



2015 Abridged FORMULARY

(Partial list of covered drugs)

UnitedHealthcare® Group Medicare Advantage

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

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



Toll-Free 1-800-457-8506, TTY 711

8 a.m. to 8 p.m. local time, Monday through Friday



www.UHCRetiree.com



This document includes a partial list of the drugs (formulary) for our plan and is current as of August 1, 2014. For a complete, updated formulary (drug list), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan” or “our plan,” it means UnitedHealthcare Group Medicare Advantage.

Note to existing members: Our list of covered drugs is called a Formulary. We call it the "Drug List" for short. This partial drug list has changed since last year. Please review this document to make sure the plan still covers the drugs you take. You must generally use network pharmacies to use your prescription drug benefit.

The UnitedHealthcare Group Medicare Advantage ABRIDGED FORMULARY (drug list)

A formulary is a list of covered drugs selected by your plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We call it the "Drug List" for short. Your plan will generally cover the drugs listed in our formulary (drug list) 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 a **partial drug list** and includes only some of the drugs covered by your plan. For a complete listing of all prescription drugs covered by your plan, please visit our website or call us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

Your plan's complete (comprehensive) drug list includes all of the drugs covered by your plan.

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

1. See if your drug is included in this partial drug list.
2. If you cannot find your drug in this partial list, you can check the complete drug list by visiting your plan website. You can use online tools to look up your drugs. The information is updated on a regular basis. The Web address appears on the front and back cover pages.
3. Call Customer Service. Our contact information appears on the front and back cover pages.

When the drug list may change

We try to make as few changes to the drug list as possible during the plan year. If there are changes to the drug list, such as regular or necessary updates, members may see information in their Explanation of Benefits (EOB) statements, 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.

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

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

Generally, if you are taking a drug on the 2015 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2015 coverage year except when a new, less expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

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

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

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

Drug tiers and drug payment stages

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

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

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

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

If you qualify for Extra Help

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

How to use the drug list

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

1. **Medical condition:** Turn to the “Covered drugs by medical condition” section, which begins on page 12, to look for drugs based on your medical conditions. For example, if you want to find drugs used to treat high cholesterol, go to the “Cardiovascular Drugs” category and look under “Cholesterol Control Drugs.”
2. **Alphabetical list (index):** If you are not sure what category to look under, turn to the “Index of covered drugs” section, which begins on page 51. Find the name of your drug. The page number where you can find the drug will be next to it.

Important page numbers

Covered drugs by medical condition.....	12-40
Index of covered drugs	51-59

Generic drugs

Your plan covers both brand name drugs and generic drugs. Generic drugs are approved by the Food and Drug Administration (FDA) as having the same active ingredients as brand name drugs. Generic drugs usually cost less than brand name drugs. Talk with your doctor to see if any of the brand name drugs you take have generic versions. Then review the drug list to make sure you are getting the drug you need for the least amount of money.

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

Restrictions on your coverage

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

B/D - Medicare Part B or Part D

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

LA - Limited access

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

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

HRM - High Risk Medication

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

Note: If you are 65 or older, you will need to get a prior authorization (PA) or formulary exception from the health plan before taking a high risk medication (HRM). If you are under 65, the prior authorization (PA) will not apply to you until the first time you get your prescription filled after turning 65.

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

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

If your drug is not on the drug list

If your drug is not included in this **partial formulary** (list of covered drugs), you should contact Customer Service and ask if your drug is covered. Because this is only a **partial list** of covered drugs, your plan may cover the drug even if it’s not in this list. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

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

How to request an exception to the UnitedHealthcare Group Medicare Advantage drug list

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

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

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

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

Who can ask for a coverage decision

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

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

Receiving a coverage decision

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

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

New or continuing members

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

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

Long-term care facility residents

If you're a resident of a long-term care facility, your plan may allow you to refill your prescription until we have provided you with a maximum of a 91- and may be up to a 98-day transition supply of the drug consistent with dispensing increment (unless your prescription is written for fewer days). Your plan will also cover more than one refill of these drugs for the first 90 days you are a member of your plan. If you need a drug that's not on the drug list or if you have limited ability to get your drugs but you are past the first 90 days of membership in the plan, your plan will cover a 31-day emergency supply of the drug (unless your prescription is written for fewer days) while you request a formulary exception.

Other transitions

You may have an unplanned transition, like a hospital discharge or a change in your level of care, 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 your plan's exception process. You may ask for a one-time emergency supply of up to 30 days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.

Drugs with dosages other than 30 days

Drugs packaged in an extended day supply

Some drugs are packaged from the manufacturer to provide greater than a 30-day supply. When you fill these drugs, you may have to pay more than one co-pay for a single prescription. For more information, please contact Customer Service using the information on the front and back cover pages.

Daily cost share for oral medications filled for less than a 30-day supply

Drugs in solid form taken orally (e.g., tablet or capsule) may be dispensed for a supply of less than 30 days. The daily cost share requirements do not apply to either of the following:

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

For more information

For more information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about your plan, please call us toll-free at **1-800-457-8506**, TTY **711**, 8 a.m. to 8 p.m. local time, Monday through Friday. Or visit us online at **www.UHCRetiree.com**.

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

Covered drugs by medical condition

The Abridged Formulary (drug list) below provides coverage information about some of the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the “Index of covered drugs,” which begins on page 51.

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

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).

The information in the second column of the chart shows you which coverage level (tier) your drug is in.

The “Required actions, restrictions or limit” column shows you if your plan has any special coverage requirements for the drug. If quantity limits apply to a drug, the restriction amounts are shown in the chart on pages 41-50.

Drug Name	Drug Tier	Required actions, restrictions or limits	Drug Name	Drug Tier	Required actions, restrictions or limits
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions			Diclofenac Sodium DR	1	
Analgesics - Miscellaneous Analgesics			Diclofenac Sodium ER	1	
Butalbital/ Acetaminophen	1	PA, QL, HRM	Ibuprofen (Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)	1	
Butalbital/ Acetaminophen/ Caffeine	1	PA, QL, HRM	Meloxicam (Suspension, Tablet)	1	
Butalbital/Aspirin/ Caffeine	1	PA, QL, HRM	Naproxen (Suspension, Tablet)	1	
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs			Naproxen DR	1	
Celebrex	3	QL	Naproxen Sodium (275mg Tablet, 550mg Tablet)	1	
Diclofenac Potassium	1		Voltaren-XR	3	

Bold type = Brand name drug

B/D = Medicare Part B or Part D

PA = Prior authorization

ST = Step therapy

Plain type = Generic drug

LA = Limited access drug

QL = Quantity limits see pages 41-50

HRM = High risk medication

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

Drug Name	Drug Tier	Required actions, restrictions or limits
Opioid Analgesics, Long-acting - Opioid Pain Relievers		
Exalgo	2	QL
Fentanyl (Patch)	1	QL
Methadone HCl (Injection)		
Methadone HCl (Oral Solution, Tablet)	1	QL
Morphine Sulfate ER	1	QL
Nucynta ER	2	QL
Opana ER (Crush Resistant)	2	QL
Oxycontin	2	QL
Tramadol HCl ER 100mg, 200mg Tablet Extended Release 24 Hour (Generic Ultram ER)	1	QL
Tramadol HCl ER 300mg Tablet Extended Release 24 Hour (Generic Ryzolt)	1	QL
Opioid Analgesics, Short-acting - Opioid Pain Relievers		
Abstral	4	PA, QL
Acetaminophen/Codeine	1	QL
Butalbital/Acetaminophen/Caffeine/Codeine	1	PA, QL, HRM

Drug Name	Drug Tier	Required actions, restrictions or limits
Carisoprodol/Aspirin/Codeine	1	PA, QL, HRM
Codeine Sulfate (Tablet)		
Fentanyl Citrate Oral Transmucosal	1	PA, QL
Hydrocodone/Acetaminophen (Oral Solution, 300mg-10mg Tablet, 300mg-5mg Tablet, 300mg-7.5mg Tablet, 325mg-10mg Tablet, 325mg-5mg Tablet, 325mg-7.5mg Tablet)	1	QL
Morphine Sulfate (2mg/ml Injection, 4mg/ml Injection)		
Morphine Sulfate (10mg/5ml Oral Solution, 20mg/5ml Oral Solution)	1	QL
Morphine Sulfate (20mg/ml Oral Solution, Tablet)		
Nucynta	3	QL
Opana (5mg Tablet)	3	QL
Opana (10mg Tablet)	4	QL

