

Quantity Limit Drug List

ALPHA-ADRENERGIC BLOCKING AGENT(SYPATH)

<i>alfuzosin hcl er</i>	1 / day
<i>dihydroergotamine 4 mg/ml spry</i>	8 / 30 days
FLOMAX	2 / day
MIGRANAL	8 / 30 days
RAPAFLO	1 / day
<i>silodosin</i>	1 / day
<i>tamsulosin hcl</i>	2 / day
UROXATRAL	1 / day

ANALGESICS AND ANTIPYRETICS

ABSTRAL	4 / day
<i>acetamin-caff-dihydrocodeine</i>	10 / day
<i>acetamin-codein 300-30 mg/12.5</i>	139 / day
<i>acetaminop-codeine 120-12 mg/5</i>	140 / day
<i>acetaminophen-cod #2 tablet</i>	22 / day
<i>acetaminophen-cod #3 tablet</i>	12 / day
<i>acetaminophen-cod #4 tablet</i>	6 / day
ACTIQ	4 / day
ALLZITAL	12 / day
APADAZ	12 / day
ARYMO ER	3 / day
<i>asa-butalb-caffeine-codeine</i>	6 / day
ASCOMP WITH CODEINE	6 / day
BELBUCA	2 / day
<i>belladonna-opium 16.2-30 supp</i>	2 / day
<i>belladonna-opium 16.2-60 supp</i>	1 / day
<i>benzhydrocodone-acetaminophen</i>	12 / day
BUNAVAIL (2.1-0.3 MG, 6.3-1 MG)	3 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANALGESICS AND ANTIPYRETICS

BUNAVAIL 4.2-0.7 MG FILM	2 / day
BUPAP	6 / day
<i>buprenorphine</i>	0.144 / day
<i>buprenorphine 0.3 mg/ml crpjt</i>	17 / day
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	3 / day
<i>buprenorphine-naloxone (bupreno-nalox 2-0.5 mg film, buprenorp-nalox 8-2 mg film, buprenorphin-naloxon 8-2 mg, buprenorphn-naloxn 2-0.5 mg)</i>	3 / day
<i>buprenorphine-naloxone (buprenor-nalox 12-3 mg, buprenorp-nalox 4-1 mg)</i>	2 / day
<i>butalb-acetaminoph-caff-codein</i>	6 / day
<i>butalb-caff-acetaminoph-codein</i>	6 / day
<i>butalbital compound-codeine</i>	6 / day
<i>butalbital-acetaminophen-caffe</i>	6 / day
<i>butalbital-acetaminophn 50-300</i>	6 / day
<i>butalbital-acetaminophn 50-325</i>	6 / day
<i>butorphanol 10 mg/ml spray</i>	0.3 / day
BUTRANS	0.144 / day
CAPITAL W-CODEINE	125 / day
<i>codeine sulfate</i>	6 / day
CONZIP	1 / day
DEMEROL 100 MG TABLET	5 / day
DEMEROL 75 MG/ML CARPUJECT	7 / day
DILAUDID (2 MG TABLET, 4 MG TABLET, 8 MG TABLET)	6 / day
DILAUDID 5 MG/5 ML ORAL LIQUID	13 / day
DOLOPHINE HCL	3 / day
DURAGESIC	0.5 / day
DVORAH	10 / day
EMBEDA	2 / day
ENDOCET (5-325 TABLET, 7.5-325 MG TABLET, 10-325 MG TABLET)	12 / day
ENDOCET 2.5-325 MG TABLET	12 / day
ESGIC 50-325-40 MG TABLET	6 / day
ESGIC CAPSULE	6 / day
EXALGO	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANALGESICS AND ANTIPYRETICS

<i>fentanyl (12, 25, 50, 75, 87.5, 100)</i>	0.5 / day
<i>fentanyl (37.5, 62.5)</i>	0.5 / day
<i>fentanyl 100 mcg/2 ml carpugt</i>	8 / day
<i>fentanyl citrate (cit 100 mcg buccal tb, cit 200 mcg buccal tb, cit 400 mcg buccal tb, cit 600 mcg buccal tb, cit 800 mcg buccal tb, cit ofc 1,200 mcg, cit ofc 1,600 mcg, citrate ofc 200 mcg, citrate ofc 400 mcg, citrate ofc 600 mcg)</i>	4 / day
<i>fentanyl citrate ofc 800 mcg</i>	4 / day
FENTORA	4 / day
FIORICET	6 / day
FIORINAL WITH CODEINE #3	6 / day
GRALISE ER 300 MG TABLET	1 / day
GRALISE ER 600 MG TABLET	3 / day
HYCET	180/day
<i>hydrocodone bitartrate er</i>	2 / day
<i>hydrocodone-acetamin 2.5-325</i>	20 / day
<i>hydrocodone-acetaminophen (5-300 mg, 7.5-300, 10-300 mg)</i>	13 / day
<i>hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)</i>	12 / day
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 7.5-325/15)</i>	180/day
<i>hydrocodone-ibuprofen 10-200</i>	5 / day
<i>hydrocodone-ibuprofen 5-200 mg</i>	6 / day
<i>hydrocodone-ibuprofen 7.5-200</i>	5 / day
<i>hydromorphone er</i>	2 / day
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	13 / day
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	6 / day
HYSINGLA ER	1 / day
IBUDONE 10-200 MG TABLET	5 / day
IBUDONE 5-200 MG TABLET	6 / day
KADIAN (ER 10 MG CAPSULE, ER 20 MG CAPSULE, ER 50 MG CAPSULE, ER 100 MG CAPSULE)	2 / day
KADIAN (ER 30 MG CAPSULE, ER 40 MG CAPSULE, ER 60 MG CAPSULE, ER 80 MG CAPSULE, ER 200 MG CAPSULE)	1 / day
LAZANDA	4 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANALGESICS AND ANTIPYRETICS

LORCET	12 / day
LORCET HD	12 / day
LORCET PLUS	12 / day
LORTAB	90 / day
LYRICA CR (82.5 MG TABLET, 165 MG TABLET)	3 / day
LYRICA CR 330 MG TABLET	2 / day
<i>meperidine 100 mg tablet</i>	5 / day
<i>meperidine 50 mg tablet</i>	10 / day
<i>meperidine 50 mg/5 ml solution</i>	50 / day
<i>methadone 10 mg/5 ml solution</i>	8 / day
<i>methadone 10 mg/ml oral conc</i>	2 / day
<i>methadone 5 mg/5 ml solution</i>	18 / day
<i>methadone hcl (5 mg tablet, 10 mg tablet)</i>	3 / day
METHADONE INTENSOL	2 / day
METHADOSE 10 MG/ML ORAL CONC	2 / day
MORPHABOND ER	2 / day
<i>morphine sulf 10 mg suppos</i>	5 / day
<i>morphine sulf 10 mg/5 ml soln</i>	25 / day
<i>morphine sulf 100 mg/5 ml conc</i>	3 / day
<i>morphine sulf 20 mg/5 ml soln</i>	13 / day
<i>morphine sulf er 200 mg tablet</i>	3 / day
<i>morphine sulfate er (er 10 mg cap, er 20 mg cap, er 50 mg cap, er 100 mg cap)</i>	2 / day
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet)</i>	3 / day
<i>morphine sulfate er (er 30 mg cap, er 45 mg cap)</i>	1 / day
<i>morphine sulfate er (er 40 mg cap, er 60 mg cap, er 75 mg cap, er 80 mg cap, er 90 mg cap, er 120 mg cap)</i>	1 / day
<i>morphine sulfate ir 15 mg tab</i>	3 / day
<i>morphine sulfate ir 30 mg tab</i>	2 / day
MS CONTIN	3 / day
<i>nalbuphine hcl (10 mg/ml ampul, 100 mg/10 ml vial)</i>	5 / day
<i>nalbuphine hcl (20 mg/ml ampul, 200 mg/10 ml vial)</i>	3 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANALGESICS AND ANTIPYRETICS

NALOCET	12 / day
NORCO	12 / day
NUCYNTA (50 MG TABLET, 75 MG TABLET)	6 / day
NUCYNTA 100 MG TABLET	7 / day
NUCYNTA ER	2 / day
OPANA (5 MG TABLET, 10 MG TABLET)	12 / day
OXAYDO	8 / day
<i>oxycodon-acetaminophen 2.5-325</i>	12 / day
<i>oxycodone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	8 / day
<i>oxycodone hcl 100 mg/5 ml conc</i>	2 / day
<i>oxycodone hcl 5 mg capsule</i>	8 / day
<i>oxycodone hcl 5 mg/5 ml soln</i>	33 / day
<i>oxycodone hcl er</i>	3 / day
<i>oxycodone hcl-aspirin</i>	7 / day
<i>oxycodone hcl-ibuprofen</i>	4 / day
<i>oxycodone-acetaminophen (oxycodon-acetaminophen 7.5-325, oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325)</i>	12 / day
OXYCONTIN	3 / day
<i>oxymorphone hcl</i>	12 / day
<i>oxymorphone hcl er (er 5 mg tablet, er 10 mg tab, er 15 mg tab, er 20 mg tab, er 30 mg tab, er 40 mg tab)</i>	2 / day
<i>oxymorphone hcl er 7.5 mg tab</i>	2 / day
PANLOR	10 / day
<i>pentazocine-naloxone hcl</i>	12 / day
PERCOCET	12 / day
PHRENILIN FORTE	6 / day
PRIMLEV 10-300 MG TABLET	3 / day
PRIMLEV 5-300 MG TABLET	7 / day
PRIMLEV 7.5-300 MG TABLET	4 / day
ROXICODONE	8 / day
ROXYBOND (15 MG TABLET, 30 MG TABLET)	6 / day
ROXYBOND 5 MG TABLET	8 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANALGESICS AND ANTIPYRETICS

SUBOXONE (2 MG-0.5 MG, 8 MG-2 MG)	3 / day
SUBOXONE (4 MG-1 MG, 12 MG-3 MG)	2 / day
SUBSYS	12 / day
TENCON	6 / day
<i>tramadol hcl</i>	8 / day
<i>tramadol hcl er (er 100 mg capsule, er 200 mg capsule, er 300 mg capsule)</i>	1 / day
<i>tramadol hcl er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, hcl er 100 mg tablet, hcl er 150 mg capsule, hcl er 200 mg tablet, hcl er 300 mg tablet)</i>	1 / day
<i>tramadol hcl-acetaminophen</i>	8 / day
TREZIX	10 / day
TYLENOL-CODEINE NO.3	12 / day
TYLENOL-CODEINE NO.4	6 / day
ULTRACET	8 / day
ULTRAM	8 / day
VERDROCET	20 / day
VICODIN	13 / day
VICODIN HP	13 / day
XTAMPZA ER	2 / day
ZEBUTAL	6 / day
ZOHYDRO ER	2 / day
ZUBSOLV	3 / day

ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS

ADDERALL (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET, 12.5 MG TABLET, 15 MG TABLET, 20 MG TABLET)	3 / day
ADDERALL 30 MG TABLET	2 / day
ADDERALL XR	2 / day
ADHANSIA XR	1 / day
ADZENYS ER	15 / day
ADZENYS XR-ODT	1 / day
<i>amphetamine sulfate</i>	6 / day
APTENSIO XR	1 / day
<i>armodafinil</i>	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS

CONCERTA (ER 18 MG TABLET, ER 27 MG TABLET, ER 36 MG TABLET)	2 / day
CONCERTA ER 54 MG TABLET	1 / day
COTEMPLA XR-ODT	1 / day
DAYTRANA	1 / day
DESOXYN	5 / day
DEXEDRINE SPANSULE 10 MG	5 / day
DEXEDRINE SPANSULE 15 MG	4 / day
DEXEDRINE SPANSULE 5 MG	2 / day
<i>dexmethylphenidate 10 mg tab</i>	2 / day
<i>dexmethylphenidate er 20 mg cp</i>	2 / day
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab)</i>	3 / day
<i>dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)</i>	1 / day
<i>dextroamp-amphetamin 30 mg tab</i>	2 / day
<i>dextroamphetamine 10 mg tab</i>	6 / day
<i>dextroamphetamine 5 mg tab</i>	2 / day
<i>dextroamphetamine 5 mg/5 ml</i>	60 / day
<i>dextroamphetamine er 10 mg cap</i>	5 / day
<i>dextroamphetamine er 15 mg cap</i>	4 / day
<i>dextroamphetamine er 5 mg cap</i>	2 / day
<i>dextroamphetamine-amphet er</i>	2 / day
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	3 / day
DYANAVAL XR	8 / day
EVEKEO	6 / day
EVEKEO ODT (ODT 5 MG, ODT 10 MG)	6 / day
EVEKEO ODT 15 MG	4 / day
EVEKEO ODT 20 MG	3 / day
FOCALIN (2.5 MG TABLET, 5 MG TABLET)	3 / day
FOCALIN 10 MG TABLET	2 / day
FOCALIN XR (5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE, 35 MG CAPSULE, 40 MG CAPSULE)	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANOREXIGENICS; RESPIRATORY, CNS STIMULANTS

FOCALIN XR 20 MG CAPSULE	2 / day
JORNAY PM	1 / day
METADATE ER	3 / day
<i>methamphetamine hcl</i>	5 / day
METHYLIN 10 MG/5 ML SOLUTION	30 / day
METHYLIN 5 MG/5 ML SOLUTION	60 / day
<i>methylphenidate 10 mg tablet</i>	5 / day
<i>methylphenidate 10 mg/5 ml sol</i>	30 / day
<i>methylphenidate 5 mg tablet</i>	3 / day
<i>methylphenidate 5 mg/5 ml soln</i>	60 / day
<i>methylphenidate cd 30 mg cap</i>	2 / day
<i>methylphenidate er (er 18 mg tab, er 27 mg tab, er 36 mg tab)</i>	2 / day
<i>methylphenidate er (er 54 mg tab, er 72 mg tab)</i>	1 / day
<i>methylphenidate er (la) (10mg, 20mg, 40mg)</i>	1 / day
<i>methylphenidate er 10 mg tab</i>	5 / day
<i>methylphenidate er 20 mg tab</i>	3 / day
<i>methylphenidate er(cd) 30mg cp</i>	2 / day
<i>methylphenidate er(la) 30mg cp</i>	2 / day
<i>methylphenidate hcl (5 mg chew tab, 10 mg chew tab, 20 mg tablet)</i>	3 / day
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 40 mg cap, 50 mg cap, 60 mg cap)</i>	1 / day
<i>methylphenidate hcl er (cd) (10mg, 20mg, 40mg, 50mg, 60mg)</i>	1 / day
<i>methylphenidate la (10 mg cap, 20 mg cap, 40 mg cap, 60 mg cap)</i>	1 / day
<i>methylphenidate la 30 mg cap</i>	2 / day
<i>modafinil</i>	1 / day
MYDAYIS	1 / day
NUVIGIL	1 / day
PROCENTRA	60 / day
PROVIGIL	1 / day
QUILLICHEW ER (ER 20 MG TAB, ER 40 MG TAB)	1 / day
QUILLICHEW ER 30 MG CHEW TAB	2 / day
QUILLIVANT XR	12 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANOREXIGENICS;RESPIRATORY,CNS STIMULANTS

