



2017 Comprehensive

FORMULARY

(Complete list of covered drugs)

AARP® MedicareRx Saver Plus (PDP)

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

For more recent information or if you have other questions, please call AARP MedicareRx Saver Plus (PDP) Plans Customer Service at:



Toll-Free **1-866-460-8854**, TTY **711**

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



www.MyAARPMedicare.com

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the UnitedHealthcare Customer Service number on the back of your member ID card.

AARP | MedicareRx Plans
insured through UnitedHealthcare

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

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

When this formulary (drug list) refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan” or “our plan,” it means AARP MedicareRx Saver Plus (PDP) Plans.

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

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

The AARP MedicareRx Saver Plus (PDP) Plans

COMPREHENSIVE FORMULARY (drug list)

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

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

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

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

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

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

To find out if your drug is covered:

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

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

The drug list may change

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

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

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

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

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

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

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

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

Drug payment stages and drug tiers

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

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

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

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

If you qualify for Extra Help

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

How to use the drug list

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

- 1. Medical condition:** Turn to the “Covered drugs by medical condition” section, which begins on page 12, to look for drugs based on your medical conditions. For example, if you want to find drugs used to treat high cholesterol, go to the “Cardiovascular Agents” category and look under “Dyslipidemics, HMG CoA Reductase Inhibitors.”
- 2. Alphabetical list (index):** If you are not sure what category to look under, turn to the “Index of covered drugs” section, which begins on page 95. Find the name of your drug. The page number where you can find the drug will be next to it.

Generic drugs

Your plan covers both brand name drugs and generic drugs.

Generic drugs:

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

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

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

Required actions, restrictions or limits

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

Utilization Management Restrictions

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Requirements for Coverage

B/D - Medicare Part B or Part D

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

HRM - High Risk Medication

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

LA - Limited access

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

MED - Morphine Equivalent Dose

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

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

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

If your drug is not on the drug list

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

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

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

How to request an exception to the AARP MedicareRx Saver Plus (PDP) Plans drug list

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

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

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

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

Who can ask for a coverage decision

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

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

Receiving a coverage decision

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

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

New or continuing members

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

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

Long-term care facility residents

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

Other transitions

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

Drugs with dosages other than a one-month supply

Drugs packaged in an extended day supply

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

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

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

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

For more information

For more information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about your plan, please call us toll-free at **1-866-460-8854**, TTY **711**, 8 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **www.MyAARPMedicare.com**.

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

Covered drugs by medical condition

The Comprehensive Formulary (drug list) below provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the “Index of covered drugs,” which begins on page 95.

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

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

The “Required Actions, Restrictions or Limits” column shows you if your plan has any special coverage requirements for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 77-94.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Analgesics			Diflunisal (Tablet)	2	
Analgesics			Flector (Patch)	4	PA, QL
Butalbital/ Acetaminophen/ Caffeine (50mg-325mg-40mg Tablet)	3	QL	Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	2	
Butalbital/Aspirin/ Caffeine (Capsule)	3	QL	Indomethacin (25mg Capsule, 50mg Capsule)	3	
Nonsteroidal Anti-inflammatory Drugs			Ketorolac Tromethamine (10mg Tablet)	3	
Diclofenac Potassium (Tablet Immediate- Release)	2		Ketorolac Tromethamine (15mg/ ml Injection, 30mg/ml Injection, 60mg/2ml Injection)	4	
Diclofenac Sodium (1% Gel)	3	PA	Meloxicam (15mg Tablet, 7.5mg Tablet)	1	
Diclofenac Sodium DR (Tablet Delayed- Release)	2		Meloxicam (7.5mg/ 5ml Suspension)	4	
Diclofenac Sodium ER (Tablet Extended- Release 24 Hour)	2				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Naproxen (125mg/5ml Suspension, 250mg Tablet Immediate-Release, 375mg Tablet Immediate-Release, 500mg Tablet Immediate-Release)	2		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
Naproxen DR (Tablet Delayed-Release) (Generic EC-Naprosyn)	2		Nucynta ER (Tablet Extended-Release 12 Hour)	3	QL, MED
Sulindac (Tablet)	2		Opioid Analgesics, Short-acting		
Voltaren (Gel)	3	PA	Abstral (Tablet Sublingual)	5	PA, QL
Opioid Analgesics, Long-acting			Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution, 300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	2	QL, MED
Embeda (Capsule Extended-Release)	3	QL, MED	Butorphanol Tartrate (10mg/ml Nasal Solution)	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)	3	QL, MED	Butorphanol Tartrate (1mg/ml Injection, 2mg/ml Injection)	4	
Levorphanol Tartrate (Tablet)	4	QL, MED	Codeine Sulfate (Tablet)	3	QL, MED
Methadone HCl (10mg Tablet, 5mg Tablet, 10mg/5ml Oral Solution, 5mg/5ml Oral Solution)	3	QL, MED	Duramorph (Injection)	4	
Methadone HCl (10mg/ml Injection)	5		Endocet (Tablet)	3	QL, MED

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hydrocodone Bitartrate/ Acetaminophen (7.5mg-325mg/15ml Oral Solution)	3	QL, MED	Morphine Sulfate (100mg/5ml Oral Solution, 10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	3	QL, MED
Hydrocodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED	Morphine Sulfate (10mg/ml Injection, 4mg/ml Injection, 8mg/ml Injection)	4	
Hydrocodone/ Ibuprofen (7.5mg-200mg Tablet)	3	QL, MED	Morphine Sulfate (15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release)	3	QL, MED
Hydromorphone HCl (10mg/ml Injection, 50mg/5ml Injection)	4		Morphine Sulfate (2mg/ml Injection)	4	
Hydromorphone HCl (1mg/ml Liquid)	4	QL, MED	Nalbuphine HCl (Injection)	4	
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release, 8mg Tablet Immediate-Release)	2	QL, MED	Oxycodone HCl (100mg/5ml Concentrate)	4	QL, MED
Hydromorphone HCl (2mg/ml Injection)	4		Oxycodone HCl (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 5mg/5ml Oral Solution)	3	QL, MED
Lorcet (Tablet)	3	QL, MED			
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	Required Actions, Restrictions or Limits
Oxycodone/ Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	3	QL, MED
Oxycodone/Aspirin (Tablet)	3	QL, MED
Oxycodone/Ibuprofen (Tablet)	3	QL, MED
Tramadol HCl (Tablet Immediate-Release)	2	QL, MED
Tramadol HCl/ Acetaminophen (Tablet)	2	QL, MED
Trezip (Capsule)	4	QL, MED
Anesthetics		
Local Anesthetics		
Lidocaine (5% Ointment)	4	
Lidocaine (5% Patch)	4	PA, QL
Lidocaine HCl (0.5% Injection, 2% Injection)	4	B/D, PA
Lidocaine HCl (4% External Solution)	2	
Lidocaine HCl (Gel)	2	
Lidocaine Viscous (Solution)	2	
Lidocaine/Prilocaine (2.5%-2.5% Cream)	3	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		

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

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

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tobramycin Sulfate (0.3% Ophthalmic Solution)	2	
Tobramycin Sulfate (10mg/ml Injection, 80mg/2ml Injection)	4	
Antibacterials, Other		
BACiiM (Injection)	4	
Bacitracin (50000unit Injection)	4	
Bacitracin (500unit/gm Ophthalmic Ointment)	2	
Bactroban Nasal (Ointment)	4	PA
Chloramphenicol Sodium Succinate (Injection)	4	
Clindamycin HCl (Capsule Immediate-Release)	2	
Clindamycin Palmitate HCl (Oral Solution)	2	
Clindamycin Phosphate (2% Cream)	3	
Clindamycin Phosphate (300mg/ 2ml Solution, 900mg/ 6ml Solution, 600mg/ 4ml Injection)	4	
Clindamycin Phosphate in D5W (Injection)	4	

Bold type = Brand name drug

Plain type = Generic drug

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nitrofurantoin Macrocrystals (100mg Capsule, 50mg Capsule) (Generic Macrochantin)	3	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	3	
Polymyxin B Sulfate (Injection)	4	
Synercid (Injection)	5	
Tinidazole (Tablet)	2	
Trimethoprim (Tablet)	2	
Tygacil (Injection)	5	
Vancomycin HCl (1000mg Injection, 10gm Injection, 500mg Injection)	4	
Vancomycin HCl (125mg Capsule, 250mg Capsule)	5	PA
Vandazole (Gel)	3	
Xifaxan (Tablet)	5	PA
Beta-lactam, Cephalosporins		
Cefaclor (250mg Capsule Immediate-Release, 500mg Capsule Immediate-Release)	2	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cefadroxil (250mg/5ml Suspension, 500mg/5ml Suspension, 500mg Capsule)	2	
Cefazolin Sodium (Injection)	4	
Cefdinir (125mg/5ml Suspension, 250mg/5ml Suspension, 300mg Capsule)	3	
Cefepime (Injection)	4	
Cefixime (Suspension)	4	
Cefotaxime Sodium (Injection)	4	
Cefotetan (Injection)	4	
Cefoxitin Sodium (10gm Injection, 1gm Injection, 2gm Injection)	4	
Cefpodoxime Proxetil (100mg Tablet, 200mg Tablet, 100mg/5ml Suspension, 50mg/5ml Suspension)	4	
Cefprozil (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Tablet, 500mg Tablet)	3	
Ceftazidime (Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ceftriaxone Sodium (10gm Injection, 1gm Injection, 2gm Injection, 250mg Injection, 500mg Injection)	4	
Cefuroxime Axetil (Tablet)	2	
Cefuroxime Sodium (Injection)	4	
Cephalexin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 750mg Capsule)	2	
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	3	
Suprax (400mg Capsule, 500mg/5ml Suspension)	3	
Tazicef (Injection)	4	
Zerbaxa (Injection)	4	PA
Beta-lactam, Other		
Azactam in Iso-Osmotic Dextrose (Injection)	4	
Aztreonam (Injection)	4	
Doribax (Injection)	3	
Imipenem/Cilastatin (Injection)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Invanz (Injection)	4	
Meropenem (Injection)	4	
Beta-lactam, Penicillins		
Amoxicillin (125mg Tablet Chewable, 250mg Tablet Chewable, 125mg/5ml Suspension, 200mg/5ml Suspension, 250mg/5ml Suspension, 400mg/5ml Suspension, 250mg Capsule, 500mg Capsule, 500mg Tablet, 875mg Tablet)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amoxicillin/Clavulanate Potassium (200mg-28.5mg Tablet Chewable, 400mg-57mg Tablet Chewable, 200mg/5ml-28.5mg/5ml Suspension, 250mg/5ml-62.5mg/5ml Suspension, 400mg/5ml-57mg/5ml Suspension, 600mg/5ml-42.9mg/5ml Suspension, 250mg-125mg Tablet Immediate-Release, 500mg-125mg Tablet Immediate-Release, 875mg-125mg Tablet Immediate-Release) (Generic Augmentin)	2	
Amoxicillin/Clavulanate Potassium ER (Tablet Extended-Release 12 Hour)	4	
Ampicillin (125mg/5ml Suspension, 250mg/5ml Suspension, 250mg Capsule, 500mg Capsule)	2	
Ampicillin Sodium (10gm Injection, 125mg Injection, 1gm Injection)	4	

