

2021 Formulary

MyPriority® Individual plans

List of covered drugs

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

Important: Priority Health requires the use of an A-rated generic drug when one is available. Even if a drug is on the approved drug list, it may not be included in your employer's prescription drug program. Check your Priority Health coverage documents and riders to find out if any approved drugs are not included. This list changes frequently. For the most current information, please refer to the "Approved Drug List" at [priorityhealth.com](https://www.priorityhealth.com).

T1a - \$

T1b - \$

T2 - \$\$

T3 - \$\$\$

T4 - \$\$\$\$

T5 - \$\$\$\$\$

T6 - Vaccine Coverage

T9 - \$\$\$\$\$\$\$\$\$

Coverage Levels

BE: Benefit Exclusion

AL: Age Limits

MB: Medical Benefit

PA: Prior Authorization

PV : Preventative Drugs

QL: Quantity Limits

SP: Limited to a 1 month supply per fill

ST: Step Therapy

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

CURRENT AS OF 11/1/2021

Medication	Coverage Level	Restrictions
Antihistamine Drugs		
Antihistamine Drugs		
<i>promethazine hcl oral tablet 25 mg</i>	T1b	
Ethanolamine Derivatives		
<i>carbinoxamine maleate oral solution</i>	T1b	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1b	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
FIRST-MOUTHWASH BLM	T2	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine hcl oral</i>	T1b	
First Generation Antihistamines		
ANTIVERT ORAL TABLET 50 MG	T9	
<i>carbinoxamine maleate oral solution</i>	T1b	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1b	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>chlorpheniramine maleate er</i>	T9	
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1b	
<i>cyproheptadine hcl oral</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>hydroxyzine hcl oral syrup</i>	T1b	
<i>hydroxyzine hcl oral tablet</i>	T1b	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1b	

Medication	Coverage Level	Restrictions
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T9	
<i>promethazine hcl oral syrup</i>	T1b	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1b	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
RYVENT	T9	
VISTARIL	T3	
Other Antihistamines		
ALAWAY	T1b	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T9	
<i>cimetidine oral</i>	T9	
<i>famotidine oral tablet</i>	T9	
<i>hydroxyzine hcl oral syrup</i>	T1b	
<i>hydroxyzine hcl oral tablet</i>	T1b	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1b	
<i>ketotifen fumarate ophthalmic</i>	T1b	
LASTACFT	T9	
<i>nizatidine</i>	T9	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1b	QL (5 ml per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1b	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANASE	T3	
PATANOL	T3	
PAZEO	T9	
PEPCID ORAL TABLET	T9	
<i>ranitidine hcl oral capsule</i>	T9	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T9	
<i>ranitidine hcl oral tablet</i>	T9	
VISTARIL	T3	
ZADITOR	T1b	
ZANTAC 150 MAXIMUM STRENGTH	T9	
Phenothiazine Derivatives		
<i>promethazine hcl oral syrup</i>	T1b	

Medication	Coverage Level	Restrictions
<i>promethazine hcl oral tablet</i>	T1b	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1b	
<i>promethazine-codeine oral syrup</i>	T1b	
<i>promethazine-dm oral syrup</i>	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
<i>Propylamine Derivatives</i>		
BROMFED DM	T9	
<i>chlorpheniramine maleate er</i>	T9	
HISTEX-AC	T9	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1b	
<i>maxi-tuss cd</i>	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1b	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
<i>Second Generation Antihistamines</i>		
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
ALOMIDE	T2	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
<i>childrens loratadine oral syrup</i>	T9	
CLARINEX ORAL TABLET	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>desloratadine oral tablet</i>	T9	

Medication	Coverage Level	Restrictions
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	
QUZYTIR	T9	
SEMPREX-D	T9	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
<i>cefadroxil</i>	T1b	
<i>cephalexin oral capsule</i>	T1a	
<i>cephalexin oral suspension reconstituted</i>	T1b	
<i>cephalexin oral tablet</i>	T2	
KEFLEX	T3	
2Nd Generation Cephalosporin Antibiotics		
<i>cefaclor er</i>	T1b	
<i>cefaclor oral capsule 250 mg</i>	T1b	
<i>cefprozil</i>	T1b	
<i>cefuroxime axetil oral tablet</i>	T1b	
3Rd Generation Cephalosporin Antibiotics		
<i>cefdinir</i>	T1b	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1b	
<i>cefixime oral suspension reconstituted</i>	T1b	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	T1b	
<i>cefpodoxime proxetil oral tablet</i>	T1b	SP (Quantity Limit: 14 day course of therapy)
SPECTRACEF ORAL TABLET 400 MG	T3	
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T3	
Adamantane Antivirals		
<i>amantadine hcl oral</i>	T1b	
GOCOVRI	T9	
OSMOLEX ER	T9	
<i>rimantadine hcl</i>	T1b	

Medication	Coverage Level	Restrictions
Allylamine Antifungals		
LAMISIL ORAL TABLET	T3	
<i>terbinafine hcl oral</i>	T1b	
Amebicides		
FLAGYL ORAL CAPSULE	T3	
FLAGYL ORAL TABLET 500 MG	T3	
METROGEL-VAGINAL	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1b	
<i>metronidazole vaginal</i>	T1b	
NUVESSA	T9	
<i>paromomycin sulfate oral</i>	T1b	
VANDAZOLE	T1b	
Aminoglycoside Antibiotics		
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
BETHKIS	T5	PA; SP (Max of 31 days per dispensing.)
KITABIS PAK	T4	PA; SP (Max of 31 days per dispensing.); QL (1 Kit per 56 days)
<i>paromomycin sulfate oral</i>	T1b	
TOBI	T5	PA; SP (Max of 31 days per dispensing.); QL (56 ampules per 28 days)
TOBI PODHALER	T5	PA; SP (Max of 31 days per dispensing.); QL (224 capsules per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	T4	PA; SP (Max of 31 day supply per dispensing.)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; SP (Max of 31 days per dispensing.); QL (56 ampules per 28 days)
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1b	
ZEMDRI	T9	
Aminomethylcyclines		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
SEYSARA	T9	
Aminopenicillin Antibiotics		
<i>amoxicill-clarithro-lansopraz</i>	T3	

Medication	Coverage Level	Restrictions
<i>amoxicillin oral capsule</i>	T1b	
<i>amoxicillin oral suspension reconstituted</i>	T1b	
<i>amoxicillin oral tablet</i>	T1b	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1b	
<i>amoxicillin-pot clavulanate er</i>	T1b	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1b	
<i>ampicillin oral capsule 500 mg</i>	T1a	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG	T3	
<i>Anthelmintics</i>		
<i>albendazole oral</i>	T4	QL (6 tablets per 30 days)
ALBENZA	T9	
BILTRICIDE	T5	SP (Max of 31 days per dispensing.)
EMVERM	T9	
<i>ivermectin oral</i>	T1b	QL (10 tablets per 1 claim)
STROMEKTOL	T3	QL (5 tablets per 1 day)
<i>Antifungals, Miscellaneous</i>		
BREXAFEMME	T9	
<i>griseofulvin microsize oral</i>	T1b	
<i>griseofulvin ultramicrosize</i>	T2	
<i>Anti-Infectives (Systemic), Misc.</i>		
PYLERA	T9	
<i>Antimalarials</i>		
ACTICLATE	T9	
ARAKODA	T3	
<i>atovaquone-proguanil hcl</i>	T1b	
<i>chloroquine phosphate oral</i>	T1b	
COARTEM	T2	
DARAPRIM	T9	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
<i>doxycycline hyclate oral capsule</i>	T1b	

Medication	Coverage Level	Restrictions
<i>doxycycline hyclate oral tablet 100 mg</i>	T1b	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1b	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1b	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1b	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1b	
KRINTAFEL	T1b	QL (2 tablets per 365 Days)
MALARONE	T3	
<i>mefloquine hcl</i>	T1b	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<i>minocycline hcl oral capsule</i>	T1b	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1b	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	T9	
PLAQUENIL	T3	
<i>primaquine phosphate oral</i>	T1b	
<i>pyrimethamine oral</i>	T4	SP (Max of 31 days per dispensing.)
QUALAQUIN	T3	PA
<i>quinidine gluconate er</i>	T4	
<i>quinidine sulfate oral</i>	T1a	
<i>quinine sulfate oral</i>	T1b	PA
TARGADOX	T9	
<i>tetracycline hcl oral</i>	T1a	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
<i>Antimycobacterials, Miscellaneous</i>		
<i>dapsone oral</i>	T1b	

Medication	Coverage Level	Restrictions
Antiprotozoals, Miscellaneous		
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>atovaquone oral</i>	T4	SP (Max of 31 days per dispensing.)
BACTRIM	T3	
BACTRIM DS	T3	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL
<i>benznidazole oral tablet 12.5 mg</i>	T9	
<i>dapsone oral</i>	T1b	
FLAGYL ORAL CAPSULE	T3	
FLAGYL ORAL TABLET 500 MG	T3	
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
LAMPIT	T3	QL (90 tablets per 30 days); AL
MEPRON	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1b	
NEBUPENT	T3	
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>pentamidine isethionate inhalation</i>	T1b	
PYLERA	T9	
SOLOSEC	T9	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1b	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1a	
<i>tinidazole oral</i>	T1b	
Antituberculosis Agents		
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral</i>	T1a	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	T1b	
<i>clarithromycin er</i>	T1b	
<i>clarithromycin oral</i>	T1b	
<i>cycloserine oral</i>	T1b	
<i>ethambutol hcl oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>isoniazid oral</i>	T1a	
LEVAQUIN ORAL TABLET	T3	
<i>levofloxacin oral</i>	T1b	
<i>moxifloxacin hcl oral</i>	T1b	
MYCOBUTIN	T2	
<i>pretomanid</i>	T4	SP (Max of 31 days supply per dispensing); QL (30 tablets per 30 days)
PRIFTIN	T2	
<i>pyrazinamide oral</i>	T1b	
<i>rifabutin</i>	T4	
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1b	
SIRTURO ORAL TABLET 100 MG	T4	SP (Max of 31 days per dispensing.)
SIRTURO ORAL TABLET 20 MG	T4	SP (Max of 31 day supply per dispensing)
Antivirals, Miscellaneous		
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	T2	QL (1 tablet per 1 fill); AL
XOFLUZA (80 MG DOSE)	T2	QL (1 tablet per 1 fill); AL
Azole Antifungals		
CRESEMBA ORAL	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 Day(s)s)
DIFLUCAN	T3	
<i>fluconazole oral</i>	T1b	
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<i>ketoconazole oral</i>	T1b	
NOXAFIL ORAL SUSPENSION	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>posaconazole</i>	T4	PA; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	

Medication	Coverage Level	Restrictions
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
<i>tolsura</i>	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Max of 31 days per dispensing.); QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
VFEND ORAL TABLET 50 MG	T5	SP (Max of 31 days per dispensing.); QL (480 tablets per 30 days)
<i>voriconazole oral suspension reconstituted</i>	T4	SP (Max of 31 days per dispensing.); QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (480 tablets per 30 days)
<i>Erythromycin Antibiotics</i>		
E.E.S. 400 ORAL TABLET	T4	
E.E.S. GRANULES	T4	
ERYPED 200	T4	
ERYPED 400	T4	
ERY-TAB	T2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T2	
<i>erythromycin base oral capsule delayed release particles</i>	T1b	
<i>erythromycin base oral tablet</i>	T2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T2	
<i>erythromycin ethylsuccinate oral tablet</i>	T1b	
<i>Fluorocyclines</i>		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
<i>Glycopeptide Antibiotics</i>		
FIRVANQ	T2	
VANCOCIN HCL ORAL CAPSULE 125 MG	T9	

Medication	Coverage Level	Restrictions
<i>vancomycin hcl intravenous solution reconstituted 500 mg</i>	T1b	
<i>vancomycin hcl oral</i>	T9	
<i>Hcv Polymerase Inhibitor Antivirals</i>		
EPCLUSA ORAL PACKET	T9	
EPCLUSA ORAL TABLET 200-50 MG	T9	
EPCLUSA ORAL TABLET 400-100 MG	T9	SP ()
HARVONI	T9	
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 tablet per 1 day)
<i>Hcv Protease Inhibitor Antivirals</i>		
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 tablet per 1 day)
ZEPATIER	T4	PA; SP (Limited to a 1 month supply per fill)
<i>Hcv Replication Complex Inhibitors</i>		
EPCLUSA ORAL PACKET	T9	
EPCLUSA ORAL TABLET 200-50 MG	T9	

Medication	Coverage Level	Restrictions
EPCLUSA ORAL TABLET 400-100 MG	T9	SP ()
HARVONI	T9	
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 tablet per 1 day)
ZEPATIER	T4	PA; SP (Limited to a 1 month supply per fill)
<i>Hiv Entry And Fusion Inhibitors</i>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	SP (Max of 31 days per dispensing.)
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SELZENTRY	T4	SP (Max of 31 days per dispensing.)
<i>Hiv Integrase Inhibitor Antiretrovirals</i>		
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
DOVATO	T4	SP (Max of 31 days per dispensing.); QL (30 tablet per 30 days)
GENVOYA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
ISENTRESS	T4	SP (Max of 31 days per dispensing.)
ISENTRESS HD	T4	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
JULUCA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
STRIBILD	T4	SP (Max of 31 days per dispensing.)
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Max of 31 days per dispensing.)
TIVICAY ORAL TABLET 50 MG	T4	SP (Max of 31 days per dispensing.); QL (62 tablets per 31 days)
TIVICAY PD	T4	SP (Max of 31 days per dispensing.)
TRIUMEQ	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>vocabria</i>	T9	
<i>Hiv Nonnucleoside Rev. Transcrip. Inhib.</i>		
ATRIPLA	T4	SP (Max of 31 days per dispensing.)
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
COMPLERA	T4	SP (Max of 31 days per dispensing.)
DELSTRIGO	T4	SP (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)
EDURANT	T2	
<i>efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
INTELENCE ORAL TABLET 25 MG	T4	SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
JULUCA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	T1b	ST
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1b	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1b	QL (60 tablets per 30 days)
ODEFSEY	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
PIFELTRO	T4	SP (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)
SUSTIVA	T3	
SYMFI	T5	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
VIRAMUNE ORAL SUSPENSION	T3	QL (1200 ML per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	T3	QL (30 tablets per 30 days)
<i>Hiv Nucleoside, Nucleotide Rt Inhibitors</i>		
<i>abacavir sulfate oral solution</i>	T1b	
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir-lamivudine-zidovudine</i>	T4	SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
ATRIPLA	T4	SP (Max of 31 days per dispensing.)
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
CIMDUO	T9	
COMBIVIR	T5	SP (Max of 31 days per dispensing.)
COMPLERA	T4	SP (Max of 31 days per dispensing.)
DELSTRIGO	T4	SP (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
DESCOVY	T9	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1b	
DOVATO	T4	SP (Max of 31 days per dispensing.); QL (30 tablet per 30 days)
<i>efavirenz-emtricitab-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df</i>	T4	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	
EPIVIR	T3	
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
EPZICOM	T4	SP (Max of 31 days per dispensing.)
GENVOYA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>lamivudine oral solution</i>	T1b	
<i>lamivudine oral tablet</i>	T2	
<i>lamivudine-zidovudine</i>	T2	
ODEFSEY	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
<i>stavudine oral capsule</i>	T1b	
STRIBILD	T4	SP (Max of 31 days per dispensing.)
SYMFI	T5	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
TEMIXYS	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>tenofovir disoproxil fumarate</i>	T1b	
TRIUMEQ	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
TRIZIVIR	T5	SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
TRUVADA	T4	SP (Limited to a 1 month supply per fill)
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 300 MG	T5	SP (Limited to a 1 month supply per fill)
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1b	
<i>zidovudine oral tablet</i>	T2	
<i>Hiv Protease Inhibitor Antiretrovirals</i>		
APTIVUS	T4	ST; SP (Max of 31 days per dispensing.)
<i>atazanavir sulfate</i>	T4	SP (Max of 31 days per dispensing.)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
EVOTAZ	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>fosamprenavir calcium</i>	T4	SP (Max of 31 days per dispensing.)
INVIRASE ORAL TABLET	T4	SP (Max of 31 days per dispensing.)
KALETRA ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
KALETRA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL SUSPENSION	T4	SP (Max of 31 days per dispensing.)
LEXIVA ORAL TABLET	T5	SP (Max of 31 days per dispensing.)
<i>lopinavir-ritonavir oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL SOLUTION	T3	
NORVIR ORAL TABLET	T9	
PREZCOBIX	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
PREZISTA ORAL SUSPENSION	T4	SP (Max of 31 days per dispensing.)
PREZISTA ORAL TABLET 150 MG	T4	
PREZISTA ORAL TABLET 600 MG, 75 MG, 800 MG	T4	SP (Max of 31 days per dispensing.)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T5	SP (Max of 31 days per dispensing.)
REYATAZ ORAL PACKET	T4	SP (Max of 31 days per dispensing.)
<i>ritonavir</i>	T1b	
SYMTUZA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
VIRACEPT ORAL TABLET	T4	SP (Max of 31 days per dispensing.)
<i>Interferon Antivirals</i>		
INTRON A INJECTION SOLUTION	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	T4	SP (Max of 31 days per dispensing.); QL (48 Treatments per 1 Lifetime)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	T4	SP (Max of 31 days per dispensing.); QL (48 Treatments per 1 Lifetime)

Medication	Coverage Level	Restrictions
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Max of 31 days per dispensing.); QL (48 Treatments per 1 Lifetime)
<i>Lincomycin Antibiotics</i>		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
<i>clindamycin hcl oral</i>	T1a	
<i>clindamycin palmitate hcl</i>	T1b	
<i>Monobactam Antibiotics</i>		
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
<i>Natural Penicillin Antibiotics</i>		
<i>penicillin v potassium</i>	T1b	
<i>Neuraminidase Inhibitor Antivirals</i>		
<i>oseltamivir phosphate oral capsule</i>	T1b	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1b	QL (120 ML per 1 fill)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
<i>Nucleoside And Nucleotide Antivirals</i>		
<i>acyclovir oral</i>	T1b	
<i>adefovir dipivoxil</i>	T4	SP (Max of 31 days per dispensing.)
BARACLUDE ORAL SOLUTION	T3	
BARACLUDE ORAL TABLET	T5	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>entecavir</i>	T4	SP (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
<i>famciclovir oral</i>	T1b	QL (120 tablets per 30 days)
HEPSERA	T5	SP (Max of 31 days per dispensing.)
<i>ribavirin oral capsule</i>	T4	SP (Max of 31 days per dispensing.)
<i>ribavirin oral tablet 200 mg</i>	T4	SP (Max of 31 days per dispensing.)
SITAVIG	T9	

