



2012
**Comprehensive
Formulary**

(Complete list of covered drugs)

Physicians Health Choice Total (HMO)

Inside

- Drug tiers and drug payment stages
- Tier 1 drug savings
- Requirements and limits
- Complete list of drugs by category

Please read: This document contains information about the drugs covered by this plan.

Note to existing members: This complete formulary has changed since last year.

Please review this document to make sure it still contains the drugs you take.



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About this complete drug list

This is a **complete** list of prescription drugs that are covered by the Physicians Health Choice Total plan in 2012, called the Comprehensive Formulary.

For your drug to be covered by the plan, it must be included in the complete drug list. In most cases, your prescription must also be filled at one of our more than 60,000 network pharmacies. To find out if your drug is covered:

1. See if your drug is included in this complete drug list.
2. Go to the plan website at www.PHCcares.com. The information is updated on a regular basis.
3. Call Customer Service at **1-866-550-4736**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday. Customer Service can look up your drugs and let you know if they are covered.

For more information

Please take the time to review your Evidence of Coverage and any other 2012 plan materials you have received. These materials give more detailed information about your drug coverage in the plan.

If you have any questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users, call **1-877-486-2048**. Or visit www.medicare.gov.

Questions?

If you have questions, we're here to help.

Call Customer Service:



Call **1-866-550-4736**, TTY **711**,
10/15-3/1: 8:00 am to 8:00 pm local
zone, 7 days a week; 3/2-10/14:
8:00 am to 8:00 pm local time,
Monday - Friday



Visit us at: **www.PHCcares.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 Customer Service number on the back of your number member ID card.

This complete formulary (drug list) is effective April 1, 2012. No changes made since April 2012. Changes may have been made to this list after it was printed. Visit our plan website or call Customer Service at the number above for complete, updated information.

2012 Complete drug list

The Physicians Health Choice Total plan is designed to help you manage your prescription drug costs. An important part of this is giving you choices so you and your doctor can choose the best course of treatment for you.

A formulary is a list of the drugs covered by a Medicare Advantage prescription drug 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. The plan will generally cover the drugs listed in the formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is the comprehensive formulary, or complete list of drugs covered by the plan. For updated formulary information, please visit www.PHCcares.com or call **1-866-550-4736**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday.

With your doctor's help, you can use this drug list as a tool to choose the drugs that work best for you and to find lower-cost drugs if needed.

Quick guide

Here are some of the major categories of drugs and where to find them in the drug list.

| | |
|----------------------------------|------------|
| Antidepressants | page 18-19 |
| Asthma/Lung | page 55-56 |
| Blood Pressure | page 33-37 |
| Cholesterol Control | page 36 |
| Diabetes | page 30-31 |
| Osteoporosis | page 51-52 |
| Ulcer and Stomach Acid | page 40-41 |
| Vaccines | page 50 |

Using the drug list

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

1. Look for a drug in the index, which begins on page 79. The index is an **alphabetical list** of all of the drugs included in this document. Turn to the page shown in the index to find your drug.
2. The drug list begins on page 10. Look for a drug based on your **medical condition**. For example, if you want to find drugs used to treat high cholesterol, go to the Cardiovascular Drugs category and look under "Dyslipidemics — Cholesterol Control Drugs".

Is it a generic or brand-name drug?

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

More information about your drug

Some drugs have requirements or limits. Please see page 6 for more information on the requirements or limits your drug may have.

If your drug is not included in this drug list, you should contact Customer Service at **1-866-550-4736**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday and ask if it's covered. If you learn that the plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask the plan to make an exception and cover your drug. See page 7 for information about how to request an exception.

Drug tiers and drug payment stages

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

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

For more information about drug payment stages and copay or coinsurance amounts for each tier, please refer to the plan's Evidence of Coverage (EOC).

If you qualify for extra help

If you qualify for extra help for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for extra help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to find out what your costs are. You can also contact Customer Service.

| Drug Tier Copay or Coinsurance | Includes | Helpful Tips |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Tier 1: Preferred generic Lowest copay | Lower-cost, commonly used generic drugs. | Use Tier 1 drugs for the lowest out-of-pocket costs. |
| Tier 2: Non-preferred generic Low copay | Most generic drugs. | Use Tier 2 drugs, instead of Tier 3 or 4, to help reduce your out-of-pocket costs. |
| Tier 3: Preferred brand Medium copay | Many common brand-name drugs, called preferred brands, and some higher-cost generic drugs. | Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you. |
| Tier 4: Non-preferred brand Highest copay | Non-preferred generic and non-preferred brand-name drugs. | Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if you can switch to one of these drugs to help reduce your out-of-pocket costs. |
| Tier 5 Specialty tier Coinsurance | Unique and/or very high-cost drugs. | You pay a percentage of the total drug cost, called coinsurance. |

Tier 1 drug savings

Save money with Tier 1 drugs

In 2012 the plan will offer some of the most commonly used drugs for the lowest copay in Tier 1. These drugs, listed below, treat conditions like diabetes, high blood pressure and high cholesterol. If you have one of these conditions and are taking a different drug or need to start a drug, ask your doctor if you could use any of these. Take this complete list of Tier 1 drugs to your next doctor appointment.

| Tier 1 Drug | Commonly Treated Condition |
|----------------------------------------|----------------------------|
| Amlodipine Besylate | High blood pressure |
| Atenolol | High blood pressure |
| Benazepril HCl | High blood pressure |
| Carvedilol | High blood pressure |
| Citalopram Hydrobromide (Tablet) | Depression |
| Glipizide | Diabetes |
| Glyburide | Diabetes |
| Glyburide Micronized | Diabetes |
| Lisinopril | High blood pressure |
| Losartan Potassium | High blood pressure |
| Losartan Potassium/Hydrochlorothiazide | High blood pressure |
| Meloxicam (Tablet) | Pain |
| Metformin HCl | Diabetes |
| Metoprolol Tartrate (Tablet) | High blood pressure |
| Pravastatin Sodium | High cholesterol |
| Sertraline HCl (Tablet) | Depression |
| Simvastatin | High cholesterol |

Some of the drugs listed may be used to treat more than one condition. Talk to your doctor to see if any of these drugs could be right for you.

Generic drugs

The Physicians Health Choice Total plan covers both brand-name and generic drugs. The Food and Drug Administration (FDA) requires a generic drug to have the same active ingredient as the brand-name drug. Using generic drugs, whether preferred or non-preferred, may save you money on your copays or coinsurance and may help you stay out of the coverage gap if you have one

- To pay less out-of-pocket, talk with your doctor to see if any of the brand-name drugs you take have generic versions. While most generics are in Tier 2 of the drug list, some generics can be found in Tier 1.
- In 2012 the plan will offer some of the most commonly used drugs for even lower copays in Tier 1. A complete list of these drugs and the conditions they treat can be found on the previous page.
- While generic drugs usually cost less than brand name drugs, newly available generic drugs can be expensive so they may be in Tier 2, 3 or 4 of the drug list.

Limited access drugs

Drugs are considered “limited access” if:

- The FDA says the drug can only be given out by certain facilities or doctors.
- Extra handling, provider coordination or patient education is needed to be able to distribute the drug and it can't be done at a network pharmacy.

The limited access drugs on the Physicians Health Choice Total drug list are:

- **Revlimid**
- **Xyrem**
- **Tracleer**
- **Tysabri**

For more information about limited access drugs, call Customer Service at **1-866-550-4736**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday.

Vaccines

The Physicians Health Choice Total plan covers vaccines for meningitis, shingles, diphtheria, tetanus and more. Some vaccines, like those for the flu and pneumonia, may be covered by Medicare Part B (doctor and outpatient health care).

The cost for vaccines depends on where you receive them. The Evidence of Coverage has information about vaccines and how they are paid for.

For the best coverage, Physicians Health Choice Total recommends that you get vaccines at a network pharmacy if your state allows it. The administration fee (the service cost that the health care professional charges for giving the vaccine) likely will be lower if you get your vaccine at a network pharmacy rather than at your doctor's office, so it may save you money. If the administration fee is less than \$20, all you will have to pay is your copay or coinsurance amount. You also won't have to fill out a form to get paid back (reimbursed). Check your Pharmacy Directory for a list of network pharmacies near you.

There are several ways to get a vaccine:

| Where and How | What You Pay |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>At a retail pharmacy in your network. (Many states allow pharmacists to administer vaccines in the pharmacy.)</p> | <p>The copay or coinsurance amount for the vaccine. The pharmacy automatically bills the administration fee to your plan. If the administration fee is more than \$20, you pay the extra amount. Any administration fee will be included as part of your out-of-pocket costs.</p> |
| <p>At your doctor's office.</p> <ol style="list-style-type: none"> 1. Your doctor writes a prescription and administers it. <p style="text-align: center;">or</p> <ol style="list-style-type: none"> 2. Your doctor writes a prescription. You pick it up at a pharmacy and bring it back to the doctor. <p style="text-align: center;">or</p> <ol style="list-style-type: none"> 3. Your doctor orders the vaccine from a specialty pharmacy. It is shipped to the doctor's office. | <p>The copay or coinsurance amount for the vaccine, plus an administration fee that may be higher than at a retail pharmacy.</p> <p>You may have to submit a reimbursement form to your plan for the administration fee. The plan will pay up to \$20. You pay the difference. Any administration fee will be included as part of your out-of-pocket costs.</p> |

To make sure a recommended vaccine is covered, call Customer Service at **1-866-550-4736**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday. Or visit www.PHCcares.com.

Requirements and limits

The plan has requirements or limits for some of its covered drugs to ensure safe, effective and affordable use. These requirements and limits apply to prescriptions filled at retail and mail service pharmacies. Check the drug list starting on page 10 to see if your drug has any requirements or limits. If it does, there will be a code or codes in the “Requirements and Limits” column. The codes and what they mean are shown below.

You and your doctor may ask the plan for an exception to the requirement and/or limit for your drug. See the “Coverage decisions” section on the next page or refer to your Evidence of Coverage to learn more about asking for an exception.

If you do not get approval from the Plan for a drug with a requirement or limit before using it, you may be responsible for paying the full cost of the drug.

PA = Prior authorization

The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, the plan may not cover the drug.

B/D = Medicare Part B or Part D

Depending on how this drug is used, it is 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.

QL = Quantity limits

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

See pages 60–78 for more information about drugs with quantity limits.

ST = Step therapy

There are effective, lower-cost drugs that treat the same health 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 and your doctor can ask the plan to cover this drug.

Coverage decisions

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

Examples of coverage decisions you may ask for include:

- Asking the plan to pay you back for the cost of a drug you bought at an out-of-network pharmacy.
- Asking for an exception to the plan's coverage rules.

How to request an exception

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

- You can ask the plan to cover your drug even if it is not on the formulary.
- You can ask the plan to waive coverage restrictions or limits on your drug. For example, for certain drugs, the plan limits the amount of the drug that it will cover. If your drug has a quantity limit, you can ask the plan to waive the limit and cover more.
- You can ask the plan to provide a higher level of coverage for your drug. If your drug is contained in Tier 4, you can ask for it to be covered at the cost-sharing amount that applies to drugs in Tier 3 instead. This would lower the amount you must pay for your drug.

Please note, if the plan grants your request to cover a drug that is not on the formulary, you may not ask the plan to provide a higher level of coverage for the drug. Also, you may not ask the plan to provide a higher level of coverage for drugs that are in Tier 5.

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

Asking for a coverage decision

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling Customer Service at **1-866-550-4736**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday.

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

See your Evidence of Coverage for more information.

Receiving a coverage decision

Generally, the 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 believe your health will be seriously harmed by waiting up to 72 hours for a decision. If the plan agrees to a fast decision, you will receive a decision within 24 hours after the plan receives your prescriber's or prescribing physician's supporting statement.

Drug list changes

The Physicians Health Choice Total plan recognizes that drug list stability is very important to you. It is important to make as few changes to the drug list as possible during the plan year. From time to time, drug list changes may be necessary for safety or other reasons.

The drug list may change throughout the year when the plan:

- Adds a new drug.
- Removes a drug.
- Changes the requirements or limits for a drug.
- Moves a drug to a lower-cost tier.
- Moves a drug to a higher-cost tier.

If the FDA declares a drug to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the drug list and inform affected members. If a drug moves to a higher-cost tier or undergoes some other change, the plan will inform affected members at least 60 days before the change or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

Generally, if you are taking a drug on the 2012 drug list that was covered at the beginning of the year, the plan will not remove the drug from the drug list or move a drug to a higher tier during the 2012 coverage year except when a new, less expensive generic equivalent drug becomes available (for example, the brand-name drug moves to a higher tier and the less expensive drug is on the lower tier), or when new information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from the formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. It is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose the plan, except for cases in which you can save additional money or the plan can ensure your safety.

If there are changes to the drug list such as regular or necessary updates, members may see information in the Explanation of Benefits statement, member newsletters or other member mailings. If there are changes to the drug list outside of regular or necessary updates, members may receive a special mailing.

Transition supply process

New or continuing members

As a new or continuing member in the plan, you may be taking drugs that are not on the formulary. Or you may be taking a drug that is on the formulary but your ability to get it is limited. For example, you may need a 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 the plan covers, or request a formulary exception so that the plan will cover the drug you take. While you talk to your doctor to determine the right course of action for you, the plan may cover your drug in certain cases during the first 90 days you are a member of the plan.

For each of your drugs that is not on the formulary, or if your ability to get your drugs is limited, the plan will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, the plan will not pay for these drugs, even if you have been a member of the plan less than 90 days.

Long-term care facility residents

If you're a resident of a long-term care facility, the plan will allow you to refill your prescription until we have provided you with a 91 and up to a 98-day transition supply of the drug consistent with dispensing increment (unless your prescription is for fewer days). The plan will also cover one or more refills for the first 90 days of your membership. 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 your plan membership, the plan will cover a 31-day emergency supply of the drug (unless your prescription is 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, after the first 90 days of your plan membership. If this happens and your doctor prescribes a drug that's not on the drug list, or if it's difficult for you to get your drugs, you are required to use the plan's exception process.

You may ask for a one-time emergency supply of up to 31 days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

For more information

For more detailed information about the Physicians Health Choice Total plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions, please call Customer Service at:



1-866-550-4736, TTY 711

10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday



Or visit: **www.PHCcares.com**

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

Covered drugs by category

The comprehensive formulary (drug list) below provides coverage information about the drugs covered by the plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 79.

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

| Drug Name | Drug Tier | Requirements & Limits | Drug Name | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------|-----------|-----------------------|-------------------------------------------------------------------------------------|-----------|-----------------------|
| Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions | | | Ketoprofen♦ | T1 | |
| Analgesics, Other - Miscellaneous Analgesics | | | Ketoprofen ER | T3 | |
| Savella [†] | T3 | QL | Ketorolac Tromethamine (Injection) [†] | T3 | PA,QL |
| Savella Titration Pack [†] | T3 | QL | Ketorolac Tromethamine (Tablet) [†] | T3 | QL |
| Nonsteroidal Anti-Inflammatory Drugs - Pain/ Anti-Inflammatory Drugs | | | Meclofenamate Sodium | T3 | |
| Arthrotec | T4 | | Mefenamic Acid | T3 | |
| Celebrex [†] | T3 | QL | Meloxicam♦ | T1 | |
| Diclofenac Potassium♦ | T1 | | Nabumetone | T3 | |
| Diclofenac Sodium DR♦ | T1 | | Naproxen (250mg Tablet, 275mg Tablet, 375mg Tablet, 550mg Tablet, Oral Suspension)♦ | T1 | |
| Diclofenac Sodium XR♦ | T1 | | Naproxen (500mg Tablet) | T2 | |
| Diflunisal | T2 | | Naproxen DR♦ | T1 | |
| Etodolac♦ | T1 | | Oxaprozin♦ | T1 | |
| Etodolac ER♦ | T1 | | Pennsaid | T3 | |
| Fenoprofen Calcium | T2 | | Piroxicam♦ | T1 | |
| Flurbiprofen♦ | T1 | | Sulindac♦ | T1 | |
| Ibuprofen♦ | T1 | | Tolmetin Sodium | T2 | |
| Indomethacin♦ | T1 | | Vimovo [†] | T3 | QL |
| Indomethacin ER | T3 | | | | |

Bold type = Brand-name drug

PA = Prior authorization

B/D = Medicare Part B or Part D

LA = Limited access drug

QL = Quantity limits

ST = Step therapy

[†]For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------------|-----------|-----------------------|
| Voltaren (Gel) | T3 | |
| Opioid Analgesics - Opioid Pain Relievers | | |
| Acetaminophen/ Caffeine/ Dihydrocodeine Bitartrate [†] | T3 | QL |
| Acetaminophen/ Codeine [†] ◆ | T1 | QL |
| Actiq[†] | T5 | PA,QL |
| Ascomp/Codeine [†] | T3 | QL |
| Astramorph | T3 | |
| Avinza[†] | T3 | QL |
| Buprenorphine HCl (Injection) | T3 | |
| Buprenorphine HCl (Sublingual Tablet) [†] | T3 | QL |
| Butalbital/ Acetaminophen/ Caffeine/Codeine [†] ◆ | T1 | QL |
| Butorphanol Tartrate (Injection) | T3 | |
| Butorphanol Tartrate (Nasal Spray) [†] | T3 | QL |
| Codeine Sulfate | T2 | |
| Co-Gesic [†] | T2 | QL |
| Dilaudid (1mg/ml Injection, 2mg/ml Injection, 4mg/ml Injection) | T4 | |
| Duramorph | T3 | |
| Endocet [†] | T2 | QL |
| Endodan [†] | T3 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Exalgo[†] | T3 | QL |
| Fentanyl (Patch) [†] | T3 | QL |
| Fentanyl Citrate (Injection) | T3 | |
| Fentanyl Citrate Oral Transmucosal [†] | T5 | PA,QL |
| Fentora[†] | T5 | PA,QL |
| Hydrocodone/ Acetaminophen [†] ◆ | T1 | QL |
| Hydrocodone/ Ibuprofen [†] ◆ | T1 | QL |
| Hydromorphone HCl (Injection) | T3 | |
| Hydromorphone HCl (Tablet) | T2 | |
| Infumorph | T4 | |
| Kadian (100mg 24- Hour Capsule, 10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24- Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24- Hour Capsule)[†] | T3 | QL |
| Kadian (200mg 24- Hour Capsule)[†] | T5 | QL |
| Levorphanol Tartrate | T3 | |
| Margesic-H [†] | T2 | QL |
| Methadone HCl (Concentrate, Oral Solution, Tablet)◆ | T1 | |
| Methadone HCl (Injection) | T4 | |

Bold type = Brand-name drug

PA = Prior authorization

B/D = Medicare Part B or Part D

LA = Limited access drug

QL = Quantity limits

ST = Step therapy

[†]For this drug's specific quantity limit see pages 60–78.

