
Trospium Chloride ER.....	129	Ursodiol.....	124	Venclexta Starting Pack.....	78	
Trulance.....	124	Utibron Neohaler.....	163	Venlafaxine HCl.....	67	
Trulicity.....	94	V			Venlafaxine HCl ER.....	67
Trumenba.....	149	Vabomere.....	55	Ventavis.....	161	
Trusopt.....	154	Vagifem.....	141	Ventolin HFA.....	160	
Truvada.....	88	Valacyclovir HCl.....	87	Verapamil HCl.....	105	
Tudorza Pressair.....	159	Valchlor.....	75	Verapamil HCl ER.....	104, 105	
Twinrix.....	149	Valcyte.....	85	Veregen.....	119	
Twynsta.....	107	Valganciclovir HCl.....	85	Verelan.....	105	
Tybost.....	87	Valium.....	91	Verelan PM.....	105	
Tydemy.....	141	Valproic Acid.....	62	Versacloz.....	85	
Tygacil.....	52	Valsartan.....	101	Verzenio.....	76	
Tykerb.....	78	Valsartan-Hydrochlorothiazide	107	Vesicare.....	129	
Tylenol with Codeine #3.....	48	107	Vfend.....	72	
Tylenol with Codeine #4.....	48	Valtrex.....	87	Vfend IV.....	72	
Tymlos.....	152	Vanatol LQ.....	40	Viberzi.....	124	
Typhim Vi.....	149	Vancocin HCl.....	52	Vibramycin.....	60	
U			Vancomycin HCl.....	52, 53	Vicodin.....	48
Uceris.....	150	Vandazole.....	53	Vicodin ES.....	48	
Udenyca.....	99	Vanos.....	134	Vicodin HP.....	48	
Uloric.....	72	VAQTA.....	149	Victoza.....	94	
Ultracet.....	48	Varivax.....	149	Videx.....	89	
Ultram.....	48	Varizig.....	147	Videx EC.....	88	
Ultravate.....	134	Varubi.....	69	Viekira Pak.....	86	
Unasyn.....	56	Vascepa.....	110	Vienna.....	141	
Unithroid.....	143	Vaseretic.....	107	Vigabatrin.....	62	
Uptravi.....	161	Vasotec.....	101	Vigadrone.....	62	
Urecholine.....	129	Vecamyl.....	107	Vigamox.....	58	
Urocit-K 10.....	122	Vectical.....	119	Viibryd.....	67	
Urocit-K 15.....	122	Velivet.....	141	Viibryd Starter Pack.....	67	
Urocit-K 5.....	122	Velphoro.....	123	Vimovo.....	42	

Vimpat.....	64	Xalkori.....	78	YAZ.....	141
Viokace.....	128	Xanax.....	91	YF-Vax.....	149
Viracept.....	90	Xanax XR.....	91	Yonsa.....	75
Viramune.....	88	Xarelto.....	98	Yosprala.....	126
Viramune XR.....	88	Xarelto Starter Pack.....	98	Yupelri.....	159
Viread.....	89	Xatmep.....	146	Yuvaferm.....	141
Vistaril.....	69	Xeljanz.....	146	Z	
Vitrakvi.....	78	Xeljanz XR.....	146	Zafirlukast.....	158
Vivelle-Dot.....	141	Xelpros.....	156	Zaleplon.....	164
Vivitrol.....	49	Xenazine.....	113	Zanaflex.....	164
Vivlodex.....	42	Xepi.....	58	Zarah.....	141
Vizimpro.....	78	Xerese.....	87	Zarontin.....	61
Vogelxo.....	136	Xermelo.....	124	Zarxio.....	100
Vogelxo Pump.....	136	Xgeva.....	152	Zavesca.....	128
Voltaren.....	42	Xhance.....	158	Zebutal.....	40
Voriconazole.....	72	Xifaxan.....	124	Zegerid.....	126
Vosevi.....	86	Xigduo XR.....	94	Zejula.....	76
Votrient.....	78	Xiidra.....	153	Zelapar.....	81
VP-PNV-DHA.....	123	Ximino.....	60	Zelboraf.....	78
Vraylar.....	84	Xofluza.....	90	Zemaira.....	128
Vyfemla.....	141	Xolair.....	148	Zembrace SymTouch.....	74
VyLibra.....	141	Xopenex.....	160	Zemplar.....	152
Vytorin.....	110	Xopenex Concentrate.....	160	Zenatane.....	119
Vyvanse.....	111	Xopenex HFA.....	160	Zenpep.....	128
Vyzulta.....	156	Xospata.....	78	Zenzedi.....	111
W		Xtampza ER.....	45	Zepatier.....	86
Warfarin Sodium.....	97	Xtandi.....	75	Zerbaxa.....	54
Welchol.....	110	Xulane.....	141	Zestoretic.....	107
Wellbutrin SR.....	66	Xultophy.....	94	Zestril.....	101
Wellbutrin XL.....	66	Xuriden.....	128	Zetia.....	110
Wixela Inhub.....	163	Xyosted.....	136	Zetonna.....	158
WYMZYA Fe.....	141	Xyrem.....	165	Ziac.....	107
X		Y		Ziagen.....	89
Xalatan.....	156	Yasmin 28.....	141	Ziana.....	119

Zidovudine.....	89	Zolpidem Tartrate ER.....	164	Zuplenz.....	69
Zileuton ER.....	158	Zomacton.....	135	Zyban.....	50
Zioptan.....	156	Zomig.....	74	Zyclara Pump.....	119
Ziprasidone HCl.....	85	Zomig ZMT.....	74	Zydelig.....	78
Zipsor.....	42	Zonalon.....	119	Zyflo.....	158
Zirgan.....	85	Zonegran.....	61	Zyflo CR.....	158
Zithromax.....	57	Zonisamide.....	61	Zykadia.....	78
Zithromax Tri-Pak.....	57	Zontivity.....	98	Zylet.....	153
Zithromax Z-Pak.....	57	Zorbtive.....	124	Zyloprim.....	72
Zocor.....	109	Zortress.....	146	Zymaxid.....	58
Zofran.....	69	Zorvolex.....	42	Zypitamag.....	109
Zohydro ER.....	45	Zostavax.....	150	Zyprexa.....	85
Zolinza.....	76	Zosyn.....	56	Zyprexa Relprevv.....	85
Zolmitriptan.....	74	Zovia 1/35E.....	141	Zyprexa Zydis.....	85
Zolmitriptan ODT.....	74	Zovirax.....	87	Zytiga.....	75
Zoloft.....	67	ZTlido.....	48	Zyvox.....	53
Zolpidem Tartrate.....	164	Zubsolv.....	49		

Covered drugs by medical condition

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

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 166-205.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Analgesics		
Allzital (Oral Tablet)	4	PA; HRM; QL	Fioricet (Oral Capsule)	3	PA; HRM; QL
Bupap (Oral Tablet)	4	PA; HRM; QL	Fiorinal (Oral Capsule)	3	PA; HRM; QL
Butalbital-Acetaminophen (Oral Capsule)	4	PA; HRM; QL	Phrenilin Forte (Oral Capsule)	1	PA; HRM; QL
Butalbital-Acetaminophen (Oral Tablet)	1	PA; HRM; QL	Tencon (Oral Tablet)	1	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Capsule)	1	PA; HRM; QL	Vanatol LQ (Oral Solution)	4	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	1	PA; HRM; QL	Zebutal (Oral Capsule)	1	PA; HRM; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	1	PA; HRM; QL	Nonsteroidal Anti-inflammatory Drugs		
Esgic (Oral Tablet)	3	PA; HRM; QL	Arthrotec (Oral Tablet Delayed Release)	3	
			Cambia (Oral Packet)	3	
			Celebrex (Oral Capsule)	3	QL
			Celecoxib (Oral Capsule)	1	QL
			Daypro (Oral Tablet)	3	
			Diclofenac Epolamine (Transdermal Patch)	3	PA; QL

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

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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nalfon (Oral Tablet)	3	
Naprelan (Oral Tablet Extended Release 24 Hour)	4	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	1	
Naproxen (Oral Suspension)	1	
Naproxen (Oral Tablet Immediate Release)	1	
Naproxen Sodium ER (Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	1	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	1	
Oxaprozin (Oral Tablet)	1	
Pennsaid (Transdermal Solution)	4	PA
Piroxicam (Oral Capsule)	1	
Qmiiz ODT (Oral Tablet Dispersible)	3	
Sulindac (Oral Tablet)	1	
Tivorbex (Oral Capsule)	3	PA; HRM; QL
Tolmetin Sodium (Oral Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tolmetin Sodium (600MG Oral Tablet)	1	
Vimovo (Oral Tablet Delayed Release)	4	ST
Vivlodex (Oral Capsule)	4	QL
Voltaren (Transdermal Gel)	3	PA
Zipsor (Oral Capsule)	4	ST
Zorvolex (Oral Capsule)	3	ST
Opioid Analgesics, Long-acting		
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	3	PA; 7D; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	4	PA; 7D; DL; QL
Buprenorphine (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 20MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly)	1	7D; DL; QL
Buprenorphine (7.5MCG/HR Transdermal Patch Weekly)	2	7D; DL; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Butrans (Transdermal Patch Weekly)	2	7D; DL; QL	Kadian (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	4	7D; MME; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL
Dolophine (Oral Tablet)	3	7D; MME; DL; QL	Levorphanol Tartrate (Oral Tablet)	1	7D; MME; DL; QL
Duragesic-100 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL	Methadone HCl (Oral Solution)	1	7D; MME; DL; QL
Duragesic-12 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL	Methadone HCl (Oral Tablet)	1	7D; MME; DL; QL
Duragesic-25 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL			
Duragesic-50 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL			
Duragesic-75 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL			
Embeda (Oral Capsule Extended Release)	2	7D; MME; DL; QL			
Fentanyl (Transdermal Patch 72 Hour)	1	7D; MME; DL; QL			
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	1	7D; MME; DL; QL			
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	2	7D; MME; DL; QL			

Bold type = Brand name drug

Plain type = Generic drug

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	Actiq (Buccal Lozenge On A Handle)	4	PA; DL; QL
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	7D; MME; DL; QL	Ascomp-Codeine (Oral Capsule)	1	PA; HRM; 7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	ST; 7D; MME; DL; QL	Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	1	PA; HRM; 7D; MME; DL; QL
Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	PA; 7D; MME; DL; QL	Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	1	PA; HRM; 7D; MME; DL; QL
Opioid Analgesics, Short-acting			Butorphanol Tartrate (Nasal Solution)	1	7D; MME; DL; QL
Abstral (Tablet Sublingual)	4	PA; DL; QL	Carisoprodol-Aspirin-Codeine (Oral Tablet)	1	PA; HRM; 7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	1	7D; MME; DL; QL	Codeine Sulfate (Oral Tablet)	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	1	7D; MME; DL; QL	Demerol (25MG/ML Injection Solution, 50MG/ML Injection Solution)	3	PA; HRM; DL
			Dilaudid (Oral Liquid)	3	7D; MME; DL; QL
			Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	3	7D; MME; DL; QL
			Dilaudid (8MG Oral Tablet)	4	7D; MME; DL; QL
			Duramorph (Injection Solution)	1	DL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dvorah (Oral Tablet)	3	7D; MME; DL; QL	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	1	7D; MME; DL; QL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL	Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	1	PA; DL; QL	Hydrocodone-Ibuprofen (Oral Tablet)	1	7D; MME; DL; QL
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	4	PA; DL; QL	Hydromorphone HCl (2MG/ML Injection Solution)	1	DL
Fentora (Buccal Tablet)	4	PA; DL; QL	Hydromorphone HCl (1MG/ML Oral Liquid)	1	7D; MME; DL; QL
Fioricet/Codeine (Oral Capsule)	3	PA; HRM; 7D; MME; DL; QL	Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Fiorinal/Codeine #3 (Oral Capsule)	4	PA; HRM; 7D; MME; DL; QL	Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	1	DL
			Lazanda (Nasal Solution)	4	PA; DL; QL
			Lorcet HD (Oral Tablet)	1	7D; MME; DL; QL

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Pentazocine-Naloxone HCl (Oral Tablet)	1	PA; HRM; 7D; MME; DL; QL
Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	4	7D; MME; DL; QL
Percocet (2.5-325MG Oral Tablet)	3	7D; MME; DL; QL
Primlev (Oral Tablet)	4	7D; MME; DL; QL
Roxicodone (15MG Oral Tablet, 5MG Oral Tablet)	3	7D; MME; DL; QL
Roxicodone (30MG Oral Tablet)	4	7D; MME; DL; QL
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	4	PA; DL; QL
Tramadol HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL
Trezix (Oral Capsule)	1	7D; MME; DL; QL
Tylenol with Codeine #3 (Oral Tablet)	3	7D; MME; DL; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tylenol with Codeine #4 (Oral Tablet)	3	7D; MME; DL; QL
Ultracet (Oral Tablet)	3	7D; MME; DL; QL
Ultram (Oral Tablet)	3	7D; MME; DL; QL
Vicodin ES (Oral Tablet)	1	7D; MME; DL; QL
Vicodin HP (Oral Tablet)	1	7D; MME; DL; QL
Vicodin (Oral Tablet)	1	7D; MME; DL; QL
Anesthetics		
Local Anesthetics		
Lidocaine (5% External Ointment)	1	QL
Lidocaine (5% External Patch)	1	PA; QL
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (External Gel)	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	1	
Lidocaine-Prilocaine (External Cream)	1	
Lidoderm (External Patch)	4	PA; QL
Pliaglis (External Cream)	3	
ZTlido (External Patch)	3	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium (Oral Tablet Delayed Release)	1	
Antabuse (Oral Tablet)	3	
Disulfiram (Oral Tablet)	1	
Naltrexone HCl (Oral Tablet)	1	
Vivitrol (Intramuscular Suspension Reconstituted)	4	
Opioid Dependence Treatments		
Bunavail (Buccal Film)	3	ST; QL
Buprenorphine HCl (Tablet Sublingual)	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	1	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	1	QL
Suboxone (Sublingual Film)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zubsolv (1.4-0.36MG Tablet Sublingual, 11.4-2.9MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual)	3	QL
Opioid Reversal Agents		
Evzio (Injection Solution Auto-Injector)	4	ST
Naloxone HCl (0.4MG/ML Injection Solution)	1	
Naloxone HCl (Injection Solution Cartridge)	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	1	
Narcan (Nasal Liquid)	2	
Smoking Cessation Agents		
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	1	
Chantix Continuing Month Pak (Oral Tablet)	2	
Chantix (Oral Tablet)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Chantix Starting Month Pak (Oral Tablet)	2	
Nicotrol (Inhalation Inhaler)	3	
Nicotrol NS (Nasal Solution)	3	
Zyban (150MG Oral Tablet Extended Release 12 Hour)	3	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (500MG/2ML Injection Solution)	1	
Arikayce (Inhalation Suspension)	4	
Gentak (Ophthalmic Ointment)	1	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	1	
Gentamicin Sulfate (External Cream)	1	
Gentamicin Sulfate (External Ointment)	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	1	
Gentamicin Sulfate (Ophthalmic Solution)	1	
Neomycin Sulfate (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Paromomycin Sulfate (Oral Capsule)	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	4	
Tobramycin (Ophthalmic Solution)	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	1	
Tobrex (Ophthalmic Ointment)	3	
Tobrex (Ophthalmic Solution)	3	
Antibacterials, Other		
Bacitracin (Ophthalmic Ointment)	1	
Bactroban (2% External Cream)	3	
Bactroban (2% Nasal Ointment)	3	PA
Cleocin in D5W (300MG/50ML Intravenous Solution, 600MG/50ML Intravenous Solution, 900MG/50ML Intravenous Solution)	3	
Cleocin (150MG Oral Capsule, 75MG Oral Capsule)	3	
Cleocin (300MG Oral Capsule)	4	

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
MetroGel-Vaginal (Vaginal Gel)	3		Polymyxin B Sulfate (Injection Solution Reconstituted)	1	
MetroLotion (External Lotion)	4		Sivextro (Intravenous Solution Reconstituted)	4	PA
Metronidazole (External Cream)	1		Sivextro (Oral Tablet)	4	PA
Metronidazole (External Gel)	1		Solosec (Oral Packet)	3	
Metronidazole (External Lotion)	1		Sulfamylon (External Cream)	3	
Metronidazole in NaCl 0.79% (Intravenous Solution)	1		Sulfamylon (External Packet)	4	
Metronidazole (Oral Capsule)	1		Tigecycline (Intravenous Solution Reconstituted)	1	
Metronidazole (Oral Tablet)	1		Tinidazole (Oral Tablet)	1	
Metronidazole (Vaginal Gel)	1		Trimethoprim (Oral Tablet)	1	
Monurol (Oral Packet)	3		Tyagacil (Intravenous Solution Reconstituted)	4	
Mupirocin Calcium (External Cream)	1		Vancocin HCl (Oral Capsule)	4	QL
Mupirocin (External Ointment)	1		Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	1	
Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrobid)	1	HRM			
Nitrofurantoin Monohydrate (Generic Macrobid)	1	HRM			
Nitrofurantoin (Oral Suspension)	1	HRM			
Noritrate (External Cream)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Vancomycin HCl (250MG Intravenous Solution Reconstituted)	1		Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1	
Vancomycin HCl (Oral Capsule)	1	QL	Cefdinir (Oral Capsule)	1	
Vandazole (Vaginal Gel)	1		Cefdinir (Oral Suspension Reconstituted)	1	
Zyvox (600MG/300ML Intravenous Solution)	4		Cefepime HCl (Injection Solution Reconstituted)	1	
Zyvox (Oral Suspension Reconstituted)	4		Cefixime (Oral Suspension Reconstituted)	1	
Zyvox (Oral Tablet)	4		Cefotetan Disodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	1	
Beta-lactam, Cephalosporins			Cefoxitin Sodium (Injection Solution Reconstituted)	1	
Avycaz (Intravenous Solution Reconstituted)	4	PA	Cefoxitin Sodium (Intravenous Solution Reconstituted)	1	
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	1		Cefpodoxime Proxetil (Oral Suspension Reconstituted)	1	
Cefaclor (Oral Capsule)	1		Cefpodoxime Proxetil (Oral Tablet)	1	
Cefaclor (Oral Suspension Reconstituted)	1				
Cefadroxil (Oral Capsule)	1				
Cefadroxil (Oral Suspension Reconstituted)	1				
Cefadroxil (Oral Tablet)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefprozil (Oral Suspension Reconstituted)	1		Maxipime (1GM Injection Solution Reconstituted)	3	
Cefprozil (Oral Tablet)	1		Maxipime (2GM Intravenous Solution Reconstituted)	3	
Ceftazidime (Injection Solution Reconstituted)	1		Suprax (Oral Capsule)	2	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1		Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	3	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	1		Suprax (500MG/5ML Oral Suspension Reconstituted)	3	
Cefuroxime Axetil (Oral Tablet)	1		Suprax (Oral Tablet Chewable)	2	
Cefuroxime Sodium (Injection Solution Reconstituted)	1		Tazicef (Injection Solution Reconstituted)	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	1		Teflaro (Intravenous Solution Reconstituted)	4	
Cephalexin (Oral Capsule)	1		Zerbaxa (Intravenous Solution Reconstituted)	4	PA
Cephalexin (Oral Suspension Reconstituted)	1		Beta-lactam, Other		
Cephalexin (Oral Tablet)	1		Azactam (Injection Solution Reconstituted)	3	
			Aztreonam (1GM Injection Solution Reconstituted)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ertapenem Sodium (Injection Solution Reconstituted)	1		Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	1		Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	1	
Invanz (Injection Solution Reconstituted)	4		Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	1	
Meropenem (Intravenous Solution Reconstituted)	1		Ampicillin (Oral Capsule)	1	
Merrem (500MG Intravenous Solution Reconstituted)	3		Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	1	
Primaxin IV (Intravenous Solution Reconstituted)	3		Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	1	
Vabomere (Intravenous Solution Reconstituted)	4		Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	1	
Beta-lactam, Penicillins			Augmentin (125-31.25MG/5ML Oral Suspension Reconstituted)	4	
Amoxicillin (Oral Capsule)	1		Bactocill in Dextrose (Intravenous Solution)	3	
Amoxicillin (Oral Suspension Reconstituted)	1		Bicillin C-R 900/300 (Intramuscular Suspension)	3	
Amoxicillin (Oral Tablet)	1				
Amoxicillin (Oral Tablet Chewable)	1				
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bicillin C-R (Intramuscular Suspension)	3		Penicillin G Sodium (Injection Solution Reconstituted)	1	
Bicillin L-A (Intramuscular Suspension)	3		Penicillin V Potassium (Oral Solution Reconstituted)	1	
Dicloxacillin Sodium (Oral Capsule)	1		Penicillin V Potassium (Oral Tablet)	1	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	1		Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	1	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	1		Unasyn (15 (10-5)GM Injection Solution Reconstituted, 3 (2-1)GM Injection Solution Reconstituted)	3	
Oxacillin Sodium (Injection Solution Reconstituted)	1		Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution)	3	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	3		Zosyn (40.5 (36-4.5)GM Intravenous Solution Reconstituted)	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	1		Macrolides		
Penicillin G Procaine (Intramuscular Suspension)	1		Azasite (Ophthalmic Solution)	3	
			Azithromycin (Intravenous Solution Reconstituted)	1	
			Azithromycin (Oral Packet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Azithromycin (Oral Suspension Reconstituted)	1		Erythromycin Base (Oral Capsule Delayed Release Particles)	1	
Azithromycin (Oral Tablet)	1		Erythromycin Base (Oral Tablet Immediate Release)	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	1		Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	1	
Clarithromycin (Oral Suspension Reconstituted)	1		Erythromycin Ethylsuccinate (Oral Tablet)	1	
Clarithromycin (Oral Tablet Immediate Release)	1		Erythromycin (Ophthalmic Ointment)	1	
Dificid (Oral Tablet)	4		Zithromax (Intravenous Solution Reconstituted)	3	
E.E.S. 400 (Oral Tablet)	3		Zithromax (Oral Packet)	3	
E.E.S. Granules (Oral Suspension Reconstituted)	3		Zithromax (Oral Suspension Reconstituted)	3	
EryPed 200 (Oral Suspension Reconstituted)	3		Zithromax (250MG Oral Tablet, 500MG Oral Tablet)	3	
EryPed 400 (Oral Suspension Reconstituted)	4		Zithromax Tri-Pak (Oral Tablet)	3	
Ery-Tab (Oral Tablet Delayed Release)	3		Zithromax Z-Pak (Oral Tablet)	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	3		Quinolones		
Erythrocin Stearate (Oral Tablet)	3		Avelox (400MG Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Baxdela (Intravenous Solution Reconstituted)	4		Levofloxacin (Ophthalmic Solution)	1	
Baxdela (Oral Tablet)	4		Levofloxacin (Oral Solution)	1	
Besivance (Ophthalmic Suspension)	3		Levofloxacin (Oral Tablet)	1	
Ciloxan (Ophthalmic Ointment)	3		Moxeza (Ophthalmic Solution)	3	
Ciloxan (Ophthalmic Solution)	3		Moxifloxacin HCl in NaCl (Intravenous Solution)	1	
Cipro (Oral Suspension Reconstituted)	3		Moxifloxacin HCl (Ophthalmic Solution)	1	
Cipro (Oral Tablet)	3		Moxifloxacin HCl (Oral Tablet)	1	
Ciprofloxacin HCl (Ophthalmic Solution)	1		Ocuflox (Ophthalmic Solution)	3	
Ciprofloxacin HCl (Oral Tablet Immediate Release)	1		Ofloxacin (Ophthalmic Solution)	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	1		Ofloxacin (Oral Tablet)	1	
Ciprofloxacin (Oral Suspension Reconstituted)	1		Ofloxacin (Otic Solution)	1	
Gatifloxacin (Ophthalmic Solution)	1		Vigamox (Ophthalmic Solution)	3	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	1		Xepi (External Cream)	3	
Levofloxacin (Intravenous Solution)	1		Zymaxid (Ophthalmic Solution)	3	
			Sulfonamides		
			Bactrim DS (Oral Tablet)	3	
			Bactrim (Oral Tablet)	3	
			Bleph-10 (Ophthalmic Solution)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Silvadene (External Cream)	3		Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	1	
Silver Sulfadiazine (External Cream)	1				
SSD (External Cream)	1				
Sulfacetamide Sodium (Ophthalmic Ointment)	1				
Sulfacetamide Sodium (Ophthalmic Solution)	1				
Sulfadiazine (Oral Tablet)	1				
Sulfamethoxazole-Trimethoprim (Oral Suspension)	1				
Sulfamethoxazole-Trimethoprim (Oral Tablet)	1				
Tetracyclines					
Demeclocycline HCl (Oral Tablet)	1				
Doryx MPC (Oral Tablet Delayed Release)	3				
Doryx (200MG Oral Tablet Delayed Release)	4				
Doryx (50MG Oral Tablet Delayed Release)	3				
Doxy 100 (Intravenous Solution Reconstituted)	1				
Doxycycline Hyclate (Oral Capsule)	1				
			Doxycycline Hyclate (100MG Oral Tablet Delayed Release, 150MG Oral Tablet Delayed Release, 200MG Oral Tablet Delayed Release, 50MG Oral Tablet Delayed Release, 75MG Oral Tablet Delayed Release)	1	
			Doxycycline Monohydrate (Oral Capsule)	1	
			Doxycycline Monohydrate (Oral Suspension Reconstituted)	1	
			Doxycycline Monohydrate (Oral Tablet)	1	
			Minocin (50MG Oral Capsule)	3	
			Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL
			Minocycline HCl (Oral Capsule)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Minocycline HCl (Oral Tablet Immediate Release)	1	
Mondoxyne NL (100MG Oral Capsule, 75MG Oral Capsule)	1	
Morgidox (50MG Oral Capsule)	1	
Nuzyra (Intravenous Solution Reconstituted)	4	PA
Nuzyra (Oral Tablet)	4	PA; QL
Oracea (Oral Capsule Delayed Release)	3	
Solodyn (Oral Tablet Extended Release 24 Hour)	4	QL
Soloxide (Oral Tablet Delayed Release)	1	
TARGADOX (Oral Tablet)	3	
Tetracycline HCl (Oral Capsule)	1	
Vibramycin (Oral Capsule)	3	
Vibramycin (Oral Suspension Reconstituted)	3	
Vibramycin (50MG/5ML Oral Syrup)	3	
Ximino (Oral Capsule Extended Release 24 Hour)	4	QL
Anticonvulsants		

