

2018 PARTIAL DRUG LIST (FORMULARY)



Prescription drug list information

UnitedHealthcare® Group Medicare Advantage

Important Notes: This document has information about some of the drugs covered by this plan. This is not a complete list of the drugs we cover. For a complete list of covered drugs or if you have any questions, please call Customer Service at:



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

8 a.m. - 8 p.m. local time, Monday - Friday



www.UHCRetiree.com



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Questions?

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



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

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

Note to existing members:

This **partial** list of prescription drugs covered by your plan is current as of August 1, 2017.

This document is not a complete list of the prescription drugs we cover. For an up-to-date list of 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 “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare Group Medicare Advantage.

How do I use the drug list?

There are 2 ways to find your prescription drugs in this **partial** drug list:

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–17 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 section “Covered drugs by medical condition” on pages 18–38 to look for drugs based on your medical conditions. 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.

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. Then review the drug list to make sure you are getting the drug you need for the least amount of money.

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

Drug payment stage and drug tiers

The amount you pay for a covered prescription 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.
- **Your drug's tier.** Each covered drug is in 1 of 4 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

If you need help or have any questions about your drug costs, please review your Evidence of Coverage or call Customer Service. Our contact information is on the cover.

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

Getting Extra Help

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

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 medical condition” chart starting on page 18. 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 for 1 copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you 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.

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MED - Morphine equivalent dose

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional edit is called a cumulative morphine equivalent dose (MED). The MED is calculated based on the number of opioid drugs prescribed for you over a period of time. This cumulative limit is required for all plans and is designed to monitor safe dosing levels of opioids for 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.

You and your doctor may ask the plan for an exception to the coverage rules and/or limits for your drug. See section "How can I get an exception?" on page 8 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.

What if my drug is not on this list?

If your drug is not included in this **partial** drug list we may still cover it. Call Customer Service to ask if it's covered. Or go to www.UHCRetiree.com to look it up online. The information is updated on a regular basis.

If you find out that your drug is not covered, you can do 1 of these things:

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 drug even if it's not on the drug list. If approved, this drug will be covered at a pre-determined cost-sharing level. You will not be able to ask us to provide the drug at a lower cost-sharing level.
- **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.
- **Tiering exception:** Ask the plan to cover your drug on our list at a lower cost-sharing level if this drug is not on the specialty tier.

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 expedited request 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 not on our drug list or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor to decide if there is a similar drug on the drug list you can take instead. If you and your doctor decide this is the only drug that will work for you, you will need to ask for an exception. We may cover your drug in certain cases during the first 90 days of your membership.

The following chart shows how much of your drug we may cover while you ask for an exception.

If you...	And you are...	You can ask for...
are a new member in the first 90 days of your membership OR were a member last year and it's the first 90 days of your plan year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 98-day temporary supply
have been in the plan for more than 90 days	in a nursing home or long-term care facility and need a supply right away	at least a 31-day emergency supply
are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply

The prescription must be filled at a network pharmacy. Also, if your prescription is written for fewer days, you can refill it multiple times. This is so you can get your full temporary supply.

We will not pay for more of your drug after you get this temporary or emergency supply unless you receive authorization from the plan.

Can the drug list change?

We try to change the drug list as little as possible during the plan year. Occasionally we may need to make changes for safety or other reasons.

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

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

If we remove a drug from the list

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. If you are taking a drug that is removed because a generic version becomes available, we will tell you. If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will take it off the drug list right away.

If we change the coverage rules or limits

We'll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 39-49.

We'll tell you about any changes

If a drug you are taking is removed from the drug list during the plan year we'll include an update in your Part D Explanation of Benefits (Part D EOB) statement. We'll tell you about any changes to our drug list at least 60 days before they go into effect or when you request a refill of the drug. If you find out when requesting a refill, you will receive a 60-day supply of the drug so you have time to talk with your doctor. To get updated information about the drugs covered by your plan, please call Customer Service or go to www.UHCRetiree.com to look it up online.

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

Some drugs are packaged from the manufacturer to provide more than a 1-month supply. When you fill these drugs, you may have to pay more than 1 copay/coinsurance for a single prescription. For more information, please call Customer Service. Our contact information is on the cover.

Daily cost-sharing for oral medications filled for less than a 1-month supply

A daily cost-sharing rate may apply when your doctor prescribes less than a full month's supply of certain drugs for you and you are required to pay a copayment. A daily cost-sharing rate is the copayment divided by the number of days in a month's supply.

Daily cost-sharing applies only if the drug is in the form of a solid oral dose (e.g., tablet or capsule) when dispensed for a supply of less than 1 month under applicable law. The daily cost-sharing 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 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, we're here to help. Call Customer Service toll-free at **1-800-457-8506**, TTY **711**, 8 a.m. - 8 p.m. local time, Monday - 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 name (Partial drug list index)

A		
Acamprosate Calcium DR..... 19	Argatroban.....27, 28	
Acetaminophen/Codeine..... 19	Arnuity Ellipta.....37	
Acetazolamide.....30	Atenolol..... 28	
Acetazolamide ER.....30	Atomoxetine.....31	
Acyclovir.....24	Atorvastatin Calcium..... 30	
Adacel..... 35	Atovaquone/Proguanil HCl... 23	
Adcirca.....37	Atripila..... 25	
Advair Diskus, Advair HFA.....38	Atrovent HFA..... 37	
Aggrenox.....28	Aubagio.....31	
Albenza..... 23	Auryxia..... 32	
Alcohol Prep Pads.....35	Avastin.....23	
Alendronate Sodium..... 35	Avonex..... 31	
Alfuzosin HCl ER..... 33	Azathioprine.....35	
Allopurinol.....22	Azelastine HCl..... 36	
Alprazolam..... 25	Azithromycin..... 20	
Amantadine HCl..... 23	Azopt..... 36	
Amiodarone HCl.....28	B	
Amitiza.....32	Baclofen..... 38	
Amitriptyline HCl.....21	Balsalazide Disodium.....35	
Amlodipine Besylate..... 29	Belsomra..... 38	
Amlodipine Besylate/ Benazepril HCl..... 29	Benazepril HCl.....28	
Ammonium Lactate.....31	Benazepril HCl/ Hydrochlorothiazide..... 29	
Amoxicillin.....20	Benicar..... 28	
Amphetamine/ Dextroamphetamine..... 31	Benicar HCT..... 29	
Anagrelide HCl..... 27	Benlysta.....35	
Anastrozole..... 23	Benzotropine Mesylate..... 23	
Androderm.....34	Betaseron.....31	
AndroGel.....34	Bethanechol Chloride..... 33	
Anoro Ellipta..... 38	Bevespi Aerosphere.....38	
Apriso.....35	Bicalutamide.....22	
Aranesp Albumin Free..... 27	Bisoprolol Fumarate.....28	
	Bisoprolol Fumarate/ Hydrochlorothiazide..... 29	
	Breo Ellipta..... 38	
	Brilinta..... 28	
	Brimonidine Tartrate..... 36	
	BRIVIACT..... 20	
	Budesonide.....35	
	Bumetanide..... 30	
	Buprenorphine HCl..... 19	
	Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL.....21	
	Buspironone HCl..... 25	
	Butrans..... 18	
	Bydureon Injection..... 26	
	Byetta..... 26	
	Bystolic.....28	
	C	
	Cabergoline..... 34	
	Calcitriol..... 35	
	Calcium Acetate..... 32	
	Captopril..... 28	
	Carafate.....32	
	Carbaglu..... 31	
	Carbamazepine..... 21	
	Carbidopa/Levodopa, Carbidopa/Levodopa ER, Carbidopa/Levodopa ODT24	
	Carbidopa/Levodopa/ Entacapone..... 24	
	Carboplatin..... 23	
	Carvedilol..... 28	
	Cayston..... 37	
	Cefuroxime Axetil..... 19	
	Celecoxib..... 18	
	Cephalexin..... 20	

