



# Complete Drug List (Formulary) 2023

UnitedHealthcare Dual Complete® Choice (PPO D-SNP)  
UnitedHealthcare Dual Complete® Choice Select (PPO D-SNP)

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



Toll-free 1-866-480-1086, T 15.99999 Tfw6 314.34q0 0 0 1 282.90987002300



# Table of contents

What is a Drug List? .....	3
Note to existing members:.....	3
How can I find a drug on the Drug List? .....	4
What are generic drugs? .....	4
What is a compounded drug? .....	4
Are there any rules or limits on my drug coverage?.....	5
What if my drug is not on this list? .....	7
How can I get an exception? .....	7
Can I get my drug while I wait for an exception? .....	8
Can the Drug List change? .....	9
Covered drugs by name (Drug index).....	11
Covered drugs by category .....	30
Covered drugs with a quantity limit (QL) .....	98

## Questions

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



Toll-free 1-866-480-1086, TTY 711

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

## What is a Drug List?

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

Your plan will generally cover the drugs listed in our Drug List as long as:

- The drug is used for a medically accepted indication
- The prescription is filled at a network pharmacy, and
- Other plan rules are followed

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

### Note to existing members:

This complete list of prescription drugs covered by your plan is current as of March 1, 2023.

To get updated information about the covered drugs or if you have questions, please call Customer Service. Our contact information is on the cover.

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

When this Drug List refers to “we,” “us,” or “

## How can I find a drug on the Drug List?

There are 2 ways to find your prescription drugs in this Drug List:

1. By name. Turn to the section “Covered drugs by name (Drug index)” on pages 11-29 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. By medical condition. Turn to the section “Covered drugs by category” on pages 30-97. The drugs in this drug list are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



### **Can't find your drug?**

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

## What are generic drugs?

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

Talk with your doctor to see if any of the brand name drugs you take have generic versions.

The Drug List shows brand name (B) drugs in bold type (for example, Humalog) and generic (G) drugs in plain type (for example, Simvastatin).

## What is a compounded drug?

A compounded drug is created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. Compounded drugs may be Part D eligible. For more information about compounded drugs, please review your Evidence of Coverage.

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

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 30. The codes and what they mean are shown below and on the next page.

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

### Coverage rules and limits

---

#### PA - Prior authorization

The plan requires you or your doctor to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used and covered correctly by Medicare for your medical condition. Certain drugs may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs) depending on how it is used. If you don't get prior approval, the plan may not cover the drug.

#### QL - Quantity limits

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

#### ST - Step therapy

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

You and your doctor may ask the plan for an exception to the coverage rules and/or limits for your drug. See the section “How can I get an exception?” on page 7 or see your Evidence of Coverage to learn more.

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

**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.

**MME - Morphine milligram equivalent**

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

**7D - 7-day limit**

An opioid drug used for the treatment of acute pain may be limited to a 7-day supply for members with no recent history of opioid use. This limit is intended to minimize long-term opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy when appropriate.

**DL - Dispensing limit**

Dispensing limits apply to this drug. This drug is limited to a 1-month supply per prescription.

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

If your drug is not included in this Drug List, we may still cover it. Call Customer Service to ask if it's covered. Our contact information, along with the date we last updated the Drug List, is on the cover.

If you find out that your drug is not covered, you can do either of the following options:

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

## How can I get an exception?

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

### Types of exceptions you can ask for

---

- Drug List exception: Ask the plan to cover your Medicare Part D drug even if it's not on the Drug List.
- Utilization exception: Ask the plan to revise the coverage rules or limits on your drug. For example, if your drug has a quantity limit, you can ask the plan to change the limit and cover more.

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

### Who can ask for an exception?

---

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

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

---

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

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

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's



---

---

---

---

---



## Can the Drug List change?

Most changes in drug coverage happen on January 1. We may need to make changes during the plan year for safety or other reasons that can affect you. We must follow the Medicare rules in making these changes.

### Changes that can affect you this year

---

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately add new restrictions.

If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the Drug List, or add new restrictions to the brand name drug. Or we may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change.

We will notify members at least 30 days before the change becomes effective, or when the member requests a refill of the drug, at which time you will receive at least a 30-day supply of the drug.

If we add new generic drugs or make other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section “How can I get an exception?” on page 7.

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will let you know and take it off the Drug List right away.

### Changes that will not affect you if you are currently taking the drug

---

Usually, if you’re taking a drug on this Drug List that was covered at the beginning of the year, we will not remove or reduce coverage during the year except as described above. You will not get a notice this year about changes that do not affect you. However, on January 1 of the next year these changes will affect you, therefore it is important to check the Drug List for any changes to drugs for the new plan year.

10

### For more information

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

If you have questions about your plan's prescription drug coverage, please call Customer Service. Our contact information, along with the date we last updated the Drug List, is on the cover.

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

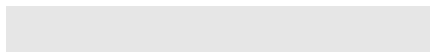
## Covered drugs by name (Drug index)

### A

Abacavir Sulfate .....	56
Abacavir Sulfate -Lamivudine . .....	56
Abelcet .....	43
Abilify Maintena .....	52
Abiraterone Acetate .....	45
Acamprosate Calcium .	

Apriso .....	89
Aptiom .....	39
Aptivus .....	56
Aralast NP .....	77
Aranelle .....	80
Aranesp .....	61
Arcalyst .....	86
Aripiprazole .....	52
Aripiprazole ODT .....	52
Aristada .....	52
Aristada Initio .....	52
Armodafinil .....	97
Arnuty Ellipta .....	

Braftovi .....47





Delstrigo .....	55	Diclofenac Potassium .....	30	Donepezil HCl .....	40
Demeclocycline HCl .....	37	Diclofenac Sodium .....	92	Donepezil HCl ODT .....	40
Demser .....	65	Diclofenac Sodium ER .....	30	Dorzolamide HCl .....	93
Depo -Estradiol .....	80	Dicloxacillin Sodium .....	36	Dorzolamide HCl -Timolol Maleate .....	91
Descovy .....	56	Dicyclomine HCl .....	76	Dorzolamide HCl -Timolol Maleate Preservative Free ...	91
Desipramine HCl .....	42	Difacid .....	37	Dovato .....	55
Desloratadine .....	94	Diflunisal .....	30	Doxazosin Mesylate .....	62
Desmopressin Acetate .....	79	Digitek .....	65	Doxepin HCl .....	71
Desmopressin Acetate Spray .. .....	79	Digoxin .....	65	Doxercalciferol .....	90
Desogestrel -Ethinyl Estradiol .. .....	80	Dihydroergotamine Mesylate .. .....	44	Doxy 100 .....	37
Desonide .....	71	Dilantin .....	40	Doxycycline Hyclate .....	37
Desoximetasone .....	71	Dilantin INFATABS .....	40	Doxycycline Monohydrate ...	38
Desvenlafaxine Succinate ER .. .....	41	Dilt -XR .....	64	Drizalma Sprinkle .....	69
Dexamethasone .....	79	Diltiazem HCl .....	64	Dronabinol .....	43
Dexamethasone Sodium Phosphate .....	92	Diltiazem HCl ER .....	64	Drospirenone -Ethinyl Estradiol .....	80
Dexilant .....	77	Diltiazem HCl ER Beads .....	64	Droxia .....	46
Dexlansoprazole .....	77	Diltiazem HCl ER Coated Beads .....	64	Droxidopa .....	62
Dexmethylphenidate HCl .....	68	Dimethyl Fumarate .....	69	Duavee .....	80
Dexmethylphenidate HCl ER .. .....	68	Dimethyl Fumarate Starter Pack .....	69	Dulera .....	96
Dextroamphetamine Sulfate .. .....	68	Dipentum .....	89	Duloxetine HCl .....	69
Dextroamphetamine Sulfate ER .....	68	Diphenoxylate -Atropine .....	76	Dupixent .....	86
Dextrose .....	73	Diphtheria -Tetanus Toxoids DT .....	88	Dutasteride .....	78
Dextrose -NaCl .....	73	Disulfiram .....	32	Dymista .....	94
Diacomit .....	39	Diuril .....	66	<b>E</b>	
Diazepam .....	58	Divalproex Sodium .....	58	Econazole Nitrate .....	73
Diazepam Intensol .....	58	Divalproex Sodium ER .....	58	Edarbi .....	62
Diazoxide .....	59	Dofetilide .....	63	Edarbyclor .....	65
Diclofenac Epolamine .....	30	Dolishale .....	80	Edurant .....	55
				Efavirenz .....	55

Efavirenz -Emtricitabine	
-Tenofovir .....	55
Efavirenz -Lamivudine	
-Tenofovir .....	55
Egrifta SV .....	79
Elestrin . .....	80
Eliquis .....	61
Eliquis Starter Pack .....	61
Elmiron .....	79
EluRyng . .....	80
Emcyt . .....	46
Emgality . .....	44
Emoquette 38ui.2raic10.1553878793]TJ1 0 0 1 64.....007160r 6 .....	
Emsam .....	41
Emtricitabine .....	56
Emtricitabine -Tenofovir	
Disoproxil Fumarate .....	56
Emtriva . .....	1 64.43987 416.51587 Tm(Tm1161Tm[mnalaprl FMalete . )TJ1 0 0 1 175.318046