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble)	3		Diastat Pediatric (Rectal Gel)	3	
			Gabapentin (Oral Capsule)	1	
			Gabapentin (250MG/5ML Oral Solution)	1	
			Gabapentin (Oral Tablet)	1	
			Gabitril (Oral Tablet)	4	
			Mysoline (Oral Tablet)	4	
Calcium Channel Modifying Agents			Neurontin (100MG Oral Capsule)	3	
Celontin (Oral Capsule)	3		Neurontin (300MG Oral Capsule, 400MG Oral Capsule)	4	
Ethosuximide (Oral Capsule)	1		Neurontin (Oral Solution)	3	
Ethosuximide (Oral Solution)	1		Neurontin (Oral Tablet)	4	
Zarontin (Oral Capsule)	3		Onfi (Oral Suspension)	4	PA; QL
Zarontin (Oral Solution)	3		Onfi (Oral Tablet)	4	PA; QL
Zonegran (Oral Capsule)	4		Phenobarbital (Oral Elixir)	1	PA; HRM
Zonisamide (Oral Capsule)	1		Phenobarbital (Oral Tablet)	1	PA; HRM
Gamma-aminobutyric Acid (GABA) Augmenting Agents			Primidone (Oral Tablet)	1	
Clobazam (Oral Suspension)	1	PA; QL	Sabril (Oral Packet)	4	PA; LA; QL
Clobazam (Oral Tablet)	1	PA; QL	Sabril (Oral Tablet)	4	PA; LA; QL
Depakene (Oral Capsule)	3		Sympazan (Oral Film)	4	PA; QL
Diastat AcuDial (Rectal Gel)	3		Tiagabine HCl (Oral Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Valproic Acid (Oral Capsule)	1		Lamictal (25MG Oral Tablet Chewable)	4	
Valproic Acid (Oral Solution)	1		Lamictal (5MG Oral Tablet Chewable)	3	
Vigabatrin (Oral Packet)	1	PA; LA; QL	Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	3	
Vigabatrin (Oral Tablet)	1	PA; LA; QL	Lamictal Starter (98 Tablets Oral Kit)	4	
Vigadrone (Oral Packet)	1	PA; LA; QL	Lamictal XR (Oral Kit)	3	
Glutamate Reducing Agents			Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 25MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	4	
Felbamate (Oral Suspension)	1		Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	1	
Felbamate (Oral Tablet)	1		Lamotrigine (Oral Tablet Immediate Release)	1	
Felbatol (Oral Suspension)	4		Lamotrigine (Oral Tablet Chewable)	1	
Felbatol (Oral Tablet)	4				
Fycompa (Oral Suspension)	4				
Fycompa (Oral Tablet)	4				
Lamictal ODT (Oral Tablet Dispersible)	4				
Lamictal (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamotrigine ODT (Oral Tablet Dispersible)	1		Topiramate (Oral Capsule Sprinkle Immediate Release)	1	
Lamotrigine Starter Kit-Blue (Oral Kit)	1		Topiramate (Oral Tablet)	1	
Lamotrigine Starter Kit-Green (Oral Kit)	1		Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	4	PA
Lamotrigine Starter Kit-Orange (Oral Kit)	1		Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	3	PA
Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	3	PA	Sodium Channel Agents		
Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	4	PA	Aptiom (Oral Tablet)	4	QL
Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	4		Banzel (Oral Suspension)	4	
Topamax (25MG Oral Tablet)	3		Banzel (Oral Tablet)	4	
Topamax Sprinkle (15MG Oral Capsule Sprinkle)	3		Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	1	
Topamax Sprinkle (25MG Oral Capsule Sprinkle)	4		Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	1	
Topiramate ER (Oral Capsule ER 24 Hour Sprinkle)	1	PA	Carbamazepine (Oral Suspension)	1	
			Carbamazepine (Oral Tablet Immediate Release)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Carbamazepine (Oral Tablet Chewable)	1		Tegretol (Oral Suspension)	3	
Carbatrol (Oral Capsule Extended Release 12 Hour)	3		Tegretol (Oral Tablet Immediate Release)	3	
Dilantin INFATABS (Oral Tablet Chewable)	2		Tegretol XR (Oral Tablet Extended Release 12 Hour)	3	
Dilantin (Oral Capsule)	2		Trileptal (Oral Suspension)	4	
Dilantin (Oral Suspension)	3		Trileptal (150MG Oral Tablet)	3	
Epitol (Oral Tablet)	1		Trileptal (300MG Oral Tablet, 600MG Oral Tablet)	4	
Oxcarbazepine (Oral Suspension)	1		Vimpat (Oral Solution)	3	QL
Oxcarbazepine (Oral Tablet)	1		Vimpat (Oral Tablet)	3	QL
Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	3	PA	Antidementia Agents		
Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	4	PA	Cholinesterase Inhibitors		
Peganone (Oral Tablet)	3		Aricept (Oral Tablet)	3	QL
Phenytek (Oral Capsule)	1		Donepezil HCl (Oral Tablet)	1	QL
Phenytoin (Oral Suspension)	1		Donepezil HCl ODT (Oral Tablet Dispersible)	1	QL
Phenytoin (Oral Tablet Chewable)	1		Exelon (Transdermal Patch 24 Hour)	3	QL
Phenytoin Sodium Extended (Oral Capsule)	1		Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	1	
			Galantamine Hydrobromide (Oral Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Galantamine Hydrobromide (Oral Tablet)	1		Namenda XR Titration Pak (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Razadyne ER (Oral Capsule Extended Release 24 Hour)	3		Antidepressants		
Razadyne (Oral Tablet)	3		Antidepressants, Other		
Rivastigmine Tartrate (Oral Capsule)	1		Aplenzin (Oral Tablet Extended Release 24 Hour)	4	
Rivastigmine (Transdermal Patch 24 Hour)	1	QL	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	1	PA; QL	Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	3	
Memantine HCl (Oral Solution)	1	PA; QL	Bupropion HCl (Oral Tablet Immediate Release)	1	
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL	Chlordiazepoxide-Amitriptyline (Oral Tablet)	1	PA; HRM
Memantine HCl Titration Pak (Oral Tablet)	1	PA	Forfivo XL (Oral Tablet Extended Release 24 Hour)	3	
Namenda (Oral Tablet)	3	PA; QL	Mirtazapine (Oral Tablet)	1	
Namenda Titration Pak (Oral Tablet)	3	PA	Mirtazapine ODT (Oral Tablet Dispersible)	1	
Namenda XR (Oral Capsule Extended Release 24 Hour)	3	PA; QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Olanzapine-Fluoxetine HCl (Oral Capsule)	1		Citalopram Hydrobromide (Oral Solution)	1	
Perphenazine-Amitriptyline (Oral Tablet)	1	PA; HRM	Citalopram Hydrobromide (Oral Tablet)	1	
Remeron (Oral Tablet)	3		Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	3	
Remeron SolTab (Oral Tablet Dispersible)	3		Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	1	
Symbyax (Oral Capsule)	3		Effexor XR (Oral Capsule Extended Release 24 Hour)	3	
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	3		Escitalopram Oxalate (Oral Solution)	1	
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	4		Escitalopram Oxalate (Oral Tablet)	1	
Monoamine Oxidase Inhibitors			Fetzima (Oral Capsule Extended Release 24 Hour)	3	ST
Emsam (Transdermal Patch 24 Hour)	4		Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	3	ST
Marplan (Oral Tablet)	3		Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	1	
Nardil (Oral Tablet)	3				
Parnate (Oral Tablet)	4				
Phenelzine Sulfate (Oral Tablet)	1				
Tranylcypromine Sulfate (Oral Tablet)	1				
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)					
Brisdelle (Oral Capsule)	3	PA; HRM			
Celexa (Oral Tablet)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluoxetine HCl (Oral Capsule Delayed Release)	1		Paxil (Oral Tablet Immediate Release)	3	PA; HRM
Fluoxetine HCl (20MG/5ML Oral Solution)	1		Pexeva (Oral Tablet)	3	PA; HRM
Fluoxetine HCl (Oral Tablet)	1		Pristiq (Oral Tablet Extended Release 24 Hour)	3	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	1		Prozac (10MG Oral Capsule)	3	
Fluvoxamine Maleate (Oral Tablet)	1		Prozac (20MG Oral Capsule, 40MG Oral Capsule)	4	
Khedezla (Oral Tablet Extended Release 24 Hour)	3		Sarafem (Oral Tablet)	3	
Lexapro (Oral Tablet)	3		Sertraline HCl (Oral Concentrate)	1	
Maprotiline HCl (Oral Tablet)	1		Sertraline HCl (Oral Tablet)	1	
Nefazodone HCl (Oral Tablet)	1		Trazodone HCl (Oral Tablet)	1	
Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	1	PA; HRM	Trintellix (Oral Tablet)	3	
Paroxetine HCl (Oral Tablet Immediate Release)	1	PA; HRM	Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1	
Paroxetine Mesylate (Oral Capsule)	1	PA; HRM	Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Paxil CR (Oral Tablet Extended Release 24 Hour)	3	PA; HRM	Venlafaxine HCl (Oral Tablet Immediate Release)	1	
Paxil (Oral Suspension)	3	PA; HRM	Viibryd (Oral Tablet)	3	
			Viibryd Starter Pack (Oral Kit)	3	
			Zoloft (Oral Tablet)	3	
			Tricyclics		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Amitriptyline HCl (Oral Tablet)	1	HRM
Amoxapine (Oral Tablet)	1	PA; HRM
Anafranil (Oral Capsule)	4	PA; HRM
Clomipramine HCl (Oral Capsule)	1	PA; HRM
Desipramine HCl (Oral Tablet)	1	PA; HRM
Doxepin HCl (Oral Capsule)	1	PA; HRM
Doxepin HCl (Oral Concentrate)	1	PA; HRM
Imipramine HCl (Oral Tablet)	1	PA; HRM
Imipramine Pamoate (Oral Capsule)	1	PA; HRM
Norpramin (Oral Tablet)	3	PA; HRM
Nortriptyline HCl (Oral Capsule)	1	PA; HRM
Nortriptyline HCl (Oral Solution)	1	PA; HRM
Pamelor (Oral Capsule)	4	PA; HRM
Protriptyline HCl (Oral Tablet)	1	PA; HRM
Surmontil (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	3	PA; HRM
Tofranil (Oral Tablet)	4	PA; HRM
Trimipramine Maleate (Oral Capsule)	1	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antiemetics		
Antiemetics, Other		
Bonjesta (Oral Tablet Extended Release)	3	PA; HRM
Compro (Rectal Suppository)	1	
Diclegis (Oral Tablet Delayed Release)	3	PA; HRM
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	1	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	1	PA; HRM
Meclizine HCl (Oral Tablet)	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	1	
Metoclopramide HCl (Oral Tablet)	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	1	
Perphenazine (Oral Tablet)	1	
Prochlorperazine Maleate (Oral Tablet)	1	
Prochlorperazine (Rectal Suppository)	1	
Reglan (Oral Tablet)	3	
Scopolamine (Transdermal Patch 72 Hour)	1	PA; HRM
Tigan (Oral Capsule)	3	B/D, PA

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ciclopirox (External Shampoo)	1		Exelderm (External Cream)	3	
Ciclopirox (External Solution)	1		Exelderm (External Solution)	3	
Ciclopirox Olamine (External Cream)	1		Extina (External Foam)	4	QL
Ciclopirox Olamine (External Suspension)	1		Fluconazole in Sodium Chloride (Intravenous Solution)	1	
Clotrimazole (External Cream)	1		Fluconazole (Oral Suspension Reconstituted)	1	
Clotrimazole (External Solution)	1		Fluconazole (Oral Tablet)	1	
Clotrimazole (Mouth/Throat Lozenge)	1		Flucytosine (Oral Capsule)	1	
Cresemba (Oral Capsule)	4	PA	Griseofulvin Microsize (Oral Suspension)	1	
Diflucan (Oral Suspension Reconstituted)	3		Griseofulvin Microsize (Oral Tablet)	1	
Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	3		Griseofulvin Ultramicrosize (Oral Tablet)	1	
Diflucan (200MG Oral Tablet)	4		Gynazole-1 (Vaginal Cream)	3	
Econazole Nitrate (External Cream)	1	QL	Itraconazole (Oral Capsule)	1	PA
Eraxis (100MG Intravenous Solution Reconstituted)	4		Itraconazole (Oral Solution)	1	PA
Eraxis (50MG Intravenous Solution Reconstituted)	3		Jublia (External Solution)	3	
Ertaczo (External Cream)	4		Kerydin (External Solution)	4	ST
			Ketoconazole (External Cream)	1	QL

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Terconazole (Vaginal Suppository)	1	
Tolsura (Oral Capsule)	4	PA
Vfend IV (Intravenous Solution Reconstituted)	4	
Vfend (Oral Suspension Reconstituted)	4	
Vfend (Oral Tablet)	4	
Voriconazole (Intravenous Solution Reconstituted)	1	
Voriconazole (Oral Suspension Reconstituted)	1	
Voriconazole (Oral Tablet)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Oral Tablet)	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	2	QL
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	2	QL
Colcrys (Oral Tablet)	3	PA; QL
Mitigare (Oral Capsule)	3	QL
Probenecid (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Probenecid-Colchicine (Oral Tablet)	1	
Uloric (Oral Tablet)	3	ST
Zyloprim (Oral Tablet)	3	
Antimigraine Agents		
Ergot Alkaloids		
Cafergot (Oral Tablet)	3	
Dihydroergotamine Mesylate (Nasal Solution)	1	
Ergotamine-Caffeine (Oral Tablet)	1	
Migergot (Rectal Suppository)	4	
Migranal (Nasal Solution)	4	
Prophylactic		
Aimovig (Subcutaneous Solution Auto-Injector)	3	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Emgality (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	3	PA; QL

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	1	QL	Pyridostigmine Bromide ER (Oral Tablet Extended Release)	1	
Sumatriptan-Naproxen Sodium (Oral Tablet)	1	QL	Pyridostigmine Bromide (Oral Solution)	1	
Treximet (Oral Tablet)	4	QL	Pyridostigmine Bromide (Oral Tablet Immediate Release)	1	
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	4	QL	Antimycobacterials		
Zolmitriptan (Oral Tablet)	1	QL	Antimycobacterials, Other		
Zolmitriptan ODT (Oral Tablet Dispersible)	1	QL	Dapsone (Oral Tablet)	1	
Zomig (Nasal Solution)	3	QL	Mycobutin (Oral Capsule)	4	
Zomig (Oral Tablet)	4	QL	Rifabutin (Oral Capsule)	1	
Zomig ZMT (Oral Tablet Dispersible)	4	QL	Antituberculars		
Antimyasthenic Agents			Ethambutol HCl (Oral Tablet)	1	
Parasympathomimetics			Isoniazid (Oral Syrup)	1	
Guanidine HCl (Oral Tablet)	2		Isoniazid (Oral Tablet)	1	
Mestinon (Oral Syrup)	4		Myambutol (400MG Oral Tablet)	3	
Mestinon (Oral Tablet Immediate Release)	4		Paser (Oral Packet)	3	
Mestinon (Oral Tablet Extended Release)	4		Priftin (Oral Tablet)	3	
			Pyrazinamide (Oral Tablet)	1	
			Rifadin (150MG Oral Capsule)	3	
			Rifamate (Oral Capsule)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rifampin (Intravenous Solution Reconstituted)	1	
Rifampin (Oral Capsule)	1	
Rifater (Oral Tablet)	4	
Sirturo (Oral Tablet)	4	PA; LA
Trecator (Oral Tablet)	3	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Oral Capsule)	1	B/D, PA
Gleostine (100MG Oral Capsule)	4	
Gleostine (10MG Oral Capsule)	2	
Gleostine (40MG Oral Capsule)	3	
Leukeran (Oral Tablet)	4	
Matulane (Oral Capsule)	4	LA
Valchlor (External Gel)	4	PA; LA
Antiandrogens		
Abiraterone Acetate (Oral Tablet)	1	PA
Bicalutamide (Oral Tablet)	1	
Casodex (Oral Tablet)	4	
Erleada (Oral Tablet)	4	PA; QL
Flutamide (Oral Capsule)	1	

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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tabloid (Oral Tablet)	3	PA
Antineoplastics, Other		
Copiktra (Oral Capsule)	4	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	4	PA
Kisqali (400MG Dose) (Oral Tablet)	4	PA
Kisqali (600MG Dose) (Oral Tablet)	4	PA
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	4	PA
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	4	PA
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	4	PA
Leucovorin Calcium (Oral Tablet)	1	
Lonsurf (Oral Tablet)	4	PA; LA
Lorbrena (Oral Tablet)	4	PA; QL
Ninlaro (Oral Capsule)	4	PA; QL
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	4	PA
Verzenio (Oral Tablet)	4	PA; LA
Zolinza (Oral Capsule)	4	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Oral Tablet)	1	
Arimidex (Oral Tablet)	4	
Aromasin (Oral Tablet)	4	
Exemestane (Oral Tablet)	1	
Femara (Oral Tablet)	4	
Letrozole (Oral Tablet)	1	
Enzyme Inhibitors		
Balversa (Oral Tablet)	4	PA; QL
Rubraca (Oral Tablet)	4	PA; LA
Talzenna (Oral Capsule)	4	PA; LA; QL
Zejula (Oral Capsule)	4	PA; LA; QL
Molecular Target Inhibitors		
Afinitor Disperz (Oral Tablet Soluble)	4	PA
Afinitor (Oral Tablet)	4	PA
Alecensa (Oral Capsule)	4	PA; LA
Alunbrig (Oral Tablet)	4	PA; LA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Alunbrig (Oral Tablet Therapy Pack)	4	PA; LA; QL	Imbruvica (Oral Capsule)	4	PA; LA; QL
Bosulif (Oral Tablet)	4	PA	Imbruvica (Oral Tablet)	4	PA; QL
Braftovi (Oral Capsule)	4	PA	Inlyta (Oral Tablet)	4	PA; LA; QL
Cabometyx (Oral Tablet)	4	PA; LA; QL	Iressa (Oral Tablet)	4	PA; LA; QL
Calquence (Oral Capsule)	4	PA; QL	Jakafi (Oral Tablet)	4	PA; LA; QL
Caprelsa (Oral Tablet)	4	PA; LA	Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Cometriq (100MG Daily Dose) (Oral Kit)	4	PA; LA	Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Cometriq (140MG Daily Dose) (Oral Kit)	4	PA; LA	Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Cometriq (60MG Daily Dose) (Oral Kit)	4	PA; LA	Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Cotellic (Oral Tablet)	4	PA; LA	Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Daurismo (Oral Tablet)	4	PA; LA; QL	Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Erivedge (Oral Capsule)	4	PA; LA; QL	Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Erlotinib HCl (Oral Tablet)	1	PA; QL	Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Farydak (Oral Capsule)	4	PA	Lynparza (Oral Tablet)	4	PA; LA
Gilotrif (Oral Tablet)	4	PA; LA	Mekinist (Oral Tablet)	4	PA; LA
Gleevec (Oral Tablet)	4	PA; QL			
Ibrance (Oral Capsule)	4	PA; LA			
Iclusig (Oral Tablet)	4	PA; LA			
IDHIFA (Oral Tablet)	4	PA; LA			
Imatinib Mesylate (Oral Tablet)	1	PA; QL			

