

# 2018 COMPLETE DRUG LIST (FORMULARY)



## Prescription drug list information

AARP® MedicareComplete® (HMO)  
AARP® MedicareComplete® Plan 1 (HMO)  
AARP® MedicareComplete® Plan 2 (HMO)  
AARP® MedicareComplete® Plan 3 (HMO)

**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 UnitedHealthcare Customer Service at:



Toll-Free **1-800-950-9355**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



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

**AARP® | MedicareComplete®**  
insured through UnitedHealthcare

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## Questions?

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



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## What is a drug list?

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

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

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

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

### **Note to existing members:**

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

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

## 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 12–30 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 31–105 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.



### Can't find your drug?

Check the complete drug list by visiting our plan website at [www.MyAARPMedicare.com](http://www.MyAARPMedicare.com). You can use online tools to look up your drugs. This information is updated on a regular basis.

## 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).

## What is a compounded drug?

A compounded drug is created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. Generally compounded drugs are non-formulary drugs (not covered) by your plan. You may need to ask for and receive an approved coverage determination from us to have your compounded drug covered. Compounded drugs may be Part D eligible. For more information about compounded drugs, please review your Evidence of Coverage.

## 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 5 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 UnitedHealthcare Customer Service. Our contact information is on the cover.

Drug Tier	Includes
<b>Tier 1: Preferred generic</b>	Lower-cost, commonly used generic drugs.
<b>Tier 2: Generic</b>	Many generic drugs.
<b>Tier 3: Preferred brand</b>	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
<b>Tier 4: Non-preferred drug</b>	Non-preferred generic and non-preferred brand name drugs.
<b>Tier 5: Specialty tier</b>	Unique and/or very high-cost brand and generic drugs.

## Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also call UnitedHealthcare 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 31. 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 UnitedHealthcare Customer Service. Our contact information is on the cover.

### **Coverage Rules and Limits**

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#### **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 correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.

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

The plan will cover only a certain amount of this drug for 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**

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### **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.

### **LA - Limited access**

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

### **MED - Morphine equivalent dose**

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

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

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

## What if my drug is not on this list?

If your drug is not included in this drug list we may still cover it. Call UnitedHealthcare Customer Service to ask if it's covered. Or go to [www.MyAARPMedicare.com](http://www.MyAARPMedicare.com) to look it up online. The information is updated on a regular basis.

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

1. **Ask UnitedHealthcare 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

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- **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. If approved this would lower the amount you pay out-of-pocket for your drug.

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?

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You, your authorized representative or your doctor can ask for an exception by calling UnitedHealthcare 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?

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



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

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

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

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

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

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

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

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

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

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

### **If we remove a drug from the list**

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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**

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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 106-128.

### **We'll tell you about any changes**

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

## Drugs with dosages other than a 1-month supply

### Drugs packaged in an extended day supply

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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 UnitedHealthcare Customer Service. Our contact information is on the cover.

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

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

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

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

### For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call UnitedHealthcare Customer Service toll-free at **1-800-950-9355**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **[www.MyAARPMedicare.com](http://www.MyAARPMedicare.com)**.

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

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

<b>A</b>			
Abacavir.....	61	Advair HFA.....	104
Abacavir Sulfate/Lamivudine/ Zidovudine.....	61	Afeditab CR.....	69
Abacavir/Lamivudine.....	61	Afinitor.....	53
Abelcet.....	48	Afinitor Disperz.....	53
Abilify Maintena.....	57	Ala-Cort.....	85
Abraxane.....	52	Albenza.....	55
Abstral.....	33	Albuterol Sulfate.....	103
Acamprosate Calcium DR.....	35	Alclometasone Dipropionate .....	85
Acarbose.....	63	Alcohol Prep Pads.....	98
Acebutolol HCl.....	68	Aldurazyme.....	84
Acetaminophen/Codeine.....	33	Alecensa.....	53
Acetazolamide.....	72	Alendronate Sodium.....	97
Acetazolamide ER.....	72	Alfuzosin HCl ER.....	85
Acetazolamide Sodium.....	72	Alimta.....	51
Acetic Acid.....	101	Alinia.....	55
Acetylcysteine.....	104	Allopurinol.....	50
Acitretin.....	77	Alocril.....	99
Actemra.....	95, 96	Alomide.....	99
ActHIB.....	96	Alosetron HCl.....	83
Actimmune.....	96	Aloxi.....	48
Acyclovir.....	60	Alphagan P.....	99
Acyclovir Sodium.....	60	Alprazolam.....	62
Adacel.....	96	Alunbrig.....	53
Adagen.....	84	Alyacen 1/35.....	89
Adapalene.....	77	Amantadine HCl.....	56
Adcirca.....	104	AmBisome.....	48
Adefovir Dipivoxil.....	59	Amethia.....	89
Adempas.....	104	Amethia Lo.....	89
Adriamycin.....	52	Amikacin Sulfate.....	35
Adrucil.....	51	Amiloride HCl.....	72
Advair Diskus.....	104	Amiloride/Hydrochlorothiazide .....	70
		Aminophylline.....	103
		Aminosyn 7%/Electrolytes.....	78
		Aminosyn 8.5%/Electrolytes .....	78
		Aminosyn II.....	78
		Aminosyn II 8.5%/Electrolytes .....	79
		Aminosyn-HBC.....	79
		Aminosyn-PF.....	79
		Aminosyn-RF.....	79
		Amiodarone HCl.....	67
		Amitiza.....	83
		Amitriptyline HCl.....	47
		Amlodipine Besylate.....	69
		Amlodipine Besylate/ Atorvastatin Calcium.....	70
		Amlodipine Besylate/ Benazepril HCl.....	70
		Amlodipine Besylate/Valsartan .....	70
		Amlodipine/Olmesartan Medoxomil.....	70
		Amlodipine/Valsartan/ Hydrochlorothiazide.....	70
		Ammonium Lactate.....	77
		Amoxapine.....	47
		Amoxicillin.....	39
		Amoxicillin/Clavulanate Potassium.....	39
		Amoxicillin/Clavulanate Potassium ER.....	39
		Amphetamine/ Dextroamphetamine.....	74, 75
		Amphotericin B.....	48
		Ampicillin.....	39
		Ampicillin Sodium.....	39

Ampicillin-Sulbactam.....	39	Atovaquone.....	55	Balziva.....	89	
Ampyra.....	76	Atovaquone/Proguanil HCl....	55	Banzel.....	44	
Anadrol-50.....	88	Atripla.....	60	Baraclude.....	59	
Anagrelide HCl.....	66	Atropine Sulfate.....	82	Bavencio.....	54	
Anastrozole.....	53	Atrovent HFA.....	102	BCG Vaccine.....	96	
Androderm.....	88	Aubagio.....	76	Bekyree.....	89	
AndroGel.....	88	Aubra.....	89	Beleodaq.....	53	
AndroGel Pump.....	88	Augmented Betamethasone Dipropionate.....	85	Belsomra.....	105	
Anoro Ellipta.....	104	Auryxia.....	82	Benazepril HCl.....	67	
Anzemet.....	48	Avandia.....	63	Benazepril HCl/ Hydrochlorothiazide.....	70	
Apokyn.....	56	Avastin.....	54	Benlysta.....	96	
Apraclonidine.....	99	Avelox.....	40	Benzotropine Mesylate.....	55	
Aprepitant.....	48	Aviane.....	89	Bepreve.....	99	
Apri.....	89	Avonex.....	76	Berinert.....	93	
Apriso.....	97	Avonex Pen.....	76	Besivance.....	40	
Aptiom.....	44	Azacitidine.....	66	Betamethasone Dipropionate .....	85	
Aptivus.....	61	Azactam in Iso-Osmotic Dextrose.....	38	Betamethasone Valerate.....	86	
Aralast NP.....	84	Azasite.....	40	Betaseron.....	76	
Aranelle.....	89	Azathioprine.....	94	Betaxolol HCl.....	68, 100	
Aranesp Albumin Free.....	66	Azelastine HCl.....	99, 101	Bethanechol Chloride.....	85	
Arcalyst.....	96	Azilect.....	56	Bethkis.....	103	
Argatroban.....	65	Azithromycin.....	40	Betimol.....	100	
Aripiprazole.....	57	Azopt.....	99	Bevespi Aerosphere.....	104	
Aripiprazole ODT.....	57	Aztreonam.....	38	Bexarotene.....	55	
Aristada.....	57	<b>B</b>			Bexsero.....	96
Arnuity Ellipta.....	102	BACiiM.....	36	Bicalutamide.....	51	
Arranon.....	52	Bacitracin.....	36	Bicillin C-R.....	39	
Ashlyna.....	89	Bacitracin/Polymyxin B.....	98	Bicillin L-A.....	39	
Aspirin/Dipyridamole.....	66	Baclofen.....	105	BiCNU.....	51	
Atenolol.....	68	Bactocill in Dextrose.....	39	BiDil.....	70	
Atenolol/Chlorthalidone.....	70	Bactroban Nasal.....	36	Biltricide.....	55	
Atgam.....	95	Balsalazide Disodium.....	97	Binosto.....	97	
Atomoxetine.....	75					
Atorvastatin Calcium.....	73					

Bisoprolol Fumarate.....	68	Butorphanol Tartrate.....	33	Carboplatin.....	52
Bisoprolol Fumarate/ Hydrochlorothiazide.....	70	Bydureon Pen.....	63	Cardene IV.....	69
BIVIGAM.....	95	Bydureon Vial.....	63	Carimune Nanofiltered.....	95
Bleomycin Sulfate.....	52	Byetta.....	63	Carteolol HCl.....	100
Blephamide.....	98	Bystolic.....	68	Cartia XT.....	69
Blephamide S.O.P.....	98	<b>C</b>		Carvedilol.....	68
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Brovana.....	103	Capastat Sulfate.....	50	Cefprozil.....	38
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Buphenyl.....	84	Captopril/Hydrochlorothiazide .....	70	Cefuroxime Axetil.....	38
Buprenorphine HCl.....	35	Carac.....	77	Cefuroxime Sodium.....	38
Buprenorphine HCl/Naloxone HCl.....	35	Carafate.....	83	Celecoxib.....	31
Bupropion HCl.....	45	Carbaglu.....	79	Cellcept.....	94
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Bupropion HCl XL.....	45	Carbamazepine ER.....	44	Cephalexin.....	38
Buspirone HCl.....	62	Carbidopa.....	56	Cerezyme.....	84
Busulfan.....	51	Carbidopa/Levodopa.....	56	Cesamet.....	48
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Phenytoin Sodium.....	45	Potassium Chloride/Dextrose/Lactated Ringers.....	81	Prilosec.....	84
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Prochlorperazine.....	47	Pyridostigmine Bromide.....	50	Remicade.....	95
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Proctosol HC.....	97	Quetiapine Fumarate ER.....	58	Repatha.....	73
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Prolia.....	98	Rabavert.....	96	Rexulti.....	58
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Roweepra.....	43	Simulect.....	96	Stalevo 100.....	56
Rozerem.....	105	Simvastatin.....	73	Stalevo 125.....	56
Rubraca.....	53	Sirolimus.....	95	Stalevo 150.....	56
Ruconest.....	94	Sirturo.....	51	Stalevo 200.....	56
Rydapt.....	54	Sodium Chloride.....	81	Stalevo 50.....	56
<b>S</b>		Sodium Chloride 0.45%.....	81	Stalevo 75.....	56
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Sumavel DosePro.....	50	Tazorac.....	78	Tivicay.....	60
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Sylvant.....	96	Telmisartan/Amlodipine.....	72	Tobramycin.....	103
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Synarel.....	93	Terbutaline HCl.....	49	Topiramate.....	44
Synercid.....	37	Terbutaline Sulfate.....	103	Toposar.....	53
Synjardy.....	64	Terconazole.....	49	Topotecan HCl.....	53
Synribo.....	53	Testosterone Cypionate.....	89	Torisel.....	95
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Trazodone HCl.....	46	Truvada.....	61	Velivet.....	92
Treanda.....	51	Twinrix.....	96	Velphoro.....	82
Trecator.....	51	Tybost.....	60	Vemlidy.....	59
Trelstar Mixject.....	93	Tygacil.....	37	Venclexta.....	54
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Tretinoin Microsphere.....	78	Tymlos.....	98	Venlafaxine HCl.....	47
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Tri-Lo-Sprintec.....	91	Uloric.....	50	Verapamil HCl SR.....	70
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Triderm.....	87	Valcyte.....	59	Victoza.....	64
Trifluoperazine HCl.....	57	Valganciclovir.....	59	Vidaza.....	66
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Trinessa.....	91	Vancocin HCl.....	37	Vimpat.....	45
Trintellix.....	46	Vancomycin HCl.....	37	Vinblastine Sulfate.....	53
Trisenox.....	53	Vandazole.....	37	Vincasar PFS.....	53
Triumeq.....	60	VAQTA.....	96	Vincristine Sulfate.....	53
				Vinorelbine Tartrate.....	53
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Votrient.....	54	YF-Vax.....	97	Zinecard.....	53
VP-PNV-DHA.....	82	Yondelis.....	51	Ziprasidone HCl.....	59
VPRIV.....	85	Yuvaferm.....	92	Zirgan.....	59
Vraylar.....	59	<b>Z</b>		Zmax.....	40
Vyfemla.....	92	Zafirlukast.....	102	Zoledronic Acid.....	98
Vyvanse.....	75	Zaleplon.....	105	Zolinza.....	53
<b>W</b>		Zaltrap.....	53	Zolpidem Tartrate.....	105
Warfarin Sodium.....	65	Zanosar.....	51	Zomacton.....	88
Welchol.....	74	Zarah.....	92	Zometa.....	98
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Xarelto Starter Pack.....	65	Zelapar.....	56	Zovia 1/35E.....	92
Xeljanz.....	95	Zelboraf.....	54	Zovia 1/50E.....	92
Xeljanz XR.....	95	Zemaira.....	85	Zyclara.....	78
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Xgeva.....	98	Zenchent Fe.....	92	Zydelig.....	54
Xifaxan.....	83	Zenpep.....	85	Zyflo.....	102
Xiidra.....	99	Zepatier.....	60	Zyflo CR.....	102
Xolair.....	96	Zerbaxa.....	38	Zykadia.....	54
Xtandi.....	51	Zerit.....	61	Zyprexa Relprevv.....	59
Xulane.....	92	Ziagen.....	61	Zytiga.....	51

## 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 12-30.

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 106-128.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Analgesics</b>			<b>Analgesics</b>		
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	3	QL	Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	3	
Butalbital/Aspirin/ Caffeine (Capsule)	3	QL	Etodolac ER (Tablet Extended-Release 24 Hour)	4	
<b>Nonsteroidal Anti-inflammatory Drugs</b>			<b>Flector (Patch)</b>	4	PA, QL
Celecoxib (Capsule)	4	QL	Flurbiprofen (Tablet)	2	
Diclofenac Potassium (Tablet Immediate- Release)	2		Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	2	
Diclofenac Sodium (1% Gel)	3	PA	Indomethacin (25mg Capsule, 50mg Capsule)	2	
Diclofenac Sodium DR (Tablet Delayed- Release)	2		Ketoprofen (Capsule Immediate-Release)	3	
Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	2				
Diflunisal (Tablet)	3				

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	4		Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED
Meloxicam (Tablet)	1		Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	5	QL, MED
Nabumetone (Tablet)	4		Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	5	QL, MED
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2		<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	3	QL, MED
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	2		Levorphanol Tartrate (Tablet)	5	QL, MED
Piroxicam (Capsule)	3		Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL, MED
Sulindac (Tablet)	2		<b>Methadone HCl (10mg/ml Injection)</b>	5	
Opioid Analgesics, Long-acting					
<b>Embeda (Capsule Extended-Release)</b>	3	QL, MED			
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	4	QL, MED			

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release, 200mg Tablet Extended-Release, 30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	3	QL, MED	Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	4	
<b>Nucynta ER (Tablet Extended-Release 12 Hour)</b>	3	QL, MED	Codeine Sulfate (Tablet)	3	QL, MED
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	QL, MED	<b>Duramorph (Injection)</b>	4	
Opioid Analgesics, Short-acting			Endocet (Tablet)	3	QL, MED
<b>Abstral (Tablet Sublingual)</b>	5	PA, QL	Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	5	PA, QL
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	QL, MED	Fentanyl Citrate Oral Transmucosal (200mcg Lollipop, 400mcg Lollipop)	4	PA, QL
Butorphanol Tartrate (10mg/ml Nasal Solution)	3	QL, MED	Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED
			Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	3	QL, MED
			Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4	
			Hydromorphone HCl (1mg/ml Liquid)	4	QL, MED