Femynor .....	81	Fluocinonide Emulsified Base . .....	71	Gammagard S/D Less IgA ...	85
Fenofibrate .....	66	Fluorometholone .	92	Gammaked .....	86
Fenofibrate Micronized .....	66	Fluorouracil .....	72	Gammaplex .	86
Fenofibric Acid .....	66	Fluoxetine HCl .....	41	Gamunex -C .....	86
Fentanyl .	31	Fluphenazine Decanoate .....	52	Gardasil 9 .....	88
Fentanyl Citrate .....	31	Fluphenazine HCl .....	52	Gatifloxacin .	92
Ferriprox .	75	Flurbiprofen .	30	Gattex .....	76
Fetzima .....	41	Flurbiprofen Sodium .....	92	Gauze .....	91
Fetzima Titration .	41	Fluticasone Propionate .....	94	GaviLyte -C .....	76
Finacea .	70	Fluticasone -Salmeterol .....	96	GaviLyte -G .....	76
Finasteride .....	78	Fluvastatin Sodium .....	67	Gavreto .	48
Fingolimod HCl .....	69	Fluvastatin Sodium ER .....	67	Gemfibrozil .....	66
Fintepla .	38	Fluvoxamine Maleate .....	41	Gemtesa .....	78
Finzala .....	81	Fondaparinux Sodium .....	61	Generlac .....	76
Firmagon .	85	Formoterol Fumarate .....	95	Gengraf .....	87
Flac .....	93	Forteo .....	90	Genotropin .....	79
Flarex .....	92	Fosamprenavir Calcium .....	57	Genotropin MiniQuick .....	79
Flebogamma DIF .....	85	Fosinopril Sodium .	63	Gentak .....	92
Flecainide Acetate .....	63	Fosinopril Sodium -HCTZ .....	65	Gentamicin Sulfate .....	92
Flovent Diskus .....	94	Fotivda .....	46	Gentamicin Sulfate -0.9% Sodium Chloride .....	Gemtesa .
Flovent HFA .	94	Furosemide .....	66		
Fluconazole .....	43	Fuzeon .	56	69	
Fluconazole in Sodium Chloride .....	43	Fyavolv .	81		
Flucytosine .....	43	Fycompa .....	38		
Fludrocortisone Acetate .....	79				
Flunisolide .....	94	<b>G</b>			
Fluocinolone Acetonide .....	93	Gabapentin .	39		
Fluocinolone Acetonide Scalp . .....	71	Galantamine Hydrobromide . .....	40		
Fluocinonide .....	71	Galantamine Hydrobromide ER .....	40		
		Gammagard .....	85		

Glipizide ER . . . . .	58	Humalog Mix 50/50 KwikPen . . . . .	60
Glipizide -Metformin HCl . . . . .	58	Humalog Mix 75/25 . . . . .	60
GlucaGen HypoKit . . . . .	59	Humalog Mix 75/25 KwikPen . . . . .	60
Glucagon . . . . .	59	Humira . . . . .	87
Glycopyrrolate . . . . .	76		
Glyxambi . . . . .	58		
Granisetron HCl . . . . .	43		
Griseofulvin Microsize . . . . .	43		
Griseofulvin Ultramicrosize . . . . .	43		
Guanfacine HCl ER . . . . .	68		
Gvoke HypoPen 2 -Pack . . . . .	59		
Gvoke Kit . . . . .	59		
Gvoke PFS . . . . .	59		
<b>H</b>			
Haegarda . . . . .	85		
Hailey 24 Fe . . . . .	81		
Halobetasol Propionate . . . . .	71		
Haloperidol . . . . .	52		
Haloperidol Decanoate . . . . .	52		
Haloperidol Lactate . . . . .	52		
Havrix . . . . .	88		
Heparin Sodium . . . . .	61		
Hetlioz . . . . .	97		
Hetlioz LQ . . . . .	97		
Hiberix . . . . .	88		
Humalog . . . . .	60		
Humalog Junior KwikPen . . . . .	60		
Humalog KwikPen . . . . .	60		
Humalog Mix 50/50 . . . . .	60		

Indapamide .....	66	Isosorbide Dinitrate -Hydralazine .....	65	<b>K</b>	
Indomethacin .....	30	Isosorbide Mononitrate .....	68	KCl in Dextrose -NaCl .....	74
Infanrix .....	88	Isosorbide Mononitrate ER ..	68	KCl -Lactated Ringers -D5W . .....	74
Ingrezza .....	69	Isotretinoin .....	70	Kaitlib Fe .....	81
Inlyta .....	48	Isturisa .....	85	Kalydeco .....	95
Inqovi .....	48	Itraconazole .....	43	Kariva .....	81
Inrebic .....	48	Ivermectin .....	50	Kelnor 1/35 .....	81
Insulin Lispro .....	60	Ixiaro .....	88	Kelnor 1/50 .....	81
Insulin Lispro Junior KwikPen . .....	60	<b>J</b>		Kerendia .....	65
Insulin Lispro Prot & Lispro ..	60	Jakafi .....	48	Ketoconazole .....	73
Insulin Syringes, Needles .....	91	Jantoven .....	61	Ketoprofen .....	30
Intelence .....	55	Janumet .....	58	Ketorolac Tromethamine .....	92
Intralipid .....	74	Janumet XR .....	58	Kineret .....	86
Introvale .....	81	Januvia .....	58	Kinrix .....	89
Invega Hafyera .....	52	Jardiance .....	58	Kisqali .....	48
Invega Sustenna .....	53	Jasmiel .....	81	Kisqali Femara .....	48
Invega Trinza .....	53	Jentaduetto .....	58	Klor -Con .....	74
Ipratropium Bromide .....	94	Jentaduetto XR .....	58	Klor -Con 10 .....	74
Ipratropium -Albuterol .....	96	Jinteli .....	81	Klor -Con 8 .....	74
Irbesartan .....	62	Jublia .....	73	Klor -Con M10 .....	74
Irbesartan -Hydrochlorothiazide .....	65	Juleber .....	81	Klor -Con M15 .....	74
Iressa .....	48	Juluca .....	55	Klor -Con M20 .....	74
Isentress .....	55	Junel 1.5/30 .....	81	Korlym .....	79
Isentress HD .....	55	Junel 1/20 .....	81	Koselugo .....	48
Isibloom .....	81	Junel Fe 1.5/30 .....	81	Kurvelo .....	81
Isolyte -P in D5W .....	74	Junel Fe 1/20 .....	81	Kynmobi .....	51
Isolyte -S pH 7.4 .....	74	Junel Fe 24 .....	81	<b>L</b>	
Isoniazid .....	45	Juxtapid .....	67	LARIN 1.5/30 .....	81
Isosorbide Dinitrate .....	68	Jynneos .....	88	LARIN 1/20 .....	81

LARIN Fe 1.5/30 .....	82
LARIN Fe 1/20 .....	82
Labetalol HCl .....	63
Lacosamide .....	40
Lacrisert .....	91
Lactulose .....	76
Lamivudine .....	56
Lamivudine -Zidovudine .....	56
Lamotrigine .....	38
Lanoxin .....	65
Lansoprazole .....	77
Lanthanum Carbonate .....	75
Lantus .....	60
Lantus SoloStar .....	60
Lapatinib Ditosylate .....	48
Latanoprost .....	93
Latuda .....	53
Layolis Fe .....	82
Leena .....	82
Leflunomide .....	87
Lenalidomide .....	46
Lenvima 10MG Daily Dose ..	48
Lenvima 12MG Daily Dose ..	48
Lenvima 14MG Daily Dose ..	48
Lenvima 18MG Daily Dose ..	48
Lenvima 20MG Daily Dose ..	49
Lenvima 24MG Daily Dose ..	49
Lenvima 4MG Daily Dose .....	49
Lenvima 8MG Daily Dose .....	



Morphine Sulfate .....	32	Nateglinide .....	59	Nimodipine .....	64
Morphine Sulfate ER .....	31	Natpara .....	90	Ninlaro .....	46
Motegrity .....	76	Nayzilam .....	39	Nitazoxanide .....	50
Mounjaro .....	59	Nebivolol HCl .....	63	Nitisinone .....	77
Movantik .....	76	Necon 0.5/35 .....	82	Nitro -Bid .....	68
Moxifloxacin HCl .....	92	Nefazodone HCl .....	41	Nitrofurantoin .....	34
Moxifloxacin HCl in NaCl .....	37	Neomycin Sulfate .....	33	Nitrofurantoin Macrocrystal ..	34
Multaq .....	63	Neomycin -Bacitracin -Polymyxin .....	92	Nitrofurantoin Monohydrate ..	34
Mupirocin .....	73	Neomycin -Polymyxin -Bacitracin -Hydrocortisone ..	91	Nitroglycerin .....	68
Mupirocin Calcium .....	73	Neomycin -Polymyxin -Dexamethasone .....	91	Nitrostat .....	68
Myalept .....	76	Neomycin -Polymyxin -Gramicidin .....	92	Nizatidine .....	77
Mycophenolate Mofetil .....	88	Neomycin -Polymyxin -HC .....	94	Nora -BE .....	84
Mycophenolate Sodium .....	88	Nerlynx .....	49	Norethindrone .....	84
Myorisan .....	70	Neuac .....	70	Norethindrone Acetate .....	84
Myrbetriq .....	78	Neulasta .....	61	Norethindrone Acetate -Ethinyl Estradiol .....	82
<b>N</b>		Neupro .....	51	Norethindrone Acetate -Ethinyl Estradiol -Fe .....	82
Nabumetone .....	30	Nevirapine .....	55	Norethindrone -Ethinyl Estradiol -Fe .....	82
Nadolol .....	63	Nevirapine ER .....	55	Norgestimate -Ethinyl Estradiol .....	82
Nafcillin Sodium .....	36	Niacin .....	67	Norgestimate -Ethinyl Estradiol Triphasic .....	82
Naftifine HCl .....	73	Niacin ER .....	67	Nortrel 0.5/35 .....	82
Naftin .....	73	Niacor .....	67	Nortrel 1/35 .....	82
Naloxone HCl .....	33	Nicardipine HCl .....	64	Nortrel 7/7/7 .....	82
Naltrexone HCl .....	32	Nicotrol .....	33	Nortriptyline HCl .....	42
Namzaric .....	40	Nicotrol NS .....	33	Norvir .....	57
Naproxen .....	30	Nifedipine ER .....	64	Noxafil .....	43
Naproxen DR .....	30	Nifedipine ER Osmotic Release .....	64	Nubeqa .....	46
Naratriptan HCl .....	44	Nikki .....	82	Nucala .....	97
Narcan .....	33	Nilutamide .....	45	Nuedexta .....	69
Natacyn .....	92				



Pilocarpine HCl .....	93
Pimecrolimus .....	72
Pimozide .....	52
Pimtrea .....	83
Pindolol .	



