



2017 Abridged

FORMULARY

(Partial list of covered drugs)

UnitedHealthcare® Group Medicare Advantage (PPO)
CalPERS

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

This Abridged Formulary (drug list) is not a complete list of drugs covered by our plan. For a complete list of covered drugs or if you have other questions, please call UnitedHealthcare Group Medicare Advantage (PPO) Customer Service at:



Toll-Free **1-888-867-5581**, TTY **711**

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



www.UHCRetiree.com/calpers



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

Your plan's complete drug list includes all of the drugs covered by our plan. For a complete, 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 UnitedHealthcare Group Medicare Advantage (PPO).

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

Note to existing members: This **partial 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 UnitedHealthcare Group Medicare Advantage (PPO)

ABRIDGED 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 **partial drug list** and includes only some of the drugs covered by your plan. For a complete listing of all prescription drugs covered by your plan, please visit our website or call us. Our contact information, along with the date we last updated the drug list, is on the cover.

Your plan's complete (comprehensive) drug list includes all 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 **partial drug list**.
2. If you cannot find your drug in this partial list, you can check the complete drug list by visiting your plan website. Use the online tools to look up your drugs. The information is updated on a regular basis. The web address is on the cover.
3. Or call Customer Service. Our contact information is on the cover.

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

The drug list may change

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

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

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

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

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

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

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

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

Drug payment stages and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **The drug tier for your drug.** Each covered drug is in one of four 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	All covered generic drugs.
Tier 2: Preferred brand	Many common brand name drugs, called preferred brands.
Tier 3: Non-preferred drug	Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.
Tier 4: Specialty tier	Unique and/or very high-cost brand drugs.

If you qualify for Extra Help

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

How to use the drug list

There are two ways to find your prescription drugs in this partial 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 45. 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 UnitedHealthcare Group Medicare Advantage (PPO) 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 **partial formulary** (list of covered drugs), you should call Customer Service and ask if your drug is covered. Because this is only a **partial list** of covered drugs, your plan may cover the drug even if it’s not in this list. 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 UnitedHealthcare Group Medicare Advantage (PPO) 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.
- **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 ask for a one-time emergency supply of at least 30-days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

Drugs with dosages other than a one-month supply

Drugs packaged in an extended day supply

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

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

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

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

For more information

For more information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about your plan, please call us toll-free at **1-888-867-5581**, TTY **711**, 7 a.m. - 8 p.m. local time, 7 days a week. Or visit us online at **www.UHCRetiree.com/calpers**.

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 Abridged Formulary (drug list) below provides coverage information about some of 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 45.

Remember: This is only a **partial list** of drugs covered by your plan. If your drug is not in this **partial drug list**, please call us. Our contact information, along with the date we last updated the drug list, is on the cover.

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 34-44.

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
Celecoxib (Capsule)	1	QL
Diclofenac Potassium (Tablet Immediate-Release)	1	
Diclofenac Sodium DR (Tablet Delayed-Release)	1	
Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)	1	
Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1	
Meloxicam (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Naproxen (Tablet Immediate-Release)	1	
Voltaren (Gel)	3	PA
Opioid Analgesics, Long-acting		
Embeda (Capsule Extended-Release)	2	QL, MED
Fentanyl (Patch 72 Hour)	1	QL, MED
Methadone HCl (Oral Solution, Tablet)	1	QL, MED
Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin)	1	QL, MED
Nucynta ER (Tablet Extended-Release 12 Hour)	2	QL, MED

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Opana ER (Tablet Extended-Release 12 Hour Abuse-Deterrent)	2	QL, MED
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	2	QL, MED
Opioid Analgesics, Short-acting		
Acetaminophen/Codeine (Tablet)	1	QL, MED
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	1	QL, MED
Hydromorphone HCl (Tablet Immediate-Release)	1	QL, MED
Oxycodone HCl (Tablet Immediate-Release)	1	QL, MED
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	1	QL, MED
Tramadol HCl (Tablet Immediate-Release)	1	QL, MED
Tramadol HCl/Acetaminophen (Tablet)	1	QL, MED
Anesthetics		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Local Anesthetics		
Lidocaine (Ointment)	1	
Lidocaine HCl (Gel)	1	
Lidocaine Viscous (Solution)	1	
Lidocaine/Prilocaine (Cream)	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium DR (Tablet Delayed-Release)	1	
Disulfiram (Tablet)	1	
Naltrexone HCl (Tablet)	1	
Opioid Dependence Treatments		
Buprenorphine HCl (Tablet Sublingual)	1	PA, QL
Butrans (Patch Weekly)	2	QL, MED
Suboxone (Film)	3	PA, QL
Smoking Cessation Agents		
Chantix (Tablet)	2	
Nicotrol Inhaler	3	
Antibacterials		
Aminoglycosides		