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Plain type = Generic drug
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Drug Name	Drug Tier	Required actions, restrictions or limits
Oxycodone HCl (Capsule, Concentrate, Tablet)	1	QL
Oxycodone HCl (Oral Solution)	1	QL
Oxycodone/Acetaminophen	1	QL
Oxycodone/Aspirin	1	QL
Oxycodone/Ibuprofen	1	QL
Tramadol HCl (Immediate-Release Tablet)	1	QL
Tramadol HCl/Acetaminophen	1	QL
Anesthetics - Drugs for Numbing		
Local Anesthetics		
Lidocaine (Ointment)	1	
Lidocaine (Patch)	1	PA, QL
Lidocaine 2% Viscous Solution	1	
Lidocaine HCl (External Solution)	1	
Lidocaine HCl (0.5% Injection, 1% Injection)	1	PA
Lidocaine HCl (Gel)	1	
Lidocaine/Prilocaine (Cream)	1	
Lidoderm	2	PA, QL
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence		
Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants		
Acamprosate Calcium DR	1	
Naltrexone HCl (Tablet)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants		
Butrans	2	QL
Naloxone HCl (1mg/ml Injection)	1	
Suboxone	3	QL
Zubsolv	3	QL
Smoking Cessation Agents - Deterrents		
Chantix (0.5mg Tablet, 1mg Tablet)	3	
Chantix Starting Month Pak	3	
Nicotrol Inhaler	3	
Nicotrol NS	3	
Antibacterials - Drugs to Treat Bacterial Infections		
Aminoglycosides - Antibiotics		
Gentamicin Sulfate (Cream, Injection, Ointment, Ophthalmic Solution)	1	
Gentamicin Sulfate/NaCl (0.9mg/ml-0.9% Injection, 1.4mg/ml-0.9% Injection, 1.6mg/ml-0.9% Injection, 1 mg/ml-0.9% Injection)	1	
Isotonic Gentamicin (0.8mg/ml-0.9% Injection, 1.2mg/ml-0.9% Injection)	1	
Tobradex (Ointment)	2	
Antibacterials, Other - Antibiotics		
Clindamycin HCl (Capsule)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Clindamycin Palmitate HCl	1	
Clindamycin Phosphate (Cream, External Solution, Foam, Gel, Lotion, Swab)	1	
Clindamycin Phosphate (150mg/ml Injection)	1	
Clindamycin Phosphate in D5W	1	
Metronidazole (Capsule, Cream, Gel, Lotion, Tablet)	1	
Metronidazole in NaCl 0.79%	1	
Metronidazole Vaginal	1	
Mupirocin (Cream, Ointment)	1	
Nitrofurantoin (Suspension)	1	
Nitrofurantoin Macrocrystals (50mg Capsule)	1	QL, HRM
Nitrofurantoin Monohydrate	1	QL, HRM
Beta-Lactam, Cephalosporins - Antibiotics		
Cefdinir	1	
Cefuroxime Axetil (Tablet)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Cefuroxime Sodium (1.5gm Injection, 7.5gm Injection, 750mg Injection)	1	
Cephalexin	1	
Suprax (Capsule, 500mg/5ml Suspension Reconstituted)	2	
Suprax (100mg/5ml Suspension Reconstituted, 200mg/5ml Suspension Reconstituted, Tablet, Tablet Chewable)	2	
Beta-Lactam, Other - Antibiotics		
Invanz	3	
Meropenem (500mg Injection)	1	
Beta-Lactam, Penicillins - Antibiotics		
Amoxicillin	1	
Amoxicillin/Potassium Clavulanate	1	
Amoxicillin/Potassium Clavulanate ER	1	
Penicillin G Potassium (5mu Injection)	1	

Bold type = Brand name drug
B/D = Medicare Part B or Part D
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ST = Step therapy

Plain type = Generic drug
LA = Limited access drug
QL = Quantity limits see pages 41-50
HRM = High risk medication

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Drug Name	Drug Tier	Required actions, restrictions or limits
Penicillin G Potassium in Iso-Osmotic Dextrose (40000unit/ml Injection, 60000unit/ml Injection)	2	
Penicillin G Procaine	1	
Penicillin G Sodium	1	
Penicillin V Potassium	1	
Macrolides - Antibiotics		
Azithromycin (500mg Injection, Suspension Reconstituted, Tablet)	1	
Erythromycin (External Solution, Gel, Ointment)	1	
Erythromycin Base	1	
Erythromycin Ethylsuccinate (Tablet)	1	
Quinolones - Antibiotics		
Besivance	2	
Ciprofloxacin (400mg/40ml Injection)	1	
Ciprofloxacin ER	1	
Ciprofloxacin HCl (Ophthalmic Solution, Tablet)	1	
Ciprofloxacin I.V. in D5W (200mg/100ml-5% Injection)	1	
Levofloxacin (Injection, Ophthalmic Solution, Oral Solution, Tablet)	1	
Levofloxacin in D5W (5%-500mg/100ml Injection)	1	
Ofloxacin	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Vigamox	2	
Sulfonamides - Antibiotics		
Silver Sulfadiazine (Cream)	1	
Sulfamethoxazole/Trimethoprim	1	
Sulfamethoxazole/Trimethoprim DS	1	
Tetracyclines - Antibiotics		
Doxycycline	1	
Doxycycline Hyclate (Capsule, Tablet)	1	
Doxycycline Hyclate DR	1	
Doxycycline Monohydrate (150mg Tablet, 50mg Tablet, 75mg Tablet)	1	
Minocycline HCl (Capsule, Tablet)	1	
Minocycline HCl ER	1	
Oracea	3	
Anticonvulsants - Drugs to Treat Seizures		
Anticonvulsants, Other - Seizure Control Drugs		
Levetiracetam (500mg/5ml Injection, Oral Solution, Tablet)	1	
Levetiracetam ER	1	
Potiga	4	QL
Calcium Channel Modifying Agents - Seizure Control Drugs		
Ethosuximide (Capsule, Oral Solution)	1	
Zonisamide	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs		
Diazepam (Gel)	1	
Divalproex Sodium	1	
Divalproex Sodium DR	1	
Divalproex Sodium ER	1	
Gabapentin (Capsule, Oral Solution, Tablet)	1	
Primidone (Tablet)	1	
Glutamate Reducing Agents - Seizure Control Drugs		
Lamotrigine (Tablet, Tablet Chewable)	1	
Lamotrigine ER	1	
Topiramate (Capsule Sprinkle, Tablet)	1	
Sodium Channel Agents - Seizure Control Drugs		
Carbamazepine (Suspension, Tablet, Tablet Chewable)	1	
Carbamazepine ER	1	
Dilantin (Capsule)	2	
Dilantin (Suspension)	2	
Dilantin Infatabs	2	
Phenytoin (Suspension, Tablet Chewable)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Phenytoin Sodium (Injection)	1	
Phenytoin Sodium Extended (Capsule)	1	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia		
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs		
Donepezil HCl	1	
Exelon (Capsule)	3	
Exelon (Patch 24 Hour)	3	QL, ST
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs		
Namenda (Oral Solution)	2	PA, QL
Namenda XR	2	PA, QL
Namenda XR Titration Pack	2	PA, QL
Antidepressants - Drugs to Treat Depression		
Antidepressants, Other - Antidepressants		
Bupropion HCl (Tablet)	1	
Bupropion HCl SR	1	
Bupropion HCl XL	1	
Forfivo XL	2	
Mirtazapine	1	

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Drug Name	Drug Tier	Required actions, restrictions or limits
Mirtazapine ODT (30mg Tablet Dispersible, 45mg Tablet Dispersible)	1	
Monoamine Oxidase Inhibitors - Antidepressants		
Phenelzine Sulfate (Tablet)	1	
Tranlycypromine Sulfate	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants		
Citalopram Hydrobromide	1	
Escitalopram Oxalate	1	
Fluoxetine DR	1	
Fluoxetine HCl (Capsule, Oral Solution, 10mg Tablet, 20mg Tablet)	1	
Fluoxetine HCl (60mg Tablet)	1	
Paroxetine HCl	1	
Paroxetine HCl ER	1	
Pristiq	3	QL
Sertraline HCl (Concentrate, Tablet)	1	
Trazodone HCl (Tablet)	1	
Venlafaxine HCl	1	
Venlafaxine HCl ER (Capsule Extended Release 24 Hour)	1	
Venlafaxine HCl ER (Tablet Extended Release 24 Hour)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Tricyclics - Antidepressants		
Amitriptyline HCl (Tablet)	1	PA, HRM
Nortriptyline HCl (Capsule, Oral Solution)	1	
Antiemetics - Drugs to Treat Nausea and Vomiting		
Antiemetics, Other - Nausea and Vomiting Drugs		
Meclizine HCl (Tablet)	1	
Metoclopramide HCl (Injection, Oral Solution, Tablet)	1	
Prochlorperazine	1	
Prochlorperazine Edisylate (Injection)	1	
Prochlorperazine Maleate (Tablet)	1	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs		
Dronabinol	1	PA
Ondansetron HCl (4mg/2ml Injection)	1	
Ondansetron HCl (Oral Solution, Tablet)	1	PA
Ondansetron ODT	1	PA
Sancuso	4	
Antifungals - Drugs to Treat Fungal Infections		
Antifungals - Fungal Infection Drugs		
Fluconazole (Suspension Reconstituted, Tablet)	1	
Fluconazole in Dextrose (56mg/ml-400mg/200ml Injection)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Ketoconazole (Cream, Shampoo, Tablet)	1	
Nystatin (Cream, Ointment, 100000unit/gm Powder, Suspension, Tablet)	1	
Nystatin/Triamcinolone	1	
Antigout Agents - Drugs to Treat Gout		
Antigout Agents - Gout Drugs		
Allopurinol (Tablet)	1	
Colcrys	2	
Uloric	2	ST
Antimigraine Agents - Drugs to Treat Migraines		
Ergot Alkaloids - Migraine Drugs		
Dihydroergotamine Mesylate (Injection)	1	
Migergot	1	
Serotonin (5-HT) 1b/1d Receptor Agonists - Migraine Drugs		
Rizatriptan Benzoate	1	
Rizatriptan Benzoate ODT	1	
Sumatriptan Succinate (6mg/0.5ml Injection, Tablet)	1	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		

