



2017 Comprehensive

FORMULARY

(Complete list of covered drugs)

Medica HealthCare Plans MedicareMax (HMO)

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

For more recent information or if you have other questions, please call Medica HealthCare Plans MedicareMax Customer Service at:



Toll-Free **1-800-407-9069**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



www.Medicaplans.com



This Comprehensive Formulary is a **complete list** of the drugs covered by our plan. It is current as of September 1, 2017.

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

When this formulary (drug list) refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan” or “our plan,” it means Medica HealthCare Plans MedicareMax.

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

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

The Medica HealthCare Plans MedicareMax

COMPREHENSIVE FORMULARY (drug list)

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

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

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

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

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

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

To find out if your drug is covered:

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

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

The drug list may change

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

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

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

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

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

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

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

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

Drug payment stages and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier has a co-pay and/or co-insurance amount. The chart below shows the differences between the tiers.

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

Drug Tier	Includes
Tier 1: Preferred generic	Lower-cost, commonly used generic drugs.
Tier 2: Generic	Many generic drugs.
Tier 3: Preferred brand	Many common brand name drugs, called preferred brands, and some higher-cost generic drugs.
Tier 4: Non-preferred drug	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 4.
Tier 5: Specialty tier	Unique and/or very high-cost drugs.

Your plan has additional coverage of some prescription drugs that are not normally covered under Medicare Part D. Please see the "Coverage of additional drugs" page for a list of these drugs.

If you qualify for Extra Help

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

How to use the drug list

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

- 1. Medical condition:** Turn to the “Covered drugs by medical condition” section, which begins on page 12, to look for drugs based on your medical conditions. For example, if you want to find drugs used to treat high cholesterol, go to the “Cardiovascular Agents” category and look under “Dyslipidemics, HMG CoA Reductase Inhibitors.”
- 2. Alphabetical list (index):** If you are not sure what category to look under, turn to the “Index of covered drugs” section, which begins on page 111. Find the name of your drug. The page number where you can find the drug will be next to it.

Generic drugs

Your plan covers both brand name drugs and generic drugs.

Generic drugs:

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

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

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

Required actions, restrictions or limits

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

Utilization Management Restrictions

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Requirements for Coverage

B/D - Medicare Part B or Part D

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

HRM - High Risk Medication

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

LA - Limited access

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

MED - Morphine Equivalent Dose

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

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

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

If your drug is not on the drug list

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

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

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

How to request an exception to the Medica HealthCare Plans MedicareMax drug list

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

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

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

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

Who can ask for a coverage decision

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

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

Receiving a coverage decision

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

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

New or continuing members

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

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

Long-term care facility residents

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

Other transitions

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

Drugs with dosages other than a one-month supply

Drugs packaged in an extended day supply

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

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

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

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

For more information

For more information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about your plan, please call us toll-free at **1-800-407-9069**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **www.Medicaplans.com**.

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

Covered drugs by medical condition

The Comprehensive Formulary (drug list) below provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the “Index of covered drugs,” which begins on page 111.

The first column of the chart lists the drug name. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin).

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

The “Required Actions, Restrictions or Limits” column shows you if your plan has any special coverage requirements for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 87-109.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Analgesics			Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)	2	◆
Analgesics			Diflunisal (Tablet)	3	
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	
Nonsteroidal Anti-inflammatory Drugs			Flector (Patch)	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	Ketoprofen (Capsule Immediate-Release)	3	
Diclofenac Sodium DR (Tablet Delayed- Release)	2	◆			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ketorolac Tromethamine (15mg/ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	4	
Meloxicam (Tablet)	1	◆
Nabumetone (Tablet)	4	
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	◆
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	2	◆
Piroxicam (Capsule)	3	
Sulindac (Tablet)	2	◆
Voltaren (Gel)	3	PA
Opioid Analgesics, Long-acting		
Embeda (Capsule Extended-Release)	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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hydromorphone HCl ER (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	4	QL, MED
Hydromorphone HCl ER (16mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	5	QL, MED
Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	5	QL, MED
Levorphanol Tartrate (Tablet)	4	QL, MED
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL, MED
Methadone HCl (10mg/ml Injection)	5	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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
Nucynta ER (Tablet Extended-Release 12 Hour)	3	QL, MED
Opana ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	3	QL, MED
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	4	QL, MED
Opioid Analgesics, Short-acting		
Abstral (Tablet Sublingual)	5	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	QL, MED ♦
Butorphanol Tartrate (10mg/ml Nasal Solution)	3	QL, MED
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	4	
Codeine Sulfate (Tablet)	3	QL, MED
Duramorph (Injection)	4	
Endocet (Tablet)	3	QL, MED
Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	5	PA, QL
Fentanyl Citrate Oral Transmucosal (200mcg Lollipop, 400mcg Lollipop)	4	PA, QL
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	3	QL, MED

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4	
Hydrocodone/ Ibuprofen (7.5mg-200mg Tablet)	3	QL, MED	Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	3	QL, MED
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4		Morphine Sulfate (2mg/ml Injection)	4	
Hydromorphone HCl (1mg/ml Liquid)	4	QL, MED	Nalbuphine HCl (Injection)	4	
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
Hydromorphone HCl (2mg/ml Injection)	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			
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/ 5ml Oral Solution)	3	QL, MED			

♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Oxycodone/ Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	4	QL, MED
Oxycodone/Aspirin (Tablet)	3	QL, MED
Oxycodone/Ibuprofen (Tablet)	3	QL, MED
Tramadol HCl (Tablet Immediate-Release)	2	QL, MED ♦
Tramadol HCl/ Acetaminophen (Tablet)	2	QL, MED ♦
Trezip (Capsule)	4	QL, MED
Anesthetics		
Local Anesthetics		
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 (2.5%-2.5% Cream)	3	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Acamprosate Calcium DR (Tablet Delayed- Release)	4	
Disulfiram (Tablet)	4	
Naltrexone HCl (Tablet)	3	
Vivitrol (Injection)	5	
Opioid Dependence Treatments		
Buprenorphine HCl (0.3mg/ml Injection)	3	
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	3	QL
Buprenorphine HCl/ Naloxone HCl (Tablet Sublingual)	3	QL
Naloxone HCl (Injection)	3	
Narcan (Liquid)	3	
Suboxone (Film)	4	QL
Smoking Cessation Agents		
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour)	2	♦
Chantix (Tablet)	3	
Chantix Continuing Month Pak (Tablet)	3	
Chantix Starting Month Pak (Tablet)	3	
Nicotrol Inhaler	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (Injection)	4	
Bethkis (Nebulized Solution)	5	B/D, PA, QL
Gentak (Ophthalmic Ointment)	2	◆
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Solution)	2	◆
Gentamicin Sulfate (10mg/ml Injection, 40mg/ml Injection)	4	
Gentamicin Sulfate/ 0.9% Sodium Chloride (Injection)	4	
Isotonic Gentamicin (Injection)	4	
Neomycin Sulfate (Tablet)	2	◆
Paromomycin Sulfate (Capsule)	4	
Streptomycin Sulfate (Injection)	4	
TOBI (Nebulized Solution)	5	B/D, PA, QL
TOBI Podhaler (Capsule)	5	PA, QL
Tobradex (Ophthalmic Ointment)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tobramycin (Nebulized Solution)	5	B/D, PA, QL
Tobramycin Sulfate (0.3% Ophthalmic Solution)	2	◆
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4	
Tobrex (0.3% Ophthalmic Ointment)	4	
Antibacterials, Other		
BACiiM (Injection)	4	
Bacitracin (50000unit Injection)	4	
Bacitracin (500unit/gm Ophthalmic Ointment)	2	◆
Bactroban Nasal (Ointment)	4	PA
Chloramphenicol Sodium Succinate (Injection)	4	
Clindamycin HCl (Capsule Immediate-Release)	2	◆
Clindamycin Palmitate HCl (Oral Solution)	2	◆
Clindamycin Phosphate (2% Cream)	3	
Clindamycin Phosphate (300mg/ 2ml Injection, 600mg/ 4ml Injection, 900mg/ 6ml Injection)	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clindamycin Phosphate in D5W (Injection)	4	
Colistimethate Sodium (Injection)	4	
Cubicin (Injection)	5	
Dalvance (Injection)	5	PA
Daptomycin (Injection)	5	
Lincomycin HCl (Injection)	4	
Linezolid (100mg/5ml Suspension)	5	PA
Linezolid (600mg Tablet)	5	PA, QL
Linezolid (600mg/300ml Injection)	4	PA
Methenamine Hippurate (Tablet)	4	
Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)	4	
Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	◆
Metronidazole in NaCl 0.79% (Injection)	4	
Metronidazole Vaginal (Gel)	3	
Mupirocin (2% Cream)	4	
Mupirocin (2% Ointment)	2	◆

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Neomycin/Polymyxin B Sulfates (Irrigation Solution)	3	
Nitrofurantoin (Suspension)	4	
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	3	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3	
Polymyxin B Sulfate (Injection)	4	
Primsol (Oral Solution)	4	
Sulfamylon (85mg/gm Cream)	4	
Synercid (Injection)	5	
Tigecycline (Injection)	5	
Tinidazole (Tablet)	4	
Trimethoprim (Tablet)	2	◆
Tygacil (Injection)	5	
Vancocin HCl (Capsule)	5	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Vancomycin HCl (125mg Capsule, 250mg Capsule)	5	
Vandazole (Gel)	3	
Xifaxan (Tablet)	5	PA
Beta-lactam, Cephalosporins		
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2	◆
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2	◆
Cefazolin Sodium (Injection)	4	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3	
Cefepime (Injection)	4	
Cefixime (Suspension)	4	
Cefotaxime Sodium (Injection)	4	
Cefotetan (Injection)	4	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3	
Ceftazidime (Injection)	4	
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	4	
Cefuroxime Axetil (Tablet)	2	◆
Cefuroxime Sodium (Injection)	4	
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2	◆
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3	
Suprax (400mg Capsule, 500mg/5ml Suspension)	3	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tazicef (Injection)	4	
Zerbaxa (Injection)	5	PA
Beta-lactam, Other		
Azactam in Iso-Osmotic Dextrose (Injection)	4	
Aztreonam (Injection)	4	
Doribax (Injection)	3	
Imipenem/Cilastatin (Injection)	4	
Invanz (Injection)	4	
Meropenem (Injection)	4	
Beta-lactam, Penicillins		
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	◆

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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	◆
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	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)	4	
Bactocill in Dextrose (Injection)	4	
Bicillin C-R (Injection)	4	
Bicillin L-A (Injection)	4	
Dicloxacillin Sodium (Capsule)	2	◆
Nafcillin Sodium (10gm Injection)	4	
Nafcillin Sodium (1gm Injection)	5	
Oxacillin Sodium (10gm Injection)	5	
Penicillin G Potassium (Injection)	5	
Penicillin G Procaine (Injection)	4	
Penicillin G Sodium (Injection)	5	
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	2	◆
Piperacillin/Tazobactam (Injection)	4	
Macrolides		
Azasite (Ophthalmic Solution)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	1	◆
Azithromycin (500mg Injection)	4	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	4	
Clarithromycin (250mg Tablet, 500mg Tablet)	3	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	3	
Dificid (Tablet)	5	
E.E.S. Granules (Suspension)	4	
Ery-Tab (Tablet Delayed-Release)	4	
EryPed 200 (Suspension)	4	
EryPed 400 (Suspension)	5	
Erythrocin Lactobionate (Injection)	4	
Erythromycin (250mg Capsule Delayed-Release)	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Erythromycin (5mg/gm Ophthalmic Ointment)	2	◆
Erythromycin Base (Tablet)	4	
Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	4	
Zmax (Suspension)	4	
Quinolones		
Avelox (400mg/250ml-0.8% Injection)	4	
Besivance (Suspension)	4	
Ciloxan (0.3% Ointment)	4	
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection)	4	
Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2	◆
Ciprofloxacin I.V. in D5W (Injection)	4	
Gatifloxacin (Ophthalmic Solution)	3	
Levofloxacin (0.5% Ophthalmic Solution)	3	
Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)	1	◆
Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4	
Levofloxacin in D5W (Injection)	4	
Moxeza (Ophthalmic Solution)	4	
Moxifloxacin HCl (400mg Tablet)	3	
Moxifloxacin HCl (400mg/250ml Injection)	4	
Ofloxacin (0.3% Ophthalmic Solution)	2	◆

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	3	
Vigamox (Ophthalmic Solution)	4	
Sulfonamides		
Silver Sulfadiazine (Cream)	3	
Sodium Sulfacetamide (10% Ophthalmic Solution)	2	◆
SSD (Cream)	3	
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	◆
Tetracyclines		
Demeclocycline HCl (Tablet)	4	
Doxy 100 (Injection)	4	
Doxycycline (25mg/5ml Suspension)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	3	
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	3	
Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release)	2	◆
Minocycline HCl (100mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 75mg Tablet Immediate-Release)	4	
Tetracycline HCl (Capsule)	4	
Vibramycin (50mg/5ml Syrup)	4	
Anticonvulsants		

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Anticonvulsants, Other		
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	5	QL
BRIVIACT (50mg/5ml Injection)	4	QL
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	4	
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution)	2	◆
Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection)	4	
Levetiracetam (500mg/5ml Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Levetiracetam ER (Tablet Extended-Release 24 Hour)	3	
Roweepra (Tablet)	2	◆
Spritam (Tablet Disintegrating Soluble)	4	
Calcium Channel Modifying Agents		
Celontin (Capsule)	4	
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	3	
Zonisamide (Capsule)	2	◆
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Diastat AcuDial (Gel)	4	
Diastat Pediatric (Gel)	4	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	2	◆
Gabapentin (250mg/5ml Oral Solution)	3	
Gabitril (12mg Tablet, 16mg Tablet)	4	QL
Onfi (10mg Tablet, 20mg Tablet)	5	QL
Onfi (2.5mg/ml Suspension)	5	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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	◆
Primidone (Tablet)	2	◆
Sabril (500mg Packet, 500mg Tablet)	5	PA, QL, LA
Tiagabine HCl (Tablet)	4	
Valproate Sodium (100mg/ml Injection)	4	
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	2	◆
Glutamate Reducing Agents		
Felbamate (400mg Tablet, 600mg Tablet)	4	
Felbamate (600mg/5ml Suspension)	5	
Felbatol (600mg/5ml Suspension)	5	
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2	◆

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	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	◆
Sodium Channel Agents		
Aptiom (200mg Tablet)	4	QL
Aptiom (400mg Tablet, 600mg Tablet, 800mg Tablet)	5	QL
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	5	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	3	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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	
Dilantin (Capsule)	3	
Dilantin INFATABS (Tablet Chewable)	3	
Epitol (Tablet)	3	
Fosphenytoin Sodium (Injection)	4	
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3	
Oxcarbazepine (300mg/5ml Suspension)	4	
Peganone (Tablet)	4	
Phenytek (Capsule)	3	
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	2	◆
Phenytoin Sodium (Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Phenytoin Sodium Extended (Capsule)	2	◆
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	4	QL
Vimpat (200mg/20ml Injection)	4	
Antidementia Agents		
Cholinesterase Inhibitors		
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 Immediate-Release)	3	QL
Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	3	PA, QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Memantine HCl Titration Pak (Tablet)	4	PA
Namenda XR (Capsule Extended-Release 24 Hour)	3	PA, QL
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	3	PA, QL
Antidepressants		
Antidepressants, Other		
Bupropion HCl (Tablet Immediate-Release)	2	◆
Bupropion HCl SR (100mg Tablet Extended-Release 12 Hour, 150mg Tablet Extended-Release 12 Hour, 200mg 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	◆
Monoamine Oxidase Inhibitors		
Emsam (Patch 24 Hour)	5	QL
Marplan (Tablet)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Phenelzine Sulfate (Tablet)	3	
Tranylcypromine Sulfate (Tablet)	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Citalopram HBr (10mg Tablet, 20mg Tablet, 40mg Tablet)	1	◆
Citalopram HBr (10mg/5ml Oral Solution)	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
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet)	1	◆
Escitalopram Oxalate (5mg/5ml Oral Solution)	2	◆
Fetzima (Capsule Extended-Release 24 Hour)	4	QL, ST
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	4	ST

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fluoxetine DR (Capsule Delayed-Release)	4	
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	2	◆
Fluvoxamine Maleate (Tablet)	3	
Maprotiline HCl (Tablet)	4	
Nefazodone HCl (Tablet)	3	
Paroxetine HCl (Tablet Immediate-Release)	2	◆
Paxil (10mg/5ml Suspension)	4	
Pristiq (Tablet Extended-Release 24 Hour)	4	QL
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	◆
Sertraline HCl (20mg/ml Concentrate)	4	
Trazodone HCl (Tablet)	1	◆
Trintellix (Tablet)	4	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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	◆
Viibryd (Tablet)	4	QL
Viibryd Starter Pack (Kit)	4	QL
Tricyclics		
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)	4	
Imipramine HCl (Tablet)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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	
Antiemetics		
Antiemetics, Other		
Akynzeo (Capsule)	4	B/D, PA
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	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Prochlorperazine Maleate (Tablet)	2	◆
Transderm-Scop (Patch 72 Hour)	4	
Emetogenic Therapy Adjuncts		
Aloxi (Injection)	5	
Anzemet (100mg Tablet, 50mg Tablet)	5	B/D, PA
Aprepitant (Therapy Pack, Capsule)	4	PA
Cesamet (Capsule)	5	PA
Dronabinol (Capsule)	4	PA, QL
Emend (Capsule, Oral Suspension)	4	PA
Emend (150mg Injection)	4	
Emend Tripack (Capsule)	4	PA
Granisetron HCl (0.1mg/ml Injection, 1mg/ml Injection, 4mg/4ml Injection)	4	
Granisetron HCl (1mg Tablet)	4	B/D, PA, QL
Ondansetron HCl (24mg Tablet, 4mg Tablet, 8mg Tablet)	2	B/D, PA ◆
Ondansetron HCl (4mg/2ml Injection)	4	
Ondansetron HCl (4mg/5ml Oral Solution)	4	B/D, PA

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ondansetron ODT (Tablet Dispersible)	2	B/D, PA ♦
Sancuso (Patch)	5	
Antifungals		
Antifungals		
Abelcet (Injection)	5	B/D, PA
AmBisome (Injection)	5	B/D, PA
Amphotericin B (Injection)	4	B/D, PA
Candidas (Injection)	5	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3	
Ciclopirox Nail Lacquer (External Solution)	3	
Ciclopirox Olamine (Cream)	3	
Clotrimazole (1% Cream, 1% External Solution, 10mg Troche)	2	♦
Econazole Nitrate (Cream)	4	
Eraxis (Injection)	5	
Exelderm (1% Cream, 1% External Solution)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2	♦
Fluconazole in NaCl (Injection)	4	
Flucytosine (Capsule)	5	
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4	
Griseofulvin Ultramicrosize (Tablet)	4	
Itraconazole (Capsule)	4	PA, QL
Jublia (External Solution)	4	
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2	♦
Ketoconazole (2% Foam)	4	
Mentax (Cream)	4	
Miconazole 3 (Suppository)	3	
Mycamine (100mg Injection)	5	
Mycamine (50mg Injection)	4	
Naftifine HCl (1% Cream)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Naftifine HCl (2% Cream)	4	
Naftin (1% Gel, 2% Gel)	4	
Natacyn (Suspension)	3	
Noxafil (100mg Tablet Delayed-Release)	5	PA, QL
Noxafil (40mg/ml Suspension)	5	QL
Nyamyc (Powder)	2	◆
Nyata (100000unit/gm Powder)	2	◆
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	2	◆
Nystop (Powder)	2	◆
ONMEL (Tablet)	5	PA
Oxiconazole Nitrate (Cream)	4	
Oxistat (1% Cream, 1% Lotion)	4	
Sporanox (10mg/ml Oral Solution)	5	PA
Terbinafine HCl (Tablet)	2	◆
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3	
Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)	5	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Voriconazole (200mg Injection, 40mg/ml Suspension)	5	
Voriconazole (200mg Tablet, 50mg Tablet)	4	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	◆
Colchicine (0.6mg Capsule, 0.6mg Tablet)	3	QL
Colcrys (Tablet)	3	PA, QL
Probenecid (Tablet)	2	◆
Probenecid/Colchicine (Tablet)	2	◆
Uloric (Tablet)	3	ST
Antimigraine Agents		
Ergot Alkaloids		
Cafergot (Tablet)	3	
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