◆Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------|-----------|-----------------------|
| Methadose | T2 | |
| Morphine Sulfate | T3 | |
| Morphine Sulfate ER [†] | T3 | QL |
| Nalbuphine HCl | T3 | |
| Onsolis[†] | T5 | PA,QL |
| Opana ER[†] | T3 | QL |
| Oxycodone HCl (Capsule, Concentrate) | T2 | |
| Oxycodone HCl (Tablet)♦ | T1 | |
| Oxycodone/Acetaminophen♦ | T1 | QL |
| Oxycodone/Aspirin (4.5mg-0.38mg-325mg Tablet) [†] | T3 | QL |
| Oxycodone/Aspirin (4.8355-325mg Tablet) [†] | T2 | QL |
| Oxycodone/Ibuprofen [†] | T3 | QL |
| Oxycontin[†] | T3 | QL |
| Oxymorphone HCl [†] | T3 | QL |
| Oxymorphone HCl ER [†] | T3 | QL |
| Roxicet (Oral Solution)[†] | T4 | QL |
| Roxicet (Tablet) [†] ♦ | T1 | QL |
| Stagesic [†] | T2 | QL |
| Synalgos-DC[†] | T4 | QL |
| Tramadol HCl [†] ♦ | T1 | QL |
| Tramadol HCl ER [†] | T4 | QL |
| Tramadol HCl/Acetaminophen [†] ♦ | T1 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|
| Zerlor [†] | T3 | QL |
| Anesthetics - Drugs for Numbing | | |
| Local Anesthetics | | |
| Lidocaine♦ | T1 | B/D |
| Lidocaine HCl (Gel, Topical Solution)♦ | T1 | |
| Lidocaine HCl (Injection) | T3 | B/D |
| Lidocaine Viscous | T2 | |
| Lidocaine/Prilocaine♦ | T1 | B/D |
| Lidoderm[†] | T3 | QL |
| Antibacterials - Drugs to Treat Bacterial Infections | | |
| Aminoglycosides - Antibiotics | | |
| AK-Tob | T2 | |
| Amikacin Sulfate | T3 | |
| Gentak♦ | T1 | |
| Gentamicin Sulfate (Cream, Ointment)♦ | T1 | |
| Gentamicin Sulfate (Injection) | T3 | |
| Gentamicin Sulfate (Ophthalmic Solution)♦ | T1 | |
| Gentamicin Sulfate/NaCl (100mg Injection, 60mg Injection, 80mg Injection) | T3 | |
| Gentamicin Sulfate/NaCl (70mg Injection, 90mg Injection) | T3 | |
| Gentasol | T2 | |

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ST = Step therapy

[†]For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------|-----------|-----------------------|
| Isotonic Gentamicin | T3 | |
| Kanamycin Sulfate | T3 | |
| Neomycin Sulfate♦ | T1 | |
| Paromomycin Sulfate | T3 | |
| Streptomycin Sulfate | T4 | |
| Tobi | T5 | B/D |
| Tobramycin Sulfate (0.3% Ophthalmic Solution)♦ | T1 | |
| Tobramycin Sulfate (Injection) | T3 | |
| Tobramycin Sulfate/NaCl | T3 | |
| Tobrasol | T2 | |
| Tobrex (Ophthalmic Ointment) | T3 | |
| Tobrex (Ophthalmic Solution) | T4 | |
| Antibacterials, Other - Antibiotics | | |
| Altabax | T4 | |
| BACiiM | T3 | |
| Bacitracin (Injection) | T3 | |
| Bacitracin (Ophthalmic Ointment) | T2 | |
| Bacitracin/Neomycin/Polymyxin♦ | T1 | |
| Bacitracin/Polymyxin B♦ | T1 | |
| Bactroban (Cream) | T4 | |
| Chloramphenicol Sodium Succinate | T3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------|-----------|-----------------------|
| Cleocin (75mg Capsule) | T4 | |
| Cleocin Galaxy | T4 | |
| Cleocin in D5W | T4 | |
| Cleocin Pediatric Granules | T4 | |
| Cleocin Phosphate | T4 | |
| Clindagel | T4 | |
| Clindamycin HCl♦ | T1 | |
| Clindamycin Phosphate♦ | T1 | |
| Clindamycin Phosphate Add-Vantage | T3 | |
| Clindesse | T4 | |
| Colistimethate Sodium | T4 | |
| Coly-Mycin M | T4 | ST |
| Cortisporin | T4 | |
| Cubicin | T5 | B/D |
| Flagyl ER | T4 | |
| Lincocin | T4 | |
| Methenamine Hippurate | T3 | |
| Metrogel | T4 | |
| Metronidazole♦ | T1 | |
| Metronidazole in NaCl 0.79% | T3 | |
| Metronidazole Vaginal♦ | T1 | |
| Mupirocin♦ | T1 | |
| Neomycin/Polymyxin B Sulfates | T3 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------|-----------|-----------------------|
| Neomycin/Polymyxin/ Gramicidin♦ | T1 | |
| Nitrofurantoin | T3 | |
| Nitrofurantoin Macrocrystalline | T3 | |
| Nitrofurantoin Monohydrate | T3 | |
| Noritrate | T4 | |
| Polymyxin B Sulfate | T3 | |
| Primsol | T4 | |
| Silver Sulfadiazine♦ | T1 | |
| SSD♦ | T1 | |
| Sulfamylon | T4 | |
| Synercid | T5 | |
| Thermazene♦ | T1 | |
| Trimethoprim | T2 | |
| Tygacil | T4 | |
| Vancocin HCl | T5 | PA |
| Vancomycin HCl | T3 | B/D |
| Vandazole♦ | T1 | |
| Vibativ | T4 | |
| Xifaxan (200mg Tablet) | T4 | |
| Xifaxan (550mg Tablet) | T5 | |
| Zyvox | T5 | PA |
| Beta-Lactam, Cephalosporins - Antibiotics | | |
| Cedax | T4 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-----------------------|
| Cefaclor♦ | T1 | |
| Cefaclor ER♦ | T1 | |
| Cefadroxil♦ | T1 | |
| Cefazolin Sodium | T3 | |
| Cefdinir♦ | T1 | |
| Cefepime | T3 | |
| Cefotaxime Sodium | T3 | |
| Cefotetan | T4 | |
| Cefoxitin Sodium/ Dextrose | T3 | |
| Cefoxitin Sodium | T3 | |
| Cefpodoxime Proxetil | T3 | |
| Cefprozil♦ | T1 | |
| Ceftazidime | T3 | |
| Ceftazidime/Dextrose | T3 | |
| Ceftriaxone Sodium | T3 | |
| Cefuroxime Axetil♦ | T1 | |
| Cefuroxime Sodium | T3 | |
| Cephalexin♦ | T1 | |
| Claforan | T4 | |
| Fortaz | T4 | |
| Keflex (750mg Capsule) | T4 | |
| Suprax | T3 | |
| Tazicef | T3 | |
| Zinacef | T4 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------|-----------|-----------------------|
| Zinacef in Iso-Osmotic Dextrose | T4 | |
| Zinacef in Iso-Osmotic Diluent | T4 | |
| Beta-Lactam, Other - Antibiotics | | |
| Azactam in Iso-Osmotic Dextrose | T4 | |
| Aztreonam | T3 | |
| Cayston | T5 | PA |
| Doribax | T4 | |
| Imipenem/Cilastatin | T3 | |
| Invanz | T4 | |
| Meropenem | T3 | |
| Primaxin | T4 | |
| Beta-Lactam, Penicillins - Antibiotics | | |
| Amoxicillin♦ | T1 | |
| Amoxicillin/Potassium Clavulanate♦ | T1 | |
| Amoxicillin/Potassium Clavulanate ER♦ | T1 | |
| Ampicillin♦ | T1 | |
| Ampicillin Sodium | T3 | |
| Ampicillin-Sulbactam | T3 | |
| Bactocill in Dextrose (1gm Injection) | T4 | |
| Bactocill in Dextrose (2gm Injection) | T5 | |
| Bicillin C-R | T4 | |
| Bicillin L-A | T4 | |
| Dicloxacillin Sodium♦ | T1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------|-----------|-----------------------|
| Nafcillin Sodium | T3 | |
| Nallpen/Dextrose | T4 | |
| Oxacillin Sodium | T4 | |
| Penicillin G Potassium | T3 | |
| Penicillin G Potassium in Iso-Osmotic Dextrose | T3 | |
| Penicillin G Procaine | T4 | |
| Penicillin G Sodium | T3 | |
| Penicillin V Potassium (Solution for Reconstitution) | T2 | |
| Penicillin V Potassium (Tablet)♦ | T1 | |
| Pfizerpen-G | T4 | |
| Piperacillin Sodium | T4 | |
| Piperacillin Sodium/Tazobactam Sodium | T3 | |
| Timentin | T4 | |
| Unasyn (3gm Injection) | T4 | |
| Zosyn | T4 | |
| Macrolides - Antibiotics | | |
| Akne-Mycin | T4 | |
| Azasite | T3 | |
| Azithromycin (Injection) | T3 | |
| Azithromycin (Oral Suspension, Tablet)♦ | T1 | |
| Clarithromycin♦ | T1 | |
| Clarithromycin ER | T2 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|-----------------------|
| Dificid | T5 | PA |
| E.E.S. 400 | T2 | |
| E.E.S. Granules | T3 | |
| Ery | T3 | |
| Eryped | T3 | |
| Ery-Tab | T3 | |
| Erythrocin Lactobionate | T4 | |
| Erythrocin Stearate | T4 | |
| Erythromycin♦ | T1 | |
| Erythromycin Base | T2 | |
| Erythromycin Ethylsuccinate | T2 | |
| Erythromycin/ Sulfisoxazole | T2 | |
| Ketek | T4 | PA |
| PCE | T4 | |
| Romycin | T2 | |
| Zmax | T4 | |
| Quinolones - Antibiotics | | |
| Avelox (Injection) | T4 | |
| Avelox (Tablet) | T3 | |
| Avelox ABC Pack | T3 | |
| Besivance | T3 | |
| Ciloxan (Ophthalmic Ointment) | T4 | |
| Cipro (Oral Suspension) | T4 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| Cipro IV | T4 | |
| Ciprofloxacin | T2 | |
| Ciprofloxacin ER | T3 | |
| Ciprofloxacin HCl♦ | T1 | |
| Factive | T4 | |
| Levaquin | T4 | |
| Levofloxacin (Injection, Oral Solution) | T3 | |
| Levofloxacin (Ophthalmic Solution, Tablet) | T2 | |
| Levofloxacin in D5W | T3 | |
| Moxeza | T3 | |
| Noroxin | T4 | |
| Ofloxacin (Ophthalmic Solution, Otic Solution)♦ | T1 | |
| Ofloxacin (Tablet) | T3 | |
| Vigamox | T3 | |
| Zymar | T3 | |
| Zymaxid | T3 | |
| Sulfonamides - Antibiotics | | |
| Sulfacetamide Sodium (Ophthalmic Solution)♦ | T1 | |
| Sulfadiazine | T3 | |
| Sulfamethoxazole/ Trimethoprim (Injection) | T3 | |
| Sulfamethoxazole/ Trimethoprim (Oral Suspension, Tablet)♦ | T1 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Trimethoprim Sulfate/ Polymyxin B Sulfate♦ | T1 | |
| Tetracyclines - Antibiotics | | |
| Demeclocycline HCl | T3 | |
| Doryx | T4 | |
| Doxycycline | T3 | |
| Doxycycline Hyclate (Capsule, Delayed Release Tablet, Extended Release Capsule, Tablet)♦ | T1 | |
| Doxycycline Hyclate (Injection) | T3 | |
| Doxycycline Monohydrate♦ | T1 | |
| Minocycline HCl♦ | T1 | |
| Minocycline HCl ER | T4 | |
| Tetracycline HCl♦ | T1 | |
| Vibramycin (Oral Suspension, Syrup) | T4 | |
| Anticonvulsants - Drugs to Treat Seizures | | |
| Anticonvulsants, Other - Seizure Control Drugs | | |
| Banzel[†] | T4 | QL |
| Keppra (Injection) | T5 | |
| Levetiracetam (Injection) | T3 | |
| Levetiracetam (Oral Solution, Tablet)♦ | T1 | |
| Levetiracetam ER [†] | T3 | QL |
| Vimpat (Injection)[†] | T4 | PA,QL |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------|-----------|-----------------------|
| Vimpat (Oral Solution, Tablet)[†] | T4 | QL |
| Calcium Channel Modifying Agents - Seizure Control Drugs | | |
| Celontin | T4 | |
| Ethosuximide | T3 | |
| Lyrica[†] | T3 | QL |
| Zonisamide♦ | T1 | |
| Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs | | |
| Divalproex Sodium♦ | T1 | |
| Divalproex Sodium DR♦ | T1 | |
| Divalproex Sodium ER♦ | T1 | |
| Gabapentin♦ | T1 | |
| Gabitril[†] | T4 | QL |
| Primidone♦ | T1 | |
| Sabril[†] | T5 | PA,QL |
| Stavzor | T4 | |
| Valproate Sodium | T3 | |
| Valproic Acid♦ | T1 | |
| Glutamate Reducing Agents - Seizure Control Drugs | | |
| Felbamate (Oral Suspension) | T5 | |
| Felbamate (Tablet) | T4 | |
| Felbatol (Oral Suspension) | T5 | |
| Felbatol (Tablet) | T4 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------|-----------|-----------------------|
| Lamictal ODT [†] | T4 | QL |
| Lamictal Starter Kit | T4 | |
| Lamotrigine♦ | T1 | |
| Topiramate♦ | T1 | |
| Sodium Channel Inhibitors - Seizure Control Drugs | | |
| Carbamazepine♦ | T1 | |
| Carbamazepine ER | T3 | |
| Carbatrol | T3 | |
| Dilantin | T3 | |
| Dilantin Infatabs | T3 | |
| Epitol♦ | T1 | |
| Fosphenytoin Sodium | T3 | |
| Oxcarbazepine | T3 | |
| Peganone | T4 | |
| Phenytek | T2 | |
| Phenytoin♦ | T1 | |
| Phenytoin Sodium | T2 | |
| Phenytoin Sodium Extended♦ | T1 | |
| Tegretol | T3 | |
| Tegretol-XR | T3 | |
| Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia | | |
| Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs | | |
| Aricept (23mg Tablet) [†] | T3 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------|-----------|-----------------------|
| Donepezil HCl [†] | T2 | QL |
| Exelon (24-Hour Patch) [†] | T4 | QL,ST |
| Exelon (Oral Solution) [†] | T4 | QL |
| Galantamine Hydrobromide [†] | T3 | QL |
| Rivastigmine Tartrate [†] | T3 | QL |
| Glutamate Pathway Modifiers - Alzheimer's Disease and Dementia Drugs | | |
| Namenda [†] | T3 | QL |
| Namenda Titration Pak [†] | T3 | QL |
| Antidepressants - Drugs to Treat Depression | | |
| Antidepressants, Other - Antidepressants | | |
| Budeprion SR [†] | T2 | QL |
| Budeprion XL [†] | T3 | QL |
| Bupropion HCl♦ | T1 | QL |
| Bupropion HCl SR [†] ♦ | T1 | QL |
| Maprotiline HCl | T2 | |
| Mirtazapine [†] ♦ | T1 | QL |
| Mirtazapine ODT [†] | T2 | QL |
| Nefazodone HCl | T2 | |
| Trazodone HCl♦ | T1 | |
| Monoamine Oxidase Inhibitors - Antidepressants | | |
| Emsam [†] | T4 | QL,ST |
| Marplan | T4 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Nardil | T3 | |
| Phenelzine Sulfate | T2 | |
| Tranylcypromine Sulfate | T3 | |
| Serotonin/Norepinephrine Reuptake Inhibitors - Antidepressants | | |
| Citalopram Hydrobromide♦ | T1 | |
| Cymbalta [†] | T3 | QL |
| Fluoxetine DR [†] | T4 | QL |
| Fluoxetine HCl♦ | T1 | |
| Fluvoxamine Maleate♦ | T1 | |
| Lexapro [†] | T4 | QL |
| Paroxetine HCl♦ | T1 | |
| Paroxetine HCl ER [†] | T4 | QL |
| Pexeva | T4 | |
| Pristiq [†] | T4 | PA,QL |
| Selfemra | T4 | ST |
| Sertraline HCl♦ | T1 | |
| Venlafaxine HCl [†] | T3 | QL |
| Venlafaxine HCl ER (150mg 24-Hour Tablet, 37.5mg 24-Hour Tablet, 75mg 24-Hour Tablet) [†] | T4 | QL |
| Venlafaxine HCl ER (225mg 24-Hour Tablet) [†] | T4 | QL |
| Venlafaxine HCl ER (24-Hour Capsule) [†] | T2 | QL |
| Viibryd [†] | T4 | QL,ST |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|
| Tricyclics - Antidepressants | | |
| Amitriptyline HCl♦ | T1 | |
| Amoxapine | T2 | |
| Clomipramine HCl♦ | T1 | |
| Desipramine HCl | T3 | |
| Doxepin HCl♦ | T1 | |
| Imipramine HCl♦ | T1 | |
| Imipramine Pamoate | T3 | |
| Nortriptyline HCl♦ | T1 | |
| Pamelor | T5 | ST |
| Protriptyline HCl | T3 | |
| Surmontil | T4 | |
| Antidotes, Deterrents, and Toxicologic Agents - Drugs for Overdose or Deterrents | | |
| Antidotes - Antidotes/Protectants | | |
| Antizol | T5 | ST |
| Chemet | T4 | |
| Cuprimine | T4 | |
| Exjade (125mg Soluble Tablet) | T4 | |
| Exjade (250mg Soluble Tablet, 500mg Soluble Tablet) | T5 | |
| Ferriprox | T5 | PA |
| Fomepizole | T5 | |
| Kionex | T3 | |
| Sodium Polystyrene Sulfonate | T3 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------|-----------|-----------------------|
| Syprine | T4 | |
| Deterrents - Antidotes/Protectants | | |
| Antabuse | T3 | |
| Buproban [♦] | T1 | QL |
| Campral | T4 | |
| Chantix[†] | T4 | QL |
| Disulfiram | T3 | |
| Nicotrol Inhaler[†] | T4 | QL |
| Nicotrol NS[†] | T4 | QL |
| Toxicologic Agents - Antidotes/Protectants | | |
| Depade | T3 | |
| Naloxone HCl (0.4mg/ml Injection) | T3 | |
| Naloxone HCl (1mg/ml Injection) | T3 | |
| Naltrexone HCl | T3 | |
| Suboxone[†] | T4 | QL |
| Vivitrol | T5 | |
| Antiemetics - Drugs to Treat Nausea and Vomiting | | |
| Aloxi | T4 | |
| Anzemet (100mg Tablet)[†] | T5 | B/D,QL |
| Anzemet (50mg Tablet)[†] | T4 | B/D,QL |
| Cesamet[†] | T5 | B/D,PA,QL |
| Compro [♦] | T1 | |
| Dronabinol (10mg Capsule)[†] | T5 | B/D,PA,QL |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------|-----------|-----------------------|
| Dronabinol (2.5mg Capsule, 5mg Capsule)[†] | T3 | B/D,PA,QL |
| Emend[†] | T3 | B/D,PA,QL |
| Granisetron HCl (Injection) | T3 | |
| Granisetron HCl (Tablet) [†] | T3 | B/D,QL |
| Granisol [†] | T3 | B/D,QL |
| Hydroxyzine Pamoate (100mg Capsule) [♦] | T1 | |
| Hydroxyzine Pamoate (25mg Capsule, 50mg Capsule) | T2 | |
| Meclizine HCl [♦] | T1 | |
| Metoclopramide HCl (Injection) | T3 | |
| Metoclopramide HCl (Oral Solution, Tablet) [♦] | T1 | |
| Ondansetron HCl (Injection) | T3 | |
| Ondansetron HCl (Oral Solution, Tablet) ^{†♦} | T1 | B/D,QL |
| Ondansetron ODT ^{†♦} | T1 | B/D,QL |
| Prochlorperazine | T2 | |
| Sancuso[†] | T5 | QL |
| Transderm-Scop | T4 | |
| Zofran (Injection) | T5 | ST |
| Zofran (Oral Solution, Tablet)[†] | T5 | B/D,PA,QL |
| Zofran ODT[†] | T5 | B/D,PA,QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------|-----------|-----------------------|
| Antifungals - Drugs to Treat Fungal Infections | | |
| Antifungals - Fungal Infection Drugs | | |
| Abelcet | T5 | B/D |
| Ambisome | T5 | B/D |
| Amphotec (50mg Injection) | T4 | B/D |
| Amphotericin B | T3 | B/D |
| Ancobon | T5 | |
| Cancidas | T5 | |
| Ciclopirox (Gel, Shampoo) | T3 | |
| Ciclopirox (Suspension) | T2 | |
| Ciclopirox Nail Lacquer | T3 | |
| Ciclopirox Olamine | T2 | |
| Clotrimazole (Cream, Topical Solution)♦ | T1 | |
| Clotrimazole (Troche) | T2 | |
| Clotrimazole/ Betamethasone Dipropionate♦ | T1 | |
| Diflucan in NaCl | T4 | |
| Econazole Nitrate♦ | T1 | |
| Eraxis | T5 | |
| Ertaczo | T4 | |
| Exelderm | T4 | |
| Fluconazole♦ | T1 | |
| Fluconazole in Dextrose | T3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------|-----------|-----------------------|
| Flucytosine | T5 | |
| Grifulvin V | T3 | |
| Griseofulvin Microsize | T3 | |
| Gris-Peg | T4 | |
| Gynazole-1 | T4 | |
| Itraconazole [†] | T3 | PA,QL |
| Ketoconazole♦ | T1 | |
| Lamisil (Pack) | T4 | |
| Mentax | T4 | |
| Miconazole 3 | T2 | |
| Mycamine | T5 | |
| Naftin | T4 | |
| Natacyn | T3 | |
| Noxafil | T5 | |
| Nyamyc | T2 | |
| Nystatin♦ | T1 | |
| Nystatin/Triamcinolone♦ | T1 | |
| Nystop♦ | T1 | |
| Oravig[†] | T4 | QL |
| Oxistat | T4 | |
| Pedi-Dri | T2 | |
| Sporanox (Capsule)[†] | T5 | PA,QL |
| Sporanox (Oral Solution)[†] | T4 | PA,QL |
| Terbinafine HCl♦ | T1 | |
| Terconazole♦ | T1 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------|-----------|-----------------------|
| Vfend (Injection) | T4 | |
| Vfend (Oral Suspension, Tablet) | T5 | |
| Voriconazole | T5 | |
| Zazole | T2 | |
| Antigout Agents - Drugs to Treat Gout | | |
| Antigout Agents - Gout Drugs | | |
| Allopurinol (Tablet)♦ | T1 | |
| Allopurinol Sodium (Injection) | T3 | |
| Colcrys † | T3 | QL |
| Probenecid♦ | T1 | |
| Probenecid/Colchicine♦ | T1 | |
| Uloric † | T3 | QL,ST |
| Antimigraine Agents - Drugs to Treat Migraines | | |
| Abortive - Migraine Drugs | | |
| Dihydroergotamine Mesylate | T3 | |
| Ergotamine Tartrate/Caffeine†♦ | T1 | QL |
| Maxalt † | T3 | QL |
| Maxalt-MLT † | T3 | QL |
| Migergot† | T3 | QL |
| Naratriptan HCl† | T2 | QL |
| Sumatriptan Succinate (Injection)† | T3 | QL |
| Sumatriptan Succinate (Tablet)†♦ | T1 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis | | |
| Parasympathomimetics - Myasthenia Gravis Drugs | | |
| Guanidine HCl | T4 | |
| Mestinon (Syrup) | T4 | |
| Mestinon Timespan | T4 | |
| Mytelase | T4 | |
| Pyridostigmine Bromide♦ | T1 | |
| Regonol | T2 | |
| Antimycobacterials - Drugs to Treat Infections | | |
| Antimycobacterials, Other - Miscellaneous Anti-Infectives | | |
| Dapsone | T3 | |
| Mycobutin | T4 | |
| Antituberculars - Tuberculosis Drugs | | |
| Capastat Sulfate | T4 | |
| Ethambutol HCl | T3 | |
| Isonarif | T3 | |
| Isoniazid (Injection) | T3 | |
| Isoniazid (Syrup, Tablet)♦ | T1 | |
| Paser | T4 | |
| Priftin | T4 | |
| Pyrazinamide | T3 | |
| Rifampin (Capsule) | T2 | |