Chantix.....	19	Diazepam.....	25	Entecavir.....	24
Chlorhexidine Gluconate.....	31	Diclofenac Tablet , Diclofenac DR Tablet, Diclofenac ER Tablet.....	18	Epclusa.....	24
Chlorthalidone.....	30	Dicyclomine HCl.....	32	Eplerenone.....	30
Cilostazol.....	28	Digoxin.....	29	Epzicom.....	25
Cimetidine.....	32	Dihydroergotamine Mesylate	22	Equetro.....	26
Cinryze.....	35	Diltiazem CD.....	29	Escitalopram Oxalate.....	21
Ciprodex.....	36	Diltiazem HCl.....	29	Estradiol.....	34
Ciprofloxacin HCl.....	20	Diltiazem HCl ER.....	29	Ethosuximide.....	20
Citalopram HBr.....	21	Diphenoxylate/Atropine.....	32	Etoposide.....	23
Clarithromycin.....	20	Disulfiram.....	19	Exjade.....	32
Climara Pro.....	34	Divalproex Capsule, Divalproex DR Tablet, Divalproex ER Tablet.....	26	F	
Clonazepam, Clonazepam ODT	25	Donepezil, Donepezil ODT.....	21	Famotidine.....	32
Clonidine HCl.....	28	Dorzolamide HCl/Timolol Maleate.....	36	Fareston.....	22
Clopidogrel.....	28	Doxazosin Mesylate.....	28	Farxiga.....	26
Clozapine.....	24	Doxycycline Hyclate.....	20	Fenofibrate.....	30
Clozapine ODT.....	24	Dronabinol.....	22	Fentanyl.....	18
Colchicine.....	22	Duloxetine HCl.....	31	Finasteride.....	33
Combigan.....	36	Durezol.....	36	Firazyr.....	35
Combivent Respimat.....	38	Dymista.....	38	Flovent Diskus, Flovent HFA	37
Comtan.....	23	E		Fluconazole.....	22
Copaxone.....	31	Edarbi.....	28	Fluocinolone Acetonide.....	36
Cosentyx.....	31	Edarbyclor.....	29	Fluphenazine HCl.....	24
Cosentyx Sensoready Pen.....	31	Eliquis.....	27	Fluticasone Propionate.....	37
Creon.....	33	Elmiron.....	33	Fosrenol.....	32
Crestor.....	30	Embeda.....	18	Furosemide.....	30
Crixivan.....	25	Enalapril Maleate.....	28	Fuzeon.....	25
Cyclophosphamide.....	22	Enalapril Maleate/ Hydrochlorothiazide.....	29	Fycompa.....	20
D		Enbrel.....	35	G	
Daliresp.....	37	Entacapone.....	23	Gabapentin.....	20
Dapsone.....	22			Gammagard Liquid.....	35
Desmopressin Acetate.....	33			Gemfibrozil.....	30
Dexilant.....	32			Genotropin.....	33
Dextrose 5%/NaCl.....	31			Genotropin Miniquick.....	33, 34

Gentamicin Sulfate.....	19	Intelence.....	25	Lamivudine.....	24
Gilenya.....	31	Intron A.....	24	Lamotrigine.....	20
Glimepiride.....	26	Invanz.....	20	Lantus Injection.....	27
Glipizide, Glipizide ER.....	26	Invokamet, Invokamet XR.....	26	Lastacaft.....	35
GlucaGen HypoKit.....	26	Invokana.....	26	Latanoprost.....	36
Glucagon Emergency Kit.....	26	Ipratropium Bromide.....	37	Latuda.....	24
Guanidine HCl.....	22	Ipratropium Bromide/Albuterol Sulfate.....	38	Leflunomide.....	35
H					
Haloperidol.....	24	Irbesartan.....	28	Letairis.....	37
Harvoni.....	24	Irbesartan/Hydrochlorothiazide	29	Letrozole.....	23
Humalog.....	27	Isentress.....	25	Leucovorin Calcium.....	23
Humalog Mix.....	27	Isoniazid.....	22	Leukeran.....	22
Humira.....	35	Isosorbide Dinitrate, Isosorbide Dinitrate ER.....	30	Levemir Injection.....	27
Humulin 70/30.....	27	Isosorbide Mononitrate, Isosorbide Mononitrate ER	30	Levetiracetam.....	20
Humulin N.....	27	Ivermectin.....	23	Levocarnitine.....	31
Humulin R.....	27	J			
Hydralazine HCl.....	30	Janumet, Janumet XR.....	26	Levocetirizine Dihydrochloride	37
Hydrochlorothiazide.....	30	Januvia.....	26	Levofloxacin.....	20
Hydrocodone/Acetaminophen	19	Jardiance.....	26	Levothyroxine Sodium.....	34
Hydromorphone HCl.....	19	Jentaduo, Jentaduo XR... ..	26	Lialda.....	35
Hydroxychloroquine Sulfate	23	K			
Hydroxyurea.....	23	Kalydeco.....	37	Lidocaine.....	19
Hydroxyzine HCl.....	25	Kazano.....	26	Lidocaine HCl.....	19
Hysingla ER.....	18	Ketoconazole.....	22	Lidocaine Viscous.....	19
I					
Ibandronate Sodium.....	35	Ketorolac Tromethamine.....	36	Lidocaine/Prilocaine.....	19
Ibuprofen.....	18	Klor-Con 10, Klor-Con 8.....	31	Lindane.....	23
Ilevro.....	36	Klor-Con M20.....	31	Linzess.....	32
Imatinib Mesylate.....	23	Kombiglyze XR.....	26	Liothyronine Sodium.....	34
Imiquimod.....	31	Korlym.....	34	Lisinopril.....	28
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Insulin Syringes, Needles.....	35	Lactulose.....	32	Lisinopril/Hydrochlorothiazide	29
				Lithium Carbonate.....	26
				Loperamide HCl.....	32
				Lorazepam.....	25
				Losartan Potassium.....	28
				Losartan Potassium/ Hydrochlorothiazide.....	29

Lotemax.....	36	Montelukast Sodium.....	37	Orenitram.....	37, 38
Lovastatin.....	30	Morphine Sulfate ER.....	18	Oseni.....	26
Lumigan.....	36	Multaq.....	28	Oxcarbazepine.....	21
Lupron Depot, Lupron Depot- PED.....	34	Myrbetriq.....	33	Oxybutynin Chloride ER.....	33
Lyrica.....	31	N		Oxycodone HCl.....	19
Lysodren.....	34	Nadolol.....	28	Oxycodone/Acetaminophen	19
M		Naltrexone HCl.....	19	OxyContin.....	18
Meclizine HCl.....	21	Namenda.....	21	P	
Medroxyprogesterone Acetate	34	Namenda XR.....	21	Pantoprazole Sodium.....	33
Meloxicam.....	18	Naproxen.....	18	Pazeo.....	36
Memantine HCl.....	21	Nasonex.....	37	Pegasys.....	24
Mercaptopurine.....	23	Nesina.....	26	Penicillin V Potassium.....	20
Meropenem.....	20	Nevanac.....	36	Perforomist.....	37
Metformin HCl.....	26	Niacin ER.....	30	Permethrin.....	23
Metformin HCl ER.....	26	Nicotrol Inhaler.....	19	Phenytoin Sodium Extended	21
Methadone HCl.....	18	Nitrofurantoin Capsules.....	19	Phoslyra.....	32
Methazolamide.....	30	Nitrostat.....	30	Pilocarpine HCl.....	31
Methimazole.....	34	Norethindrone Acetate.....	34	Pioglitazone HCl.....	26
Methotrexate.....	35	Nortriptyline HCl.....	21	Polyethylene Glycol 3350 Powder.....	32
Methscopolamine Bromide....	32	Norvir.....	25	Pomalyst.....	22
Methylidopa.....	28	Nucynta ER.....	18	Potassium Chloride ER.....	32
Methylphenidate HCl.....	31	Nuedexta.....	31	Potassium Citrate ER.....	32
Metoclopramide HCl.....	22	Nutropin AQ.....	34	Pradaxa.....	27
Metoprolol Succinate ER.....	28	Nuvigil.....	38	Pramipexole Dihydrochloride	
Metoprolol Tartrate.....	28	Nystatin.....	22	
Metronidazole.....	19	O		Pravastatin Sodium.....	30
Migergot.....	22	Olanzapine.....	24	Prazosin HCl.....	28
Minocycline HCl.....	20	Omega-3-Acid Ethyl Esters.....	30	Prednisolone Acetate.....	36
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Misoprostol.....	32	Onglyza.....	26	Prezista.....	25
Modafinil.....	38	Opana ER.....	18		
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Procrit.....	27	Rituxan.....	23	Symbicort.....	38
Proctosol HC.....	35	Rivastigmine Tartrate.....	21	SymlinPen.....	26
Progesterone.....	34	Rizatriptan, Rizatriptan ODT	22	Synjardy, Synjardy XR.....	26
Prolensa.....	36	Ropinirole HCl.....	23	Synthroid.....	34
Promethazine HCl.....	37	Rosuvastatin Calcium.....	30	T	
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Pulmicort Flexhaler.....	37	Saphris.....	24	Targretin.....	23
Pyridostigmine Bromide.....	22	Savella.....	31	Tasigna.....	23
Q		Selegiline HCl.....	24	Tecfidera.....	31
Quetiapine Fumarate.....	24	Selzentry.....	25	Telmisartan.....	28
Quinapril HCl.....	28	Sensipar.....	35	Telmisartan/ Hydrochlorothiazide.....	29
Quinapril/Hydrochlorothiazide	29	Serevent Diskus.....	37	Terazosin HCl.....	33
R		Sertraline HCl.....	21	Testosterone Cypionate.....	34
Raloxifene HCl.....	34	Sildenafil.....	38	Theophylline.....	37
Ramipril.....	28	Silver Sulfadiazine.....	20	Theophylline CR, Theophylline ER.....	37
Ranexa.....	29	Simbrinza.....	36	Thymoglobulin.....	35
Ranitidine HCl.....	32	Simvastatin.....	30	Timolol Maleate Ophthalmic Gel Forming.....	36
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Rasagiline Mesylate.....	24	Sotalol HCl, Sotalol HCl AF....	28	Tizanidine HCl.....	38
Rebif.....	31	Spiriva HandiHaler Capsule, Spiriva Respimat Solution...	37	Tobramycin Sulfate.....	19
Renagel.....	32	Spironolactone.....	30	Tobramycin/Dexamethasone	36
Renvela.....	32	Sprycel.....	23	Topiramate.....	21
Restasis.....	35	Stiolto Respimat.....	38	Topotecan HCl.....	23
Revlimid.....	22	Suboxone.....	19	Toujeo SoloStar.....	27
Reyataz.....	25	Sucralfate.....	32	Tradjenta.....	26
Rifabutin.....	22	Sulfamethoxazole/ Trimethoprim DS.....	20	Tramadol HCl.....	19
Rifampin.....	22	Sulfasalazine.....	35	Tramadol HCl/Acetaminophen	19
Riluzole.....	31	Sumatriptan Succinate.....	22		
Rimantadine HCl.....	25				