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	2	QL, MED	Oxycodone HCl (100mg/5ml Concentrate)	4	QL, MED
<b>Hydromorphone HCl (2mg/ml Injection)</b>	4		Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL, MED
Lorcet (Tablet)	3	QL, MED	Oxycodone HCl (5mg/5ml Oral Solution)	3	QL, MED
Lorcet HD (Tablet)	3	QL, MED	Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED
Lorcet Plus (Tablet)	3	QL, MED	Oxycodone/Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	4	QL, MED
Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED	Oxycodone/Aspirin (Tablet)	3	QL, MED
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	3	QL, MED	Oxycodone/Ibuprofen (Tablet)	3	QL, MED
Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4		Tramadol HCl (Tablet Immediate-Release)	2	QL, MED
<b>Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</b>	3	QL, MED	Tramadol HCl/Acetaminophen (Tablet)	2	QL, MED
<b>Morphine Sulfate (2mg/ml Injection)</b>	4				
Nalbuphine HCl (Injection)	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
Trezix (Capsule)	4	QL, MED
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
Lidocaine (5% Ointment)	4	
Lidocaine (5% Patch)	4	PA, QL
Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection)	4	B/D, PA
Lidocaine HCl (4% External Solution)	2	
Lidocaine HCl (Gel)	2	
Lidocaine Viscous (Solution)	2	
Lidocaine/Prilocaine (Cream)	3	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
Acamprosate Calcium DR (Tablet Delayed-Release)	4	
Disulfiram (Tablet)	3	
Naltrexone HCl (Tablet)	3	
<b>Vivitrol (Injection)</b>	5	
<b>Opioid Dependence Treatments</b>		
Buprenorphine HCl (0.3mg/ml Injection)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	3	QL
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	3	QL
<b>Suboxone (Film)</b>	4	QL
<b>Opioid Reversal Agents</b>		
Naloxone HCl (Injection)	3	
<b>Narcan (Liquid)</b>	3	
<b>Smoking Cessation Agents</b>		
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour)	2	
<b>Chantix (Tablet)</b>	3	
<b>Chantix Continuing Month Pak (Tablet)</b>	3	
<b>Chantix Starting Month Pak (Tablet)</b>	3	
<b>Nicotrol (Inhaler)</b>	4	
<b>Nicotrol NS (Nasal Solution)</b>	4	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
Amikacin Sulfate (Injection)	4	
Gentak (Ophthalmic Ointment)	2	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	2		<b>Bactroban Nasal (Ointment)</b>	4	PA
Gentamicin Sulfate (10mg/ml Injection, 40mg/ml Injection)	4		Chloramphenicol Sodium Succinate (Injection)	4	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	4		Clindamycin HCl (Capsule Immediate-Release)	2	
Isotonic Gentamicin (Injection)	4		Clindamycin Palmitate HCl (Oral Solution)	2	
Neomycin Sulfate (Tablet)	2		Clindamycin Phosphate (2% Cream)	3	
Paromomycin Sulfate (Capsule)	4		Clindamycin Phosphate (300mg/ 2ml Injection, 600mg/ 4ml Injection, 900mg/ 6ml Injection)	4	
Streptomycin Sulfate (Injection)	4		Clindamycin Phosphate in D5W (Injection)	4	
Tobramycin Sulfate (0.3% Ophthalmic Solution)	2		Colistimethate Sodium (Injection)	4	
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4		<b>Cubicin (Injection)</b>	5	
<b>Tobrex (0.3% Ophthalmic Ointment)</b>	4		<b>Dalvance (Injection)</b>	5	PA
<b>Antibacterials, Other</b>			Daptomycin (Injection)	5	
BACiiM (Injection)	4		Lincomycin HCl (Injection)	4	
Bacitracin (50000unit Injection)	4		Linezolid (100mg/5ml Suspension)	5	PA
Bacitracin (500unit/gm Ophthalmic Ointment)	2		Linezolid (600mg Tablet)	4	PA, QL
			Linezolid (600mg/ 300ml Injection)	4	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Methenamine Hippurate (Tablet)	4		<b>Primsol (Oral Solution)</b>	4	
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)	4		<b>Sulfamylon (85mg/gm Cream)</b>	4	
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2		<b>Synercid (Injection)</b>	5	
Metronidazole in NaCl 0.79% (Injection)	4		<b>Tigecycline (Injection)</b>	5	
Metronidazole Vaginal (Gel)	3		Tinidazole (Tablet)	4	
Mupirocin (2% Cream)	4		Trimethoprim (Tablet)	2	
Mupirocin (2% Ointment)	2		<b>Tygacil (Injection)</b>	5	
Neomycin/Polymyxin B Sulfates (Irrigation Solution)	3		<b>Vancocin HCl (Capsule)</b>	5	
Nitrofurantoin (Suspension)	4		Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	4	
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	3		<b>Vandazole (Gel)</b>	3	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3		Beta-lactam, Cephalosporins		
Polymyxin B Sulfate (Injection)	4		Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2	
			Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2	
			Cefazolin Sodium (Injection)	4	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3		Cefuroxime Sodium (Injection)	4	
Cefepime (Injection)	4		Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2	
Cefixime (Suspension)	4		Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3	
Cefotaxime Sodium (Injection)	4		<b>Suprax (400mg Capsule, 500mg/5ml Suspension)</b>	3	
Cefotetan (Injection)	4		Tazicef (Injection)	4	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4		<b>Zerbaxa (Injection)</b>	5	PA
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4		Beta-lactam, Other		
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3		<b>Azactam in Iso-Osmotic Dextrose (Injection)</b>	4	
Ceftazidime (Injection)	4		Aztreonam (Injection)	4	
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	4		<b>Doribax (Injection)</b>	3	
Cefuroxime Axetil (Tablet)	2		Imipenem/Cilastatin (Injection)	4	
			<b>Invanz (Injection)</b>	4	
			Meropenem (Injection)	4	
			Beta-lactam, Penicillins		