RELEXXII	1 / day
RITALIN (5 MG TABLET, 20 MG TABLET)	3 / day
RITALIN 10 MG TABLET	5 / day
RITALIN LA (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	1 / day
RITALIN LA 30 MG CAPSULE	2 / day
SUNOSI	1 / day
VYVANSE	1 / day
ZENZEDI (15 MG TABLET, 30 MG TABLET)	2 / day
ZENZEDI (2.5 MG TABLET, 20 MG TABLET)	3 / day
ZENZEDI 10 MG TABLET	6 / day
ZENZEDI 5 MG TABLET	2 / day
ZENZEDI 7.5 MG TABLET	8 / day

ANTI-INFECTIVE AGENTS

<i>albendazole</i>	4 / day
ALBENZA	4 / day
TRIMPEX	max 10 days
URIBEL	4 / day

ANTI-INFECTIVES (EENT)

AK-POLY-BAC	0.434 / day
AZASITE	0.36/day
<i>bacitracin 500 unit/gm ophth</i>	0.434 / day
<i>bacitracin-polymyxin</i>	0.434 / day
BESIVANCE	0.767 / day
BLEPH-10	5 / fill
BLEPHAMIDE	5 / fill
BLEPHAMIDE S.O.P.	4 / fill
CETRAXAL	0.567 / day
CILOXAN (EYE DROPS, OINTMENT)	0.767 / day
CIPRO HC	0.434 / day
CIPRODEX	0.257 / day
<i>ciprofloxacin 0.2% otic soln</i>	0.567 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTI-INFECTIVES (EENT)

<i>ciprofloxacin 0.3% eye drop</i>	0.767 / day
COLY-MYCIN S	10 / fill
<i>erythromycin 0.5% eye ointment</i>	0.54 / day
<i>gatifloxacin</i>	0.36/day
GENTAK	0.54 / day
<i>gentamicin sulfate (0.3%, 3 mg/ml)</i>	2.143 / day
<i>levofloxacin 0.5% eye drops</i>	0.767 / day
MAXITROL EYE DROPS	5 / fill
MAXITROL EYE OINTMENT	4 / fill
MOXEZA	0.434 / day
<i>moxifloxacin (drop, drops)</i>	0.434 / day
NATACYN	0.767 / day
NEO-POLYCIN	0.124 / day
NEO-POLYCIN HC	4 / fill
<i>neomyc-polym-dexamet eye ointm</i>	4 / fill
<i>neomyc-polym-dexameth eye drop</i>	5 / fill
<i>neomycin-bacitracin-poly-hc</i>	4 / fill
<i>neomycin-bacitracin-polymyxin</i>	0.124 / day
<i>neomycin-poly-hc eye drops</i>	10/ fill
<i>neomycin-polymyxin-gramicidin</i>	1.47 / day
<i>neomycin-polymyxin-hc ear susp</i>	10 / fill
<i>neomycin-polymyxin-hydrocort</i>	10 / fill
OCUFLOX	1.47 / day
<i>ofloxacin 0.3% ear drops</i>	10 / 30 days
<i>ofloxacin 0.3% eye drops</i>	1.47 / day
POLYCIN	0.434 / day
<i>polymyxin b sul-trimethoprim</i>	1.47 / day
POLYTRIM	1.47 / day
PRED-G 1% EYE DROPS	5 / fill
PRED-G S.O.P. EYE OINTMENT	4 / fill
<i>sulfacetamide 10% eye drops</i>	5 / fill

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTI-INFECTIVES (EENT)

<i>sulfacetamide 10% eye ointment</i>	4 / fill
<i>sulfacetamide-prednisolone</i>	5 / fill
TOBRADEX EYE DROPS	5 / fill
TOBRADEX EYE OINTMENT	4 / fill
TOBRADEX ST	5 / fill
<i>tobramycin 0.3% eye drop</i>	2.143 / day
<i>tobramycin-dexamethasone</i>	5 / fill
TOBREX 0.3% EYE DROP	2.143 / day
TOBREX 0.3% EYE OINTMENT	0.54 / day
VIGAMOX	0.434 / day
ZIRGAN	0.167 / day
ZYLET	5 / fill
ZYMAXID	0.36/day

ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)

ACANYA	1.667 / day
<i>acyclovir 5% cream</i>	0.167 / day
BENZACLIN	1.667 / day
BENZAMYCIN	1.6 / day
CLEOCIN T 1% GEL	75 / 30 days
<i>clind ph-benzoyl pero 1.2-2.5%</i>	1.667 / day
<i>clind ph-benzoyl perox 1.2-5%</i>	1.5 / day
CLINDAGEL	75 / 30 days
<i>clindamycin ph 1% gel</i>	75 / 30 days
<i>clindamycin phos-tretinoin</i>	2 / day
<i>clindamycin phosphate 1% foam</i>	1.667 / day
<i>clindamycin phosphate 1% gel</i>	75 / 30 days
<i>clindamycin-benzoyl peroxide</i>	1.667 / day
CORTISPORIN CREAM	0.25 / day
CORTISPORIN OINTMENT	0.5 / day
DENAVIR	0.167 / day
DUAC	1.5 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTI-INFECTIVES (SKIN, MUCOUS MEMBRANE)

ERYGEL	1 / day
<i>erythromycin 2% gel</i>	1 / day
<i>erythromycin-benzoyl peroxide</i>	1.60 / day
EVOCLIN	1.667 / day
KLARON	4 / day
NEUAC GEL	1.5 / day
ONEXTON 1.2%-3.75% GEL	1.667 / day
ONEXTON GEL PUMP	1.967 / day
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	4 / day
VELTIN	2 / day
XERESE	0.167 / day
ZIANA	2 / day
ZOVIRAX 5% CREAM	0.167 / day
ZOVIRAX 5% OINTMENT	30 / fill

ANTI-INFLAMMATORY AGENTS (EENT)

ACULAR	15 / 30 days
ACULAR LS	5 / fill
ACUVAIL	1 / day
ALREX	0.5 / day
BECONASE AQ	1.667 / day
<i>bromfenac sodium</i>	8 / rx
BROMSITE	15/ 180 days
CEQUA	2 / day
<i>dexamethasone 0.1% eye drop</i>	10 / fill
<i>diclofenac 0.1% eye drops</i>	5 / fill
DUREZOL	10 / 30 days
FLAREX	10 / fill
<i>flunisolide</i>	.834 / day
<i>fluorometholone</i>	10 / fill
<i>flurbiprofen sodium</i>	3/ fill
FML	10 / fill

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTI-INFLAMMATORY AGENTS (EENT)

FML FORTE	10 / fill
FML S.O.P.	4 / fill
ILEVRO	4 / fill
INVELTYS	0.4 / day
<i>ketorolac 0.4% ophth solution</i>	5 / fill
<i>ketorolac 0.5% ophth solution</i>	15 / 30 days
LOTEMAX 0.5% EYE DROPS	21 / fill
LOTEMAX 0.5% EYE OINTMENT	4 / fill
LOTEMAX 0.5% OPHTHALMIC GEL	10 / fill
LOTEMAX SM	10 / fill
<i>loteprednol etabonate</i>	21 / fill
MAXIDEX	10 / fill
<i>mometasone furoate 50 mcg spry</i>	0.567 / day
NASONEX	0.567 / day
NEVANAC	3/ fill
OMNARIS	0.434 / day
OMNIPRED	21 / fill
PRED FORTE	21 / fill
PRED MILD	21 / fill
<i>prednisolone ac 1% eye drop</i>	21 / fill
<i>prednisolone sod 1% eye drop</i>	20 / 30 days
PROLENSA	3/ fill
QNASL	0.4 / day
QNASL CHILDREN	0.3 / day
RESTASIS	2 / day
RESTASIS MULTIDOSE	0.2 / day
XHANCE	1.25 / day
XIIDRA	2 / day
ZETONNA	0.22 / day

ANTI-INFLAMMATORY AGENTS (RESPIRATORY)

ACCOLATE	2 / day
----------	---------

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTI-INFLAMMATORY AGENTS (RESPIRATORY)

ALOCIL	5 / fill
<i>cromolyn 4% eye drops</i>	10 / fill
DUPIXENT 200 MG/1.14 ML SYRING	0.15 / day
<i>montelukast sod 4 mg granules</i>	1 / day
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew, 10 mg tablet)</i>	1 / day
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML SYRINGE)	0.04 / day
NUCALA 100 MG VIAL	0.04 / day
SINGULAIR	1 / day
<i>zafirlukast</i>	2 / day
<i>zileuton er</i>	4 / day
ZYFLO	4 / day
ZYFLO CR	4 / day

ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)

CORDRAN 0.025% CREAM	4 / day
CORDRAN 0.05% CREAM	2 / day
CORDRAN 0.05% LOTION	4 / day
EUCRISA	2.143 / day
<i>flurandrenolide 0.05% cream</i>	2 / day
<i>flurandrenolide 0.05% lotion</i>	4 / day
IMPOYZ	4 / day
NOLIX 0.05% CREAM	8 / day
NOLIX 0.05% LOTION	4 / day
VANOXIDE-HC	0.84 / day

ANTIBACTERIALS

ARIKAYCE	9 / day
AVELOX	21 / fill
BAXDELA 450 MG TABLET	max 14 days
CIPRO (250 MG TABLET, 500 MG TABLET)	2 / day
CIPRO 10% SUSPENSION	10 / day
CIPRO 5% SUSPENSION	7 / day
<i>ciprofloxacin 250 mg/5 ml susp</i>	7 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIBACTERIALS

<i>ciprofloxacin 500 mg/5 ml susp</i>	10 / day
<i>ciprofloxacin er 1,000 mg tab</i>	14 / 1 rx
<i>ciprofloxacin er 500 mg tablet</i>	28 / fill
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 750 mg tab)</i>	2 / day
<i>ciprofloxacin hcl 500 mg tab</i>	2 / day
COREMINO (ER 90 MG TABLET, ER 135 MG TABLET)	1 / day
COREMINO ER 45 MG TABLET	3 / day
DORYX DR 200 MG TABLET	7/ rx
<i>doxycycline hyc dr 200 mg tab</i>	7/ rx
<i>doxycycline ir-dr</i>	1 / day
<i>doxycycline mono 150 mg cap</i>	30 / fill
FACTIVE	7 / day
LEVAQUIN	30 / fill
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	30 / fill
<i>minocycline er 45 mg tablet</i>	3 / day
<i>minocycline hcl er (er 55 mg tablet, er 65 mg tablet, er 80 mg tablet, er 90 mg tablet, er 105 mg tablet, er 115 mg tablet, er 135 mg tablet)</i>	1 / day
MINOLIRA ER	1 / day
<i>moxifloxacin hcl 400 mg tablet</i>	21 / fill
<i>ofloxacin (300 mg tablet, 400 mg tablet)</i>	56 / fill
ORACEA	1 / day
SOLODYN	1 / day

ANTIBACTERIALS, MISCELLANEOUS

CLEOCIN HCL	4 / day
CLEOCIN PALMITATE	70/ day
<i>clindamycin hcl</i>	4 / day
<i>clindamycin palmitate hcl</i>	70/ day
<i>clindamycin pediatric</i>	70/ day
<i>linezolid 100 mg/5 ml susp</i>	900 / rx
<i>linezolid 600 mg tablet</i>	2 / day
PYLERA	120 / 365 days
SIVEXTRO 200 MG TABLET	6 / 30 days

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIBACTERIALS, MISCELLANEOUS

ZYVOX 100 MG/5 ML SUSPENSION	900 / rx
ZYVOX 600 MG TABLET	2 / day

ANTICHOLINERGIC AGENTS

ANORO ELLIPTA	2 / day
ATROVENT HFA	1.29 / day
BEVESPI AEROSPHERE	0.357 / day
COMBIVENT RESPIMAT	0.267 / day
INCRUSE ELLIPTA	1 / day
<i>ipratropium br 0.02% soln</i>	12.5 / day
LONHALA MAGNAIR REFILL	2 / day
LONHALA MAGNAIR STARTER	2 / day
QBREXZA	1 / day
SEEBRI NEOHALER	2 / day
SPIRIVA	1 / day
SPIRIVA RESPIMAT	1 / day
STIOLTO RESPIMAT	0.134 / day
TUDORZA PRESSAIR	0.04 / day
YUPELRI	3 / day

ANTICOAGULANTS

BEVYXXA	1.25 / day
ELIQUIS (2.5 MG TABLET, 5 MG TABLET)	2 / day
ELIQUIS DVT-PE TREAT START 5MG	100 / 30 days
PRADAXA	2 / day
SAVAYSA	1 / day
XARELTO (10 MG TABLET, 20 MG TABLET)	1 / day
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2 / day
XARELTO STARTER PACK	56 / fill

ANTICONVULSANTS

BRIVIACT (10 MG TABLET, 50 MG TABLET)	4 / day
BRIVIACT 10 MG/ML ORAL SOLN	20 / day
BRIVIACT 100 MG TABLET	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTICONVULSANTS

BRIVIACT 25 MG TABLET	8 / day
BRIVIACT 75 MG TABLET	3 / day
<i>clonazepam (0.125 mg odt, 0.125 mg dis tab, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg tablet, 0.5 mg odt, 1 mg odt, 1 mg tablet, 1 mg dis tablet)</i>	3 / day
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	10 / day
DIACOMIT	2 / day
FYCOMPA (2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	1 / day
FYCOMPA 0.5 MG/ML ORAL SUSP	6 / day
<i>gabapentin (100 mg capsule, 300 mg capsule, 400 mg capsule)</i>	9 / day
<i>gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)</i>	72 / day
<i>gabapentin 600 mg tablet</i>	6 / day
<i>gabapentin 800 mg tablet</i>	5 / day
HORIZANT ER 300 MG TABLET	4 / day
HORIZANT ER 600 MG TABLET	2 / day
KLONOPIN (0.5 MG TABLET, 1 MG TABLET)	3 / day
KLONOPIN 2 MG TABLET	10 / day
<i>levetiracetam 500 mg/5 ml soln</i>	946 / 30 days
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	2 / day
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3 / day
LYRICA 20 MG/ML ORAL SOLUTION	30 / day
NEURONTIN (100 MG CAPSULE, 300 MG CAPSULE, 400 MG CAPSULE)	9 / day
NEURONTIN 250 MG/5 ML SOLN	72 / day
NEURONTIN 600 MG TABLET	6 / day
NEURONTIN 800 MG TABLET	5 / day
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	2 / day
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	3 / day
<i>pregabalin 20 mg/ml solution</i>	30 / day
SABRIL	6 / day
SPRITAM	3 / day
SYMPAZAN	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTICONVULSANTS	
<i>vigabatrin 500 mg powder packt</i>	6 / day
<i>vigabatrin 500 mg tablet</i>	6 / day
ANTIDEPRESSANTS	
APLENZIN	1 / day
BRISDELLE	1 / day
<i>bupropion hcl 100 mg tablet</i>	5 / day
<i>bupropion hcl 75 mg tablet</i>	6 / day
<i>bupropion hcl sr 100 mg tablet</i>	4 / day
<i>bupropion hcl sr 150 mg tablet</i>	2 / day
<i>bupropion hcl sr 200 mg tablet</i>	2 / day
<i>bupropion hcl xl 150 mg tablet</i>	3 / day
<i>bupropion xl (300 mg tablet, 450 mg tablet)</i>	1 / day
CELEXA	1 / day
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1 / day
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml sol)</i>	20 / day
CYMBALTA (20 MG CAPSULE, 30 MG CAPSULE)	1 / day
CYMBALTA 60 MG CAPSULE	2 / day
<i>desvenlafaxine er</i>	1 / day
<i>desvenlafaxine succinate er</i>	1 / day
DRIZALMA SPRINKLE	2 / day
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap)</i>	1 / day
<i>duloxetine hcl (dr 40 mg cap, dr 60 mg cap)</i>	2 / day
EFFEXOR XR (37.5 MG CAPSULE, 150 MG CAPSULE)	1 / day
EFFEXOR XR 75 MG CAPSULE	3 / day
<i>escitalopram 20 mg tablet</i>	1 / day
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1.5 / day
<i>escitalopram oxalate 5 mg/5 ml</i>	20 / day
FETZIMA	1 / day
<i>fluoxetine 20 mg/5 ml solution</i>	20 / day
<i>fluoxetine dr</i>	0.15 / day
<i>fluoxetine hcl 10 mg capsule</i>	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIDEPRESSANTS

<i>fluoxetine hcl 10 mg tablet</i>	1.5 / day
<i>fluoxetine hcl 20 mg capsule</i>	4 / day
<i>fluoxetine hcl 20 mg tablet</i>	4 / day
<i>fluoxetine hcl 40 mg capsule</i>	2 / day
<i>fluoxetine hcl 60 mg tablet</i>	1.5 / day
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	1 / day
<i>fluvoxamine maleate 100 mg tab</i>	3 / day
<i>fluvoxamine maleate er</i>	2 / day
FORFIVO XL	1 / day
KHEDEZLA	1 / day
LEXAPRO (5 MG TABLET, 10 MG TABLET)	1.5 / day
LEXAPRO 20 MG TABLET	1 / day
MARPLAN	6 / day
<i>mirtazapine (15 mg tablet, 15 mg odt, 30 mg tablet, 30 mg odt, 45 mg tablet, 45 mg odt)</i>	1 / day
<i>mirtazapine 7.5 mg tablet</i>	2 / day
NARDIL	6 / day
<i>nefazodone hcl 100 mg tablet</i>	6 / day
<i>nefazodone hcl 150 mg tablet</i>	4 / day
<i>nefazodone hcl 200 mg tablet</i>	3 / day
<i>nefazodone hcl 250 mg tablet</i>	2.5 / day
<i>nefazodone hcl 50 mg tablet</i>	12 / day
<i>olanzapine-fluoxetine hcl</i>	1 / day
PARNATE	6 / day
<i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>	2 / day
<i>paroxetine cr 12.5 mg tablet</i>	1 / day
<i>paroxetine er (er 25 mg tablet, er 37.5 mg tablet)</i>	2 / day
<i>paroxetine er 12.5 mg tablet</i>	1 / day
<i>paroxetine hcl 10 mg tablet</i>	1.5 / day
<i>paroxetine hcl 20 mg tablet</i>	1 / day
<i>paroxetine hcl 30 mg tablet</i>	2 / day
<i>paroxetine hcl 40 mg tablet</i>	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS

lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIDEPRESSANTS

<i>paroxetine mesylate</i>	1 / day
PAXIL (20 MG TABLET, 40 MG TABLET)	1 / day
PAXIL 10 MG TABLET	1.5 / day
PAXIL 10 MG/5 ML SUSPENSION	42 / day
PAXIL 30 MG TABLET	2 / day
PAXIL CR (25 MG TABLET, 37.5 MG TABLET)	2 / day
PAXIL CR 12.5 MG TABLET	1 / day
PEXEVA	1 / day
<i>phenelzine sulfate</i>	6 / day
PRISTIQ	1 / day
PROZAC 20 MG PULVULE	4 / day
PROZAC 40 MG PULVULE	2 / day
REMERON	1 / day
SARAFEM 10 MG TABLET	1.5 / day
SARAFEM 20 MG TABLET	4 / day
<i>sertraline 20 mg/ml oral conc</i>	10 / day
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1.5 / day
<i>sertraline hcl 100 mg tablet</i>	2 / day
SILENOR	1 / day
SPRAVATO	8 / 28 days
SYMBYAX	1 / day
<i>tranylcypromine sulfate</i>	6 / day
<i>trazodone 100 mg tablet</i>	4 / day
<i>trazodone 150 mg tablet</i>	2 / day
<i>trazodone 300 mg tablet</i>	1 / day
<i>trazodone 50 mg tablet</i>	3 / day
TRINTELLIX	1 / day
<i>venlafaxine hcl er (er 37.5 mg cap, er 150 mg cap)</i>	1 / day
<i>venlafaxine hcl er (er 37.5 mg tab, er 75 mg tab, er 150 mg tab, er 225 mg tab)</i>	1 / day
<i>venlafaxine hcl er 75 mg cap</i>	3 / day
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIDEPRESSANTS

WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	2 / day
WELLBUTRIN SR 100 MG TABLET	4 / day
WELLBUTRIN XL 150 MG TABLET	3 / day
WELLBUTRIN XL 300 MG TABLET	1 / day
ZOLOFT (25 MG TABLET, 50 MG TABLET)	1.5 / day
ZOLOFT 100 MG TABLET	2 / day
ZOLOFT 20 MG/ML ORAL CONC	10 / day
ZYBAN	2 / day

ANTIDIABETIC AGENTS

<i>acarbose 100 mg tablet</i>	3 / day
<i>acarbose 25 mg tablet</i>	12 / day
<i>acarbose 50 mg tablet</i>	6 / day
ACTOPLUS MET	3 / day
ACTOPLUS MET XR 15-1,000 MG TB	3 / day
ACTOPLUS MET XR 30-1,000 MG TB	1 / day
ACTOS	1 / day
ADLYXIN 10-20 MCG STARTER PACK	14 / 1 rx
ADLYXIN 20 MCG MAINTENANCE PK	0.22 / day
<i>alogliptin</i>	1 / day
<i>alogliptin-metformin</i>	2 / day
<i>alogliptin-pioglitazone</i>	1 / day
AVANDIA 2 MG TABLET	3 / day
AVANDIA 4 MG TABLET	2 / day
BYDUREON	0.15 / day
BYDUREON BCISE	0.15 / day
BYDUREON PEN	.15 / day
BYETTA 10 MCG DOSE PEN INJ	0.08 / day
BYETTA 5 MCG DOSE PEN INJ	0.04 / day
<i>chlorpropamide 250 mg tablet</i>	3 / day
DUETACT	1 / day
FARXIGA	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIDIABETIC AGENTS

<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	4 / day
<i>glipizide-metformin 2.5-250 mg</i>	8 / day
GLUCOPHAGE 1,000 MG TABLET	2.5 / day
GLUCOPHAGE 500 MG TABLET	5 / day
GLUCOPHAGE 850 MG TABLET	3 / day
GLUCOPHAGE XR 500 MG TAB	5 / day
GLUCOPHAGE XR 750 MG TAB	3 / day
GLUCOVANCE	4 / day
<i>glyburid-metformin 1.25-250 mg</i>	8 / day
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	4 / day
GLYSET	3 / day
GLYXAMBI	1 / day
INVOKAMET	2 / day
INVOKAMET XR	2 / day
INVOKANA	1 / day
JANUMET	2 / day
JANUMET XR (50-500 MG TABLET, 50-1,000 MG TABLET)	2 / day
JANUMET XR 100-1,000 MG TABLET	1 / day
JANUVIA	1 / day
JARDIANCE	1 / day
JENTADUETO	2 / day
JENTADUETO XR 2.5 MG-1,000 MG	2 / day
JENTADUETO XR 5 MG-1,000 MG TB	1 / day
KAZANO	2 / day
KOMBIGLYZE XR	1 / day
<i>metformin hcl 1,000 mg tablet</i>	2.5 / day
<i>metformin hcl 500 mg tablet</i>	5 / day
<i>metformin hcl 500 mg/5 ml soln</i>	25 / day
<i>metformin hcl 850 mg tablet</i>	3 / day
<i>metformin hcl er 500 mg tablet</i>	5 / day
<i>metformin hcl er 750 mg tablet</i>	3 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIDIABETIC AGENTS

<i>miglitol</i>	3 / day
<i>nateglinide</i>	3 / day
NESINA	1 / day
ONGLYZA	1 / day
OSENI	1 / day
OZEMPIC 0.25-0.5 MG DOSE PEN	0.067 / day
OZEMPIC 1 MG DOSE PEN	0.124 / day
<i>pioglitazone hcl</i>	1 / day
<i>pioglitazone-glimepiride</i>	1 / day
<i>pioglitazone-metformin</i>	3 / day
PRANDIN 1 MG TABLET	4 / day
PRANDIN 2 MG TABLET	8 / day
PRECOSE 100 MG TABLET	3 / day
PRECOSE 25 MG TABLET	12 / day
PRECOSE 50 MG TABLET	6 / day
QTERN	1 / day
<i>repaglinide (0.5 mg tablet, 1 mg tablet)</i>	4 / day
<i>repaglinide 2 mg tablet</i>	8 / day
<i>repaglinide-metformin hcl</i>	5 / day
RIOMET	25 / day
SEGLUROMET	2 / day
STARLIX	3 / day
STEGLATRO	1 / day
STEGLUJAN	1 / day
SYMLINPEN 120	0.4 / day
SYMLINPEN 60	0.2 / day
SYNJARDY	2 / day
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2 / day
SYNJARDY XR 25-1,000 MG TABLET	1 / day
TANZEUM	0.144 / day
<i>tolazamide 250 mg tablet</i>	4 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIDIABETIC AGENTS

<i>tolazamide 500 mg tablet</i>	2 / day
<i>tolbutamide</i>	6 / day
TRADJENTA	1 / day
TRULICITY	0.08 / day
VICTOZA 2-PAK	0.3 / day
VICTOZA 3-PAK	0.3 / day
XIGDUO XR (2.5 MG TAB, 5 MG TABLET)	2 / day
XIGDUO XR (5 MG-500 MG TABLET, 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	1 / day

ANTIEMETICS

AKYNZEO 300-0.5 MG CAPSULE	0.15 / day
ANZEMET	0.15 / day
<i>aprepitant (40 mg capsule, 125 mg capsule)</i>	0.08 / day
<i>aprepitant 125-80-80 mg pack</i>	3/ fill
<i>aprepitant 80 mg capsule</i>	0.15 / day
BONJESTA	2 / day
CESAMET	0.67 / day
DICLEGIS	4 / day
<i>doxylamine succ-pyridoxine hcl</i>	4 / day
<i>dronabinol</i>	5 / day
EMEND (40 MG CAPSULE, 125 MG POWDER PACKET, 125 MG CAPSULE)	0.08 / day
EMEND 80 MG CAPSULE	0.15 / day
EMEND TRIPACK	3/ fill
<i>granisetron hcl 1 mg tablet</i>	6 / 30 days
MARINOL	5 / day
<i>ondansetron 4 mg/5 ml solution</i>	20 / day
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	24 / 30 days
<i>ondansetron hcl 24 mg tablet</i>	3 days
<i>ondansetron odt</i>	24 / 30 days
SANCUSO	0.144 / day
SYNDROS	13 / day
VARUBI 90 MG TABLET	0.15 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIEMETICS

ZOFRAN (4 MG TABLET, 8 MG TABLET)	24 / 30 days
ZOFRAN 4 MG/5 ML ORAL SOLN	20 / day
ZOFRAN ODT	24 / 30 days
ZUPLENZ	24 / 30 days

ANTIFUNGAL (SYSTEMIC)

DIFLUCAN 150 MG TABLET	1 / day
<i>fluconazole 150 mg tablet</i>	1 / day
VFEND (50 MG TABLET, 200 MG TABLET)	4 / day
VFEND 40 MG/ML SUSPENSION	20 / day
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	4 / day
<i>voriconazole 40 mg/ml susp</i>	20 / day

ANTIFUNGALS (SKIN AND MUCOUS MEMBRANE)

CICLODAN 8% SOLUTION	0.22 / day
<i>ciclopirox 8% solution</i>	0.22 / day
JUBLIA	0.54 / day
KERYDIN	0.67 / day
<i>luliconazole</i>	2 / day
LUZU	2 / day
PENLAC	0.3 / day
<i>terconazole 80 mg suppository</i>	1.5 / day

ANTIGLAUCOMA AGENTS

ALPHAGAN P 0.1% DROPS	0.4 / day
ALPHAGAN P 0.15% EYE DROPS	0.4 / day
AZOPT	0.334 / day
BETAGAN	0.4 / day
<i>betaxolol hcl 0.5% eye drop</i>	0.54 / day
BETIMOL 0.25% EYE DROPS	0.286 / day
BETIMOL 0.5% EYE DROPS	0.334 / day
BETOPTIC S	0.54 / day
<i>bimatoprost 0.03% eye drops</i>	0.13 / day
<i>brimonidine 0.2% eye drop</i>	0.4 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIGLAUCOMA AGENTS