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rizatriptan Benzoate ODT (Tablet Dispersible)	3	QL
Sumatriptan (Nasal Solution)	4	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	2	QL ♦
Sumatriptan Succinate (4mg/0.5ml Injection, 6mg/0.5ml Injection)	4	QL
Sumatriptan Succinate Refill (Injection)	4	QL
Sumavel DosePro (Injection)	5	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Tablet)	3	
Mestinon (60mg/5ml Syrup)	5	
Pyridostigmine Bromide (Tablet)	4	
Pyridostigmine Bromide ER (Tablet Extended-Release)	4	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Tablet)	3	
Rifabutin (Capsule)	4	
Antituberculars		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Capastat Sulfate (Injection)	4	
Ethambutol HCl (Tablet)	3	
Isoniazid (100mg Tablet, 300mg Tablet)	2	♦
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)	4	
Paser (Packet)	4	
Priftin (Tablet)	4	
Pyrazinamide (Tablet)	4	
Rifampin (150mg Capsule, 300mg Capsule)	3	
Rifampin (600mg Injection)	4	
Rifater (Tablet)	4	
Sirturo (Tablet)	5	PA
Trecator (Tablet)	4	
Antineoplastics		
Alkylating Agents		
BiCNU (Injection)	5	
Busulfan (Injection)	5	
Busulfex (Injection)	5	
Cyclophosphamide (Capsule)	4	B/D, PA
Dacarbazine (Injection)	4	
Gleostine (Capsule)	4	
Hexalen (Capsule)	5	PA
Ifosfamide (Injection)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Leukeran (Tablet)	3	
Matulane (Capsule)	5	LA
Melphalan HCl (Injection)	4	
Mustargen (Injection)	5	
Treanda (Injection)	5	PA
Valchlor (Gel)	5	PA, LA
Yondelis (Injection)	5	PA
Zanosar (Injection)	4	
Antiandrogens		
Bicalutamide (Tablet)	2	◆
Flutamide (Capsule)	3	
Nilandron (Tablet)	5	
Nilutamide (Tablet)	5	
Xtandi (Capsule)	5	PA, QL
Zytiga (Tablet)	5	PA, QL
Antiangiogenic Agents		
Pomalyst (Capsule)	5	PA, QL
Revlimid (Capsule)	5	PA, QL, LA
Thalomid (Capsule)	5	PA, QL
Antiestrogens/Modifiers		
Emcyt (Capsule)	5	
Fareston (Tablet)	5	
Faslodex (Injection)	5	
Soltamox (Oral Solution)	4	
Tamoxifen Citrate (Tablet)	2	◆
Antimetabolites		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Adrucil (Injection)	4	B/D, PA
Alimta (Injection)	5	PA
Cladribine (Injection)	5	B/D, PA
Clofarabine (Injection)	5	
Clolar (Injection)	5	
Cytarabine Aqueous (Injection)	4	B/D, PA
Droxia (Capsule)	4	
Elitek (Injection)	5	
Fluorouracil (2.5gm/50ml Injection)	4	B/D, PA
Folotyn (Injection)	5	
Gemcitabine HCl (Injection)	4	
Gemzar (Injection)	5	
Hydroxyurea (Capsule)	2	◆
Lonsurf (Tablet)	5	PA, QL
Mercaptopurine (Tablet)	3	
Nipent (Injection)	5	
Purixan (Suspension)	5	PA
Tabloid (Tablet)	5	PA
Antineoplastics, Other		
Abraxane (Injection)	5	PA
Adriamycin (Injection)	4	B/D, PA
Alecensa (Capsule)	5	PA, QL
Arranon (Injection)	5	
Azacitidine (Injection)	5	PA
Beleodaq (Injection)	5	PA

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Bleomycin Sulfate (Injection)	4	B/D, PA
Carboplatin (Injection)	4	
Cisplatin (Injection)	4	
Cosmegen (Injection)	5	
Dacogen (Injection)	5	
Daunorubicin HCl (Injection)	4	
Decitabine (Injection)	5	
Dexrazoxane (Injection)	5	PA
Docetaxel (80mg/4ml Injection)	5	
Docetaxel (80mg/8ml Injection)	5	
Doxil (Injection)	5	
Doxorubicin HCl (Injection)	4	B/D, PA
Doxorubicin HCl Liposome (Injection)	5	
Ellence (Injection)	5	
Epirubicin HCl (Injection)	4	
Erwinaze (Injection)	5	
Farydak (Capsule)	5	PA
Fludarabine Phosphate (Injection)	4	
Fusilev (Injection)	5	
Halaven (Injection)	5	PA
Ibrance (Capsule)	5	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Idamycin PFS (Injection)	5	
Idarubicin HCl (Injection)	5	
Irinotecan (Injection)	4	
Istodax (Overfill) (Injection)	5	PA
Jevtana (Injection)	5	PA
Kisqali (Tablet)	5	PA, QL
Kisqali Femara 200 Dose (Tablet Therapy Pack)	5	PA, QL
Kisqali Femara 400 Dose (Tablet Therapy Pack)	5	PA, QL
Kisqali Femara 600 Dose (Tablet Therapy Pack)	5	PA, QL
Leucovorin Calcium (100mg Injection, 350mg Injection)	4	
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	3	
Levoleucovorin (Injection)	5	
Levoleucovorin Calcium (Injection)	5	
Lynparza (Capsule)	5	PA, QL
Mesna (Injection)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Mesnex (400mg Tablet)	5	
Mitomycin (Injection)	5	
Mitoxantrone HCl (Injection)	3	
Ninlaro (Capsule)	5	PA, QL
Oxaliplatin (IV Solution 100mg/20ml)	4	
Paclitaxel (Injection)	4	
Proleukin (Injection)	5	PA
Synribo (Injection)	5	PA
Taxotere (Injection)	5	
Thiotepa (Injection)	5	
Trisenox (Injection)	4	
Velcade (Injection)	5	PA
Venclexta (100mg Tablet)	5	PA, QL
Venclexta (10mg Tablet, 50mg Tablet)	4	PA, QL
Venclexta Starting Pack (Tablet Therapy Pack)	5	PA
Vidaza (Injection)	5	PA
Vinblastine Sulfate (Injection)	4	B/D, PA
Vincasar PFS (Injection)	4	B/D, PA
Vincristine Sulfate (Injection)	4	B/D, PA
Vinorelbine Tartrate (Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zaltrap (Injection)	5	PA
Zinecard (Injection)	5	PA
Zolinza (Capsule)	5	PA
Zydelig (Tablet)	5	PA, QL
Zykadia (Capsule)	5	PA, QL
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	◆
Exemestane (Tablet)	3	
Letrozole (Tablet)	2	◆
Enzyme Inhibitors		
Etopophos (Injection)	5	
Etoposide (Injection)	3	
Hycamtin (Injection)	5	
Kyprolis (Injection)	5	PA
Rubraca (Tablet)	5	PA, QL
Toposar (Injection)	3	
Topotecan HCl (Injection)	5	
Zejula (Capsule)	5	PA, QL
Molecular Target Inhibitors		
Afinitor (Tablet)	5	PA
Afinitor Disperz (Tablet Soluble)	5	PA
Alunbrig (Tablet)	5	PA, QL
Bosulif (Tablet)	5	PA, QL
Cabometyx (Tablet)	5	PA, QL
Caprelsa (Tablet)	5	PA, LA
Cometriq (Kit)	5	PA
Cotellic (Tablet)	5	PA, QL, LA

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Erivedge (Capsule)	5	PA, QL
Gilotrif (Tablet)	5	PA
Iclusig (15mg Tablet)	5	PA, QL, LA
Iclusig (45mg Tablet)	5	PA, QL
Imatinib Mesylate (Tablet)	5	PA, QL
Imbruvica (Capsule)	5	PA, QL
Inlyta (Tablet)	5	PA, QL
Iressa (Tablet)	5	PA, QL
Jakafi (Tablet)	5	PA, QL, LA
Lenvima (Capsule Therapy Pack)	5	PA
Mekinist (Tablet)	5	PA
Nexavar (Tablet)	5	PA
Odomzo (Capsule)	5	PA, QL, LA
Rydapt (Capsule)	5	PA, QL
Sprycel (Tablet)	5	PA, QL
Stivarga (Tablet)	5	PA, QL
Sutent (Capsule)	5	PA, QL
Tafinlar (Capsule)	5	PA
Tarceva (Tablet)	5	PA, QL
Tasigna (Capsule)	5	PA, QL
Tykerb (Tablet)	5	PA
Votrient (Tablet)	5	PA, QL
Xalkori (Capsule)	5	PA, LA
Zelboraf (Tablet)	5	PA, QL
Monoclonal Antibodies		
Avastin (Injection)	5	PA
Bavencio (Injection)	5	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cyramza (Injection)	5	PA
Darzalex (Injection)	5	PA, LA
Empliciti (Injection)	5	PA
Erbix (Injection)	5	PA
Herceptin (Injection)	5	PA
Imfinzi (Injection)	5	PA
Kadcyla (Injection)	5	PA
Keytruda (Injection)	5	PA
Lartruvo (Injection)	5	PA
Opdivo (Injection)	5	PA
Perjeta (Injection)	5	PA
Rituxan (Injection)	5	PA
Sylvant (Injection)	5	PA
Tagrisso (Tablet)	5	PA, QL, LA
Tecentriq (Injection)	5	PA
Vectibix (Injection)	5	PA
Yervoy (Injection)	5	PA
Retinoids		
Bexarotene (Capsule)	5	PA
Panretin (Gel)	5	
Targetin (1% Gel)	5	PA
Tretinoin (10mg Capsule)	5	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	5	QL
Biltricide (Tablet)	4	
Ivermectin (Tablet)	3	
Antiprotozoals		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Alinia (100mg/5ml Suspension)	4	
Alinia (500mg Tablet)	5	
Atovaquone (Suspension)	5	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	3	
Chloroquine Phosphate (Tablet)	2	◆
Coartem (Tablet)	4	
DARAPRIM (Tablet)	5	
Hydroxychloroquine Sulfate (Tablet)	2	◆
Mefloquine HCl (Tablet)	2	◆
Mepron (Suspension)	5	
Nebupent (Inhalation Solution)	4	B/D, PA, QL
Pentam 300 (Injection)	4	
Primaquine Phosphate (Tablet)	4	
Quinine Sulfate (Capsule)	4	PA
Pediculicides/Scabicides		
Eurax (10% Cream, 10% Lotion)	4	
Lindane (Shampoo)	4	
Malathion (Lotion)	4	
Permethrin (Cream)	3	
Antiparkinson Agents		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Anticholinergics		
Benztropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	◆
Benztropine Mesylate (1mg/ml Injection)	4	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	3	
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 100mg Tablet)	3	
Amantadine HCl (50mg/5ml Syrup)	2	◆
Entacapone (Tablet)	4	
Tolcapone (Tablet)	5	QL
Dopamine Agonists		
Apokyn (Injection)	5	PA, QL
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	3	
Neupro (Patch 24 Hour)	4	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	3	
Ropinirole HCl (Tablet Immediate-Release)	2	◆
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Carbidopa (Tablet)	5	
Carbidopa/Levodopa (Tablet Immediate-Release)	1	◆
Carbidopa/Levodopa ER (Tablet Extended-Release)	1	◆
Carbidopa/Levodopa ODT (Tablet Dispersible)	2	◆
Carbidopa/Levodopa/Entacapone (Tablet)	4	
Stalevo 100 (Tablet)	4	PA
Stalevo 125 (Tablet)	4	PA
Stalevo 150 (Tablet)	4	PA
Stalevo 200 (Tablet)	4	PA
Stalevo 50 (Tablet)	4	PA
Stalevo 75 (Tablet)	4	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
Azilect (Tablet)	3	
Rasagiline Mesylate (Tablet)	3	
Selegiline HCl (5mg Capsule, 5mg Tablet)	3	
Zelapar (Tablet Dispersible)	5	
Antipsychotics		
1st Generation/Typical		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	4	
Fluphenazine Decanoate (Injection)	4	
Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	◆
Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	4	
Fluphenazine HCl (5mg/ml Concentrate)	3	
Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	2	◆
Haloperidol Decanoate (Injection)	4	
Haloperidol Lactate (Injection)	4	
Loxapine Succinate (10mg Capsule, 5mg Capsule)	2	QL ◆
Loxapine Succinate (25mg Capsule, 50mg Capsule)	2	◆
Pimozide (Tablet)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Thioridazine HCl (Tablet)	3	
Thiothixene (Capsule)	3	
Trifluoperazine HCl (Tablet)	3	
2nd Generation/Atypical		
Abilify Maintena (Injection)	5	
Aripiprazole (Tablet)	4	QL
Aripiprazole ODT (Tablet Dispersible)	5	QL
Aristada (Injection)	5	
Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)	5	QL, ST
Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)	4	QL, ST
Fanapt Titration Pack (Tablet)	4	ST
Geodon (20mg Injection)	4	
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	5	
Invega Sustenna (39mg/0.25ml Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Invega Trinza (Injection)	5	PA
Latuda (Tablet)	5	QL
Nuplazid (Tablet)	5	PA, QL
Olanzapine (10mg Injection)	4	
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 ♦
Olanzapine ODT (Tablet Dispersible)	4	QL
Paliperidone ER (Tablet Extended-Release 24 Hour)	5	QL
Quetiapine Fumarate (Tablet Immediate-Release)	2	QL ♦
Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	3	QL
Rexulti (Tablet)	5	QL
Risperdal Consta (12.5mg Injection, 25mg Injection)	4	

♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Risperdal Consta (37.5mg Injection, 50mg Injection)	5	
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	◆
Risperidone (1mg/ml Oral Solution)	4	
Risperidone ODT (Tablet Dispersible)	4	
Saphris (Tablet Sublingual)	4	QL
Seroquel XR (Tablet Extended-Release 24 Hour)	3	QL
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	5	QL, ST
Vraylar (Capsule Therapy Pack)	4	ST
Ziprasidone HCl (Capsule)	3	QL
Zyprexa Relprevv (Injection)	5	
Treatment-Resistant		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clozapine (Tablet Immediate-Release)	3	
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	3	QL
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible)	3	QL
Clozapine ODT (200mg Tablet Dispersible)	5	QL
Fazaclo (100mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	5	QL
Versacloz (Suspension)	5	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Cidofovir (Injection)	5	
Ganciclovir (Injection)	3	B/D, PA
Valcyte (450mg Tablet, 50mg/ml Oral Solution)	5	
Valganciclovir (Tablet)	5	
Valganciclovir Hydrochloride (Oral Solution)	5	
Zirgan (Gel)	4	
Anti-hepatitis B (HBV) Agents		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Adefovir Dipivoxil (Tablet)	5	
Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet)	5	
Entecavir (Tablet)	5	
Epivir HBV (5mg/ml Oral Solution)	3	
Hepsera (Tablet)	5	
Lamivudine (100mg Tablet)	3	
Vemlidy (Tablet)	5	QL
Anti-hepatitis C (HCV) Agents		
Daklinza (Tablet)	5	PA, QL
Epclusa (Tablet)	5	PA, QL
Harvoni (Tablet)	5	PA, QL
Intron A (Injection)	5	PA
Olysio (Capsule)	5	PA, QL
PegIntron REDIPEN (Injection)	5	PA
Pegasys (Injection)	5	PA
Pegasys ProClick (Injection)	5	PA
PegIntron (Injection)	5	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
Sovaldi (Tablet)	5	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sylatron (Injection)	5	PA
Zepatier (Tablet)	5	PA, QL
Antiherpetic 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
Denavir (Cream)	5	QL
Famciclovir (Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	4	
Valacyclovir HCl (Tablet)	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Evotaz (Tablet)	5	QL
Genvoya (Tablet)	5	QL
Isentress (100mg Packet, 100mg Tablet Chewable, 400mg Tablet)	5	QL
Isentress (25mg Tablet Chewable)	3	QL
Prezcobix (Tablet)	5	QL
Stribild (Tablet)	5	QL
Tivicay (10mg Tablet)	4	QL

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tivicay (25mg Tablet, 50mg Tablet)	5	QL
Triumeq (Tablet)	5	QL
Tybost (Tablet)	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Tablet)	5	QL
Complera (Tablet)	5	QL
Edurant (Tablet)	5	QL
Intelence (Tablet)	5	QL
Nevirapine (200mg Tablet Immediate-Release)	3	QL
Nevirapine (50mg/5ml Suspension)	3	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	3	QL
Odefsey (Tablet)	5	QL
Rescriptor (Tablet)	4	QL
Sustiva (200mg Capsule, 600mg Tablet)	5	QL
Sustiva (50mg Capsule)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir (Tablet)	4	QL
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	5	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Abacavir/Lamivudine (Tablet)	5	QL
Combivir (Tablet)	5	QL
Descovy (Tablet)	5	QL
Didanosine (Capsule Delayed-Release)	3	QL
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	4	QL
Epzicom (Tablet)	5	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL
Lamivudine/Zidovudine (Tablet)	4	QL
Retrovir IV Infusion (Injection)	4	
Stavudine (Capsule)	3	QL
Trizivir (Tablet)	5	QL
Truvada (Tablet)	5	QL
Videx Pediatric (Oral Solution)	4	QL
Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)	5	QL
Zerit (1mg/ml Oral Solution)	4	QL
Ziagen (20mg/ml Oral Solution)	4	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	3	QL
Anti-HIV Agents, Other		
Fuzeon (Injection)	5	QL
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)	5	QL
Selzentry (25mg Tablet)	4	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (100mg/ml Oral Solution, 250mg Capsule)	5	QL
Crixivan (Capsule)	3	QL
Invirase (200mg Capsule, 500mg Tablet)	5	QL
Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)	4	QL
Kaletra (200mg-50mg Tablet)	5	QL
Lexiva (50mg/ml Suspension)	4	QL
Lexiva (700mg Tablet)	5	QL
Lopinavir/Ritonavir (Oral Solution)	4	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)	4	QL
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)	5	QL
Prezista (75mg Tablet)	4	QL
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	5	QL
Viracept (Tablet)	5	QL
Anti-influenza Agents		
Oseltamivir Phosphate (Capsule)	4	QL
Relenza Diskhaler (Aerosol Powder)	3	QL
Rimantadine HCl (Tablet)	4	
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	4	QL
Anxiolytics		
Anxiolytics, Other		
Bupirone HCl (Tablet)	2	◆

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup)	3	
Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection)	4	
Benzodiazepines		
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 ♦
Lorazepam (Tablet)	1	QL ♦
Lorazepam Intensol (2mg/ml Concentrate)	2	QL ♦
Bipolar Agents		
Mood Stabilizers		
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	2	♦

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Divalproex Sodium DR (Tablet Delayed-Release)	2	♦
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	2	♦
Lithium (Oral Solution)		
Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	2	♦
Lithium Carbonate ER (Tablet Extended-Release)	2	♦
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Tablet)	1	QL ♦
Avandia (Tablet)	4	PA, QL
Bydureon Pen (Injection)	3	QL
Bydureon Vial (Injection)	3	QL
Byetta (Injection)	4	QL
Cycloset (Tablet)	4	PA, QL
Glimepiride (Tablet)	1	QL ♦
Glipizide (Tablet Immediate-Release)	1	QL ♦

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL ♦
Glipizide/Metformin HCl (Tablet)	1	QL ♦
Invokamet (Tablet)	3	QL
Invokamet XR (Tablet Extended-Release 24 Hour)	3	QL
Invokana (Tablet)	3	QL
Janumet (Tablet Immediate-Release)	3	QL
Janumet XR (Tablet Extended-Release 24 Hour)	3	QL
Januvia (Tablet)	3	QL
Jardiance (Tablet)	3	QL
Jentadueto (Tablet)	4	QL
Jentadueto XR (Tablet Extended-Release 24 Hour)	4	QL
Kombiglyze XR (Tablet Extended-Release 24 Hour)	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 ♦

