

# 2018 COMPLETE DRUG LIST (FORMULARY)



## Prescription drug list information

Medica HealthCare Plans MedicareMax Plus (HMO SNP)

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



Toll-Free **1-800-407-9069**, TTY **711**  
8 a.m. - 8 p.m. local time, 7 days a week



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



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## Questions?

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



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## What is a drug list?

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

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

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

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

## Note to existing members:

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

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

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

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

## How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–30 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 31–101 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



### Can't find your drug?

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

## What are generic drugs?

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

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

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

## What is a compounded drug?

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

## Drug payment stage and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** Each covered drug is in 1 of 5 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

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

Your plan has additional coverage of some prescription drugs that are not normally covered under Medicare Part D. Please see section "Coverage of additional drugs" on page 125 for a list of these drugs.

## Getting Extra Help

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

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

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by medical condition” chart starting on page 31. The codes and what they mean are shown below and on the next page.

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

### **Coverage Rules and Limits**

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

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

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

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

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

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

## **Other Special Coverage Rules**

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

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

### **LA - Limited access**

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

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

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

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

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

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

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

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

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

## How can I get an exception?

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

### Types of exceptions you can ask for

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

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

### Who can ask for an exception?

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

### How long does it take to get an exception?

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



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

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

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

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

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

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

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

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

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

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

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

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

### **If we change the coverage rules or limits**

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We'll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 102-124.

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

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

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

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

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

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

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

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

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

## **For more information**

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call Customer Service 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](http://www.Medicaplans.com)**.

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

## Covered drugs by name (Drug index)

A					
Abacavir.....	59	Advair HFA.....	100	Aminosyn 7%/Electrolytes.....	75
Abacavir Sulfate/Lamivudine/ Zidovudine.....	59	Afeditab CR.....	66	Aminosyn 8.5%/Electrolytes .....	75
Abacavir/Lamivudine.....	59	Afinitor.....	52	Aminosyn II.....	75
Abelcet.....	47	Afinitor Disperz.....	52	Aminosyn II 8.5%/Electrolytes .....	75
Abilify Maintena.....	56	Ala-Cort.....	82	Aminosyn-HBC.....	75
Abraxane.....	51	Albenza.....	54	Aminosyn-PF.....	75
Abstral.....	33	Albuterol Sulfate.....	98	Aminosyn-RF.....	75
Acamprosate Calcium DR.....	35	Alclometasone Dipropionate .....	82	Amiodarone HCl.....	65
Acarbose.....	61	Alcohol Prep Pads.....	94	Amitiza.....	79
Acebutolol HCl.....	66	Aldurazyme.....	81	Amitriptyline HCl.....	46
Acetaminophen/Codeine.....	33	Alecensa.....	52	Amlodipine Besylate.....	66
Acetazolamide.....	69	Alendronate Sodium.....	93	Amlodipine Besylate/ Atorvastatin Calcium.....	68
Acetazolamide ER.....	69	Alfuzosin HCl ER.....	81	Amlodipine Besylate/ Benazepril HCl.....	68
Acetazolamide Sodium.....	69	Alimta.....	50	Amlodipine Besylate/Valsartan .....	68
Acetic Acid.....	97	Alinia.....	54	Amlodipine/Olmesartan Medoxomil.....	68
Acetylcysteine.....	100	Allopurinol.....	49	Amlodipine/Valsartan/ Hydrochlorothiazide.....	68
Acitretin.....	74	Alocril.....	95	Ammonium Lactate.....	74
Actemra.....	92	Alomide.....	95	Amoxapine.....	46
ActHIB.....	92	Alosetron HCl.....	79	Amoxicillin.....	38
Actimmune.....	92	Aloxi.....	47	Amoxicillin/Clavulanate Potassium.....	38
Acyclovir.....	58	Alphagan P.....	95	Amoxicillin/Clavulanate Potassium ER.....	39
Acyclovir Sodium.....	58	Alprazolam.....	60	Amphetamine/ Dextroamphetamine.....	72
Adacel.....	92	Alunbrig.....	52	Amphotericin B.....	47
Adagen.....	81	Alyacen 1/35.....	85	Ampicillin.....	39
Adapalene.....	74	Amantadine HCl.....	54	Ampicillin Sodium.....	39
Adcirca.....	99	AmBisome.....	47		
Adefovir Dipivoxil.....	58	Amethia.....	85		
Adempas.....	99	Amethia Lo.....	85		
Adriamycin.....	51	Amikacin Sulfate.....	35		
Adrucil.....	50	Amiloride HCl.....	70		
Advair Diskus.....	100	Amiloride/Hydrochlorothiazide .....	68		
		Aminophylline.....	99		

Ampicillin-Sulbactam.....	39	Atovaquone.....	54	Balziva.....	85
Ampyra.....	73	Atovaquone/Proguanil HCl....	54	Banzel.....	43
Anadrol-50.....	85	Atripla.....	59	Baraclude.....	58
Anagrelide HCl.....	63	Atropine Sulfate.....	79	Bavencio.....	53
Anastrozole.....	52	Atrovent HFA.....	98	BCG Vaccine.....	92
Androderm.....	85	Aubagio.....	73	Bekyree.....	85
AndroGel.....	85	Aubra.....	85	Beleodaq.....	52
AndroGel Pump.....	85	Augmented Betamethasone Dipropionate.....	82	Belsomra.....	101
Anoro Ellipta.....	100	Auryxia.....	78	Benazepril HCl.....	65
Anzemet.....	47	Avandia.....	61	Benazepril HCl/ Hydrochlorothiazide.....	68
Apokyn.....	54	Avastin.....	53	Benlysta.....	92
Apraclonidine.....	95	Avelox.....	40	Benzotropine Mesylate.....	54
Aprepitant.....	47	Aviane.....	85	Bepreve.....	95
Apri.....	85	Avonex.....	73	Berinert.....	90
Apriso.....	93	Avonex Pen.....	73	Besivance.....	40
Aptiom.....	43	Azacitidine.....	64	Betamethasone Dipropionate .....	82
Aptivus.....	60	Azactam in Iso-Osmotic Dextrose.....	38	Betamethasone Valerate.....	82
Aralast NP.....	81	Azasite.....	39	Betaseron.....	73
Aranelle.....	85	Azathioprine.....	90	Betaxolol HCl.....	66, 95
Aranesp Albumin Free.....	64	Azelastine HCl.....	95, 97	Bethanechol Chloride.....	82
Arcalyst.....	92	Azilect.....	55	Bethkis.....	99
Argatroban.....	63	Azithromycin.....	39	Betimol.....	95
Aripiprazole.....	56	Azopt.....	95	Bevespi Aerosphere.....	100
Aripiprazole ODT.....	56	Aztreonam.....	38	Bexarotene.....	53
Aristada.....	56	<b>B</b>		Bexsero.....	92
Arnuity Ellipta.....	97	BACiiM.....	36	Bicalutamide.....	50
Arranon.....	51	Bacitracin.....	36	Bicillin C-R.....	39
Ashlyna.....	85	Bacitracin/Polymyxin B.....	94	Bicillin L-A.....	39
Aspirin/Dipyridamole.....	64	Baclofen.....	100	BiCNU.....	50
Atenolol.....	66	Bactocill in Dextrose.....	39	BiDil.....	68
Atenolol/Chlorthalidone.....	68	Bactroban Nasal.....	36	Biltricide.....	54
Atgam.....	91	Balsalazide Disodium.....	93	Binosto.....	93
Atomoxetine.....	72				
Atorvastatin Calcium.....	70				

Bisoprolol Fumarate.....	66	Butorphanol Tartrate.....	33	Carboplatin.....	51
Bisoprolol Fumarate/ Hydrochlorothiazide.....	68	Bydureon Pen.....	61	Cardene IV.....	66
BIVIGAM.....	91	Bydureon Vial.....	61	Carimune Nanofiltered.....	91
Bleomycin Sulfate.....	51	Byetta.....	61	Carteolol HCl.....	96
Blephamide.....	94	Bystolic.....	66	Cartia XT.....	66
Blephamide S.O.P.....	94	<b>C</b>		Carvedilol.....	66
Blisovi 24 Fe.....	85	Cabergoline.....	89	Cayston.....	99
Blisovi Fe 1.5/30.....	85	Cabometyx.....	52	Caziant.....	85
Blisovi Fe 1/20.....	85	Calcipotriene.....	74	Cefaclor.....	37
Boostrix.....	92	Calcitonin-Salmon.....	93	Cefadroxil.....	37
Bosulif.....	52	Calcitriol.....	74, 93	Cefazolin Sodium.....	37
Botox.....	94	Calcium Acetate.....	78	Cefdinir.....	37
Breo Ellipta.....	100	Camila.....	88	Cefepime.....	37
Briellyn.....	85	Camrese Lo.....	85	Cefixime.....	37
Brilinta.....	64	Canasa.....	93	Cefotaxime Sodium.....	37
Brimonidine Tartrate.....	95	Cancidas.....	47	Cefotetan.....	37
BRIVIACT.....	42	Candesartan Cilexetil.....	65	Cefoxitin Sodium.....	37
Bromocriptine Mesylate.....	54	Candesartan Cilexetil/ Hydrochlorothiazide.....	68	Cefpodoxime Proxetil.....	37
Brovana.....	98	Capastat Sulfate.....	49	Cefprozil.....	37
Budesonide.....	93, 98	Caprelsa.....	52	Ceftazidime.....	37
Bumetanide.....	70	Captopril.....	65	Ceftriaxone Sodium.....	37
Buphenyl.....	81	Captopril/Hydrochlorothiazide .....	68	Cefuroxime Axetil.....	37
Buprenorphine HCl.....	35	Carac.....	74	Cefuroxime Sodium.....	38
Buprenorphine HCl/Naloxone HCl.....	35	Carafate.....	80	Celecoxib.....	31
Bupropion HCl.....	45	Carbaglu.....	75	Cellcept.....	90
Bupropion HCl SR.....	35, 45	Carbamazepine.....	43	Celontin.....	42
Bupropion HCl XL.....	45	Carbamazepine ER.....	44	Cephalexin.....	38
Buspirone HCl.....	60	Carbidopa.....	55	Cerezyme.....	81
Busulfan.....	50	Carbidopa/Levodopa.....	55	Cesamet.....	47
Busulfex.....	50	Carbidopa/Levodopa ER.....	55	Cetirizine HCl.....	97
Butalbital/Acetaminophen/ Caffeine.....	31	Carbidopa/Levodopa ODT....	55	Chantix.....	35
Butalbital/Aspirin/Caffeine....	31	Carbidopa/Levodopa/ Entacapone.....	55	Chantix Continuing Month Pak .....	35
				Chantix Starting Month Pak... 35	

Chemet.....	78	Claravis.....	74	Combivent Respimat.....	100
Chenodal.....	79	Clarithromycin.....	39	Combivir.....	59
Chloramphenicol Sodium Succinate.....	36	Clarithromycin ER.....	39	Cometriq.....	52
Chlordiazepoxide HCl.....	61	Climara Pro.....	85	Complera.....	59
Chlorhexidine Gluconate.....	74	Clindamycin HCl.....	36	Compro.....	46
Chloroquine Phosphate.....	54	Clindamycin Palmitate HCl....	36	Constulose.....	80
Chlorothiazide.....	70	Clindamycin Phosphate... 36, 74		Copaxone.....	73
Chlorothiazide Sodium.....	70	Clindamycin Phosphate in D5W .....	36	Cordran.....	82
Chlorpromazine HCl.....	55	Clindamycin/Benzoyl Peroxide .....	74	Corlanor.....	68
Chlorthalidone.....	70	Clobetasol Propionate.....	82	Cormax Scalp Application....	82
Cholbam.....	81	Clobetasol Propionate E.....	82	Cortisone Acetate.....	82
Cholestyramine.....	71	Clofarabine.....	50	Cortisporin.....	74
Cholestyramine Light.....	71	Clomipramine HCl.....	46	Cosentyx.....	74
Chorionic Gonadotropin.....	84	Clonazepam.....	61	Cosentyx Sensoready Pen....	74
Ciclopirox.....	47	Clonazepam ODT.....	61	Cosmegen.....	51
Ciclopirox Nail Lacquer.....	47	Clonidine HCl.....	64	Cosopt PF.....	96
Ciclopirox Olamine.....	47	Clonidine HCl ER.....	72	Cotellic.....	52
Cidofovir.....	57	Clopidogrel.....	64	Coumadin.....	63
Cilostazol.....	64	Clorazepate Dipotassium.....	61	Creon.....	81
Ciloxan.....	40	Clotrimazole.....	48	Crinone.....	88
Cimetidine.....	79	Clotrimazole/Betamethasone Dipropionate.....	74	Crixivan.....	60
Cimetidine HCl.....	79	Clozapine.....	57	Cromolyn Sodium..... 79, 95, 99	
Cimzia.....	90	Clozapine ODT.....	57	Cryselle-28.....	85
Cinryze.....	90	Coartem.....	54	Cubicin.....	36
Cipro HC.....	97	Codeine Sulfate.....	33	Cuprimine.....	82
Ciprodex.....	97	Colchicine.....	49	Cuvposa.....	79
Ciprofloxacin.....	40	Colcrys.....	49	Cyclafem.....	85
Ciprofloxacin ER.....	40	Colestipol HCl.....	71	Cyclobenzaprine HCl.....	100
Ciprofloxacin HCl.....	40	Colistimethate Sodium.....	36	Cyclophosphamide.....	50
Ciprofloxacin I.V. in D5W.....	40	Colocort.....	93	Cycloset.....	61
Cisplatin.....	51	Coly-Mycin S.....	97	Cyclosporine.....	90
Citalopram HBr.....	45	Combigan.....	96	Cyclosporine Modified.....	90
Cladribine.....	50			Cyproheptadine HCl.....	97
				Cyramza.....	52