Medication	Coverage Level	Restrictions
<i>valacyclovir hcl oral</i>	T1b	
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
VALCYTE ORAL TABLET	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
<i>valganciclovir hcl oral tablet</i>	T4	SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
VALTREX ORAL TABLET 1 GM	T2	
VALTREX ORAL TABLET 500 MG	T3	
VEMLIDY	T4	SP (Max of 31 days per dispensing.)
ZOVIRAX ORAL	T3	
Other Macrolide Antibiotics		
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>azithromycin oral suspension reconstituted</i>	T1b	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1b	
<i>clarithromycin er</i>	T1b	
<i>clarithromycin oral</i>	T1b	
DIFICID ORAL TABLET	T5	ST; SP (Max of 31 days per dispensing.); QL (20 tablets per 30 days)
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
Oxazolidinone Antibiotics		
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL
<i>linezolid oral tablet</i>	T2	QL (28 tablets per 14 days)
SIVEXTRO	T9	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	T1b	

Medication	Coverage Level	Restrictions
Polyene Antifungals		
<i>nystatin mouth/throat</i>	T1b	
<i>nystatin oral tablet</i>	T1b	
Polymyxin Antibiotics		
<i>colistimethate sodium (cba)</i>	T9	
Quinolone Antibiotics		
BAXDELA	T9	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral</i>	T1a	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	T1b	
LEVAQUIN ORAL TABLET	T3	
<i>levofloxacin oral</i>	T1b	
<i>moxifloxacin hcl oral</i>	T1b	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1b	
Rifamycin Antibiotics		
AEMCOLO	T2	QL (12 tablets per 30 Days); AL
MYCOBUTIN	T2	
PRIFTIN	T2	
<i>rifabutin</i>	T4	
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1b	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Max of 31 day supply per dispensing); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 day or 30 day supply per fill depending on diagnosis)
Sulfonamide Antibiotics (Systemic)		
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
BACTRIM	T3	
BACTRIM DS	T3	
<i>sulfadiazine oral</i>	T2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1b	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1a	
<i>sulfasalazine oral</i>	T1b	
Tetracycline Antibiotics		
ACTICLATE	T9	

Medication	Coverage Level	Restrictions
<i>demeclocycline hcl oral</i>	T3	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
<i>doxycycline</i>	T9	
<i>doxycycline hyclate oral capsule</i>	T1b	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1b	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1b	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1b	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1b	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<i>minocycline hcl oral capsule</i>	T1b	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1b	
MINOLIRA	T9	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	T9	
MORGIDOX COMBINATION	T9	
ORACEA	T9	
PYLERA	T9	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
TARGADOX	T9	
<i>tetracycline hcl oral</i>	T1a	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	

Medication	Coverage Level	Restrictions
Urinary Anti-Infectives		
BACTRIM	T3	
BACTRIM DS	T3	
<i>fosfomycin tromethamine</i>	T1b	QL (1 packet per 30 days)
FURADANTIN	T2	
HYOPHEN	T9	
MACROBID	T3	
MACRODANTIN	T9	
<i>methenamine hippurate</i>	T1b	
MONUROL	T3	QL (1 packet per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1b	
<i>nitrofurantoin monohyd macro</i>	T1b	
PRIMSOL	T9	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1b	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1a	
<i>trimethoprim oral</i>	T1b	
URIBEL	T9	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR ORAL TABLET 10 MG, 5 MG, 7.5 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR ORAL TABLET 2.5 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALECENSA	T5	PA; SP (Max of 14 day supply per fill)
ALKERAN ORAL	T3	
ALUNBRIG ORAL TABLET 180 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)

Medication	Coverage Level	Restrictions
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
ALUNBRIG ORAL TABLET 90 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>anastrozole oral</i>	T1b	
ARIMIDEX	T3	
AROMASIN	T3	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AYVAKIT ORAL TABLET 25 MG, 50 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 Days)
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>bexarotene</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>bicalutamide</i>	T1b	
BOSULIF ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; SP (Max of 14 day supply per fill)
BRAFTOVI	T5	PA; SP (Max of 15 day supply per fill)
BRUKINSA	T5	PA; SP (Max of 14 days supply per dispensing); QL (56 tablets per 14 Days)
CABOMETYX	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
CALQUENCE	T5	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
<i>capecitabine</i>	T4	SP (Limited to a 1 month supply per fill)
CAPRELSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
CASODEX	T3	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill)
COPIKTRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
<i>cyclophosphamide oral</i>	T3	
DAURISMO	T5	PA; SP (Max of 14 day supply per fill)
DROXIA	T3	
EMCYT	T2	
ERIVEDGE	T4	PA; SP (Limited to a 1 month supply per fill)
ERLEADA	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>erlotinib hcl</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 10 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 Days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 Days)
<i>exemestane</i>	T2	
FARESTON	T9	
FARYDAK ORAL CAPSULE 10 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 Capsules per 1 fill)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 Capsules per 1 Fill)
FEMARA	T3	
<i>flutamide</i>	T1b	
FOTIVDA	T5	PA; SP (Limited to a 1 month supply per fill.); QL (28 capsules per 28 days)
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)

Medication	Coverage Level	Restrictions
GILOTRIF	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T3	
HERZUMA	T9	
HYCANTIN ORAL	T4	SP (Limited to a 1 month supply per fill)
HYDREA	T3	
<i>hydroxyurea oral</i>	T1b	
IBRANCE ORAL CAPSULE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
IBRANCE ORAL CAPSULE 125 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
IBRANCE ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
ICLUSIG	T5	PA; SP (Max of 14 day supply per fill)
IDHIFA ORAL TABLET 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IDHIFA ORAL TABLET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Max of 14 day supply per fill)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
INLYTA ORAL TABLET 1 MG	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
INLYTA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill)
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days)
INREBIC	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
INTRON A INJECTION SOLUTION	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
IRESSA	T4	PA; SP (Max of 14 day supply per fill)
JAKAFI ORAL TABLET 10 MG, 25 MG	T4	PA; SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 15 MG	T4	PA; SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 20 MG, 5 MG	T4	PA; SP (Limited to a 1 month supply per fill)
KISQALI (200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KOSELUGO	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>lapatinib ditosylate</i>	T4	PA; SP (Max of 14 day supply per fill. Limited Distribution Medication.)
LENVIMA (10 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (12 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (18 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (20 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (4 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
<i>letrozole oral</i>	T1b	
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill)
LONSURF ORAL TABLET 15-6.14 MG	T5	PA; SP (Limited to a 1 month supply per fill)
LONSURF ORAL TABLET 20-8.19 MG	T5	PA; SP (Limited to a 1 month supply per fill)
LORBRENA ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
LORBRENA ORAL TABLET 25 MG	T5	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
LUMAKRAS	T4	PA; SP (Max of 14 day supply per fill); QL (112 tablets per 14 days)
LYNPARZA ORAL TABLET	T4	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
LYSODREN	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
MATULANE	T4	PA; SP (Limited to a 14 day supply per fill)
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1b	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1b	
MEKINIST ORAL TABLET 0.5 MG	T5	PA; SP (Limited to a 1 month supply per fill)
MEKINIST ORAL TABLET 2 MG	T5	PA; SP (Limited to a 1 month supply per fill)
MEKTOVI	T5	PA; SP (Max of 15 day supply per fill)
<i>melphalan</i>	T2	
<i>mercaptopurine oral</i>	T1b	
<i>methotrexate oral</i>	T1b	
<i>methotrexate sodium injection solution reconstituted</i>	T1b	
MYLERAN	T2	
NERLYNX	T4	PA; SP (Limited to a 1 month supply per fill)
NEXAVAR	T4	PA; SP (Max of 14 day supply per fill)
<i>nilutamide</i>	T1a	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
NINLARO ORAL CAPSULE 4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
NUBEQA	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ODOMZO	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
OGIVRI	T9	
ONTRUZANT	T9	
ONUREG	T5	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)

Medication	Coverage Level	Restrictions
ORGOVYX	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PEMAZYRE	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 21 days)
PIQRAY (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 1 MG, 3 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 2 MG	T5	PA; SP (Limited to a 1 month supply per fill)
PURIXAN	T5	SP (Max of 31 days per dispensing.)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
RETEVMO	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 20 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL
ROZLYTREK ORAL CAPSULE 200 MG	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL
RUBRACA ORAL TABLET 200 MG, 300 MG	T4	PA; SP (Max of 14 day supply per fill)
RUBRACA ORAL TABLET 250 MG	T4	PA; SP (Max of 14 day supply per fill)
RYDAPT	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days)

Medication	Coverage Level	Restrictions
SOLTAMOX	T9	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG	T4	PA; SP (Max of 14 day supply per fill)
SPRYCEL ORAL TABLET 50 MG, 70 MG, 80 MG	T4	PA; SP (Max of 14 day supply per fill)
STIVARGA	T5	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
<i>sunitinib malate</i>	T4	PA; SP (Limited to a 1 month supply per fill)
SUTENT ORAL CAPSULE 12.5 MG, 37.5 MG	T5	PA; SP (Max of 14 day supply per fill)
SUTENT ORAL CAPSULE 25 MG, 50 MG	T5	PA; SP (Max of 14 day supply per fill)
TABLOID	T5	SP (Limited to a 1 month supply per fill)
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	T5	PA; SP (Max of 14 day supply per fill)
TAFINLAR ORAL CAPSULE 75 MG	T5	PA; SP (Max of 14 day supply per fill)
TAGRISSE ORAL TABLET 40 MG	T4	PA; SP (Max of 15 day day supply per fill); QL (15 tablets per 15 days)
TAGRISSE ORAL TABLET 80 MG	T4	PA; SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
TALZENNA	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
<i>tamoxifen citrate oral</i>	T1b	
TARCEVA	T5	PA; SP (Max of 14 day supply per fill)
TARGRETIN ORAL	T5	PA; SP (Max of 14 day supply per fill)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
TASIGNA ORAL CAPSULE 50 MG	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
TAZVERIK	T4	PA; SP (Limited to a 14 day supply per fill); QL (112 tablets per 14 days)

Medication	Coverage Level	Restrictions
TEMODAR ORAL CAPSULE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill)
TEMODAR ORAL CAPSULE 140 MG, 250 MG, 5 MG	T5	PA; SP (Limited to a 1 month supply per fill)
TEMODAR ORAL CAPSULE 180 MG	T5	PA; SP (Limited to a 1 month supply per fill)
TEMODAR ORAL CAPSULE 20 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>temozolomide oral capsule 100 mg, 20 mg, 250 mg, 5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>temozolomide oral capsule 140 mg, 180 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TEPMETKO	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
TIBSOVO	T4	PA; SP (Max of 14 day supply per fill)
<i>toremifene citrate</i>	T4	ST; QL (30 tablets per 30 days)
<i>tretinoin oral</i>	T4	PA; SP (Limited to a 14 day supply per fill)
TREXALL	T3	ST
TRUSELTIQ (100MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TUKYSA	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TURALIO	T5	PA; SP (Limited to a 14 day supply per fill); QL (120 capsules per 30 days); AL
TYKERB	T5	PA; SP (Max of 14 day supply per fill. Limited Distribution Medication.)
UKONIQ	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)

Medication	Coverage Level	Restrictions
VENCLEXTA	T5	PA; SP (Max of 14 day supply per fill)
VENCLEXTA STARTING PACK	T5	PA; SP (Max of 14 day supply per fill)
VERZENIO	T4	PA; SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL CAPSULE 25 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Max of 14 day supply per fill); QL (48 ML per 14 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 45 MG	T5	PA; SP (Max of 14 day supply per fill)
VOTRIENT	T4	PA; SP (Max of 14 day supply per fill)
XALKORI	T4	PA; SP (Max of 14 day supply per fill)
XATMEP	T3	AL
XELODA	T5	SP (Max of 31 days per dispensing.)
XOSPATA	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)

Medication	Coverage Level	Restrictions
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
XTANDI ORAL CAPSULE	T4	PA; SP (Max of 14 day supply per fill)
XTANDI ORAL TABLET 40 MG	T4	PA; SP (Limited to a 14 day supply per fill); QL (120 tablets per 30 Days)
XTANDI ORAL TABLET 80 MG	T4	PA; SP (Limited to a 14 day supply per fill); QL (60 tablets per 30 Days)
YONSA	T9	
ZEJULA	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days)
ZELBORAF	T4	PA; SP (Max of 14 day supply per fill)
ZIRABEV	T9	
ZOLINZA	T4	PA; SP (Max of 14 day supply per fill)
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ZYKADIA ORAL TABLET	T5	PA; SP (Max of 14 day supply per fill)
ZYTIGA	T9	
Antitoxins,Immune Glob,Toxoids,Vaccines		
Allergenic Extracts (Therapeutic)		
GRASTEK	T3	AL
ODACTRA	T3	AL
ORALAIR	T3	AL
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
RAGWITEK	T3	AL
Antitoxins And Immune Globulins		
ZINPLAVA	T9	
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 dose per 1 Lifetime)
KINRIX INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	
PENTACEL	T6 - \$0 Copay	
QUADRACEL	T6 - \$0 Copay	
TDVAX	T6 - \$0 Copay	QL (1 injection per 10 years)
TENIVAC	T6 - \$0 Copay	QL (1 dose per 10 years)
<i>tetanus-diphtheria toxoids td</i>	T5	QL (1 dose per 10 yearss)
VAXELIS	T6 - \$0 Copay	
Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
AFLURIA QUADRIVALENT	T6 - \$0 Copay	QL (1 injection per 180 days)
<i>bcg vaccine</i>	T6 - \$0 Copay	
BEXSERO	T6 - \$0 Copay	QL (2 ML per 1 Lifetime)

Medication	Coverage Level	Restrictions
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 dose per 1 Lifetime)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6 - \$0 Copay	
FLUAD	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUAD QUADRIVALENT	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUBLOK QUADRIVALENT	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 Injection per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUMIST QUADRIVALENT	T6 - \$0 Copay	QL (1 inhalation per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6 - \$0 Copay	QL (1 Injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - \$0 Copay	QL (1 injection per 180 days)
GARDASIL 9	T6 - \$0 Copay	QL (3 doses per 1 Lifetime); AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6 - \$0 Copay	QL (2 Doses per 1 Lifetime)
IMOVAX RABIES	T6 - \$0 Copay	
IPOL INJECTION INJECTABLE	T6 - \$0 Copay	QL (3 doses per 1 Lifetime)
IXIARO	T9	
<i>janssen covid-19 vaccine</i>	T6 - \$0 Copay	
KINRIX INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	
MENACTRA	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
MENQUADFI INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
MENVEO	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
M-M-R II INJECTION	T6 - \$0 Copay	QL (2 doses per 1 Lifetime)
<i>moderna covid-19 vaccine</i>	T6 - \$0 Copay	
PENTACEL	T6 - \$0 Copay	
<i>pfizer covid-19 vac-tris 5-11y</i>	T6 - \$0 Copay	
<i>pfizer-biontech covid-19 vacc</i>	T6 - \$0 Copay	

Medication	Coverage Level	Restrictions
PNEUMOVAX 23	T6 - \$0 Copay	QL (3 doses per 1 Lifetime)
PREVNAR 13	T6 - \$0 Copay	QL (2 doses per 1 lifetime)
PREVNAR 20	T6 - \$0 Copay	
QUADRACEL	T6 - \$0 Copay	
RABAVERT	T6 - \$0 Copay	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6 - \$0 Copay	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6 - \$0 Copay	QL (2 doses per 1 lifetime); AL
TICOVAC	T9	
TRUMENBA	T6 - \$0 Copay	QL (3 ML per 1 Lifetime)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (4 doses per 1 Lifetime)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6 - \$0 Copay	QL (2 Doses per 1 Lifetime)
VAXELIS	T6 - \$0 Copay	
VAXNEUVANCE	T6 - \$0 Copay	
VIVOTIF	T9	
YF-VAX	T9	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime); AL
Autonomic Drugs		
<i>Alpha- And Beta-Adrenergic Agonists</i>		
ADRENALIN NASAL	T9	
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
AUVI-Q INJECTION SOLUTION AUTO- INJECTOR	T9	
BROMFED DM	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>droxidopa</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR	T9	

Medication	Coverage Level	Restrictions
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>loratadine-d 24hr</i>	T9	
NORTHERA	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1b	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
SEMPREX-D	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
Alpha-Adrenergic Agonists		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine</i>	T1b	
<i>clonidine hcl er</i>	T2	
<i>clonidine hcl oral</i>	T1a	
HISTEX-AC	T9	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
LUCEMYRA	T9	
<i>maxi-tuss cd</i>	T9	
<i>methyldopa oral</i>	T1b	
<i>midodrine hcl</i>	T1b	
Antimuscarinics/Antispasmodics		
ANASPAZ	T3	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1b	
ATROVENT HFA	T2	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
BEVESPI AEROSPHERE	T2	QL (1 inhaler per 30 days)
BREZTRI AEROSPHERE	T9	
<i>chlordiazepoxide-clidinium</i>	T2	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
CUVPOSA	T9	

Medication	Coverage Level	Restrictions
<i>dicyclomine hcl oral capsule</i>	T1a	
<i>dicyclomine hcl oral solution</i>	T1b	
<i>dicyclomine hcl oral tablet</i>	T1a	
<i>diphenoxylate-atropine oral liquid</i>	T1b	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1b	
DONNATAL	T9	
DUAKLIR PRESSAIR	T9	
GLYCATE	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1b	
HYCODAN	T9	
<i>hydrocodone-homatropine oral syrup</i>	T1b	
<i>hydromet</i>	T1b	
HYOPHEN	T9	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1b	
<i>hyoscyamine sulfate oral</i>	T1b	
<i>hyoscyamine sulfate sublingual</i>	T1b	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>ipratropium bromide inhalation</i>	T1b	
<i>ipratropium bromide nasal</i>	T1b	
<i>ipratropium-albuterol</i>	T1b	QL (540 ML per 30 days)
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LIBRAX	T9	
LOMOTIL ORAL TABLET	T3	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
<i>methscopolamine bromide oral</i>	T2	
NULEV	T1b	
<i>oscimin sr</i>	T1b	
<i>propantheline bromide oral</i>	T1b	
QBREXZA	T9	
<i>scopolamine</i>	T1b	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)

