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

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

Toll-Free 1-877-298-2341, TTY 711
8 a.m. - 8 p.m. local time, Monday - Friday

www.UHCRetiree.com/peehip
This Abridged Formulary is a partial list of the drugs covered by our plan. It is current as of August 1, 2016.

Your plan’s complete drug list includes all of the drugs covered by our plan. For a complete, up-to-date formulary (drug list), please call us. Our contact information, along with the date we last updated the formulary, is on the cover.

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

This list of covered drugs is called a Formulary. We call it a “drug list” for short.

**Note to existing members:** This partial drug list has changed since last year. Please review this document to make sure your drugs are still covered. In most cases, you must use network pharmacies to have your prescriptions covered by the plan.
A formulary (drug list) is a list of covered drugs selected by your plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

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 plan network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial drug list and includes only some of the drugs covered by your plan. For a complete listing of all prescription drugs covered by your plan, please visit our website or call us. Our contact information, along with the date we last updated the drug list, is on the cover.

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

For your drug to be covered by your plan, it must be included in the complete drug list.

To find out if your drug is covered:

1. See if your drug is included in this partial drug list.
2. If you cannot find your drug in this partial list, you can check the complete drug list by visiting your plan website. Use the online tools to look up your drugs. The information is updated on a regular basis. The web address is on the cover.
3. Or call Customer Service. Our contact information is on the cover.

In most cases, your prescription must also be filled at one of our network pharmacies.
**The drug list may change**

We try to make as few changes to the drug list as possible during the plan year.

- If there are changes to the drug list, such as regular or necessary updates, members may see information in their Explanation of Benefits (EOB) statements.
- If there are changes to the drug list outside of regular or necessary updates, members may receive a special mailing.

The drug list may change 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 requirements or limits for a drug.
- Moves a drug into a different tier.

Generally, if you are taking a drug on the 2017 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 plan year except when a new, less expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

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

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

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

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

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

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

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

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your co-pays and co-insurance may be lower. Members who qualify for Extra Help will receive the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Please read it to learn about your costs. You can also call Customer Service. Our contact information is on the cover.
How to use the drug list
There are two ways to find your prescription drugs in this partial drug list:

1. Medical condition: Turn to the “Covered drugs by medical condition” section, which begins on page 12, to look for drugs based on your medical conditions. For example, if you want to find drugs used to treat high cholesterol, go to the “Cardiovascular Agents” category and look under “Dyslipidemics, HMG CoA Reductase Inhibitors.”

2. Alphabetical list (index): If you are not sure what category to look under, turn to the “Index of covered drugs” section, which begins on page 43. Find the name of your drug. The page number where you can find the drug will be next to it.

Generic drugs
Your plan covers both brand name drugs and generic drugs.

Generic drugs:
- Are approved by the Food and Drug Administration (FDA) as having the same active ingredients as brand name drugs.
- Usually cost less than brand name drugs.

Talk with your doctor to see if any of the brand name drugs you take have generic versions. Then review the drug list to make sure you are getting the drug you need for the least amount of money.

The drug list shows brand name drugs in bold type (for example, Humalog) and generic drugs in plain type (for example, Simvastatin).
Required actions, restrictions or limits
Some covered drugs may have additional requirements or limits on coverage. If your drug has any requirements or limits, there will be a code(s) in the “Required actions, restrictions or limits” column of the drug list. The codes and what they mean are shown below.

### Utilization Management Restrictions

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

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

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

### Other Special Requirements for Coverage

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

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

If your drug is not on the drug list

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

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

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

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

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

- **Formulary exception**: You can ask your plan to cover your drug even if it is not on the drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- **Tiering exception**: You can ask your plan to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier.

- **Utilization exception**: You can ask your plan to waive coverage restrictions or limits on your drug. For example, your plan limits the amount it will cover for certain drugs. If your drug has a quantity limit, you can ask your plan to waive the limit and cover more.

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

**Who can ask for a coverage decision**

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

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

**Receiving a coverage decision**

Generally, your plan will make a coverage decision within 72 hours after receiving your prescribing physician’s statement. You can request an expedited, or fast, decision if you or your doctor believes your health requires it. If your plan agrees to a fast decision, you will receive a decision within 24 hours after your plan receives your doctor’s or prescribing physician’s supporting statement.
What to do while you talk to your doctor about changing your drugs or requesting an exception

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

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

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

Other transitions
You may have an unplanned transition, like a hospital discharge or a change in your level of care. If this happens and your doctor prescribes a drug that is not on the drug list, or a drug that is on the drug list but your ability to get it is limited, your plan may cover a one-time supply of at least 30-days. You may ask for a one-time emergency supply of at least 30-days to give you time to talk to your doctor about other treatment options or to try to get a formulary exception.
Drugs with dosages other than a one-month supply

Drugs packaged in an extended day supply
Some drugs are packaged from the manufacturer to provide more than a one-month supply. When you fill these drugs, you may have to pay more than one co-pay/co-insurance for a single prescription. For more information, please call Customer Service using the information on the cover.