Cystadane.....	81	Desoximetasone.....	82	Dicloxacillin Sodium.....	39
Cystagon.....	81	Desvenlafaxine ER.....	45	Dicyclomine HCl.....	79
Cystaran.....	94	Dexamethasone.....	82	Didanosine.....	59
Cytarabine Aqueous.....	50	Dexamethasone Intensol.....	82	Dificid.....	39
<b>D</b>					
Dacarbazine.....	50	Dexamethasone Sodium Phosphate.....	83, 96	Diflunisal.....	31
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Penicillin G Sodium.....	39	Pirmella 1/35.....	87	Pred Mild.....	96
Penicillin V Potassium.....	39	Piroxicam.....	32	Pred-G.....	95
Pentam 300.....	54	Plasma-Lyte A.....	77	Pred-G S.O.P.....	95
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Pentoxifylline ER.....	69	Plenamaine.....	77	Prednisolone Acetate.....	96
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Perindopril Erbumine.....	65	Polyethylene Glycol 3350 Powder.....	80	Prednisone.....	84
Periogard.....	74	Polymyxin B Sulfate.....	37	Prednisone Intensol.....	84
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Phenelzine Sulfate.....	45	Potassium Chloride 0.15% D5W/NaCl 0.33%.....	77	Prempro.....	87
Phenergan.....	97	Potassium Chloride 0.15% D5W/NaCl 0.45%.....	77	Prevalite.....	71
Phenobarbital.....	42	Potassium Chloride 0.22% D5W/NaCl 0.45%.....	77	Previfem.....	87
Phenoxybenzamine HCl.....	65	Potassium Chloride ER.....	77	Prezcobix.....	60
Phenytek.....	44	Potassium Chloride/Dextrose .....	77	Prezista.....	60
Phenytoin.....	44	Potassium Chloride/Dextrose/ Lactated Ringers.....	77	Priftin.....	50
Phenytoin Sodium.....	44	Potassium Chloride/Sodium Chloride.....	77	Prilosec.....	80
Phenytoin Sodium Extended .....	44	Potassium Citrate ER.....	78	Primaquine Phosphate.....	54
Phoslyra.....	78	Pradaxa.....	63	Primidone.....	42
Phospholine Iodide.....	96	Praluent.....	71	Primsol.....	37
Physiolyte.....	77			Pristiq.....	46
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Prochlorperazine Edisylate....	47	Pyridostigmine Bromide ER...49		Remodulin.....	99
Prochlorperazine Maleate.....	47	<b>Q</b>		Renagel.....	78
Procrit.....	64	Quadracel.....	92	Renvela.....	78
Procto-Med HC.....	93	Quasense.....	87	Repaglinide.....	62
Procto-Pak.....	93	Quetiapine Fumarate.....	56	Repaglinide/Metformin HCl...62	
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Proctozone-HC.....	93	Quinapril HCl.....	65	Repatha Pushtronex System	
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Prolensa.....	97	Quinine Sulfate.....	54	Revatio.....	100
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Promethazine HCl.....	97	Ramipril.....	65	Ribasphere.....	58
Promethegan.....	97	Ranexa.....	69	Ribavirin.....	58
Propafenone HCl.....	65	Ranitidine HCl.....	79	Ridaura.....	92
Propafenone HCl ER.....	65	Rapaflo.....	82	Rifabutin.....	49
Proparacaine HCl.....	95	Rapamune.....	91	Rifampin.....	50
Propranolol HCl.....	66	Rasagiline Mesylate.....	55	Rifater.....	50
Propranolol HCl ER.....	66	RAVICTI.....	81	Rilutek.....	73
Propranolol/ Hydrochlorothiazide.....	69	Rebif.....	73	Riluzole.....	73
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ProQuad.....	92	Rebif Rebidose Titration Pack		Ringers Injection.....	78
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Protriptyline HCl.....	46	Rebif Titration Pack.....	74	Riomet.....	62
PRUDOXIN.....	75	Reclipsen.....	88	Risedronate Sodium.....	94
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Purixan.....	51	Regranex.....	75	Risperidone.....	57
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RotaTeq.....	92	Simponi Aria.....	91	SSD.....	41
Roweepra.....	42	Simulect.....	92	Stalevo 100.....	55
Rozerem.....	101	Simvastatin.....	70	Stalevo 125.....	55
Rubraca.....	52	Sirolimus.....	91	Stalevo 150.....	55
Ruconest.....	90	Sirturo.....	50	Stalevo 200.....	55
Rydapt.....	53	Sodium Chloride.....	78	Stalevo 50.....	55
<b>S</b>		Sodium Chloride 0.45%.....	78	Stalevo 75.....	55
Sabril.....	42	Sodium Chloride 0.9%.....	78	Stavudine.....	59
Saizen.....	85	Sodium Fluoride.....	78	Stelara.....	75
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Sancuso.....	47	Sodium Phenylbutyrate.....	81	Stiolto Respimat.....	100
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Sandostatin LAR Depot.....	89	Sodium Sulfacetamide.....	41	Strensiq.....	81
Santyl.....	75	Solaraze.....	75	Streptomycin Sulfate.....	35
Saphris.....	57	Soliqua 100/33.....	62	Stribild.....	58
Savella.....	73	Soltamox.....	50	Suboxone.....	35
Savella Titration Pack.....	73	Solu-Cortef.....	84	Sucraid.....	81
Selegiline HCl.....	55	Solu-Medrol.....	84	Sucralfate.....	80
Selenium Sulfide.....	75	Somatuline Depot.....	89	Sulfacetamide Sodium.....	41
Selzentry.....	60	Somavert.....	89	Sulfacetamide Sodium/ Prednisolone Sodium Phosphate.....	95
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Sumatriptan Succinate Refill .....	49	Tazicef.....	38	Tinidazole.....	37
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Suprep Bowel Prep Kit.....	80	Tecentriq.....	53	TOBI.....	99
Sustiva.....	59	Tecfidera.....	74	TOBI Podhaler.....	99
Sutent.....	53	Tecfidera Starter Pack.....	74	Tobradex.....	95
Sylatron.....	58	Telmisartan.....	65	Tobradex ST.....	95
Sylvant.....	92	Telmisartan/Amlodipine.....	69	Tobramycin.....	99
Symbicort.....	100	Telmisartan/ Hydrochlorothiazide.....	69	Tobramycin Sulfate.....	35
SymlinPen 120.....	62	Temazepam.....	101	Tobramycin/Dexamethasone .....	95
SymlinPen 60.....	62	Tenivac.....	92	Tobrex.....	36
Synagis.....	92	Terazosin HCl.....	82	Tolcapone.....	54
Synarel.....	89	Terbinafine HCl.....	48	Topiramate.....	43
Synercid.....	37	Terbutaline Sulfate.....	99	Toposar.....	52
Synjardy.....	62	Terconazole.....	48	Topotecan HCl.....	52
Synribo.....	52	Testosterone Cypionate.....	85	Torisel.....	91
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Tagrisso.....	53	Theophylline CR.....	99	Tramadol HCl ER.....	33
Tamiflu.....	60	Theophylline ER.....	99	Tramadol HCl/Acetaminophen .....	34
Tamoxifen Citrate.....	50	Thioridazine HCl.....	55	Trandolapril.....	65
Tamsulosin HCl.....	82	Thiotepa.....	52	Tranexamic Acid.....	64

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Travasol.....	78	Trulicity.....	62	Vectibix.....	53
Travatan Z.....	97	Trumenba.....	92	Velcade.....	52
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Treanda.....	50	Twinrix.....	92	Velphoro.....	79
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Trexall.....	91	Typhim Vi.....	92	Venlafaxine HCl ER.....	46
Trezix.....	34	Tysabri.....	74	Ventavis.....	100
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Tri-Lo-Estarylla.....	88	Uceris.....	93	Verapamil HCl ER.....	67, 68
Tri-Lo-Sprintec.....	88	Uloric.....	49	Verapamil HCl SR.....	68
Tri-Previfem.....	88	Unithroid.....	89	Versacloz.....	57
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Triderm.....	84	Valcyte.....	58	Victoza.....	62
Trifluoperazine HCl.....	56	Valganciclovir.....	58	Vidaza.....	64
Trifluridine.....	58	Valganciclovir Hydrochloride .....	58	Videx Pediatric.....	59
Trihexyphenidyl HCl.....	54	Valproate Sodium.....	42	Vienna.....	88
TriLyte.....	80	Valproic Acid.....	43	Vigamox.....	41
Trimethoprim.....	37	Valsartan.....	65	Viibryd.....	46
Trimipramine Maleate.....	46	Valsartan/Hydrochlorothiazide .....	69	Viibryd Starter Pack.....	46
Trinessa.....	88	Vancocin HCl.....	37	Vimpat.....	44
Trintellix.....	46	Vancomycin HCl.....	37	Vinblastine Sulfate.....	52
Trisenox.....	52	Vandazole.....	37	Vincasar PFS.....	52
Triumeq.....	59	VAQTA.....	93	Vincristine Sulfate.....	52
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VPRIV.....	81	Yuvaferm.....	Zirgan.....	58
Vraylar.....	57	<b>Z</b>	Zmax.....	40
Vyfemla.....	88	Zafirlukast.....	Zoledronic Acid.....	94
Vyvanse.....	72	Zaleplon.....	Zolinza.....	52
<b>W</b>		Zaltrap.....	Zolpidem Tartrate.....	101
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Welchol.....	71	Zarah.....	Zometa.....	94
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<b>X</b>		Zavesca.....	Zorbtive.....	79
Xalkori.....	53	Zazole.....	Zortress.....	91
Xarelto.....	63	Zejula.....	Zostavax.....	93
Xarelto Starter Pack.....	63	Zelapar.....	Zovia 1/35E.....	88
Xeljanz.....	91	Zelboraf.....	Zovia 1/50E.....	88
Xeljanz XR.....	91	Zemaira.....	Zyclara.....	75
Xenazine.....	73	Zenchent.....	Zyclara Pump.....	75
Xgeva.....	94	Zenchent Fe.....	Zydelig.....	53
Xifaxan.....	79	Zenpep.....	Zyflo.....	98
Xiidra.....	95	Zepatier.....	Zyflo CR.....	98
Xolair.....	92	Zerbaxa.....	Zykadia.....	53
Xtandi.....	50	Zerit.....	Zyprexa Relprevv.....	57
Xulane.....	88	Ziagen.....	Zytiga.....	50
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## Covered drugs by medical condition

The list below has information about the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-30.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 102-124.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Etodolac (200mg Capsule, 300mg Capsule, 400mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)		
Analgesics			Etodolac ER (Tablet Extended-Release 24 Hour)		
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	3	QL	<b>Flector (Patch)</b>	4	PA, QL
Butalbital/Aspirin/ Caffeine (Capsule)	3	QL	Flurbiprofen (Tablet)	2	◆
Nonsteroidal Anti-inflammatory Drugs			Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	2	◆
Celecoxib (Capsule)	4	QL	Indomethacin (25mg Capsule, 50mg Capsule)	2	◆
Diclofenac Potassium (Tablet Immediate- Release)	2	◆	Ketoprofen (Capsule Immediate-Release)	3	
Diclofenac Sodium (1% Gel)	3	PA	Ketorolac Tromethamine (15mg/ ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	4	
Diclofenac Sodium DR (Tablet Delayed- Release)	2	◆	Meloxicam (Tablet)	1	◆
Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	2	◆			
Diflunisal (Tablet)	3				

**Bold type = Brand name drug**

Plain type = Generic drug

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

◆ 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 abbreviations in this table mean on pages 6 - 7.



Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tramadol HCl ER (100mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour) (Generic Ultram ER), (300mg Tablet Extended-Release 24 Hour) (Generic Ryzolt)	3	QL, MED	Fentanyl Citrate Oral Transmucosal (200mcg Lollipop, 400mcg Lollipop)	4	PA, QL
Opioid Analgesics, Short-acting			Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED
<b>Abstral (Tablet Sublingual)</b>	5	PA, QL	Hydrocodone/Ibuprofen (7.5mg-200mg Tablet)	3	QL, MED
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	QL, MED ♦	Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4	
Butorphanol Tartrate (10mg/ml Nasal Solution)	3	QL, MED	Hydromorphone HCl (1mg/ml Liquid)	4	QL, MED
Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	4		Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	2	QL, MED ♦
Codeine Sulfate (Tablet)	3	QL, MED	<b>Hydromorphone HCl (2mg/ml Injection)</b>	4	
<b>Duramorph (Injection)</b>	4		Lorcet (Tablet)	3	QL, MED
Endocet (Tablet)	3	QL, MED	Lorcet HD (Tablet)	3	QL, MED
Fentanyl Citrate Oral Transmucosal (1200mcg Lollipop, 1600mcg Lollipop, 600mcg Lollipop, 800mcg Lollipop)	5	PA, QL	Lorcet Plus (Tablet)	3	QL, MED
			Lortab (10mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	3	QL, MED	Oxycodone/ 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		Oxycodone/ Acetaminophen (325mg/5ml-5mg/5ml Oral Solution)	4	QL, MED
<b>Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)</b>	3	QL, MED	Oxycodone/Aspirin (Tablet)	3	QL, MED
<b>Morphine Sulfate (2mg/ml Injection)</b>	4		Oxycodone/Ibuprofen (Tablet)	3	QL, MED
Nalbuphine HCl (Injection)	4		Tramadol HCl (Tablet Immediate-Release)	2	QL, MED ♦
Oxycodone HCl (100mg/5ml Concentrate)	4	QL, MED	Tramadol HCl/ Acetaminophen (Tablet)	2	QL, MED ♦
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 ♦	Trezix (Capsule)	4	QL, MED
Oxycodone HCl (5mg/5ml Oral Solution)	3	QL, MED	<b>Anesthetics</b>		
			<b>Local Anesthetics</b>		
			Lidocaine (5% Ointment)	4	
			Lidocaine (5% Patch)	4	PA, QL
			Lidocaine HCl (0.5% Injection, 1% Injection, 2% Injection)	4	B/D, PA
			Lidocaine HCl (4% External Solution)	2	♦
			Lidocaine HCl (Gel)	2	♦
			Lidocaine Viscous (Solution)	2	♦
			Lidocaine/Prilocaine (Cream)	3	

♦ 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 abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
Acamprosate Calcium DR (Tablet Delayed-Release)	4	
Disulfiram (Tablet)	3	
Naltrexone HCl (Tablet)	3	
<b>Vivitrol (Injection)</b>	5	
<b>Opioid Dependence Treatments</b>		
Buprenorphine HCl (0.3mg/ml Injection)	3	
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	3	QL
Buprenorphine HCl/ Naloxone HCl (Tablet Sublingual)	3	QL
<b>Suboxone (Film)</b>	4	QL
<b>Opioid Reversal Agents</b>		
Naloxone HCl (Injection)	3	
<b>Narcan (Liquid)</b>	3	
<b>Smoking Cessation Agents</b>		
Bupropion HCl SR (150mg Tablet Extended-Release 12 Hour)	2	◆
<b>Chantix (Tablet)</b>	3	
<b>Chantix Continuing Month Pak (Tablet)</b>	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Chantix Starting Month Pak (Tablet)</b>	3	
<b>Nicotrol (Inhaler)</b>	4	
<b>Nicotrol NS (Nasal Solution)</b>	4	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
Amikacin Sulfate (Injection)	4	
Gentak (Ophthalmic Ointment)	2	◆
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	
Tobramycin Sulfate (0.3% Ophthalmic Solution)	2	◆
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tobrex (0.3% Ophthalmic Ointment)</b>	4		Lincomycin HCl (Injection)	4	
Antibacterials, Other			Linezolid (100mg/5ml Suspension)	5	PA
BACiiM (Injection)	4		Linezolid (600mg Tablet)	4	PA, QL
Bacitracin (50000unit Injection)	4		Linezolid (600mg/300ml Injection)	4	PA
Bacitracin (500unit/gm Ophthalmic Ointment)	2	◆	Methenamine Hippurate (Tablet)	4	
<b>Bactroban Nasal (Ointment)</b>	4	PA	Metronidazole (0.75% Cream, 0.75% Gel, 1% Gel, 0.75% Lotion)	4	
Chloramphenicol Sodium Succinate (Injection)	4		Metronidazole (250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2	◆
Clindamycin HCl (Capsule Immediate-Release)	2	◆	Metronidazole in NaCl 0.79% (Injection)	4	
Clindamycin Palmitate HCl (Oral Solution)	2	◆	Metronidazole Vaginal (Gel)	3	
Clindamycin Phosphate (2% Cream)	3		Mupirocin (2% Cream)	4	
Clindamycin Phosphate (300mg/2ml Injection, 600mg/4ml Injection, 900mg/6ml Injection)	4		Mupirocin (2% Ointment)	2	◆
Clindamycin Phosphate in D5W (Injection)	4		Neomycin/Polymyxin B Sulfates (Irrigation Solution)	3	
Colistimethate Sodium (Injection)	4		Nitrofurantoin (Suspension)	4	
<b>Cubicin (Injection)</b>	5		Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	3	
<b>Dalvance (Injection)</b>	5	PA			
Daptomycin (Injection)	5				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3		Cefazolin Sodium (Injection)	4	
Polymyxin B Sulfate (Injection)	4		Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3	
<b>Primsol (Oral Solution)</b>	4		Cefepime (Injection)	4	
<b>Sulfamylon (85mg/gm Cream)</b>	4		Cefixime (Suspension)	4	
<b>Synercid (Injection)</b>	5		Cefotaxime Sodium (Injection)	4	
<b>Tigecycline (Injection)</b>	5		Cefotetan (Injection)	4	
Tinidazole (Tablet)	4		Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4	
Trimethoprim (Tablet)	2	◆	Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4	
<b>Tygacil (Injection)</b>	5		Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3	
<b>Vancocin HCl (Capsule)</b>	5		Ceftazidime (Injection)	4	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection, 125mg Capsule, 250mg Capsule)	4		Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	4	
<b>Vandazole (Gel)</b>	3		Cefuroxime Axetil (Tablet)	2	◆
Beta-lactam, Cephalosporins					
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2	◆			
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2	◆			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefuroxime Sodium (Injection)	4		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	◆
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2	◆			
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3				
<b>Suprax (400mg Capsule, 500mg/5ml Suspension)</b>	3		Amoxicillin/Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	2	◆
Tazicef (Injection)	4				
<b>Zerbaxa (Injection)</b>	5	PA			
Beta-lactam, Other					
<b>Azactam in Iso-Osmotic Dextrose (Injection)</b>	4				
Aztreonam (Injection)	4				
<b>Doribax (Injection)</b>	3				
Imipenem/Cilastatin (Injection)	4				
<b>Invanz (Injection)</b>	4				
Meropenem (Injection)	4				
Beta-lactam, Penicillins					