Drug Name	Drug Tier	Required actions, restrictions or limits
Parasympathomimetics - Myasthenia Gravis Drugs		
Guanidine HCl	3	
Mestinon	3	
Mestinon Timespan	3	
Antimycobacterials - Drugs to Treat Infections		
Antimycobacterials, Other - Miscellaneous Anti-Infectives		
Dapsone (Tablet)	2	
Mycobutin	3	
Antituberculars - Tuberculosis Drugs		
Ethambutol HCl (Tablet)	1	
Rifampin (Capsule, Injection)	1	
Antineoplastics - Drugs to Treat Cancer		
Alkylating Agents - Chemotherapy Agents		
Cyclophosphamide (Tablet)	1	PA
Leukeran	2	
Antiandrogens - Hormone Suppressants		
Bicalutamide	1	
Zytiga	4	PA
Antiangiogenic Agents - Chemotherapy Agents		
Pomalyst	4	PA

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Drug Name	Drug Tier	Required actions, restrictions or limits
Revlimid	4	PA, LA
Antiestrogens/Modifiers - Chemotherapy Agents		
Faslodex	4	
Tamoxifen Citrate (Tablet)	1	
Antimetabolites - Chemotherapy Agents		
Hydroxyurea (Capsule)	1	
Mercaptopurine (Tablet)	1	
Antineoplastics, Other - Chemotherapy Agents		
Carboplatin (150mg/15ml Injection)	1	
Leucovorin Calcium (100mg Injection, 350mg Injection, Tablet)	1	
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents		
Anastrozole (Tablet)	1	
Letrozole (Tablet)	1	
Enzyme Inhibitors - Chemotherapy Agents		
Etoposide (500mg/25ml Injection)	1	
Topotecan HCl (4mg Injection)	1	
Molecular Target Inhibitors - Chemotherapy Agents		
Gleevec	4	PA
Sprycel	4	PA
Tarceva	4	PA
Tasigna	4	PA
Monoclonal Antibodies - Chemotherapy Agents		

Drug Name	Drug Tier	Required actions, restrictions or limits
Avastin (100mg/4ml Injection)	4	PA
Rituxan	4	PA
Retinoids - Chemotherapy Agents		
Targretin	4	PA
Tretinoin (Capsule)	1	
Antiparasitics - Drugs to Treat Parasitic Infections		
Anthelmintics - Worm Infection Drugs		
Biltricide	2	
Stromectol	2	
Antiprotozoals - Protozoal Infection Drugs		
Atovaquone	1	
Atovaquone/Proguanil HCl (250mg-100mg Tablet)	1	
Hydroxychloroquine Sulfate (Tablet)	1	
Pediculicides/Scabicides - Scabies and Lice Drugs		
Lindane	1	
Permethrin (Cream)	1	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease		
Anticholinergics - Parkinson's Disease Drugs		
Benzotropine Mesylate	1	PA, HRM
Trihexyphenidyl HCl	1	PA, HRM
Antiparkinson Agents, Other - Parkinson's Disease Drugs		
Amantadine HCl (Capsule, Syrup, Tablet)	1	
Entacapone	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Dopamine Agonists - Parkinson's Disease Drugs		
Pramipexole Dihydrochloride (Immediate-Release Tablet)	1	
Ropinirole ER	1	
Ropinirole HCl (Immediate-Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs		
Carbidopa (Tablet)	1	
Carbidopa/Levodopa	1	
Carbidopa/Levodopa ER	1	
Carbidopa/Levodopa ODT	1	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs		
Azilect	2	
Selegiline HCl (Capsule, Tablet)	1	
Antipsychotics - Drugs to Treat Mood Disorders		
1st Generation/Typical - Mood Disorder Drugs		
Fluphenazine Decanoate (Injection)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Fluphenazine HCl	1	
Haloperidol (Concentrate, Tablet)	1	
Haloperidol Decanoate (Injection)	1	
Haloperidol Lactate (Injection)	1	
2nd Generation/Atypical - Mood Disorder Drugs		
Abilify (Injection)	3	
Abilify (Oral Solution, Tablet)	4	QL
Abilify Discmelt	4	QL
Abilify Maintena (300mg Injection)	4	
Latuda	3	QL
Olanzapine (Injection)	1	
Olanzapine (Tablet)	1	QL
Olanzapine ODT	1	QL
Quetiapine Fumarate	1	QL
Risperidone	1	
Risperidone ODT	1	
Saphris (5mg Tablet Sublingual)	3	PA, QL
Saphris (10mg Tablet Sublingual)	4	PA, QL
Seroquel (100mg Tablet, 25mg Tablet, 50mg Tablet)	3	QL

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Drug Name	Drug Tier	Required actions, restrictions or limits
Seroquel (200mg Tablet, 300mg Tablet, 400mg Tablet)	4	QL
Seroquel XR	2	QL
Treatment-Resistant - Mood Disorder Drugs		
Clozapine	1	
Clozaril	3	
Antivirals - Drugs to Treat Viral Infections		
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs		
Valcyte	4	
Zirgan	3	
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs		
Baraclude	4	
Lamivudine (100mg Tablet)	1	QL
Anti-hepatitis C (HCV) Agents - Hepatitis C Drugs		
Pegasys	4	PA
Pegasys ProClick (135mcg/0.5ml Injection)	4	PA
Ribavirin (Capsule, Tablet)	1	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs		
Isentress (25mg Tablet Chewable)	2	QL
Isentress (Tablet, 100mg Tablet Chewable)	4	QL
Stribild	4	QL

Drug Name	Drug Tier	Required actions, restrictions or limits
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs		
Atripla	4	QL
Intelence (25mg Tablet)	3	QL
Intelence (100mg Tablet, 200mg Tablet)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs		
Epzicom	4	QL
Lamivudine (150mg Tablet, 300mg Tablet)	1	QL
Truvada	4	QL
Anti-HIV Agents, Other - HIV Drugs		
Fuzeon	4	QL
Selzentry	4	QL
Anti-HIV Agents, Protease Inhibitors - HIV Drugs		
Crixivan	2	QL
Norvir	3	QL
Anti-Influenza Agents - Flu Drugs		
Rimantadine HCl	1	
Tamiflu	2	QL
Antiherpetic Agents - Herpes Drugs		
Acyclovir (Capsule, Suspension, Tablet)	1	
Acyclovir (Ointment)	1	QL
Acyclovir Sodium (500mg Injection)	1	PA
Valacyclovir HCl (Tablet)	1	
Antivirals - Drugs to Treat Viral Infections		

Drug Name	Drug Tier	Required actions, restrictions or limits
Virazole	4	
Anxiolytics - Drugs to Treat Anxiety		
Anxiolytics, Other - Anxiety Drugs		
Bupirone HCl (Tablet)	1	
Hydroxyzine HCl (Injection)	1	PA, HRM
Hydroxyzine HCl (Oral Solution, Tablet)	1	PA, HRM
Hydroxyzine Pamoate (Capsule)	1	PA, HRM
Benzodiazepines - Anxiety Drugs		
Alprazolam (Immediate-Release Tablet)	1	QL
Alprazolam ER	1	PA, QL
Alprazolam Intensol (Oral Solution)	1	QL
Alprazolam ODT	1	QL
Clonazepam (Tablet)	1	QL
Clonazepam ODT	1	QL
Diazepam (Oral Solution)	1	
Diazepam (Tablet)	1	QL
Diazepam Intensol (Oral Solution)	1	QL
Lorazepam (Tablet)	1	QL
Lorazepam Intensol (Oral Solution)	1	QL
Bipolar Agents - Drugs to Treat Mood Disorders		

Drug Name	Drug Tier	Required actions, restrictions or limits
Mood Stabilizers - Mood Disorder Drugs		
Lithium Carbonate (Capsule, Tablet)	1	
Lithium Carbonate ER	1	
Lithium Citrate	1	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar		
Antidiabetic Agents - Diabetic Drugs		
Acarbose	1	QL
Byetta	2	QL
Glimepiride	1	QL
Glipizide (Immediate-Release Tablet)	1	QL
Glipizide ER	1	QL
Glipizide/Metformin HCl	1	QL
Glyburide	1	PA, QL, HRM
Glyburide Micronized	1	PA, QL, HRM
Glyburide/Metformin HCl	1	PA, QL, HRM
Janumet	2	QL
Janumet XR	2	QL
Januvia	2	QL
Jentadueto	3	QL
Kazano	3	QL
Kombiglyze XR	2	QL