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Penicillin G Sodium (Injection)	4		Ery-Tab (Tablet Delayed-Release)	4	
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	2		<b>EryPed 200 (Suspension)</b>	4	
Piperacillin/Tazobactam (Injection)	4		<b>EryPed 400 (Suspension)</b>	5	
<b>Macrolides</b>			Erythrocin Lactobionate (Injection)	4	
<b>Azasite (Ophthalmic Solution)</b>	4		Erythromycin (250mg Capsule Delayed-Release)	4	
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	1		Erythromycin (5mg/gm Ophthalmic Ointment)	2	
Azithromycin (500mg Injection)	4		Erythromycin Base (Tablet)	4	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	4		Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	4	
Clarithromycin (250mg Tablet, 500mg Tablet)	3		<b>Zmax (Suspension)</b>	4	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	3		<b>Quinolones</b>		
<b>Dificid (Tablet)</b>	5		<b>Avelox (400mg/250ml-0.8% Injection)</b>	4	
<b>E.E.S. Granules (Suspension)</b>	4		<b>Besivance (Suspension)</b>	4	
			<b>Ciloxan (0.3% Ointment)</b>	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
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection)	4		Moxifloxacin HCl (400mg Tablet)	3	
Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	3		<b>Moxifloxacin HCl (400mg/250ml Injection)</b>	4	
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2		Ofloxacin (0.3% Ophthalmic Solution)	2	
Ciprofloxacin I.V. in D5W (Injection)	4		Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	3	
Gatifloxacin (Ophthalmic Solution)	3		<b>Vigamox (Ophthalmic Solution)</b>	4	
Levofloxacin (0.5% Ophthalmic Solution)	3		Sulfonamides		
Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)	1		<b>Silver Sulfadiazine (Cream)</b>	3	
Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4		Sodium Sulfacetamide (Ophthalmic Solution)	2	
Levofloxacin in D5W (Injection)	4		<b>SSD (Cream)</b>	3	
<b>Moxeza (Ophthalmic Solution)</b>	4		Sulfacetamide Sodium (Ophthalmic Ointment)	2	
			Sulfadiazine (Tablet)	4	
			Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	2	
			Sulfamethoxazole/Trimethoprim (400mg-80mg/5ml Injection)	4	
			Sulfamethoxazole/Trimethoprim DS (Tablet)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tetracyclines			Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	4	
Demeclocycline HCl (Tablet)	4		Tetracycline HCl (Capsule)	4	
Doxy 100 (Injection)	4		<b>Vibramycin (50mg/5ml Syrup)</b>	4	
Doxycycline (25mg/5ml Suspension)	4		Anticonvulsants		
Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	3		Anticonvulsants, Other		
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	3		<b>BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)</b>	5	QL
Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release)	2		<b>BRIVIACT (50mg/5ml Injection)</b>	4	QL
			Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral 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
Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection)	4		<b>Onfi (10mg Tablet, 20mg Tablet)</b>	5	QL
Levetiracetam ER (Tablet Extended-Release 24 Hour)	3		<b>Onfi (2.5mg/ml Suspension)</b>	5	
Roweepra (Tablet)	2		Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	2	
<b>Spritam (Tablet Disintegrating Soluble)</b>	4		Primidone (Tablet)	2	
Calcium Channel Modifying Agents			<b>Sabril (500mg Packet, 500mg Tablet)</b>	5	PA, QL, LA
<b>Celontin (Capsule)</b>	4		Tiagabine HCl (Tablet)	4	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	3		Valproate Sodium (100mg/ml Injection)	4	
Zonisamide (Capsule)	2		Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			Glutamate Reducing Agents		
<b>Diastat AcuDial (Gel)</b>	4		Felbamate (400mg Tablet, 600mg Tablet)	4	
<b>Diastat Pediatric (Gel)</b>	4		Felbamate (600mg/5ml Suspension)	5	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	2		<b>Felbatol (600mg/5ml Suspension)</b>	5	
Gabapentin (250mg/5ml Oral Solution)	3		<b>Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>	4	
<b>Gabitril (12mg Tablet, 16mg Tablet)</b>	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
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2		Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	3	
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	3		Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	3	
Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	2		Dilantin (Capsule)	3	
Sodium Channel Agents			Dilantin INFATABS (Tablet Chewable)	3	
<b>Aptiom (Tablet)</b>	5	QL	Epitol (Tablet)	3	
<b>Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)</b>	5		Fosphenytoin Sodium (Injection)	4	
			Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3	
			Oxcarbazepine (300mg/5ml Suspension)	4	
			<b>Peganone (Tablet)</b>	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
Phenytek (Capsule)	3	
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	2	
Phenytoin Sodium (Injection)	4	
Phenytoin Sodium Extended (Capsule)	2	
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)</b>	4	QL
<b>Vimpat (200mg/20ml Injection)</b>	4	
<b>Antidementia Agents</b>		
<b>Cholinesterase Inhibitors</b>		
Donepezil HCl (Tablet Immediate-Release)	1	QL
Donepezil HCl ODT (Tablet Dispersible)	2	QL
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution)	4	QL
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	4	QL
Rivastigmine Tartrate (Capsule)	3	QL
Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	2	PA, QL
<b>Memantine HCl Titration Pak (Tablet)</b>	3	PA
<b>Namenda XR (Capsule Extended-Release 24 Hour)</b>	3	PA, QL
<b>Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)</b>	3	PA, QL
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
Bupropion HCl (Tablet Immediate-Release)	2	
Bupropion HCl SR (Tablet Extended-Release 12 Hour)	2	
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	2	
Mirtazapine (Tablet Immediate-Release)	2	
Mirtazapine ODT (Tablet Dispersible)	2	
<b>Monoamine Oxidase Inhibitors</b>		
<b>Emsam (Patch 24 Hour)</b>	5	QL
<b>Marplan (Tablet)</b>	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
Phenelzine Sulfate (Tablet)	3		Fluoxetine DR (Capsule Delayed-Release)	4	
Tranylcypromine Sulfate (Tablet)	4		Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	2	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			Fluvoxamine Maleate (Tablet)	3	
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1		Maprotiline HCl (Tablet)	4	
Citalopram HBr (10mg/5ml Oral Solution)	3		Nefazodone HCl (Tablet)	3	
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour, 25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	4	QL	Paroxetine HCl (Tablet Immediate-Release)	2	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1		<b>Paxil (10mg/5ml Suspension)</b>	4	
Escitalopram Oxalate (5mg/5ml Oral Solution)	2		<b>Pristiq (Tablet Extended-Release 24 Hour)</b>	4	PA, QL
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	4	QL, ST	Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	
<b>Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)</b>	4	ST	Sertraline HCl (20mg/ml Concentrate)	4	
			Trazodone HCl (Tablet)	1	
			<b>Trintellix (Tablet)</b>	4	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Venlafaxine HCl (Tablet Immediate-Release)	3	
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2	
<b>Viibryd (Tablet)</b>	4	QL
<b>Viibryd Starter Pack (Kit)</b>	4	QL
<b>Tricyclics</b>		
Amitriptyline HCl (Tablet)	4	
Amoxapine (Tablet)	3	
Clomipramine HCl (Capsule)	4	
Desipramine HCl (Tablet)	2	
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	3	
Imipramine HCl (Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Imipramine Pamoate (Capsule)	4	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	2	
Protriptyline HCl (Tablet)	4	
Trimipramine Maleate (Capsule)	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
Compro (Suppository)	4	
Hydroxyzine Pamoate (Capsule)	3	
Meclizine HCl (Tablet)	2	
Metoclopramide HCl (10mg Tablet, 5mg Tablet)	1	
Metoclopramide HCl (5mg/5ml Oral Solution)	2	
Metoclopramide HCl (5mg/ml Injection)	4	
Perphenazine (Tablet)	4	
Prochlorperazine (Suppository)	4	
Prochlorperazine Edisylate (Injection)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prochlorperazine Maleate (Tablet)	2		Ondansetron HCl (4mg/2ml Injection)	4	
<b>Transderm-Scop (Patch 72 Hour)</b>	4		Ondansetron HCl (4mg/5ml Oral Solution)	4	B/D, PA
Emetogenic Therapy Adjuncts			Ondansetron ODT (Tablet Dispersible)	2	B/D, PA
<b>Aloxi (Injection)</b>	5		<b>Sancuso (Patch)</b>	5	
<b>Anzemet (100mg Tablet)</b>	5	B/D, PA	Antifungals		
<b>Anzemet (50mg Tablet)</b>	4	B/D, PA	Antifungals		
Aprepitant (Therapy Pack, Capsule)	4	PA	<b>Abelcet (Injection)</b>	5	B/D, PA
<b>Cesamet (Capsule)</b>	5	PA	<b>AmBisome (Injection)</b>	5	B/D, PA
Dronabinol (Capsule)	4	PA, QL	Amphotericin B (Injection)	4	B/D, PA
<b>Emend (125mg Capsule, 40mg Capsule, 80mg Capsule, 125mg Suspension)</b>	4	PA	<b>Cancidas (Injection)</b>	5	
<b>Emend (150mg Injection)</b>	4		Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3	
<b>Emend Tripack (Therapy Pack)</b>	4	PA	Ciclopirox Nail Lacquer (External Solution)	3	
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	4		Ciclopirox Olamine (Cream)	3	
Granisetron HCl (1mg Tablet)	4	B/D, PA, QL	Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	2	
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	2	B/D, PA	Econazole Nitrate (Cream)	4	
			<b>Eraxis (Injection)</b>	5	
			<b>Exelderm (1% Cream, 1% External Solution)</b>	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
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2		<b>Naftin (1% Gel, 2% Gel)</b>	4	
Fluconazole in NaCl (Injection)	4		<b>Natacyn (Suspension)</b>	3	
Flucytosine (Capsule)	5		<b>Noxafil (100mg Tablet Delayed-Release)</b>	5	PA, QL
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4		<b>Noxafil (40mg/ml Suspension)</b>	5	QL
Griseofulvin Ultramicrosize (Tablet)	4		Nyamyc (Powder)	2	
Itraconazole (Capsule)	4	PA, QL	Nyata (Powder)	2	
<b>Jublia (External Solution)</b>	4		Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	2	
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2		Nystop (Powder)	2	
Ketoconazole (2% Foam)	4		<b>ONMEL (Tablet)</b>	5	PA
<b>Mentax (Cream)</b>	4		Oxiconazole Nitrate (Cream)	4	
Miconazole 3 (Suppository)	3		<b>Oxistat (1% Lotion)</b>	4	
<b>Mycamine (Injection)</b>	5		<b>Sporanox (10mg/ml Oral Solution)</b>	5	PA
Naftifine HCl (1% Cream)	4		Terbinafine HCl (Tablet)	2	
Naftifine HCl (2% Cream)	4		Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3	
			<b>Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)</b>	5	
			Voriconazole (200mg Injection, 40mg/ml Suspension)	5	
			Voriconazole (200mg Tablet, 50mg Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Zazole (Cream)</b>	3	
Antigout Agents		
Allopurinol (Tablet)	1	
<b>Colchicine (0.6mg Capsule, 0.6mg Tablet)</b>	3	QL
<b>Colcrys (Tablet)</b>	3	PA, QL
Probenecid (Tablet)	2	
Probenecid/Colchicine (Tablet)	2	
<b>Uloric (Tablet)</b>	3	ST
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (1mg/ml Injection)	5	
Ergotamine Tartrate/Caffeine (Tablet)	3	
Migergot (Suppository)	5	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Naratriptan HCl (Tablet)	3	QL
Rizatriptan Benzoate (Tablet Immediate-Release)	3	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	3	QL
Sumatriptan (Nasal Solution)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	2	QL
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	4	QL
<b>Sumatriptan Succinate Refill (Injection)</b>	4	QL
<b>Sumavel DosePro (Injection)</b>	5	QL
Antimyasthenic Agents		
Parasympathomimetics		
<b>Guanidine HCl (Tablet)</b>	3	
<b>Mestinon (60mg/5ml Syrup)</b>	5	
Pyridostigmine Bromide (Tablet)	3	
Pyridostigmine Bromide ER (Tablet Extended-Release)	4	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Tablet)	3	
Rifabutin (Capsule)	4	
Antituberculars		
<b>Capastat Sulfate (Injection)</b>	4	
Ethambutol HCl (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
Isoniazid (100mg Tablet, 300mg Tablet)	2	
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)	4	
Paser (Packet)	4	
<b>Priftin (Tablet)</b>	4	
Pyrazinamide (Tablet)	4	
Rifampin (150mg Capsule, 300mg Capsule)	3	
Rifampin (600mg Injection)	4	
<b>Rifater (Tablet)</b>	4	
<b>Sirturo (Tablet)</b>	5	PA
<b>Trecator (Tablet)</b>	4	
Antineoplastics		
Alkylating Agents		
<b>BiCNU (Injection)</b>	5	
Busulfan (Injection)	5	
<b>Busulfex (Injection)</b>	5	
<b>Cyclophosphamide (Capsule)</b>	4	B/D, PA
Dacarbazine (Injection)	4	
<b>Gleostine (Capsule)</b>	4	
<b>Hexalen (Capsule)</b>	5	PA
Ifosfamide (Injection)	4	
<b>Leukeran (Tablet)</b>	3	
<b>Matulane (Capsule)</b>	5	LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Melphalan HCl (Injection)	4	
<b>Mustargen (Injection)</b>	5	
<b>Treanda (Injection)</b>	5	PA
<b>Valchlor (Gel)</b>	5	PA, LA
<b>Yondelis (Injection)</b>	5	PA
<b>Zanosar (Injection)</b>	4	
Antiandrogens		
Bicalutamide (Tablet)	2	
Flutamide (Capsule)	3	
<b>Nilandron (Tablet)</b>	5	
Nilutamide (Tablet)	5	
<b>Xtandi (Capsule)</b>	5	PA, QL
<b>Zytiga (Tablet)</b>	5	PA, QL
Antiangiogenic Agents		
<b>Pomalyst (Capsule)</b>	5	PA, QL
<b>Revlimid (Capsule)</b>	5	PA, QL, LA
<b>Thalomid (Capsule)</b>	5	PA, QL
Antiestrogens/Modifiers		
<b>Emcyt (Capsule)</b>	5	
<b>Fareston (Tablet)</b>	5	
<b>Faslodex (Injection)</b>	5	
<b>Soltamox (Oral Solution)</b>	4	
Tamoxifen Citrate (Tablet)	2	
Antimetabolites		
Adrucil (Injection)	4	B/D, PA
<b>Alimta (Injection)</b>	5	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Cladribine (Injection)	5	B/D, PA
Clofarabine (Injection)	5	
Cytarabine Aqueous (Injection)	4	B/D, PA
<b>Droxia (Capsule)</b>	4	
Fluorouracil (2.5gm/50ml Injection)	4	B/D, PA
<b>Folotyn (Injection)</b>	5	
Gemcitabine HCl (Injection)	4	
<b>Gemzar (Injection)</b>	5	
Hydroxyurea (Capsule)	2	
Mercaptopurine (Tablet)	3	
<b>Nipent (Injection)</b>	5	
<b>Purixan (Suspension)</b>	5	PA
<b>Tabloid (Tablet)</b>	5	PA
Antineoplastics, Other		
<b>Abraxane (Injection)</b>	5	PA
Adriamycin (Injection)	4	B/D, PA
<b>Arranon (Injection)</b>	5	
Bleomycin Sulfate (Injection)	4	B/D, PA
Carboplatin (Injection)	4	
Cisplatin (Injection)	4	
<b>Cosmegen (Injection)</b>	5	
<b>Dacogen (Injection)</b>	5	
Daunorubicin HCl (Injection)	4	
Decitabine (Injection)	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexrazoxane (Injection)	5	PA
Docetaxel (80mg/4ml Injection)	4	
<b>Docetaxel (80mg/8ml Injection)</b>	5	
<b>Doxil (Injection)</b>	5	
Doxorubicin HCl (Injection)	4	B/D, PA
Doxorubicin HCl Liposome (Injection)	5	
<b>Ellence (Injection)</b>	5	
Epirubicin HCl (Injection)	4	
<b>Erwinaze (Injection)</b>	5	
Fludarabine Phosphate (Injection)	4	
<b>Fusilev (Injection)</b>	5	
<b>Halaven (Injection)</b>	5	PA
<b>Idamycin PFS (Injection)</b>	5	
Idarubicin HCl (Injection)	5	
Irinotecan (Injection)	4	
<b>Istodax (Overfill) (Injection)</b>	5	PA
<b>Kisqali (Tablet)</b>	5	PA, QL
<b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>	5	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
<b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>	5	PA, QL
<b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>	5	PA, QL
Leucovorin Calcium (100mg Injection, 350mg Injection)	4	
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	3	
Levoleucovorin Calcium (Injection)	5	
<b>Lonsurf (Tablet)</b>	5	PA, QL
Mitomycin (Injection)	5	
Mitoxantrone HCl (Injection)	3	
<b>Ninlaro (Capsule)</b>	5	PA, QL
Oxaliplatin (IV Solution 100mg/20ml)	4	
Paclitaxel (Injection)	4	
<b>Proleukin (Injection)</b>	5	PA
<b>Synribo (Injection)</b>	5	PA
<b>Taxotere (Injection)</b>	5	
Thiotepa (Injection)	5	
<b>Trisenox (Injection)</b>	4	
<b>Velcade (Injection)</b>	5	PA
Vinblastine Sulfate (Injection)	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vincasar PFS (Injection)	4	B/D, PA
Vincristine Sulfate (Injection)	4	B/D, PA
Vinorelbine Tartrate (Injection)	4	
<b>Zaltrap (Injection)</b>	5	PA
<b>Zinecard (Injection)</b>	5	PA
<b>Zolinza (Capsule)</b>	5	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	
Exemestane (Tablet)	3	
Letrozole (Tablet)	2	
Enzyme Inhibitors		
<b>Etopophos (Injection)</b>	4	
Etoposide (Injection)	3	
<b>Hycamtin (Injection)</b>	5	
<b>Kyprolis (Injection)</b>	5	PA
<b>Rubraca (Tablet)</b>	5	PA, QL
Toposar (Injection)	3	
Topotecan HCl (Injection)	5	
<b>Zejula (Capsule)</b>	5	PA, QL
Molecular Target Inhibitors		
<b>Afinitor (Tablet)</b>	5	PA
<b>Afinitor Disperz (Tablet Soluble)</b>	5	PA
<b>Alecensa (Capsule)</b>	5	PA, QL
<b>Alunbrig (Tablet)</b>	5	PA, QL
<b>Beleodaq (Injection)</b>	5	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Bosulif (Tablet)</b>	5	PA, QL
<b>Cabometyx (Tablet)</b>	5	PA, QL
<b>Caprelsa (Tablet)</b>	5	PA, LA
<b>Cometriq (Kit)</b>	5	PA
<b>Cotellic (Tablet)</b>	5	PA, QL, LA
<b>Cyramza (Injection)</b>	5	PA
<b>Erivedge (Capsule)</b>	5	PA, QL
<b>Farydak (Capsule)</b>	5	PA
<b>Gilotrif (Tablet)</b>	5	PA
<b>Ibrance (Capsule)</b>	5	PA, QL
<b>Iclusig (Tablet)</b>	5	PA, QL, LA
Imatinib Mesylate (Tablet)	5	PA, QL
<b>Imbruvica (Capsule)</b>	5	PA, QL
<b>Inlyta (Tablet)</b>	5	PA, QL
<b>Iressa (Tablet)</b>	5	PA, QL
<b>Jakafi (Tablet)</b>	5	PA, QL, LA
<b>Jevtana (Injection)</b>	5	PA
<b>Lenvima (Capsule Therapy Pack)</b>	5	PA
<b>Lynparza (Capsule)</b>	5	PA, QL
<b>Mekinist (Tablet)</b>	5	PA
<b>Nexavar (Tablet)</b>	5	PA
<b>Odomzo (Capsule)</b>	5	PA, QL, LA
<b>Rydapt (Capsule)</b>	5	PA, QL
<b>Sprycel (Tablet)</b>	5	PA, QL
<b>Stivarga (Tablet)</b>	5	PA, QL
<b>Sutent (Capsule)</b>	5	PA, QL
<b>Tafinlar (Capsule)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tagrisso (Tablet)</b>	5	PA, QL, LA
<b>Tarceva (Tablet)</b>	5	PA, QL
<b>Tasigna (Capsule)</b>	5	PA, QL
<b>Tykerb (Tablet)</b>	5	PA
<b>Venclexta (100mg Tablet, 50mg Tablet)</b>	5	PA, QL
<b>Venclexta (10mg Tablet)</b>	3	PA, QL
<b>Venclexta Starting Pack (Tablet Therapy Pack)</b>	5	PA
<b>Votrient (Tablet)</b>	5	PA, QL
<b>Xalkori (Capsule)</b>	5	PA, LA
<b>Zelboraf (Tablet)</b>	5	PA, QL
<b>Zydelig (Tablet)</b>	5	PA, QL
<b>Zykadia (Capsule)</b>	5	PA, QL
Monoclonal Antibody/Antibody-Drug Conjugate		
<b>Avastin (Injection)</b>	5	PA
<b>Bavencio (Injection)</b>	5	PA
<b>Darzalex (Injection)</b>	5	PA, LA
<b>Empliciti (Injection)</b>	5	PA
<b>Erbitux (Injection)</b>	5	PA
<b>Herceptin (Injection)</b>	5	PA
<b>Imfinzi (Injection)</b>	5	PA
<b>Kadcyla (Injection)</b>	5	PA
<b>Keytruda (Injection)</b>	5	PA
<b>Lartruvo (Injection)</b>	5	PA
<b>Opdivo (Injection)</b>	5	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Perjeta (Injection)</b>	5	PA
<b>Rituxan (Injection)</b>	5	PA
<b>Tecentriq (Injection)</b>	5	PA
<b>Vectibix (Injection)</b>	5	PA
<b>Yervoy (Injection)</b>	5	PA
Retinoids		
Bexarotene (Capsule)	5	PA
<b>Panretin (Gel)</b>	5	
<b>Targretin (1% Gel)</b>	5	PA
Tretinoin (10mg Capsule)	5	
Treatment Adjuncts		
<b>Elitek (Injection)</b>	5	
Mesna (Injection)	3	
<b>Mesnex (400mg Tablet)</b>	5	
Antiparasitics		
Anthelmintics		
<b>Albenza (Tablet)</b>	5	QL
<b>Biltricide (Tablet)</b>	4	
Ivermectin (Tablet)	3	
Antiprotozoals		
<b>Alinia (100mg/5ml Suspension, 500mg Tablet)</b>	5	
Atovaquone (Suspension)	5	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Chloroquine Phosphate (Tablet)	2	
<b>Coartem (Tablet)</b>	4	
<b>DARAPRIM (Tablet)</b>	5	
Hydroxychloroquine Sulfate (Tablet)	2	
Mefloquine HCl (Tablet)	2	
<b>Mepron (Suspension)</b>	5	
<b>Nebupent (Inhalation Solution)</b>	4	B/D, PA, QL
<b>Pentam 300 (Injection)</b>	4	
Primaquine Phosphate (Tablet)	4	
Quinine Sulfate (Capsule)	4	PA
Pediculicides/Scabicides		
<b>Eurax (10% Cream, 10% Lotion)</b>	4	
Lindane (Shampoo)	4	
Malathion (Lotion)	4	
Permethrin (Cream)	3	
Antiparkinson Agents		
Anticholinergics		
Benzotropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	
Benzotropine Mesylate (1mg/ml Injection)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	2		Carbidopa/Levodopa ER (Tablet Extended-Release)	1	
<b>Antiparkinson Agents, Other</b>			Carbidopa/Levodopa ODT (Tablet Dispersible)	2	
Amantadine HCl (100mg Capsule, 100mg Tablet)	3		<b>Carbidopa/Levodopa/Entacapone (Tablet)</b>	4	
Amantadine HCl (50mg/5ml Syrup)	2		<b>Stalevo 100 (Tablet)</b>	5	PA
Entacapone (Tablet)	4		<b>Stalevo 125 (Tablet)</b>	5	PA
Tolcapone (Tablet)	5	QL	<b>Stalevo 150 (Tablet)</b>	5	PA
<b>Dopamine Agonists</b>			<b>Stalevo 200 (Tablet)</b>	5	PA
<b>Apokyn (Injection)</b>	5	PA, QL	<b>Stalevo 50 (Tablet)</b>	4	PA
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	3		<b>Stalevo 75 (Tablet)</b>	4	PA
<b>Neupro (Patch 24 Hour)</b>	4		<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
Pramipexole Dihydrochloride (Tablet Immediate-Release)	2		<b>Azilect (0.5mg Tablet)</b>	4	PA
Ropinirole HCl (Tablet Immediate-Release)	2		Rasagiline Mesylate (Tablet)	3	
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>			Selegiline HCl (5mg Capsule, 5mg Tablet)	3	
Carbidopa (Tablet)	5		<b>Zelapar (Tablet Dispersible)</b>	5	
Carbidopa/Levodopa (Tablet Immediate-Release)	1		<b>Antipsychotics</b>		
			<b>1st Generation/Typical</b>		
			Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	4	
			Fluphenazine Decanoate (Injection)	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
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	2		<b>Abilify Maintena (Injection)</b>	5	
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	4		Aripiprazole (Tablet)	4	QL
Fluphenazine HCl (5mg/ml Concentrate)	3		Aripiprazole ODT (Tablet Dispersible)	5	QL
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	2		<b>Aristada (Injection)</b>	5	
Haloperidol Decanoate (Injection)	4		<b>Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)</b>	5	QL, ST
Haloperidol Lactate (Injection)	4		<b>Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)</b>	4	QL, ST
Loxapine Succinate (10mg Capsule, 5mg Capsule)	2	QL	<b>Fanapt Titration Pack (Tablet)</b>	4	ST
Loxapine Succinate (25mg Capsule, 50mg Capsule)	2		<b>Geodon (20mg Injection)</b>	4	
Pimozide (Tablet)	4		<b>Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)</b>	5	
Thioridazine HCl (Tablet)	3		<b>Invega Sustenna (39mg/0.25ml Injection)</b>	4	
Thiothixene (Capsule)	3		<b>Invega Trinza (Injection)</b>	5	PA
Trifluoperazine HCl (Tablet)	3		<b>Latuda (Tablet)</b>	5	QL
2nd Generation/Atypical			<b>Nuplazid (Tablet)</b>	5	PA, QL
			Olanzapine (10mg Injection)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	2	QL	<b>Risperdal Consta (37.5mg Injection, 50mg Injection)</b>	5	
Olanzapine ODT (Tablet Dispersible)	4	QL	Risperidone (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release, 3mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	2	
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 6mg Tablet Extended-Release 24 Hour)	4	QL	Risperidone (1mg/ml Oral Solution)	4	
Paliperidone ER (9mg Tablet Extended-Release 24 Hour)	5	QL	Risperidone ODT (Tablet Dispersible)	4	
Quetiapine Fumarate (Tablet Immediate-Release)	2	QL	<b>Saphris (Tablet Sublingual)</b>	4	QL
Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	3	QL	<b>Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)</b>	4	PA, QL
<b>Rexulti (Tablet)</b>	5	QL	<b>Seroquel XR (400mg Tablet Extended-Release 24 Hour)</b>	5	PA, QL
<b>Risperdal Consta (12.5mg Injection, 25mg Injection)</b>	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	5	QL, ST
<b>Vraylar (Capsule Therapy Pack)</b>	4	ST
Ziprasidone HCl (Capsule)	3	QL
<b>Zyprexa Relprew (Injection)</b>	5	
Treatment-Resistant		
Clozapine (Tablet Immediate-Release)	3	
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	3	QL
<b>Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible)</b>	3	QL
<b>Clozapine ODT (200mg Tablet Dispersible)</b>	5	QL
<b>Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)</b>	5	QL
<b>Versacloz (Suspension)</b>	5	
Antivirals		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-cytomegalovirus (CMV) Agents		
Cidofovir (Injection)	5	
Ganciclovir (Injection)	3	B/D, PA
<b>Valcyte (450mg Tablet)</b>	5	QL
Valganciclovir (Tablet)	5	QL
Valganciclovir Hydrochloride (Oral Solution)	5	QL
<b>Zirgan (Gel)</b>	4	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Tablet)	5	
<b>Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet)</b>	5	
Entecavir (Tablet)	5	
<b>Epivir HBV (5mg/ml Oral Solution)</b>	3	
<b>Hepsera (Tablet)</b>	5	
Lamivudine (100mg Tablet)	3	
<b>Vemlidy (Tablet)</b>	5	QL
Anti-hepatitis C (HCV) Agents, Other		
<b>Intron A (Injection)</b>	5	PA
<b>Pegasys (Injection)</b>	5	PA
<b>Pegasys ProClick (Injection)</b>	5	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
<b>Sylatron (Injection)</b>	5	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
<b>Daklinza (Tablet)</b>	5	PA, QL
<b>Epclusa (Tablet)</b>	5	PA, QL
<b>Harvoni (Tablet)</b>	5	PA, QL
<b>Olysio (Capsule)</b>	5	PA, QL
<b>Sovaldi (Tablet)</b>	5	PA, QL
<b>Zepatier (Tablet)</b>	5	PA, QL
Antitherpetic Agents		
Acyclovir (200mg Capsule, 200mg/5ml Suspension)	2	
Acyclovir (400mg Tablet, 800mg Tablet)	1	
Acyclovir (5% Ointment)	4	QL
Acyclovir Sodium (Injection)	4	B/D, PA
<b>Denavir (Cream)</b>	5	QL
Famciclovir (Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Tablet)	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
<b>Genvoya (Tablet)</b>	5	QL