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Ampicillin-Sulbactam (10gm-5gm Injection, 1gm-0.5gm Injection, 2gm-1gm Injection)	4	
<b>Bactocill in Dextrose (Injection)</b>	4	
<b>Bicillin C-R (Injection)</b>	4	
<b>Bicillin L-A (Injection)</b>	4	
Dicloxacillin Sodium (Capsule)	2	◆
Nafcillin Sodium (Injection)	4	
Oxacillin Sodium (10gm Injection)	5	
Oxacillin Sodium (2gm Injection)	4	
Penicillin G Potassium (Injection)	4	
Penicillin G Procaine (Injection)	4	
Penicillin G Sodium (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Penicillin V Potassium (125mg/5ml Oral Solution, 250mg/5ml Oral Solution, 250mg Tablet, 500mg Tablet)	2	◆
Piperacillin/ Tazobactam (Injection)	4	
<b>Macrolides</b>		
<b>Azasite (Ophthalmic Solution)</b>	4	
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	
<b>Dificid (Tablet)</b>	5	
<b>E.E.S. Granules (Suspension)</b>	4	
Ery-Tab (Tablet Delayed-Release)	4	
<b>EryPed 200 (Suspension)</b>	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>EryPed 400 (Suspension)</b>	5		Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2	◆
Erythrocin Lactobionate (Injection)	4		Ciprofloxacin I.V. in D5W (Injection)	4	
Erythromycin (250mg Capsule Delayed-Release)	4		Gatifloxacin (Ophthalmic Solution)	3	
Erythromycin (5mg/gm Ophthalmic Ointment)	2	◆	Levofloxacin (0.5% Ophthalmic Solution)	3	
Erythromycin Base (Tablet)	4		Levofloxacin (250mg Tablet, 500mg Tablet, 750mg Tablet)	1	◆
Erythromycin Ethylsuccinate (200mg/5ml Suspension, 400mg Tablet)	4		Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4	
<b>Zmax (Suspension)</b>	4		Levofloxacin in D5W (Injection)	4	
Quinolones			<b>Moxeza (Ophthalmic Solution)</b>	4	
<b>Avelox (400mg/250ml-0.8% Injection)</b>	4		Moxifloxacin HCl (400mg Tablet)	3	
<b>Besivance (Suspension)</b>	4		<b>Moxifloxacin HCl (400mg/250ml Injection)</b>	4	
<b>Ciloxan (0.3% Ointment)</b>	4		Ofloxacin (0.3% Ophthalmic Solution)	2	◆
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection)	4		Ofloxacin (0.3% Otic Solution, 300mg Tablet, 400mg Tablet)	3	
Ciprofloxacin ER (Tablet Extended-Release 24 Hour)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Vigamox (Ophthalmic Solution)</b>	4	
Sulfonamides		
<b>Silver Sulfadiazine (Cream)</b>	3	
Sodium Sulfacetamide (Ophthalmic Solution)	2	◆
<b>SSD (Cream)</b>	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	Coverage Rules or Limits on use
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	
<b>Vibramycin (50mg/5ml Syrup)</b>	4	
Anticonvulsants		
Anticonvulsants, Other		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)</b>	5	QL	Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	3	
<b>BRIVIACT (50mg/5ml Injection)</b>	4	QL	Zonisamide (Capsule)	2	◆
Levetiracetam (1000mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release, 100mg/ml Oral Solution)	2	◆	Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Levetiracetam (1000mg/100ml Injection, 1500mg/100ml Injection, 500mg/100ml Injection, 500mg/5ml Injection)	4		<b>Diastat AcuDial (Gel)</b>	4	
Levetiracetam ER (Tablet Extended-Release 24 Hour)	3		<b>Diastat Pediatric (Gel)</b>	4	
Roweepra (Tablet)	2	◆	Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 600mg Tablet, 800mg Tablet)	2	◆
<b>Spritam (Tablet Disintegrating Soluble)</b>	4		Gabapentin (250mg/5ml Oral Solution)	3	
Calcium Channel Modifying Agents			<b>Gabitril (12mg Tablet, 16mg Tablet)</b>	4	QL
<b>Celontin (Capsule)</b>	4		<b>Onfi (10mg Tablet, 20mg Tablet)</b>	5	QL
			<b>Onfi (2.5mg/ml Suspension)</b>	5	
			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	◆
			<b>Sabril (500mg Packet, 500mg Tablet)</b>	5	PA, QL, LA
			Tiagabine HCl (Tablet)	4	
			Valproate Sodium (100mg/ml Injection)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	2	◆
<b>Glutamate Reducing Agents</b>		
Felbamate (400mg Tablet, 600mg Tablet)	4	
Felbamate (600mg/5ml Suspension)	5	
<b>Felbatol (600mg/5ml Suspension)</b>	5	
<b>Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)</b>	4	
Lamotrigine (100mg Tablet Immediate-Release, 150mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release)	2	◆
Lamotrigine (25mg Tablet Chewable, 5mg Tablet Chewable)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	◆
<b>Sodium Channel Agents</b>		
<b>Aptiom (Tablet)</b>	5	QL
<b>Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)</b>	5	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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		<b>Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)</b>	4	QL
Dilantin (Capsule)	3		<b>Vimpat (200mg/20ml Injection)</b>	4	
Dilantin INFATABS (Tablet Chewable)	3		<b>Antidementia Agents</b>		
Epitol (Tablet)	3		Cholinesterase Inhibitors		
Fosphenytoin Sodium (Injection)	4		Donepezil HCl (Tablet Immediate-Release)	1	QL ♦
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3		Donepezil HCl ODT (Tablet Dispersible)	2	QL ♦
Oxcarbazepine (300mg/5ml Suspension)	4		Galantamine HBr (12mg Tablet, 4mg Tablet, 8mg Tablet, 4mg/ml Oral Solution)	4	QL
<b>Peganone (Tablet)</b>	4		Galantamine HBr ER (Capsule Extended-Release 24 Hour)	4	QL
Phenytek (Capsule)	3		Rivastigmine Tartrate (Capsule)	3	QL
Phenytoin (125mg/5ml Suspension, 50mg Tablet Chewable)	2	♦	Rivastigmine Transdermal System (Patch 24 Hour)	4	QL, ST
Phenytoin Sodium (Injection)	4		<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
Phenytoin Sodium Extended (Capsule)	2	♦	Memantine HCl (10mg Tablet, 5mg Tablet, 2mg/ml Oral Solution)	2	PA, QL ♦
			<b>Memantine HCl Titration Pak (Tablet)</b>	3	PA
			<b>Namenda XR (Capsule Extended-Release 24 Hour)</b>	3	PA, QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)</b>	3	PA, QL
Antidepressants		
Antidepressants, Other		
Bupropion HCl (Tablet Immediate-Release)	2	◆
Bupropion HCl SR (Tablet Extended-Release 12 Hour)	2	◆
Bupropion HCl XL (Tablet Extended-Release 24 Hour)	2	◆
Mirtazapine (Tablet Immediate-Release)	2	◆
Mirtazapine ODT (Tablet Dispersible)	2	◆
Monoamine Oxidase Inhibitors		
<b>Emsam (Patch 24 Hour)</b>	5	QL
<b>Marplan (Tablet)</b>	4	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	◆
<b>Fetzima (Capsule Extended-Release 24 Hour)</b>	4	QL, ST
<b>Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)</b>	4	ST
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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Nefazodone HCl (Tablet)	3	
Paroxetine HCl (Tablet Immediate-Release)	2	◆
<b>Paxil (10mg/5ml Suspension)</b>	4	
<b>Pristiq (Tablet Extended-Release 24 Hour)</b>	4	PA, QL
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	◆
Sertraline HCl (20mg/ml Concentrate)	4	
Trazodone HCl (Tablet)	1	◆
<b>Trintellix (Tablet)</b>	4	QL
Venlafaxine HCl (Tablet Immediate-Release)	3	
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2	◆
<b>Viibryd (Tablet)</b>	4	QL
<b>Viibryd Starter Pack (Kit)</b>	4	QL
<b>Tricyclics</b>		
Amitriptyline HCl (Tablet)	4	
Amoxapine (Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clomipramine HCl (Capsule)	4	
Desipramine HCl (Tablet)	2	◆
Doxepin HCl (100mg Capsule, 10mg Capsule, 150mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/ml Concentrate)	3	
Imipramine HCl (Tablet)	4	
Imipramine Pamoate (Capsule)	4	
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	2	◆
Protriptyline HCl (Tablet)	4	
Trimipramine Maleate (Capsule)	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
Compro (Suppository)	4	
Hydroxyzine Pamoate (Capsule)	3	
Meclizine HCl (Tablet)	2	◆
Metoclopramide HCl (10mg Tablet, 5mg Tablet)	1	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Metoclopramide HCl (5mg/5ml Oral Solution)	2	◆
Metoclopramide HCl (5mg/ml Injection)	4	
Perphenazine (Tablet)	4	
Prochlorperazine (Suppository)	4	
Prochlorperazine Edisylate (Injection)	4	
Prochlorperazine Maleate (Tablet)	2	◆
<b>Transderm-Scop (Patch 72 Hour)</b>	4	
<b>Emetogenic Therapy Adjuncts</b>		
<b>Aloxi (Injection)</b>	5	
<b>Anzemet (100mg Tablet)</b>	5	B/D, PA
<b>Anzemet (50mg Tablet)</b>	4	B/D, PA
Aprepitant (Therapy Pack, Capsule)	4	PA
<b>Cesamet (Capsule)</b>	5	PA
Dronabinol (Capsule)	4	PA, QL
<b>Emend (125mg Capsule, 40mg Capsule, 80mg Capsule, 125mg Suspension)</b>	4	PA
<b>Emend (150mg Injection)</b>	4	
<b>Emend Tripack (Therapy Pack)</b>	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Ondansetron ODT (Tablet Dispersible)	2	B/D, PA ◆
<b>Sancuso (Patch)</b>	5	
<b>Antifungals</b>		
Antifungals		
<b>Abelcet (Injection)</b>	5	B/D, PA
<b>AmBisome (Injection)</b>	5	B/D, PA
Amphotericin B (Injection)	4	B/D, PA
<b>Cancidas (Injection)</b>	5	
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3	
Ciclopirox Nail Lacquer (External Solution)	3	
Ciclopirox Olamine (Cream)	3	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clotrimazole (1% Cream, 1% External Solution, 10mg Lozenge)	2	◆	<b>Mycamine (Injection)</b>	5	
Econazole Nitrate (Cream)	4		Naftifine HCl (1% Cream)	4	
<b>Eraxis (Injection)</b>	5		Naftifine HCl (2% Cream)	4	
<b>Exelderm (1% Cream, 1% External Solution)</b>	4		<b>Naftin (1% Gel, 2% Gel)</b>	4	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2	◆	<b>Natacyn (Suspension)</b>	3	
Fluconazole in NaCl (Injection)	4		<b>Noxafil (100mg Tablet Delayed-Release)</b>	5	PA, QL
Flucytosine (Capsule)	5		<b>Noxafil (40mg/ml Suspension)</b>	5	QL
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4		Nyamyc (Powder)	2	◆
Griseofulvin Ultramicrosize (Tablet)	4		Nyata (Powder)	2	◆
Itraconazole (Capsule)	4	PA, QL	Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	2	◆
<b>Jublia (External Solution)</b>	4		Nystop (Powder)	2	◆
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2	◆	<b>ONMEL (Tablet)</b>	5	PA
Ketoconazole (2% Foam)	4		Oxiconazole Nitrate (Cream)	4	
<b>Mentax (Cream)</b>	4		<b>Oxistat (1% Lotion)</b>	4	
Miconazole 3 (Suppository)	3		<b>Sporanox (10mg/ml Oral Solution)</b>	5	PA
			Terbinafine HCl (Tablet)	2	◆
			Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3	
			<b>Vfend (200mg Tablet, 50mg Tablet, 40mg/ml Suspension)</b>	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 abbreviations in this table mean on pages 6 - 7.