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Stromectol (Oral Tablet)	3		Plaquenil (Oral Tablet)	3	
Antiprotozoals			Primaquine Phosphate (Oral Tablet)	1	
Alinia (Oral Suspension Reconstituted)	4		Qualaquin (Oral Capsule)	3	PA
Alinia (Oral Tablet)	4		Quinine Sulfate (Oral Capsule)	1	PA
Atovaquone (Oral Suspension)	1		Pediculicides/Scabicides		
Atovaquone-Proguanil HCl (Oral Tablet)	1		Elimite (External Cream)	3	
Benznidazole (Oral Tablet)	3		Eurax (External Cream)	3	
Chloroquine Phosphate (Oral Tablet)	1		Eurax (External Lotion)	3	
Coartem (Oral Tablet)	3		Lindane (External Shampoo)	1	
DARAPRIM (Oral Tablet)	4		Malathion (External Lotion)	1	
Hydroxychloroquine Sulfate (Oral Tablet)	1		Natroba (External Suspension)	3	
Krintafel (Oral Tablet)	3		Ovide (External Lotion)	3	
Malarone (Oral Tablet)	3		Permethrin (External Cream)	1	
Mefloquine HCl (Oral Tablet)	1		Antiparkinson Agents		
Mepron (Oral Suspension)	4		Anticholinergics		
Nebupent (Inhalation Solution Reconstituted)	3	B/D, PA; QL	Benztropine Mesylate (Oral Tablet)	1	PA; HRM
PENTAM 300 (Injection Solution Reconstituted)	3		Trihexyphenidyl HCl (Oral Elixir)	1	PA; HRM
			Trihexyphenidyl HCl (Oral Tablet)	1	PA; HRM
			Antiparkinson Agents, Other		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amantadine HCl (Oral Capsule)	1		Neupro (Transdermal Patch 24 Hour)	3	
Amantadine HCl (Oral Syrup)	1		Parlodel (Oral Capsule)	3	
Amantadine HCl (Oral Tablet)	1		Parlodel (Oral Tablet)	3	
Comtan (Oral Tablet)	4		Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	1	
Entacapone (Oral Tablet)	1		Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	1	
Gocovri (Oral Capsule Extended Release 24 Hour)	4	PA	Requip XL (12MG Oral Tablet Extended Release 24 Hour, 8MG Oral Tablet Extended Release 24 Hour)	4	
Osmolex ER (Oral Tablet Extended Release 24 Hour)	3	PA	Requip XL (4MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour)	3	
Tasmar (Oral Tablet)	4	QL	Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Tolcapone (Oral Tablet)	1	QL	Ropinirole HCl (Oral Tablet Immediate Release)	1	
Dopamine Agonists			Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Apokyn (Subcutaneous Solution Cartridge)	4	PA; LA; QL	Carbidopa (Oral Tablet)	1	
Bromocriptine Mesylate (Oral Capsule)	1				
Bromocriptine Mesylate (Oral Tablet)	1				
Inbrija (Inhalation Capsule)	4	PA			
Mirapex ER (Oral Tablet Extended Release 24 Hour)	3				
Mirapex (Oral Tablet Immediate Release)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	1	
Duopa (Enteral Suspension)	4	PA
Lodosyn (Oral Tablet)	4	
Rytary (Oral Capsule Extended Release)	3	
Sinemet CR (Oral Tablet Extended Release)	3	
Sinemet (Oral Tablet Immediate Release)	3	
Stalevo 100 (Oral Tablet)	4	
Stalevo 125 (Oral Tablet)	4	
Stalevo 150 (Oral Tablet)	4	
Stalevo 200 (Oral Tablet)	4	
Stalevo 50 (Oral Tablet)	4	
Stalevo 75 (Oral Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Monoamine Oxidase B (MAO-B) Inhibitors		
Azilect (Oral Tablet)	3	
Rasagiline Mesylate (Oral Tablet)	1	
Selegiline HCl (Oral Capsule)	1	
Selegiline HCl (Oral Tablet)	1	
Zelapar (Oral Tablet Dispersible)	4	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Oral Tablet)	1	
Fluphenazine Decanoate (Injection Solution)	1	
Fluphenazine HCl (Injection Solution)	1	
Fluphenazine HCl (Oral Concentrate)	1	
Fluphenazine HCl (Oral Elixir)	1	
Fluphenazine HCl (Oral Tablet)	1	
Haldol Decanoate (Intramuscular Solution)	3	
Haldol (Injection Solution)	3	
Haloperidol Decanoate (Intramuscular Solution)	1	
Haloperidol Lactate (Injection Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Haloperidol Lactate (Oral Concentrate)	1		Aristada (Intramuscular Prefilled Syringe)	4	
Haloperidol (Oral Tablet)	1		Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	4	ST; QL
Loxapine Succinate (Oral Capsule)	1		Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	3	ST; QL
Molindone HCl (Oral Tablet)	1		Fanapt Titration Pack (Oral Tablet)	3	ST
Pimozide (Oral Tablet)	1		Geodon (Intramuscular Solution Reconstituted)	3	
Thioridazine HCl (Oral Tablet)	1		Geodon (Oral Capsule)	4	QL
Thiothixene (Oral Capsule)	1		Invega (3MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	4	PA; QL
Trifluoperazine HCl (Oral Tablet)	1				
2nd Generation/Atypical					
Abilify Maintena (Intramuscular Prefilled Syringe)	4				
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	4				
Abilify (Oral Tablet)	4	QL			
Aripiprazole (Oral Solution)	1	QL			
Aripiprazole (Oral Tablet)	1	QL			
Aripiprazole ODT (Oral Tablet Dispersible)	1	QL			
Aristada Initio (Intramuscular Prefilled Syringe)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	4		Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	QL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	3		Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	1	QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	4		Paliperidone ER (Oral Tablet Extended Release 24 Hour)	1	QL
Latuda (Oral Tablet)	4	QL	Perseris (Subcutaneous Prefilled Syringe)	4	
Nuplazid (Oral Capsule)	4	PA; QL	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	1	QL
Nuplazid (Oral Tablet)	4	PA; QL	Quetiapine Fumarate (Oral Tablet Immediate Release)	1	QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	1		Rexulti (Oral Tablet)	4	QL
			Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Risperdal Consta (25MG Intramuscular Suspension Reconstituted, 37.5MG Intramuscular Suspension Reconstituted, 50MG Intramuscular Suspension Reconstituted)	4		Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	3	QL
Risperdal (1MG/ML Oral Solution)	4		Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	4	QL
Risperdal (0.25MG Oral Tablet, 0.5MG Oral Tablet)	3		Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	3	QL
Risperdal (1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	4		Seroquel XR (400MG Oral Tablet Extended Release 24 Hour)	4	QL
Risperidone (Oral Solution)	1		Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	4	ST; QL
Risperidone (Oral Tablet)	1		Vraylar (Oral Capsule Therapy Pack)	3	ST
Risperidone ODT (Oral Tablet Dispersible)	1				
Saphris (Tablet Sublingual)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ziprasidone HCl (Oral Capsule)	1	QL
Zyprexa (10MG Intramuscular Solution Reconstituted)	3	
Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL
Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	4	QL
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	3	
Zyprexa Zydys (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	4	QL
Zyprexa Zydys (5MG Oral Tablet Dispersible)	3	QL
Treatment-Resistant		
Clozapine (Oral Tablet)	1	
Clozapine ODT (Oral Tablet Dispersible)	1	
Clozaril (100MG Oral Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clozaril (25MG Oral Tablet)	3	
FazaClo (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible)	4	
FazaClo (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	3	
Versacloz (Oral Suspension)	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Prevymis (Oral Tablet)	4	PA; QL
Valcyte (Oral Solution Reconstituted)	4	QL
Valcyte (Oral Tablet)	4	QL
Valganciclovir HCl (Oral Solution Reconstituted)	1	QL
Valganciclovir HCl (Oral Tablet)	1	QL
Zirgan (Ophthalmic Gel)	3	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Oral Tablet)	1	
Baraclude (Oral Solution)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Baraclude (Oral Tablet)	4	
Entecavir (Oral Tablet)	1	
Epivir HBV (Oral Solution)	3	
Epivir HBV (Oral Tablet)	3	
Hepsera (Oral Tablet)	4	
Lamivudine (100MG Oral Tablet)	1	
Vemlidy (Oral Tablet)	4	QL
Anti-hepatitis C (HCV) Agents, Other		
Intron A (Injection Solution)	4	PA; LA
Intron A (Injection Solution Reconstituted)	4	PA; LA
Pegasys ProClick (Subcutaneous Solution)	4	PA
Pegasys (Subcutaneous Solution)	4	PA
Rebetol (Oral Solution)	3	
Ribasphere (Oral Capsule)	1	
Ribasphere (600MG Oral Tablet)	1	
Ribasphere RibaPak (600MG Oral Tablet)	1	
Ribasphere RibaPak (400 & 600MG Oral Tablet Therapy Pack)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ribavirin (Oral Capsule)	1	
Ribavirin (Oral Tablet)	1	
Sylatron (Subcutaneous Kit)	4	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	4	PA; QL
Epclusa (Oral Tablet)	4	PA; QL
Harvoni (Oral Tablet)	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	4	PA; QL
Mavyret (Oral Tablet)	4	PA; QL
Sofosbuvir-Velpatasvir (Oral Tablet)	4	PA; QL
Sovaldi (Oral Tablet)	4	PA; QL
Viekira Pak (Oral Tablet Therapy Pack)	4	PA; QL
Vosevi (Oral Tablet)	4	PA; QL
Zepatier (Oral Tablet)	4	PA; QL
Antiherpetic Agents		
Acyclovir (External Cream)	1	
Acyclovir (External Ointment)	1	
Acyclovir (Oral Capsule)	1	
Acyclovir (Oral Suspension)	1	
Acyclovir (Oral Tablet)	1	
Acyclovir Sodium (Intravenous Solution)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Denavir (External Cream)	4		Isentress (100MG Oral Tablet Chewable)	4	QL
Famciclovir (Oral Tablet)	1		Isentress (25MG Oral Tablet Chewable)	2	QL
Trifluridine (Ophthalmic Solution)	1		Stribild (Oral Tablet)	4	QL
Valacyclovir HCl (Oral Tablet)	1	QL	Tivicay (10MG Oral Tablet)	3	QL
Valtrex (1GM Oral Tablet)	4	QL	Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	4	QL
Valtrex (500MG Oral Tablet)	3	QL	Triumeq (Oral Tablet)	4	QL
Xerese (External Cream)	4	PA	Tybost (Oral Tablet)	3	QL
Zovirax (External Cream)	4		Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Zovirax (External Ointment)	4		Atripla (Oral Tablet)	4	QL
Zovirax (Oral Capsule)	3		Complera (Oral Tablet)	4	QL
Zovirax (Oral Suspension)	3		Delstrigo (Oral Tablet)	4	QL
Zovirax (800MG Oral Tablet)	3		Edurant (Oral Tablet)	4	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			Efavirenz (Oral Capsule)	1	QL
Dovato (Oral Tablet)	4	QL	Efavirenz (Oral Tablet)	1	QL
Genvoya (Oral Tablet)	4	QL	Intelence (100MG Oral Tablet, 200MG Oral Tablet)	4	QL
Isentress HD (Oral Tablet)	4	QL	Intelence (25MG Oral Tablet)	3	QL
Isentress (Oral Packet)	3	QL	Juluca (Oral Tablet)	4	QL
Isentress (Oral Tablet)	4	QL	Nevirapine ER (Oral Tablet Extended Release 24 Hour)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Nevirapine (Oral Suspension)	1	QL
Nevirapine (Oral Tablet Immediate Release)	1	QL
Odefsey (Oral Tablet)	4	QL
Pifeltro (Oral Tablet)	4	QL
Rescriptor (Oral Tablet)	3	QL
Sustiva (Oral Capsule)	3	QL
Sustiva (Oral Tablet)	4	QL
Symfi Lo (Oral Tablet)	4	QL
Symfi (Oral Tablet)	4	QL
Viramune (Oral Suspension)	4	QL
Viramune (Oral Tablet Immediate Release)	4	QL
Viramune XR (Oral Tablet Extended Release 24 Hour)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir Sulfate (Oral Solution)	1	QL
Abacavir Sulfate (Oral Tablet)	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	1	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	1	QL
Biktarvy (Oral Tablet)	4	QL
Cimduo (Oral Tablet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Combivir (Oral Tablet)	4	QL
Descovy (Oral Tablet)	4	QL
Didanosine (Oral Capsule Delayed Release)	1	QL
Emtriva (Oral Capsule)	3	QL
Emtriva (Oral Solution)	3	QL
Epivir (Oral Solution)	3	QL
Epivir (Oral Tablet)	3	QL
Epzicom (Oral Tablet)	4	QL
Lamivudine (10MG/ML Oral Solution)	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	1	QL
Lamivudine-Zidovudine (Oral Tablet)	1	QL
Retrovir (Oral Capsule)	3	QL
Retrovir (Oral Syrup)	3	QL
Stavudine (Oral Capsule)	1	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	1	QL
Trizivir (Oral Tablet)	4	QL
Truvada (Oral Tablet)	4	QL
Videx EC (Oral Capsule Delayed Release)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Videx (4GM Oral Solution Reconstituted)	3	QL	Crixivan (Oral Capsule)	2	QL
Viread (Oral Powder)	4	QL	Evotaz (Oral Tablet)	4	QL
Viread (Oral Tablet)	4	QL	Fosamprenavir Calcium (Oral Tablet)	1	QL
Ziagen (Oral Solution)	3	QL	Invirase (Oral Tablet)	4	QL
Ziagen (Oral Tablet)	3	QL	Kaletra (Oral Solution)	3	QL
Zidovudine (Oral Capsule)	1	QL	Kaletra (100-25MG Oral Tablet)	3	QL
Zidovudine (Oral Syrup)	1	QL	Kaletra (200-50MG Oral Tablet)	4	QL
Zidovudine (Oral Tablet)	1	QL	Lexiva (Oral Suspension)	3	QL
Anti-HIV Agents, Other			Lexiva (Oral Tablet)	4	QL
Fuzeon (Subcutaneous Solution Reconstituted)	4	QL	Lopinavir-Ritonavir (Oral Solution)	1	QL
Selzentry (Oral Solution)	4	QL	Norvir (Oral Packet)	3	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	4	QL	Norvir (Oral Solution)	3	QL
Selzentry (25MG Oral Tablet)	2	QL	Norvir (Oral Tablet)	3	QL
Anti-HIV Agents, Protease Inhibitors			Prezcobix (Oral Tablet)	4	QL
Aptivus (Oral Capsule)	4	QL	Prezista (Oral Suspension)	4	QL
Aptivus (Oral Solution)	4	QL	Prezista (150MG Oral Tablet, 75MG Oral Tablet)	3	QL
Atazanavir Sulfate (Oral Capsule)	1	QL	Prezista (600MG Oral Tablet, 800MG Oral Tablet)	4	QL
			Reyataz (Oral Capsule)	4	QL
			Reyataz (Oral Packet)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ritonavir (Oral Tablet)	1	QL
Symtuza (Oral Tablet)	4	QL
Viracept (Oral Tablet)	4	QL
Anti-influenza Agents		
Flumadine (Oral Tablet)	3	
Oseltamivir Phosphate (Oral Capsule)	1	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	1	
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	2	
Rimantadine HCl (Oral Tablet)	1	
Tamiflu (Oral Capsule)	3	
Tamiflu (Oral Suspension Reconstituted)	3	
Xofluza (Oral Tablet Therapy Pack)	2	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Oral Tablet)	1	
Hydroxyzine HCl (Oral Syrup)	1	PA; HRM
Hydroxyzine HCl (Oral Tablet)	1	PA; HRM
Meprobamate (Oral Tablet)	1	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Benzodiazepines		
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	1	PA; QL
Alprazolam Intensol (Oral Concentrate)	1	QL
Alprazolam (Oral Tablet Immediate Release)	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	1	QL
Ativan (Oral Tablet)	4	QL
Chlordiazepoxide HCl (Oral Capsule)	1	
Clonazepam (Oral Tablet)	1	QL
Clonazepam ODT (Oral Tablet Dispersible)	1	QL
Clorazepate Dipotassium (Oral Tablet)	1	QL
Diazepam Intensol (5MG/ML Oral Concentrate)	1	QL
Diazepam (5MG/5ML Oral Solution)	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL
Estazolam (Oral Tablet)	1	HRM; QL
Halcion (Oral Tablet)	3	HRM; QL
Klonopin (Oral Tablet)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lorazepam (2MG/ML Oral Concentrate)	1	QL	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Lorazepam (Oral Tablet)	1	QL	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	1	
Oxazepam (Oral Capsule)	1		Divalproex Sodium (Oral Tablet Delayed Release)	1	
Tranxene-T (Oral Tablet)	3	QL	Equetro (Oral Capsule Extended Release 12 Hour)	3	
Triazolam (Oral Tablet)	1	HRM; QL	Lithium Carbonate ER (Oral Tablet Extended Release)	1	
Valium (Oral Tablet)	3	QL	Lithium Carbonate (Oral Capsule)	1	
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	3	QL	Lithium Carbonate (Oral Tablet Immediate Release)	1	
Xanax (2MG Oral Tablet Immediate Release)	4	QL	Lithium (Oral Solution)	1	
Xanax XR (Oral Tablet Extended Release 24 Hour)	3	PA; QL	Lithobid (Oral Tablet Extended Release)	4	
Bipolar Agents			Blood Glucose Regulators		
Mood Stabilizers			Antidiabetic Agents		
Depakote ER (Oral Tablet Extended Release 24 Hour)	3		Acarbose (Oral Tablet)	1	
Depakote (Oral Tablet Delayed Release)	3		Actoplus Met (Oral Tablet Immediate Release)	3	QL
Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	3		Actos (Oral Tablet)	3	QL
			Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	3	ST; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Adlyxin (Subcutaneous Solution Pen-Injector)	3	ST; QL
Alogliptin Benzoate (Oral Tablet)	3	ST; QL
Alogliptin-Metformin HCl (Oral Tablet)	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	3	ST; QL
Amaryl (Oral Tablet)	3	QL
Avandia (Oral Tablet)	3	PA; QL
Bydureon BCise (Subcutaneous Auto-Injector)	3	QL
Bydureon (Subcutaneous Pen-Injector)	3	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Cycloset (Oral Tablet)	3	PA
Duetact (Oral Tablet)	3	QL
Farxiga (Oral Tablet)	3	ST; QL
Fortamet (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Glimepiride (Oral Tablet)	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Glipizide (Oral Tablet Immediate Release)	1	QL
Glipizide-Metformin HCl (Oral Tablet)	1	QL
Glucophage (Oral Tablet Immediate Release)	3	QL
Glucophage XR (Oral Tablet Extended Release 24 Hour)	3	QL
Glucotrol (Oral Tablet Immediate Release)	3	QL
Glucotrol XL (Oral Tablet Extended Release 24 Hour)	3	QL
Glumetza (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Glyburide Micronized (Oral Tablet)	1	PA; HRM; QL
Glyburide (Oral Tablet)	1	PA; HRM; QL
Glyburide-Metformin (Oral Tablet)	1	PA; HRM; QL
Glynase (Oral Tablet)	3	PA; HRM; QL
Glyset (Oral Tablet)	3	
Glyxambi (Oral Tablet)	2	QL
Invokamet (Oral Tablet Immediate Release)	2	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Invokamet XR (Oral Tablet Extended Release 24 Hour)	2	QL	Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	1	PA; QL
Invokana (Oral Tablet)	2	QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL
Janumet (Oral Tablet Immediate Release)	2	QL	Metformin HCl (Oral Tablet Immediate Release)	1	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	2	QL	Migliitol (Oral Tablet)	1	
Januvia (Oral Tablet)	2	QL	Nateglinide (Oral Tablet)	1	QL
Jardiance (Oral Tablet)	2	QL	Nesina (Oral Tablet)	3	ST; QL
Jentadueto (Oral Tablet Immediate Release)	2	QL	Onglyza (Oral Tablet)	3	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	2	QL	Oseni (Oral Tablet)	3	ST; QL
Kazano (Oral Tablet)	3	ST; QL	Ozempic (Subcutaneous Solution Pen-Injector)	2	QL
Kombiglyze XR (Oral Tablet Extended Release 24 Hour)	3	QL	Pioglitazone HCl (Oral Tablet)	1	QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	1	PA; QL	Pioglitazone HCl-Glimepiride (Oral Tablet)	1	QL
			Pioglitazone HCl-Metformin HCl (Oral Tablet)	1	QL
			Prandin (1MG Oral Tablet)	3	QL
			Prandin (2MG Oral Tablet)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Precose (Oral Tablet)	3	
Qtern (Oral Tablet)	3	ST; QL
Repaglinide (Oral Tablet)	1	QL
Repaglinide-Metformin HCl (Oral Tablet)	1	QL
Riomet (Oral Solution)	3	QL
Segluromet (Oral Tablet)	3	ST; QL
Soliqua (Subcutaneous Solution Pen-Injector)	2	QL
Starlix (Oral Tablet)	3	QL
Steglatro (Oral Tablet)	3	ST; QL
Steglujan (Oral Tablet)	3	ST; QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	4	PA
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	4	PA
Synjardy (Oral Tablet Immediate Release)	2	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	2	QL
Tolazamide (250MG Oral Tablet, 500MG Oral Tablet)	1	QL
Tolbutamide (Oral Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tradjenta (Oral Tablet)	2	QL
Trulicity (Subcutaneous Solution Pen-Injector)	2	QL
Victoza (Subcutaneous Solution Pen-Injector)	2	QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	3	ST; QL
Xultophy (Subcutaneous Solution Pen-Injector)	3	ST; QL
Glycemic Agents		
GlucaGen HypoKit (Injection Solution Reconstituted)	3	
Glucagon Emergency (Injection Kit)	2	
Proglycem (Oral Suspension)	4	
Insulins		
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	3	PA
Admelog (Subcutaneous Solution)	3	PA