Medication	Coverage Level	Restrictions
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
SYMAX DUOTAB	T3	
TRANSDERM-SCOP (1.5 MG)	T9	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T9	
TRELEGY ELLIPTA	T2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
URIBEL	T9	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
YUPELRI	T9	
Antiparkinsonian Agents		
<i>benztropine mesylate oral</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>trihexyphenidyl hcl oral elixir</i>	T1a	
<i>trihexyphenidyl hcl oral tablet</i>	T1b	
Autonomic Drugs, Miscellaneous		
<i>apo-varenicline</i>	T2	PV; QL (60 tablets per 30 days)
CHANTIX	T2	PV; QL (60 tablets per 30 days)
CHANTIX CONTINUING MONTH PAK	T2	PV
CHANTIX STARTING MONTH PAK	T2	PV
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	T1b	PV
KLS QUIT2	T3	PV
KLS QUIT4	T3	PV
NICODERM CQ	T9	
NICORETTE	T9	
NICORETTE MINI	T9	
<i>nicotine polacrilex mouth/throat gum</i>	T1b	PV
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1b	PV
<i>nicotine transdermal patch 24 hour</i>	T1b	PV
NICOTROL	T2	PV; QL (1 box per 30 days)
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
<i>varenicline tartrate</i>	T2	PV; QL (60 tablets per 30 Days)
Centrally Acting Skeletal Muscle Relaxant		
AMRIX	T9	
<i>carisoprodol oral tablet 350 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T9	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T1b	ST
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1b	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
LORZONE	T9	
<i>metaxalone oral tablet 800 mg</i>	T9	
<i>methocarbamol oral</i>	T1b	ST
ROBAXIN-750	T9	
SKELAXIN	T9	
SOMA ORAL TABLET 350 MG	T9	
<i>tizanidine hcl oral</i>	T1b	
ZANAFLEX	T3	
<i>Direct-Acting Skeletal Muscle Relaxants</i>		
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
<i>dantrolene sodium oral</i>	T1b	
<i>Gaba-Derivative Skeletal Muscle Relaxant</i>		
<i>baclofen oral</i>	T1b	
<i>enovarx-baclofen</i>	T9	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
<i>Non-Sel. Beta-Adrenergic Blocking Agents</i>		
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
BYSTOLIC	T3	ST
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
<i>labetalol hcl oral</i>	T1b	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1b	
<i>nebivolol hcl</i>	T1b	
<i>pindolol</i>	T1b	

Medication	Coverage Level	Restrictions
<i>propranolol hcl er</i>	T1b	
<i>propranolol hcl intravenous</i>	T1b	
<i>propranolol hcl oral</i>	T1a	
SORINE	T1b	
<i>sotalol hcl oral</i>	T1b	
SOTYLIZE	T3	
<i>timolol maleate oral</i>	T1b	
<i>Non-Sel.Alpha-1-Adrenergic Blocking Agts</i>		
CARDURA	T3	
CARDURA XL	T3	ST
<i>doxazosin mesylate oral</i>	T1b	
MINIPRESS	T3	
<i>prazosin hcl oral</i>	T1b	
<i>terazosin hcl oral</i>	T1a	
<i>Non-Sel.Alpha-Adrenergic Blocking Agents</i>		
CAFERGOT	T9	
DIBENZYLIN	T9	
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T9	
<i>ergoloid mesylates oral</i>	T1b	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 Day(s)s)
MIGERGOT	T9	
MIGRANAL	T9	
<i>phenoxybenzamine hcl oral</i>	T9	
TRUDHESA	T9	
<i>Parasympathomimetic (Cholinergic Agents)</i>		
ARICEPT	T3	
<i>bethanechol chloride oral</i>	T1a	
<i>cevimeline hcl</i>	T1b	QL (90 capsules per 30 days)
<i>donepezil hcl oral tablet</i>	T1a	
<i>donepezil hcl oral tablet dispersible</i>	T1b	
EVOXAC	T2	
EXELON TRANSDERMAL	T3	ST; QL (30 patches per 30 days)
<i>galantamine hydrobromide</i>	T1b	
<i>galantamine hydrobromide er</i>	T1b	
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
NAMZARIC	T9	

Medication	Coverage Level	Restrictions
<i>pilocarpine hcl oral</i>	T1b	QL (120 tablets per 30 days)
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1b	
RAZADYNE ER	T3	SP (Drug name has been changed from Reminyl*)
RAZADYNE ORAL TABLET	T3	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1b	QL (60 capsules per 30 days)
SALAGEN	T3	
Selective Alpha-1-Adrenergic Block.Agent		
<i>alfuzosin hcl er</i>	T1b	
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
<i>dutasteride-tamsulosin hcl</i>	T2	ST
FLOMAX	T3	
JALYN	T3	ST
<i>labetalol hcl oral</i>	T1b	
RAPAFLO	T9	
<i>silodosin</i>	T9	
<i>tamsulosin hcl</i>	T1a	
UROXATRAL	T3	
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
<i>albuterol sulfate er</i>	T1b	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1b	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1b	
<i>albuterol sulfate oral</i>	T1b	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
ARCAPTA NEOHALER	T3	
<i>arformoterol tartrate</i>	T4	SP (Limited to a 1 month supply per fill); AL

Medication	Coverage Level	Restrictions
BEVESPI AEROSPHERE	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA	T9	
BREZTRI AEROSPHERE	T9	
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL
<i>budesonide-formoterol fumarate</i>	T9	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1b	QL (1 inhaler per 30 days)
<i>formoterol fumarate inhalation</i>	T4	SP (Limited to a 1 month supply per fill); AL
<i>ipratropium-albuterol</i>	T1b	QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1b	
<i>metaproterenol sulfate oral syrup</i>	T1b	
PERFOROMIST	T9	
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL
SYMBICORT	T2	QL (1 Inhaler per 30 days)
<i>terbutaline sulfate oral</i>	T1b	
TRELEGY ELLIPTA	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
VENTOLIN HFA	T2	
WIXELA INHUB	T3	ST
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
Selective Beta-Adrenergic Blocking Agent		
<i>acebutolol hcl oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>atenolol oral</i>	T1a	
<i>betaxolol hcl oral</i>	T1b	
<i>bisoprolol fumarate oral</i>	T1b	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1b	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1b	
<i>metoprolol tartrate oral</i>	T1a	
TENORMIN	T3	
TOPROL XL	T3	
<i>Skeletal Muscle Relaxants, Miscellaneous</i>		
<i>norgesic forte</i>	T9	
<i>orphenadrine citrate er</i>	T1b	ST
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
Blood Formation, Coagulation, Thrombosis		
<i>Antianemia Drugs</i>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Max of 31 days per dispensing.)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	T4	SP (Max of 31 days per dispensing.)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T4	SP (Max of 31 days per dispensing.)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Max of 31 days per dispensing.); QL (31 Day Supply per 1 Dispensing)
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	T5	SP (Max of 31 days per dispensing.)
PROCRIT	T4	SP (Max of 31 days per dispensing.)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Max of 31 days per dispensing.)
RETACRIT INJECTION SOLUTION 20000 UNIT/2ML	T5	SP (Limited to a 1 month supply per fill.)
<i>Anticoagulants, Miscellaneous</i>		
ARIXTRA	T9	

Medication	Coverage Level	Restrictions
<i>fondaparinux sodium</i>	T9	
Blood Form.,Coag,Thrombosis Agents Misc.		
OXBRYTA	T9	
TAVALISSE	T9	
Coumarin Derivatives		
COUMADIN ORAL	T2	
JANTOVEN	T1b	
<i>warfarin sodium oral</i>	T1a	
Direct Factor Xa Inhibitors		
BEVYXXA	T9	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	T2	QL (74 tablets per 31 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (62 tablets per 31 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 31 days)
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (31 tablets per 31 days); AL
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days); AL
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 Days); AL
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
Direct Thrombin Inhibitors		
PRADAXA	T3	ST; QL (62 capsules per 31 days)
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Max of 31 days per dispensing.)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	T4	SP (Max of 31 days per dispensing.)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T4	SP (Max of 31 days per dispensing.)
DOPTELET ORAL TABLET 20 MG	T9	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Max of 31 days per dispensing.); QL (31 Day Supply per 1 Dispensing)
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	T5	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
FULPHILA	T4	SP (Max of 31 days per dispensing.))
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	SP (Max of 31 days per dispensing.))
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T4	SP (Max of 31 days per dispensing.); QL (2 syringes per 28 days)
MULPLETA	T9	
NEULASTA ONPRO	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SP (Max of 31 days per dispensing.))
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Max of 31 days per dispensing.))
NIVESTYM	T5	
NYVEPRIA	T4	QL (2 syringes per 28 Days)
PROCRIT	T4	SP (Max of 31 days per dispensing.))
PROMACTA ORAL PACKET 12.5 MG	T4	PA; SP (Limited to a 1 month supply per fill))
PROMACTA ORAL PACKET 25 MG	T4	PA; SP (Limited to a 1 month supply per fill)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill))
PROMACTA ORAL TABLET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill))
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Max of 31 days per dispensing.))
RETACRIT INJECTION SOLUTION 20000 UNIT/2ML	T5	SP (Limited to a 1 month supply per fill.)
ZARXIO	T4	SP (Max of 31 days per dispensing.))

Medication	Coverage Level	Restrictions
Hemorrhologic Agents		
<i>pentoxifylline er</i>	T1b	
Hemostatics		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	T4	SP (Max of 31 days per dispensing.)
<i>adynovate intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit</i>	T4	SP (Max of 31 days per dispensing.)
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	T4	SP (Max of 31 days supply per dispensing.)
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	T3	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T5	SP (Max of 31 days supply per dispensing.)
AMICAR ORAL SOLUTION	T5	SP (Max of 31 days per dispensing.)
AMICAR ORAL TABLET	T5	SP (Max of 31 days per dispensing.)
<i>aminocaproic acid oral solution</i>	T4	SP (Max of 31 days per dispensing.)
<i>aminocaproic acid oral tablet</i>	T4	SP (Max of 31 days per dispensing.)
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT	T4	SP (Max of 31 days supply per dispensing.)
BENEFIX INTRAVENOUS KIT 500 UNIT	T4	SP (Max of 31 days supply per dispensing.)
COAGADEX	T4	SP (Max of 31 days per dispensing.)
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
<i>desmopressin ace spray refrig</i>	T2	ST
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1b	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1b	
<i>desmopressin acetate spray</i>	T2	ST
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	T5	SP (Max of 31 days per dispensing.)
ESPEROCT	T5	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T4	SP (Limited to a 1 month supply per fill)
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 500 UNIT	T2	
GELFOAM COMPRESSED SIZE 100	T9	
GELFOAM-JMI SPONGE	T9	
HEMLIBRA	T4	PA; SP (Limited to a 1 month supply per fill)
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SP (Max of 31 days per dispensing.)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T5	SP (Max of 31 days supply per dispensing.)
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	T4	SP (Max of 31 days per dispensing.)
JIVI	T5	SP (Max of 31 days per dispensing.)
KOATE	T4	SP (Limited to a 1 month supply per fill)
KOGENATE FS	T4	SP (Max of 31 days per dispensing.)
KOVALTRY	T4	SP (Max of 31 days supply per dispensing.)
LYSTEDA	T3	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T4	SP (Max of 31 days per dispensing.)
NOCDURNA	T9	
NOVOEIGHT	T4	SP (Max of 31 days per dispensing.)
NOVOSEVEN RT	T4	SP (Max of 31 days supply per dispensing.)
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Max of 31 days per dispensing.)
REBINYN	T5	SP (Max 31 days supply per dispensing.)
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	T4	SP (Max of 31 days per dispensing.)
<i>rixubis</i>	T5	SP (Max of 31 days supply per dispensing); AL
SEVENFACT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
STIMATE	T4	SP (Max of 31 days per dispensing.)
<i>tranexamic acid oral</i>	T1b	
TRETTEN	T5	SP (Max of 31 days supply per dispensing.)
VONVENDI	T5	SP (Max of 31 days per dispensing.)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Max of 31 days per dispensing.)
Heparins		
<i>enoxaparin sodium subcutaneous</i>	T4	SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	T3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T9	
LOVENOX SUBCUTANEOUS	T5	SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
Iron Preparations		
ACCRUFER	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<i>active fe</i>	T9	
CENTRATEX	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL RX	T3	
<i>complete natal dha</i>	T1b	
<i>completenate</i>	T1b	
CORVITA 150	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	

Medication	Coverage Level	Restrictions
<i>fe c tab plus</i>	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	
FERROCITE	T9	
FERROCITE PLUS ORAL TABLET	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1b	PV; AL
FOLET ONE	T3	QL (30 tablcapsules per 30 days)
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	T9	
HEMOCYTE	T9	
HEMOCYTE PLUS	T9	
HEMOCYTE-F ORAL TABLET	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INATAL GT	T1b	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXFE ORAL TABLET	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
M-VIT	T9	
<i>myferon 150</i>	T9	

Medication	Coverage Level	Restrictions
<i>myferon 150 forte</i>	T9	
MYNATAL ORAL TABLET	T1b	
<i>mynatal plus</i>	T1b	
<i>mynatal-z</i>	T1b	
<i>mynate 90 plus</i>	T1b	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NEPHRON FA	T9	
NEXA PLUS	T3	
NIVA-PLUS	T9	
NUFERA	T9	
O-CAL FA	T9	
<i>pnv prenatal plus multivitamin</i>	T1a	
<i>pnv tabs 20-1</i>	T1b	
<i>pnv tabs 29-1</i>	T1b	
<i>pnv-dha</i>	T1b	
<i>pnv-dha+docusate</i>	T1b	
<i>pnv-omega</i>	T1b	
<i>pnv-select</i>	T1b	
<i>poly-iron 150 forte</i>	T9	
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	
PRENATABS RX	T1b	
<i>prenatal (w/iron & fa)</i>	T1b	PV
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1b	QL (30 tablets per 30 days)
<i>prenatal low iron oral tablet 27-0.8 mg</i>	T1b	PV
<i>prenatal one daily</i>	T1b	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1b	PV
<i>prenatal plus</i>	T1b	
<i>prenatal plus iron</i>	T1b	
<i>prenatal/iron oral tablet</i>	T1b	PV
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	

Medication	Coverage Level	Restrictions
PRENATE PIXIE	T3	
PROFERRIN-FORTE	T9	
PROVIDA OB	T3	
<i>purevit dualfe plus</i>	T9	
QUFLORA FE	T9	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1b	
<i>se-natal 19 oral tablet chewable</i>	T1b	QL (30 tablets per 30 days)
<i>se-tan plus</i>	T9	
<i>taron forte</i>	T9	
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl icon</i>	T9	
<i>tl-care dha</i>	T1b	
<i>tl-fluorivite</i>	T9	
<i>tl-hem 150</i>	T9	
TRICARE	T1b	
TRICON	T9	
<i>trigels-f forte</i>	T9	
<i>trinatal rx 1</i>	T1a	
TRINATE	T2	
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1b	
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VINATE M	T1a	
VINATE ONE	T1b	
VITAFOL ORAL TABLET	T9	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAPEARL	T3	
VITATRUE	T3	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
<i>wee care</i>	T1b	PV; AL
<i>Liver And Stomach Preparations</i>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1b	
NASCOBAL	T9	
<i>neurin-sl</i>	T9	

Medication	Coverage Level	Restrictions
Platelet-Aggregation Inhibitors		
AGGRENEX	T3	
ASCRIPITIN ORAL TABLET 325 MG	T1b	
<i>aspirin ec low dose</i>	T1b	PV
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1b	PV; AL
<i>aspirin-dipyridamole er</i>	T1b	
BRILINTA	T2	
BUFFERIN	T3	PV; AL
<i>cilostazol</i>	T1b	
<i>clopidogrel bisulfate oral</i>	T1a	
<i>dipyridamole oral</i>	T1b	
DURLAZA	T9	
EFFIENT	T3	QL (31 tablets per 31 days)
<i>goodsense aspirin oral tablet chewable</i>	T1b	PV; AL
PLAVIX ORAL TABLET 75 MG	T3	
<i>prasugrel hcl</i>	T1b	QL (31 tablets per 31 days)
YOSPRALA	BE	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
Platelet-Reducing Agents		
AGRYLIN	T3	
<i>anagrelide hcl</i>	T1b	
Thrombolytic Agents		
ASCRIPITIN ORAL TABLET 325 MG	T1b	
<i>aspirin ec low dose</i>	T1b	PV
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1b	PV; AL
BUFFERIN	T3	PV; AL
<i>goodsense aspirin oral tablet chewable</i>	T1b	PV; AL
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA	T3	
CARDURA XL	T3	ST
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
<i>doxazosin mesylate oral</i>	T1b	
<i>labetalol hcl oral</i>	T1b	
MINIPRESS	T3	
<i>prazosin hcl oral</i>	T1b	
<i>terazosin hcl oral</i>	T1a	

Medication	Coverage Level	Restrictions
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA	T3	
CARDURA XL	T3	ST
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
<i>doxazosin mesylate oral</i>	T1b	
<i>labetalol hcl oral</i>	T1b	
MINIPRESS	T3	
<i>prazosin hcl oral</i>	T1b	
<i>terazosin hcl oral</i>	T1a	
Angiotensin li Receptor Antagon.(Hypotn)		
ATACAND	T3	
AVAPRO	T3	
BENICAR	T3	
<i>candesartan cilexetil</i>	T1b	
COZAAR	T3	
DIOVAN	T2	ST; QL (60 EA per 30 days)
EDARBI	T3	ST
<i>irbesartan</i>	T1b	
<i>losartan potassium oral</i>	T1a	
MICARDIS	T3	
<i>olmesartan medoxomil oral</i>	T1b	
<i>telmisartan</i>	T1b	
<i>valsartan</i>	T1b	
Angiotensin li Receptor Antagonists		
<i>amlodipine besylate-valsartan</i>	T1b	
<i>amlodipine-olmesartan</i>	T1b	
<i>amlodipine-valsartan-hctz</i>	T1b	
ATACAND	T3	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
AVAPRO	T3	
AZOR	T3	ST
BENICAR	T3	
BENICAR HCT	T3	
<i>candesartan cilexetil</i>	T1b	
<i>candesartan cilexetil-hctz</i>	T1b	

Medication	Coverage Level	Restrictions
COZAAR	T3	
DIOVAN	T2	ST; QL (60 EA per 30 days)
DIOVAN HCT	T3	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
ENTRESTO	T2	QL (60 tablets per 30 days)
EXFORGE	T3	
EXFORGE HCT	T3	
HYZAAR	T3	
<i>irbesartan</i>	T1b	
<i>irbesartan-hydrochlorothiazide</i>	T1b	
<i>losartan potassium oral</i>	T1a	
<i>losartan potassium-hctz</i>	T1a	
MICARDIS	T3	
MICARDIS HCT	T3	
<i>olmesartan medoxomil oral</i>	T1b	
<i>olmesartan medoxomil-hctz</i>	T1b	
<i>olmesartan-amlodipine-hctz</i>	T1b	
<i>telmisartan</i>	T1b	
<i>telmisartan-amlodipine</i>	T1b	
<i>telmisartan-hctz</i>	T1b	
TRIBENZOR	T3	
TWYNSTA	T3	
<i>valsartan</i>	T1b	
<i>valsartan-hydrochlorothiazide</i>	T1b	
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL	T3	
ALTACE ORAL CAPSULE	T3	
<i>benazepril hcl oral</i>	T1a	
<i>captopril oral</i>	T1a	
<i>enalapril maleate oral solution</i>	T1b	AL
<i>enalapril maleate oral tablet</i>	T1a	
EPANED ORAL SOLUTION	T3	AL
<i>fosinopril sodium</i>	T1b	
<i>lisinopril oral</i>	T1a	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
<i>moexipril hcl</i>	T1b	SP (The generic version is preferred.)