Daily cost share for oral medications filled for less than a one-month supply
Daily cost share 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 one month under applicable law. The daily cost share requirements do not apply to either of the following:

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

For more information
For more information about your plan’s prescription drug coverage, please review your Evidence of Coverage and other plan materials. If you have questions about your plan, please call us toll-free at 1-877-298-2341, TTY 711, 8 a.m. - 8 p.m. local time, Monday - Friday. Or visit us online at www.UHCRetiree.com/peehip.

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

The Abridged Formulary (drug list) below provides coverage information about some of the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the “Index of covered drugs,” which begins on page 43.

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

The first column of the chart lists the drug name. **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 of the chart lists which coverage level (Tier) your drug is in.

The “Required Actions, Restrictions or Limits” column shows you if your plan has any special coverage requirements for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 33-42.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Required Actions, Restrictions or Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonsteroidal Anti-inflammatory Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Celecoxib (Capsule)</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>Diclofenac Potassium (Tablet Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Diclofenac Sodium DR (Tablet Delayed-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Diclofenac Sodium ER (Tablet Extended-Release 24 Hour)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ibuprofen (100mg/5ml Suspension, 400mg Tablet, 600mg Tablet, 800mg Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Meloxicam (Tablet)</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Required Actions, Restrictions or Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naproxen (Tablet Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Opioid Analgesics, Long-acting</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embeda (Capsule Extended-Release)</td>
<td>2</td>
<td>QL, MED</td>
</tr>
<tr>
<td>Fentanyl (Patch 72 Hour)</td>
<td>1</td>
<td>QL, MED</td>
</tr>
<tr>
<td>Methadone HCl (Oral Solution, Tablet)</td>
<td>1</td>
<td>QL, MED</td>
</tr>
<tr>
<td>Morphine Sulfate ER (Tablet Extended-Release) (Generic MS Contin)</td>
<td>1</td>
<td>QL, MED</td>
</tr>
<tr>
<td>Nucynta ER (Tablet Extended-Release 12 Hour)</td>
<td>2</td>
<td>QL, MED</td>
</tr>
</tbody>
</table>

**Bold type = Brand name drug**

Plain type = Generic drug
You can find information on what the symbols and abbreviations in this table mean by going to page 7.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Required Actions, Restrictions or Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metronidazole (Tablet Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nitrofurantoin Macrocystals (25mg Capsule, 50mg Capsule) (Generic Macrodantin)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)</td>
<td>1</td>
<td>QL, HRM</td>
</tr>
<tr>
<td><strong>Beta-lactam, Cephalosporins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cefuroxime Axetil (Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cephalexin (Capsule, Oral Suspension)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Suprax (100mg Tablet Chewable, 200mg Tablet Chewable)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Beta-lactam, Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invanz (Injection)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Meropenem (Injection)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Beta-lactam, Penicillins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amoxicillin (Capsule, Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Penicillin V Potassium (Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Macrolides</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quinolones</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciprofloxacin HCl (Tablet Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Levofloxacin (Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Sulfonamides</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Sulfadiazine (Cream)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Tetracyclines</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doxycycline Hyclate (Capsule Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Minocycline HCl (Capsule Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Anticonvulsants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fycompa (Tablet)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Levetiracetam (Tablet Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Calcium Channel Modifying Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethosuximide (250mg Capsule, 250mg/5ml Oral Solution)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Zonisamide (Capsule)</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Bold type = Brand name drug**  **Plain type = Generic drug**
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Required Actions, Restrictions or Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gamma-aminobutyric Acid (GABA) Augmenting Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gabapentin (Capsule, Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Valproic Acid (250mg Capsule, 250mg/5ml Syrup)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Glutamate Reducing Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lamotrigine (Tablet Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Topiramate (Tablet Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sodium Channel Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbamazepine (100mg Tablet Chewable, 100mg/5ml Suspension, 200mg Tablet Immediate-Release)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Oxcarbazepine (Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Phenytoin Sodium Extended (Capsule)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Antidementia Agents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholinesterase Inhibitors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donepezil HCl, Donepezil HCl ODT (Tablet)</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>Rivastigmine Tartrate (Capsule Immediate-Release)</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>N-methyl-D-aspartate (NMDA) Receptor Antagonist</td>
<td></td>
<td></td>
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<tr>
<td>Memantine HCl (Tablet)</td>
<td>1</td>
<td>PA, QL</td>
</tr>
<tr>
<td>Namenda XR (Capsule Extended-Release 24 Hour)</td>
<td>2</td>
<td>PA, QL</td>
</tr>
<tr>
<td>Antidepressants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antidepressants, Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bupropion HCl, Bupropion HCl SR, Bupropion HCl XL (Tablet)</td>
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<td></td>
</tr>
<tr>
<td>Mirtazapine, Mirtazapine ODT (Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citalopram HBr (Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Escitalopram Oxalate (Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pristiq (Tablet Extended-Release 24 Hour)</td>
<td>3</td>
<td>QL</td>
</tr>
<tr>
<td>Sertraline HCl (Tablet)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Trazodone HCl (Tablet)</td>
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<td>Trintellix (Tablet)</td>
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<td>Amitriptyline HCl (Tablet)</td>
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<tr>
<td>Nortriptyline HCl (Capsule, Oral Solution)</td>
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<thead>
<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td><strong>Antiemetics</strong></td>
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<tr>
<td><em>Antiemetics, Other</em></td>
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<td>Meclizine HCl (12.5mg Tablet)</td>
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<td>Metoclopramide HCl (Tablet)</td>
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<td>Ondansetron HCl, Ondansetron ODT (Tablet)</td>
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<td>Ketoconazole (2% Cream, 2% Shampoo, 200mg Tablet)</td>
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<td><strong>Ergot Alkaloids</strong></td>
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**Bold type = Brand name drug**  **Plain type = Generic drug**
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<td>Carbidopa/Levodopa ER (Tablet Extended-Release)</td>
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<td>Carbidopa/Levodopa ODT (Tablet Dispersible)</td>
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<td><strong>Monoamine Oxidase B (MAO-B) Inhibitors</strong></td>
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<td><strong>Anti-hepatitis C (HCV) Agents</strong></td>
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<td>Harvoni (Tablet)</td>
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<td>Sovaldi (Tablet)</td>
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<td>Isentress (Tablet)</td>
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<td>Tivicay (Tablet)</td>
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<td>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</td>
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<td>Atripla (Tablet)</td>
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<td>Intelence (Tablet)</td>
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<td>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</td>
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<td>Viread (Powder, Tablet)</td>
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<td>Anti-HIV Agents, Other</td>
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<td>Fuzeon (Injection)</td>
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<td>Selzentry (Tablet)</td>
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<td>Anti-HIV Agents, Protease Inhibitors</td>
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<td>Norvir (100mg Capsule, 100mg Tablet, 80mg/ml Oral Solution)</td>
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<thead>
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<th>Drug Name</th>
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<tr>
<td>Prezista (100mg/ml Suspension, 150mg Tablet, 600mg Tablet, 800mg Tablet)</td>
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<td>Reyataz (150mg Capsule, 200mg Capsule, 300mg Capsule, 50mg Packet)</td>
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<td>Anti-influenza Agents</td>
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<td>Rimantadine HCl (Tablet)</td>
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<td>Tamiflu (30mg Capsule, 45mg Capsule, 75mg Capsule, 6mg/ml Suspension)</td>
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<td>Anxiolytics</td>
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<td>Diazepam (1mg/ml Oral Solution)</td>
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<td>Diazepam Intensol (5mg/ml Concentrate)</td>
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<td>Platelet Modifying Agents</td>
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<td>Aggrenox (Capsule Extended-Release 12 Hour)</td>
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You can find information on what the symbols and abbreviations in this table mean by going to page 7.
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<td>Benazepril HCl/ Hydrochlorothiazide (Tablet)</td>
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<td>Amphetamine/Dextroamphetamine (Capsule Extended-Release 24 Hour, Tablet Immediate-Release)</td>
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You can find information on what the symbols and abbreviations in this table mean by going to page 7.
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<td>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)</td>
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<td>Firazyr (Injection)</td>
<td>4</td>
<td>PA, QL</td>
</tr>
</tbody>
</table>