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

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Azithromycin (100mg/5ml Suspension, 200mg/5ml Suspension, 250mg Tablet, 500mg Tablet, 600mg Tablet)	2	
Azithromycin (500mg Injection)	4	
Clarithromycin (125mg/5ml Suspension, 250mg/5ml Suspension)	4	
Clarithromycin (250mg Tablet, 500mg Tablet)	3	
Clarithromycin ER (Tablet Extended-Release 24 Hour)	3	
Dificid (Tablet)	5	PA
E.E.S. Granules (Suspension)	4	
EryPed 200 (Suspension)	4	
EryPed 400 (Suspension)	4	
Ery-Tab (Tablet Delayed-Release)	4	
Erythrocin Lactobionate (Injection)	4	
Erythromycin (250mg Capsule Delayed-Release)	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Erythromycin (5mg/gm Ophthalmic Ointment)	2	
Erythromycin Base (Tablet)	4	
Erythromycin Ethylsuccinate (Tablet)	4	
Ilotycin (Ophthalmic Ointment)	2	
Zmax (Suspension)	4	
Quinolones		
Avelox (400mg/250ml-0.8% Injection)	4	
Ciprofloxacin (250mg/5ml Suspension, 500mg/5ml Suspension, 400mg/40ml Injection)	4	
Ciprofloxacin HCl (0.3% Ophthalmic Solution, 100mg Tablet Immediate-Release, 250mg Tablet Immediate-Release, 500mg Tablet Immediate-Release, 750mg Tablet Immediate-Release)	2	
Ciprofloxacin I.V. in D5W (Injection)	4	
Levofloxacin (0.5% Ophthalmic Solution, 250mg Tablet, 500mg Tablet, 750mg Tablet)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Levofloxacin (25mg/ml Injection, 25mg/ml Oral Solution)	4	
Levofloxacin in D5W (Injection)	4	
Moxeza (Ophthalmic Solution)	4	
Moxifloxacin HCl (400mg Tablet)	3	
Moxifloxacin HCl (400mg/250ml Injection)	4	
Ofloxacin (0.3% Ophthalmic Solution)	2	
Ofloxacin (0.3% Otic Solution, 400mg Tablet)	3	
Sulfonamides		
Silver Sulfadiazine (Cream)	3	
Sodium Sulfacetamide (Ophthalmic Solution)	2	
SSD (Cream)	3	
Sulfacetamide Sodium (Ophthalmic Ointment)	2	
Sulfadiazine (Tablet)	4	
Sulfamethoxazole/Trimethoprim (200mg-40mg/5ml Suspension, 400mg-80mg Tablet)	2	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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	
Doxycycline Hyclate (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 100mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	3	
Doxycycline Hyclate (100mg Injection)	4	
Doxycycline Monohydrate (100mg Capsule, 50mg Capsule, 100mg Tablet, 50mg Tablet, 75mg Tablet)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Minocycline HCl (100mg Capsule Immediate-Release, 50mg Capsule Immediate-Release, 75mg Capsule Immediate-Release)	2	
Tetracycline HCl (Capsule)	4	
Vibramycin (50mg/ 5ml Syrup)	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet, 10mg/ml Oral Solution)	5	QL
BRIVIACT (50mg/5ml Injection)	4	QL
Fycompa (0.5mg/ml Suspension, 10mg Tablet, 12mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 8mg Tablet)	4	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Diastat AcuDial (Gel)	4	
Diastat Pediatric (Gel)	4	
Diazepam (10mg Gel, 2.5mg Gel, 20mg Gel)	4	
Gabapentin (100mg Capsule, 300mg Capsule, 400mg Capsule, 250mg/5ml Oral Solution, 600mg Tablet, 800mg Tablet)	2	
Gabitril (12mg Tablet, 16mg Tablet)	4	QL
Onfi (10mg Tablet, 20mg Tablet)	4	QL
Onfi (2.5mg/ml Suspension)	4	
Phenobarbital (100mg Tablet, 15mg Tablet, 16.2mg Tablet, 30mg Tablet, 32.4mg Tablet, 60mg Tablet, 64.8mg Tablet, 97.2mg Tablet, 20mg/5ml Elixir)	2	
Primidone (Tablet)	2	
Sabril (500mg Packet, 500mg Tablet)	5	PA, QL, LA
Tiagabine HCl (Tablet)	4	
Valproate Sodium (100mg/ml Injection)	4	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Valproic Acid (250mg Capsule, 250mg/5ml Syrup)	2	
Glutamate Reducing Agents		
Felbamate (400mg Tablet, 600mg Tablet)	4	
Felbamate (600mg/5ml Suspension)	5	
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	
Topiramate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release, 15mg Capsule Sprinkle Immediate-Release, 25mg Capsule Sprinkle Immediate-Release)	2	
Sodium Channel Agents		
Aptiom (Tablet)	4	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Banzel (200mg Tablet, 400mg Tablet, 40mg/ml Suspension)	4	
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	2	
Carbamazepine ER (100mg Capsule Extended-Release 12 Hour, 200mg Capsule Extended-Release 12 Hour, 300mg Capsule Extended-Release 12 Hour, 100mg Tablet Extended-Release 12 Hour, 200mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 12 Hour)	2	
Dilantin (Capsule)	3	
Dilantin INFATABS (Tablet Chewable)	3	
Eptol (Tablet)	3	
Fosphenytoin Sodium (Injection)	4	
Oxcarbazepine (150mg Tablet, 300mg Tablet, 600mg Tablet)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Oxcarbazepine (300mg/5ml Suspension)	4	
Peganone (Tablet)	4	
Phenytek (Capsule)	2	
Phenytoin (125mg/5ml Suspension)	2	
Phenytoin (50mg Tablet Chewable)	3	
Phenytoin Sodium (Injection)	4	
Phenytoin Sodium Extended (Capsule)	2	
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Oral Solution)	4	QL
Vimpat (200mg/20ml Injection)	4	PA
Antidementia Agents		
Cholinesterase Inhibitors		
Donepezil HCl (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Donepezil HCl ODT (Tablet Dispersible)	2	QL
Rivastigmine Tartrate (Capsule Immediate-Release)	2	QL

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

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Emsam (Patch 24 Hour)	5	QL
Marplan (Tablet)	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)	2	
Escitalopram Oxalate (10mg Tablet, 20mg Tablet, 5mg Tablet, 5mg/5ml Oral Solution)	2	
Fetzima (Capsule Extended-Release 24 Hour)	4	QL, ST
Fetzima Titration Pack (Capsule Extended-Release 24 Hour Therapy Pack)	4	ST

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fluoxetine HCl (10mg Capsule Immediate-Release, 20mg Capsule Immediate-Release, 40mg Capsule Immediate-Release, 20mg/5ml Oral Solution)	2	
Fluvoxamine Maleate (Tablet)	3	
Maprotiline HCl (Tablet)	4	
Nefazodone HCl (Tablet)	3	
Paroxetine HCl (Tablet Immediate-Release)	2	
Paxil (10mg/5ml Suspension)	4	
Pristiq (Tablet Extended-Release 24 Hour)	4	QL
Sertraline HCl (100mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Sertraline HCl (20mg/ml Concentrate)	4	
Trazodone HCl (100mg Tablet, 150mg Tablet, 50mg Tablet)	1	
Trintellix (Tablet)	4	QL
Venlafaxine HCl (Tablet Immediate-Release)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Venlafaxine HCl ER (150mg Capsule Extended-Release 24 Hour, 37.5mg Capsule Extended-Release 24 Hour, 75mg Capsule Extended-Release 24 Hour)	2	
Viibryd (Tablet)	4	QL
Viibryd Starter Pack (Kit)	4	QL
Tricyclics		
Amitriptyline HCl (Tablet)	3	
Amoxapine (Tablet)	2	
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)	2	
Imipramine HCl (Tablet)	4	
Imipramine Pamoate (Capsule)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	2	
Protriptyline HCl (Tablet)	4	
Trimipramine Maleate (Capsule)	4	
Antiemetics		
Antiemetics, Other		
Compro (Suppository)	4	
Hydroxyzine Pamoate (Capsule)	3	
Meclizine HCl (Tablet)	2	
Metoclopramide HCl (10mg Tablet, 5mg Tablet, 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	
Transderm-Scop (Patch 72 Hour)	4	
Emetogenic Therapy Adjuncts		

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dronabinol (Capsule)	4	PA, QL
Emend (Pack, 125mg Capsule, 40mg Capsule, 80mg Capsule)	4	PA
Emend (150mg Injection)	4	
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
Sancuso (Patch)	5	
Antifungals		
Abelcet (Injection)	4	B/D, PA
AmBisome (Injection)	4	B/D, PA
Amphotericin B (Injection)	4	B/D, PA
Ciclopirox (0.77% Gel, 0.77% Suspension, 1% Shampoo)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ciclopirox Nail Lacquer (External Solution)	3	
Ciclopirox Olamine (Cream)	3	
Clotrimazole (1% Cream, 1% External Solution, 10mg Troche)	2	
Econazole Nitrate (Cream)	4	
Fluconazole (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet, 10mg/ml Suspension, 40mg/ml Suspension)	2	
Fluconazole in NaCl (Injection)	4	
Flucytosine (Capsule)	5	
Griseofulvin Microsize (125mg/5ml Suspension, 500mg Tablet)	4	
Griseofulvin Ultramicronize (Tablet)	4	
Itraconazole (Capsule)	4	PA, QL
Jublia (External Solution)	4	
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lamisil (125mg Packet, 187.5mg Packet)	4	
Miconazole 3 (Suppository)	3	
Mycamine (Injection)	4	
Natacyn (Suspension)	3	
Noxafil (100mg Tablet Delayed-Release)	5	PA, QL
Noxafil (40mg/ml Suspension)	5	QL
Nyamyc (Powder)	2	
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	2	
Nystop (Powder)	2	
ONMEL (Tablet)	5	PA
Sporanox (10mg/ml Oral Solution)	5	PA
Terbinafine HCl (Tablet)	2	
Terconazole (0.4% Cream, 0.8% Cream, 80mg Suppository)	3	
Voriconazole (200mg Injection, 40mg/ml Suspension)	5	
Voriconazole (200mg Tablet, 50mg Tablet)	4	
Zazole (Cream)	3	
Antigout Agents		
Antigout Agents		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Allopurinol (Tablet)	1	
Colchicine (0.6mg Tablet) (Generic Colcrys)	3	QL
Probenecid (Tablet)	2	
Probenecid/Colchicine (Tablet)	2	
Uloric (Tablet)	3	ST
Antimigraine Agents		
Ergot Alkaloids		
Cafergot (Tablet)	3	
Dihydroergotamine Mesylate (1mg/ml Injection)	4	
Migergot (Suppository)	4	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Naratriptan HCl (Tablet)	3	QL
Rizatriptan Benzoate (Tablet Immediate-Release)	2	QL
Rizatriptan Benzoate ODT (Tablet Dispersible)	2	QL
Sumatriptan (Nasal Solution)	4	QL
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	2	QL
Sumatriptan Succinate (6mg/0.5ml Injection)	4	QL

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sumatriptan Succinate Refill (Injection)	4	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Tablet)	3	
Mestinon (60mg/5ml Syrup)	4	
Pyridostigmine Bromide (180mg Tablet Extended-Release, 60mg Tablet)	4	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Tablet)	3	
Rifabutin (Capsule)	4	
Antituberculars		
Capastat Sulfate (Injection)	4	
Ethambutol HCl (Tablet)	2	
Isoniazid (100mg Tablet, 300mg Tablet)	2	
Isoniazid (100mg/ml Injection, 50mg/5ml Syrup)	4	
Paser (Packet)	4	
Priftin (Tablet)	4	
Pyrazinamide (Tablet)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rifampin (150mg Capsule, 300mg Capsule)	2	
Rifampin (600mg Injection)	4	
Rifater (Tablet)	4	
Sirturo (Tablet)	5	PA
Trecator (Tablet)	4	
Antineoplastics		
Alkylating Agents		
BiCNU (Injection)	5	
Busulfex (Injection)	5	
Cyclophosphamide (Capsule)	4	B/D, PA
Dacarbazine (Injection)	4	
Gleostine (Capsule)	4	
Hexalen (Capsule)	5	PA
Ifosfamide (Injection)	4	
Leukeran (Tablet)	3	
Matulane (Capsule)	5	LA
Melphalan HCl (Injection)	4	
Mustargen (Injection)	5	
Treanda (Injection)	5	PA
Valchlor (Gel)	5	PA, LA
Zanosar (Injection)	4	
Antiandrogens		
Bicalutamide (Tablet)	2	
Flutamide (Capsule)	3	
Nilandron (Tablet)	5	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Xtandi (Capsule)	4	PA, QL
Zytiga (Tablet)	5	PA, QL
Antiangiogenic Agents		
Pomalyst (Capsule)	5	PA, QL
Revlimid (Capsule)	5	PA, QL, LA
Thalomid (Capsule)	5	PA, QL
Antiestrogens/Modifiers		
Emcyt (Capsule)	4	
Fareston (Tablet)	5	
Faslodex (Injection)	5	
Soltamox (Oral Solution)	4	
Tamoxifen Citrate (Tablet)	2	
Antimetabolites		
Adrucil (Injection)	4	B/D, PA
Alimta (Injection)	5	PA
Cladribine (Injection)	5	B/D, PA
Clolar (Injection)	5	
Cytarabine Aqueous (Injection)	4	B/D, PA
Droxia (Capsule)	3	
Elitek (Injection)	5	
Fluorouracil (2.5gm/50ml Injection)	4	B/D, PA
Folotyn (Injection)	5	
Gemcitabine HCl (Injection)	4	
Hydroxyurea (Capsule)	2	
Lonsurf (Tablet)	5	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Mercaptopurine (Tablet)	3	
Nipent (Injection)	5	
Purixan (Suspension)	5	PA
Tabloid (Tablet)	4	PA
Antineoplastics, Other		
Abraxane (Injection)	5	PA
Alecensa (Capsule)	5	PA, QL
Amifostine (Injection)	5	
Arranon (Injection)	5	
Azacitidine (Injection)	5	PA
Beleodaq (Injection)	5	PA
Bleomycin Sulfate (Injection)	4	B/D, PA
Carboplatin (Injection)	4	
Cisplatin (Injection)	4	
Cosmegen (Injection)	5	
Daunorubicin HCl (Injection)	4	
Decitabine (Injection)	5	
Dexrazoxane (Injection)	5	PA
Docefrez (Injection)	5	
Docetaxel (80mg/4ml Injection)	5	
Docetaxel (80mg/8ml Injection)	5	
Doxil (Injection)	5	
Doxorubicin HCl (Injection)	4	B/D, PA