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Miglitol (Tablet)	4	QL
Nateglinide (Tablet)	1	QL ♦
Onglyza (Tablet)	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
Riomet (Oral Solution)	4	QL
Soliqua 100/33 (Injection)	3	QL
SymLinPen 120 (Injection)	5	PA
SymLinPen 60 (Injection)	5	PA
Synjardy (Tablet)	3	QL
Tradjenta (Tablet)	4	QL
Trulicity (Injection)	3	QL
Victoza (Injection)	3	QL
Glycemic Agents		
GlucaGen HypoKit (Injection)	4	
Glucagon Emergency Kit (Injection)	3	
Proglycem (Suspension)	5	
Insulins		

♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Humalog Cartridge (Injection)	3	
Humalog KwikPen (Injection)	3	
Humalog Mix 50/50 KwikPen (Injection)	3	
Humalog Mix 50/50 Vial (Injection)	3	
Humalog Mix 75/25 KwikPen (Injection)	3	
Humalog Mix 75/25 Vial (Injection)	3	
Humalog Vial (Injection)	3	
Humulin 70/30 KwikPen (Injection)	3	
Humulin 70/30 Vial (Injection)	3	
Humulin N KwikPen (Injection)	3	
Humulin N Vial (Injection)	3	
Humulin R U-500 KwikPen (Injection)	3	
Humulin R U-500 Vial (Concentrated) (Injection)	3	
Humulin R Vial (Injection)	3	
Lantus SoloStar (Injection)	3	
Lantus Vial (Injection)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Levemir FlexTouch (Injection)	3	
Levemir Vial (Injection)	3	
Toujeo SoloStar (Injection)	3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Coumadin (Tablet)	4	
Eliquis (Tablet)	3	PA, QL
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Heparin Sodium/D5W (Injection)	4	
Jantoven (Tablet)	1	◆
Pradaxa (Capsule)	4	PA, QL
Warfarin Sodium (Tablet)	1	◆
Xarelto (Tablet)	3	PA, QL
Xarelto Starter Pack (Tablet Therapy Pack)	3	PA, QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	2	◆
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)	5	PA
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Granix (Injection)	5	PA
Leukine (Injection)	5	PA
Mozobil (Injection)	5	PA
Neulasta (Injection)	5	PA
Neupogen (Injection)	5	PA
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	4	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	5	PA
Promacta (Tablet)	5	PA, QL
Zarxio (Injection)	5	
Blood Products/Modifiers/Volume Expanders		
Argatroban (125mg/125ml-0.9% Injection)	5	B/D, PA
Argatroban (250mg/2.5ml Injection)	5	B/D, PA
Coagulants		
Tranexamic Acid (1000mg/10ml Injection)	3	
Tranexamic Acid (650mg Tablet)	4	
Platelet Modifying Agents		
Aggrenox (Capsule Extended-Release 12 Hour)	3	PA, QL

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	3	QL
Brilinta (Tablet)	3	QL
Cilostazol (Tablet)	2	◆
Clopidogrel (75mg Tablet)	2	QL ◆
Effient (Tablet)	3	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
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	
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	2	◆
Phenoxybenzamine HCl (Capsule)	5	
Prazosin HCl (Capsule)	2	◆
Angiotensin II Receptor Antagonists		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Benicar (Tablet)	3	QL
Candesartan Cilexetil (Tablet)	1	QL ◆
Edarbi (Tablet)	4	QL
Eprosartan Mesylate (Tablet)	1	QL ◆
Irbesartan (Tablet)	1	QL ◆
Losartan Potassium (Tablet)	1	QL ◆
Olmesartan Medoxomil (Tablet)	3	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 (15mg Tablet)	1	◆
Moexipril HCl (7.5mg Tablet)	1	QL ◆
Perindopril Erbumine (Tablet)	1	QL ◆
Quinapril HCl (Tablet)	1	QL ◆
Ramipril (Capsule)	1	QL ◆
Trandolapril (Tablet)	1	QL ◆

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Antiarrhythmics		
Amiodarone HCl (200mg Tablet)	1	◆
Amiodarone HCl (50mg/ml Injection)	4	
Dofetilide (Capsule)	4	
Flecainide Acetate (Tablet)	2	◆
Mexiletine HCl (Capsule)	2	◆
Multaq (Tablet)	3	QL
Pacerone (200mg Tablet)	1	◆
Procainamide HCl (Injection)	4	
Propafenone HCl (Tablet)	2	◆
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	4	
Quinidine Gluconate (Injection)	4	
Quinidine Gluconate CR (Tablet Extended-Release)	4	
Quinidine Sulfate (Tablet)	2	◆
Sotalol HCl (AF) (Tablet)	2	◆
Sotalol HCl (Tablet)	2	◆
Beta-adrenergic Blocking Agents		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Acebutolol HCl (Capsule)	2	◆
Atenolol (Tablet)	1	◆
Betaxolol HCl (10mg Tablet, 20mg Tablet)	3	
Bisoprolol Fumarate (Tablet)	2	◆
Bystolic (Tablet)	3	QL
Carvedilol (Tablet Immediate-Release)	1	◆
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet)	2	◆
Labetalol HCl (5mg/ml Injection)	4	
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	◆
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	◆
Metoprolol Tartrate (5mg/5ml Injection)	4	
Nadolol (Tablet)	4	
Pindolol (Tablet)	3	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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	◆	Diltiazem CD (Capsule Extended-Release 24 Hour)	3	
Propranolol HCl (1mg/ml Injection)	4		Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	4	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	◆	Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	2	◆
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	4		Diltiazem HCl ER (Capsule Extended-Release)	3	
Calcium Channel Blocking Agents			Felodipine ER (Tablet Extended-Release 24 Hour)	3	
Afedintab CR (Tablet Extended-Release 24 Hour)	2	QL ◆	Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	3	
Amlodipine Besylate (Tablet)	1	◆	Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	3	QL
Cardene IV (Injection)	4				
Cartia XT (Capsule Extended-Release 24 Hour)	3				
Dilt-XR (Capsule Extended-Release 24 Hour)	3				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nicardipine HCl (2.5mg/ml Injection)	4	
Nicardipine HCl (20mg Capsule, 30mg Capsule)	3	
Nifedipine ER (Tablet Extended-Release 24 Hour)	2	QL ♦
Nimodipine (Capsule)	5	
Taztia XT (Capsule Extended-Release 24 Hour)	3	
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	2	♦
Verapamil HCl (2.5mg/ml Injection)	4	
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	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2	♦
Verapamil HCl SR (Capsule Extended-Release 24 Hour)	3	
Cardiovascular Agents, Other		
Amiloride/Hydrochlorothiazide (Tablet)	2	♦
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	1	QL ♦
Amlodipine Besylate/Benazepril HCl (Capsule)	1	QL ♦
Amlodipine Besylate/Valsartan (Tablet)	4	QL
Amlodipine/Olmesartan Medoxomil (Tablet)	3	QL
Amlodipine/Valsartan/Hydrochlorothiazide (Tablet)	4	QL
Atenolol/Chlorthalidone (Tablet)	1	♦
Azor (Tablet)	3	QL

♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL ♦
Benicar HCT (Tablet)	3	QL
BiDil (Tablet)	3	QL
Bisoprolol Fumarate/ Hydrochlorothiazide (10mg-6.25mg Tablet)	2	♦
Bisoprolol Fumarate/ Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	2	QL ♦
Candesartan Cilexetil/ Hydrochlorothiazide (Tablet)	1	QL ♦
Captopril/ Hydrochlorothiazide (Tablet)	1	QL ♦
Clorpres (Tablet)	4	
Demser (Capsule)	5	
Digitex (Tablet)	2	♦
Digoxin (0.05mg/ml Oral Solution)	4	
Digoxin (0.25mg/ml Injection)	4	
Digoxin (125mcg Tablet, 250mcg Tablet)	2	♦
Edarbyclor (Tablet)	4	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL ♦
Entresto (Tablet)	3	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL ♦
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL ♦
Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)	4	
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL ♦
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL ♦
Methyldopa/ Hydrochlorothiazide (Tablet)	3	
Metoprolol/ Hydrochlorothiazide (Tablet)	3	
Moexipril/ Hydrochlorothiazide (Tablet)	1	QL ♦
Nadolol/ Bendroflumethiazide (40mg-5mg Tablet)	3	QL
Nadolol/ Bendroflumethiazide (80mg-5mg Tablet)	3	
Nothera (Capsule)	5	PA, QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	3	QL
Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	3	QL
Pentoxifylline ER (Tablet Extended-Release)	2	◆
Propranolol/ Hydrochlorothiazide (Tablet)	2	◆
Quinapril/ Hydrochlorothiazide (Tablet)	1	QL ◆
Ranexa (Tablet Extended-Release 12 Hour)	3	QL
Spirolactone/ Hydrochlorothiazide (Tablet)	2	◆
Telmisartan/ Amlodipine (Tablet)	1	QL ◆
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL ◆

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	2	◆
Tribenzor (Tablet)	3	QL
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL ◆
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	3	
Acetazolamide ER (Capsule Extended-Release 12 Hour)	4	
Acetazolamide Sodium (Injection)	4	
Methazolamide (Tablet)	4	
Diuretics, Loop		
Bumetanide (0.25mg/ml Injection)	4	
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	◆
Edecrin (Tablet)	5	
Ethacrynic Acid (Tablet)	5	
Furosemide (10mg/ml Injection)	4	B/D, PA

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution)	2	◆
Furosemide (20mg Tablet, 40mg Tablet, 80mg Tablet)	1	◆
Torsemide (Tablet)	2	◆
Diuretics, Potassium-sparing		
Amiloride HCl (Tablet)	2	◆
Dyrenium (Capsule)	4	
Eplerenone (Tablet)	3	
Spironolactone (Tablet)	2	◆
Diuretics, Thiazide		
Chlorothiazide (Tablet)	2	◆
Chlorothiazide Sodium (Injection)	4	B/D, PA
Chlorthalidone (Tablet)	2	◆
Diuril (Suspension)	4	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	◆
Indapamide (Tablet)	2	◆
Methyclothiazide (Tablet)	3	
Metolazone (Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (145mg Tablet, 48mg Tablet)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fenofibrate (160mg Tablet, 54mg Tablet)	1	◆
Fenofibrate Micronized (Capsule)	3	
Fenofibric Acid (Tablet)	3	
Fenofibric Acid DR (Capsule Delayed-Release)	3	
Gemfibrozil (Tablet)	2	◆
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL ◆
Crestor (Tablet)	3	QL
Fluvastatin (Capsule Immediate-Release)	1	QL ◆
Livalo (Tablet)	3	QL
Lovastatin (Tablet Immediate-Release)	1	QL ◆
Pravastatin Sodium (Tablet)	1	QL ◆
Rosuvastatin Calcium (Tablet)	3	QL
Simvastatin (Tablet)	1	QL ◆
Dyslipidemics, Other		
Cholestyramine Light (4gm Packet, 4gm/dose Powder)	4	
Colestipol HCl (1gm Tablet)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Colestipol HCl (5gm Granules)	4	
Ezetimibe (Tablet)	3	QL
Ezetimibe/Simvastatin (Tablet)	4	QL
Juxtapid (Capsule)	5	PA
Kynamro (Injection)	5	PA
Niacin ER (Tablet Extended-Release)	4	
Niacor (Tablet)	2	◆
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	4	QL
Praluent (Injection)	5	PA, QL
Prevalite (Powder)	4	
Repatha (Injection)	5	PA, QL
Repatha Pushtronex System (Injection)	5	PA, QL
Repatha SureClick (Injection)	5	PA, QL
Vascepa (Capsule)	4	
Vytorin (Tablet)	4	QL
Welchol (3.75gm Packet, 625mg Tablet)	3	
Zetia (Tablet)	3	QL
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)	2	◆

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hydralazine HCl (20mg/ml Injection)	4	
Minoxidil (Tablet)	2	◆
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (Tablet Immediate-Release)	2	◆
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	
Nitroglycerin (5mg/ml Injection)	4	
Nitroglycerin Lingual (Translingual Solution)	1	◆
Nitroglycerin Transdermal (Patch 24 Hour)	2	◆
Nitrostat (Tablet Sublingual)	3	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Central Nervous System Agents			Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
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	Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate- Release)	4	QL
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	Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)	4	QL
			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)	4	
			Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
			Atomoxetine (Capsule)	4	QL, ST
			Clonidine HCl ER (Tablet Extended- Release 12 Hour)	4	PA
			Dexmethylphenidate HCl (Tablet Immediate- Release)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	4	
Guanfacine ER (Tablet Extended-Release 24 Hour)	4	
Metadate ER (Tablet Extended-Release)	4	QL
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	3	QL
Methylphenidate HCl (10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	4	QL
Methylphenidate HCl ER (10mg Tablet Extended-Release, 20mg Tablet Extended-Release)	4	QL
Strattera (Capsule)	4	QL, ST
Central Nervous System, Other		
Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)	3	PA, QL
Nuedexta (Capsule)	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rilutek (Tablet)	5	
Riluzole (Tablet)	3	
Tetrabenazine (Tablet)	5	PA, QL
Xenazine (Tablet)	5	PA, QL, LA
Fibromyalgia Agents		
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	3	QL
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	3	QL
Savella (Tablet)	3	
Savella Titration Pack	3	
Multiple Sclerosis Agents		
Ampyra (Tablet Extended-Release 12 Hour)	5	QL
Aubagio (Tablet)	5	QL
Avonex (Injection)	5	
Avonex Pen (Injection)	5	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Betaseron (Injection)	5	
Copaxone (Injection)	5	
Gilenya (Capsule)	5	QL
Glatopa (Injection)	5	
Rebif (Injection)	5	
Rebif Rebidose (Injection)	5	
Rebif Rebidose Titration Pack (Injection)	5	
Rebif Titration Pack (Injection)	5	
Tecfidera (Capsule Delayed-Release)	5	QL
Tecfidera Starter Pack	5	
Tysabri (Injection)	5	PA
Zinbryta (Injection)	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
Chlorhexidine Gluconate (Solution)	2	◆
Kepivance (Injection)	5	
Periogard (Solution)	2	◆
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4	
Triamcinolone in Orabase (Paste)	3	
Dermatological Agents		
Dermatological Agents		
Acitretin (Capsule)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Adapalene (0.1% Cream, 0.1% Gel)	4	
Ammonium Lactate (12% Cream, 12% Lotion)	3	
Calcipotriene (0.005% Cream, 0.005% External Solution)	4	
Calcitriol (3mcg/gm Ointment)	4	
Carac (Cream)	5	PA
Claravis (Capsule)	4	PA
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	3	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	4	
Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)	4	
Diclofenac Sodium (3% Gel)	5	PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Doxepin HCl (Cream)	3	
Elidel (Cream)	4	ST
Ery (2% Pad)	3	
Erythromycin (2% External Solution)	2	◆
Erythromycin (2% Gel)	4	
Erythromycin/Benzoyl Peroxide (Gel)	4	
Finacea (15% Foam, 15% Gel)	4	
Fluorouracil (0.5% Cream)	5	
Fluorouracil (2% External Solution, 5% External Solution)	3	
Fluorouracil (5% Cream)	4	
Imiquimod (Cream)	4	
Methoxsalen (Capsule)	5	
Mirvaso (Gel)	4	
Oxsoralen Ultra (Capsule)	5	
Picato (Gel)	3	
Podofilox (External Solution)	3	
PRUDOXIN (Cream)	3	
Regranex (Gel)	5	PA
Santyl (Ointment)	4	
Selenium Sulfide (Lotion)	2	◆
Solaraze (Gel)	5	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Soriatane (Capsule)	5	
Tacrolimus (0.03% Ointment, 0.1% Ointment)	4	ST
Tazarotene (Cream)	4	PA
Tazorac (0.05% Cream, 0.1% Cream)	4	PA
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	4	PA
Tretinoin Microsphere (Gel)	4	PA
Zyclara (Cream)	5	PA
Zyclara Pump (Cream)	5	PA
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
Adagen (Injection)	5	LA
Aldurazyme (Injection)	5	
Buphenyl (3gm/tsp Powder, 500mg Tablet)	5	
Cerezyme (Injection)	5	PA
Creon (Capsule Delayed-Release)	3	
Cystadane (Powder)	5	
Cystagon (Capsule)	4	LA
Elaprase (Injection)	5	
Elelyso (Injection)	5	PA, LA

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fabrazyme (Injection)	5	
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	5	
Lumizyme (Injection)	5	
Naglazyme (Injection)	5	
Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	5	LA
Procysbi (Capsule Delayed-Release)	5	
RAVICTI (Liquid)	5	QL
Sodium Phenylbutyrate (Powder)	5	
Strensiq (Injection)	5	PA, LA
Sucraid (Oral Solution)	5	LA
VPRIV (Injection)	5	PA
Zavesca (Capsule)	5	PA, LA
Zenpep (Capsule Delayed-Release)	3	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Atropine Sulfate (Injection)	4	
Cuvposa (Oral Solution)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	2	◆
Glycopyrrolate (4mg/20ml Injection)	5	
Methscopolamine Bromide (Tablet)	4	
Gastrointestinal Agents, Other		
Chenodal (Tablet)	5	
Cholbam (Capsule)	5	PA
Cromolyn Sodium (100mg/5ml Concentrate)	4	
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	4	
Gattex (Injection)	5	PA
Loperamide HCl (Capsule)	2	◆
Ocaliva (Tablet)	5	PA, QL
Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)	5	PA
Serostim (Injection)	5	PA
Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule)	4	
Zorbitive (Injection)	5	PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Histamine2 (H2) Receptor Antagonists		
Cimetidine (Tablet)	2	◆
Cimetidine HCl (Oral Solution)	2	◆
Famotidine (20mg Tablet, 40mg Tablet)	2	◆
Famotidine (20mg/2ml Injection, 40mg/5ml Suspension)	4	
Famotidine Premixed (Injection)	4	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	2	◆
Ranitidine HCl (15mg/ml Syrup, 50mg/2ml Injection)	4	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	5	PA
Amitiza (Capsule)	3	QL
Linzess (Capsule)	3	QL
Lotronex (Tablet)	5	PA
Laxatives		
Constulose (Oral Solution)	2	◆
Enulose (Oral Solution)	2	◆
GaviLyte-C (Oral Solution)	2	◆
GaviLyte-G (Oral Solution)	2	◆
GaviLyte-H (Kit)	3	
GaviLyte-N/Flavor Pack (Oral Solution)	1	◆

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Generlac (Oral Solution)	2	◆
Lactulose (Oral Solution)	2	◆
PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)	3	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	3	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	2	◆
Suprep Bowel Prep Kit (Oral Solution)	3	
TriLyte (Oral Solution)	1	◆
Protectants		
Carafate (1gm/10ml Suspension)	4	
Misoprostol (Tablet)	3	
Sucralfate (Tablet)	2	◆
Proton Pump Inhibitors		
Dexilant (Capsule Delayed-Release)	4	QL
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	3	QL
Esomeprazole Sodium (Injection)	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)	3	
Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	3	QL
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	2	QL ♦
Omeprazole (20mg Capsule Delayed-Release)	2	♦
Pantoprazole Sodium (20mg Tablet Delayed-Release, 40mg Tablet Delayed-Release)	1	QL ♦
Prilosec (10mg Packet, 2.5mg Packet)	4	PA
Genitourinary Agents		
Antispasmodics, Urinary		
Myrbetriq (Tablet Extended-Release 24 Hour)	3	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	2	♦