**Bold type = Brand name drug**  **Plain type = Generic drug**
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Required Actions, Restrictions or Limits</th>
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<tbody>
<tr>
<td>Sulfasalazine (500mg Tablet Delayed-Release, 500mg Tablet Immediate-Release)</td>
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<tr>
<td><strong>Metabolic Bone Disease Agents</strong></td>
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<td><strong>Metabolic Bone Disease Agents</strong></td>
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<tr>
<td>Alendronate Sodium (Tablet)</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td>Calcitriol (Capsule)</td>
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<td>B/D, PA</td>
</tr>
<tr>
<td>Ibandronate Sodium (Tablet)</td>
<td>1</td>
<td>QL</td>
</tr>
<tr>
<td><strong>Miscellaneous Therapeutic Agents</strong></td>
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<tr>
<td><strong>Miscellaneous Therapeutic Agents</strong></td>
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<tr>
<td>Alcohol Prep Pads</td>
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<tr>
<td>Insulin Syringes, Needles</td>
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<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Agents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmic Agents, Other</strong></td>
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<td></td>
</tr>
<tr>
<td>Lastacaft (Ophthalmic Solution)</td>
<td>2</td>
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<tr>
<td>Restasis (Emulsion)</td>
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<tr>
<td>Tobramycin/Dexamethasone (Ophthalmic Suspension)</td>
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<tr>
<td><strong>Ophthalmic Anti-allergy Agents</strong></td>
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<tr>
<td>Azelastine HCl (0.05% Ophthalmic Solution)</td>
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<tr>
<td>Pataday (Ophthalmic Solution)</td>
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<tr>
<td>Pazeo (Ophthalmic Solution)</td>
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<tr>
<td><strong>Ophthalmic Antiglaucoma Agents</strong></td>
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<td></td>
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<tr>
<td>Azopt (Suspension)</td>
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<tr>
<td>Brimonidine Tartrate (0.15% Ophthalmic Solution)</td>
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<tr>
<td>Brimonidine Tartrate (0.2% Ophthalmic Solution)</td>
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<tr>
<td>Combigan (Ophthalmic Solution)</td>
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<tr>
<td>Dorzolamide HCl/ Timolol Maleate (Ophthalmic Solution)</td>
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<tr>
<td>Simbrinza (Suspension)</td>
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<tr>
<td>Timolol Maleate Ophthalmic Gel Forming (Solution)</td>
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<tr>
<td><strong>Ophthalmic Anti-inflammatories</strong></td>
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<tr>
<td>Durezol (Emulsion)</td>
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<tr>
<td>Ilevro (Suspension)</td>
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<tr>
<td>Ketorolac Tromethamine (Ophthalmic Solution)</td>
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<tr>
<td>Lotemax (0.5% Gel, 0.5% Ointment, 0.5% Suspension)</td>
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<tr>
<td>Nevanac (Suspension)</td>
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<tr>
<td>Prednisolone Acetate (Ophthalmic Suspension)</td>
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</table>