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Doxorubicin HCl Liposome (Injection)	5	
Erwinaze (Injection)	5	
Farydak (Capsule)	5	PA
Fludarabine Phosphate (Injection)	4	
Fusilev (Injection)	5	
Halaven (Injection)	5	PA
Ibrance (Capsule)	5	PA, QL
Idarubicin HCl (Injection)	5	
Irinotecan (Injection)	4	
Istodax (Injection)	5	PA
Jevtana (Injection)	5	PA
Leucovorin Calcium (100mg Injection, 350mg Injection)	4	
Leucovorin Calcium (10mg Tablet, 15mg Tablet, 25mg Tablet, 5mg Tablet)	3	
Levoleucovorin Calcium (Injection)	5	
Lynparza (Capsule)	5	PA, QL
Mesna (Injection)	4	
Mesnex (400mg Tablet)	5	
Mitomycin (Injection)	5	
Mitoxantrone HCl (Injection)	3	
Ninlaro (Capsule)	5	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Oxaliplatin (Injection)	4	
Paclitaxel (Injection)	4	
Proleukin (Injection)	5	PA
Synribo (Injection)	5	PA
Thiotepa (Injection)	5	
Trisenox (Injection)	4	
Velcade (Injection)	5	PA
Venclexta (Tablet)	4	PA, QL
Venclexta Starting Pack (Tablet Therapy Pack)	4	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	
Zaltrap (Injection)	5	PA
Zolanza (Capsule)	5	PA
Zydelig (Tablet)	5	PA, QL
Zykadia (Capsule)	5	PA, QL
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	2	
Exemestane (Tablet)	2	
Letrozole (Tablet)	2	
Enzyme Inhibitors		
Etopophos (Injection)	5	
Etoposide (Injection)	2	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Toposar (Injection)	4	
Topotecan HCl (Injection)	5	
Molecular Target Inhibitors		
Afinitor (Tablet)	5	PA
Afinitor Disperz (Tablet Soluble)	5	PA
Bosulif (Tablet)	5	PA, QL
Cabometyx (Tablet)	5	PA, QL
Caprelsa (Tablet)	5	PA, LA
Cometriq (Kit)	5	PA
Cotellic (Tablet)	5	PA, QL, LA
Erivedge (Capsule)	5	PA, QL
Gilotrif (Tablet)	5	PA
Iclusig (15mg Tablet)	5	PA, QL, LA
Iclusig (45mg Tablet)	5	PA, QL
Imatinib Mesylate (Tablet)	5	PA, QL
Imbruvica (Capsule)	5	PA, QL
Inlyta (Tablet)	5	PA, QL
Iressa (Tablet)	5	PA, QL
Jakafi (Tablet)	5	PA, QL, LA
Lenvima (Capsule Therapy Pack)	5	PA
Mekinist (Tablet)	5	PA
Nexavar (Tablet)	5	PA
Odomzo (Capsule)	5	PA, QL, LA
Sprycel (Tablet)	5	PA, QL
Stivarga (Tablet)	5	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sutent (Capsule)	5	PA, QL
Tafinlar (Capsule)	5	PA
Tarceva (Tablet)	5	PA, QL
Tasigna (Capsule)	5	PA, QL
Tykerb (Tablet)	5	PA
Votrient (Tablet)	5	PA, QL
Xalkori (Capsule)	5	PA, LA
Zelboraf (Tablet)	5	PA, QL
Monoclonal Antibodies		
Avastin (Injection)	5	PA
Cyramza (Injection)	5	PA
Darzalex (Injection)	5	PA, LA
Empliciti (Injection)	5	PA
Erbix (Injection)	5	PA
Herceptin (Injection)	5	PA
Kadcyla (Injection)	5	PA
Keytruda (Injection)	5	PA
Opdivo (Injection)	5	PA
Perjeta (Injection)	5	PA
Rituxan (Injection)	5	PA
Sylvant (Injection)	5	PA
Tagrisso (Tablet)	5	PA, QL, LA
Tecentriq (Injection)	5	PA
Vectibix (Injection)	5	PA
Yervoy (Injection)	5	PA
Retinoids		
Bexarotene (Capsule)	5	PA
Panretin (Gel)	5	PA

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Targretin (1% Gel)	5	PA
Tretinoin (10mg Capsule)	5	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	5	QL
Biltricide (Tablet)	4	
Ivermectin (Tablet)	3	
Antiprotozoals		
Alinia (100mg/5ml Suspension, 500mg Tablet)	4	
Atovaquone (Suspension)	5	
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	2	
Chloroquine Phosphate (Tablet)	2	
Coartem (Tablet)	4	
DARAPRIM (Tablet)	4	
Hydroxychloroquine Sulfate (Tablet)	2	
Mefloquine HCl (Tablet)	2	
Nebupent (Inhalation Solution)	4	B/D, PA, QL
Pentam 300 (Injection)	4	
Primaquine Phosphate (Tablet)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Quinine Sulfate (Capsule)	4	PA
Pediculicides/Scabicides		
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)	3	
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup)	2	
Entacapone (Tablet)	4	
Dopamine Agonists		
Apokyn (Injection)	5	PA, QL
Bromocriptine Mesylate (2.5mg Tablet, 5mg Capsule)	4	
Neupro (Patch 24 Hour)	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Pramipexole Dihydrochloride (Tablet Immediate-Release)	2		Fluphenazine HCl (10mg Tablet, 1mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Ropinirole HCl (Tablet Immediate-Release)	2		Fluphenazine HCl (2.5mg/5ml Elixir, 2.5mg/ml Injection)	4	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors			Fluphenazine HCl (5mg/ml Concentrate)	3	
Carbidopa/Levodopa (Tablet Immediate-Release)	2		Haloperidol (0.5mg Tablet, 10mg Tablet, 1mg Tablet, 20mg Tablet, 2mg Tablet, 5mg Tablet, 2mg/ml Concentrate)	2	
Carbidopa/Levodopa ER (Tablet Extended-Release)	2		Haloperidol Decanoate (Injection)	4	
Carbidopa/Levodopa ODT (Tablet Dispersible)	2		Haloperidol Lactate (Injection)	4	
Carbidopa/Levodopa/Entacapone (Tablet)	4		Loxapine Succinate (10mg Capsule, 5mg Capsule)	2	QL
Monoamine Oxidase B (MAO-B) Inhibitors			Loxapine Succinate (25mg Capsule, 50mg Capsule)	2	
Azilect (Tablet)	3		Molindone HCl (Tablet)	4	
Selegiline HCl (5mg Capsule, 5mg Tablet)	3		Pimozide (Tablet)	3	
Antipsychotics			Thioridazine HCl (Tablet)	3	
1st Generation/Typical			Thiothixene (Capsule)	3	
Chlorpromazine HCl (100mg Tablet, 10mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet, 50mg/2ml Injection)	4		Trifluoperazine HCl (Tablet)	3	
Fluphenazine Decanoate (Injection)	4		2nd Generation/Atypical		

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Abilify Maintena (Injection)	4	
Aripiprazole (Tablet)	4	QL
Aripiprazole ODT (Tablet Dispersible)	4	QL
Aristada (Injection)	5	
Fanapt (Tablet)	4	QL, ST
Fanapt Titration Pack (Tablet)	4	ST
Geodon (20mg Injection)	4	
Invega Sustenna (117mg/0.75ml Injection, 156mg/ml Injection, 234mg/1.5ml Injection, 78mg/0.5ml Injection)	5	
Invega Sustenna (39mg/0.25ml Injection)	4	
Invega Trinza (Injection)	5	PA
Latuda (Tablet)	5	QL
Nuplazid (Tablet)	5	PA, QL
Olanzapine (10mg Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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)	2	QL
Paliperidone ER (Tablet Extended-Release 24 Hour)	4	QL
Quetiapine Fumarate (Tablet Immediate-Release)	2	QL
Rexulti (Tablet)	5	QL
Risperdal Consta (12.5mg Injection, 25mg Injection)	4	
Risperdal Consta (37.5mg Injection, 50mg Injection)	5	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Risperidone (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release, 2mg Tablet Immediate-Release, 3mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	2	
Risperidone (1mg/ml Oral Solution)	4	
Risperidone ODT (Tablet Dispersible)	4	
Saphris (Tablet Sublingual)	4	QL
Seroquel XR (Tablet Extended-Release 24 Hour)	3	QL
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	4	QL, ST
Vraylar (Capsule Therapy Pack)	4	ST
Ziprasidone HCl (Capsule)	2	QL
Zyprexa Relprew (Injection)	5	
Treatment-Resistant		
Clozapine (Tablet Immediate-Release)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	4	QL
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	4	QL
Versacloz (Suspension)	5	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Cidofovir (Injection)	5	
Ganciclovir (Injection)	3	B/D, PA
Valcyte (50mg/ml Oral Solution)	4	
Valganciclovir (Tablet)	4	
Zirgan (Gel)	4	
Anti-hepatitis B (HBV) Agents		
Baraclude (0.05mg/ml Oral Solution)	5	
Entecavir (Tablet)	5	
Epivir HBV (5mg/ml Oral Solution)	3	
Lamivudine (100mg Tablet)	3	
Anti-hepatitis C (HCV) Agents		
Daklinza (Tablet)	5	PA, QL
Harvoni (Tablet)	5	PA, QL
Intron A (Injection)	5	PA

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Intron A w/Diluent (Injection)	5	PA
Pegasys (Injection)	5	PA
Pegasys ProClick (Injection)	5	PA
PegIntron (Injection)	5	PA
PegIntron REDIPEN (Injection)	5	PA
Ribasphere (200mg Tablet, 400mg Tablet, 600mg Tablet)	3	
Ribavirin (200mg Tablet)	3	
Sovaldi (Tablet)	5	PA, QL
Sylatron (Injection)	5	PA
Zepatier (Tablet)	5	PA, QL
Antiherpetic Agents		
Acyclovir (200mg Capsule, 200mg/5ml Suspension, 400mg Tablet, 800mg Tablet)	2	
Acyclovir Sodium (Injection)	4	B/D, PA
Famciclovir (Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	4	
Valacyclovir HCl (Tablet)	2	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Evotaz (Tablet)	5	QL
Genvoya (Tablet)	5	QL