Medication	Coverage Level	Restrictions
<i>perindopril erbumine</i>	T1b	
PRESTALIA	T3	ST
PRINIVIL	T3	
<i>quinapril hcl</i>	T1b	
<i>ramipril</i>	T1a	
<i>trandolapril</i>	T1b	
VASOTEC	T3	
ZESTRIL	T3	
Angiotensin-Converting Enzyme Inhibitors		
ACCUPRIL	T3	
ACCURETIC	T3	
ALTACE ORAL CAPSULE	T3	
<i>amlodipine besy-benazepril hcl</i>	T1b	
<i>benazepril hcl oral</i>	T1a	
<i>benazepril-hydrochlorothiazide</i>	T1b	
<i>captopril oral</i>	T1a	
<i>captopril-hydrochlorothiazide</i>	T1b	
<i>enalapril maleate oral solution</i>	T1b	AL
<i>enalapril maleate oral tablet</i>	T1a	
<i>enalapril-hydrochlorothiazide</i>	T1b	
EPANED ORAL SOLUTION	T3	AL
<i>fosinopril sodium</i>	T1b	
<i>fosinopril sodium-hctz</i>	T1b	
<i>lisinopril oral</i>	T1a	
<i>lisinopril-hydrochlorothiazide</i>	T1a	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
<i>moexipril hcl</i>	T1b	SP (The generic version is preferred.)
<i>perindopril erbumine</i>	T1b	
PRINIVIL	T3	
QBRELIS	T3	AL
<i>quinapril hcl</i>	T1b	
<i>quinapril-hydrochlorothiazide</i>	T1b	
<i>ramipril</i>	T1a	

Medication	Coverage Level	Restrictions
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
<i>trandolapril</i>	T1b	
<i>trandolapril-verapamil hcl er</i>	T1b	
VASERETIC	T3	
VASOTEC	T3	
ZESTORETIC	T3	
ZESTRIL	T3	
<i>Antiarrhythmics, Miscellaneous</i>		
DIGITEK	T1b	
DIGOX	T1b	
<i>digoxin oral solution</i>	T1b	AL
<i>digoxin oral tablet</i>	T1b	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
<i>Antilipemic Agents, Miscellaneous</i>		
<i>icosapent ethyl</i>	T2	PA
JUXTAPID ORAL CAPSULE 10 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	T9	
LOVAZA	T3	
NEXLETOL	T3	PA; QL (30 Tablets per 30 days)
NEXLIZET	T3	PA; QL (30 tablets per 30 Days)
<i>niacin er (antihyperlipidemic)</i>	T1a	
NIASPAN	T3	
<i>omega-3-acid ethyl esters</i>	T1b	
VASCEPA	T3	PA
<i>Beta-Adrenergic Blocking Agents</i>		
<i>acebutolol hcl oral</i>	T1b	
<i>atenolol oral</i>	T1a	
<i>atenolol-chlorthalidone</i>	T1a	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1b	
<i>bisoprolol fumarate oral</i>	T1b	
<i>bisoprolol-hydrochlorothiazide</i>	T1a	
BYSTOLIC	T3	ST
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST

Medication	Coverage Level	Restrictions
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
DUTOPROL	T9	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
<i>labetalol hcl oral</i>	T1b	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1b	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1b	
<i>metoprolol tartrate oral</i>	T1a	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1b	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1b	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1b	
<i>nebivolol hcl</i>	T1b	
<i>pindolol</i>	T1b	
<i>propranolol hcl er</i>	T1b	
<i>propranolol hcl intravenous</i>	T1b	
<i>propranolol hcl oral</i>	T1a	
<i>propranolol-hctz</i>	T1b	
SORINE	T1b	
<i>sotalol hcl oral</i>	T1b	
SOTYLIZE	T3	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
<i>timolol maleate oral</i>	T1b	
TOPROL XL	T3	
ZIAC	T3	
<i>Beta-Adrenergic Blocking Agt.(Hypoten)</i>		
<i>acebutolol hcl oral</i>	T1b	
<i>atenolol oral</i>	T1a	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1b	
<i>bisoprolol fumarate oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
<i>labetalol hcl oral</i>	T1b	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1b	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1b	
<i>metoprolol tartrate oral</i>	T1a	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1b	
<i>pindolol</i>	T1b	
<i>propranolol hcl er</i>	T1b	
<i>propranolol hcl intravenous</i>	T1b	
<i>propranolol hcl oral</i>	T1a	
SORINE	T1b	
<i>sotalol hcl oral</i>	T1b	
SOTYLIZE	T3	
TENORMIN	T3	
<i>timolol maleate oral</i>	T1b	
TOPROL XL	T3	
Bile Acid Sequestrants		
<i>cholestyramine light</i>	T1b	
<i>cholestyramine oral</i>	T1b	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1b	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1b	
PREVALITE	T1b	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
WELCHOL ORAL PACKET	T3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	ST
Calcium-Channel Block.Agt,Misc(Hypoten)		
CALAN ORAL TABLET 120 MG	T3	

Medication	Coverage Level	Restrictions
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1b	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1a	
<i>dilt-xr</i>	T1b	
MATZIM LA	T9	
TAZTIA XT	T1b	
TIADYL T ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1b	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	T1a	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1b	
<i>verapamil hcl oral</i>	T1a	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	

Medication	Coverage Level	Restrictions
VERELAN PM	T3	
<i>Calcium-Channel Blocking Agents, Misc.</i>		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1b	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1a	
<i>dilt-xr</i>	T1b	
MATZIM LA	T9	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
TAZTIA XT	T1b	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1b	
TIAZAC	T3	
<i>trandolapril-verapamil hcl er</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	

Medication	Coverage Level	Restrictions
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	T1a	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1b	
<i>verapamil hcl oral</i>	T1a	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
Carbonic Anhydrase Inhibitors(Hypoten)		
<i>acetazolamide er</i>	T1a	
<i>acetazolamide oral</i>	T1b	
<i>methazolamide oral</i>	T2	
Cardiac Drugs, Miscellaneous		
CORLANOR ORAL TABLET	T3	ST
RANEXA	T3	
<i>ranolazine er</i>	T1b	
VYNDAMAX	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VYNDAQEL	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
Cardiotonic Agents		
DIGITEK	T1b	
DIGOX	T1b	
<i>digoxin oral solution</i>	T1b	AL
<i>digoxin oral tablet</i>	T1b	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
Central Alpha-Agonists		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine</i>	T1b	
<i>clonidine hcl er</i>	T2	
<i>clonidine hcl oral</i>	T1a	
<i>guanfacine hcl oral</i>	T1b	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
<i>methyldopa oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>methyldopa-hydrochlorothiazide</i>	T1b	
Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	T1b	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1b	
NEXLIZET	T3	PA; QL (30 tablets per 30 Days)
ROSZET	T9	
VYTORIN	T3	
ZETIA	T3	
Class Ia Antiarrhythmics		
<i>disopyramide phosphate oral</i>	T1b	
NORPACE	T3	
NORPACE CR	T2	
<i>quinidine gluconate er</i>	T4	
<i>quinidine sulfate oral</i>	T1a	
Class Ib Antiarrhythmics		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
<i>mexiletine hcl oral</i>	T1b	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1b	
<i>phenytoin oral tablet chewable</i>	T1b	
<i>phenytoin sodium extended</i>	T1a	
Class Ic Antiarrhythmics		
<i>flecainide acetate</i>	T1b	
<i>propafenone hcl</i>	T1b	
<i>propafenone hcl er</i>	T3	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
Class Ii Antiarrhythmics		
<i>acebutolol hcl oral</i>	T1b	
<i>atenolol oral</i>	T1a	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1b	
<i>bisoprolol fumarate oral</i>	T1b	
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	

Medication	Coverage Level	Restrictions
COREG CR	T3	ST
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
<i>labetalol hcl oral</i>	T1b	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1b	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1b	
<i>metoprolol tartrate oral</i>	T1a	
<i>pindolol</i>	T1b	
<i>propranolol hcl er</i>	T1b	
<i>propranolol hcl intravenous</i>	T1b	
<i>propranolol hcl oral</i>	T1a	
SORINE	T1b	
<i>sotalol hcl oral</i>	T1b	
SOTYLIZE	T3	
TENORMIN	T3	
<i>timolol maleate oral</i>	T1b	
TOPROL XL	T3	
Class Iii Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg</i>	T1b	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	T1b	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>dofetilide</i>	T2	
MULTAQ	T3	
PACERONE ORAL TABLET 100 MG, 400 MG	T2	
PACERONE ORAL TABLET 200 MG	T1b	
SORINE	T1b	
<i>sotalol hcl oral</i>	T1b	
SOTYLIZE	T3	
TIKOSYN	T3	
Class Iv Antiarrhythmics		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	

Medication	Coverage Level	Restrictions
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1b	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1a	
<i>dilt-xr</i>	T1b	
MATZIM LA	T9	
TAZTIA XT	T1b	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1b	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	T1a	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1b	
<i>verapamil hcl oral</i>	T1a	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
<i>Dihydropyridines (Antihypertensive)</i>		
ADALAT CC	T3	
AFEDITAB CR	T1b	

Medication	Coverage Level	Restrictions
<i>amlodipine besylate oral</i>	T1a	
CONJUPRI	T9	
<i>felodipine er</i>	T1b	
<i>isradipine</i>	T1b	
KATERZIA	T3	QL (150 ML per 30 days); AL
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1b	
<i>nifedipine er osmotic release</i>	T1b	
<i>nifedipine oral</i>	T1b	
<i>nimodipine oral</i>	T4	SP (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	SP (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 Days)
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>Dihydropyridines</i>		
ADALAT CC	T3	
AFEDITAB CR	T1b	
<i>amlodipine besy-benazepril hcl</i>	T1b	
<i>amlodipine besylate oral</i>	T1a	
<i>amlodipine besylate-valsartan</i>	T1b	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1b	
<i>amlodipine-valsartan-hctz</i>	T1b	
AZOR	T3	ST
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CONJUPRI	T9	
CONSENSI	T9	
EXFORGE	T3	
EXFORGE HCT	T3	
<i>felodipine er</i>	T1b	
<i>isradipine</i>	T1b	
KATERZIA	T3	QL (150 ML per 30 days); AL
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)

Medication	Coverage Level	Restrictions
LOTREL ORAL CAPSULE 10-40 MG	T3	
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1b	
<i>nifedipine er osmotic release</i>	T1b	
<i>nifedipine oral</i>	T1b	
<i>nimodipine oral</i>	T4	SP (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	SP (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 Days)
<i>olmesartan-amlodipine-hctz</i>	T1b	
PRESTALIA	T3	ST
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>telmisartan-amlodipine</i>	T1b	
TRIBENZOR	T3	
TWYNSTA	T3	
Direct Vasodilators		
BIDIL	T2	
<i>hydralazine hcl oral</i>	T1a	
<i>minoxidil oral</i>	T1b	
Diuretics, Miscellaneous (Hypotensive)		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1b	
<i>theophylline er oral tablet extended release 24 hour</i>	T1b	
Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	T9	
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1b	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1b	
<i>fenofibric acid oral capsule delayed release</i>	T1b	
<i>fenofibric acid oral tablet</i>	T9	
FENOGLIDE	T9	
FIBRICOR	T9	
<i>gemfibrozil oral</i>	T1a	
LIPOFEN	T9	
LOPID	T3	
TRICOR	T3	
TRIGLIDE ORAL TABLET 160 MG	T9	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG	T3	QL (30 capsules per 30 days)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	T3	QL (60 capsules per 30 days)
<i>Hmg-Coa Reductase Inhibitors</i>		
ALTOPREV	T9	
<i>amlodipine-atorvastatin</i>	T9	
<i>atorvastatin calcium oral</i>	T1a	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1b	
<i>flolipid</i>	T9	
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
LESCOL XL	T3	ST
LIPITOR	T3	
LIVALO	T9	
<i>lovastatin oral</i>	T1a	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1b	
<i>rosuvastatin calcium</i>	T1b	
ROSZET	T9	
<i>simvastatin oral suspension</i>	T9	
<i>simvastatin oral tablet</i>	T1a	
VYTORIN	T3	
ZOCOR	T3	QL (31 tablets per 31 days)
ZYPITAMAG	T9	

Medication	Coverage Level	Restrictions
Hypotensive Agents, Miscellaneous		
DIBENZYLIN	T9	
<i>phenoxybenzamine hcl oral</i>	T9	
VECAMYL	T4	SP (Max of 31 days per dispensing.)
Loop Diuretics (Hypotensive Agents)		
<i>bumetanide oral</i>	T1a	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T9	
<i>furosemide injection solution 10 mg/ml</i>	T1b	
<i>furosemide oral solution 10 mg/ml</i>	T1a	
<i>furosemide oral solution 8 mg/ml</i>	T1b	
<i>furosemide oral tablet</i>	T1a	
LASIX	T3	
<i>toremide oral</i>	T1a	
Mineralocorticoid (Aldosterone) Antagnts		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
CAROSPIR	T9	
<i>eplerenone</i>	T1b	
INSPRA	T3	QL (30 tablets per 30 days)
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
<i>spironolactone oral</i>	T1a	
<i>spironolactone-hctz</i>	T1b	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
ALDACTONE	T3	
CAROSPIR	T9	
<i>eplerenone</i>	T1b	
INSPRA	T3	QL (30 tablets per 30 days)
<i>spironolactone oral</i>	T1a	
Nitrates And Nitrites		
BIDIL	T2	
GONITRO	T9	
ISORDIL TITRADOSE	T9	
<i>isosorbide dinitrate er</i>	T1b	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1a	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>isosorbide mononitrate</i>	T1b	
<i>isosorbide mononitrate er</i>	T1b	
MINITRAN	T1b	
NITRO-BID	T1b	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitroglycerin er</i>	T1b	
<i>nitroglycerin sublingual</i>	T1b	
<i>nitroglycerin transdermal patch 24 hour</i>	T1b	
<i>nitroglycerin translingual solution</i>	T3	
NITROLINGUAL	T3	
NITROSTAT	T1b	
NITRO-TIME	T1b	
<i>Pcsk9 Inhibitors</i>		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
REPATHA	T3	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T3	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T3	PA; QL (2 pens per 28 days)
<i>Phosphodiesterase Type 5 Inhibitors</i>		
ADCIRCA	T9	
CIALIS ORAL TABLET 10 MG, 20 MG	BE	
CIALIS ORAL TABLET 2.5 MG, 5 MG	T9	
<i>cilostazol</i>	T1b	
LEVITRA ORAL TABLET 10 MG, 20 MG	BE	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Non-Formulary	
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
STAXYN	T9	
STENDRA	BE	
<i>tadalafil (pah)</i>	T9	
<i>tadalafil oral tablet 10 mg</i>	BE	

Medication	Coverage Level	Restrictions
<i>tadalafil oral tablet 2.5 mg</i>	T1b	ST; QL (30 tablets per 30 days)
<i>tadalafil oral tablet 20 mg</i>	Not Covered	
<i>tadalafil oral tablet 5 mg</i>	T1b	QL (30 tablets per 30 days)
<i>varafenafil hcl oral tablet</i>	BE	
<i>varafenafil hcl oral tablet dispersible</i>	T9	
VIAGRA	BE	
Potassium-Sparing Diuretics (Hypoten)		
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1b	
CAROSPIR	T9	
DYRENIUM	T9	
<i>eplerenone</i>	T1b	
INSPRA	T3	QL (30 tablets per 30 days)
<i>spironolactone oral</i>	T1a	
Renin Inhibitors		
<i>aliskiren fumarate</i>	T2	ST
TEKTURNA	T9	
TEKTURNA HCT	T2	ST
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO	T2	QL (60 tablets per 30 days)
Thiazide Diuretics(Hypotensive Agents)		
DIURIL	T2	
<i>hydrochlorothiazide oral</i>	T1a	
Thiazide-Like Diuretics(Hypotensive Agt)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1b	
<i>indapamide oral</i>	T1a	
<i>metolazone</i>	T1b	
THALITONE	T9	
Vasodilating Agents, Miscellaneous		
ADALAT CC	T3	
AFEDITAB CR	T1b	
<i>amlodipine besylate oral</i>	T1a	
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	

Medication	Coverage Level	Restrictions
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1b	
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
CONJUPRI	T9	
CORLANOR ORAL TABLET	T3	ST
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1a	
<i>dilt-xr</i>	T1b	
<i>dipyridamole oral</i>	T1b	
EDEX	T9	
KATERZIA	T3	QL (150 ML per 30 days); AL
MATZIM LA	T9	
MUSE	T9	
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1b	
<i>nifedipine er osmotic release</i>	T1b	
<i>nifedipine oral</i>	T1b	
<i>nimodipine oral</i>	T4	SP (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
NORVASC	T3	SP (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 Days)
PROCARDIA XL	T3	

Medication	Coverage Level	Restrictions
TAZTIA XT	T1b	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1b	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	T1a	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1b	
<i>verapamil hcl oral</i>	T1a	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
VERQUVO	T3	PA; QL (30 tablets per 30 days)
Central Nervous System Agents		
Adamantanes (Cns)		
<i>amantadine hcl oral</i>	T1b	
GOCOVRI	T9	
OSMOLEX ER	T9	
Amphetamine Derivatives		
<i>diethylpropion hcl oral</i>	BE	
LOMAIRA	T9	
<i>phendimetrazine tartrate</i>	BE	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>	BE	
<i>phentermine hcl oral tablet</i>	BE	
Amphetamines		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG	T3	AL
ADDERALL ORAL TABLET 5 MG, 7.5 MG	T3	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	T3	QL (31 capsules per 31 days); AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	T3	QL (62 capsules per 31 days); AL
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL

Medication	Coverage Level	Restrictions
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	T1b	QL (30 capsules per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	T1b	QL (60 capsules per 30 days)
<i>amphetamine-dextroamphetamine</i>	T1b	AL
<i>benzphetamine hcl oral tablet 50 mg</i>	BE	
DESOXYN	T9	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	T3	
<i>dextroamphetamine sulfate er</i>	T2	AL
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1b	QL (180 tablets per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T9	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1b	QL (30 tablets per 30 days); AL
DYANAVAL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL
EVEKEO ODT	T9	
<i>methamphetamine hcl</i>	T9	
MYDAYIS	T9	
VYVANSE ORAL CAPSULE 10 MG	T2	QL (30 capsules per 30 days); AL
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 60 MG, 70 MG	T2	QL (31 capsules per 31 days); AL
VYVANSE ORAL CAPSULE 50 MG	T2	QL (31 Ecapsules per 31 days); AL
VYVANSE ORAL TABLET CHEWABLE	T2	QL (30 tablets per 30 days); AL
ZENZEDI	T9	
<i>Analgesics And Antipyretics, Misc.</i>		
<i>acetaminophen-codeine #2</i>	T1b	
<i>acetaminophen-codeine #3</i>	T1b	
<i>acetaminophen-codeine #4</i>	T1b	
<i>acetaminophen-codeine oral solution</i>	T1b	
ALLZITAL	T9	
APADAZ	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1b	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1b	QL (180 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1b	QL (180 tablets per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
<i>gabapentin oral capsule</i>	T1a	
<i>gabapentin oral solution 250 mg/5ml</i>	T1b	
<i>gabapentin oral tablet</i>	T1b	
GRALISE ORAL TABLET	T9	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1b	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1b	
HYOPHEN	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
LYRICA CR	T9	
NEURONTIN	T3	
NORCO	T3	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1b	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
<i>pregabalin er</i>	T9	
PRIMLEV	T9	
PROLATE	T9	
<i>tramadol-acetaminophen</i>	T1b	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1b	QL (10 capsules per 1 day)
TYLENOL WITH CODEINE #3	T3	
TYLENOL WITH CODEINE #4	T3	
ULTRACET	T3	
URIBEL	T9	

Medication	Coverage Level	Restrictions
VANATOL LQ	T9	
VTOL LQ	T9	
Anorexigenic Agents And Stimulants, Misc		
QSYMIA	BE	
Anorexigenic Agents, Miscellaneous		
CONTRAVE	BE	
IMCIVREE	T9	
Anticholinergic Agents (Cns)		
<i>benztropine mesylate oral</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>orphenadrine citrate er</i>	T1b	ST
<i>trihexyphenidyl hcl oral elixir</i>	T1a	
<i>trihexyphenidyl hcl oral tablet</i>	T1b	
Anticonvulsants, Miscellaneous		
<i>acetazolamide er</i>	T1a	
<i>acetazolamide oral</i>	T1b	
APTIOM	T3	PA; QL (60 tablets per 30 days)
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days); AL
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days); AL
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1b	ST
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1b	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1b	
CARBATROL	T3	ST
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	

Medication	Coverage Level	Restrictions
DIACOMIT ORAL CAPSULE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1b	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1b	
<i>divalproex sodium oral tablet delayed release</i>	T1a	
ELEPSIA XR	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days)
EPITOL	T1b	
EQUETRO	T3	ST
<i>felbamate oral suspension</i>	T2	QL (900 ML per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (120 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ML per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (120 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FINTEPLA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION	T3	QL (680 ML per 30 days); AL
FYCOMPA ORAL TABLET	T3	ST; QL (31 tablets per 31 days); AL
<i>gabapentin oral capsule</i>	T1a	
<i>gabapentin oral solution 250 mg/5ml</i>	T1b	
<i>gabapentin oral tablet</i>	T1b	
GABITRIL ORAL TABLET 12 MG, 4 MG	T3	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T3	QL (60 tablets per 30 days)
GRALISE ORAL TABLET	T9	
HORIZANT ORAL TABLET EXTENDED RELEASE	T9	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
LAMICTAL ODT	T9	
LAMICTAL ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral tablet</i>	T1a	
<i>lamotrigine oral tablet chewable</i>	T1b	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine titration</i>	T9	
<i>levetiracetam er</i>	T1b	
<i>levetiracetam oral solution</i>	T1b	
<i>levetiracetam oral tablet</i>	T1a	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)
NEURONTIN	T3	
<i>oxcarbazepine</i>	T1b	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T3	PA; QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T3	PA; QL (120 tablets per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1b	ST; QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1b	ST; QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1b	ST; QL (473 ML per 30 days)
QUDEXY XR	T9	
<i>rufinamide oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)

Medication	Coverage Level	Restrictions
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
SABRIL	T9	SP ()
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR	T3	ST
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
<i>topiramate er</i>	T4	ST; QL (30 capsules per 30 days)
<i>topiramate oral capsule sprinkle</i>	T1a	ST
<i>topiramate oral tablet</i>	T1a	
TRILEPTAL	T3	
TROKENDI XR	T9	
<i>valproic acid oral capsule</i>	T1b	
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
<i>vigabatrin oral tablet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL
VIGADRONE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
VIMPAT INTRAVENOUS	T2	
VIMPAT ORAL TABLET	T2	QL (60 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	PA; QL (60 tablets per 30 Days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	T3	PA; QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T3	PA; QL (60 tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T3	PA; QL (30 tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T3	PA; QL (60 tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	PA; QL (1 pack per 30 days)

Medication	Coverage Level	Restrictions
ZONEGRAN	T3	
<i>zonisamide oral</i>	T1a	
Antidepressants, Miscellaneous		
APLENZIN	T9	
<i>bupropion hcl er (smoking det)</i>	T1b	PV
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1b	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1b	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1b	QL (90 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1b	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	T9	
<i>bupropion hcl oral</i>	T1b	
FORFIVO XL	T9	
<i>mirtazapine oral tablet</i>	T1a	
<i>mirtazapine oral tablet dispersible</i>	T1b	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
Antimanic Agents		
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (30 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	ST; QL (30 tablets per 30 days)
<i>aripiprazole oral solution</i>	T1b	
<i>aripiprazole oral tablet</i>	T1b	QL (30 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1b	ST
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1b	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1b	
CARBATROL	T3	ST
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1b	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1b	
<i>divalproex sodium oral tablet delayed release</i>	T1a	
EPITOL	T1b	
EQUETRO	T3	ST
GEODON ORAL	T3	
LAMICTAL ODT	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral tablet</i>	T1a	
<i>lamotrigine oral tablet chewable</i>	T1b	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine titration</i>	T9	
<i>lithium</i>	T1b	

Medication	Coverage Level	Restrictions
<i>lithium carbonate er</i>	T1b	
<i>lithium carbonate oral</i>	T1a	
LITHOBID	T3	
<i>olanzapine oral tablet</i>	T1a	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>quetiapine fumarate</i>	T1a	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1b	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1b	QL (60 tablets per 30 days)
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1b	
<i>risperidone oral tablet</i>	T1a	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1b	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
SAPHRIS	T9	
SECUADO	T4	ST; SP (Max of 30 day supply per dispensing.); QL (30 patches per 30 days); AL
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR	T3	ST
<i>valproic acid oral capsule</i>	T1b	
<i>ziprasidone hcl</i>	T1b	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
Antimigraine Agents, Miscellaneous		
ANAPROX DS	T3	
ASCRIPITIN ORAL TABLET 325 MG	T1b	
<i>aspirin ec low dose</i>	T1b	PV
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1b	PV; AL

Medication	Coverage Level	Restrictions
BUFFERIN	T3	PV; AL
<i>butorphanol tartrate nasal</i>	T2	
CAFERGOT	T9	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T1b	AL
CAMBIA	T9	
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	T1b	
<i>cvs ibuprofen oral tablet</i>	T1a	
<i>cvs naproxen sodium oral tablet</i>	T1a	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T9	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1b	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1b	
<i>divalproex sodium oral tablet delayed release</i>	T1a	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 Day(s)s)
<i>goodsense aspirin oral tablet chewable</i>	T1b	PV; AL
HEMANGEOL	T3	AL
<i>ibuprofen oral suspension</i>	T1a	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1a	
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
MIGERGOT	T9	
MIGRANAL	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG	T3	
<i>naproxen oral suspension</i>	T1a	QL (473 ML per 30 days); AL
<i>naproxen oral tablet 250 mg, 375 mg</i>	T1a	
<i>naproxen oral tablet 500 mg</i>	T1b	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	

Medication	Coverage Level	Restrictions
<i>naproxen sodium oral tablet 220 mg</i>	T1b	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1a	
<i>propranolol hcl er</i>	T1b	
<i>propranolol hcl intravenous</i>	T1b	
<i>propranolol hcl oral</i>	T1a	
<i>timolol maleate oral</i>	T1b	
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
<i>topiramate oral capsule sprinkle</i>	T1a	ST
<i>topiramate oral tablet</i>	T1a	
TROKENDI XR	T9	
TRUDHESA	T9	
<i>valproic acid oral capsule</i>	T1b	
Antipsychotics, Miscellaneous		
ADASUVE	T9	
<i>loxapine succinate oral</i>	T1b	
<i>pimozide oral tablet 1 mg</i>	T1b	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1b	QL (150 tablets per 30 days)
Anxiolytics, Sedatives, And Hypnotics, Misc		
AMBIEN	T3	QL (30 tablets per 30 days); AL
AMBIEN CR	T3	QL (30 tablets per 30 days); AL
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL
<i>bupirone hcl oral</i>	T1a	
DAYVIGO ORAL TABLET 10 MG	T3	ST; QL (30 tablets per 30 days); AL
DAYVIGO ORAL TABLET 5 MG	T3	ST; QL (30 tablets per 30 days)
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
EDLUAR	T9	
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	T1b	QL (30 tablets per 30 days); AL
<i>eszopiclone oral tablet 3 mg</i>	T1b	QL (31 tablets per 31 days); AL
HETLIOZ	T5	PA; SP (Limited to a 1 month supply per fill)
HETLIOZ LQ	T9	
<i>hydroxyzine hcl oral syrup</i>	T1b	
<i>hydroxyzine hcl oral tablet</i>	T1b	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1b	

Medication	Coverage Level	Restrictions
INTERMEZZO	T9	
LUNESTA	T3	QL (30 tablets per 30 days); AL
<i>meprobamate</i>	T9	
<i>promethazine hcl oral syrup</i>	T1b	
<i>promethazine hcl oral tablet</i>	T1b	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
<i>ramelteon</i>	T3	ST; QL (30 tablets per 30 days); AL
ROZEREM	T3	ST; QL (30 tablets per 30 days); AL
VISTARIL	T3	
<i>zaleplon</i>	T1b	QL (30 capsules per 30 days); AL
<i>zolpidem tartrate er</i>	T1b	QL (30 tablets per 30 days); AL
<i>zolpidem tartrate oral</i>	T1b	QL (31 tablets per 31 days); AL
<i>zolpidem tartrate sublingual</i>	T9	
ZOLPIMIST	T3	ST; QL (1 bottle per 30 days)
Atypical Antipsychotics		
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (30 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	ST; QL (30 tablets per 30 days)
<i>aripiprazole oral solution</i>	T1b	
<i>aripiprazole oral tablet</i>	T1b	QL (30 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
CAPLYTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<i>clozapine oral tablet</i>	T1b	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	

Medication	Coverage Level	Restrictions
FANAPT	T4	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
GEODON ORAL	T3	
INVEGA	T9	
LATUDA	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
NUPLAZID ORAL CAPSULE	T9	
NUPLAZID ORAL TABLET 10 MG	T9	
<i>olanzapine oral tablet</i>	T1a	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>quetiapine fumarate</i>	T1a	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1b	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1b	QL (60 tablets per 30 days)
REXULTI	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1b	
<i>risperidone oral tablet</i>	T1a	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1b	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
SAPHRIS	T9	
SECUADO	T4	ST; SP (Max of 30 day supply per dispensing.); QL (30 patches per 30 days); AL
SEROQUEL	T3	

Medication	Coverage Level	Restrictions
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
VERSACLOZ	T5	ST; SP (Max of 31 days per dispensing.)
VRAYLAR	T4	ST; SP (Max of 31 days per dispensing.); QL (30 capsules per 30 days)
<i>ziprasidone hcl</i>	T1b	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
Barbiturates (Anticonvulsants)		
MYSOLINE ORAL TABLET 50 MG	T3	
<i>phenobarbital oral elixir</i>	T1b	
<i>phenobarbital oral tablet</i>	T1b	
<i>primidone oral</i>	T1a	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ALLZITAL	T9	
ASCOMP-CODEINE	T2	
BUPAP ORAL TABLET 50-300 MG	T9	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1b	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1b	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1b	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1b	QL (180 capsules per 30 days)
DONNATAL	T9	
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
<i>phenobarbital oral elixir</i>	T1b	

Medication	Coverage Level	Restrictions
<i>phenobarbital oral tablet</i>	T1b	
SECONAL	T3	QL (28 capsules per 14 days); AL
VANATOL LQ	T9	
VTOL LQ	T9	
<i>Benzodiazepines (Anticonvulsants)</i>		
ATIVAN ORAL	T3	
<i>clobazam oral suspension</i>	T3	ST
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral tablet</i>	T1a	
<i>clonazepam oral tablet dispersible</i>	T1b	
<i>clorazepate dipotassium</i>	T1b	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1a	
<i>diazepam oral tablet</i>	T1a	
<i>diazepam rectal</i>	T3	
KLONOPIN	T3	
LORAZEPAM INTENSOL	T1b	
<i>lorazepam oral tablet</i>	T1a	
NAYZILAM	T3	QL (4 doses per 30 days)
ONFI ORAL SUSPENSION	T3	ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
SYMPAZAN	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
VALIUM	T3	
VALTOCO 10 MG DOSE	T3	QL (4 units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 units per 30 days)
<i>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</i>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1b	QL (30 tablets per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	T1b	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1b	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1a	
<i>alprazolam oral tablet dispersible</i>	T2	
ATIVAN ORAL	T3	
<i>chlordiazepoxide hcl</i>	T1a	

Medication	Coverage Level	Restrictions
<i>chlordiazepoxide-amitriptyline</i>	T1b	
<i>chlordiazepoxide-clidinium</i>	T2	
<i>clobazam oral suspension</i>	T3	ST
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral tablet</i>	T1a	
<i>clonazepam oral tablet dispersible</i>	T1b	
<i>clorazepate dipotassium</i>	T1b	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1a	
<i>diazepam oral tablet</i>	T1a	
<i>diazepam rectal</i>	T3	
<i>estazolam</i>	T1b	QL (30 tablets per 30 days); AL
<i>flurazepam hcl</i>	T1a	QL (30 capsules per 30 days); AL
HALCION	T3	QL (60 tablets per 30 days); AL
KLONOPIN	T3	
LIBRAX	T9	
LORAZEPAM INTENSOL	T1b	
<i>lorazepam oral tablet</i>	T1a	
<i>midazolam hcl oral</i>	T1b	
ONFI ORAL SUSPENSION	T3	ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
<i>oxazepam</i>	T1b	
<i>quazepam</i>	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL
SYMPAZAN	T9	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1a	QL (30 capsules per 30 days); AL
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
<i>triazolam oral tablet 0.125 mg</i>	T1b	QL (30 tablets per 30 days); AL
<i>triazolam oral tablet 0.25 mg</i>	T1b	QL (60 tablets per 30 days); AL
VALIUM	T3	
XANAX	T3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T3	QL (30 tablets per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T3	QL (60 tablets per 30 days)
Butyrophenones		
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1b	

Medication	Coverage Level	Restrictions
<i>haloperidol oral</i>	T1a	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
AJOVY	T4	PA; SP (Limited to a 1 month supply per fill); AL
EMGALITY (300 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL
NURTEC	T9	
UBRELVY ORAL TABLET 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablet per 30 days)
UBRELVY ORAL TABLET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
Catechol-O-Methyltransferase(Comt)Inhib.		
<i>carbidopa-levodopa-entacapone</i>	T1b	
COMTAN	T3	
<i>entacapone</i>	T1b	
ONGENTYS	T3	ST
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
TASMAR ORAL TABLET 100 MG	T3	
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
Central Nervous System Agents, Misc.		
<i>acamprosate calcium</i>	T1b	
ADDYI	T9	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T1b	QL (62 capsules per 31 days); AL
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	T1b	QL (31 capsules per 31 days); AL

Medication	Coverage Level	Restrictions
EXSERVAN	T9	
<i>guanfacine hcl er</i>	T1b	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1b	
INTUNIV	T3	QL (30 tablets per 30 days)
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1b	QL (60 tablets per 30 days); AL
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1b	QL (1 pack per 365 days); AL
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL
NAMENDA TITRATION PAK	T3	QL (1 pack per 365 days); AL
NAMENDA XR	T3	QL (30 capsules per 30 days); AL
NAMENDA XR TITRATION PACK	T3	AL
NAMZARIC	T9	
NOURIANZ	T9	
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	ST; QL (60 capsules per 30 days); AL
RILUTEK	T9	
<i>riluzole</i>	T1b	QL (60 tablets per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (62 capsules per 31 days); AL
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T3	QL (30 capsules per 30 days); AL
STRATTERA ORAL CAPSULE 60 MG	T3	QL (31 capsules per 31 days); AL
TIGLUTIK	T9	
VYNDAMAX	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
XYREM	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
XYWAV	T9	
Cyclooxygenase-2 (Cox-2) Inhibitors		
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1b	QL (60 capsules per 30 days)
CONSENSI	T9	
Dopamine Precursors		
<i>carbidopa oral</i>	T9	

Medication	Coverage Level	Restrictions
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1b	
<i>carbidopa-levodopa oral tablet</i>	T1a	
<i>carbidopa-levodopa oral tablet dispersible</i>	T1b	
<i>carbidopa-levodopa-entacapone</i>	T1b	
INBRIJA	T9	
LODOSYN	T3	QL (150 tablets per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG	T9	SP ()
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	T9	SP ()
SINEMET CR	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
<i>Ergot-Deriv. Dopamine Receptor Agonists</i>		
<i>bromocriptine mesylate oral</i>	T1b	
<i>cabergoline</i>	T1b	
PARLODEL	T3	
<i>Fibromyalgia Agents</i>		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG	T3	QL (60 cymbalta per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1b	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1b	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T1b	ST; QL (30 capsules per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1b	ST; QL (90 CAPSULES per 30 days)

Medication	Coverage Level	Restrictions
<i>pregabalin oral capsule 300 mg</i>	T1b	ST; QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1b	ST; QL (473 ML per 30 days)
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
General Anesthetics, Miscellaneous		
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
Hydantoins		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
PEGANONE	T3	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1b	
<i>phenytoin oral tablet chewable</i>	T1b	
<i>phenytoin sodium extended</i>	T1a	
Monoamine Oxidase B Inhibitors		
AZILECT	T3	ST; QL (30 tablets per 30 days)
EMSAM	T3	ST
<i>rasagiline mesylate oral</i>	T3	ST; QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
XADAGO	T9	
Monoamine Oxidase Inhibitors		
AZILECT	T3	ST; QL (30 tablets per 30 days)
EMSAM	T3	ST
MARPLAN	T2	QL (180 tablets per 30 days)
NARDIL	T3	
PARNATE	T3	
<i>phenelzine sulfate oral</i>	T1b	
<i>rasagiline mesylate oral</i>	T3	ST; QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
<i>tranylcypromine sulfate</i>	T2	
XADAGO	T9	
Nonergot-Deriv.Dopamine Receptor Agonist		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
KYNMOBI	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 films per 30 days)