Bold type = Brand-name drug

LA = Limited access drug

†For this drug's specific quantity limit see pages 60–78.

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PA = Prior authorization

QL = Quantity limits

B/D = Medicare Part B or Part D

ST = Step therapy

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------------------------------|-----------|-----------------------|
| Rifampin (Injection) | T5 | |
| Rifater | T4 | |
| Seromycin | T4 | |
| Trecator | T4 | |
| Antineoplastics - Drugs to Treat Cancer | | |
| Alkylating Agents - Chemotherapy Agents | | |
| Alkeran | T5 | |
| BiCNU | T4 | |
| Busulfex | T5 | |
| CeeNU | T4 | |
| Cyclophosphamide | T3 | B/D |
| Dacarbazine | T3 | |
| Hexalen | T5 | PA |
| Ifosfamide | T3 | |
| Ifosfamide/Mesna | T5 | |
| Leukeran | T3 | |
| Matulane | T5 | |
| Melphalan HCl | T5 | |
| Mustargen | T5 | |
| Thiotepa | T4 | |
| Treanda | T5 | PA |
| Zanosar | T5 | |
| Antiangiogenic Agents - Chemotherapy Agents | | |
| Caprelsa | T5 | PA |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------|-----------|-----------------------|
| Revlimid | T5 | PA,LA |
| Thalomid | T5 | PA |
| Vandetanib | T5 | PA |
| Votrient | T5 | PA |
| Antiestrogens/Modifiers - Chemotherapy Agents | | |
| Emcyt | T4 | PA |
| Fareston | T4 | |
| Faslodex | T5 | |
| Tamoxifen Citrate♦ | T1 | |
| Antimetabolites - Chemotherapy Agents | | |
| Cladribine | T5 | B/D |
| Clolar | T5 | |
| Cytarabine | T2 | B/D |
| Cytarabine Aqueous | T2 | B/D |
| Droxia | T4 | |
| Elitek | T5 | |
| Fluorouracil (Injection) | T2 | B/D |
| Folotyn | T5 | PA |
| Gemcitabine | T5 | |
| Gemcitabine HCl | T5 | |
| Gemzar | T5 | |
| Hydroxyurea♦ | T1 | |
| Mercaptopurine | T3 | |
| Nipent | T5 | ST |

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ST = Step therapy

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------|-----------|-----------------------|
| Pentostatin | T5 | |
| Tabloid | T4 | PA |
| Antineoplastics, Other - Chemotherapy Agents | | |
| Abraxane | T5 | |
| Adriamycin | T3 | B/D |
| Alimta | T5 | PA |
| Amifostine | T5 | |
| Arranon | T5 | |
| Bleomycin Sulfate | T3 | B/D |
| Camptosar | T4 | ST |
| Carboplatin | T3 | |
| Cerubidine | T4 | |
| Cisplatin | T3 | |
| Cosmegen | T4 | |
| Dacogen | T5 | |
| Daunorubicin HCl | T2 | |
| Daunoxome | T4 | |
| Dexrazoxane | T5 | |
| Docefrez | T5 | |
| Docetaxel | T5 | |
| Doxil | T5 | B/D |
| Doxorubicin HCl | T3 | B/D |
| Ellence | T5 | ST |
| Eloxatin | T5 | |
| Elspar | T4 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------|-----------|-----------------------|
| Epirubicin HCl | T3 | |
| Ethylol | T5 | ST |
| Etopophos | T5 | |
| Etoposide | T3 | |
| Firmagon (120mg Injection)[†] | T5 | PA,QL |
| Firmagon (80mg Injection)[†] | T4 | PA,QL |
| Fludara | T5 | |
| Fludarabine Phosphate | T5 | |
| Halaven | T5 | PA |
| Hycamtin | T5 | |
| Idamycin PFS | T5 | ST |
| Idarubicin HCl | T5 | |
| Irinotecan | T3 | |
| Istodax | T5 | PA |
| Ixempra Kit | T5 | |
| Jakafi[†] | T5 | PA,QL |
| Jevtana | T5 | PA |
| Mesna | T3 | |
| Mesnex (Tablet) | T4 | |
| Mitomycin | T3 | |
| Mitoxantrone HCl | T3 | |
| Novantrone | T5 | ST |
| Ontak | T5 | PA |
| Oxaliplatin | T5 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| Paclitaxel | T3 | |
| Proleukin | T5 | PA |
| Sylatron | T5 | PA |
| Taxotere | T5 | |
| Toposar | T3 | |
| Topotecan HCl | T5 | |
| Torisel | T5 | |
| Trisenox | T4 | PA |
| Velcade | T5 | PA |
| Vidaza | T5 | PA |
| Vinblastine Sulfate | T3 | B/D |
| Vincasar PFS | T3 | B/D |
| Vincristine Sulfate | T3 | B/D |
| Vinorelbine Tartrate | T3 | |
| Zelboraf | T5 | PA |
| Zinecard | T5 | |
| Zolinza | T5 | PA |
| Zytiga | T5 | PA |
| Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents | | |
| Anastrozole♦ | T1 | |
| Aromasin | T4 | |
| Exemestane | T3 | |
| Letrozole | T2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------------------------------------|-----------|-----------------------|
| Molecular Target Inhibitors - Chemotherapy Agents | | |
| Afinitor | T5 | PA |
| Gleevec | T5 | PA |
| Iressa | T5 | |
| Nexavar | T5 | PA |
| Sprycel | T5 | PA |
| Sutent | T5 | PA |
| Tarceva | T5 | PA |
| Tasigna | T5 | PA |
| Tykerb | T5 | PA |
| Xalkori | T5 | PA |
| Monoclonal Antibodies - Chemotherapy Agents | | |
| Arzerra | T5 | PA |
| Avastin | T5 | PA |
| Campath | T5 | PA |
| Erbix | T5 | PA |
| Herceptin | T5 | |
| Rituxan | T5 | PA |
| Vectibix | T5 | PA |
| Yervoy | T5 | PA |
| Retinoids - Chemotherapy Agents | | |
| Panretin | T5 | PA |
| Targretin | T5 | PA |
| Tretinoin (Capsule) | T5 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------|-----------|-----------------------|
| Antiparasitics - Drugs to Treat Parasitic Infections | | |
| Anthelmintics - Worm Infection Drugs | | |
| Albenza | T3 | |
| Biltricide | T3 | |
| Mebendazole | T2 | |
| Stromectol | T3 | |
| Antiprotozoals - Protozoal Infection Drugs | | |
| Alinia | T4 | |
| Atovaquone/Proguanil HCl | T3 | |
| Chloroquine Phosphate♦ | T1 | |
| Daraprim | T3 | |
| Hydroxychloroquine Sulfate♦ | T1 | |
| Malarone | T4 | |
| Mefloquine HCl♦ | T1 | |
| Mepron | T5 | |
| Nebupent | T4 | B/D |
| Pentam 300 | T4 | |
| Primaquine Phosphate | T4 | |
| Qualaquin | T4 | PA |
| Pediculicides/Scabicides - Scabies and Lice Drugs | | |
| Acticin♦ | T1 | |
| Eurax | T4 | |
| Lindane | T3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------|-----------|-----------------------|
| Malathion | T3 | |
| Permethrin♦ | T1 | |
| Ulesfia | T4 | |
| Antiparkinson Agents - Drugs to Treat Parkinson's Disease | | |
| Antiparkinson Agents - Parkinson's Disease Drugs | | |
| Apokyn[†] | T5 | QL |
| Azilect | T3 | |
| Benzotropine Mesylate♦ | T1 | |
| Bromocriptine Mesylate | T3 | |
| Carbidopa/Levodopa♦ | T1 | |
| Carbidopa/Levodopa CR♦ | T1 | |
| Carbidopa/Levodopa ODT | T2 | |
| Cogentin | T4 | |
| Comtan | T3 | |
| Lodosyn | T4 | |
| Parcopa | T4 | |
| Pramipexole Dihydrochloride | T3 | |
| Ropinirole HCl♦ | T1 | |
| Selegiline HCl | T3 | |
| Stalevo | T3 | |
| Tasmar[†] | T5 | QL |
| Trihexyphenidyl HCl♦ | T1 | |
| Zelapar | T4 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Antipsychotics - Drugs to Treat Mood Disorders | | |
| Atypicals - Mood Disorder Drugs | | |
| Abilify | T4 | |
| Abilify Discmelt | T4 | |
| Clozapine♦ | T1 | |
| Fanapt [†] | T4 | QL,ST |
| Fanapt Titration Pack [†] | T4 | QL,ST |
| Fazaclo | T3 | |
| Geodon | T4 | |
| Invega | T4 | ST |
| Invega Sustenna (117mg/0.75ml Injection, 156mg/1ml Injection, 234mg/1.5ml Injection) [†] | T5 | QL |
| Invega Sustenna (39mg/0.25ml Injection, 78mg/0.5ml Injection) [†] | T4 | QL |
| Latuda [†] | T4 | QL |
| Olanzapine | T3 | |
| Olanzapine ODT | T3 | |
| Risperdal Consta (12.5mg Injection, 25mg Injection) [†] | T4 | QL |
| Risperdal Consta (37.5mg Injection, 50mg Injection) [†] | T5 | QL |
| Risperidone♦ | T1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------|-----------|-----------------------|
| Risperidone ODT | T3 | |
| Zyprexa | T3 | |
| Zyprexa Zydys | T3 | |
| Conventional - Mood Disorder Drugs | | |
| Chlorpromazine HCl (Injection) | T3 | |
| Chlorpromazine HCl (Tablet)♦ | T1 | |
| Fluphenazine Decanoate | T3 | |
| Fluphenazine HCl (Concentrate, Elixir, Tablet)♦ | T1 | |
| Fluphenazine HCl (Injection) | T3 | |
| Haloperidol♦ | T1 | |
| Haloperidol Decanoate | T3 | |
| Haloperidol Lactate♦ | T1 | |
| Loxapine Succinate♦ | T1 | |
| Orap | T3 | |
| Perphenazine | T2 | |
| Perphenazine/ Amitriptyline | T2 | |
| Prochlorperazine Edisylate | T3 | |
| Prochlorperazine Maleate♦ | T1 | |
| Thioridazine HCl | T3 | |
| Thiothixene♦ | T1 | |
| Trifluoperazine HCl♦ | T1 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------|-----------|-----------------------|
| Antispasticity Agents - Drugs to Treat Spasms | | |
| Antispasticity Agents - Muscle Spasm Drugs | | |
| Baclofen♦ | T1 | |
| Dantrolene Sodium | T3 | |
| Gablofen (40,000mcg/20ml Solution) | T5 | B/D,PA |
| Gablofen (50mcg/ml Solution) | T3 | B/D,PA |
| Lioresal Intrathecal (0.05mg/ml Solution) | T3 | B/D,PA |
| Lioresal Intrathecal (10mg/5ml Solution) | T5 | B/D,PA |
| Tizanidine HCl♦ | T1 | |
| Antivirals - Drugs to Treat Viral Infections | | |
| Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs | | |
| Cytovene | T4 | B/D |
| Foscarnet Sodium | T3 | B/D |
| Ganciclovir (250mg Capsule) | T4 | |
| Ganciclovir (500mg Capsule) | T5 | |
| Ganciclovir (Injection) | T3 | B/D |
| Valcyte | T5 | |
| Vistide | T5 | |
| Antih hepatitis Agents - Hepatitis Drugs | | |
| Baraclude (Oral Solution) | T4 | |
| Baraclude (Tablet) | T5 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------|-----------|-----------------------|
| Copegus | T5 | PA |
| Hepsera | T5 | |
| Incivek[†] | T5 | PA,QL |
| Rebetol (Capsule) | T5 | PA |
| Rebetol (Oral Solution) | T4 | PA |
| Ribapak | T5 | PA |
| Ribasphere (200mg Tablet, Capsule) | T3 | PA |
| Ribasphere (400mg Tablet, 600mg Tablet) | T5 | PA |
| Ribavirin | T3 | PA |
| Virazole | T5 | |
| Antih erpetic Agents - Herpes Drugs | | |
| Acyclovir♦ | T1 | |
| Acyclovir Sodium | T3 | B/D |
| Denavir | T4 | |
| Famciclovir | T3 | |
| Trifluridine | T3 | |
| Valacyclovir HCl | T3 | |
| Zovirax (Cream, Ointment) | T4 | |
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors - HIV Drugs | | |
| Atripla | T5 | |
| Complera | T5 | |
| Edurant | T5 | |
| Intelece | T5 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Rescriptor | T4 | |
| Sustiva | T4 | |
| Viramune (Oral Suspension) | T4 | |
| Viramune (Tablet) | T3 | |
| Viramune XR | T3 | |
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors - HIV Drugs | | |
| Combivir | T5 | |
| Didanosine | T3 | |
| Emtriva | T4 | |
| EpiVir | T3 | |
| EpiVir HBV | T3 | |
| Epzicom | T5 | |
| Lamivudine | T3 | |
| Lamivudine/Zidovudine | T5 | |
| Retrovir IV Infusion | T4 | |
| Stavudine | T3 | |
| Trizivir | T5 | |
| Truvada | T5 | |
| Tyzeka | T5 | |
| Videx Pediatric | T4 | |
| Viread | T5 | |
| Ziagen | T4 | |
| Zidovudine | T3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------|-----------|-----------------------|
| Anti-HIV Agents, Other - HIV Drugs | | |
| Fuzeon | T5 | |
| Isentress | T5 | |
| Selzentry | T5 | |
| Anti-HIV Agents, Protease Inhibitors - HIV Drugs | | |
| Aptivus | T5 | |
| Crixivan | T3 | |
| Invirase (Capsule) | T4 | |
| Invirase (Tablet) | T5 | |
| Kaletra (100-25mg Tablet) | T4 | |
| Kaletra (200-50mg Tablet, Oral Solution) | T5 | |
| Lexiva (Oral Suspension) | T4 | |
| Lexiva (Tablet) | T5 | |
| Norvir | T4 | |
| Prezista (150mg Tablet, 75mg Tablet)[†] | T4 | QL |
| Prezista (400mg Tablet, 600mg Tablet)[†] | T5 | QL |
| Reyataz (100mg Capsule) | T3 | |
| Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule) | T5 | |
| Victrelis[†] | T5 | PA,QL |
| Viracept (Powder) | T4 | |
| Viracept (Tablet) | T5 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------|-----------|-----------------------|
| Anti-Influenza Agents - Flu Drugs | | |
| Amantadine HCl♦ | T1 | |
| Relenza Diskhalel[†] | T4 | QL |
| Rimantadine HCl | T2 | |
| Tamiflu[†] | T3 | QL |
| Anxiolytics - Drugs to Treat Anxiety | | |
| Anxiolytics, Other - Anxiety Drugs | | |
| Buspirone HCl♦ | T1 | |
| Chlordiazepoxide/ Amitriptyline | T2 | |
| Bipolar Agents - Drugs to Treat Mood Disorders | | |
| Bipolar Agents - Mood Disorder Drugs | | |
| Equetro | T4 | |
| Lithium Carbonate♦ | T1 | |
| Lithium Carbonate ER♦ | T1 | |
| Lithium Citrate | T2 | |
| Lithobid | T3 | |
| Saphris[†] | T3 | QL |
| Seroquel | T4 | |
| Seroquel XR | T3 | |
| Symbyax | T4 | |
| Blood Glucose Regulators - Drugs to Regulate Blood Sugar | | |
| Antidiabetic Agents - Diabetic Drugs | | |
| Acarbose [†] ♦ | T1 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| Actoplus Met[†] | T3 | QL |
| Actos[†] | T3 | QL |
| Avandamet[†] | T4 | PA,QL |
| Avandaryl[†] | T4 | PA,QL |
| Avandia[†] | T4 | PA,QL |
| Byetta[†] | T3 | QL |
| Duetact[†] | T3 | QL |
| Glimepiride [†] ♦ | T1 | QL |
| Glipizide [†] ♦ | T1 | QL |
| Glipizide ER [†] ♦ | T1 | QL |
| Glipizide/Metformin HCl [†] | T2 | QL |
| Glyburide [†] ♦ | T1 | QL |
| Glyburide Micronized [†] ♦ | T1 | QL |
| Glyburide/Metformin HCl [†] ♦ | T1 | QL |
| Glycron (1.5mg Tablet, 3mg Tablet, 6mg Tablet) [†] | T2 | QL |
| Glyset[†] | T4 | QL |
| Janumet[†] | T3 | QL |
| Januvia[†] | T3 | QL |
| Kombiglyze XR[†] | T3 | QL |
| Metformin HCl [†] ♦ | T1 | QL |
| Metformin HCl ER [†] ♦ | T1 | QL |
| Nateglinide [†] | T3 | QL |
| Onglyza[†] | T3 | QL |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------|-----------|-----------------------|
| Prandimet [†] | T4 | QL |
| Prandin [†] | T4 | QL |
| Riomet [†] | T4 | QL |
| Symlin [†] | T4 | PA,QL |
| SymlinPen 120 [†] | T4 | PA,QL |
| SymlinPen 60 [†] | T4 | PA,QL |
| Tolazamide [†] | T2 | QL |
| Tolbutamide [†] | T2 | QL |
| Victoza [†] | T3 | QL |
| Glycemic Agents - Diabetic Drugs | | |
| Glucagen Hypokit | T2 | |
| Glucagon Emergency Kit | T2 | |
| Proglycem | T4 | |
| Insulins - Diabetic Drugs | | |
| Apidra | T3 | |
| Humalog | T2 | |
| Humulin | T2 | |
| Lantus | T2 | |
| Levemir | T2 | |
| Novolin | T2 | |
| Novolog | T2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders | | |
| Anticoagulants - Blood Thinners | | |
| Argatroban (100mg/ml Injection) | T5 | |
| Argatroban (125mg/125ml Injection) | T5 | |
| Arixtra (10mg/0.8ml Injection, 5.0mg/0.4ml Injection, 7.5mg/0.6ml Injection) [†] | T5 | QL |
| Arixtra (2.5mg/0.5ml Injection) [†] | T4 | QL |
| Coumadin (Injection) | T4 | |
| Coumadin (Tablet) | T3 | |
| Enoxaparin Sodium (100mg/1ml Injection, 120mg/0.8ml Injection, 150mg/1ml Injection) [†] | T5 | QL |
| Enoxaparin Sodium (30mg/0.3ml Injection, 40mg/0.4ml Injection, 60mg/0.6ml Injection, 80mg/0.8ml Injection) [†] | T4 | QL |
| Fondaparinux Sodium (10mg/0.8ml Injection, 5mg/0.4ml Injection, 7.5mg/0.6ml Injection) [†] | T5 | QL |
| Fondaparinux Sodium (2.5mg/0.5ml Injection) [†] | T4 | QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Fragmin (10,000units/1ml Injection, 12,500units/0.5ml Injection, 15,000units/0.6ml Injection, 18,000units/0.72ml Injection, 7,500units/0.3ml Injection)[†] | T5 | QL |
| Fragmin (2,500units/0.2ml Injection, 25,000units/1ml Injection, 5,000units/0.2ml Injection)[†] | T4 | QL |
| Heparin Sodium (1,000units/ml Injection, 10,000units/ml Injection, 20,000units/ml Injection, 5,000units/ml Injection) | T3 | |
| Heparin Sodium (2,000units/ml Injection) | T3 | |
| Heparin Sodium/D5W | T3 | |
| Heparin Sodium/NaCl | T3 | |
| Heparin Sodium/NaCl 0.9% Premix | T3 | |
| Jantoven♦ | T1 | |
| Lovenox (300mg/3ml Injection)[†] | T4 | QL |
| Pradaxa[†] | T3 | PA,QL |
| Warfarin Sodium♦ | T1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Xarelto | T3 | PA |
| Blood Formation Products - Blood Formation Drugs | | |
| Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/1ml Injection, 25mcg/0.42ml Injection, 25mcg/1ml Injection, 40mcg/0.4ml Injection, 40mcg/1ml Injection, 60mcg/0.3ml Injection, 60mcg/1ml Injection)[†] | T4 | B/D,PA,QL |
| Aranesp Albumin Free (150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/1ml Injection, 300mcg/0.6ml Injection, 300mcg/1ml Injection, 500mcg/1ml Injection)[†] | T5 | B/D,PA,QL |
| Epogen [†] | T4 | B/D,PA,QL |
| Leukine | T5 | PA |
| Neulasta | T5 | PA |
| Neumega | T3 | PA |
| Neupogen | T5 | PA |