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

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sustiva (200mg Capsule, 600mg Tablet)	5	QL	Videx Pediatric (Oral Solution)	4	QL
Sustiva (50mg Capsule)	4	QL	Viread (150mg Tablet, 200mg Tablet, 250mg Tablet, 300mg Tablet, 40mg/gm Powder)	5	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			Ziagen (20mg/ml Oral Solution)	4	QL
Abacavir (Tablet)	4	QL	Zidovudine (100mg Capsule, 300mg Tablet, 50mg/5ml Syrup)	2	QL
Abacavir Sulfate/ Lamivudine/ Zidovudine (Tablet)	5	QL	Anti-HIV Agents, Other		
Descovy (Tablet)	5	QL	Fuzeon (Injection)	5	QL
Didanosine (Capsule Delayed-Release)	2	QL	Selzentry (Tablet)	5	QL
Emtriva (10mg/ml Oral Solution, 200mg Capsule)	4	QL	Anti-HIV Agents, Protease Inhibitors		
Epzicom (Tablet)	5	QL	Aptivus (100mg/ml Oral Solution, 250mg Capsule)	5	QL
Lamivudine (10mg/ml Oral Solution, 150mg Tablet, 300mg Tablet)	3	QL	Crixivan (Capsule)	3	QL
Lamivudine/ Zidovudine (Tablet)	4	QL	Invirase (200mg Capsule, 500mg Tablet)	5	QL
Retrovir IV Infusion (Injection)	4		Kaletra (100mg-25mg Tablet, 400mg-100mg/5ml Oral Solution)	4	QL
Stavudine (15mg Capsule, 20mg Capsule, 30mg Capsule, 40mg Capsule, 1mg/ml Oral Solution)	2	QL	Kaletra (200mg-50mg Tablet)	5	QL
Truvada (Tablet)	5	QL	Lexiva (50mg/ml Suspension)	4	QL
			Lexiva (700mg Tablet)	5	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)	4	QL
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)	5	QL
Prezista (75mg Tablet)	4	QL
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	5	QL
Viracept (Tablet)	5	QL
Anti-influenza Agents		
Relenza Diskhaler (Aerosol Powder)	3	QL
Rimantadine HCl (Tablet)	2	
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	4	QL
Anxiolytics		
Anxiolytics, Other		
Bupirone HCl (Tablet)	2	
Hydroxyzine HCl (10mg Tablet, 25mg Tablet, 50mg Tablet, 10mg/5ml Syrup)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hydroxyzine HCl (25mg/ml Injection, 50mg/ml Injection)	4	
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	2	QL
Chlordiazepoxide HCl (Capsule)	2	
Clonazepam (Tablet Immediate-Release)	2	QL
Clonazepam ODT (Tablet Dispersible)	4	QL
Clorazepate Dipotassium (Tablet)	2	QL
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	2	QL
Diazepam (1mg/ml Oral Solution)	2	
Diazepam Intensol (5mg/ml Concentrate)	2	QL
Lorazepam (Tablet)	2	QL
Lorazepam Intensol (2mg/ml Concentrate)	2	QL
Bipolar Agents		
Mood Stabilizers		
Divalproex Sodium (Capsule Sprinkle Delayed-Release)	2	
Divalproex Sodium DR (Tablet Delayed-Release)	2	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Jardiance (Tablet)	3	QL
Jentaduo (Tablet)	3	QL
Jentaduo XR (Tablet Extended-Release 24 Hour)	3	QL
Kombiglyze XR (Tablet Extended-Release 24 Hour)	3	QL
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Nateglinide (Tablet)	2	QL
Onglyza (Tablet)	3	QL
Pioglitazone HCl (Tablet)	1	QL
Repaglinide (Tablet)	4	QL
Synjardy (Tablet)	3	QL
Tradjenta (Tablet)	3	QL
Xigduo XR (Tablet Extended-Release 24 Hour)	3	QL
Glycemic Agents		
GlucaGen HypoKit (Injection)	4	
Glucagon Emergency Kit (Injection)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Proglycem (Suspension)	5	
Insulins		
Humalog Cartridge (Injection)	3	
Humalog KwikPen (Injection)	3	
Humalog Mix 50/50 KwikPen (Injection)	3	
Humalog Mix 50/50 Vial (Injection)	3	
Humalog Mix 75/25 KwikPen (Injection)	3	
Humalog Mix 75/25 Vial (Injection)	3	
Humalog Vial (Injection)	3	
Humulin 70/30 KwikPen (Injection)	3	
Humulin 70/30 Vial (Injection)	3	
Humulin N KwikPen (Injection)	3	
Humulin N Vial (Injection)	3	
Humulin R U-500 KwikPen (Injection)	3	
Humulin R U-500 Vial (Concentrated) (Injection)	3	
Humulin R Vial (Injection)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lantus SoloStar (Injection)	3	
Lantus Vial (Injection)	3	
Levemir FlexTouch (Injection)	3	
Levemir Vial (Injection)	3	
Toujeo SoloStar (Injection)	3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Coumadin (Tablet)	3	
Eliquis (Tablet)	3	PA, QL
Enoxaparin Sodium (100mg/ml Injection, 120mg/0.8ml Injection, 150mg/ml Injection, 30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection, 300mg/3ml Injection)	4	QL
Fondaparinux Sodium (Injection)	4	
Heparin Sodium (Injection)	4	B/D, PA
Heparin Sodium/D5W (Injection)	4	B/D, PA
Jantoven (Tablet)	1	
Pradaxa (Capsule)	4	PA, QL
Warfarin Sodium (Tablet)	1	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Xarelto (Tablet)	3	PA, QL
Xarelto Starter Pack (Tablet Therapy Pack)	3	PA, QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	2	
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	5	PA
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	4	PA
Leukine (Injection)	5	PA
Mozobil (Injection)	5	PA
Neulasta (Injection)	5	PA
Procrit (Injection)	4	PA
Promacta (Tablet)	5	PA, QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zarxio (Injection)	5	
Blood Products/Modifiers/Volume Expanders		
Argatroban (125mg/125ml-0.9% Injection)	5	B/D, PA
Argatroban (250mg/2.5ml Injection)	5	B/D, PA
Coagulants		
Tranexamic Acid (1000mg/10ml Injection)	3	
Tranexamic Acid (650mg Tablet)	4	
Platelet Modifying Agents		
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	4	QL
Brilinta (Tablet)	4	QL
Cilostazol (Tablet)	2	
Clopidogrel (75mg Tablet)	2	QL
Effient (Tablet)	4	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (0.1mg Tablet Immediate-Release, 0.2mg Tablet Immediate-Release, 0.3mg Tablet Immediate-Release)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clonidine HCl (0.1mg/24hr Patch Weekly, 0.2mg/24hr Patch Weekly, 0.3mg/24hr Patch Weekly)	4	
Guanfacine HCl (1mg Tablet Immediate-Release)	2	QL
Guanfacine HCl (2mg Tablet Immediate-Release)	2	
Methyldopa (Tablet)	3	
Methyldopate HCl (Injection)	4	
Midodrine HCl (Tablet)	3	
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	2	
Phenoxybenzamine HCl (Capsule)	4	
Prazosin HCl (Capsule)	2	
Angiotensin II Receptor Antagonists		
Benicar (Tablet)	3	QL
Edarbi (Tablet)	4	QL
Irbesartan (Tablet)	2	QL
Losartan Potassium (Tablet)	1	QL
Valsartan (Tablet)	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Tablet)	1	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Enalapril Maleate (Tablet)	2	QL
Epaned (Oral Solution)	4	
Fosinopril Sodium (Tablet)	2	QL
Lisinopril (Tablet)	1	QL
Perindopril Erbumine (Tablet)	2	QL
Ramipril (Capsule)	2	QL
Antiarrhythmics		
Amiodarone HCl (200mg Tablet)	2	
Amiodarone HCl (50mg/ml Injection)	4	
Dofetilide (Capsule)	4	
Flecainide Acetate (Tablet)	2	
Mexiletine HCl (Capsule)	2	
Multaq (Tablet)	3	QL
Pacerone (200mg Tablet)	2	
Procainamide HCl (Injection)	4	
Propafenone HCl (Tablet)	2	
Propafenone HCl ER (Capsule Extended-Release 12 Hour)	4	
Quinidine Gluconate (Injection)	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Quinidine Sulfate (Tablet)	2	
Sotalol HCl (AF) (Tablet)	2	
Sotalol HCl (Tablet)	2	
Beta-adrenergic Blocking Agents		
Atenolol (Tablet)	1	
Bisoprolol Fumarate (Tablet)	2	
Bystolic (Tablet)	3	QL
Carvedilol (Tablet Immediate-Release)	1	
Labetalol HCl (100mg Tablet, 200mg Tablet, 300mg Tablet)	2	
Labetalol HCl (5mg/ml Injection)	4	
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Metoprolol Tartrate (100mg Tablet Immediate-Release, 25mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	1	
Metoprolol Tartrate (1mg/ml Injection)	4	
Pindolol (Tablet)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Propranolol HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 80mg Tablet Immediate-Release, 20mg/5ml Oral Solution, 40mg/5ml Oral Solution)	2	
Propranolol HCl (1mg/ml Injection)	4	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	2	
Calcium Channel Blocking Agents		
Amlodipine Besylate (Tablet)	1	
Cardene IV (Injection)	4	
Cartia XT (Capsule Extended-Release 24 Hour)	2	
Diltiazem CD (240mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	2	
Diltiazem HCl (100mg Injection, 50mg/10ml Injection)	4	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Diltiazem HCl (120mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 60mg Tablet Immediate-Release, 90mg Tablet Immediate-Release)	2	
Diltiazem HCl ER (120mg Capsule Extended-Release 24 Hour, 300mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	2	
Dilt-XR (Capsule Extended-Release 24 Hour)	2	
Nicardipine HCl (2.5mg/ml Injection)	4	
Nimodipine (Capsule)	5	
Verapamil HCl (120mg Tablet Immediate-Release, 40mg Tablet Immediate-Release, 80mg Tablet Immediate-Release)	2	
Verapamil HCl (2.5mg/ml Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Verapamil HCl ER (120mg Tablet Extended-Release, 180mg Tablet Extended-Release, 240mg Tablet Extended-Release)	2	
Cardiovascular Agents, Other		
Amiloride/ Hydrochlorothiazide (Tablet)	2	
Atenolol/ Chlorthalidone (Tablet)	1	
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
Benicar HCT (Tablet)	3	QL
Digitex (Tablet)	2	
Digoxin (0.05mg/ml Oral Solution)	4	
Digoxin (0.25mg/ml Injection)	4	
Digoxin (125mcg Tablet, 250mcg Tablet)	2	
Edarbyclor (Tablet)	4	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	2	QL
Entresto (Tablet)	3	PA, QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lanoxin (125mcg Tablet, 187.5mcg Tablet, 250mcg Tablet, 62.5mcg Tablet)	3	
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Metoprolol/ Hydrochlorothiazide (Tablet)	2	
Northera (Capsule)	4	PA, QL
Pentoxifylline ER (Tablet Extended-Release)	2	
Propranolol/ Hydrochlorothiazide (Tablet)	2	
Ranexa (Tablet Extended-Release 12 Hour)	3	QL
Spirolactone/ Hydrochlorothiazide (Tablet)	2	
Triamterene/ Hydrochlorothiazide (37.5mg-25mg Capsule, 50mg-25mg Capsule, 37.5mg-25mg Tablet, 75mg-50mg Tablet)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Valsartan/ Hydrochlorothiazide (Tablet)	2	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	3	
Acetazolamide ER (Capsule Extended-Release 12 Hour)	4	
Acetazolamide Sodium (Injection)	4	
Methazolamide (Tablet)	4	
Diuretics, Loop		
Bumetanide (0.25mg/ml Injection)	4	
Bumetanide (0.5mg Tablet, 1mg Tablet, 2mg Tablet)	2	
Furosemide (10mg/ml Injection)	4	B/D, PA
Furosemide (10mg/ml Oral Solution, 8mg/ml Oral Solution, 20mg Tablet, 40mg Tablet, 80mg Tablet)	1	
Torsemide (Tablet)	2	
Diuretics, Potassium-sparing		
Amiloride HCl (Tablet)	2	
Eplerenone (Tablet)	3	
Spirolactone (Tablet)	2	
Diuretics, Thiazide		

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Chlorothiazide (Tablet)	2	
Chlorothiazide Sodium (Injection)	4	B/D, PA
Chlorthalidone (Tablet)	2	
Diuril (Suspension)	3	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Indapamide (Tablet)	2	
Methyclothiazide (Tablet)	3	
Metolazone (Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (160mg Tablet, 54mg Tablet)	2	
Gemfibrozil (Tablet)	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
Crestor (Tablet)	3	QL
Lovastatin (Tablet Immediate-Release)	2	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	3	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Cholestyramine Light (Packet)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Colestipol HCl (1gm Tablet, 5gm Granules)	3	
Niacor (Tablet)	2	
Praluent (Injection)	5	PA, QL, LA
Prevalite (Powder)	2	
Repatha (Injection)	5	PA, QL
Repatha SureClick (Injection)	5	PA, QL
Vascepa (Capsule)	4	
Zetia (Tablet)	3	QL
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet)	2	
Hydralazine HCl (20mg/ml Injection)	4	
Minoxidil (Tablet)	2	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (Tablet Immediate-Release)	2	
Isosorbide Dinitrate ER (Tablet Extended-Release)	2	
Isosorbide Mononitrate (Tablet Immediate-Release)	2	
Isosorbide Mononitrate ER (Tablet Extended-Release 24 Hour)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Minitran (Patch 24 Hour)	2	
Nitro-Bid (Ointment)	4	
Nitroglycerin (Injection)	4	
Nitroglycerin Lingual (Translingual Solution)	4	
Nitroglycerin Transdermal (Patch 24 Hour)	2	
Nitrostat (Tablet Sublingual)	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Amphetamine/ Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	4	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amphetamine/ Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	3	QL
Dexedrine (10mg Tablet, 5mg Tablet)	4	QL
Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	4	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Clonidine HCl ER (Tablet Extended-Release 12 Hour)	4	PA
Dexmethylphenidate HCl (Tablet Immediate-Release)	3	QL
Dexmethylphenidate HCl ER (Capsule Extended-Release 24 Hour)	4	

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

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	2	QL
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 225mg Capsule, 25mg Capsule, 300mg Capsule, 50mg Capsule, 75mg Capsule, 20mg/ml Oral Solution)	3	QL
Savella (Tablet)	3	
Savella Titration Pack	3	
Multiple Sclerosis Agents		
Ampyra (Tablet Extended-Release 12 Hour)	5	PA, QL
Aubagio (Tablet)	5	PA, QL
Copaxone (Injection)	5	PA
Gilenya (Capsule)	5	PA, QL
Glatopa (Injection)	5	PA
Rebif (Injection)	5	PA
Rebif Rebidose (Injection)	5	PA
Rebif Rebidose Titration Pack (Injection)	5	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Rebif Titration Pack (Injection)	5	PA
Tecfidera (Capsule Delayed-Release)	5	PA, QL
Tecfidera Starter Pack	5	PA
Tysabri (Injection)	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
Chlorhexidine Gluconate Oral Rinse (Solution)	2	
Kepivance (Injection)	5	
Periogard (Solution)	2	
Pilocarpine HCl (5mg Tablet, 7.5mg Tablet)	4	
Triamcinolone in Orabase (Paste)	3	
Dermatological Agents		
Dermatological Agents		
8-MOP (Capsule)	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	
Calcitriol (3mcg/gm Ointment)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Claravis (Capsule)	4	PA
Clindamycin Phosphate (1% External Solution, 1% Gel, 1% Lotion, 1% Swab)	3	
Clindamycin/Benzoyl Peroxide (1%-5% Gel) (Generic BenzaClin)	4	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Cream)	2	
Clotrimazole/Betamethasone Dipropionate (1%-0.05% Lotion)	4	
Diclofenac Sodium (3% Gel)	5	PA
Doxepin HCl (Cream)	3	
Elidel (Cream)	4	ST
Ery (2% Pad)	3	
Erythromycin (2% External Solution)	2	
Erythromycin (2% Gel)	4	
Erythromycin/Benzoyl Peroxide (Gel)	4	
Fluorouracil (2% External Solution, 5% External Solution)	3	
Fluorouracil (5% Cream)	4	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Imiquimod (Cream)	4	
Methoxsalen (Capsule)	5	
Mirvaso (Gel)	4	PA
Oxсорalen Ultra (Capsule)	5	
Picato (Gel)	3	
Podofilox (External Solution)	3	
PRUDOXIN (Cream)	3	
Regranex (Gel)	5	PA
Santyl (Ointment)	4	
Selenium Sulfide (Lotion)	2	
Tacrolimus (0.03% Ointment, 0.1% Ointment)	4	ST
Tazorac (0.05% Cream, 0.1% Cream)	4	PA
Tretinoin (0.01% Gel, 0.025% Gel, 0.025% Cream, 0.05% Cream, 0.1% Cream)	4	PA
Tretinoin Microsphere (Gel)	4	PA
Uvadex (Injection)	4	
Enzyme Replacement/Modifiers		
Adagen (Injection)	5	LA
Aldurazyme (Injection)	5	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Buphenyl (500mg Tablet)	5	
Cerezyme (Injection)	5	PA
Creon (Capsule Delayed-Release)	3	
Cystadane (Powder)	5	
Cystagon (Capsule)	4	LA
Elaprase (Injection)	5	
Elelyso (Injection)	5	PA, LA
Fabrazyme (Injection)	5	
Kuvan (100mg Packet, 500mg Packet, 100mg Tablet Soluble)	5	
Lumizyme (Injection)	5	
Naglazyme (Injection)	5	
Orfadin (10mg Capsule, 2mg Capsule, 5mg Capsule, 4mg/ml Suspension)	5	LA
Procysbi (Capsule Delayed-Release)	5	
RAVICTI (Liquid)	5	QL
Sodium Phenylbutyrate (Powder)	5	
Strensiq (Injection)	5	PA, LA
Sucraid (Oral Solution)	5	LA
VPRIV (Injection)	5	PA
Zavesca (Capsule)	5	PA, LA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zenpep (Capsule Delayed-Release)	3	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Atropine Sulfate (Injection)	4	
Cuvposa (Oral Solution)	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	
Cholbam (Capsule)	5	PA
Cromolyn Sodium (100mg/5ml Concentrate)	4	
Diphenoxylate/Atropine (2.5mg-0.025mg Tablet, 2.5mg-0.025mg/5ml Liquid)	3	
Gattex (Injection)	5	PA
Loperamide HCl (Capsule)	2	
Relistor (Injection)	4	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ursodiol (250mg Tablet, 500mg Tablet, 300mg Capsule)	4	
Histamine2 (H2) Receptor Antagonists		
Cimetidine (Tablet)	2	
Cimetidine HCl (Oral Solution)	2	
Famotidine (20mg Tablet, 40mg Tablet)	2	
Famotidine (20mg/2ml Injection)	4	
Famotidine Premixed (Injection)	4	
Nizatidine (150mg Capsule, 300mg Capsule)	2	
Ranitidine HCl (150mg Tablet, 300mg Tablet)	2	
Ranitidine HCl (150mg/6ml Injection)	4	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Tablet)	5	PA
Amitiza (Capsule)	3	QL
Linzees (Capsule)	3	QL
Laxatives		
Constulose (Oral Solution)	2	
Enulose (Oral Solution)	2	
GaviLyte-C (Oral Solution)	2	
GaviLyte-G (Oral Solution)	2	