Tranexamic Acid.....	28	Valganciclovir.....	24	Welchol.....	30
Transderm-Scop.....	22	Valproic Acid.....	20	X	
Travatan Z.....	36	Valsartan.....	28	Xarelto.....	27
Trazodone HCl.....	21	Valsartan/Hydrochlorothiazide	29	Xigduo XR.....	26
Tretinoin.....	23	29	Xolair.....	35
Triamcinolone Acetonide.....	33	Vascepa.....	30	Z	
Triamterene/ Hydrochlorothiazide.....	29	Velphoro.....	32	Zafirlukast.....	37
Tribenzor.....	29	Verapamil HCl.....	29	Zaleplon.....	38
Trihexyphenidyl HCl.....	23	Verapamil HCl ER.....	29	Zenpep.....	33
Trintellix.....	21	Versacloz.....	24	Zepatier.....	24
Trulicity.....	26	Vesicare.....	33	Zetia.....	30
Truvada.....	25	Victoza.....	26	Zirgan.....	24
U		Viibryd.....	21	Zolpidem Tartrate.....	38
Uloric.....	22	Vimpat.....	21	Zonisamide.....	20
Ursodiol.....	32	Viread.....	25	Zostavax.....	35
V		Vyvanse.....	31	Zytiga.....	22
Valacyclovir HCl.....	24	W			
		Warfarin Sodium.....	27		

Covered drugs by medical condition

The list below has information about some of the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-17.

Remember, this **partial** drug list is the most commonly used drugs covered by your plan. If you don’t see your drug, please call us or you can look it up online at www.UHCRetiree.com. Our contact information is on the cover.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 39-49.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
Celecoxib (Capsule)	1	QL
Diclofenac Tablet , Diclofenac DR Tablet, Diclofenac ER Tablet	1	
Ibuprofen (Tablet, 100mg/5ml Suspension)	1	
Meloxicam (Tablet)	1	
Naproxen (Tablet Immediate-Release)	1	
Opioid Analgesics, Long-acting		
Butrans (Patch Weekly)	2	QL, MED
Embeda (Capsule Extended-Release)	2	QL, MED
Fentanyl (Patch 72 Hour)	1	QL, MED

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hysingla ER (Tablet Extended-Release 24 Hour Abuse- Deterrent)	2	QL, MED
Methadone HCl (Tablet, Oral Solution)	1	QL, MED
Morphine Sulfate ER (Tablet Extended- Release) (Generic MS Contin)	1	QL, MED
Nucynta ER (Tablet Extended-Release 12 Hour)	2	QL, MED
Opana ER (Tablet Extended-Release 12 Hour Abuse- Deterrent)	3	QL, MED
OxyContin (Tablet Extended-Release 12 Hour Abuse- Deterrent)	2	QL, MED

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Opioid Analgesics, Short-acting		
Acetaminophen/Codeine (Tablet)	1	QL, MED
Hydrocodone/Acetaminophen (Tablet)	1	QL, MED
Hydromorphone HCl (Tablet Immediate-Release)	1	QL, MED
Oxycodone HCl (Tablet Immediate-Release)	1	QL, MED
Oxycodone/Acetaminophen (Tablet)	1	QL, MED
Tramadol HCl (Tablet Immediate-Release)	1	QL, MED
Tramadol HCl/Acetaminophen (Tablet)	1	QL, MED
Anesthetics		
Local Anesthetics		
Lidocaine (Ointment)	1	
Lidocaine HCl (Gel)	1	
Lidocaine Viscous (Solution)	1	
Lidocaine/Prilocaine (Cream)	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Acamprosate Calcium DR (Tablet Delayed-Release)	1	
Disulfiram (Tablet)	1	
Naltrexone HCl (Tablet)	1	
Opioid Dependence Treatments		
Buprenorphine HCl (Tablet Sublingual)	1	QL
Suboxone (Film)	3	QL
Smoking Cessation Agents		
Chantix (Tablet)	2	
Nicotrol Inhaler	3	
Antibacterials		
Aminoglycosides		
Gentamicin Sulfate (0.1% Cream, 0.1% Ointment, 0.3% Ophthalmic Ointment, 0.3% Ophthalmic Solution)	1	
Tobramycin Sulfate (Ophthalmic Solution)	1	
Antibacterials, Other		
Metronidazole (Tablet)	1	
Nitrofurantoin Capsules (Macrocrystals, Monohydrate)	1	
Beta-lactam, Cephalosporins		
Cefuroxime Axetil (Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cephalexin (Capsule, Oral Suspension)	1	
Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)	2	
Suprax (100mg/5ml Suspension, 200mg/5ml Suspension)	3	
Suprax (400mg Capsule)	2	
Suprax (500mg/5ml Suspension)	3	
Beta-lactam, Other		
Invanz (Injection)	3	
Meropenem (Injection)	1	
Beta-lactam, Penicillins		
Amoxicillin (Capsule, Tablet)	1	
Penicillin V Potassium (Tablet)	1	
Macrolides		
Azithromycin (Oral Suspension, Tablet Immediate-Release)	1	
Clarithromycin (Tablet)	1	
Quinolones		
Ciprofloxacin HCl (Tablet Immediate-Release)	1	
Levofloxacin (Tablet)	1	
Sulfonamides		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Silver Sulfadiazine (Cream)	1	
Sulfamethoxazole/Trimethoprim DS (Tablet)	1	
Tetracyclines		
Doxycycline Hyclate (Capsule)	1	
Minocycline HCl (Capsule)	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (Tablet)	4	QL
Levetiracetam (Tablet Immediate-Release)	1	
Calcium Channel Modifying Agents		
Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)	1	
Zonisamide (Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Gabapentin (Capsule, Tablet)	1	
Valproic Acid (250mg Capsule, 250mg/5ml Oral Solution)	1	
Glutamate Reducing Agents		
Fycompa (Tablet)	3	
Lamotrigine (Tablet Immediate-Release)	1	

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Topiramate (Tablet Immediate-Release)	1	
Sodium Channel Agents		
Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)	1	
Oxcarbazepine (Tablet)	1	
Phenytoin Sodium Extended (Capsule)	1	
Vimpat (Tablet)	3	QL
Antidementia Agents		
Cholinesterase Inhibitors		
Donepezil, Donepezil ODT (Tablet)	1	QL
Rivastigmine Tartrate (Capsule)	1	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl (Tablet)	1	PA, QL
Namenda (10mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 10mg/5ml Oral Solution)	3	PA, QL
Namenda XR (Capsule Extended-Release 24 Hour)	2	PA, QL
Antidepressants		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antidepressants, Other		
Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet)	1	
Mirtazapine, Mirtazapine ODT (Tablet)	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Citalopram HBr (Tablet)	1	
Escitalopram Oxalate (Tablet)	1	
Sertraline HCl (Tablet)	1	
Trazodone HCl (Tablet)	1	
Trintellix (Tablet)	3	QL
Viibryd (Tablet)	3	QL
Tricyclics		
Amitriptyline HCl (Tablet)	1	PA, HRM
Nortriptyline HCl (10mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule, 10mg/5ml Oral Solution)	1	PA, HRM
Antiemetics		
Antiemetics, Other		
Meclizine HCl (12.5mg Tablet)	1	PA, HRM