Bold type = Brand-name drug

LA = Limited access drug

[†]For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

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QL = Quantity limits

B/D = Medicare Part B or Part D

ST = Step therapy

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Procrit (10,000units/ml Injection, 2,000units/ml Injection, 3,000units/ml Injection, 4,000units/ml Injection) [†] | T4 | B/D,PA,QL |
| Procrit (20,000units/ml Injection) [†] | T5 | B/D,PA,QL |
| Procrit (40,000units/ml Injection) | T5 | B/D,PA |
| Blood Products/Modifiers/ Volume Expanders | | |
| Cinryze | T5 | PA |
| Mozobil | T5 | PA |
| Pentopak | T2 | |
| Pentoxifylline ER♦ | T1 | |
| Promacta (12.5mg Tablet, 25mg Tablet, 50mg Tablet) [†] | T5 | PA,QL |
| Promacta (75mg Tablet) | T5 | PA |
| Coagulants - Blood Clotting Drugs | | |
| Cyklokapron | T3 | |
| Tranexamic Acid | T3 | |
| Platelet Aggregation Inhibitors - Blood Thinners | | |
| Aggrenox [†] | T3 | QL |
| Brilinta [†] | T4 | PA,QL |
| Cilostazol♦ | T1 | |
| Dipyridamole♦ | T1 | PA |
| Effient [†] | T3 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| Plavix [†] | T2 | QL |
| Ticlopidine HCl♦ | T1 | QL |
| Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions | | |
| Alpha-Adrenergic Agonists - Blood Pressure Drugs | | |
| Catapres-TTS [†] | T4 | QL |
| Clonidine HCl (Tablet)♦ | T1 | |
| Clonidine HCl (Weekly Patch) [†] | T3 | QL |
| Clorpres | T4 | |
| Guanabenz Acetate | T3 | |
| Guanfacine HCl♦ | T1 | |
| Methyldopa♦ | T1 | |
| Methyldopa/ Hydrochlorothiazide♦ | T1 | |
| Methyldopate HCl | T3 | |
| Midodrine HCl | T3 | |
| Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs | | |
| Dibenzyline | T4 | |
| Prazosin HCl♦ | T1 | |
| Reserpine | T2 | |
| Antiarrhythmics - Heart Regulation Drugs | | |
| Amiodarone HCl (Injection) | T3 | |
| Amiodarone HCl (Tablet)♦ | T1 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| Disopyramide Phosphate♦ | T1 | |
| Flecainide Acetate♦ | T1 | |
| Mexiletine HCl | T2 | |
| Multaq | T3 | |
| Pacerone (100mg Tablet) | T4 | |
| Pacerone (200mg Tablet)♦ | T1 | |
| Procainamide HCl (100mg/ml Injection) | T2 | |
| Procainamide HCl (500mg/ml Injection) | T3 | |
| Propafenone HCl♦ | T1 | |
| Propafenone HCl ER | T3 | |
| Quinidine Gluconate | T4 | |
| Quinidine Gluconate ER♦ | T1 | |
| Quinidine Sulfate♦ | T1 | |
| Quinidine Sulfate ER♦ | T1 | |
| Rythmol SR | T4 | |
| Sorine | T2 | |
| Sotalol HCl (Injection) | T3 | |
| Sotalol HCl (Tablet)♦ | T1 | |
| Tikosyn | T4 | |
| Beta-Adrenergic Blocking Agents - Blood Pressure Drugs | | |
| Acebutolol HCl♦ | T1 | |
| Atenolol♦ | T1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| Atenolol/Chlorthalidone♦ | T1 | |
| Betaxolol HCl (Tablet)♦ | T1 | |
| Bisoprolol Fumarate♦ | T1 | |
| Bisoprolol Fumarate/Hydrochlorothiazide♦ | T1 | |
| Bystolic [†] | T3 | QL |
| Carvedilol♦ | T1 | |
| Innopran XL | T4 | |
| Labetalol HCl (Injection) | T2 | |
| Labetalol HCl (Tablet)♦ | T1 | |
| Metoprolol Succinate ER♦ | T1 | |
| Metoprolol Tartrate♦ | T1 | |
| Metoprolol/Hydrochlorothiazide♦ | T1 | |
| Nadolol♦ | T1 | |
| Nadolol/Bendroflumethiazide | T3 | |
| Pindolol♦ | T1 | |
| Propranolol HCl♦ | T1 | |
| Propranolol HCl ER♦ | T1 | |
| Propranolol/Hydrochlorothiazide♦ | T1 | |
| Timolol Maleate♦ | T1 | |
| Toprol XL | T4 | |
| Calcium Channel Blocking Agents - Blood Pressure Drugs | | |
| Afeditab CR♦ | T1 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------|-----------|-----------------------|
| Amlodipine Besylate♦ | T1 | |
| Amlodipine Besylate/ Benazepril HCl† | T4 | QL |
| Azor† | T3 | QL |
| Cartia XT♦ | T1 | |
| Dilt-CD♦ | T1 | |
| Diltiazem CD♦ | T1 | |
| Diltiazem HCl♦ | T1 | |
| Diltiazem HCl ER♦ | T1 | |
| Dilt-XR♦ | T1 | |
| Diltzac♦ | T1 | |
| Exforge† | T3 | QL |
| Exforge HCT† | T3 | QL |
| Felodipine ER | T3 | |
| Isradipine | T3 | |
| Matzim LA† | T3 | QL |
| Nicardipine HCl♦ | T1 | |
| Nifediac CC♦ | T1 | |
| Nifedical XL♦ | T1 | |
| Nifedipine♦ | T1 | |
| Nifedipine ER♦ | T1 | |
| Nimodipine | T5 | |
| Nisoldipine† | T3 | QL |
| Nisoldipine ER† | T3 | QL |
| Taztia XT♦ | T1 | |
| Tribenzor† | T3 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------|-----------|-----------------------|
| Twynsta† | T4 | QL |
| Verapamil HCl (Injection) | T3 | |
| Verapamil HCl (Tablet)♦ | T1 | |
| Verapamil HCl ER♦ | T1 | |
| Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs | | |
| Demser | T5 | |
| Digoxin (Injection) | T3 | |
| Digoxin (Oral Solution, Tablet)♦ | T1 | |
| Lanoxin (0.1mg/ml Injection) | T4 | |
| Lanoxin (Tablet) | T3 | |
| Ranexa | T3 | ST |
| Diuretics - Blood Pressure Drugs | | |
| Acetazolamide Sodium | T3 | |
| Amiloride HCl♦ | T1 | |
| Amiloride/ Hydrochlorothiazide♦ | T1 | |
| Bumetanide (Injection) | T3 | |
| Bumetanide (Tablet)♦ | T1 | |
| Chlorothiazide | T2 | |
| Chlorothiazide Sodium | T3 | |
| Chlorthalidone♦ | T1 | |
| Diuril | T4 | |
| Dyrenium | T4 | |
| Edecrin | T4 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------|-----------|-----------------------|
| Eplerenone | T3 | |
| Furosemide (Injection) | T3 | |
| Furosemide (Oral Solution, Tablet)♦ | T1 | |
| Hydrochlorothiazide♦ | T1 | |
| Indapamide♦ | T1 | |
| Methyclothiazide | T2 | |
| Metolazone♦ | T1 | |
| Samsca † | T5 | PA,QL |
| Spironolactone♦ | T1 | |
| Spironolactone/ Hydrochlorothiazide♦ | T1 | |
| Toremide (Injection) | T3 | |
| Toremide (Tablet)♦ | T1 | |
| Triamterene/ Hydrochlorothiazide♦ | T1 | |
| Dyslipidemics - Cholesterol Control Drugs | | |
| Antara | T3 | |
| Atorvastatin Calcium† | T2 | QL |
| Cholestyramine♦ | T1 | |
| Colestipol HCl♦ | T1 | |
| Crestor † | T2 | QL |
| Fenofibrate♦ | T1 | |
| Fenofibrate Micronized♦ | T1 | |
| Gemfibrozil♦ | T1 | |
| Lipitor † | T2 | QL |
| Livalo † | T4 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------|-----------|-----------------------|
| Lovastatin♦ | T1 | |
| Lovaza | T4 | |
| Niacor♦ | T1 | |
| Niaspan | T2 | |
| Pravastatin Sodium♦ | T1 | |
| Prevalite | T2 | |
| Simvastatin♦ | T1 | |
| Tricor | T3 | |
| Trilipix | T3 | |
| Vytorin † | T4 | QL |
| Welchol (Pack) † | T3 | QL |
| Welchol (Tablet) | T3 | |
| Zetia † | T3 | QL |
| Renin-Angiotensin-Aldosterone System Inhibitors - Blood Pressure Drugs | | |
| Benazepril HCl♦ | T1 | |
| Benazepril HCl/ Hydrochlorothiazide♦ | T1 | |
| Benicar † | T2 | QL |
| Benicar HCT † | T2 | QL |
| Captopril♦ | T1 | |
| Captopril/ Hydrochlorothiazide♦ | T1 | |
| Diovan † | T2 | QL |
| Diovan HCT † | T2 | QL |
| Enalapril Maleate♦ | T1 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------|-----------|-----------------------|
| Enalapril Maleate/ Hydrochlorothiazide♦ | T1 | |
| Fosinopril Sodium♦ | T1 | |
| Fosinopril Sodium/ Hydrochlorothiazide♦ | T1 | |
| Lisinopril♦ | T1 | |
| Lisinopril/ Hydrochlorothiazide♦ | T1 | |
| Losartan Potassium♦ | T1 | |
| Losartan Potassium/ Hydrochlorothiazide♦ | T1 | |
| Micardis[†] | T4 | QL |
| Micardis HCT[†] | T4 | QL |
| Moexipril HCl♦ | T1 | |
| Moexipril/ Hydrochlorothiazide♦ | T1 | |
| Perindopril Erbumine | T2 | |
| Quinapril HCl♦ | T1 | |
| Quinapril/ Hydrochlorothiazide♦ | T1 | |
| Ramipril♦ | T1 | |
| Tekturna[†] | T3 | QL,ST |
| Tekturna HCT[†] | T3 | QL,ST |
| Trandolapril♦ | T1 | |
| Vasodilators - Chest Pain Drugs | | |
| BiDil | T3 | |
| Dilatrate SR | T4 | |
| Hydralazine HCl (Injection) | T2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------|-----------|-----------------------|
| Hydralazine HCl (Tablet)♦ | T1 | |
| Isochron | T2 | |
| Isordil Titradoso (40mg Tablet) | T4 | |
| Isosorbide Dinitrate♦ | T1 | |
| Isosorbide Dinitrate ER♦ | T1 | |
| Isosorbide Mononitrate♦ | T1 | |
| Isosorbide Mononitrate ER♦ | T1 | |
| Minoxidil (Tablet)♦ | T1 | |
| Nitro-Bid | T4 | |
| Nitro-Dur (0.3mg/ hr 24-Hour Patch, 0.8mg/hr 24-Hour Patch) | T4 | |
| Nitroglycerin (24-Hour Patch)♦ | T1 | |
| Nitroglycerin (Injection) | T3 | |
| Nitrolingual Pumpspray | T4 | |
| Nitromist | T4 | |
| Nitrostat | T2 | |
| Central Nervous System Agents - Drugs to Treat Nerve Conditions | | |
| Amphetamines, ADHD - ADHD Drugs | | |
| Amphetamine/ Dextroamphetamine [†] | T3 | QL |
| Dextroamphetamine Sulfate [†] | T3 | QL |
| Dextroamphetamine Sulfate ER [†] | T3 | QL |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------|-----------|-----------------------|
| Methamphetamine HCl† | T3 | QL |
| Vyvanse† | T4 | QL |
| Non-Amphetamines, ADHD - ADHD Drugs | | |
| Dexmethylphenidate HCl† | T3 | QL |
| Metadate ER† | T4 | QL |
| Methylin (Tablet)† | T2 | QL |
| Methylin ER† | T3 | QL |
| Methylphenidate HCl†♦ | T1 | QL |
| Methylphenidate HCl ER† | T3 | QL |
| Methylphenidate HCl SR† | T3 | QL |
| Strattera† | T4 | QL,ST |
| Non-Amphetamines, Other - Miscellaneous Nervous System Drugs | | |
| Ampyra† | T5 | PA,QL |
| Botox | T4 | PA |
| Provigil† | T4 | PA,QL |
| Rilutek | T5 | |
| Xyrem† | T3 | PA,QL,LA |
| Dental And Oral Agents - Drugs to Treat Mouth and Throat Conditions | | |
| Dental and Oral Agents | | |
| Chlorhexidine Gluconate Oral Rinse♦ | T1 | |
| Kepivance | T5 | |
| Periogard | T2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------|-----------|-----------------------|
| Pilocarpine HCl | T3 | |
| Triamcinolone in Orabase | T2 | |
| Dermatological Agents - Drugs to Treat Skin Conditions | | |
| Dermatological Agents - Skin Agents | | |
| 8-Mop | T5 | |
| Adapalene | T3 | |
| Aldara | T4 | |
| Amevive | T5 | PA |
| Ammonium Lactate♦ | T1 | |
| Amnesteem | T3 | |
| Avita | T3 | PA |
| Calcipotriene | T3 | |
| Carac | T4 | |
| Claravis | T3 | |
| Clindamycin/Benzoyl Peroxide | T3 | |
| Dovonex | T4 | |
| Elidel | T4 | ST |
| Erythromycin/Benzoyl Peroxide♦ | T1 | |
| Finacea | T3 | |
| Fluorouracil (Cream, Topical Solution) | T3 | |
| Imiquimod | T3 | |
| Laclotion♦ | T1 | |
| Oxsoralen | T4 | PA |