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
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution)	1	
Tobramycin Sulfate (Ophthalmic Solution)	1	
Antibacterials, Other		
Metronidazole (Tablet Immediate-Release)	1	
Nitrofurantoin Macrocrystals (25mg Capsule, 50mg Capsule) (Generic Macrochantin)	1	
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	1	QL, HRM
Beta-lactam, Cephalosporins		
Cefuroxime Axetil (Tablet)	1	
Cephalexin (Capsule, Oral Suspension)	1	
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	2	
Suprax (100mg/5ml Suspension)	3	
Suprax (200mg/5ml Suspension)	4	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Suprax (400mg Capsule, 500mg/5ml Suspension)	2	
Beta-lactam, Other		
Invanz (Injection)	3	
Meropenem (Injection)	1	
Beta-lactam, Penicillins		
Amoxicillin (Capsule, Tablet)	1	
Penicillin V Potassium (Tablet)	1	
Macrolides		
Azithromycin (Oral Suspension, Tablet Immediate-Release)	1	
Clarithromycin (Tablet)	1	
Quinolones		
Ciprofloxacin HCl (Tablet Immediate-Release)	1	
Levofloxacin (Tablet)	1	
Sulfonamides		
Silver Sulfadiazine (Cream)	1	
Sulfamethoxazole/Trimethoprim DS (Tablet)	1	
Tetracyclines		
Doxycycline Hyclate (Capsule Immediate-Release)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Minocycline HCl (Capsule Immediate-Release)	1	
Anticonvulsants		
Anticonvulsants, Other		
Fycompa (Tablet)	3	
Levetiracetam (Tablet Immediate-Release)	1	
Calcium Channel Modifying Agents		
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	1	
Zonisamide (Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Gabapentin (Capsule, Tablet)	1	
Valproic Acid (250mg Capsule, 250mg/5ml Syrup)	1	
Glutamate Reducing Agents		
Lamotrigine (Tablet Immediate-Release)	1	
Topiramate (Tablet Immediate-Release)	1	
Sodium Channel Agents		
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	1	
Oxcarbazepine (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Phenytoin Sodium Extended (Capsule)	1	
Antidementia Agents		
Cholinesterase Inhibitors		
Donepezil HCl, Donepezil HCl ODT (Tablet)	1	QL
Rivastigmine Tartrate (Capsule Immediate-Release)	1	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (Tablet)	1	PA, QL
Namenda (Oral Solution, Tablet Immediate-Release)	3	PA, QL
Namenda XR (Capsule Extended-Release 24 Hour)	2	PA, QL
Antidepressants		
Antidepressants, Other		
Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet)	1	
Mirtazapine, Mirtazapine ODT (Tablet)	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Trintellix (Tablet)	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
Citalopram HBr (Tablet)	1	
Escitalopram Oxalate (Tablet)	1	
Pristiq (Tablet Extended-Release 24 Hour)	3	QL
Sertraline HCl (Tablet)	1	
Trazodone HCl (Tablet)	1	
Tricyclics		
Amitriptyline HCl (Tablet)	1	PA, HRM
Nortriptyline HCl (Capsule, Oral Solution)	1	PA, HRM
Antiemetics		
Antiemetics, Other		
Meclizine HCl (12.5mg Tablet)	1	PA, HRM
Metoclopramide HCl (Tablet)	1	
Transderm-Scop (Patch 72 Hour)	3	
Emetogenic Therapy Adjuncts		
Dronabinol (Capsule)	1	PA, QL
Ondansetron HCl, Ondansetron ODT (Tablet)	1	B/D, PA
Antifungals		
Antifungals		
Fluconazole (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	1	
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Colchicine (0.6mg Tablet) (Generic Colcrys)	2	QL
Uloric (Tablet)	2	ST
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (Injection)	1	
Migergot (Suppository)	4	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Rizatriptan Benzoate, Rizatriptan ODT (Tablet)	1	QL
Sumatriptan Succinate (Tablet)	1	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Tablet)	2	
Pyridostigmine Bromide (Tablet)	1	
Antimycobacterials		
Antimycobacterials, Other		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Dapsone (Tablet)	1	
Rifabutin (Capsule)	1	
Antituberculars		
Isoniazid (Tablet)	1	
Rifampin (Capsule)	1	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Capsule)	3	B/D, PA
Leukeran (Tablet)	2	
Antiandrogens		
Bicalutamide (Tablet)	1	
Zytiga (Tablet)	4	PA, QL
Antiangiogenic Agents		
Pomalyst (Capsule)	4	PA, QL
Revlimid (Capsule)	4	PA, QL, LA
Antiestrogens/Modifiers		
Fareston (Tablet)	4	
Tamoxifen Citrate (Tablet)	1	
Antimetabolites		
Hydroxyurea (Capsule)	1	
Mercaptopurine (Tablet)	1	
Antineoplastics, Other		
Carboplatin (Injection)	1	
Leucovorin Calcium (Tablet)	1	
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Letrozole (Tablet)	1	
Enzyme Inhibitors		
Etoposide (Injection)	1	
Topotecan HCl (Injection)	1	
Molecular Target Inhibitors		
Gleevec (Tablet)	4	PA, QL
Sprycel (Tablet)	4	PA, QL
Tasigna (Capsule)	4	PA, QL
Monoclonal Antibodies		
Avastin (Injection)	4	PA
Rituxan (Injection)	4	PA
Retinoids		
Targretin (75mg Capsule, 1% Gel)	4	PA
Tretinoin (Capsule)	1	
Antiparasitics		
Anthelmintics		
Albenza (Tablet)	4	QL
Ivermectin (Tablet)	1	
Antiprotozoals		
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	1	
Hydroxychloroquine Sulfate (Tablet)	1	
Pediculicides/Scabicides		
Lindane (1% Lotion, 1% Shampoo)	1	
Permethrin (Cream)	1	
Antiparkinson 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
Anticholinergics		
Benzotropine Mesylate (Tablet)	1	PA, HRM
Trihexyphenidyl HCl (Elixir)	1	PA, HRM
Antiparkinson Agents, Other		
Amantadine HCl (100mg Capsule, 100mg Tablet, 50mg/5ml Syrup)	1	
Comtan (Tablet)	3	
Entacapone (Tablet)	1	
Dopamine Agonists		
Pramipexole Dihydrochloride (Tablet Immediate-Release)	1	
Ropinirole HCl (Tablet Immediate-Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa/Levodopa (Tablet Immediate-Release)	1	
Carbidopa/Levodopa ER (Tablet Extended-Release)	1	
Carbidopa/Levodopa ODT (Tablet Dispersible)	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
Azilect (Tablet)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Selegiline HCl (5mg Capsule, 5mg Tablet)	1	
Antipsychotics		
1st Generation/Typical		
Fluphenazine HCl (Tablet)	1	
Haloperidol (Tablet)	1	
2nd Generation/Atypical		
Latuda (Tablet)	4	QL
Olanzapine (Tablet Immediate-Release)	1	QL
Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
Risperidone (Tablet Immediate-Release)	1	
Saphris (Tablet Sublingual)	3	QL
Seroquel XR (Tablet Extended-Release 24 Hour)	2	QL
Treatment-Resistant		
Clozapine (Tablet Immediate-Release)	1	
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	1	QL
Versacloz (Suspension)	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Valganciclovir (Tablet)	1	QL
Zirgan (Gel)	3	
Anti-hepatitis B (HBV) Agents		
Entecavir (Tablet)	1	
Lamivudine (Tablet)	1	
Anti-hepatitis C (HCV) Agents		
Daklinza (Tablet)	4	PA, QL
Harvoni (Tablet)	4	PA, QL
Pegasys (Injection)	4	PA
Sovaldi (Tablet)	4	PA, QL
Zepatier (Tablet)	4	PA, QL
Antitherpetic Agents		
Acyclovir (Tablet)	1	
Valacyclovir HCl (Tablet)	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Isentress (Tablet)	4	QL
Tivicay (Tablet)	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Atripla (Tablet)	4	QL
Intelence (Tablet)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Epzicom (Tablet)	4	QL
Truvada (Tablet)	4	QL
Viread (Powder, Tablet)	4	QL
Anti-HIV Agents, Other		
Fuzeon (Injection)	4	QL
Selzentry (Tablet)	4	QL
Anti-HIV Agents, Protease Inhibitors		
Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)	3	QL
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)	4	QL
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	4	QL
Anti-influenza Agents		
Rimantadine HCl (Tablet)	1	