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

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Blood Products/Modifiers/Volume Expanders			Blood Products/Modifiers/Volume Expanders		
Anticoagulants			Anticoagulants		
Arixtra (Subcutaneous Solution)	4		Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	3	
Bevyxxa (Oral Capsule)	3	QL	Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	1	
Coumadin (Oral Tablet)	2		Heparin Sodium (1000UNIT/ML Injection Solution)	1	B/D, PA
Eliquis (Oral Tablet)	2	QL	Jantoven (Oral Tablet)	1	
Eliquis Starter Pack (Oral Tablet)	2	QL	Lovenox (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	4	QL
Enoxaparin Sodium (Subcutaneous Solution)	1	QL	Lovenox (150MG/ML Subcutaneous Solution, 30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	3	QL
Fondaparinux Sodium (Subcutaneous Solution)	1		Pradaxa (Oral Capsule)	3	ST; QL
Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution)	4		Savaysa (Oral Tablet)	3	ST; QL
			Warfarin Sodium (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use			
Xarelto (Oral Tablet)	2	QL	Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	4	PA			
Xarelto Starter Pack (Oral Tablet Therapy Pack)	2	QL						
Zontivity (Oral Tablet)	3	PA						
Blood Formation Modifiers								
Agrylin (Oral Capsule)	3							
Anagrelide HCl (Oral Capsule)	1							
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	4	PA						
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)	3	PA						
			Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	3	PA			
			Doptelet (Oral Tablet)	4	PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Epogen (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA	Nivestym (Injection Solution)	4	ST
Epogen (20000UNIT/ML Injection Solution)	4	PA	Nivestym (Injection Solution Prefilled Syringe)	4	ST
Fulphila (Subcutaneous Solution Prefilled Syringe)	4	PA	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA
Granix (Subcutaneous Solution)	4	ST	Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	4	PA
Granix (Subcutaneous Solution Prefilled Syringe)	4	ST	Promacta (Oral Packet)	4	PA; LA; QL
Leukine (Injection Solution Reconstituted)	4	PA	Promacta (Oral Tablet)	4	PA; LA; QL
Mulpleta (Oral Tablet)	4	PA	Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	4	PA	Retacrit (40000UNIT/ML Injection Solution)	4	PA
Neupogen (Injection Solution)	4	ST	Udenyca (Subcutaneous Solution Prefilled Syringe)	4	PA
Neupogen (Injection Solution Prefilled Syringe)	4	ST			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zarxio (Injection Solution Prefilled Syringe)	4		Catapres-TTS-1 (Transdermal Patch Weekly)	3	
Hemostasis Agents			Catapres-TTS-2 (Transdermal Patch Weekly)	3	
Lysteda (Oral Tablet)	3		Catapres-TTS-3 (Transdermal Patch Weekly)	3	
Tavalisse (Oral Tablet)	4	PA; QL	Clonidine HCl (Oral Tablet Immediate Release)	1	
Tranexamic Acid (Oral Tablet)	1		Clonidine (Transdermal Patch Weekly)	1	
Platelet Modifying Agents			Guanfacine HCl (Oral Tablet Immediate Release)	1	PA; HRM; QL
Aggrenox (Oral Capsule Extended Release 12 Hour)	3	QL	Methyldopa (Oral Tablet)	1	PA; HRM
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	1	QL	Midodrine HCl (Oral Tablet)	1	
Brilinta (Oral Tablet)	2	QL	Northera (Oral Capsule)	4	PA; LA; QL
Cablivi (Injection Kit)	4	PA; QL	Alpha-adrenergic Blocking Agents		
Cilostazol (Oral Tablet)	1		Cardura (Oral Tablet Immediate Release)	3	
Clopidogrel Bisulfate (75MG Oral Tablet)	1	QL	Dibenzylidine (Oral Capsule)	4	
Dipyridamole (Oral Tablet)	1	PA; HRM	Doxazosin Mesylate (Oral Tablet)	1	
Effient (Oral Tablet)	3		Minipress (Oral Capsule)	3	
Plavix (Oral Tablet)	3	QL	Phenoxybenzamine HCl (Oral Capsule)	1	
Prasugrel HCl (Oral Tablet)	1				
Cardiovascular Agents					
Alpha-adrenergic Agonists					
Catapres (Oral Tablet)	3				

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lisinopril (Oral Tablet)	1	QL
Lotensin (Oral Tablet)	3	QL
Moexipril HCl (Oral Tablet)	1	QL
Perindopril Erbumine (Oral Tablet)	1	QL
Prinivil (Oral Tablet)	3	QL
Qbrelis (Oral Solution)	4	QL
Quinapril HCl (Oral Tablet)	1	QL
Ramipril (Oral Capsule)	1	QL
Trandolapril (Oral Tablet)	1	QL
Vasotec (10MG Oral Tablet, 20MG Oral Tablet)	4	QL
Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)	3	QL
Zestril (Oral Tablet)	3	QL
Antiarrhythmics		
Amiodarone HCl (Oral Tablet)	1	
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	4	
Betapace AF (80MG Oral Tablet)	3	
Disopyramide Phosphate (Oral Capsule)	1	PA; HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dofetilide (Oral Capsule)	1		Sotalol HCl (Oral Tablet)	1	
Flecainide Acetate (Oral Tablet)	1		Sotylize (Oral Solution)	3	PA
Mexiletine HCl (Oral Capsule)	1		Tikosyn (Oral Capsule)	3	
Multaq (Oral Tablet)	2		Beta-adrenergic Blocking Agents		
Norpace CR (Oral Capsule Extended Release 12 Hour)	3	PA; HRM	Acebutolol HCl (Oral Capsule)	1	
Norpace (Oral Capsule Immediate Release)	3	PA; HRM	Atenolol (Oral Tablet)	1	
Pacerone (100MG Oral Tablet, 400MG Oral Tablet)	3		Betaxolol HCl (Oral Tablet)	1	
Pacerone (200MG Oral Tablet)	1		Bisoprolol Fumarate (Oral Tablet)	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	1		Bystolic (Oral Tablet)	2	QL
Propafenone HCl (Oral Tablet)	1		Carvedilol (Oral Tablet)	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	1		Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	1	
Quinidine Sulfate (Oral Tablet)	1		Coreg CR (Oral Capsule Extended Release 24 Hour)	3	
Rythmol SR (Oral Capsule Extended Release 12 Hour)	4		Coreg (Oral Tablet)	3	
Sorine (Oral Tablet)	1		Corgard (Oral Tablet)	3	
Sotalol HCl (AF) (120MG Oral Tablet)	1		Inderal LA (Oral Capsule Extended Release 24 Hour)	4	
			InnoPran XL (Oral Capsule Extended Release 24 Hour)	4	
			Labetalol HCl (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lopressor (100MG Oral Tablet)	3		Calan SR (120MG Oral Tablet Extended Release, 240MG Oral Tablet Extended Release)	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1		Cardizem CD (Oral Capsule Extended Release 24 Hour)	4	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1		Cardizem LA (Oral Tablet Extended Release 24 Hour)	3	
Nadolol (Oral Tablet)	1		Cardizem (Oral Tablet Immediate Release)	4	
Pindolol (Oral Tablet)	1		Cartia XT (Oral Capsule Extended Release 24 Hour)	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	1		Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	1	
Propranolol HCl (Oral Solution)	1		Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	1	
Propranolol HCl (Oral Tablet)	1				
Tenormin (Oral Tablet)	3				
Toprol XL (Oral Tablet Extended Release 24 Hour)	3				
Calcium Channel Blocking Agents					
Adalat CC (Oral Tablet Extended Release 24 Hour)	3				
Amlodipine Besylate (Oral Tablet)	1				
Calan (Oral Tablet Immediate Release)	3				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	1		Procardia (Oral Capsule)	3	PA; HRM
Diltiazem HCl (Oral Tablet Immediate Release)	1		Procardia XL (Oral Tablet Extended Release 24 Hour)	3	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	1		Sular (Oral Tablet Extended Release 24 Hour)	3	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	1		Taztia XT (Oral Capsule Extended Release 24 Hour)	1	
Isradipine (Oral Capsule)	1		Tiazac (Oral Capsule Extended Release 24 Hour)	3	
Matzim LA (Oral Tablet Extended Release 24 Hour)	1		Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	1	
Nicardipine HCl (Oral Capsule)	1		Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	1				
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	1				
Nifedipine (Oral Capsule)	1	PA; HRM			
Nimodipine (Oral Capsule)	1				
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	1				
Norvasc (Oral Tablet)	3				
Nymalize (60MG/20ML Oral Solution)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl ER (Oral Tablet Extended Release)	1		Atacand HCT (Oral Tablet)	3	QL
Verapamil HCl (Oral Tablet Immediate Release)	1		Atenolol-Chlorthalidone (Oral Tablet)	1	
Verelan (Oral Capsule Extended Release 24 Hour)	3		Avalide (Oral Tablet)	3	QL
Verelan PM (Oral Capsule Extended Release 24 Hour)	3		Azor (Oral Tablet)	3	QL
Cardiovascular Agents, Other			Benazepril-Hydrochlorothiazide (Oral Tablet)	1	QL
Accuretic (Oral Tablet)	3	QL	Benicar HCT (Oral Tablet)	3	QL
Aldactazide (Oral Tablet)	3		BiDil (Oral Tablet)	2	
Aliskiren Fumarate (Oral Tablet)	1	QL	Bisoprolol-Hydrochlorothiazide (Oral Tablet)	1	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	1		Caduet (Oral Tablet)	3	QL
Amlodipine-Atorvastatin (Oral Tablet)	1	QL	Candesartan Cilexetil-HCTZ (Oral Tablet)	1	QL
Amlodipine-Benazepril (Oral Capsule)	1	QL	Captopril-Hydrochlorothiazide (Oral Tablet)	1	QL
Amlodipine-Olmesartan (Oral Tablet)	1	QL	Corlanor (Oral Tablet)	3	PA; QL
Amlodipine-Valsartan (Oral Tablet)	1	QL	Demser (Oral Capsule)	4	
Amlodipine-Valsartan-HCTZ (Oral Tablet)	1		Digitex (125MCG Oral Tablet)	1	HRM; QL
			Digitex (250MCG Oral Tablet)	1	PA; HRM
			Digox (125MCG Oral Tablet)	1	HRM; QL
			Digox (250MCG Oral Tablet)	1	PA; HRM
			Digoxin (Oral Solution)	1	PA; HRM; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Digoxin (125MCG Oral Tablet)	1	HRM; QL	Lopressor HCT (Oral Tablet)	3	
Digoxin (250MCG Oral Tablet)	1	PA; HRM	Losartan Potassium-HCTZ (Oral Tablet)	1	QL
Diovan HCT (Oral Tablet)	3	QL	Lotrel (Oral Capsule)	3	QL
DUTOPROL (Oral Tablet Extended Release 24 Hour)	3		Maxzide (Oral Tablet)	3	
Dyazide (Oral Capsule)	3		Maxzide-25 (Oral Tablet)	3	
Edarbyclor (Oral Tablet)	3	QL	Methyldopa-Hydrochlorothiazide (Oral Tablet)	1	PA; HRM
Enalapril-Hydrochlorothiazide (Oral Tablet)	1	QL	Metoprolol-Hydrochlorothiazide (Oral Tablet)	1	
Entresto (Oral Tablet)	2	QL	Micardis HCT (Oral Tablet)	3	QL
Exforge HCT (Oral Tablet)	3		Nadolol-Bendroflumethiazide (40-5MG Oral Tablet)	1	
Exforge (Oral Tablet)	3	QL	Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	1	QL	Olmesartan-Amlodipine-HCTZ (Oral Tablet)	1	QL
Hyzaar (Oral Tablet)	3	QL	Pentoxifylline ER (Oral Tablet Extended Release)	1	
Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL	Propranolol-HCTZ (Oral Tablet)	1	
Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)	3	HRM; QL	Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL
Lanoxin (250MCG Oral Tablet)	3	PA; HRM			
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL			