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| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------|-----------|-----------------------|
| Oxsoralen Ultra | T5 | PA |
| Podofilox | T3 | |
| Protopic | T4 | ST |
| Regranex[†] | T5 | PA,QL |
| Retin-A Micro | T4 | PA |
| Santyl | T4 | |
| Selenium Sulfide | T2 | |
| Solaraze | T4 | PA |
| Soriatane | T5 | |
| Sotret | T3 | |
| Stelara | T5 | PA |
| Sulfacetamide Sodium (Suspension) | T3 | |
| Tazorac | T4 | PA |
| Tretinoin (Cream)♦ | T1 | PA |
| Tretinoin (Gel) | T3 | PA |
| Tretin-X | T4 | PA |
| Uvadex | T4 | |
| Vectical | T4 | |
| Veltin | T4 | PA |
| Ziana | T4 | PA |
| Zyclara | T3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency | | |
| Enzyme Replacements/Modifiers - Enzyme Deficiency Drugs | | |
| Adagen | T5 | |
| Aldurazyme | T5 | |
| Buphenyl | T5 | |
| Carbaglu | T5 | |
| Ceredase | T5 | PA |
| Cerezyme | T5 | PA |
| Creon | T3 | |
| Cystadane | T5 | |
| Cystagon | T4 | |
| Elaprase | T5 | |
| Fabrazyme | T5 | |
| Kuvan | T5 | |
| Lumizyme | T5 | |
| Myozyme | T5 | |
| Naglazyme | T5 | |
| Orfadin | T5 | |
| Sucraid | T5 | |
| Vpriv | T5 | PA |
| Zavesca | T5 | |
| Zenpep | T3 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------------|-----------|-----------------------|
| Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions | | |
| Antispasmodics, Gastrointestinal - Bowel Treatment Drugs | | |
| Atropine Sulfate | T2 | PA |
| Cuvposa | T4 | |
| Dicyclomine HCl (Capsule, Oral Solution, Tablet)♦ | T1 | PA |
| Dicyclomine HCl (Injection) | T3 | PA |
| Glycopyrrolate | T3 | |
| Methscopolamine Bromide | T3 | |
| Propantheline Bromide | T2 | |
| Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs | | |
| Amitiza † | T3 | QL,ST |
| Constulose♦ | T1 | |
| Cromolyn Sodium (Concentrate) | T3 | |
| Diphenoxylate/Atropine♦ | T1 | PA |
| Enulose♦ | T1 | |
| Gastrocrom | T4 | |
| Gavilyte-C♦ | T1 | QL |
| Gavilyte-G♦ | T1 | QL |
| Gavilyte-N/Flavor Pack♦ | T1 | QL |
| Halflytely Bowel Prep/Flavor Packs † | T3 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| Kristalose | T4 | |
| Lactulose♦ | T1 | |
| Loperamide HCl♦ | T1 | |
| Moviprep | T4 | |
| Nulytely/Flavor Packs † | T3 | QL |
| Osmoprep | T4 | |
| Polyethylene Glycol 3350 | T2 | |
| Relistor | T4 | PA |
| Suprep Bowel Prep † | T4 | QL |
| Trilyte♦ | T1 | QL |
| Ursodiol (Capsule) | T2 | |
| Ursodiol (Tablet) | T3 | |
| Visicol | T4 | |
| Histamine2 (H2) Blocking Agents - Ulcer and Stomach Acid Drugs | | |
| Cimetidine♦ | T1 | |
| Cimetidine HCl (Injection) | T3 | |
| Cimetidine HCl (Oral Solution) | T2 | |
| Famotidine (Injection) | T3 | |
| Famotidine (Oral Suspension, Tablet)♦ | T1 | |
| Nizatidine♦ | T1 | |
| Ranitidine HCl (Capsule, Syrup, Tablet)♦ | T1 | |
| Ranitidine HCl (Injection) | T3 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------|-----------|-----------------------|
| Zantac (50mg/50ml Injection) | T4 | |
| Irritable Bowel Syndrome Agents - Bowel Treatment Drugs | | |
| Lotronex [†] | T5 | PA, QL |
| Protectants - Ulcer and Stomach Acid Drugs | | |
| Carafate (Oral Suspension) | T4 | |
| Misoprostol♦ | T1 | |
| Sucralfate♦ | T1 | |
| Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs | | |
| Dexilant [†] | T4 | QL |
| Lansoprazole [†] | T3 | QL |
| Nexium [†] | T3 | QL |
| Nexium I.V. | T4 | |
| Omeprazole [†] ♦ | T1 | QL |
| Pantoprazole Sodium [†] ♦ | T1 | QL |
| Protonix (Injection) | T4 | |
| Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions | | |
| Antispasmodics, Urinary - Bladder Control Drugs | | |
| Enablex [†] | T3 | QL |
| Flavoxate HCl | T3 | |
| Gelnique [†] | T3 | QL |
| Oxybutynin Chloride♦ | T1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Oxybutynin Chloride ER [†] | T3 | QL |
| Oxytrol [†] | T3 | QL |
| Sanctura XR [†] | T4 | QL |
| Trospium Chloride [†] | T3 | QL |
| Vesicare [†] | T3 | QL |
| Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs | | |
| Alfuzosin HCl ER [†] | T2 | QL |
| Avodart [†] | T3 | QL |
| Doxazosin Mesylate♦ | T1 | |
| Finasteride (5mg Tablet) [†] ♦ | T1 | QL |
| Rapaflo [†] | T3 | QL |
| Tamsulosin HCl [†] ♦ | T1 | QL |
| Terazosin HCl♦ | T1 | |
| Uroxatral [†] | T3 | QL |
| Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs | | |
| Bethanechol Chloride♦ | T1 | |
| Elmiron | T4 | |
| Phosphate Binders - Phosphate-Removing Agents | | |
| Calcium Acetate (Capsule) | T3 | |
| Calcium Acetate (Tablet) | T4 | |
| Eliphos | T4 | |
| Fosrenol | T5 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Phoslo | T3 | |
| Phoslyra | T4 | ST |
| Renagel | T3 | ST |
| Renvela | T3 | |
| Hormonal Agents, Stimulant/ Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones | | |
| Glucocorticoids/Mineralocorticoids - Anti-Inflammatory Drugs | | |
| A-Hydrocort | T3 | |
| Ala Scalp | T4 | |
| Ala-Cort | T2 | |
| Alclometasone Dipropionate♦ | T1 | |
| Amcinonide♦ | T1 | |
| A-Methapred | T3 | |
| Augmented Betamethasone Dipropionate (Cream) | T2 | |
| Augmented Betamethasone Dipropionate (Lotion, Ointment) | T3 | |
| Betamethasone Dipropionate♦ | T1 | |
| Betamethasone Valerate♦ | T1 | |
| Capex | T4 | |
| Clobetasol Propionate (Foam) | T3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------|-----------|-----------------------|
| Clobetasol Propionate (Gel, Lotion, Ointment, Shampoo, Topical Solution)♦ | T1 | |
| Clobetasol Propionate E♦ | T1 | |
| Clobex | T4 | |
| Cloderm | T4 | |
| Cordran | T4 | |
| Cordran SP | T4 | |
| Cordran Tape | T4 | |
| Cortef | T4 | |
| Cortisone Acetate♦ | T1 | |
| Cutivate (Lotion) | T4 | |
| Depo-Medrol (20mg/ml Injection) | T4 | |
| Derma-Smoothe/FS | T4 | |
| Desonate | T4 | |
| Desonide♦ | T1 | |
| Desowen | T4 | |
| Desowen/Cetaphil | T4 | |
| Desoximetasone | T3 | |
| Dexamethasone♦ | T1 | |
| Dexamethasone Intensol♦ | T1 | |
| Dexamethasone Sodium Phosphate (Injection) | T3 | |
| Diflorasone Diacetate♦ | T1 | |
| Fludrocortisone Acetate♦ | T1 | |

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LA = Limited access drug

QL = Quantity limits

ST = Step therapy

†For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------|-----------|-----------------------|
| Fluocinolone Acetonide | T2 | |
| Fluocinolone Acetonide Body | T2 | |
| Fluocinonide♦ | T1 | |
| Fluocinonide-E♦ | T1 | |
| Fluticasone Propionate♦ | T1 | |
| Halobetasol Propionate♦ | T1 | |
| Halog | T4 | |
| Hydrocortisone (10mg Tablet, 20mg Tablet, Cream, Lotion, Ointment)♦ | T1 | |
| Hydrocortisone (5mg Tablet) | T2 | |
| Hydrocortisone Butyrate♦ | T1 | |
| Hydrocortisone Valerate♦ | T1 | |
| Kenalog | T4 | |
| Locoid | T4 | |
| Locoid Lipocream | T4 | |
| Lokara | T2 | |
| Luxiq | T4 | |
| Methylprednisolone♦ | T1 | |
| Methylprednisolone Acetate | T3 | |
| Methylprednisolone Sodium Succinate | T3 | |
| Millipred | T4 | |
| Mometasone Furoate♦ | T1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Olux-E | T4 | |
| Pandel | T4 | |
| Prednicarbate | T2 | |
| Prednisolone Sodium Phosphate (Oral Solution)♦ | T1 | |
| Prednisone♦ | T1 | |
| Prednisone Intensol♦ | T1 | |
| Proctocream HC | T2 | |
| Procto-Pak | T2 | |
| Proctosol HC♦ | T1 | |
| Proctozone-HC♦ | T1 | |
| Solu-Cortef | T4 | |
| Solu-Medrol | T4 | |
| Triamcinolone Acetonide (Cream, Lotion, Ointment)♦ | T1 | |
| Triamcinolone Acetonide in Absorbase | T2 | |
| Triderm | T2 | |
| U-Cort | T2 | |
| Vanos | T4 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs | | |
| Chorionic Gonadotropin | T3 | PA |

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| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| DDAVP (Injection) | T5 | ST |
| Desmopressin Acetate | T3 | |
| Egrifta[†] | T5 | PA,QL |
| Genotropin | T5 | PA |
| Genotropin Miniquick (0.2mg Injection)[†] | T4 | PA,QL |
| 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)[†] | T5 | PA,QL |
| Humatrope | T5 | PA |
| Increlex | T5 | PA |
| Norditropin | T5 | PA |
| Norditropin Flexpro | T5 | PA |
| Novarel | T3 | PA |
| Nutropin | T5 | PA |
| Nutropin AQ | T5 | PA |
| Omnitrope (10mg/1.5ml Injection) | T4 | PA |
| Omnitrope (5.8mg Injection, 5mg/1.5ml Injection) | T5 | PA |
| Pregnyl w/Diluent Benzyl Alcohol/NaCl | T3 | PA |
| Saizen | T5 | PA |
| Serostim | T5 | PA |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Stimate | T4 | |
| Tev-Tropin | T4 | PA |
| Zorbtive | T5 | PA |
| Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers) - Drugs to Regulate Hormones | | |
| Anabolic Steroids - Hormone Replacement/ Modifying Drugs | | |
| Anadrol-50 | T5 | PA |
| Oxandrin[†] | T5 | PA,QL |
| Oxandrolone (10mg Tablet) [†] | T5 | PA,QL |
| Oxandrolone (2.5mg Tablet) [†] | T3 | PA,QL |
| Androgens - Hormone Replacement/ Modifying Drugs | | |
| Androderm | T3 | |
| Androgel | T3 | |
| Androgel Pump | T3 | |
| Androxy | T3 | |
| Danazol | T3 | |
| Testosterone Cypionate | T3 | |
| Testosterone Enanthate | T3 | |
| Estrogens - Hormone Replacement/Modifying Drugs | | |
| Activella | T4 | |
| Alora | T4 | |
| Amethia | T2 | |

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[†]For this drug's specific quantity limit see pages 60–78.

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| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------|-----------|-----------------------|
| Amethyst | T2 | |
| Apri♦ | T1 | |
| Aranelle | T2 | |
| Aviane | T2 | |
| Balziva | T2 | |
| Briellyn | T2 | |
| Cenestin | T4 | |
| Cesia | T2 | |
| Climara Pro | T4 | |
| Combipatch | T4 | |
| Cryselle | T2 | |
| Cyclafem 1/35 | T2 | |
| Cyclafem 7/7/7 | T2 | |
| Cyclessa | T4 | |
| Depo-Estradiol | T4 | |
| Desogen | T4 | |
| Divigel[†] | T4 | QL |
| Emoquette | T2 | |
| Enjuvia | T3 | |
| Enpresse | T2 | |
| Estrace (Cream) | T4 | |
| Estraderm | T3 | |
| Estradiol♦ | T1 | |
| Estradiol Valerate | T3 | |
| Estradiol/Norethindrone Acetate | T2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| Estring[†] | T4 | QL |
| Estropipate♦ | T1 | |
| Estrostep Fe | T4 | |
| Femhrt Low Dose | T4 | |
| Femring[†] | T4 | QL |
| Femtrace | T4 | |
| Gianvi | T2 | |
| Introvale | T2 | |
| Jinteli | T2 | |
| Junel♦ | T1 | |
| Junel Fe♦ | T1 | |
| Kariva♦ | T1 | |
| Kelnor | T2 | |
| Leena | T2 | |
| Lessina | T2 | |
| Levora♦ | T1 | |
| Lo/Ovral | T4 | |
| Loestrin | T4 | |
| Loestrin Fe | T4 | |
| Loseasonique | T4 | |
| Low-Ogestrel | T2 | |
| Lutera♦ | T1 | |
| Menest | T3 | |
| Microgestin♦ | T1 | |
| Microgestin Fe♦ | T1 | |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------|-----------|-----------------------|
| MonoNessa♦ | T1 | |
| Necon♦ | T1 | |
| Nortrel♦ | T1 | |
| NuvaRing | T3 | |
| Ocella | T2 | |
| Ogestrel | T2 | |
| Orsythia | T2 | |
| Ortho Evra | T4 | |
| Ortho Tri-Cyclen Lo | T4 | |
| Ortho-Cept | T4 | |
| Ortho-Cyclen | T4 | |
| Ortho-Est | T2 | |
| Ortho-Novum 7/7/7 | T4 | |
| Ovcon | T4 | |
| Portia♦ | T1 | |
| Prefest | T4 | |
| Premarin (Cream, Tablet) | T3 | |
| Premphase | T3 | |
| Prempro | T3 | |
| Previfem | T2 | |
| Quasense♦ | T1 | |
| Reclipsen♦ | T1 | |
| Seasonale | T4 | |
| Seasonique | T4 | |
| Solia | T2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------|-----------|-----------------------|
| Sprintec♦ | T1 | |
| Sronyx | T2 | |
| Tri-Legest Fe | T2 | |
| TriNessa♦ | T1 | |
| Tri-Previfem♦ | T1 | |
| Tri-Sprintec♦ | T1 | |
| Trivora♦ | T1 | |
| Vagifem | T4 | |
| Velivet | T2 | |
| Vestura♦ | T1 | |
| Vivelle-Dot | T3 | |
| Yasmin | T4 | |
| Zeosa | T2 | |
| Zovia♦ | T1 | |
| Progestins - Hormone Replacement/Modifying Drugs | | |
| Camila | T2 | |
| Crinone | T4 | |
| Depo-Provera (400mg/ml Injection) | T4 | |
| Ella | T4 | |
| Errin | T2 | |
| Jolivette♦ | T1 | |
| Medroxyprogesterone Acetate (Injection) | T3 | |
| Medroxyprogesterone Acetate (Tablet)♦ | T1 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Megace ES | T4 | |
| Megestrol Acetate♦ | T1 | |
| Next Choice | T2 | |
| Nora-BE♦ | T1 | |
| Norethindrone Acetate♦ | T1 | |
| Ortho Micronor | T4 | |
| Prometrium | T4 | |
| Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs | | |
| Evista[†] | T3 | QL |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs | | |
| Levothroid | T3 | |
| Levothyroxine Sodium♦ | T1 | |
| Levoxyl♦ | T1 | |
| Liothyronine Sodium (Injection) | T3 | |
| Liothyronine Sodium (Tablet)♦ | T1 | |
| Synthroid | T3 | |
| Thyrolar | T3 | |
| Unithroid♦ | T1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones | | |
| Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants | | |
| Lysodren | T3 | |
| Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones | | |
| Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants | | |
| Sensipar (30mg Tablet)[†] | T3 | QL |
| Sensipar (60mg Tablet, 90mg Tablet)[†] | T5 | QL |
| Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones | | |
| Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants | | |
| Cabergoline | T3 | |
| Eligard[†] | T4 | QL |
| Leuprolide Acetate | T3 | |
| Lupron Depot (11.25mg Injection, 3.75mg Injection)[†] | T4 | QL |
| Lupron Depot (22.5mg Injection, 30mg Injection, 45mg Injection, 7.5mg Injection)[†] | T5 | QL |
| Lupron Depot-PED | T5 | |
| Octreotide Acetate (1,000mcg/ml Injection) | T5 | PA |

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| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Octreotide Acetate (100mcg/ml Injection, 50mcg/ml Injection) [†] | T4 | PA,QL |
| Octreotide Acetate (200mcg/ml Injection, 500mcg/ml Injection) [†] | T5 | PA,QL |
| Sandostatin (1,000mcg/ml Injection) | T5 | PA |
| Sandostatin (100mcg/ml Injection, 200mcg/ml Injection, 500mcg/ml Injection, 50mcg/ml Injection)[†] | T5 | PA,QL |
| Sandostatin LAR Depot | T5 | PA |
| Somatuline Depot | T5 | PA |
| Somavert | T5 | PA |
| Synarel | T5 | PA |
| Trelstar Depot | T5 | |
| Trelstar LA | T5 | |
| Trelstar Mixject | T5 | |
| Hormonal Agents, Suppressant (Sex Hormones/Modifiers) - Drugs to Regulate Hormones | | |
| Antiandrogens - Hormone Suppressants | | |
| Bicalutamide♦ | T1 | |
| Flutamide | T3 | |
| Nilandron | T4 | |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------------|-----------|-----------------------|
| Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones | | |
| Antithyroid Agents - Thyroid Suppressing Drugs | | |
| Methimazole♦ | T1 | |
| Propylthiouracil | T2 | |
| Immunological Agents - Drugs that Stimulate or Suppress the Immune System | | |
| Immune Suppressants - Immune System Drugs | | |
| Actemra | T5 | PA |
| Azasan | T4 | |
| Azathioprine♦ | T1 | |
| Azathioprine Sodium | T3 | |
| Benlysta | T5 | PA |
| Cellcept (Capsule) | T4 | B/D,PA |
| Cellcept (Oral Suspension, Tablet) | T5 | B/D,PA |
| Cellcept Intravenous | T4 | B/D,PA |
| Cimzia | T5 | PA |
| Cyclosporine | T3 | B/D |
| Cyclosporine Modified | T3 | B/D |
| Enbrel[†] | T5 | PA,QL |
| Gengraf (Capsule) | T3 | B/D |
| Gengraf (Oral Solution) | T4 | B/D |
| Humira[†] | T5 | PA,QL |
| Humira Starter Kit[†] | T5 | PA,QL |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------|-----------|-----------------------|
| Methotrexate (Tablet)♦ | T1 | |
| Methotrexate Sodium (1gm Injection) | T3 | |
| Methotrexate Sodium (25mg/ml Injection) | T3 | |
| Mycophenolate Mofetil | T3 | B/D,PA |
| Myfortic (180mg Delayed Release Tablet) | T4 | B/D |
| Myfortic (360mg Delayed Release Tablet) | T5 | B/D |
| Nulojix | T5 | B/D,PA |
| Orencia [†] | T5 | PA,QL |
| Prograf (Injection) | T4 | B/D,PA |
| Rapamune (0.5mg Tablet)[†] | T4 | B/D,QL |
| Rapamune (1mg Tablet, 2mg Tablet, Oral Solution) | T5 | B/D |
| Remicade | T5 | PA |
| Sandimmune (Capsule, Oral Solution) | T4 | B/D |
| Simponi[†] | T5 | PA,QL |
| Tacrolimus (0.5mg Capsule, 1mg Capsule) [†] | T3 | B/D,PA,QL |
| Tacrolimus (5mg Capsule) | T5 | B/D,PA |
| Trexall | T4 | |
| Zortress (0.25mg Tablet)[†] | T4 | B/D,PA,QL |
| Zortress (0.5mg Tablet, 0.75mg Tablet) | T5 | B/D,PA |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| Immunizing Agents, Passive - Immune System Drugs | | |
| Atgam | T5 | B/D |
| Carimune Nanofiltered | T5 | B/D,PA |
| Gamastan S/D | T3 | PA |
| Gammagard Liquid | T5 | B/D,PA |
| Gammaplex | T5 | B/D,PA |
| Gamunex | T5 | B/D,PA |
| Hizentra[†] | T5 | B/D,PA,QL |
| Privigen | T5 | B/D,PA |
| Thymoglobulin | T5 | B/D |
| Vivaglobin | T5 | B/D,PA |
| Immunomodulators - Immune System Drugs | | |
| Actimmune | T5 | |
| Arcalyst | T5 | PA |
| Avonex[†] | T5 | PA,QL |
| Betaseron[†] | T5 | PA,QL |
| Copaxone[†] | T5 | PA,QL |
| Gilenya[†] | T5 | PA,QL |
| Ilaris | T5 | PA |
| Infergen | T5 | PA |
| Intron-A (10mu Injection, 10mu Pen Injection, 5mu Pen Injection) | T5 | PA |
| Intron-A (3mu Pen Injection)[†] | T4 | PA,QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------|-----------|-----------------------|
| Intron-A (6mu Pen Injection) | T4 | PA |
| Kineret [†] | T5 | PA,QL |
| Leflunomide♦ | T1 | |
| Orthoclone OKT3 | T5 | B/D |
| Pegasys | T5 | PA |
| Pegasys Proclick | T5 | PA |
| Peg-Intron | T5 | PA |
| Rebif [†] | T5 | PA,QL |
| Rebif Titration Pack [†] | T5 | PA,QL |
| Ridaura | T4 | |
| Simulect | T5 | B/D |
| Synagis | T5 | |
| Tysabri | T5 | PA,LA |
| Vaccines | | |
| Acthib | T3 | |
| Adacel | T3 | |
| Boostrix | T3 | |
| Cervarix | T4 | |
| Comvax | T3 | |
| Daptacel | T3 | |
| Decavac | T3 | |
| Diphtheria/Tetanus Toxoid Pediatric | T3 | |
| Engerix-B | T3 | B/D |
| Gardasil | T3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------|-----------|-----------------------|
| Havrix | T3 | |
| Imovax Rabies (H.D.C.V.) | T3 | B/D |
| Infanrix | T3 | |
| Ipol Inactivated IPV | T3 | |
| Ixiaro | T3 | |
| Je-Vax | T3 | |
| Menactra | T3 | |
| Menomune-A/C/Y/W-135 | T3 | |
| Menveo | T3 | |
| M-M-R II | T3 | |
| Pedvax HIB | T3 | |
| ProQuad | T3 | |
| Rabavert | T3 | |
| Recombivax HB | T3 | B/D |
| RotaTeq | T3 | |
| Tetanus Toxoid Adsorbed | T3 | |
| Tetanus/Diphtheria Toxoids-Adsorbed Adult | T3 | |
| Tripedia | T3 | |
| Twinrix | T3 | |
| Typhim Vi | T3 | |
| Vaqa | T3 | |
| Varivax | T3 | |
| YF-Vax | T3 | |
| Zostavax | T4 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------------|-----------|-----------------------|
| Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease | | |
| Glucocorticoids - Inflammatory Bowel Disease Drugs | | |
| Budesonide (24-Hour Capsule) | T4 | |
| Colocort | T3 | |
| Cortifoam | T4 | |
| Entocort EC | T4 | |
| Hydrocortisone (Enema) | T3 | |
| Millipred | T4 | |
| Salicylates - Inflammatory Bowel Disease Drugs | | |
| Apriso[†] | T3 | QL |
| Asacol | T3 | |
| Balsalazide Disodium | T3 | |
| Canasa | T3 | |
| Mesalamine | T3 | |
| Pentasa | T4 | |
| Rowasa | T5 | |
| Sulfonamides - Inflammatory Bowel Disease Drugs | | |
| Sulfasalazine♦ | T1 | |
| Sulfazine EC♦ | T1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------|-----------|-----------------------|
| Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions | | |
| Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs | | |
| Actonel[†] | T3 | QL |
| Alendronate Sodium♦ | T1 | |
| Aredia (30mg Injection) | T4 | B/D,ST |
| Aredia (90mg Injection) | T5 | ST |
| Atelvia[†] | T3 | QL |
| Boniva (Injection)[†] | T4 | B/D,QL |
| Calcitonin-Salmon (Nasal Spray) [†] | T3 | QL |
| Calcitriol (Capsule, Oral Solution)♦ | T1 | B/D |
| Calcitriol (Injection) | T3 | B/D |
| Etidronate Disodium | T3 | |
| Forteo | T4 | B/D,PA |
| Fortical[†] | T3 | QL |
| Fosamax (Oral Solution)[†] | T4 | QL,ST |
| Hectorol | T3 | B/D |
| Miacalcin (Injection) | T4 | B/D,PA |
| Pamidronate Disodium | T3 | |
| Prolia[†] | T4 | PA,QL |
| Reclast | T4 | PA |
| Xgeva[†] | T5 | PA,QL |
| Zemplar | T3 | B/D |