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	3	QL
Vesicare (Tablet)	3	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2	♦
Finasteride (5mg Tablet) (Generic Proscar)	1	♦
Rapaflo (Capsule)	3	QL
Tamsulosin HCl (Capsule)	1	♦
Terazosin HCl (Capsule)	2	♦
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	2	♦
Cuprimine (Capsule)	5	PA
Depen Titratabs (Tablet)	5	
Elmiron (Capsule)	4	
Lithostat (Tablet)	5	
Phosphate Binders		
Auryxia (Tablet)	5	
Calcium Acetate (667mg Capsule, 667mg Tablet)	3	
Eliphos (Tablet)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)	5	
Phoslyra (Oral Solution)	3	
Renagel (Tablet)	3	ST
Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	3	
Velphoro (Tablet Chewable)	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)	4	
Augmented Betamethasone Dipropionate (0.05% Gel, 0.05% Lotion, 0.05% Ointment)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	4	
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	4	
Clobetasol Propionate (0.05% External Solution)	3	
Clobetasol Propionate (0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	4	
Clobetasol Propionate E (Cream)	4	
Cordran (4mcg/sqcm Tape)	4	
Cormax Scalp Application (External Solution)	3	
Cortisone Acetate (Tablet)	4	
Depo-Medrol (20mg/ml Injection)	4	
Desonide (0.05% Ointment)	4	
Desoximetasone (0.05% Cream, 0.25% Cream)	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2	◆
Dexamethasone Intensol (1mg/ml Concentrate)	2	◆
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	4	
Fludrocortisone Acetate (Tablet)	2	◆
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	4	
Fluocinolone Acetonide Body (Oil)	4	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3	
Fluocinonide-E (Cream)	3	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	2	◆
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	3	
Hydrocortisone Butyrate (0.1% Ointment)	3	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	4	
Kenalog-10 (Injection)	4	
Kenalog-40 (Injection)	4	
Methylprednisolone (Tablet)	2	◆
Methylprednisolone Acetate (Injection)	4	
Methylprednisolone Dose Pack (Tablet Therapy Pack)	2	◆
Methylprednisolone Sodium Succinate (Injection)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	3	
Prednicarbate (0.1% Cream)	4	
Prednicarbate (0.1% Ointment)	4	
Prednisolone Sodium Phosphate (10mg/5ml Oral Solution, 15mg/5ml Oral Solution, 20mg/5ml Oral Solution, 25mg/5ml Oral Solution, 5mg/5ml Oral Solution)	2	◆
Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet)	1	◆
Prednisone (5mg/5ml Oral Solution)	2	◆
Prednisone Intensol (5mg/ml Concentrate)	2	◆
Solu-Cortef (Injection)	4	
Solu-Medrol (2gm Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	3	
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	4	
Triderm (Cream)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Chorionic Gonadotropin (Injection)	4	PA
Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)	3	
Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection)	4	
Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	3	
Genotropin (12mg Injection, 5mg Injection)	5	PA
Genotropin Miniquick (0.2mg Injection)	4	PA

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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)	5	PA
Humatrope (Injection)	5	PA
Humatrope Combo Pack (Injection)	5	PA
Increlex (Injection)	5	PA
Norditropin FlexPro (Injection)	5	PA
Novarel (Injection)	4	PA
Nutropin AQ (Injection)	5	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)	4	PA
Saizen (Injection)	5	PA
Zomacton (10mg Injection)	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	5	PA, QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Anadrol-50 (Tablet)	5	PA
Androderm (Patch 24 Hour)	3	QL
AndroGel (1.62% Packet Gel)	3	
AndroGel Pump (1.62% Gel)	3	
Danazol (Capsule)	4	
Oxandrolone (10mg Tablet)	4	PA, QL
Oxandrolone (2.5mg Tablet)	3	PA, QL
Testosterone Cypionate (Injection)	4	
Testosterone Enanthate (Injection)	4	
Estrogens		
Alyacen 1/35 (Tablet)	4	
Amethia (Tablet)	4	
Amethia Lo (Tablet)	4	
Apri (Tablet)	4	
Aranelle (Tablet)	4	
Ashlyna (Tablet)	4	
Aubra (Tablet)	4	
Aviane (Tablet)	4	
Balziva (Tablet)	4	
Bekyree (Tablet)	4	
Blisovi 24 Fe (Tablet)	4	
Blisovi Fe 1.5/30 (Tablet)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Blisovi Fe 1/20 (Tablet)	4		Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	3	
Briellyn (Tablet)	4		Estradiol Valerate (Injection)	4	
Camrese Lo (Tablet)	4		Estring (Ring)	4	
Caziant (Tablet)	4		Ethinodiol Diacetate/ Ethinyl Estradiol (Tablet)	4	
Climara Pro (Patch Weekly)	4		Falmina (Tablet)	4	
Cryselle-28 (Tablet)	4		Femring (Ring)	4	
Cyclafem (Tablet)	4		Femynor (Tablet)	4	
Delyla (Tablet)	4		Gianvi (Tablet)	4	
Depo-Estradiol (Injection)	4		Gildagia (Tablet)	4	
Desogestrel/Ethinyl Estradiol (Tablet)	4		Introvale (Tablet)	4	
Drospirenone/Ethinyl Estradiol (Tablet)	4		Jinteli (Tablet)	4	
Duavee (Tablet)	4		Juleber (Tablet)	4	
Elestrin (Gel)	4		Junel 1.5/30 (Tablet)	4	
Emoquette (Tablet)	4		Junel 1/20 (Tablet)	4	
Enpresse-28 (Tablet)	4		Junel Fe 1.5/30 (Tablet)	4	
Estrace (0.1mg/gm Cream)	4		Junel Fe 1/20 (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	Junel Fe 24 (Tablet)	4	
			Kaitlib Fe (Tablet Chewable)	4	
			Kariva (Tablet)	4	
			Kelnor 1/35 (Tablet)	4	
			Kimidess (Tablet)	4	
			LARIN 1.5/30 (Tablet)	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
LARIN 1/20 (Tablet)	4	
LARIN Fe 1.5/30 (Tablet)	4	
LARIN Fe 1/20 (Tablet)	4	
Larissia (Tablet)	4	
Layolis Fe (Tablet Chewable)	4	
Leena (Tablet)	4	
Lessina (Tablet)	4	
Levonest (Tablet)	4	
Levonorgestrel and Ethinyl Estradiol (Tablet)	4	
Levonorgestrel/Ethinyl Estradiol (Tablet)	4	
Levora 0.15/30-28 (Tablet)	4	
Lomedia 24 Fe (Tablet)	4	
Loryna (Tablet)	4	
Low-Ogestrel (Tablet)	4	
Lutera (Tablet)	4	
Marlissa (Tablet)	4	
Menest (Tablet)	3	
Mibelas 24 Fe (Tablet Chewable)	4	
Microgestin 1.5/30 (Tablet)	4	
Microgestin 1/20 (Tablet)	4	
Microgestin Fe (Tablet)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Microgestin Fe 1.5/30 (Tablet)	4	
MonoNessa (Tablet)	4	
Necon 0.5/35-28 (Tablet)	4	
Necon 1/50-28 (Tablet)	4	
Necon 10/11-28 (Tablet)	4	
Necon 7/7/7 (Tablet)	4	
Nikki (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol (20mcg-1mg Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (20mcg-75mg-1mg Tablet Chewable)	4	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (20mcg-75mg-1mg Tablet)	4	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (Tablet Chewable)	4	
Norgestimate/Ethinyl Estradiol (Tablet)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nortrel 0.5/35 (28) (Tablet)	4	
Nortrel 1/35 (Tablet)	4	
Nortrel 7/7/7 (Tablet)	4	
NuvaRing (Ring)	4	
Ocella (Tablet)	4	
Ogestrel (Tablet)	4	
Orsythia (Tablet)	4	
Pimtreea (Tablet)	4	
Pirmella 1/35 (Tablet)	4	
Portia-28 (Tablet)	4	
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	4	QL
Premarin (Vaginal Cream)	3	
Premphase (Tablet)	4	
Prempro (Tablet)	4	QL
Previfem (Tablet)	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	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tri-Previfem (Tablet)	4	
Tri-Sprintec (Tablet)	4	
Trinessa (Tablet)	4	
Trivora-28 (Tablet)	4	
Vagifem (Tablet)	4	QL
Velivet (Tablet)	4	
Vestura (Tablet)	4	
Vienva (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	
Crinone (Gel)	4	PA
Deblitane (Tablet)	3	
Depo-Provera (Injection)	4	
Errin (Tablet)	3	
Hydroxyprogesterone Caproate (Injection)	5	PA
Jolivet (Tablet)	3	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lyza (Tablet)	3	
Makena (Injection)	5	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	◆
Medroxyprogesterone Acetate (150mg/ml Injection)	4	
Megace ES (Suspension)	5	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Megestrol Acetate (625mg/5ml Suspension)	4	
Nora-BE (Tablet)	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)		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Levothyroxine Sodium (100mcg Injection)	5	
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	◆
Levoxyl (Tablet)	3	
Liothyronine Sodium (10mcg/ml Injection)	4	
Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	2	◆
Synthroid (Tablet)	3	
Unithroid (Tablet)	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	3	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
Sensipar (30mg Tablet)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sensipar (60mg Tablet, 90mg Tablet)	5	QL
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	3	
Egrifta (Injection)	5	PA
Firmagon (120mg Injection)	5	PA
Firmagon (80mg Injection)	4	PA
Leuprolide Acetate (Injection)	4	PA
Lupaneta Pack (Kit)	5	PA
Lupron Depot (1-Month) (Injection)	5	PA
Lupron Depot (3-Month) (Injection)	5	PA
Lupron Depot (4-Month) (Injection)	5	PA
Lupron Depot (6-Month) (Injection)	5	PA
Lupron Depot-Ped (1-Month) (Injection)	5	PA
Octreotide Acetate (1000mcg/ml Injection)	5	PA
Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection)	4	PA
Sandostatin LAR Depot (Injection)	5	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Signifor (Injection)	5	PA
Somatuline Depot (Injection)	5	PA
Somavert (Injection)	5	PA, QL
Synarel (Nasal Solution)	5	
Trelstar Mixject (Injection)	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	2	◆
Propylthiouracil (Tablet)	2	◆
Immunological Agents		
Angioedema (HAE) Agents		
Beriner (Injection)	5	PA, LA
Cinryze (Injection)	5	PA, LA
Firazy (Injection)	5	PA, QL
Ruconest (Injection)	5	PA
Immune Suppressants		
Azathioprine (100mg Injection)	5	B/D, PA
Azathioprine (50mg Tablet)	2	B/D, PA ◆
Cellcept (200mg/ml Suspension, 250mg Capsule, 500mg Tablet)	5	PA
Cellcept Intravenous (Injection)	4	PA
Cimzia (Injection)	5	PA

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cosentyx (Injection)	5	PA
Cosentyx Sensoready Pen (Injection)	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
Enbrel (Injection)	5	PA
Enbrel SureClick (Injection)	5	PA
Gengraf (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
Humira (Injection)	5	PA
Humira Pediatric Crohns Disease Starter Pack (Injection)	5	PA
Humira Pen (Injection)	5	PA
Humira Pen Crohns Disease Starter Pack (Injection)	5	PA
Humira Pen-Psoriasis Starter (Injection)	5	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Kineret (Injection)	5	PA
Methotrexate (Tablet)	2	◆
Methotrexate Sodium (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
Nulojix (Injection)	5	PA
Orencia (125mg/ml Injection, 50mg/0.4ml Injection, 87.5mg/0.7ml Injection, 250mg Injection)	5	PA
Orencia Clickject (Injection)	5	PA
Prograf (5mg/ml Injection)	4	PA
Rapamune (1mg Tablet, 2mg Tablet, 1mg/ml Oral Solution)	5	B/D, PA
Remicade (Injection)	5	PA
Sandimmune (100mg Capsule)	5	B/D, PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sandimmune (100mg/ml Oral Solution)	4	B/D, PA
Simponi (Injection)	5	PA
Simponi Aria (Injection)	5	PA
Sirolimus (0.5mg Tablet, 1mg Tablet)	4	B/D, PA
Sirolimus (2mg Tablet)	5	B/D, PA
Stelara (130mg/26ml Injection, 45mg/0.5ml Injection, 90mg/ml Injection)	5	PA
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	3	PA
Torisel (Injection)	5	
Trexall (Tablet)	4	
Xeljanz (Tablet)	5	PA, QL
Xeljanz XR (Tablet Extended-Release 24 Hour)	5	PA, QL
Zortress (Tablet)	5	PA
Immunizing Agents, Passive		
Atgam (Injection)	5	
BIVIGAM (Injection)	5	PA
Carimune Nanofiltered (Injection)	5	PA
Flebogamma DIF (Injection)	5	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Gamastan S/D (Injection)	3	PA
Gammagard Liquid (Injection)	5	PA
Gammagard S/D IGA Less Than 1 mcg/ml (Injection)	5	PA
Gammaked (Injection)	5	PA
Gammaplex (Injection)	5	PA
Gamunex-C (Injection)	5	PA
Octagam (Injection)	5	PA
Privigen (Injection)	5	PA
Thymoglobulin (Injection)	5	
Varizig (Injection)	3	
Immunomodulators		
Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection, 80mg/4ml Injection)	5	PA
Actimmune (Injection)	5	
Arcalyst (Injection)	5	PA, LA
Benlysta (Injection)	5	PA
Ilaris (Injection)	5	PA, QL, LA
Leflunomide (Tablet)	2	◆
Otezla (Tablet Therapy Pack, 30mg Tablet)	5	PA

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ridaura (Capsule)	5	
Simulect (Injection)	5	
Synagis (Injection)	5	PA
Vaccines		
ActHIB (Injection)	3	
Adacel (Injection)	3	
BCG Vaccine (Injection)	3	
Bexsero (Injection)	3	
Boostrix (Injection)	3	
Daptacel (Injection)	3	
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	3	
Engerix-B (Injection)	3	B/D, PA
Gardasil 9 (Injection)	3	
Havrix (Injection)	3	
Hiberix (Injection)	3	
Imovax Rabies (H.D.C.V.) (Injection)	3	B/D, PA
Infanrix (Injection)	3	
IPOL Inactivated IPV (Injection)	3	
Ixiaro (Injection)	3	
Kinrix (Injection)	3	
M-M-R II (Injection)	3	
Menactra (Injection)	3	
MENHIBRIX (Injection)	3	
Menveo (Injection)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Pediarix (Injection)	3	
Pedvax HIB (Injection)	3	
ProQuad (Injection)	3	
Quadracel (Injection)	3	
Rabavert (Injection)	3	B/D, PA
Recombivax HB (Injection)	3	B/D, PA
Rotarix (Suspension)	3	
RotaTeq (Oral Solution)	3	
Tenivac (Injection)	3	
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	3	
Trumenba (Injection)	3	
Twinrix (Injection)	3	
Typhim Vi (Injection)	3	
VAQTA (Injection)	3	
Varivax (Injection)	3	
YF-Vax (Injection)	3	
Zostavax (Injection)	4	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	3	QL
Balsalazide Disodium (Capsule)	4	
Canasa (Suppository)	5	
Dipentum (Capsule)	5	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lialda (Tablet Delayed-Release)	3	QL
Mesalamine (Kit)	4	
Pentasa (Capsule Extended-Release)	4	QL
sfRowasa (Enema)	5	QL
Glucocorticoids		
Budesonide (3mg Capsule Delayed-Release)	4	
Colocort (Enema)	4	
Entocort EC (Capsule Delayed-Release)	5	
Hydrocortisone (100mg/60ml Enema)	4	
Procto-Med HC (Cream)	2	◆
Procto-Pak (Cream)	2	◆
Proctosol HC (Cream)	2	◆
Proctozone-HC (Cream)	2	◆
Uceris (9mg Tablet Extended-Release 24 Hour)	5	ST
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	◆
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL ◆
Alendronate Sodium (70mg/75ml Oral Solution)	4	
Binosto (Tablet Effervescent)	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
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	
Forteo (Injection)	5	PA, QL
Hectorol (1mcg Capsule, 2.5mcg Capsule)	5	B/D, PA, QL
Ibandronate Sodium (150mg Tablet)	3	QL

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ibandronate Sodium (3mg/3ml Injection)	4	B/D, PA
Miacalcin (200unit/ml Injection)	5	PA
Natpara (Injection)	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
Prolia (Injection)	4	
Risedronate Sodium (Tablet)	3	QL
Tymlos (Injection)	5	PA, QL
Xgeva (Injection)	5	PA
Zemplar (2mcg/ml Injection)	4	B/D, PA
Zemplar (5mcg/ml Injection)	5	B/D, PA
Zoledronic Acid (4mg/5ml Injection)	4	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	4	PA
Zometa (Injection)	5	B/D, PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	3	
Botox (Injection)	4	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Exondys 51 (Injection)	5	PA, LA
Fomepizole (Injection)	5	
Gauze (Non-medicated 2X2)	3	
Insulin Syringes, Needles	3	
Kanuma (Injection)	5	PA
Myalept (Injection)	5	PA
Sterile Water Irrigation (Solution)	3	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Bacitracin/Polymyxin B (Ophthalmic Ointment)	2	♦
Blephamide (Suspension)	4	
Blephamide S.O.P. (Ointment)	4	
Cystaran (Ophthalmic Solution)	5	
Lacrisert (Insert)	4	
Lastacft (Ophthalmic Solution)	3	
Neomycin/Bacitracin/Polymyxin (Ointment)	3	
Neomycin/Polymyxin/Bacitracin/Hydrocortisone (Ophthalmic Ointment)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Neomycin/Polymyxin/Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	2	◆
Neomycin/Polymyxin/Gramicidin (Ophthalmic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Ophthalmic Suspension)	4	
Polymyxin B Sulfate/Trimethoprim Sulfate (Ophthalmic Solution)	2	◆
Pred-G (Suspension)	4	
Pred-G S.O.P. (Ointment)	4	
Proparacaine HCl (Ophthalmic Solution)	2	◆
Restasis (Emulsion)	3	QL
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	2	◆
Tobradex ST (Ophthalmic Suspension)	4	
Tobramycin/Dexamethasone (Ophthalmic Suspension)	3	
Ophthalmic Anti-allergy Agents		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Alocril (Ophthalmic Solution)	4	
Alomide (Ophthalmic Solution)	4	
Azelastine HCl (0.05% Ophthalmic Solution)	4	
Bepreve (Ophthalmic Solution)	4	
Cromolyn Sodium (4% Ophthalmic Solution)	2	◆
Epinastine HCl (Ophthalmic Solution)	3	
Olopatadine HCl (Ophthalmic Solution)	3	
Pataday (Ophthalmic Solution)	3	
Patanol (Ophthalmic Solution)	3	
Pazeo (Ophthalmic Solution)	3	
Ophthalmic Antiglaucoma Agents		
Alphagan P (0.1% Ophthalmic Solution)	3	
Apraclonidine (Ophthalmic Solution)	3	
Azopt (Suspension)	3	
Betaxolol HCl (0.5% Ophthalmic Solution)	3	
Betimol (Ophthalmic Solution)	4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	◆

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Carteolol HCl (Ophthalmic Solution)	2	♦
Combigan (Ophthalmic Solution)	3	
Cosopt PF (Ophthalmic Solution)	4	
Dorzolamide HCl (Ophthalmic Solution)	2	♦
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	2	♦
Levobunolol HCl (Ophthalmic Solution)	2	♦
Metipranolol (Ophthalmic Solution)	2	♦
Phospholine Iodide (Ophthalmic Solution)	4	
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	3	
Simbrinza (Suspension)	3	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution)	2	♦
Timolol Maleate Ophthalmic Gel Forming (Solution)	3	
Ophthalmic Anti-inflammatories		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	2	♦
Diclofenac Sodium (0.1% Ophthalmic Solution)	2	♦
Durezol (Emulsion)	3	
Flarex (Suspension)	4	
Fluorometholone (Ophthalmic Suspension)	3	
Flurbiprofen Sodium (Ophthalmic Solution)	2	♦
FML (Ointment)	4	
FML Forte (Suspension)	4	
Ilevro (Suspension)	3	
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	3	
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	4	
Nevanac (Suspension)	3	
Pred Mild (Suspension)	4	
Prednisolone Acetate (Ophthalmic Suspension)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	◆
Prolensa (Ophthalmic Solution)	4	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
Latanoprost (Ophthalmic Solution)	1	◆
Lumigan (Ophthalmic Solution)	3	
Travatan Z (Ophthalmic Solution)	3	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	2	◆
Cipro HC (Suspension)	4	
Ciprodex (Otic Suspension)	3	
Coly-Mycin S (Suspension)	4	
Fluocinolone Acetonide (0.01% Otic Oil)	4	
Hydrocortisone/Acetic Acid (Otic Solution)	3	
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3	
Respiratory Tract/Pulmonary Agents		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Antihistamines		
Azelastine HCl (0.1% Nasal Solution)	3	QL
Azelastine HCl (0.15% Nasal Solution)	3	
Cetirizine HCl (Syrup)	2	◆
Cyproheptadine HCl (4mg Tablet)	4	
Diphenhydramine HCl (50mg/ml Injection)	4	B/D, PA
Levocetirizine Dihydrochloride (5mg Tablet)	1	QL ◆
Phenadoz (Suppository)	4	
Phenergan (12.5mg Suppository, 25mg Suppository)	4	
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	
Anti-inflammatories, Inhaled Corticosteroids		
Arnuity Ellipta (Aerosol Powder)	3	QL