You can find information on what the symbols and abbreviations in this table mean by going to page 7.
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Drug Tier</th>
<th>Required Actions, Restrictions or Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolensa (Ophthalmic Solution)</td>
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<tr>
<td>Ophthalmic Prostaglandin and Prostamide Analogues</td>
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<tr>
<td>Latanoprost (Ophthalmic Solution)</td>
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<tr>
<td>Lumigan (Ophthalmic Solution)</td>
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<tr>
<td>Travatan Z (Ophthalmic Solution)</td>
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<tr>
<td>Otic Agents</td>
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<tr>
<td>Ciprodex (Otic Suspension)</td>
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<tr>
<td>Fluocinolone Acetonide (Otic Oil)</td>
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<tr>
<td>Respiratory Tract/Pulmonary Agents</td>
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<tr>
<td>Antihistamines</td>
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<tr>
<td>Azelastine HCl (0.1% Nasal Solution)</td>
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<tr>
<td>Azelastine HCl (0.15% Nasal Solution)</td>
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<tr>
<td>Levocetirizine Dihydrochloride (Tablet)</td>
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<tr>
<td>Promethazine HCl (Tablet)</td>
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<td>PA, HRM</td>
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<tr>
<td>Anti-inflammatories, Inhaled Corticosteroids</td>
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<tr>
<td>Arnuity Ellipta (Aerosol Powder)</td>
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<td>QL</td>
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<tr>
<td>Flovent Diskus, Flovent HFA (Aerosol)</td>
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<td>Fluticasone Propionate (Suspension)</td>
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<td>Montelukast Sodium (Packet, Tablet, Tablet Chewable)</td>
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<tr>
<td>Zafirlukast (Tablet)</td>
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<td>Bronchodilators, Anticholinergic</td>
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<td>Aatrovent HFA (Aerosol Solution)</td>
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<td>Ipratropium Bromide (0.02% Inhalation Solution)</td>
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<td>Ipratropium Bromide (0.03% Nasal Solution, 0.06% Nasal Solution)</td>
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<td>Spiriva HandiHaler (Capsule)</td>
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<td>Spiriva Respimat (Aerosol Solution)</td>
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<td>Bronchodilators, Sympathomimetic</td>
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<td>EpiPen (Injection)</td>
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<td>Perforomist (Nebulized Solution)</td>
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<td>B/D, PA, QL</td>
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<td>ProAir HFA (Aerosol Solution)</td>
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<tr>
<td>ProAir RespiClick (Aerosol Powder)</td>
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<td>Serevent Diskus (Aerosol Powder)</td>
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<td>Cystic Fibrosis Agents</td>
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</table>

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</tr>
</thead>
<tbody>
<tr>
<td>Cayston (Inhalation Solution)</td>
<td>4</td>
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<td>Kalydeco (Packet)</td>
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<td>Phosphodiesterase Inhibitors, Airways Disease</td>
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<td>Daliresp (Tablet)</td>
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<td>PA, QL</td>
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<tr>
<td>Theophylline (Oral Solution), Theophylline CR (Tablet), Theophylline ER (Tablet)</td>
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<td>Pulmonary Antihypertensives</td>
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<tr>
<td>Adcirca (Tablet)</td>
<td>4</td>
<td>PA, QL</td>
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<td>Opsumit (Tablet)</td>
<td>4</td>
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<td>Orenitram (0.125mg Tablet Extended-Release)</td>
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<td>PA, QL</td>
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<td>Orenitram (0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)</td>
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<td>PA, QL</td>
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<tr>
<td>Orenitram (2.5mg Tablet Extended-Release)</td>
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<td>PA</td>
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<td>Sildenafil (20mg Tablet) (Generic Revatio)</td>
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<tr>
<td>Respiratory Tract Agents, Other</td>
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<tr>
<td>Advair Diskus, Advair HFA (Aerosol)</td>
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<td>QL</td>
</tr>
<tr>
<td>Anoro Ellipta (Aerosol Powder)</td>
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</tr>
<tr>
<td>Breo Ellipta (Aerosol Powder)</td>
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<td>QL</td>
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<tr>
<td>Stioltu Respimat (Aerosol Solution)</td>
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<td>Respiratory Tract/Pulmonary Agents</td>
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<td>Combivent Respimat (Aerosol Solution)</td>
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<td>Ipratropium Bromide/Albuterol Sulfate (Inhalation Solution)</td>
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<td>Xolair (Injection)</td>
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<tr>
<td>Skeletal Muscle Relaxants</td>
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<td>Baclofen (Tablet)</td>
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<td>Tizanidine HCl (Tablet)</td>
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<td>Sleep Disorder Agents</td>
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<td>GABA Receptor Modulators</td>
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<td>Zolpidem Tartrate (Tablet Immediate-Release)</td>
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<td>Belsomra (Tablet)</td>
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<td>Modafinii (Tablet)</td>
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<td>Rozerem (Tablet)</td>
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<td>Exjade (Tablet Soluble)</td>
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<tr>
<td>Electrolyte/Mineral Replacement</td>
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</tr>
</tbody>
</table>