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| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------|-----------|-----------------------|
| Zometa | T5 | |
| Miscellaneous Therapeutic Agents | | |
| Agrylin | T4 | |
| Alcohol Preps♦ | T1 | |
| Anagrelide HCl♦ | T1 | |
| Dextrose 10% | T3 | |
| Dextrose 5% | T3 | |
| Firazyr | T5 | PA |
| Gauze Pads♦ | T1 | |
| Insulin Syringes, Needles | T2 | |
| Intralipid (20% Injection) | T4 | B/D |
| Intralipid (30% Injection) | T4 | B/D |
| Leucovorin Calcium (Injection) | T3 | |
| Leucovorin Calcium (Tablet) | T2 | |
| Levocarnitine | T3 | B/D |
| Liposyn II | T4 | B/D |
| Liposyn III (10% Injection, 20% Injection) | T4 | B/D |
| Liposyn III (30% Injection) | T4 | B/D |
| Methergine | T3 | |
| Methylergonovine Maleate | T2 | |
| Sterile Water Irrigation | T3 | |
| Xenazine | T5 | PA |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| Ophthalmic Agents - Drugs to Treat Eye Conditions | | |
| Ophthalmic Agents, Other - Miscellaneous Eye Drugs | | |
| AK-Con | T2 | |
| Alcaine | T4 | |
| Lacrisert | T4 | |
| Parcaine | T2 | |
| Proparacaine HCl | T2 | |
| Restasis [†] | T3 | QL |
| Tropicamide | T2 | |
| Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs | | |
| Alamast | T4 | |
| Alocril | T4 | |
| Alomide | T4 | |
| Azelastine HCl (Ophthalmic Solution) | T3 | |
| Bepreve [†] | T4 | QL |
| Cromolyn Sodium (Ophthalmic Solution)♦ | T1 | |
| Epinastine HCl | T3 | |
| Lastacaft | T3 | |
| Pataday | T3 | |
| Patanol | T3 | |
| Ophthalmic Antiglaucoma Agents - Glaucoma Drugs | | |
| Acetazolamide♦ | T1 | |

Bold type = Brand-name drug

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ST = Step therapy

[†]For this drug's specific quantity limit see pages 60–78.

♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------|-----------|-----------------------|
| Acetazolamide ER♦ | T1 | |
| Alphagan P (0.1% Ophthalmic Solution) | T3 | |
| Apraclonidine | T3 | |
| Azopt | T3 | |
| Betaxolol HCl (Ophthalmic Solution) | T2 | |
| Betimol | T4 | |
| Betoptic-S | T4 | |
| Brimonidine Tartrate (0.2% Ophthalmic Solution)♦ | T1 | |
| Carteolol HCl♦ | T1 | |
| Combigan | T3 | |
| Dorzolamide HCl†♦ | T1 | QL |
| Dorzolamide HCl/ Timolol Maleate† | T3 | QL |
| Iopidine (1% Ophthalmic Solution) | T4 | |
| Istalol | T4 | |
| Levobunolol HCl♦ | T1 | |
| Methazolamide♦ | T1 | |
| Metipranolol | T2 | |
| Optipranolol | T4 | |
| Phospholine Iodide | T3 | |
| Pilopine HS | T3 | |
| Timolol Maleate♦ | T1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------------------------------------------------------|-----------|-----------------------|
| Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs | | |
| Alrex | T3 | |
| Blephamide | T3 | |
| Blephamide S.O.P. | T3 | |
| Bromday | T4 | |
| Bromfenac | T3 | |
| Cortisporin | T4 | |
| Dexamethasone Sodium Phosphate (Ophthalmic Solution) | T2 | |
| Diclofenac Sodium♦ | T1 | |
| Durezol | T3 | |
| Flarex | T3 | |
| Fluorometholone♦ | T1 | |
| Flurbiprofen Sodium♦ | T1 | |
| FML | T3 | |
| FML Forte | T3 | |
| Ketorolac Tromethamine (Ophthalmic Solution) | T2 | |
| Lotemax | T3 | |
| Neomycin/Polymyxin/ Bacitracin/ Hydrocortisone♦ | T1 | |
| Neomycin/Polymyxin/ Dexamethasone♦ | T1 | |
| Neomycin/Polymyxin/ Hydrocortisone (Ophthalmic Suspension)♦ | T1 | |

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†For this drug's specific quantity limit see pages 60–78.

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| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| Nevanac | T3 | |
| Poly-Dex | T2 | |
| Poly-Pred | T4 | |
| Pred Mild | T3 | |
| Pred-G | T3 | |
| Pred-G S.O.P. | T3 | |
| Prednisolone Acetate♦ | T1 | |
| Prednisolone Sodium Phosphate (Ophthalmic Solution) | T2 | |
| Sulfacetamide Sodium/ Prednisolone Sodium Phosphate | T2 | |
| Tobradex (Ophthalmic Ointment) | T3 | |
| Tobradex (Ophthalmic Suspension) | T4 | |
| Tobramycin/ Dexamethasone | T3 | |
| Vexol | T4 | |
| Zylet | T3 | |
| Ophthalmic Prostaglandin and Prostanoid Analogs - Glaucoma Drugs | | |
| Latanoprost [†] | T2 | QL |
| Lumigan[†] | T3 | QL |
| Travatan Z[†] | T3 | QL |
| Otic Agents - Drugs to Treat Ear Conditions | | |
| Otic Agents - Ear Drugs | | |
| Acetasol HC | T3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------------|-----------|-----------------------|
| Acetic Acid♦ | T1 | |
| Cipro HC | T4 | |
| Ciprodex | T3 | |
| Coly-Mycin S | T4 | |
| Cortisporin | T4 | |
| Cortisporin-TC | T4 | |
| Cortomycin | T2 | |
| Dermotic | T3 | |
| Fluocinolone Acetonide | T2 | |
| Hydrocortisone/Acetic Acid | T3 | |
| Neomycin/Polymyxin/ Hydrocortisone (Solution, Suspension)♦ | T1 | |
| Respiratory Tract Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions | | |
| Antihistamines - Allergy Drugs | | |
| Astepro[†] | T3 | QL |
| Azelastine HCl (Nasal Spray) [†] | T3 | QL |
| Carbinoxamine Maleate♦ | T1 | |
| Cetirizine HCl [†] | T2 | QL |
| Clemastine Fumarate♦ | T1 | |
| Hydroxyzine HCl (Injection) | T2 | |
| Hydroxyzine HCl (Syrup, Tablet)♦ | T1 | |
| Patanase[†] | T3 | QL |

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♦Tier 1 drugs – These prescription drugs are covered during the coverage gap. Please refer to the Evidence of Coverage for more information.

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------|-----------|-----------------------|
| Phenadoz | T3 | |
| Promethazine HCl | T3 | |
| Promethegan | T3 | |
| Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs | | |
| Advair Diskus[†] | T2 | QL |
| Advair HFA[†] | T2 | QL |
| Asmanex[†] | T4 | QL |
| Budesonide (Nebulizer Suspension) | T3 | B/D |
| Dulera[†] | T4 | QL |
| Flovent Diskus[†] | T2 | QL |
| Flovent HFA[†] | T2 | QL |
| Flunisolide♦ | T1 | |
| Fluticasone Propionate♦ | T1 | |
| Nasonex[†] | T3 | QL |
| Omnaris[†] | T4 | QL |
| Pulmicort (Nebulizer Suspension) | T4 | B/D |
| Pulmicort Flexhaler[†] | T2 | QL |
| QVAR[†] | T2 | QL |
| Symbicort[†] | T2 | QL |
| Triamcinolone Acetonide (Inhaler) [†] | T3 | QL |
| Antileukotrienes - Asthma/Lung Drugs | | |
| Singulair[†] | T3 | QL |
| Zafirlukast [†] | T2 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------------------------------------------------------|-----------|-----------------------|
| Bronchodilators, Anticholinergic - Asthma/Lung Drugs | | |
| Atrovent HFA[†] | T4 | QL |
| Combivent[†] | T2 | QL |
| Ipratropium Bromide (Nasal Spray)♦ | T1 | |
| Ipratropium Bromide (Nebulizer Solution)♦ | T1 | B/D |
| Ipratropium Bromide/Albuterol Sulfate (Nebulizer Solution)♦ | T1 | B/D |
| Spiriva Handihaler[†] | T2 | QL |
| Bronchodilators, Phosphodiesterase Inhibitors (Xanthines) - Asthma/Lung Drugs | | |
| Aminophylline (Injection) | T3 | |
| Aminophylline (Tablet) | T2 | |
| Elixophyllin | T3 | |
| Theo-24 | T3 | |
| Theochron | T2 | |
| Theophylline ER♦ | T1 | |
| Bronchodilators, Sympathomimetic - Asthma/Lung Drugs | | |
| Albuterol Sulfate (Nebulizer Solution)♦ | T1 | B/D |
| Albuterol Sulfate (Syrup, Tablet)♦ | T1 | |
| Albuterol Sulfate ER♦ | T1 | |
| Brovana | T4 | B/D |
| Epinephrine HCl | T3 | |
| Epipen[†] | T3 | QL |

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ST = Step therapy

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------|-----------|-----------------------|
| Foradil Aerolizer[†] | T3 | QL,ST |
| Levalbuterol (Nebulizer Solution) | T4 | B/D,ST |
| Metaproterenol Sulfate | T2 | |
| Perforomist | T4 | B/D |
| Proair HFA | T2 | |
| Serevent Diskus[†] | T3 | QL,ST |
| Terbutaline Sulfate (Injection) | T3 | |
| Terbutaline Sulfate (Tablet)♦ | T1 | |
| Twinject[†] | T4 | QL |
| Mast Cell Stabilizers - Asthma/Lung Drugs | | |
| Cromolyn Sodium (Nebulizer Solution) | T3 | B/D |
| Pulmonary Antihypertensives - Asthma/Lung Drugs | | |
| Adcirca[†] | T5 | PA,QL |
| Letairis[†] | T5 | QL |
| Remodulin | T5 | B/D,PA |
| Revatio (Injection) | T5 | PA |
| Revatio (Tablet)[†] | T5 | PA,QL |
| Tracleer[†] | T5 | QL,LA |
| Ventavis | T5 | B/D,PA |
| Respiratory Tract Agents, Other - Asthma/Lung Drugs | | |
| Acetylcysteine | T2 | B/D |
| Aralast NP | T5 | PA |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Glassia | T5 | PA |
| Prolastin | T5 | PA |
| Prolastin-C | T5 | PA |
| Pulmozyme | T5 | B/D |
| Tyzine | T3 | |
| Xolair | T5 | PA |
| Zemaira | T5 | PA |
| Sedatives/Hypnotics - Drugs for Sedation and Sleep | | |
| Sedatives/Hypnotics - Sedation and Sleep Drugs | | |
| Lunesta[†] | T3 | QL |
| Rozerem[†] | T4 | QL |
| Zaleplon♦ | T1 | QL |
| Zolpidem Tartrate (10mg Tablet)♦ | T1 | |
| Zolpidem Tartrate (5mg Tablet) [†] ♦ | T1 | QL |
| Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions | | |
| Skeletal Muscle Relaxants - Pain/Swelling Management Drugs | | |
| Carisoprodol (350mg Tablet) [†] | T3 | QL |
| Chlorzoxazone [†] | T3 | QL |
| Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet) [†] | T3 | QL |
| Metaxalone [†] | T3 | QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Methocarbamol [†] | T3 | QL |
| Orphenadrine Citrate ER [†] | T3 | QL |
| Orphenadrine/Aspirin/Caffeine [†] | T3 | QL |
| Therapeutic Nutrients/Minerals/ Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies | | |
| Electrolytes/Minerals - Electrolytes and Minerals | | |
| Aminosyn | T4 | B/D |
| Aminosyn 8.5%/Electrolytes | T3 | B/D |
| Aminosyn II | T4 | B/D |
| Aminosyn II 3.5%/Dextrose 25% | T4 | B/D |
| Aminosyn II 3.5%/Dextrose 5% | T4 | B/D |
| Aminosyn II 4.25%/Dextrose 10% | T4 | B/D |
| Aminosyn II 4.25%/Dextrose 20% | T4 | B/D |
| Aminosyn II 4.25%/Dextrose 25% | T4 | B/D |
| Aminosyn II 5%/Dextrose 25% | T4 | B/D |
| Aminosyn II 8.5%/Electrolytes | T3 | B/D |
| Aminosyn II M 3.5%/Dextrose 5% | T4 | B/D |
| Aminosyn M | T4 | B/D |
| Aminosyn-HBC | T4 | B/D |
| Aminosyn-HF | T3 | B/D |

| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|
| Aminosyn-PF | T4 | B/D |
| Ammonium Chloride | T4 | |
| Clinimix E 2.75%/Dextrose 10% | T4 | B/D |
| Clinimix E 2.75%/Dextrose 5% | T4 | B/D |
| Clinimix E 4.25%/Dextrose 25% | T4 | B/D |
| Clinimix E 4.25%/Dextrose 5% | T4 | B/D |
| Clinimix E 5%/Dextrose 15% | T4 | B/D |
| Clinimix E 5%/Dextrose 20% | T4 | B/D |
| Clinimix E 5%/Dextrose 25% | T4 | B/D |
| Clinimix/Dextrose (2.75%/D5W Injection, 4.25%/D5W Injection, 5%/D15W Injection, 5%/D20W Injection, 5%/D25W Injection) | T4 | B/D |
| Clinimix/Dextrose (4.25%/D10W Injection, 4.25%/D20W Injection, 4.25%/D25W Injection) | T4 | B/D |
| Clinisol SF 15% | T3 | B/D |
| Dextrose 10%/NaCl 0.2% | T3 | |
| Dextrose 10%/NaCl 0.45% | T3 | |
| Dextrose 2.5%/NaCl 0.45% | T3 | |
| Dextrose 5%/Electrolyte #48 | T4 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|------------------------------------|-----------|-----------------------|
| Dextrose 5%/KCl 0.075% | T3 | |
| Dextrose 5%/NaCl 0.2% | T3 | |
| Dextrose 5%/NaCl 0.225% | T3 | |
| Dextrose 5%/NaCl 0.33% | T3 | |
| Dextrose 5%/NaCl 0.45% | T3 | |
| Dextrose 5%/NaCl 0.9% | T3 | |
| ED K+10 | T2 | |
| Freamine III (3% Injection) | T4 | B/D |
| Freamine III (8.5% Injection) | T4 | B/D |
| Hepatamine | T3 | B/D |
| Hepatasol | T4 | B/D |
| Ionosol-B/Dextrose 5% | T4 | |
| Ionosol-MB/Dextrose 5% | T4 | |
| Ionosol-T/Dextrose 5% | T4 | |
| Isolyte-H/Dextrose 5% | T4 | |
| Isolyte-M/Dextrose 5% | T3 | |
| Isolyte-P/Dextrose 5% | T4 | |
| Isolyte-S | T4 | |
| Isolyte-S/Dextrose 5% | T4 | |

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------------------------------------------------------------------------|-----------|-----------------------|
| KCl (0.4meq/1ml Injection, 10meq/100ml Injection, 2meq/1ml Injection, 30meq/100ml Injection) | T3 | |
| KCl (10meq/50ml Injection) | T3 | |
| KCl 0.075%/D5W/NaCl 0.225% | T3 | |
| KCl 0.075%/D5W/NaCl 0.45% | T3 | |
| KCl 0.15%/D10W/NaCl 0.2% | T3 | |
| KCl 0.15%/D5W | T3 | |
| KCl 0.15%/D5W/LR | T3 | |
| KCl 0.15%/D5W/NaCl 0.2% | T3 | |
| KCl 0.15%/D5W/NaCl 0.225% | T3 | |
| KCl 0.15%/D5W/NaCl 0.33% | T3 | |
| KCl 0.15%/D5W/NaCl 0.45% Viaflex | T3 | |
| KCl 0.15%/D5W/NaCl 0.9% | T3 | |
| KCl 0.15%/NaCl 0.45% Viaflex | T3 | |
| KCl 0.15%/NaCl 0.9% | T3 | |
| KCl 0.22%/D5W/NaCl 0.45% | T3 | |
| KCl 0.224%/D5W | T3 | |
| KCl 0.224%/D5W/NaCl 0.33% | T3 | |
| KCl 0.3%/D5W | T3 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------------------------------------|-----------|-----------------------|
| KCl 0.3%/D5W/LR IV LAC Ring | T3 | |
| KCl 0.3%/D5W/NaCl 0.2% | T3 | |
| KCl 0.3%/D5W/NaCl 0.45% | T3 | |
| KCl 0.3%/D5W/NaCl 0.9% | T3 | |
| KCl 0.3%/NaCl 0.9% | T3 | |
| Klor-Con 10 ♦ | T1 | |
| Klor-Con 8 ♦ | T1 | |
| Klor-Con M15 ♦ | T1 | |
| Klor-Con M20 ♦ | T1 | |
| Lactated Ringer's | T3 | |
| Lactated Ringer's Irrigation | T3 | |
| Magnesium Sulfate (40mg/ml Injection, 80mg/ml Injection) | T3 | |
| Magnesium Sulfate (50% Injection) | T2 | |
| Magnesium Sulfate in D5W | T3 | |
| Nephramine | T4 | B/D |
| Normosol-M in D5W | T3 | |
| Normosol-R | T4 | |
| Normosol-R in D5W | T3 | |
| Physiolyte | T4 | |
| Physiosol Irrigation | T4 | |
| Plasma-Lyte | T4 | |
| Plasma-Lyte/D5W | T4 | |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------------------------------------------------------------|-----------|-----------------------|
| Plasma-Lyte-R | T3 | |
| Potassium Chloride ER♦ | T1 | |
| Potassium Citrate ER | T3 | |
| Premasol (10% Injection) | T4 | B/D |
| Premasol (6% Injection) | T4 | B/D |
| Procalamine | T4 | B/D |
| Prosol | T4 | B/D |
| Ringer's Injection | T3 | |
| Ringer's Irrigation | T3 | |
| Sodium Bicarbonate | T2 | |
| Sodium Chloride♦ | T1 | |
| Sodium Chloride 0.45% Viaflex♦ | T1 | |
| Sodium Chloride 0.9%♦ | T1 | |
| Sodium Fluoride (Tablet) | T2 | |
| Sodium Lactate | T3 | |
| Tis-U-Sol | T3 | |
| TPN Electrolytes | T3 | |
| Travasol | T4 | B/D |
| Trophamine | T4 | B/D |
| Therapeutic Nutrients/Minerals/Electrolytes - Electrolytes, Minerals and Nutrients | | |
| Fusilev | T5 | |
| Vitamins | | |
| Prenatal Vitamins | T2 | |

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Drugs with a quantity limit

This list shows drugs that have a quantity limit. The plan will cover only a certain amount (days' supply or amount dispensed) of these drugs for one copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of a drug.