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Sustiva (200mg Capsule, 600mg Tablet)</b>	5	QL	<b>Videx Pediatric (Oral Solution)</b>	4	QL
<b>Sustiva (50mg Capsule)</b>	4	QL	<b>Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)</b>	5	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			<b>Zerit (1mg/ml Oral Solution)</b>	4	QL
Abacavir (Tablet)	4	QL	<b>Ziagen (20mg/ml Oral Solution)</b>	4	QL
Abacavir Sulfate/ Lamivudine/ Zidovudine (Tablet)	5	QL	Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	3	QL
Abacavir/Lamivudine (Tablet)	5	QL	Anti-HIV Agents, Other		
<b>Combivir (Tablet)</b>	5	QL	<b>Fuzeon (Injection)</b>	5	QL
<b>Descovy (Tablet)</b>	5	QL	<b>Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)</b>	5	QL
Didanosine (Capsule Delayed-Release)	3	QL	<b>Selzentry (25mg Tablet)</b>	3	QL
<b>Emtriva (10mg/ml Oral Solution, 200mg Capsule)</b>	4	QL	Anti-HIV Agents, Protease Inhibitors		
<b>Epzicom (Tablet)</b>	5	QL	<b>Aptivus (100mg/ml Oral Solution, 250mg Capsule)</b>	5	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL	<b>Crixivan (Capsule)</b>	3	QL
Lamivudine/ Zidovudine (Tablet)	4	QL	<b>Evotaz (Tablet)</b>	5	QL
<b>Retrovir IV Infusion (Injection)</b>	4		<b>Invirase (200mg Capsule, 500mg Tablet)</b>	5	QL
Stavudine (Capsule)	3	QL			
<b>Trizivir (Tablet)</b>	5	QL			
<b>Truvada (Tablet)</b>	5	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)</b>	4	QL
<b>Kaletra (200mg-50mg Tablet)</b>	5	QL
<b>Lexiva (50mg/ml Suspension)</b>	4	QL
<b>Lexiva (700mg Tablet)</b>	5	QL
Lopinavir/Ritonavir (Oral Solution)	4	QL
<b>Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)</b>	4	QL
<b>Prezcobix (Tablet)</b>	5	QL
<b>Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)</b>	5	QL
<b>Prezista (75mg Tablet)</b>	4	QL
<b>Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)</b>	5	QL
<b>Viracept (Tablet)</b>	5	QL
<b>Anti-influenza Agents</b>		
Oseltamivir Phosphate (Capsule)	4	QL
<b>Relenza Diskhaler (Aerosol Powder)</b>	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rimantadine HCl (Tablet)	4	
<b>Tamiflu (6mg/ml Suspension)</b>	4	QL
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
Buspirone HCl (Tablet)	2	
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup)	3	
Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection)	4	B/D, PA
<b>Benzodiazepines</b>		
Alprazolam (Tablet Immediate-Release)	1	QL
Chlordiazepoxide HCl (Capsule)	2	
Clonazepam (Tablet Immediate-Release)	2	QL
Clonazepam ODT (Tablet Dispersible)	4	QL
Clorazepate Dipotassium (Tablet)	2	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	2	QL
Diazepam (1mg/ml Oral Solution)	2	
Diazepam Intensol (5mg/ml Concentrate)	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
Lorazepam (Tablet)	1	QL	<b>Bydureon Pen (Injection)</b>	3	QL
Lorazepam Intensol (2mg/ml Concentrate)	2	QL	<b>Bydureon Vial (Injection)</b>	3	QL
<b>Bipolar Agents</b>			<b>Byetta (Injection)</b>	4	QL
<b>Mood Stabilizers</b>			<b>Cycloset (Tablet)</b>	4	PA, QL
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	2		Glimepiride (Tablet)	1	QL
Divalproex Sodium DR (Tablet Delayed-Release)	2		Glipizide (Tablet Immediate-Release)	1	QL
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	2		Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL
<b>Lithium (Oral Solution)</b>	3		Glipizide/Metformin HCl (Tablet)	1	QL
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	2		<b>Invokamet (Tablet)</b>	3	QL
Lithium Carbonate ER (Tablet Extended-Release)	2		<b>Invokamet XR (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Blood Glucose Regulators</b>			<b>Invokana (Tablet)</b>	3	QL
<b>Antidiabetic Agents</b>			<b>Janumet (Tablet Immediate-Release)</b>	3	QL
Acarbose (Tablet)	1	QL	<b>Janumet XR (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Avandia (Tablet)</b>	4	PA, QL	<b>Januvia (Tablet)</b>	3	QL
			<b>Jardiance (Tablet)</b>	3	QL
			<b>Jentadueto (Tablet)</b>	4	QL
			<b>Jentadueto XR (Tablet Extended-Release 24 Hour)</b>	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Kombiglyze XR (Tablet Extended-Release 24 Hour)</b>	3	QL
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Miglitol (Tablet)	4	QL
Nateglinide (Tablet)	1	QL
<b>Onglyza (Tablet)</b>	3	QL
Pioglitazone HCl (Tablet)	1	QL
Pioglitazone HCl/ Glimepiride (Tablet)	1	QL
Pioglitazone HCl/ Metformin HCl (Tablet)	1	QL
Repaglinide (Tablet)	1	QL
Repaglinide/Metformin HCl (Tablet)	4	QL
<b>Riomet (Oral Solution)</b>	4	QL
<b>Soliqua 100/33 (Injection)</b>	3	QL
<b>SymLinPen 120 (Injection)</b>	5	PA
<b>SymLinPen 60 (Injection)</b>	5	PA
<b>Synjardy (Tablet)</b>	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tradjenta (Tablet)</b>	4	QL
<b>Trulicity (Injection)</b>	3	QL
<b>Victoza (Injection)</b>	3	QL
Glycemic Agents		
<b>GlucaGen HypoKit (Injection)</b>	4	
<b>Glucagon Emergency Kit (Injection)</b>	3	
<b>Proglycem (Suspension)</b>	5	
Insulins		
<b>Humalog Cartridge (Injection)</b>	3	
<b>Humalog KwikPen (Injection)</b>	3	
<b>Humalog Mix 50/50 KwikPen (Injection)</b>	3	
<b>Humalog Mix 50/50 Vial (Injection)</b>	3	
<b>Humalog Mix 75/25 KwikPen (Injection)</b>	3	
<b>Humalog Mix 75/25 Vial (Injection)</b>	3	
<b>Humalog Vial (Injection)</b>	3	
<b>Humulin 70/30 KwikPen (Injection)</b>	3	
<b>Humulin 70/30 Vial (Injection)</b>	3	
<b>Humulin N KwikPen (Injection)</b>	3	

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



Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Humulin N Vial (Injection)</b>	3	
<b>Humulin R U-500 KwikPen (Injection)</b>	3	
<b>Humulin R U-500 Vial (Concentrated) (Injection)</b>	3	
<b>Humulin R Vial (Injection)</b>	3	
<b>Lantus SoloStar (Injection)</b>	3	
<b>Lantus Vial (Injection)</b>	3	
<b>Levemir FlexTouch (Injection)</b>	3	
<b>Levemir Vial (Injection)</b>	3	
<b>Toujeo SoloStar (Injection)</b>	3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<b>Argatroban (125mg/125ml-0.9% Injection)</b>	5	B/D, PA
Argatroban (250mg/2.5ml Injection)	5	B/D, PA
<b>Coumadin (Tablet)</b>	4	
<b>Eliquis (Tablet)</b>	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	4	QL
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	5	
Fondaparinux Sodium (2.5mg/0.5ml Injection)	4	
Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	4	
Heparin Sodium (1000unit/ml Injection)	4	B/D, PA
<b>Heparin Sodium/D5W (Injection)</b>	4	
Jantoven (Tablet)	1	
<b>Pradaxa (Capsule)</b>	4	QL
Warfarin Sodium (Tablet)	1	
<b>Xarelto (Tablet)</b>	3	QL
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	3	QL
Blood Formation Modifiers		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Anagrelide HCl (Capsule)	2		<b>Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)</b>	4	PA
<b>Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)</b>	5	PA	<b>Procrit (20000unit/ml Injection, 40000unit/ml Injection)</b>	5	PA
<b>Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)</b>	4	PA	<b>Promacta (Tablet)</b>	5	PA, QL
Azacitidine (Injection)	5	PA	<b>Vidaza (Injection)</b>	5	PA
<b>Granix (Injection)</b>	5	ST	Zarxio (Injection)	5	
<b>Leukine (Injection)</b>	5	PA	Hemostasis Agents		
<b>Mozobil (Injection)</b>	5	PA	Tranexamic Acid (1000mg/10ml Injection)	3	
<b>Neulasta (Injection)</b>	5	PA	Tranexamic Acid (650mg Tablet)	4	
<b>Neupogen (Injection)</b>	5	ST	Platelet Modifying Agents		
			Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	3	QL
			<b>Brilinta (Tablet)</b>	3	QL
			Cilostazol (Tablet)	2	
			Clopidogrel (75mg Tablet)	2	QL
			<b>Effient (Tablet)</b>	3	QL
			Cardiovascular Agents		
			Alpha-adrenergic Agonists		

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
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	1	
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	4	
Methyldopa (Tablet)	3	
Methyldopate HCl (Injection)	4	
Midodrine HCl (Tablet)	3	
<b>Northera (Capsule)</b>	5	PA, QL
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	2	
Phenoxybenzamine HCl (Capsule)	5	
Prazosin HCl (Capsule)	2	
Angiotensin II Receptor Antagonists		
Candesartan Cilexetil (Tablet)	1	QL
<b>Edarbi (Tablet)</b>	4	QL
Eprosartan Mesylate (Tablet)	1	QL
Irbesartan (Tablet)	1	QL
Losartan Potassium (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Olmesartan Medoxomil (Tablet)	2	QL
Telmisartan (Tablet)	1	QL
Valsartan (Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Tablet)	1	QL
Captopril (Tablet)	1	QL
Enalapril Maleate (Tablet)	1	QL
Fosinopril Sodium (Tablet)	1	QL
Lisinopril (Tablet)	1	QL
Moexipril HCl (Tablet)	1	QL
Perindopril Erbumine (Tablet)	1	QL
Quinapril HCl (Tablet)	1	QL
Ramipril (Capsule)	1	QL
Trandolapril (Tablet)	1	QL
Antiarrhythmics		
Amiodarone HCl (200mg Tablet)	1	
Amiodarone HCl (50mg/ml Injection)	4	
Dofetilide (Capsule)	4	
Flecainide Acetate (Tablet)	2	
Mexiletine HCl (Capsule)	2	
<b>Multaq (Tablet)</b>	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
Pacerone (200mg Tablet)	1		Labetalol HCl (5mg/ml Injection)	4	
Procainamide HCl (Injection)	4		Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Propafenone HCl (Tablet)	2		Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	4		Metoprolol Tartrate (5mg/5ml Injection)	4	
<b>Quinidine Gluconate (Injection)</b>	4		Nadolol (Tablet)	4	
Quinidine Gluconate CR (Tablet Extended-Release)	4		Pindolol (Tablet)	3	
Quinidine Sulfate (Tablet)	2		Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	2	
Sotalol HCl (AF) (Tablet)	2		Propranolol HCl (1mg/ml Injection)	4	
Sotalol HCl (Tablet)	2		Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	
<b>Beta-adrenergic Blocking Agents</b>					
Acebutolol HCl (Capsule)	2				
Atenolol (Tablet)	1				
Betaxolol HCl (10mg Tablet, 20mg Tablet)	3				
Bisoprolol Fumarate (Tablet)	2				
<b>Bystolic (Tablet)</b>	3	QL			
Carvedilol (Tablet)	1				
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	4		Felodipine ER (Tablet Extended-Release 24 Hour)	3	
<b>Calcium Channel Blocking Agents</b>			Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	2	
Afeditab CR (Tablet Extended-Release 24 Hour)	2	QL	Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	2	QL
Amlodipine Besylate (Tablet)	1		Nicardipine HCl (2.5mg/ml Injection)	4	
<b>Cardene IV (Injection)</b>	4		Nicardipine HCl (20mg Capsule, 30mg Capsule)	3	
Cartia XT (Capsule Extended-Release 24 Hour)	2		Nifedipine ER (Tablet Extended-Release 24 Hour)	2	QL
Dilt-XR (Capsule Extended-Release 24 Hour)	2		Nimodipine (Capsule)	5	
Diltiazem CD (Capsule Extended-Release 24 Hour)	2		Taztia XT (Capsule Extended-Release 24 Hour)	2	
Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	4				
Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	2				
Diltiazem HCl ER (Capsule Extended-Release)	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
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	2		Amiloride/ Hydrochlorothiazide (Tablet)	2	
Verapamil HCl (2.5mg/ml Injection)	4		Amlodipine Besylate/ Atorvastatin Calcium (Tablet)	1	QL
Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	3		Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2		Amlodipine Besylate/ Valsartan (Tablet)	4	QL
<b>Verapamil HCl SR (Capsule Extended-Release 24 Hour)</b>	3		Amlodipine/ Olmesartan Medoxomil (Tablet)	2	QL
Cardiovascular Agents, Other			Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)	4	QL
			Atenolol/ Chlorthalidone (Tablet)	1	
			Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
			<b>BiDil (Tablet)</b>	3	QL
			Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet)	2	QL
			Candesartan Cilexetil/ Hydrochlorothiazide (Tablet)	1	QL
			Captopril/ Hydrochlorothiazide (Tablet)	1	QL
			<b>Corlanor (Tablet)</b>	4	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Demser (Capsule)</b>	5		Metoprolol/ Hydrochlorothiazide (Tablet)	2	
Digitex (Tablet)	2		Moexipril/ Hydrochlorothiazide (Tablet)	1	QL
<b>Digoxin (0.05mg/ml Oral Solution)</b>	3		Nadolol/ Bendroflumethiazide (40mg-5mg Tablet)	3	QL
Digoxin (0.25mg/ml Injection)	4		Nadolol/ Bendroflumethiazide (80mg-5mg Tablet)	3	
Digoxin (125mcg Tablet, 250mcg Tablet)	2		Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	2	QL
<b>Edarbyclor (Tablet)</b>	4	QL	Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	2	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL	Pentoxifylline ER (Tablet Extended- Release)	2	
<b>Entresto (Tablet)</b>	3	QL	Propranolol/ Hydrochlorothiazide (Tablet)	2	
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL	Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL	<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	3	QL
<b>Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)</b>	4				
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL			
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL			
Methyldopa/ Hydrochlorothiazide (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
Spironolactone/ Hydrochlorothiazide (Tablet)	2		Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	
Telmisartan/ Amlodipine (Tablet)	1	QL	<b>Edocrin (Tablet)</b>	5	
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL	Ethacrynic Acid (Tablet)	5	
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	2		Furosemide (10mg/ml Injection)	4	B/D, PA
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL	Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution)	2	
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>			Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Acetazolamide (Tablet Immediate-Release)	3		Torsemide (Tablet)	2	
Acetazolamide ER (Capsule Extended- Release 12 Hour)	4		<b>Diuretics, Potassium-sparing</b>		
Acetazolamide Sodium (Injection)	4		Amiloride HCl (Tablet)	2	
Methazolamide (Tablet)	4		<b>Dyrenium (Capsule)</b>	4	
<b>Diuretics, Loop</b>			Eplerenone (Tablet)	3	
Bumetanide (0.25mg/ ml Injection)	4		Spironolactone (Tablet)	2	
			<b>Diuretics, Thiazide</b>		
			Chlorothiazide (Tablet)	2	
			Chlorothiazide Sodium (Injection)	4	B/D, PA
			Chlorthalidone (Tablet)	2	
			<b>Diuril (Suspension)</b>	4	
			Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg 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
Indapamide (Tablet)	2	
Methyclothiazide (Tablet)	3	
Metolazone (Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (145mg Tablet, 48mg Tablet)	3	
Fenofibrate (160mg Tablet, 54mg Tablet)	1	
Fenofibrate Micronized (134mg Capsule, 200mg Capsule, 67mg Capsule)	3	
<b>Fenofibric Acid (Tablet)</b>	3	
Fenofibric Acid DR (Capsule Delayed-Release)	3	
Gemfibrozil (Tablet)	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
Fluvastatin (Capsule Immediate-Release)	1	QL
<b>Livalo (Tablet)</b>	3	QL
Lovastatin (Tablet Immediate-Release)	1	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Cholestyramine (Powder)	4	
Cholestyramine Light (Powder)	4	
Colestipol HCl (1gm Tablet)	3	
Colestipol HCl (5gm Granules)	4	
Ezetimibe (Tablet)	2	QL
Ezetimibe/Simvastatin (Tablet)	3	QL
<b>Juxtapid (Capsule)</b>	5	PA, LA
<b>Kynamro (Injection)</b>	5	PA, LA
Niacin ER (Tablet Extended-Release)	4	
Niacor (Tablet)	2	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	4	QL
<b>Praluent (Injection)</b>	5	PA, QL
Prevalite (Powder)	4	
<b>Repatha (Injection)</b>	5	PA, QL
<b>Repatha Pushtronex System (Injection)</b>	5	PA, QL
<b>Repatha SureClick (Injection)</b>	5	PA, QL
<b>Vascepa (Capsule)</b>	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
<b>Welchol (3.75gm Packet, 625mg Tablet)</b>	3		Nitroglycerin (5mg/ml Injection)	4	
Vasodilators, Direct-acting Arterial			Nitroglycerin Lingual (Translingual Solution)	1	
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)	2		Nitroglycerin Transdermal (Patch 24 Hour)	2	
Hydralazine HCl (20mg/ml Injection)	4		<b>Nitrostat (Tablet Sublingual)</b>	3	
Minoxidil (Tablet)	2		Central Nervous System Agents		
Vasodilators, Direct-acting Arterial/Venous			Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Isosorbide Dinitrate (Tablet Immediate-Release)	2		Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	4	QL
Isosorbide Dinitrate ER (Tablet Extended-Release)	2				
Isosorbide Mononitrate (Tablet Immediate-Release)	2				
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	2				
Minitran (Patch 24 Hour)	2				
Nitro-Bid (Ointment)	4				
Nitroglycerin (0.3mg Tablet Sublingual, 0.4mg Tablet Sublingual, 0.6mg 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
Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate- Release, 7.5mg Tablet Immediate-Release)	3	QL	<b>Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable)</b>	4	
Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate- Release)	4	QL	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	4	QL	Atomoxetine (Capsule)	4	QL, ST
			Clonidine HCl ER (Tablet Extended- Release 12 Hour)	4	PA
			Dexmethylphenidate HCl (Tablet Immediate- Release)	3	QL
			Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	4	
			Guanfacine ER (Tablet Extended-Release 24 Hour)	4	
			Metadate ER (Tablet Extended-Release)	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
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	3	QL	Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	3	QL
Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	4	QL	<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)</b>	3	QL
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)	4	QL	<b>Savella (Tablet)</b>	3	
Central Nervous System, Other			<b>Savella Titration Pack</b>	3	
<b>Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)</b>	3	PA, QL	Multiple Sclerosis Agents		
<b>Nuedexta (Capsule)</b>	4	PA	<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	5	QL
<b>Rilutek (Tablet)</b>	5		<b>Aubagio (Tablet)</b>	5	QL
Riluzole (Tablet)	3		<b>Avonex (Injection)</b>	5	
Tetrabenazine (Tablet)	5	PA, QL	<b>Avonex Pen (Injection)</b>	5	
<b>Xenazine (Tablet)</b>	5	PA, QL, LA	<b>Betaseron (Injection)</b>	5	
Fibromyalgia Agents			<b>Copaxone (Injection)</b>	5	
			<b>Gilenya (Capsule)</b>	5	QL
			Glatopa (Injection)	5	
			<b>Rebif (Injection)</b>	5	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Rebif Rebidose (Injection)</b>	5		Calcipotriene (0.005% Cream, 0.005% External Solution)	4	
<b>Rebif Rebidose Titration Pack (Injection)</b>	5		<b>Calcitriol (3mcg/gm Ointment)</b>	4	
<b>Rebif Titration Pack (Injection)</b>	5		<b>Carac (Cream)</b>	5	PA
<b>Tecfidera (Capsule Delayed-Release)</b>	5	QL	Claravis (Capsule)	4	PA
<b>Tecfidera Starter Pack</b>	5		Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
<b>Tysabri (Injection)</b>	5	PA	Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4	
<b>Zinbryta (Injection)</b>	5	PA	Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	4	
Dental and Oral Agents			Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	3	
Dental and Oral Agents			<b>Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)</b>	4	
Chlorhexidine Gluconate (Solution)	2		<b>Cosentyx (Injection)</b>	5	PA
<b>Kepivance (Injection)</b>	5		<b>Cosentyx Sensoready Pen (Injection)</b>	5	PA
Periogard (Solution)	2		Diclofenac Sodium (3% Gel)	5	PA
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4		<b>Doxepin HCl (Cream)</b>	5	PA
Triamcinolone in Orabase (Paste)	3		<b>Elidel (Cream)</b>	4	ST
Dermatological Agents					
Dermatological Agents					
Acitretin (Capsule)	4				
Adapalene (0.1% Cream, 0.1% Gel)	4				
Ammonium Lactate (12% Cream, 12% Lotion)	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
Ery (2% Pad)	3		<b>Stelara (130mg/26ml Injection, 45mg/0.5ml Injection, 90mg/ml Injection)</b>	5	PA
Erythromycin (2% External Solution)	2		Tacrolimus (0.03% Ointment, 0.1% Ointment)	4	ST
Erythromycin (2% Gel)	4		Tazarotene (Cream)	4	PA
Erythromycin/Benzoyl Peroxide (Gel)	4		<b>Tazorac (0.05% Cream, 0.1% Cream, 0.05% Gel, 0.1% Gel)</b>	4	PA
<b>Finacea (15% Foam, 15% Gel)</b>	4		Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	4	PA
<b>Fluorouracil (0.5% Cream)</b>	5		<b>Tretinoin Microsphere (Gel)</b>	4	PA
Fluorouracil (2% External Solution, 5% External Solution)	3		<b>Zyclara (Cream)</b>	5	PA
Fluorouracil (5% Cream)	4		<b>Zyclara Pump (Cream)</b>	5	PA
Imiquimod (Cream)	4		Electrolytes/Minerals/Metals/Vitamins		
Methoxsalen (Capsule)	5		Electrolyte/Mineral Replacement		
<b>Mirvaso (Gel)</b>	4		<b>Aminosyn 7%/ Electrolytes (Injection)</b>	4	B/D, PA
<b>Oxsoralen Ultra (Capsule)</b>	5		<b>Aminosyn 8.5%/ Electrolytes (Injection)</b>	4	B/D, PA
<b>Picato (Gel)</b>	3		<b>Aminosyn II (10% Injection, 7% Injection)</b>	4	B/D, PA
Podofilox (External Solution)	3				
<b>PRUDOXIN (Cream)</b>	3	PA			
<b>Regranex (Gel)</b>	5	PA			
<b>Santyl (Ointment)</b>	4				
Selenium Sulfide (Lotion)	2				
<b>Solaraze (Gel)</b>	5	PA			
<b>Soriatane (Capsule)</b>	5				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Aminosyn II 8.5%/ Electrolytes (Injection)</b>	4	B/D, PA	<b>FreAmine HBC 6.9% (Injection)</b>	4	B/D, PA
<b>Aminosyn-HBC (Injection)</b>	4	B/D, PA	<b>HepatAmine (Injection)</b>	4	B/D, PA
<b>Aminosyn-PF (Injection)</b>	4	B/D, PA	<b>Intralipid (Injection)</b>	4	B/D, PA
<b>Aminosyn-RF (Injection)</b>	4	B/D, PA	<b>Ionosol-MB/Dextrose 5% (Injection)</b>	4	
<b>Carbaglu (Tablet)</b>	5	LA	<b>Isolyte-P/Dextrose 5% (Injection)</b>	4	
<b>Dextrose 10% (Injection)</b>	4		<b>Isolyte-S (Injection)</b>	4	
<b>Dextrose 10%/NaCl 0.2% (Injection)</b>	4		<b>KCl 0.075%/D5W/ NaCl 0.45% (Injection)</b>	4	
<b>Dextrose 10%/NaCl 0.45% (Injection)</b>	4		<b>KCl 0.15%/D5W/NaCl 0.2% (Injection)</b>	4	
<b>Dextrose 2.5%/NaCl 0.45% (Injection)</b>	4		<b>KCl 0.15%/D5W/NaCl 0.9% (Injection)</b>	4	
<b>Dextrose 5% (Injection)</b>	4		<b>KCl 0.3%/D5W/NaCl 0.45% (Injection)</b>	4	
<b>Dextrose 5%/ Lactated Ringers (Injection)</b>	4		<b>KCl 0.3%/D5W/NaCl 0.9% (Injection)</b>	4	
<b>Dextrose 5%/NaCl 0.2% (Injection)</b>	4		<b>Klor-Con 10 (Tablet Extended-Release)</b>	3	
<b>Dextrose 5%/NaCl 0.225% (Injection)</b>	4		<b>Klor-Con 8 (Tablet Extended-Release)</b>	3	
<b>Dextrose 5%/NaCl 0.33% (Injection)</b>	4		Klor-Con M10 (Tablet Extended-Release)	2	
<b>Dextrose 5%/NaCl 0.45% (Injection)</b>	4		Klor-Con M15 (Tablet Extended-Release)	2	
<b>Dextrose 5%/NaCl 0.9% (Injection)</b>	4		Klor-Con M20 (Tablet Extended-Release)	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
Klor-Con Sprinkle (Capsule Extended-Release)	3		Plenamaine (Injection)	4	B/D, PA
<b>Lactated Ringers Irrigation (Solution)</b>	3		<b>Potassium Chloride (10% Oral Solution, 20% Oral Solution)</b>	3	
<b>Lactated Ringers Vialflex (Injection)</b>	4		<b>Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)</b>	4	B/D, PA
Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	3		Potassium Chloride (2meq/ml Injection)	4	B/D, PA
<b>Magnesium Sulfate (1gm/2ml-50% Injection)</b>	4		<b>Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)</b>	4	
Magnesium Sulfate (5gm/10ml-50% Injection)	4		<b>Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)</b>	4	
<b>Nephramine (Injection)</b>	4	B/D, PA	<b>Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)</b>	4	
<b>Normosol-M in D5W (Injection)</b>	4		Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)	3	
<b>Normosol-R (Injection)</b>	4		Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	2	
<b>Normosol-R in D5W (Injection)</b>	4				
<b>Nutrilipid (Injection)</b>	4	B/D, PA			
<b>Physiolyte (Irrigation Solution)</b>	4				
<b>Physiosol Irrigation (Solution)</b>	4				
<b>Plasma-Lyte A (Injection)</b>	4				
<b>Plasma-Lyte-148 (Injection)</b>	4				