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dyslipidemics, Fibric Acid Derivatives		
Antara (Oral Capsule)	2	
Fenofibrate Micronized (Oral Capsule)	1	
Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	1	
Fenofibrate (Oral Tablet)	1	
Fenofibric Acid (Oral Capsule Delayed Release)	1	
Fenofibric Acid (105MG Oral Tablet)	1	
Fenofibric Acid (35MG Oral Tablet)	1	
Fenoglide (120MG Oral Tablet)	4	
Fenoglide (40MG Oral Tablet)	3	
Fibracor (Oral Tablet)	3	
Gemfibrozil (Oral Tablet)	1	
Lipofen (Oral Capsule)	3	
Lopid (Oral Tablet)	3	
Tricor (Oral Tablet)	3	
Triglide (Oral Tablet)	3	
Trilipix (Oral Capsule Delayed Release)	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Altoprev (Oral Tablet Extended Release 24 Hour)	4	QL	Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	3	QL
Atorvastatin Calcium (Oral Tablet)	1	QL	Zypitamag (Oral Tablet)	3	ST; QL
Crestor (Oral Tablet)	3	QL	Dyslipidemics, Other		
Ezallor Sprinkle (Oral Capsule Sprinkle)	3	QL	Cholestyramine Light (Oral Powder)	1	
FloLipid (Oral Suspension)	3	QL	Cholestyramine (Oral Packet)	1	
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	1	QL	Colesevelam HCl (Oral Packet)	1	
Fluvastatin Sodium (Oral Capsule)	1	QL	Colesevelam HCl (Oral Tablet)	1	
Lescol XL (Oral Tablet Extended Release 24 Hour)	3	QL	Colestid (Oral Packet)	3	
Lipitor (Oral Tablet)	3	QL	Colestid (Oral Tablet)	3	
Livalo (Oral Tablet)	2	QL	Colestipol HCl (Oral Packet)	1	
Lovastatin (Oral Tablet)	1	QL	Colestipol HCl (Oral Tablet)	1	
Pravachol (Oral Tablet)	3	QL	Ezetimibe (Oral Tablet)	1	
Pravastatin Sodium (Oral Tablet)	1	QL	Ezetimibe-Simvastatin (Oral Tablet)	1	QL
Rosuvastatin Calcium (Oral Tablet)	1	QL	Juxtapid (Oral Capsule)	4	PA; LA
Simvastatin (Oral Tablet)	1	QL	Lovaza (Oral Capsule)	3	
			Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	1	
			Niacor (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Niaspan (Oral Tablet Extended Release)	3	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	1	
Praluent (Subcutaneous Solution Pen-Injector)	3	PA; LA; QL
Prevalite (Oral Packet)	1	
Questran Light (Oral Powder)	3	
Questran (Oral Packet)	3	
Repatha Pushttronex System (Subcutaneous Solution Cartridge)	3	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	3	PA; QL
Vascepa (Oral Capsule)	3	
Vytorin (Oral Tablet)	3	QL
Welchol (Oral Packet)	3	
Welchol (Oral Tablet)	3	
Zetia (Oral Tablet)	3	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Oral Tablet)	1	
Minoxidil (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vasodilators, Direct-acting Arterial/Venous		
GoNitro (Sublingual Packet)	3	
Isordil Titradoso (Oral Tablet)	4	
Isosorbide Dinitrate ER (Oral Tablet Extended Release)	1	
Isosorbide Dinitrate (Oral Tablet Immediate Release)	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	1	
Minitran (Transdermal Patch 24 Hour)	1	
Nitro-Bid (Transdermal Ointment)	3	
Nitro-Dur (Transdermal Patch 24 Hour)	3	
Nitroglycerin (Tablet Sublingual)	1	
Nitroglycerin (Transdermal Patch 24 Hour)	1	
Nitroglycerin (Translingual Solution)	1	
Nitrostat (Tablet Sublingual)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Rectiv (Rectal Ointment)	3		Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	1	QL
Central Nervous System Agents			Dextroamphetamine Sulfate (Oral Tablet)	1	QL
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			Dyanavel XR (Oral Suspension Extended Release)	3	QL
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL	Evekeo (Oral Tablet)	3	
Adderall XR (Oral Capsule Extended Release 24 Hour)	3	QL	Methamphetamine HCl (Oral Tablet)	1	PA
Adzenys ER (Oral Suspension Extended Release)	3	QL	Mydayis (Oral Capsule Extended Release 24 Hour)	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL	ProCentra (Oral Solution)	3	
Amphetamine Sulfate (Oral Tablet)	1		Vyvanse (Oral Capsule)	3	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	1	QL	Vyvanse (Oral Tablet Chewable)	3	
Amphetamine-Dextroamphetamine (Oral Tablet)	1	QL	Zenzedi (Oral Tablet)	3	QL
Desoxyn (Oral Tablet)	4	PA	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Dexedrine (Oral Capsule Extended Release 24 Hour)	4	QL	Aptensio XR (Oral Capsule Extended Release 24 Hour)	3	QL
			Atomoxetine HCl (Oral Capsule)	1	
			Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	1	PA
			Concerta (Oral Tablet Extended Release)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL	Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour)	1	
Daytrana (Transdermal Patch)	3	QL	Methylphenidate HCl ER (Oral Tablet Extended Release)	1	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	1		Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL
Dexmethylphenidate HCl (Oral Tablet)	1	QL	Methylphenidate HCl (Oral Solution)	1	QL
Focalin (Oral Tablet)	3	QL	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	1	QL
Focalin XR (Oral Capsule Extended Release 24 Hour)	3		Methylphenidate HCl (Oral Tablet Chewable)	1	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	1	PA; HRM	QuilliChew ER (Oral Tablet Chewable Extended Release)	3	QL
Intuniv (Oral Tablet Extended Release 24 Hour)	3	PA; HRM	Quillivant XR (Oral Suspension Reconstituted)	3	
Kapvay (Oral Tablet Extended Release 12 Hour)	3	PA	Relexxii (Oral Tablet Extended Release)	1	QL
Metadate ER (Oral Tablet Extended Release)	1	QL	Ritalin LA (Oral Capsule Extended Release 24 Hour)	3	
Methylin (Oral Solution)	3	QL	Ritalin (Oral Tablet)	3	QL
Methylphenidate HCl CD (Oral Capsule Extended Release)	1		Strattera (Oral Capsule)	3	
			Central Nervous System, Other		
			Austedo (Oral Tablet)	4	PA; LA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gralise (Oral Tablet)	3	PA
Gralise Starter (Oral)	3	PA
Horizant (Oral Tablet Extended Release)	3	PA
Ingrezza (Oral Capsule)	4	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	4	PA; QL
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	2	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	2	PA; QL
Nuedexta (Oral Capsule)	3	PA
Rilutek (Oral Tablet)	4	
Riluzole (Oral Tablet)	1	
Tetrabenazine (Oral Tablet)	1	PA; LA
Tiglutik (Oral Suspension)	4	PA
Xenazine (Oral Tablet)	4	PA; LA
Fibromyalgia Agents		
Cymbalta (Oral Capsule Delayed Release Particles)	3	QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lyrica CR (Oral Tablet Extended Release 24 Hour)	3	PA; QL
Lyrica (Oral Capsule)	2	QL
Lyrica (Oral Solution)	2	QL
Savella (Oral Tablet)	2	
Savella Titration Pack (Oral Tablet)	2	
Multiple Sclerosis Agents		
Ampyra (Oral Tablet Extended Release 12 Hour)	4	QL
Aubagio (Oral Tablet)	4	LA; QL
Avonex (30MCG Intramuscular Kit)	4	
Avonex Pen (Intramuscular Auto-Injector Kit)	4	
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	4	
Betaseron (Subcutaneous Kit)	4	
Copaxone (Subcutaneous Solution Prefilled Syringe)	4	
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	1	QL
Extavia (Subcutaneous Kit)	4	
Gilenya (0.5MG Oral Capsule)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	1		Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe)	4	
Glatopa (Subcutaneous Solution Prefilled Syringe)	1		Plegridy (Subcutaneous Solution Pen-Injector)	4	
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	4	PA	Plegridy (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Rebidose (Subcutaneous Solution Auto-Injector)	4	
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	4	
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	4	PA	Tecfidera Starter Pack (Oral)	4	LA
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	4	PA	Tecfidera (Oral Capsule Delayed Release)	4	LA; QL
Mayzent (Oral Tablet)	4	QL	Dental and Oral Agents		
Plegridy Starter Pack (Subcutaneous Solution Pen-Injector)	4		Dental and Oral Agents		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cevimeline HCl (Oral Capsule)	1	ST	Aldara (External Cream)	3	
Chlorhexidine Gluconate (Mouth Solution)	1		Altreno (External Lotion)	3	PA
Evoxac (Oral Capsule)	3	ST	Ammonium Lactate (External Cream)	1	
Pilocarpine HCl (Oral Tablet)	1		Ammonium Lactate (External Lotion)	1	
Salagen (Oral Tablet)	3		Amnesteem (Oral Capsule)	1	PA
Triamcinolone Acetonide (Dental Paste)	1		Atralin (External Gel)	3	PA
Dermatological Agents			Avita (External Cream)	1	PA
Dermatological Agents			Avita (External Gel)	1	PA
Absorica (Oral Capsule)	4	PA	Azelaic Acid (External Gel)	1	
Acanya (External Gel)	3		Azelex (External Cream)	3	
Acitretin (Oral Capsule)	1		BenzaClin with Pump (External Gel)	3	
Aczone (5% External Gel)	3		Benzamycin (External Gel)	3	
Adapalene (External Cream)	1		Benzoyl Peroxide-Erythromycin (External Gel)	1	
Adapalene (External Gel)	1		Calcipotriene (External Cream)	1	
Adapalene (External Pad)	3		Calcipotriene (External Ointment)	1	
Adapalene (External Solution)	4		Calcipotriene (External Solution)	1	
Adapalene-Benzoyl Peroxide (External Gel)	1		Calcipotriene-Betamethasone (External Ointment)	1	
Aktipak (External Packet)	3	ST			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Calcitriol (External Ointment)	1		Clindamycin Phosphate-Benzoyl Peroxide (External Gel)	1	
Carac (External Cream)	4		Clindamycin-Tretinoin (External Gel)	1	PA
Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	1	PA	Clotrimazole-Betamethasone (External Cream)	1	
Cleocin-T (External Gel)	3		Clotrimazole-Betamethasone (External Lotion)	1	
Cleocin-T (External Lotion)	3		Condylox (External Gel)	3	
Cleocin-T (External Swab)	3		Cortisporin (External Cream)	3	
Clindacin-P (External Swab)	1		Cortisporin (External Ointment)	3	
Clindagel (External Gel)	4		Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Clindamycin Phosphate (External Foam)	1		Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	4	PA; LA
Clindamycin Phosphate (External Gel)	1		Dapsone (External Gel)	1	
Clindamycin Phosphate (External Lotion)	1		Diclofenac Sodium (3% Transdermal Gel)	1	PA
Clindamycin Phosphate (External Solution)	1		Differin (External Cream)	3	
Clindamycin Phosphate (External Swab)	1		Differin (External Gel)	3	
			Differin (External Lotion)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dovonex (External Cream)	4		Finacea (External Gel)	3	
Doxepin HCl (External Cream)	1	PA; QL	Fluorouracil (0.5% External Cream)	4	
Duac (External Gel)	3		Fluorouracil (5% External Cream)	1	
Duobrii (External Lotion)	4	PA	Fluorouracil (External Solution)	1	
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	4	PA	Ilumya (Subcutaneous Solution Prefilled Syringe)	4	PA
Efudex (External Cream)	3		Imiquimod (5% External Cream)	1	
Elidel (External Cream)	3		Imiquimod Pump (3.75% External Cream)	4	PA
Enstilar (External Foam)	4	PA	Isotretinoin (Oral Capsule)	1	PA
Epiduo (External Gel)	3		Klaron (External Lotion)	3	PA
Epiduo Forte (External Gel)	3	ST	Lotrisone (External Cream)	3	
Ery (External Pad)	1		Methoxsalen Rapid (Oral Capsule)	1	
Erygel (External Gel)	3		Mirvaso (External Gel)	3	
Erythromycin (External Gel)	1		Myorisan (Oral Capsule)	1	PA
Erythromycin (External Solution)	1		Neo-Synalar (External Cream)	4	
Eucrisa (External Ointment)	3	PA; QL	Neuac (External Gel)	1	
Evoclin (External Foam)	4		Onexton (External Gel)	3	
Fabior (External Foam)	3	PA	Oxsoralen Ultra (Oral Capsule)	4	
Finacea (External Foam)	3				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Picato (External Gel)	2		Stelara (Subcutaneous Solution)	4	PA
Pimecrolimus (External Cream)	1		Stelara (Subcutaneous Solution Prefilled Syringe)	4	PA
Podofilox (External Solution)	1		Sulfacetamide Sodium (Acne) (External Lotion)	1	PA
Protopic (External Ointment)	3		Taclonex (External Ointment)	4	
PRUDOXIN (External Cream)	3	PA; QL	Taclonex (External Suspension)	4	
Regranex (External Gel)	4	PA	Tacrolimus (External Ointment)	1	
Retin-A (External Cream)	3	PA	Taltz (Subcutaneous Solution Auto-Injector)	4	PA; LA
Retin-A (External Gel)	3	PA	Taltz (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Retin-A Micro (External Gel)	4	PA	Tazarotene (External Cream)	1	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	4	PA	Tazorac (External Cream)	3	PA
Rhofade (External Cream)	3	PA	Tazorac (0.05% External Gel)	4	PA
Santyl (External Ointment)	3		Tazorac (0.1% External Gel)	3	PA
Selenium Sulfide (External Lotion)	1		Tolak (External Cream)	3	
Siliq (Subcutaneous Solution Prefilled Syringe)	4	PA			
Soolantra (External Cream)	3				
Soriatane (Oral Capsule)	4				
Sorilux (External Foam)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tremfya (Subcutaneous Solution Pen-Injector)	4	PA	Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	3	B/D, PA
Tremfya (Subcutaneous Solution Prefilled Syringe)	4	PA	Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA
Tretinoin (External Cream)	1	PA	Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Tretinoin (External Gel)	1	PA	Clinimix E/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Tretinoin Microsphere (External Gel)	1	PA	Clinimix E/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Vectical (External Ointment)	4		Clinimix/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA
Veregen (External Ointment)	4		Clinimix/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Zenatane (Oral Capsule)	1	PA	Clinimix/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Ziana (External Gel)	4	PA	Clinimix/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Zonalon (External Cream)	3	PA; QL	Clinisol SF (Intravenous Solution)	3	B/D, PA
Zyclara Pump (External Cream)	4	PA	Dextrose (10% Intravenous Solution)	1	
Electrolytes/Minerals/Metals/Vitamins			Dextrose (5% Intravenous Solution)	1	B/D, PA
Electrolyte/Mineral Replacement					
Aminosyn II (Intravenous Solution)	3	B/D, PA			
Aminosyn-PF (Intravenous Solution)	3	B/D, PA			
Carbaglu (Oral Tablet)	4	LA			
Carnitor (Oral Solution)	3				
Carnitor (Oral Tablet)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution)	1		KCl-Lactated Ringers-D5W (Intravenous Solution)	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	1	B/D, PA	Klor-Con 10 (Oral Tablet Extended Release)	1	
Endari (Oral Packet)	4	PA	Klor-Con M10 (Oral Tablet Extended Release)	1	
FreAmine HBC (Intravenous Solution)	3	B/D, PA	Klor-Con M15 (Oral Tablet Extended Release)	1	
HepatAmine (Intravenous Solution)	1	B/D, PA	Klor-Con M20 (Oral Tablet Extended Release)	1	
Intralipid (20% Intravenous Emulsion)	1	B/D, PA	Klor-Con (Oral Packet)	1	
Intralipid (30% Intravenous Emulsion)	3	B/D, PA	Klor-Con 8 (Oral Tablet Extended Release)	1	
Ionosol-MB in D5W (Intravenous Solution)	3		Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release)	1	
Isolyte-P in D5W (Intravenous Solution)	3		K-Tab (Oral Tablet Extended Release)	3	
Isolyte-S (Intravenous Solution)	3		Levocarnitine (1GM/10ML Oral Solution)	1	
KCl in Dextrose-NaCl (Injection)	1		Levocarnitine (330MG Oral Tablet)	1	
			Magnesium Sulfate (50% Injection Solution)	1	
			Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
NephrAmine (Intravenous Solution)	3	B/D, PA	Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	1	B/D, PA
Normosol-M in D5W (Intravenous Solution)	1		Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	1	B/D, PA
Normosol-R in D5W (Intravenous Solution)	1		Potassium Chloride (Oral Packet)	1	
Normosol-R pH 7.4 (Intravenous Solution)	1		Potassium Chloride (Oral Solution)	1	
Nutrilipid (Intravenous Emulsion)	1	B/D, PA	Potassium Citrate ER (Oral Tablet Extended Release)	1	
Plasma-Lyte 148 (Intravenous Solution)	3		Premasol (10% Intravenous Solution)	3	B/D, PA
Plasma-Lyte A (Intravenous Solution)	3		Premasol (6% Intravenous Solution)	1	B/D, PA
Plenamaine (Intravenous Solution)	1	B/D, PA	Procalamine (Intravenous Solution)	3	B/D, PA
Potassium Chloride CR (Oral Tablet Extended Release)	1		Prosol (Intravenous Solution)	3	B/D, PA
Potassium Chloride ER (Oral Capsule Extended Release)	1		Sodium Chloride (0.45% Intravenous Solution)	1	
Potassium Chloride in Dextrose (Intravenous Solution)	1	B/D, PA	Sodium Chloride (0.9% Intravenous Solution)	1	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	1	B/D, PA			
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	1	B/D, PA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	1	B/D, PA	Ferriprox (Oral Tablet)	4	PA
Sodium Chloride (Irrigation Solution)	1		Jadenu (Oral Tablet)	4	PA
Sodium Fluoride (Oral Tablet)	1		Jadenu Sprinkle (Oral Packet)	4	PA
Sodium Lactate (Intravenous Solution)	1		Jynarque (Oral Tablet)	4	PA
TPN Electrolytes (Intravenous Solution)	1		Jynarque (Oral Tablet Therapy Pack)	4	PA; QL
Travasol (Intravenous Solution)	3	B/D, PA	Kionex (Oral Suspension)	1	
TrophAmine (Intravenous Solution)	3	B/D, PA	Lokelma (Oral Packet)	3	QL
Urocit-K 10 (Oral Tablet Extended Release)	3		Samsca (Oral Tablet)	4	PA
Urocit-K 15 (Oral Tablet Extended Release)	3		Sodium Polystyrene Sulfonate (Oral Powder)	1	
Urocit-K 5 (Oral Tablet Extended Release)	3		Sodium Polystyrene Sulfonate (Oral Suspension)	1	
Electrolyte/Mineral/Metal Modifiers			SPS (Oral Suspension)	1	
Chemet (Oral Capsule)	4		Syprine (Oral Capsule)	4	PA; QL
Deferasirox (Oral Tablet Soluble)	1	PA	Trientine HCl (Oral Capsule)	1	PA; QL
Exjade (Oral Tablet Soluble)	4	PA	Veltassa (Oral Packet)	4	QL
Ferriprox (Oral Solution)	4	PA	Phosphate Binders		
			Auryxia (Oral Tablet)	4	PA
			Calcium Acetate (Phosphate Binder) (Oral Capsule)	1	
			Calcium Acetate (Phosphate Binder) (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fosrenol (Oral Packet)	4		Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	1	PA
Fosrenol (Oral Tablet Chewable)	4		Methscopolamine Bromide (Oral Tablet)	1	
Lanthanum Carbonate (Oral Tablet Chewable)	1		Propantheline Bromide (Oral Tablet)	1	PA; HRM
Phoslyra (Oral Solution)	2		Gastrointestinal Agents, Other		
Renagel (Oral Tablet)	4		Actigall (Oral Capsule)	4	
Renvela (Oral Packet)	4		Amoxicillin-Clarithromycin-Lansoprazole (Oral)	1	
Renvela (Oral Tablet)	4		Chenodal (Oral Tablet)	4	
Sevelamer Carbonate (Oral Packet)	1		Cromolyn Sodium (Oral Concentrate)	1	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	1		Diphenoxylate-Atropine (Oral Liquid)	1	PA; HRM
Sevelamer HCl (Oral Tablet)	1		Diphenoxylate-Atropine (Oral Tablet)	1	PA; HRM
Velphoro (Oral Tablet Chewable)	4		Gastrocrom (Oral Concentrate)	4	
Vitamins			Gattex (Subcutaneous Kit)	4	PA; LA
VP-PNV-DHA (Oral Capsule)	1		Lomotil (Oral Tablet)	3	PA; HRM
Gastrointestinal Agents			Loperamide HCl (Oral Capsule)	1	
Antispasmodics, Gastrointestinal			Motegrity (Oral Tablet)	3	ST; QL
Cuvposa (Oral Solution)	3	PA	Movantik (Oral Tablet)	3	PA; QL
Dicyclomine HCl (Oral Capsule)	1	HRM			
Dicyclomine HCl (Oral Solution)	1	HRM			
Dicyclomine HCl (Oral Tablet)	1	HRM			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Myalept (Subcutaneous Solution Reconstituted)	4	PA; LA	Cimetidine HCl (Oral Solution)	1	
Mytesi (Oral Tablet Delayed Release)	4	PA	Cimetidine (Oral Tablet)	1	
Omeclamox-Pak (Oral)	4		Famotidine (Oral Suspension Reconstituted)	1	
Pylera (Oral Capsule)	4		Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1	
Relistor (Oral Tablet)	4	PA	Nizatidine (Oral Capsule)	1	
Relistor (Subcutaneous Solution)	4	PA	Nizatidine (Oral Solution)	1	
Serostim (Subcutaneous Solution Reconstituted)	4	PA; LA	Pepcid (20MG Oral Tablet)	3	
Symproic (Oral Tablet)	3	PA; QL	Pepcid (40MG Oral Tablet)	4	
Trulance (Oral Tablet)	3	ST	Ranitidine HCl (Oral Capsule)	1	
Urso 250 (Oral Tablet)	3		Ranitidine HCl (75MG/5ML Oral Syrup)	1	
Urso Forte (Oral Tablet)	3		Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet)	1	
Ursodiol (Oral Capsule)	1		Irritable Bowel Syndrome Agents		
Ursodiol (Oral Tablet)	1		Alosetron HCl (Oral Tablet)	1	PA
Xermelo (Oral Tablet)	4	PA; LA; QL	Amitiza (Oral Capsule)	2	QL
Zorbtive (Subcutaneous Solution Reconstituted)	4	PA; LA	Linzess (Oral Capsule)	2	QL
Histamine2 (H2) Receptor Antagonists			Lotronex (Oral Tablet)	4	PA
			Viberzi (Oral Tablet)	4	PA; QL
			Xifaxan (Oral Tablet)	4	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Laxatives			NuLYTELY with Flavor Packs (Oral Solution Reconstituted)		
Clenpiq (Oral Solution)	2			3	
Colyte with Flavor Packs (Oral Solution Reconstituted)	3		OsmoPrep (Oral Tablet)	3	
Constulose (Oral Solution)	1		PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte)	1	
Enulose (Oral Solution)	1		PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1	
GaviLyte-C (Oral Solution Reconstituted)	1		PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
GaviLyte-G (Oral Solution Reconstituted)	1		Plenvu (Oral Solution Reconstituted)	3	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	1		Prepopik (Oral Packet)	3	
Generlac (Oral Solution)	1		Suprep Bowel Prep Kit (Oral Solution)	2	
GoLYTELY (Oral Solution Reconstituted)	3		TriLyte (Oral Solution Reconstituted)	1	
Kristalose (Oral Packet)	3		Protectants		
Lactulose (Oral Packet)	1		Carafate (Oral Suspension)	3	
Lactulose (10GM/15ML Oral Solution)	1		Carafate (Oral Tablet)	3	
MoviPrep (Oral Solution Reconstituted)	3		Cytotec (Oral Tablet)	3	
			Misoprostol (Oral Tablet)	1	
			Sucralfate (Oral Tablet)	1	
			Proton Pump Inhibitors		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aciphex (Oral Tablet Delayed Release)	3		Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	1	
Dexilant (Oral Capsule Delayed Release)	3	QL	Omeprazole-Sodium Bicarbonate (Oral Capsule)	1	PA
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	1	QL	Omeprazole-Sodium Bicarbonate (Oral Packet)	1	PA
Esomeprazole Strontium (Oral Capsule Delayed Release)	3	QL	Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL
Lansoprazole (Oral Capsule Delayed Release)	1	QL	Prevacid (Oral Capsule Delayed Release)	3	QL
Lansoprazole ODT (Oral Tablet Dispersible)	1		Prevacid SoluTab (Oral Tablet Dispersible)	3	
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	2	QL	Prilosec (Oral Packet)	3	PA
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	2		Protonix (Oral Packet)	3	ST
Omeprazole (10MG Oral Capsule Delayed Release)	1	QL	Protonix (Oral Tablet Delayed Release)	3	QL
			Rabeprazole Sodium (Oral Tablet Delayed Release)	1	
			Yosprala (Oral Tablet Delayed Release)	3	
			Zegerid (Oral Capsule)	4	PA
			Zegerid (Oral Packet)	4	PA
			Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Aralast NP (1000MG Intravenous Solution Reconstituted)	4	PA; LA
Buphenyl (Oral Powder)	4	
Buphenyl (Oral Tablet)	4	
Cerdelga (Oral Capsule)	4	PA
Cholbam (Oral Capsule)	4	PA
Creon (Oral Capsule Delayed Release Particles)	2	
Cystadane (Oral Powder)	4	
Cystagon (Oral Capsule)	3	LA
Galafold (Oral Capsule)	4	LA
Glassia (Intravenous Solution)	4	PA; LA
Kuvan (Oral Packet)	4	LA
Kuvan (Oral Tablet Soluble)	4	LA
Miglustat (Oral Capsule)	1	PA; LA
Nityr (Oral Tablet)	4	LA
Ocaliva (Oral Tablet)	4	PA; QL
Orfadin (Oral Capsule)	4	LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orfadin (Oral Suspension)	4	LA
Palynziq (Subcutaneous Solution Prefilled Syringe)	4	PA; QL
Pancreaze (10500UNIT Oral Capsule Delayed Release Particles, 16800UNIT Oral Capsule Delayed Release Particles, 2600UNIT Oral Capsule Delayed Release Particles, 4200UNIT Oral Capsule Delayed Release Particles)	3	ST
Pancreaze (21000UNIT Oral Capsule Delayed Release Particles)	4	ST
Pertzye (16000UNIT Oral Capsule Delayed Release Particles)	4	ST
Pertzye (4000UNIT Oral Capsule Delayed Release Particles, 8000UNIT Oral Capsule Delayed Release Particles)	3	ST
Prolastin-C (Intravenous Solution Reconstituted)	4	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
RAVICTI (Oral Liquid)	4	LA	Detrol LA (Oral Capsule Extended Release 24 Hour)	3	
Sodium Phenylbutyrate (Oral Powder)	1		Detrol (Oral Tablet)	3	
Sodium Phenylbutyrate (Oral Tablet)	1		Ditropan XL (Oral Tablet Extended Release 24 Hour)	3	
Sucraid (Oral Solution)	4	LA	Enablex (Oral Tablet Extended Release 24 Hour)	3	QL
Tegsedi (Subcutaneous Solution Prefilled Syringe)	4	PA; LA	Flavoxate HCl (Oral Tablet)	1	
Viokace (10440UNIT Oral Tablet)	3	ST	Gelnique Pump (Transdermal Gel)	3	
Viokace (20880UNIT Oral Tablet)	4	ST	Myrbetriq (Oral Tablet Extended Release 24 Hour)	2	
Xuriden (Oral Packet)	4	PA; LA	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	1	
Zavesca (Oral Capsule)	4	PA; LA	Oxybutynin Chloride (Oral Syrup)	1	
Zemaira (Intravenous Solution Reconstituted)	4	PA; LA	Oxybutynin Chloride (Oral Tablet Immediate Release)	1	
Zenpep (Oral Capsule Delayed Release Particles)	2		Oxytrol (Transdermal Patch Twice Weekly)	4	
Genitourinary Agents			Solifenacin Succinate (Oral Tablet)	1	QL
Antispasmodics, Urinary			Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	1	
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	1	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tolterodine Tartrate (Oral Tablet)	1		Proscar (Oral Tablet)	3	
Toviaz (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Rapaflo (Oral Capsule)	3	QL
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	1		Silodosin (Oral Capsule)	1	QL
Trospium Chloride (Oral Tablet)	1		Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL
Vesicare (Oral Tablet)	3	ST; QL	Tamsulosin HCl (Oral Capsule)	1	
Benign Prostatic Hypertrophy Agents			Terazosin HCl (Oral Capsule)	1	
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1		Uroxatral (Oral Tablet Extended Release 24 Hour)	3	
Avodart (Oral Capsule)	3		Genitourinary Agents, Other		
Cardura XL (Oral Tablet Extended Release 24 Hour)	3	QL	Bethanechol Chloride (Oral Tablet)	1	
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL	Cuprimine (Oral Capsule)	4	PA
Dutasteride (Oral Capsule)	1		Depen Titratabs (Oral Tablet)	4	
Dutasteride-Tamsulosin HCl (Oral Capsule)	1		Elmiron (Oral Capsule)	4	
Finasteride (5MG Oral Tablet) (Generic Proscar)	1		Lithostat (Oral Tablet)	4	
Flomax (Oral Capsule)	3		Penicillamine (Oral Capsule)	1	PA
Jalyn (Oral Capsule)	3		Thiola (Oral Tablet Immediate Release)	4	LA
			Urecholine (Oral Tablet)	3	
			Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Betamethasone Dipropionate (External Cream)	1	
Betamethasone Dipropionate (External Lotion)	1	
Betamethasone Dipropionate (External Ointment)	1	
Betamethasone Valerate (External Cream)	1	
Betamethasone Valerate (External Foam)	1	
Betamethasone Valerate (External Lotion)	1	
Betamethasone Valerate (External Ointment)	1	
Bryhali (External Lotion)	3	
Capex (External Shampoo)	3	
Clobetasol Propionate Emollient Base (External Cream)	1	
Clobetasol Propionate Emulsion (External Foam)	1	
Clobetasol Propionate (External Cream)	1	
Clobetasol Propionate (External Foam)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clobetasol Propionate (External Gel)	1		Desonide (External Ointment)	1	
Clobetasol Propionate (External Liquid)	1		DesOwen (External Cream)	3	
Clobetasol Propionate (External Lotion)	1		DesOwen (0.05% External Lotion)	3	
Clobetasol Propionate (External Ointment)	1		Desoximetasone (External Cream)	1	
Clobetasol Propionate (External Shampoo)	1		Desoximetasone (External Gel)	1	
Clobetasol Propionate (External Solution)	1		Desoximetasone (External Liquid)	1	
Clobex (External Lotion)	3		Desoximetasone (External Ointment)	1	
Clobex (External Shampoo)	4		Dexamethasone Intensol (Oral Concentrate)	1	
Clobex Spray (External Liquid)	4		Dexamethasone (Oral Elixir)	1	
Clodan (External Shampoo)	1		Dexamethasone (Oral Tablet)	1	
Cordran (External Tape)	4		Dexamethasone (Oral Tablet Therapy Pack)	1	
Cortef (Oral Tablet)	3		DexPak 13 Day (Oral Tablet Therapy Pack)	3	
Cortisone Acetate (Oral Tablet)	1		Diflorasone Diacetate (External Cream)	1	
Cutivate (External Lotion)	4		Diflorasone Diacetate (External Ointment)	1	
Desonate (External Gel)	3		Diprolene (External Ointment)	3	
Desonide (External Cream)	1		Elocon (External Cream)	3	
Desonide (External Lotion)	1		Elocon (0.1% External Ointment)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Emflaza (Oral Suspension)	4	PA; LA	Fluticasone Propionate (External Cream)	1	
Emflaza (Oral Tablet)	4	PA; LA	Fluticasone Propionate (External Lotion)	1	
Fludrocortisone Acetate (Oral Tablet)	1		Fluticasone Propionate (External Ointment)	1	
Fluocinolone Acetonide (External Cream)	1		Halobetasol Propionate (External Cream)	1	
Fluocinolone Acetonide (External Ointment)	1		Halobetasol Propionate (External Foam)	4	
Fluocinolone Acetonide (External Solution)	1		Halobetasol Propionate (External Ointment)	1	
Fluocinolone Acetonide Scalp (External Oil)	1		Halog (External Cream)	4	
Fluocinonide Emulsified Base (External Cream)	1		Halog (External Ointment)	4	
Fluocinonide (0.1% External Cream)	1		Hydrocortisone Butyrate (External Cream)	1	
Fluocinonide (External Gel)	1		Hydrocortisone Butyrate (External Lotion)	1	
Fluocinonide (External Ointment)	1		Hydrocortisone Butyrate (External Ointment)	1	
Fluocinonide (External Solution)	1		Hydrocortisone Butyrate (External Solution)	1	
Flurandrenolide (External Cream)	1		Hydrocortisone (1% External Cream, 2.5% External Cream)	1	
Flurandrenolide (External Lotion)	1				
Flurandrenolide (External Ointment)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrocortisone (2.5% External Lotion)	1		MiCort-HC (External Cream)	3	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1		Millipred (Oral Tablet)	3	
Hydrocortisone (Oral Tablet)	1		Mometasone Furoate (External Cream)	1	
Hydrocortisone Valerate (External Cream)	1		Mometasone Furoate (External Ointment)	1	
Hydrocortisone Valerate (External Ointment)	1		Mometasone Furoate (External Solution)	1	
Impoysz (External Cream)	3		Nolix (External Cream)	1	
Kenalog (External Aerosol Solution)	4		Nolix (External Lotion)	1	
Lexette (External Foam)	4		Olux (External Foam)	4	
Locoid (External Lotion)	4		Olux-E (External Foam)	4	
Locoid (External Solution)	3		Orapred ODT (Oral Tablet Dispersible)	3	
Locoid Lipocream (External Cream)	3		Pandel (External Cream)	4	
Luxiq (External Foam)	3		Prednicarbate (External Cream)	1	
Medrol (Oral Tablet)	3		Prednicarbate (External Ointment)	1	
Medrol (Oral Tablet Therapy Pack)	3		Prednisolone (Oral Solution)	1	
Methylprednisolone (Oral Tablet)	1		Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	1	
Methylprednisolone (Oral Tablet Therapy Pack)	1		Prednisolone Sodium Phosphate ODT (Oral Tablet Dispersible)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
DDAVP Rhinal Tube (Nasal Solution)	3	
Desmopressin Acetate (Oral Tablet)	1	
Desmopressin Acetate Spray (Nasal Solution)	1	
Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	4	PA
Genotropin (Subcutaneous Solution Reconstituted)	4	PA
Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)	4	PA
Increlex (Subcutaneous Solution)	4	PA; LA
Nocdurna (Tablet Sublingual)	3	PA
Norditropin FlexPro (Subcutaneous Solution)	4	PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution)	4	PA
Nutropin AQ NuSpin 20 (Subcutaneous Solution)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nutropin AQ NuSpin 5 (Subcutaneous Solution)	4	PA
Omnitrope (Subcutaneous Solution)	4	PA
Omnitrope (Subcutaneous Solution Reconstituted)	4	PA
Saizen (Injection Solution Reconstituted)	4	PA; LA
Saizenprep (Injection Solution Reconstituted)	4	PA; LA
Stimate (Nasal Solution)	4	
Zomacton (10MG Subcutaneous Solution Reconstituted)	4	PA
Zomacton (5MG Subcutaneous Solution Reconstituted)	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Oral Tablet)	4	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Anadrol-50 (Oral Tablet)	4	PA	Testim (Transdermal Gel)	3	
Androderm (Transdermal Patch 24 Hour)	2		Testosterone Cypionate (Intramuscular Solution)	1	
AndroGel Pump (Transdermal Gel)	3		Testosterone Enanthate (Intramuscular Solution)	1	
AndroGel (20.25 MG/1.25GM 1.62% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel)	3		Testosterone (10 MG/ACT(2%) Transdermal Gel, 12.5 MG/ACT(1%) Transdermal Gel, 20.25 MG/1.25GM(1.62%) Transdermal Gel, 20.25 MG/ACT(1.62%) Transdermal Gel, 25 MG/2.5GM(1%) Transdermal Gel, 40.5 MG/2.5GM(1.62%) Transdermal Gel, 50 MG/5GM(1%) Transdermal Gel)	1	
AndroGel (25 MG/2.5GM 1% Transdermal Gel)	4		Testosterone (Transdermal Solution)	1	
Aveed (Intramuscular Solution)	3	PA	Vogelxo Pump (Transdermal Gel)	3	
Danazol (Oral Capsule)	1		Vogelxo (Transdermal Gel)	3	
Depo-Testosterone (Intramuscular Solution)	3		Xyosted (Subcutaneous Solution Auto-Injector)	3	PA
Fortesta (Transdermal Gel)	3		Estrogens		
Intrarosa (Vaginal Insert)	3	PA; QL			
Methitest (Oral Tablet)	4	PA			
Methyltestosterone (Oral Capsule)	1	PA			
Oxandrolone (Oral Tablet)	1	PA			
Striant (Buccal)	4	PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Activella (1-0.5MG Oral Tablet)	3	PA; HRM
Alora (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Altavera (Oral Tablet)	1	
Alyacen 1/35 (Oral Tablet)	1	
Amabelz (Oral Tablet)	1	PA; HRM
Amethia Lo (Oral Tablet)	1	
Amethia (Oral Tablet)	1	
Angeliq (Oral Tablet)	3	PA; HRM
Apri (Oral Tablet)	1	
Aranelle (Oral Tablet)	1	
Ashlyna (Oral Tablet)	1	
Aubra (Oral Tablet)	1	
Aviane (Oral Tablet)	1	
Balziva (Oral Tablet)	1	
Beyaz (Oral Tablet)	3	
Bijuva (Oral Capsule)	3	PA; HRM
Blisovi 24 Fe (Oral Tablet)	1	
Blisovi Fe 1.5/30 (Oral Tablet)	1	
Briellyn (Oral Tablet)	1	
Camrese Lo (Oral Tablet)	1	
Caziant (Oral Tablet)	1	
Climara Pro (Transdermal Patch Weekly)	3	PA; HRM
Climara (Transdermal Patch Weekly)	3	PA; HRM; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
CombiPatch (Transdermal Patch Twice Weekly)	3	PA; HRM
Cryselle-28 (Oral Tablet)	1	
Cyclafem 1/35 (Oral Tablet)	1	
Cyclafem 7/7/7 (Oral Tablet)	1	
Cyred (Oral Tablet)	1	
Delestrogen (Intramuscular Oil)	3	
Delyla (Oral Tablet)	1	
Depo-Estradiol (Intramuscular Oil)	3	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	1	
Divigel (1MG/GM Transdermal Gel)	3	PA; HRM
Dotti (Transdermal Patch Twice Weekly)	1	PA; HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	1	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	1	
Duavee (Oral Tablet)	3	PA; HRM
Elestrin (Transdermal Gel)	3	PA; HRM
Emoquette (Oral Tablet)	1	
Enpresse-28 (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Enskyce (Oral Tablet)	1	
Estartylla (Oral Tablet)	1	
Estrace (Oral Tablet)	3	PA; HRM
Estrace (Vaginal Cream)	3	
Estradiol (Oral Tablet)	1	PA; HRM
Estradiol (Transdermal Patch Twice Weekly)	1	PA; HRM; QL
Estradiol (Transdermal Patch Weekly)	1	PA; HRM; QL
Estradiol (Vaginal Cream)	1	
Estradiol (Vaginal Tablet)	1	
Estradiol Valerate (Intramuscular Oil)	1	
Estradiol-Norethindrone Acetate (Oral Tablet)	1	PA; HRM
Estring (Vaginal Ring)	3	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	1	
Evamist (Transdermal Solution)	3	PA; HRM
Falmina (Oral Tablet)	1	
Fayosim (Oral Tablet)	1	
Femhrt Low Dose (Oral Tablet)	3	PA; HRM
Femring (Vaginal Ring)	3	
Femynor (Oral Tablet)	1	
Fyavolv (Oral Tablet)	1	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Generess Fe (Oral Tablet Chewable)	3	
Gianvi (Oral Tablet)	1	
Hailey 24 Fe (Oral Tablet)	1	
Imvexxy Maintenance Pack (Vaginal Insert)	2	PA; QL
Imvexxy Starter Pack (Vaginal Insert)	2	PA; QL
Introvale (Oral Tablet)	1	
Isibloom (Oral Tablet)	1	
Jasmiel (Oral Tablet)	1	
Jinteli (Oral Tablet)	1	PA; HRM
Juleber (Oral Tablet)	1	
Junel 1.5/30 (Oral Tablet)	1	
Junel 1/20 (Oral Tablet)	1	
Junel Fe 1.5/30 (Oral Tablet)	1	
Junel Fe 1/20 (Oral Tablet)	1	
Junel Fe 24 (Oral Tablet)	1	
Kaitlib Fe (Oral Tablet Chewable)	1	
Kariva (Oral Tablet)	1	
Kelnor 1/35 (Oral Tablet)	1	
Kelnor 1/50 (Oral Tablet)	1	
Kurvelo (Oral Tablet)	1	
LARIN 1.5/30 (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
LARIN 1/20 (Oral Tablet)	1	
LARIN Fe 1.5/30 (Oral Tablet)	1	
LARIN Fe 1/20 (Oral Tablet)	1	
Larissia (Oral Tablet)	1	
Layolis Fe (Oral Tablet Chewable)	1	
Leena (Oral Tablet)	1	
Lessina (Oral Tablet)	1	
Levonest (Oral Tablet)	1	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	1	
Levora 0.15/30 (28) (Oral Tablet)	1	
Lo Loestrin Fe (Oral Tablet)	3	
Loestrin 1.5/30 (21) (Oral Tablet)	3	
Loestrin 1/20 (21) (Oral Tablet)	3	
Loestrin Fe 1.5/30 (Oral Tablet)	3	
Loestrin Fe 1/20 (Oral Tablet)	3	
Lopreeza (1-0.5MG Oral Tablet)	1	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Loryna (Oral Tablet)	1	
LoSeasonique (Oral Tablet)	3	
Low-Ogestrel (Oral Tablet)	1	
Lutera (Oral Tablet)	1	
Marlissa (Oral Tablet)	1	
Melodetta 24 Fe (Oral Tablet Chewable)	1	
Menest (Oral Tablet)	3	PA; HRM
Menostar (Transdermal Patch Weekly)	3	PA; HRM; QL
Mibelas 24 Fe (Oral Tablet Chewable)	1	
Microgestin 1.5/30 (Oral Tablet)	1	
Microgestin 1/20 (Oral Tablet)	1	
Microgestin Fe 1.5/30 (Oral Tablet)	1	
Microgestin Fe 1/20 (Oral Tablet)	1	
Mili (Oral Tablet)	1	
Mimvey Lo (Oral Tablet)	1	PA; HRM
Mimvey (Oral Tablet)	1	PA; HRM
Minastrin 24 Fe (Oral Tablet Chewable)	3	
Minivelle (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
MonoNessa (Oral Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Natazia (Oral Tablet)	3		Nortrel 1/35 (28) (Oral Tablet)	1	
Necon 0.5/35 (28) (Oral Tablet)	1		Nortrel 7/7/7 (Oral Tablet)	1	
Nikki (Oral Tablet)	1		NuvaRing (Vaginal Ring)	3	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	1	PA; HRM	Ocella (Oral Tablet)	1	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	1		Ogestrel (Oral Tablet)	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet)	1		Orsythia (Oral Tablet)	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	1		Ortho Tri-Cyclen Lo (Oral Tablet)	3	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	1		Ortho-Novum 1/35 (28) (Oral Tablet)	3	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	1		Ortho-Novum 7/7/7 (28) (Oral Tablet)	3	
Nortrel 0.5/35 (28) (Oral Tablet)	1		Pimtreea (Oral Tablet)	1	
Nortrel 1/35 (21) (Oral Tablet)	1		Pirmella 1/35 (Oral Tablet)	1	
			Portia-28 (Oral Tablet)	1	
			Prefest (Oral Tablet)	3	PA; HRM
			Premarin (Oral Tablet)	3	PA; HRM; QL
			Premarin (Vaginal Cream)	2	
			Premphase (Oral Tablet)	3	PA; HRM; QL
			Prempro (Oral Tablet)	3	PA; HRM; QL
			Previfem (Oral Tablet)	1	
			Quartette (Oral Tablet)	3	
			Reclipsen (Oral Tablet)	1	
			Rivelsa (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Safyral (Oral Tablet)	3		Velivet (Oral Tablet)	1	
Seasonique (Oral Tablet)	3		Vienna (Oral Tablet)	1	
Setlakin (Oral Tablet)	1		Vivelle-Dot (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Sprintec 28 (Oral Tablet)	1		Vyfemla (Oral Tablet)	1	
Sronyx (Oral Tablet)	1		VyLibra (Oral Tablet)	1	
Syeda (Oral Tablet)	1		WYMZYA Fe (Oral Tablet Chewable)	1	
Tarina 24 Fe (Oral Tablet)	1		Xulane (Transdermal Patch Weekly)	1	
Tarina Fe 1/20 (Oral Tablet)	1		Yasmin 28 (Oral Tablet)	3	
Tri-Estarylla (Oral Tablet)	1		YAZ (Oral Tablet)	3	
Tri-Legest Fe (Oral Tablet)	1		Yuvaferm (Vaginal Tablet)	1	
Tri-Lo-Estarylla (Oral Tablet)	1		Zarah (Oral Tablet)	1	
Tri-Lo-Sprintec (Oral Tablet)	1		Zovia 1/35E (28) (Oral Tablet)	1	
Tri-Mili (Oral Tablet)	1		Progestins		
Tri-Previfem (Oral Tablet)	1		Aygestin (Oral Tablet)	3	
Tri-Sprintec (Oral Tablet)	1		Camila (Oral Tablet)	1	
Trivora (28) (Oral Tablet)	1		Crinone (Vaginal Gel)	3	PA
Tri-VyLibra Lo (Oral Tablet)	1		Deblitane (Oral Tablet)	1	
Tri-VyLibra (Oral Tablet)	1		Depo-Provera (Intramuscular Suspension)	3	
Tydemy (Oral Tablet)	1		Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	3	
Vagifem (Vaginal Tablet)	3		Errin (Oral Tablet)	1	
			Incassia (Oral Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Jolivette (0.35MG Oral Tablet)	1	
Lyza (Oral Tablet)	1	
Medroxyprogesterone Acetate (Intramuscular Suspension)	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	1	
Medroxyprogesterone Acetate (Oral Tablet)	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	1	PA; HRM
Megestrol Acetate (Oral Tablet)	1	PA; HRM
Nora-BE (Oral Tablet)	1	
Norethindrone Acetate (5MG Oral Tablet)	1	
Norethindrone (0.35MG Oral Tablet)	1	
Norlyroc (Oral Tablet)	1	
Ortho Micronor (Oral Tablet)	3	
Progesterone Micronized (Oral Capsule)	1	
Prometrium (Oral Capsule)	3	
Provera (Oral Tablet)	3	
Sharobel (Oral Tablet)	1	
Selective Estrogen Receptor Modifying Agents		