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
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)	3	QL
Anxiolytics		
Anxiolytics, Other		
Bupirone HCl (Tablet)	1	
Hydroxyzine HCl (10mg/5ml Syrup)	1	PA, HRM
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	1	QL
Clonazepam (Tablet Immediate-Release)	1	QL
Clonazepam ODT (Tablet Dispersible)	1	QL
Diazepam (Tablet)	1	QL
Diazepam (1mg/ml Oral Solution)	1	
Diazepam Intensol (5mg/ml Concentrate)	1	QL
Lorazepam (Tablet)	1	QL
Lorazepam Intensol (2mg/ml Concentrate)	1	QL
Bipolar Agents		
Mood Stabilizers		
Divalproex Sodium (Capsule Sprinkle), Divalproex Sodium DR (Tablet), Divalproex Sodium ER (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Equetro (Capsule Extended-Release 12 Hour)	3	
Lithium Carbonate (Capsule Immediate-Release, Tablet Immediate-Release)	1	
Lithium Carbonate ER (Tablet Extended-Release)	1	
Blood Glucose Regulators		
Antidiabetic Agents		
Bydureon (Injection)	2	QL
Byetta (Injection)	3	QL
Farxiga (Tablet)	3	QL, ST
Glimepiride (Tablet)	1	QL
Glipizide, Glipizide ER (Tablet)	1	QL
Invokamet (Tablet)	2	QL
Invokana (Tablet)	2	QL
Janumet (Tablet Immediate-Release)	2	QL
Janumet XR (Tablet Extended-Release 24 Hour)	2	QL
Januvia (Tablet)	2	QL
Jardiance (Tablet)	2	QL
Jentadueto (Tablet)	3	QL
Kazano (Tablet)	3	QL, ST
Kombiglyze XR (Tablet Extended-Release 24 Hour)	2	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	1	PA, QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Nesina (Tablet)	3	QL, ST
Onglyza (Tablet)	2	QL
Oseni (Tablet)	3	QL, ST
Pioglitazone HCl (Tablet)	1	QL
SymlinPen 120, SymlinPen 60 (Injection)	4	PA
Synjardy (Tablet)	2	QL
Tradjenta (Tablet)	3	QL
Trulicity (Injection)	2	QL
Victoza (Injection)	2	QL
Xigduo XR (Tablet Extended-Release 24 Hour)	3	QL, ST
Glycemic Agents		
Glucagen HypoKit (Injection)	3	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Glucagon Emergency Kit (Injection)	2	
Insulins		
Humalog Injection (Cartridge, Pen, Vial)	2	
Humulin Injection (Pen, Vial)	2	
Lantus Injection (SoloStar, Vial)	2	
Levemir Injection (FlexTouch, Vial)	2	
Toujeo SoloStar (Injection)	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Eliquis (Tablet)	2	PA, QL
Pradaxa (Capsule)	3	PA, QL
Warfarin Sodium (Tablet)	1	
Xarelto (Tablet)	2	PA, QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	1	

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
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)	4	PA
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	3	PA
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	4	PA
Blood Products/Modifiers/Volume Expanders		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Argatroban (125mg/125ml-0.9% Injection)	1	B/D, PA
Argatroban (250mg/2.5ml Injection)	1	B/D, PA
Coagulants		
Tranexamic Acid (1000mg/10ml Injection, 650mg Tablet)	1	
Platelet Modifying Agents		
Aggrenox (Capsule Extended-Release 12 Hour)	3	PA, QL
Cilostazol (Tablet)	1	
Clopidogrel (Tablet)	1	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (Tablet Immediate-Release)	1	
Methyldopa (Tablet)	1	PA, HRM
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	1	
Prazosin HCl (Capsule)	1	
Angiotensin II Receptor Antagonists		
Benicar (Tablet)	2	QL
Edarbi (Tablet)	3	QL
Irbesartan (Tablet)	1	QL
Losartan Potassium (Tablet)	1	QL
Telmisartan (Tablet)	1	QL

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Valsartan (Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Tablet)	1	QL
Captopril (Tablet)	1	QL
Enalapril Maleate (Tablet)	1	QL
Lisinopril (Tablet)	1	QL
Quinapril HCl (Tablet)	1	QL
Ramipril (Capsule)	1	QL
Antiarrhythmics		
Amiodarone HCl (Tablet)	1	
Multaq (Tablet)	2	QL
Sotalol HCl, Sotalol HCl AF (Tablet)	1	
Beta-adrenergic Blocking Agents		
Atenolol (Tablet)	1	
Bisoprolol Fumarate (Tablet)	1	
Bystolic (Tablet)	2	QL
Carvedilol (Tablet Immediate-Release)	1	
Metoprolol Succinate ER (Tablet Extended-Release 24 Hour)	1	
Metoprolol Tartrate (Tablet Immediate-Release)	1	
Nadolol (Tablet)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Propranolol HCl (Tablet Immediate-Release)	1	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1	
Calcium Channel Blocking Agents		
Amlodipine Besylate (Tablet)	1	
Diltiazem CD (240mg Capsule Extended-Release 24 Hour) (Generic Cardizem CD)	1	
Diltiazem HCl (Tablet Immediate-Release)	1	
Diltiazem HCl ER (120mg Capsule Extended-Release, 300mg Capsule Extended-Release) (Generic Cardizem CD), (180mg Capsule Extended-Release, 360mg Capsule Extended-Release, 420mg Capsule Extended-Release 24 Hour) (Generic Tiazac)	1	
Verapamil HCl (Tablet Immediate-Release)	1	
Verapamil HCl ER (Tablet Extended-Release)	1	
Cardiovascular Agents, Other		

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
Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
Benicar HCT (Tablet)	2	QL
Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet)	1	QL
Digoxin (125mcg Tablet)	1	QL, HRM
Digoxin (250mcg Tablet)	1	PA, HRM
Edarbyclor (Tablet)	3	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
Ranexa (Tablet Extended-Release 12 Hour)	2	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL
Triamterene/ Hydrochlorothiazide (Capsule, Tablet)	1	
Tribenzor (Tablet)	2	QL
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	1	
Acetazolamide ER (Capsule Extended- Release 12 Hour)	1	
Methazolamide (Tablet)	1	
Diuretics, Loop		
Bumetanide (Tablet)	1	
Furosemide (Tablet)	1	
Diuretics, Potassium-sparing		
Eplerenone (Tablet)	1	
Spironolactone (Tablet)	1	
Diuretics, Thiazide		
Chlorthalidone (Tablet)	1	
Hydrochlorothiazide (12.5mg Capsule, 12.5mg Tablet, 25mg Tablet, 50mg Tablet)	1	
Dyslipidemics, Fibric Acid Derivatives		