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<th>Drug Name</th>
<th>Drug Tier</th>
<th>Required Actions, Restrictions or Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbaglu (Tablet)</td>
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<tr>
<td>Klor-Con 10 (Tablet Extended-Release)</td>
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<tr>
<td>Klor-Con 8 (Tablet Extended-Release)</td>
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<td>Klor-Con M20 (Tablet Extended-Release)</td>
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<tr>
<td>Potassium Chloride ER (Capsule Extended-Release, Tablet Extended-Release)</td>
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<tr>
<td>Potassium Citrate ER (Tablet Extended-Release)</td>
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<tr>
<td>Therapeutic Nutrients/Minerals/Electrolytes</td>
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<td>Dextrose 5%/NaCl (Injection)</td>
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</tr>
<tr>
<td>Levocarnitine (Tablet)</td>
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<td>B/D, PA</td>
</tr>
</tbody>
</table>

**Bold type = Brand name drug**  
**Plain type = Generic drug**
**Drugs with a quantity limit (QL)**

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

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

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

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

**Bold type = Brand name drug**  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
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<tbody>
<tr>
<td>Apriso (Capsule Extended-Release 24 Hour)</td>
<td>Maximum of 4 capsules per day</td>
</tr>
<tr>
<td>Arnuity Ellipta (Aerosol Powder)</td>
<td>Maximum of 1 inhaler (30 blisters) per 30 days</td>
</tr>
<tr>
<td>Atorvastatin Calcium (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Atripla (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
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<tr>
<td>Aubagio (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
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<tr>
<td>Azelastine HCl (0.1% Nasal Solution)</td>
<td>Maximum of 2 bottles (60 ml) per 30 days</td>
</tr>
<tr>
<td>Belsomra (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Benazepril HCl (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
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<tr>
<td>Benazepril HCl/Hydrochlorothiazide (Tablet)</td>
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</tr>
<tr>
<td>Benicar (20mg Tablet, 40mg Tablet)</td>
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</tr>
<tr>
<td>Benicar (5mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
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<tr>
<td>Benicar HCT (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Bisoprolol Fumarate/Hydrochlorothiazide (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Breo Ellipta (Aerosol Powder)</td>
<td>Maximum of 1 inhaler (60 blisters) per 30 days</td>
</tr>
<tr>
<td>Buprenorphine HCl (2mg Tablet Sublingual, 8mg Tablet Sublingual)</td>
<td>Maximum of 3 tablets per day</td>
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<tr>
<td>Butrans (Patch Weekly)</td>
<td>Maximum of 4 patches per 28 days</td>
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<tr>
<td>Bystolic (10mg Tablet, 2.5mg Tablet, 5mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Bystolic (20mg Tablet)</td>
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<td>Captopril (100mg Tablet)</td>
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<td>Captopril (12.5mg Tablet, 25mg Tablet)</td>
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<td>Captopril (50mg Tablet)</td>
<td>Maximum of 9 tablets per day</td>
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<td>Celcoxi (Capsule)</td>
<td>Maximum of 2 capsules per day</td>
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<td>Clonazepam (0.5mg Tablet Immediate-Release, 1mg Tablet Immediate-Release)</td>
<td>Maximum of 4 tablets per day</td>
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<td>Clonazepam (2mg Tablet Immediate-Release)</td>
<td>Maximum of 10 tablets per day</td>
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<td>Clonazepam ODT (0.125mg Tablet Dispersible, 0.25mg Tablet Dispersible, 0.5mg Tablet Dispersible, 1mg Tablet Dispersible)</td>
<td>Maximum of 4 tablets per day</td>
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<td>Clonazepam ODT (2mg Tablet Dispersible)</td>
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<td>Clopidogrel (75mg Tablet)</td>
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<td>Clopidogrel (300mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
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<tr>
<td>Clozadipine ODT (100mg Tablet Dispersible)</td>
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<td>Clozadipine ODT (12.5mg Tablet Dispersible)</td>
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<td>Clozadipine ODT (25mg Tablet Dispersible)</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colchicine (0.6mg Tablet) (Generic Colcrys)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Daklinza (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Daliresp (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Dexliant (Capsule Delayed-Release)</td>
<td>Maximum of 1 capsule per day</td>
</tr>
<tr>
<td>Diazepam (Tablet)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Diazepam Intensol (5mg/ml Concentrate)</td>
<td>Maximum of 8 ml per day</td>
</tr>
<tr>