<i>brimonidine tartrate 0.15% drp</i>	0.4 / day
<i>carteolol hcl</i>	0.334 / day
COMBIGAN	0.334 / day
COSOPT	0.334 / day
COSOPT PF	2 / day
<i>dorzolamide hcl</i>	0.4 / day
<i>dorzolamide-timolol 2%-0.5%</i>	2 / day
<i>dorzolamide-timolol eye drops</i>	0.334 / day
ISOPTO CARPINE	0.54 / day
ISTALOL	0.286 / day
<i>latanoprost 0.005% eye drops</i>	0.13 / day
<i>levobunolol hcl</i>	0.4 / day
LUMIGAN	0.13 / day
<i>metipranolol</i>	0.334 / day
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	0.54 / day
RHOPRESSA	0.1 / day
ROCKLATAN	0.1 / day
SIMBRINZA	0.4 / day
<i>timolol maleate (0.25% gfs gel-solution, 0.25% gel-solution, maleate 0.25% eye drop, 0.5% gfs gel-solution, 0.5% gel-solution)</i>	0.286 / day
<i>timolol maleate (drop, maleate drops)</i>	0.334 / day
TIMOPTIC (DROP, DROPS)	0.286 / day
TIMOPTIC (DROP, DROPS)	0.334 / day
TIMOPTIC 0.25% OCUDOSE DROP	2 / day
TIMOPTIC 0.5% OCUDOSE DROP	2 / day
TIMOPTIC-XE (0.25% SOLN, 0.25% GEL-SOLN, 0.5% SOLN)	0.286 / day
TIMOPTIC-XE 0.5% GEL-SOLUTION	0.286 / day
TRAVATAN Z	0.167 / day
TRUSOPT	0.4 / day
VYZULTA	0.25 / day
XALATAN	0.13 / day
XELPROS	0.1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIGLAUCOMA AGENTS	
ZIOPTAN	1 / day
ANTIHEMORRHAGIC AGENTS	
HEMLIBRA	12 / day
LYSTEDA	6/ day plus 90/ 90 day limit
<i>tranexamic acid 650 mg tablet</i>	6 / day
ANTI HISTAMINE DRUGS	
CLARINEX 0.5 MG/ML (2.5 MG/5)	10 / day
CLARINEX 5 MG TABLET	1 / day
CLARINEX-D 12 HOUR	2 / day
<i>desloratadine (2.5 mg odt, 5 mg odt)</i>	1 / day
<i>desloratadine 5 mg tablet</i>	1 / day
<i>levocetirizine 5 mg tablet</i>	1 / day
SEMPREX-D	4 / day
XYZAL	30 / day
ANTILIPEMIC AGENTS	
ALTOPREV	1 / day
<i>amlodipine-atorvastatin</i>	1 / day
ANTARA 30 MG CAPSULE	2 / day
ANTARA 90 MG CAPSULE	1 / day
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet)</i>	1 / day
<i>atorvastatin calcium (40 mg tablet, 80 mg tablet)</i>	1 / day
CADUET	1 / day
<i>cholestyramine light packet</i>	4 / day
<i>cholestyramine light powder</i>	24 / day
<i>cholestyramine packet</i>	4 / day
<i>cholestyramine powder</i>	24 / day
<i>colesevelam 625 mg tablet</i>	6 / day
<i>colesevelam hcl 3.75 g packet</i>	1 / day
COLESTID (FLAVORED, PACKET)	6 / day
COLESTID 1 GM TABLET	4 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTILIPEMIC AGENTS

COLESTID GRANULES	30 / day
<i>colestipol hcl (, packet)</i>	6 / day
<i>colestipol hcl (hcl 1 gm tablet, micronized 1 gm tab)</i>	4 / day
CRESTOR	1 / day
EZALLOR SPRINKLE	1 / day
<i>ezetimibe</i>	1 / day
<i>ezetimibe-simvastatin</i>	1 / day
<i>fenofibrate (120 mg tablet, 130 mg capsule, 150 mg capsule)</i>	1 / day
<i>fenofibrate (43 mg capsule, 48 mg tablet, 50 mg capsule, 54 mg tablet)</i>	2 / day
<i>fenofibrate (67 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	1 / day
<i>fenofibrate 40 mg tablet</i>	2 / day
<i>fenofibric acid (105 mg tablet, dr 135 mg cap)</i>	1 / day
<i>fenofibric acid (35 mg tablet, dr 45 mg cap)</i>	2 / day
FENOGLIDE 120 MG TABLET	1 / day
FENOGLIDE 40 MG TABLET	2 / day
FIBRICOR 105 MG TABLET	1 / day
FIBRICOR 35 MG TABLET	2 / day
FLOLIPID 20 MG/5 ML ORAL SUSP	10 / day
FLOLIPID 40 MG/5 ML ORAL SUSP	5 / day
<i>fluvastatin er</i>	1 / day
<i>fluvastatin sodium 20 mg cap</i>	1 / day
<i>fluvastatin sodium 40 mg cap</i>	2 / day
<i>gemfibrozil</i>	2 / day
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	1 / day
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE)	2 / day
KYNAMRO	0.15 / day
LESCOL 20 MG CAPSULE	1 / day
LESCOL 40 MG CAPSULE	2 / day
LESCOL XL	1 / day
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1 / day
LIPOFEN 150 MG CAPSULE	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS

lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTILIPEMIC AGENTS

LIPOFEN 50 MG CAPSULE	2 / day
LIVALO	1 / day
LOPID	2 / day
<i>lovastatin (10 mg tablet, 20 mg tablet)</i>	1 / day
<i>lovastatin 40 mg tablet</i>	2 / day
LOVAZA	4 / day
<i>omega-3 acid ethyl esters</i>	4 / day
PRALUENT PEN	0.08 / day
PRAVACHOL	1 / day
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1 / day
PREVALITE PACKET	4 / day
PREVALITE POWDER	24 / day
QUESTRAN LIGHT	24 / day
QUESTRAN PACKET	4 / day
QUESTRAN POWDER	24 / day
REPATHA PUSHTRONEX	0.13 / day
REPATHA SURECLICK	0.08 / day
REPATHA SYRINGE	0.08 / day
<i>rosuvastatin calcium (20 mg tab, 40 mg tab)</i>	1 / day
<i>rosuvastatin calcium (5 mg tab, 10 mg tab)</i>	1 / day
<i>simvastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1.5 / day
<i>simvastatin 5 mg tablet</i>	1 / day
<i>simvastatin 80 mg tablet</i>	1 / day
TRICOR 145 MG TABLET	1 / day
TRICOR 48 MG TABLET	2 / day
TRIGLIDE	1 / day
TRIKLO	4 / day
TRILIPIX DR 135 MG CAPSULE	1 / day
TRILIPIX DR 45 MG CAPSULE	2 / day
VASCEPA	4 / day
VYTORIN	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTILIPEMIC AGENTS

WELCHOL 3.75G PACKET	1 / day
WELCHOL 625 MG TABLET	6 / day
ZETIA	1 / day
ZOCOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	1.5 / day
ZOCOR 5 MG TABLET	1 / day
ZOCOR 80 MG TABLET	1 / day
ZYPITAMAG	1 / day

ANTIMIGRAINE AGENTS

AIMOVIG 140 MG/ML AUTOINJECTOR	0.04 / day
AIMOVIG 70 MG/ML AUTOINJECTOR	2 / 30 days
AIMOVIG AUTOINJECTOR (2 PACK)	2/ 30 days
AJOVY	0.057 / day
<i>almotriptan malate</i>	0.4 / day
AMERGE	0.6 / day
AXERT	0.4 / day
<i>eletriptan hbr</i>	0.4 / day
EMGALITY 120 MG/ML SYRINGE	0.04 / day
EMGALITY PEN	0.04 / day
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	0.1 / day
FROVA	0.6 / day
<i>frovatriptan succinate</i>	0.6 / day
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	0.3 / day
IMITREX (4 ML PEN INJECT, 6 ML PEN INJECT, 6 ML VIAL, 6 ML CARTRIDGES)	0.167 / day
IMITREX (5 MG, 20 MG)	6 / 30 days
MAXALT	0.6 / day
MAXALT MLT	0.6 / day
<i>naratriptan hcl</i>	0.6 / day
RELPAX	0.4 / day
<i>rizatriptan</i>	0.6 / day
<i>sumatriptan</i>	6 / 30 days
<i>sumatriptan succ-naproxen sod</i>	0.3 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIMIGRAINE AGENTS

<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	0.3 / day
<i>sumatriptan succinate (4 ml cart, 4 ml inject, 6 ml vial, 6 ml refill, 6 ml inject, 6 ml syring)</i>	0.167 / day
SUMAVEL DOSEPRO	0.134 / day
TREXIMET	0.3 / day
ZEMBRACE SYMTOUCH	0.134 / day
<i>zolmitriptan</i>	0.2 / day
<i>zolmitriptan odt</i>	0.2 / day
ZOMIG (2.5 MG TABLET, 5 MG TABLET, 5 MG NASAL SPRAY)	0.2 / day
ZOMIG 2.5 MG NASAL SPRAY	0.2 / day
ZOMIG ZMT	0.2 / day

ANTIMYCOBACTERIALS

PRIFTIN	1.25 / day
---------	------------

ANTINEOPLASTIC AGENTS

AFINITOR (5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	2 / day
AFINITOR 2.5 MG TABLET	1 / day
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET)	1 / day
AFINITOR DISPERZ 5 MG TABLET	2 / day
ALECENSA	8 / day
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK)	2 / day
ALUNBRIG 180 MG TABLET	1 / day
ALUNBRIG 30 MG TABLET	6 / day
BALVERSA 3 MG TABLET	3 / day
BALVERSA 4 MG TABLET	2 / day
BALVERSA 5 MG TABLET	1 / day
BOSULIF (400 MG TABLET, 500 MG TABLET)	1 / day
BOSULIF 100 MG TABLET	4 / day
CABOMETYX 20 MG TABLET	4 / day
CABOMETYX 40 MG TABLET	2 / day
CABOMETYX 60 MG TABLET	1.5 / day
CALQUENCE	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTINEOPLASTIC AGENTS

CAPRELSA 100 MG TABLET	2 / day
CAPRELSA 300 MG TABLET	1 / day
COMETRIQ 100 MG DAILY-DOSE PK	2 / day
COMETRIQ 140 MG DAILY-DOSE PK	4 / day
COMETRIQ 60 MG DAILY-DOSE PACK	3 / day
COTELLIC	2.5 / day
DAURISMO	1 / day
<i>diclofenac sodium 3% gel</i>	100 / 30 days
ERIVEDGE	1 / day
ERLEADA	4 / day
<i>erlotinib hcl</i>	1 / day
<i>everolimus (5 mg tablet, 7.5 mg tablet)</i>	2 / day
<i>everolimus 2.5 mg tablet</i>	1 / day
GILOTTRIF	1 / day
GLEEVEC 100 MG TABLET	8 / day
GLEEVEC 400 MG TABLET	2 / day
IBRANCE 100 MG CAPSULE	1.25 / day
IBRANCE 125 MG CAPSULE	1 / day
IBRANCE 75 MG CAPSULE	1.667 / day
ICLUSIG 15 MG TABLET	2 / day
ICLUSIG 45 MG TABLET	1 / day
IDHIFA	1 / day
<i>imatinib mesylate 100 mg tab</i>	8 / day
<i>imatinib mesylate 400 mg tab</i>	2 / day
IMBRUVICA (140 MG CAPSULE, 140 MG TABLET)	4 / day
IMBRUVICA 280 MG TABLET	2 / day
IMBRUVICA 420 MG TABLET	1.47 / day
IMBRUVICA 560 MG TABLET	1 / day
IMBRUVICA 70 MG CAPSULE	8 / day
INLYTA	4 / day
INREBIC	4 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTINEOPLASTIC AGENTS

IRESSA	1 / day
JAKAFI	2 / day
KISQALI 200 MG DAILY DOSE	1 / day
KISQALI 400 MG DAILY DOSE	2 / day
KISQALI 600 MG DAILY DOSE	3 / day
KISQALI FEMARA 200 MG CO-PACK	1 / day
KISQALI FEMARA 400 MG CO-PACK	2 / day
KISQALI FEMARA 600 MG CO-PACK	3 / day
LENVIMA	3 / day
LONSURF 15 MG-6.14 MG TABLET	2.15 / day
LONSURF 20 MG-8.19 MG TABLET	3 / day
LORBRENA	1 / day
MEKINIST 0.5 MG TABLET	4 / day
MEKINIST 2 MG TABLET	1 / day
NERLYNX	6 / day
NEXAVAR	4 / day
NINLARO	0.124 / day
NUBEQA	4 / day
ODOMZO	1 / day
OTREXUP	0.08 / day
PIQRAY (250 MG, 300 MG)	2 / day
PIQRAY 200 MG DAILY DOSE	1 / day
POMALYST	1 / day
RASUVO	0.08 / day
REVLIMID	1 / day
ROZLYTREK 100 MG CAPSULE	5 / day
ROZLYTREK 200 MG CAPSULE	3 / day
RUBRACA	2 / day
RYDAPT	2 / day
SOLARAZE	100 / 30 days
SPRYCEL (100 MG TABLET, 140 MG TABLET)	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTINEOPLASTIC AGENTS

SPRYCEL (70 MG TABLET, 80 MG TABLET)	2 / day
SPRYCEL 20 MG TABLET	9 / day
SPRYCEL 50 MG TABLET	3 / day
STIVARGA	4 / day
SUTENT (37.5 MG CAPSULE, 50 MG CAPSULE)	1 / day
SUTENT 12.5 MG CAPSULE	7 / day
SUTENT 25 MG CAPSULE	3 / day
TAFINLAR 50 MG CAPSULE	6 / day
TAFINLAR 75 MG CAPSULE	4 / day
TAGRISSO	1 / day
TARCEVA (100 MG TABLET, 150 MG TABLET)	1 / day
TARCEVA 25 MG TABLET	6 / day
TASIGNA (150 MG CAPSULE, 200 MG CAPSULE)	4 / day
TASIGNA 50 MG CAPSULE	6 / day
TOLAK	1.47 / day
<i>tretinoin 10 mg capsule</i>	90 / 365 days
TURALIO	4 / day
TYKERB	6 / day
VALCHLOR	3 / day
VENCLEXTA	4 / day
VENCLEXTA STARTING PACK	1.5 / day
VERZENIO	2 / day
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	2 / day
VOTRIENT	4 / day
XALKORI	2 / day
XATMEP	4 / day
XELODA	4 / day
XOSPATA	3 / day
XPOVIO 100 MG ONCE WEEKLY DOSE	0.767 / day
XPOVIO 60 MG ONCE WEEKLY DOSE	0.434 / day
XPOVIO 80 MG ONCE WEEKLY DOSE	0.574 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTINEOPLASTIC AGENTS