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Fenofibrate (145mg Tablet, 48mg Tablet) (Generic Tricor), Fenofibrate (160mg Tablet, 54mg Tablet) (Generic Lofibra)	1	
Gemfibrozil (Tablet)	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
Crestor (Tablet)	2	QL
Lovastatin (Tablet Immediate-Release)	1	QL
Pravastatin Sodium (Tablet)	1	QL
Rosuvastatin Calcium (Tablet)	1	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Niacin ER (Tablet Extended-Release)	1	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	1	QL
Vytorin (Tablet)	3	QL
Welchol (3.75gm Packet, 625mg Tablet)	2	
Zetia (Tablet)	2	QL
Vasodilators, Direct-acting Arterial		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hydralazine HCl (Tablet)	1	
Minoxidil (Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate, Isosorbide Dinitrate ER (Tablet)	1	
Isosorbide Mononitrate, Isosorbide Mononitrate ER (Tablet)	1	
Nitrostat (Tablet Sublingual)	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Amphetamine/ Dextroamphetamine (Capsule Extended-Release 24 Hour, Tablet Immediate-Release)	1	QL
Vyvanse (Capsule)	3	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin)	1	QL
Strattera (Capsule)	3	QL, ST
Central Nervous System, Other		
Nuedexta (Capsule)	3	PA

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Riluzole (Tablet)	1	
Fibromyalgia Agents		
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	1	QL
Lyrica (Capsule)	2	QL
Savella (Tablet)	2	
Multiple Sclerosis Agents		
Aubagio (Tablet)	4	PA, QL
Avonex (Injection)	4	PA
Betaseron (Injection)	4	PA
Copaxone (Injection)	4	PA
Gilenya (Capsule)	4	PA, QL
Rebif (Injection)	4	PA
Tecfidera (Capsule Delayed-Release)	4	PA, QL
Dental and Oral Agents		
Dental and Oral Agents		
Chlorhexidine Gluconate Oral Rinse (Solution)	1	
Pilocarpine HCl (Tablet)	1	
Dermatological Agents		
Dermatological Agents		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Ammonium Lactate (12% Cream, 12% Lotion)	1	
Imiquimod (Cream)	1	
Santyl (Ointment)	3	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
Creon (Capsule Delayed-Release)	2	
Zenpep (Capsule Delayed-Release)	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Dicyclomine HCl (10mg Capsule, 20mg Tablet)	1	
Methscopolamine Bromide (Tablet)	1	
Gastrointestinal Agents, Other		
Diphenoxylate/Atropine (Tablet)	1	
Loperamide HCl (Capsule)	1	
Ursodiol (Capsule, Tablet)	1	
Histamine2 (H2) Receptor Antagonists		
Cimetidine (Tablet)	1	
Cimetidine HCl (Oral Solution)	1	
Famotidine (Tablet)	1	
Ranitidine HCl (Tablet)	1	
Irritable Bowel Syndrome Agents		

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Amitiza (Capsule)	2	QL
Linzess (Capsule)	2	QL
Laxatives		
Lactulose (Oral Solution)	1	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	1	
Protectants		
Carafate (Suspension)	3	
Misoprostol (Tablet)	1	
Sucralfate (Tablet)	1	
Proton Pump Inhibitors		
Dexilant (Capsule Delayed-Release)	3	QL
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL
Omeprazole (20mg Capsule Delayed-Release)	1	
Pantoprazole Sodium (Tablet Delayed-Release)	1	QL
Genitourinary Agents		
Antispasmodics, Urinary		
Myrbetriq (Tablet Extended-Release 24 Hour)	2	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	1	QL
Vesicare (Tablet)	2	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	
Finasteride (5mg Tablet) (Generic Proscar)	1	
Rapaflo (Capsule)	2	QL
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	1	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	1	
Elmiron (Capsule)	3	
Phosphate Binders		
Calcium Acetate (Capsule)	1	
Renagel (Tablet)	2	ST
Renvela (Tablet)	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Prednisone (5mg/5ml Oral Solution, Tablet)	1	

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
Triamcinolone Acetonide (Cream, Ointment)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Desmopressin Acetate (Tablet)	1	
Genotropin (12mg Injection, 5mg Injection)	4	PA
Genotropin Miniquick (0.2mg Injection)	3	PA
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)	4	PA
Nutropin AQ (Injection)	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	4	PA, QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Androgens		
Androderm (Patch 24 Hour)	2	PA, QL
AndroGel (1.62% Packet, 1.62% Pump)	2	PA
Testosterone Cypionate (Injection)	1	
Estrogens		
Estradiol Tablet (Generic Estrace)	1	PA, HRM
Premarin (Vaginal Cream)	2	
Progestins		
Medroxyprogesterone Acetate (Tablet)	1	
Norethindrone Acetate (Tablet)	1	
Progesterone (Capsule)	1	PA
Selective Estrogen Receptor Modifying Agents		
Raloxifene HCl (Tablet)	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Levothyroxine Sodium (Tablet)	1	
Liothyronine Sodium (Tablet)	1	
Synthroid (Tablet)	2	
Hormonal Agents, Suppressant (Adrenal)		

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	2	
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
Sensipar (30mg Tablet)	2	QL
Sensipar (60mg Tablet, 90mg Tablet)	4	QL
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	1	
Lupron Depot (Injection)	4	PA
Lupron Depot-PED (Injection)	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	1	
Immunological Agents		
Angioedema (HAE) Agents		
Cinryze (Injection)	4	PA, LA
Firazyr (Injection)	4	PA, QL
Immune Suppressants		
Azathioprine (Tablet)	1	B/D, PA
Enbrel (Injection)	4	PA
Humira (Injection)	4	PA
Methotrexate (Tablet)	1	
Immunizing Agents, Passive		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Gammagard Liquid (Injection)	4	PA
Thymoglobulin (Injection)	4	
Immunomodulators		
Benlysta (Injection)	4	PA
Leflunomide (Tablet)	1	
Vaccines		
Adacel (Injection)	2	
Zostavax (Injection)	3	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	2	QL
Balsalazide Disodium (Capsule)	1	
Lialda (Tablet Delayed-Release)	2	QL
Glucocorticoids		
Budesonide (Capsule Delayed-Release)	1	
Proctosol HC (Cream)	1	
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (Tablet)	1	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
Calcitriol (Capsule)	1	B/D, PA
Ibandronate Sodium (Tablet)	1	QL
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	2	
Insulin Syringes, Needles	2	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Lastacaft (Ophthalmic Solution)	2	
Restasis (Emulsion)	2	QL
Tobramycin/ Dexamethasone (Ophthalmic Suspension)	1	
Ophthalmic Anti-allergy Agents		
Azelastine HCl (0.05% Ophthalmic Solution)	1	
Pataday (Ophthalmic Solution)	2	
Pazeo (Ophthalmic Solution)	2	
Ophthalmic Antiglaucoma Agents		
Azopt (Suspension)	2	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Combigan (Ophthalmic Solution)	2	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1	
Simbrinza (Suspension)	2	
Timolol Maleate Ophthalmic Gel Forming (Solution)	1	
Ophthalmic Anti-inflammatories		
Durezol (Emulsion)	2	
Ilevro (Suspension)	2	
Ketorolac Tromethamine (Ophthalmic Solution)	1	
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	3	
Nevanac (Suspension)	2	
Prednisolone Acetate (Ophthalmic Suspension)	1	
Prolensa (Ophthalmic Solution)	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
Latanoprost (Ophthalmic Solution)	1	
Lumigan (Ophthalmic Solution)	2	