<td>Digoxin (125mcg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Donepezil HCl (10mg Tablet Immediate-Release)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Donepezil HCl (23mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Donepezil HCl ODT (10mg Tablet Dispersible)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Donepezil HCl ODT (5mg Tablet Dispersible)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Dronabinol (Capsule)</td>
<td>Maximum of 4 capsules per day</td>
</tr>
<tr>
<td>Duloxetine HCl (20mg Capsule Delayed-Release, 30mg Capsule Delayed-Release, 60mg Capsule Delayed-Release)</td>
<td>Maximum of 2 capsules per day</td>
</tr>
<tr>
<td>Edarbi (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
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<tr>
<td>Edarbyclor (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
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<tr>
<td>Eliquis (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Embeda (100mg-4mg Capsule Extended-Release)</td>
<td>Maximum of 3 capsules per day</td>
</tr>
<tr>
<td>Embeda (20mg-0.8mg Capsule Extended-Release, 80mg-3.2mg Capsule Extended-Release)</td>
<td>Maximum of 4 capsules per day</td>
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<tr>
<td>Embeda (30mg-1.2mg Capsule Extended-Release, 50mg-2mg Capsule Extended-Release)</td>
<td>Maximum of 2 capsules per day</td>
</tr>
<tr>
<td>Embeda (60mg-2.4mg Capsule Extended-Release)</td>
<td>Maximum of 6 capsules per day</td>
</tr>
<tr>
<td>Enalapril Maleate (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Enalapril Maleate/Hydrochlorothiazide (10mg-25mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Enalapril Maleate/Hydrochlorothiazide (5mg-12.5mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Epzicom (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Fentanyl (Patch 72 Hour)</td>
<td>Maximum of 15 patches per 30 days</td>
</tr>
<tr>
<td>Firazyr (Injection)</td>
<td>Maximum of 9 ml per day</td>
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**Bold type = Brand name drug**  
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
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<tbody>
<tr>
<td>Flovent Diskus (Aerosol Powder)</td>
<td>Maximum of 2 inhalers (120 blisters) per 30 days</td>
</tr>
<tr>
<td>Flovent HFA (110mcg/ACT Aerosol)</td>
<td>Maximum of 1 inhaler (12 grams) per 30 days</td>
</tr>
<tr>
<td>Flovent HFA (220mcg/ACT Aerosol)</td>
<td>Maximum of 2 inhalers (24 grams) per 30 days</td>
</tr>
<tr>
<td>Flovent HFA (44mcg/ACT Aerosol)</td>
<td>Maximum of 1 inhaler (10.6 grams) per 30 days</td>
</tr>
<tr>
<td>Fuzeon (Injection)</td>
<td>Maximum of 3 vials per day</td>
</tr>
<tr>
<td>Gilenya (Capsule)</td>
<td>Maximum of 1 pack (30 capsules) per 30 days</td>
</tr>
<tr>
<td>Glimepiride (1mg Tablet)</td>
<td>Maximum of 8 tablets per day</td>
</tr>
<tr>
<td>Glimepiride (2mg Tablet)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Glimepiride (4mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Glipizide (10mg Tablet Immediate-Release)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Glipizide (5mg Tablet Immediate-Release)</td>
<td>Maximum of 8 tablets per day</td>
</tr>
<tr>
<td>Glipizide ER (10mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Glipizide ER (2.5mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 8 tablets per day</td>
</tr>
<tr>
<td>Glipizide ER (5mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Harvoni (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Hydrocodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)</td>
<td>Maximum of 12 tablets per day</td>
</tr>
<tr>
<td>Hydromorphone HCl (2mg Tablet Immediate-Release, 4mg Tablet Immediate-Release)</td>
<td>Maximum of 8 tablets per day</td>
</tr>
<tr>
<td>Hydromorphone HCl (8mg Tablet Immediate-Release)</td>
<td>Maximum of 11 tablets per day</td>
</tr>
<tr>
<td>Ibandronate Sodium (150mg Tablet)</td>
<td>Maximum of 1 tablet per 28 days</td>
</tr>
<tr>
<td>Intelence (100mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Intelence (200mg Tablet)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Invokamet (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Invokana (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Irbesartan (150mg Tablet, 300mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Irbesartan (75mg Tablet)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Irbesartan/Hydrochlorothiazide (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Isentress (Tablet)</td>
<td>Maximum of 6 tablets per day</td>
</tr>
<tr>
<td>Janumet (Tablet Immediate-Release)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Janumet XR (Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
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<tbody>
<tr>
<td>Januvia (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Jardiance (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Jentadueto (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Kalydeco (Packet)</td>
<td>Maximum of 2 packets per day</td>
</tr>
<tr>
<td>Kombiglyze XR (2.5mg-1000mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Kombiglyze XR (5mg-1000mg Tablet Extended-Release 24 Hour, 5mg-500mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Korlym (Tablet)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Latuda (120mg Tablet, 20mg Tablet, 40mg Tablet, 60mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Latuda (80mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Levocetirizine Dihydrochloride (5mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Lialda (Tablet Delayed-Release)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Linzess (Capsule)</td>
<td>Maximum of 1 capsule per day</td>
</tr>
<tr>