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

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
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)	2	QL
Pantoprazole Sodium (40mg Injection)	4	
Genitourinary Agents		
Antispasmodics, Urinary		
Myrbetriq (Tablet Extended-Release 24 Hour)	3	
Oxybutynin Chloride (5mg Tablet Immediate-Release, 5mg/5ml Syrup)	2	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	2	QL
Vesicare (Tablet)	3	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Finasteride (5mg Tablet) (Generic Proscar)	2	
Rapaflo (Capsule)	3	QL
Tamsulosin HCl (Capsule)	2	
Terazosin HCl (Capsule)	2	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	2	
Depen Titratabs (Tablet)	5	
Elmiron (Capsule)	4	
Phosphate Binders		
Calcium Acetate (Capsule)	2	
Eliphos (Tablet)	4	
Fosrenol (1000mg Packet, 750mg Packet, 1000mg Tablet Chewable, 500mg Tablet Chewable, 750mg Tablet Chewable)	4	
PhosLo (Capsule)	3	
Phoslyra (Oral Solution)	3	
Renvela (0.8gm Packet, 2.4gm Packet, 800mg Tablet)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Velphoro (Tablet Chewable)	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
A-Hydrocort (Injection)	4	
Ala Cort (Cream)	2	
Alclometasone Dipropionate (0.05% Cream, 0.05% Ointment)	3	
Augmented Betamethasone Dipropionate (0.05% Cream, 0.05% Gel, 0.05% Lotion, 0.05% Ointment)	2	
Betamethasone Dipropionate (0.05% Cream, 0.05% Lotion, 0.05% Ointment)	3	
Betamethasone Valerate (0.1% Cream, 0.1% Lotion, 0.1% Ointment)	3	
Clobetasol Propionate (0.05% External Solution)	3	
Clobetasol Propionate (0.05% Gel, 0.05% Ointment, 0.05% Shampoo)	4	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clobetasol Propionate E (Cream)	4	
Cormax Scalp Application (External Solution)	3	
Cortisone Acetate (Tablet)	4	
Depo-Medrol (20mg/ml Injection)	4	
Desonide (0.05% Ointment)	4	
Desoximetasone (0.05% Cream, 0.25% Cream)	4	
Dexamethasone (0.5mg Tablet, 0.75mg Tablet, 1.5mg Tablet, 1mg Tablet, 2mg Tablet, 4mg Tablet, 6mg Tablet, 0.5mg/5ml Elixir)	2	
Dexamethasone Intensol (1mg/ml Concentrate)	2	
Dexamethasone Sodium Phosphate (10mg/ml Injection, 120mg/30ml Injection)	4	
Fludrocortisone Acetate (Tablet)	2	
Fluocinolone Acetonide (0.01% Cream, 0.025% Cream, 0.025% Ointment)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fluocinolone Acetonide (0.01% External Solution)	4	
Fluocinonide (0.05% External Solution, 0.05% Gel, 0.05% Ointment)	3	
Fluocinonide-E (Cream)	3	
Fluticasone Propionate (0.005% Ointment, 0.05% Cream)	3	
Halobetasol Propionate (0.05% Cream, 0.05% Ointment)	4	
Hydrocortisone (1% Cream, 2.5% Cream, 1% Ointment, 2.5% Ointment)	2	
Hydrocortisone (10mg Tablet, 20mg Tablet, 5mg Tablet, 2.5% Lotion)	3	
Hydrocortisone Butyrate (0.1% Ointment)	3	
Hydrocortisone Valerate (0.2% Cream, 0.2% Ointment)	4	
Kenalog-10 (Injection)	4	
Kenalog-40 (Injection)	4	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Solu-Medrol (2gm Injection)	4	
Triamcinolone Acetonide (0.025% Cream, 0.1% Cream, 0.5% Cream, 0.025% Lotion, 0.1% Lotion, 0.025% Ointment, 0.1% Ointment, 0.5% Ointment)	3	
Triderm (Cream)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Chorionic Gonadotropin (Injection)	4	PA
Desmopressin Acetate (0.01% Nasal Rhinal Tube Solution)	3	
Desmopressin Acetate (0.01% Nasal Spray Solution, 0.1mg Tablet, 0.2mg Tablet)	2	
Desmopressin Acetate (4mcg/ml Injection)	4	
Genotropin (12mg Injection, 5mg Injection)	5	PA
Genotropin Miniquick (0.2mg Injection)	4	PA

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)	5	PA
Increlex (Injection)	5	PA
Novarel (Injection)	4	PA
Nutropin AQ (Injection)	5	PA
Pregnyl w/Diluent Benzyl Alcohol/NaCl (Injection)	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	5	PA, QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Tablet)	4	PA
Androderm (Patch 24 Hour)	3	PA, QL
AndroGel (1.62% Packet Gel)	3	PA
AndroGel Pump (1.62% Gel)	3	PA
Danazol (Capsule)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Oxandrolone (10mg Tablet)	4	PA, QL
Oxandrolone (2.5mg Tablet)	3	PA, QL
Testosterone Cypionate (Injection)	4	
Testosterone Enanthate (Injection)	4	
Estrogens		
Amethia (Tablet)	4	
Amethyst (Tablet)	4	
Apri (Tablet)	4	
Aranelle (Tablet)	4	
Ashlyna (Tablet)	4	
Aubra (Tablet)	4	
Aviane (Tablet)	4	
Balziva (Tablet)	4	
Bekyree (Tablet)	4	
Blisovi 24 Fe (Tablet)	4	
Blisovi Fe 1.5/30 (Tablet)	4	
Blisovi Fe 1/20 (Tablet)	4	
Briellyn (Tablet)	4	
Climara Pro (Patch Weekly)	4	
Cryselle-28 (Tablet)	4	
Cyclafem (Tablet)	4	
Delyla (Tablet)	4	
Desogestrel/Ethinyl Estradiol (Tablet)	4	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Drospirenone/Ethinyl Estradiol (Tablet)	4		Introvale (Tablet)	4	
Duavee (Tablet)	4		Jinteli (Tablet)	3	
Elestrin (Gel)	4		Juleber (Tablet)	4	
Emoquette (Tablet)	4		Junel 1.5/30 (Tablet)	4	
Enpresse-28 (Tablet)	4		Junel 1/20 (Tablet)	4	
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	2	QL	Junel Fe 1.5/30 (Tablet)	4	
Estradiol (0.5mg Tablet, 1mg Tablet, 2mg Tablet) (Generic Estrace)	2		Junel Fe 1/20 (Tablet)	4	
Estradiol Valerate (Injection)	4		Junel Fe 24 (Tablet)	4	
Estradiol/Norethindrone Acetate (Tablet)	3		Kaitlib Fe (Tablet Chewable)	4	
Estring (Ring)	4		Kariva (Tablet)	4	
Estropipate (Tablet)	2		Kelnor 1/35 (Tablet)	4	
Falmina (Tablet)	4		Kimidess (Tablet)	4	
Gianvi (Tablet)	4		LARIN 1.5/30 (Tablet)	4	
Gildagia (Tablet)	4		LARIN 1/20 (Tablet)	4	
Gildess 1.5/30 (Tablet)	4		LARIN Fe 1.5/30 (Tablet)	4	
Gildess 24 Fe (Tablet)	4		LARIN Fe 1/20 (Tablet)	4	
			Layolis Fe (Tablet Chewable)	4	
			Leena (Tablet)	4	
			Lessina (Tablet)	4	
			Levonest (Tablet)	4	
			Levonorgestrel and Ethinyl Estradiol (Tablet)	4	
			Levonorgestrel/Ethinyl Estradiol (Tablet)	4	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Levora 0.15/30-28 (Tablet)	4	
Lomedia 24 Fe (Tablet)	4	
Lopreeza (Tablet)	3	
Loryna (Tablet)	4	
Lutera (Tablet)	4	
Marlissa (Tablet)	4	
Menest (Tablet)	3	
Microgestin 1.5/30 (Tablet)	4	
Microgestin 1/20 (Tablet)	4	
Microgestin Fe (Tablet)	4	
Microgestin Fe 1.5/30 (Tablet)	4	
Mimvey (Tablet)	3	
Mimvey Lo (Tablet)	3	
MonoNessa (Tablet)	4	
Necon 0.5/35-28 (Tablet)	4	
Necon 1/35 (Tablet)	4	
Necon 1/50-28 (Tablet)	4	
Necon 10/11-28 (Tablet)	4	
Necon 7/7/7 (Tablet)	4	
Nikki (Tablet)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Norethindrone & Ethinyl Estradiol Ferrous Fumarate (Tablet Chewable)	4	
Norethindrone Acetate/Ethinyl Estradiol/Ferrous Fumarate (Tablet)	4	
Norgestimate/Ethinyl Estradiol (Tablet)	4	
Nortrel 0.5/35 (28) (Tablet)	4	
Nortrel 1/35 (Tablet)	4	
Nortrel 7/7/7 (Tablet)	4	
NuvaRing (Ring)	4	
Ocella (Tablet)	4	
Ogestrel (Tablet)	4	
Orsythia (Tablet)	4	
Pimtrea (Tablet)	4	
Pirmella 1/35 (Tablet)	4	
Portia-28 (Tablet)	4	
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	4	QL
Premarin (Vaginal Cream)	3	
Premphase (Tablet)	4	
Prempro (Tablet)	4	QL
Previfem (Tablet)	4	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Quasense (Tablet)	4	
Reclipsen (Tablet)	4	
Setlakin (Tablet)	4	
Sprintec 28 (Tablet)	4	
Sronyx (Tablet)	4	
Tarina Fe 1/20 (Tablet)	4	
Tri-Legest Fe (Tablet)	4	
Tri-Lo-Estarylla (Tablet)	4	
Tri-Lo-Sprintec (Tablet)	4	
Trinessa (Tablet)	4	
Tri-Previfem (Tablet)	4	
Tri-Sprintec (Tablet)	4	
Trivora-28 (Tablet)	4	
Velivet (Tablet)	4	
Vestura (Tablet)	4	
Vienna (Tablet)	4	
Vyfemla (Tablet)	4	
WYMZYA Fe (Tablet Chewable)	4	
Zenchent (Tablet)	4	
Zenchent Fe (Tablet Chewable)	4	
Zovia 1/35E (Tablet)	4	
Zovia 1/50E (Tablet)	4	
Progestins		
Camila (Tablet)	3	
Crinone (Gel)	4	PA
Deblitane (Tablet)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Depo-Provera (Injection)	4	
Errin (Tablet)	3	
Hydroxyprogesterone Caproate (Injection)	5	PA
Jolivette (Tablet)	3	
Lyza (Tablet)	3	
Makena (Injection)	5	PA
Medroxyprogesterone Acetate (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	2	
Medroxyprogesterone Acetate (150mg/ml Injection)	4	
Megace ES (Suspension)	5	
Megestrol Acetate (20mg Tablet, 40mg Tablet, 40mg/ml Suspension)	3	
Megestrol Acetate (625mg/5ml Suspension)	4	
Nora-BE (Tablet)	3	
Norethindrone (Tablet)	3	
Norethindrone Acetate (Tablet)	2	
Norlyroc (Tablet)	3	
Sharobel (Tablet)	3	
Selective Estrogen Receptor Modifying Agents		