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Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Travatan Z (Ophthalmic Solution)	2	
Otic Agents		
Otic Agents		
Ciprodex (Otic Suspension)	2	
Fluocinolone Acetonide (Otic Oil)	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution)	1	QL
Azelastine HCl (0.15% Nasal Solution)	1	
Levocetirizine Dihydrochloride (Tablet)	1	QL
Promethazine HCl (Tablet)	1	PA, HRM
Anti-inflammatories, Inhaled Corticosteroids		
Arnuity Ellipta (Aerosol Powder)	2	QL
Flovent Diskus, Flovent HFA (Aerosol)	2	QL
Fluticasone Propionate (Suspension)	1	
Nasonex (Suspension)	3	PA
Pulmicort Flexhaler (Aerosol Powder)	3	QL, ST
Antileukotrienes		

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Montelukast Sodium (Packet, Tablet, Tablet Chewable)	1	QL
Zafirlukast (Tablet)	1	QL
Bronchodilators, Anticholinergic		
Atrovent HFA (Aerosol Solution)	3	
Incruse Ellipta (Aerosol Powder)	2	QL
Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1	
Spiriva HandiHaler (Capsule)	2	QL
Spiriva Respimat (Aerosol Solution)	2	QL
Bronchodilators, Sympathomimetic		
EpiPen (Injection)	2	
Perforomist (Nebulized Solution)	3	B/D, PA, QL
ProAir HFA (Aerosol Solution)	2	
ProAir RespiClick (Aerosol Powder)	2	
Serevent Diskus (Aerosol Powder)	2	QL
Cystic Fibrosis Agents		
Cayston (Inhalation Solution)	4	PA, LA

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
Kalydeco (Packet)	4	PA, QL
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Tablet)	3	PA, QL
Theophylline (Oral Solution), Theophylline CR (Tablet), Theophylline ER (Tablet)	1	
Pulmonary Antihypertensives		
Adcirca (Tablet)	4	PA, QL
Opsumit (Tablet)	4	PA, LA
Orenitram (0.125mg Tablet Extended-Release)	3	PA, QL
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	4	PA, QL
Orenitram (2.5mg Tablet Extended-Release)	4	PA
Sildenafil (20mg Tablet) (Generic Revatio)	1	PA, QL
Respiratory Tract Agents, Other		
Advair Diskus, Advair HFA (Aerosol)	2	QL
Anoro Ellipta (Aerosol Powder)	2	QL
Breo Ellipta (Aerosol Powder)	2	QL

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Stiolto Respimat (Aerosol Solution)	2	QL
Symbicort (Aerosol)	2	QL
Respiratory Tract/Pulmonary Agents		
Combivent Respimat (Aerosol Solution)	2	
Dymista (Suspension)	3	
Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
Xolair (Injection)	4	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Tablet)	1	
Tizanidine HCl (Tablet)	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
Zolpidem Tartrate (Tablet Immediate-Release)	1	PA, QL, HRM
Sleep Disorders, Other		
Belsomra (Tablet)	2	QL
Modafinil (Tablet)	1	PA, QL
Nuvigil (Tablet)	3	PA, QL
Rozerem (Tablet)	3	QL
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
Exjade (Tablet Soluble)	4	PA
Sodium Polystyrene Sulfonate (Suspension)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Electrolyte/Mineral Replacement		
Carbaglu (Tablet)	4	LA
Klor-Con 10 (Tablet Extended-Release)	1	
Klor-Con 8 (Tablet Extended-Release)	1	
Klor-Con M20 (Tablet Extended-Release)	1	

Drug Name	Drug Tier	Required Actions, Restrictions or Limits
Potassium Chloride ER (Capsule Extended-Release, Tablet Extended-Release)	1	
Potassium Citrate ER (Tablet Extended-Release)	1	
Therapeutic Nutrients/Minerals/ Electrolytes		
Dextrose 5%/NaCl (Injection)	1	
Levocarnitine (Tablet)	1	B/D, PA

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

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
Acetaminophen/Codeine (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
Aggrenox (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Albenza (Tablet)	Maximum of 16 tablets 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
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amphetamine/Dextroamphetamine ER (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
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days