<td>Lisinopril (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Lisinopril/Hydrochlorothiazide (10mg-12.5mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Lisinopril/Hydrochlorothiazide (20mg-12.5mg Tablet)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Lisinopril/Hydrochlorothiazide (20mg-25mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Lorazepam (0.5mg Tablet, 1mg Tablet)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Lorazepam (2mg Tablet)</td>
<td>Maximum of 5 tablets per day</td>
</tr>
<tr>
<td>Lorazepam Intensol (2mg/ml Concentrate)</td>
<td>Maximum of 5 ml per day</td>
</tr>
<tr>
<td>Losartan Potassium (100mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Losartan Potassium (25mg Tablet, 50mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Losartan Potassium/Hydrochlorothiazide (100mg-12.5mg Tablet, 100mg-25mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Losartan Potassium/Hydrochlorothiazide (50mg-12.5mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Lovastatin (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Lovastatin (40mg Tablet Immediate-Release)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyrica (100mg Capsule, 150mg Capsule, 200mg Capsule, 25mg Capsule, 50mg Capsule, 75mg Capsule)</td>
<td>Maximum of 3 capsules per day</td>
</tr>
<tr>
<td>Lyrica (225mg Capsule, 300mg Capsule)</td>
<td>Maximum of 2 capsules per day</td>
</tr>
<tr>
<td>Memantine HCl (10mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
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<tr>
<td>Memantine HCl (5mg Tablet)</td>
<td>Maximum of 3 tablets per day</td>
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<tr>
<td>Metformin HCl (1000mg Tablet Immediate-Release)</td>
<td>Maximum of 2.5 tablets per day</td>
</tr>
<tr>
<td>Metformin HCl (500mg Tablet Immediate-Release)</td>
<td>Maximum of 5 tablets per day</td>
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<tr>
<td>Metformin HCl (850mg Tablet Immediate-Release)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Metformin HCl ER (500mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Metformin HCl ER (750mg Tablet Extended-Release 24 Hour) (Generic Glucophage XR)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Methadone HCl (10mg Tablet)</td>
<td>Maximum of 12 tablets per day</td>
</tr>
<tr>
<td>Methadone HCl (10mg/5ml Oral Solution)</td>
<td>Maximum of 60 ml per day</td>
</tr>
<tr>
<td>Methadone HCl (5mg Tablet)</td>
<td>Maximum of 8 tablets per day</td>
</tr>
<tr>
<td>Methadone HCl (5mg/5ml Oral Solution)</td>
<td>Maximum of 120 ml per day</td>
</tr>
<tr>
<td>Methylphenidate HCl (Tablet Immediate-Release) (Generic Ritalin)</td>
<td>Maximum of 3 tablets per day</td>
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<tr>
<td>Modafinil (100mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
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<tr>
<td>Modafinil (200mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Montelukast Sodium (10mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Montelukast Sodium (4mg Packet)</td>
<td>Maximum of 1 packet per day</td>
</tr>
<tr>
<td>Montelukast Sodium (4mg Tablet Chewable, 5mg Tablet Chewable)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Morphine Sulfate ER (100mg Tablet Extended-Release, 15mg Tablet Extended-Release) (Generic MS Contin)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Morphine Sulfate ER (200mg Tablet Extended-Release) (Generic MS Contin)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Morphine Sulfate ER (30mg Tablet Extended-Release, 60mg Tablet Extended-Release) (Generic MS Contin)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Multaq (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Namenda XR (Capsule Extended-Release 24 Hour)</td>
<td>Maximum of 1 capsule per day</td>
</tr>
<tr>
<td>Drug Name</td>
<td>Quantity Limit</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Nitrofurantoin Monohydrate (100mg Capsule) (Generic Macrobid)</td>
<td>Maximum of 90 days of use per year</td>
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<tr>
<td>Norvir (100mg Capsule)</td>
<td>Maximum of 18 capsules per day</td>
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<tr>
<td>Norvir (100mg Tablet)</td>
<td>Maximum of 18 tablets per day</td>
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<tr>
<td>Norvir (80mg/ml Oral Solution)</td>
<td>Maximum of 24 ml per day</td>
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<tr>
<td>Nucynta ER (Tablet Extended-Release 12 Hour)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Olanzapine (Tablet Immediate-Release)</td>
<td>Maximum of 1 tablet per day</td>
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<tr>
<td>Omega-3-Acid Ethyl Esters (Capsule) (Generic Lovaza)</td>
<td>Maximum of 4 capsules per day</td>
</tr>
<tr>
<td>Omeprazole (10mg Capsule Delayed-Release)</td>
<td>Maximum of 3 capsules per day</td>
</tr>
<tr>
<td>Omeprazole (40mg Capsule Delayed-Release)</td>
<td>Maximum of 2 capsules per day</td>
</tr>
<tr>
<td>Onglyza (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
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<tr>
<td>Orenitram (0.125mg Tablet Extended-Release, 0.25mg Tablet Extended-Release, 1mg Tablet Extended-Release)</td>
<td>Maximum of 6 tablets per day</td>
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<tr>
<td>Oxybutynin Chloride ER (10mg Tablet Extended-Release 24 Hour, 15mg Tablet Extended-Release)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Oxybutynin Chloride ER (5mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Oxycodeone HCl (10mg Tablet Immediate-Release, 20mg Tablet Immediate-Release, 5mg Tablet Immediate-Release)</td>
<td>Maximum of 12 tablets per day</td>
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<tr>
<td>Oxycodeone HCl (15mg Tablet Immediate-Release)</td>
<td>Maximum of 16 tablets per day</td>
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<tr>