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

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Sensipar (30mg Tablet)	3	QL
Sensipar (60mg Tablet, 90mg Tablet)	5	QL
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	2	
Egrifta (Injection)	5	PA
Firmagon (120mg Injection)	5	PA
Firmagon (80mg Injection)	4	PA
Leuprolide Acetate (Injection)	4	PA
Lupron Depot (Injection)	5	PA
Lupron Depot-PED (Injection)	5	PA
Octreotide Acetate (Injection)	4	PA
Signifor (Injection)	5	PA
Somatuline Depot (Injection)	5	PA
Somavert (Injection)	5	PA, QL
Synarel (Nasal Solution)	5	
Trelstar Mixject (Injection)	5	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Propylthiouracil (Tablet)	2	
Immunological Agents		
Angioedema (HAE) Agents		
Beriner (Injection)	5	PA, LA
Cinryze (Injection)	5	PA, LA
Firazyr (Injection)	5	PA, QL
Immune Suppressants		
Azathioprine (100mg Injection)	5	B/D, PA
Azathioprine (50mg Tablet)	2	B/D, PA
Cellcept Intravenous (Injection)	4	PA
Cyclosporine (100mg Capsule, 25mg Capsule)	3	B/D, PA
Cyclosporine (50mg/ml Injection)	4	
Cyclosporine Modified (100mg Capsule, 25mg Capsule, 50mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
Enbrel (Injection)	5	PA
Enbrel SureClick (Injection)	5	PA
Gengraf (100mg Capsule, 25mg Capsule, 100mg/ml Oral Solution)	3	B/D, PA
Humira (Injection)	5	PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Humira Pediatric Crohns Disease Starter Pack (Injection)	5	PA
Humira Pen (Injection)	5	PA
Humira Pen Crohns Disease Starter Pack (Injection)	5	PA
Methotrexate (Tablet)	2	
Methotrexate Sodium (Injection)	4	
Mycophenolate Mofetil (200mg/ml Suspension)	5	PA
Mycophenolate Mofetil (250mg Capsule, 500mg Tablet)	3	PA
Mycophenolic Acid DR (Tablet Delayed-Release)	4	B/D, PA
Nulojix (Injection)	5	PA
Prograf (5mg/ml Injection)	4	PA
Rapamune (1mg/ml Oral Solution)	5	B/D, PA
Remicade (Injection)	5	PA
Sandimmune (100mg/ml Oral Solution)	4	B/D, PA
Sirolimus (Tablet)	4	B/D, PA

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tacrolimus (0.5mg Capsule, 1mg Capsule, 5mg Capsule)	2	PA
Torisel (Injection)	5	
Trexall (Tablet)	4	
Zortress (Tablet)	5	PA
Immunizing Agents, Passive		
Atgam (Injection)	5	
BIVIGAM (Injection)	4	PA
Carimune Nanofiltered (Injection)	4	PA
Flebogamma DIF (Injection)	4	PA
Gamastan S/D (Injection)	3	PA
Gammagard Liquid (Injection)	4	PA
Gammaked (Injection)	4	PA
Gammaplex (Injection)	4	PA
Octagam (Injection)	4	PA
Privigen (Injection)	4	PA
Thymoglobulin (Injection)	5	
Varizig (Injection)	3	
Immunomodulators		
Actemra (162mg/0.9ml Injection)	5	PA
Actimmune (Injection)	5	
Arcalyst (Injection)	5	PA, LA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Benlysta (Injection)	5	PA
Ilaris (Injection)	5	PA, QL, LA
Leflunomide (Tablet)	2	
Simulect (Injection)	5	
Synagis (Injection)	5	PA
Vaccines		
ActHIB (Injection)	3	
Adacel (Injection)	3	
BCG Vaccine (Injection)	3	
Bexsero (Injection)	3	
Boostrix (Injection)	3	
Cervarix (Injection)	4	
Daptacel (Injection)	3	
Diphtheria/Tetanus Toxoids Adsorbed Pediatric (Injection)	3	
Engerix-B (Injection)	3	B/D, PA
Gardasil (Injection)	3	
Gardasil 9 (Injection)	3	
Havrix (Injection)	3	
Hiberix (Injection)	3	
Imovax Rabies (H.D.C.V.) (Injection)	3	B/D, PA
Infanrix (Injection)	3	
IPOL Inactivated IPV (Injection)	3	
Ixiaro (Injection)	3	
Menactra (Injection)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
MENHIBRIX (Injection)	3	
Menomune-A/C/Y/W-135 (Injection)	3	
Menveo (Injection)	3	
M-M-R II (Injection)	3	
Pedvax HIB (Injection)	3	
ProQuad (Injection)	3	
Quadracel (Injection)	3	
Rabavert (Injection)	3	B/D, PA
Recombivax HB (Injection)	3	B/D, PA
Rotarix (Suspension)	3	
RotaTeq (Oral Solution)	3	
Tenivac (Injection)	3	
Tetanus/Diphtheria Toxoids-Adsorbed Adult (Injection)	3	
Trumenba (Injection)	3	
Twinrix (Injection)	3	
Typhim Vi (Injection)	3	
VAQTA (Injection)	3	
Varivax (Injection)	3	
YF-Vax (Injection)	3	
Zostavax (Injection)	4	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Apriso (Capsule Extended-Release 24 Hour)	3	QL
Balsalazide Disodium (Capsule)	4	
Canasa (Suppository)	4	
Lialda (Tablet Delayed-Release)	3	QL
Mesalamine (Kit)	4	
Glucocorticoids		
Budesonide (3mg Capsule Delayed-Release)	4	
Colocort (Enema)	3	
Hydrocortisone (100mg/60ml Enema)	3	
Procto-Med HC (Cream)	2	
Procto-Pak (Cream)	2	
Proctosol HC (Cream)	2	
Proctozone-HC (Cream)	2	
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Alendronate Sodium (10mg Tablet, 35mg Tablet, 40mg Tablet, 5mg Tablet, 70mg Tablet)	1	QL
Alendronate Sodium (70mg/75ml Oral Solution)	4	
Binosto (Tablet Effervescent)	4	QL
Calcitonin-Salmon (Nasal Solution)	2	QL
Calcitriol (0.25mcg Capsule, 0.5mcg Capsule, 1mcg/ml Oral Solution)	2	B/D, PA
Calcitriol (1mcg/ml Injection)	4	B/D, PA
Doxercalciferol (0.5mcg Capsule, 1mcg Capsule, 2.5mcg Capsule)	4	B/D, PA, QL
Doxercalciferol (4mcg/2ml Injection)	4	B/D, PA
Forteo (Injection)	5	PA, QL
Ibandronate Sodium (150mg Tablet)	3	QL
Miacalcin (200unit/ml Injection)	5	PA
Natpara (Injection)	5	PA
Pamidronate Disodium (Injection)	4	B/D, PA

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

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits	Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ophthalmic Agents			Polymyxin B Sulfate/ Trimethoprim Sulfate (Ophthalmic Solution)		
Ophthalmic Agents, Other				2	
Bacitracin/Polymyxin B (Ophthalmic Ointment)	2		Proparacaine HCl (Ophthalmic Solution)	2	
Blephamide (Suspension)	4		Restasis (Emulsion)	3	QL
Blephamide S.O.P. (Ointment)	4		Sulfacetamide Sodium/Prednisolone Sodium Phosphate (Ophthalmic Solution)	2	
Cystaran (Ophthalmic Solution)	5		Tobradex ST (Ophthalmic Suspension)	4	
Lacrisert (Insert)	4		Tobramycin/ Dexamethasone (Ophthalmic Suspension)	3	
Lastacaft (Ophthalmic Solution)	3		Ophthalmic Anti-allergy Agents		
Naphazoline HCl (Ophthalmic Solution)	2		Azelastine HCl (0.05% Ophthalmic Solution)	2	
Neomycin/Bacitracin/ Polymyxin (Ointment)	3		Bepreve (Ophthalmic Solution)	4	
Neomycin/Polymyxin/ Bacitracin/ Hydrocortisone (Ophthalmic Ointment)	3		Cromolyn Sodium (4% Ophthalmic Solution)	2	
Neomycin/Polymyxin/ Dexamethasone (0.1% Ophthalmic Ointment, 0.1% Ophthalmic Suspension)	2		Epinastine HCl (Ophthalmic Solution)	3	
Neomycin/Polymyxin/ Gramicidin (Ophthalmic Solution)	3		Olopatadine HCl (Ophthalmic Solution)	3	
Neomycin/Polymyxin/ Hydrocortisone (1% Ophthalmic Suspension)	4		Pataday (Ophthalmic Solution)	3	
			Patanol (Ophthalmic Solution)	3	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Pazeo (Ophthalmic Solution)	3	
Ophthalmic Antiglaucoma Agents		
Alphagan P (0.1% Ophthalmic Solution)	3	
Apraclonidine (Ophthalmic Solution)	3	
Betaxolol HCl (Ophthalmic Solution)	3	
Betimol (Ophthalmic Solution)	4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	
Carteolol HCl (Ophthalmic Solution)	2	
Combigan (Ophthalmic Solution)	3	
Dorzolamide HCl (Ophthalmic Solution)	2	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	2	
Levobunolol HCl (Ophthalmic Solution)	2	
Metipranolol (Ophthalmic Solution)	2	
Phospholine Iodide (Ophthalmic Solution)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	3	
Simbrinza (Suspension)	3	
Timolol Maleate (Ophthalmic Solution)	2	
Timolol Maleate Ophthalmic Gel Forming (Solution)	3	
Ophthalmic Anti-inflammatories		
Dexamethasone Sodium Phosphate (0.1% Ophthalmic Solution)	2	
Diclofenac Sodium (0.1% Ophthalmic Solution)	2	
Durezol (Emulsion)	3	
Fluorometholone (Ophthalmic Suspension)	3	
Flurbiprofen Sodium (Ophthalmic Solution)	2	
Ilevro (Suspension)	3	
Ketorolac Tromethamine (0.4% Ophthalmic Solution, 0.5% Ophthalmic Solution)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	4	
Nevanac (Suspension)	3	
Prednisolone Acetate (Ophthalmic Suspension)	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	
Prolensa (Ophthalmic Solution)	4	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
Latanoprost (Ophthalmic Solution)	2	
Lumigan (Ophthalmic Solution)	3	
Travatan Z (Ophthalmic Solution)	3	
Travoprost (Ophthalmic Solution)	3	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	2	
Fluocinolone Acetonide (0.01% Otic Oil)	4	
Hydrocortisone/Acetic Acid (Otic Solution)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Neomycin/Polymyxin/Hydrocortisone (1% Otic Solution, 1% Otic Suspension)	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution)	2	QL
Azelastine HCl (0.15% Nasal Solution)	2	
Cetirizine HCl (Syrup)	2	
Cyproheptadine HCl (4mg Tablet)	3	
Diphenhydramine HCl (50mg/ml Injection)	4	B/D, PA
Levocetirizine Dihydrochloride (5mg Tablet)	3	QL
Phenadoz (Suppository)	4	
Phenergan (12.5mg Suppository, 25mg Suppository)	4	
Promethazine HCl (12.5mg Suppository, 25mg Suppository, 25mg/ml Injection, 50mg/ml Injection)	4	
Promethazine HCl (12.5mg Tablet, 25mg Tablet, 50mg Tablet, 6.25mg/5ml Syrup)	3	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Promethegan (25mg Suppository)	4	
Anti-inflammatories, Inhaled Corticosteroids		
Asmanex HFA (Aerosol)	4	QL
Asmanex Twisthaler 120 Metered Doses (Aerosol Powder)	4	QL
Asmanex Twisthaler 30 Metered Doses (Aerosol Powder)	4	QL
Asmanex Twisthaler 60 Metered Doses (Aerosol Powder)	4	QL
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension, 1mg/2ml Suspension)	4	B/D, PA
Flunisolide (Nasal Solution)	3	
Fluticasone Propionate (50mcg/act Suspension)	2	
Pulmicort Flexhaler (Aerosol Powder)	3	QL
Antileukotrienes		
Montelukast Sodium (10mg Tablet, 4mg Packet, 4mg Tablet Chewable, 5mg Tablet Chewable)	2	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Zafirlukast (Tablet)	2	QL
Bronchodilators, Anticholinergic		
Atrovent HFA (Aerosol Solution)	4	
Ipratropium Bromide (0.02% Inhalation Solution)	2	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	2	
Spiriva HandiHaler (Capsule)	3	QL
Spiriva Respimat (Aerosol Solution)	3	QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate (0.083% Nebulized Solution, 0.5% Nebulized Solution, 0.63mg/3ml Nebulized Solution, 1.25mg/3ml Nebulized Solution)	2	B/D, PA
Albuterol Sulfate (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	4	
EpiPen (Injection)	3	
Perforomist (Nebulized Solution)	4	B/D, PA, QL
ProAir HFA (Aerosol Solution)	3	
ProAir RespiClick (Aerosol Powder)	3	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Serevent Diskus (Aerosol Powder)	3	QL
Cystic Fibrosis Agents		
Cayston (Inhalation Solution)	5	PA, LA
Kalydeco (50mg Packet, 75mg Packet)	5	PA, QL
Orkambi (Tablet)	5	PA, QL, LA
Phosphodiesterase Inhibitors, Airways Disease		
Aminophylline (Injection)	4	
Daliresp (Tablet)	4	PA, QL
Theophylline (Oral Solution)	2	
Theophylline CR (Tablet Extended-Release 12 Hour)	2	
Theophylline ER (300mg Tablet Extended-Release 12 Hour, 450mg Tablet Extended-Release 12 Hour, 400mg Tablet Extended-Release 24 Hour, 600mg Tablet Extended-Release 24 Hour)	2	
Pulmonary Antihypertensives		
Adcirca (Tablet)	5	PA, QL
Adempas (Tablet)	5	PA
Letairis (Tablet)	5	PA, QL, LA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Opsumit (Tablet)	5	PA, LA
Orenitram (0.125mg Tablet Extended-Release)	4	PA, QL
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	5	PA, QL
Orenitram (2.5mg Tablet Extended-Release)	5	PA
Remodulin (Injection)	5	PA, LA
Sildenafil (10mg/12.5ml Injection)	5	PA
Sildenafil (20mg Tablet) (Generic Revatio)	3	PA, QL
Tracleer (Tablet)	5	PA, QL
Tyvaso (Inhalation Solution)	5	PA, QL
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	2	B/D, PA
Advair Diskus (Aerosol Powder)	3	QL
Advair HFA (Aerosol)	3	QL
Anoro Ellipta (Aerosol Powder)	3	QL
Aralast NP (Injection)	5	PA, LA
Breo Ellipta (Aerosol Powder)	3	QL