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Drug Name	Quantity Limit
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Arnuity Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
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
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)	Maximum of 2 tablets per day
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Butrans (Patch Weekly)	Maximum of 4 patches per 28 days
Bydureon (Injection)	Maximum of 4 vials per 28 days
Byetta (10mcg/0.04ml Solution Pen injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta (5mcg/0.02ml Solution Pen injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (300mg Tablet)	Maximum of 1 tablet per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
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 (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Colchicine (0.6mg Tablet) (Generic Colcrys)	Maximum of 4 tablets per day
Crestor (Tablet)	Maximum of 1 tablet per day
Daklinza (Tablet)	Maximum of 1 tablet per day
Daliresp (Tablet)	Maximum of 1 tablet per day
Dexilant (Capsule Delayed-Release)	Maximum of 1 capsule per day
Diazepam (Tablet Immediate-Release)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Digoxin (125mcg Tablet)	Maximum of 1 tablet per day
Donepezil HCl (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
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
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
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Epzicom (Tablet)	Maximum of 2 tablets per day
Farxiga (Tablet)	Maximum of 1 tablet per day
Fentanyl (Patch 72 Hour)	Maximum of 15 patches per 30 days
Firazyr (Injection)	Maximum of 9 ml per day
Flovent Diskus (Aerosol Powder)	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110mcg/ACT Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220mcg/ACT Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44mcg/ACT Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Fuzeon (Injection)	Maximum of 3 vials per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Tablet)	Maximum of 3 tablets per day
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
Harvoni (Tablet)	Maximum of 1 tablet per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets 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
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Intence (100mg Tablet)	Maximum of 2 tablets per day
Intence (200mg Tablet)	Maximum of 3 tablets per day
Invokamet (Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Invokana (Tablet)	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Isentress (Tablet)	Maximum of 6 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Tablet)	Maximum of 1 tablet per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Kalydeco (Packet)	Maximum of 2 packets per day
Kazano (Tablet)	Maximum of 2 tablets 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
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Lialda (Tablet Delayed-Release)	Maximum of 4 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
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
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
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
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules 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 (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 (1000mg Tablet Extended-Release 24 Hour) (Generic Fortamet)	Maximum of 2 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 (Tablet Immediate-Release) (Generic Ritalin)	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
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
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 (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Namenda (10mg/5ml Oral Solution)	Maximum of 10 ml per day
Namenda (5mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Namenda XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Nesina (Tablet)	Maximum of 1 tablet per day
Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)	Maximum of 90 days of use per year
Norvir (100mg Capsule)	Maximum of 18 capsules per day
Norvir (100mg Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day
Nucynta ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Nuvigil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Nuvigil (50mg Tablet)	Maximum of 2 tablets per day
Olanzapine (Tablet Immediate-Release)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onglyza (Tablet)	Maximum of 1 tablet per day
Opana ER (10mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 15mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 20mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 5mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 7.5mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Opana ER (30mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 4 tablets per day
Opana ER (40mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	Maximum of 6 tablets per day
Oseni (Tablet)	Maximum of 1 tablet 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 (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 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
Perforomist (Nebulized Solution)	Maximum of 2 vials (4 ml) 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
Pradaxa (Capsule)	Maximum of 2 capsules per day
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
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
Pulmicort Flexhaler (Aerosol Powder)	Maximum of 2 inhalers per 30 days
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
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranexa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Rapaflo (Capsule)	Maximum of 1 capsule per day
Restasis (Emulsion)	Maximum of 2 vials per day
Revlimid (Capsule)	Maximum of 1 capsule per day
Reyataz (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Reyataz (200mg Capsule)	Maximum of 3 capsules per day
Reyataz (50mg Packet)	Maximum of 8 packets per day
Rivastigmine Tartrate (Capsule Immediate-Release)	Maximum of 2 capsules per day
Rizatriptan Benzoate (Tablet Immediate-Release)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Rozerem (Tablet)	Maximum of 1 tablet per day
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

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Drug Name	Quantity Limit
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
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
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
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
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 Succinate (Tablet)	Maximum of 9 tablets per 30 days
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Synjardy (Tablet)	Maximum of 2 tablets 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
Tasigna (150mg Capsule)	Maximum of 5 capsules per day
Tasigna (200mg Capsule)	Maximum of 4 capsules per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Tivicay (Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
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
Tribenzor (Tablet)	Maximum of 1 tablet per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Trulicity (Injection)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Tablet)	Maximum of 2 tablets per day
Valacyclovir HCl (1000mg Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valganciclovir (Tablet)	Maximum of 4 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
Vesicare (Tablet)	Maximum of 1 tablet per day
Victoza (Injection)	Maximum of 3 pens (9 ml) per 30 days
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
Vytorin (Tablet)	Maximum of 1 tablet per day
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
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
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zepatier (Tablet)	Maximum of 1 tablet per day
Zetia (Tablet)	Maximum of 1 tablet per day
Zolpidem Tartrate (Tablet Immediate-Release)	Maximum of 90 days of use per year
Zytiga (Tablet)	Maximum of 4 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Index of covered drugs

A

Acamprosate Calcium DR... 13
 Acetaminophen/Codeine... 13
 Acetazolamide..... 24
 Acetazolamide ER..... 24
 Acyclovir..... 19
 Adacel.....29
 Adcirca.....32
 Advair Diskus, Advair HFA
 32
 Aggrenox..... 22
 Albenza..... 17
 Alcohol Prep Pads..... 30
 Alendronate Sodium.....29
 Alfuzosin HCl ER.....27
 Allopurinol..... 16
 Alprazolam..... 20
 Amantadine HCl..... 18
 Amiodarone HCl..... 23
 Amitiza..... 27
 Amitriptyline HCl..... 16
 Amlodipine Besylate.....23
 Amlodipine Besylate/
 Benazepril HCl.....24
 Ammonium Lactate..... 26
 Amoxicillin..... 14
 Amphetamine/
 Dextroamphetamine.....25
 Anagrelide HCl.....21
 Anastrozole.....17
 Androderm..... 28
 AndroGel..... 28
 Anoro Ellipta.....32
 Apriso.....29

Aranesp Albumin Free.....22
 Argatroban..... 22
 Arnuity Ellipta..... 31
 Atenolol.....23
 Atorvastatin Calcium..... 25
 Atovaquone/Proguanil HCl
 17
 Atripla..... 19
 Atrovent HFA..... 31
 Aubagio..... 26
 Avastin..... 17
 Avonex..... 26
 Azathioprine..... 29
 Azelastine HCl.....30, 31
 Azilect..... 18
 Azithromycin..... 14
 Azopt.....30

B

Baclofen.....32
 Balsalazide Disodium..... 29
 Belsomra..... 32
 Benazepril HCl..... 23
 Benazepril HCl/
 Hydrochlorothiazide..... 24
 Benicar.....22
 Benicar HCT..... 24
 Benlysta..... 29
 Benztropine Mesylate..... 18
 Betaseron..... 26
 Bethanechol Chloride.....27
 Bicalutamide..... 17
 Bisoprolol Fumarate..... 23
 Bisoprolol Fumarate/
 Hydrochlorothiazide..... 24

Breo Ellipta..... 32
 Brimonidine Tartrate.....30
 Budesonide..... 29
 Bumetanide..... 24
 Buprenorphine HCl..... 13
 Bupropion HCl, Bupropion
 HCl SR, Bupropion HCl XL
 15
 Buspirone HCl.....20
 Butrans..... 13
 Bydureon..... 20
 Byetta.....20
 Bystolic..... 23

C

Cabergoline.....29
 Calcitriol.....30
 Calcium Acetate.....27
 Captopril..... 23
 Carafate..... 27
 Carbaglu..... 33
 Carbamazepine..... 15
 Carbidopa/Levodopa..... 18
 Carbidopa/Levodopa ER... 18
 Carbidopa/Levodopa ODT
 18
 Carboplatin..... 17
 Carvedilol.....23
 Cayston.....31
 Cefuroxime Axetil..... 14
 Celecoxib..... 12
 Cephalexin..... 14
 Chantix..... 13
 Chlorhexidine Gluconate Oral
 Rinse.....26