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Drug Name	Drug Tier	Required actions, restrictions or limits
Metformin HCl (Tablet)	1	QL
Metformin HCl ER 1000mg Tablet Extended Release 24 Hour (Generic Fortamet)	1	QL
Metformin HCl ER 500mg, 750mg Tablet Extended Release 24 Hour (Generic Glucophage XR)	1	QL
Nateglinide	1	QL
Nesina	3	QL
Onglyza	2	QL
Oseni	3	QL
Pioglitazone HCl	1	QL
Pioglitazone HCl/ Glimepiride	1	QL
Pioglitazone HCl/ Metformin HCl	1	QL
Repaglinide	1	QL
SymLinPen 120	4	PA
SymLinPen 60	3	PA
Tradjenta	3	QL
Victoza	2	QL
Glycemic Agents - Diabetic Drugs		
Glucagen HypoKit	3	
Glucagon Emergency Kit	2	
Proglycem	4	
Insulins - Diabetic Drugs		
Apidra	2	
Apidra SoloStar	2	
Humalog (Vial)	2	

Drug Name	Drug Tier	Required actions, restrictions or limits
Humalog KwikPen (25unit/ml-75unit/ml Injection, 50unit/ml-50unit/ml Injection)	2	
Humulin (Vial)	2	
Humulin Pen	2	
Lantus	2	
Lantus SoloStar	2	
Levemir	2	
Levemir FlexPen	2	
Novolin (Vial)	2	
Novolog (Vial)	2	
Novolog FlexPen (30unit/ml-70unit/ml Injection)	2	
Novolog PenFill	2	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders		
Anticoagulants - Blood Thinners		
Coumadin (Tablet)	2	
Coumadin (Injection)	3	
Eliquis	2	PA, QL
Fragmin (2500unit/0.2ml Injection, 5000unit/0.2ml Injection)	3	

Drug Name	Drug Tier	Required actions, restrictions or limits
Fragmin (10000unit/ml Injection, 12500unit/0.5ml Injection, 15000unit/0.6ml Injection, 18000unt/0.72ml Injection, 25000unit/ml Injection, 7500unit/0.3ml Injection)	4	
Jantoven	1	
Pradaxa	2	PA, QL
Warfarin Sodium	1	
Xarelto	2	PA, QL
Blood Formation Modifiers - Blood Formation Drugs		
Aranesp Albumin Free (25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	3	PA

Drug Name	Drug Tier	Required actions, restrictions or limits
Aranesp Albumin Free (100mcg/0.5ml Injection, 100mcg/ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 200mcg/ml Injection, 300mcg/0.6ml Injection, 300mcg/ml Injection, 500mcg/ml Injection)	4	PA
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	4	PA
Blood Products/Modifiers/Volume Expanders		
Argatroban (100mg/ml Injection, 125mg/125ml- 0.9% Injection)	1	PA
Coagulants - Blood Clotting Drugs		

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Drug Name	Drug Tier	Required actions, restrictions or limits
Lysteda	3	
Tranexamic Acid (Injection, Tablet)	1	
Platelet Modifying Agents - Platelet Modifying Drugs		
Aggrenox	2	
Brilinta	2	QL
Cilostazol	1	
Clopidogrel	1	QL
Effient	2	QL
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions		
Alpha-Adrenergic Agonists - Blood Pressure Drugs		
Clonidine HCl (Patch Weekly, Tablet)	1	
Midodrine HCl	1	
Alpha-Adrenergic Blocking Agents - Blood Pressure Drugs		
Doxazosin Mesylate	1	
Prazosin HCl	1	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs		
Benicar	2	QL
Candesartan Cilexetil	1	QL
Diovan	2	QL
Edarbi	3	QL
Eprosartan Mesylate	1	QL
Irbesartan	1	QL
Losartan Potassium	1	QL
Telmisartan	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs		
Benazepril HCl (Tablet)	1	QL

Drug Name	Drug Tier	Required actions, restrictions or limits
Captopril (Tablet)	1	QL
Enalapril Maleate (Tablet)	1	QL
Fosinopril Sodium	1	QL
Lisinopril (Tablet)	1	QL
Moexipril HCl	1	QL
Perindopril Erbumine	1	QL
Quinapril HCl	1	QL
Ramipril	1	QL
Trandolapril	1	QL
Antiarrhythmics - Heart Regulation Drugs		
Amiodarone HCl (50mg/ml Injection, 200mg Tablet, 400mg Tablet)	1	
Multaq	2	
Pacerone (200mg Tablet)	1	
Pacerone (100mg Tablet, 400mg Tablet)	3	
Sotalol HCl (160mg Tablet, 240mg Tablet, 80mg Tablet)	1	
Sotalol HCl (AF) (120mg Tablet)	1	
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs		
Atenolol (Tablet)	1	
Bisoprolol Fumarate	1	
Bystolic	2	
Carvedilol (Immediate-Release Tablet)	1	
Labetalol HCl (Injection, Tablet)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Metoprolol Succinate ER	1	
Metoprolol Tartrate (Injection, Tablet)	1	
Propranolol HCl (Injection, Oral Solution, Tablet)	1	
Propranolol HCl ER	1	
Timolol Maleate (Tablet)	1	
Calcium Channel Blocking Agents - Blood Pressure Drugs		
Amlodipine Besylate (Tablet)	1	
Diltiazem CD (120mg Capsule Extended Release 24 Hour, 240mg Capsule Extended Release 24 Hour)	1	
Diltiazem HCl (100mg Injection, 50mg/10ml Injection, Tablet)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Diltiazem HCl ER (Capsule Extended Release 12 Hour, 180mg Capsule Extended Release 24 Hour, 300mg Capsule Extended Release 24 Hour, 360mg Capsule Extended Release 24 Hour, 420mg Capsule Extended Release 24 Hour)	1	
Nifedical XL	1	
Nifedipine (Capsule)	1	PA, HRM
Nifedipine ER	1	
Verapamil HCl (Injection, Tablet)	1	
Verapamil HCl ER	1	
Verapamil HCl SR (360mg Capsule Extended Release 24 Hour)	1	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs		
Amiloride/ Hydrochlorothiazide	1	
Amlodipine Besylate/ Atorvastatin Calcium	1	QL
Amlodipine Besylate/ Benazepril HCl	1	QL

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Drug Name	Drug Tier	Required actions, restrictions or limits
Atenolol/ Chlorthalidone (100mg-25mg Tablet)	1	
Atenolol/ Chlorthalidone (50mg-25mg Tablet)	1	QL
Azor	2	QL
Benazepril HCl/ Hydrochlorothiazide	1	QL
Benicar HCT	2	QL
BiDil	2	QL
Bisoprolol Fumarate/ Hydrochlorothiazide (10mg-6.25mg Tablet)	1	
Bisoprolol Fumarate/ Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	1	QL
Candesartan Cilexetil/ Hydrochlorothiazide	1	QL
Captopril/ Hydrochlorothiazide	1	QL
Digoxin (Injection)	1	
Digoxin (Oral Solution)	3	
Digoxin (125mcg Tablet)	1	QL, HRM
Digoxin (250mcg Tablet)	1	PA, HRM
Diovan HCT	3	QL
Edarbyclor	3	QL
Enalapril Maleate/ Hydrochlorothiazide	1	QL
Fosinopril Sodium/ Hydrochlorothiazide	1	QL
Irbesartan/ Hydrochlorothiazide	1	QL

Drug Name	Drug Tier	Required actions, restrictions or limits
Lisinopril/ Hydrochlorothiazide	1	QL
Losartan Potassium/ Hydrochlorothiazide	1	QL
Moexipril/ Hydrochlorothiazide	1	QL
Quinapril/ Hydrochlorothiazide	1	QL
Ranexa	2	QL
Telmisartan/ Amlodipine	1	QL
Triamterene/ Hydrochlorothiazide	1	
Tribenzor	2	QL
Valsartan/ Hydrochlorothiazide	1	QL
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs		
Acetazolamide (Tablet)	1	
Acetazolamide ER	1	
Acetazolamide Sodium (Injection)	1	
Diamox	3	
Diuretics, Loop - Cardiac Drugs		
Bumetanide	1	
Furosemide (Injection)	1	PA
Furosemide (Oral Solution, Tablet)	1	
Torsemide (20mg/2ml Injection, Tablet)	1	
Diuretics, Potassium-sparing - Cardiac Drugs		
Amiloride HCl	1	
Eplerenone	1	
Spironolactone (Tablet)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Diuretics, Thiazide - Cardiac Drugs		
Chlorthalidone (25mg Tablet, 50mg Tablet)	1	
Hydrochlorothiazide (Capsule, Tablet)	1	
Metolazone	1	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs		
Antara	2	
Fenofibrate (130mg Capsule, 43mg Capsule, Tablet)	1	
Fenofibrate Micronized	1	
Fenofibric Acid DR (Generic Trilipix)	1	
Gemfibrozil (Tablet)	1	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs		
Atorvastatin Calcium	1	QL
Crestor	2	QL
Fluvastatin (Immediate-Release Capsule)	1	QL
Livalo	3	QL
Lovastatin	1	QL
Pravastatin Sodium	1	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs		