Medication	Coverage Level	Restrictions
MIRAPEX	T3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG	T3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 2.25 MG, 3.75 MG	T3	ST
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>pramipexole dihydrochloride</i>	T1a	
<i>pramipexole dihydrochloride er</i>	T1b	ST; QL (30 tablets per 30 days)
REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG	T3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG	T3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	T5	
<i>ropinirole hcl</i>	T1a	
<i>ropinirole hcl er</i>	T1b	ST
Opiate Agonists		
<i>acetaminophen-codeine #2</i>	T1b	
<i>acetaminophen-codeine #3</i>	T1b	
<i>acetaminophen-codeine #4</i>	T1b	
<i>acetaminophen-codeine oral solution</i>	T1b	
ACTIQ	T9	
APADAZ	T9	
ASCOMP-CODEINE	T2	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1b	QL (180 capsules per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>carisoprodol-aspirin-codeine</i>	T9	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	T1b	
CONZIP	T9	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
DOLOPHINE	T3	
DSUVIA	T9	
DURAGESIC-100	T3	QL (15 patches per 30 days)
DURAGESIC-12	T3	QL (15 patches per 30 days)
DURAGESIC-25	T3	QL (15 patches per 30 days)

Medication	Coverage Level	Restrictions
DURAGESIC-50	T3	QL (15 patches per 30 days)
DURAGESIC-75	T3	QL (15 patches per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Max of 31 day supply per dispensing.)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1b	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL/CODEINE #3	T3	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg</i>	T3	ST; QL (60 Capsules per 30 days); AL
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	T3	ST; QL (60 capsules per 30 days); AL
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1b	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1b	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	T1b	
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days)
<i>hydromorphone hcl oral liquid</i>	T1b	
<i>hydromorphone hcl oral tablet 2 mg</i>	T1b	QL (32 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1b	QL (16 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1b	QL (8 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	T1b	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	T9	
LAZANDA	T9	

Medication	Coverage Level	Restrictions
<i>levorphanol tartrate oral</i>	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
<i>meperidine hcl oral solution</i>	T1b	
<i>meperidine hcl oral tablet 50 mg</i>	T1b	
METHADONE HCL INTENSOL	T1b	
<i>methadone hcl oral concentrate</i>	T1b	
<i>methadone hcl oral solution</i>	T1b	
<i>methadone hcl oral tablet</i>	T1b	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1b	
MORPHABOND ER	T9	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1b	
<i>morphine sulfate er beads</i>	T9	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate er oral tablet extended release</i>	T1b	
<i>morphine sulfate oral</i>	T1b	
<i>morphine sulfate rectal</i>	T1b	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NORCO	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T5	ST; QL (62 tablets per 31 days)
OPANA ORAL	T3	
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	T2	QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg, 30 mg, 60 mg, 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral solution</i>	T1b	
<i>oxycodone hcl oral tablet</i>	T1b	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1b	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	ST; QL (60 EA per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PRIMLEV	T9	
PROLATE	T9	
QDOLO	T9	
SUBSYS	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	T1b	QL (30 tablets per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1a	QL (240 tablets per 30 days)
<i>tramadol-acetaminophen</i>	T1b	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1b	QL (10 capsules per 1 day)
TYLENOL WITH CODEINE #3	T3	
TYLENOL WITH CODEINE #4	T3	
ULTRACET	T3	
ULTRAM	T3	QL (240 tablets per 30 days)
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
ZOXYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	T3	ST; QL (60 capsules per 30 days); AL
<i>Opiate Antagonists</i>		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	T3	ST; QL (30 films per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	T3	ST; QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1b	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	T1b	QL (90 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	T1b	QL (30 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	T1b	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1b	QL (93 tablets per 31 days)
KLOXXADO	T3	QL (2 doses per 365 Days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	T1b	QL (2 Vials/Syringes per 365 Day(s))
<i>naloxone hcl injection solution auto-injector</i>	T9	

Medication	Coverage Level	Restrictions
<i>naloxone hcl injection solution cartridge</i>	T1b	QL (2 Vials/Syringes per 365 Day(s))
<i>naloxone hcl injection solution prefilled syringe</i>	T1b	QL (2 Vials/Syringes per 365 Day(s))
<i>naltrexone hcl oral</i>	T1b	
NARCAN	T1b	QL (2 doses per 365 days)
<i>pentazocine-naloxone hcl</i>	T2	ST
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
Opiate Partial Agonists		
BELBUCA	T3	ST; QL (60 films per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	T3	ST; QL (30 films per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	T3	ST; QL (60 films per 30 days)
<i>buprenorphine hcl buccal</i>	T3	ST; QL (60 films per 30 days)
<i>buprenorphine hcl sublingual</i>	T1b	QL (90 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1b	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	T1b	QL (90 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	T1b	QL (30 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	T1b	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1b	QL (93 tablets per 31 days)
<i>buprenorphine transdermal</i>	T3	ST; QL (4 patches per 28 days)
<i>butorphanol tartrate nasal</i>	T2	
BUTRANS	T9	
<i>pentazocine-naloxone hcl</i>	T2	ST
PROBUPHINE IMPLANT KIT	T9	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)

Medication	Coverage Level	Restrictions
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
Other Nonsteroidal Anti-Inflam. Agents		
ANAPROX DS	T3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
CAMBIA	T9	
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	T1b	
<i>cvs ibuprofen oral tablet</i>	T1a	
<i>cvs naproxen sodium oral tablet</i>	T1a	
DAYPRO	T3	
<i>diclofenac</i>	T9	
<i>diclofenac epolamine transdermal</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1b	
<i>diclofenac sodium er</i>	T1b	
<i>diclofenac sodium oral</i>	T1b	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>diflunisal oral</i>	T1b	
DUEXIS	T9	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1b	
FELDENE	T3	
<i>fenoprofen calcium oral</i>	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
FLECTOR TRANSDERMAL	T9	
<i>flurbiprofen oral</i>	T1b	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	T1b	
<i>ibuprofen oral suspension</i>	T1a	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1a	
<i>ibuprofen-famotidine</i>	T9	
INDOCIN ORAL	T9	

Medication	Coverage Level	Restrictions
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1b	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1b	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine oral</i>	T1b	QL (20 tablets per 30 days)
LICART TRANSDERMAL	T9	
LOFENA	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mefenamic acid oral</i>	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral tablet</i>	T1a	
MOBIC ORAL TABLET	T3	
<i>nabumetone oral</i>	T1b	
NALFON ORAL CAPSULE 400 MG	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG	T3	
<i>naproxen oral suspension</i>	T1a	QL (473 ML per 30 days); AL
<i>naproxen oral tablet 250 mg, 375 mg</i>	T1a	
<i>naproxen oral tablet 500 mg</i>	T1b	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T1b	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1a	
<i>naproxen-esomeprazole</i>	T9	
<i>oxaprozin</i>	T2	
<i>piroxicam oral</i>	T1b	
PONSTEL	T3	
QMIIZ ODT	T9	
RELAFEN DS	T9	
SPRIX	T9	
<i>sulindac oral</i>	T1b	
<i>sumatriptan-naproxen sodium</i>	T9	
TIVORBEX	T9	
<i>tolmetin sodium</i>	T2	
TREXIMET ORAL TABLET 85-500 MG	T9	
VIMOVO	BE	
VIVLODEX	T9	

Medication	Coverage Level	Restrictions
ZIPSOR	T9	
ZORVOLEX	T9	
Phenothiazines		
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T2	QL (180 tablets per 30 days)
COMPRO	T1b	
<i>fluphenazine hcl oral concentrate</i>	T1b	
<i>fluphenazine hcl oral elixir</i>	T1b	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1b	
<i>perphenazine-amitriptyline</i>	T1b	
<i>prochlorperazine</i>	T1b	
<i>prochlorperazine maleate oral</i>	T1a	
<i>thioridazine hcl oral</i>	T1b	
<i>trifluoperazine hcl oral</i>	T1b	
Respiratory And Cns Stimulants		
ADHANSIA XR	T9	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 30 MG, 40 MG, 50 MG, 60 MG	T3	QL (30 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	T3	QL (30 capsule per 30 days)
ASCOMP-CODEINE	T2	
AZSTARYS	T9	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1b	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1b	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1b	QL (180 capsules per 30 days)
CAFERGOT	T9	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T1b	AL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL
COTEMPLA XR-ODT	T9	
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL

Medication	Coverage Level	Restrictions
<i>dexmethylphenidate hcl</i>	T1b	AL
<i>dexmethylphenidate hcl er</i>	T1b	QL (30 capsules per 30 days); AL
ELIXOPHYLLIN	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 Day(s)s)
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
FOCALIN	T3	AL
FOCALIN XR	T3	QL (30 capsules per 30 days); AL
JORNAY PM	T9	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1b	AL
METHYLIN ORAL SOLUTION	T3	AL
<i>methylphenidate hcl er (cd)</i>	T1b	QL (30 capsules per 30 days); AL
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	T1b	QL (30 capsules per 30 days); AL
<i>methylphenidate hcl er (xr)</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg</i>	T1b	QL (30 tablets per 30 days); AL
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1b	AL
<i>methylphenidate hcl er oral tablet extended release 36 mg, 54 mg</i>	T1b	QL (60 tablets per 30 days); AL
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	T3	QL (30 tablets per 30 days)
<i>methylphenidate hcl oral solution</i>	T1b	AL
<i>methylphenidate hcl oral tablet</i>	T1b	AL
<i>methylphenidate hcl oral tablet chewable</i>	T1b	AL
MIGERGOT	T9	
<i>norgesic forte</i>	T9	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
QUILLICHEW ER	T9	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T9	
RELEXXII	T9	
RITALIN	T3	AL

Medication	Coverage Level	Restrictions
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1b	
<i>theophylline er oral tablet extended release 24 hour</i>	T1b	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1b	QL (10 capsules per 1 day)
VANATOL LQ	T9	
VTOL LQ	T9	
Salicylates		
AGGRENEX	T3	
ASCOMP-CODEINE	T2	
ASCRIPITIN ORAL TABLET 325 MG	T1b	
<i>aspirin ec low dose</i>	T1b	PV
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1b	PV; AL
<i>aspirin-dipyridamole er</i>	T1b	
BUFFERIN	T3	PV; AL
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1b	QL (180 capsules per 30 days)
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T9	
<i>choline-mag trisalicylate</i>	T1b	
DOANS PILLS	T1b	
DURLAZA	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
<i>goodsense aspirin oral tablet chewable</i>	T1b	PV; AL
<i>norgesic forte</i>	T9	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
<i>salsalate oral</i>	T1b	
Sel. Serotonin, Norepi Reuptake Inhibitor		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG	T3	QL (60 cymbalta per 30 days)
<i>desvenlafaxine er</i>	T2	ST; QL (30 tablets per 30 days); AL

Medication	Coverage Level	Restrictions
<i>desvenlafaxine succinate er</i>	T1b	QL (30 tablets per 30 days); AL
DRIZALMA SPRINKLE	T9	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1b	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1b	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T1b	ST; QL (30 capsules per 30 days)
EFFEXOR XR	T3	
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL
PRISTIQ	T3	QL (31 tablets per 31 days); AL
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
<i>venlafaxine hcl</i>	T1b	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1a	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
Selective Serotonin Agonists		
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
AMERGE	T9	
<i>eletriptan hydrobromide</i>	T9	
FROVA	T9	
<i>frovatriptan succinate</i>	T9	
IMITREX	T9	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T9	
MAXALT ORAL TABLET 10 MG	T9	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T9	
<i>naratriptan hcl</i>	T1b	QL (12 tablets per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
<i>rizatriptan benzoate</i>	T1b	QL (12 tablets per 30 days)
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1b	QL (12 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1b	QL (8 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1b	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 Pens per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	T1b	
<i>sumatriptan-naproxen sodium</i>	T9	
TOSYMRA	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
ZEMBRACE SYMTOUCH	T9	
<i>zolmitriptan nasal</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOMIG NASAL	T3	ST; QL (12 units per 30 days)
ZOMIG ORAL	T9	
ZOMIG ZMT	T9	
Selective Serotonin Receptor Agonists		
BELVIQ	BE	
BELVIQ XR	BE	
Selective-Serotonin Reuptake Inhibitors		
BRISDELLE	T9	
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablets per 30 days); AL
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL
<i>citalopram hydrobromide oral solution</i>	T1a	
<i>citalopram hydrobromide oral tablet 10 mg</i>	T1a	QL (90 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	T1a	QL (60 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	T1a	
<i>escitalopram oxalate</i>	T1b	
<i>fluoxetine hcl (pmdd) capsule 10 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) capsule 20 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T9	
<i>fluoxetine hcl oral capsule</i>	T1a	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1b	
<i>fluoxetine hcl oral tablet</i>	T9	

Medication	Coverage Level	Restrictions
<i>fluvoxamine maleate</i>	T1b	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
LEXAPRO ORAL TABLET	T3	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	ST; QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	T2	ST; QL (60 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	T2	ST; QL (30 EA per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	
<i>paroxetine hcl oral tablet</i>	T1a	
<i>paroxetine mesylate</i>	T9	
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 EA per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 EA per 30 days)
PEXEVA	T9	
PROZAC ORAL CAPSULE	T3	
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1a	
<i>sertraline hcl oral tablet</i>	T1a	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 EA per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 EA per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 EA per 30 days)
Serotonin Modulators		
<i>nefazodone hcl</i>	T1b	
<i>trazodone hcl oral</i>	T1a	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL
VIIBRYD ORAL TABLET	T3	ST; QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	ST; QL (30 tablets per 30 days)
Succinimides		
CELONTIN	T2	
<i>ethosuximide oral</i>	T1b	
ZARONTIN	T3	

Medication	Coverage Level	Restrictions
Thioxanthenes		
<i>thiothixene oral</i>	T1b	
Tricyclics, Other Norepi-Ru Inhibitors		
<i>amitriptyline hcl oral</i>	T1b	
<i>amoxapine</i>	T1b	
ANAFRANIL	T3	
<i>chlordiazepoxide-amitriptyline</i>	T1b	
<i>clomipramine hcl oral capsule 25 mg</i>	T2	QL (30 capsules per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	T2	QL (60 capsules per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	T2	QL (90 capsules per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>doxepin hcl oral capsule</i>	T1b	
<i>doxepin hcl oral concentrate</i>	T1b	
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 days)
<i>imipramine hcl oral</i>	T1b	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 EA per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 EA per 30 days)
<i>maprotiline hcl</i>	T1b	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
<i>nortriptyline hcl oral capsule</i>	T1b	
PAMELOR ORAL CAPSULE	T3	SP (Generic substitution mandatory.)
<i>perphenazine-amitriptyline</i>	T1b	
<i>protriptyline hcl</i>	T2	
SILENOR	T3	ST; QL (31 EA per 31 days)
TOFRANIL	T3	
<i>trimipramine maleate oral</i>	T2	
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO ORAL TABLET 12 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XENAZINE	T9	
Wakefulness-Promoting Agents		
<i>armodafinil</i>	T1b	QL (30 tablets per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	T1b	
<i>modafinil</i>	T1b	QL (60 tablets per 30 days)
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 EA per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 EA per 31 days)
SUNOSI	T9	
WAKIX	T9	
Dental Agents		
<i>Dental Agents</i>		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
<i>sodium fluoride 5000 sensitive</i>	T1b	
Devices		
<i>Devices</i>		
10 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
ACCU-CHEK FASTCLIX LANCET	T2	
ACCU-CHEK MULTICLIX LANCET DEV	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T2	

Medication	Coverage Level	Restrictions
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)
BREATHERITE	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER ADULT	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER CHILD	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER INFANT	T2	QL (4 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	T2	QL (4 EA per 365 days)
BREATHERITE SPACER NEONATE	T2	QL (4 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	T2	QL (4 EA per 365 days)
BREATHERITE/LARGE MASK	T2	QL (4 EA per 365 days)
BREATHERITE/MEDIUM MASK	T2	QL (4 EA per 365 days)
BREATHERITE/SMALL MASK	T2	QL (4 EA per 365 days)
DEXCOM G6 RECEIVER	T2	QL (1 receiver per 365 Days)
DEXCOM G6 SENSOR	T2	QL (1 box per 30 Days)
DEXCOM G6 TRANSMITTER	T2	QL (1 transmitter per 90 Days)
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
FREESTYLE LIBRE 14 DAY READER	T2	QL (1 system per 365 Days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	QL (2 sensors per 28 Days)
FREESTYLE LIBRE READER	T2	QL (3 System per 365 Days)
FREESTYLE LIBRE SENSOR SYSTEM	T2	QL (3 Sensors per 30 Days)
HYPOLANCE AST LANCING	T2	
INPEN 100-BLUE-LILLY	T9	
INPEN 100-BLUE-NOVO	T9	
INPEN 100-GRAY-LILLY	T9	
INPEN 100-GREY-NOVO	T9	

Medication	Coverage Level	Restrictions
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-NOVO	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
OMNIPOD DASH 5 PACK PODS	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	T2	QL (4 EA per 365 days)
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1b	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
<i>valved holding chamber</i>	T1b	QL (4 EA per 365 days)
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
VIVAGUARD INO CONTROL SOLUTION	T3	
Diagnostic Agents		
<i>Adrenocortical Insufficiency</i>		
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
<i>Diabetes Mellitus</i>		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 EA per 30 days)
ACCU-CHEK COMPACT PLUS	T3	ST; QL (200 EA per 30 days)

Medication	Coverage Level	Restrictions
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 EA per 30 days)
AGAMATRIX AMP TEST	T3	ST; QL (200 EA per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 EA per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST
FORA 6 CONNECT	T3	ST
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FREESTYLE LITE TEST	T3	ST; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST	T3	QL (200 Strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 EA per 30 days)
GLUCOCARD X-SENSOR	T3	ST; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
HARMONY BLOOD GLUCOSE TEST	T3	ST
MICRODOT TEST	T3	ST
ONETOUCH ULTRA BLUE	T1b	QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1b	QL (200 EA per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 EA per 30 days)
PRECISION QID TEST	T3	ST; QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 EA per 30 days)
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST
TRUETRACK TEST	T3	ST; QL (200 EA per 30 days)
UNISTRIP1 GENERIC	T3	ST; QL (200 EA per 30 days)
Diagnostic Agents		
<i>toxicology saliva collection</i>	T9	
Drug Hypersensitivity		
CANDIN	T9	
Ketones		
KETOSTIX	T3	
Tuberculosis		
APLISOL	T9	
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
<i>cytra k crystals</i>	T1b	