Chlorthalidone.....	24	Diclofenac Sodium ER.....	12	Epzicom.....	19
Cilostazol.....	22	Dicyclomine HCl.....	26	Equetro.....	20
Cimetidine.....	26	Digoxin.....	24	Escitalopram Oxalate.....	16
Cimetidine HCl.....	26	Dihydroergotamine Mesylate	16	Estradiol Tablet.....	28
Cinryze.....	29	Diltiazem CD.....	23	Ethosuximide.....	15
Ciprodex.....	31	Diltiazem HCl.....	23	Etoposide.....	17
Ciprofloxacin HCl.....	14	Diltiazem HCl ER.....	23	Exjade.....	32
Citalopram HBr.....	16	Diphenoxylate/Atropine.....	26	F	
Clarithromycin.....	14	Disulfiram.....	13	Famotidine.....	26
Clonazepam.....	20	Divalproex Sodium.....	20	Fareston.....	17
Clonazepam ODT.....	20	Donepezil HCl, Donepezil HCl ODT.....	15	Farxiga.....	20
Clonidine HCl.....	22	Dorzolamide HCl/Timolol Maleate.....	30	Fenofibrate.....	25
Clopidogrel.....	22	Doxazosin Mesylate.....	22	Fentanyl.....	12
Clozapine.....	18	Doxycycline Hyclate.....	14	Finasteride.....	27
Clozapine ODT.....	18, 19	Dronabinol.....	16	Firazyr.....	29
Colchicine.....	16	Duloxetine HCl.....	26	Flovent Diskus, Flovent HFA	31
Combigan.....	30	Durezol.....	30	Fluconazole.....	16
Combivent Respimat.....	32	Dymista.....	32	Fluocinolone Acetonide.....	31
Comtan.....	18	E		Fluphenazine HCl.....	18
Copaxone.....	26	Edarbi.....	22	Fluticasone Propionate.....	31
Creon.....	26	Edarbyclor.....	24	Furosemide.....	24
Crestor.....	25	Eliquis.....	21	Fuzeon.....	19
Cyclophosphamide.....	17	Elmiron.....	27	Fycompa.....	15
D		Embeda.....	12	G	
Daklinza.....	19	Enalapril Maleate.....	23	Gabapentin.....	15
Daliresp.....	32	Enalapril Maleate/ Hydrochlorothiazide.....	24	Gammagard Liquid.....	29
Dapsone.....	17	Enbrel.....	29	Gemfibrozil.....	25
Desmopressin Acetate.....	28	Entacapone.....	18	Genotropin.....	28
Dexilant.....	27	Entecavir.....	19	Genotropin Miniquick.....	28
Dextrose 5%/NaCl.....	33	EpiPen.....	31	Gentamicin Sulfate.....	14
Diazepam.....	20	Eplerenone.....	24	Gilenya.....	26
Diazepam Intensol.....	20			Gleevec.....	17
Diclofenac Potassium.....	12			Glimepiride.....	20
Diclofenac Sodium DR.....	12				

Glipizide, Glipizide ER.....	20
GlucaGen HypoKit.....	21
Glucagon Emergency Kit.....	21
Guanidine HCl.....	16

H

Haloperidol.....	18
Harvoni.....	19
Humalog Injection.....	21
Humira.....	29
Humulin Injection.....	21
Hydralazine HCl.....	25
Hydrochlorothiazide.....	24
Hydrocodone/Acetaminophen	13
Hydromorphone HCl.....	13
Hydroxychloroquine Sulfate	17
Hydroxyurea.....	17
Hydroxyzine HCl.....	20

I

Ibandronate Sodium.....	30
Ibuprofen.....	12
Ilevro.....	30
Imiquimod.....	26
Incruse Ellipta.....	31
Insulin Syringes, Needles....	30
Intence.....	19
Invanz.....	14
Invokamet.....	20
Invokana.....	20
Ipratropium Bromide.....	31
Ipratropium Bromide/ Albuterol Sulfate.....	32
Irbesartan.....	22

Irbesartan/ Hydrochlorothiazide.....	24
Isentress.....	19
Isoniazid.....	17
Isosorbide Dinitrate, Isosorbide Dinitrate ER.....	25
Isosorbide Mononitrate, Isosorbide Mononitrate ER	25
Ivermectin.....	17

J

Janumet.....	20
Janumet XR.....	20
Januvia.....	20
Jardiance.....	20
Jentadueto.....	20

K

Kalydeco.....	32
Kazano.....	20
Ketoconazole.....	16
Ketorolac Tromethamine....	30
Klor-Con 10.....	33
Klor-Con 8.....	33
Klor-Con M20.....	33
Kombiglyze XR.....	20
Korlym.....	28

L

Lactulose.....	27
Lamivudine.....	19
Lamotrigine.....	15
Lantus Injection.....	21
Lastacaft.....	30
Latanoprost.....	30
Latuda.....	18
Leflunomide.....	29

Letrozole.....	17
Leucovorin Calcium.....	17
Leukeran.....	17
Levemir Injection.....	21
Levetiracetam.....	15
Levocarnitine.....	33
Levocetirizine Dihydrochloride	31
Levofloxacin.....	14
Levothyroxine Sodium.....	28
Lialda.....	29
Lidocaine.....	13
Lidocaine HCl.....	13
Lidocaine Viscous.....	13
Lidocaine/Prilocaine.....	13
Lindane.....	17
Linzess.....	27
Liothyronine Sodium.....	28
Lisinopril.....	23
Lisinopril/Hydrochlorothiazide	24
Lithium Carbonate.....	20
Lithium Carbonate ER.....	20
Loperamide HCl.....	26
Lorazepam.....	20
Lorazepam Intensol.....	20
Losartan Potassium.....	22
Losartan Potassium/ Hydrochlorothiazide.....	24
Lotemax.....	30
Lovastatin.....	25
Lumigan.....	30
Lupron Depot.....	29
Lupron Depot-PED.....	29
Lyrica.....	26