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Metoclopramide HCl (Tablet)	1	
Transderm-Scop (Patch 72 Hour)	3	PA, HRM
Emetogenic Therapy Adjuncts		
Dronabinol (Capsule)	1	PA, QL
Ondansetron, Ondansetron ODT (Tablet)	1	B/D, PA
Antifungals		
Antifungals		
Fluconazole (Tablet)	1	
Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)	1	
Nystatin (Cream, Ointment, Powder, Suspension, Tablet)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Tablet)	1	
Colchicine (Tablet, Capsule)	2	QL
Uloric (Tablet)	2	ST
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (Injection)	1	
Migergot (Suppository)	4	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Rizatriptan, Rizatriptan ODT (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sumatriptan Succinate (Tablet)	1	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Tablet)	2	
Pyridostigmine Bromide (Tablet)	1	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Tablet)	1	
Rifabutin (Capsule)	1	
Antituberculars		
Isoniazid (Tablet)	1	
Rifampin (Capsule)	1	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Capsule)	3	B/D, PA
Leukeran (Tablet)	3	
Antiandrogens		
Bicalutamide (Tablet)	1	
Zytiga (Tablet)	4	PA, QL
Antiangiogenic Agents		
Pomalyst (Capsule)	4	PA, QL
Revlimid (Capsule)	4	PA, QL, LA
Antiestrogens/Modifiers		
Fareston (Tablet)	4	
Tamoxifen Citrate (Tablet)	1	

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antimetabolites		
Hydroxyurea (Capsule)	1	
Mercaptopurine (Tablet)	1	
Antineoplastics, Other		
Carboplatin (Injection)	1	
Leucovorin Calcium (Tablet)	1	
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Tablet)	1	
Letrozole (Tablet)	1	
Enzyme Inhibitors		
Etoposide (Injection)	1	
Topotecan HCl (Injection)	1	
Molecular Target Inhibitors		
Imatinib Mesylate (Tablet)	1	PA, QL
Sprycel (Tablet)	4	PA, QL
Tasigna (Capsule)	4	PA, QL
Monoclonal Antibody/Antibody-Drug Conjugate		
Avastin (Injection)	4	PA
Rituxan (Injection)	4	PA
Retinoids		
Targretin (1% Gel, 75mg Capsule)	4	PA
Tretinoin (Capsule)	1	
Antiparasitics		
Anthelmintics		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Albenza (Tablet)	4	QL
Ivermectin (Tablet)	1	
Antiprotozoals		
Atovaquone/Proguanil HCl (Tablet) (Generic Malarone)	1	
Hydroxychloroquine Sulfate (Tablet)	1	
Pediculicides/Scabicides		
Lindane (Shampoo)	1	
Permethrin (Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benzotropine Mesylate (Tablet)	1	PA, HRM
Trihexyphenidyl HCl (Elixir)	1	PA, HRM
Antiparkinson Agents, Other		
Amantadine HCl (Capsule, Tablet, Syrup)	1	
Comtan (Tablet)	3	
Entacapone (Tablet)	1	
Dopamine Agonists		
Pramipexole Dihydrochloride (Tablet Immediate-Release)	1	
Ropinirole HCl (Tablet Immediate-Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Carbidopa/Levodopa, Carbidopa/Levodopa ER, Carbidopa/Levodopa ODT (Tablet)	1	
Carbidopa/Levodopa/Entacapone (Tablet)	1	
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Tablet)	1	
Selegiline HCl (5mg Capsule, 5mg Tablet)	1	
Antipsychotics		
1st Generation/Typical		
Fluphenazine HCl (Tablet)	1	
Haloperidol (Tablet)	1	
2nd Generation/Atypical		
Latuda (Tablet)	4	QL
Olanzapine (Tablet Immediate-Release)	1	QL
Quetiapine Fumarate (Tablet Immediate-Release)	1	QL
Risperidone (Tablet Immediate-Release)	1	
Saphris (Tablet Sublingual)	3	QL
Treatment-Resistant		
Clozapine (Tablet Immediate-Release)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clozapine ODT (100mg Tablet Dispersible, 25mg Tablet Dispersible)	1	QL
Clozapine ODT (12.5mg Tablet Dispersible, 150mg Tablet Dispersible, 200mg Tablet Dispersible)	1	QL
Versacloz (Suspension)	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Valganciclovir (Tablet)	1	QL
Zirgan (Gel)	3	
Anti-hepatitis B (HBV) Agents		
Entecavir (Tablet)	1	
Lamivudine (Tablet)	1	
Anti-hepatitis C (HCV) Agents, Other		
Pegasys (Injection)	4	PA
Intron A (Injection)	4	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Epclusa (Tablet)	4	PA, QL
Harvoni (Tablet)	4	PA, QL
Zepatier (Tablet)	4	PA, QL
Antitherpetic Agents		
Acyclovir (Tablet)	1	
Valacyclovir HCl (Tablet)	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Isentress (400mg Tablet)	4	QL
Tivicay (25mg Tablet, 50mg Tablet)	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Tablet)	4	QL
Intelence (100mg Tablet, 200mg Tablet)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Epzicom (Tablet)	4	QL
Truvada (Tablet)	4	QL
Viread (Powder, Tablet)	4	QL
Anti-HIV Agents, Other		
Fuzeon (Injection)	4	QL
Selzentry (150mg Tablet, 300mg Tablet, 75mg Tablet)	4	QL
Anti-HIV Agents, Protease Inhibitors		
Crixivan (Capsule)	2	QL
Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)	3	QL
Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)	4	QL
Anti-influenza Agents		
Rimantadine HCl (Tablet)	1	
Tamiflu (Capsule, Suspension)	3	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Tablet)	1	
Hydroxyzine HCl (Syrup)	1	PA, HRM
Benzodiazepines		
Alprazolam (Tablet Immediate-Release)	1	QL
Clonazepam, Clonazepam ODT (Tablet)	1	QL
Diazepam (Tablet, Intensol 5mg/ml Concentrate)	1	QL
Diazepam (1mg/ml Oral Solution)	1	
Lorazepam (Tablet, Intensol 2mg/ml Concentrate)	1	QL
Bipolar Agents		
Mood Stabilizers		

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Divalproex Capsule, Divalproex DR Tablet, Divalproex ER Tablet	1	
Equetro (Capsule Extended-Release 12 Hour)	3	
Lithium Carbonate (Capsule, Tablet), Lithium Carbonate ER (Tablet)	1	
Blood Glucose Regulators		
Antidiabetic Agents		
Bydureon Injection (Pen, Vial)	2	QL
Byetta (Injection)	3	QL
Farxiga (Tablet)	3	QL, ST
Glimepiride (Tablet)	1	QL
Glipizide, Glipizide ER (Tablet)	1	QL
Invokamet, Invokamet XR (Tablet)	2	QL
Invokana (Tablet)	2	QL
Janumet, Janumet XR (Tablet)	2	QL
Januvia (Tablet)	2	QL
Jardiance (Tablet)	2	QL
Jentadueto, Jentadueto XR (Tablet)	3	QL
Kazano (Tablet)	3	QL, ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kombiglyze XR (Tablet Extended-Release 24 Hour)	2	QL
Metformin HCl (Tablet Immediate-Release)	1	QL
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour, 750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	1	QL
Nesina (Tablet)	3	QL, ST
Onglyza (Tablet)	2	QL
Oseni (Tablet)	3	QL, ST
Pioglitazone HCl (Tablet)	1	QL
SymlinPen (Injection)	4	PA
Synjardy, Synjardy XR (Tablet)	2	QL
Tradjenta (Tablet)	3	QL
Trulicity (Injection)	2	QL
Victoza (Injection)	2	QL
Xigduo XR (Tablet Extended-Release 24 Hour)	3	QL, ST
Glycemic Agents		
GlucaGen HypoKit (Injection)	3	
Glucagon Emergency Kit (Injection)	2	
Insulins		