Drug Name	Drug Tier	Coverage Rules or Limits on use
Voriconazole (200mg Injection, 40mg/ml Suspension)	5	
Voriconazole (200mg Tablet, 50mg Tablet)	4	
<b>Zazole (Cream)</b>	3	
<b>Antigout Agents</b>		
Antigout Agents		
Allopurinol (Tablet)	1	◆
<b>Colchicine (0.6mg Capsule, 0.6mg Tablet)</b>	3	QL
<b>Colcrys (Tablet)</b>	3	PA, QL
Probenecid (Tablet)	2	◆
Probenecid/Colchicine (Tablet)	2	◆
<b>Uloric (Tablet)</b>	3	ST
<b>Antimigraine Agents</b>		
Ergot Alkaloids		
Dihydroergotamine Mesylate (1mg/ml Injection)	5	
Ergotamine Tartrate/Caffeine (Tablet)	3	
Migergot (Suppository)	5	
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
Naratriptan HCl (Tablet)	3	QL
Rizatriptan Benzoate (Tablet Immediate-Release)	3	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
<b>Sumatriptan Succinate Refill (Injection)</b>	4	QL
<b>Sumavel DosePro (Injection)</b>	5	QL
<b>Antimyasthenic Agents</b>		
Parasympathomimetics		
<b>Guanidine HCl (Tablet)</b>	3	
<b>Mestinon (60mg/5ml Syrup)</b>	5	
Pyridostigmine Bromide (Tablet)	3	
Pyridostigmine Bromide ER (Tablet Extended-Release)	4	
<b>Antimycobacterials</b>		
Antimycobacterials, Other		
Dapsone (Tablet)	3	
Rifabutin (Capsule)	4	
<b>Antituberculars</b>		
<b>Capastat Sulfate (Injection)</b>	4	
Ethambutol HCl (Tablet)	3	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Isoniazid (100mg Tablet, 300mg Tablet)	2	◆
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)	4	
Paser (Packet)	4	
<b>Priftin (Tablet)</b>	4	
Pyrazinamide (Tablet)	4	
Rifampin (150mg Capsule, 300mg Capsule)	3	
Rifampin (600mg Injection)	4	
<b>Rifater (Tablet)</b>	4	
<b>Sirturo (Tablet)</b>	5	PA
<b>Trecator (Tablet)</b>	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<b>BiCNU (Injection)</b>	5	
Busulfan (Injection)	5	
<b>Busulfex (Injection)</b>	5	
<b>Cyclophosphamide (Capsule)</b>	4	B/D, PA
Dacarbazine (Injection)	4	
<b>Gleostine (Capsule)</b>	4	
<b>Hexalen (Capsule)</b>	5	PA
Ifosfamide (Injection)	4	
<b>Leukeran (Tablet)</b>	3	
<b>Matulane (Capsule)</b>	5	LA
Melphalan HCl (Injection)	4	
<b>Mustargen (Injection)</b>	5	

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluorouracil (2.5gm/50ml Injection)	4	B/D, PA
<b>Folotyn (Injection)</b>	5	
Gemcitabine HCl (Injection)	4	
<b>Gemzar (Injection)</b>	5	
Hydroxyurea (Capsule)	2	◆
Mercaptopurine (Tablet)	3	
<b>Nipent (Injection)</b>	5	
<b>Purixan (Suspension)</b>	5	PA
<b>Tabloid (Tablet)</b>	5	PA
Antineoplastics, Other		
<b>Abraxane (Injection)</b>	5	PA
Adriamycin (Injection)	4	B/D, PA
<b>Arranon (Injection)</b>	5	
Bleomycin Sulfate (Injection)	4	B/D, PA
Carboplatin (Injection)	4	
Cisplatin (Injection)	4	
<b>Cosmegen (Injection)</b>	5	
<b>Dacogen (Injection)</b>	5	
Daunorubicin HCl (Injection)	4	
Decitabine (Injection)	5	
Dexrazoxane (Injection)	5	PA
Docetaxel (80mg/4ml Injection)	4	
<b>Docetaxel (80mg/8ml Injection)</b>	5	
<b>Doxil (Injection)</b>	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxorubicin HCl (Injection)	4	B/D, PA
Doxorubicin HCl Liposome (Injection)	5	
<b>Ellece (Injection)</b>	5	
Epirubicin HCl (Injection)	4	
<b>Erwinaze (Injection)</b>	5	
Fludarabine Phosphate (Injection)	4	
<b>Fusilev (Injection)</b>	5	
<b>Halaven (Injection)</b>	5	PA
<b>Idamycin PFS (Injection)</b>	5	
Idarubicin HCl (Injection)	5	
Irinotecan (Injection)	4	
<b>Istodax (Overfill) (Injection)</b>	5	PA
<b>Kisqali (Tablet)</b>	5	PA, QL
<b>Kisqali Femara 200 Dose (Tablet Therapy Pack)</b>	5	PA, QL
<b>Kisqali Femara 400 Dose (Tablet Therapy Pack)</b>	5	PA, QL
<b>Kisqali Femara 600 Dose (Tablet Therapy Pack)</b>	5	PA, QL
Leucovorin Calcium (100mg Injection, 350mg Injection)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	3	
Levoleucovorin Calcium (Injection)	5	
<b>Lonsurf (Tablet)</b>	5	PA, QL
Mitomycin (Injection)	5	
Mitoxantrone HCl (Injection)	3	
<b>Ninlaro (Capsule)</b>	5	PA, QL
Oxaliplatin (IV Solution 100mg/20ml)	4	
Paclitaxel (Injection)	4	
<b>Proleukin (Injection)</b>	5	PA
<b>Synribo (Injection)</b>	5	PA
<b>Taxotere (Injection)</b>	5	
Thiotepa (Injection)	5	
<b>Trisenox (Injection)</b>	4	
<b>Velcade (Injection)</b>	5	PA
Vinblastine Sulfate (Injection)	4	B/D, PA
Vincasar PFS (Injection)	4	B/D, PA
Vincristine Sulfate (Injection)	4	B/D, PA
Vinorelbine Tartrate (Injection)	4	
<b>Zaltrap (Injection)</b>	5	PA
<b>Zincard (Injection)</b>	5	PA
<b>Zolinza (Capsule)</b>	5	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	◆

Drug Name	Drug Tier	Coverage Rules or Limits on use
Exemestane (Tablet)	3	
Letrozole (Tablet)	2	◆
Enzyme Inhibitors		
<b>Etopophos (Injection)</b>	4	
Etoposide (Injection)	3	
<b>Hycamtin (Injection)</b>	5	
<b>Kyprolis (Injection)</b>	5	PA
<b>Rubraca (Tablet)</b>	5	PA, QL
Toposar (Injection)	3	
Topotecan HCl (Injection)	5	
<b>Zejula (Capsule)</b>	5	PA, QL
Molecular Target Inhibitors		
<b>Afinitor (Tablet)</b>	5	PA
<b>Afinitor Disperz (Tablet Soluble)</b>	5	PA
<b>Alecensa (Capsule)</b>	5	PA, QL
<b>Alunbrig (Tablet)</b>	5	PA, QL
<b>Beleodaq (Injection)</b>	5	PA
<b>Bosulif (Tablet)</b>	5	PA, QL
<b>Cabometyx (Tablet)</b>	5	PA, QL
<b>Caprelsa (Tablet)</b>	5	PA, LA
<b>Cometriq (Kit)</b>	5	PA
<b>Cotellic (Tablet)</b>	5	PA, QL, LA
<b>Cyramza (Injection)</b>	5	PA
<b>Erivedge (Capsule)</b>	5	PA, QL
<b>Farydak (Capsule)</b>	5	PA
<b>Gilotrif (Tablet)</b>	5	PA
<b>Ibrance (Capsule)</b>	5	PA, QL
<b>Iclusig (Tablet)</b>	5	PA, QL, LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Imatinib Mesylate (Tablet)	5	PA, QL
<b>Imbruvica (Capsule)</b>	5	PA, QL
<b>Inlyta (Tablet)</b>	5	PA, QL
<b>Iressa (Tablet)</b>	5	PA, QL
<b>Jakafi (Tablet)</b>	5	PA, QL, LA
<b>Jevtana (Injection)</b>	5	PA
<b>Lenvima (Capsule Therapy Pack)</b>	5	PA
<b>Lynparza (Capsule)</b>	5	PA, QL
<b>Mekinist (Tablet)</b>	5	PA
<b>Nexavar (Tablet)</b>	5	PA
<b>Odomzo (Capsule)</b>	5	PA, QL, LA
<b>Rydapt (Capsule)</b>	5	PA, QL
<b>Sprycel (Tablet)</b>	5	PA, QL
<b>Stivarga (Tablet)</b>	5	PA, QL
<b>Sutent (Capsule)</b>	5	PA, QL
<b>Tafinlar (Capsule)</b>	5	PA
<b>Tagrisso (Tablet)</b>	5	PA, QL, LA
<b>Tarceva (Tablet)</b>	5	PA, QL
<b>Tasigna (Capsule)</b>	5	PA, QL
<b>Tykerb (Tablet)</b>	5	PA
<b>Venclexta (100mg Tablet, 50mg Tablet)</b>	5	PA, QL
<b>Venclexta (10mg Tablet)</b>	3	PA, QL
<b>Venclexta Starting Pack (Tablet Therapy Pack)</b>	5	PA
<b>Votrient (Tablet)</b>	5	PA, QL
<b>Xalkori (Capsule)</b>	5	PA, LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Zelboraf (Tablet)</b>	5	PA, QL
<b>Zydelig (Tablet)</b>	5	PA, QL
<b>Zykadia (Capsule)</b>	5	PA, QL
Monoclonal Antibody/Antibody-Drug Conjugate		
<b>Avastin (Injection)</b>	5	PA
<b>Bavencio (Injection)</b>	5	PA
<b>Darzalex (Injection)</b>	5	PA, LA
<b>Empliciti (Injection)</b>	5	PA
<b>Erbix (Injection)</b>	5	PA
<b>Herceptin (Injection)</b>	5	PA
<b>Imfinzi (Injection)</b>	5	PA
<b>Kadcyla (Injection)</b>	5	PA
<b>Keytruda (Injection)</b>	5	PA
<b>Lartruvo (Injection)</b>	5	PA
<b>Opdivo (Injection)</b>	5	PA
<b>Perjeta (Injection)</b>	5	PA
<b>Rituxan (Injection)</b>	5	PA
<b>Tecentriq (Injection)</b>	5	PA
<b>Vectibix (Injection)</b>	5	PA
<b>Yervoy (Injection)</b>	5	PA
Retinoids		
Bexarotene (Capsule)	5	PA
<b>Panretin (Gel)</b>	5	
<b>Targetin (1% Gel)</b>	5	PA
Tretinoin (10mg Capsule)	5	
Treatment Adjuncts		
<b>Elitek (Injection)</b>	5	
Mesna (Injection)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Mesnex (400mg Tablet)</b>	5	
Antiparasitics		
Anthelmintics		
<b>Albenza (Tablet)</b>	5	QL
<b>Biltricide (Tablet)</b>	4	
Ivermectin (Tablet)	3	
Antiprotozoals		
<b>Alinia (100mg/5ml Suspension, 500mg Tablet)</b>	5	
Atovaquone (Suspension)	5	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	3	
Chloroquine Phosphate (Tablet)	2	◆
<b>Coartem (Tablet)</b>	4	
<b>DARAPRIM (Tablet)</b>	5	
Hydroxychloroquine Sulfate (Tablet)	2	◆
Mefloquine HCl (Tablet)	2	◆
<b>Mepron (Suspension)</b>	5	
<b>Nebupent (Inhalation Solution)</b>	4	B/D, PA, QL
<b>Pentam 300 (Injection)</b>	4	
Primaquine Phosphate (Tablet)	4	
Quinine Sulfate (Capsule)	4	PA
Pediculicides/Scabicides		

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Eurax (10% Cream, 10% Lotion)</b>	4	
Lindane (Shampoo)	4	
Malathion (Lotion)	4	
Permethrin (Cream)	3	
Antiparkinson Agents		
Anticholinergics		
Benzotropine Mesylate (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	◆
Benzotropine Mesylate (1mg/ml Injection)	4	
Trihexyphenidyl HCl (0.4mg/ml Elixir, 2mg Tablet, 5mg Tablet)	2	◆
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		
<b>Apokyn (Injection)</b>	5	PA, QL
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	3	
<b>Neupro (Patch 24 Hour)</b>	4	
Pramipexole Dihydrochloride (Tablet Immediate-Release)	2	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ropinirole HCl (Tablet Immediate-Release)	2	◆
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>		
Carbidopa (Tablet)	5	
Carbidopa/Levodopa (Tablet Immediate-Release)	1	◆
Carbidopa/Levodopa ER (Tablet Extended-Release)	1	◆
Carbidopa/Levodopa ODT (Tablet Dispersible)	2	◆
<b>Carbidopa/Levodopa/Entacapone (Tablet)</b>	4	
<b>Stalevo 100 (Tablet)</b>	5	PA
<b>Stalevo 125 (Tablet)</b>	5	PA
<b>Stalevo 150 (Tablet)</b>	5	PA
<b>Stalevo 200 (Tablet)</b>	5	PA
<b>Stalevo 50 (Tablet)</b>	4	PA
<b>Stalevo 75 (Tablet)</b>	4	PA
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<b>Azilect (0.5mg Tablet)</b>	4	PA
Rasagiline Mesylate (Tablet)	3	
Selegiline HCl (5mg Capsule, 5mg Tablet)	3	
<b>Zelapar (Tablet Dispersible)</b>	5	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Thioridazine HCl (Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Thiothixene (Capsule)	3	
Trifluoperazine HCl (Tablet)	3	
2nd Generation/Atypical		
<b>Abilify Maintena (Injection)</b>	5	
Aripiprazole (Tablet)	4	QL
Aripiprazole ODT (Tablet Dispersible)	5	QL
<b>Aristada (Injection)</b>	5	
<b>Fanapt (10mg Tablet, 12mg Tablet, 6mg Tablet, 8mg Tablet)</b>	5	QL, ST
<b>Fanapt (1mg Tablet, 2mg Tablet, 4mg Tablet)</b>	4	QL, ST
<b>Fanapt Titration Pack (Tablet)</b>	4	ST
<b>Geodon (20mg Injection)</b>	4	
<b>Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)</b>	5	
<b>Invega Sustenna (39mg/0.25ml Injection)</b>	4	
<b>Invega Trinza (Injection)</b>	5	PA
<b>Latuda (Tablet)</b>	5	QL
<b>Nuplazid (Tablet)</b>	5	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
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 (1.5mg Tablet Extended-Release 24 Hour, 3mg Tablet Extended-Release 24 Hour, 6mg Tablet Extended-Release 24 Hour)	4	QL
Paliperidone ER (9mg Tablet Extended-Release 24 Hour)	5	QL
Quetiapine Fumarate (Tablet Immediate-Release)	2	QL ♦
Quetiapine Fumarate ER (Tablet Extended-Release 24 Hour)	3	QL
<b>Rexulti (Tablet)</b>	5	QL
<b>Risperdal Consta (12.5mg Injection, 25mg Injection)</b>	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Risperdal Consta (37.5mg Injection, 50mg Injection)</b>	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	
<b>Saphris (Tablet Sublingual)</b>	4	QL
<b>Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)</b>	4	PA, QL
<b>Seroquel XR (400mg Tablet Extended-Release 24 Hour)</b>	5	PA, QL

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ganciclovir (Injection)	3	B/D, PA
<b>Valcyte (450mg Tablet)</b>	5	QL
Valganciclovir (Tablet)	5	QL
Valganciclovir Hydrochloride (Oral Solution)	5	QL
<b>Zirgan (Gel)</b>	4	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Tablet)	5	
<b>Baraclude (0.05mg/ml Oral Solution, 0.5mg Tablet, 1mg Tablet)</b>	5	
Entecavir (Tablet)	5	
<b>Epivir HBV (5mg/ml Oral Solution)</b>	3	
<b>Hepsera (Tablet)</b>	5	
Lamivudine (100mg Tablet)	3	
<b>Vemlidy (Tablet)</b>	5	QL
Anti-hepatitis C (HCV) Agents, Other		
<b>Intron A (Injection)</b>	5	PA
<b>Pegasys (Injection)</b>	5	PA
<b>Pegasys ProClick (Injection)</b>	5	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
<b>Sylatron (Injection)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-hepatitis C (HCV) Direct Acting Agents		
<b>Daklinza (Tablet)</b>	5	PA, QL
<b>Epclusa (Tablet)</b>	5	PA, QL
<b>Harvoni (Tablet)</b>	5	PA, QL
<b>Olysio (Capsule)</b>	5	PA, QL
<b>Sovaldi (Tablet)</b>	5	PA, QL
<b>Zepatier (Tablet)</b>	5	PA, QL
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
<b>Denavir (Cream)</b>	5	QL
Famciclovir (Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Tablet)	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
<b>Genvoya (Tablet)</b>	5	QL
<b>Isentress (100mg Packet, 25mg Tablet Chewable)</b>	3	QL
<b>Isentress (100mg Tablet Chewable, 400mg Tablet)</b>	5	QL
<b>Stribild (Tablet)</b>	5	QL
<b>Tivicay (10mg Tablet)</b>	4	QL