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	4	B/D, PA
Flovent Diskus (Aerosol Powder)	3	QL
Flovent HFA (Aerosol)	3	QL
Flunisolide (Nasal Solution)	1	◆
Fluticasone Propionate (50mcg/act Suspension)	2	◆
Mometasone Furoate (50mcg/act Suspension)	4	
Nasonex (Suspension)	4	PA
Triamcinolone Acetonide (55mcg/act Aerosol)	4	
Antileukotrienes		
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
Zyflo (Tablet)	5	ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zyflo CR (Tablet Extended-Release 12 Hour)	5	ST
Bronchodilators, Anticholinergic		
Atrovent HFA (Aerosol Solution)	4	
Incruse Ellipta (Aerosol Powder)	3	QL
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA ◆
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	◆
Spiriva HandiHaler (Capsule)	3	QL
Spiriva Respimat (Aerosol Solution)	3	QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	2	B/D, PA ◆
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	4	
Brovana (Nebulized Solution)	4	B/D, PA, QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)	3		Theophylline (Oral Solution)	2	◆
EpiPen (Injection)	3		Theophylline CR (Tablet Extended-Release 12 Hour)	2	◆
Levalbuterol (Nebulized Solution)	4	B/D, PA	Theophylline ER (300mg Tablet Extended-Release 12 Hour, 450mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	2	◆
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	4		Pulmonary Antihypertensives		
Perforomist (Nebulized Solution)	4	B/D, PA, QL	Adcirca (Tablet)	5	PA, QL
ProAir HFA (Aerosol Solution)	3		Adempas (Tablet)	5	PA
ProAir RespiClick (Aerosol Powder)	3		Letairis (Tablet)	5	PA, QL, LA
Serevent Diskus (Aerosol Powder)	3	QL	Opsumit (Tablet)	5	PA, LA
Terbutaline Sulfate (1mg/ml Injection)	5		Orenitram (0.125mg Tablet Extended-Release)	4	PA, QL
Cystic Fibrosis Agents			Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	5	PA, QL
Cayston (Inhalation Solution)	5	PA, LA	Orenitram (2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)	5	PA
Kalydeco (50mg Packet, 75mg Packet)	5	PA, QL	Remodulin (Injection)	5	PA, LA
Orkambi (Tablet)	5	PA, QL, LA			
Phosphodiesterase Inhibitors, Airways Disease					
Aminophylline (Injection)	4				
Daliresp (Tablet)	4	PA, QL			

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Revatio (10mg/12.5ml Injection)	5	PA
Revatio (20mg Tablet)	5	PA, QL
Sildenafil (10mg/12.5ml Injection)	5	PA
Sildenafil (20mg Tablet) (Generic Revatio)	3	PA, QL
Tracleer (Tablet)	5	PA, QL
Ventavis (Inhalation Solution)	5	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	2	B/D, PA ♦
Advair Diskus (Aerosol Powder)	3	QL
Advair HFA (Aerosol)	3	QL
Anoro Ellipta (Aerosol Powder)	3	QL
Aralast NP (Injection)	5	PA, LA
Bevespi Aerosphere (Aerosol)	3	QL
Breo Ellipta (Aerosol Powder)	3	QL
Cromolyn Sodium (20mg/2ml Nebulized Solution)	3	B/D, PA
Dulera (Aerosol)	4	PA, QL
Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)	5	PA, QL, LA
Glassia (Injection)	5	PA, LA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Kalydeco (150mg Tablet)	5	PA, QL
Ofev (Capsule)	5	PA, QL, LA
Prolastin-C (Injection)	5	PA, LA
Pulmozyme (Inhalation Solution)	5	B/D, PA, QL
Stiolto Respimat (Aerosol Solution)	3	QL
Symbicort (Aerosol)	3	QL
Zemaira (Injection)	5	PA, LA
Respiratory Tract/Pulmonary Agents		
Combivent Respimat (Aerosol Solution)	3	
Dymista (Suspension)	4	
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA ♦
Xolair (Injection)	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Tablet)	2	♦
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	3	
Cyclobenzaprine HCl (7.5mg Tablet)	4	PA
Dantrolene Sodium (Capsule)	4	
Gablofen (10000mcg/20ml Injection, 50mcg/ml Injection)	4	B/D, PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Gablofen (40000mcg/20ml Injection)	5	B/D, PA
Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection)	4	B/D, PA
Lioresal Intrathecal (10mg/5ml Injection)	5	B/D, PA
Orphenadrine Citrate (Injection)	4	
Tizanidine HCl (2mg Tablet, 4mg Tablet)	2	◆
Sleep Disorder Agents		
GABA Receptor Modulators		
Temazepam (15mg Capsule, 30mg Capsule)	3	QL
Zaleplon (Capsule)	3	QL, HRM
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	4	QL, HRM
Sleep Disorders, Other		
Belsomra (Tablet)	3	QL
Hetlioz (Capsule)	5	PA, QL
Modafinil (Tablet)	4	PA, QL
Rozerem (Tablet)	4	QL
Xyrem (Oral Solution)	5	PA, QL, LA
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
Chemet (Capsule)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Exjade (Tablet Soluble)	5	PA
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	5	PA
Jadenu (Tablet)	5	PA
Jadenu Sprinkle (Packet)	5	PA
Kionex (Powder)	3	
Samsca (Tablet)	5	PA, QL
Sodium Polystyrene Sulfonate (Suspension)	3	
SPS (Suspension)	3	
Syprine (Capsule)	5	PA
Electrolyte/Mineral Replacement		
Carbaglu (Tablet)	5	LA
Isolyte-S (Injection)	4	
Klor-Con 10 (Tablet Extended-Release)	3	
Klor-Con 8 (Tablet Extended-Release)	3	
Klor-Con M10 (Tablet Extended-Release)	2	◆
Klor-Con M15 (Tablet Extended-Release)	2	◆
Klor-Con M20 (Tablet Extended-Release)	2	◆
Klor-Con Sprinkle (Capsule Extended-Release)	3	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Magnesium Sulfate (1gm/2ml-50% Injection)	4	
Magnesium Sulfate (5gm/10ml-50% Injection)	4	
Normosol-R (Injection)	4	
Physiolyte (Irrigation Solution)	4	
Physiosol Irrigation (Solution)	4	
Plasma-Lyte A (Injection)	4	
Plasma-Lyte-148 (Injection)	4	
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	3	
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	4	B/D, PA
Potassium Chloride (2meq/ml Injection)	4	B/D, PA
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	2	♦
Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	4	B/D, PA
Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)	4	B/D, PA
Potassium Citrate ER (Tablet Extended-Release)	3	
Sodium Chloride (0.9% Injection)	4	
Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)	4	
Sodium Chloride 0.45% (Injection)	4	
Sodium Chloride 0.9% (Irrigation Solution)	3	
Sodium Fluoride (Tablet)	2	♦
Therapeutic Nutrients/Minerals/Electrolytes		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Aminosyn 7%/ Electrolytes (Injection)	4	B/D, PA	Dextrose 5%/NaCl 0.225% (Injection)	4	
Aminosyn 8.5%/ Electrolytes (Injection)	4	B/D, PA	Dextrose 5%/NaCl 0.33% (Injection)	4	
Aminosyn II (10% Injection)	4	B/D, PA	Dextrose 5%/NaCl 0.45% (Injection)	4	
Aminosyn II 8.5%/ Electrolytes (Injection)	4	B/D, PA	Dextrose 5%/NaCl 0.9% (Injection)	4	
Aminosyn-HBC (Injection)	4	B/D, PA	FreAmine HBC 6.9% (Injection)	4	B/D, PA
Aminosyn-PF (Injection)	4	B/D, PA	HepatAmine (Injection)	4	B/D, PA
Aminosyn-RF (Injection)	4	B/D, PA	Intralipid (Injection)	4	B/D, PA
Dextrose 10% (Injection)	4		Ionosol-B/Dextrose 5% (Injection)	4	
Dextrose 10%/NaCl 0.2% (Injection)	4		Ionosol-MB/Dextrose 5% (Injection)	4	
Dextrose 10%/NaCl 0.45% (Injection)	4		Isolyte-P/Dextrose 5% (Injection)	4	
Dextrose 2.5%/NaCl 0.45% (Injection)	4		KCl 0.075%/D5W/ NaCl 0.45% (Injection)	4	
Dextrose 5% (Injection)	4		KCl 0.15%/D5W/NaCl 0.2% (Injection)	4	
Dextrose 5%/ Lactated Ringers (Injection)	4		KCl 0.15%/D5W/NaCl 0.225% (Injection)	4	
Dextrose 5%/NaCl 0.2% (Injection)	4		KCl 0.15%/D5W/NaCl 0.9% (Injection)	4	
			KCl 0.3%/D5W/NaCl 0.45% (Injection)	4	
			KCl 0.3%/D5W/NaCl 0.9% (Injection)	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lactated Ringers Irrigation (Solution)	3	
Lactated Ringers Viaflex (Injection)	4	
Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	3	
Nephramine (Injection)	4	B/D, PA
Normosol-M in D5W (Injection)	4	
Normosol-R in D5W (Injection)	4	
Nutrilipid (Injection)	4	B/D, PA
Plenaminate (Injection)	4	B/D, PA
Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)	4	
Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)	4	
Potassium Chloride/Dextrose (Injection)	4	B/D, PA
Potassium Chloride/Dextrose/Lactated Ringers (Injection)	4	
Premasol (Injection)	4	B/D, PA
Procalamine (Injection)	4	B/D, PA
Prosol (Injection)	4	B/D, PA
Ringers Injection	4	
Ringers Irrigation (Solution)	3	
Sodium Lactate (Injection)	4	
TPN Electrolytes (Injection)	4	
Travasol (Injection)	4	B/D, PA
Trophamine (10% Injection)	4	B/D, PA
VP-PNV-DHA (Capsule)	2	◆

Bold type = Brand name drug

Plain type = Generic drug

Drugs with a quantity limit (QL)

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

Drugs are listed in alphabetical order in the chart below. Some drugs come in many strengths. Each strength may have a different quantity limit. If quantity limits for a drug vary by strength, the different strengths are listed on separate lines.

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

Drug Name	Quantity Limit
Abacavir (Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abacavir/Lamivudine (Tablet)	Maximum of 2 tablets per day
Abstral (Tablet Sublingual)	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-12mg/5ml Oral Solution)	Maximum of 140 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Acyclovir (5% Ointment)	Maximum of 1 tube (30 grams) per 30 days
Adcirca (Tablet)	Maximum of 2 tablets per day
Advair Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Afeditab CR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Aggrenox (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Albenza (Tablet)	Maximum of 16 tablets per day
Alecensa (Capsule)	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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Alunbrig (Tablet)	Maximum of 6 tablets per day
Amitiza (Capsule)	Maximum of 2 capsules per day
Amlodipine Besylate/Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amlodipine Besylate/Valsartan (Tablet)	Maximum of 1 tablet per day
Amlodipine/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
Ampyra (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Injection)	Maximum of 3 ml per day
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Aptiom (200mg Tablet, 400mg Tablet, 800mg Tablet)	Maximum of 1 tablet per day
Aptiom (600mg Tablet)	Maximum of 2 tablets per day
Aptivus (100mg/ml Oral Solution)	Maximum of 15 ml per day
Aptivus (250mg Capsule)	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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Arnuity Ellipta (Aerosol Powder)	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
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day
Aubagio (Tablet)	Maximum of 1 tablet per day
Avandia (2mg Tablet)	Maximum of 4 tablets per day
Avandia (4mg Tablet)	Maximum of 2 tablets per day
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
Azor (Tablet)	Maximum of 1 tablet per day
Belsomra (Tablet)	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
Benicar (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Benicar (5mg Tablet)	Maximum of 2 tablets per day
Benicar HCT (Tablet)	Maximum of 1 tablet per day
Bethkis (Nebulized Solution)	Maximum of 8 ml (2 ampules) per day
Bevespi Aerosphere (Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
BiDil (Tablet)	Maximum of 6 tablets per day
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bisoprolol Fumarate/Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	Maximum of 2 tablets per day
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (500mg Tablet)	Maximum of 1 tablet per day
Botox (Injection)	Maximum of 9 vials per 30 days
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
BRIVIACT (10mg/ml Oral Solution)	Maximum of 20 ml per day
BRIVIACT (50mg/5ml Intravenous Solution)	Maximum of 20 ml per day
Brovana (Nebulized Solution)	Maximum of 2 vials (4 ml) per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
Bydureon Pen (Injection)	Maximum of 4 pens per 28 days
Bydureon Vial (Injection)	Maximum of 4 vials per 28 days
Byetta (10mcg/0.04ml Solution Pen injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta (5mcg/0.02ml Solution Pen injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200mg Tablet Dispersible)	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
Colchicine (0.6mg Capsule) (Generic Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcrys)	Maximum of 4 tablets per day
Colcrys (Tablet)	Maximum of 4 tablets per day
Combivir (Tablet)	Maximum of 3 tablets per day
Complera (Tablet)	Maximum of 2 tablets per day
Cotellic (Tablet)	Maximum of 3 tablets per day
Crestor (Tablet)	Maximum of 1 tablet per day
Crixivan (Capsule)	Maximum of 9 capsules per day
Cycloset (Tablet)	Maximum of 6 tablets per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Daliresp (Tablet)	Maximum of 1 tablet per day
Denavir (Cream)	Maximum of 1 tube (5 grams) per 30 days
Descovy (Tablet)	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
Dexilant (Capsule Delayed-Release)	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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
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
Dulera (Aerosol)	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
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day
Edurant (Tablet)	Maximum of 2 tablets per day
Effient (Tablet)	Maximum of 1 tablet per day
Eliquis (Tablet)	Maximum of 2 tablets per day
Embeda (100mg-4mg Capsule Extended-Release)	Maximum of 3 capsules per day
Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)	Maximum of 4 capsules per day
Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)	Maximum of 2 capsules per day
Embeda (60mg-2.4mg Capsule Extended-Release)	Maximum of 6 capsules per day
Emsam (Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (10mg/ml Oral Solution)	Maximum of 42.5 ml per day
Emtriva (200mg Capsule)	Maximum of 2 capsules per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
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
Entresto (Tablet)	Maximum of 2 tablets per day
Epclusa (Tablet)	Maximum of 1 tablet per day
Eprosartan Mesylate (Tablet)	Maximum of 1 tablet per day
Epzicom (Tablet)	Maximum of 2 tablets per day
Erivedge (Capsule)	Maximum of 1 capsule per day
Esbriet (267mg Capsule)	Maximum of 9 capsules per day
Esbriet (267mg Tablet)	Maximum of 9 tablets per day
Esbriet (801mg Tablet)	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
Evotaz (Tablet)	Maximum of 2 tablets per day
Ezetimibe (Tablet)	Maximum of 1 tablet per day
Ezetimibe/Simvastatin (Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
Fanapt (10mg Tablet, 12mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	Maximum of 2 tablets per day
Fazaclo (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Fazaclo (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Fazaclo (200mg Tablet Dispersible)	Maximum of 4 tablets per day
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
Fetzima (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Firazyr (Injection)	Maximum of 9 ml per day
Flector (Patch)	Maximum of 2 patches per day
Flovent Diskus (Aerosol Powder)	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110mcg/act Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220mcg/act Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44mcg/act Aerosol)	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
Forteo (Injection)	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
Fuzeon (Injection)	Maximum of 3 vials per day
Gabitril (12mg Tablet)	Maximum of 4 tablets per day
Gabitril (16mg Tablet)	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
Genvoya (Tablet)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Gilenya (Capsule)	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
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
Harvoni (Tablet)	Maximum of 1 tablet per day
Hectorol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Hetlioz (Capsule)	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (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 (12mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 16mg Tablet Extended-Release 24 Hour Abuse-Deterrent, 8mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl ER (32mg Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Ibrance (Capsule)	Maximum of 1 capsule per day
Iclusig (15mg Tablet)	Maximum of 2 tablets per day
Iclusig (45mg Tablet)	Maximum of 1 tablet per day
Ilaris (Injection)	Maximum of 2 vials per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
Imbruvica (Capsule)	Maximum of 4 capsules per day
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Inlyta (Tablet)	Maximum of 4 tablets per day
Intelence (100mg Tablet)	Maximum of 2 tablets per day
Intelence (200mg Tablet)	Maximum of 3 tablets per day
Intelence (25mg Tablet)	Maximum of 6 tablets per day
Invirase (200mg Capsule)	Maximum of 15 capsules per day
Invirase (500mg Tablet)	Maximum of 6 tablets per day
Invokamet (Tablet)	Maximum of 2 tablets per day
Invokamet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Tablet)	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
Iressa (Tablet)	Maximum of 2 tablets per day
Isentress (100mg Packet)	Maximum of 4 packets per day
Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)	Maximum of 9 tablets per day
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Tablet)	Maximum of 1 tablet per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Kaletra (100mg-25mg Tablet)	Maximum of 10 tablets per day
Kaletra (200mg-50mg Tablet)	Maximum of 6 tablets per day
Kaletra (400mg-100mg/5ml Oral Solution)	Maximum of 16 ml per day
Kalydeco (150mg Tablet)	Maximum of 2 tablets per day
Kalydeco (50mg Packet, 75mg Packet)	Maximum of 2 packets per day
Kisqali (Tablet)	Maximum of 3 tablets per day
Kisqali Femara 200 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) per 28 days
Kisqali Femara 400 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) per 28 days
Kisqali Femara 600 Dose (Tablet Therapy Pack)	Maximum of 91 tablets (1 pack) per 28 days
Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Korlym (Tablet)	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
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Letairis (Tablet)	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
Lexiva (50mg/ml Suspension)	Maximum of 90 ml per day
Lexiva (700mg Tablet)	Maximum of 6 tablets per day
Lialda (Tablet Delayed-Release)	Maximum of 4 tablets per day
Lidocaine (5% Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
Linzess (Capsule)	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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Livalo (Tablet)	Maximum of 1 tablet per day
Lonsurf (6.14mg-15mg Tablet)	Maximum of 10 tablets per day
Lonsurf (8.19mg-20mg Tablet)	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
Lorcet Plus (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
Lynparza (Capsule)	Maximum of 16 capsules per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (20mg/ml Oral Solution)	Maximum of 30 ml per day
Lyrica (225mg Capsule, 300mg Capsule)	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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
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 (7.5mg 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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	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
Multaq (Tablet)	Maximum of 2 tablets per day
Nadolol/Bendroflumethiazide (40mg-5mg Tablet)	Maximum of 1 tablet per day
Namenda XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Therapy Pack)	Maximum of 1 capsule per day
Naratriptan HCl (Tablet)	Maximum of 9 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution)	Maximum of 300 mg (1 vial) in 28 days
Nevirapine (200mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Nevirapine (50mg/5ml Suspension)	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
Nexium (20mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Nexium (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Nifedipine ER (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Northera (100mg Capsule)	Maximum of 3 capsules per day
Northera (200mg Capsule, 300mg Capsule)	Maximum of 6 capsules per day
Norvir (100mg Capsule)	Maximum of 18 capsules per day
Norvir (100mg Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day
Noxafil (100mg Tablet Delayed-Release)	Maximum of 8 tablets per day
Noxafil (40mg/ml Suspension)	Maximum of 20 ml per day
Nucynta ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Nuplazid (Tablet)	Maximum of 2 tablets per day
Ocaliva (Tablet)	Maximum of 1 tablet per day
Odefsey (Tablet)	Maximum of 2 tablets per day
Odomzo (Capsule)	Maximum of 1 capsule per day
Ofev (Capsule)	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
Olysio (Capsule)	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
Onfi (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets per day
Onglyza (Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Opana ER (10mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 15mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 20mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 5mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 7.5mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Opana ER (30mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 4 tablets per day
Opana ER (40mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	Maximum of 6 tablets per day
Orkambi (Tablet)	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
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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
Pentasa (250mg Capsule Extended-Release)	Maximum of 12 capsules per day
Pentasa (500mg Capsule Extended-Release)	Maximum of 8 capsules per day
Perforomist (Nebulized Solution)	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
Pomalyst (Capsule)	Maximum of 1 capsule per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (Injection)	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	Maximum of 1 tablet per day
Prempro (Tablet)	Maximum of 1 tablet per day
Prezcobix (Tablet)	Maximum of 2 tablets per day
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day
Prezista (75mg Tablet)	Maximum of 7 tablets per day
Pristiq (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Pristiq (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Pulmozyme (Inhalation Solution)	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
Ranexa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Rapaflo (Capsule)	Maximum of 1 capsule per day
RAVICTI (Liquid)	Maximum of 17.5 ml per day
Relenza Diskhaler (Aerosol Powder)	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
Repatha (Injection)	Maximum of 3 syringes (3 ml) per 28 days
Repatha Pushttronex System (Injection)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha SureClick (Injection)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Tablet)	Maximum of 9 tablets per day
Restasis (Emulsion)	Maximum of 2 vials per day
Revatio (20mg Tablet)	Maximum of 3 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Revlimid (Capsule)	Maximum of 1 capsule per day
Rexulti (Tablet)	Maximum of 1 tablet per day
Reyataz (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Reyataz (200mg Capsule)	Maximum of 3 capsules per day
Reyataz (50mg Packet)	Maximum of 8 packets per day
Riomet (Oral Solution)	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
Rozerem (Tablet)	Maximum of 1 tablet per day
Rubraca (Tablet)	Maximum of 4 tablets per day
Rydapt (Capsule)	Maximum of 8 capsules per day
Sabril (500mg Packet)	Maximum of 6 packets per day
Sabril (500mg Tablet)	Maximum of 6 tablets per day
Samsca (Tablet)	Maximum of 2 tablets per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Selzentry (150mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day
Selzentry (25mg Tablet, 300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Seroquel XR (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
sfRowasa (Enema)	Maximum of 1 bottle (60 ml) per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Soliqua 100/33 (Injection)	Maximum of 18 ml (6 pens) per 30 days
Somavert (Injection)	Maximum of 1 vial per day
Sovaldi (Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	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
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Strattera (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Stribild (Tablet)	Maximum of 2 tablets per day
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	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 9 tablets per 30 days
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
Sumatriptan Succinate Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sumavel DosePro (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sustiva (200mg Capsule)	Maximum of 3 capsules per day
Sustiva (50mg Capsule)	Maximum of 9 capsules per day
Sustiva (600mg Tablet)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Sutent (37.5mg Capsule)	Maximum of 2 tablets per day
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Synjardy (Tablet)	Maximum of 2 tablets per day
Tagrisso (Tablet)	Maximum of 1 tablet per day
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule)	Maximum of 2 capsules per day
Tamiflu (6mg/ml Suspension)	Maximum of 26 ml per day
Tarceva (100mg Tablet, 150mg Tablet)	Maximum of 1 tablet per day
Tarceva (25mg Tablet)	Maximum of 3 tablets per day
Tasigna (150mg Capsule)	Maximum of 5 capsules per day
Tasigna (200mg Capsule)	Maximum of 4 capsules per day
Tecfidera (Capsule Delayed-Release)	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 (Tablet)	Maximum of 1 tablet 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
Thalomid (100mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Thalomid (150mg Capsule, 200mg Capsule)	Maximum of 2 tablets per day
Tivicay (10mg Tablet, 25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
TOBI (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
TOBI Podhaler (Capsule)	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
Tracleer (Tablet)	Maximum of 2 tablets per day
Tradjenta (Tablet)	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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Tribenzor (Tablet)	Maximum of 1 tablet per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
Trizivir (Tablet)	Maximum of 3 tablets per day
Trulicity (Injection)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Tablet)	Maximum of 2 tablets per day
Tybost (Tablet)	Maximum of 2 tablets per day
Tymlos (Injection)	Maximum of 1.56 ml per 30 days
Vagifem (Tablet)	Maximum of 1 tablet per day
Valacyclovir HCl (1000mg Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
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
Vemlidy (Tablet)	Maximum of 1 tablet per day
Venclexta (100mg Tablet)	Maximum of 4 tablets per day
Venclexta (10mg Tablet)	Maximum of 2 tablets per day
Venclexta (50mg Tablet)	Maximum of 1 tablet per day
Ventavis (10mcg/ml Inhalation Solution)	Maximum of 7 ml per day
Ventavis (20mcg/ml Inhalation Solution)	Maximum of 3 ml per day
Vesicare (Tablet)	Maximum of 1 tablet per day
Victoza (Injection)	Maximum of 3 pens (9 ml) per 30 days
Videx Pediatric (Oral Solution)	Maximum of 30 ml per day
Viibryd (Tablet)	Maximum of 1 tablet per day
Viibryd Starter Pack (Kit)	Maximum of 1 tablet per day
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Vimpat (10mg/ml Oral Solution)	Maximum of 40 ml per day
Viracept (250mg Tablet)	Maximum of 15 tablets per day
Viracept (625mg Tablet)	Maximum of 6 tablets per day
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)	Maximum of 2 tablets per day
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
Votrient (Tablet)	Maximum of 4 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	Maximum of 1 capsule per day
Vytorin (Tablet)	Maximum of 1 tablet per day
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (Tablet)	Maximum of 2 tablets per day
Xeljanz XR (Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Xenazine (25mg Tablet)	Maximum of 4 tablets per day
Xtandi (Capsule)	Maximum of 4 capsules per day
Xyrem (Oral Solution)	Maximum of 18 ml per day
Yuvaferm (Tablet)	Maximum of 1 tablet per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (Capsule)	Maximum of 90 days of use per year
Zejula (Capsule)	Maximum of 3 capsules per day
Zelboraf (Tablet)	Maximum of 8 tablets per day
Zepatier (Tablet)	Maximum of 1 tablet per day
Zerit (Oral Solution)	Maximum of 120 ml per day
Zetia (Tablet)	Maximum of 1 tablet per day
Ziagen (Oral Solution)	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
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 90 days of use per year
Zydelig (Tablet)	Maximum of 2 tablets per day
Zykadia (Capsule)	Maximum of 5 capsules per day
Zytiga (Tablet)	Maximum of 4 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Coverage of additional drugs