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Oral Tablet)	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Oral Tablet)	1	
Egrifta (Subcutaneous Solution Reconstituted)	4	PA; LA
Eligard (Subcutaneous Kit)	3	PA
Firmagon (120MG Subcutaneous Solution Reconstituted)	4	PA
Firmagon (80MG Subcutaneous Solution Reconstituted)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Leuprolide Acetate (Injection Kit)	1	PA
Lupaneta Pack (Combination Kit)	4	PA
Lupron Depot (1-Month) (Intramuscular Kit)	4	PA
Lupron Depot (3-Month) (Intramuscular Kit)	4	PA
Lupron Depot (4-Month) (Intramuscular Kit)	4	PA
Lupron Depot (6-Month) (Intramuscular Kit)	4	PA
Octreotide Acetate (Injection Solution)	1	PA
Orilissa (Oral Tablet)	4	PA; QL
Sandostatin (Injection Solution)	4	PA
Signifor (Subcutaneous Solution)	4	PA; LA
Somatuline Depot (Subcutaneous Solution)	4	
Somavert (Subcutaneous Solution Reconstituted)	4	PA; LA; QL
Synarel (Nasal Solution)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Trelstar Mixject (Intramuscular Suspension Reconstituted)	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Oral Tablet)	1	
Propylthiouracil (Oral Tablet)	1	
Tapazole (Oral Tablet)	3	
Immunological Agents		
Angioedema Agents		
Beriner (Intravenous Kit)	4	PA; LA
Cinryze (Intravenous Solution Reconstituted)	4	PA; LA
Firazyr (Subcutaneous Solution)	4	PA; LA; QL
Haegarda (Subcutaneous Solution Reconstituted)	4	PA; LA
Ruconest (Intravenous Solution Reconstituted)	4	PA; LA
Takhzyro (Subcutaneous Solution)	4	PA
Immune Suppressants		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	3	B/D, PA
Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	4	B/D, PA
Azasan (100MG Oral Tablet)	3	B/D, PA
Azasan (75MG Oral Tablet)	4	B/D, PA
Azathioprine (Oral Tablet)	1	B/D, PA
Cellcept (Oral Capsule)	4	B/D, PA
Cellcept (Oral Suspension Reconstituted)	4	B/D, PA
Cellcept (Oral Tablet)	4	B/D, PA
Cimzia Prefilled (Subcutaneous Kit)	4	PA
Cimzia (Subcutaneous Kit)	4	PA
Cyclosporine Modified (Oral Capsule)	1	B/D, PA
Cyclosporine Modified (Oral Solution)	1	B/D, PA
Cyclosporine (Oral Capsule)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	4	PA	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	4	PA
Enbrel (Subcutaneous Solution Prefilled Syringe)	4	PA	Humira (Subcutaneous Prefilled Syringe Kit)	4	PA
Enbrel (Subcutaneous Solution Reconstituted)	4	PA	Imuran (Oral Tablet)	3	B/D, PA
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	4	PA	Kineret (Subcutaneous Solution Prefilled Syringe)	4	PA
Envarsus XR (Oral Tablet Extended Release 24 Hour)	3	B/D, PA	Methotrexate (Oral Tablet)	1	
Gengraf (Oral Capsule)	1	B/D, PA	Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1	
Gengraf (Oral Solution)	1	B/D, PA	Methotrexate Sodium (50MG/2ML Injection Solution)	1	
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	4	PA	Mycophenolate Mofetil (Oral Capsule)	1	B/D, PA
Humira Pen (Subcutaneous Pen-Injector Kit)	4	PA	Mycophenolate Mofetil (Oral Suspension Reconstituted)	1	B/D, PA
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	4	PA	Mycophenolate Mofetil (Oral Tablet)	1	B/D, PA
			Mycophenolate Sodium (Oral Tablet Delayed Release)	1	B/D, PA
			Myfortic (180MG Oral Tablet Delayed Release)	3	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Myfortic (360MG Oral Tablet Delayed Release)	4	B/D, PA	Rasuvo (Subcutaneous Solution Auto-Injector)	3	PA
Neoral (Oral Capsule)	3	B/D, PA	Sandimmune (100MG Oral Capsule)	4	B/D, PA
Neoral (Oral Solution)	3	B/D, PA	Sandimmune (25MG Oral Capsule)	3	B/D, PA
Olumiant (Oral Tablet)	4	PA; QL	Sandimmune (100MG/ML Oral Solution)	4	B/D, PA
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	4	PA	Simponi (Subcutaneous Solution Auto-Injector)	4	PA
Orencia (Subcutaneous Solution Prefilled Syringe)	4	PA	Simponi (Subcutaneous Solution Prefilled Syringe)	4	PA
Otrexup (Subcutaneous Solution Auto-Injector)	3	PA	Sirolimus (Oral Solution)	1	B/D, PA
Prograf (0.5MG Oral Capsule)	3	B/D, PA	Sirolimus (Oral Tablet)	1	B/D, PA
Prograf (1MG Oral Capsule, 5MG Oral Capsule)	4	B/D, PA	Tacrolimus (Oral Capsule)	1	B/D, PA
Prograf (Oral Packet)	4	B/D, PA	Trexall (Oral Tablet)	3	
Rapamune (Oral Solution)	4	B/D, PA	Xatmep (Oral Solution)	3	PA
Rapamune (0.5MG Oral Tablet)	3	B/D, PA	Xeljanz (Oral Tablet Immediate Release)	4	PA; QL
Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	4	B/D, PA	Xeljanz XR (Oral Tablet Extended Release 24 Hour)	4	PA; QL
			Zortress (Oral Tablet)	4	B/D, PA
			Immunizing Agents, Passive		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
BIVIGAM (10GM/100ML Intravenous Solution)	4	PA	Privigen (20GM/200ML Intravenous Solution)	4	PA
Flebogamma DIF (5GM/50ML Intravenous Solution)	4	PA	Varizig (Intramuscular Solution)	4	
Gammagard (2.5GM/25ML Injection Solution)	4	PA	Immunomodulators		
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	4	PA	Actemra ACTPen (Subcutaneous Solution Auto-Injector)	4	PA
Gammaked (1GM/10ML Injection Solution)	4	PA	Actemra (Subcutaneous Solution Prefilled Syringe)	4	PA
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	4	PA	Actimmune (Subcutaneous Solution)	4	LA
Gamunex-C (1GM/10ML Injection Solution)	4	PA	Arava (Oral Tablet)	4	
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	4	PA	Arcalyst (Subcutaneous Solution Reconstituted)	4	PA; LA
Panzyga (Intravenous Solution)	4	PA	Benlysta (Subcutaneous Solution Auto-Injector)	4	PA
			Benlysta (Subcutaneous Solution Prefilled Syringe)	4	PA
			Kevzara (Subcutaneous Solution Prefilled Syringe)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Leflunomide (Oral Tablet)	1		Daptacel (Intramuscular Suspension)	2	
Otezla (Oral Tablet)	4	PA; LA	Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	2	
Otezla (Oral Tablet Therapy Pack)	4	PA; LA	Engerix-B (Injection Suspension)	2	B/D, PA
Ridaura (Oral Capsule)	4		Gardasil 9 (Intramuscular Suspension)	2	
Xolair (Subcutaneous Solution Prefilled Syringe)	4	PA; LA	Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	2	
Xolair (Subcutaneous Solution Reconstituted)	4	PA; LA	Havrix (Intramuscular Suspension)	2	PA
Vaccines			Hiberix (Injection Solution Reconstituted)	2	
ActHIB (Intramuscular Solution Reconstituted)	2		Imovax Rabies (Intramuscular Injectable)	2	B/D, PA
Adacel (Intramuscular Suspension)	2		Infanrix (Intramuscular Suspension)	2	
BCG Vaccine (Injection)	2		IPOL (Injection)	2	
Bexsero (Intramuscular Suspension Prefilled Syringe)	2		Ixiaro (Intramuscular Suspension)	2	
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	2		Kinrix (Intramuscular Suspension)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Menactra (Intramuscular Injectable)	2		RotaTeq (Oral Solution)	2	
Menveo (Intramuscular Solution Reconstituted)	2		Shingrix (Intramuscular Suspension Reconstituted)	2	PA
M-M-R II (Subcutaneous Injectable)	2		TDVAX (Intramuscular Suspension)	2	
Pediarix (Intramuscular Suspension)	2		Tenivac (Intramuscular Injectable)	2	
Pedvax HIB (Intramuscular Suspension)	2		Trumenba (Intramuscular Suspension Prefilled Syringe)	2	
ProQuad (Subcutaneous Suspension Reconstituted)	2		Twinrix (Intramuscular Suspension Prefilled Syringe)	2	
Quadracel (Intramuscular Suspension)	2		Typhim Vi (Intramuscular Solution)	2	
RabAvert (Intramuscular Suspension Reconstituted)	2	B/D, PA	VAQTA (Intramuscular Suspension)	2	PA
Recombivax HB (Injection Suspension)	2	B/D, PA	Varivax (Subcutaneous Injectable)	2	
Rotarix (Oral Suspension Reconstituted)	2		YF-Vax (Subcutaneous Injectable)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zostavax (Subcutaneous Suspension Reconstituted)	3	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Oral Capsule Extended Release 24 Hour)	2	QL
Asacol HD (Oral Tablet Delayed Release)	4	QL
Balsalazide Disodium (Oral Capsule)	1	
Canasa (Rectal Suppository)	4	
Colazal (Oral Capsule)	4	
Delzicol (Oral Capsule Delayed Release)	3	
Dipentum (Oral Capsule)	4	
Lialda (Oral Tablet Delayed Release)	4	QL
Mesalamine (Oral Capsule Delayed Release)	1	
Mesalamine (Oral Tablet Delayed Release)	1	QL
Mesalamine (Rectal Enema)	1	
Mesalamine (Rectal Suppository)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pentasa (Oral Capsule Extended Release)	3	QL
Rowasa (Rectal Kit)	4	
Glucocorticoids		
Anusol-HC (Rectal Cream)	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	1	
Budesonide (Oral Capsule Delayed Release Particles)	1	
Colocort (Rectal Enema)	1	
Entocort EC (Oral Capsule Delayed Release Particles)	4	
Hydrocortisone Acetate-Pramoxine (1-1% Rectal Cream)	1	
Hydrocortisone (Rectal Enema)	1	
Procto-Med HC (Rectal Cream)	1	
Procto-Pak (Rectal Cream)	1	
Proctosol HC (Rectal Cream)	1	
Proctozone-HC (Rectal Cream)	1	
Uceris (Oral Tablet Extended Release 24 Hour)	4	
Uceris (Rectal Foam)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sulfonamides		
Azulfidine EN-tabs (Oral Tablet Delayed Release)	3	
Azulfidine (Oral Tablet Immediate Release)	3	
Sulfasalazine (Oral Tablet Immediate Release)	1	
Sulfasalazine (Oral Tablet Delayed Release)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Actonel (150MG Oral Tablet, 35MG Oral Tablet, 5MG Oral Tablet)	3	
Alendronate Sodium (Oral Solution)	1	
Alendronate Sodium (Oral Tablet)	1	
Atelvia (Oral Tablet Delayed Release)	3	
Binosto (Oral Tablet Effervescent)	3	
Boniva (Oral Tablet)	3	
Calcitonin Salmon (Nasal Solution)	1	
Calcitriol (Oral Capsule)	1	B/D, PA
Calcitriol (Oral Solution)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cinacalcet HCl (Oral Tablet)	1	B/D, PA; QL
Doxercalciferol (Oral Capsule)	1	B/D, PA
Forteo (Subcutaneous Solution)	4	PA
Fosamax (Oral Tablet)	3	
Fosamax Plus D (Oral Tablet)	3	
Ibandronate Sodium (Oral Tablet)	1	
Natpara (Subcutaneous Cartridge)	4	PA; LA
Paricalcitol (Oral Capsule)	1	B/D, PA
Prolia (Subcutaneous Solution Prefilled Syringe)	3	QL
Rayaldee (Oral Capsule Extended Release)	4	QL
Risedronate Sodium (Oral Tablet Immediate Release)	1	
Risedronate Sodium (Oral Tablet Delayed Release)	1	
Rocaltrol (Oral Capsule)	3	B/D, PA
Rocaltrol (Oral Solution)	3	B/D, PA
Sensipar (Oral Tablet)	4	B/D, PA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Tymlos (Subcutaneous Solution Pen-Injector)	4	PA; QL
Xgeva (Subcutaneous Solution)	4	PA
Zemplar (1MCG Oral Capsule)	3	B/D, PA
Zemplar (2MCG Oral Capsule)	4	B/D, PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	2	
Ergoloid Mesylates (Oral Tablet)	1	PA; HRM
Firdapse (Oral Tablet)	4	PA; LA; QL
Gauze (Non-medicated 2X2 Pad)	2	
Insulin Syringes, Needles	2	
Lucemyra (Oral Tablet)	4	QL
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (Ophthalmic Solution)	1	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	1	
Blephamide (Ophthalmic Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Blephamide S.O.P. (Ophthalmic Ointment)	3	
Cystaran (Ophthalmic Solution)	4	LA
Lacrisert (Ophthalmic Insert)	3	
Lastacraft (Ophthalmic Solution)	2	
Maxitrol (Ophthalmic Ointment)	3	
Maxitrol (Ophthalmic Suspension)	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	1	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	1	
Oxervate (Ophthalmic Solution)	4	PA; LA; QL
Polymyxin B-Trimethoprim (Ophthalmic Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Polytrim (Ophthalmic Solution)	3	
Pred-G (Ophthalmic Suspension)	3	
Pred-G S.O.P. (Ophthalmic Ointment)	3	
Proparacaine HCl (Ophthalmic Solution)	1	
Restasis (Ophthalmic Emulsion)	2	QL
Rhopressa (Ophthalmic Solution)	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	1	
TobraDex (Ophthalmic Ointment)	2	
TobraDex (Ophthalmic Suspension)	3	
TobraDex ST (Ophthalmic Suspension)	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	1	
Xiidra (Ophthalmic Solution)	3	QL
Zylet (Ophthalmic Suspension)	3	
Ophthalmic Anti-allergy Agents		