Drug Name	Drug Tier	Required actions, restrictions or limits
Lovaza	3	
Niacin ER (Tablet Extended Release)	1	
Vascepa	3	
Vytorin	3	QL
Welchol	2	
Zetia	2	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs		
Hydralazine HCl	1	
Minoxidil (Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs		
Isosorbide Dinitrate	1	
Isosorbide Dinitrate ER	1	
Isosorbide Mononitrate	1	
Isosorbide Mononitrate ER	1	
Nitrostat	2	
Central Nervous System Agents - Drugs to Treat Nerve Conditions		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs		
Amphetamine/ Dextroamphetamine	1	PA
Dextroamphetamine Sulfate (Tablet)	1	PA

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Drug Name	Drug Tier	Required actions, restrictions or limits
Dextroamphetamine Sulfate ER	1	PA
Vyvanse	3	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs		
Clonidine HCl ER	1	
Methylphenidate HCl (Oral Solution, Tablet)	1	PA
Methylphenidate HCl CD (10mg Capsule Extended Release, 50mg Capsule Extended Release, 60mg Capsule Extended Release)	1	PA
Methylphenidate HCl ER	1	PA
Strattera	3	ST
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs		
Nuedexta	3	PA
Riluzole	1	
Fibromyalgia Agents - Fibromyalgia Drugs		
Cymbalta	3	QL
Duloxetine HCl (Capsule Delayed Release Particles)	1	QL
Lyrica	2	QL
Savella	2	
Savella Titration Pack	2	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs		

Drug Name	Drug Tier	Required actions, restrictions or limits
Aubagio	4	PA
Avonex	4	PA
Betaseron	4	PA
Copaxone	4	PA
Extavia	4	PA
Gilenya	4	PA
Rebif	4	PA
Rebif Titration Pack	4	PA
Tecfidera	4	PA
Tecfidera Starter Pack	4	PA
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions		
Dental and Oral Agents		
Chlorhexidine Gluconate Oral Rinse	1	
Pilocarpine HCl (Tablet)	1	
Triamcinolone in Orabase	1	
Dermatological Agents - Drugs to Treat Skin Conditions		
Dermatological Agents - Skin Agents		
Clotrimazole/ Betamethasone Dipropionate	1	
Diclofenac Sodium (Gel)	1	PA
Finacea	2	
Imiquimod (Cream)	1	
Santyl	3	
Stelara	4	PA
Tretinoin (Cream, Gel)	1	PA
Voltaren	2	PA
Zyclara	2	

Drug Name	Drug Tier	Required actions, restrictions or limits
Zyclara Pump (2.5% Cream)	2	
Enzyme Replacement/Modifiers - Drugs to Treat Enzyme Deficiency		
Enzyme Replacement/Modifiers - Enzyme Replacement/Modifying Drugs		
Creon	2	
Kuvan (Tablet Soluble)	4	
Zenpep	2	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics, Gastrointestinal - Bowel Treatment Drugs		
Dicyclomine HCl (Oral Dosage Forms)	1	
Methscopolamine Bromide (Tablet)	1	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs		
Cromolyn Sodium (Concentrate)	1	
Diphenoxylate/Atropine	1	
Ursodiol (Capsule, Tablet)	1	
Histamine2 (H2) receptor Antagonists - Ulcer and Stomach Acid Drugs		

Drug Name	Drug Tier	Required actions, restrictions or limits
Famotidine (20mg/2ml Injection, Suspension Reconstituted, 20mg Tablet, 40mg Tablet)	1	
Famotidine Premixed	1	
Nizatidine	1	
Ranitidine HCl (Capsule, 150mg/6ml Injection, Syrup, 150mg Tablet, 300mg Tablet)	1	
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs		
Amitiza	2	QL
Linzess	2	QL
Laxatives - Bowel Treatment Drugs		
GaviLyte-C	1	
GaviLyte-G	1	
GaviLyte-N/Flavor Pack	1	
Lactulose	1	
Polyethylene Glycol 3350 (Powder)	1	
Suprep Bowel Prep		
TriLyte	1	
Protectants - Ulcer and Stomach Acid Drugs		
Carafate	3	
Misoprostol (Tablet)	1	

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Drug Name	Drug Tier	Required actions, restrictions or limits
Sucralfate (Tablet)	1	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs		
Dexilant	3	
Lansoprazole (Capsule Delayed Release)	1	
Nexium	2	
Nexium I.V.	3	
Omeprazole (10mg Capsule Delayed Release, 20mg Capsule Delayed Release)	1	
Omeprazole (40mg Capsule Delayed Release)	1	QL
Pantoprazole Sodium	1	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions		
Antispasmodics, Urinary - Bladder Control Drugs		
Gelnique (10% Gel)	2	QL
Gelnique (3% Gel)	2	
Myrbetriq	2	
Oxybutynin Chloride	1	
Oxybutynin Chloride ER	1	
Oxytrol	2	
Toviaz	2	
Vesicare	2	
Benign Prostatic Hypertrophy Agents - Prostate Enlargement Drugs		
Alfuzosin HCl ER	1	
Avodart	2	
Finasteride (5mg Tablet)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Rapaflo	2	
Tamsulosin HCl	1	
Terazosin HCl	1	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs		
Bethanechol Chloride (Tablet)	1	
Elmiron	3	
Phosphate Binders - Phosphate-Removing Agents		
Phoslyra	2	
Renvela	4	
Velphoro	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones		
Clobetasol Propionate (External Solution, Foam, Gel, Lotion, Ointment, Shampoo)	1	
Clobetasol Propionate E	1	
Clobex (Liquid, Shampoo)	3	
Clobex (Lotion)	4	
Fludrocortisone Acetate (Tablet)	1	
Fluocinolone Acetonide (Cream, External Solution, Ointment)	1	
Fluocinolone Acetonide Body Oil	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Fluticasone Propionate (Cream, Lotion, Ointment)	1	
Methylprednisolone (Tablet)	1	
Methylprednisolone Acetate (Injection)	1	
Methylprednisolone Dose Pack	1	
Methylprednisolone Sodium Succinate (125mg Injection, 40mg Injection)	1	
Prednisone (Oral Solution, Tablet)	1	
Prednisone Intensol (Oral Solution)	1	
Triamcinolone Acetonide (Cream, Lotion, Ointment)	1	
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/ Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs		
Acthar HP	4	PA
Desmopressin Acetate (Injection, Nasal Solution, Tablet)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones		
Hormonal Agents, Stimulant/ Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs		
Korlym	4	PA, QL
Hormonal Agents, Stimulant/ Replacement/Modifying (Sex Hormones/ Modifiers) - Drugs to Regulate Hormones		
Androgens - Hormone Replacement/ Modifying Drugs		
Androderm	2	PA, QL
AndroGel (50mg/ 5gm Gel)	2	PA
AndroGel Pump (1.62% Gel)	2	PA
Danazol (Capsule)	1	
Testosterone Cypionate (Injection)	1	
Testosterone Enanthate (Injection)	1	
Estrogens - Hormone Replacement/ Modifying Drugs		
Estrace (Cream)	3	
Estrace (Tablet)	3	PA, HRM
Estradiol (Generic Estrace)	1	PA, HRM

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Drug Name	Drug Tier	Required actions, restrictions or limits
Estradiol Valerate (Injection)	1	
Jinteli	1	PA, HRM
Lo Loestrin Fe	3	
Lo Minastrin Fe	3	
Premarin (Vaginal Cream)	2	
Premarin (Injection, Tablet)	3	PA, HRM
Premphase	3	PA, HRM
Prempro	3	PA, HRM
Vagifem	3	
Vivelle-Dot	3	PA, HRM
Progestins - Hormone Replacement/ Modifying Drugs		
Medroxyprogesterone Acetate (Injection, Tablet)	1	
Megace ES	4	PA, HRM
Megace Oral	3	PA, HRM
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/ Modifying Drugs		
Evista	2	
Raloxifene Hydrochloride	1	
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones		
Hormonal Agents, Stimulant/ Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs		
Levothyroxine Sodium (100mcg Injection)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Levothyroxine Sodium (Tablet)	1	
Levoxyl	1	
Liothyronine Sodium (Injection, Tablet)	1	
Synthroid	2	
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants		
Lysodren	4	
Hormonal Agents, Suppressant (Parathyroid) - Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Parathyroid) - Hormone Suppressants		
Sensipar (30mg Tablet)	2	QL
Sensipar (60mg Tablet, 90mg Tablet)	4	QL
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones		
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants		
Cabergoline	1	
Lupron Depot	4	PA
Lupron Depot-PED (11.25mg Injection, 15mg Injection)	4	PA
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones		
Antithyroid Agents - Thyroid Suppressing Drugs		
Methimazole (Tablet)	1	
Propylthiouracil (Tablet)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Immunological Agents - Drugs that Stimulate or Suppress the Immune System		
Angioedema (HAE) Agents - Drugs to Treat Angioedema		
Cinryze	4	PA, LA
Firazyr	4	PA
Immune Suppressants - Immune System Drugs		
Azathioprine (Tablet)	1	
Cimzia	4	PA
Enbrel	4	PA
Humira	4	PA
Humira Starter Kit	4	PA
Kineret	4	PA
Methotrexate (Tablet)	1	
Methotrexate Sodium (1gm Injection, 1gm/40ml Injection)	1	
Orencia	4	PA
Simponi (50mg/0.5ml Injection)	4	PA
Simponi Aria	4	PA
Xeljanz	4	PA, QL
Immunizing Agents, Passive - Immune System Drugs		
Gammagard Liquid	4	PA
Thymoglobulin	4	