Pyridostigmine Bromide .....	45	Rebif Titration Pack .....	69
Pyridostigmine Bromide ER .....	45	Reclipsen .....	83
Pyrimethamine .....	50	Recombivax HB .....	89
Pyrukynd .....	62	Rectiv .....	68
Pyrukynd Taper Pack .....	62	Regranex .....	72
<b>Q</b>		Relenza Diskhaler .....	57
Qinlock .....	46	Relistor .....	76
Quadracel .....	89	Repaglinide .....	59
Quetiapine Fumarate .....	53	Repatha .....	67
Quetiapine Fumarate ER .....	53	Repatha Pushtronex System . .....	67
Quinapril HCl .....	63	Repatha SureClick .....	67
Quinapril -Hydrochlorothiazide . .....	66	Restasis MultiDose .....	91
Quinidine Gluconate ER .....	63	Restasis Single -Use Vials .....	91
Quinidine Sulfate .....	63	Retacrit .....	62
Quinine Sulfate .....	50		
<b>R</b>			
RAVICTI .....	78		
RabAvert .....	89		
Rabeprazole Sodium .....	77		
Raloxifene HCl .....	84		
Ramelteon .....	97		
Ramipril .....	63		
Ranolazine ER .....	66		
Rasagiline Mesylate .....	51		
Rasuvo .....	88		
Rayaldee .....	90		
Rebif .....	69		
Rebif Rebidose .....	69		
Rebif Rebidose Titration Pack . .....	69		

Santyl .....	72	Sodium Fluoride .....	75	Sucralfate .....	77
Sapropterin Dihydrochloride . .....	78	Sodium Phenylbutyrate .....	78	Sulfacetamide Sodium .....	92
Savella .....	69	Sodium Polystyrene Sulfonate . .....	75	Sulfacetamide -Prednisolone . .....	91
Savella Titration Pack .....	69	Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate .	76	Sulfadiazine .....	37
Scemblix .....	49	Sofosbuvir -Velpatasvir .....	54	Sulfamethoxazole -Trimethoprim .....	37
Scopolamine .....	43	Solifenacin Succinate .....	78	Sulfamylon .	73
Secuado .....	53	Soliqua .....	59	Sulfasalazine .....	90
Selegiline HCl .....	51	Soltamox .....	46	Sulindac .....	30
Selenium Sulfide .....	72	Somavert .	85	Sumatriptan .	44
Selzentry .....	56	Sorafenib Tosylate .....	49	Sumatriptan Succinate .....	44
Serevent Diskus .....	95	Sorine .....	63	Sunitinib Malate .	49
Serostim .....	79	Sotalol HCl .....	63	Suprax .....	35
Sertraline HCl .	42	Sotalol HCl AF .....	63	Suprep Bowel Prep Kit .....	76
Setlakin .	83	Sovaldi .....	55	Sutab .....	76
Sevelamer Carbonate .....	75	Spiriva HandiHaler .	94	Syeda .	83
Sharobel .....	84	Spiriva Respimat .....	94	Symbicort .....	97
Shingrix .....	89	Spironolactone .....	66	SymlinPen 120 .....	59
Signifor .....	85	Spironolactone -HCTZ .	66	SymlinPen 60 .....	59
Sildenafil Citrate .....	96	Sprintec 28 .	83	Sympazan .....	39
Silodosin .....	78	Spritam ODT .....	38	Symtuza .....	57
Silver Sulfadiazine .	72	Sprycel .	49	Synarel .	85
Simbrinza .	93	Sronyx .....	83	Synjardy .....	59
Simponi .....	88	Stelara .	86	Synjardy XR .	59
Simvastatin .....	67	Stiolto Respimat .....	97	Synribo .....	46
Sirolimus .....	88	Stivarga .....	49	Synthroid .	84
Sirturo .....	45	Streptomycin Sulfate .	33		
Skyrizi .....	86	Stribild .	55		
Skyrizi Pen .....	86	Suboxone .....	33		
Sodium Chloride .....	75	Sucraid .....	78		

T

TDVAX .....	89
TOBI Podhaler .	95
TPN Electrolytes .	75

Tabloid .....	46	Testosterone .....	80	Tolterodine Tartrate .....	78
Tabrecta .....	46	Testosterone Cypionate .....	80	Tolterodine Tartrate ER .....	78
Tacrolimus .....	88	Testosterone Enanthate .....	80	Topiramate .....	38
Tadalafil .....	96	Tetrabenazine .....	69	Toremifene Citrate .....	46
Tafinlar .....	49	Tetracycline HCl .....	38	Torsemide .....	66
Tagrisso .....	49	Thalomid .....	46	Toujeo Max SoloStar .....	60
Talzenna .....	49	Theophylline .....	95	Toujeo SoloStar .....	60
Tamoxifen Citrate .....	46	Theophylline ER .....	95	Tracleer .....	96
Tamsulosin HCl .....	78	Thioridazine HCl .....	52	Tradjenta .....	59
Tarina 24 Fe .....	83	Thiothixene .....	52	Tramadol HCl .....	32
Tarina Fe 1/20 EQ .....	83	Tiadyt ER .....	64	Tramadol HCl ER .....	31
Tasigna .....	49	Tiagabine HCl .....	39	Tramadol -Acetaminophen ..	32
Tazarotene .....	70	Tibsovo .....	49	Trandolapril .....	63
Tazicef .....	35	Ticovac .....	89	Trandolapril -Verapamil HCl ER	66
Taztia XT .....	64	Tigecycline .....	34	Tranexamic Acid .....	62
Tazverik .....	46	Tilia Fe .....	83	Tranylcypromine Sulfate .....	41
Teflaro .....	35	Timolol Maleate .....	93	Travasol .....	75
Tegsedi .....	78	Timolol Maleate Ophthalmic Gel Forming .....	93	Travoprost .....	93
Telmisartan .....	62	Tinidazole .....	34	Trazodone HCl .....	42
Telmisartan -Amlodipine .....	66	Tivicay .....	55	Trecator .....	45
Telmisartan -HCTZ .....	66	Tivicay PD .....	55	Trelegy Ellipta .....	97
Temazepam .....	97	Tizanidine HCl .....	54	Trelstar Mixject .....	85
Tenivac .....	89	Tobradex .....	91	Tresiba .....	61
Tenofovir Disoproxil Fumarate . .....	56	Tobradex ST .....	91	Tresiba FlexTouch .....	60
Tepmetko .....	49	Tobramycin .....	95	Tretinoin .....	70
Terazosin HCl .....	78	Tobramycin Sulfate .....	33	Tretinoin Microsphere .....	70
Terbinafine HCl .....	44	Tobramycin -Dexamethasone . .....	91	Trexall .....	88
Terconazole .....	44	Tobrex .....	92	Tri -Estarylla .....	83
Teriparatide .....	90	Tolcapone .....	51	Tri -Legest Fe .....	83

Tri -Lo -Estarylla .....	83	Tukysa .....	47	Velphoro .....	75
Tri -Lo -Sprintec .....	83	Turalio .....	49	Veltassa .....	75
Tri -Mili .....	83	Twinrix .....	89	Vemlidy .....	54
Tri -Nymyo .....	83	Tybost .....	56	Venclexta .....	49
Tri -Sprintec .....	83	Tymlos .....	90	Venclexta Starting Pack .....	49
Tri -VyLibra .....	83	Typhim Vi .....	89	Venlafaxine Besylate ER .....	42
Tri -VyLibra Lo .....	83	Tyvaso DPI Maintenance Kit .....	96	Venlafaxine HCl .....	42
Triamcinolone Acetonide .....	72	Tyvaso DPI Titration Kit .....	96	Venlafaxine HCl ER .....	42
Triamterene .....	66	<b>U</b>		Ventavis .....	96
Triamterene -HCTZ .....	66	Unithroid .....	84	Verapamil HCl .....	65
Triderm .....	72	Ursodiol .....	77	Verapamil HCl ER .....	65
Trientine HCl .....	75	<b>V</b>		Versacloz .....	54
Trifluoperazine HCl .....	52	VAQTA .....	89	Verzenio .....	49
Trifluridine .....	92	Valacyclovir HCl .....	55	Vestura .....	83
Trihexyphenidyl HCl .....	51	Valchlor .....	45	Vibramycin .....	38
Trijardy XR .....	59	Valganciclovir HCl .....	54	Victoza .....	59
Trimethoprim .....	34	Valproic Acid .....	38	Vienna .....	83
Trimipramine Maleate .....	42	Valsartan .....	62	Vigabatrin .....	39
Trintellix .....	42	Valsartan -Hydrochlorothiazide .....	66	Vigadrone .....	39
Triumeq .....	56	Valtoco 10MG Dose .....	39	Viibryd .....	42
Triumeq PD .....	56	Valtoco 15MG Dose .....	39	Viibryd Starter Pack .....	42
Trivora .....	83	Valtoco 20MG Dose .....	39	Vilazodone HCl .....	42
Trizivir .....	56	Valtoco 5MG Dose .....	39	Vimpat .....	40
TrophAmine .....	75	Vancomycin HCl .....	34	Viracept .....	57
Trospium Chloride .....	78	Vandazole .....	34	Viread .....	56
Trulance .....	76	Varenicline Tartrate .....	33	Vitrakvi .....	49
Trulicity .....	59	Varivax .....	89	Vivitrol .....	32
Trumenba .....	89	Vascepa .....	67	Vizimpro .....	49
Truseltiq .....	46	Velivet .....	83	Vonjo .....	47

Voriconazole .....	44	Xofluza .....	57	Zolinza .....	47
Vosevi .....	55	Xolair .....	87	Zolpidem Tartrate .....	97
Votrient .....	49	Xospata .....	50	Zonisade .....	40
Vraylar .....	53	Xpovio .....	47	Zonisamide .....	40
Vumerity .....	70	Xtampza ER .....	31	Zorbtive .....	79
VyLibra .....	83	Xtandi .....	46	Zovia 1/35 .....	84
Vyfemla .....	83	Xulane .....	83	Zydelig .....	50
Vyndamax .....	78	Xyrem .....	97	Zyflo .....	94
Vyndaqel .....	78	<b>Y</b>		Zykadia .....	50
Vyvanse .....	68	YF -Vax .....	89	Zyprexa Relprew .....	54
Vyzulta .....	93	Yuvaferm .....	84		
<b>W</b>		<b>Z</b>			
WYMZYA Fe .....	83	Zafemy .....	84		
Warfarin Sodium .....	61	Zafirlukast .....	94		
Welireg .....	50	Zaleplon .....	97		
Wixela Inhub .....	97	Zarxio .....	62		
<b>X</b>		Zejula .....	50		
Xalkori .....	50	Zelapar ODT .....	51		
Xarelto .....	61	Zelboraf .....	50		
Xarelto Starter Pack .....	61	Zemaira .....	78		
Xatmep .....	88	Zenatane .....	70		
Xcopri .....	39	Zenpep .....	78		
Xeljanz .....	86	Zerbaxa .....	35		
Xeljanz XR .....	86	Zidovudine .....	56		
Xermelo .....	76	Ziextenzo .....	62		
Xgeva .....	90	Zileuton ER .....	94		
Xifaxan .....	34	Ziprasidone HCl .....	54		
Xigduo XR .....	59	Ziprasidone Mesylate .....	54		
Xiidra .....	91	Zirgan .....	54		

## Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (Drug index)” on pages 11-29.