◆ 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 abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Tivicay (25mg Tablet, 50mg Tablet)</b>	5	QL	Abacavir/Lamivudine (Tablet)	5	QL
<b>Triumeq (Tablet)</b>	5	QL	<b>Combivir (Tablet)</b>	5	QL
<b>Tybost (Tablet)</b>	4	QL	<b>Descovy (Tablet)</b>	5	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			Didanosine (Capsule Delayed-Release)	3	QL
<b>Atripla (Tablet)</b>	5	QL	<b>Emtriva (10mg/ml Oral Solution, 200mg Capsule)</b>	4	QL
<b>Complera (Tablet)</b>	5	QL	<b>Epzicom (Tablet)</b>	5	QL
<b>Edurant (Tablet)</b>	5	QL	Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL
<b>Intelence (100mg Tablet, 200mg Tablet)</b>	5	QL	Lamivudine/Zidovudine (Tablet)	4	QL
<b>Intelence (25mg Tablet)</b>	4	QL	<b>Retrovir IV Infusion (Injection)</b>	4	
Nevirapine (200mg Tablet Immediate-Release)	3	QL	Stavudine (Capsule)	3	QL
<b>Nevirapine (50mg/5ml Suspension)</b>	3	QL	<b>Trizivir (Tablet)</b>	5	QL
Nevirapine ER (Tablet Extended-Release 24 Hour)	3	QL	<b>Truvada (Tablet)</b>	5	QL
<b>Odefsey (Tablet)</b>	5	QL	<b>Videx Pediatric (Oral Solution)</b>	4	QL
<b>Rescriptor (Tablet)</b>	4	QL	<b>Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)</b>	5	QL
<b>Sustiva (200mg Capsule, 600mg Tablet)</b>	5	QL	<b>Zerit (1mg/ml Oral Solution)</b>	4	QL
<b>Sustiva (50mg Capsule)</b>	4	QL	<b>Ziagen (20mg/ml Oral Solution)</b>	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	3	QL
Abacavir (Tablet)	4	QL			
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	5	QL			

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-HIV Agents, Other		
<b>Fuzeon (Injection)</b>	5	QL
<b>Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)</b>	5	QL
<b>Selzentry (25mg Tablet)</b>	3	QL
Anti-HIV Agents, Protease Inhibitors		
<b>Aptivus (100mg/ml Oral Solution, 250mg Capsule)</b>	5	QL
<b>Crixivan (Capsule)</b>	3	QL
<b>Evotaz (Tablet)</b>	5	QL
<b>Invirase (200mg Capsule, 500mg Tablet)</b>	5	QL
<b>Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)</b>	4	QL
<b>Kaletra (200mg-50mg Tablet)</b>	5	QL
<b>Lexiva (50mg/ml Suspension)</b>	4	QL
<b>Lexiva (700mg Tablet)</b>	5	QL
Lopinavir/Ritonavir (Oral Solution)	4	QL
<b>Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)</b>	4	QL
<b>Prezcobix (Tablet)</b>	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)</b>	5	QL
<b>Prezista (75mg Tablet)</b>	4	QL
<b>Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)</b>	5	QL
<b>Viracept (Tablet)</b>	5	QL
Anti-influenza Agents		
Oseltamivir Phosphate (Capsule)	4	QL
<b>Relenza Diskhaler (Aerosol Powder)</b>	3	QL
Rimantadine HCl (Tablet)	4	
<b>Tamiflu (6mg/ml Suspension)</b>	4	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Tablet)	2	◆
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup)	3	
Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection)	4	B/D, PA
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	1	QL ◆

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Chlordiazepoxide HCl (Capsule)	2	◆	Lithium Carbonate (150mg Capsule Immediate-Release, 300mg Capsule Immediate-Release, 600mg Capsule Immediate-Release, 300mg Tablet Immediate-Release)	2	◆
Clonazepam (Tablet Immediate-Release)	2	QL ◆	Lithium Carbonate ER (Tablet Extended-Release)	2	◆
Clonazepam ODT (Tablet Dispersible)	4	QL	<b>Blood Glucose Regulators</b>		
Clorazepate Dipotassium (Tablet)	2	QL ◆	<b>Antidiabetic Agents</b>		
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	2	QL ◆	Acarbose (Tablet)	1	QL ◆
Diazepam (1mg/ml Oral Solution)	2	◆	<b>Avandia (Tablet)</b>	4	PA, QL
Diazepam Intensol (5mg/ml Concentrate)	2	QL ◆	<b>Bydureon Pen (Injection)</b>	3	QL
Lorazepam (Tablet)	1	QL ◆	<b>Bydureon Vial (Injection)</b>	3	QL
Lorazepam Intensol (2mg/ml Concentrate)	2	QL ◆	<b>Byetta (Injection)</b>	4	QL
<b>Bipolar Agents</b>			<b>Cycloset (Tablet)</b>	4	PA, QL
<b>Mood Stabilizers</b>			Glimepiride (Tablet)	1	QL ◆
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	2	◆	Glipizide (Tablet Immediate-Release)	1	QL ◆
Divalproex Sodium DR (Tablet Delayed-Release)	2	◆	Glipizide ER (Tablet Extended-Release 24 Hour)	1	QL ◆
Divalproex Sodium ER (Tablet Extended-Release 24 Hour)	2	◆	Glipizide/Metformin HCl (Tablet)	1	QL ◆
<b>Lithium (Oral Solution)</b>	3		<b>Invokamet (Tablet)</b>	3	QL
			<b>Invokamet XR (Tablet Extended-Release 24 Hour)</b>	3	QL

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Invokana (Tablet)</b>	3	QL
<b>Janumet (Tablet Immediate-Release)</b>	3	QL
<b>Janumet XR (Tablet Extended-Release 24 Hour)</b>	3	QL
<b>Januvia (Tablet)</b>	3	QL
<b>Jardiance (Tablet)</b>	3	QL
<b>Jentadueto (Tablet)</b>	4	QL
<b>Jentadueto XR (Tablet Extended-Release 24 Hour)</b>	4	QL
<b>Kombiglyze XR (Tablet Extended-Release 24 Hour)</b>	3	QL
Metformin HCl (Tablet Immediate-Release)	1	QL ♦
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL ♦
Miglitol (Tablet)	4	QL
Nateglinide (Tablet)	1	QL ♦
<b>Onglyza (Tablet)</b>	3	QL
Pioglitazone HCl (Tablet)	1	QL ♦
Pioglitazone HCl/ Glimepiride (Tablet)	1	QL ♦
Pioglitazone HCl/ Metformin HCl (Tablet)	1	QL ♦
Repaglinide (Tablet)	1	QL ♦

Drug Name	Drug Tier	Coverage Rules or Limits on use
Repaglinide/Metformin HCl (Tablet)	4	QL
<b>Riomet (Oral Solution)</b>	4	QL
<b>Soliqua 100/33 (Injection)</b>	3	QL
<b>SymlinPen 120 (Injection)</b>	5	PA
<b>SymlinPen 60 (Injection)</b>	5	PA
<b>Synjardy (Tablet)</b>	3	QL
<b>Tradjenta (Tablet)</b>	4	QL
<b>Trulicity (Injection)</b>	3	QL
<b>Victoza (Injection)</b>	3	QL
Glycemic Agents		
<b>GlucaGen HypoKit (Injection)</b>	4	
<b>Glucagon Emergency Kit (Injection)</b>	3	
<b>Proglycem (Suspension)</b>	5	
Insulins		
<b>Humalog Cartridge (Injection)</b>	3	
<b>Humalog KwikPen (Injection)</b>	3	
<b>Humalog Mix 50/50 KwikPen (Injection)</b>	3	
<b>Humalog Mix 50/50 Vial (Injection)</b>	3	
<b>Humalog Mix 75/25 KwikPen (Injection)</b>	3	
<b>Humalog Mix 75/25 Vial (Injection)</b>	3	

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Humalog Vial (Injection)</b>	3	
<b>Humulin 70/30 KwikPen (Injection)</b>	3	
<b>Humulin 70/30 Vial (Injection)</b>	3	
<b>Humulin N KwikPen (Injection)</b>	3	
<b>Humulin N Vial (Injection)</b>	3	
<b>Humulin R U-500 KwikPen (Injection)</b>	3	
<b>Humulin R U-500 Vial (Concentrated) (Injection)</b>	3	
<b>Humulin R Vial (Injection)</b>	3	
<b>Lantus SoloStar (Injection)</b>	3	
<b>Lantus Vial (Injection)</b>	3	
<b>Levemir FlexTouch (Injection)</b>	3	
<b>Levemir Vial (Injection)</b>	3	
<b>Toujeo SoloStar (Injection)</b>	3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<b>Argatroban (125mg/125ml-0.9% Injection)</b>	5	B/D, PA
Argatroban (250mg/2.5ml Injection)	5	B/D, PA
<b>Coumadin (Tablet)</b>	4	
<b>Eliquis (Tablet)</b>	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	4	QL
Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection)	5	
Fondaparinux Sodium (2.5mg/0.5ml Injection)	4	
Heparin Sodium (10000unit/ml Injection, 20000unit/ml Injection, 5000unit/ml Injection)	4	
Heparin Sodium (1000unit/ml Injection)	4	B/D, PA
<b>Heparin Sodium/D5W (Injection)</b>	4	
Jantoven (Tablet)	1	◆
<b>Pradaxa (Capsule)</b>	4	QL
Warfarin Sodium (Tablet)	1	◆
<b>Xarelto (Tablet)</b>	3	QL
<b>Xarelto Starter Pack (Tablet Therapy Pack)</b>	3	QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	2	◆

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Methyldopa (Tablet)	3	
Methyldopate HCl (Injection)	4	
Midodrine HCl (Tablet)	3	
<b>Northera (Capsule)</b>	5	PA, QL
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	2	♦
Phenoxybenzamine HCl (Capsule)	5	
Prazosin HCl (Capsule)	2	♦
Angiotensin II Receptor Antagonists		
Candesartan Cilexetil (Tablet)	1	QL ♦
<b>Edarbi (Tablet)</b>	4	QL
Eprosartan Mesylate (Tablet)	1	QL ♦
Irbesartan (Tablet)	1	QL ♦
Losartan Potassium (Tablet)	1	QL ♦
Olmesartan Medoxomil (Tablet)	2	QL ♦
Telmisartan (Tablet)	1	QL ♦
Valsartan (Tablet)	1	QL ♦
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Tablet)	1	QL ♦
Captopril (Tablet)	1	QL ♦
Enalapril Maleate (Tablet)	1	QL ♦
Fosinopril Sodium (Tablet)	1	QL ♦
Lisinopril (Tablet)	1	QL ♦

Drug Name	Drug Tier	Coverage Rules or Limits on use
Moexipril HCl (Tablet)	1	QL ♦
Perindopril Erbumine (Tablet)	1	QL ♦
Quinapril HCl (Tablet)	1	QL ♦
Ramipril (Capsule)	1	QL ♦
Trandolapril (Tablet)	1	QL ♦
Antiarrhythmics		
Amiodarone HCl (200mg Tablet)	1	♦
Amiodarone HCl (50mg/ml Injection)	4	
Dofetilide (Capsule)	4	
Flecainide Acetate (Tablet)	2	♦
Mexiletine HCl (Capsule)	2	♦
<b>Multaq (Tablet)</b>	3	QL
Pacerone (200mg Tablet)	1	♦
Procainamide HCl (Injection)	4	
Propafenone HCl (Tablet)	2	♦
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	4	
<b>Quinidine Gluconate (Injection)</b>	4	
Quinidine Gluconate CR (Tablet Extended-Release)	4	
Quinidine Sulfate (Tablet)	2	♦

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Sotalol HCl (AF) (Tablet)	2	◆
Sotalol HCl (Tablet)	2	◆
<b>Beta-adrenergic Blocking Agents</b>		
Acebutolol HCl (Capsule)	2	◆
Atenolol (Tablet)	1	◆
Betaxolol HCl (10mg Tablet, 20mg Tablet)	3	
Bisoprolol Fumarate (Tablet)	2	◆
<b>Bystolic (Tablet)</b>	3	QL
Carvedilol (Tablet)	1	◆
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet)	2	◆
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	◆
Propranolol HCl (1mg/ml Injection)	4	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	◆
Timolol Maleate (10mg Tablet, 20mg Tablet, 5mg Tablet)	4	
<b>Calcium Channel Blocking Agents</b>		
Afeditab CR (Tablet Extended-Release 24 Hour)	2	QL ◆
Amlodipine Besylate (Tablet)	1	◆
<b>Cardene IV (Injection)</b>	4	
Cartia XT (Capsule Extended-Release 24 Hour)	2	◆
Dilt-XR (Capsule Extended-Release 24 Hour)	2	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diltiazem CD (Capsule Extended-Release 24 Hour)	2	◆	Nicardipine HCl (20mg Capsule, 30mg Capsule)	3	
Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	4		Nifedipine ER (Tablet Extended-Release 24 Hour)	2	QL ◆
Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	2	◆	Nimodipine (Capsule)	5	
Diltiazem HCl ER (Capsule Extended-Release)	2	◆	Taztia XT (Capsule Extended-Release 24 Hour)	2	◆
Felodipine ER (Tablet Extended-Release 24 Hour)	3		Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	2	◆
Matzim LA (180mg Tablet Extended-Release 24 Hour, 240mg Tablet Extended-Release 24 Hour, 300mg Tablet Extended-Release 24 Hour)	2	◆	Verapamil HCl (2.5mg/ml Injection)	4	
Matzim LA (360mg Tablet Extended-Release 24 Hour, 420mg Tablet Extended-Release 24 Hour)	2	QL ◆	Verapamil HCl ER (100mg Capsule Extended-Release 24 Hour, 120mg Capsule Extended-Release 24 Hour, 180mg Capsule Extended-Release 24 Hour, 200mg Capsule Extended-Release 24 Hour, 240mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour)	3	
Nicardipine HCl (2.5mg/ml Injection)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2	◆
<b>Verapamil HCl SR (Capsule Extended-Release 24 Hour)</b>	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)	2	QL ◆
Amlodipine/Valsartan/ Hydrochlorothiazide (Tablet)	4	QL
Atenolol/ Chlorthalidone (Tablet)	1	◆
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL ◆
<b>BiDil (Tablet)</b>	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet)	2	QL ◆
Candesartan Cilexetil/ Hydrochlorothiazide (Tablet)	1	QL ◆
Captopril/ Hydrochlorothiazide (Tablet)	1	QL ◆
<b>Corlanor (Tablet)</b>	4	PA, QL
<b>Demser (Capsule)</b>	5	
Digitex (Tablet)	2	◆
<b>Digoxin (0.05mg/ml Oral Solution)</b>	3	
Digoxin (0.25mg/ml Injection)	4	
Digoxin (125mcg Tablet, 250mcg Tablet)	2	◆
<b>Edarbyclor (Tablet)</b>	4	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL ◆
<b>Entresto (Tablet)</b>	3	QL
Fosinopril Sodium/ Hydrochlorothiazide (Tablet)	1	QL ◆
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL ◆
<b>Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)</b>	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL ♦
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL ♦
Methyldopa/ Hydrochlorothiazide (Tablet)	3	
Metoprolol/ Hydrochlorothiazide (Tablet)	2	♦
Moexipril/ Hydrochlorothiazide (Tablet)	1	QL ♦
Nadolol/ Bendroflumethiazide (40mg-5mg Tablet)	3	QL
Nadolol/ Bendroflumethiazide (80mg-5mg Tablet)	3	
Olmesartan Medoxomil/ Amlodipine/ Hydrochlorothiazide (Tablet)	2	QL ♦
Olmesartan Medoxomil/ Hydrochlorothiazide (Tablet)	2	QL ♦
Pentoxifylline ER (Tablet Extended- Release)	2	♦
Propranolol/ Hydrochlorothiazide (Tablet)	2	♦