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



Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Potassium Chloride ER (20meq Tablet Extended-Release)</b>	2	
<b>Potassium Chloride/Dextrose (Injection)</b>	4	B/D, PA
<b>Potassium Chloride/Dextrose/Lactated Ringers (Injection)</b>	4	
Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	4	B/D, PA
<b>Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)</b>	4	B/D, PA
Potassium Citrate ER (Tablet Extended-Release)	3	
Premasol (Injection)	4	B/D, PA
<b>Procalamine (Injection)</b>	4	B/D, PA
<b>Prosol (Injection)</b>	4	B/D, PA
<b>Ringers Injection</b>	4	
<b>Ringers Irrigation (Solution)</b>	3	
<b>Sodium Chloride (0.9% Injection, 2.5meq/ml Injection)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)</b>	4	B/D, PA
<b>Sodium Chloride 0.45% (Injection)</b>	4	
<b>Sodium Chloride 0.9% (Irrigation Solution)</b>	3	
Sodium Fluoride (Tablet)	2	
<b>Sodium Lactate (Injection)</b>	4	
<b>TPN Electrolytes (Injection)</b>	4	
<b>Travasol (Injection)</b>	4	B/D, PA
<b>Trophamine (10% Injection)</b>	4	B/D, PA
Electrolyte/Mineral/Metal Modifiers		
<b>Chemet (Capsule)</b>	5	
<b>Exjade (Tablet Soluble)</b>	5	PA
<b>Ferriprox (100mg/ml Oral Solution, 500mg Tablet)</b>	5	PA
<b>Jadenu (Tablet)</b>	5	PA
<b>Jadenu Sprinkle (Packet)</b>	5	PA
Kionex (Powder)	3	
<b>Samsca (Tablet)</b>	5	PA, QL
Sodium Polystyrene Sulfonate (Suspension)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
SPS (Suspension)	3		Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	2	
<b>Syprine (Capsule)</b>	5	PA, QL	Glycopyrrolate (4mg/20ml Injection)	4	
Phosphate Binders			Methscopolamine Bromide (Tablet)	4	
<b>Auryxia (Tablet)</b>	5		Gastrointestinal Agents, Other		
Calcium Acetate (667mg Capsule, 667mg Tablet)	3		Chenodal (Tablet)	5	
Eliphos (Tablet)	4		Cromolyn Sodium (100mg/5ml Concentrate)	4	
<b>Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)</b>	5		Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	4	
<b>Phoslyra (Oral Solution)</b>	3		<b>Gattex (Injection)</b>	5	PA
<b>Renagel (Tablet)</b>	3	ST	Loperamide HCl (Capsule)	2	
<b>Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)</b>	3		<b>Myalept (Injection)</b>	5	PA
<b>Velphoro (Tablet Chewable)</b>	5		<b>Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)</b>	5	PA
Vitamins			<b>Serostim (Injection)</b>	5	PA
VP-PNV-DHA (Capsule)	2		Ursodiol (250mg Tablet, 500mg Tablet)	4	
Gastrointestinal Agents			Ursodiol (300mg Capsule)	3	
Antispasmodics, Gastrointestinal			<b>Zorbtive (Injection)</b>	5	PA
<b>Atropine Sulfate (Injection)</b>	4				
<b>Cuvposa (Oral Solution)</b>	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
<b>Histamine2 (H2) Receptor Antagonists</b>			GaviLyte-N/Flavor Pack (Oral Solution)	1	
Cimetidine (Tablet)	2		Generlac (Oral Solution)	2	
Cimetidine HCl (Oral Solution)	2		Lactulose (Oral Solution)	2	
Famotidine (20mg Tablet, 40mg Tablet)	2		<b>PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)</b>	3	
Famotidine (20mg/2ml Injection, 40mg/5ml Suspension)	4		PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	3	
Famotidine Premixed (Injection)	4		Polyethylene Glycol 3350 Powder (Generic MiraLAX)	2	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	2		<b>Suprep Bowel Prep Kit (Oral Solution)</b>	3	
Ranitidine HCl (50mg/2ml Injection, 75mg/5ml Syrup)	4		TriLyte (Oral Solution)	1	
<b>Irritable Bowel Syndrome Agents</b>			<b>Protectants</b>		
Alosetron HCl (Tablet)	5	PA	<b>Carafate (1gm/10ml Suspension)</b>	4	
<b>Amitiza (Capsule)</b>	3	QL	Misoprostol (Tablet)	3	
<b>Linzess (Capsule)</b>	3	QL	Sucralfate (Tablet)	2	
<b>Lotronex (Tablet)</b>	5	PA	<b>Proton Pump Inhibitors</b>		
<b>Xifaxan (Tablet)</b>	5	PA	<b>Dexilant (Capsule Delayed-Release)</b>	4	QL
<b>Laxatives</b>			Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	3	QL
Constulose (Oral Solution)	2				
Enulose (Oral Solution)	2				
GaviLyte-C (Oral Solution)	2				
GaviLyte-G (Oral Solution)	2				
GaviLyte-H (Kit)	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
Esomeprazole Sodium (Injection)	4		<b>Buphenyl (3gm/tsp Powder, 500mg Tablet)</b>	5	
<b>Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)</b>	3		<b>Cerezyme (Injection)</b>	5	PA
<b>Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)</b>	3	QL	<b>Cholbam (Capsule)</b>	5	PA
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL	<b>Creon (Capsule Delayed-Release)</b>	3	
Omeprazole (20mg Capsule Delayed-Release)	2		<b>Cystadane (Powder)</b>	5	
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL	<b>Cystagon (Capsule)</b>	4	LA
<b>Prilosec (Packet)</b>	4	PA	<b>Elaprase (Injection)</b>	5	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			<b>Elelyso (Injection)</b>	5	PA, LA
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			<b>Exondys 51 (Injection)</b>	5	PA, LA
<b>Adagen (Injection)</b>	5	LA	<b>Fabrazyme (Injection)</b>	5	
<b>Aldurazyme (Injection)</b>	5		<b>Glassia (Injection)</b>	5	PA, LA
<b>Aralast NP (Injection)</b>	5	PA, LA	<b>Kanuma (Injection)</b>	5	PA
			<b>Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)</b>	5	
			<b>Lumizyme (Injection)</b>	5	
			<b>Naglazyme (Injection)</b>	5	
			<b>Ocaliva (Tablet)</b>	5	PA, QL
			<b>Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)</b>	5	LA
			<b>Procysbi (Capsule Delayed-Release)</b>	5	
			<b>Prolastin-C (Injection)</b>	5	PA, LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>RAVICTI (Liquid)</b>	5	QL
Sodium Phenylbutyrate (Powder)	5	
<b>Strensiq (Injection)</b>	5	PA, LA
<b>Sucraid (Oral Solution)</b>	5	LA
<b>VPRIV (Injection)</b>	5	PA
<b>Zavesca (Capsule)</b>	5	PA, LA
<b>Zemaira (Injection)</b>	5	PA, LA
<b>Zenpep (Capsule Delayed-Release)</b>	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<b>Myrbetriq (Tablet Extended-Release 24 Hour)</b>	3	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	2	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	3	QL
<b>Vesicare (Tablet)</b>	3	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2	
Finasteride (5mg Tablet) (Generic Proscar)	1	
<b>Rapaflo (Capsule)</b>	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	2	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	2	
<b>Cuprimine (Capsule)</b>	5	PA
<b>Depen Titratabs (Tablet)</b>	5	
<b>Elmiron (Capsule)</b>	4	
<b>Lithostat (Tablet)</b>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Ala-Cort (Cream)	2	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	3	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	3	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	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
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	4		Dexamethasone Intensol (1mg/ml Concentrate)	2	
Clobetasol Propionate (0.05% External Solution)	3		Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	4	
Clobetasol Propionate (0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	4		Fludrocortisone Acetate (Tablet)	2	
Clobetasol Propionate E (Cream)	4		Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	4	
<b>Cordran (Tape)</b>	4		Fluocinolone Acetonide Body (Oil)	4	
Cormax Scalp Application (External Solution)	3		Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3	
Cortisone Acetate (Tablet)	4		Fluocinonide-E (Cream)	3	
<b>Depo-Medrol (20mg/ml Injection)</b>	4		Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3	
Desonide (0.05% Ointment)	4		Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4	
Desoximetasone (0.05% Cream, 0.25% Cream)	4		Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	2	
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	3		Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 15mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	2	
Hydrocortisone Butyrate (0.1% Ointment)	3		Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet)	1	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	4		Prednisone (5mg/5ml Oral Solution)	2	
<b>Kenalog-10 (Injection)</b>	4		Prednisone Intensol (5mg/ml Concentrate)	2	
<b>Kenalog-40 (Injection)</b>	4		<b>Solu-Cortef (Injection)</b>	4	
Methylprednisolone (Tablet)	2		<b>Solu-Medrol (2gm Injection)</b>	4	
Methylprednisolone Acetate (Injection)	4		Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2	
Methylprednisolone Dose Pack (Tablet Therapy Pack)	2		Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	3	
Methylprednisolone Sodium Succinate (Injection)	4		Triderm (Cream)	2	
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	3				
<b>Prednicarbate (0.1% Cream)</b>	4				
Prednicarbate (0.1% Ointment)	4				

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<b>Chorionic Gonadotropin (Injection)</b>	4	PA
<b>Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)</b>	3	
Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection)	4	
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	3	
<b>Genotropin (12mg Injection, 5mg Injection)</b>	5	PA
<b>Genotropin Miniquick (0.2mg Injection)</b>	4	PA
<b>Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)</b>	5	PA
<b>Humatrope (Injection)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Humatrope Combo Pack (Injection)</b>	5	PA
<b>Increlex (Injection)</b>	5	PA
<b>Norditropin FlexPro (Injection)</b>	5	PA
<b>Novarel (Injection)</b>	4	PA
<b>Nutropin AQ (Injection)</b>	5	PA
<b>Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)</b>	4	PA
<b>Saizen (Injection)</b>	5	PA
<b>Zomacton (10mg Injection)</b>	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<b>Korlym (Tablet)</b>	5	PA, QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<b>Anadrol-50 (Tablet)</b>	5	PA
<b>Androderm (Patch 24 Hour)</b>	3	QL
<b>AndroGel (1.62% Packet Gel)</b>	3	
<b>AndroGel Pump (1.62% Gel)</b>	3	
Danazol (Capsule)	4	
Oxandrolone (10mg Tablet)	4	PA, QL