XPOVIO 80 MG TWICE WEEKLY DOSE	1.25 / day
XTANDI	4 / day
YONSA	4 / day
ZEJULA	3 / day
ZELBORAF	8 / day
ZOLINZA	4 / day
ZYDELIG	2 / day
ZYKADIA	8 / day
ZYTIGA 250 MG TABLET	4 / day
ZYTIGA 500 MG TABLET	2 / day

ANTIPARKINSONIAN AGENTS (CNS)

DUOPA	1 / day
EMSAM	1 / day
GOCOVRI ER 137 MG CAPSULE	2 / day
GOCOVRI ER 68.5 MG CAPSULE	1 / day
INBRIJA	1 / day
OSMOLEX ER	1 / day
XADAGO	1 / day

ANTIPROTOZOALS

<i>benznidazole</i>	max 60 days
QUALAQUIN	42 / 365 days
<i>quinine sulfate</i>	42 / 365 days
SOLOSEC	1/ fill

ANTIPSYCHOTIC AGENTS

ABILIFY	1 / day
ABILIFY MAINTENA	0.04 / day
ABILIFY MYCITE	1 / day
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1 / day
<i>aripiprazole 1 mg/ml solution</i>	30 / day
<i>aripiprazole odt</i>	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIPSYCHOTIC AGENTS

ARISTADA ER 1064 MG/3.9 ML SYR	0.15 / day
ARISTADA ER 441 MG/1.6 ML SYRN	0.07 / day
ARISTADA ER 662 MG/2.4 ML SYRN	0.08 / day
ARISTADA ER 882 MG/3.2 ML SYRN	0.12 / day
ARISTADA INITIO	0.08 / day
<i>clozapine 100 mg tablet</i>	9 / day
<i>clozapine 200 mg tablet</i>	4 / day
<i>clozapine 25 mg tablet</i>	18 / day
<i>clozapine 50 mg tablet</i>	3 / day
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i>	3 / day
<i>clozapine odt 100 mg tablet</i>	9 / day
CLOZARIL 100 MG TABLET	9 / day
CLOZARIL 200 MG TABLET	4 / day
CLOZARIL 25 MG TABLET	18 / day
CLOZARIL 50 MG TABLET	3 / day
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	2 / day
FANAPT TITRATION PACK	8 / rx
FAZACLO (12.5 MG ODT, 25 MG ODT, 150 MG ODT, 200 MG ODT)	3 / day
FAZACLO 100 MG ODT	9 / day
GEODON (20 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE, 80 MG CAPSULE)	2 / day
INVEGA ER 1.5 MG TABLET	8 / day
INVEGA ER 3 MG TABLET	4 / day
INVEGA ER 6 MG TABLET	2 / day
INVEGA ER 9 MG TABLET	1 / day
INVEGA SUSTENNA 117 MG/0.75 ML	0.0333 / day
INVEGA SUSTENNA 156 MG/ML SYRG	0.04 / day
INVEGA SUSTENNA 234 MG/1.5 ML	0.057 / day
INVEGA SUSTENNA 39 MG/0.25 ML	0.0111 / day
INVEGA SUSTENNA 78 MG/0.5 ML	0.02 / day
INVEGA TRINZA 273 MG/0.875 ML	0.0333 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIPSYCHOTIC AGENTS

INVEGA TRINZA 410 MG/1.315 ML	0.057 / day
INVEGA TRINZA 546 MG/1.75 ML	0.067 / day
INVEGA TRINZA 819 MG/2.625 ML	0.1 / day
LATUDA	1 / day
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	1 / day
NUPLAZID 17 MG TABLET	2 / day
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	6 / day
<i>olanzapine 10 mg tablet</i>	3 / day
<i>olanzapine 15 mg tablet</i>	2 / day
<i>olanzapine 20 mg tablet</i>	1 / day
<i>olanzapine 7.5 mg tablet</i>	4 / day
<i>olanzapine odt 10 mg tablet</i>	3 / day
<i>olanzapine odt 15 mg tablet</i>	2 / day
<i>olanzapine odt 20 mg tablet</i>	1 / day
<i>olanzapine odt 5 mg tablet</i>	6 / day
<i>paliperidone er 1.5 mg tablet</i>	8 / day
<i>paliperidone er 3 mg tablet</i>	4 / day
<i>paliperidone er 6 mg tablet</i>	2 / day
<i>paliperidone er 9 mg tablet</i>	1 / day
PERSERIS	0.0333 / day
<i>quetiapine er 150 mg tablet</i>	5 / day
<i>quetiapine er 200 mg tablet</i>	4 / day
<i>quetiapine er 50 mg tablet</i>	6 / day
<i>quetiapine fumarate (25 mg tab, 50 mg tab)</i>	6 / day
<i>quetiapine fumarate 100 mg tab</i>	3 / day
<i>quetiapine fumarate 200 mg tab</i>	1.5 / day
<i>quetiapine fumarate 300 mg tab</i>	1 / day
<i>quetiapine fumarate 400 mg tab</i>	2 / day
<i>quetiapine fumarate er (er 300 mg tablet, er 400 mg tablet)</i>	2 / day
REXULTI	1 / day
RISPERDAL (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	8 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIPSYCHOTIC AGENTS

RISPERDAL 1 MG/ML SOLUTION	16 / day
RISPERDAL 3 MG TABLET	5 / day
RISPERDAL 4 MG TABLET	4 / day
RISPERDAL CONSTA	0.1 / day
RISPERDAL M-TAB (0.5 MG ODT, 1 MG ODT)	8 / day
RISPERDAL M-TAB 3 MG ODT	5 / day
RISPERDAL M-TAB 4 MG ODT	4 / day
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	8 / day
<i>risperidone 1 mg/ml solution</i>	16 / day
<i>risperidone 3 mg odt</i>	5 / day
<i>risperidone 3 mg tablet</i>	5 / day
<i>risperidone 4 mg odt</i>	4 / day
<i>risperidone 4 mg tablet</i>	4 / day
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt)</i>	8 / day
SAPHRIS	2 / day
SEROQUEL (25 MG TABLET, 50 MG TABLET)	6 / day
SEROQUEL 100 MG TABLET	3 / day
SEROQUEL 200 MG TABLET	1.5 / day
SEROQUEL 300 MG TABLET	1 / day
SEROQUEL 400 MG TABLET	2 / day
SEROQUEL XR (300 MG TABLET, 400 MG TABLET)	2 / day
SEROQUEL XR 150 MG TABLET	5 / day
SEROQUEL XR 200 MG TABLET	4 / day
SEROQUEL XR 50 MG TABLET	6 / day
VERSACLOZ	20 / day
VRAYLAR	1 / day
<i>ziprasidone hcl</i>	2 / day
ZYPREXA (2.5 MG TABLET, 5 MG TABLET)	6 / day
ZYPREXA 10 MG TABLET	3 / day
ZYPREXA 15 MG TABLET	2 / day
ZYPREXA 20 MG TABLET	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIPSYCHOTIC AGENTS

ZYPREXA 7.5 MG TABLET	4 / day
ZYPREXA RELPREVV	0.08 / day
ZYPREXA ZYDIS 10 MG TABLET	3 / day
ZYPREXA ZYDIS 15 MG TABLET	2 / day
ZYPREXA ZYDIS 20 MG TABLET	1 / day
ZYPREXA ZYDIS 5 MG TABLET	6 / day

ANTIRETROVIRALS

DESCOVY	1 / day
DOVATO	1 / day
FUZEON	2 / day
JULUCA	1 / day

ANTITHROMBOTIC AGENTS

AGRYLIN	4 / day
<i>anagrelide hcl</i>	4 / day
BRILINTA	2 / day
<i>cilostazol</i>	2 / day
<i>clopidogrel</i>	1 / day
EFFIENT	1 / day
PLAVIX	1 / day
<i>prasugrel hcl</i>	1 / day
<i>ticlopidine hcl</i>	2 / day
ZONTIVITY	1 / day

ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES

GRASTEK	1 / day
ODACTRA	1 / day
RAGWITEK	1 / day

ANTIULCER AGENTS AND ACID SUPPRESSANTS

ACIPHEX	2 / day
ACIPHEX SPRINKLE	1 / day
DEXILANT	1 / day
<i>esomeprazole mag dr 20 mg cap</i>	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIULCER AGENTS AND ACID SUPPRESSANTS

<i>esomeprazole mag dr 40 mg cap</i>	1 / day
<i>esomeprazole strontium</i>	1 / day
<i>lansoprazol-amoxicil-clarithro</i>	112 / 365 days
<i>lansoprazole (dr 30 mg capsule, odt 30 mg tablet)</i>	1 / day
<i>lansoprazole odt 15 mg tablet</i>	1 / day
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET, DR 10 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	1 / day
NEXIUM (DR 20 MG PACKET, DR 20 MG CAPSULE)	1 / day
<i>nizatidine 150 mg capsule</i>	2 / day
OMECLAMOX-PAK	80 / 365 days
<i>omeprazole (dr 10 mg capsule, dr 40 mg capsule)</i>	1 / day
<i>omeprazole dr 20 mg capsule</i>	1 / day
<i>pantoprazole sod dr 20 mg tab</i>	1 / day
<i>pantoprazole sod dr 40 mg tab</i>	2 / day
PREVACID (30 MG SOLUTAB, DR 30 MG CAPSULE)	1 / day
PREVACID 15 MG SOLUTAB	1 / day
PREVPAC	112 / 365 days
PROTONIX (DR 20 MG TABLET, 40 MG SUSPENSION)	1 / day
PROTONIX DR 40 MG TABLET	2 / day
<i>rabeprazole sod dr 20 mg tab</i>	2 / day
ZEGERID 40 MG PACKET	1 / day

ANTIVIRALS (SYSTEMIC)

BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	1 / day
BARACLUDE 0.05 MG/ML SOLUTION	20 / day
COPEGUS	6 / day
<i>entecavir</i>	1 / day
HEPSERA	1 / day
MODERIBA (200-400 MG, 400-400 MG, 600-600 MG, 600-400 MG)	2 / day
MODERIBA 200 MG TABLET	6 / day
<i>oseltamivir 6 mg/ml suspension</i>	180 / 30 days
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	20 / 365 days
REBETOL	30 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANTIVIRALS (SYSTEMIC)

RELENZA	40 / 365 days
RIBASPHERE (200 MG TABLET, 200 MG CAPSULE)	6 / day
RIBASPHERE 400 MG TABLET	3 / day
RIBASPHERE 600 MG TABLET	2 / day
RIBASPHERE RIBAPAK	2 / day
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	6 / day
SITAVIG	2 / fill
TAMIFLU (30 MG CAPSULE, 45 MG CAPSULE, 75 MG CAPSULE)	20 / 365 days
TAMIFLU 6 MG/ML SUSPENSION	180 / 30 days
VALCYTE 450 MG TABLET	4 / day
<i>valganciclovir 450 mg tablet</i>	4 / day
VEMLIDY	1 / day
XOFLUZA	2 / fill

ANXIOLYTICS, SEDATIVES AND HYPNOTICS

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	4 / day
<i>alprazolam 2 mg tablet</i>	5 / day
<i>alprazolam er (er 0.5 mg tablet, er 1 mg tablet)</i>	1 / day
<i>alprazolam er 2 mg tablet</i>	5 / day
<i>alprazolam er 3 mg tablet</i>	3 / day
ALPRAZOLAM INTENSOL	10 / day
<i>alprazolam odt (odt 0.25 mg tab, odt 0.5 mg tab, odt 1 mg tab)</i>	4 / day
<i>alprazolam odt 2 mg tab</i>	5 / day
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	1 / day
<i>alprazolam xr 2 mg tablet</i>	5 / day
<i>alprazolam xr 3 mg tablet</i>	3 / day
AMBIEN	1 / day
AMBIEN CR	1 / day
ATIVAN (0.5 MG TABLET, 1 MG TABLET)	3 / day
ATIVAN 2 MG TABLET	5 / day
<i>chlordiazepoxide 10 mg capsule</i>	30 / day
<i>chlordiazepoxide 25 mg capsule</i>	12 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANXIOLYTICS, SEDATIVES AND HYPNOTICS

<i>chlordiazepoxide 5 mg capsule</i>	4 / day
<i>clorazepate 15 mg tablet</i>	6 / day
<i>clorazepate 3.75 mg tablet</i>	24 / day
<i>clorazepate 7.5 mg tablet</i>	12 / day
DIASTAT	0.07 / day
DIASTAT ACUDIAL	0.07 / day
<i>diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)</i>	0.07 / day
DORAL	1 / day
EDLUAR	1 / day
<i>estazolam</i>	1 / day
<i>eszopiclone (1 mg tablet, 2 mg tablet)</i>	1 / day
<i>eszopiclone 3 mg tablet</i>	1 / day
<i>flurazepam hcl</i>	1 / day
HALCION	2 / day
HETLIOZ	1 / day
INTERMEZZO	1 / day
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	3 / day
<i>lorazepam (2 mg/ml oral concent, 2 mg tablet)</i>	5 / day
LORAZEPAM INTENSOL	5 / day
LUNESTA (1 MG TABLET, 2 MG TABLET)	1 / day
LUNESTA 3 MG TABLET	1 / day
<i>oxazepam</i>	4 / day
<i>quazepam</i>	1 / day
<i>ramelteon</i>	1 / day
RESTORIL	1 / day
ROZEREM	1 / day
SONATA	1 / day
<i>temazepam</i>	1 / day
TRANXENE T-TAB	12 / day
<i>triazolam 0.125 mg tablet</i>	1 / day
<i>triazolam 0.25 mg tablet</i>	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ANXIOLYTICS, SEDATIVES AND HYPNOTICS

XANAX (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET)	4 / day
XANAX 2 MG TABLET	5 / day
XANAX XR (0.5 MG TABLET, 1 MG TABLET)	1 / day
XANAX XR 2 MG TABLET	5 / day
XANAX XR 3 MG TABLET	3 / day
<i>zaleplon</i>	1 / day
<i>zolpidem tartrate (1.75 mg tab, 3.5 mg tablet)</i>	1 / day
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1 / day
<i>zolpidem tartrate er</i>	1 / day
ZOLPIMIST	0.257 / day