The first column lists the drug name, which may include the dosage form and strength. Brand name (B) drugs are listed in bold type (for example, Humalog) and generic (G) drugs are listed in plain type (for example, Simvastatin). The (B) or (G) identifier is listed in the “Brand or Generic” column. Your plan has 1 tier named “Covered drugs.” All covered drugs are in this tier. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 98-131.

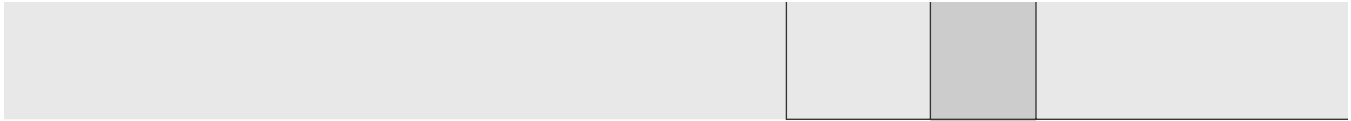
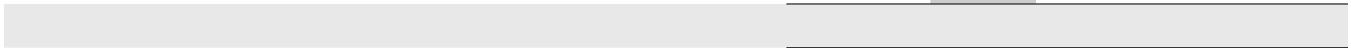
Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Analgesics</b>			
<b>Nonsteroidal Anti-inflammatory Drugs</b>			
Celecoxib (Oral Capsule)	G	1	QL
Diclofenac Epolamine (External Patch)	G	1	PA; QL
Diclofenac Potassium (50MG Oral Tablet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (1% External Gel)	G	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	1	
Etodolac (Oral Capsule)	G	1	
Etodolac (Oral Tablet Immediate Release)	G	1	
Flurbiprofen (100MG Oral Tablet)	G	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen (Oral Suspension)	G	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	1	
Ketoprofen (50MG Oral Capsule Immediate Release)	G	1	
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	1	
Naproxen (Oral Suspension)	G	1	DL
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Piroxicam (Oral Capsule)	G	1	
Sulindac (Oral Tablet)	G	1	
<b>Opioid Analgesics, Long-acting</b>			



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	1	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	1	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (10MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (20MG/5ML Oral Solution)	B	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	1	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	1	7D; MME; DL; QL





A vertical column consisting of 20 horizontal lines. A dark gray shaded vertical bar is positioned behind the lines, centered horizontally within the column's width.A vertical column consisting of 12 horizontal lines. A dark gray shaded vertical bar is positioned behind the lines, centered horizontally within the column's width.

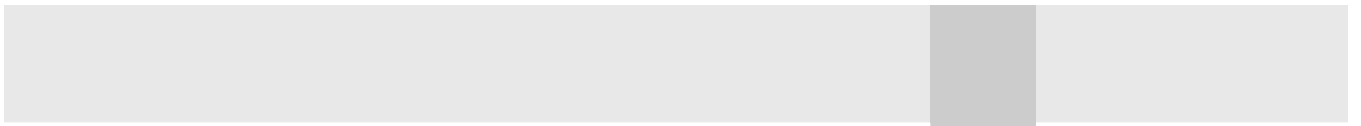
Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Tablet)	G	1	
Cefprozil (Oral Suspension Reconstituted)	G	1	
Cefprozil (Oral Tablet)	G	1	
Ceftazidime (Injection Solution Reconstituted)	G	1	
Ceftazidime (Intravenous Solution Reconstituted)	G	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	1	
Cephalexin (750MG Oral Capsule)	G	1	
Cephalexin (Oral Suspension Reconstituted)	G	1	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	1	
Suprax (Oral Tablet Chewable)	G	1	
Tazicef (Injection Solution Reconstituted)	G	1	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	1	
Teflaro (Intravenous Solution Reconstituted)	B	1	DL
Zerbaxa (Intravenous Solution Reconstituted)	B	1	PA; DL
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Suspension .1.77otass8pa6Q8208 14 528.65991 Tm[Reconstituted]))T			



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dificid (Oral Tablet)	B	1	DL
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	1	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	1	
Erythromycin Base (Oral Tablet Immediate Release)	G	1	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	1	
Erythromycin Ethylsuccinate (Oral Tablet)	G	1	
Erythromycin (Oral Tablet Delayed Release)	G	1	
<b>Quinolones</b>			
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	G	1	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	1	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	1	
Levofloxacin (25MG/ML Intravenous Solution)	G	1	
Levofloxacin (25MG/ML Oral Solution)	G	1	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	1	
Moxifloxacin HCl (Oral Tablet)	G	1	
Ofloxacin (Oral Tablet)	G	1	
<b>Sulfonamides</b>			
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
<b>Tetracyclines</b>			
Demeclocycline HCl (Oral Tablet)	G	1	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Oral Capsule)	G	1	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	1	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	1	

You can find information on what the abbreviations in this table mean on pages 5-6.