<td>Oxycodeone HCl (30mg Tablet Immediate-Release)</td>
<td>Maximum of 8 tablets per day</td>
</tr>
<tr>
<td>Oxycodone/Acetaminophen (10mg-325mg Tablet, 2.5mg-325mg Tablet, 5mg-325mg Tablet, 7.5mg-325mg Tablet)</td>
<td>Maximum of 12 tablets per day</td>
</tr>
<tr>
<td>OxyContin (Tablet Extended-Release 12 Hour Abuse-Deterrent)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Pantoprazole Sodium (20mg Tablet Delayed-Release)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Pantoprazole Sodium (40mg Tablet Delayed-Release)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Perforomist (Nebulized Solution)</td>
<td>Maximum of 2 vials (4 ml) per day</td>
</tr>
<tr>
<td>Pioglitazone HCl (15mg Tablet)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Drug Name</th>
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</thead>
<tbody>
<tr>
<td>Pioglitazone HCl (30mg Tablet, 45mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Pomalyst (Capsule)</td>
<td>Maximum of 1 capsule per day</td>
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<tr>
<td>Pradaxa (Capsule)</td>
<td>Maximum of 2 capsules per day</td>
</tr>
<tr>
<td>Pravastatin Sodium (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Prezista (100mg/ml Suspension)</td>
<td>Maximum of 60 ml per day</td>
</tr>
<tr>
<td>Prezista (150mg Tablet)</td>
<td>Maximum of 6 tablets per day</td>
</tr>
<tr>
<td>Prezista (600mg Tablet, 800mg Tablet)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Pristiq (100mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Pristiq (25mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 4 tablets per day</td>
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<tr>
<td>Quetiapine Fumarate (100mg Tablet Immediate-Release, 200mg Tablet Immediate-Release, 50mg Tablet Immediate-Release)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Quetiapine Fumarate (25mg Tablet Immediate-Release)</td>
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<tr>
<td>Quetiapine Fumarate (300mg Tablet Immediate-Release)</td>
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<tr>
<td>Quinapril HCl (Tablet)</td>
<td>Maximum of 2 tablets per day</td>
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<tr>
<td>Quinapril/Hydrochlorothiazide (10mg-12.5mg Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Quinapril/Hydrochlorothiazide (20mg-12.5mg Tablet, 20mg-25mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Raloxifene HCl (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Ramipril (Capsule)</td>
<td>Maximum of 2 capsules per day</td>
</tr>
<tr>
<td>Ranexa (Tablet Extended-Release 12 Hour)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Rapaflo (Capsule)</td>
<td>Maximum of 1 capsule per day</td>
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<tr>
<td>Restasis (Emulsion)</td>
<td>Maximum of 2 vials per day</td>
</tr>
<tr>
<td>Revlimid (Capsule)</td>
<td>Maximum of 1 capsule per day</td>
</tr>
<tr>
<td>Reyataz (150mg Capsule, 300mg Capsule)</td>
<td>Maximum of 2 capsules per day</td>
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<tr>
<td>Reyataz (200mg Capsule)</td>
<td>Maximum of 3 capsules per day</td>
</tr>
<tr>
<td>Reyataz (50mg Packet)</td>
<td>Maximum of 8 packets per day</td>
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<tr>
<td>Rivastigmine Tartrate (Capsule Immediate-Release)</td>
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<tr>
<td>Rizatriptan Benzoate (Tablet Immediate-Release)</td>
<td>Maximum of 12 tablets per 30 days</td>
</tr>
<tr>
<td>Rizatriptan Benzoate ODT (Tablet Dispersible)</td>
<td>Maximum of 12 tablets per 30 days</td>
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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>Rosuvastatin Calcium (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
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<tr>
<td>Rozerem (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Saphris (Tablet Sublingual)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Selzentry (150mg Tablet)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Selzentry (300mg Tablet)</td>
<td>Maximum of 6 tablets per day</td>
</tr>
<tr>
<td>Sensipar (30mg Tablet, 60mg Tablet)</td>
<td>Maximum of 2 tablets per day</td>
</tr>
<tr>
<td>Sensipar (90mg Tablet)</td>
<td>Maximum of 4 tablets per day</td>
</tr>
<tr>
<td>Serevent Diskus (Aerosol Powder)</td>
<td>Maximum of 1 inhaler (60 inhalations) per 30 days</td>
</tr>
<tr>
<td>Seroquel XR (150mg Tablet Extended-Release 24 Hour, 200mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 1 tablet per day</td>
</tr>
<tr>
<td>Seroquel XR (300mg Tablet Extended-Release 24 Hour, 400mg Tablet Extended-Release 24 Hour, 50mg Tablet Extended-Release 24 Hour)</td>
<td>Maximum of 2 tablets per day</td>
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<tr>
<td>Sildenafil (20mg Tablet) (Generic Revatio)</td>
<td>Maximum of 3 tablets per day</td>
</tr>
<tr>
<td>Simvastatin (Tablet)</td>
<td>Maximum of 1 tablet per day</td>
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This Abridged Formulary (drug list) is not a complete list of drugs covered by our plan. For a complete list of covered drugs or if you have other questions, please call UnitedHealthcare Group Medicare Advantage (PPO) Customer Service at:

Toll-Free 1-877-298-2341, TTY 711
8 a.m. - 8 p.m. local time, Monday - Friday

www.UHCRetiree.com/peehip

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, and/or co-payments/co-insurance may change from time to time during each plan year. You will receive notice when necessary.

This information is available for free in other languages. Please call our Customer Service number listed above.

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.

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