Your plan has additional coverage of some prescription drugs. These prescription drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay when you fill prescriptions for these drugs does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. Below is the list of these additional drugs.

Drug Name	Drug Tier	Restrictions
Vitamins		
Cyanocobalamin (1000mcg/ml vial)	2	
Folic Acid (1mg tablet)	2	
Erectile Dysfunction		
Viagra (25mg tablet)	2	Maximum of 4 tablets per 30 days
Viagra (50mg tablet)	2	Maximum of 4 tablets per 30 days
Viagra (100mg tablet)	2	Maximum of 4 tablets per 30 days

Bold type = Brand name drug

Plain type = Generic drug

Index of covered drugs

A	
Abacavir.....	42
Abacavir Sulfate/Lamivudine/ Zidovudine.....	42
Abacavir/Lamivudine.....	42
Abelcet.....	30
Abilify Maintena.....	39
Abraxane.....	33
Abstral.....	14
Acamprosate Calcium DR... 16	
Acarbose.....	44
Acebutolol HCl.....	49
Acetaminophen/Codeine... 14	
Acetazolamide.....	53
Acetazolamide ER.....	53
Acetazolamide Sodium.....	53
Acetic Acid.....	79
Acetylcysteine.....	82
Acitretin.....	58
Actemra.....	73
ActHIB.....	74
Actimmune.....	73
Acyclovir.....	41
Acyclovir Sodium.....	41
Adacel.....	74
Adagen.....	59
Adapalene.....	58
Adcirca.....	81
Adefovir Dipivoxil.....	41
Adempas.....	81
Adriamycin.....	33
Adrucil.....	33
Advair Diskus.....	82
Advair HFA.....	82
Afeditab CR.....	50
Afinitor.....	35
Afinitor Disperz.....	35
Aggrenox.....	47
Akynzeo.....	29
Ala-Cort.....	63
Albenza.....	36
Albuterol Sulfate.....	80
Alclometasone Dipropionate	63
Alcohol Prep Pads.....	76
Aldurazyme.....	59
Alecensa.....	33
Alendronate Sodium.....	75
Alfuzosin HCl ER.....	62
Alimta.....	33
Alinia.....	37
Allopurinol.....	31
Alocril.....	77
Alomide.....	77
Alosetron HCl.....	61
Aloxi.....	29
Alphagan P.....	77
Alprazolam.....	44
Alunbrig.....	35
Alyacen 1/35.....	66
Amantadine HCl.....	37
AmBisome.....	30
Amethia.....	66
Amethia Lo.....	66
Amikacin Sulfate.....	17
Amiloride HCl.....	54
Amiloride/ Hydrochlorothiazide.....	51
Aminophylline.....	81
Aminosyn 7%/Electrolytes	85
Aminosyn 8.5%/Electrolytes	85
Aminosyn II.....	85
Aminosyn II 8.5%/Electrolytes	85
Aminosyn-HBC.....	85
Aminosyn-PF.....	85
Aminosyn-RF.....	85
Amiodarone HCl.....	49
Amitiza.....	61
Amitriptyline HCl.....	28
Amlodipine Besylate.....	50
Amlodipine Besylate/ Atorvastatin Calcium.....	51
Amlodipine Besylate/ Benazepril HCl.....	51
Amlodipine Besylate/ Valsartan.....	51
Amlodipine/Olmesartan Medoxomil.....	51
Amlodipine/Valsartan/ Hydrochlorothiazide.....	51
Ammonium Lactate.....	58
Amoxapine.....	28
Amoxicillin.....	20
Amoxicillin/Clavulanate Potassium.....	20
Amoxicillin/Clavulanate Potassium ER.....	20
Amphetamine/ Dextroamphetamine.....	56

Bicillin C-R.....	21	Bupropion HCl XL.....	27	Carbaglu.....	83	
Bicillin L-A.....	21	Buspirone HCl.....	43	Carbamazepine.....	25	
BiCNU.....	32	Busulfan.....	32	Carbamazepine ER.....	26	
BiDil.....	52	Busulfex.....	32	Carbidopa.....	38	
Biltricide.....	36	Butalbital/Acetaminophen/ Caffeine.....	12	Carbidopa/Levodopa.....	38	
Binosto.....	75	Butalbital/Aspirin/Caffeine	12	Carbidopa/Levodopa ER.....	38	
Bisoprolol Fumarate.....	49	Butorphanol Tartrate.....	14	Carbidopa/Levodopa ODT	38	
Bisoprolol Fumarate/ Hydrochlorothiazide.....	52	Bydureon Pen.....	44	Carbidopa/Levodopa/ Entacapone.....	38	
BIVIGAM.....	73	Bydureon Vial.....	44	Carboplatin.....	34	
Bleomycin Sulfate.....	34	Byetta.....	44	Cardene IV.....	50	
Blephamide.....	76	Bystolic.....	49	Carimune Nanofiltered.....	73	
Blephamide S.O.P.....	76	C			Carteolol HCl.....	78
Blisovi 24 Fe.....	66	Cabergoline.....	71	Cartia XT.....	50	
Blisovi Fe 1.5/30.....	66	Cabometyx.....	35	Carvedilol.....	49	
Blisovi Fe 1/20.....	67	Cafergot.....	31	Cayston.....	81	
Boostrix.....	74	Calcipotriene.....	58	Caziant.....	67	
Bosulif.....	35	Calcitonin-Salmon.....	75	Cefaclor.....	19	
Botox.....	76	Calcitriol.....	58, 75	Cefadroxil.....	19	
Breo Ellipta.....	82	Calcium Acetate.....	62	Cefazolin Sodium.....	19	
Briellyn.....	67	Camila.....	69	Cefdinir.....	19	
Brilinta.....	48	Camrese Lo.....	67	Cefepime.....	19	
Brimonidine Tartrate.....	77	Canasa.....	74	Cefixime.....	19	
BRIVIACT.....	24	Cancidas.....	30	Cefotaxime Sodium.....	19	
Bromocriptine Mesylate.....	37	Candesartan Cilexetil.....	48	Cefotetan.....	19	
Brovana.....	80	Candesartan Cilexetil/ Hydrochlorothiazide.....	52	Cefoxitin Sodium.....	19	
Budesonide.....	75, 80	Capastat Sulfate.....	32	Cefpodoxime Proxetil.....	19	
Bumetanide.....	53	Caprelsa.....	35	Cefprozil.....	19	
Buphenyl.....	59	Captopril.....	48	Ceftazidime.....	19	
Buprenorphine HCl.....	16	Captopril/Hydrochlorothiazide	52	Ceftriaxone Sodium.....	19	
Buprenorphine HCl/Naloxone HCl.....	16	Carac.....	58	Cefuroxime Axetil.....	19	
Bupropion HCl.....	27	Carafate.....	61	Cefuroxime Sodium.....	19	
Bupropion HCl SR.....	16, 27			Celecoxib.....	12	

Cellcept.....	71	Cinryze.....	71	Clotrimazole.....	30
Cellcept Intravenous.....	71	Cipro HC.....	79	Clotrimazole/Betamethasone Dipropionate.....	58
Celontin.....	24	Ciprodex.....	79	Clozapine.....	40
Cephalexin.....	19	Ciprofloxacin.....	22	Clozapine ODT.....	40
Cerezyme.....	59	Ciprofloxacin ER.....	22	Coartem.....	37
Cesamet.....	29	Ciprofloxacin HCl.....	22	Codeine Sulfate.....	14
Cetirizine HCl.....	79	Ciprofloxacin I.V. in D5W.....	22	Colchicine.....	31
Chantix.....	16	Cisplatin.....	34	Colcrys.....	31
Chantix Continuing Month Pak.....	16	Citalopram HBr.....	27	Colestipol HCl.....	54, 55
Chantix Starting Month Pak	16	Cladribine.....	33	Colistimethate Sodium.....	18
Chemet.....	83	Claravis.....	58	Colocort.....	75
Chenodal.....	60	Clarithromycin.....	21	Coly-Mycin S.....	79
Chloramphenicol Sodium Succinate.....	17	Clarithromycin ER.....	21	Combigan.....	78
Chlordiazepoxide HCl.....	44	Climara Pro.....	67	Combivent Respimat.....	82
Chlorhexidine Gluconate.....	58	Clindamycin HCl.....	17	Combivir.....	42
Chloroquine Phosphate.....	37	Clindamycin Palmitate HCl	17	Cometriq.....	35
Chlorothiazide.....	54	Clindamycin Phosphate.....	17, 58	Complera.....	42
Chlorothiazide Sodium.....	54	Clindamycin Phosphate in D5W.....	18	Compro.....	29
Chlorpromazine HCl.....	38	Clindamycin/Benzoyl Peroxide.....	58	Constulose.....	61
Chlorthalidone.....	54	Clobetasol Propionate.....	63	Copaxone.....	58
Cholbam.....	60	Clobetasol Propionate E.....	63	Cordran.....	63
Cholestyramine Light.....	54	Clofarabine.....	33	Cormax Scalp Application...	63
Chorionic Gonadotropin.....	65	Clolar.....	33	Cortisone Acetate.....	63
Ciclopirox.....	30	Clomipramine HCl.....	28	Cortisporin.....	58
Ciclopirox Nail Lacquer.....	30	Clonazepam.....	44	Cosentyx.....	72
Ciclopirox Olamine.....	30	Clonazepam ODT.....	44	Cosentyx Sensoready Pen...	72
Cidofovir.....	40	Clonidine HCl.....	48	Cosmegen.....	34
Cilostazol.....	48	Clonidine HCl ER.....	56	Cosopt PF.....	78
Ciloxan.....	22	Clopidogrel.....	48	Cotellic.....	35
Cimetidine.....	61	Clorazepate Dipotassium...	44	Coumadin.....	46
Cimetidine HCl.....	61	Clorpres.....	52	Creon.....	59
Cimzia.....	71			Crestor.....	54
				Crinone.....	69

Crixivan.....	43	Delyla.....	67	Dextrose 5%/Lactated Ringers.....	85
Cromolyn Sodium....	60, 77, 82	Demeclocycline HCl.....	23	Dextrose 5%/NaCl 0.2%.....	85
Cryselle-28.....	67	Demser.....	52	Dextrose 5%/NaCl 0.225%	85
Cubicin.....	18	Denavir.....	41	Dextrose 5%/NaCl 0.33%....	85
Cuprimine.....	62	Depen Titratabs.....	62	Dextrose 5%/NaCl 0.45%....	85
Cuvposa.....	60	Depo-Estradiol.....	67	Dextrose 5%/NaCl 0.9%.....	85
Cyclafem.....	67	Depo-Medrol.....	63	Diastat AcuDial.....	24
Cyclobenzaprine HCl.....	82	Depo-Provera.....	69	Diastat Pediatric.....	24
Cyclophosphamide.....	32	Descovy.....	42	Diazepam.....	44
Cycloset.....	44	Desipramine HCl.....	28	Diazepam Intensol.....	44
Cyclosporine.....	72	Desmopressin Acetate.....	65	Diclofenac Potassium.....	12
Cyclosporine Modified.....	72	Desogestrel/Ethinyl Estradiol	67	Diclofenac Sodium.....	12, 58, 78
Cyproheptadine HCl.....	79	Desonide.....	63	Diclofenac Sodium DR.....	12
Cyramza.....	36	Desoximetasone.....	63	Diclofenac Sodium ER.....	12
Cystadane.....	59	Desvenlafaxine ER.....	27	Dicloxacillin Sodium.....	21
Cystagon.....	59	Dexamethasone.....	64	Dicyclomine HCl.....	60
Cystaran.....	76	Dexamethasone Intensol....	64	Didanosine.....	42
Cytarabine Aqueous.....	33	Dexamethasone Sodium Phosphate.....	64, 78	Difacid.....	21
D					
Dacarbazine.....	32	Dexilant.....	61	Diflunisal.....	12
Dacogen.....	34	Dexmethylphenidate HCl....	56	Digitek.....	52
Daklinza.....	41	Dexmethylphenidate HCl ER	57	Digoxin.....	52
Daliresp.....	81	Dexrazoxane.....	34	Dihydroergotamine Mesylate	31
Dalvance.....	18	Dextroamphetamine Sulfate	56	Dilantin.....	26
Danazol.....	66	Dextroamphetamine Sulfate ER.....	56	Dilantin INFATABS.....	26
Dantrolene Sodium.....	82	Dextrose 10%.....	85	Dilt-XR.....	50
Dapsone.....	32	Dextrose 10%/NaCl 0.2%....	85	Diltiazem CD.....	50
Daptacel.....	74	Dextrose 10%/NaCl 0.45%	85	Diltiazem HCl.....	50
Daptomycin.....	18	Dextrose 2.5%/NaCl 0.45%	85	Diltiazem HCl ER.....	50
DARAPRIM.....	37	Dextrose 5%.....	85	Dipentum.....	74
Darzalex.....	36			Diphenhydramine HCl.....	79
Daunorubicin HCl.....	34			Diphenoxylate/Atropine.....	60
Deblitane.....	69				
Decitabine.....	34				