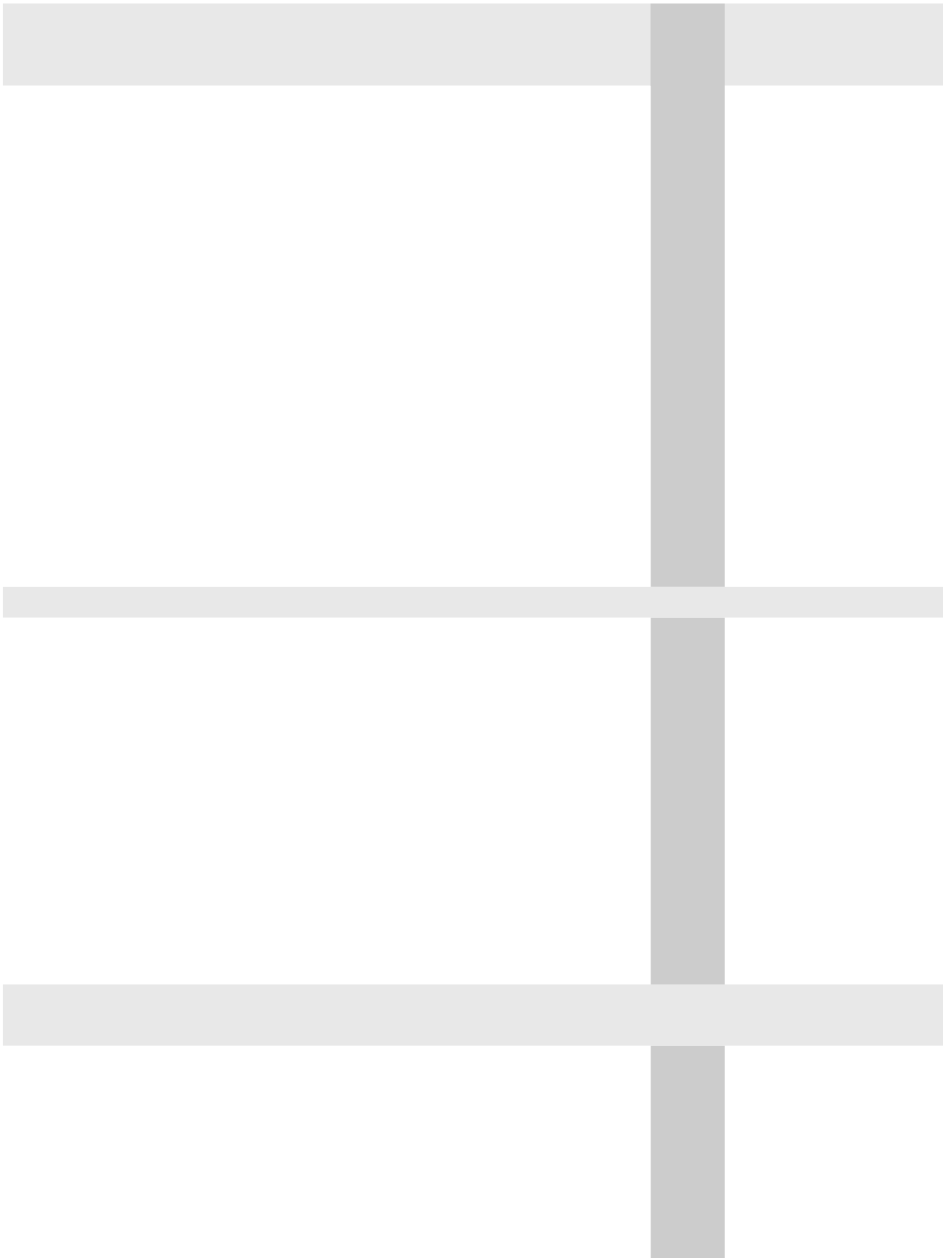












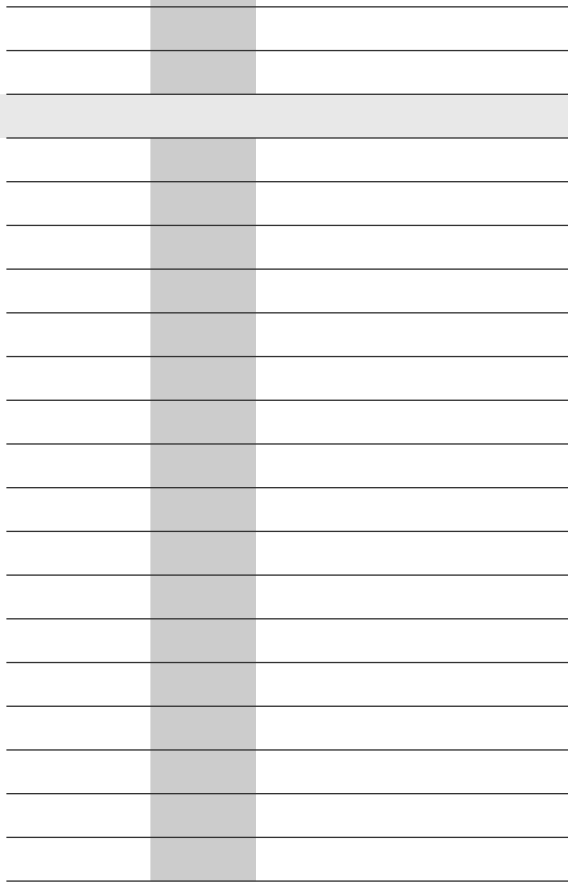
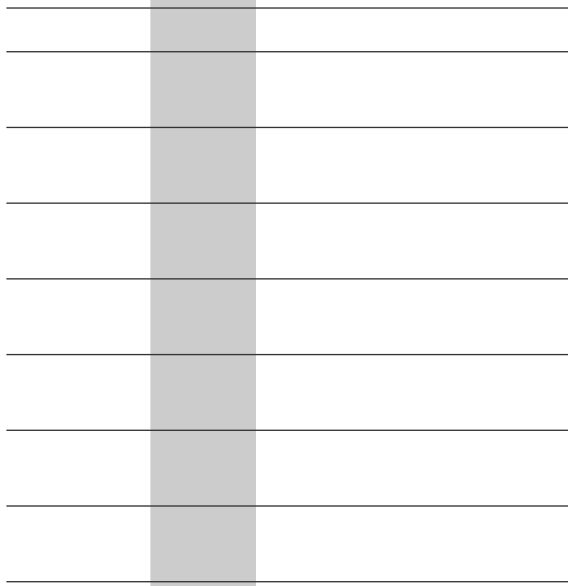
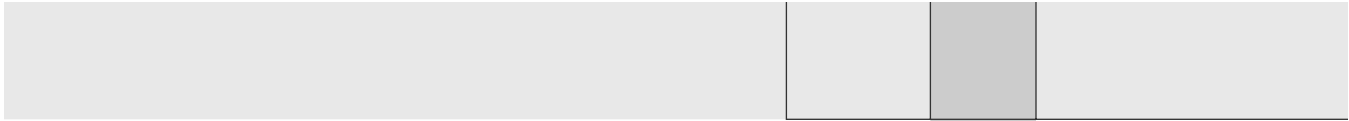
Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Promethazine HCl (Oral Syrup)	G	1	
Promethazine HCl (Oral Tablet)	G	1	
Promethazine HCl (Rectal Suppository)	G	1	QL
Promethegan (25MG Rectal Suppository)	G	1	QL
Scopolamine (Transdermal Patch 72 Hour)	G	1	
Emetogenic Therapy Adjuncts			
Anzemet (Oral Tablet)	B	1	B/D,PA
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	PA; QL
Dronabinol (Oral Capsule)	G	1	PA
Granisetron HCl (Oral Tablet)	G	1	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	1	B/D,PA
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	1	B/D,PA
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D,PA
Sancuso (Transdermal Patch)	B	1	DL; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	1	B/D,PA
AmBisome (Intravenous Suspension Reconstituted)	B	1	B/D,PA; DL
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D,PA
Clotrimazole (Mouth/Throat Troche)	G	1	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	1	
Fluconazole (Oral Suspension Reconstituted)	G	1	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	1	DL
Griseofulvin Microsize (Oral Suspension)	G	1	
Griseofulvin Microsize (Oral Tablet)	G	1	
Griseofulvin Ultramicrosize (Oral Tablet)	G	1	
Itraconazole (Oral Capsule)	G	1	PA; QL
Itraconazole (Oral Solution)	G	1	PA; DL
Ketoconazole (Oral Tablet)	G	1	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	1	
Miconazole 3 (Vaginal Suppository)	G	1	
Noxafil (Oral Suspension)	B	1	DL; QL
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Posaconazole (Oral Tablet Delayed Release)	G	1	PA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Timolol Maleate (Oral Tablet)	G	1	
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	DL
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	1	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	1	
Rifabutin (Oral Capsule)	G	1	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
Priftin (Oral Tablet)	B	1	











--	--	--	--




--	--	--	--

--	--	--	--

--	--	--	--


--	--	--	--


--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--


A large, empty rectangular area with a thin black border, occupying the lower two-thirds of the page. It appears to be a placeholder for content that has been removed or is yet to be added.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fluphenazine Decanoate (Injection Solution)	G	1	
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	1	
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	1	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	1	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	
Haloperidol Decanoate (Intramuscular Solution)	G	1	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	1	
Molindone HCl (Oral Tablet)	G	1	
Pimozide (Oral Tablet)	G	1	
Thioridazine HCl (Oral Tablet)	G	1	
Thiothixene (Oral Capsule)	G	1	
Trifluoper 0 0 1 380.52086 466.30797 Tm[G]]TJ1 0 0 1I (2.5MG/5ML Oral E[1]]TJ1 0 0 1 452.84537 691.40402			

	B		
	B		
	B		
	B		
	B		
4.5MG Oral Capsule,06MG Oral Capsule)			
	B		

0.5MG Oral Tablet Dispersible,01MG Oral Tablet Dispersible,02MG Oral Tablet Dispersible,03MG Oral

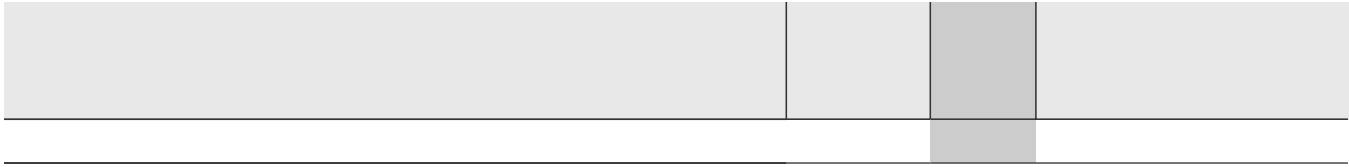
Suspension Prefilled Syringe)  
Syringe)

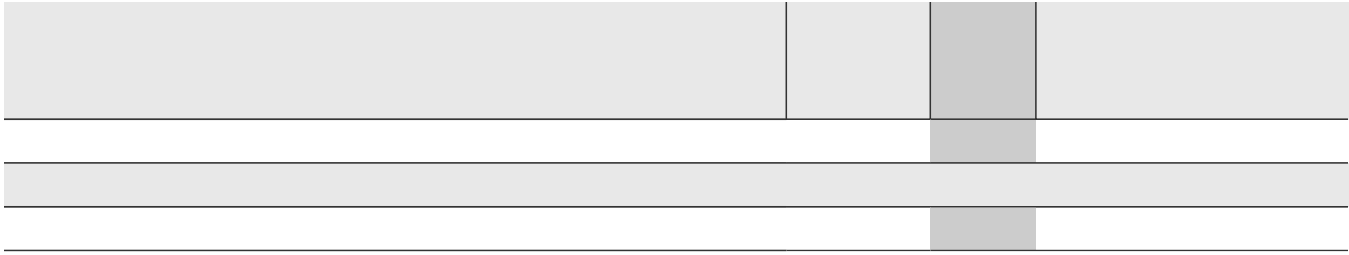
You can find information on what the abbreviations in this table mean on page 56.

B

G









Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fosamprenavir Calcium (Oral Tablet)	G	1	DL; QL
Lexiva (Oral Suspension)	B	1	QL
Lopinavir-Ritonavir (Oral Solution)	G	1	QL
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL
Norvir (Oral Packet)	B	1	QL
Norvir (Oral Solution)	B	1	QL
Prezcobix (Oral Tablet)	B	1	DL; QL
Prezista (Oral Suspension)	B	1	DL; QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	1	DL; QL
Prezista (75MG Oral Tablet)	B	1	QL
Reyataz (Oral Packet)	B	1	DL; QL
Ritonavir (Oral Tablet)	G	1	QL
Symtuza (Oral Tablet)	B	1	DL; QL
Viracept (Oral Tablet)	B	1	DL; QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	1	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Rimantadine HCl (Oral Tablet)	G	1	



--	--	--	--

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

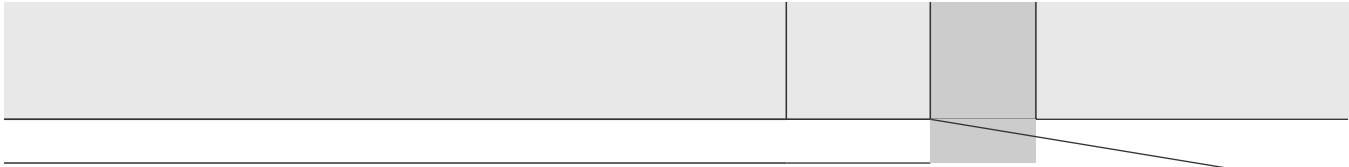
---

---

---

---





--	--	--	--


\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

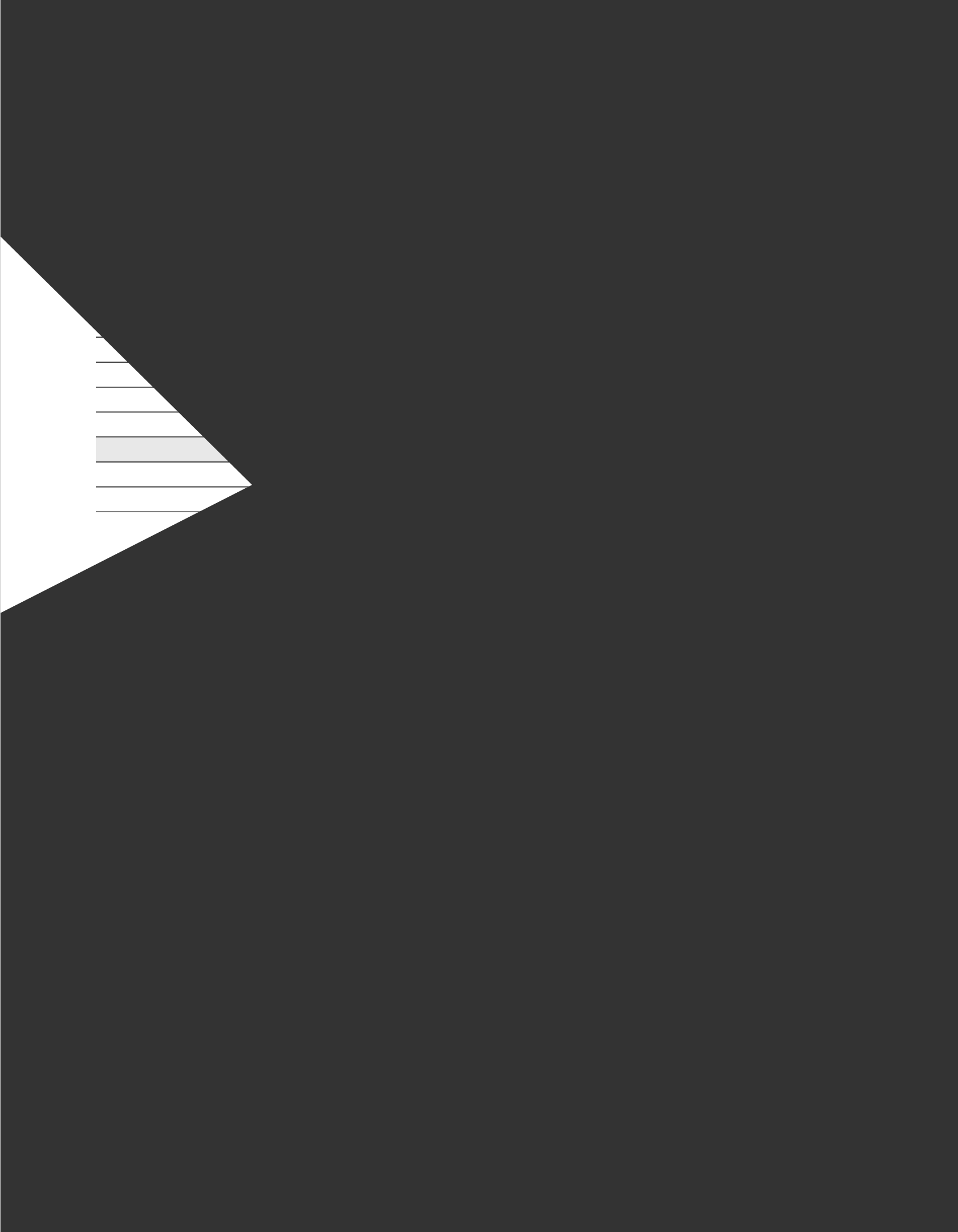
\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pindolol (Oral Tablet)	G	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Propranolol HCl (Oral Solution)	G	1	
Propranolol HCl (Oral Tablet)	G	1	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nimodipine (Oral Capsule)	G	1	
Nymalize (Oral Solution)	B	1	DL
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	1	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour)	B	1	
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour)	G	1	