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Humalog (Injection)	2	
Humalog Mix (Injection)	2	
Humulin 70/30 (Injection)	2	
Humulin N (Injection)	2	
Humulin R (Injection)	2	
Lantus Injection (SoloStar, Vial)	2	
Levemir Injection (FlexTouch, Vial)	2	
Toujeo SoloStar (Injection)	2	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Eliquis (Tablet)	2	QL
Pradaxa (Capsule)	3	QL
Warfarin Sodium (Tablet)	1	
Xarelto (Tablet)	2	QL
Blood Formation Modifiers		
Anagrelide HCl (Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp Albumin Free (100mcg/0.5ml Injection, 150mcg/0.3ml Injection, 200mcg/0.4ml Injection, 300mcg/0.6ml Injection, 500mcg/ml Injection, 60mcg/0.3ml Injection, 60mcg/ml Injection)	4	PA
Aranesp Albumin Free (10mcg/0.4ml Injection, 25mcg/0.42ml Injection, 25mcg/ml Injection, 40mcg/0.4ml Injection, 40mcg/ml Injection)	3	PA
Procrit (10000unit/ml Injection, 2000unit/ml Injection, 3000unit/ml Injection, 4000unit/ml Injection)	3	PA
Procrit (20000unit/ml Injection, 40000unit/ml Injection)	4	PA
Blood Products/Modifiers/Volume Expanders		
Argatroban (125mg/125ml-0.9% Injection)	1	B/D, PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Argatroban (250mg/2.5ml Injection)	1	B/D, PA
Hemostasis Agents		
Tranexamic Acid (1000mg/10ml Injection, 650mg Tablet)	1	
Platelet Modifying Agents		
Aggrenox (Capsule Extended-Release 12 Hour)	3	QL
Brilinta (Tablet)	2	QL
Cilostazol (Tablet)	1	
Clopidogrel (75mg Tablet)	1	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (Tablet Immediate-Release)	1	
Methyldopa (Tablet)	1	PA, HRM
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Tablet)	1	
Prazosin HCl (Capsule)	1	
Angiotensin II Receptor Antagonists		
Benicar (Tablet)	3	QL
Edarbi (Tablet)	3	QL
Irbesartan (Tablet)	1	QL
Losartan Potassium (Tablet)	1	QL
Telmisartan (Tablet)	1	QL

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

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Propranolol HCl (Tablet Immediate-Release)	1	
Propranolol HCl ER (Capsule Extended-Release 24 Hour)	1	
Calcium Channel Blocking Agents		
Amlodipine Besylate (Tablet)	1	
Diltiazem CD (Capsule Extended-Release 24 Hour)	1	
Diltiazem HCl (Tablet Immediate-Release)	1	
Diltiazem HCl ER (Capsule Extended-Release)	1	
Verapamil HCl (Tablet Immediate-Release)	1	
Verapamil HCl ER (Tablet Extended-Release)	1	
Cardiovascular Agents, Other		
Amlodipine Besylate/ Benazepril HCl (Capsule)	1	QL
Benazepril HCl/ Hydrochlorothiazide (Tablet)	1	QL
Benicar HCT (Tablet)	3	QL
Bisoprolol Fumarate/ Hydrochlorothiazide (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Digoxin (125mcg Tablet)	1	QL, HRM
Digoxin (250mcg Tablet)	1	PA, HRM
Edarbyclor (Tablet)	3	QL
Enalapril Maleate/ Hydrochlorothiazide (Tablet)	1	QL
Irbesartan/ Hydrochlorothiazide (Tablet)	1	QL
Lisinopril/ Hydrochlorothiazide (Tablet)	1	QL
Losartan Potassium/ Hydrochlorothiazide (Tablet)	1	QL
Quinapril/ Hydrochlorothiazide (Tablet)	1	QL
Ranexa (Tablet Extended-Release 12 Hour)	2	QL
Telmisartan/ Hydrochlorothiazide (Tablet)	1	QL
Triamterene/ Hydrochlorothiazide (Capsule, Tablet)	1	
Tribenzor (Tablet)	3	QL
Valsartan/ Hydrochlorothiazide (Tablet)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide (Tablet Immediate-Release)	1	
Acetazolamide ER (Capsule Extended-Release 12 Hour)	1	
Methazolamide (Tablet)	1	
Diuretics, Loop		
Bumetanide (Tablet)	1	
Furosemide (Tablet)	1	
Diuretics, Potassium-sparing		
Eplerenone (Tablet)	1	
Spironolactone (Tablet)	1	
Diuretics, Thiazide		
Chlorthalidone (Tablet)	1	
Hydrochlorothiazide (Capsule, Tablet)	1	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate (Tablet)	1	
Gemfibrozil (Tablet)	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Tablet)	1	QL
Crestor (Tablet)	3	QL
Lovastatin (Tablet Immediate-Release)	1	QL
Pravastatin Sodium (Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rosuvastatin Calcium (Tablet)	1	QL
Simvastatin (Tablet)	1	QL
Dyslipidemics, Other		
Niacin ER (Tablet Extended-Release)	1	
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	1	QL
Vascepa (Capsule)	3	
Welchol (3.75gm Packet, 625mg Tablet)	2	
Zetia (Tablet)	3	QL
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Tablet)	1	
Minoxidil (Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate, Isosorbide Dinitrate ER (Tablet)	1	
Isosorbide Mononitrate, Isosorbide Mononitrate ER (Tablet)	1	
Nitrostat (Tablet Sublingual)	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amphetamine/ Dextroamphetamine (Capsule Extended- Release, Tablet Immediate-Release)	1	QL
Vyvanse (Capsule)	3	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Methylphenidate HCl (Tablet Immediate- Release) (Generic Ritalin)	1	QL
Atomoxetine (Capsule)	1	QL
Central Nervous System, Other		
Nuedexta (Capsule)	3	PA
Riluzole (Tablet)	1	
Fibromyalgia Agents		
Duloxetine HCl (20mg Capsule Delayed- Release, 30mg Capsule Delayed- Release, 60mg Capsule Delayed- Release)	1	QL
Lyrica (Capsule)	2	QL
Savella (Tablet)	2	
Multiple Sclerosis Agents		
Aubagio (Tablet)	4	QL
Avonex (Injection)	4	
Betaseron (Injection)	4	
Copaxone (Injection)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gilenya (Capsule)	4	QL
Rebif (Injection)	4	
Tecfidera (Capsule Delayed-Release)	4	QL
Dental and Oral Agents		
Dental and Oral Agents		
Chlorhexidine Gluconate (Solution)	1	
Pilocarpine HCl (Tablet)	1	
Dermatological Agents		
Dermatological Agents		
Ammonium Lactate (12% Cream, 12% Lotion)	1	
Cosentyx (Injection)	4	PA
Cosentyx Sensoready Pen (Injection)	4	PA
Imiquimod (Cream)	1	
Santyl (Ointment)	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Carbaglu (Tablet)	4	LA
Dextrose 5%/NaCl (Injection)	1	
Klor-Con 10, Klor-Con 8 (Tablet)	1	
Klor-Con M20 (Tablet Extended-Release)	1	
Levocarnitine (Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride ER (Capsule Extended-Release, Tablet Extended-Release)	1	
Potassium Citrate ER (Tablet Extended-Release)	1	
Electrolyte/Mineral/Metal Modifiers		
Exjade (Tablet Soluble)	4	PA
Sodium Polystyrene Sulfonate (Suspension)	1	
Phosphate Binders		
Auryxia (Tablet)	4	
Calcium Acetate (Capsule)	1	
Fosrenol (Packet, Tablet Chewable)	4	
Phoslyra (Oral Solution)	2	
Renagel (Tablet)	2	ST
Renvela (Tablet, Packet)	2	
Velphoro (Tablet Chewable)	4	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Dicyclomine HCl (10mg Capsule, 20mg Tablet)	1	HRM
Methscopolamine Bromide (Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gastrointestinal Agents, Other		
Diphenoxylate/Atropine (Tablet)	1	PA, HRM
Loperamide HCl (Capsule)	1	
Ursodiol (Tablet, Capsule)	1	
Histamine2 (H2) Receptor Antagonists		
Cimetidine (Tablet, Oral Solution)	1	
Famotidine (Tablet)	1	
Ranitidine HCl (Tablet)	1	
Irritable Bowel Syndrome Agents		
Amitiza (Capsule)	2	QL
Linzess (Capsule)	2	QL
Laxatives		
Lactulose (Oral Solution)	1	
Polyethylene Glycol 3350 Powder (Generic MiraLAX)	1	
Protectants		
Carafate (Suspension)	3	
Misoprostol (Tablet)	1	
Sucralfate (Tablet)	1	
Proton Pump Inhibitors		
Dexilant (Capsule Delayed-Release)	3	QL