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Cromolyn Sodium (20mg/2ml Nebulized Solution)	3	B/D, PA
Dulera (Aerosol)	4	PA, QL
Esbriet (Capsule)	5	PA, QL, LA
Kalydeco (150mg Tablet)	5	PA, QL
Ofev (Capsule)	5	PA, QL, LA
Prolastin-C (Injection)	5	PA, LA
Pulmozyme (Inhalation Solution)	5	B/D, PA, QL
Stiolto Respimat (Aerosol Solution)	3	QL
Symbicort (Aerosol)	3	QL
Respiratory Tract/Pulmonary Agents		
Combivent Respimat (Aerosol Solution)	3	
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	2	B/D, PA
Xolair (Injection)	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Tablet)	2	
Cyclobenzaprine HCl (7.5mg Tablet)	4	PA, HRM
Dantrolene Sodium (Capsule)	2	
Gablofen (Injection)	4	B/D, PA
Orphenadrine Citrate (Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Tizanidine HCl (2mg Tablet, 4mg Tablet)	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
Temazepam (15mg Capsule, 30mg Capsule)	3	QL
Zaleplon (Capsule)	3	QL
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	2	QL
Sleep Disorders, Other		
Belsomra (Tablet)	3	QL
Hetlioz (Capsule)	5	PA, QL
Modafinil (Tablet)	4	PA, QL
Xyrem (Oral Solution)	5	PA, QL, LA
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
Chemet (Capsule)	4	
Exjade (Tablet Soluble)	5	PA
Ferriprox (100mg/ml Oral Solution, 500mg Tablet)	5	PA
Jadenu (Tablet)	5	PA
Kionex (Powder)	3	
Samsca (Tablet)	5	PA, QL
Sodium Polystyrene Sulfonate (Suspension)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Syprine (Capsule)	5	PA
Electrolyte/Mineral Replacement		
Carbaglu (Tablet)	5	LA
Isolyte-S (Injection)	4	
Klor-Con 10 (Tablet Extended-Release)	3	
Klor-Con 8 (Tablet Extended-Release)	3	
Klor-Con M15 (Tablet Extended-Release)	3	
Klor-Con M20 (Tablet Extended-Release)	2	
Klor-Con Sprinkle (Capsule Extended-Release)	3	
Magnesium Sulfate (1gm/2ml-50% Injection)	4	
Magnesium Sulfate (5gm/10ml-50% Injection)	4	
Normosol-R (Injection)	4	
Physiolyte (Irrigation Solution)	4	
Physiosol Irrigation (Solution)	4	
Plasma-Lyte A (Injection)	4	
Plasma-Lyte-148 (Injection)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Potassium Chloride (10% Oral Solution, 20% Oral Solution)	3	
Potassium Chloride (10meq/100ml Injection, 20meq/100ml Injection, 40meq/100ml Injection)	4	B/D, PA
Potassium Chloride (2meq/ml Injection)	4	B/D, PA
Potassium Chloride 0.15% /NaCl 0.45% Vialflex (Injection)	4	B/D, PA
Potassium Chloride 0.15%/NaCl 0.9% (Injection)	4	B/D, PA
Potassium Chloride 0.3%/ NaCl 0.9% (Injection)	4	B/D, PA
Potassium Chloride ER (10meq Capsule Extended-Release, 8meq Capsule Extended-Release, 8meq Tablet Extended-Release)	3	
Potassium Chloride ER Microencapsulated (10meq Tablet Extended-Release, 20meq Tablet Extended-Release)	2	

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Potassium Citrate ER (Tablet Extended-Release)	3	
Sodium Chloride (0.9% Injection)	4	
Sodium Chloride (2.5meq/ml Injection, 3% Injection, 5% Injection)	4	
Sodium Chloride 0.45% Viaflex (Injection)	4	
Sodium Chloride 0.9% (Irrigation Solution)	3	
Sodium Fluoride (Tablet)	2	
Therapeutic Nutrients/Minerals/Electrolytes		
Aminosyn 7%/Electrolytes (Injection)	4	B/D, PA
Aminosyn 8.5%/Electrolytes (Injection)	4	B/D, PA
Aminosyn II (10% Injection, 7% Injection)	4	B/D, PA
Aminosyn II 8.5%/Electrolytes (Injection)	4	B/D, PA
Aminosyn-HBC (Injection)	4	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Aminosyn-PF (Injection)	4	B/D, PA
Aminosyn-RF (Injection)	4	B/D, PA
Dextrose 10% (Injection)	4	
Dextrose 10%/NaCl 0.2% (Injection)	4	
Dextrose 10%/NaCl 0.45% (Injection)	4	
Dextrose 2.5%/Sodium Chloride 0.45% (Injection)	4	
Dextrose 5% (Injection)	4	
Dextrose 5%/NaCl 0.2% (Injection)	4	
Dextrose 5%/NaCl 0.225% (Injection)	4	
Dextrose 5%/NaCl 0.33% (Injection)	4	
Dextrose 5%/NaCl 0.45% (Injection)	4	
Dextrose 5%/NaCl 0.9% (Injection)	4	
Dextrose 5%/Potassium Chloride 0.15% (Injection)	4	B/D, PA
FreAmine HBC 6.9% (Injection)	4	B/D, PA
HepatAmine (Injection)	4	B/D, PA
Intralipid (Injection)	4	B/D, PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ionosol-B/Dextrose 5% (Injection)	4	
Ionosol-MB/Dextrose 5% (Injection)	4	
Isolyte-P/Dextrose 5% (Injection)	4	
KCl 0.075%/D5W/NaCl 0.45% (Injection)	4	
KCl 0.15%/D5W/LR (Injection)	4	
KCl 0.15%/D5W/NaCl 0.2% (Injection)	4	
KCl 0.15%/D5W/NaCl 0.225% (Injection)	4	
KCl 0.15%/D5W/NaCl 0.9% (Injection)	4	
KCl 0.3%/D5W/NaCl 0.45% (Injection)	4	
KCl 0.3%/D5W/NaCl 0.9% (Injection)	4	
Lactated Ringers Dextrose 5% Viaflex (Injection)	4	
Lactated Ringers Irrigation (Solution)	3	
Lactated Ringers Viaflex (Injection)	4	
Levocarnitine (1gm/10ml Oral Solution, 330mg Tablet)	3	B/D, PA
Nephramine (Injection)	4	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Normosol-M in D5W (Injection)	4	
Normosol-R in D5W (Injection)	4	
Nutrilipid (Injection)	4	B/D, PA
Plasma-Lyte-56/D5W (Injection)	4	
Plenamaine (Injection)	4	B/D, PA
Potassium Chloride 0.15% D5W/NaCl 0.33% (Injection)	4	
Potassium Chloride 0.15% D5W/NaCl 0.45% (Injection)	4	
Potassium Chloride 0.22% D5W/NaCl 0.45% (Injection)	4	
Potassium Chloride 0.3%/D5W (Injection)	4	B/D, PA
Premasol (Injection)	4	B/D, PA
Procalamine (Injection)	4	B/D, PA
Prosol (Injection)	4	B/D, PA
Ringers Injection	4	
Ringers Irrigation (Solution)	3	
Sodium Lactate (Injection)	4	
TPN Electrolytes (Injection)	4	
Travasol (Injection)	4	B/D, PA

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

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Trophamine (10% Injection)	4	B/D, PA

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
VP-PNV-DHA (Capsule)	2	

Drugs with a quantity limit (QL)

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

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

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

Drug Name	Quantity Limit
Abacavir (Tablet)	Maximum of 3 tablets per day
Abacavir Sulfate/Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day
Abstral (Tablet Sublingual)	Maximum of 4 tablets per day
Acarbose (100mg Tablet)	Maximum of 3 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (120mg-12mg/5ml Oral Solution)	Maximum of 140 ml per day
Acetaminophen/Codeine (300mg-15mg Tablet, 300mg-30mg Tablet, 300mg-60mg Tablet)	Maximum of 13 tablets per day
Adcirca (Tablet)	Maximum of 2 tablets per day
Advair Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Albenza (Tablet)	Maximum of 16 tablets per day
Alecensa (Capsule)	Maximum of 8 capsules per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Amitiza (Capsule)	Maximum of 2 capsules per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Amphetamine/Dextroamphetamine (10mg Capsule Extended-Release 24 Hour, 15mg Capsule Extended-Release 24 Hour, 20mg Capsule Extended-Release 24 Hour, 25mg Capsule Extended-Release 24 Hour, 30mg Capsule Extended-Release 24 Hour, 5mg Capsule Extended-Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine/Dextroamphetamine (10mg Tablet Immediate-Release, 12.5mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 30mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Ampyra (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Injection)	Maximum of 2 cartridges (6 ml) per day
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Aptiom (200mg Tablet, 400mg Tablet, 800mg Tablet)	Maximum of 1 tablet per day
Aptiom (600mg Tablet)	Maximum of 2 tablets per day
Aptivus (100mg/ml Oral Solution)	Maximum of 15 ml per day
Aptivus (250mg Capsule)	Maximum of 6 capsules per day
Aripiprazole (Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Asmanex HFA (Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Asmanex TwisThaler 120 Metered Doses (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Asmanex TwisThaler 30 Metered Doses (110mcg/INH Aerosol Powder)	Maximum of 2 inhalers per 30 days
Asmanex TwisThaler 30 Metered Doses (220mcg/INH Aerosol Powder)	Maximum of 1 inhaler per 30 days
Asmanex TwisThaler 60 Metered Doses (Aerosol Powder)	Maximum of 1 inhaler per 30 days
Aspirin/Dipyridamole (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day
Aubagio (Tablet)	Maximum of 1 tablet per day
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
Belsomra (Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Benicar (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Benicar (5mg Tablet)	Maximum of 2 tablets per day
Benicar HCT (Tablet)	Maximum of 1 tablet per day
Binosto (Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bosulif (100mg Tablet)	Maximum of 6 tablets per day
Bosulif (500mg Tablet)	Maximum of 1 tablet per day
Botox (Injection)	Maximum of 9 vials per 30 days
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
BRIVIACT (100mg Tablet, 10mg Tablet, 25mg Tablet, 50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
BRIVIACT (10mg/ml Oral Solution)	Maximum of 20 ml per day
BRIVIACT (50mg/5ml Intravenous Solution)	Maximum of 20 ml per day
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl/Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Butalbital/Acetaminophen/Caffeine (Tablet)	Maximum of 6 tablets per day
Butalbital/Aspirin/Caffeine (Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (10mg/ml Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Bydureon (2mg Pen injector)	Maximum of 4 pens per 28 days
Bydureon (2mg Suspension Extended-Release)	Maximum of 4 vials per 28 days
Byetta (10mcg/0.04ml Solution Pen injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta (5mcg/0.02ml Solution Pen injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Cabometyx (20mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Cabometyx (40mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Calcitonin-Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
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
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150mg Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200mg Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
Colchicine (0.6mg Tablet) (Generic Colcris)	Maximum of 4 tablets per day
Complera (Tablet)	Maximum of 2 tablets per day
Cotellic (Tablet)	Maximum of 3 tablets per day
Crestor (Tablet)	Maximum of 1 tablet per day
Crixivan (Capsule)	Maximum of 9 capsules per day
Cycloset (Tablet)	Maximum of 6 tablets per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Daliresp (Tablet)	Maximum of 1 tablet per day
Descovy (Tablet)	Maximum of 2 tablets per day
Dexedrine (Tablet)	Maximum of 6 tablets per day
Dexilant (Capsule Delayed-Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Tablet Immediate-Release)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 6 tablets per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day

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Drug Name	Quantity Limit
Didanosine (Capsule Delayed-Release)	Maximum of 2 capsules per day
Donepezil HCl (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Doxercalciferol (0.5mcg Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1mcg Capsule, 2.5mcg Capsule)	Maximum of 4 capsules per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
Dulera (Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day
Edurant (Tablet)	Maximum of 2 tablets per day
Effient (Tablet)	Maximum of 1 tablet per day
Eliquis (Tablet)	Maximum of 2 tablets per day
Embeda (100mg-4mg Capsule Extended-Release)	Maximum of 3 capsules per day
Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)	Maximum of 4 capsules per day
Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)	Maximum of 2 capsules per day
Embeda (60mg-2.4mg Capsule Extended-Release)	Maximum of 6 capsules per day
Emsam (Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (10mg/ml Oral Solution)	Maximum of 42.5 ml per day
Emtriva (200mg Capsule)	Maximum of 2 capsules per day
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