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
Aliskiren Fumarate (Oral Tablet)	G	1	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	1	QL
Amlodipine-Benazepril (Oral Capsule)	G	1	QL
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL
Corlanor (Oral Solution)	B	1	PA; QL
Corlanor (Oral Tablet)	B	1	PA; QL
Demser (Oral Capsule)	B	1	DL
Digitek (250MCG Oral Tablet)	G	1	
Digoxin (Oral Solution)	G	1	
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	1	
Digoxin (62.5MCG Oral Tablet)	G	1	
Edarbyclor (Oral Tablet)	B	1	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Tablet)	B	1	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	1	QL
Kerendia (Oral Tablet)	B	1	PA; QL
Lanoxin (Oral Tablet)	B	1	
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Metyrosine (Oral Capsule)	G	1	DL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

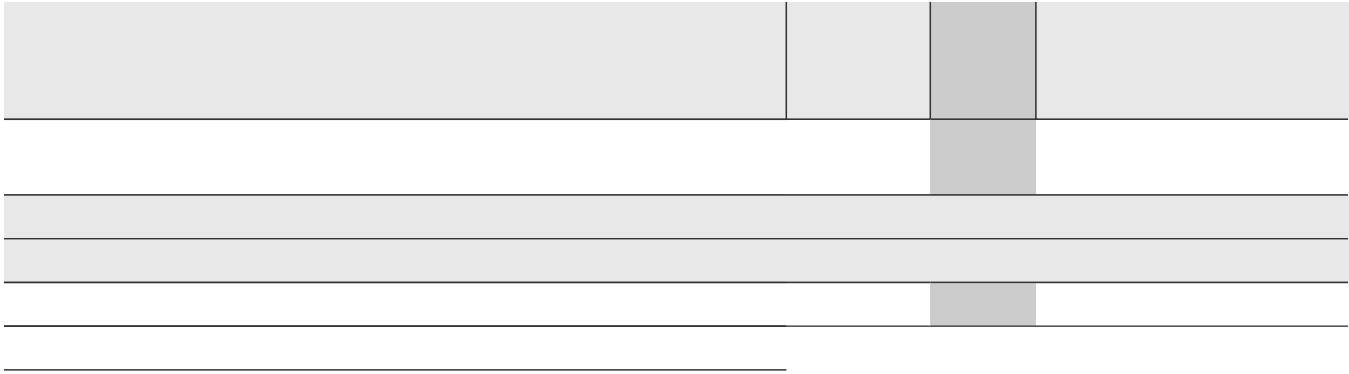




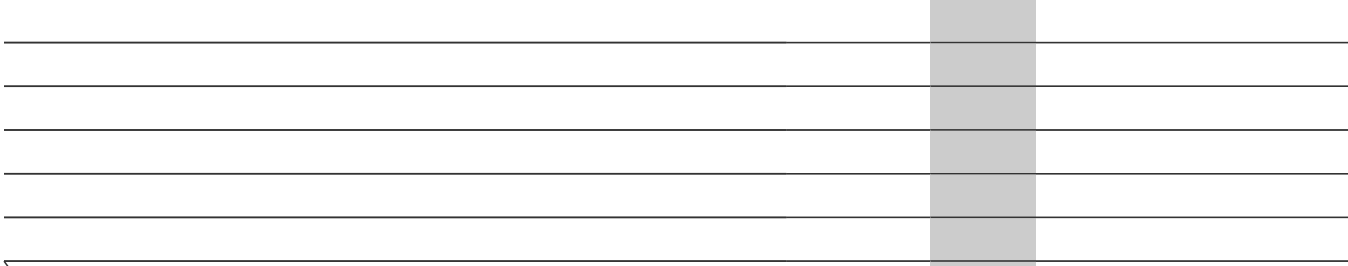
Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
-----------	------------------	-----------	---------------------------------