AUTONOMIC DRUGS

CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	2 / day
NICOTROL	16/day
NICOTROL NS	20 / day

BETA-3-ADRENERGIC AGONISTS

MYRBETRIQ	1 / day
-----------	---------

BETA-ADRENERGIC AGONISTS

<i>albuterol sulfate (0.63 ml, 1.25 ml)</i>	18 / day
<i>albuterol sulfate (sul 2.5 mg/3 ml soln, 2.5 mg/0.5 ml sol, 5 mg/ml solution)</i>	18 / day
<i>albuterol sulfate hfa</i>	1.5 / day
ARCAPTA NEOHALER	1 / day
BROVANA	4 / day
<i>levalbuterol tartrate hfa</i>	1.5 / day
PERFOROMIST	120 / 30 days
PROAIR HFA	0.8 / day
PROAIR RESPICLICK	0.07 / day
PROVENTIL HFA	0.6 / day
SEREVENT DISKUS	2 / day
STRIVERDI RESPIMAT	.144 / day
UTIBRON NEOHALER	2 / day
VENTOLIN HFA	1.5 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

BETA-ADRENERGIC AGONISTS

XOPENEX HFA	1.5 / day
-------------	-----------

CALCIUM-CHANNEL BLOCKING AGENTS

ADALAT CC 30 MG TABLET	1 / day
ADALAT CC 60 MG TABLET	2 / day
AFEDITAB CR 30 MG TABLET	1 / day
AFEDITAB CR 60 MG TABLET	2 / day
<i>amlodipine besylate</i>	1 / day
<i>amlodipine besylate-benazepril</i>	1 / day
<i>amlodipine-olmesartan</i>	1 / day
<i>amlodipine-valsartan (5-320 mg, 10-160 mg, 10-320 mg)</i>	1 / day
<i>amlodipine-valsartan 5-160 mg</i>	2 / day
<i>amlodipine-valsartan-hctz</i>	1 / day
AZOR	1 / day
CALAN	3 / day
CALAN SR	1 / day
CARDIZEM	4 / day
CARDIZEM CD (300 MG CAPSULE, 360 MG CAPSULE)	1 / day
CARDIZEM CD 120 MG CAPSULE	4 / day
CARDIZEM CD 180 MG CAPSULE	3 / day
CARDIZEM CD 240 MG CAPSULE	2 / day
CARDIZEM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	1 / day
CARDIZEM LA 120 MG TABLET	4 / day
CARDIZEM LA 180 MG TABLET	3 / day
CARDIZEM LA 240 MG TABLET	2 / day
CARTIA XT 120 MG CAPSULE	4 / day
CARTIA XT 180 MG CAPSULE	3 / day
CARTIA XT 240 MG CAPSULE	2 / day
CARTIA XT 300 MG CAPSULE	1 / day
DILT XR 120 MG CAPSULE	1 / day
<i>diltiazem 24h er(cd) 120 mg cp</i>	4 / day
<i>diltiazem 24h er(cd) 180 mg cp</i>	3 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

CALCIUM-CHANNEL BLOCKING AGENTS

<i>diltiazem 24h er(cd) 240 mg cp</i>	2 / day
<i>diltiazem 24h er(la) 180 mg tb</i>	3 / day
<i>diltiazem 24h er(la) 240 mg tb</i>	2 / day
<i>diltiazem 24hr er (cd) (300 mg, 360 mg)</i>	1 / day
<i>diltiazem 24hr er (er 120 mg cap, er 180 mg cap)</i>	1 / day
<i>diltiazem 24hr er (la) (300 mg, 360 mg, 420 mg)</i>	1 / day
<i>diltiazem 24hr er (xr) (120 mg, 180 mg)</i>	1 / day
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 120 mg tablet)</i>	4 / day
EXFORGE	1 / day
EXFORGE HCT	1 / day
<i>felodipine er</i>	1 / day
<i>isradipine 2.5 mg capsule</i>	2 / day
<i>isradipine 5 mg capsule</i>	4 / day
KATERZIA	10 / day
LOTREL	1 / day
MATZIM LA (300 MG TABLET, 360 MG TABLET, 420 MG TABLET)	1 / day
MATZIM LA 180 MG TABLET	3 / day
MATZIM LA 240 MG TABLET	2 / day
<i>nifedipine</i>	4 / day
<i>nifedipine er (er 30 mg tablet, er 90 mg tablet)</i>	1 / day
<i>nifedipine er 60 mg tablet</i>	2 / day
<i>nisoldipine</i>	1 / day
NORVASC	1 / day
NYMALIZE	120 / day
PROCARDIA	4 / day
PROCARDIA XL (30 MG TABLET, 90 MG TABLET)	1 / day
PROCARDIA XL 60 MG TABLET	2 / day
SULAR	1 / day
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE)	1 / day
TIAZAC (ER 120 MG CAPSULE, ER 180 MG CAPSULE)	1 / day
<i>verapamil 360 mg cap pellet</i>	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

CALCIUM-CHANNEL BLOCKING AGENTS

<i>verapamil er</i>	1 / day
<i>verapamil er pm</i>	1 / day
<i>verapamil hcl (80 mg tablet, 120 mg tablet)</i>	3 / day
<i>verapamil sr</i>	1 / day
VERELAN	1 / day
VERELAN PM	1 / day

CARDIAC DRUGS

CORLANOR (5 MG TABLET, 7.5 MG TABLET)	2 / day
CORLANOR 5 MG/5 ML ORAL SOLN	15 / day
RANEXA	2 / day
<i>ranolazine er</i>	2 / day
VYNDAMAX	1 / day
VYNDAQEL	4 / day

CARDIOVASCULAR DRUGS

BYSTOLIC (5 MG TABLET, 10 MG TABLET)	3 / day
BYSTOLIC 2.5 MG TABLET	1 / day
BYSTOLIC 20 MG TABLET	2 / day
BYVALSON	1 / day
CARDURA XL	1 / day
<i>carvedilol er (er 10 mg capsule, er 20 mg capsule, er 40 mg capsule)</i>	2 / day
<i>carvedilol er 80 mg capsule</i>	1 / day
COREG CR (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	2 / day
COREG CR 80 MG CAPSULE	1 / day

CENTRAL NERVOUS SYSTEM AGENTS

ADDYI	1 / day
<i>atomoxetine hcl</i>	2 / day
AUSTEDO	4 / day
<i>guanfacine hcl er</i>	1 / day
INGREZZA 40 MG CAPSULE	2 / day
INGREZZA 80 MG CAPSULE	1 / day
INGREZZA INITIATION PACK	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

CENTRAL NERVOUS SYSTEM AGENTS

INTUNIV	1 / day
<i>memantine hcl 10 mg tablet</i>	2 / day
<i>memantine hcl 2 mg/ml solution</i>	360 / 30 days
<i>memantine hcl 5 mg tablet</i>	3 / day
NARCAN	2 / 30 days
SAVELLA	2 / day
STRATTERA	2 / day
VYLEESI	0.08 / day
XYREM	18 / day

CEPHALOSPORIN ANTIBIOTICS

<i>cefaclor er</i>	20 / 30 days
<i>cefixime (100 ml, 200 ml)</i>	1200 / 90 days
DAXBIA	4 / day
SUPRAX (100 ML, 200 ML)	1200 / 90 days

CORTICOSTEROIDS (RESPIRATORY TRACT)

ADVAIR DISKUS	2 / day
ADVAIR HFA	0.4 / day
AIRDUO RESPICLICK	0.04 / day
ALVESCO	0.434 / day
ARMONAIR RESPICLICK	0.04 / day
ARNUITY ELLIPTA 100 MCG INH	2 / day
ARNUITY ELLIPTA 200 MCG INH	1 / day
ARNUITY ELLIPTA 50 MCG INH	4 / day
ASMANEX	0.04 / day
ASMANEX HFA	0.434 / day
BREO ELLIPTA	2 / day
<i>budesonide (0.25 ml, 0.5 ml)</i>	120 / 30 days
<i>budesonide 1 mg/2 ml inh susp</i>	120 / 30 days
DULERA	0.434 / day
FLOVENT 250 MCG DISKUS	8 / day
FLOVENT DISKUS (50 MCG, 100 MCG)	4 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

CORTICOSTEROIDS (RESPIRATORY TRACT)

FLOVENT HFA (110 MCG, 220 MCG)	0.8 / day
FLOVENT HFA 44 MCG INHALER	0.767 / day
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	2 / day
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	0.04 / day
PULMICORT	120 / 30 days
PULMICORT FLEXHALER	0.07 / day
QVAR 40 MCG ORAL INHALER	0.6 / day
QVAR 80 MCG ORAL INHALER	0.87 / day
QVAR REDHALER 40 MCG	0.6 / day
QVAR REDHALER 80 MCG	0.87 / day
SYMBICORT	0.4 / day
TRELEGY ELLIPTA	2 / day
WIXELA INHUB	2 / day

CYSTIC FIBROSIS (CFTR) MODULATORS

KALYDECO	2 / day
ORKAMBI (100 MG TABLET, 200 MG TABLET)	4 / day
ORKAMBI (100-125 MG, 150-188 MG)	2 / day
SYMDEKO	2 / day

DIURETICS

JYNARQUE (30 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	2 / day
JYNARQUE 15 MG TABLET	1 / day
SAMSCA 15 MG TABLET	1 / day
SAMSCA 30 MG TABLET	2 / day

DOPAMINE RECEPTOR AGONISTS

APOKYN	2 / day
CYCLOSET	6 / day

ELECTROLYTIC, CALORIC, AND WATER BALANCE

DUZALLO	1 / day
<i>probenecid</i>	4 / day
<i>probenecid-colchicine</i>	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ELECTROLYTIC, CALORIC, AND WATER BALANCE

RAVICTI	20 / day
ZURAMPIC	1 / day

ENZYMES

PALYNZIQ (10 MG/0.5 ML, 20 MG/ML)	2 / day
PALYNZIQ 2.5 MG/0.5 ML SYRINGE	8 / day

ESTROGENS AND ANTIESTROGENS

ACTIVELLA 0.5-0.1 MG TABLET	1 / day
ACTIVELLA 1 MG-0.5 MG TABLET	1 / day
ALORA	0.29 / day
AMABELZ	1 / day
ANGELIQ	1 / day
BIJUVA	1 / day
CLIMARA	0.15 / day
CLIMARA PRO	0.15 / day
COMBIPATCH	0.29 / day
DOTTI	0.29 / day
ESTRACE (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET)	1 / day
ESTRACE 0.01% CREAM	4 / day
<i>estradiol (0.025 mg, 0.0375 mg, 0.05 mg, 0.075 mg, 0.1 mg)</i>	0.29 / day
<i>estradiol (0.5 mg tablet, 1 mg tablet)</i>	1 / day
<i>estradiol (2 mg tablet, 10 mcg vaginal insrt)</i>	1 / day
<i>estradiol (tds 0.025, 0.0375 patch, tds 0.0375, tds 0.05, 0.06 patch, tds 0.06, 0.075 patch, tds 0.1)</i>	0.15 / day
<i>estradiol 0.01% cream</i>	4 / day
<i>estradiol tds 0.075 mg/day</i>	0.15 / day
<i>estradiol-norethindrone acetat</i>	1 / day
ESTRING	90 days
ESTROGEL	1.667 / day
<i>estropipate</i>	1 / day
EVAMIST	0.54 / day
EVISTA	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

ESTROGENS AND ANTIESTROGENS

FEMHRT	1 / day
FEMRING	0.02 / day
FYAVOLV	1 / day
IMVEXXY	1 / day
JEVANTIQUE LO	1 / day
JINTELI	1 / day
LOPREEZA	1 / day
MENEST (0.625 MG TABLET, 1.25 MG TABLET)	1 / day
MENEST 0.3 MG TABLET	1 / day
MENOSTAR	0.15 / day
MIMVEY	1 / day
MINIVELLE	0.29 / day
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	1 / day
PREFEST	1 / day
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET)	1 / day
PREMARIN VAGINAL CREAM-APPL	2 / day
PREMPHASE	1 / day
PREMPRO	1 / day
VAGIFEM	1 / day
VIVELLE-DOT	0.29 / day
YUVAFEM	1 / day

EYE, EAR, NOSE AND THROAT (EENT) PREPS.

ALOMIDE	10 / fill
<i>apraclonidine hcl</i>	0.8 / day
ASTEPRO	2 / day
<i>azelastine hcl (0.1% (137 mcg) spray, 0.15% nasal spray)</i>	2 / day
<i>azelastine hcl 0.05% drops</i>	0.267 / day
BEPREVE	0.334 / day
CYSTARAN	1 / day
DYMISTA	0.8 / day
ELESTAT	0.286 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

EYE, EAR, NOSE AND THROAT (EENT) PREPS.