Lysodren..... 29

M

Meclizine HCl..... 16

Medroxyprogesterone Acetate
..... 28

Meloxicam..... 12

Memantine HCl..... 15

Mercaptopurine..... 17

Meropenem..... 14

Metformin HCl..... 21

Metformin HCl ER..... 21

Methadone HCl..... 12

Methazolamide..... 24

Methimazole..... 29

Methotrexate..... 29

Methscopolamine Bromide
..... 26

Methyl dopa..... 22

Methylphenidate HCl..... 25

Metoclopramide HCl..... 16

Metoprolol Succinate ER..... 23

Metoprolol Tartrate..... 23

Metronidazole..... 14

Migergot..... 16

Minocycline HCl..... 15

Minoxidil..... 25

Mirtazapine, Mirtazapine ODT
..... 15

Misoprostol..... 27

Modafinil..... 32

Montelukast Sodium..... 31

Morphine Sulfate ER..... 12

Multaq..... 23

Myrbetriq..... 27

N

Nadolol..... 23

Naltrexone HCl..... 13

Namenda..... 15

Namenda XR..... 15

Naproxen..... 12

Nasonex..... 31

Nesina..... 21

Nevanac..... 30

Niacin ER..... 25

Nicotrol Inhaler..... 13

Nitrofurantoin Macrocrystals
..... 14Nitrofurantoin Monohydrate
..... 14

Nitrostat..... 25

Norethindrone Acetate..... 28

Nortriptyline HCl..... 16

Norvir..... 19

Nucynta ER..... 12

Nuedexta..... 25

Nutropin AQ..... 28

Nuvigil..... 32

Nystatin..... 16

O

Olanzapine..... 18

Omega-3-Acid Ethyl Esters
..... 25

Omeprazole..... 27

Ondansetron HCl,
Ondansetron ODT..... 16

Onglyza..... 21

Opana ER..... 13

Opsumit..... 32

Orenitram..... 32

Oseni..... 21

Oxcarbazepine..... 15

Oxybutynin Chloride ER..... 27

Oxycodone HCl..... 13

Oxycodone/Acetaminophen
..... 13

OxyContin..... 13

P

Pantoprazole Sodium..... 27

Pataday..... 30

Pazeo..... 30

Pegasys..... 19

Penicillin V Potassium..... 14

Perforomist..... 31

Permethrin..... 17

Phenytoin Sodium Extended
..... 15

Pilocarpine HCl..... 26

Pioglitazone HCl..... 21

Polyethylene Glycol 3350
Powder..... 27

Pomalyst..... 17

Potassium Chloride ER..... 33

Potassium Citrate ER..... 33

Pradaxa..... 21

Pramipexole Dihydrochloride
..... 18

Pravastatin Sodium..... 25

Prazosin HCl..... 22

Prednisolone Acetate..... 30

Prednisone..... 27

Premarin..... 28

Prezista..... 19

Pristiq..... 16

ProAir HFA..... 31

ProAir RespiClick.....	31	Rivastigmine Tartrate.....	15	Sulfasalazine.....	29
Procrit.....	22	Rizatriptan Benzoate, Rizatriptan ODT.....	16	Sumatriptan Succinate.....	16
Proctosol HC.....	29	Ropinirole HCl.....	18	Suprax.....	14
Progesterone.....	28	Rosuvastatin Calcium.....	25	Symbicort.....	32
Prolensa.....	30	Rozerem.....	32	SymlinPen 120, SymlinPen 60	21
Promethazine HCl.....	31	S		Synjardy.....	21
Propranolol HCl.....	23	Santyl.....	26	Synthroid.....	28
Propranolol HCl ER.....	23	Saphris.....	18	T	
Propylthiouracil.....	29	Savella.....	26	Tamiflu.....	20
Pulmicort Flexhaler.....	31	Selegiline HCl.....	18	Tamoxifen Citrate.....	17
Pyridostigmine Bromide.....	16	Selzentry.....	19	Tamsulosin HCl.....	27
Q		Sensipar.....	29	Targretin.....	17
Quetiapine Fumarate.....	18	Serevent Diskus.....	31	Tasigna.....	17
Quinapril HCl.....	23	Seroquel XR.....	18	Tecfidera.....	26
Quinapril/Hydrochlorothiazide	24	Sertraline HCl.....	16	Telmisartan.....	22
R		Sildenafil.....	32	Telmisartan/ Hydrochlorothiazide.....	24
Raloxifene HCl.....	28	Silver Sulfadiazine.....	14	Terazosin HCl.....	27
Ramipril.....	23	Simbrinza.....	30	Testosterone Cypionate.....	28
Ranexa.....	24	Simvastatin.....	25	Theophylline.....	32
Ranitidine HCl.....	26	Sodium Polystyrene Sulfonate	32	Thymoglobulin.....	29
Rapaflo.....	27	Sotalol HCl, Sotalol HCl AF	23	Timolol Maleate Ophthalmic Gel Forming.....	30
Rebif.....	26	Sovaldi.....	19	Tivicay.....	19
Renagel.....	27	Spiriva HandiHaler.....	31	Tizanidine HCl.....	32
Renvela.....	27	Spiriva Respimat.....	31	Tobramycin Sulfate.....	14
Restasis.....	30	Spirolactone.....	24	Tobramycin/Dexamethasone	30
Revlimid.....	17	Sprycel.....	17	Topiramate.....	15
Reyataz.....	19	Stiolto Respimat.....	32	Topotecan HCl.....	17
Rifabutin.....	17	Strattera.....	25	Toujeo SoloStar.....	21
Rifampin.....	17	Suboxone.....	13	Tradjenta.....	21
Riluzole.....	26	Sucralfate.....	27	Tramadol HCl.....	13
Rimantadine HCl.....	19	Sulfamethoxazole/ Trimethoprim DS.....	14		

Tramadol HCl/ Acetaminophen.....	13	Ursodiol.....	26	W	
Tranexamic Acid.....	22	V		Warfarin Sodium.....	21
Transderm-Scop.....	16	Valacyclovir HCl.....	19	Welchol.....	25
Travatan Z.....	31	Valganciclovir.....	19	X	
Trazodone HCl.....	16	Valproic Acid.....	15	Xarelto.....	21
Tretinoin.....	17	Valsartan.....	23	Xigduo XR.....	21
Triamcinolone Acetonide....	28	Valsartan/Hydrochlorothiazide	24	Xolair.....	32
Triamterene/ Hydrochlorothiazide.....	24	Verapamil HCl.....	23	Z	
Tribenzor.....	24	Verapamil HCl ER.....	23	Zafirlukast.....	31
Trihexyphenidyl HCl.....	18	Versacloz.....	19	Zenpep.....	26
Trintellix.....	15	Vesicare.....	27	Zepatier.....	19
Trulicity.....	21	Victoza.....	21	Zetia.....	25
Truvada.....	19	Viread.....	19	Zirgan.....	19
U		Voltaren.....	12	Zolpidem Tartrate.....	32
Uloric.....	16	Vytorin.....	25	Zonisamide.....	15
		Vyvanse.....	25	Zostavax.....	29
				Zytiga.....	17



This Abridged Formulary (drug list) is not a complete list of drugs covered by our plan. For a complete list of covered drugs or if you have other questions, please call UnitedHealthcare Group Medicare Advantage (PPO) Customer Service at:

Toll-Free **1-888-867-5581**, TTY **711**

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

www.UHCRetiree.com/calpers

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

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

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