Drug Name	Drug Tier	Required actions, restrictions or limits
Immunomodulators - Immune System Drugs		
Actemra (162mg/0.9ml Injection, 200mg/10ml Injection)	4	PA
Leflunomide (Tablet)	1	
Vaccines		
Boostrix	2	
Zostavax	3	PA
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease		
Aminosalicylates - Inflammatory Bowel Disease Drugs		
Apriso	2	
Balsalazide Disodium	1	
Lialda	2	
Pentasa	3	
Glucocorticoids - Inflammatory Bowel Disease Drugs		
Budesonide (Capsule Extended Release 24 Hour)	1	
Procto-Pak	1	
Sulfonamides - Inflammatory Bowel Disease Drugs		
Sulfasalazine (Tablet)	1	
Sulfazine EC	1	

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Drug Name	Drug Tier	Required actions, restrictions or limits
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions		
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs		
Actonel	2	
Alendronate Sodium	1	
Atelvia	3	
Binosto	3	
Calcitriol (Capsule, Injection, Oral Solution)	1	PA
Ibandronate Sodium (Injection)	1	PA
Ibandronate Sodium (Tablet)	1	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Preps (Pad)	2	
Gauze Pads	2	
Insulin Syringes, Needles	2	
Ophthalmic Agents - Drugs to Treat Eye Conditions		
Ophthalmic Agents, Other - Miscellaneous Eye Drugs		
Lastacft	2	
Restasis	2	
Tobradex (0.1%-0.3% Suspension)	3	
Tobradex ST (0.05%-0.3% Suspension)	3	
Ophthalmic Anti-Allergy Agents - Allergy, Infection and Inflammation Drugs		
Azelastine HCl (Ophthalmic Solution)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Cromolyn Sodium (Ophthalmic Solution)	1	
Pataday	2	
Patanol	2	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs		
Diclofenac Sodium (Ophthalmic Solution)	1	
Durezol	2	
Ilevro	2	
Lotemax	3	
Nevanac	2	
Prolensa	3	
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs		
Alphagan P	2	
Azopt	2	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Combigan	2	
Dorzolamide HCl	1	
Dorzolamide HCl/Timolol Maleate	1	
Simbrinza	2	
Timolol Maleate (Gel Forming Solution)	1	
Timolol Maleate (Ophthalmic Solution)	1	
Ophthalmic Prostaglandin and Prostanamide Analogs - Glaucoma Drugs		

Drug Name	Drug Tier	Required actions, restrictions or limits
Latanoprost	1	
Lumigan (0.01% Ophthalmic Solution)	2	
Travatan Z	2	
Otic Agents - Drugs to Treat Ear Conditions		
Otic Agents - Ear Drugs		
Acetic Acid (Otic Solution)	1	
Fluocinolone Acetonide (Oil)	1	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs		
Asmanex	3	
Budesonide (0.25mg/2ml Suspension, 0.5mg/2ml Suspension)	1	PA
Flovent Diskus	2	QL
Flovent HFA	2	
Flunisolide	1	
Fluticasone Propionate (Suspension)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Pulmicort (0.25mg/2ml Suspension, 0.5mg/2ml Suspension)	3	PA
Pulmicort (1mg/2ml Suspension)	4	PA
Pulmicort Flexhaler	2	
QVAR	2	
Triamcinolone Acetonide (Inhaler)	1	
Zetonna	3	
Antihistamines - Allergy Drugs		
Astepro	3	
Azelastine HCl (137mcg/Spray Nasal Solution)	1	QL
Levocetirizine Dihydrochloride (Oral Solution, Tablet)	1	
Patanase	2	
Promethazine HCl (Injection, Suppository, Syrup, Tablet)	1	PA, HRM
Antileukotrienes - Asthma/Lung Drugs		
Montelukast Sodium (Packet, Tablet, Tablet Chewable)	1	
Zafirlukast	1	

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Drug Name	Drug Tier	Required actions, restrictions or limits
Bronchodilators, Anticholinergic - Asthma/COPD/Lung Drugs		
Atrovent	3	
Atrovent HFA	3	
Ipratropium Bromide (Inhalation Solution)	1	PA
Ipratropium Bromide (Nasal Solution)	1	
Spiriva Handihaler	2	QL
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs		
Albuterol Sulfate (Nebulization Solution)	1	PA
Albuterol Sulfate (Syrup, Tablet)	1	
Albuterol Sulfate ER	1	
Arcapta Neohaler	3	
EpiPen	2	
Foradil Aerolizer	2	
Perforomist	3	PA
Proair HFA	2	
Serevent Diskus	2	QL
Ventolin HFA	3	ST
Phosphodiesterase Inhibitors, Airways Disease - Drugs to Treat Airway Disease		
Daliresp	3	PA
Theophylline (Oral Solution)	1	
Theophylline CR (100mg Tablet Extended Release 12 Hour, 200mg Tablet Extended Release 12 Hour)	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Theophylline ER (300mg Tablet Extended Release 12 Hour, 450mg Tablet Extended Release 12 Hour, Tablet Extended Release 24 Hour)	1	
Pulmonary Antihypertensives - Asthma/Lung Drugs		
Adcirca	4	PA, QL
Letairis	4	PA, LA
Opsumit	4	PA
Tracleer	4	PA
Respiratory Tract Agents, Other - Asthma/Lung Drugs		
Advair Diskus	2	QL
Advair HFA	2	
Anoro Ellipta	2	QL
Breo Ellipta	2	
Cromolyn Sodium (Nebulization Solution)	1	PA
Dulera	3	PA
Symbicort	2	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions		
Combivent Respimat	2	
Dymista	2	
Ipratropium Bromide/Albuterol Sulfate	1	PA
Promethazine VC Plain	1	PA, HRM
Xolair	4	PA
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions		

Drug Name	Drug Tier	Required actions, restrictions or limits
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs		
Baclofen (Tablet)	1	
Carisoprodol (350mg Tablet)	1	PA, QL, HRM
Carisoprodol/Aspirin	1	PA, HRM
Cyclobenzaprine HCl (Tablet)	1	PA, HRM
Methocarbamol (Tablet)	1	PA, HRM
Tizanidine HCl (Capsule, Tablet)	1	
Sleep Disorder Agents - Drugs for Sedation and Sleep		
GABA Receptor Modulators - Sedation and Sleep Drugs		
Temazepam	1	QL
Zolpidem Tartrate	1	QL, HRM
Zolpidem Tartrate ER	1	QL, HRM
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs		
Modafinil	1	PA, QL
Rozerem	3	
Xyrem	2	PA, LA
Therapeutic Nutrients/Minerals/ Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
Electrolyte/Mineral Modifiers - Vitamin, Mineral and Body Fluid Deficiency Drugs		

Drug Name	Drug Tier	Required actions, restrictions or limits
Exjade	4	PA
Kionex (Powder)	1	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs		
Carbaglu	4	LA
Klor-Con 10	1	
Klor-Con 8	1	
Klor-Con M15	1	
Klor-Con M20	1	
Potassium Chloride (10meq/100ml Injection, 2meq/ml Injection, 40meq/100ml Injection)	1	
Potassium Chloride (20meq/100ml Injection)	1	
Potassium Chloride 0.15%/NaCl 0.45% Viaflex	1	
Potassium Chloride 0.15%/NaCl 0.9%	1	
Potassium Chloride 0.3%/NaCl 0.9%	1	

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Drug Name	Drug Tier	Required actions, restrictions or limits
Potassium Chloride ER (Capsule Extended Release, 10meq Tablet Extended Release, 20meq Tablet Extended Release)	1	
Potassium Citrate (1080mg Tablet Extended Release)	1	
Potassium Citrate (540mg Tablet Extended Release)	1	
Electrolytes/Minerals - Vitamin, Mineral and Body Fluid Deficiency Drugs		
Sodium Fluoride (1mg Tablet)	1	
Therapeutic Nutrients/Minerals/ Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies		
Dextrose 10% Flex Container	1	
Dextrose 10%/NaCl 0.2%	1	
Dextrose 10%/NaCl 0.45%	1	
Dextrose 2.5%/NaCl 0.45%	1	
Dextrose 5%	1	
Dextrose 5%/NaCl 0.2%	1	
Dextrose 5%/NaCl 0.225%	1	
Dextrose 5%/NaCl 0.33%	1	
Dextrose 5%/NaCl 0.45%	1	

Drug Name	Drug Tier	Required actions, restrictions or limits
Dextrose 5%/NaCl 0.9%	1	
Dextrose 5%/ Potassium Chloride 0.15%	1	
KCl 0.075%/D5W/ NaCl 0.45%	1	
KCl 0.15%/D5W/LR	1	
KCl 0.15%/D5W/ NaCl 0.2%	1	
KCl 0.15%/D5W/ NaCl 0.225%	1	
KCl 0.15%/D5W/ NaCl 0.9%	1	
KCl 0.3%/D5W/NaCl 0.45%	1	
KCl 0.3%/D5W/NaCl 0.9%	1	
Lactated Ringers Dextrose 5% Viaflex	1	
Levocarnitine (Injection, Oral Solution, Tablet)	1	PA
Potassium Chloride 0.15% D5W/NaCl 0.45%	1	
Potassium Chloride 0.15%/D5W/NaCl 0.33%	1	
Potassium Chloride 0.22%/D5W/NaCl 0.45%	1	
Potassium Chloride 0.3%/D5W	1	
Vitamins		
Prenatabs OBN	1	