Drugs are listed in alphabetical order by name in the chart below. Some drugs come in many strengths and each strength may have a different quantity limit. If quantity limits 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 Customer Service at **1-866-550-4736**, TTY **711**, 10/15-3/1: 8:00 am to 8:00 pm local zone, 7 days a week; 3/2-10/14: 8:00 am to 8:00 pm local time, Monday - Friday.

| Drug Name | Quantity Limit |
|------------------------------------------------------|----------------------------------|
| 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/Caffeine/ Dihydrocodeine Bitartrate | Maximum of 5 tablets per day |
| Acetaminophen/Codeine (300-15mg Tablet) | Maximum of 13 tablets per day |
| Acetaminophen/Codeine (300-30mg Tablet) | Maximum of 12 tablets per day |
| Acetaminophen/Codeine (300-60mg Tablet) | Maximum of 6 tablets per day |
| Acetaminophen/Codeine (Oral Solution) | Maximum of 150 ml per day |
| Actiq | Maximum of 4 lozenges per day |
| Actonel (150mg Tablet) | Maximum of 1 tablet per 28 days |
| Actonel (30mg Tablet, 5mg Tablet) | Maximum of 1 tablet per day |
| Actonel (35mg Tablet) | Maximum of 4 tablets per 28 days |
| Actoplus Met | Maximum of 3 tablets per day |
| Actos (15mg Tablet) | Maximum of 3 tablets per day |
| Actos (30mg Tablet, 45mg Tablet) | Maximum of 1 tablet per day |
| Adcirca | Maximum of 2 tablets per day |
| Advair Diskus | Maximum of 2 blisters per day |
| Advair HFA | Maximum of 1 inhaler per 30 days |
| Aggrenox | Maximum of 2 capsules per day |
| Alfuzosin HCl ER | Maximum of 1 tablet per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Amitiza | Maximum of 2 capsules per day |
| Amlodipine Besylate/Benazepril HCl | Maximum of 1 capsule per day |
| Amphetamine/Dextroamphetamine (10mg Tablet) | Maximum of 6 tablets per day |
| Amphetamine/Dextroamphetamine (12.5mg Tablet) | Maximum of 5 tablets per day |
| Amphetamine/Dextroamphetamine (15mg Tablet) | Maximum of 4 tablets per day |
| Amphetamine/Dextroamphetamine (20mg Tablet) | Maximum of 3 tablets per day |
| Amphetamine/Dextroamphetamine (30mg Tablet) | Maximum of 2 tablets per day |
| Amphetamine/Dextroamphetamine (5mg Tablet) | Maximum of 12 tablets per day |
| Amphetamine/Dextroamphetamine (7.5mg Tablet) | Maximum of 8 tablets per day |
| Ampyra | Maximum of 2 tablets per day |
| Anzemet (100mg Tablet) | Maximum of 3 tablets per prescription or 3 days supply |
| Anzemet (50mg Tablet) | Maximum of 6 tablets per prescription or 3 days supply |
| Apokyn | Maximum of 60 ml per 31 days |
| Apriso | Maximum of 4 capsules per day |
| Aranesp Albumin Free (25mcg/0.42ml Injection, 40mcg/0.4ml Injection, 60mcg/0.3ml Injection, 100mcg/0.5ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 300mcg/0.6ml Injection) | Maximum of 4 syringes per 28 days |
| Aranesp Albumin Free (25mcg/1ml Injection, 40mcg/1ml Injection, 60mcg/1ml Injection, 100mcg/1ml Injection, 200mcg/1ml Injection, 300mcg/1ml Injection) | Maximum of 4 vials per 28 days |
| Aranesp Albumin Free (500mcg/1ml Injection) | Maximum of 1 syringe per 21 days |
| Aricept (23mg Tablet) | Maximum of 1 tablet per day |
| Arixtra | Maximum of 1 syringe per day |
| Ascomp/Codeine | Maximum of 6 capsules per day |
| Asmanex | Maximum of 1 inhaler per 30 days |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Astepro | Maximum of 2 bottles per 31 days |
| Atelvia | Maximum of 4 tablets per 28 days |
| Atorvastatin Calcium | Maximum of 1 tablet per day |
| Atrovent HFA | Maximum of 2 inhalers per 31 days |
| Avandamet (2-1,000mg Tablet, 4-1,000mg Tablet, 4-500mg Tablet) | Maximum of 2 tablets per day |
| Avandamet (2-500mg Tablet) | Maximum of 4 tablets per day |
| Avandaryl | Maximum of 1 tablet per day |
| Avandia (2mg Tablet) | Maximum of 4 tablets per day |
| Avandia (4mg Tablet) | Maximum of 2 tablets per day |
| Avandia (8mg Tablet) | Maximum of 1 tablet per day |
| Avinza (120mg 24-Hour Capsule) | Maximum of 6 capsules per day |
| Avinza (30mg 24-Hour Capsule, 45mg 24-Hour Capsule, 60mg 24-Hour Capsule, 75mg 24-Hour Capsule, 90mg 24-Hour Capsule) | Maximum of 4 capsules per day |
| Avodart | Maximum of 1 capsule per day |
| Avonex | Maximum of 1 kit per 28 days |
| Azelastine HCl (Nasal Spray) | Maximum of 2 bottles per 31 days |
| Azor | Maximum of 1 tablet per day |
| Banzel (Oral Suspension) | Maximum of 80 ml per day |
| Banzel (Tablet) | Maximum of 8 tablets per day |
| Benicar | Maximum of 1 tablet per day |
| Benicar HCT | Maximum of 1 tablet per day |
| Bepreve | Maximum of 1 bottle per 30 days |
| Betaseron | Maximum of 14 vials per 28 days |
| Boniva (Injection) | Maximum of 1 syringe per 90 days |
| Brilinta | Maximum of 2 tablets per day |
| Budeprion SR (100mg 12-Hour Tablet) | Maximum of 4 tablets per day |
| Budeprion SR (150mg 12-Hour Tablet) | Maximum of 2 tablets per day |
| Budeprion XL (150mg 24-Hour Tablet) | Maximum of 3 tablets per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|------------------------------------------------------------------------|----------------------------------------------------------|
| Budeprion XL (300mg 24-Hour Tablet) | Maximum of 1 tablet per day |
| Buprenorphine HCl (2mg Sublingual Tablet) | Maximum of 16 tablets per prescription |
| Buprenorphine HCl (8mg Sublingual Tablet) | Maximum of 8 tablets per prescription |
| Buproban | Maximum of 2 tablets per day |
| Bupropion HCl (100mg Tablet) | Maximum of 4 tablets per day |
| Bupropion HCl (75mg Tablet) | Maximum of 3 tablets per day |
| Bupropion HCl SR (100mg 12-Hour Tablet) | Maximum of 4 tablets per day |
| Bupropion HCl SR (150mg 12-Hour Tablet, 200mg 12-Hour Tablet) | Maximum of 2 tablets per day |
| Butalbital/Acetaminophen/Caffeine/Codeine | Maximum of 6 capsules per day |
| Butorphanol Tartrate (Nasal Spray) | Maximum of 2 bottles per prescription |
| Byetta | Maximum of 1 pen per 30 days |
| Bystolic (10mg Tablet, 5mg Tablet) | Maximum of 3 tablets per day |
| Bystolic (2.5mg Tablet) | Maximum of 1 tablet per day |
| Bystolic (20mg Tablet) | Maximum of 2 tablets per day |
| Calcitonin-Salmon (Nasal Spray) | Maximum of 1 bottle per 31 days |
| Carisoprodol (350mg Tablet) | Maximum of 4 tablets per day |
| Catapres-TTS (0.1mg/24hr Weekly Patch) | Maximum of 1 patch per 7 days |
| Catapres-TTS (0.2mg/24hr Weekly Patch, 0.3mg/24hr Weekly Patch) | Maximum of 2 patches per 7 days |
| Celebrex | Maximum of 2 capsules per day |
| Cesamet | Maximum of 20 capsules per prescription or 3 days supply |
| Cetirizine HCl | Maximum of 10 ml per day |
| Chantix (0.5mg Tablet, 1mg Tablet) | Maximum of 2 tablets per day |
| Chantix Pak | Maximum of 1 packet per prescription |
| Chlorzoxazone | Maximum of 6 tablets per day |
| Clonidine HCl (0.1mg/24hr Weekly Patch) | Maximum of 1 patch per 7 days |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|--------------------------------------------------------------------------------|-----------------------------------|
| Clonidine HCl (0.2mg/24hr Weekly Patch, 0.3mg/24hr Weekly Patch) | Maximum of 2 patches per 7 days |
| Co-Gesic | Maximum of 8 tablets per day |
| Colcrys | Maximum of 2 tablets per day |
| Combivent | Maximum of 2 inhalers per 31 days |
| Copaxone | Maximum of 1 kit per 30 days |
| Crestor | Maximum of 1 tablet per day |
| Cyclobenzaprine HCl (10mg Tablet, 5mg Tablet) | Maximum of 3 tablets per day |
| Cymbalta | Maximum of 2 capsules per day |
| Dexilant | Maximum of 2 capsules per day |
| Dexmethylphenidate HCl (10mg Tablet) | Maximum of 2 tablets per day |
| Dexmethylphenidate HCl (2.5mg Tablet) | Maximum of 8 tablets per day |
| Dexmethylphenidate HCl (5mg Tablet) | Maximum of 4 tablets per day |
| Dextroamphetamine Sulfate (10mg Tablet) | Maximum of 6 tablets per day |
| Dextroamphetamine Sulfate (5mg Tablet) | Maximum of 12 tablets per day |
| Dextroamphetamine Sulfate ER (10mg 24-Hour Capsule) | Maximum of 5 capsules per day |
| Dextroamphetamine Sulfate ER (15mg 24-Hour Capsule) | Maximum of 4 capsules per day |
| Dextroamphetamine Sulfate ER (5mg 24-Hour Capsule) | Maximum of 2 capsules per day |
| Diovan (160mg Tablet, 40mg Tablet, 80mg Tablet) | Maximum of 2 tablets per day |
| Diovan (320mg Tablet) | Maximum of 1 tablet per day |
| Diovan HCT (160mg-12.5mg Tablet, 160mg-25mg Tablet, 80mg-12.5mg Tablet) | Maximum of 2 tablets per day |
| Diovan HCT (320mg-12.5mg Tablet, 320mg-25mg Tablet) | Maximum of 1 tablet per day |
| Divigel | Maximum of 60 packets per 31 days |
| Donepezil HCl (10mg Dispersible Tablet, 10mg Tablet) | Maximum of 2 tablets per day |
| Donepezil HCl (5mg Dispersible Tablet, 5mg Tablet) | Maximum of 1 tablet per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|--------------------------------------------------------------------|----------------------------------------|
| Dorzolamide HCl | Maximum of 10 ml per 31 days |
| Dorzolamide HCl/Timolol Maleate | Maximum of 10 ml per 31 days |
| Dronabinol (10mg Capsule) | Maximum of 2 capsules per day |
| Dronabinol (2.5mg Capsule, 5mg Capsule) | Maximum of 6 capsules per day |
| Duetact | Maximum of 1 tablet per day |
| Dulera | Maximum of 1 inhaler per 30 days |
| Effient | Maximum of 1 tablet per day |
| Egrifta | Maximum of 60 vials per 30 days |
| Eligard (22.5mg Injection) | Maximum of 1 kit per 84 days |
| Eligard (30mg Injection) | Maximum of 1 kit per 112 days |
| Eligard (45mg Injection) | Maximum of 1 kit per 168 days |
| Eligard (7.5mg Injection) | Maximum of 1 kit per 28 days |
| Emend (125mg Capsule) | Maximum of 2 capsules per prescription |
| Emend (40mg Capsule) | Maximum of 1 capsule per prescription |
| Emend (80mg Capsule) | Maximum of 4 capsules per prescription |
| Emend Pak | Maximum of 6 capsules per prescription |
| Emsam | Maximum of 1 patch per day |
| Enablex | Maximum of 1 tablet per day |
| Enbrel | Maximum of 8 syringes per 28 days |
| Endocet (10-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet) | Maximum of 12 tablets per day |
| Endocet (10-650mg Tablet) | Maximum of 6 tablets per day |
| Endocet (7.5-500mg Tablet) | Maximum of 8 tablets per day |
| Endodan | Maximum of 12 tablets per day |
| Enoxaparin Sodium | Maximum of 2 syringes per day |
| Epipen | Maximum of 2 syringes per prescription |
| Epogen (10,000units/ml Injection, 20,000units/ml Injection) | Maximum of 12 ml per 28 days |
| Epogen (2,000units/ml Injection) | Maximum of 15 ml per 31 days |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|-----------------------------------------------------------------------------------|--------------------------------------|
| Epogen (3,000units/ml Injection, 4,000units/ml Injection) | Maximum of 30 ml per 31 days |
| Ergotamine Tartrate/Caffeine | Maximum of 6 tablets per day |
| Estring | Maximum of 1 ring per 90 days |
| Evista | Maximum of 1 tablet per day |
| Exalgo | Maximum of 6 tablets per day |
| Exelon (24-Hour Patch) | Maximum of 1 patch per day |
| Exelon (Oral Solution) | Maximum of 6 ml per day |
| Exforge | Maximum of 1 tablet per day |
| Exforge HCT | Maximum of 1 tablet per day |
| Fanapt | Maximum of 2 tablets per day |
| Fanapt Titration Pack | Maximum of 1 packet per prescription |
| Femring | Maximum of 1 ring per 90 days |
| Fentanyl (100mcg/hr 72-Hour Patch, 75mcg/hr 72-Hour Patch) | Maximum of 31 patches per 31 days |
| Fentanyl (12mcg/hr 72-Hour Patch, 25mcg/hr 72-Hour Patch, 50mcg/hr 72-Hour Patch) | Maximum of 15 patches per 31 days |
| Fentanyl Citrate Oral Transmucosal | Maximum of 4 lozenges per day |
| Fentora | Maximum of 4 tablets per day |
| Finasteride (5mg Tablet) | Maximum of 1 tablet per day |
| Firmagon (120mg Injection) | Maximum of 2 vials per 365 days |
| Firmagon (80mg Injection) | Maximum of 1 vial per 28 days |
| Flovent Diskus | Maximum of 2 inhalers per 30 days |
| Flovent HFA | Maximum of 2 inhalers per 30 days |
| Fluoxetine DR | Maximum of 1 capsule per 7 days |
| Fondaparinux Sodium | Maximum of 1 syringe per day |
| Foradil Aerolizer | Maximum of 2 capsules per day |
| Fortical | Maximum of 1 bottle per 31 days |
| Fosamax (Oral Solution) | Maximum of 5 bottles per 31 days |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Fragmin (10,000units/1ml Injection, 12,500units/0.5ml Injection, 15,000units/0.6ml Injection, 18,000units/0.72ml Injection, 7,500units/0.3ml Injection) | Maximum of 1 syringe per day |
| Fragmin (2,500units/0.2ml Injection, 5,000units/0.2ml Injection) | Maximum of 2 syringes per day |
| Fragmin (25,000units/1ml Injection) | Maximum of 1 vial per day |
| Gabitril (12mg Tablet, 2mg Tablet, 4mg Tablet) | Maximum of 4 tablets per day |
| Gabitril (16mg Tablet) | Maximum of 3 tablets per day |
| Galantamine Hydrobromide (24-Hour Capsule) | Maximum of 1 capsule per day |
| Galantamine Hydrobromide (Oral Solution) | Maximum of 8 ml per day |
| Galantamine Hydrobromide (Tablet) | Maximum of 2 tablets per day |
| Gavilyte-C | Maximum of 1 bottle per prescription |
| Gavilyte-G | Maximum of 1 bottle per prescription |
| Gavilyte-N/Flavor Pack | Maximum of 1 bottle per prescription |
| Gelnique | Maximum of 1 packet per day |
| Genotropin Miniquick | Maximum of 1 cartridge per day |
| Gilenya | Maximum of 1 capsule 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) | Maximum of 4 tablets per day |
| Glipizide (5mg Tablet) | Maximum of 8 tablets per day |
| Glipizide ER (10mg 24-Hour Tablet) | Maximum of 2 tablets per day |
| Glipizide ER (2.5mg 24-Hour Tablet) | Maximum of 8 tablets per day |
| Glipizide ER (5mg 24-Hour Tablet) | 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 |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Glyburide (1.25mg Tablet) | Maximum of 16 tablets per day |
| Glyburide (2.5mg Tablet) | Maximum of 8 tablets per day |
| Glyburide (5mg Tablet) | Maximum of 4 tablets per day |
| Glyburide Micronized (1.5mg Tablet) | Maximum of 8 tablets per day |
| Glyburide Micronized (3mg Tablet) | Maximum of 4 tablets per day |
| Glyburide Micronized (6mg Tablet) | Maximum of 2 tablets per day |
| Glyburide/Metformin HCl (1.25mg-250mg Tablet) | Maximum of 8 tablets per day |
| Glyburide/Metformin HCl (2.5mg-500mg Tablet, 5mg-500mg Tablet) | Maximum of 4 tablets per day |
| Glycron (1.5mg Tablet) | Maximum of 8 tablets per day |
| Glycron (3mg Tablet) | Maximum of 4 tablets per day |
| Glycron (6mg Tablet) | Maximum of 2 tablets per day |
| Glyset (100mg Tablet) | Maximum of 3 tablets per day |
| Glyset (25mg Tablet) | Maximum of 12 tablets per day |
| Glyset (50mg Tablet) | Maximum of 6 tablets per day |
| Granisetron HCl (Tablet) | Maximum of 6 tablets per prescription or 3 days supply |
| Granisol | Maximum of 30 ml per prescription or 3 days supply |
| Halflytely Bowel Prep/Flavor Packs | Maximum of 1 bottle per prescription |
| Hizentra | Maximum of 4 vials per 28 days |
| Humira (20mg/0.4ml Injection) | Maximum of 1 kit per 28 days |
| Humira (40mg/0.8ml Injection) | Maximum of 2 kits per 28 days |
| Humira Starter Kit | Maximum of 1 kit per 365 days |
| Hydrocodone/Acetaminophen (10-300mg Tablet, 5-300mg Tablet, 7.5-300mg Tablet) | Maximum of 13 tablets per day |
| Hydrocodone/Acetaminophen (10-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet) | Maximum of 12 tablets per day |
| Hydrocodone/Acetaminophen (10-500mg Tablet, 2.5-500mg Tablet, 5-500mg Tablet, 7.5-500mg Tablet) | Maximum of 8 tablets per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Hydrocodone/Acetaminophen (10-650mg Tablet, 10-660mg Tablet, 7.5-650mg Tablet) | Maximum of 6 tablets per day |
| Hydrocodone/Acetaminophen (10-750mg Tablet, 7.5-750mg Tablet) | Maximum of 5 tablets per day |
| Hydrocodone/Acetaminophen (7.5-325mg/15ml Oral Solution) | Maximum of 185 ml per day |
| Hydrocodone/Acetaminophen (7.5-500mg/15ml Oral Solution) | Maximum of 120 ml per day |
| Hydrocodone/Ibuprofen | Maximum of 5 tablets per day |
| Incivek | Maximum of 6 tablets per day |
| Intron-A (3mu Pen Injection) | Maximum of 4 syringes per 28 days |
| Invega Sustenna | Maximum of 1 syringe per 28 days |
| Itraconazole | Maximum of 130 capsules per 31 days |
| Jakafi | Maximum of 2 tablets per day |
| Janumet | Maximum of 2 tablets per day |
| Januvia | Maximum of 1 tablet per day |
| Kadian (100mg 24-Hour Capsule, 200mg 24-Hour Capsule) | Maximum of 6 capsules per day |
| Kadian (10mg 24-Hour Capsule, 20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule) | Maximum of 4 capsules per day |
| Ketorolac Tromethamine (15mg/ml Injection) | Maximum of 40 ml per 31 days |
| Ketorolac Tromethamine (30mg/ml Injection) | Maximum of 20 ml per 31 days |
| Ketorolac Tromethamine (Tablet) | Maximum of 4 tablets per day up to 5 days |
| Kineret | Maximum of 1 syringe per day |
| Kombiglyze XR (2.5-100mg 24-Hour Tablet) | Maximum of 2 tablets per day |
| Kombiglyze XR (5-1,000mg 24-Hour Tablet, 5-500mg 24-Hour Tablet) | Maximum of 1 tablet per day |
| Lamictal ODT (100mg Dispersible Tablet, 200mg Dispersible Tablet) | Maximum of 3 tablets per day |
| Lamictal ODT (25mg Dispersible Tablet, 50mg Dispersible Tablet) | Maximum of 1 tablet per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|-------------------------------------------------------------------------------------------------------|-----------------------------------|
| Lansoprazole | Maximum of 2 capsules per day |
| Latanoprost | Maximum of 5 ml per 31 days |
| Latuda | Maximum of 1 tablet per day |
| Letairis | Maximum of 1 tablet per day |
| Levetiracetam ER (500mg 24-Hour Tablet) | Maximum of 6 tablets per day |
| Levetiracetam ER (750mg 24-Hour Tablet) | Maximum of 4 tablets per day |
| Lexapro (Oral Solution) | Maximum of 40 ml per day |
| Lexapro (Tablet) | Maximum of 2 tablets per day |
| Lidoderm | Maximum of 3 patches per day |
| Lipitor | Maximum of 1 tablet per day |
| Livalo | Maximum of 1 tablet per day |
| Lotronex | Maximum of 2 tablets per day |
| Lovenox (300mg/3ml Injection) | Maximum of 1 vial per day |
| Lumigan | Maximum of 5 ml per 31 days |
| Lunesta | Maximum of 1 tablet per day |
| Lupron Depot (11.25mg Injection, 22.5mg Injection) | Maximum of 1 kit per 84 days |
| Lupron Depot (3.75mg Injection, 7.5mg Injection) | Maximum of 1 kit per 28 days |
| Lupron Depot (30mg Injection) | Maximum of 1 kit per 112 days |
| Lupron Depot (45mg Injection) | Maximum of 1 kit per 168 days |
| 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 |
| Margesic-H | Maximum of 8 capsules per day |
| Matzim LA | Maximum of 1 tablet per day |
| Maxalt | Maximum of 12 tablets per 30 days |
| Maxalt-MLT | Maximum of 12 tablets per 30 days |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|-----------------------------------------------|------------------------------------|
| Metadate ER | Maximum of 3 tablets per day |
| Metaxalone | Maximum of 4 tablets per day |
| Metformin HCl (1,000mg Tablet) | Maximum of 2.5 tablets per day |
| Metformin HCl (500mg Tablet) | Maximum of 5 tablets per day |
| Metformin HCl (850mg Tablet) | Maximum of 3 tablets per day |
| Metformin HCl ER (500mg 24-Hour Tablet) | Maximum of 4 tablets per day |
| Metformin HCl ER (750mg 24-Hour Tablet) | Maximum of 2 tablets per day |
| Methamphetamine HCl | Maximum of 5 tablets per day |
| Methocarbamol (500mg Tablet) | Maximum of 9 tablets per day |
| Methocarbamol (750mg Tablet) | Maximum of 6 tablets per day |
| Methylin (10mg Tablet) | Maximum of 6 tablets per day |
| Methylin (20mg Tablet) | Maximum of 3 tablets per day |
| Methylin (5mg Tablet) | Maximum of 12 tablets per day |
| Methylin ER | Maximum of 3 tablets per day |
| Methylphenidate HCl (10mg Tablet) | Maximum of 6 tablets per day |
| Methylphenidate HCl (10mg/5ml Oral Solution) | Maximum of 30 ml per day |
| Methylphenidate HCl (20mg Tablet) | Maximum of 3 tablets per day |
| Methylphenidate HCl (5mg Tablet) | Maximum of 12 tablets per day |
| Methylphenidate HCl (5mg/5ml Oral Solution) | Maximum of 60 ml per day |
| Methylphenidate HCl ER (20mg 24-Hour Capsule) | Maximum of 3 capsules per day |
| Methylphenidate HCl ER (30mg 24-Hour Capsule) | Maximum of 2 capsules per day |
| Methylphenidate HCl ER (40mg 24-Hour Capsule) | Maximum of 1 capsule per day |
| Methylphenidate HCl SR | Maximum of 3 tablets per day |
| Micardis | Maximum of 1 tablet per day |
| Micardis HCT | Maximum of 1 tablet per day |
| Migergot | Maximum of 2 suppositories per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Mirtazapine | Maximum of 2 tablets per day |
| Mirtazapine ODT | Maximum of 2 tablets per day |
| Morphine Sulfate ER (100mg 12-Hour Tablet, 200mg 12-Hour Tablet) | Maximum of 6 tablets per day |
| Morphine Sulfate ER (100mg 24-Hour Capsule) | Maximum of 6 capsules per day |
| Morphine Sulfate ER (15mg 12-Hour Tablet, 30mg 12-Hour Tablet, 60mg 12-Hour Tablet) | Maximum of 4 tablets per day |
| Morphine Sulfate ER (20mg 24-Hour Capsule, 30mg 24-Hour Capsule, 50mg 24-Hour Capsule, 60mg 24-Hour Capsule, 80mg 24-Hour Capsule) | Maximum of 4 capsules per day |
| Namenda (Oral Solution) | Maximum of 10 ml per day |
| Namenda (Tablet) | Maximum of 2 tablets per day |
| Namenda Titration Pak | Maximum of 1 packet per 28 days |
| Naratriptan HCl | Maximum of 9 tablets per 30 days |
| Nasonex | Maximum of 2 bottles per 30 days |
| Nateglinide (120mg Tablet) | Maximum of 3 tablets per day |
| Nateglinide (60mg Tablet) | Maximum of 6 tablets per day |
| Nexium (Delayed Release Capsule) | Maximum of 2 capsules per day |
| Nexium (Pack) | Maximum of 2 packets per day |
| Nicotrol Inhaler | Maximum of 18 inhalers per 180 days |
| Nicotrol NS | Maximum of 720 ml per 180 days |
| Nisoldipine | Maximum of 1 tablet per day |
| Nisoldipine ER | Maximum of 1 tablet per day |
| Nulytely/Flavor Packs | Maximum of 1 bottle per prescription |
| Octreotide Acetate (100mcg/ml Injection, 200mcg/ml Injection, 50mcg/ml Injection) | Maximum of 4 ml per day |
| Octreotide Acetate (500mcg/ml Injection) | Maximum of 3 ml per day |
| Omeprazole | Maximum of 2 capsules per day |
| Omnaris | Maximum of 1 bottle per 31 days |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Ondansetron HCl (24mg Tablet) | Maximum of 3 tablets per prescription or 3 days supply |
| Ondansetron HCl (4mg Tablet, 8mg Tablet) | Maximum of 30 tablets per prescription |
| Ondansetron HCl (Oral Solution) | Maximum of 100 ml per prescription or 3 days supply |
| Ondansetron ODT | Maximum of 30 tablets per prescription |
| Onglyza | Maximum of 1 tablet per day |
| Onsolis | Maximum of 4 buccal films per day |
| Opana ER | Maximum of 4 tablets per day |
| Oravig | Maximum of 14 days supply per prescription |
| Orencia | Maximum of 4 vials per 28 days |
| Orphenadrine Citrate ER | Maximum of 2 tablets per day |
| Orphenadrine/Aspirin/Caffeine (25-385-30mg Tablet) | Maximum of 8 tablets per day |
| Orphenadrine/Aspirin/Caffeine (50-770-60mg Tablet) | Maximum of 4 tablets per day |
| Oxandrin | Maximum of 4 tablets per day |
| Oxandrolone (10mg Tablet) | Maximum of 2 tablets per day |
| Oxandrolone (2.5mg Tablet) | Maximum of 4 tablets per day |
| Oxybutynin Chloride ER (10mg 24-Hour Tablet, 15mg 24-Hour Tablet) | Maximum of 2 tablets per day |
| Oxybutynin Chloride ER (5mg 24-Hour Tablet) | Maximum of 1 tablet per day |
| Oxycodone/Acetaminophen (10-325mg Tablet, 2.5-325mg Tablet, 5-325mg Tablet, 7.5-325mg Tablet) | Maximum of 12 tablets per day |
| Oxycodone/Acetaminophen (10-650mg Tablet) | Maximum of 6 tablets per day |
| Oxycodone/Acetaminophen (7.5-500mg Tablet) | Maximum of 8 tablets per day |
| Oxycodone/Acetaminophen (Capsule) | Maximum of 8 capsules per day |
| Oxycodone/Aspirin | Maximum of 12 tablets per day |
| Oxycodone/Ibuprofen | Maximum of 4 tablets per day |
| Oxycontin (10mg 12-Hour Tablet, 15mg 12-Hour Tablet, 20mg 12-Hour Tablet, 30mg 12-Hour Tablet, 40mg 12-Hour Tablet, 60mg 12-Hour Tablet) | Maximum of 4 tablets per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|---------------------------------------------------------------------|---------------------------------------|
| Oxycontin (80mg 12-Hour Tablet) | Maximum of 6 tablets per day |
| Oxymorphone HCl | Maximum of 6 tablets per day |
| Oxymorphone HCl ER | Maximum of 4 tablets per day |
| Oxytrol | Maximum of 2 patches per 7 days |
| Pantoprazole Sodium | Maximum of 2 tablets per day |
| Paroxetine HCl ER (12.5mg 24-Hour Tablet) | Maximum of 6 tablets per day |
| Paroxetine HCl ER (25mg 24-Hour Tablet) | Maximum of 3 tablets per day |
| Paroxetine HCl ER (37.5mg 24-Hour Tablet) | Maximum of 2 tablets per day |
| Patanase | Maximum of 1 bottle per 31 days |
| Plavix (300mg Tablet) | Maximum of 3 tablets per prescription |
| Plavix (75mg Tablet) | Maximum of 1 tablet per day |
| Pradaxa | Maximum of 2 capsules per day |
| Prandimet | Maximum of 5 tablets per day |
| Prandin (0.5mg Tablet) | Maximum of 32 tablets per day |
| Prandin (1mg Tablet) | Maximum of 16 tablets per day |
| Prandin (2mg Tablet) | Maximum of 8 tablets per day |
| Prezista (150mg Tablet) | Maximum of 6 tablets per day |
| Prezista (400mg Tablet, 600mg Tablet, 75mg Tablet) | Maximum of 2 tablets per day |
| Pristiq | Maximum of 1 tablet per day |
| Procrit (10,000units/ml Injection, 20,000units/ml Injection) | Maximum of 12 ml per 28 days |
| Procrit (2,000units/ml Injection) | Maximum of 15 ml per 31 days |
| Procrit (3,000units/ml Injection, 4,000units/ml Injection) | Maximum of 30 ml per 31 days |
| Prolia | Maximum of 1 syringe per 180 days |
| Promacta (12.5mg Tablet) | Maximum of 2 tablets per day |
| Promacta (25mg Tablet) | Maximum of 3 tablets per day |
| Promacta (50mg Tablet) | Maximum of 1 tablet per day |
| Provigil (100mg Tablet) | Maximum of 1 tablet per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|-----------------------------------------------------------------------------------|------------------------------------|
| Provigil (200mg Tablet) | Maximum of 2 tablets per day |
| Pulmicort Flexhaler | Maximum of 2 inhalers per 30 days |
| QVAR (40mcg/act Aerosol Solution) | Maximum of 2 inhalers per 30 days |
| QVAR (80mcg/act Aerosol Solution) | Maximum of 3 inhalers per 30 days |
| Rapaflo | Maximum of 1 capsule per day |
| Rapamune (0.5mg Tablet) | Maximum of 1 tablet per day |
| Rebif | Maximum of 12 syringes per 28 days |
| Rebif Titration Pack | Maximum of 1 pack per prescription |
| Regranex | Maximum of 2 tubes per 31 days |
| Relenza Diskhaler | Maximum of 62 blisters per 31 days |
| Restasis | Maximum of 60 vials per 30 days |
| Revatio (Tablet) | Maximum of 3 tablets per day |
| Riomet | Maximum of 25.5 ml per day |
| Risperdal Consta | Maximum of 2 vials per 28 days |
| Rivastigmine Tartrate | Maximum of 2 capsules per day |
| Roxicet (5-325mg Tablet) | Maximum of 12 tablets per day |
| Roxicet (5-500mg Tablet) | Maximum of 8 tablets per day |
| Roxicet (Oral Solution) | Maximum of 62 ml per day |
| Rozerem | Maximum of 1 tablet per day |
| Sabril (Pack) | Maximum of 6 packets per day |
| Sabril (Tablet) | Maximum of 6 tablets per day |
| Samsca (15mg Tablet) | Maximum of 1 tablet per day |
| Samsca (30mg Tablet) | Maximum of 2 tablets per day |
| Sanctura XR | Maximum of 1 capsule per day |
| Sancuso | Maximum of 2 patches per 28 days |
| Sandostatin (100mcg/ml Injection, 200mcg/ml Injection, 50mcg/ml Injection) | Maximum of 4 ml per day |
| Sandostatin (500mcg/ml Injection) | Maximum of 3 ml per day |
| Saphris | Maximum of 2 tablets per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|----------------------------------------------------------------------------|---------------------------------------|
| Savella | Maximum of 2 tablets per day |
| Savella Titration Pack | Maximum of 1 packet per prescription |
| Sensipar (30mg Tablet, 60mg Tablet) | Maximum of 2 tablets per day |
| Sensipar (90mg Tablet) | Maximum of 4 tablets per day |
| Serevent Diskus | Maximum of 2 blisters per day |
| Simponi | Maximum of 1 syringe per 28 days |
| Singulair (Chewable Tablet, Tablet) | Maximum of 1 tablet per day |
| Singulair (Pack) | Maximum of 1 packet per day |
| Spiriva Handihaler | Maximum of 1 capsule per day |
| Sporanox (Capsule) | Maximum of 130 capsules per 31 days |
| Sporanox (Oral Solution) | Maximum of 40 ml per day |
| Stagesic | Maximum of 8 capsules per day |
| Strattera (100mg Capsule, 40mg Capsule, 60mg Capsule, 80mg Capsule) | Maximum of 1 capsule per day |
| Strattera (10mg Capsule, 18mg Capsule, 25mg Capsule) | Maximum of 2 capsules per day |
| Suboxone (Film) | Maximum of 3 films per day |
| Suboxone (Sublingual Tablet) | Maximum of 3 tablets per day |
| Sumatriptan Succinate (4mg/0.5ml Injection) | Maximum of 8 doses per 31 days |
| Sumatriptan Succinate (6mg/0.5ml Injection) | Maximum of 8 doses per 30 days |
| Sumatriptan Succinate (Tablet) | Maximum of 9 tablets per 30 days |
| Suprep Bowel Prep | Maximum of 2 bottles per prescription |
| Symbicort | Maximum of 1 inhaler per 30 days |
| Symlin | Maximum of 4 vials per 31 days |
| SymlinPen 120 | Maximum of 4 pens per 30 days |
| SymlinPen 60 | Maximum of 4 pens per 31 days |
| Synalgos-DC | Maximum of 12 capsules per day |
| Tacrolimus (0.5mg Capsule) | Maximum of 2 capsules per day |
| Tacrolimus (1mg Capsule) | Maximum of 8 capsules per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|-------------------------------------------------------------------------|----------------------------------------|
| Tamiflu (12mg/ml Oral Suspension) | Maximum of 194 ml per 31 days |
| Tamiflu (30mg Capsule) | Maximum of 62 capsules per 31 days |
| Tamiflu (45mg Capsule, 75mg Capsule) | Maximum of 31 capsules per 31 days |
| Tamiflu (6mg/ml Oral Suspension) | Maximum of 388 ml per 31 days |
| Tamsulosin HCl | Maximum of 2 capsules per day |
| Tasmar | Maximum of 6 tablets per day |
| Tekturna | Maximum of 1 tablet per day |
| Tekturna HCT | Maximum of 1 tablet per day |
| Ticlopidine HCl | Maximum of 2 tablets per day |
| Tolazamide (250mg Tablet) | Maximum of 4 tablets per day |
| Tolazamide (500mg Tablet) | Maximum of 2 tablets per day |
| Tolbutamide | Maximum of 6 tablets per day |
| Tracleer | Maximum of 2 tablets per day |
| Tramadol HCl | Maximum of 8 tablets per day |
| Tramadol HCl ER | Maximum of 1 tablet per day |
| Tramadol HCl/Acetaminophen | Maximum of 8 tablets per day |
| Travatan Z | Maximum of 5 ml per 31 days |
| Triamcinolone Acetonide (Inhaler) | Maximum of 1 bottle per 30 days |
| Tribenzor | Maximum of 1 tablet per day |
| Trilyte | Maximum of 1 bottle per prescription |
| Trospium Chloride | Maximum of 2 tablets per day |
| Twinject | Maximum of 2 syringes per prescription |
| Twynsta | Maximum of 1 tablet per day |
| Uloric | Maximum of 1 tablet per day |
| Uroxatral | Maximum of 1 tablet per day |
| Venlafaxine HCl (100mg Tablet, 25mg Tablet, 37.5mg Tablet, 75mg Tablet) | Maximum of 3 tablets per day |
| Venlafaxine HCl (50mg Tablet) | Maximum of 7 tablets per day |
| Venlafaxine HCl ER (150mg 24-Hour Capsule) | Maximum of 2 capsules per day |