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Betoptic-S (Ophthalmic Suspension)	3		Phospholine Iodide (Ophthalmic Solution Reconstituted)	3	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1		Pilocarpine HCl (Ophthalmic Solution)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1		Rocklatan (Ophthalmic Solution)	3	ST
Carteolol HCl (Ophthalmic Solution)	1		Simbrinza (Ophthalmic Suspension)	2	
Combigan (Ophthalmic Solution)	2		Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	1	
Cosopt (Ophthalmic Solution)	3		Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	1	
Cosopt PF (Ophthalmic Solution)	3		Timoptic Ocudose (Ophthalmic Solution)	3	
Dorzolamide HCl (Ophthalmic Solution)	1		Timoptic-XE (Ophthalmic Gel Forming Solution)	3	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1		Trusopt (Ophthalmic Solution)	3	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	1		Ophthalmic Anti-inflammatories		
Iopidine (1% Ophthalmic Solution)	4		Acular LS (Ophthalmic Solution)	3	
Isopto Carpine (Ophthalmic Solution)	3		Acular (Ophthalmic Solution)	3	
Istalol (Ophthalmic Solution)	3		Acuvail (Ophthalmic Solution)	3	ST
Levobunolol HCl (Ophthalmic Solution)	1		Alrex (Ophthalmic Suspension)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	1		Lotemax (Ophthalmic Gel)	3	
BromSite (Ophthalmic Solution)	3	ST	Lotemax (Ophthalmic Ointment)	3	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1		Lotemax (Ophthalmic Suspension)	3	
Diclofenac Sodium (Ophthalmic Solution)	1		Lotemax SM (Ophthalmic Gel)	3	
Durezol (Ophthalmic Emulsion)	2		Loteprednol Etabonate (Ophthalmic Suspension)	1	
Flarex (Ophthalmic Suspension)	3		Maxidex (Ophthalmic Suspension)	3	
Fluorometholone (Ophthalmic Suspension)	1		Nevanac (Ophthalmic Suspension)	3	
Flurbiprofen Sodium (Ophthalmic Solution)	1		Omnipred (1% Ophthalmic Suspension)	3	
FML Forte (Ophthalmic Suspension)	3		Pred Forte (Ophthalmic Suspension)	3	
FML Liquifilm (Ophthalmic Suspension)	3		Pred Mild (Ophthalmic Suspension)	3	
FML (Ophthalmic Ointment)	3		Prednisolone Acetate (Ophthalmic Suspension)	1	
Ilevro (Ophthalmic Suspension)	2		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Inveltys (Ophthalmic Suspension)	3	ST	Prolensa (Ophthalmic Solution)	3	
Ketorolac Tromethamine (Ophthalmic Solution)	1		Ophthalmic Prostaglandin and Prostaglandin Analogs		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bimatoprost (Ophthalmic Solution)	1		Neomycin-Polymyxin-HC (1% Otic Solution)	1	
Latanoprost (Ophthalmic Solution)	1		Neomycin-Polymyxin-HC (Otic Suspension)	1	
Lumigan (Ophthalmic Solution)	2		Otovel (Otic Solution)	3	ST
Travatan Z (Ophthalmic Solution)	3		Respiratory Tract/Pulmonary Agents		
Vyzulta (Ophthalmic Solution)	3		Antihistamines		
Xalatan (Ophthalmic Solution)	3		Astepro (Nasal Solution)	3	
Xelpros (Ophthalmic Emulsion)	3	ST	Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1	
Zioptan (Ophthalmic Solution)	3		Carbinoxamine Maleate (Oral Solution)	1	PA; HRM
Otic Agents			Carbinoxamine Maleate (4MG Oral Tablet)	1	PA; HRM
Otic Agents			Cetirizine HCl (1MG/ML Oral Solution)	1	
Acetic Acid (Otic Solution)	1		Clarinex (Oral Syrup)	3	
Cetraxal (Otic Solution)	3		Clarinex (Oral Tablet)	3	
Cipro HC (Otic Suspension)	3		Clemastine Fumarate (2.68MG Oral Tablet)	1	PA; HRM
Ciprodex (Otic Suspension)	2		Cyproheptadine HCl (Oral Syrup)	1	PA; HRM
Ciprofloxacin HCl (Otic Solution)	1		Cyproheptadine HCl (Oral Tablet)	1	PA; HRM
Flac (Otic Oil)	1		Desloratadine (Oral Tablet)	1	
Fluocinolone Acetonide (Otic Oil)	1		Desloratadine ODT (Oral Tablet Dispersible)	1	
Hydrocortisone-Acetic Acid (Otic Solution)	1		Dexchlorpheniramine Maleate (Oral Solution)	1	PA; HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Levocetirizine Dihydrochloride (Oral Solution)	1		Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Levocetirizine Dihydrochloride (Oral Tablet)	1		Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Olopatadine HCl (Nasal Solution)	1		Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Patanase (Nasal Solution)	3		Asmanex HFA (Inhalation Aerosol)	3	ST; QL
Phenadoz (12.5MG Rectal Suppository)	1	PA; HRM	Beconase AQ (Nasal Suspension)	3	ST
Promethazine HCl (Oral Syrup)	1	PA; HRM	Budesonide (Inhalation Suspension)	1	B/D, PA
Promethazine HCl (Oral Tablet)	1	PA; HRM	Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	2	
Promethazine HCl (Rectal Suppository)	1	PA; HRM	Flovent HFA (Inhalation Aerosol)	2	QL
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	1	PA; HRM	Flunisolide (Nasal Solution)	1	
RyClora (Oral Solution)	4	PA; HRM	Fluticasone Propionate (Nasal Suspension)	1	
RyVent (Oral Tablet)	1	PA; HRM	Mometasone Furoate (Nasal Suspension)	1	
Anti-inflammatories, Inhaled Corticosteroids			Nasonex (Nasal Suspension)	3	
Alvesco (Inhalation Aerosol Solution)	3	ST; QL			
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Omnaris (Nasal Suspension)	3	ST	Zafirlukast (Oral Tablet)	1	
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	3	ST	Zileuton ER (Oral Tablet Extended Release 12 Hour)	1	ST
Pulmicort (Inhalation Suspension)	3	B/D, PA	Zyflo CR (600MG Oral Tablet Extended Release 12 Hour)	4	ST
Qnasl Childrens (Nasal Aerosol Solution)	3	ST	Zyflo (Oral Tablet Immediate Release)	4	ST
Qnasl (Nasal Aerosol Solution)	3	ST	Bronchodilators, Anticholinergic		
QVAR RediHaler (Inhalation Aerosol Breath Activated)	3	ST; QL	Atrovent HFA (Inhalation Aerosol Solution)	3	
Xhance (Nasal Exhaler Suspension)	3		Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Zetonna (Nasal Aerosol Solution)	3	ST	Ipratropium Bromide (Inhalation Solution)	1	B/D, PA
Antileukotrienes			Ipratropium Bromide (Nasal Solution)	1	
Accolate (Oral Tablet)	3		Lonhala Magnair Refill Kit (Inhalation Solution)	4	QL
Montelukast Sodium (Oral Packet)	1	QL	Seebri Neohaler (Inhalation Capsule)	3	ST
Montelukast Sodium (Oral Tablet)	1	QL	Spiriva HandiHaler (Inhalation Capsule)	2	QL
Montelukast Sodium (Oral Tablet Chewable)	1	QL	Spiriva Respimat (Inhalation Aerosol Solution)	2	QL
Singulair (Oral Packet)	3	QL			
Singulair (Oral Tablet)	3	QL			
Singulair (Oral Tablet Chewable)	3	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	3	ST	Brovana (Inhalation Nebulization Solution)	4	PA; QL
Yupelri (Inhalation Solution)	4	B/D, PA; QL	Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent EpiPen-JR)	2	QL
Bronchodilators, Sympathomimetic			Epinephrine (0.3MG/0.3ML Injection Solution) (Brand Equivalent Adrenaclick)	3	ST; QL
Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	1		Epinephrine (0.15MG/0.15ML Injection Solution Auto-Injector) (Brand Equivalent Adrenaclick)	3	ST; QL
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proair)	3	ST	Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent EpiPen)	2	QL
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proventil), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	3	ST	EpiPen 2-Pak (Injection Solution Auto-Injector)	3	ST; QL
Albuterol Sulfate (Inhalation Nebulization Solution)	1	B/D, PA	EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	3	ST; QL
Albuterol Sulfate (Oral Syrup)	1		Levalbuterol HCl (Inhalation Nebulization Solution)	1	B/D, PA
Albuterol Sulfate (Oral Tablet Immediate Release)	1		Levalbuterol Tartrate (Inhalation Aerosol)	3	ST
Arcapta Neohaler (Inhalation Capsule)	3	ST	Metaproterenol Sulfate (Oral Syrup)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metaproterenol Sulfate (10MG Oral Tablet, 20MG Oral Tablet)	1		Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution)	3	B/D, PA
Perforomist (Inhalation Nebulization Solution)	3	B/D, PA; QL	Xopenex (1.25MG/3ML Inhalation Nebulization Solution)	4	B/D, PA
ProAir HFA (Inhalation Aerosol Solution)	2		Cystic Fibrosis Agents		
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	2		Bethkis (Inhalation Nebulization Solution)	4	B/D, PA; QL
Proventil HFA (Inhalation Aerosol Solution)	3	ST	Cayston (Inhalation Solution Reconstituted)	4	PA; LA
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	2	QL	Orkambi (Oral Packet)	4	PA; LA; QL
Striverdi Respimat (Inhalation Aerosol Solution)	3	ST	Orkambi (Oral Tablet)	4	PA; LA; QL
Terbutaline Sulfate (Oral Tablet)	1		Symdeko (Oral Tablet Therapy Pack)	4	PA; QL
Ventolin HFA (Inhalation Aerosol Solution)	3	ST	TOBI (Inhalation Nebulization Solution)	4	B/D, PA; QL
Xopenex Concentrate (Inhalation Nebulization Solution)	3	B/D, PA	TOBI Podhaler (Inhalation Capsule)	4	PA; QL
Xopenex HFA (Inhalation Aerosol)	3	ST	Tobramycin (Inhalation Nebulization Solution)	1	B/D, PA; QL
			Mast Cell Stabilizers		
			Cromolyn Sodium (Inhalation Nebulization Solution)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Phosphodiesterase Inhibitors, Airways Disease			Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)		
Daliresp (Oral Tablet)	3	PA		4	PA; LA
Theo-24 (Oral Capsule Extended Release 24 Hour)	3		Revatio (Oral Suspension Reconstituted)	4	PA
Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour)	1		Revatio (Oral Tablet)	4	PA
Theophylline ER (Oral Tablet Extended Release 24 Hour)	1		Sildenafil Citrate (Oral Suspension Reconstituted)	1	PA
Theophylline (Oral Solution)	1		Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	1	PA
Pulmonary Antihypertensives			Tadalafil (PAH) (20MG Oral Tablet)	1	PA
Adcirca (Oral Tablet)	4	PA	Tracleer (Oral Tablet)	4	PA; LA; QL
Adempas (Oral Tablet)	4	PA; LA	Tracleer (Oral Tablet Soluble)	4	PA; LA; QL
Alyq (Oral Tablet)	1	PA	Uptravi (Oral Tablet)	4	PA; LA; QL
Ambrisentan (Oral Tablet)	1	PA; LA; QL	Uptravi (Oral Tablet Therapy Pack)	4	PA; LA
Bosentan (Oral Tablet)	1	PA; LA; QL	Ventavis (Inhalation Solution)	4	PA; LA
Letairis (Oral Tablet)	4	PA; LA; QL	Pulmonary Fibrosis Agents		
Opsumit (Oral Tablet)	4	PA; LA	Esbriet (Oral Capsule)	4	PA; LA; QL
Orenitram (0.125MG Oral Tablet Extended Release)	3	PA; LA	Esbriet (Oral Tablet)	4	PA; LA; QL
			Ofev (Oral Capsule)	4	PA; LA; QL
			Respiratory Tract Agents, Other		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Acetylcysteine (Inhalation Solution)	1	B/D, PA	Combivent Respimat (Inhalation Aerosol Solution)	2	QL
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	1	QL	Dulera (Inhalation Aerosol)	3	QL
Advair HFA (Inhalation Aerosol)	2	QL	Dymista (Nasal Suspension)	3	
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Fasenra (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	1	QL
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL			
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL			
Bevespi Aerosphere (Inhalation Aerosol)	3	ST			
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL			
Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	2	QL	Pulmozyme (Inhalation Solution)	4	B/D, PA; QL
Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA	Semprex-D (Oral Capsule)	3	
Kalydeco (Oral Packet)	4	PA; LA	Stiolto Respimat (Inhalation Aerosol Solution)	2	
Kalydeco (Oral Tablet)	4	PA; LA	Symbicort (Inhalation Aerosol)	2	QL
Nucala (Subcutaneous Solution Auto-Injector)	4	PA; LA; QL	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Nucala (Subcutaneous Solution Prefilled Syringe)	4	PA; LA; QL	Utibron Neohaler (Inhalation Capsule)	3	ST
Nucala (Subcutaneous Solution Reconstituted)	4	PA; LA; QL	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	1	QL
Oralair 300IR (Tablet Sublingual)	3	PA	Skeletal Muscle Relaxants		
Promethazine-Phenylephrine (Oral Syrup)	1	PA; HRM	Skeletal Muscle Relaxants		
			Amrix (Oral Capsule Extended Release 24 Hour)	4	PA; HRM
			Baclofen (Oral Tablet)	1	
			Carisoprodol (Oral Tablet)	1	PA; HRM; QL
			Carisoprodol-Aspirin (Oral Tablet)	1	PA; HRM
			Chlorzoxazone (375MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	PA; HRM

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	1	PA; HRM
Cyclobenzaprine HCl (Oral Tablet)	1	PA; HRM
Dantrium (Oral Capsule)	3	
Dantrolene Sodium (Oral Capsule)	1	
Fexmid (Oral Tablet)	3	PA; HRM
Lorzone (Oral Tablet)	3	PA; HRM
Metaxall (Oral Tablet)	1	PA; HRM
Metaxalone (Oral Tablet)	1	PA; HRM
Methocarbamol (Oral Tablet)	1	PA; HRM
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	1	PA; HRM
Skelaxin (Oral Tablet)	4	PA; HRM
Soma (250MG Oral Tablet)	3	PA; HRM; QL
Soma (350MG Oral Tablet)	4	PA; HRM; QL
Tizanidine HCl (Oral Capsule)	1	
Tizanidine HCl (Oral Tablet)	1	
Zanaflex (Oral Capsule)	3	
Zanaflex (Oral Tablet)	3	
Sleep Disorder Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
GABA Receptor Modulators		
Ambien CR (Oral Tablet Extended Release)	3	PA; HRM; QL
Ambien (Oral Tablet Immediate Release)	3	PA; HRM; QL
Edluar (Tablet Sublingual)	3	PA; HRM
Eszopiclone (Oral Tablet)	1	PA; HRM; QL
Flurazepam HCl (Oral Capsule)	1	HRM; QL
Intermezzo (Tablet Sublingual)	3	PA; HRM
Lunesta (Oral Tablet)	3	PA; HRM; QL
Restoril (Oral Capsule)	4	HRM; QL
Temazepam (Oral Capsule)	1	HRM; QL
Zaleplon (Oral Capsule)	1	HRM; QL
Zolpidem Tartrate ER (Oral Tablet Extended Release)	1	PA; HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	1	PA; HRM; QL
Zolpidem Tartrate (Tablet Sublingual)	1	PA; HRM
Sleep Disorders, Other		
Armodafinil (Oral Tablet)	1	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Belsomra (Oral Tablet)	2	QL
Hetlioz (Oral Capsule)	4	PA; LA; QL
Modafinil (Oral Tablet)	1	PA; QL
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	4	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nuvigil (50MG Oral Tablet)	3	PA; QL
Provigil (Oral Tablet)	4	PA; QL
Rozerem (Oral Tablet)	3	
Silenor (Oral Tablet)	3	
Xyrem (Oral Solution)	4	PA; LA; QL

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

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

Bold type = Brand name drug

Plain type = Generic drug

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

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Plain type = Generic drug

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

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

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Drug Name	Quantity Limit
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
Atacand HCT (Oral Tablet)	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Atacand (8MG Oral Tablet)	Maximum of 3 tablets per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	Maximum of 2 capsules per day
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	Maximum of 5 tablets per day
Atorvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Atripla (Oral Tablet)	Maximum of 1 tablet per day
Aubagio (Oral Tablet)	Maximum of 1 tablet per day
Austedo (Oral Tablet)	Maximum of 4 tablets per day
Avalide (Oral Tablet)	Maximum of 1 tablet per day
Avandia (2MG Oral Tablet)	Maximum of 4 tablets per day
Avandia (4MG Oral Tablet)	Maximum of 2 tablets per day
Avapro (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Avapro (75MG Oral Tablet)	Maximum of 3 tablets per day
Azor (Oral Tablet)	Maximum of 1 tablet per day
Balversa (3MG Oral Tablet)	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	Maximum of 1 tablet per day
Belbuca (Buccal Film)	Maximum of 2 films per day
Belsomra (Oral Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Benicar HCT (Oral Tablet)	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	Maximum of 2 tablets per day
Bethkis (Inhalation Nebulization Solution)	Maximum of 8 ml (2 ampules) per day
Bevyxxa (Oral Capsule)	Maximum of 31 capsules per 30 days
Biktarvy (Oral Tablet)	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	Maximum of 2 tablets per day
Bosentan (Oral Tablet)	Maximum of 2 tablets per day