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Omeprazole (10mg Capsule Delayed-Release, 40mg Capsule Delayed-Release)	1	QL
Omeprazole (20mg Capsule Delayed-Release)	1	
Pantoprazole Sodium (Tablet Delayed-Release)	1	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Creon (Capsule Delayed-Release)	2	
Zenpep (Capsule Delayed-Release)	2	
Genitourinary Agents		
Antispasmodics, Urinary		
Myrbetriq (Tablet Extended-Release 24 Hour)	2	
Oxybutynin Chloride ER (Tablet Extended-Release 24 Hour)	1	QL
Vesicare (Tablet)	2	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Tablet Extended-Release 24 Hour)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Finasteride (5mg Tablet) (Generic Proscar)	1	
Rapaflo (Capsule)	2	QL
Tamsulosin HCl (Capsule)	1	
Terazosin HCl (Capsule)	1	
Genitourinary Agents, Other		
Bethanechol Chloride (Tablet)	1	
Elmiron (Capsule)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Prednisone (Tablet, 5mg/5ml Oral Solution)	1	
Triamcinolone Acetonide (Cream, Ointment)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Desmopressin Acetate (Tablet)	1	
Genotropin (12mg Injection, 5mg Injection)	4	PA
Genotropin Miniquick (0.2mg Injection)	3	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Genotropin Miniquick (0.4mg Injection, 0.6mg Injection, 0.8mg Injection, 1.2mg Injection, 1.4mg Injection, 1.6mg Injection, 1.8mg Injection, 1mg Injection, 2mg Injection)	4	PA
Nutropin AQ (Injection)	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Tablet)	4	PA, QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Androderm (Patch 24 Hour)	2	QL
AndroGel (1.62% Packet, 1.62% Pump)	2	
Testosterone Cypionate (Injection)	1	
Estrogens		
Climara Pro (Patch Weekly)	3	PA, HRM
Estradiol (Tablet) (Generic Estrace)	1	PA, HRM
Premarin (Vaginal Cream)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Progestins		
Medroxyprogesterone Acetate (Tablet)	1	
Norethindrone Acetate (5mg Tablet)	1	
Progesterone (Capsule)	1	
Selective Estrogen Receptor Modifying Agents		
Raloxifene HCl (Tablet)	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Levothyroxine Sodium (Tablet)	1	
Liothyronine Sodium (Tablet)	1	
Synthroid (Tablet)	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Tablet)	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Tablet)	1	
Lupron Depot, Lupron Depot-PED (Injection)	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Tablet)	1	

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Propylthiouracil (Tablet)	1	
Immunological Agents		
Angioedema Agents		
Cinryze (Injection)	4	PA, LA
Firazyr (Injection)	4	PA, QL
Immune Suppressants		
Azathioprine (Tablet)	1	B/D, PA
Enbrel (Injection)	4	PA
Humira (Injection)	4	PA
Methotrexate (Tablet)	1	
Immunizing Agents, Passive		
Gammagard Liquid (Injection)	4	PA
Thymoglobulin (Injection)	4	
Immunomodulators		
Benlysta (Injection)	4	PA
Leflunomide (Tablet)	1	
Xolair (Injection)	4	PA
Vaccines		
Adacel (Injection)	2	
Zostavax (Injection)	2	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Capsule Extended-Release 24 Hour)	2	QL
Balsalazide Disodium (Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lialda (Tablet Delayed-Release)	2	QL
Glucocorticoids		
Budesonide (Capsule Delayed-Release)	1	
Proctosol HC (Cream)	1	
Sulfonamides		
Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (Tablet)	1	QL
Calcitriol (Capsule)	1	B/D, PA
Ibandronate Sodium (Tablet)	1	QL
Sensipar (30mg Tablet)	2	QL
Sensipar (60mg Tablet, 90mg Tablet)	4	QL
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	2	
Insulin Syringes, Needles	2	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Lastacraft (Ophthalmic Solution)	2	
Restasis (Emulsion)	2	QL

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tobramycin/ Dexamethasone (Ophthalmic Suspension)	1	
Ophthalmic Anti-allergy Agents		
Azelastine HCl (0.05% Ophthalmic Solution)	1	
Pazeo (Ophthalmic Solution)	2	
Ophthalmic Antiglaucoma Agents		
Azopt (Suspension)	2	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Combigan (Ophthalmic Solution)	2	
Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)	1	
Simbrinza (Suspension)	2	
Timolol Maleate Ophthalmic Gel Forming (Solution)	1	
Ophthalmic Anti-inflammatories		
Durezol (Emulsion)	2	
Ilevro (Suspension)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ketorolac Tromethamine (Ophthalmic Solution)	1	
Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)	3	
Nevanac (Suspension)	2	
Prednisolone Acetate (Suspension)	1	
Prolensa (Ophthalmic Solution)	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
Latanoprost (Ophthalmic Solution)	1	
Lumigan (Ophthalmic Solution)	2	
Travatan Z (Ophthalmic Solution)	2	
Otic Agents		
Otic Agents		
Ciprodex (Otic Suspension)	2	
Fluocinolone Acetonide (Otic Oil)	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution)	1	QL
Azelastine HCl (0.15% Nasal Solution)	1	

You can find information on what the abbreviations in this table mean on pages 6 - 7.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Levocetirizine Dihydrochloride (Tablet)	1	QL
Promethazine HCl (Tablet)	1	PA, HRM
Anti-inflammatories, Inhaled Corticosteroids		
Arnuity Ellipta (Aerosol Powder)	2	QL
Flovent Diskus, Flovent HFA (Aerosol)	2	QL
Fluticasone Propionate (Suspension)	1	
Nasonex (Suspension)	3	
Pulmicort Flexhaler (Aerosol Powder)	3	QL, ST
Antileukotrienes		
Montelukast Sodium (Tablet, Tablet Chewable, Packet)	1	QL
Zafirlukast (Tablet)	1	QL
Bronchodilators, Anticholinergic		
Atrovent HFA (Aerosol Solution)	3	
Incruse Ellipta (Aerosol Powder)	2	QL
Ipratropium Bromide (0.02% Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Spiriva HandiHaler Capsule, Spiriva Respimat Solution	2	QL
Bronchodilators, Sympathomimetic		
Perforomist (Nebulized Solution)	3	B/D, PA, QL
ProAir HFA, ProAir RespiClick (Aerosol)	2	
Serevent Diskus (Aerosol Powder)	2	QL
Cystic Fibrosis Agents		
Cayston (Inhalation Solution)	4	PA, LA
Kalydeco (Packet)	4	PA, QL
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Tablet)	3	PA, QL
Theophylline (Oral Solution)	1	
Theophylline CR, Theophylline ER (Tablet)	1	
Pulmonary Antihypertensives		
Adcirca (Tablet)	4	PA, QL
Letairis (Tablet)	4	PA, QL, LA
Opsumit (Tablet)	4	PA, LA
Orenitram (0.125mg Tablet Extended-Release)	3	PA, QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	4	PA, QL
Orenitram (2.5mg Tablet Extended-Release)	4	PA
Sildenafil (20mg Tablet)	1	PA, QL
Respiratory Tract Agents, Other		
Advair Diskus, Advair HFA (Aerosol)	2	QL
Anoro Ellipta (Aerosol Powder)	2	QL
Bevespi Aerosphere (Aerosol)	2	QL
Breo Ellipta (Aerosol Powder)	2	QL
Combivent Respimat (Aerosol Solution)	2	
Dymista (Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ipratropium Bromide/ Albuterol Sulfate (Inhalation Solution)	1	B/D, PA
Stiolto Respimat (Aerosol Solution)	2	QL
Symbicort (Aerosol)	2	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Tablet)	1	
Tizanidine HCl (Tablet)	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
Zaleplon (Capsule)	1	PA, QL, HRM
Zolpidem Tartrate (Tablet Immediate-Release)	1	PA, QL, HRM
Sleep Disorders, Other		
Belsomra (Tablet)	2	QL
Modafinil (Tablet)	1	PA, QL
Nuvigil (Tablet)	3	PA, QL
Rozerem (Tablet)	3	QL

You can find information on what the abbreviations in this table mean on pages 6 - 7.

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.