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxandrolone (2.5mg Tablet)	3	PA, QL	Depo-Estradiol (Injection)	4	
Testosterone Cypionate (Injection)	4		Desogestrel/Ethinyl Estradiol (Tablet)	4	
Testosterone Enanthate (Injection)	4		Drospirenone/Ethinyl Estradiol (Tablet)	4	
<b>Estrogens</b>			<b>Duavee (Tablet)</b>	4	
Alyacen 1/35 (Tablet)	4		<b>Elestrin (Gel)</b>	4	
Amethia (Tablet)	4		Emoquette (Tablet)	4	
Amethia Lo (Tablet)	4		Enpresse-28 (Tablet)	4	
Apri (Tablet)	4		Estrace (0.1mg/gm Cream)	4	
Aranelle (Tablet)	4		Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	3	QL
Ashlyna (Tablet)	4		Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	3	
Aubra (Tablet)	4		Estradiol Valerate (Injection)	4	
Aviane (Tablet)	4		<b>Estring (Ring)</b>	4	
Balziva (Tablet)	4		Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	4	
Bekyree (Tablet)	4				
Blisovi 24 Fe (Tablet)	4				
Blisovi Fe 1.5/30 (Tablet)	4				
Blisovi Fe 1/20 (Tablet)	4				
Briellyn (Tablet)	4				
<b>Camrese Lo (Tablet)</b>	4				
Caziant (Tablet)	4				
<b>Climara Pro (Patch Weekly)</b>	4				
Cryselle-28 (Tablet)	4				
Cyclafem (Tablet)	4				
Delyla (Tablet)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Falmina (Tablet)	4		Levonest (Tablet)	4	
<b>Femring (Ring)</b>	4		Levonorgestrel and Ethinyl Estradiol (Tablet)	4	
Femynor (Tablet)	4		Levonorgestrel/Ethinyl Estradiol (Tablet)	4	
<b>Gianvi (Tablet)</b>	4		Levora 0.15/30-28 (Tablet)	4	
Gildagia (Tablet)	4		Lomedia 24 Fe (Tablet)	4	
Introvale (Tablet)	4		Loryna (Tablet)	4	
Jinteli (Tablet)	4		Low-Ogestrel (Tablet)	4	
Juleber (Tablet)	4		Lutera (Tablet)	4	
Junel 1.5/30 (Tablet)	4		Marlissa (Tablet)	4	
Junel 1/20 (Tablet)	4		Menest (Tablet)	3	
Junel Fe 1.5/30 (Tablet)	4		Mibelas 24 Fe (Tablet Chewable)	4	
Junel Fe 1/20 (Tablet)	4		<b>Microgestin 1.5/30 (Tablet)</b>	4	
Junel Fe 24 (Tablet)	4		<b>Microgestin 1/20 (Tablet)</b>	4	
Kaitlib Fe (Tablet Chewable)	4		<b>Microgestin Fe (Tablet)</b>	4	
Kariva (Tablet)	4		<b>Microgestin Fe 1.5/30 (Tablet)</b>	4	
Kelnor 1/35 (Tablet)	4		<b>MonoNessa (Tablet)</b>	4	
Kimidess (Tablet)	4		Necon 0.5/35-28 (Tablet)	4	
LARIN 1.5/30 (Tablet)	4		<b>Necon 1/50-28 (Tablet)</b>	4	
LARIN 1/20 (Tablet)	4		Necon 10/11-28 (Tablet)	4	
LARIN Fe 1.5/30 (Tablet)	4				
LARIN Fe 1/20 (Tablet)	4				
Larissia (Tablet)	4				
<b>Layolis Fe (Tablet Chewable)</b>	4				
<b>Leena (Tablet)</b>	4				
Lessina (Tablet)	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
<b>Necon 7/7/7 (Tablet)</b>	4		<b>Ocella (Tablet)</b>	4	
Nikki (Tablet)	4		Ogestrel (Tablet)	4	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.8mg-25mcg Tablet Chewable)	4		Orsythia (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol (20mcg-1mg Tablet)	4		Pimtreea (Tablet)	4	
<b>Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (20mcg-75mg-1mg Tablet Chewable)</b>	4		Pirmella 1/35 (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)	4		Portia-28 (Tablet)	4	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.4mg-35mcg Tablet Chewable)	4		<b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>	4	QL
Norgestimate/Ethinyl Estradiol (Tablet)	4		<b>Premarin (Vaginal Cream)</b>	3	
Nortrel 0.5/35 (28) (Tablet)	4		<b>Premphase (Tablet)</b>	4	QL
Nortrel 1/35 (Tablet)	4		<b>Prempro (Tablet)</b>	4	QL
Nortrel 7/7/7 (Tablet)	4		Previfem (Tablet)	4	
<b>NuvaRing (Ring)</b>	4		Quasense (Tablet)	4	
			Reclipsen (Tablet)	4	
			Setlakin (Tablet)	4	
			Sprintec 28 (Tablet)	4	
			Sronyx (Tablet)	4	
			Tarina Fe 1/20 (Tablet)	4	
			Tri-Legest Fe (Tablet)	4	
			Tri-Lo-Estarylla (Tablet)	4	
			Tri-Lo-Sprintec (Tablet)	4	
			Tri-Previfem (Tablet)	4	
			Tri-Sprintec (Tablet)	4	
			<b>Trinessa (Tablet)</b>	4	
			Trivora-28 (Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Velivet (Tablet)	4	
Vestura (Tablet)	4	
Vienna (Tablet)	4	
Vyfemla (Tablet)	4	
WYMZYA Fe (Tablet Chewable)	4	
Xulane (Patch Weekly)	4	
Yuvaferm (Tablet)	4	QL
Zarah (Tablet)	4	
Zenchent (Tablet)	4	
Zenchent Fe (Tablet Chewable)	4	
Zovia 1/35E (Tablet)	4	
Zovia 1/50E (Tablet)	4	
Progestins		
Camila (Tablet)	3	
<b>Crinone (Gel)</b>	4	PA
Deblitane (Tablet)	3	
<b>Depo-Provera (Injection)</b>	4	
Errin (Tablet)	3	
Hydroxyprogesterone Caproate (Injection)	5	PA
<b>Jolivette (Tablet)</b>	3	
Lyza (Tablet)	3	
<b>Makena (Injection)</b>	5	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Medroxyprogesterone Acetate (150mg/ml Injection)	4	
<b>Megace ES (Suspension)</b>	5	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Megestrol Acetate (625mg/5ml Suspension)	4	
<b>Nora-BE (Tablet)</b>	3	
Norethindrone (0.35mg Tablet)	3	
Norethindrone Acetate (5mg Tablet)	2	
Norlyroc (Tablet)	3	
Progesterone (Capsule)	2	
Sharobel (Tablet)	3	
Selective Estrogen Receptor Modifying Agents		
Raloxifene HCl (Tablet)	3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<b>Levothyroxine Sodium (100mcg Injection)</b>	5	

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
Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)	1	
<b>Levoxyl (Tablet)</b>	3	
Liothyronine Sodium (10mcg/ml Injection)	4	
Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	2	
<b>Synthroid (Tablet)</b>	3	
<b>Unithroid (Tablet)</b>	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
<b>Lysodren (Tablet)</b>	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	3	
<b>Egrifta (Injection)</b>	5	PA
<b>Firmagon (120mg Injection)</b>	5	PA
<b>Firmagon (80mg Injection)</b>	4	PA
Leuprolide Acetate (Injection)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Lupaneta Pack (Kit)</b>	5	PA
<b>Lupron Depot (1-Month) (Injection)</b>	5	PA
<b>Lupron Depot (3-Month) (Injection)</b>	5	PA
<b>Lupron Depot (4-Month) (Injection)</b>	5	PA
<b>Lupron Depot (6-Month) (Injection)</b>	5	PA
<b>Lupron Depot-Ped (1-Month) (Injection)</b>	5	PA
Octreotide Acetate (Injection)	4	PA
<b>Sandostatin LAR Depot (Injection)</b>	5	PA
<b>Signifor (Injection)</b>	5	PA
<b>Somatuline Depot (Injection)</b>	5	PA
<b>Somavert (Injection)</b>	5	PA, QL
<b>Synarel (Nasal Solution)</b>	5	
<b>Trelstar Mixject (Injection)</b>	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	2	
Propylthiouracil (Tablet)	2	
Immunological Agents		
Angioedema Agents		
<b>Berinerit (Injection)</b>	5	PA, LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Cinryze (Injection)</b>	5	PA, LA
<b>Firazyr (Injection)</b>	5	PA, QL
<b>Ruconest (Injection)</b>	5	PA
Immune Suppressants		
Azathioprine (100mg Injection)	5	B/D, PA
Azathioprine (50mg Tablet)	2	B/D, PA
<b>Cellcept (200mg/ml Suspension, 250mg Capsule, 500mg Tablet)</b>	5	PA
<b>Cimzia (Injection)</b>	5	PA
Cyclosporine (100mg Capsule, 25mg Capsule)	3	B/D, PA
Cyclosporine (50mg/ml Injection)	4	
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
<b>Enbrel (Injection)</b>	5	PA
<b>Enbrel SureClick (Injection)</b>	5	PA
Gengraf (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
<b>Humira (Injection)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Humira Pediatric Crohns Disease Starter Pack (Injection)</b>	5	PA
<b>Humira Pen (Injection)</b>	5	PA
<b>Humira Pen Crohns Disease Starter Pack (Injection)</b>	5	PA
<b>Humira Pen-Psoriasis Starter (Injection)</b>	5	PA
<b>Kineret (Injection)</b>	5	PA
Methotrexate (Tablet)	2	
Methotrexate Sodium (1gm Injection, 1gm/40ml Injection, 50mg/2ml Injection)	4	
Methotrexate Sodium (50mg/2ml Injection)	4	
Mycophenolate Mofetil (200mg/ml Suspension)	5	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	PA
Mycophenolate Mofetil (500mg Injection)	4	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	4	B/D, PA
<b>Nulojix (Injection)</b>	5	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Orencia (125mg/ml Injection, 50mg/0.4ml Injection, 87.5mg/0.7ml Injection, 250mg Injection)</b>	5	PA
<b>Orencia Clickject (Injection)</b>	5	PA
<b>Prograf (5mg/ml Injection)</b>	4	PA
<b>Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)</b>	5	B/D, PA
<b>Remicade (Injection)</b>	5	PA
<b>Sandimmune (100mg Capsule)</b>	5	B/D, PA
<b>Sandimmune (100mg/ml Oral Solution)</b>	4	B/D, PA
<b>Simponi (Injection)</b>	5	PA
<b>Simponi Aria (Injection)</b>	5	PA
Sirolimus (Tablet)	4	B/D, PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	3	PA
<b>Torisel (Injection)</b>	5	
Trexall (Tablet)	4	
<b>Xeljanz (Tablet)</b>	5	PA, QL
<b>Xeljanz XR (Tablet Extended-Release 24 Hour)</b>	5	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Zortress (Tablet)</b>	5	PA
Immunizing Agents, Passive		
<b>Atgam (Injection)</b>	5	
<b>BIVIGAM (Injection)</b>	5	PA
<b>Carimune Nanofiltered (Injection)</b>	5	PA
<b>Flebogamma DIF (Injection)</b>	5	PA
<b>Gamastan S/D (Injection)</b>	3	PA
<b>Gammagard Liquid (Injection)</b>	5	PA
<b>Gammagard S/D IGA Less Than 1 mcg/ml (Injection)</b>	5	PA
<b>Gammaked (Injection)</b>	5	PA
<b>Gammaplex (Injection)</b>	5	PA
<b>Gamunex-C (Injection)</b>	5	PA
<b>Octagam (Injection)</b>	5	PA
<b>Privigen (Injection)</b>	5	PA
<b>Thymoglobulin (Injection)</b>	5	
<b>Varizig (Injection)</b>	3	
Immunomodulators		
<b>Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection)</b>	5	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Actemra (80mg/4ml Injection)</b>	4	PA
<b>Actimmune (Injection)</b>	5	
<b>Arcalyst (Injection)</b>	5	PA, LA
<b>Benlysta (Injection)</b>	5	PA
<b>Ilaris (Injection)</b>	5	PA, QL, LA
Leflunomide (Tablet)	2	
<b>Otezla (Tablet Therapy Pack, 30mg Tablet)</b>	5	PA
<b>Ridaura (Capsule)</b>	5	
<b>Simulect (Injection)</b>	5	
<b>Sylvant (Injection)</b>	5	PA
<b>Synagis (Injection)</b>	5	PA
<b>Xolair (Injection)</b>	5	PA
Vaccines		
<b>ActHIB (Injection)</b>	3	
<b>Adacel (Injection)</b>	3	
<b>BCG Vaccine (Injection)</b>	3	
<b>Bexsero (Injection)</b>	3	
<b>Boostrix (Injection)</b>	3	
<b>Daptacel (Injection)</b>	3	
<b>Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)</b>	3	
<b>Engerix-B (Injection)</b>	3	B/D, PA
<b>Gardasil 9 (Injection)</b>	3	
<b>Havrix (Injection)</b>	3	
<b>Hiberix (Injection)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Imovax Rabies (H.D.C.V.) (Injection)</b>	3	B/D, PA
<b>Infanrix (Injection)</b>	3	
<b>IPOL Inactivated IPV (Injection)</b>	3	
<b>Ixiaro (Injection)</b>	3	
<b>Kinrix (Injection)</b>	3	
<b>M-M-R II (Injection)</b>	3	
<b>Menactra (Injection)</b>	3	
<b>Menomune-A/C/Y/W-135 (Injection)</b>	3	
<b>Menveo (Injection)</b>	3	
<b>Pediarix (Injection)</b>	3	
<b>Pedvax HIB (Injection)</b>	3	
<b>ProQuad (Injection)</b>	3	
<b>Quadracel (Injection)</b>	3	
<b>Rabavert (Injection)</b>	3	B/D, PA
<b>Recombivax HB (Injection)</b>	3	B/D, PA
<b>Rotarix (Suspension)</b>	3	
<b>RotaTeq (Oral Solution)</b>	3	
<b>Tenivac (Injection)</b>	3	
<b>Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)</b>	3	
<b>Trumenba (Injection)</b>	3	
<b>Twinrix (Injection)</b>	3	
<b>Typhim Vi (Injection)</b>	3	
<b>VAQTA (Injection)</b>	3	

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



Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Varivax (Injection)</b>	3	
<b>YF-Vax (Injection)</b>	3	
<b>Zostavax (Injection)</b>	3	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	3	QL
Balsalazide Disodium (Capsule)	4	
<b>Canasa (Suppository)</b>	5	
<b>Dipentum (Capsule)</b>	5	
<b>Lialda (Tablet Delayed-Release)</b>	3	QL
Mesalamine (Kit)	4	
<b>Pentasa (Capsule Extended-Release)</b>	4	QL
<b>sfRowasa (Enema)</b>	5	QL
Glucocorticoids		
Budesonide (3mg Capsule Delayed-Release)	4	
Colocort (Enema)	4	
<b>Entocort EC (Capsule Delayed-Release)</b>	5	
<b>Hydrocortisone (100mg/60ml Enema)</b>	4	
Procto-Med HC (Cream)	2	
Procto-Pak (Cream)	2	
Proctosol HC (Cream)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Proctozone-HC (Cream)	2	
<b>Uceris (9mg Tablet Extended-Release 24 Hour)</b>	5	ST
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Alendronate Sodium (70mg/75ml Oral Solution)	4	
<b>Binosto (Tablet Effervescent)</b>	4	QL
Calcitonin-Salmon (Nasal Solution)	3	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	2	B/D, PA
Calcitriol (1mcg/ml Injection)	4	B/D, PA

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	4	B/D, PA, QL
Doxercalciferol (4mcg/2ml Injection)	4	B/D, PA
Etidronate Disodium (Tablet)	4	
<b>Forteo (Injection)</b>	5	PA, QL
Ibandronate Sodium (150mg Tablet)	3	QL
Ibandronate Sodium (3mg/3ml Injection)	4	B/D, PA
<b>Miacalcin (200unit/ml Injection)</b>	5	PA
<b>Natpara (Injection)</b>	5	PA
Pamidronate Disodium (Injection)	4	B/D, PA
Paricalcitol (1mcg Capsule, 2mcg Capsule)	4	B/D, PA, QL
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection, 4mcg Capsule)	4	B/D, PA
<b>Prolia (Injection)</b>	4	
Risedronate Sodium (Tablet)	3	QL
<b>Sensipar (30mg Tablet)</b>	3	QL
<b>Sensipar (60mg Tablet, 90mg Tablet)</b>	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tymlos (Injection)</b>	5	PA, QL
<b>Xgeva (Injection)</b>	5	PA
Zoledronic Acid (4mg/5ml Injection)	4	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	4	PA
<b>Zometa (Injection)</b>	5	B/D, PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	3	
<b>Botox (Injection)</b>	4	PA, QL
Fomepizole (Injection)	5	
Gauze (Non-medicated 2X2)	3	
Insulin Syringes, Needles	3	
<b>Sterile Water Irrigation (Solution)</b>	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Bacitracin/Polymyxin B (Ophthalmic Ointment)	2	
<b>Blephamide (Suspension)</b>	4	
Blephamide S.O.P. (Ointment)	4	
<b>Cystaran (Ophthalmic Solution)</b>	5	
<b>Lacrisert (Insert)</b>	4	
<b>Lastacft (Ophthalmic Solution)</b>	3	