Drugs with a quantity limit

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

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

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

Drug Name	Quantity Limit
Abilify (Oral Solution)	Maximum of 25 ml per day
Abilify (Tablet)	Maximum of 1 tablet per day
Abilify Discmelt (10mg Tablet Dispersible)	Maximum of 3 tablets per day
Abilify Discmelt (15mg Tablet Dispersible)	Maximum of 2 tablets per day
Abstral	Maximum of 4 tablets per day
Acarbose (100mg Tablet)	Maximum of 2 tablets per day
Acarbose (25mg Tablet)	Maximum of 12 tablets per day
Acarbose (50mg Tablet)	Maximum of 6 tablets per day
Acetaminophen/Codeine (Oral Solution)	Maximum of 140 ml per day
Acetaminophen/Codeine (Tablet)	Maximum of 13 tablets per day
Acyclovir (Ointment)	Maximum of 1 tube (30 g) per 30 days
Adcirca	Maximum of 2 tablets per day
Advair Diskus	Maximum of 1 inhaler (60 blisters) per 30 days
Alprazolam (0.25mg Tablet, 0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet)	Maximum of 5 tablets per day
Alprazolam ER (0.5mg Tablet Extended Release 24 Hour, 1mg Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Alprazolam ER (2mg Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Alprazolam ER (3mg Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Solution)	Maximum of 10 ml per day
Alprazolam ODT (0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Alprazolam ODT (2mg Tablet Dispersible)	Maximum of 5 tablets per day
Amitiza	Maximum of 2 capsules per day
Amlodipine Besylate/Atorvastatin Calcium	Maximum of 1 tablet per day
Amlodipine Besylate/Benazepril HCl	Maximum of 1 capsule per day
Androderm	Maximum of 1 patch per day
Anoro Ellipta	Maximum of 1 inhaler (60 blisters) per 30 days
Atenolol/Chlorthalidone (50mg-25mg Tablet)	Maximum of 1 tablet per day
Atorvastatin Calcium	Maximum of 1 tablet per day
Atripla	Maximum of 2 tablets per day
Azelastine HCl (137mcg/Spray Nasal Solution)	Maximum of 2 sprays per day
Azor	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide	Maximum of 1 tablet per day
Benicar	Maximum of 1 tablet per day
Benicar HCT	Maximum of 1 tablet per day
BiDil	Maximum of 6 tablets per day
Bisoprolol Fumarate/Hydrochlorothiazide (2.5mg-6.25mg Tablet, 5mg-6.25mg Tablet)	Maximum of 2 tablets per day
Brilinta	Maximum of 2 tablets per day
Butalbital/Acetaminophen	Maximum of 6 tablets per day
Butalbital/Acetaminophen/Caffeine (Capsule)	Maximum of 6 capsules per day
Butalbital/Acetaminophen/Caffeine (Tablet)	Maximum of 6 tablets per day
Butalbital/Acetaminophen/Caffeine/Codeine	Maximum of 6 capsules per day
Butalbital/Aspirin/Caffeine	Maximum of 6 capsules per day
Butrans	Maximum of 4 patches per 28 days
Byetta (10mcg/0.04ml Injection)	Maximum of 2 pens (2.4 ml) per 28 days
Byetta (5mcg/0.02ml Injection)	Maximum of 1 pen (1.2 ml) per 28 days
Candesartan Cilexetil (16mg Tablet, 32mg Tablet, 4mg Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8mg Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil/Hydrochlorothiazide	Maximum of 1 tablet per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Captopril/Hydrochlorothiazide (25mg-15mg Tablet, 50mg-15mg Tablet)	Maximum of 3 tablets per day

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Plain type = Generic drug

Drug Name	Quantity Limit
Captopril/Hydrochlorothiazide (25mg-25mg Tablet, 50mg-25mg Tablet)	Maximum of 2 tablets per day
Carisoprodol (350mg Tablet)	Maximum of 4 tablets per day
Carisoprodol/Aspirin/Codeine	Maximum of 4 tablets per day
Celebrex	Maximum of 2 capsules per day
Clonazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 3 tablets per day
Clonazepam (2mg Tablet)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 3 tablets per day
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel	Maximum of 1 tablet per day
Codeine Sulfate (Tablet)	Maximum of 6 tablets per day
Crestor	Maximum of 1 tablet per day
Crixivan	Maximum of 9 capsules per day
Cymbalta	Maximum of 2 capsules per day
Diazepam (Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (Oral Solution)	Maximum of 8 ml per day
Digoxin (125mcg Tablet)	Maximum of 1 tablet 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	Maximum of 1 tablet per day
Duloxetine HCl (Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Edarbi	Maximum of 1 tablet per day
Edarbyclor	Maximum of 1 tablet per day
Effient	Maximum of 1 tablet per day
Eliquis	Maximum of 2 tablets per day
Enalapril Maleate (Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)	Maximum of 2 tablets per day
Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)	Maximum of 1 tablet per day
Eprosartan Mesylate	Maximum of 1 tablet per day
Epzicom	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Exalgo (12mg Tablet ER 24 Hour Abuse-Deterrent, 32mg Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Exalgo (16mg Tablet ER 24 Hour Abuse-Deterrent, 8mg Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Exelon (Patch 24 Hour)	Maximum of 1 patch per day
Fentanyl (Patch)	Maximum of 15 patches per 30 days
Fentanyl Citrate Oral Transmucosal	Maximum of 4 lozenges per day
Flovent Diskus	Maximum of 2 inhalers (120 blisters) per 30 days
Fluvastatin (20mg Capsule)	Maximum of 1 capsule per day
Fluvastatin (40mg Capsule)	Maximum of 2 capsules per day
Fosinopril Sodium	Maximum of 2 tablets per day
Fosinopril Sodium/Hydrochlorothiazide	Maximum of 4 tablets per day
Fuzeon	Maximum of 3 vials per day
Gelnique (10% Gel)	Maximum of 1 packet 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 2 tablets per day
Glipizide (5mg Tablet)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glipizide/Metformin HCl (2.5mg- 250mg Tablet)	Maximum of 8 tablets per day
Glipizide/Metformin HCl (2.5mg- 500mg Tablet, 5mg- 500mg Tablet)	Maximum of 4 tablets per day
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

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Plain type = Generic drug

Drug Name	Quantity Limit
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
Hydrocodone/Acetaminophen (300mg-10mg Tablet, 300mg-5mg Tablet, 300mg-7.5mg Tablet)	Maximum of 13 tablets per day
Hydrocodone/Acetaminophen (325mg-10mg Tablet, 325mg-5mg Tablet, 325mg-7.5mg Tablet)	Maximum of 12 tablets per day
Hydrocodone/Acetaminophen (Oral Solution)	Maximum of 180 ml per day
Intelligence (100mg Tablet)	Maximum of 2 tablets per day
Intelligence (200mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Irbesartan	Maximum of 1 tablet per day
Irbesartan/Hydrochlorothiazide	Maximum of 1 tablet per day
Isentress (Tablet Chewable)	Maximum of 9 tablets per day
Isentress (Tablet)	Maximum of 6 tablets per day
Janumet	Maximum of 2 tablets per day
Janumet XR (1000mg-100mg Tablet Extended Release 24 Hour, 500mg-50mg Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Janumet XR (1000mg-50mg Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Januvia	Maximum of 1 tablet per day
Jentadueto	Maximum of 2 tablets per day
Kazano	Maximum of 2 tablets per day
Kombiglyze XR (1000mg-2.5mg Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (1000mg-5mg Tablet Extended Release 24 Hour, 500mg-5mg Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Korlym	Maximum of 4 tablets per day
Lamivudine (100mg Tablet)	Maximum of 1 tablet per day
Lamivudine (150mg Tablet)	Maximum of 3 tablets per day
Lamivudine (300mg Tablet)	Maximum of 2 tablets per day
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Lidocaine (Patch)	Maximum of 3 patches per day
Lidoderm	Maximum of 3 patches per day
Linzess	Maximum of 1 capsule per day
Lisinopril (Tablet)	Maximum of 2 tablets per day
Lisinopril/Hydrochlorothiazide (12.5mg-10mg Tablet, 12.5mg-20mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (25mg-20mg Tablet)	Maximum of 2 tablets per day
Livalo	Maximum of 1 tablet per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 3 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam Intensol (Oral Solution)	Maximum of 5 ml per day
Losartan Potassium	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide	Maximum of 1 tablet per day
Lovastatin (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet)	Maximum of 2 tablets per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Lyrica (Oral Solution)	Maximum of 30 ml per day
Metformin HCl (1000mg Tablet)	Maximum of 2 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 (1000mg Tablet Extended Release 24 Hour, 750mg Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Metformin HCl ER (500mg Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 3 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Moexipril HCl	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Moexipril/Hydrochlorothiazide (12.5mg-15mg Tablet, 25mg-15mg Tablet)	Maximum of 2 tablets per day
Moexipril/Hydrochlorothiazide (12.5mg-7.5mg Tablet)	Maximum of 1 tablet per day
Morphine Sulfate (10mg/5ml Oral Solution)	Maximum of 120 ml per day
Morphine Sulfate (15mg Tablet)	Maximum of 8 tablets per day
Morphine Sulfate (20mg/5ml Oral Solution)	Maximum of 90 ml per day
Morphine Sulfate (20mg/ml Oral Solution)	Maximum of 18 ml per day
Morphine Sulfate (30mg Tablet)	Maximum of 12 tablets per day
Morphine Sulfate ER (100mg Capsule Extended Release 24 Hour, 120mg Capsule Extended Release 24 Hour, 60mg Capsule Extended Release 24 Hour (Generic Kadian), 80mg Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Morphine Sulfate ER (100mg Tablet Extended Release, 15mg Tablet Extended Release, 30mg Tablet Extended Release, 60mg Tablet Extended Release)	Maximum of 3 tablets per day
Morphine Sulfate ER (10mg Capsule Extended Release 24 Hour, 20mg Capsule Extended Release 24 Hour, 30mg Capsule Extended Release 24 Hour, 45mg Capsule Extended Release 24 Hour, 50mg Capsule Extended Release 24 Hour, 60mg (Generic Avinza) Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Morphine Sulfate ER (200mg Tablet Extended Release)	Maximum of 1 tablet per day
Morphine Sulfate ER (75mg Capsule Extended Release 24 Hour, 90mg Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Namenda (Oral Solution)	Maximum of 10 ml per day
Namenda XR	Maximum of 1 capsule per day
Namenda XR Titration Pack	Maximum of 1 capsule per day
Nateglinide (120mg Tablet)	Maximum of 3 tablets per day
Nateglinide (60mg Tablet)	Maximum of 6 tablets per day
Nesina	Maximum of 1 tablet per day
Nitrofurantoin Macrocrystals (50mg Capsule)	Maximum of 90 days of use per year
Nitrofurantoin Monohydrate	Maximum of 90 days of use per year