Drug Name	Drug Tier	Coverage Rules or Limits on use
Quinapril/ Hydrochlorothiazide (Tablet)	1	QL ♦
<b>Ranexa (Tablet Extended-Release 12 Hour)</b>	3	QL
Spironolactone/ Hydrochlorothiazide (Tablet)	2	♦
Telmisartan/ Amlodipine (Tablet)	1	QL ♦
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL ♦
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	2	♦
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL ♦
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
Acetazolamide (Tablet Immediate-Release)	3	
Acetazolamide ER (Capsule Extended- Release 12 Hour)	4	
Acetazolamide Sodium (Injection)	4	
Methazolamide (Tablet)	4	
<b>Diuretics, Loop</b>		

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bumetanide (0.25mg/ml Injection)	4	
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	1	◆
<b>Edecrin (Tablet)</b>	5	
Ethacrynic Acid (Tablet)	5	
Furosemide (10mg/ml Injection)	4	B/D, PA
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	◆
<b>Dyrenium (Capsule)</b>	4	
Eplerenone (Tablet)	3	
Spirolactone (Tablet)	2	◆
Diuretics, Thiazide		
Chlorothiazide (Tablet)	2	◆
Chlorothiazide Sodium (Injection)	4	B/D, PA
Chlorthalidone (Tablet)	2	◆
<b>Diuril (Suspension)</b>	4	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	◆
Indapamide (Tablet)	2	◆

Drug Name	Drug Tier	Coverage Rules or Limits on use
Methyclothiazide (Tablet)	3	
Metolazone (Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (145mg Tablet, 48mg Tablet)	3	
Fenofibrate (160mg Tablet, 54mg Tablet)	1	◆
Fenofibrate Micronized (134mg Capsule, 200mg Capsule, 67mg Capsule)	3	
<b>Fenofibric Acid (Tablet)</b>	3	
Fenofibric Acid DR (Capsule Delayed-Release)	3	
Gemfibrozil (Tablet)	2	◆
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL ◆
Fluvastatin (Capsule Immediate-Release)	1	QL ◆
<b>Livalo (Tablet)</b>	3	QL
Lovastatin (Tablet Immediate-Release)	1	QL ◆
Pravastatin Sodium (Tablet)	1	QL ◆
Rosuvastatin Calcium (Tablet)	1	QL ◆
Simvastatin (Tablet)	1	QL ◆
Dyslipidemics, Other		

◆ 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 abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cholestyramine (Powder)	4		Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)	2	◆
Cholestyramine Light (Powder)	4		Hydralazine HCl (20mg/ml Injection)	4	
Colestipol HCl (1gm Tablet)	3		Minoxidil (Tablet)	2	◆
Colestipol HCl (5gm Granules)	4		Vasodilators, Direct-acting Arterial/Venous		
Ezetimibe (Tablet)	2	QL ◆	Isosorbide Dinitrate (Tablet Immediate-Release)	2	◆
Ezetimibe/Simvastatin (Tablet)	3	QL	Isosorbide Dinitrate ER (Tablet Extended-Release)	2	◆
<b>Juxtapid (Capsule)</b>	5	PA, LA	Isosorbide Mononitrate (Tablet Immediate-Release)	2	◆
<b>Kynamro (Injection)</b>	5	PA, LA	Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	2	◆
Niacin ER (Tablet Extended-Release)	4		Minitran (Patch 24 Hour)	2	◆
Niacor (Tablet)	2	◆	Nitro-Bid (Ointment)	4	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	4	QL	Nitroglycerin (0.3mg Tablet Sublingual, 0.4mg Tablet Sublingual, 0.6mg Tablet Sublingual)	3	
<b>Praluent (Injection)</b>	5	PA, QL	Nitroglycerin (5mg/ml Injection)	4	
Prevalite (Powder)	4		Nitroglycerin Lingual (Translingual Solution)	1	◆
<b>Repatha (Injection)</b>	5	PA, QL	Nitroglycerin Transdermal (Patch 24 Hour)	2	◆
<b>Repatha Pushtonex System (Injection)</b>	5	PA, QL			
<b>Repatha SureClick (Injection)</b>	5	PA, QL			
<b>Vascepa (Capsule)</b>	4				
<b>Welchol (3.75gm Packet, 625mg Tablet)</b>	3				
Vasodilators, Direct-acting Arterial					

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Nitrostat (Tablet Sublingual)</b>	3		Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	4	QL
Central Nervous System Agents			Dextroamphetamine Sulfate ER (Capsule Extended-Release 24 Hour)		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			<b>Vyvanse (10mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 50mg Capsule, 60mg Capsule, 70mg Capsule, 10mg Tablet Chewable, 20mg Tablet Chewable, 30mg Tablet Chewable, 40mg Tablet Chewable, 50mg Tablet Chewable, 60mg Tablet Chewable)</b>		
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	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
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	Atomoxetine (Capsule)	4	QL, ST
			Clonidine HCl ER (Tablet Extended-Release 12 Hour)	4	PA
			Dexmethylphenidate HCl (Tablet Immediate-Release)	3	QL

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



Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Central Nervous System, Other		
<b>Namzaric (Therapy Pack, Capsule Extended-Release 24 Hour)</b>	3	PA, QL
<b>Nuedexta (Capsule)</b>	4	PA
<b>Rilutek (Tablet)</b>	5	
Riluzole (Tablet)	3	
Tetrabenazine (Tablet)	5	PA, QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Xenazine (Tablet)</b>	5	PA, QL, LA
Fibromyalgia Agents		
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	3	QL
<b>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)</b>	3	QL
<b>Savella (Tablet)</b>	3	
<b>Savella Titration Pack</b>	3	
Multiple Sclerosis Agents		
<b>Ampyra (Tablet Extended-Release 12 Hour)</b>	5	QL
<b>Aubagio (Tablet)</b>	5	QL
<b>Avonex (Injection)</b>	5	
<b>Avonex Pen (Injection)</b>	5	
<b>Betaseron (Injection)</b>	5	
<b>Copaxone (Injection)</b>	5	
<b>Gilenya (Capsule)</b>	5	QL
Glatopa (Injection)	5	
<b>Rebif (Injection)</b>	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Rebif Rebidose (Injection)</b>	5		<b>Calcitriol (3mcg/gm Ointment)</b>	4	
<b>Rebif Rebidose Titration Pack (Injection)</b>	5		<b>Carac (Cream)</b>	5	PA
<b>Rebif Titration Pack (Injection)</b>	5		Claravis (Capsule)	4	PA
<b>Tecfidera (Capsule Delayed-Release)</b>	5	QL	Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
<b>Tecfidera Starter Pack</b>	5		Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4	
<b>Tysabri (Injection)</b>	5	PA	Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	4	
<b>Zinbryta (Injection)</b>	5	PA	Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	3	
<b>Dental and Oral Agents</b>			<b>Cortisporin (0.5%-0.5% Cream, 1%-0.5% Ointment)</b>	4	
<b>Dental and Oral Agents</b>			<b>Cosentyx (Injection)</b>	5	PA
Chlorhexidine Gluconate (Solution)	2	◆	<b>Cosentyx Sensoready Pen (Injection)</b>	5	PA
<b>Kepivance (Injection)</b>	5		Diclofenac Sodium (3% Gel)	5	PA
Periogard (Solution)	2	◆	<b>Doxepin HCl (Cream)</b>	5	PA
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4		<b>Elidel (Cream)</b>	4	ST
Triamcinolone in Orabase (Paste)	3		Ery (2% Pad)	3	
<b>Dermatological Agents</b>			Erythromycin (2% External Solution)	2	◆
<b>Dermatological Agents</b>			Erythromycin (2% Gel)	4	
Acitretin (Capsule)	4				
Adapalene (0.1% Cream, 0.1% Gel)	4				
Ammonium Lactate (12% Cream, 12% Lotion)	3				
Calcipotriene (0.005% Cream, 0.005% External Solution)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Erythromycin/Benzoyl Peroxide (Gel)	4	
<b>Finacea (15% Foam, 15% Gel)</b>	4	
<b>Fluorouracil (0.5% Cream)</b>	5	
Fluorouracil (2% External Solution, 5% External Solution)	3	
Fluorouracil (5% Cream)	4	
Imiquimod (Cream)	4	
Methoxsalen (Capsule)	5	
<b>Mirvaso (Gel)</b>	4	
<b>Oxsoralen Ultra (Capsule)</b>	5	
<b>Picato (Gel)</b>	3	
Podofilox (External Solution)	3	
<b>PRUDOXIN (Cream)</b>	3	PA
<b>Regranex (Gel)</b>	5	PA
<b>Santyl (Ointment)</b>	4	
Selenium Sulfide (Lotion)	2	◆
<b>Solaraze (Gel)</b>	5	PA
<b>Soriatane (Capsule)</b>	5	
<b>Stelara (130mg/26ml Injection, 45mg/0.5ml Injection, 90mg/ml Injection)</b>	5	PA
Tacrolimus (0.03% Ointment, 0.1% Ointment)	4	ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tazarotene (Cream)	4	PA
<b>Tazorac (0.05% Cream, 0.1% Cream, 0.05% Gel, 0.1% Gel)</b>	4	PA
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	4	PA
<b>Tretinoin Microsphere (Gel)</b>	4	PA
<b>Zyclara (Cream)</b>	5	PA
<b>Zyclara Pump (Cream)</b>	5	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<b>Aminosyn 7%/Electrolytes (Injection)</b>	4	B/D, PA
<b>Aminosyn 8.5%/Electrolytes (Injection)</b>	4	B/D, PA
<b>Aminosyn II (10% Injection, 7% Injection)</b>	4	B/D, PA
<b>Aminosyn II 8.5%/Electrolytes (Injection)</b>	4	B/D, PA
<b>Aminosyn-HBC (Injection)</b>	4	B/D, PA
<b>Aminosyn-PF (Injection)</b>	4	B/D, PA
<b>Aminosyn-RF (Injection)</b>	4	B/D, PA
<b>Carbaglu (Tablet)</b>	5	LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextrose 10% (Injection)	4		KCl 0.075%/D5W/NaCl 0.45% (Injection)	4	
Dextrose 10%/NaCl 0.2% (Injection)	4		KCl 0.15%/D5W/NaCl 0.2% (Injection)	4	
Dextrose 10%/NaCl 0.45% (Injection)	4		KCl 0.15%/D5W/NaCl 0.9% (Injection)	4	
Dextrose 2.5%/NaCl 0.45% (Injection)	4		KCl 0.3%/D5W/NaCl 0.45% (Injection)	4	
Dextrose 5% (Injection)	4		KCl 0.3%/D5W/NaCl 0.9% (Injection)	4	
Dextrose 5%/Lactated Ringers (Injection)	4		Klor-Con 10 (Tablet Extended-Release)	3	
Dextrose 5%/NaCl 0.2% (Injection)	4		Klor-Con 8 (Tablet Extended-Release)	3	
Dextrose 5%/NaCl 0.225% (Injection)	4		Klor-Con M10 (Tablet Extended-Release)	2	◆
Dextrose 5%/NaCl 0.33% (Injection)	4		Klor-Con M15 (Tablet Extended-Release)	2	◆
Dextrose 5%/NaCl 0.45% (Injection)	4		Klor-Con M20 (Tablet Extended-Release)	2	◆
Dextrose 5%/NaCl 0.9% (Injection)	4		Klor-Con Sprinkle (Capsule Extended-Release)	3	
FreAmine HBC 6.9% (Injection)	4	B/D, PA	Lactated Ringers Irrigation (Solution)	3	
HepatAmine (Injection)	4	B/D, PA	Lactated Ringers Viaflex (Injection)	4	
Intralipid (Injection)	4	B/D, PA	Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	3	
Ionosol-MB/Dextrose 5% (Injection)	4		Magnesium Sulfate (1gm/2ml-50% Injection)	4	
Isolyte-P/Dextrose 5% (Injection)	4				
Isolyte-S (Injection)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Magnesium Sulfate (5gm/10ml-50% Injection)	4	
<b>Nephramine (Injection)</b>	4	B/D, PA
<b>Normosol-M in D5W (Injection)</b>	4	
<b>Normosol-R (Injection)</b>	4	
<b>Normosol-R in D5W (Injection)</b>	4	
<b>Nutrilipid (Injection)</b>	4	B/D, PA
<b>Physiolyte (Irrigation Solution)</b>	4	
<b>Physiosol Irrigation (Solution)</b>	4	
<b>Plasma-Lyte A (Injection)</b>	4	
<b>Plasma-Lyte-148 (Injection)</b>	4	
Plenamaine (Injection)	4	B/D, PA
<b>Potassium Chloride (10% Oral Solution, 20% Oral Solution)</b>	3	
<b>Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)</b>	4	B/D, PA
Potassium Chloride (2meq/ml Injection)	4	B/D, PA
<b>Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)</b>	4	
<b>Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)</b>	4	
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release)	3	
Potassium Chloride ER (10meq Tablet Extended-Release, 20meq Tablet Extended-Release, 8meq Tablet Extended-Release)	2	♦
<b>Potassium Chloride ER (20meq Tablet Extended-Release)</b>	2	♦
<b>Potassium Chloride/Dextrose (Injection)</b>	4	B/D, PA
<b>Potassium Chloride/Dextrose/Lactated Ringers (Injection)</b>	4	
Potassium Chloride/Sodium Chloride (20meq/L-0.45% Injection)	4	B/D, PA
<b>Potassium Chloride/Sodium Chloride (20meq/L-0.9% Injection, 40meq/L-0.9% Injection)</b>	4	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Citrate ER (Tablet Extended-Release)	3	
Premasol (Injection)	4	B/D, PA
<b>Procalamine (Injection)</b>	4	B/D, PA
<b>Prosol (Injection)</b>	4	B/D, PA
<b>Ringers Injection</b>	4	
<b>Ringers Irrigation (Solution)</b>	3	
<b>Sodium Chloride (0.9% Injection, 2.5meq/ml Injection)</b>	4	
<b>Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)</b>	4	B/D, PA
<b>Sodium Chloride 0.45% (Injection)</b>	4	
<b>Sodium Chloride 0.9% (Irrigation Solution)</b>	3	
Sodium Fluoride (Tablet)	2	♦
<b>Sodium Lactate (Injection)</b>	4	
<b>TPN Electrolytes (Injection)</b>	4	
<b>Travasol (Injection)</b>	4	B/D, PA
<b>Trophamine (10% Injection)</b>	4	B/D, PA
Electrolyte/Mineral/Metal Modifiers		
<b>Chemet (Capsule)</b>	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Exjade (Tablet Soluble)</b>	5	PA
<b>Ferriprox (100mg/ml Oral Solution, 500mg Tablet)</b>	5	PA
<b>Jadenu (Tablet)</b>	5	PA
<b>Jadenu Sprinkle (Packet)</b>	5	PA
Kionex (Powder)	3	
<b>Samsca (Tablet)</b>	5	PA, QL
Sodium Polystyrene Sulfonate (Suspension)	3	
SPS (Suspension)	3	
<b>Syprine (Capsule)</b>	5	PA, QL
Phosphate Binders		
<b>Auryxia (Tablet)</b>	5	
Calcium Acetate (667mg Capsule, 667mg Tablet)	3	
Eliphos (Tablet)	4	
<b>Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)</b>	5	
<b>Phoslyra (Oral Solution)</b>	3	
<b>Renagel (Tablet)</b>	3	ST
<b>Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)</b>	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Velphoro (Tablet Chewable)</b>	5	
Vitamins		
VP-PNV-DHA (Capsule)	2	◆
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<b>Atropine Sulfate (Injection)</b>	4	
<b>Cuvposa (Oral Solution)</b>	4	
Dicyclomine HCl (10mg Capsule, 10mg/5ml Oral Solution, 20mg Tablet)	2	◆
Glycopyrrolate (4mg/20ml Injection)	4	
Methscopolamine Bromide (Tablet)	4	
Gastrointestinal Agents, Other		
Chenodal (Tablet)	5	
Cromolyn Sodium (100mg/5ml Concentrate)	4	
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	4	
<b>Gattex (Injection)</b>	5	PA
Loperamide HCl (Capsule)	2	◆
<b>Myalept (Injection)</b>	5	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Relistor (12mg/0.6ml Injection, 8mg/0.4ml Injection)</b>	5	PA
<b>Serostim (Injection)</b>	5	PA
Ursodiol (250mg Tablet, 500mg Tablet)	4	
Ursodiol (300mg Capsule)	3	
<b>Zorbtive (Injection)</b>	5	PA
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 (50mg/2ml Injection, 75mg/5ml Syrup)	4	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	5	PA
<b>Amitiza (Capsule)</b>	3	QL
<b>Linzess (Capsule)</b>	3	QL
<b>Lotronex (Tablet)</b>	5	PA
<b>Xifaxan (Tablet)</b>	5	PA
Laxatives		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	◆
Generlac (Oral Solution)	2	◆
Lactulose (Oral Solution)	2	◆
<b>PEG-3350/ Electrolytes (Oral Solution) (Generic GoLYTELY)</b>	3	
PEG-3350/NaCl/Na Bicarbonate/KCl (Oral Solution) (Generic NuLYTELY)	3	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	2	◆
<b>Suprep Bowel Prep Kit (Oral Solution)</b>	3	
TriLyte (Oral Solution)	1	◆
Protectants		
<b>Carafate (1gm/10ml Suspension)</b>	4	
Misoprostol (Tablet)	3	
Sucralfate (Tablet)	2	◆
Proton Pump Inhibitors		