EMADINE	5 / fill
<i>epinastine hcl</i>	0.286 / day
EYLEA 2 MG/0.05 ML SYRINGE	0.04 / day
IOPIDINE (0.5% DROPS, 1% DROPS)	0.8 / day
<i>ipratropium bromide (0.03%, 0.06%)</i>	2 / day
LASTACFT	3 / 30 days
LUCENTIS	0.04 / day
<i>olopatadine 665 mcg nasal spray</i>	31 / 30 days
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	0.286 / day
OXERVATE	1 / day
PATADAY	0.286 / day
PATANASE	31 / 30 days
PATANOL	0.286 / day
PAZEO	0.286 / day

GASTROINTESTINAL DRUGS

AMITIZA	2 / day
CHOLBAM 250 MG CAPSULE	7 / day
CHOLBAM 50 MG CAPSULE	4 / day
ENTYVIO	2/ 30 days
HUMIRA(CF) PEDI CROHN 80-40 MG	0.22 / day
LINZESS	1 / day
MOTEGRITY	1 / day
MOVANTIK	1 / day
OALIVA	1 / day
<i>opium tincture</i>	5 / day
PREPOPIK	2 / fill
SUPREP	354 / fill
SYMPROIC	1 / day
TRULANCE	1 / day
VIBERZI	2 / day
ZELNORM	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

GENITOURINARY SMOOTH MUSCLE RELAXANTS

<i>darifenacin er</i>	1 / day
DETROL	2 / day
DETROL LA	1 / day
DITROPAN XL (10 MG TABLET, 15 MG TABLET)	2 / day
DITROPAN XL 5 MG TABLET	1 / day
ENABLEX	1 / day
GELNIQUE	1 / day
<i>oxybutynin 5 mg tablet</i>	4 / day
<i>oxybutynin 5 mg/5 ml syrup</i>	20 / day
<i>oxybutynin chloride er (er 10 mg tablet, er 15 mg tablet)</i>	2 / day
<i>oxybutynin cl er 5 mg tablet</i>	1 / day
OXYTROL	0.357 / day
<i>solifenacin succinate</i>	1 / day
<i>tolterodine tartrate</i>	2 / day
<i>tolterodine tartrate er</i>	1 / day
TOVIAZ	1 / day
<i>trospium chloride</i>	2 / day
<i>trospium chloride er</i>	1 / day
VESICARE	1 / day

GONADOTROPINS AND ANTIGONADOTROPINS

ORILISSA 150 MG TABLET	1 / day
ORILISSA 200 MG TABLET	2 / day

HCV ANTIVIRALS

DAKLINZA	1 / day
EPCLUSA	1 / day
HARVONI 90-400 MG TABLET	1 / day
<i>ledipasvir-sofosbuvir</i>	1 / day
MAVYRET	3 / day
OLYSIO	1 / day
<i>sofosbuvir-velpatasvir</i>	1 / day
SOVALDI 400 MG TABLET	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

HCV ANTIVIRALS

TECHNIVIE	2 / day
VIEKIRA PAK	4 / day
VIEKIRA XR	3 / day
VOSEVI	1 / day
ZEPATIER	1 / day

HORMONES AND SYNTHETIC SUBSTITUTES

AMETHIA	91 days
AMETHIA LO	91 days
AMETHYST	1 / day
ANDRODERM	1 / day
ANDROGEL (1%(5G) GEL PACKET, 1.62%(1.25G) GEL PCKT, 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	5 / day
ANDROGEL 1%(2.5G) GEL PACKET	2.5 / day
AXIRON	6 / day
CAMRESE	91 days
CAMRESE LO	91 days
DAYSEE	91 days
ELLA	1 / day
FAYOSIM	91 days
FORTESTA	4 / day
INTRAROSA	1 / day
INTROVALE	91 days
JOLESSA	91 days
<i>levonorg-eth estrad eth estrad (levono-e estrad 0.10-0.02-0.01, levonorg 0.15mg-ee 20-25-30mcg)</i>	91 days
LOSEASONIQUE	91 days
NATESTO	3 / day
NOCDURNA	1 / day
NOCTIVA	0.1 / day
<i>norethind-eth estrad 1-0.02 mg</i>	1 / day
QUASENSE	91 days
RIVELSA	91 days

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

HORMONES AND SYNTHETIC SUBSTITUTES

SEASONIQUE	91 days
SEROSTIM	1 / day
SETLAKIN	91 days
TESTIM	300 / 30 days
<i>testosterone (1.62% (2.5 g) pkt, 1.62%(1.25 g) pkt, 1.62% gel pump, 50 mg/5 gram pkt)</i>	5 / day
<i>testosterone 10 mg gel pump</i>	4 / day
<i>testosterone 12.5 mg/1.25 gram</i>	10 / day
<i>testosterone 25 mg/2.5 gm pkt</i>	2.5 / day
<i>testosterone 30 mg/1.5 ml pump</i>	6 / day
<i>testosterone 50 mg/5 gram gel</i>	300 / 30 days
VOGELXO	10 / day
XULANE	0.12 / day
ZORBTIVE	1 / day

HYPOTENSIVE AGENTS

BIDIL	6 / day
CATAPRES-TTS 1	0.15 / day
CATAPRES-TTS 2	0.4 / day
CATAPRES-TTS 3	0.4 / day
<i>clonidine (0.2, 0.3)</i>	0.4 / day
<i>clonidine 0.1 mg/day patch</i>	0.15 / day
<i>clonidine hcl er</i>	4 / day
KAPVAY	4 / day

INSULINS

SOLIQUA 100-33	0.6 / day
XULTOPHY 100-3.6	0.5 / day

ION-REMOVING AGENTS

LOKELMA	1 / day
VELTASSA	1 / day

MACROLIDE ANTIBIOTICS

<i>azithromycin 250 mg tablet</i>	6 / 5 days
-----------------------------------	------------

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

MACROLIDE ANTIBIOTICS

ZITHROMAX 100 MG/5 ML SUSP	30 / fill
ZITHROMAX 200 MG/5 ML SUSP	60 / fill
ZITHROMAX 250 MG TABLET	6 / 5 days
ZITHROMAX 500 MG TABLET	5 / fill
ZITHROMAX 600 MG TABLET	0.29 / day
ZMAX	60 / fill

MISCELLANEOUS THERAPEUTIC AGENTS

ACTEMRA 162 MG/0.9 ML SYRINGE	0.15 / day
ACTEMRA 200 MG/10 ML VIAL	0.36/day
ACTEMRA 400 MG/20 ML VIAL	1.5 / day
ACTEMRA 80 MG/4 ML VIAL	0.15 / day
ACTEMRA ACTPEN	0.15 / day
ACTONEL (5 MG TABLET, 30 MG TABLET)	1 / day
ACTONEL 150 MG TABLET	0.04 / day
ACTONEL 35 MG TABLET	0.15 / day
<i>alendronate sod 70 mg/75 ml</i>	12.5 / day
<i>alendronate sodium (35 mg tab, 40 mg tab, 70 mg tab)</i>	.15 / day
<i>alendronate sodium (5 mg tablet, 10 mg tab)</i>	1 / day
<i>allopurinol 100 mg tablet</i>	3 / day
<i>allopurinol 300 mg tablet</i>	2 / day
AMPYRA	2 / day
ASTAGRAF XL 0.5 MG CAPSULE	15 / day
ASTAGRAF XL 1 MG CAPSULE	30 / day
ASTAGRAF XL 5 MG CAPSULE	6 / day
ATELVIA	0.15 / day
AUBAGIO	1 / day
AVODART	1 / day
AVONEX (30 MCG VIAL KIT, PREFILLED SYR 30 MCG KT)	0.15 / day
AVONEX PEN	0.15 / day
BENLYSTA 120 MG VIAL	0.25 / day
BENLYSTA 400 MG VIAL	0.334 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

MISCELLANEOUS THERAPEUTIC AGENTS

BETASERON	0.5 / day
BINOSTO	.15 / day
BONIVA 150 MG TABLET	0.04 / day
CERDELGA	2 / day
CIMZIA (MG/ML SYRINGE KIT, MG/ML(X3)START KT)	3/ fill
CIMZIA 200 MG VIAL KIT	3/ fill
<i>colchicine 0.6 mg capsule</i>	2 / day
<i>colchicine 0.6 mg tablet</i>	4 / day
COLCRYS	4 / day
COPAXONE 20 MG/ML SYRINGE	1 / day
COPAXONE 40 MG/ML SYRINGE	0.434 / day
CYSTAGON 150 MG CAPSULE	13 / day
CYSTAGON 50 MG CAPSULE	40/ day
<i>dalfampridine er</i>	2 / day
<i>dutasteride</i>	1 / day
<i>dutasteride-tamsulosin</i>	1 / day
ELMIRON	3 / day
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 50 MG/ML SYRINGE)	0.29 / day
ENBREL MINI	0.15 / day
ENBREL SURECLICK	0.15 / day
ENVARUSUS XR	1 / day
EXTAVIA	0.5 / day
<i>febuxostat</i>	1 / day
<i>finasteride 5 mg tablet</i>	1 / day
FOSAMAX	.15 / day
FOSAMAX PLUS D	0.15 / day
GILENYA 0.25 MG CAPSULE	2 / day
GILENYA 0.5 MG CAPSULE	1 / day
<i>glatiramer 20 mg/ml syringe</i>	1 / day
<i>glatiramer 40 mg/ml syringe</i>	0.434 / day
GLATOPA 20 MG/ML SYRINGE	1 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

MISCELLANEOUS THERAPEUTIC AGENTS

GLATOPA 40 MG/ML SYRINGE	0.434 / day
HAEGARDA	1.25 / day
HUMIRA (20 MG/0.4 ML, 40 MG/0.8 ML)	0.22 / day
HUMIRA 10 MG/0.2 ML SYRINGE	0.15 / day
HUMIRA PEDIATRIC CROHN'S	0.22 / day
HUMIRA PEN	0.22 / day
HUMIRA PEN CROHN'S-UC-HS	0.22 / day
HUMIRA PEN PSOR-UVEITS-ADOL HS	0.22 / day
HUMIRA(CF)	0.22 / day
HUMIRA(CF) PEDI CROHN 80MG/0.8	0.22 / day
HUMIRA(CF) PEN	0.22 / day
HUMIRA(CF) PEN CROHN'S-UC-HS	0.22 / day
HUMIRA(CF) PEN PSOR-UV-ADOL HS	0.22 / day
<i>ibandronate sodium 150 mg tab</i>	0.04 / day
INFLECTRA	0.5 / day
JALYN	1 / day
KEVEYIS	4 / day
KEVZARA	0.1 / day
KINERET	10 / day
MAYZENT 0.25 MG STARTER PACK	2.5 / day
MAYZENT 0.25 MG TABLET	120 / 30 days
MAYZENT 2 MG TABLET	1 / day
MITIGARE	2 / day
OLUMIANT	1 / day
ORENCIA (50 MG/0.4 ML, 87.5 MG/0.7 ML, 125 MG/ML)	0.15 / day
ORENCIA 250 MG VIAL	0.15 / day
ORENCIA CLICKJECT	0.15 / day
OTEZLA	2 / day
PLEGRIDY 125 MCG/0.5 ML PEN	0.04 / day
PLEGRIDY 125 MCG/0.5 ML SYRINGE	0.04 / day
PLEGRIDY PEN INJ STARTER PACK	1/ lifetime

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

MISCELLANEOUS THERAPEUTIC AGENTS

PLEGRIDY SYRINGE STARTER PACK	1 / lifetime
PROCYSBI DR 25 MG CAPSULE	3 / day
PROCYSBI DR 75 MG CAPSULE	1 / day
PROLIA	0.13 / day
PROSCAR	1 / day
REBIF (22 ML, 44 ML)	0.22 / day
REBIF REBIDOSE (22 ML, 44 ML)	0.22 / day
REBIF REBIDOSE TITRATION PACK	4.2 / 365 days
REBIF TITRATION PACK	4.2 / 365 days
RENFLEXIS	10 / 30 days
RINVOQ ER	1 / day
<i>risedronate sodium 150 mg tab</i>	0.04 / day
<i>risedronate sodium 35 mg tab</i>	0.15 / day
<i>risedronate sodium 5 mg tablet</i>	1 / day
RUCONEST	0.87 / day
RUZURGI	1 / day
SIMPONI	0.04 / day
SIMPONI ARIA	1.5 / day
TAKHZYRO	0.144 / day
TECFIDERA	2 / day
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	2 / day
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	1 / day
TYSABRI	0.6 / day
ULORIC	1 / day
XELJANZ	2 / day
XELJANZ XR	1 / day
XGEVA	0.07 / day
ZINBRYTA	1 / day
ZYLOPRIM 100 MG TABLET	3 / day
ZYLOPRIM 300 MG TABLET	2 / day

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

<i>butalbital-aspirin-caffeine</i>	6 / day
------------------------------------	---------

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

CAMBIA	1 / day
CELEBREX (50 MG CAPSULE, 200 MG CAPSULE)	2 / day
CELEBREX 100 MG CAPSULE	3 / day
CELEBREX 400 MG CAPSULE	1 / day
<i>celecoxib (50 mg capsule, 200 mg capsule)</i>	2 / day
<i>celecoxib 100 mg capsule</i>	3 / day
<i>celecoxib 400 mg capsule</i>	1 / day
<i>diclofenac epolamine</i>	2 / day
<i>diclofenac sodium 1% gel</i>	1000/ 30 days
DUEXIS	3 / day
DURLAZA	1 / day
FIORINAL	6 / day
FLECTOR	2 / day
INDOCIN 25 MG/5 ML SUSPENSION	6 / day
INDOCIN 50 MG SUPPOSITORY	4 / day
<i>ketorolac 10 mg tablet</i>	21 / fill
<i>ketorolac 30 mg/ml carpupject</i>	20 / 30 days
<i>ketorolac 30 mg/ml vial</i>	20 / 23 days
<i>ketorolac 300 mg/10 ml vial</i>	20 / 30 days
<i>ketorolac 60 mg/2 ml syringe</i>	20 / 30 days
<i>ketorolac tromethamine (15 mg/ml carpupject, 15 mg/ml vial, 15 mg/ml isecure syr)</i>	40 / 23 days
<i>ketorolac tromethamine (30 mg/ml isecure syr, 30 mg/ml syringe)</i>	20 / 23 days
<i>ketorolac tromethamine (60 ml carpupject, 60 ml vial)</i>	20 / 30 days
<i>mefenamic acid</i>	5 / day
<i>meloxicam</i>	1 / day
MOBIC	1 / day
NAPRELAN CR 750 MG TABLET	1 / day
PENNSAID 2% PUMP	3.8 / day
QMIIZ ODT	1 / day
SPRIX	5 days
VIMOVO	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

VIVLODEX 10 MG CAPSULE	1 / day
VIVLODEX 5 MG CAPSULE	1 / day
VOLTAREN	1000/ 30 days
ZIPSOR	4 / day
ZORVOLEX	3 / day

PARATHYROID AND ANTIPARATHYROID AGENTS

<i>calcitonin-salmon</i>	0.13 / day
<i>cinacalcet hcl</i>	2 / day
SENSIPAR (30 MG TABLET, 60 MG TABLET)	2 / day
SENSIPAR 90 MG TABLET	4 / day
TYMLOS	1.60 / day

RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB

ACCUPRIL	2 / day
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	2 / day
ACCURETIC 20-25 MG TABLET	1 / day
<i>aliskiren</i>	1 / day
ALTACE	2 / day
ATACAND	1 / day
ATACAND HCT (32-12.5 MG TAB, 32-25 MG TABLET)	1 / day
ATACAND HCT 16-12.5 MG TAB	2 / day
AVALIDE 150-12.5 MG TABLET	2 / day
AVALIDE 300-12.5 MG TABLET	1 / day
AVAPRO	1 / day
<i>benazepril hcl (10 mg tablet, 40 mg tablet)</i>	2 / day
<i>benazepril hcl 20 mg tablet</i>	4 / day
<i>benazepril hcl 5 mg tablet</i>	3 / day
<i>benazepril-hydrochlorothiazide</i>	1 / day
BENICAR	3 / day
BENICAR HCT	1 / day
<i>candesartan cilexetil</i>	1 / day
<i>candesartan-hctz 16-12.5 mg tb</i>	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB

<i>candesartan-hydrochlorothiazid (32-12.5 mg tb, 32-25 mg tab)</i>	1 / day
<i>captopril</i>	4 / day
<i>captopril-hydrochlorothiazide</i>	2 / day
COZAAR (25 MG TABLET, 50 MG TABLET)	2 / day
COZAAR 100 MG TABLET	1 / day
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	2 / day
DIOVAN 320 MG TABLET	1 / day
DIOVAN HCT (320-12.5 MG TAB, 320-25 MG TABLET)	1 / day
DIOVAN HCT (80-12.5 MG TABLET, 160-25 MG TABLET, 160-12.5 MG TAB)	2 / day
EDARBI	1 / day
EDARBYCLOR	1 / day
<i>enalapril maleate</i>	2 / day
<i>enalapril-hctz 10-25 mg tablet</i>	2 / day
ENTRESTO	2 / day
EPANED	5 / day
<i>eprosartan mesylate</i>	1 / day
<i>fosinopril sodium</i>	2 / day
<i>fosinopril-hydrochlorothiazide</i>	2 / day
HYZAAR (100-12.5 TABLET, 100-25 TABLET)	1 / day
HYZAAR 50-12.5 TABLET	2 / day
<i>irbesartan</i>	1 / day
<i>irbesartan-hctz 150-12.5 mg tb</i>	2 / day
<i>irbesartan-hctz 300-12.5 mg tb</i>	1 / day
<i>lisinopril (2.5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1 / day
<i>lisinopril (5 mg tablet, 30 mg tablet)</i>	1 / day
<i>lisinopril 40 mg tablet</i>	2 / day
<i>lisinopril-hctz 20-25 mg tab</i>	2 / day
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	2 / day
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	2 / day
<i>losartan potassium 100 mg tab</i>	1 / day
<i>losartan-hctz 50-12.5 mg tab</i>	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB

<i>losartan-hydrochlorothiazide (100-12.5 mg tab, 100-25 mg tab)</i>	1 / day
LOTENSIN (10 MG TABLET, 40 MG TABLET)	2 / day
LOTENSIN 20 MG TABLET	4 / day
LOTENSIN HCT	1 / day
MICARDIS	1 / day
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	1 / day
MICARDIS HCT 80-12.5 MG TABLET	2 / day
<i>moexipril hcl</i>	1 / day
<i>moexipril-hydrochlorothiazide</i>	2 / day
<i>olmesartan medoxomil</i>	3 / day
<i>olmesartan-amlodipine-hctz</i>	1 / day
<i>olmesartan-hydrochlorothiazide</i>	1 / day
<i>perindopril erbumine</i>	1 / day
PRESTALIA	1 / day
PRINIVIL	1 / day
QBRELIS	40/ day
<i>quinapril hcl</i>	2 / day
<i>quinapril-hctz 20-25 mg tab</i>	1 / day
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	2 / day
<i>ramipril</i>	2 / day
TARKA	1 / day
TEKTRNA	1 / day
TEKTRNA HCT	1 / day
<i>telmisartan</i>	1 / day
<i>telmisartan-amlodipine</i>	1 / day
<i>telmisartan-hctz 80-12.5 mg tb</i>	2 / day
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	1 / day
<i>trandolapril</i>	2 / day
TRIBENZOR	1 / day
TWYNSTA	1 / day
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

RENIN-ANGIOTENSIN-ALDOSTERONE SYS. INHIB

<i>valsartan 320 mg tablet</i>	1 / day
<i>valsartan-hydrochlorothiazide (320-25 mg tab, 320-12.5 mg tab)</i>	1 / day
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-25 mg tab, 160-12.5 mg tab)</i>	2 / day
VASERETIC	2 / day
VASOTEC	2 / day
ZESTORETIC	2 / day
ZESTRIL (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	1 / day
ZESTRIL 40 MG TABLET	2 / day

RESPIRATORY TRACT AGENTS

ADEMPAS	3 / day
<i>ambrisentan</i>	1 / day
<i>bosentan</i>	2 / day
DALIRESP	1 / day
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	9 / day
ESBRIET 801 MG TABLET	3 / day
FLOWTUSS	60 / day
HYCOFENIX	40/ day
<i>hydrocod-cpm-pseudoephedrine</i>	20 / day
<i>hydrocodone-chlorpheniramine er</i>	10 / day
<i>hydrocodone-guaifenesin</i>	60 / day
<i>hydrocodone-homatropine 5-1.5</i>	6 / day
<i>hydrocodone-homatropine mbr (soln, syrup)</i>	30 / day
HYDROMET	30 / day
LETAIRIS	1 / day
OBREDON	60 / day
OFEV	2 / day
OPSUMIT	1 / day
ORENITRAM ER	3 / day
<i>promethazine vc-codeine</i>	30 / day
<i>promethazine-phenyleph-codeine</i>	30 / day
PULMOZYME	5 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

RESPIRATORY TRACT AGENTS

TRACLEER	2 / day
TUSSICAPS	6 / day
TUSSIGON	6 / day
TUSSIONEX	10 / day
TUXARIN ER	2 / day
TUZISTRA XR	20 / day
TYVASO	1 / day
TYVASO INSTITUTIONAL START KIT	1 / day
TYVASO REFILL KIT	3 / day
TYVASO STARTER KIT	3 / day
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	2 / day
VENTAVIS	9 / day
ZUTRIPRO	20 / day

SKELETAL MUSCLE RELAXANTS

<i>carisoprodol-aspirin-codeine</i>	21 / day
-------------------------------------	----------

SKIN AND MUCOUS MEMBRANE AGENTS

<i>acitretin (17.5 mg capsule, 25 mg capsule)</i>	2 / day
<i>acitretin 10 mg capsule</i>	4 / day
ACZONE 5% GEL	3 / day
ACZONE 7.5% GEL PUMP	3 / day
<i>adapalene (cream, gel)</i>	1.5 / day
<i>adapalene (gel, gel pump)</i>	1.5 / day
<i>adapalene (lotion, solution)</i>	2 / day
<i>adapalene 0.1% swab</i>	1 / day
<i>adapalene-benzoyl peroxide</i>	1.5 / day
ALDARA	0.434 / day
ALTRENO	1.5 / day
ATRALIN	1.5 / day
AVAGE	1.47 / day
<i>azelaic acid</i>	50 / 30 days

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

SKIN AND MUCOUS MEMBRANE AGENTS

AZELEX	1.667 / day
BENZEFOAM	2 / day
BENZEFOAM ULTRA	3.334 / day
BPO 6% FOAMING CLOTHS	2 / day
<i>calcipotriene (ointment, solution)</i>	2 / day
<i>calcipotriene 0.005% cream</i>	2 / day
<i>calcipotriene-betamethasone dp</i>	3 / day
CALCITRENE	2 / day
<i>calcitriol 3 mcg/g ointment</i>	3.334 / day
COSENTYX (2 SYRINGES)	0.357 / day
COSENTYX PEN	0.357 / day
COSENTYX PEN (2 PENS)	0.357 / day
COSENTYX SYRINGE	0.357 / day
<i>dapsone 5% gel</i>	3 / day
DIFFERIN (CREAM, GEL)	1.5 / day
DIFFERIN (GEL, GEL PUMP)	1.5 / day
DIFFERIN 0.1% LOTION	1.967 / day
DOVONEX	2 / day
<i>doxepin 5% cream</i>	49 / fill
DUOBRII	7 / day
DUPIXENT 300 MG/2 ML SYRINGE	0.15 / day
ELIDEL	2.5 / day
ENSTILAR	2 / day
EPIDUO	1.5 / day
EPIDUO FORTE	1.667 / day
FABIOR	3.73 / day
FINACEA 15% FOAM	50 / 30 days
FINACEA 15% GEL	50 / 30 days
<i>imiquimod 3.75% cream pump</i>	0.25 / day
<i>imiquimod 5% cream packet</i>	0.434 / day
<i>ivermectin 1% cream</i>	1.5 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

SKIN AND MUCOUS MEMBRANE AGENTS

<i>lidocaine 5% patch</i>	3 / day
LIDODERM	3 / day
MIRVASO	1 / day
<i>pimecrolimus</i>	2.5 / day
PLIXDA	1 / day
PROTOPIC 0.03% OINTMENT	2.5 / day
PROTOPIC 0.1% OINTMENT	2.5 / day
PRUDOXIN	49 / fill
REGRANEX	1 / day
RETIN-A MICRO	50 / 30 days
RETIN-A MICRO PUMP	50 / 30 days
RHOFADE	1.25 / day
SKYRIZI	0.07 / day
SKYRIZI (2 SYRINGES) KIT	0.04 / day
SOOLANTRA	1.5 / day
SORIATANE (17.5 MG CAPSULE, 25 MG CAPSULE)	2 / day
SORIATANE 10 MG CAPSULE	4 / day
SORILUX	2 / day
STELARA (45 MG/0.5 ML VIAL, 45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	0.08 / day
STELARA 130 MG/26 ML VIAL	3.73 / day
TACLONEX 0.005%-0.064% SUSPENS	4 / day
TACLONEX OINTMENT	3 / day
<i>tacrolimus (0.03%, 0.1%)</i>	100 / 30 days
TALTZ AUTOINJECTOR	0.15 / day
TALTZ AUTOINJECTOR (2 PACK)	0.15 / day
TALTZ AUTOINJECTOR (3 PACK)	0.15 / day
TALTZ SYRINGE	0.15 / day
TALTZ SYRINGE (2 PACK)	0.15 / day
TALTZ SYRINGE (3 PACK)	0.15 / day
<i>tazarotene</i>	1.47 / day
TAZORAC (0.05% GEL, 0.1% GEL)	3.334 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

SKIN AND MUCOUS MEMBRANE AGENTS

TAZORAC (0.05%, 0.1%)	2 / day
TREMFYA 100 MG/ML INJECTOR	0.04 / day
TREMFYA 100 MG/ML SYRINGE	0.04 / day
<i>tretinoin 0.05% gel</i>	1.5 / day
<i>tretinoin microsphere</i>	1.667 / day
VECTICAL	3.334 / day
ZONALON	49 / fill
ZTLIDO	3 / day
ZYCLARA (, PUMP)	56 / 60 days
ZYCLARA 2.5% CREAM PUMP	56 / 30 days

SOMATOSTATIN AGONISTS AND ANTAGONISTS

SANDOSTATIN 0.05 MG/ML AMPUL	30 / day
SANDOSTATIN 0.1 MG/ML AMPUL	15 / day
SANDOSTATIN 0.2 MG/ML VIAL	8 / day
SANDOSTATIN 0.5 MG/ML AMPUL	3 / day
SANDOSTATIN 1 MG/ML VIAL	1.5 / day
SANDOSTATIN LAR DEPOT (10 MG VL, 10 MG KT, 30 MG KT, 30 MG VL)	0.04 / day
SANDOSTATIN LAR DEPOT (20 MG VL, 20 MG KT)	0.07 / day
SOMATULINE DEPOT	0.02 / day

SOMATOTROPIN AGONISTS AND ANTAGONISTS

EGRIFTA	2 / day
EGRIFTA SV	2 / day

SYMPATHOMIMETIC (ADRENERGIC) AGENTS

<i>epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)</i>	4 / fill
EPINEPHRINESNAP-EMS	2 / fill
EPINEPHRINESNAP-V	2 / fill
EPIPEN	4 / fill
EPIPEN 2-PAK	4 / fill
EPIPEN JR	4 / fill
EPIPEN JR 2-PAK	4 / fill
LUCEMYRA	48 tablets/180 days

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

SYMPATHOMIMETIC (ADRENERGIC) AGENTS

NORTHERA	84 / 14 days
SYMJEPI	2 / fill

TETRACYCLINE ANTIBIOTICS

SEYSARA	1 / day
---------	---------

THYROID AND ANTITHYROID AGENTS

TIROSINT	1 / day
TIROSINT-SOL	1 / day

VASODILATING AGENTS

ADCIRCA	2 / day
AGGRENOX	2 / day
ALYQ	2 / day
<i>aspirin-dipyridamole er</i>	2 / day
CIALIS (10 MG TABLET, 20 MG TABLET)	0.2 / day
CIALIS (2.5 MG TABLET, 5 MG TABLET)	1 / day
DILATRATE-SR	4 / day
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	4 / day
GONITRO	1.25 / day
ISOCHRON	4 / day
ISORDIL	12 / day
ISORDIL TITRADOSE	12 / day
<i>isosorbide dinitrate</i>	12 / day
<i>isosorbide dinitrate er</i>	4 / day
<i>isosorbide mononitrate</i>	2 / day
<i>isosorbide mononitrate er</i>	2 / day
LEVITRA	0.2 / day
MINITRAN	1 / day
NITRO-BID	4 / day
NITRO-DUR	1 / day
NITRO-TIME (ER 2.5 MG CAPSULE, ER 6.5 MG CAPSULE)	4 / day
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	6 / day
<i>nitroglycerin (er 2.5 mg cap, er 6.5 mg cap, er 9 mg capsule)</i>	4 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.

VASODILATING AGENTS

<i>nitroglycerin 400 mcg spray</i>	0.3 / day
<i>nitroglycerin lingual 0.4 mg</i>	0.8 / day
<i>nitroglycerin patch</i>	1 / day
NITROLINGUAL	0.8 / day
NITROMIST	0.3 / day
NITROSTAT	6 / day
REVATIO 10 MG/ML ORAL SUSP	6 / day
REVATIO 20 MG TABLET	3 / day
<i>sildenafil 10 mg/ml oral susp</i>	6 / day
<i>sildenafil 20 mg tablet</i>	3 / day
<i>sildenafil citrate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	0.2 / day
STAXYN	0.2 / day
STENDRA	0.2 / day
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	1 / day
<i>tadalafil 10 mg tablet</i>	0.2 / day
<i>tadalafil 20 mg tablet</i>	2 / day
<i>varденаfil hcl</i>	0.2 / day
VIAGRA	0.2 / day

CAPITAL LETTERS = BRAND MEDICATIONS
lower case = generic medications

This list is subject to change and does not define coverage.
Only your plan can determine coverage of your benefit.