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Betaxolol HCl (0.5% Ophthalmic Solution)	3	
<b>Betimol (Ophthalmic Solution)</b>	4	
<b>Brimonidine Tartrate (0.15% Ophthalmic Solution)</b>	4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	
Carteolol HCl (Ophthalmic Solution)	2	
<b>Combigan (Ophthalmic Solution)</b>	3	
<b>Cosopt PF (Ophthalmic Solution)</b>	4	
Dorzolamide HCl (Ophthalmic Solution)	2	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	2	
Levobunolol HCl (Ophthalmic Solution)	2	
Metipranolol (Ophthalmic Solution)	2	
<b>Phospholine Iodide (Ophthalmic Solution)</b>	4	
<b>Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Simbrinza (Suspension)</b>	3	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution)	2	
<b>Timolol Maleate Ophthalmic Gel Forming (Solution)</b>	3	
Ophthalmic Anti-inflammatories		
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	2	
Diclofenac Sodium (0.1% Ophthalmic Solution)	2	
<b>Durezol (Emulsion)</b>	3	
<b>Flarex (Suspension)</b>	4	
<b>Fluorometholone (Ophthalmic Suspension)</b>	3	
Flurbiprofen Sodium (Ophthalmic Solution)	2	
<b>FML (Ointment)</b>	4	
<b>FML Forte (Suspension)</b>	4	
<b>Ilevro (Suspension)</b>	3	
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% 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
<b>Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)</b>	4		Fluocinolone Acetonide (0.01% Otic Oil)	4	
<b>Nevanac (Suspension)</b>	3		Hydrocortisone/Acetic Acid (Otic Solution)	3	
<b>Pred Mild (Suspension)</b>	4		Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3	
<b>Prednisolone Acetate (Ophthalmic Suspension)</b>	3		<b>Respiratory Tract/Pulmonary Agents</b>		
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2		<b>Antihistamines</b>		
<b>Prolensa (Ophthalmic Solution)</b>	4		Azelastine HCl (0.1% Nasal Solution)	3	QL
<b>Ophthalmic Prostaglandin and Prostaglandin Analogs</b>			Azelastine HCl (0.15% Nasal Solution)	3	
Latanoprost (Ophthalmic Solution)	1		Cetirizine HCl (Syrup)	2	
<b>Lumigan (Ophthalmic Solution)</b>	3		Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	4	
<b>Travatan Z (Ophthalmic Solution)</b>	3		Diphenhydramine HCl (50mg/ml Injection)	4	B/D, PA
<b>Otic Agents</b>			Levocetirizine Dihydrochloride (5mg Tablet)	1	QL
Acetic Acid (Otic Solution)	2		Phenadoz (Suppository)	4	
<b>Cipro HC (Suspension)</b>	4		Phenergan (12.5mg Suppository, 25mg Suppository)	4	
<b>Ciprodex (Otic Suspension)</b>	3				
<b>Coly-Mycin S (Suspension)</b>	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection)	4	
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	3	
Promethegan (25mg Suppository)	4	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
<b>Arnuity Ellipta (Aerosol Powder)</b>	3	QL
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	4	B/D, PA
<b>Flovent Diskus (Aerosol Powder)</b>	3	QL
<b>Flovent HFA (Aerosol)</b>	3	QL
Flunisolide (Nasal Solution)	1	
Fluticasone Propionate (50mcg/act Suspension)	2	
Mometasone Furoate (50mcg/act Suspension)	4	
<b>Triamcinolone Acetonide (55mcg/act Aerosol)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Antileukotrienes</b>		
Montelukast Sodium (10mg Tablet)	1	QL
Montelukast Sodium (4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	2	QL
Zafirlukast (Tablet)	3	QL
Zileuton ER (Tablet Extended-Release 12 Hour)	5	ST
<b>Zyflo (Tablet)</b>	5	ST
<b>Zyflo CR (Tablet Extended-Release 12 Hour)</b>	5	ST
<b>Bronchodilators, Anticholinergic</b>		
<b>Atrovent HFA (Aerosol Solution)</b>	4	
<b>Incruse Ellipta (Aerosol Powder)</b>	3	QL
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	
<b>Spiriva HandiHaler (Capsule)</b>	3	QL
<b>Spiriva Respimat (Aerosol Solution)</b>	3	QL
<b>Bronchodilators, Sympathomimetic</b>		

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
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	2	B/D, PA	Terbutaline Sulfate (1mg/ml Injection)	5	
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	4		Cystic Fibrosis Agents		
<b>Brovana (Nebulized Solution)</b>	4	B/D, PA, QL	<b>Bethkis (Nebulized Solution)</b>	5	B/D, PA, QL
<b>Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)</b>	3	QL	<b>Cayston (Inhalation Solution)</b>	5	PA, LA
<b>EpiPen (Injection)</b>	4	PA, QL	<b>Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)</b>	5	PA, QL
Levalbuterol (Nebulized Solution)	4	B/D, PA	<b>Orkambi (Tablet)</b>	5	PA, QL, LA
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	4		<b>TOBI (Nebulized Solution)</b>	5	B/D, PA, QL
<b>Perforomist (Nebulized Solution)</b>	4	B/D, PA, QL	<b>TOBI Podhaler (Capsule)</b>	5	PA, QL
<b>ProAir HFA (Aerosol Solution)</b>	3		Tobramycin (Nebulized Solution)	5	B/D, PA, QL
<b>ProAir RespiClick (Aerosol Powder)</b>	3		Mast Cell Stabilizers		
<b>Serevent Diskus (Aerosol Powder)</b>	3	QL	Cromolyn Sodium (20mg/2ml Nebulized Solution)	3	B/D, PA
			Phosphodiesterase Inhibitors, Airways Disease		
			Aminophylline (Injection)	4	
			<b>Daliresp (Tablet)</b>	4	PA, QL
			Theophylline (Oral Solution)	2	
			Theophylline CR (Tablet Extended-Release 12 Hour)	2	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	2	
Pulmonary Antihypertensives		
<b>Adcirca (Tablet)</b>	5	PA, QL
<b>Adempas (Tablet)</b>	5	PA
<b>Letairis (Tablet)</b>	5	PA, QL, LA
<b>Opsumit (Tablet)</b>	5	PA, LA
<b>Orenitram (0.125mg Tablet Extended-Release)</b>	4	PA, QL
<b>Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)</b>	5	PA, QL
<b>Orenitram (2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)</b>	5	PA
<b>Remodulin (Injection)</b>	5	PA, LA
<b>Revatio (10mg/12.5ml Injection)</b>	5	PA
<b>Revatio (20mg Tablet)</b>	5	PA, QL
Sildenafil (10mg/12.5ml Injection)	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sildenafil (20mg Tablet) (Generic Revatio)	3	PA, QL
<b>Tracleer (Tablet)</b>	5	PA, QL
<b>Ventavis (Inhalation Solution)</b>	5	PA, QL, LA
Pulmonary Fibrosis Agents		
<b>Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)</b>	5	PA, QL, LA
<b>Ofev (Capsule)</b>	5	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	2	B/D, PA
<b>Advair Diskus (Aerosol Powder)</b>	3	QL
<b>Advair HFA (Aerosol)</b>	3	QL
<b>Anoro Ellipta (Aerosol Powder)</b>	3	QL
<b>Bevespi Aerosphere (Aerosol)</b>	3	QL
<b>Breo Ellipta (Aerosol Powder)</b>	3	QL
<b>Combivent Respimat (Aerosol Solution)</b>	3	
<b>Dulera (Aerosol)</b>	4	PA, QL
<b>Dymista (Suspension)</b>	4	
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
<b>Nucala (Injection)</b>	5	PA, QL, LA

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



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Pulmozyme (Inhalation Solution)</b>	5	B/D, PA, QL	Orphenadrine Citrate (Injection)	4	
<b>Stiolto Respimat (Aerosol Solution)</b>	3	QL	Tizanidine HCl (2mg Tablet, 4mg Tablet)	2	
<b>Symbicort (Aerosol)</b>	3	QL	<b>Sleep Disorder Agents</b>		
<b>Skeletal Muscle Relaxants</b>			<b>GABA Receptor Modulators</b>		
<b>Skeletal Muscle Relaxants</b>			Temazepam (15mg Capsule, 30mg Capsule)	2	QL
Baclofen (Tablet)	2		Zaleplon (Capsule)	3	QL
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	2		Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Cyclobenzaprine HCl (7.5mg Tablet)	4		<b>Sleep Disorders, Other</b>		
Dantrolene Sodium (Capsule)	4		<b>Belsomra (Tablet)</b>	3	QL
<b>Gablofen (40000mcg/20ml Injection)</b>	5	B/D, PA	<b>Hetlioz (Capsule)</b>	5	PA, QL
<b>Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection)</b>	4	B/D, PA	Modafinil (Tablet)	4	PA, QL
<b>Lioresal Intrathecal (10mg/5ml Injection)</b>	5	B/D, PA	<b>Rozerem (Tablet)</b>	4	QL
			<b>Xyrem (Oral Solution)</b>	5	PA, QL, LA

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## 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 UnitedHealthcare Customer Service. Our contact information is on the cover.

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir (Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abacavir/Lamivudine (Tablet)	Maximum of 2 tablets per day
<b>Abstral (Tablet Sublingual)</b>	Maximum of 4 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (120mg/5ml-12mg/5ml Oral Solution)	Maximum of 150 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Acyclovir (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
<b>Adcirca (Tablet)</b>	Maximum of 2 tablets per day
<b>Advair Diskus (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Advair HFA (Aerosol)</b>	Maximum of 1 inhaler (12 grams) per 30 days
Afeditab CR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
<b>Albenza (Tablet)</b>	Maximum of 16 tablets per day
<b>Alecensa (Capsule)</b>	Maximum of 8 capsules per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
<b>Alunbrig (Tablet)</b>	Maximum of 6 tablets per day
<b>Amitiza (Capsule)</b>	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amlodipine/Olmesartan Medoxomil (Tablet)	Maximum of 1 tablet per day
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Androderm (Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Anoro Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Apokyn (Injection)</b>	Maximum of 3 ml per day
<b>Apriso (Capsule Extended-Release 24 Hour)</b>	Maximum of 4 capsules per day
<b>Aptiom (200mg Tablet, 400mg Tablet)</b>	Maximum of 1 tablet per day
<b>Aptiom (600mg Tablet, 800mg Tablet)</b>	Maximum of 2 tablets per day
<b>Aptivus (100mg/ml Oral Solution)</b>	Maximum of 15 ml per day
<b>Aptivus (250mg Capsule)</b>	Maximum of 6 capsules per day
Aripiprazole (Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day
<b>Arnuity Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Atomoxetine (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
<b>Atripla (Tablet)</b>	Maximum of 2 tablets per day
<b>Aubagio (Tablet)</b>	Maximum of 1 tablet per day
<b>Avandia (2mg Tablet)</b>	Maximum of 4 tablets per day
<b>Avandia (4mg Tablet)</b>	Maximum of 2 tablets per day
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
<b>Belsomra (Tablet)</b>	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Bethkis (Nebulized Solution)</b>	Maximum of 8 ml (2 ampules) per day
<b>Bevespi Aerosphere (Aerosol)</b>	Maximum of 1 inhaler (10.7 grams) per 30 days
<b>BiDil (Tablet)</b>	Maximum of 6 tablets per day
<b>Binosto (Tablet Effervescent)</b>	Maximum of 4 tablets per 28 days
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)	Maximum of 2 tablets per day
<b>Bosulif (100mg Tablet)</b>	Maximum of 6 tablets per day
<b>Bosulif (500mg Tablet)</b>	Maximum of 1 tablet per day
<b>Botox (Injection)</b>	Maximum of 9 vials per 30 days
<b>Breo Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Brilinta (Tablet)</b>	Maximum of 2 tablets per day
<b>BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)</b>	Maximum of 2 tablets per day
<b>BRIVIACT (10mg/ml Oral Solution)</b>	Maximum of 20 ml per day
<b>BRIVIACT (50mg/5ml Intravenous Solution)</b>	Maximum of 20 ml per day
<b>Brovana (Nebulized Solution)</b>	Maximum of 2 vials (4 ml) per day
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen/Caffeine (Tablet)	Maximum of 6 tablets per day
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
<b>Bydureon (2mg Pen injector)</b>	Maximum of 4 pens per 28 days
<b>Bydureon (2mg Suspension Extended-Release)</b>	Maximum of 4 vials per 28 days
<b>Byetta (10mcg/0.04ml Solution Pen injector)</b>	Maximum of 1 pen (2.4 ml) per 30 days

**Bold type = Brand name drug**

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Byetta (5mcg/0.02ml Solution Pen injector)</b>	Maximum of 1 pen (1.2 ml) per 30 days
<b>Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)</b>	Maximum of 1 tablet per day
<b>Bystolic (20mg Tablet)</b>	Maximum of 2 tablets per day
<b>Cabometyx (20mg Tablet, 60mg Tablet)</b>	Maximum of 1 tablet per day
<b>Cabometyx (40mg Tablet)</b>	Maximum of 2 tablets per day
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8mg Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15mg Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75mg Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5mg Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
<b>Clozapine ODT (12.5mg Tablet Dispersible)</b>	Maximum of 2 tablets per day
<b>Clozapine ODT (150mg Tablet Dispersible)</b>	Maximum of 6 tablets per day
<b>Clozapine ODT (200mg Tablet Dispersible)</b>	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day

**Bold type = Brand name drug**

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Colchicine (0.6mg Capsule) (Generic Mitigare)</b>	Maximum of 4 capsules per day
<b>Colchicine (0.6mg Tablet) (Generic Colcrys)</b>	Maximum of 4 tablets per day
<b>Colcrys (Tablet)</b>	Maximum of 4 tablets per day
<b>Combivir (Tablet)</b>	Maximum of 3 tablets per day
<b>Complera (Tablet)</b>	Maximum of 2 tablets per day
<b>Corlanor (Tablet)</b>	Maximum of 2 tablets per day
<b>Cotellic (Tablet)</b>	Maximum of 3 tablets per day
<b>Crixivan (Capsule)</b>	Maximum of 9 capsules per day
<b>Cycloset (Tablet)</b>	Maximum of 6 tablets per day
<b>Daklinza (Tablet)</b>	Maximum of 1 tablet per day
<b>Daliresp (Tablet)</b>	Maximum of 1 tablet per day
<b>Denavir (Cream)</b>	Maximum of 1 tube (5 grams) per 30 days
<b>Descovy (Tablet)</b>	Maximum of 2 tablets per day
Desvenlafaxine ER (100mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	Maximum of 4 tablets per day
Desvenlafaxine ER (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour) (Generic Pristiq)	Maximum of 1 tablet per day
<b>Dexilant (Capsule Delayed-Release)</b>	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Dextroamphetamine Sulfate ER (10mg Capsule Extended-Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15mg Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5mg Capsule Extended-Release 24 Hour)	Maximum of 3 capsules per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Donepezil HCl (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
<b>Dulera (Aerosol)</b>	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Edarbi (Tablet)</b>	Maximum of 1 tablet per day
<b>Edarbyclor (Tablet)</b>	Maximum of 1 tablet per day
<b>Edurant (Tablet)</b>	Maximum of 2 tablets per day
<b>Effient (Tablet)</b>	Maximum of 1 tablet per day
<b>Eliquis (Tablet)</b>	Maximum of 2 tablets per day
<b>Embeda (100mg-4mg Capsule Extended-Release)</b>	Maximum of 3 capsules per day
<b>Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)</b>	Maximum of 4 capsules per day
<b>Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)</b>	Maximum of 2 capsules per day
<b>Embeda (60mg-2.4mg Capsule Extended-Release)</b>	Maximum of 6 capsules per day
<b>Emsam (Patch 24 Hour)</b>	Maximum of 1 patch per day
<b>Emtriva (10mg/ml Oral Solution)</b>	Maximum of 42.5 ml per day
<b>Emtriva (200mg Capsule)</b>	Maximum of 2 capsules per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Endocet (Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Enoxaparin Sodium (300mg/3ml Solution)	Maximum of 1 vial (3 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
<b>Entresto (Tablet)</b>	Maximum of 2 tablets per day
<b>Epclusa (Tablet)</b>	Maximum of 1 tablet per day
<b>Epinephrine (Injection) (Generic EpiPen)</b>	Maximum of 4 pens (2 boxes) per 30 days
<b>EpiPen (Injection)</b>	Maximum of 4 pens (2 boxes) per 30 days
Eprosartan Mesylate (Tablet)	Maximum of 1 tablet per day
<b>Epzicom (Tablet)</b>	Maximum of 2 tablets per day
<b>Erivedge (Capsule)</b>	Maximum of 1 capsule per day
<b>Esbriet (Capsule)</b>	Maximum of 9 capsules per day
<b>Esbriet (267mg Tablet)</b>	Maximum of 6 tablets per day
<b>Esbriet (801mg Tablet)</b>	Maximum of 3 tablets per day
Esomeprazole Magnesium (20mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40mg Capsule Delayed-Release) (Generic Nexium)	Maximum of 2 capsules per day
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days
<b>Evotaz (Tablet)</b>	Maximum of 2 tablets per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
<b>Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>	Maximum of 2 tablets per day
<b>Fazaclo (100mg Tablet Dispersible)</b>	Maximum of 9 tablets per day
<b>Fazaclo (150mg Tablet Dispersible)</b>	Maximum of 6 tablets per day
<b>Fazaclo (200mg Tablet Dispersible)</b>	Maximum of 4 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 200mcg Lollipop, 400mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	Maximum of 4 lozenges per day
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	Maximum of 1 capsule per day
<b>Firazyr (Injection)</b>	Maximum of 9 ml per day
<b>Flector (Patch)</b>	Maximum of 2 patches per day
<b>Flovent Diskus (Aerosol Powder)</b>	Maximum of 2 inhalers (120 blisters) per 30 days
<b>Flovent HFA (110mcg/act Aerosol)</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>Flovent HFA (220mcg/act Aerosol)</b>	Maximum of 2 inhalers (24 grams) per 30 days
<b>Flovent HFA (44mcg/act Aerosol)</b>	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluvastatin (20mg Capsule Immediate-Release)	Maximum of 1 capsule per day
Fluvastatin (40mg Capsule Immediate-Release)	Maximum of 2 capsules per day
<b>Forteo (Injection)</b>	Maximum of 1 pen (2.4 ml) per 28 days
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium/Hydrochlorothiazide (Tablet)	Maximum of 4 tablets per day
<b>Fuzeon (Injection)</b>	Maximum of 3 vials per day
<b>Gabitril (12mg Tablet)</b>	Maximum of 4 tablets per day
<b>Gabitril (16mg Tablet)</b>	Maximum of 3 tablets per day
Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Galantamine HBr (4mg/ml Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Galantamine HBr ER (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
<b>Genvoya (Tablet)</b>	Maximum of 2 tablets per day
<b>Gilenya (Capsule)</b>	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Granisetron HCl (1mg Tablet)	Maximum of 2 tablets per day
<b>Harvoni (Tablet)</b>	Maximum of 1 tablet per day
<b>Hetlioz (Capsule)</b>	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (325mg-2.5mg Tablet)	Maximum of 12 tablets per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl (1mg/ml Liquid)	Maximum of 90 ml per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 11 tablets per day
Hydromorphone HCl ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
<b>Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)</b>	Maximum of 1 tablet per day
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
<b>Ibrance (Capsule)</b>	Maximum of 1 capsule per day
<b>Iclusig (15mg Tablet)</b>	Maximum of 2 tablets per day
<b>Iclusig (45mg Tablet)</b>	Maximum of 1 tablet per day
<b>Ilaris (Injection)</b>	Maximum of 2 vials per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
<b>Imbruvica (Capsule)</b>	Maximum of 4 capsules per day
<b>Incruse Ellipta (Aerosol Powder)</b>	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Inlyta (Tablet)</b>	Maximum of 4 tablets per day
<b>Intence (100mg Tablet)</b>	Maximum of 2 tablets per day
<b>Intence (200mg Tablet)</b>	Maximum of 3 tablets per day
<b>Intence (25mg Tablet)</b>	Maximum of 6 tablets per day
<b>Invirase (200mg Capsule)</b>	Maximum of 15 capsules per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Invirase (500mg Tablet)</b>	Maximum of 6 tablets per day
<b>Invokamet (Tablet)</b>	Maximum of 2 tablets per day
<b>Invokamet XR (Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Invokana (Tablet)</b>	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Iressa (Tablet)</b>	Maximum of 2 tablets per day
<b>Isentress (100mg Packet)</b>	Maximum of 4 packets per day
<b>Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)</b>	Maximum of 9 tablets per day
<b>Isentress (400mg Tablet)</b>	Maximum of 6 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
<b>Jakafi (Tablet)</b>	Maximum of 2 tablets per day
<b>Janumet (Tablet Immediate-Release)</b>	Maximum of 2 tablets per day
<b>Janumet XR (Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Januvia (Tablet)</b>	Maximum of 1 tablet per day
<b>Jardiance (Tablet)</b>	Maximum of 1 tablet per day
<b>Jentadueto (Tablet)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Kaletra (100mg-25mg Tablet)</b>	Maximum of 10 tablets per day
<b>Kaletra (200mg-50mg Tablet)</b>	Maximum of 6 tablets per day
<b>Kaletra (400mg-100mg/5ml Oral Solution)</b>	Maximum of 16 ml per day
<b>Kalydeco (150mg Tablet)</b>	Maximum of 2 tablets per day
<b>Kalydeco (50mg Packet, 75mg Packet)</b>	Maximum of 2 packets per day
<b>Kisqali (Tablet)</b>	Maximum of 3 tablets per day
<b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>	Maximum of 91 tablets (1 pack) per 28 days
<b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>	Maximum of 91 tablets (1 pack) per 28 days
<b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>	Maximum of 91 tablets (1 pack) per 28 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Korlym (Tablet)</b>	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
<b>Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)</b>	Maximum of 1 tablet per day
<b>Latuda (80mg Tablet)</b>	Maximum of 2 tablets per day
<b>Letairis (Tablet)</b>	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day
<b>Lexiva (50mg/ml Suspension)</b>	Maximum of 90 ml per day
<b>Lexiva (700mg Tablet)</b>	Maximum of 6 tablets per day
<b>Lialda (Tablet Delayed-Release)</b>	Maximum of 4 tablets per day
Lidocaine (5% Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
<b>Linzess (Capsule)</b>	Maximum of 1 capsule per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
<b>Livalo (Tablet)</b>	Maximum of 1 tablet per day
<b>Lonsurf (6.14mg-15mg Tablet)</b>	Maximum of 10 tablets per day
<b>Lonsurf (8.19mg-20mg Tablet)</b>	Maximum of 8 tablets per day
Lopinavir/Ritonavir (Oral Solution)	Maximum of 16 ml per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam Intensol (2mg/ml Concentrate)	Maximum of 5 ml per day
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet HD (Tablet)	Maximum of 12 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Lorcet Plus (Tablet)	Maximum of 12 tablets per day
Lortab (Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Lovastatin (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Loxapine Succinate (10mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day
<b>Lynparza (Capsule)</b>	Maximum of 16 capsules per day
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)</b>	Maximum of 3 capsules per day
<b>Lyrica (20mg/ml Oral Solution)</b>	Maximum of 30 ml per day
<b>Lyrica (225mg Capsule, 300mg Capsule)</b>	Maximum of 2 capsules per day
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (2mg/ml Oral Solution)	Maximum of 10 ml per day
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day
Metadate ER (Tablet Extended-Release)	Maximum of 3 tablets per day
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10mg Tablet Extended-Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Miglitol (100mg Tablet)	Maximum of 3 tablets per day
Miglitol (25mg Tablet)	Maximum of 12 tablets per day
Miglitol (50mg Tablet)	Maximum of 6 tablets per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (15mg-12.5mg Tablet, 15mg-25mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (7.5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100mg/5ml Oral Solution)	Maximum of 18 ml per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
<b>Morphine Sulfate (15mg Tablet Immediate-Release)</b>	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
<b>Morphine Sulfate (30mg Tablet Immediate-Release)</b>	Maximum of 12 tablets per day
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day