Medication	Coverage Level	Restrictions
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
ORACIT	T3	
<i>pot & sod cit-cit ac</i>	T1b	
<i>potassium citrate er</i>	T1b	
<i>potassium citrate-citric acid oral solution</i>	T1b	
<i>sod citrate-citric acid</i>	T1b	
<i>tricitrates</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
CARBAGLU	T4	PA; SP (Limited to a 1 month supply per fill)
<i>enulose</i>	T1b	
<i>generlac</i>	T1b	
KRISTALOSE	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1b	
LITHOSTAT	T9	
RAVICTI	T4	PA; SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
Caloric Agents		
CARDIOTEK RX ORAL TABLET	T9	
DOJOLVI	T9	
ENLYTE	T9	
FERREX 150 FORTE PLUS	T9	
<i>l-leucine</i>	T9	
METAFOLBIC PLUS	T9	

Medication	Coverage Level	Restrictions
<i>methaver</i>	T9	
<i>methazel</i>	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
SUPERVITE	T9	
<i>zyvit</i>	T9	
Carbonic Anhydrase Inhibitors		
<i>acetazolamide er</i>	T1a	
<i>acetazolamide oral</i>	T1b	
Diuretics, Miscellaneous		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1b	
<i>theophylline er oral tablet extended release 24 hour</i>	T1b	
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	T1b	
Loop Diuretics		
<i>bumetanide oral</i>	T1a	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T9	
<i>furosemide injection solution 10 mg/ml</i>	T1b	
<i>furosemide oral solution 10 mg/ml</i>	T1a	
<i>furosemide oral solution 8 mg/ml</i>	T1b	
<i>furosemide oral tablet</i>	T1a	
LASIX	T3	
<i>torseamide oral</i>	T1a	
Phosphate-Removing Agents		
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral capsule</i>	T1b	
FOSRENOL ORAL PACKET	T5	SP (Max of 31 days per dispensing.); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Max of 31 days per dispensing.); QL (210 tablets per 30 days)

Medication	Coverage Level	Restrictions
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	T9	
PHOSLO	T3	
PHOSLYRA	T3	ST
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
RENVELA	T9	
<i>sevelamer carbonate oral packet</i>	T5	SP (Max of 31 days per dispensing.)
<i>sevelamer carbonate oral tablet</i>	T4	SP (Max of 31 days per dispensing.); QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
VELPHORO	T5	ST; SP (Max of 31 days supply per dispensing); QL (180 EA per 30 days)
<i>Potassium-Removing Agents</i>		
KIONEX ORAL SUSPENSION	T1b	
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1b	
SPS	T1b	
VELTASSA ORAL PACKET 16.8 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 25.2 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)

Medication	Coverage Level	Restrictions
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
Potassium-Sparing Diuretics		
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1b	
<i>amiloride-hydrochlorothiazide</i>	T1b	
CAROSPIR	T9	
DYRENIUM	T9	
<i>eplerenone</i>	T1b	
INSPRA	T3	QL (30 tablets per 30 days)
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone oral</i>	T1a	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1b	
<i>triamterene-hctz oral tablet</i>	T1b	
Replacement Preparations		
<i>active fe</i>	T9	
<i>advanced am/pm</i>	T9	
<i>av-phos 250 neutral</i>	T9	
BACMIN	T9	
<i>calcium acetate (phos binder) oral capsule</i>	T1b	
<i>calcium-folic acid plus d</i>	T9	
CENTRATEX	T9	
<i>complete natal dha</i>	T1b	
CORVITA	T9	
CORVITA 150	T9	
CORVITE 150 ORAL TABLET 150-1.25 MG	T9	
CORVITE FREE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800/ZINC	T9	
DIALYVITE SUPREME D	T9	
DIALYVITE/ZINC	T9	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1b	
FERIVA 21/7	T9	
FERIVAFA	T9	
FERROCITE PLUS ORAL TABLET	T9	
FOLBEE PLUS CZ	T9	

Medication	Coverage Level	Restrictions
FOLGARD OS	T9	
FORTAVIT ORAL CAPSULE	T9	
GALZIN	T9	
<i>hematinic plus vit/minerals</i>	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
HEMOCYTE PLUS	T9	
IROSPAN 24/6	T9	
KLOR-CON 10	T1b	
KLOR-CON M10	T1b	
KLOR-CON M15	T1b	
KLOR-CON M20	T1b	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1b	
K-PHOS-NEUTRAL	T9	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
LYSIPLEX PLUS ORAL TABLET	T9	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T9	
MAXFE ORAL TABLET	T9	
<i>neonatal + dha</i>	T9	
NEPHPLEX RX	T9	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
PHOSLO	T3	
PHOSLYRA	T3	ST
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>pnv-dha</i>	T1b	
<i>pnv-select</i>	T1b	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1b	
<i>potassium chloride er oral capsule extended release</i>	T1b	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	T1b	

Medication	Coverage Level	Restrictions
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T1b	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP (Max of 31 days per dispensing.)
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	
<i>prenatal (w/iron & fa)</i>	T1b	PV
<i>prenatal/iron oral tablet</i>	T1b	PV
PRENATE AM	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
<i>purevit dualfe plus</i>	T9	
QUFLORA FE	T9	
REQ 49+	T9	
<i>se-tan plus</i>	T9	
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SUPERVITE	T9	
<i>tl-hem 150</i>	T9	
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1b	
UDAMIN SP	T9	
<i>v-c forte</i>	T9	
VIC-FORTE	T9	
VINATE M	T1a	
<i>virt-phos 250 neutral</i>	T9	
VITACEL	T1b	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
VITATRUE	T3	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
Thiazide Diuretics		
ACCURETIC	T3	
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
<i>amiloride-hydrochlorothiazide</i>	T1b	

Medication	Coverage Level	Restrictions
<i>amlodipine-valsartan-hctz</i>	T1b	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
<i>benazepril-hydrochlorothiazide</i>	T1b	
BENICAR HCT	T3	
<i>bisoprolol-hydrochlorothiazide</i>	T1a	
<i>candesartan cilexetil-hctz</i>	T1b	
<i>captopril-hydrochlorothiazide</i>	T1b	
DIOVAN HCT	T3	
DIURIL	T2	
DUTOPROL	T9	
EDARBYCLOR	T3	ST
<i>enalapril-hydrochlorothiazide</i>	T1b	
EXFORGE HCT	T3	
<i>fosinopril sodium-hctz</i>	T1b	
<i>hydrochlorothiazide oral</i>	T1a	
HYZAAR	T3	
<i>irbesartan-hydrochlorothiazide</i>	T1b	
<i>lisinopril-hydrochlorothiazide</i>	T1a	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
<i>losartan potassium-hctz</i>	T1a	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>methyldopa-hydrochlorothiazide</i>	T1b	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1b	
MICARDIS HCT	T3	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1b	
<i>olmesartan medoxomil-hctz</i>	T1b	
<i>olmesartan-amlodipine-hctz</i>	T1b	
<i>propranolol-hctz</i>	T1b	
<i>quinapril-hydrochlorothiazide</i>	T1b	
<i>spironolactone-hctz</i>	T1b	
TEKTURNA HCT	T2	ST
<i>telmisartan-hctz</i>	T1b	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1b	
<i>triamterene-hctz oral tablet</i>	T1b	

Medication	Coverage Level	Restrictions
TRIBENZOR	T3	
<i>valsartan-hydrochlorothiazide</i>	T1b	
VASERETIC	T3	
ZESTORETIC	T3	
ZIAC	T3	
Thiazide-Like Diuretics		
<i>atenolol-chlorthalidone</i>	T1a	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1b	
<i>indapamide oral</i>	T1a	
<i>metolazone</i>	T1b	
TENORETIC 100	T3	
TENORETIC 50	T3	
THALITONE	T9	
Uricosuric Agents		
<i>colchicine-probenecid</i>	T1b	
<i>probenecid oral</i>	T1b	
Vasopressin Antagonists		
JYNARQUE ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 90 & 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 60 & 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>tolvaptan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
Enzymes		
Enzymes		
CREON	T4	
MEPSEVII	T9	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringe per 30 days)

Medication	Coverage Level	Restrictions
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML, 20 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PERTZYE	T5	ST; SP (Max of 31 days per dispensing.)
PULMOZYME	T4	PA; SP (Max of 31 days per dispensing.); QL (60 ampules per 30 days)
REVCOVI	T4	PA; SP (Limited to a 1 month supply per fill)
SANTYL	T3	QL (60 GM per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill)
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill)
SUCRAID	T4	SP (Max of 31 days per dispensing.)
VIOKACE	T5	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P	T9	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1b	
<i>brimonidine-dorzolamide</i>	T9	
COMBIGAN	T2	
SIMBRINZA	T2	
Antiallergic Agents		
ALAWAY	T1b	
ALOCRIL	T3	ST
ALOMIDE	T2	
ASTEPRO NASAL SOLUTION 0.15 %	T3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1b	

Medication	Coverage Level	Restrictions
<i>azelastine hcl ophthalmic</i>	T1b	
<i>azelastine-fluticasone</i>	T9	
<i>bepotastine besilate</i>	T9	
BEPREVE	T9	
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1b	
DYMISTA	T9	
<i>epinastine hcl</i>	T1b	
<i>ketotifen fumarate ophthalmic</i>	T1b	
LASTACAFT	T9	
NAPHCON-A	T9	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1b	QL (5 ml per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1b	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANASE	T3	
PATANOL	T3	
PAZEO	T9	
ZADITOR	T1b	
Antibacterials (Eent)		
AZASITE	T3	ST
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1b	
<i>bacitra-neomycin-polymyxin-hc</i>	T1b	
BESIVANCE	T3	QL (5 ML per 30 days)
BLEPH-10	T3	
BLEPHAMIDE	T3	ST
BLEPHAMIDE S.O.P.	T3	
CETRAXAL	T3	
CILOXAN	T3	
CIPRO HC	T2	
CIPRODEX	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1b	
<i>ciprofloxacin hcl otic</i>	T1b	
<i>ciprofloxacin-dexamethasone</i>	T1b	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL
COLY-MYCIN S	T3	
<i>erythromycin ophthalmic</i>	T1b	
<i>gatifloxacin ophthalmic</i>	T1b	
GENTAK OPHTHALMIC OINTMENT	T1b	

Medication	Coverage Level	Restrictions
<i>gentamicin sulfate ophthalmic solution</i>	T1b	
<i>levofloxacin ophthalmic</i>	T1b	
MAXITROL	T3	
MOXEZA	T3	
<i>moxifloxacin hcl (2x day)</i>	T1b	
<i>moxifloxacin hcl ophthalmic solution</i>	T1b	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1b	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1b	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1b	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1b	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1b	
OCUFLOX	T3	
<i>ofloxacin ophthalmic</i>	T1b	
<i>ofloxacin otic</i>	T1b	
OTOVEL	T2	AL
<i>polymyxin b-trimethoprim</i>	T1b	
POLYTRIM	T3	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<i>sulfacetamide sodium ophthalmic</i>	T1b	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1b	
TOBRADEX OPHTHALMIC OINTMENT	T9	
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin ophthalmic</i>	T1b	
<i>tobramycin-dexamethasone</i>	T1b	
TOBREX OPHTHALMIC OINTMENT	T2	
TOBREX OPHTHALMIC SOLUTION	T3	
VIGAMOX	T3	
ZYLET	T3	ST
ZYMAXID	T3	ST
Antifungals (Eent)		
NATACYN	T3	

Medication	Coverage Level	Restrictions
Antivirals (Eent)		
<i>trifluridine ophthalmic</i>	T1b	
ZIRGAN	T3	
Beta-Adrenergic Blocking Agents (Eent)		
<i>betaxolol hcl ophthalmic</i>	T2	
BETIMOL	T9	
BETOPTIC-S	T9	
<i>carteolol hcl</i>	T1b	
COMBIGAN	T2	
COSOPT	T3	
<i>dorzolamide hcl-timolol mal</i>	T1b	
ISTALOL	T9	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1b	
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	ST
<i>timolol maleate ophthalmic solution</i>	T1a	
<i>timolol maleate pf</i>	T3	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T9	
TIMOPTIC-XE	T3	
Carbonic Anhydrase Inhibitors (Eent)		
<i>acetazolamide er</i>	T1a	
<i>acetazolamide oral</i>	T1b	
AZOPT	T3	
<i>brimonidine-dorzolamide</i>	T9	
<i>brinzolamide</i>	T2	
COSOPT	T3	
<i>dorzolamide hcl ophthalmic</i>	T1b	
<i>dorzolamide hcl-timolol mal</i>	T1b	
<i>methazolamide oral</i>	T2	
SIMBRINZA	T2	
TRUSOPT	T3	
Corticosteroids (Eent)		
ALREX	T9	
<i>azelastine-fluticasone</i>	T9	
<i>bacitra-neomycin-polymyxin-hc</i>	T1b	
BECONASE AQ	T9	
BLEPHAMIDE	T3	ST
BLEPHAMIDE S.O.P.	T3	
<i>budesonide nasal</i>	T9	

Medication	Coverage Level	Restrictions
CIPRO HC	T2	
CIPRODEX	T3	
<i>ciprofloxacin-dexamethasone</i>	T1b	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL
COLY-MYCIN S	T3	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1b	
DEXYCU	T9	
<i>difluprednate</i>	T1b	ST
DUREZOL	T3	ST
DYMISTA	T9	
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
FLAREX	T2	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluorometholone ophthalmic</i>	T1b	
<i>fluticasone propionate nasal</i>	T9	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	ST
LOTEMAX OPHTHALMIC GEL	T9	
LOTEMAX OPHTHALMIC OINTMENT	T9	
LOTEMAX OPHTHALMIC SUSPENSION	T3	ST
LOTEMAX SM	T3	ST
<i>loteprednol etabonate</i>	T2	ST
MAXIDEX	T3	
MAXITROL	T3	
<i>mometasone furoate nasal</i>	T9	
NASACORT ALLERGY 24HR	T9	
NASONEX	T9	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1b	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1b	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1b	
OMNARIS	T9	
OTOVEL	T2	AL
OZURDEX INTRAVITREAL	T9	
PRED FORTE	T3	
PRED MILD	T3	
PRED-G	T2	

Medication	Coverage Level	Restrictions
PRED-G S.O.P.	T3	
<i>prednisolone acetate ophthalmic</i>	T1b	
<i>prednisolone sodium phosphate ophthalmic</i>	T1b	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1b	
TOBRADEX OPHTHALMIC OINTMENT	T9	
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin-dexamethasone</i>	T1b	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
XHANCE	T9	
ZETONNA	T9	
ZYLET	T3	ST
Eent Anti-Infectives, Miscellaneous		
<i>chlorhexidine gluconate mouth/throat</i>	T1b	
PERIDEX	T3	
Eent Anti-Inflammatory Agents, Misc.		
CEQUA	T9	
RESTASIS	T2	QL (64 EA per 30 days)
XIIDRA	T2	QL (60 vials per 30 days)
Eent Drugs, Miscellaneous		
<i>acetic acid otic</i>	T1b	
ALZAIR ALLERGY NASAL SPRAY	T9	
<i>apraclonidine hcl</i>	T1b	
<i>cromolyn sodium ophthalmic</i>	T1b	
<i>cromolyn sodium oral</i>	T3	
CYSTADROPS	T4	SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days)
CYSTARAN	T4	SP (Max of 31 days per dispensing.); QL (60 ML per 30 days)
GASTROCROM	T3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T9	
LACRISERT	T4	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
MUCOSITISRX	T9	
OXERVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 weeks per 1 lifetime)
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T9	
BROMSITE	T9	
<i>diclofenac sodium ophthalmic</i>	T1b	
<i>flurbiprofen sodium</i>	T1b	
ILEVRO	T9	
<i>ketorolac tromethamine ophthalmic</i>	T1b	
NEVANAC	T9	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
PROLENSA	T9	
Local Anesthetics (Eent)		
FIRST-MOUTHWASH BLM	T2	
Miotics		
ISOPTO CARPINE	T3	
PHOSPHOLINE IODIDE	T2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1b	
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1b	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	T1b	
HOMATROPAIRE	T1b	
ISOPTO ATROPINE	T3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1b	
<i>tropicamide-cyclopentolate-pe</i>	T9	
Prostaglandin Analogs		
<i>bimatoprost ophthalmic</i>	T1b	
DURYSTA	T9	
<i>latanoprost ophthalmic</i>	T1b	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST

Medication	Coverage Level	Restrictions
ROCKLATAN	T9	
TRAVATAN Z	T3	ST
<i>travoprost (bak free)</i>	T2	ST
VYZULTA	T9	
XALATAN	T3	
XELPROS	T2	
ZIOPTAN	T3	
Rho Kinase Inhibitors		
RHOPRESSA	T9	
ROCKLATAN	T9	
Vasoconstrictors		
ADRENALIN NASAL	T9	
CYCLOMYDRIL	T3	
<i>epinephrine hcl (nasal)</i>	T9	
NAPHCON-A	T9	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1b	
<i>tropicamide-cyclopentolate-pe</i>	T9	
UPNEEQ	T9	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	T9	
AKYNZEO ORAL	T9	
ANZEMET ORAL	T3	ST; QL (3 EA per 30 days)
<i>granisetron hcl oral</i>	T2	QL (20 EA per 30 days)
<i>ondansetron</i>	T1b	
<i>ondansetron hcl oral</i>	T1b	
SANCUSO	T4	ST; QL (1 EA per 28 days)
SUSTOL	T9	
ZOFRAN ORAL TABLET 4 MG	T3	SP (Quantity Limit: 20 tablets per 30 days)
ZUPLENZ	T9	
Antacids And Adsorbents		
ASCRIPITIN ORAL TABLET 325 MG	T1b	
BUFFERIN	T3	PV; AL
FIRST-MOUTHWASH BLM	T2	
<i>omeprazole-sodium bicarbonate oral capsule</i>	BE	
PLENITY	T9	
ZEGERID	BE	

Medication	Coverage Level	Restrictions
ZEGERID OTC	BE	
Antidiarrhea Agents		
<i>acidophilus lactobacillus powder</i>	T9	
<i>diphenoxylate-atropine oral liquid</i>	T1b	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1b	
FUSION SPRINKLES	T9	
LOMOTIL ORAL TABLET	T3	
<i>loperamide hcl oral capsule</i>	T9	
MYTESI	T9	
<i>opium</i>	T9	
<i>paregoric</i>	T9	
PYLERA	T9	
RESTORA RX	T9	
XERMELO	T4	PA; SP (Limited to a 1 month supply per fill)
Antiemetics, Miscellaneous		
<i>dronabinol oral capsule 10 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T3	QL (60 Capsules per 30 days)
MARINOL	T3	QL (60 capsules per 30 days)
<i>promethazine hcl oral syrup</i>	T1b	
<i>promethazine hcl oral tablet</i>	T1b	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
<i>scopolamine</i>	T1b	
SYNDROS	T9	
TRANSDERM-SCOP (1.5 MG)	T9	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T9	
Antiflatulents		
FIRST-MOUTHWASH BLM	T2	
Antihistamines (Gi Drugs)		
ANTIVERT ORAL TABLET 50 MG	T9	
BONJESTA	T9	
COMPRO	T1b	
DICLEGIS	T9	