Drug Name	Quantity Limit
Acetaminophen/Codeine (Tablet)	Maximum of 13 tablets per day
Adcirca (Tablet)	Maximum of 2 tablets per day
Advair Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Aggrenox (Capsule Extended-Release 12 Hour)	Maximum of 2 capsules per day
Albenza (Tablet)	Maximum of 16 tablets per day
Alendronate Sodium (10mg Tablet, 40mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35mg Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70mg Tablet)	Maximum of 4 tablets per 28 days
Alprazolam (0.25mg Tablet Immediate-Release, 0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Alprazolam (2mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Amitiza (Capsule)	Maximum of 2 capsules per day
Amlodipine Besylate/Benazepril HCl (Capsule)	Maximum of 1 capsule per day
Amphetamine/Dextroamphetamine (10mg Tablet, 12.5mg Tablet, 15mg Tablet, 30mg Tablet, 5mg Tablet, 7.5mg Tablet)	Maximum of 2 tablets per day
Amphetamine/Dextroamphetamine (20mg Tablet)	Maximum of 3 tablets per day
Amphetamine/Dextroamphetamine (Capsule Extended-Release)	Maximum of 2 capsules per day
Androderm (Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Apriso (Capsule Extended-Release 24 Hour)	Maximum of 4 capsules per day
Arnuity Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Atomoxetine (100mg Capsule, 60mg Capsule, 80mg Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Atomoxetine (10mg Capsule, 18mg Capsule, 25mg Capsule, 40mg Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Atripla (Tablet)	Maximum of 2 tablets per day
Aubagio (Tablet)	Maximum of 1 tablet per day
Azelastine HCl (0.1% Nasal Solution)	Maximum of 2 bottles (60 ml) per 30 days
Belsomra (Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Tablet)	Maximum of 2 tablets per day
Benazepril HCl/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Benicar (20mg Tablet, 40mg Tablet)	Maximum of 1 tablet per day
Benicar (5mg Tablet)	Maximum of 2 tablets per day
Benicar HCT (Tablet)	Maximum of 1 tablet per day
Bevespi Aerosphere (Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)	Maximum of 2 tablets per day
Breo Ellipta (Aerosol Powder)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Tablet)	Maximum of 2 tablets per day
BRIVIACT (Tablet)	Maximum of 2 tablets per day
Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)	Maximum of 3 tablets per day
Butrans (Patch Weekly)	Maximum of 4 patches per 28 days
Bydureon Pen (Injection)	Maximum of 4 pens per 28 days
Bydureon Vial (Injection)	Maximum of 4 vials per 28 days
Byetta (10mcg/0.04ml Solution Pen injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta (5mcg/0.02ml Solution Pen injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)	Maximum of 1 tablet per day
Bystolic (20mg Tablet)	Maximum of 2 tablets per day
Captopril (100mg Tablet)	Maximum of 4 tablets per day
Captopril (12.5mg Tablet, 25mg Tablet)	Maximum of 3 tablets per day
Captopril (50mg Tablet)	Maximum of 9 tablets per day
Celecoxib (Capsule)	Maximum of 2 capsules per day
Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Clonazepam (2mg Tablet Immediate-Release)	Maximum of 10 tablets per day
Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)	Maximum of 4 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Clonazepam ODT (2mg Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel (75mg Tablet)	Maximum of 4 tablets per day
Clozapine ODT (100mg Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5mg Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (25mg Tablet Dispersible)	Maximum of 3 tablets per day
Colchicine (0.6mg Capsule) (Generic Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6mg Tablet) (Generic Colcrys)	Maximum of 4 tablets per day
Crestor (Tablet)	Maximum of 1 tablet per day
Crixivan (Capsule)	Maximum of 9 capsules per day
Daliresp (Tablet)	Maximum of 1 tablet per day
Dexilant (Capsule Delayed-Release)	Maximum of 1 capsule per day
Diazepam (10mg Tablet, 2mg Tablet, 5mg Tablet)	Maximum of 4 tablets per day
Diazepam Intensol (5mg/ml Concentrate)	Maximum of 8 ml per day
Digoxin (125mcg Tablet)	Maximum of 1 tablet per day
Donepezil HCl (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Donepezil HCl (23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Donepezil HCl ODT (10mg Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5mg Tablet Dispersible)	Maximum of 1 tablet per day
Dronabinol (Capsule)	Maximum of 4 capsules per day
Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Edarbi (Tablet)	Maximum of 1 tablet per day
Edarbyclor (Tablet)	Maximum of 1 tablet per day
Eliquis (Tablet)	Maximum of 2 tablets per day
Embeda (100mg-4mg Capsule Extended-Release)	Maximum of 3 capsules per day
Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)	Maximum of 4 capsules per day
Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)	Maximum of 2 capsules per day
Embeda (60mg-2.4mg Capsule Extended-Release)	Maximum of 6 capsules per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
Epclusa (Tablet)	Maximum of 1 tablet per day
Epzicom (Tablet)	Maximum of 2 tablets per day
Farxiga (Tablet)	Maximum of 1 tablet per day
Fentanyl (Patch 72 Hour)	Maximum of 15 patches per 30 days
Firazyr (Injection)	Maximum of 9 ml per day
Flovent Diskus (Aerosol Powder)	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110mcg/act Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220mcg/act Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44mcg/act Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Fuzeon (Injection)	Maximum of 3 vials per day
Gilenya (Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1mg Tablet)	Maximum of 8 tablets per day
Glimepiride (2mg Tablet)	Maximum of 4 tablets per day
Glimepiride (4mg Tablet)	Maximum of 2 tablets per day
Glipizide (10mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Glipizide (5mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Glipizide ER (10mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 4 tablets per day
Harvoni (Tablet)	Maximum of 1 tablet per day
Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8mg Tablet Immediate-Release)	Maximum of 11 tablets per day
Hysingla ER (Tablet Extended-Release 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Ibandronate Sodium (150mg Tablet)	Maximum of 1 tablet per 28 days

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Plain type = Generic drug

Drug Name	Quantity Limit
Imatinib Mesylate (Tablet)	Maximum of 3 tablets per day
Incruse Ellipta (Aerosol Powder)	Maximum of 1 inhaler (30 blisters) per 30 days
Intelence (100mg Tablet)	Maximum of 2 tablets per day
Intelence (200mg Tablet)	Maximum of 3 tablets per day
Invokamet (Tablet)	Maximum of 2 tablets per day
Invokamet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Tablet)	Maximum of 1 tablet per day
Irbesartan (150mg Tablet, 300mg Tablet)	Maximum of 1 tablet per day
Irbesartan (75mg Tablet)	Maximum of 3 tablets per day
Irbesartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Isentress (400mg Tablet)	Maximum of 6 tablets per day
Janumet (Tablet Immediate-Release)	Maximum of 2 tablets per day
Janumet XR (Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Tablet)	Maximum of 1 tablet per day
Jardiance (Tablet)	Maximum of 1 tablet per day
Jentadueto (Tablet)	Maximum of 2 tablets per day
Jentadueto XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Kalydeco (Packet)	Maximum of 2 packets per day
Kazano (Tablet)	Maximum of 2 tablets per day
Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Korlym (Tablet)	Maximum of 4 tablets per day
Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)	Maximum of 1 tablet per day
Latuda (80mg Tablet)	Maximum of 2 tablets per day
Letairis (Tablet)	Maximum of 1 tablet per day
Levocetirizine Dihydrochloride (5mg Tablet)	Maximum of 1 tablet per day
Lialda (Tablet Delayed-Release)	Maximum of 4 tablets per day
Linzess (Capsule)	Maximum of 1 capsule per day
Lisinopril (Tablet)	Maximum of 2 tablets per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)	Maximum of 4 tablets per day
Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)	Maximum of 2 tablets per day
Lorazepam (0.5mg Tablet, 1mg Tablet)	Maximum of 4 tablets per day
Lorazepam (2mg Tablet)	Maximum of 5 tablets per day
Lorazepam Intensol (2mg/ml Concentrate)	Maximum of 5 ml per day
Losartan Potassium (100mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)	Maximum of 1 tablet per day
Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)	Maximum of 2 tablets per day
Lovastatin (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Lovastatin (40mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)	Maximum of 3 capsules per day
Lyrica (225mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Memantine HCl (10mg Tablet)	Maximum of 2 tablets per day
Memantine HCl (5mg Tablet)	Maximum of 3 tablets per day
Metformin HCl (1000mg Tablet Immediate-Release)	Maximum of 2.5 tablets per day
Metformin HCl (500mg Tablet Immediate-Release)	Maximum of 5 tablets per day
Metformin HCl (850mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Methadone HCl (10mg Tablet)	Maximum of 12 tablets per day
Methadone HCl (10mg/5ml Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5mg Tablet)	Maximum of 8 tablets per day
Methadone HCl (5mg/5ml Oral Solution)	Maximum of 120 ml per day