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Plain type = Generic drug

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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	Maximum of 2 tablets per day
Cablivi (Injection Kit)	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	Maximum of 2 tablets per day
Caduet (Oral Tablet)	Maximum of 1 tablet per day
Calquence (Oral Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Captopril (100MG Oral Tablet)	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	Maximum of 9 tablets per day
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	Maximum of 2 tablets per day
Cardura XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Carisoprodol (Oral Tablet)	Maximum of 4 tablets per day
Carisoprodol-Aspirin-Codeine (Oral Tablet)	Maximum of 4 tablets per day
Celebrex (Oral Capsule)	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	Maximum of 2 capsules per day
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Cimduo (Oral Tablet)	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	Maximum of 4 tablets per day
Climara (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Clobazam (2.5MG/ML Oral Suspension)	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	Maximum of 10 tablets per day

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Drug Name	Quantity Limit
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	Maximum of 12 tablets per day
Codeine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	Maximum of 4 tablets per day
Colcrys (Oral Tablet)	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 20 days
Combivir (Oral Tablet)	Maximum of 2 tablets per day
Complera (Oral Tablet)	Maximum of 1 tablet per day
Concerta (18MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
ConZip (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Copiktra (Oral Capsule)	Maximum of 2 capsules per day
Corlanor (Oral Tablet)	Maximum of 2 tablets per day
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	Maximum of 2 tablets per day
Cozaar (100MG Oral Tablet)	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Crestor (Oral Tablet)	Maximum of 1 tablet per day
Crixivan (200MG Oral Capsule)	Maximum of 9 capsules per day
Crixivan (400MG Oral Capsule)	Maximum of 6 capsules per day
Cymbalta (Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	Maximum of 2 tablets per day
Daytrana (Transdermal Patch)	Maximum of 1 patch per day
Delstrigo (Oral Tablet)	Maximum of 1 tablet per day
Descovy (Oral Tablet)	Maximum of 1 tablet per day
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dexedrine (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dexedrine (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dexilant (Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Diazepam Intensol (5MG/ML Oral Concentrate)	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	Maximum of 4 tablets per day
Diclofenac Epolamine (Transdermal Patch)	Maximum of 2 patches per day
Didanosine (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Digitek (125MCG Oral Tablet)	Maximum of 1 tablet per day
Digox (125MCG Oral Tablet)	Maximum of 1 tablet per day
Digoxin (Oral Solution)	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Dilaudid (Oral Liquid)	Maximum of 50 ml per day
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	Maximum of 8 tablets per day
Dilaudid (8MG Oral Tablet)	Maximum of 6 tablets per day
Diovan HCT (Oral Tablet)	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	Maximum of 1 tablet per day
Dolophine (10MG Oral Tablet)	Maximum of 12 tablets per day
Dolophine (5MG Oral Tablet)	Maximum of 8 tablets per day
Donepezil HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	Maximum of 90 grams per 30 days
Duetact (Oral Tablet)	Maximum of 1 tablet per day
Dulera (Inhalation Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	Maximum of 3 capsules per day
Duragesic-100 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-12 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-25 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-50 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-75 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Dvorah (Oral Tablet)	Maximum of 10 tablets per day
Dyanavel XR (Oral Suspension Extended Release)	Maximum of 8 ml per day
Econazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Edurant (Oral Tablet)	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	Maximum of 1 tablet per day
Eletriptan Hydrobromide (Oral Tablet)	Maximum of 12 tablets per 30 days
Eliquis (Oral Tablet)	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	Maximum of 1 pack (74 tablets) per 30 days
Embeda (100-4MG Oral Capsule Extended Release)	Maximum of 3 capsules per day
Embeda (20-0.8MG Oral Capsule Extended Release, 80-3.2MG Oral Capsule Extended Release)	Maximum of 4 capsules per day
Embeda (30-1.2MG Oral Capsule Extended Release, 50-2MG Oral Capsule Extended Release)	Maximum of 2 capsules per day
Embeda (60-2.4MG Oral Capsule Extended Release)	Maximum of 6 capsules per day
Emgality (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 ml (3 syringes or pens) per 30 days
Emgality (Subcutaneous Solution Auto-Injector)	Maximum of 2 ml (2 syringes or pens) per 30 days
Emgality (120 MG Dose) (Subcutaneous Solution Prefilled Syringe)	Maximum of 2 ml (2 syringes or pens) per 30 days
Emtriva (Oral Capsule)	Maximum of 1 capsule per day
Emtriva (Oral Solution)	Maximum of 5 bottles (850 ml) per 30 days
Enablex (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Enalapril Maleate (Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day

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Drug Name	Quantity Limit
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	Maximum of 2 tablets per day
Epclusa (Oral Tablet)	Maximum of 1 tablet per day
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen-JR)	Maximum of 4 pens (2 boxes) per 30 days
Epinephrine (0.3MG/0.3ML Injection Solution) (Brand Equivalent AdrenaClick)	Maximum of 4 pens (2 boxes) per 30 days
Epinephrine (0.15MG/0.15ML Injection Solution Auto-Injector) (Brand Equivalent AdrenaClick)	Maximum of 4 pens (2 boxes) per 30 days
Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
Epivir (Oral Solution)	Maximum of 32 ml per day
Epivir (150MG Oral Tablet)	Maximum of 2 tablets per day
Epivir (300MG Oral Tablet)	Maximum of 1 tablet per day
Eprosartan Mesylate (Oral Tablet)	Maximum of 1 tablet per day
Epzicom (Oral Tablet)	Maximum of 1 tablet per day
Erivedge (Oral Capsule)	Maximum of 1 capsule per day
Erleada (Oral Tablet)	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	Maximum of 3 tablets per day
Esgic (Oral Tablet)	Maximum of 6 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 2 capsules per day
Esomeprazole Strontium (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Estazolam (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Estradiol (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Estradiol (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Eszopiclone (Oral Tablet)	Maximum of 1 tablet per day
Eucrisa (External Ointment)	Maximum of 60 grams per 30 days
Evotaz (Oral Tablet)	Maximum of 1 tablet per day
Exelon (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Exforge (Oral Tablet)	Maximum of 1 tablet per day
Extina (External Foam)	Maximum of 100 grams per 28 days
Ezallor Sprinkle (Oral Capsule Sprinkle)	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	Maximum of 2 tablets per day
Farxiga (Oral Tablet)	Maximum of 1 tablet per day
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentora (Buccal Tablet)	Maximum of 4 tablets per day
Fioricet (Oral Capsule)	Maximum of 6 capsules per day
Fioricet/Codeine (Oral Capsule)	Maximum of 6 capsules per day
Fiorinal (Oral Capsule)	Maximum of 6 capsules per day
Fiorinal/Codeine #3 (Oral Capsule)	Maximum of 6 capsules per day
Firazyr (Subcutaneous Solution)	Maximum of 9 ml per day
Firdapse (Oral Tablet)	Maximum of 8 tablets per day
Flector (Transdermal Patch)	Maximum of 2 patches per day
FloLipid (20MG/5ML Oral Suspension)	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	Maximum of 10 ml per day
Flovent HFA (110MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days

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Drug Name	Quantity Limit
Flovent HFA (44MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Flurazepam HCl (Oral Capsule)	Maximum of 1 capsule per day
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	Maximum of 2 capsules per day
Focalin (Oral Tablet)	Maximum of 2 tablets per day
Fortamet (1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Fortamet (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Fosamprenavir Calcium (Oral Tablet)	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	Maximum of 4 tablets per day
Frova (Oral Tablet)	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	Maximum of 2 vials per day
Genvoya (Oral Tablet)	Maximum of 1 tablet per day
Geodon (Oral Capsule)	Maximum of 2 capsules per day
Gilenya (0.5MG Oral Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Oral Tablet)	Maximum of 3 tablets per day
Glimepiride (1MG Oral Tablet)	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day

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

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Drug Name	Quantity Limit
Glyburide (5MG Oral Tablet)	Maximum of 4 tablets per day
Glyburide-Metformin (1.25-250MG Oral Tablet)	Maximum of 8 tablets per day
Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
Glynase (1.5MG Oral Tablet)	Maximum of 8 tablets per day
Glynase (3MG Oral Tablet)	Maximum of 4 tablets per day
Glynase (6MG Oral Tablet)	Maximum of 2 tablets per day
Glyxambi (Oral Tablet)	Maximum of 1 tablet per day
Guanfacine HCl (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Halcion (Oral Tablet)	Maximum of 2 tablets per day
Harvoni (Oral Tablet)	Maximum of 1 tablet per day
Hetlioz (Oral Capsule)	Maximum of 1 capsule per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Hyzaar (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Imatinib Mesylate (Oral Tablet)	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	Maximum of 1 capsule per day
Imbruvica (Oral Tablet)	Maximum of 1 tablet per day

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

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

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Drug Name	Quantity Limit
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Lamivudine (10MG/ML Oral Solution)	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Lanoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day
Lanoxin (62.5MCG Oral Tablet)	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	Maximum of 2 tablets per day
Lazanda (Nasal Solution)	Maximum of 15 bottles (79.5 ml) per 30 days
Ledipasvir-Sofosbuvir (Oral Tablet)	Maximum of 1 tablet per day
Lescol XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Letairis (Oral Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	Maximum of 60 ml per day
Lexiva (Oral Tablet)	Maximum of 4 tablets per day
Lialda (Oral Tablet Delayed Release)	Maximum of 4 tablets per day
Lidocaine (5% External Ointment)	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	Maximum of 3 patches per day
Lidoderm (External Patch)	Maximum of 3 patches per day
Linzess (Oral Capsule)	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	Maximum of 1 tablet per day
Lisinopril (Oral Tablet)	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Livalo (Oral Tablet)	Maximum of 1 tablet per day
Lokelma (Oral Packet)	Maximum of 90 packets per 30 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Lonhala Magnair Refill Kit (Inhalation Solution)	Maximum of 2 vials (2 ml) per day
Lopinavir-Ritonavir (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam (2MG/ML Oral Concentrate)	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Oral Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Lotensin (Oral Tablet)	Maximum of 2 tablets per day
Lotrel (Oral Capsule)	Maximum of 1 capsule per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	Maximum of 2 tablets per day
Lovenox (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Lovenox (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Lovenox (30MG/0.3ML Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Lucemyra (Oral Tablet)	Maximum of 16 tablets per day
Luliconazole (External Cream)	Maximum of 60 grams per 28 days
Lunesta (Oral Tablet)	Maximum of 1 tablet per day
Luzu (External Cream)	Maximum of 60 grams per 28 days

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Drug Name	Quantity Limit
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	Maximum of 2 capsules per day
Lyrica (Oral Solution)	Maximum of 30 ml per day
Mavyret (Oral Tablet)	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	Maximum of 3 tablets per day
Menostar (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Meperidine HCl (Oral Solution)	Maximum of 90 ml per day
Meperidine HCl (100MG Oral Tablet)	Maximum of 9 tablets per day
Meperidine HCl (50MG Oral Tablet)	Maximum of 18 tablets per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Metadate ER (Oral Tablet Extended Release)	Maximum of 3 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 5 tablets per day

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Drug Name	Quantity Limit
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	Maximum of 8 tablets per day
Methylin (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylin (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
Methylphenidate HCl (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	Maximum of 60 ml per day

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Drug Name	Quantity Limit
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	Maximum of 3 tablets per day
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Micardis (Oral Tablet)	Maximum of 1 tablet per day
Minivelle (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Mitigare (Oral Capsule)	Maximum of 4 capsules per day
Modafinil (100MG Oral Tablet)	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	Maximum of 1 tablet per day
MorphaBond ER (100MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
MorphaBond ER (15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Morphine Sulfate (100MG/5ML Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	Maximum of 3 capsules per day
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	Maximum of 1 tablet per day
Movantik (Oral Tablet)	Maximum of 1 tablet per day
MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
MS Contin (200MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda (10MG Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Namenda (5MG Oral Tablet)	Maximum of 3 tablets per day
Namenda XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution Reconstituted)	Maximum of 300 mg (1 vial) per 28 days
Nerlynx (Oral Tablet)	Maximum of 6 tablets per day
Nesina (Oral Tablet)	Maximum of 1 tablet per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Nexium (20MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Ninlaro (Oral Capsule)	Maximum of 3 capsules per 28 days
Norco (Oral Tablet)	Maximum of 12 tablets per day
Northera (100MG Oral Capsule)	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	Maximum of 6 capsules per day
Norvir (Oral Packet)	Maximum of 12 packets per day
Norvir (Oral Solution)	Maximum of 16 ml per day
Norvir (Oral Tablet)	Maximum of 12 tablets per day
Noxafil (Oral Suspension)	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 ml per 28 days

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

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Drug Name	Quantity Limit
Orkambi (Oral Tablet)	Maximum of 112 tablets per 28 days
Oseni (Oral Tablet)	Maximum of 1 tablet per day
Osphena (Oral Tablet)	Maximum of 1 tablet per day
Oxervate (Ophthalmic Solution)	Maximum of 2 ml (2 vials) per day
Oxiconazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Lotion)	Maximum of 60 ml per 30 days
Oxycodone HCl ER (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Ibuprofen (Oral Tablet)	Maximum of 4 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Ozempic (0.25 or 0.5MG/DOSE Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1MG/DOSE Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (3 ml) per 28 days

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Drug Name	Quantity Limit
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 28 syringes per 28 days
Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 8 syringes per 28 days
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 56 syringes per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Pentasa (250MG Oral Capsule Extended Release)	Maximum of 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	Maximum of 8 capsules per day
Pentazocine-Naloxone HCl (Oral Tablet)	Maximum of 12 tablets per day
Percocet (Oral Tablet)	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	Maximum of 2 tablets per day
Phrenilin Forte (Oral Capsule)	Maximum of 6 capsules per day
Pifeltro (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl (15MG Oral Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	Maximum of 3 tablets per day
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 tablet per day
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Plavix (Oral Tablet)	Maximum of 4 tablets per day
Pradaxa (Oral Capsule)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Praluent (Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (2 ml) per 28 days
Prandin (1MG Oral Tablet)	Maximum of 16 tablets per day
Prandin (2MG Oral Tablet)	Maximum of 8 tablets per day
Pravachol (Oral Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	Maximum of 1 tablet per day
Premarin (Oral Tablet)	Maximum of 1 tablet per day
Premphase (Oral Tablet)	Maximum of 1 tablet per day
Prempro (Oral Tablet)	Maximum of 1 tablet per day
Prevacid (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Prevymis (Oral Tablet)	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	Maximum of 1 tablet per day
Prezista (Oral Suspension)	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Prezista (800MG Oral Tablet)	Maximum of 1 tablet per day
Primlev (Oral Tablet)	Maximum of 13 tablets per day
Prinivil (Oral Tablet)	Maximum of 2 tablets per day
Prolia (Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Protonix (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	Maximum of 1 tablet per day
Provigil (200MG Oral Tablet)	Maximum of 2 tablets per day
PRUDOXIN (External Cream)	Maximum of 90 grams per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Qbrelis (Oral Solution)	Maximum of 80 ml per day
Qtern (Oral Tablet)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	Maximum of 2 inhalers (21.2 grams) per 30 days
Ramipril (Oral Capsule)	Maximum of 2 capsules per day
Rapaflo (Oral Capsule)	Maximum of 1 capsule per day
Royaldee (Oral Capsule Extended Release)	Maximum of 2 capsules per day
Relexxii (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Relpax (Oral Tablet)	Maximum of 12 tablets per 30 days
Repaglinide (0.5MG Oral Tablet)	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	Maximum of 8 tablets per day
Repaglinide-Metformin HCl (Oral Tablet)	Maximum of 5 tablets per day
Repatha Pushtrox System (Subcutaneous Solution Cartridge)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	Maximum of 3 pens (3 ml) per 28 days

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Drug Name	Quantity Limit
Rescriptor (Oral Tablet)	Maximum of 6 tablets per day
Restasis (Ophthalmic Emulsion)	Maximum of 2 vials per day
Restoril (Oral Capsule)	Maximum of 1 capsule per day
Retrovir (Oral Capsule)	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	Maximum of 64 ml per day
Rexulti (Oral Tablet)	Maximum of 1 tablet per day
Reyataz (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Reyataz (200MG Oral Capsule)	Maximum of 2 capsules per day
Reyataz (Oral Packet)	Maximum of 6 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Ritalin (Oral Tablet)	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Roxicodone (15MG Oral Tablet)	Maximum of 8 tablets per day
Roxicodone (30MG Oral Tablet)	Maximum of 6 tablets per day
Roxicodone (5MG Oral Tablet)	Maximum of 12 tablets per day
Rydapt (Oral Capsule)	Maximum of 8 capsules per day
Sabril (Oral Packet)	Maximum of 6 packets per day
Sabril (Oral Tablet)	Maximum of 6 tablets per day
Savaysa (Oral Tablet)	Maximum of 1 tablet per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	Maximum of 4 tablets per day
Selzentry (Oral Solution)	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	Maximum of 4 tablets per day
Sensipar (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Sensipar (90MG Oral Tablet)	Maximum of 4 tablets per day

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

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Drug Name	Quantity Limit
Steglatro (5MG Oral Tablet)	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	Maximum of 1 tablet per day
Stivarga (Oral Tablet)	Maximum of 4 tablets per day
Stribild (Oral Tablet)	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	Maximum of 4 sprays per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	Maximum of 9 tablets per 30 days
Sustiva (Oral Capsule)	Maximum of 3 capsules per day
Sustiva (Oral Tablet)	Maximum of 1 tablet per day
Symbicort (Inhalation Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Symfi Lo (Oral Tablet)	Maximum of 1 tablet per day
Symfi (Oral Tablet)	Maximum of 1 tablet per day
Sympazan (Oral Film)	Maximum of 2 films per day
Symproic (Oral Tablet)	Maximum of 1 tablet per day
Symtuza (Oral Tablet)	Maximum of 1 tablet per day

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

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Drug Name	Quantity Limit
Tobramycin (Inhalation Nebulization Solution)	Maximum of 10 ml (2 ampules) per day
Tolazamide (250MG Oral Tablet)	Maximum of 4 tablets per day
Tolazamide (500MG Oral Tablet)	Maximum of 2 tablets per day
Tolbutamide (Oral Tablet)	Maximum of 6 tablets per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day
Toviaz (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	Maximum of 2 tablets per day
Tracleer (Oral Tablet Soluble)	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl (Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Tranxene-T (Oral Tablet)	Maximum of 12 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Treximet (Oral Tablet)	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	Maximum of 10 capsules per day
Triazolam (0.125MG Oral Tablet)	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	Maximum of 2 tablets per day
Tribenzor (Oral Tablet)	Maximum of 1 tablet per day
Trientine HCl (Oral Capsule)	Maximum of 8 capsules per day
Triumeq (Oral Tablet)	Maximum of 1 tablet per day
Trizivir (Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Trulicity (Subcutaneous Solution Pen-Injector)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Oral Tablet)	Maximum of 1 tablet per day
Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)	Maximum of 1 tablet per day
Tybost (Oral Tablet)	Maximum of 1 tablet per day
Tylenol with Codeine #3 (Oral Tablet)	Maximum of 13 tablets per day
Tylenol with Codeine #4 (Oral Tablet)	Maximum of 13 tablets per day
Tymlos (Subcutaneous Solution Pen-Injector)	Maximum of 1.56 ml per 30 days
Ultracet (Oral Tablet)	Maximum of 8 tablets per day
Ultram (Oral Tablet)	Maximum of 8 tablets per day
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	Maximum of 5 tablets per day
Valacyclovir HCl (1GM Oral Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	Maximum of 2 tablets per day
Valcyte (Oral Solution Reconstituted)	Maximum of 36 ml per day
Valcyte (Oral Tablet)	Maximum of 4 tablets per day
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	Maximum of 4 tablets per day
Valium (Oral Tablet)	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Valtrex (1GM Oral Tablet)	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	Maximum of 2 tablets per day
Vanatol LQ (Oral Solution)	Maximum of 90 ml per day
Vancocin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancocin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Vaseretic (Oral Tablet)	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	Maximum of 2 tablets per day
Veltassa (Oral Packet)	Maximum of 1 packet per day

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Drug Name	Quantity Limit
Vemlidy (Oral Tablet)	Maximum of 1 tablet per day
Vesicare (Oral Tablet)	Maximum of 1 tablet per day
Viberzi (Oral Tablet)	Maximum of 2 tablets per day
Vicodin ES (Oral Tablet)	Maximum of 13 tablets per day
Vicodin HP (Oral Tablet)	Maximum of 13 tablets per day
Vicodin (Oral Tablet)	Maximum of 13 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (125MG Oral Capsule Delayed Release)	Maximum of 4 capsules per day
Videx EC (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Videx EC (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Videx (4GM Oral Solution Reconstituted)	Maximum of 40 ml per day
Viekira Pak (Oral Tablet Therapy Pack)	Maximum of 1 pack (112 tablets) per 28 days
Vigabatrin (Oral Packet)	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	Maximum of 6 packets per day
Vimpat (Oral Solution)	Maximum of 40 ml per day
Vimpat (Oral Tablet)	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	Maximum of 4 tablets per day
Viramune (Oral Suspension)	Maximum of 40 ml per day
Viramune (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Viramune XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Viread (Oral Powder)	Maximum of 4 bottles (240 grams) per 30 days
Viread (Oral Tablet)	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	Maximum of 20 ml per day
Vivelle-Dot (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Vivlodex (Oral Capsule)	Maximum of 1 capsule per day
Vosevi (Oral Tablet)	Maximum of 1 tablet per day
Votrient (Oral Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	Maximum of 1 capsule per day
Vytorin (Oral Tablet)	Maximum of 1 tablet per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Xanax (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Ximino (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Xofluza (Oral Tablet Therapy Pack)	Maximum of 2 tablets per 30 days
Xospata (Oral Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 6 capsules per day
Xultophy (Subcutaneous Solution Pen-Injector)	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	Maximum of 18 ml per day
Yupelri (Inhalation Solution)	Maximum of 1 vial (3 ml) per day
Zaleplon (Oral Capsule)	Maximum of 90 capsules per year
Zebutal (Oral Capsule)	Maximum of 6 capsules per day
Zejula (Oral Capsule)	Maximum of 3 capsules per day
Zelboraf (Oral Tablet)	Maximum of 8 tablets per day
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	Maximum of 8 ml (16 syringes) per 30 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Zestoretic (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Zestril (Oral Tablet)	Maximum of 2 tablets per day
Ziac (2.5-6.25MG Oral Tablet)	Maximum of 2 tablets per day
Ziagen (Oral Solution)	Maximum of 32 ml per day
Ziagen (Oral Tablet)	Maximum of 2 tablets per day
Zidovudine (Oral Capsule)	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	Maximum of 2 capsules per day
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 1 tablet per day
Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 2 capsules per day
Zolmitriptan (Oral Tablet)	Maximum of 12 tablets per 30 days

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

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Required information

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

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



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