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

**Bold type = Brand name drug**

Plain type = Generic drug

<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Odefsey (Tablet)</b>	Maximum of 2 tablets per day
<b>Odomzo (Capsule)</b>	Maximum of 1 capsule per day
<b>Ofev (Capsule)</b>	Maximum of 2 capsules per day
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5mg Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Olysio (Capsule)</b>	Maximum of 1 capsule per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
<b>Onfi (10mg Tablet, 20mg Tablet)</b>	Maximum of 2 tablets per day
<b>Onglyza (Tablet)</b>	Maximum of 1 tablet per day
<b>Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)</b>	Maximum of 6 tablets per day
<b>Orkambi (Tablet)</b>	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (Capsule)	Maximum of 2 capsules per day
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 12 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 12 tablets per day

**Bold type = Brand name drug**

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Drug Name	Quantity Limit
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone HCl (5mg/5ml Oral Solution)	Maximum of 240 ml per day
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Oxycodone/Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	Maximum of 60 ml per day
Oxycodone/Aspirin (Tablet)	Maximum of 12 tablets per day
Oxycodone/Ibuprofen (Tablet)	Maximum of 4 tablets per day
Paliperidone ER (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 9mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Paricalcitol (1mcg Capsule)	Maximum of 1 capsule per day
Paricalcitol (2mcg Capsule)	Maximum of 2 capsules per day
<b>Pentasa (250mg Capsule Extended-Release)</b>	Maximum of 12 capsules per day
<b>Pentasa (500mg Capsule Extended-Release)</b>	Maximum of 8 capsules per day
<b>Perforomist (Nebulized Solution)</b>	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Tablet)	Maximum of 2 tablets per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Glimepiride (Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl/Metformin HCl (Tablet)	Maximum of 3 tablets per day
<b>Pomalyst (Capsule)</b>	Maximum of 1 capsule per day
<b>Pradaxa (Capsule)</b>	Maximum of 2 capsules per day
<b>Praluent (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)</b>	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Premphase (Tablet)</b>	Maximum of 1 tablet per day
<b>Prempro (Tablet)</b>	Maximum of 1 tablet per day
<b>Prezcobix (Tablet)</b>	Maximum of 2 tablets per day
<b>Prezista (100mg/ml Suspension)</b>	Maximum of 60 ml per day
<b>Prezista (150mg Tablet)</b>	Maximum of 6 tablets per day
<b>Prezista (600mg Tablet, 800mg Tablet)</b>	Maximum of 3 tablets per day
<b>Prezista (75mg Tablet)</b>	Maximum of 7 tablets per day
<b>Pristiq (100mg Tablet Extended-Release 24 Hour)</b>	Maximum of 4 tablets per day
<b>Pristiq (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Promacta (12.5mg Tablet, 25mg Tablet)</b>	Maximum of 1 tablet per day
<b>Promacta (50mg Tablet, 75mg Tablet)</b>	Maximum of 2 tablets per day
<b>Pulmozyme (Inhalation Solution)</b>	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quetiapine Fumarate ER (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	Maximum of 2 tablets per day
<b>Rapaflo (Capsule)</b>	Maximum of 1 capsule per day
<b>RAVICTI (Liquid)</b>	Maximum of 17.5 ml per day
<b>Relenza Diskhaler (Aerosol Powder)</b>	Maximum of 3 inhalers (60 blisters) per 30 days
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
Repaglinide/Metformin HCl (Tablet)	Maximum of 5 tablets per day
<b>Repatha (Injection)</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha Pushtrex System (Injection)</b>	Maximum of 1 cartridge (3.5 ml) per 28 days
<b>Repatha SureClick (Injection)</b>	Maximum of 3 pens (3 ml) per 28 days
<b>Rescriptor (Tablet)</b>	Maximum of 9 tablets per day
<b>Restasis (Emulsion)</b>	Maximum of 2 vials per day
<b>Revatio (20mg Tablet)</b>	Maximum of 3 tablets per day
<b>Revlimid (Capsule)</b>	Maximum of 1 capsule per day
<b>Rexulti (Tablet)</b>	Maximum of 1 tablet per day
<b>Reyataz (150mg Capsule, 300mg Capsule)</b>	Maximum of 2 capsules per day
<b>Reyataz (200mg Capsule)</b>	Maximum of 3 capsules per day
<b>Reyataz (50mg Packet)</b>	Maximum of 8 packets per day
<b>Riomet (Oral Solution)</b>	Maximum of 25.5 ml per day
Risedronate Sodium (150mg Tablet)	Maximum of 1 tablet per 30 days
Risedronate Sodium (30mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Risedronate Sodium (35mg Tablet)	Maximum of 4 tablets per 28 days
Rivastigmine Tartrate (Capsule Immediate-Release)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet Immediate-Release)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
<b>Rozerem (Tablet)</b>	Maximum of 1 tablet per day
<b>Rubraca (Tablet)</b>	Maximum of 4 tablets per day
<b>Rydapt (Capsule)</b>	Maximum of 8 capsules per day
<b>Sabril (500mg Packet)</b>	Maximum of 6 packets per day
<b>Sabril (500mg Tablet)</b>	Maximum of 6 tablets per day
<b>Samsca (Tablet)</b>	Maximum of 2 tablets per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Saphris (Tablet Sublingual)</b>	Maximum of 2 tablets per day
<b>Selzentry (150mg Tablet, 75mg Tablet)</b>	Maximum of 3 tablets per day
<b>Selzentry (25mg Tablet, 300mg Tablet)</b>	Maximum of 6 tablets per day
<b>Sensipar (30mg Tablet, 60mg Tablet)</b>	Maximum of 2 tablets per day
<b>Sensipar (90mg Tablet)</b>	Maximum of 4 tablets per day
<b>Serevent Diskus (Aerosol Powder)</b>	Maximum of 1 inhaler (60 inhalations) per 30 days
<b>Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Seroquel XR (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)</b>	Maximum of 2 tablets per day
<b>SFRowasa (Enema)</b>	Maximum of 1 bottle (60 ml) per day
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
<b>Soliqua 100/33 (Injection)</b>	Maximum of 18 ml (6 pens) per 30 days
<b>Somavert (Injection)</b>	Maximum of 1 vial per day
<b>Sovaldi (Tablet)</b>	Maximum of 1 tablet per day
<b>Spiriva HandiHaler (Capsule)</b>	Maximum of 1 capsule per day
<b>Spiriva Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)</b>	Maximum of 1 tablet per day
<b>Sprycel (20mg Tablet, 50mg Tablet)</b>	Maximum of 3 tablets per day
<b>Sprycel (80mg Tablet)</b>	Maximum of 2 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
<b>Stiolto Respimat (Aerosol Solution)</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Stivarga (Tablet)</b>	Maximum of 4 tablets per day
<b>Stribild (Tablet)</b>	Maximum of 2 tablets per day
<b>Suboxone (12mg-3mg Film, 4mg-1mg Film)</b>	Maximum of 2 films per day
<b>Suboxone (2mg-0.5mg Film, 8mg-2mg Film)</b>	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 12 tablets per 30 days

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<b>Drug Name</b>	<b>Quantity Limit</b>
Sumatriptan Succinate (4mg/0.5ml Solution Auto injector, 6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
<b>Sumatriptan Succinate Refill (Injection)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Sumavel DosePro (Injection)</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Sustiva (200mg Capsule)</b>	Maximum of 3 capsules per day
<b>Sustiva (50mg Capsule)</b>	Maximum of 9 capsules per day
<b>Sustiva (600mg Tablet)</b>	Maximum of 2 tablets per day
<b>Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)</b>	Maximum of 1 capsule per day
<b>Sutent (37.5mg Capsule)</b>	Maximum of 2 tablets per day
<b>Symbicort (Aerosol)</b>	Maximum of 1 inhaler (10.2 grams) per 30 days
<b>Synjardy (Tablet)</b>	Maximum of 2 tablets per day
<b>Syprine (Capsule)</b>	Maximum of 8 capsules per day
<b>Tagrisso (Tablet)</b>	Maximum of 1 tablet per day
<b>Tamiflu (6mg/ml Suspension)</b>	Maximum of 26 ml per day
<b>Tarceva (100mg Tablet, 150mg Tablet)</b>	Maximum of 1 tablet per day
<b>Tarceva (25mg Tablet)</b>	Maximum of 3 tablets per day
<b>Tasigna (150mg Capsule)</b>	Maximum of 5 capsules per day
<b>Tasigna (200mg Capsule)</b>	Maximum of 4 capsules per day
<b>Tecfidera (Capsule Delayed-Release)</b>	Maximum of 2 capsules per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Amlodipine (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (40mg-12.5mg Tablet, 80mg-25mg Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (80mg-12.5mg Tablet)	Maximum of 2 tablets per day
Temazepam (15mg Capsule, 30mg Capsule)	Maximum of 1 capsule per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
<b>Thalomid (100mg Capsule, 50mg Capsule)</b>	Maximum of 1 capsule per day
<b>Thalomid (150mg Capsule, 200mg Capsule)</b>	Maximum of 2 tablets per day
<b>Tivicay (10mg Tablet, 25mg Tablet)</b>	Maximum of 2 tablets per day
<b>Tivicay (50mg Tablet)</b>	Maximum of 3 tablets per day
<b>TOBI (Nebulized Solution)</b>	Maximum of 10 ml (2 ampules) per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>TOBI Podhaler (Capsule)</b>	Maximum of 8 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
Tolcapone (Tablet)	Maximum of 6 tablets per day
<b>Tracleer (Tablet)</b>	Maximum of 2 tablets per day
<b>Tradjenta (Tablet)</b>	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl ER (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trandolapril (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day
Trandolapril (4mg Tablet)	Maximum of 2 tablets per day
Trezix (Capsule)	Maximum of 10 capsules per day
<b>Trintellix (Tablet)</b>	Maximum of 1 tablet per day
<b>Triumeq (Tablet)</b>	Maximum of 2 tablets per day
<b>Trizivir (Tablet)</b>	Maximum of 3 tablets per day
<b>Trulicity (Injection)</b>	Maximum of 4 pens (2 ml) per 28 days
<b>Truvada (Tablet)</b>	Maximum of 2 tablets per day
<b>Tybost (Tablet)</b>	Maximum of 2 tablets per day
<b>Tymlos (Injection)</b>	Maximum of 1.56 ml per 30 days
Valacyclovir HCl (1gm Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
<b>Valcyte (450mg Tablet)</b>	Maximum of 4 tablets per day
Valganciclovir (Tablet)	Maximum of 4 tablets per day
Valganciclovir Hydrochloride (Oral Solution)	Maximum of 36 ml per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
<b>Vemlidy (Tablet)</b>	Maximum of 1 tablet per day
<b>Venclexta (100mg Tablet)</b>	Maximum of 4 tablets per day
<b>Venclexta (10mg Tablet)</b>	Maximum of 2 tablets per day
<b>Venclexta (50mg Tablet)</b>	Maximum of 1 tablet per day
<b>Ventavis (10mcg/ml Inhalation Solution)</b>	Maximum of 7 ml per day
<b>Ventavis (20mcg/ml Inhalation Solution)</b>	Maximum of 3 ml per day
<b>Vesicare (Tablet)</b>	Maximum of 1 tablet per day
<b>Victoza (Injection)</b>	Maximum of 3 pens (9 ml) per 30 days
<b>Videx Pediatric (Oral Solution)</b>	Maximum of 30 ml per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
<b>Viibryd (Tablet)</b>	Maximum of 1 tablet per day
<b>Viibryd Starter Pack (Kit)</b>	Maximum of 1 tablet per day
<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)</b>	Maximum of 2 tablets per day
<b>Vimpat (10mg/ml Oral Solution)</b>	Maximum of 40 ml per day
<b>Viracept (250mg Tablet)</b>	Maximum of 15 tablets per day
<b>Viracept (625mg Tablet)</b>	Maximum of 6 tablets per day
<b>Viread (150mg Tablet)</b>	Maximum of 1 tablet per day
<b>Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)</b>	Maximum of 2 tablets per day
<b>Viread (40mg/gm Powder)</b>	Maximum of 6 bottles (360 grams) per 30 days
<b>Votrient (Tablet)</b>	Maximum of 4 tablets per day
<b>Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)</b>	Maximum of 1 capsule per day
<b>Xarelto (10mg Tablet, 20mg Tablet)</b>	Maximum of 1 tablet per day
<b>Xarelto (15mg Tablet)</b>	Maximum of 2 tablets per day
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	Maximum of 1 pack (51 tablets) per 30 days
<b>Xeljanz (Tablet)</b>	Maximum of 2 tablets per day
<b>Xeljanz XR (Tablet Extended-Release 24 Hour)</b>	Maximum of 1 tablet per day
<b>Xenazine (12.5mg Tablet)</b>	Maximum of 3 tablets per day
<b>Xenazine (25mg Tablet)</b>	Maximum of 4 tablets per day
<b>Xiidra (Ophthalmic Solution)</b>	Maximum of 2 vials per day
<b>Xtandi (Capsule)</b>	Maximum of 4 capsules per day
<b>Xyrem (Oral Solution)</b>	Maximum of 18 ml per day
Yuvaferm (Tablet)	Maximum of 1 tablet per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (5mg Capsule)	Maximum of 1 capsule per day
Zaleplon (10mg Capsule)	Maximum of 2 capsules per day
<b>Zejula (Capsule)</b>	Maximum of 3 capsules per day
<b>Zelboraf (Tablet)</b>	Maximum of 8 tablets per day
<b>Zepatier (Tablet)</b>	Maximum of 1 tablet per day
<b>Zerit (Oral Solution)</b>	Maximum of 120 ml per day
<b>Ziagen (Oral Solution)</b>	Maximum of 48 ml per day
Zidovudine (100mg Capsule)	Maximum of 8 capsules per day
Zidovudine (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (50mg/5ml Syrup)	Maximum of 96 ml per day

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<b>Drug Name</b>	<b>Quantity Limit</b>
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
<b>Zydelig (Tablet)</b>	Maximum of 2 tablets per day
<b>Zykadia (Capsule)</b>	Maximum of 5 capsules per day
<b>Zytiga (Tablet)</b>	Maximum of 4 tablets per day



**Required information**

Benefits, drug list (formulary), pharmacy network and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.

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