Bold type = Brand-name drug

| Drug Name | Quantity Limit |
|-------------------------------------------------------------------|-----------------------------------------------------|
| Venlafaxine HCl ER (150mg 24-Hour Tablet) | Maximum of 2 tablets per day |
| Venlafaxine HCl ER (225mg 24-Hour Tablet) | Maximum of 1 tablet per day |
| Venlafaxine HCl ER (37.5mg 24-Hour Capsule, 75mg 24-Hour Capsule) | Maximum of 3 capsules per day |
| Venlafaxine HCl ER (37.5mg 24-Hour Tablet, 75mg 24-Hour Tablet) | Maximum of 3 tablets per day |
| Vesicare | Maximum of 1 tablet per day |
| Victoza | Maximum of 3 pens per 30 days |
| Victrelis | Maximum of 12 capsules per day |
| Viibryd | Maximum of 1 tablet per day |
| Vimovo | Maximum of 2 tablets per day |
| Vimpat (Injection, Oral Solution) | Maximum of 40 ml per day |
| Vimpat (Tablet) | Maximum of 2 tablets per day |
| Vytorin | Maximum of 1 tablet per day |
| Vyvanse | Maximum of 1 capsule per day |
| Welchol (Pack) | Maximum of 1 packet per day |
| Xgeva | Maximum of 1.7 ml per 28 days |
| Xyrem | Maximum of 3 bottles per 30 days |
| Zafirlukast | Maximum of 2 tablets per day |
| Zaleplon (10mg Capsule) | Maximum of 2 capsules per day |
| Zaleplon (5mg Capsule) | Maximum of 1 capsule per day |
| Zerlor | Maximum of 5 tablets per day |
| Zetia | Maximum of 1 tablet per day |
| Zofran (Oral Solution) | Maximum of 100 ml per prescription or 3 days supply |
| Zofran (Tablet) | Maximum of 30 tablets per prescription |
| Zofran ODT | Maximum of 30 tablets per prescription |
| Zolpidem Tartrate (5mg Tablet) | Maximum of 1 tablet per day |
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Bold type = Brand-name drug

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