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Dexilant (Capsule Delayed-Release)</b>	4	QL
Esomeprazole Magnesium (Capsule Delayed-Release) (Generic Nexium)	3	QL
Esomeprazole Sodium (Injection)	4	
<b>Nexium (10mg Packet, 2.5mg Packet, 20mg Packet, 40mg Packet, 5mg Packet)</b>	3	
<b>Nexium (20mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)</b>	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 ◆
<b>Prilosec (Packet)</b>	4	PA
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		

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



Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Adagen (Injection)</b>	5	LA
<b>Aldurazyme (Injection)</b>	5	
<b>Aralast NP (Injection)</b>	5	PA, LA
<b>Buphenyl (3gm/tsp Powder, 500mg Tablet)</b>	5	
<b>Cerezyme (Injection)</b>	5	PA
<b>Cholbam (Capsule)</b>	5	PA
<b>Creon (Capsule Delayed-Release)</b>	3	
<b>Cystadane (Powder)</b>	5	
<b>Cystagon (Capsule)</b>	4	LA
<b>Elaprase (Injection)</b>	5	
<b>ElELYso (Injection)</b>	5	PA, LA
<b>Exondys 51 (Injection)</b>	5	PA, LA
<b>Fabrazyme (Injection)</b>	5	
<b>Glassia (Injection)</b>	5	PA, LA
<b>Kanuma (Injection)</b>	5	PA
<b>Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)</b>	5	
<b>Lumizyme (Injection)</b>	5	
<b>Naglazyme (Injection)</b>	5	
<b>Ocaliva (Tablet)</b>	5	PA, QL
<b>Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)</b>	5	LA

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

**Bold type = Brand name drug**

Plain type = Generic drug

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	4		Hydrocortisone Butyrate (0.1% Ointment)	3	
Fludrocortisone Acetate (Tablet)	2	◆	Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	4	
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.01% External Solution, 0.025% Ointment)	4		<b>Kenalog-10 (Injection)</b>	4	
Fluocinolone Acetonide Body (Oil)	4		<b>Kenalog-40 (Injection)</b>	4	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3		Methylprednisolone (Tablet)	2	◆
Fluocinonide-E (Cream)	3		Methylprednisolone Acetate (Injection)	4	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3		Methylprednisolone Dose Pack (Tablet Therapy Pack)	2	◆
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4		Methylprednisolone Sodium Succinate (Injection)	4	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	2	◆	Mometasone Furoate (0.1% Cream, 0.1% External Solution, 0.1% Ointment)	3	
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	3		<b>Prednicarbate (0.1% Cream)</b>	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	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednisone (10mg Tablet Therapy Pack, 5mg Tablet Therapy Pack, 10mg Tablet, 1mg Tablet, 2.5mg Tablet, 20mg Tablet, 50mg Tablet, 5mg Tablet)	1	◆	<b>Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)</b>	3	
Prednisone (5mg/5ml Oral Solution)	2	◆	Desmopressin Acetate (0.01% Nasal Spray Solution, 4mcg/ml Injection)	4	
Prednisone Intensol (5mg/ml Concentrate)	2	◆	Desmopressin Acetate (0.1mg Tablet, 0.2mg Tablet)	3	
<b>Solu-Cortef (Injection)</b>	4		<b>Genotropin (12mg Injection, 5mg Injection)</b>	5	PA
<b>Solu-Medrol (2gm Injection)</b>	4		<b>Genotropin Miniquick (0.2mg Injection)</b>	4	PA
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	2	◆	<b>Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)</b>	5	PA
Triamcinolone Acetonide (0.025% Lotion, 0.1% Lotion)	3		<b>Humatrope (Injection)</b>	5	PA
Triderm (Cream)	2	◆	<b>Humatrope Combo Pack (Injection)</b>	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			<b>Increlex (Injection)</b>	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			<b>Norditropin FlexPro (Injection)</b>	5	PA
<b>Chorionic Gonadotropin (Injection)</b>	4	PA	<b>Novarel (Injection)</b>	4	PA
			<b>Nutropin AQ (Injection)</b>	5	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Blisovi Fe 1/20 (Tablet)	4	
Briellyn (Tablet)	4	
<b>Camrese Lo (Tablet)</b>	4	
Caziant (Tablet)	4	
<b>Climara Pro (Patch Weekly)</b>	4	
Cryselle-28 (Tablet)	4	
Cyclafem (Tablet)	4	
Delyla (Tablet)	4	
Depo-Estradiol (Injection)	4	
Desogestrel/Ethinyl Estradiol (Tablet)	4	
Drospirenone/Ethinyl Estradiol (Tablet)	4	
<b>Duavee (Tablet)</b>	4	
<b>Elestrin (Gel)</b>	4	
Emoquette (Tablet)	4	
Enpresse-28 (Tablet)	4	
Estrace (0.1mg/gm Cream)	4	

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	3		Kaitlib Fe (Tablet Chewable)	4	
Estradiol Valerate (Injection)	4		Kariva (Tablet)	4	
<b>Estring (Ring)</b>	4		Kelnor 1/35 (Tablet)	4	
Ethinodiol Diacetate/Ethinyl Estradiol (Tablet)	4		Kimidess (Tablet)	4	
Falmina (Tablet)	4		LARIN 1.5/30 (Tablet)	4	
<b>Femring (Ring)</b>	4		LARIN 1/20 (Tablet)	4	
Femynor (Tablet)	4		LARIN Fe 1.5/30 (Tablet)	4	
<b>Gianvi (Tablet)</b>	4		LARIN Fe 1/20 (Tablet)	4	
Gildagia (Tablet)	4		Larissia (Tablet)	4	
Introvale (Tablet)	4		<b>Layolis Fe (Tablet Chewable)</b>	4	
Jinteli (Tablet)	4		<b>Leena (Tablet)</b>	4	
Juleber (Tablet)	4		Lessina (Tablet)	4	
Junel 1.5/30 (Tablet)	4		Levonest (Tablet)	4	
Junel 1/20 (Tablet)	4		Levonorgestrel and Ethinyl Estradiol (Tablet)	4	
Junel Fe 1.5/30 (Tablet)	4		Levonorgestrel/Ethinyl Estradiol (Tablet)	4	
Junel Fe 1/20 (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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Microgestin 1.5/30 (Tablet)</b>	4		Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)	4	
<b>Microgestin 1/20 (Tablet)</b>	4		Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.4mg-35mcg Tablet Chewable)	4	
<b>Microgestin Fe (Tablet)</b>	4		Norgestimate/Ethinyl Estradiol (Tablet)	4	
<b>Microgestin Fe 1.5/30 (Tablet)</b>	4		Nortrel 0.5/35 (28) (Tablet)	4	
<b>MonoNessa (Tablet)</b>	4		Nortrel 1/35 (Tablet)	4	
Necon 0.5/35-28 (Tablet)	4		Nortrel 7/7/7 (Tablet)	4	
<b>Necon 1/50-28 (Tablet)</b>	4		<b>NuvaRing (Ring)</b>	4	
Necon 10/11-28 (Tablet)	4		<b>Ocella (Tablet)</b>	4	
<b>Necon 7/7/7 (Tablet)</b>	4		Ogestrel (Tablet)	4	
Nikki (Tablet)	4		Orsythia (Tablet)	4	
Norethindrone/Ethinyl Estradiol/Ferrous Fumarate (0.8mg-25mcg Tablet Chewable)	4		Pimtreea (Tablet)	4	
Norethindrone Acetate/Ethinyl Estradiol (20mcg-1mg Tablet)	4		Pirmella 1/35 (Tablet)	4	
<b>Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (20mcg-75mg-1mg Tablet Chewable)</b>	4		Portia-28 (Tablet)	4	
			<b>Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)</b>	4	QL
			<b>Premarin (Vaginal Cream)</b>	3	
			<b>Premphase (Tablet)</b>	4	QL
			<b>Prempro (Tablet)</b>	4	QL
			Previfem (Tablet)	4	
			Quasense (Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Reclipsen (Tablet)	4	
Setlakin (Tablet)	4	
Sprintec 28 (Tablet)	4	
Sronyx (Tablet)	4	
Tarina Fe 1/20 (Tablet)	4	
Tri-Legest Fe (Tablet)	4	
Tri-Lo-Estarylla (Tablet)	4	
Tri-Lo-Sprintec (Tablet)	4	
Tri-Previfem (Tablet)	4	
Tri-Sprintec (Tablet)	4	
<b>Trinessa (Tablet)</b>	4	
Trivora-28 (Tablet)	4	
Velivet (Tablet)	4	
Vestura (Tablet)	4	
Vienna (Tablet)	4	
Vyfemla (Tablet)	4	
WYMZYA Fe (Tablet Chewable)	4	
Xulane (Patch Weekly)	4	
Yuvaferm (Tablet)	4	QL
Zarah (Tablet)	4	
Zenchant (Tablet)	4	
Zenchant Fe (Tablet Chewable)	4	
Zovia 1/35E (Tablet)	4	
Zovia 1/50E (Tablet)	4	
<b>Progestins</b>		
Camila (Tablet)	3	
<b>Crinone (Gel)</b>	4	PA
Deblitane (Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Depo-Provera (Injection)</b>	4	
Errin (Tablet)	3	
Hydroxyprogesterone Caproate (Injection)	5	PA
<b>Jolivette (Tablet)</b>	3	
Lyza (Tablet)	3	
<b>Makena (Injection)</b>	5	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	◆
Medroxyprogesterone Acetate (150mg/ml Injection)	4	
<b>Megace ES (Suspension)</b>	5	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Megestrol Acetate (625mg/5ml Suspension)	4	
<b>Nora-BE (Tablet)</b>	3	
Norethindrone (0.35mg Tablet)	3	
Norethindrone Acetate (5mg Tablet)	2	◆
Norlyroc (Tablet)	3	
Progesterone (Capsule)	2	◆
Sharobel (Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Selective Estrogen Receptor Modifying Agents		
Raloxifene HCl (Tablet)	3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<b>Levothyroxine Sodium (100mcg Injection)</b>	5	
Levothyroxine Sodium (100mcg Tablet, 112mcg Tablet, 125mcg Tablet, 137mcg Tablet, 150mcg Tablet, 175mcg Tablet, 200mcg Tablet, 25mcg Tablet, 300mcg Tablet, 50mcg Tablet, 75mcg Tablet, 88mcg Tablet)	1	◆
<b>Levoxyl (Tablet)</b>	3	
Liothyronine Sodium (10mcg/ml Injection)	4	
Liothyronine Sodium (25mcg Tablet, 50mcg Tablet, 5mcg Tablet)	2	◆
<b>Synthroid (Tablet)</b>	3	
<b>Unithroid (Tablet)</b>	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
<b>Lysodren (Tablet)</b>	3	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cabergoline (Tablet)	3	
<b>Egrifta (Injection)</b>	5	PA
<b>Firmagon (120mg Injection)</b>	5	PA
<b>Firmagon (80mg Injection)</b>	4	PA
Leuprolide Acetate (Injection)	4	PA
<b>Lupaneta Pack (Kit)</b>	5	PA
<b>Lupron Depot (1-Month) (Injection)</b>	5	PA
<b>Lupron Depot (3-Month) (Injection)</b>	5	PA
<b>Lupron Depot (4-Month) (Injection)</b>	5	PA
<b>Lupron Depot (6-Month) (Injection)</b>	5	PA
<b>Lupron Depot-Ped (1-Month) (Injection)</b>	5	PA
Octreotide Acetate (Injection)	4	PA
<b>Sandostatin LAR Depot (Injection)</b>	5	PA
<b>Signifor (Injection)</b>	5	PA
<b>Somatuline Depot (Injection)</b>	5	PA
<b>Somavert (Injection)</b>	5	PA, QL
<b>Synarel (Nasal Solution)</b>	5	
<b>Trelstar Mixject (Injection)</b>	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	2	◆

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gengraf (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
<b>Humira (Injection)</b>	5	PA
<b>Humira Pediatric Crohns Disease Starter Pack (Injection)</b>	5	PA
<b>Humira Pen (Injection)</b>	5	PA
<b>Humira Pen Crohns Disease Starter Pack (Injection)</b>	5	PA
<b>Humira Pen-Psoriasis Starter (Injection)</b>	5	PA
<b>Kineret (Injection)</b>	5	PA
Methotrexate (Tablet)	2	◆
Methotrexate Sodium (1gm Injection, 1gm/40ml Injection, 50mg/2ml Injection)	4	
Methotrexate Sodium (50mg/2ml Injection)	4	
Mycophenolate Mofetil (200mg/ml Suspension)	5	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	PA
Mycophenolate Mofetil (500mg Injection)	4	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Xeljanz XR (Tablet Extended-Release 24 Hour)</b>	5	PA, QL
<b>Zortress (Tablet)</b>	5	PA
Immunizing Agents, Passive		
<b>Atgam (Injection)</b>	5	
<b>BIVIGAM (Injection)</b>	5	PA
<b>Carimune Nanofiltered (Injection)</b>	5	PA
<b>Flebogamma DIF (Injection)</b>	5	PA
<b>Gamastan S/D (Injection)</b>	3	PA
<b>Gammagard Liquid (Injection)</b>	5	PA
<b>Gammagard S/D IGA Less Than 1 mcg/ml (Injection)</b>	5	PA
<b>Gammaked (Injection)</b>	5	PA
<b>Gammaplex (Injection)</b>	5	PA
<b>Gamunex-C (Injection)</b>	5	PA
<b>Octagam (Injection)</b>	5	PA
<b>Privigen (Injection)</b>	5	PA
<b>Thymoglobulin (Injection)</b>	5	
<b>Varizig (Injection)</b>	3	
Immunomodulators		