Vasodilators, Direct-acting Arterial/Venous			
---	--	--	--



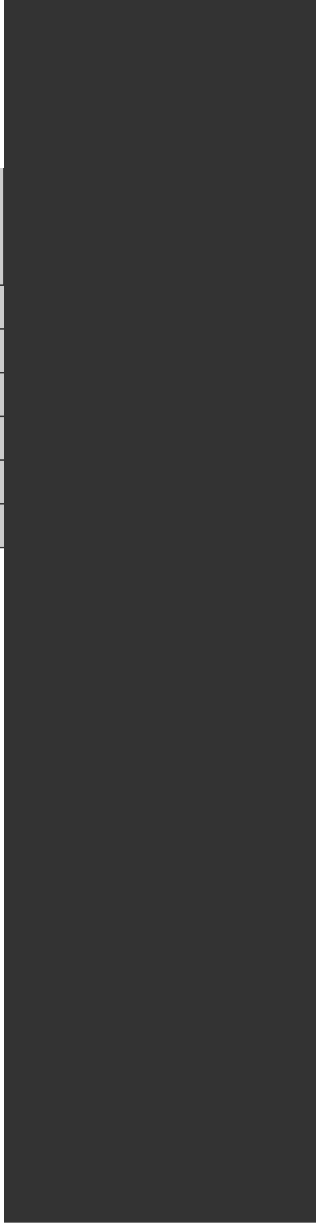



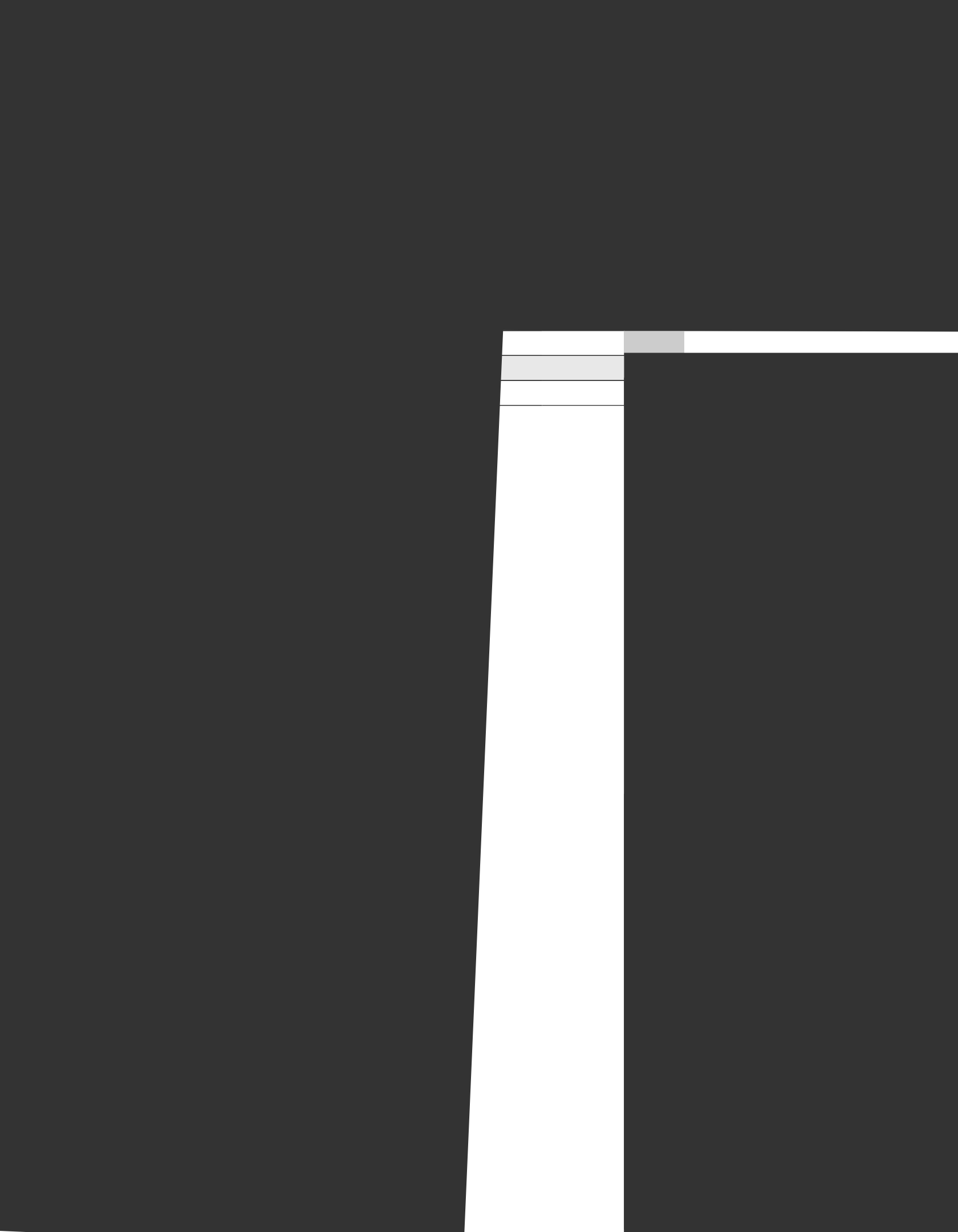


















Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Anabolic Steroids			
Oxandrolone (10MG Oral Tablet)	G	1	PA; QL
Oxandrolone (2.5MG Oral Tablet)	G	1	PA; QL
Androgens			
Androderm (Transdermal Patch 24 Hour)	B	1	QL
Danazol (Oral Capsule)	G	1	
Testosterone Cypionate (Intramuscular Solution)	G	1	
Testosterone Enanthate (Intramuscular Solution)	G	1	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	G	1	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	G	1	
Estrogens			
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	
Amethia (Oral Tablet)	G	1	
Apri (Oral Tablet)	G	1	
Aranelle (Oral Tablet)	G	1	
Ashlyna (Oral Tablet)	G	1	
Aubra EQ (Oral Tablet)	G	1	
Aviane (Oral Tablet)	G	1	
Balziva (Oral Tablet)	G	1	
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	
Camrese Lo (Oral Tablet)	G	1	
Climara Pro (Transdermal Patch Weekly)	B	1	
Cryselle-28 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
Depo-Estradiol (Intramuscular Oil)	G	1	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Dolishale (Oral Tablet)	G	1	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	1	
Duavee (Oral Tablet)	B	1	
Elestrin (Transdermal Gel)	B	1	
EluRyng (Vaginal Ring)	G	1	
Emoquette (0.15-30MG-MCG Oral Tablet)	G	1	

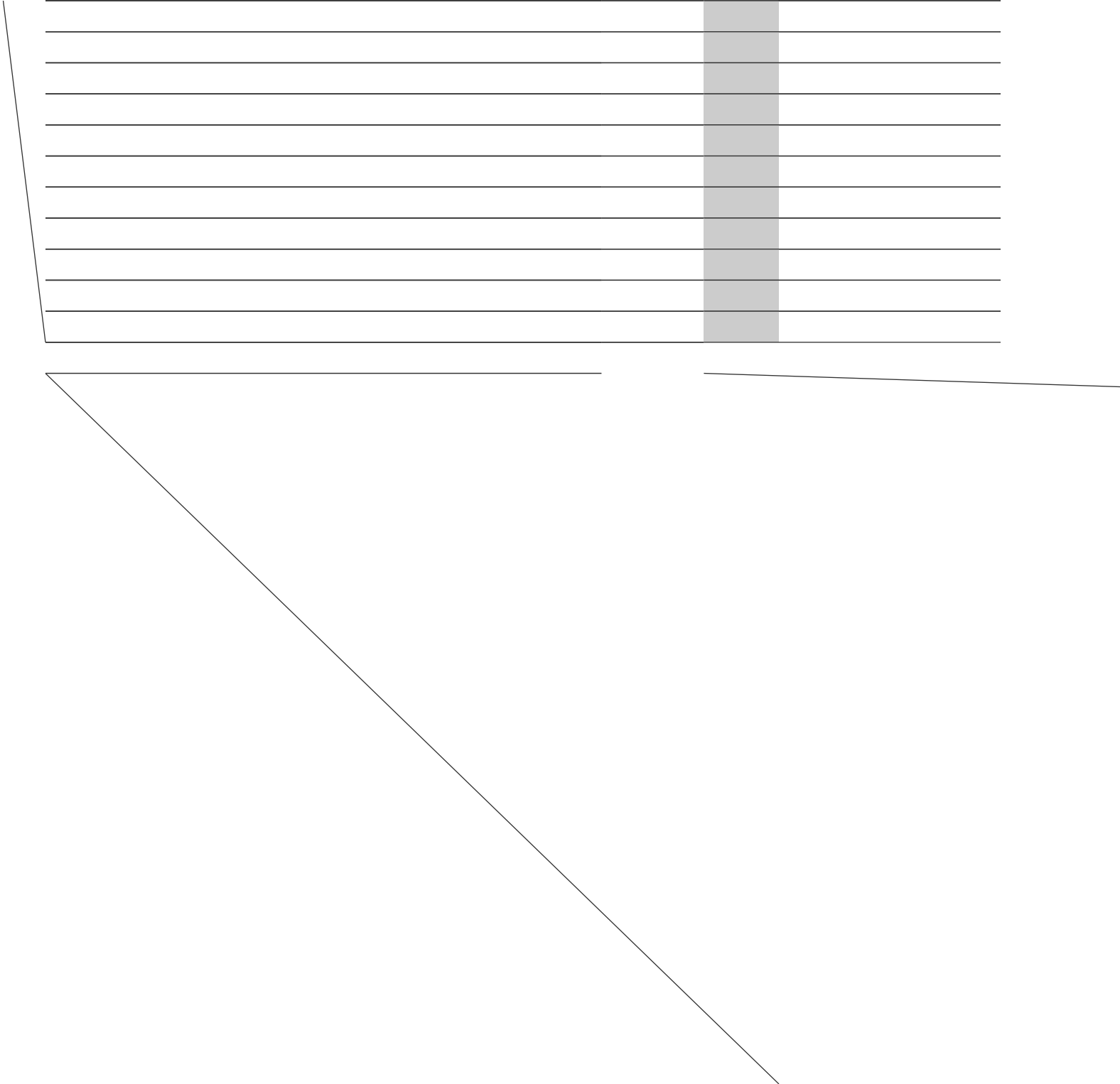


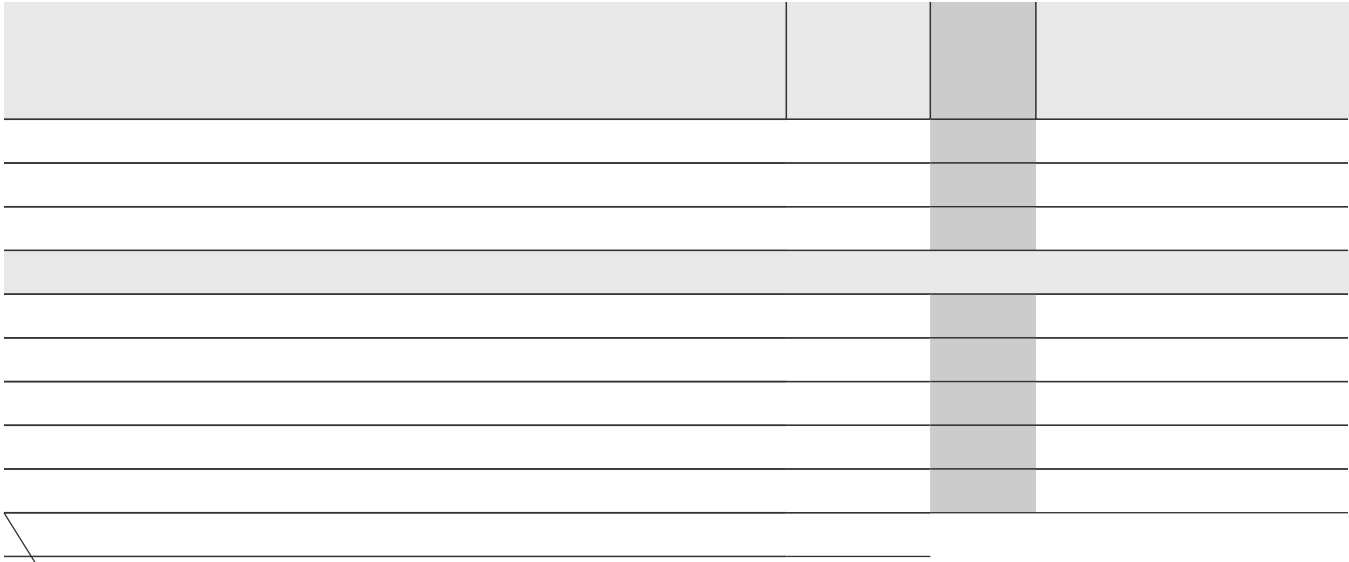


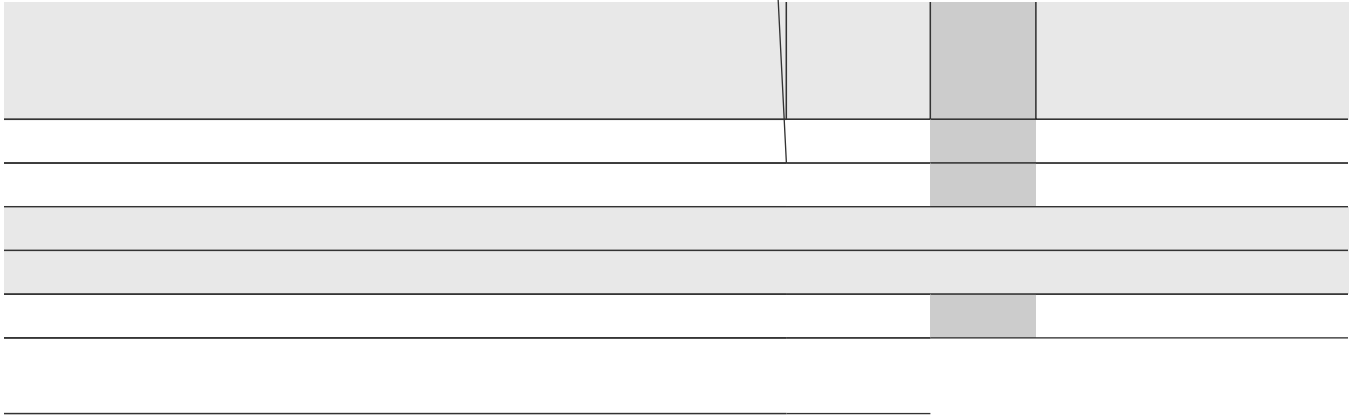


A table with 18 rows and 4 columns. The top row is shaded light gray, matching the bar above. The third column is shaded dark gray, matching the third segment of the bar above. The remaining cells are white with black borders. A vertical line is positioned at the top edge of the table.