Diphtheria/Tetanus Toxoids Adsorbed Pediatric.....	74	Dymista.....	82	Engerix-B.....	74
Disulfiram.....	16	Dyrenium.....	54	Enoxaparin Sodium.....	46
Diuril.....	54	E		Enpresse-28.....	67
Divalproex Sodium.....	44	E.E.S. Granules.....	21	Entacapone.....	37
Divalproex Sodium DR.....	44	Econazole Nitrate.....	30	Entecavir.....	41
Divalproex Sodium ER.....	44	Edarbi.....	48	Entocort EC.....	75
Docetaxel.....	34	Edarbyclor.....	52	Entresto.....	52
Dofetilide.....	49	Edecrin.....	53	Enulose.....	61
Donepezil HCl.....	26	Edurant.....	42	Epclusa.....	41
Donepezil HCl ODT.....	26	Effient.....	48	Epinastine HCl.....	77
Doribax.....	20	Egrifta.....	71	Epinephrine.....	81
Dorzolamide HCl.....	78	Elaprase.....	59	EpiPen.....	81
Dorzolamide HCl/Timolol Maleate.....	78	Elatelyso.....	59	Epirubicin HCl.....	34
Doxazosin Mesylate.....	48	Elestrin.....	67	Epitol.....	26
Doxepin HCl.....	28, 59	Elidel.....	59	Epivir HBV.....	41
Doxercalciferol.....	75	Eliphos.....	62	Eplerenone.....	54
Doxil.....	34	Eliquis.....	46	Eprosartan Mesylate.....	48
Doxorubicin HCl.....	34	Elitek.....	33	Epzicom.....	42
Doxorubicin HCl Liposome	34	Ellence.....	34	Eraxis.....	30
Doxy 100.....	23	Elmiron.....	62	Erbitux.....	36
Doxycycline.....	23	Embeda.....	13	Ergotamine Tartrate/Caffeine	31
Doxycycline Hyclate.....	23	Emcyt.....	33	Erivedge.....	36
Doxycycline Monohydrate...	23	Emend.....	29	Errin.....	69
Dronabinol.....	29	Emend Tripack.....	29	Erwinaze.....	34
Drospirenone/Ethinyl Estradiol.....	67	Emoquette.....	67	Ery.....	59
Droxia.....	33	Empliciti.....	36	Ery-Tab.....	21
Duavee.....	67	Emsam.....	27	EryPed 200.....	21
Dulera.....	82	Emtriva.....	42	EryPed 400.....	21
Duloxetine HCl.....	57	Enalapril Maleate.....	48	Erythrocin Lactobionate.....	21
Duramorph.....	14	Enalapril Maleate/ Hydrochlorothiazide.....	52	Erythromycin.....	21, 22, 59
Durezol.....	78	Enbrel.....	72	Erythromycin Base.....	22
		Enbrel SureClick.....	72	Erythromycin Ethylsuccinate	22
		Endocet.....	14		

Erythromycin/Benzoyl Peroxide.....	59	Fanapt.....	39	Fludarabine Phosphate.....	34
Esbriet.....	82	Fanapt Titration Pack.....	39	Fludrocortisone Acetate.....	64
Escitalopram Oxalate.....	27	Fareston.....	33	Flunisolide.....	80
Esomeprazole Magnesium	61	Farydak.....	34	Fluocinolone Acetonide.....	64, 79
Esomeprazole Sodium.....	61	Faslodex.....	33	Fluocinolone Acetonide Body	64
Estrace.....	67	Fazaclo.....	40	Fluocinonide.....	64
Estradiol.....	67	Felbamate.....	25	Fluocinonide-E.....	64
Estradiol Valerate.....	67	Felbatol.....	25	Fluorometholone.....	78
Estring.....	67	Felodipine ER.....	50	Fluorouracil.....	33, 59
Ethacrynic Acid.....	53	Femring.....	67	Fluoxetine DR.....	28
Ethambutol HCl.....	32	Femynor.....	67	Fluoxetine HCl.....	28
Ethosuximide.....	24	Fenofibrate.....	54	Fluphenazine Decanoate.....	38
Ethinodiol Diacetate/Ethinyl Estradiol.....	67	Fenofibrate Micronized.....	54	Fluphenazine HCl.....	38
Etidronate Disodium.....	75	Fenofibric Acid.....	54	Flurbiprofen.....	12
Etodolac.....	12	Fenofibric Acid DR.....	54	Flurbiprofen Sodium.....	78
Etodolac ER.....	12	Fentanyl.....	13	Flutamide.....	33
Etopophos.....	35	Fentanyl Citrate Oral Transmucosal.....	14	Fluticasone Propionate.....	64, 80
Etoposide.....	35	Ferriprox.....	83	Fluvastatin.....	54
Eurax.....	37	Fetzima.....	27	Fluvoxamine Maleate.....	28
Evotaz.....	41	Fetzima Titration Pack.....	27	FML.....	78
Exelderm.....	30	Finacea.....	59	FML Forte.....	78
Exemestane.....	35	Finasteride.....	62	Folotyn.....	33
Exjade.....	83	Firazyr.....	71	Fomepizole.....	76
Exondys 51.....	76	Firmagon.....	71	Fondaparinux Sodium.....	46
Ezetimibe.....	55	Flarex.....	78	Forteo.....	75
Ezetimibe/Simvastatin.....	55	Flebogamma DIF.....	73	Fosinopril Sodium.....	48
F		Flecainide Acetate.....	49	Fosinopril Sodium/ Hydrochlorothiazide.....	52
Fabrazyme.....	60	Flector.....	12	Fosphenytoin Sodium.....	26
Falmina.....	67	Flovent Diskus.....	80	Fosrenol.....	63
Famciclovir.....	41	Flovent HFA.....	80	FreAmine HBC 6.9%.....	85
Famotidine.....	61	Fluconazole.....	30	Furosemide.....	53, 54
Famotidine Premixed.....	61	Fluconazole in NaCl.....	30		
		Flucytosine.....	30		

Fusilev.....	34	Gentamicin Sulfate/0.9% Sodium Chloride.....	17	Heparin Sodium.....	46
Fuzeon.....	43	Genvoya.....	41	Heparin Sodium/D5W.....	47
Fycompa.....	24	Geodon.....	39	HepatAmine.....	85
G					
Gabapentin.....	24	Gianvi.....	67	Hepsera.....	41
Gabitril.....	24	Gildagia.....	67	Herceptin.....	36
Gablofen.....	82, 83	Gilenya.....	58	Hetlioz.....	83
Galantamine HBr.....	26	Gilotrif.....	36	Hexalen.....	32
Galantamine HBr ER.....	26	Glassia.....	82	Hiberix.....	74
Gamastan S/D.....	73	Glatopa.....	58	Humalog Cartridge.....	46
Gammagard Liquid.....	73	Gleostine.....	32	Humalog KwikPen.....	46
Gammagard S/D IGA Less Than 1 mcg/ml.....	73	Glimepiride.....	44	Humalog Mix 50/50 KwikPen	46
Gammaked.....	73	Glipizide.....	44	Humalog Mix 50/50 Vial.....	46
Gammaplex.....	73	Glipizide ER.....	45	Humalog Mix 75/25 KwikPen	46
Gamunex-C.....	73	Glipizide/Metformin HCl.....	45	Humalog Mix 75/25 Vial.....	46
Ganciclovir.....	40	GlucaGen HypoKit.....	45	Humalog Vial.....	46
Gardasil 9.....	74	Glucagon Emergency Kit.....	45	Humatrope.....	66
Gatifloxacin.....	22	Glycopyrrolate.....	60	Humatrope Combo Pack.....	66
Gattex.....	60	Granisetron HCl.....	29	Humira.....	72
Gauze.....	76	Granix.....	47	Humira Pediatric Crohns Disease Starter Pack.....	72
GaviLyte-C.....	61	Griseofulvin Microsize.....	30	Humira Pen.....	72
GaviLyte-G.....	61	Griseofulvin Ultramicrosize	30	Humira Pen Crohns Disease Starter Pack.....	72
GaviLyte-H.....	61	Guanfacine ER.....	57	Humira Pen-Psoriasis Starter	72
GaviLyte-N/Flavor Pack.....	61	Guanidine HCl.....	32	Humulin 70/30 KwikPen.....	46
Gemcitabine HCl.....	33	H			
Gemfibrozil.....	54	Halaven.....	34	Humulin 70/30 Vial.....	46
Gemzar.....	33	Halobetasol Propionate.....	64	Humulin N KwikPen.....	46
Generlac.....	61	Haloperidol.....	38	Humulin N Vial.....	46
Gengraf.....	72	Haloperidol Decanoate.....	38	Humulin R U-500 KwikPen	46
Genotropin.....	65	Haloperidol Lactate.....	38	Humulin R U-500 Vial.....	46
Genotropin Miniquick....	65, 66	Harvoni.....	41	Humulin R Vial.....	46
Gentak.....	17	Havrix.....	74		
Gentamicin Sulfate.....	17	Hectorol.....	75		

Hycamtin.....	35	Imipenem/Cilastatin.....	20	Isolyte-P/Dextrose 5%.....	85
Hydralazine HCl.....	55	Imipramine HCl.....	28	Isolyte-S.....	83
Hydrochlorothiazide.....	54	Imipramine Pamoate.....	29	Isoniazid.....	32
Hydrocodone Bitartrate/ Acetaminophen.....	14	Imiquimod.....	59	Isosorbide Dinitrate.....	55
Hydrocodone/Acetaminophen	15	Imovax Rabies.....	74	Isosorbide Dinitrate ER.....	55
Hydrocodone/Ibuprofen.....	15	Increlex.....	66	Isosorbide Mononitrate.....	55
Hydrocortisone.....	64, 75	Incruse Eliipta.....	80	Isosorbide Mononitrate ER	55
Hydrocortisone Butyrate.....	64	Indapamide.....	54	Isotonic Gentamicin.....	17
Hydrocortisone Valerate.....	64	Infanrix.....	74	Istodax.....	34
Hydrocortisone/Acetic Acid	79	Inlyta.....	36	Itraconazole.....	30
Hydromorphone HCl.....	15	Insulin Syringes, Needles....	76	Ivermectin.....	36
Hydromorphone HCl ER.....	13	Intelence.....	42	Ixiaro.....	74
Hydroxychloroquine Sulfate	37	Intralipid.....	85	J	
Hydroxyprogesterone Caproate.....	69	Intron A.....	41	Jadenu.....	83
Hydroxyurea.....	33	Introvale.....	67	Jadenu Sprinkle.....	83
Hydroxyzine HCl.....	44	Invanz.....	20	Jakafi.....	36
Hydroxyzine Pamoate.....	29	Invega Sustenna.....	39	Jantoven.....	47
I		Invega Trinza.....	39	Janumet.....	45
Ibandronate Sodium.....	75, 76	Invirase.....	43	Janumet XR.....	45
Ibrance.....	34	Invokamet.....	45	Januvia.....	45
Ibuprofen.....	12	Invokamet XR.....	45	Jardiance.....	45
Iclusig.....	36	Invokana.....	45	Jentadueto.....	45
Idamycin PFS.....	34	Ionosol-B/Dextrose 5%.....	85	Jentadueto XR.....	45
Idarubicin HCl.....	34	Ionosol-MB/Dextrose 5%....	85	Jevtana.....	34
Ifosfamide.....	32	IPOL Inactivated IPV.....	74	Jinteli.....	67
Ilaris.....	73	Ipratropium Bromide.....	80	Jolivette.....	69
Ilevro.....	78	Ipratropium Bromide/ Albuterol Sulfate.....	82	Jublia.....	30
Imatinib Mesylate.....	36	Irbesartan.....	48	Juleber.....	67
Imbruvica.....	36	Irbesartan/ Hydrochlorothiazide.....	52	Junel 1.5/30.....	67
Imfinzi.....	36	Iressa.....	36	Junel 1/20.....	67
		Irinotecan.....	34	Junel Fe 1.5/30.....	67
		Isentress.....	41	Junel Fe 1/20.....	67
				Junel Fe 24.....	67

Juxtapid.....55

K

Kadcyla.....36

Kaitlib Fe..... 67

Kaletra..... 43

Kalydeco..... 81, 82

Kanuma..... 76

Kariva.....67

KCl 0.075%/D5W/NaCl 0.45%
.....85KCl 0.15%/D5W/NaCl 0.2%
.....85KCl 0.15%/D5W/NaCl 0.225%
.....85KCl 0.15%/D5W/NaCl 0.9%
.....85KCl 0.3%/D5W/NaCl 0.45%
.....85KCl 0.3%/D5W/NaCl 0.9%
.....85

Kelnor 1/35..... 67

Kenalog-10..... 64

Kenalog-40..... 64

Kepivance..... 58

Ketoconazole..... 30

Ketoprofen..... 12

Ketorolac Tromethamine.... 13,
78

Keytruda.....36

Kimidess.....67

Kineret..... 72

Kinrix..... 74

Kionex.....83

Kisqali..... 34

Kisqali Femara 200 Dose.....34

Kisqali Femara 400 Dose.....34

Kisqali Femara 600 Dose.....34

Klor-Con 10..... 83

Klor-Con 8..... 83

Klor-Con M10..... 83

Klor-Con M15..... 83

Klor-Con M20..... 83

Klor-Con Sprinkle..... 83

Kombiglyze XR..... 45

Korlym..... 66

Kuvan.....60

Kynamro.....55

Kyprolis.....35

L

Labetalol HCl..... 49

Lacrisert..... 76

Lactated Ringers Irrigation
.....86

Lactated Ringers Viaflex.....86

Lactulose.....61

Lamivudine..... 41, 42

Lamivudine/Zidovudine..... 42

Lamotrigine.....25

Lanoxin.....52

Lantus SoloStar..... 46

Lantus Vial.....46

LARIN 1.5/30.....67

LARIN 1/20..... 68

LARIN Fe 1.5/30.....68

LARIN Fe 1/20.....68

Larissia..... 68

Lartruvo..... 36

Lastacaft.....76

Latanoprost.....79

Latuda..... 39

Layolis Fe..... 68

Leena.....68

Leflunomide..... 73

Lenvima.....36

Lessina..... 68

Letairis..... 81

Letrozole..... 35

Leucovorin Calcium..... 34

Leukeran..... 33

Leukine.....47

Leuprolide Acetate..... 71

Levalbuterol..... 81

Levemir FlexTouch..... 46

Levemir Vial..... 46

Levetiracetam..... 24

Levetiracetam ER..... 24

Levobunolol HCl..... 78

Levocarnitine..... 86

Levocetirizine Dihydrochloride
.....79

Levofloxacin.....22

Levofloxacin in D5W..... 22

Levoleucovorin..... 34

Levoleucovorin Calcium..... 34

Levonest.....68

Levonorgestrel and Ethinyl
Estradiol..... 68Levonorgestrel/Ethinyl
Estradiol..... 68

Levora 0.15/30-28..... 68

Levorphanol Tartrate..... 13

Levothyroxine Sodium..... 70

Levoxyl..... 70

Lexiva..... 43

Lialda..... 75

Lidocaine.....	16	Low-Ogestrel.....	68	Menactra.....	74	
Lidocaine HCl.....	16	Loxapine Succinate.....	38	Menest.....	68	
Lidocaine Viscous.....	16	Lumigan.....	79	MENHIBRIX.....	74	
Lidocaine/Prilocaine.....	16	Lumizyme.....	60	Mentax.....	30	
Lincomycin HCl.....	18	Lupaneta Pack.....	71	Menveo.....	74	
Lindane.....	37	Lupron Depot.....	71	Mepron.....	37	
Linezolid.....	18	Lupron Depot-Ped.....	71	Mercaptopurine.....	33	
Linzess.....	61	Lutera.....	68	Meropenem.....	20	
Lioresal Intrathecal.....	83	Lynparza.....	34	Mesalamine.....	75	
Liothyronine Sodium.....	70	Lyrica.....	57	Mesna.....	34	
Lisinopril.....	48	Lysodren.....	70	Mesnex.....	35	
Lisinopril/Hydrochlorothiazide	52	Lyza.....	70	Mestinon.....	32	
Lithium.....	44	M			Metadate ER.....	57
Lithium Carbonate.....	44	M-M-R II.....	74	Metaproterenol Sulfate.....	81	
Lithium Carbonate ER.....	44	Magnesium Sulfate.....	84	Metformin HCl.....	45	
Lithostat.....	62	Makena.....	70	Metformin HCl ER.....	45	
Livalo.....	54	Malathion.....	37	Methadone HCl.....	13	
Lomedia 24 Fe.....	68	Maprotiline HCl.....	28	Methazolamide.....	53	
Lonsurf.....	33	Marlissa.....	68	Methenamine Hippurate.....	18	
Loperamide HCl.....	60	Marplan.....	27	Methimazole.....	71	
Lopinavir/Ritonavir.....	43	Matulane.....	33	Methotrexate.....	72	
Lorazepam.....	44	Matzim LA.....	50	Methotrexate Sodium.....	72	
Lorazepam Intensol.....	44	Meclizine HCl.....	29	Methoxsalen.....	59	
Lorcet.....	15	Medroxyprogesterone Acetate	70	Methscopolamine Bromide	60	
Lorcet HD.....	15	Mefloquine HCl.....	37	Methyclothiazide.....	54	
Lorcet Plus.....	15	Megace ES.....	70	Methyldopa.....	48	
Loryna.....	68	Megestrol Acetate.....	70	Methyldopa/ Hydrochlorothiazide.....	52	
Losartan Potassium.....	48	Mekinist.....	36	Methyldopate HCl.....	48	
Losartan Potassium/ Hydrochlorothiazide.....	52	Meloxicam.....	13	Methylphenidate HCl.....	57	
Lotemax.....	78	Melphalan HCl.....	33	Methylphenidate HCl ER.....	57	
Lotronex.....	61	Memantine HCl.....	26	Methylprednisolone.....	64	
Lovastatin.....	54	Memantine HCl Titration Pak	27	Methylprednisolone Acetate	64	

Methylprednisolone Dose Pack.....	64	Modafinil.....	83	Namzaric.....	57	
Methylprednisolone Sodium Succinate.....	64	Moexipril HCl.....	48	Naproxen.....	13	
Metipranolol.....	78	Moexipril/Hydrochlorothiazide.....	52	Naproxen DR.....	13	
Metoclopramide HCl.....	29	Mometasone Furoate.....	65, 80	Naratriptan HCl.....	31	
Metolazone.....	54	MonoNessa.....	68	Narcan.....	16	
Metoprolol Succinate ER.....	49	Montelukast Sodium.....	80	Nasonex.....	80	
Metoprolol Tartrate.....	49	Morphine Sulfate.....	15	Natacyn.....	31	
Metoprolol/ Hydrochlorothiazide.....	52	Morphine Sulfate ER.....	14	Nateglinide.....	45	
Metronidazole.....	18	Moxeza.....	22	Natpara.....	76	
Metronidazole in NaCl 0.79%.....	18	Moxifloxacin HCl.....	22	Nebupent.....	37	
Metronidazole Vaginal.....	18	Mozobil.....	47	Necon 0.5/35-28.....	68	
Mexiletine HCl.....	49	Multaq.....	49	Necon 1/50-28.....	68	
Miacalcin.....	76	Mupirocin.....	18	Necon 10/11-28.....	68	
Mibelas 24 Fe.....	68	Mustargen.....	33	Necon 7/7/7.....	68	
Miconazole 3.....	30	Myalept.....	76	Nefazodone HCl.....	28	
Microgestin 1.5/30.....	68	Mycamine.....	30	Neomycin Sulfate.....	17	
Microgestin 1/20.....	68	Mycophenolate Mofetil.....	72	Neomycin/Bacitracin/ Polymyxin.....	76	
Microgestin Fe.....	68	Mycophenolic Acid DR.....	72	Neomycin/Polymyxin B Sulfates.....	18	
Microgestin Fe 1.5/30.....	68	Myrbetriq.....	62	Neomycin/Polymyxin/ Bacitracin/Hydrocortisone.....	76	
Midodrine HCl.....	48	N			Neomycin/Polymyxin/ Dexamethasone.....	77
Migergot.....	31	Nabumetone.....	13	Neomycin/Polymyxin/ Gramicidin.....	77	
Miglitol.....	45	Nadolol.....	49	Neomycin/Polymyxin/ Hydrocortisone.....	77, 79	
Minitran.....	55	Nadolol/Bendroflumethiazide.....	52	Nephramine.....	86	
Minocycline HCl.....	23	Nafcillin Sodium.....	21	Neulasta.....	47	
Minoxidil.....	55	Naftifine HCl.....	30, 31	Neupogen.....	47	
Mirtazapine.....	27	Naftin.....	31	Neupro.....	37	
Mirtazapine ODT.....	27	Naglazyme.....	60	Nevanac.....	78	
Mirvaso.....	59	Nalbuphine HCl.....	15	Nevirapine.....	42	
Misoprostol.....	61	Naloxone HCl.....	16	Nevirapine ER.....	42	
Mitomycin.....	35	Naltrexone HCl.....	16			
Mitoxantrone HCl.....	35	Namenda XR.....	27			
		Namenda XR Titration Pack.....	27			