**Bold type = Brand name drug**

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Actemra (162mg/0.9ml Injection, 200mg/10ml Injection, 400mg/20ml Injection)</b>	5	PA
<b>Actemra (80mg/4ml Injection)</b>	4	PA
<b>Actimmune (Injection)</b>	5	
<b>Arcalyst (Injection)</b>	5	PA, LA
<b>Benlysta (Injection)</b>	5	PA
<b>Ilaris (Injection)</b>	5	PA, QL, LA
Leflunomide (Tablet)	2	◆
<b>Otezla (Tablet Therapy Pack, 30mg Tablet)</b>	5	PA
<b>Ridaura (Capsule)</b>	5	
<b>Simulect (Injection)</b>	5	
<b>Sylvant (Injection)</b>	5	PA
<b>Synagis (Injection)</b>	5	PA
<b>Xolair (Injection)</b>	5	PA
<b>Vaccines</b>		
<b>ActHIB (Injection)</b>	3	
<b>Adacel (Injection)</b>	3	
<b>BCG Vaccine (Injection)</b>	3	
<b>Bexsero (Injection)</b>	3	
<b>Boostrix (Injection)</b>	3	
<b>Daptacel (Injection)</b>	3	
<b>Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)</b>	3	
<b>Engerix-B (Injection)</b>	3	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Gardasil 9 (Injection)</b>	3	
<b>Havrix (Injection)</b>	3	
<b>Hiberix (Injection)</b>	3	
<b>Imovax Rabies (H.D.C.V.) (Injection)</b>	3	B/D, PA
<b>Infanrix (Injection)</b>	3	
<b>IPOL Inactivated IPV (Injection)</b>	3	
<b>Ixiaro (Injection)</b>	3	
<b>Kinrix (Injection)</b>	3	
<b>M-M-R II (Injection)</b>	3	
<b>Menactra (Injection)</b>	3	
<b>Menomune-A/C/Y/W-135 (Injection)</b>	3	
<b>Menveo (Injection)</b>	3	
<b>Pediarix (Injection)</b>	3	
<b>Pedvax HIB (Injection)</b>	3	
<b>ProQuad (Injection)</b>	3	
<b>Quadracel (Injection)</b>	3	
<b>Rabavert (Injection)</b>	3	B/D, PA
<b>Recombivax HB (Injection)</b>	3	B/D, PA
<b>Rotarix (Suspension)</b>	3	
<b>RotaTeq (Oral Solution)</b>	3	
<b>Tenivac (Injection)</b>	3	
<b>Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)</b>	3	
<b>Trumenba (Injection)</b>	3	
<b>Twinrix (Injection)</b>	3	
<b>Typhim Vi (Injection)</b>	3	

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Proctozone-HC (Cream)	2	◆
<b>Uceris (9mg Tablet Extended-Release 24 Hour)</b>	5	ST
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	◆
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL ◆
Alendronate Sodium (70mg/75ml Oral Solution)	4	
<b>Binosto (Tablet Effervescent)</b>	4	QL
Calcitonin-Salmon (Nasal Solution)	3	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	2	B/D, PA ◆
Calcitriol (1mcg/ml Injection)	4	B/D, PA
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	4	B/D, PA, QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxercalciferol (4mcg/2ml Injection)	4	B/D, PA
Etidronate Disodium (Tablet)	4	
<b>Forteo (Injection)</b>	5	PA, QL
Ibandronate Sodium (150mg Tablet)	3	QL
Ibandronate Sodium (3mg/3ml Injection)	4	B/D, PA
<b>Miacalcin (200unit/ml Injection)</b>	5	PA
<b>Natpara (Injection)</b>	5	PA
Pamidronate Disodium (Injection)	4	B/D, PA
Paricalcitol (1mcg Capsule, 2mcg Capsule)	4	B/D, PA, QL
Paricalcitol (2mcg/ml Injection, 5mcg/ml Injection, 4mcg Capsule)	4	B/D, PA
<b>Prolia (Injection)</b>	4	
Risedronate Sodium (Tablet)	3	QL
<b>Sensipar (30mg Tablet)</b>	3	B/D, PA, QL
<b>Sensipar (60mg Tablet, 90mg Tablet)</b>	5	B/D, PA, QL
<b>Tymlos (Injection)</b>	5	PA, QL
<b>Xgeva (Injection)</b>	5	PA
Zoledronic Acid (4mg/5ml Injection)	4	B/D, PA
Zoledronic Acid (5mg/100ml Injection)	4	PA

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin/Polymyxin/ Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	2	◆	<b>Xiidra (Ophthalmic Solution)</b>	4	QL
Neomycin/Polymyxin/ Gramicidin (Ophthalmic Solution)	3		Ophthalmic Anti-allergy Agents		
Neomycin/Polymyxin/ Hydrocortisone (1% Ophthalmic Suspension)	4		<b>Alocril (Ophthalmic Solution)</b>	4	
Polymyxin B Sulfate/ Trimethoprim Sulfate (Ophthalmic Solution)	2	◆	<b>Alomide (Ophthalmic Solution)</b>	4	
<b>Pred-G (Suspension)</b>	4		Azelastine HCl (0.05% Ophthalmic Solution)	3	
<b>Pred-G S.O.P. (Ointment)</b>	4		<b>Bepreve (Ophthalmic Solution)</b>	4	
Proparacaine HCl (Ophthalmic Solution)	2	◆	Cromolyn Sodium (4% Ophthalmic Solution)	2	◆
<b>Restasis (Emulsion)</b>	3	QL	Epinastine HCl (Ophthalmic Solution)	3	
Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	2	◆	Olopatadine HCl (Ophthalmic Solution)	3	
<b>Tobradex (0.3%-0.1% Ophthalmic Ointment)</b>	3		<b>Pazeo (Ophthalmic Solution)</b>	3	
<b>Tobradex ST (Ophthalmic Suspension)</b>	4		Ophthalmic Antiglaucoma Agents		
Tobramycin/ Dexamethasone (Ophthalmic Suspension)	3		<b>Alphagan P (0.1% Ophthalmic Solution)</b>	3	
			Apraclonidine (Ophthalmic Solution)	3	
			<b>Azopt (Suspension)</b>	3	
			Betaxolol HCl (0.5% Ophthalmic Solution)	3	
			<b>Betimol (Ophthalmic Solution)</b>	4	
			<b>Brimonidine Tartrate (0.15% Ophthalmic Solution)</b>	4	
			Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Carteolol HCl (Ophthalmic Solution)	2	◆	Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	2	◆
<b>Combigan (Ophthalmic Solution)</b>	3		Diclofenac Sodium (0.1% Ophthalmic Solution)	2	◆
<b>Cosopt PF (Ophthalmic Solution)</b>	4		<b>Durezol (Emulsion)</b>	3	
Dorzolamide HCl (Ophthalmic Solution)	2	◆	<b>Flarex (Suspension)</b>	4	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	2	◆	<b>Fluorometholone (Ophthalmic Suspension)</b>	3	
Levobunolol HCl (Ophthalmic Solution)	2	◆	Flurbiprofen Sodium (Ophthalmic Solution)	2	◆
Metipranolol (Ophthalmic Solution)	2	◆	<b>FML (Ointment)</b>	4	
<b>Phospholine Iodide (Ophthalmic Solution)</b>	4		<b>FML Forte (Suspension)</b>	4	
<b>Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)</b>	3		<b>Ilevro (Suspension)</b>	3	
<b>Simbrinza (Suspension)</b>	3		Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	3	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution)	2	◆	<b>Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)</b>	4	
<b>Timolol Maleate Ophthalmic Gel Forming (Solution)</b>	3		<b>Nevanac (Suspension)</b>	3	
Ophthalmic Anti-inflammatories			<b>Pred Mild (Suspension)</b>	4	
			<b>Prednisolone Acetate (Ophthalmic Suspension)</b>	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	◆	Azelastine HCl (0.1% Nasal Solution)	3	QL
<b>Prolensa (Ophthalmic Solution)</b>	4		Azelastine HCl (0.15% Nasal Solution)	3	
Ophthalmic Prostaglandin and Prostaglandin Analogs			Cetirizine HCl (Syrup)	2	◆
Latanoprost (Ophthalmic Solution)	1	◆	Cyproheptadine HCl (2mg/5ml Syrup, 4mg Tablet)	4	
<b>Lumigan (Ophthalmic Solution)</b>	3		Diphenhydramine HCl (50mg/ml Injection)	4	B/D, PA
<b>Travatan Z (Ophthalmic Solution)</b>	3		Levocetirizine Dihydrochloride (5mg Tablet)	1	QL ◆
Otic Agents			Phenadoz (Suppository)	4	
Otic Agents			Phenergan (12.5mg Suppository, 25mg Suppository)	4	
Acetic Acid (Otic Solution)	2	◆	Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection)	4	
<b>Cipro HC (Suspension)</b>	4		Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	3	
<b>Ciprodex (Otic Suspension)</b>	3		Promethegan (25mg Suppository)	4	
<b>Coly-Mycin S (Suspension)</b>	4		Anti-inflammatories, Inhaled Corticosteroids		
Fluocinolone Acetonide (0.01% Otic Oil)	4		<b>Arnuity Ellipta (Aerosol Powder)</b>	3	QL
Hydrocortisone/Acetic Acid (Otic Solution)	3		Respiratory Tract/Pulmonary Agents		
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3		Antihistamines		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	4	B/D, PA
<b>Flovent Diskus (Aerosol Powder)</b>	3	QL
<b>Flovent HFA (Aerosol)</b>	3	QL
Flunisolide (Nasal Solution)	1	♦
Fluticasone Propionate (50mcg/act Suspension)	2	♦
Mometasone Furoate (50mcg/act Suspension)	4	
<b>Triamcinolone Acetonide (55mcg/act Aerosol)</b>	4	
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
<b>Zyflo (Tablet)</b>	5	ST
<b>Zyflo CR (Tablet Extended-Release 12 Hour)</b>	5	ST
Bronchodilators, Anticholinergic		

Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Atrovent HFA (Aerosol Solution)</b>	4	
<b>Incruse Ellipta (Aerosol Powder)</b>	3	QL
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA ♦
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	♦
<b>Spiriva HandiHaler (Capsule)</b>	3	QL
<b>Spiriva Respimat (Aerosol Solution)</b>	3	QL
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	
<b>Brovana (Nebulized Solution)</b>	4	B/D, PA, QL
<b>Epinephrine (0.15mg/0.3ml Injection, 0.3mg/0.3ml Injection) (Generic EpiPen)</b>	3	QL
<b>EpiPen (Injection)</b>	4	PA, QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Levalbuterol (Nebulized Solution)	4	B/D, PA
Metaproterenol Sulfate (10mg Tablet, 20mg Tablet, 10mg/5ml Syrup)	4	
<b>Perforomist (Nebulized Solution)</b>	4	B/D, PA, QL
<b>ProAir HFA (Aerosol Solution)</b>	3	
<b>ProAir RespiClick (Aerosol Powder)</b>	3	
<b>Serevent Diskus (Aerosol Powder)</b>	3	QL
Terbutaline Sulfate (1mg/ml Injection)	5	
Cystic Fibrosis Agents		
<b>Bethkis (Nebulized Solution)</b>	5	B/D, PA, QL
<b>Cayston (Inhalation Solution)</b>	5	PA, LA
<b>Kalydeco (150mg Tablet, 50mg Packet, 75mg Packet)</b>	5	PA, QL
<b>Orkambi (Tablet)</b>	5	PA, QL, LA
<b>TOBI (Nebulized Solution)</b>	5	B/D, PA, QL
<b>TOBI Podhaler (Capsule)</b>	5	PA, QL
Tobramycin (Nebulized Solution)	5	B/D, PA, QL
Mast Cell Stabilizers		
Cromolyn Sodium (20mg/2ml Nebulized Solution)	3	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phosphodiesterase Inhibitors, Airways Disease		
Aminophylline (Injection)	4	
<b>Daliresp (Tablet)</b>	4	PA, QL
Theophylline (Oral Solution)	2	♦
Theophylline CR (Tablet Extended-Release 12 Hour)	2	♦
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	2	♦
Pulmonary Antihypertensives		
<b>Adcirca (Tablet)</b>	5	PA, QL
<b>Adempas (Tablet)</b>	5	PA
<b>Letairis (Tablet)</b>	5	PA, QL, LA
<b>Opsumit (Tablet)</b>	5	PA, LA
<b>Orenitram (0.125mg Tablet Extended-Release)</b>	4	PA, QL
<b>Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)</b>	5	PA, QL
<b>Orenitram (2.5mg Tablet Extended-Release, 5mg Tablet Extended-Release)</b>	5	PA
<b>Remodulin (Injection)</b>	5	PA, LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
<b>Revatio (10mg/12.5ml Injection)</b>	5	PA
<b>Revatio (20mg Tablet)</b>	5	PA, QL
Sildenafil (10mg/12.5ml Injection)	5	PA
Sildenafil (20mg Tablet) (Generic Revatio)	3	PA, QL
<b>Tracleer (Tablet)</b>	5	PA, QL
<b>Ventavis (Inhalation Solution)</b>	5	PA, QL, LA
Pulmonary Fibrosis Agents		
<b>Esbriet (267mg Capsule, 267mg Tablet, 801mg Tablet)</b>	5	PA, QL, LA
<b>Ofev (Capsule)</b>	5	PA, QL, LA
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	2	B/D, PA ♦
<b>Advair Diskus (Aerosol Powder)</b>	3	QL
<b>Advair HFA (Aerosol)</b>	3	QL
<b>Anoro Ellipta (Aerosol Powder)</b>	3	QL
<b>Bevespi Aerosphere (Aerosol)</b>	3	QL
<b>Breo Ellipta (Aerosol Powder)</b>	3	QL
<b>Combivent Respimat (Aerosol Solution)</b>	3	
<b>Dulera (Aerosol)</b>	4	PA, QL
<b>Dymista (Suspension)</b>	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA ♦
<b>Nucala (Injection)</b>	5	PA, QL, LA
<b>Pulmozyme (Inhalation Solution)</b>	5	B/D, PA, QL
<b>Stiolto Respimat (Aerosol Solution)</b>	3	QL
<b>Symbicort (Aerosol)</b>	3	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Tablet)	2	♦
Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet)	2	♦
Cyclobenzaprine HCl (7.5mg Tablet)	4	
Dantrolene Sodium (Capsule)	4	
<b>Gablofen (40000mcg/20ml Injection)</b>	5	B/D, PA
<b>Lioresal Intrathecal (0.05mg/ml Injection, 10mg/20ml Injection)</b>	4	B/D, PA
<b>Lioresal Intrathecal (10mg/5ml Injection)</b>	5	B/D, PA
Orphenadrine Citrate (Injection)	4	
Tizanidine HCl (2mg Tablet, 4mg Tablet)	2	♦
Sleep Disorder Agents		
GABA Receptor Modulators		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Temazepam (15mg Capsule, 30mg Capsule)	2	QL ♦
Zaleplon (Capsule)	3	QL
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL ♦

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sleep Disorders, Other		
<b>Belsomra (Tablet)</b>	3	QL
<b>Hetlioz (Capsule)</b>	5	PA, QL
Modafinil (Tablet)	4	PA, QL
<b>Rozerem (Tablet)</b>	4	QL
<b>Xyrem (Oral Solution)</b>	5	PA, QL, LA

## Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Bold type = Brand name drug**

Plain type = Generic drug

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

## Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These 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. This means, the amount you pay doesn't help you qualify for catastrophic coverage. Also, if you're receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

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

**Required information**

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

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

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



For more up-to-date information or if you have other questions,  
please call Customer Service at:

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

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

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