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Drug Name	Quantity Limit
Norvir (Capsule)	Maximum of 18 capsules per day
Norvir (Oral Solution)	Maximum of 24 ml per day
Norvir (Tablet)	Maximum of 18 tablets per day
Nucynta	Maximum of 6 tablets per day
Nucynta ER	Maximum of 2 tablets per day
Olanzapine (Tablet)	Maximum of 1 tablet per day
Olanzapine ODT	Maximum of 1 tablet per day
Omeprazole (40mg Capsule Delayed Release)	Maximum of 2 capsules per day
Onglyza	Maximum of 1 tablet per day
Opana (Tablet)	Maximum of 6 tablets per day
Opana ER (Crush Resistant) (10mg Tablet ER 12 Hour Abuse-Deterrent, 15mg Tablet ER 12 Hour Abuse-Deterrent, 20mg Tablet ER 12 Hour Abuse-Deterrent, 5mg Tablet ER 12 Hour Abuse-Deterrent, 7.5mg Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Opana ER (Crush Resistant) (30mg Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 4 tablets per day
Opana ER (Crush Resistant) (40mg Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oseni	Maximum of 1 tablet per day
Oxycodone HCl (10mg Tablet, 20mg Tablet, 5mg Tablet)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet)	Maximum of 8 tablets per day
Oxycodone HCl (Capsule)	Maximum of 12 capsules per day
Oxycodone HCl (Concentrate)	Maximum of 12 ml per day
Oxycodone HCl (Oral Solution)	Maximum of 240 ml per day
Oxycodone/Acetaminophen	Maximum of 12 tablets per day
Oxycodone/Aspirin	Maximum of 12 tablets per day
Oxycodone/Ibuprofen	Maximum of 4 tablets per day
Oxycontin	Maximum of 4 tablets per day
Perindopril Erbumine	Maximum of 2 tablets per day
Pioglitazone HCl	Maximum of 1 tablet per day
Pioglitazone HCl/Glimepiride	Maximum of 1 tablet per day
Pioglitazone HCl/Metformin HCl	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Potiga (200mg Tablet, 300mg Tablet, 400mg Tablet)	Maximum of 3 tablets per day
Potiga (50mg Tablet)	Maximum of 9 tablets per day
Pradaxa	Maximum of 2 capsules per day
Pravastatin Sodium	Maximum of 1 tablet per day
Pristiq (100mg Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Pristiq (50mg Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Quetiapine Fumarate (300mg Tablet, 400mg Tablet)	Maximum of 2 tablets per day
Quinapril HCl	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (12.5mg-10mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (12.5mg-20mg Tablet, 25mg-20mg Tablet)	Maximum of 2 tablets per day
Ramipril	Maximum of 2 capsules per day
Ranexa	Maximum of 2 tablets per day
Repaglinide (0.5mg Tablet)	Maximum of 32 tablets per day
Repaglinide (1mg Tablet)	Maximum of 16 tablets per day
Repaglinide (2mg Tablet)	Maximum of 8 tablets per day
Saphris	Maximum of 2 tablets per day
Selzentry (150mg Tablet)	Maximum of 3 tablets per day
Selzentry (300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (100mg Tablet, 200mg Tablet, 25mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Seroquel (300mg Tablet, 400mg Tablet)	Maximum of 2 tablets per day
Seroquel XR (150mg Tablet Extended Release 24 Hour, 200mg Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Seroquel XR (300mg Tablet Extended Release 24 Hour, 400mg Tablet Extended Release 24 Hour, 50mg Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Spiriva Handihaler	Maximum of 1 capsule per day
Stribild	Maximum of 2 tablets per day
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 sublingual films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	Maximum of 3 sublingual films per day
Tamiflu (30mg Capsule)	Maximum of 2 capsules per day
Tamiflu (45mg Capsule, 75mg Capsule)	Maximum of 1 capsule per day
Tamiflu (Suspension Reconstituted)	Maximum of 36 ml per day
Telmisartan	Maximum of 1 tablet per day
Telmisartan/Amlodipine	Maximum of 1 tablet per day
Temazepam	Maximum of 1 capsule per day
Tradjenta	Maximum of 1 tablet per day
Tramadol HCl (Tablet)	Maximum of 8 tablets per day
Tramadol HCl ER (Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl/Acetaminophen	Maximum of 12 tablets per day
Trandolapril (1mg Tablet, 2mg Tablet)	Maximum of 1 tablet per day
Trandolapril (4mg Tablet)	Maximum of 2 tablets per day
Tribenzor	Maximum of 1 tablet per day
Truvada	Maximum of 2 tablets per day
Valsartan/Hydrochlorothiazide	Maximum of 1 tablet per day
Victoza	Maximum of 3 pens (9 ml) per 30 days
Vytorin	Maximum of 1 tablet per day
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
Xeljanz	Maximum of 2 tablets per day
Zolpidem Tartrate	Maximum of 90 days of use per year
Zolpidem Tartrate ER	Maximum of 90 days of use per year
Zubsolv	Maximum of 3 tablets per day

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Breo Ellipta.....	38	21	Clonazepam.....	23
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Bumetanide.....	28	Carisoprodol/Aspirin/Codeine	13	Clopidogrel.....	26
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Bupropion HCl SR.....	17	Carvedilol.....	26	Dipropionate.....	30
Bupropion HCl XL.....	17	Cefdinir.....	15	Clozapine.....	22
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Carafate.....	31	Clindamycin Palmitate HCl		29
Carbaglu.....	39	15	Dextroamphetamine Sulfate	
Carbamazepine.....	17	Clindamycin Phosphate.....	15	ER.....	30
Carbamazepine ER.....	17	Clindamycin Phosphate in		Dextrose 10% Flex Container	
Carbidopa.....	21	D5W.....	15	40
Carbidopa/Levodopa.....	21	Clobetasol Propionate.....	32	Dextrose 10%/NaCl 0.2%....	40
Carbidopa/Levodopa ER....	21	Clobetasol Propionate E.....	32		

Dextrose 10%/NaCl 0.45%	40	Dorzolamide HCl.....	36	Ethambutol HCl.....	19
Dextrose 2.5%/NaCl 0.45%	40	Dorzolamide HCl/Timolol Maleate.....	36	Ethosuximide.....	16
Dextrose 5%.....	40	Doxazosin Mesylate.....	26	Etoposide.....	20
Dextrose 5%/NaCl 0.2%.....	40	Doxycycline.....	16	Evista.....	34
Dextrose 5%/NaCl 0.225%	40	Doxycycline Hyclate.....	16	Exalgo.....	13
Dextrose 5%/NaCl 0.33%.....	40	Doxycycline Hyclate DR.....	16	Exelon.....	17
Dextrose 5%/NaCl 0.45%.....	40	Doxycycline Monohydrate...16		Exjade.....	39
Dextrose 5%/NaCl 0.9%.....	40	Dronabinol.....	18	Extavia.....	30
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		Estradiol.....	33	Fluphenazine HCl.....	21
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KCl 0.15%/D5W/NaCl 0.225%.....	40
KCl 0.15%/D5W/NaCl 0.9%	40
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