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Drug Name	Quantity Limit
Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin)	Maximum of 3 tablets per day
Modafinil (100mg Tablet)	Maximum of 1 tablet per day
Modafinil (200mg Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (10mg Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (4mg Packet)	Maximum of 1 packet per day
Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)	Maximum of 4 tablets per day
Multaq (Tablet)	Maximum of 2 tablets per day
Namenda (10mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Namenda (10mg/5ml Oral Solution)	Maximum of 10 ml per day
Namenda (5mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Namenda XR (Capsule Extended-Release 24 Hour)	Maximum of 1 capsule per day
Nesina (Tablet)	Maximum of 1 tablet per day
Norvir (100mg Capsule)	Maximum of 18 capsules per day
Norvir (100mg Tablet)	Maximum of 18 tablets per day
Norvir (80mg/ml Oral Solution)	Maximum of 24 ml per day
Nucynta ER (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Nuvigil (150mg Tablet, 200mg Tablet, 250mg Tablet)	Maximum of 1 tablet per day
Nuvigil (50mg Tablet)	Maximum of 2 tablets per day
Olanzapine (10mg Tablet Immediate-Release, 15mg Tablet Immediate-Release, 2.5mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release, 7.5mg Tablet Immediate-Release)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
Omeprazole (10mg Capsule Delayed-Release)	Maximum of 3 capsules per day

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Drug Name	Quantity Limit
Omeprazole (40mg Capsule Delayed-Release)	Maximum of 2 capsules per day
Onglyza (Tablet)	Maximum of 1 tablet per day
Opana ER (10mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 15mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 20mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 5mg Tablet Extended-Release 12 Hour Abuse-Deterrent, 7.5mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Opana ER (30mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 4 tablets per day
Opana ER (40mg Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)	Maximum of 6 tablets per day
Oseni (Tablet)	Maximum of 1 tablet per day
Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)	Maximum of 12 tablets per day
Oxycodone HCl (15mg Tablet Immediate-Release)	Maximum of 16 tablets per day
Oxycodone HCl (30mg Tablet Immediate-Release)	Maximum of 8 tablets per day
Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)	Maximum of 12 tablets per day
OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Pantoprazole Sodium (20mg Tablet Delayed-Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40mg Tablet Delayed-Release)	Maximum of 2 tablets per day
Perforomist (Nebulized Solution)	Maximum of 2 vials (4 ml) per day

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Drug Name	Quantity Limit
Pioglitazone HCl (15mg Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30mg Tablet, 45mg Tablet)	Maximum of 1 tablet per day
Pomalyst (Capsule)	Maximum of 1 capsule per day
Pradaxa (Capsule)	Maximum of 2 capsules per day
Pravastatin Sodium (Tablet)	Maximum of 1 tablet per day
Prezista (100mg/ml Suspension)	Maximum of 60 ml per day
Prezista (150mg Tablet)	Maximum of 6 tablets per day
Prezista (600mg Tablet, 800mg Tablet)	Maximum of 3 tablets per day
Pulmicort Flexhaler (Aerosol Powder)	Maximum of 2 inhalers per 30 days
Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25mg Tablet Immediate-Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300mg Tablet Immediate-Release, 400mg Tablet Immediate-Release)	Maximum of 2 tablets per day
Quinapril HCl (Tablet)	Maximum of 2 tablets per day
Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)	Maximum of 1 tablet per day
Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Tablet)	Maximum of 1 tablet per day
Ramipril (Capsule)	Maximum of 2 capsules per day
Ranexa (Tablet Extended-Release 12 Hour)	Maximum of 2 tablets per day
Rapaflo (Capsule)	Maximum of 1 capsule per day
Restasis (Emulsion)	Maximum of 2 vials per day
Revlimid (Capsule)	Maximum of 1 capsule per day
Reyataz (150mg Capsule, 300mg Capsule)	Maximum of 2 capsules per day
Reyataz (200mg Capsule)	Maximum of 3 capsules per day
Reyataz (50mg Packet)	Maximum of 8 packets per day
Rivastigmine Tartrate (Capsule)	Maximum of 2 capsules per day
Rizatriptan Benzoate (Tablet Immediate-Release)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Tablet)	Maximum of 1 tablet per day
Rozerem (Tablet)	Maximum of 1 tablet per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Selzentry (150mg Tablet, 75mg Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Selzentry (25mg Tablet, 300mg Tablet)	Maximum of 6 tablets per day
Sensipar (30mg Tablet, 60mg Tablet)	Maximum of 2 tablets per day
Sensipar (90mg Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Aerosol Powder)	Maximum of 1 inhaler (60 inhalations) per 30 days
Sildenafil (20mg Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Simvastatin (Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100mg Tablet, 140mg Tablet, 70mg Tablet)	Maximum of 1 tablet per day
Sprycel (20mg Tablet, 50mg Tablet)	Maximum of 3 tablets per day
Sprycel (80mg Tablet)	Maximum of 2 tablets per day
Stiolto Respimat (Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Suboxone (12mg-3mg Film, 4mg-1mg Film)	Maximum of 2 films per day
Suboxone (2mg-0.5mg Film, 8mg-2mg Film)	Maximum of 3 films per day
Sumatriptan Succinate (Tablet)	Maximum of 12 tablets per 30 days
Symbicort (Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Synjardy (Tablet)	Maximum of 2 tablets per day
Synjardy XR (10mg-1000mg Tablet, 25mg-1000mg Tablet)	Maximum of 1 tablet per day
Synjardy XR (5mg-1000mg Tablet, 12.5mg-1000mg Tablet)	Maximum of 2 tablets per day
Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule)	Maximum of 2 capsules per day
Tamiflu (6mg/ml Suspension)	Maximum of 26 ml per day
Tasigna (150mg Capsule)	Maximum of 5 capsules per day
Tasigna (200mg Capsule)	Maximum of 4 capsules per day
Tecfidera (Capsule Delayed-Release)	Maximum of 2 capsules per day
Telmisartan (Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (40mg-12.5mg Tablet, 80mg-25mg Tablet)	Maximum of 1 tablet per day
Telmisartan/Hydrochlorothiazide (80mg-12.5mg Tablet)	Maximum of 2 tablets per day
Tivicay (25mg Tablet)	Maximum of 2 tablets per day
Tivicay (50mg Tablet)	Maximum of 3 tablets per day
Tradjenta (Tablet)	Maximum of 1 tablet per day
Tramadol HCl (Tablet Immediate-Release)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Tramadol HCl/Acetaminophen (Tablet)	Maximum of 12 tablets per day
Tribenzor (Tablet)	Maximum of 1 tablet per day
Trintellix (Tablet)	Maximum of 1 tablet per day
Trulicity (Injection)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Tablet)	Maximum of 2 tablets per day
Valacyclovir HCl (1gm Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500mg Tablet)	Maximum of 2 tablets per day
Valganciclovir (Tablet)	Maximum of 4 tablets per day
Valsartan (160mg Tablet, 40mg Tablet, 80mg Tablet)	Maximum of 2 tablets per day
Valsartan (320mg Tablet)	Maximum of 1 tablet per day
Valsartan/Hydrochlorothiazide (Tablet)	Maximum of 1 tablet per day
Vesicare (Tablet)	Maximum of 1 tablet per day
Victoza (Injection)	Maximum of 3 pens (9 ml) per 30 days
Viibryd (Tablet)	Maximum of 1 tablet per day
Vimpat (100mg Tablet, 150mg Tablet, 200mg Tablet, 50mg Tablet)	Maximum of 2 tablets per day
Viread (150mg Tablet)	Maximum of 1 tablet per day
Viread (200mg Tablet, 250mg Tablet, 300mg Tablet)	Maximum of 2 tablets per day
Viread (40mg/gm Powder)	Maximum of 6 bottles (360 grams) per 30 days
Xarelto (10mg Tablet, 20mg Tablet)	Maximum of 1 tablet per day
Xarelto (15mg Tablet)	Maximum of 2 tablets per day
Xigduo XR (10mg-1000mg Tablet Extended-Release 24 Hour, 10mg-500mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (5mg-1000mg Tablet Extended-Release 24 Hour)	Maximum of 2 tablets per day
Zafirlukast (Tablet)	Maximum of 2 tablets per day
Zaleplon (Capsule)	Maximum of 90 days of use per year
Zepatier (Tablet)	Maximum of 1 tablet per day
Zetia (Tablet)	Maximum of 1 tablet per day
Zolpidem Tartrate (Tablet Immediate-Release)	Maximum of 90 days of use per year
Zytiga (Tablet)	Maximum of 4 tablets per day

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Required information

Benefits, drug list (formulary), pharmacy network and/or copayments/coinsurance may change from time to time during each plan year. You will receive notice when necessary.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call Customer Service. Our contact information is on the cover.

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



This **partial** drug list is not a complete list of drugs covered by our plan. For a complete list of covered drugs or if you have other questions, please call Customer Service at:

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