Nexavar.....	36	Norgestimate/Ethinyl Estradiol	68	Ogestrel.....	69
Nexium.....	62	Norlyroc.....	70	Olanzapine.....	39
Niacin ER.....	55	Normosol-M in D5W.....	86	Olanzapine ODT.....	39
Niacor.....	55	Normosol-R.....	84	Olmesartan Medoxomil.....	48
Nicardipine HCl.....	51	Normosol-R in D5W.....	86	Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide.....	53
Nicotrol Inhaler.....	16	Northera.....	52	Olmesartan Medoxomil/ Hydrochlorothiazide.....	53
Nifedipine ER.....	51	Nortrel 0.5/35.....	69	Olopatadine HCl.....	77
Nikki.....	68	Nortrel 1/35.....	69	Olysio.....	41
Nilandron.....	33	Nortrel 7/7/7.....	69	Omega-3-Acid Ethyl Esters	55
Nilutamide.....	33	Nortriptyline HCl.....	29	Omeprazole.....	62
Nimodipine.....	51	Norvir.....	43	Ondansetron HCl.....	29
Ninlaro.....	35	Novarel.....	66	Ondansetron ODT.....	30
Nipent.....	33	Noxafil.....	31	Onfi.....	24
Nitro-Bid.....	55	Nucynta ER.....	14	Onglyza.....	45
Nitrofurantoin.....	18	Nuedexta.....	57	ONMEL.....	31
Nitrofurantoin Macrocrystals	18	Nulojix.....	72	Opana ER.....	14
Nitrofurantoin Monohydrate	18	Nuplazid.....	39	Opdivo.....	36
Nitroglycerin.....	55	Nutrilipid.....	86	Opsumit.....	81
Nitroglycerin Lingual.....	55	Nutropin AQ.....	66	Orencia.....	72
Nitroglycerin Transdermal...	55	NuvaRing.....	69	Orencia Clickject.....	72
Nitrostat.....	55	Nyamyc.....	31	Orenitram.....	81
Nora-BE.....	70	Nyata.....	31	Orfadin.....	60
Norditropin FlexPro.....	66	Nystatin.....	31	Orkambi.....	81
Norethindrone.....	70	Nystop.....	31	Orphenadrine Citrate.....	83
Norethindrone Acetate.....	70			Orsythia.....	69
Norethindrone Acetate/Ethinyl Estradiol.....	68			Oseltamivir Phosphate.....	43
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate	68			Otezla.....	73
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate	68			Oxacillin Sodium.....	21
				Oxaliplatin.....	35
				Oxandrolone.....	66
				Oxcarbazepine.....	26

Oxiconazole Nitrate.....	31	PegIntron REDIPEN.....	41	Pioglitazone HCl/Glimepiride	45
Oxistat.....	31	Penicillin G Potassium.....	21	Pioglitazone HCl/Metformin HCl.....	45
Oxsoralen Ultra.....	59	Penicillin G Procaine.....	21	Piperacillin/Tazobactam.....	21
Oxybutynin Chloride.....	62	Penicillin G Sodium.....	21	Pirmella 1/35.....	69
Oxybutynin Chloride ER.....	62	Penicillin V Potassium.....	21	Piroxicam.....	13
Oxycodone HCl.....	15	Pentam 300.....	37	Plasma-Lyte A.....	84
Oxycodone/Acetaminophen	15, 16	Pentasa.....	75	Plasma-Lyte-148.....	84
Oxycodone/Aspirin.....	16	Pentoxifylline ER.....	53	Plenamaine.....	86
Oxycodone/Ibuprofen.....	16	Perforomist.....	81	Podofilox.....	59
P					
Pacerone.....	49	Periogard.....	58	Polyethylene Glycol 3350 Powder.....	61
Paclitaxel.....	35	Perjeta.....	36	Polymyxin B Sulfate.....	18
Paliperidone ER.....	39	Permethrin.....	37	Polymyxin B Sulfate/ Trimethoprim Sulfate.....	77
Pamidronate Disodium.....	76	Perphenazine.....	29	Pomalyst.....	33
Panretin.....	36	Phenadoz.....	79	Portia-28.....	69
Pantoprazole Sodium.....	62	Phenelzine Sulfate.....	27	Potassium Chloride.....	84
Paricalcitol.....	76	Phenergan.....	79	Potassium Chloride 0.15% D5W/NaCl 0.33%.....	86
Paromomycin Sulfate.....	17	Phenobarbital.....	25	Potassium Chloride 0.15% D5W/NaCl 0.45%.....	86
Paroxetine HCl.....	28	Phenoxybenzamine HCl.....	48	Potassium Chloride 0.22% D5W/NaCl 0.45%.....	86
Paser.....	32	Phenytek.....	26	Potassium Chloride ER.....	84
Pataday.....	77	Phenytoin.....	26	Potassium Chloride/Dextrose	86
Patanol.....	77	Phenytoin Sodium.....	26	Potassium Chloride/Dextrose/ Lactated Ringers.....	86
Paxil.....	28	Phenytoin Sodium Extended	26	Potassium Chloride/Sodium Chloride.....	84
Pazeo.....	77	Phoslyra.....	63	Potassium Citrate ER.....	84
Pediarix.....	74	Phospholine Iodide.....	78	Pradaxa.....	47
Pedvax HIB.....	74	Physiolyte.....	84	Praluent.....	55
PEG-3350/Electrolytes.....	61	Physiosol Irrigation.....	84		
PEG-3350/NaCl/Na Bicarbonate/KCl.....	61	Picato.....	59		
Peganone.....	26	Pilocarpine HCl.....	58, 78		
Pegasys.....	41	Pimozide.....	38		
Pegasys ProClick.....	41	Pimtreea.....	69		
PegIntron.....	41	Pindolol.....	49		
		Pioglitazone HCl.....	45		

Pramipexole Dihydrochloride	37	Procalamine.....	86	Purixan.....	33
Pravastatin Sodium.....	54	Prochlorperazine.....	29	Pyrazinamide.....	32
Prazosin HCl.....	48	Prochlorperazine Edisylate	29	Pyridostigmine Bromide.....	32
Pred Mild.....	78	Prochlorperazine Maleate....	29	Pyridostigmine Bromide ER	32
Pred-G.....	77	Procrit.....	47	Q	
Pred-G S.O.P.....	77	Procto-Med HC.....	75	Quadracel.....	74
Prednicarbate.....	65	Procto-Pak.....	75	Quasense.....	69
Prednisolone Acetate.....	78	Proctosol HC.....	75	Quetiapine Fumarate.....	39
Prednisolone Sodium Phosphate.....	65, 79	Proctozone-HC.....	75	Quetiapine Fumarate ER....	39
Prednisone.....	65	Procysbi.....	60	Quinapril HCl.....	48
Prednisone Intensol.....	65	Progesterone.....	70	Quinapril/Hydrochlorothiazide	53
Pregnyl w/Diluent Benzyl Alcohol/NaCl.....	66	Proglycem.....	45	Quinidine Gluconate.....	49
Premarin.....	69	Prograf.....	72	Quinidine Gluconate CR.....	49
Premasol.....	86	Prolastin-C.....	82	Quinidine Sulfate.....	49
Premphase.....	69	Prolensa.....	79	Quinine Sulfate.....	37
Prempro.....	69	Proleukin.....	35	R	
Prevalite.....	55	Prolia.....	76	Rabavert.....	74
Previfem.....	69	Promacta.....	47	Raloxifene HCl.....	70
Prezcobix.....	41	Promethazine HCl.....	79	Ramipril.....	48
Prezista.....	43	Promethegan.....	79	Ranexa.....	53
Priftin.....	32	Propafenone HCl.....	49	Ranitidine HCl.....	61
Prilosec.....	62	Propafenone HCl ER.....	49	Rapaflo.....	62
Primaquine Phosphate.....	37	Proparacaine HCl.....	77	Rapamune.....	72
Primidone.....	25	Propranolol HCl.....	50	Rasagiline Mesylate.....	38
Primsol.....	18	Propranolol HCl ER.....	50	RAVICTI.....	60
Pristiq.....	28	Propranolol/ Hydrochlorothiazide.....	53	Rebif.....	58
Privigen.....	73	Propylthiouracil.....	71	Rebif Rebidose.....	58
ProAir HFA.....	81	ProQuad.....	74	Rebif Rebidose Titration Pack	58
ProAir RespiClick.....	81	Prosol.....	86	Rebif Titration Pack.....	58
Probenecid.....	31	Protriptyline HCl.....	29	Reclipsen.....	69
Probenecid/Colchicine.....	31	PRUDOXIN.....	59	Recombivax HB.....	74
Procainamide HCl.....	49	Pulmozyme.....	82	Regranex.....	59

Relenza Diskhaler.....	43	Risperidone.....	40	Serostim.....	60	
Relistor.....	60	Risperidone ODT.....	40	Sertraline HCl.....	28	
Remicade.....	72	Rituxan.....	36	Setlakin.....	69	
Remodulin.....	81	Rivastigmine Tartrate.....	26	sfRowasa.....	75	
Renagel.....	63	Rivastigmine Transdermal System.....	26	Sharobel.....	70	
Renvela.....	63	Rizatriptan Benzoate.....	31	Signifor.....	71	
Repaglinide.....	45	Rizatriptan Benzoate ODT...	32	Sildenafil.....	82	
Repaglinide/Metformin HCl	45	Ropinirole HCl.....	37	Silver Sulfadiazine.....	23	
Repatha.....	55	Rosuvastatin Calcium.....	54	Simbrinza.....	78	
Repatha Pushtronex System	55	Rotarix.....	74	Simponi.....	73	
Repatha SureClick.....	55	RotaTeq.....	74	Simponi Aria.....	73	
Rescriptor.....	42	Roweepra.....	24	Simulect.....	74	
Restasis.....	77	Rozerem.....	83	Simvastatin.....	54	
Retrovir IV Infusion.....	42	Rubraca.....	35	Sirrolimus.....	73	
Revatio.....	82	Ruconest.....	71	Sirturo.....	32	
Revlimid.....	33	Rydapt.....	36	Sodium Chloride.....	84	
Rexulti.....	39	S			Sodium Chloride 0.45%.....	84
Reyataz.....	43	Sabril.....	25	Sodium Chloride 0.9%.....	84	
Ribasphere.....	41	Saizen.....	66	Sodium Fluoride.....	84	
Ribavirin.....	41	Samsca.....	83	Sodium Lactate.....	86	
Ridaura.....	74	Sancuso.....	30	Sodium Phenylbutyrate.....	60	
Rifabutin.....	32	Sandimmune.....	72, 73	Sodium Polystyrene Sulfonate	83	
Rifampin.....	32	Sandostatin LAR Depot.....	71	Sodium Sulfacetamide.....	23	
Rifater.....	32	Santyl.....	59	Solaraze.....	59	
Rilutek.....	57	Saphris.....	40	Soliqua 100/33.....	45	
Riluzole.....	57	Savella.....	57	Soltamox.....	33	
Rimantadine HCl.....	43	Savella Titration Pack.....	57	Solu-Cortef.....	65	
Ringers Injection.....	86	Selegiline HCl.....	38	Solu-Medrol.....	65	
Ringers Irrigation.....	86	Selenium Sulfide.....	59	Somatuline Depot.....	71	
Riomet.....	45	Selzentry.....	43	Somavert.....	71	
Risedronate Sodium.....	76	Sensipar.....	70, 71	Soriatane.....	59	
Risperdal Consta.....	39, 40	Serevent Diskus.....	81	Sotalol HCl.....	49	
		Seroquel XR.....	40	Sovaldi.....	41	

Spiriva HandiHaler.....	80	Sulfamethoxazole/ Trimethoprim.....	23	Tamsulosin HCl.....	62
Spiriva Respimat.....	80	Sulfamethoxazole/ Trimethoprim DS.....	23	Tarceva.....	36
Spiroinolactone.....	54	Sulfamylon.....	18	Targretin.....	36
Spiroinolactone/ Hydrochlorothiazide.....	53	Sulfasalazine.....	75	Tarina Fe 1/20.....	69
Sporanox.....	31	Sulindac.....	13	Tasigna.....	36
Sprintec 28.....	69	Sumatriptan.....	32	Taxotere.....	35
Spritam.....	24	Sumatriptan Succinate.....	32	Tazarotene.....	59
Sprycel.....	36	Sumatriptan Succinate Refill	32	Tazicef.....	20
SPS.....	83	Sumavel DosePro.....	32	Tazorac.....	59
Sronyx.....	69	Suprax.....	19	Taztia XT.....	51
SSD.....	23	Suprep Bowel Prep Kit.....	61	Tecentriq.....	36
Stalevo 100.....	38	Sustiva.....	42	Tecfidera.....	58
Stalevo 125.....	38	Sutent.....	36	Tecfidera Starter Pack.....	58
Stalevo 150.....	38	Sylatron.....	41	Telmisartan.....	48
Stalevo 200.....	38	Sylvant.....	36	Telmisartan/Amlodipine.....	53
Stalevo 50.....	38	Symbicort.....	82	Telmisartan/ Hydrochlorothiazide.....	53
Stalevo 75.....	38	SymlinPen 120.....	45	Temazepam.....	83
Stavudine.....	42	SymlinPen 60.....	45	Tenivac.....	74
Stelara.....	73	Synagis.....	74	Terazosin HCl.....	62
Sterile Water Irrigation.....	76	Synarel.....	71	Terbinafine HCl.....	31
Stiolto Respimat.....	82	Synercid.....	18	Terbutaline Sulfate.....	81
Stivarga.....	36	Synjardy.....	45	Terconazole.....	31
Strattera.....	57	Synribo.....	35	Testosterone Cypionate.....	66
Strensiq.....	60	Synthroid.....	70	Testosterone Enanthate.....	66
Streptomycin Sulfate.....	17	Syprine.....	83	Tetanus/Diphtheria Toxoids- Adsorbed Adult.....	74
Stribild.....	41	T		Tetrabenazine.....	57
Suboxone.....	16	Tabloid.....	33	Tetracycline HCl.....	23
Sucraid.....	60	Tacrolimus.....	59, 73	Thalomid.....	33
Sucralfate.....	61	Tafinlar.....	36	Theophylline.....	81
Sulfacetamide Sodium.....	23	Tagrisso.....	36	Theophylline CR.....	81
Sulfacetamide Sodium/ Prednisolone Sodium Phosphate.....	77	Tamiflu.....	43	Theophylline ER.....	81
Sulfadiazine.....	23	Tamoxifen Citrate.....	33	Thioridazine HCl.....	39

Thiotepea.....	35	Tranexamic Acid.....	47	Triumeq.....	42
Thiothixene.....	39	Transderm-Scop.....	29	Trivora-28.....	69
Thymoglobulin.....	73	Tranylcypromine Sulfate.....	27	Trizivir.....	42
Tiagabine HCl.....	25	Travasol.....	86	Trophamine.....	86
Tigecycline.....	18	Travatan Z.....	79	Trulicity.....	45
Timolol Maleate.....	50, 78	Trazodone HCl.....	28	Trumenba.....	74
Timolol Maleate Ophthalmic Gel Forming.....	78	Treanda.....	33	Truvada.....	42
Tinidazole.....	18	Trecator.....	32	Twinrix.....	74
Tivicay.....	41, 42	Trelstar Mixject.....	71	Tybost.....	42
Tizanidine HCl.....	83	Tretinoin.....	36, 59	Tygacil.....	18
TOBI.....	17	Tretinoin Microsphere.....	59	Tykerb.....	36
TOBI Podhaler.....	17	Trexall.....	73	Tymlos.....	76
Tobradex.....	17	Trezix.....	16	Typhim Vi.....	74
Tobradex ST.....	77	Tri-Legest Fe.....	69	Tysabri.....	58
Tobramycin.....	17	Tri-Lo-Estarylla.....	69	U	
Tobramycin Sulfate.....	17	Tri-Lo-Sprintec.....	69	Uceris.....	75
Tobramycin/Dexamethasone	77	Tri-Previfem.....	69	Uloric.....	31
Tobrex.....	17	Tri-Sprintec.....	69	Unithroid.....	70
Tolcapone.....	37	Triamcinolone Acetonide... 65, 80		Ursodiol.....	60
Topiramate.....	25	Triamcinolone in Orabase... 58		V	
Toposar.....	35	Triamterene/ Hydrochlorothiazide.....	53	Vagifem.....	69
Topotecan HCl.....	35	Tribenzor.....	53	Valacyclovir HCl.....	41
Torisel.....	73	Triderm.....	65	Valchlor.....	33
Torsemide.....	54	Trifluoperazine HCl.....	39	Valcyte.....	40
Toujeo SoloStar.....	46	Trifluridine.....	41	Valganciclovir.....	40
TPN Electrolytes.....	86	Trihexyphenidyl HCl.....	37	Valganciclovir Hydrochloride	40
Tracleer.....	82	TriLyte.....	61	Valproate Sodium.....	25
Tradjenta.....	45	Trimethoprim.....	18	Valproic Acid.....	25
Tramadol HCl.....	16	Trimipramine Maleate.....	29	Valsartan.....	48
Tramadol HCl ER.....	14	Trinessa.....	69	Valsartan/Hydrochlorothiazide	53
Tramadol HCl/ Acetaminophen.....	16	Trintellix.....	28	Vancocin HCl.....	18
Trandolapril.....	48	Trisenox.....	35	Vancomycin HCl.....	18, 19

Vandazole.....	19	Vinorelbine Tartrate.....	35	Yuvaferm.....	69
VAQTA.....	74	Viracept.....	43	Z	
Varivax.....	74	Viread.....	42	Zafirlukast.....	80
Varizig.....	73	Vivitrol.....	16	Zaleplon.....	83
Vascepa.....	55	Voltaren.....	13	Zaltrap.....	35
Vectibix.....	36	Voriconazole.....	31	Zanosar.....	33
Velcade.....	35	Votrient.....	36	Zarah.....	69
Velivet.....	69	VP-PNV-DHA.....	86	Zarxio.....	47
Velphoro.....	63	VPRIV.....	60	Zavesca.....	60
Vemlidy.....	41	Vraylar.....	40	Zejula.....	35
Venclexta.....	35	Vyfemla.....	69	Zelapar.....	38
Venclexta Starting Pack.....	35	Vytorin.....	55	Zelboraf.....	36
Venlafaxine HCl.....	28	Vyvanse.....	56	Zemaira.....	82
Venlafaxine HCl ER.....	28	W		Zemplar.....	76
Ventavis.....	82	Warfarin Sodium.....	47	Zenchent.....	69
Verapamil HCl.....	51	Welchol.....	55	Zenchent Fe.....	69
Verapamil HCl ER.....	51	WYMZYA Fe.....	69	Zenpep.....	60
Verapamil HCl SR.....	51	X		Zepatier.....	41
Versacloz.....	40	Xalkori.....	36	Zerbaxa.....	20
Vesicare.....	62	Xarelto.....	47	Zerit.....	42
Vestura.....	69	Xarelto Starter Pack.....	47	Zetia.....	55
Vfend.....	31	Xeljanz.....	73	Ziagen.....	42
Vibramycin.....	23	Xeljanz XR.....	73	Zidovudine.....	43
Victoza.....	45	Xenazine.....	57	Zileuton ER.....	80
Vidaza.....	35	Xgeva.....	76	Zinbryta.....	58
Videx Pediatric.....	42	Xifaxan.....	19	Zinecard.....	35
Vienna.....	69	Xolair.....	82	Ziprasidone HCl.....	40
Vigamox.....	23	Xtandi.....	33	Zirgan.....	40
Viibryd.....	28	Xulane.....	69	Zmax.....	22
Viibryd Starter Pack.....	28	Xyrem.....	83	Zoledronic Acid.....	76
Vimpat.....	26	Y		Zolinza.....	35
Vinblastine Sulfate.....	35	Yervoy.....	36	Zolpidem Tartrate.....	83
Vincasar PFS.....	35	YF-Vax.....	74	Zomacton.....	66
Vincristine Sulfate.....	35	Yondelis.....	33	Zometa.....	76

Zonisamide.....	24	Zovia 1/50E.....	69	Zyflo CR.....	80
Zorbtive.....	60	Zyclara.....	59	Zykadia.....	35
Zortress.....	73	Zyclara Pump.....	59	Zyprexa Relprevv.....	40
Zostavax.....	74	Zydelig.....	35	Zytiga.....	33
Zovia 1/35E.....	69	Zyflo.....	80		



**For more recent information or if you have other questions,
please call Medica HealthCare Plans MedicareMax Customer
Service at:**

Toll-Free **1-800-407-9069**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week

www.Medicaplans.com

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Service number listed above.

Esta información está disponible sin costo en otros idiomas. Llame a Servicio al Cliente al número indicado arriba.

Medica HealthCare is insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.