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Drug Name	Quantity Limit
Enoxaparin Sodium (100mg/ml Subcutaneous Solution, 150mg/ml Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120mg/0.8ml Subcutaneous Solution, 80mg/0.8ml Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (300mg/3ml Solution)	Maximum of 1 vial (3 ml) per day
Enoxaparin Sodium (30mg/0.3ml Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40mg/0.4ml Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60mg/0.6ml Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Tablet)	Maximum of 2 tablets per day
Epzicom (Tablet)	Maximum of 2 tablets per day
Erivedge (Capsule)	Maximum of 1 capsule per day
Esbriet (Capsule)	Maximum of 9 capsules per day
Estradiol (0.025mg/24hr Patch Weekly, 0.05mg/24hr Patch Weekly, 0.06mg/24hr Patch Weekly, 0.075mg/24hr Patch Weekly, 0.1mg/24hr Patch Weekly, 37.5mcg/24hr Patch Weekly)	Maximum of 4 patches per 28 days
Evotaz (Tablet)	Maximum of 2 tablets per day
Famciclovir (125mg Tablet, 250mg Tablet)	Maximum of 2 tablets per day
Famciclovir (500mg Tablet)	Maximum of 3 tablets per day
Fanapt (Tablet)	Maximum of 2 tablets per day
Farxiga (Tablet)	Maximum of 1 tablet per day
Fentanyl (100mcg/hr Patch 72 Hour, 12mcg/hr Patch 72 Hour, 25mcg/hr Patch 72 Hour, 50mcg/hr Patch 72 Hour, 75mcg/hr Patch 72 Hour)	Maximum of 15 patches per 30 days
Fetzima (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Firazyr (Injection)	Maximum of 9 ml per day
Flector (Patch)	Maximum of 2 patches per day
Forteo (Injection)	Maximum of 1 pen (2.4 ml) per 28 days
Fosinopril Sodium (Tablet)	Maximum of 2 tablets per day
Fuzeon (Injection)	Maximum of 3 vials per day
Gabitril (12mg Tablet)	Maximum of 4 tablets per day
Gabitril (16mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Genvoya (Tablet)	Maximum of 2 tablets per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg-250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet)	Maximum of 4 tablets per day
Granisetron HCl (1mg Tablet)	Maximum of 2 tablets per day
Guanfacine HCl (1mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Harvoni (Tablet)	Maximum of 1 tablet per day
Hetlioz (Capsule)	Maximum of 1 capsule per day
Hydrocodone Bitartrate/Acetaminophen (7.5mg-325mg/15ml Oral Solution)	Maximum of 180 ml per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Ibuprofen (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
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days
Ibrance (Capsule)	Maximum of 1 capsule per day
Iclusig (15mg Tablet)	Maximum of 2 tablets per day
Iclusig (45mg Tablet)	Maximum of 1 tablet per day
Ilaris (Injection)	Maximum of 2 doses per 28 days
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Imbruvica (Capsule)	Maximum of 4 capsules per day
Inlyta (Tablet)	Maximum of 4 tablets per day
Intelence (100mg Tablet)	Maximum of 2 tablets per day
Intelence (200mg Tablet)	Maximum of 3 tablets per day
Intelence (25mg Tablet)	Maximum of 6 tablets per day
Invirase (200mg Capsule)	Maximum of 15 capsules per day
Invirase (500mg Tablet)	Maximum of 6 tablets per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Iressa (Tablet)	Maximum of 2 tablets per day
Isentress (100mg Packet)	Maximum of 4 packets per day
Isentress (100mg Tablet Chewable, 25mg Tablet Chewable)	Maximum of 9 tablets per day
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Itraconazole (Capsule)	Maximum of 4 capsules per day
Jakafi (Tablet)	Maximum of 2 tablets per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Kaletra (100mg-25mg Tablet)	Maximum of 10 tablets per day
Kaletra (200mg-50mg Tablet)	Maximum of 6 tablets per day
Kaletra (400mg-100mg/5ml Oral Solution)	Maximum of 16 ml per day
Kalydeco (150mg Tablet)	Maximum of 2 tablets per day
Kalydeco (50mg Packet, 75mg Packet)	Maximum of 2 packets per day
Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Korlym (Tablet)	Maximum of 4 tablets per day
Lamivudine (10mg/ml Oral Solution)	Maximum of 48 ml per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Lamivudine/Zidovudine (Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Letairis (Tablet)	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Tablet)	Maximum of 6 tablets per day
Lexiva (50mg/ml Suspension)	Maximum of 90 ml per day
Lexiva (700mg Tablet)	Maximum of 6 tablets per day
Lialda (Tablet Delayed-Release)	Maximum of 4 tablets per day
Lidocaine (5% Patch)	Maximum of 3 patches per day
Linezolid (600mg Tablet)	Maximum of 2 tablets per day
Linzess (Capsule)	Maximum of 1 capsule per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Lonsurf (6.14mg-15mg Tablet)	Maximum of 10 tablets per day
Lonsurf (8.19mg-20mg Tablet)	Maximum of 8 tablets per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam Intensol (2mg/ml Concentrate)	Maximum of 5 ml per day
Lorcet (Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Tablet)	Maximum of 12 tablets per day
Lortab (Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
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

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Drug Name	Quantity Limit
Loxapine Succinate (10mg Capsule, 5mg Capsule)	Maximum of 4 capsules per day
Lynparza (Capsule)	Maximum of 16 capsules per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (20mg/ml Oral Solution)	Maximum of 30 ml per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
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
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Methylphenidate HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10mg/5ml Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5mg/5ml Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10mg Tablet Extended-Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (20mg Tablet Extended-Release)	Maximum of 3 tablets per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day

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Drug Name	Quantity Limit
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
Morphine Sulfate (15mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
Morphine Sulfate (30mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
Multaq (Tablet)	Maximum of 2 tablets per day
Namenda XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Tablet)	Maximum of 9 tablets per 30 days
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution)	Maximum of 300 mg (1 vial) in 28 days
Nevirapine (200mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Nevirapine (50mg/5ml Suspension)	Maximum of 60 ml per day
Nevirapine ER (100mg Tablet Extended-Release 24 Hour)	Maximum of 3 tablets per day
Nevirapine ER (400mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Capsule)	Maximum of 3 capsules per 28 days
Northera (100mg Capsule)	Maximum of 3 capsules per day
Northera (200mg Capsule, 300mg Capsule)	Maximum of 6 capsules per day
Norvir (100mg Capsule)	Maximum of 18 capsules per day

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Drug Name	Quantity Limit
Norvir (100mg Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day
Noxafil (100mg Tablet Delayed-Release)	Maximum of 8 tablets per day
Noxafil (40mg/ml Suspension)	Maximum of 20 ml per day
Nucynta ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Nuplazid (Tablet)	Maximum of 2 tablets per day
Odefsey (Tablet)	Maximum of 2 tablets per day
Odomzo (Capsule)	Maximum of 1 capsule per day
Ofev (Capsule)	Maximum of 2 capsules per day
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Olanzapine ODT (Tablet Dispersible)	Maximum of 1 tablet per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onfi (10mg Tablet, 20mg Tablet)	Maximum of 2 tablets per day
Onglyza (Tablet)	Maximum of 1 tablet per day
Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	Maximum of 6 tablets per day
Orkambi (Tablet)	Maximum of 112 tablets per 28 days
Oxandrolone (10mg Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5mg Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100mg/5ml Concentrate)	Maximum of 12 ml per day
Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day

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Drug Name	Quantity Limit
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/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
Perforomist (Nebulized Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Tablet)	Maximum of 2 tablets per day
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pomalyst (Capsule)	Maximum of 1 capsule per day
Potiga (200mg Tablet, 300mg Tablet, 400mg Tablet)	Maximum of 3 tablets per day
Potiga (50mg Tablet)	Maximum of 9 tablets per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Praluent (150mg/ml Solution Pen injector, 75mg/ml Solution Pen injector)	Maximum of 2 pens (2 ml) per 28 days
Praluent (150mg/ml Solution Prefilled Syringe, 75mg/ml Solution Prefilled Syringe)	Maximum of 2 syringes (2 ml) per 28 days
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Premarin (0.3mg Tablet, 0.45mg Tablet, 0.625mg Tablet, 0.9mg Tablet, 1.25mg Tablet)	Maximum of 1 tablet per day
Prempro (Tablet)	Maximum of 1 tablet per day
Prezcobix (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day
Prezista (75mg Tablet)	Maximum of 7 tablets per day
Pristiq (100mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Pristiq (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Promacta (12.5mg Tablet, 25mg Tablet)	Maximum of 1 tablet per day
Promacta (50mg Tablet, 75mg Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler (Aerosol Powder)	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranaxa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Rapaflo (Capsule)	Maximum of 1 capsule per day
RAVICTI (Liquid)	Maximum of 17.5 ml per day
Relenza Diskhaler (Aerosol Powder)	Maximum of 3 inhalers (60 blisters) per 30 days
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
Repatha (Injection)	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Injection)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Tablet)	Maximum of 9 tablets per day
Restasis (Emulsion)	Maximum of 2 vials per day
Revlimid (Capsule)	Maximum of 1 capsule per day
Rexulti (Tablet)	Maximum of 1 tablet per day
Reyataz (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Reyataz (200mg Capsule)	Maximum of 3 capsules per day

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Drug Name	Quantity Limit
Reyataz (50mg Packet)	Maximum of 8 packets per day
Rivastigmine Tartrate (Capsule Immediate-Release)	Maximum of 2 capsules per day
Rivastigmine Transdermal System (Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Tablet Immediate-Release)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Sabril (500mg Packet)	Maximum of 6 packets per day
Sabril (500mg Tablet)	Maximum of 6 tablets per day
Samsca (Tablet)	Maximum of 2 tablets per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Selzentry (150mg Tablet)	Maximum of 3 tablets per day
Selzentry (300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Seroquel XR (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Somavert (Injection)	Maximum of 1 vial per day
Sovaldi (Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	Maximum of 2 tablets per day
Stavudine (15mg Capsule, 30mg Capsule, 40mg Capsule)	Maximum of 3 capsules per day

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Drug Name	Quantity Limit
Stavudine (1mg/ml Oral Solution)	Maximum of 120 ml per day
Stavudine (20mg Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Tablet)	Maximum of 4 tablets per day
Strattera (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day
Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Stribild (Tablet)	Maximum of 2 tablets per day
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 sublingual films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	Maximum of 3 sublingual films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 9 tablets per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Auto injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6mg/0.5ml Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate Refill (Injection)	Maximum of 12 injections (6 ml) per 30 days
Sustiva (200mg Capsule)	Maximum of 3 capsules per day
Sustiva (50mg Capsule)	Maximum of 9 capsules per day
Sustiva (600mg Tablet)	Maximum of 2 tablets per day
Sutent (12.5mg Capsule, 25mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Sutent (37.5mg Capsule)	Maximum of 2 tablets per day
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Synjardy (Tablet)	Maximum of 2 tablets per day
Tagrisso (Tablet)	Maximum of 1 tablet per day
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule)	Maximum of 2 capsules per day
Tamiflu (6mg/ml Suspension)	Maximum of 26 ml per day
Tarceva (100mg Tablet, 150mg Tablet)	Maximum of 1 tablet per day
Tarceva (25mg Tablet)	Maximum of 3 tablets per day
Tasigna (150mg Capsule)	Maximum of 5 capsules per day
Tasigna (200mg Capsule)	Maximum of 4 capsules per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Temazepam (15mg Capsule, 30mg Capsule)	Maximum of 1 capsule per day
Tetrabenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25mg Tablet)	Maximum of 4 tablets per day
Thalomid (100mg Capsule, 50mg Capsule)	Maximum of 1 capsule per day
Thalomid (150mg Capsule, 200mg Capsule)	Maximum of 2 tablets per day
Tivicay (10mg Tablet, 25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
TOBI Podhaler (Capsule)	Maximum of 8 capsules per day
Tobramycin (Nebulized Solution)	Maximum of 10 ml (2 ampules) per day
Tracleer (Tablet)	Maximum of 2 tablets per day
Tradjenta (Tablet)	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Trezix (Capsule)	Maximum of 10 capsules per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Triumeq (Tablet)	Maximum of 2 tablets per day
Truvada (Tablet)	Maximum of 2 tablets per day
Tybost (Tablet)	Maximum of 2 tablets per day
Tyvaso (Inhalation Solution)	Maximum of 4 ampules per day
Valacyclovir HCl (1000mg Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Venclexta (100mg Tablet)	Maximum of 4 tablets per day
Venclexta (10mg Tablet)	Maximum of 2 tablets per day
Venclexta (50mg Tablet)	Maximum of 1 tablet per day
Vesicare (Tablet)	Maximum of 1 tablet per day
Videx Pediatric (Oral Solution)	Maximum of 30 ml per day
Viibryd (Tablet)	Maximum of 1 tablet per day
Viibryd Starter Pack (Kit)	Maximum of 1 tablet per day
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Vimpat (10mg/ml Oral Solution)	Maximum of 40 ml per day
Viracept (250mg Tablet)	Maximum of 15 tablets per day

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Drug Name	Quantity Limit
Viracept (625mg Tablet)	Maximum of 6 tablets per day
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)	Maximum of 2 tablets per day
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
Vitekta (Tablet)	Maximum of 2 tablets per day
Votrient (Tablet)	Maximum of 4 tablets per day
Vraylar (1.5mg Capsule, 3mg Capsule, 4.5mg Capsule, 6mg Capsule)	Maximum of 1 capsule per day
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xenazine (12.5mg Tablet)	Maximum of 3 tablets per day
Xenazine (25mg Tablet)	Maximum of 4 tablets per day
Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Xtandi (Capsule)	Maximum of 4 capsules per day
Xyrem (Oral Solution)	Maximum of 18 ml per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (Capsule)	Maximum of 1 capsule per day
Zelboraf (Tablet)	Maximum of 8 tablets per day
Zepatier (Tablet)	Maximum of 1 tablet per day
Zetia (Tablet)	Maximum of 1 tablet per day
Ziagen (Oral Solution)	Maximum of 48 ml per day
Zidovudine (100mg Capsule)	Maximum of 8 capsules per day
Zidovudine (300mg Tablet)	Maximum of 3 tablets per day
Zidovudine (50mg/5ml Syrup)	Maximum of 96 ml per day
Ziprasidone HCl (Capsule)	Maximum of 2 capsules per day
Zolpidem Tartrate (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Zydelig (Tablet)	Maximum of 2 tablets per day
Zykadia (Capsule)	Maximum of 5 capsules per day
Zytiga (Tablet)	Maximum of 4 tablets per day

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