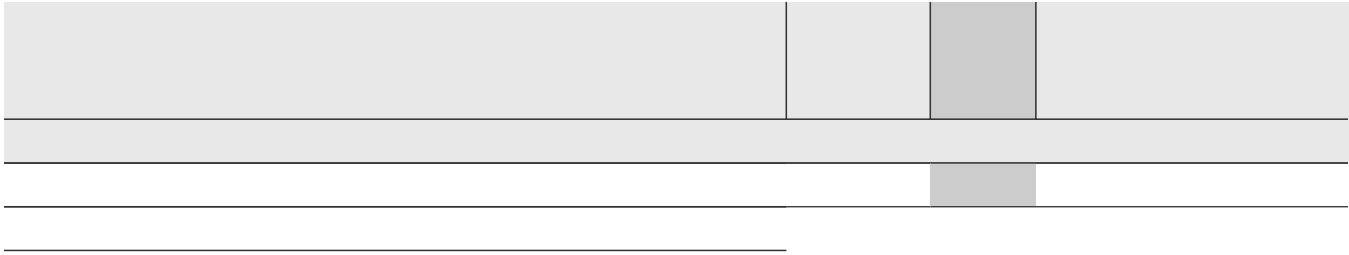






A series of horizontal lines for writing, consisting of 20 lines in total. The lines are evenly spaced and extend across the width of the page. There are two prominent horizontal bars that span the width of the page, one near the top and one near the bottom, which appear to be decorative or structural elements. A vertical bar runs through the center of the page, intersecting the horizontal lines. A diagonal line is present near the bottom right corner of the writing area.

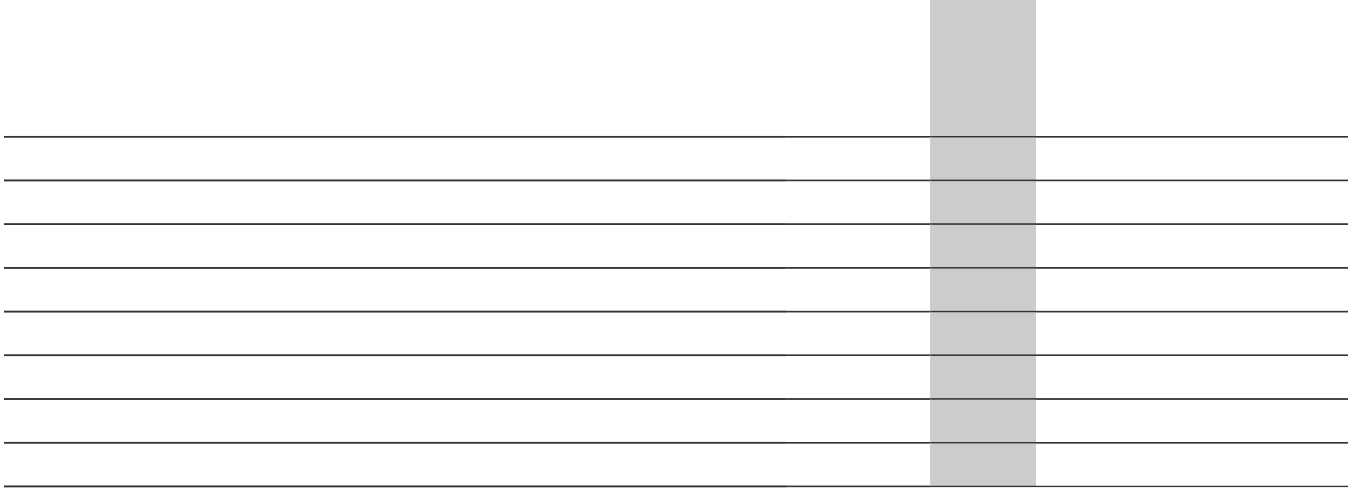
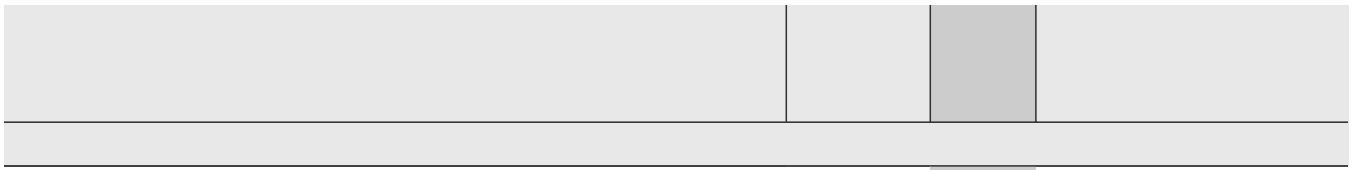












--	--	--

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---







## Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below. Brand name (B) drugs are listed in bold type (for example, Humalog) and generic (G) drugs are listed in plain type (for example, Simvastatin). The (B) or (G) identifier is listed in the “Brand or Generic” column.

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Actemra (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Acyclovir (External Ointment)	G	Maximum of 1 tube (30 grams) per 30 days
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day





Drug name	Brand or Generic	Quantity limit
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosulif (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	B	Maximum of 1 tablet per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Breztri Aerosphere (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
Cabliivi (Injection Kit)	B	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day



Drug name	Brand or Generic	Quantity limit
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Clozapine ODT (100MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet)	G	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Cometriq (100MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (56 capsules) per 28 days
Cometriq (140MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (112 capsules) per 28 days
Cometriq (60MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (84 capsules) per 28 days
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cotellic (Oral Tablet)	B	Maximum of 3 tablets per day
Cycloset (Oral Tablet)	B	Maximum of 6 tablets per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daliresp (250MCG Oral Tablet)	B	Maximum of 1 tablet per day
Daliresp (500MCG Oral Tablet)	B	Maximum of 1 tablet per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day













Drug name	Brand or Generic	Quantity limit
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Forteo (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	G	Maximum of 2 bottles (200 ml) per 30 days
Galantamine Hydrobromide (Oral Tablet)	G	Maximum of 2 tablets per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Gilenya (0.5MG Oral Capsule)	B	Maximum of 1 pack (30 capsules) per 30 days
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	



Drug name	Brand or Generic	Quantity limit
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 3 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	B	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	B	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution)	G	Maximum of 6 syringes (18 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	B	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 grams per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Imvexxy Maintenance Pack (Vaginal Insert)	B	Maximum of 8 vaginal inserts per 28 days
Imvexxy Starter Pack (Vaginal Insert)	B	Maximum of 2 packs per year
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Iressa (Oral Tablet)	B	Maximum of 2 tablets per day













Drug name	Brand or Generic	Quantity limit
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Ninlaro (Oral Capsule)	B	Maximum of 3 capsules per 28 days
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Norvir (Oral Solution)	B	Maximum of 16 ml per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2.8 ml) per 28 days
Orgovyx (Oral Tablet)	B	Maximum of 30 tablets per 28 days
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxandrolone (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Oxandrolone (2.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 day



Drug name	Brand or Generic	Quantity limit
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
PreHevbrio (Intramuscular Suspension)	B	1 vaccination dose (1 ml) per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day







Drug name	Brand or Generic	Quantity limit
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 30 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Roflumilast (250MCG Oral Tablet)	G	Maximum of 1 tablet per day
Roflumilast (500MCG Oral Tablet)	G	Maximum of 1 tablet per day
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rubraca (Oral Tablet)	B	Maximum of 4 tablets per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sajazir (Subcutaneous Solution)	G	Maximum of 6 syringes (18 ml) per 30 days
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Selzentry (75MG Oral Tablet)	B	Maximum of 2 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day

Drug name	Brand or Generic	Quantity limit
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Sildenafil (Oral Capsule)	G	Maximum of 1 capsule per day
Simponi (100MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Sofosbuvir-Velpatasvir (Oral Tablet)	G	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 25 days
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Sovaldi (150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Sovaldi (200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Sovaldi (400MG Oral Tablet)	B	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	B	Maximum of 1 tablet per day
Sprycel (20MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 3 tablets per day
Sprycel (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Stelara (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
-----------	------------------	----------------

Stiolto Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
--	---	--

Maximum of 4 tablets per day

Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
------------------------	---	-----------------------------

Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	B	Maximum of 1 tablet per day
--	---	-----------------------------

Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	B	Maximum of 1 tablet per day
--	---	-----------------------------

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--

--	--	--



Drug name	Brand or Generic	Quantity limit
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trintellix (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trulance (Oral Tablet)	B	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Truseltiq (100MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 1 capsule per day
Truseltiq (125MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 2 capsules per day
Truseltiq (50MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 2 capsules per day
Truseltiq (75MG Daily Dose) (Oral Capsule Therapy Pack)	B	Maximum of 3 capsules per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (200MG Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Tymlos (Subcutaneous Solution Pen-Injector)	B	Maximum of 1.56 ml per 30 days
Typhim Vi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day





Drug name	Brand or Generic	Quantity limit
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Ventavis (10MCG/ML Inhalation Solution)	B	Maximum of 7 ml per day
Ventavis (20MCG/ML Inhalation Solution)	B	Maximum of 3 ml per day
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Viibryd (Oral Tablet)	B	Maximum of 1 tablet per day
Viibryd Starter Pack (Oral Kit)	B	Maximum of 2 packs (60 tablets) per year
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Vimpat (Oral Solution)	B	Maximum of 40 ml per day
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vizimpro (Oral Tablet)	B	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Votrient (Oral Tablet)	B	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vraylar (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (14 capsules) per year
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	Maximum of 4 capsules per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day



Drug name	Brand or Generic	Quantity limit
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	B	Maximum of 4 capsules per day
Xtandi (40MG Oral Tablet)	B	Maximum of 4 tablets per day
Xtandi (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Xyrem (Oral Solution)	B	Maximum of 18 ml per day
YF-Vax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Yuvaferm (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zejula (Oral Capsule)	B	Maximum of 3 capsules per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zydelig (Oral Tablet)	B	Maximum of 2 tablets per day
Zykadia (Oral Tablet)	B	Maximum of 3 tablets per day

### Required information

Benefits, Drug List (Formulary), pharmacy network and/or copays/coinsurance may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Service number located on the cover.

Esta información esta disponible sin costo en otros idiomas. Llame a nuestro número de Servicio al Cliente que se encuentra en la portada.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, braille, large print, audio, or you can ask for an interpreter. For more information, please call our Customer Service number located on the cover.

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



Toll-free 1-866-480-1086, TTY 711

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

[myUHCMedicare.com](https://myUHCMedicare.com)