Medication	Coverage Level	Restrictions
<i>doxylamine-pyridoxine</i>	T9	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T9	
<i>prochlorperazine</i>	T1b	
<i>prochlorperazine maleate oral</i>	T1a	
TIGAN ORAL	T3	
<i>trimethobenzamide hcl oral</i>	T1b	
Anti-Inflammatory Agents (Gi Drugs)		
<i>alosetron hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
APRISO	T9	
ASACOL HD	T5	ST; QL (180 EA per 30 days)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
<i>balsalazide disodium</i>	T1b	
CANASA	T5	
COLAZAL	T5	
DELZICOL	T5	ST
DIPENTUM	T5	
LIALDA	T5	QL (120 EA per 30 days)
LOTRONEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>mesalamine er</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T5	ST; SP (Limited to a 1 month supply per fill)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 EA per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	SP (Limited to a 1 month supply per fill); QL (180 EA per 30 days)
<i>mesalamine rectal enema</i>	T1b	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
PENTASA	T5	QL (240 EA per 30 days)
ROWASA RECTAL	T3	
SFROWASA	T3	QL (30 ML per 30 days)
<i>sulfasalazine oral</i>	T1b	
Antiulcer Agents And Acid Suppress.,Misc		
PYLERA	T9	
TALICIA	T9	
Antiulcer Agents And Acid Suppressants		
<i>amoxicillin oral capsule</i>	T1b	

Medication	Coverage Level	Restrictions
<i>amoxicillin oral suspension reconstituted</i>	T1b	
<i>amoxicillin oral tablet</i>	T1b	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1b	
<i>clarithromycin er</i>	T1b	
<i>clarithromycin oral</i>	T1b	
FLAGYL ORAL CAPSULE	T3	
FLAGYL ORAL TABLET 500 MG	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1b	
<i>tetracycline hcl oral</i>	T1a	
Cathartics And Laxatives		
ASCRIPITIN ORAL TABLET 325 MG	T1b	
<i>bisacodyl rectal</i>	T9	
BUFFERIN	T3	PV; AL
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL BLOOM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL RX	T3	
CLENPIQ	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
FERIVA 21/7	T9	
FERIVAF	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FIRST-MOUTHWASH BLM	T2	
FOLET ONE	T3	QL (30 tablcapsules per 30 days)
GAVILYTE-C	T1b	PV
GAVILYTE-G	T1b	PV
GAVILYTE-N WITH FLAVOR PACK	T1b	PV
GLYCOLAX	T9	
GOLYTELY	T3	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
INATAL GT	T1b	

Medication	Coverage Level	Restrictions
MAXFE ORAL TABLET	T9	
MIRALAX ORAL POWDER	T9	
MOVIPREP	T3	
MYNATAL ORAL TABLET	T1b	
<i>mynate 90 plus</i>	T1b	
NEPHRON FA	T9	
NEXA PLUS	T3	
NULYTELY WITH FLAVOR PACKS	T3	
OSMOPREP	T3	
<i>peg 3350 oral powder</i>	T9	
<i>peg-3350/electrolytes</i>	T1b	PV
<i>peg-3350/electrolytes/ascorbat</i>	T1b	PV
PEG-PREP	T1b	PV
PLENVU	T3	
<i>pnv-dha+docusate</i>	T1b	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T9	
<i>polyethylene glycol 3350 oral powder</i>	T9	
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)
PREPOPIK	T3	
SMOOTH LAX ORAL POWDER	T9	
SUPREP BOWEL PREP KIT	T3	
SUTAB	T9	
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl-care dha</i>	T1b	
<i>tl-hem 150</i>	T9	
TRILYTE	T1b	PV
<i>Cholelitholytic Agents</i>		
ACTIGALL	T3	
RELTONE	T9	
URSO 250	T3	
URSO FORTE	T3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T9	
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	
<i>Digestants</i>		
CREON	T4	

Medication	Coverage Level	Restrictions
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PERTZYE	T5	ST; SP (Max of 31 days per dispensing.)
VIOKACE	T5	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
<i>Gi Drugs, Miscellaneous</i>		
ALLI	BE	
AMITIZA	T3	ST; QL (60 EA per 30 days)
AVSOLA	T9	
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
BYNFEZIA PEN	T9	
CHOLBAM ORAL CAPSULE 250 MG	T4	PA; SP (Limited to a 1 month supply per fill)
CHOLBAM ORAL CAPSULE 50 MG	T4	PA; SP (Limited to a 1 month supply per fill)
CIMZIA PREFILLED	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
GATTEX	T5	PA; SP (Limited to a 1 month supply per fill)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)

Medication	Coverage Level	Restrictions
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PEDIATRIC UC START	T4	PA; SP (Limited to a one month supply per fill); QL (1 fill per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PSOR/UEVIT STARTER	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
LINZESS	T3	QL (30 capsules per 30 days)
<i>lubiprostone</i>	T3	ST; QL (60 capsules per 30 Days)
MOTEGRITY	T2	QL (30 tablets per 30 days)
MOVANTI	T3	ST; QL (30 EA per 30 days)
MYCAPSSA	T9	
OCALIVA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Max of 31 days per dispensing.)
<i>octreotide acetate subcutaneous</i>	T4	SP (Max of 31 days per dispensing.)
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
REMICADE	T9	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T5	SP (Max of 31 days per dispensing.); QL (31 Day Supply per 1 Dispensing)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)

Medication	Coverage Level	Restrictions
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Max of 31 days per dispensing.); QL (0.5 ML per 28 days)
SYMPROIC	T3	ST; QL (30 EA per 30 days)
TRULANCE	T2	QL (30 EA per 30 days)
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XENICAL	T9	
Histamine H2-Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T9	
<i>cimetidine oral</i>	T9	
DUEXIS	T9	
<i>famotidine oral tablet</i>	T9	
<i>ibuprofen-famotidine</i>	T9	
<i>nizatidine</i>	T9	
PEPCID ORAL TABLET	T9	
<i>ranitidine hcl oral capsule</i>	T9	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T9	
<i>ranitidine hcl oral tablet</i>	T9	
ZANTAC 150 MAXIMUM STRENGTH	T9	
Neurokinin-1 Receptor Antagonists		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	T9	
AKYNZEO ORAL	T9	
<i>aprepitant oral capsule 125 mg</i>	T1b	QL (7 capdules per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	T1b	QL (7 capsules per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	T1b	QL (6 capsules per 30 days)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND ORAL SUSPENSION RECONSTITUTED	T9	
EMEND TRI-PACK	T9	
VARUBI ORAL	T9	
Prokinetic Agents		
GIMOTI	T9	
<i>metoclopramide hcl injection</i>	T1b	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1a	

Medication	Coverage Level	Restrictions
<i>metoclopramide hcl oral tablet</i>	T1a	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
REGLAN ORAL	T3	
ZELNORM	T3	ST; QL (60 tablets per 30 days)
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
CYTOTEC	T3	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>misoprostol oral</i>	T1b	
Protectants		
CARAFATE	T3	ST
<i>sucralfate oral</i>	T1b	
Proton-Pump Inhibitors		
ACIPHEX	BE	
ACIPHEX SPRINKLE	BE	
<i>amoxicill-clarithro-lansopraz</i>	T3	
DEXILANT	BE	
<i>esomeprazole magnesium oral capsule delayed release</i>	BE	
<i>esomeprazole magnesium oral packet</i>	Non-Formulary	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	BE	
FIRST-LANSOPRAZOLE	BE	
FIRST-OMEPRAZOLE	BE	
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>naproxen-esomeprazole</i>	T9	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	T3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	BE	
NEXIUM ORAL PACKET 40 MG	T9	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	BE	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	

Medication	Coverage Level	Restrictions
PREVACID	BE	
PREVACID 24HR	BE	
PRILOSEC OTC	T9	
PROTONIX ORAL TABLET DELAYED RELEASE	BE	
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
VIMOVO	BE	
YOSPRALA	BE	
ZEGERID	BE	
ZEGERID OTC	BE	
Gold Compounds		
<i>Gold Compounds</i>		
RIDAURA	T2	
Heavy Metal Antagonists		
<i>Heavy Metal Antagonists</i>		
CHEMET	T4	SP (Max of 31 days per dispensing.)
CUPRIMINE ORAL CAPSULE 250 MG	T9	
<i>deferasirox granules</i>	T4	SP (Max of 31 days per dispensing.)
<i>deferasirox oral tablet</i>	T4	SP (Max day supply up to 31 days.)
<i>deferasirox oral tablet soluble</i>	T4	SP (Max of 31 days per dispensing.)
DEPEN TITRATABS	T9	
EXJADE	T5	
FERRIPROX ORAL SOLUTION	T4	SP (Max of 31 days supply per dispensing)
FERRIPROX ORAL TABLET 1000 MG	T4	SP (Max of 31 days supply per dispensing)
FERRIPROX ORAL TABLET 500 MG	T5	SP (Max of 31 day supply per dispensing.)
JADENU	T5	SP (Max day supply up to 31 days.)
JADENU SPRINKLE ORAL PACKET 180 MG	T9	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	T9	SP ()
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
SYPRINE	T9	

Medication	Coverage Level	Restrictions
<i>trientine hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
Hormones And Synthetic Substitutes		
Adrenals		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
ALKINDI SPRINKLE	T9	
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T2	QL (1 Inhaler per 30 days); AL
ASMANEX (120 METERED DOSES)	T9	
ASMANEX (14 METERED DOSES)	T9	
ASMANEX (30 METERED DOSES)	T9	
ASMANEX (60 METERED DOSES)	T9	
ASMANEX (7 METERED DOSES)	T9	
ASMANEX HFA	T9	
BREO ELLIPTA	T9	
BREZTRI AEROSPHERE	T9	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; QL (30 tablets per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
<i>budesonide oral</i>	T3	QL (90 EA per 30 days)
<i>budesonide-formoterol fumarate</i>	T9	
CORTEF	T3	
<i>cortisone acetate oral</i>	T1b	
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	T1b	
<i>dexamethasone oral solution</i>	T1b	
<i>dexamethasone oral tablet</i>	T1b	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	T9	

Medication	Coverage Level	Restrictions
DULERA	T2	QL (1 inhaler per 31 days)
EMFLAZA	T9	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	T3	QL (90 capsules per 30 days)
FLOVENT DISKUS	T2	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T2	QL (1 Inhaler per 30 Day(s)s)
<i>fludrocortisone acetate oral</i>	T1b	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluticasone propionate nasal</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1b	QL (1 inhaler per 30 days)
HEMADY	T9	
HIDEX 6-DAY	T9	
<i>hydrocortisone oral</i>	T1b	
INTRAROSA	Not Covered	
MEDROL	T3	
<i>methylprednisolone oral</i>	T1b	
MILLIPRED ORAL TABLET	T9	
<i>mometasone furoate nasal</i>	T9	
NASONEX	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
<i>prednisolone oral solution</i>	T1b	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1b	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
PREDNISON INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1a	
<i>prednisone oral tablet 50 mg</i>	T2	
<i>prednisone oral tablet therapy pack 5 mg (21)</i>	T1b	
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)

Medication	Coverage Level	Restrictions
QVAR REDHALER	T2	
RAYOS	T9	
SINUVA	T9	
SYMBICORT	T2	QL (1 Inhaler per 30 days)
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TRELEGY ELLIPTA	T2	
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (2 packages per 180 days)
WIXELA INHUB	T3	ST
XHANCE	T9	
<i>zcort 7-day</i>	T9	
ZILRETTA	T9	
Alpha-Glucosidase Inhibitors		
<i>acarbose oral</i>	T1b	
GLYSET	T3	
PRECOSE	T3	
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Max of 31 days supply per dispensing)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Max of 31 days supply per dispensing); QL (6 ML per 30 Day(s))
Androgens		
ANADROL-50	T9	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	T9	
COVARYX	T9	
COVARYX HS	T9	
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 EA per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 EA per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T3	
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	

Medication	Coverage Level	Restrictions
FORTESTA	T9	
JATENZO	T9	
<i>methitest</i>	T9	
<i>methyltestosterone oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
NATESTO	T9	
<i>oxandrolone oral</i>	T2	
STRIANT	T9	
TESTIM	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1b	
<i>testosterone enanthate intramuscular solution</i>	T1b	
<i>testosterone transdermal gel 10 mg/act (2%)</i>	T9	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA; QL (300 ML per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution</i>	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
XYOSTED	T9	
Antidiabetic Agents, Miscellaneous		
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1b	QL (180 tablets per 30 days)
CYCLOSET	T3	
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
WELCHOL ORAL PACKET	T3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	ST
Antiestrogens		
<i>anastrozole oral</i>	T1b	
ARIMIDEX	T3	
AROMASIN	T3	
<i>exemestane</i>	T2	
FEMARA	T3	
KISQALI FEMARA (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)

Medication	Coverage Level	Restrictions
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
<i>letrozole oral</i>	T1b	
Antigonadotropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Max day supply up to 31 days. Must be ordered from a network specialty pharmacy.)
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORGOVYX	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
ORLISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORLISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
Antihypoglycemic Agents, Miscellaneous		
<i>diazoxide oral</i>	T4	SP (Max of 31 days per dispensing.)
PROGLYCEM	T9	
Antiparathyroid Agents		
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1b	
<i>cinacalcet hcl</i>	T4	SP (Max of 31 days per dispensing.)
MIACALCIN NASAL	T3	
SENSIPAR	T5	SP (Max of 31 days per dispensing.)
Antithyroid Agents		
<i>methimazole oral</i>	T1b	
<i>propylthiouracil oral</i>	T1b	
TAPAZOLE	T3	

Medication	Coverage Level	Restrictions
Biguanides		
ACTOPLUS MET	T3	
<i>alogliptin-metformin hcl</i>	T2	ST; QL (60 tablets per 30 days)
FORTAMET	T9	
<i>glipizide-metformin hcl</i>	T1b	
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUMETZA	T9	
<i>glyburide-metformin</i>	T1b	
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
JANUMET	T2	PA; QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	PA; QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	PA; QL (60 tablets per 30 days)
JENTADUETO	T2	PA; QL (60 tablets per 30 days)
JENTADUETO XR	T2	PA; QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)
<i>metformin hcl er</i>	T1a	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	
<i>metformin hcl oral solution</i>	T9	
<i>metformin hcl oral tablet</i>	T1a	
<i>pioglitazone hcl-metformin hcl</i>	T1b	
RIOMET	T9	
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
Contraceptives		
AFTERA	T1b	PV
ALTAVERA	T1b	PV
<i>alyacen 1/35</i>	T1b	PV
AMETHIA	T1b	PV
AMETHIA LO	T1b	PV
ANNOVERA	T9	
APRI	T1b	PV
AUBRA	T1b	PV
AUBRA EQ	T1b	PV
AVIANE	T1b	PV
AYUNA	T1b	PV
AZURETTE	T1b	PV
BALCOLTRA	T9	
BALZIVA	T1b	SP (Contraceptive Management rider is required.); PV
BEYAZ	T9	
BLISOVI 24 FE	T1b	PV
CAMILA	T1b	PV
CAMRESE	T1b	PV
CAMRESE LO	T1b	PV
CHATEAL	T1b	PV
CHATEAL EQ	T1b	PV
CRYSSELLE-28	T1b	PV
CYCLAFEM 1/35	T1b	PV
CYCLAFEM 7/7/7	T1b	PV
DEBLITANE	T1b	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3	PV
ECONTRA EZ	T1b	PV
ECONTRA ONE-STEP	T1b	PV
ELLA	T1b	
ELURYNG	T2	PV; QL (1 ring per 28 days)

Medication	Coverage Level	Restrictions
ENPRESSE-28	T1b	PV
ERRIN	T1b	PV
ESTROSTEP FE	T3	PV
<i>etonogestrel-ethinyl estradiol</i>	T2	PV; QL (1 ring per 28 days)
FALMINA	T1b	PV
FAYOSIM	T9	
GEMMILY	T9	
GENERESS FE	T9	
GIANVI	T1b	PV
HAILEY 24 FE	T1b	PV
HAILEY FE 1.5/30	T1b	PV
HEATHER	T1b	PV
JENCYCLA	T1b	PV
JOLESSA	T1b	PV
JUNEL 1.5/30	T1b	PV
JUNEL 1/20	T1b	PV
JUNEL FE 1.5/30	T1b	PV
JUNEL FE 1/20	T1b	PV
JUNEL FE 24	T1b	PV
KAITLIB FE	T9	
KARIVA	T1b	PV
KELNOR 1/35	T1b	PV
KURVELO	T1b	PV
LARIN 24 FE	T1b	PV
LAYOLIS FE	T9	
<i>levonorgest-eth est & eth est</i>	T1b	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	T1b	PV
<i>levonorgestrel oral tablet 1.5 mg</i>	T1b	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1b	PV
LEVORA 0.15/30 (28)	T1b	PV
LILLOW	T1b	PV
LO LOESTRIN FE	T3	ST
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T3	PV
LOSEASONIQUE	T9	
LOW-OGESTREL	T1b	PV
LUTERA	T1b	PV

Medication	Coverage Level	Restrictions
LYZA	T1b	PV
<i>marlissa</i>	T1b	PV
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1b	PV
MELODETTA 24 FE	T9	
MIBELAS 24 FE	T9	
MICROGESTIN 1.5/30	T1b	PV
MICROGESTIN 1/20	T1b	PV
MICROGESTIN FE 1.5/30	T1b	PV
MICROGESTIN FE 1/20	T1b	PV
MINASTRIN 24 FE	T9	
MIRCETTE	T9	
MY CHOICE	T1b	PV
MY WAY	T1b	PV
NATAZIA	T9	
NECON 0.5/35 (28)	T1b	PV
NEW DAY	T1b	PV
NEXTSTELLIS	T9	
NORA-BE	T1b	PV
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	T1b	PV
<i>norethindrone oral</i>	T1b	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1b	PV
NORLYDA	T1b	PV
NORTREL 0.5/35 (28)	T1b	PV
NORTREL 1/35 (28)	T1b	PV
NORTREL 7/7/7	T1b	PV
NUVARING	T9	
OCELLA	T1b	PV
OPCICON ONE-STEP	T1b	PV
OPTION 2	T1b	PV
PLAN B ONE-STEP	T1b	PV
PORTIA-28	T1b	PV
PREVIFEM	T1b	PV
QUARTETTE	T9	
RECLIPSEN	T1b	PV
RIVELSA	T9	

Medication	Coverage Level	Restrictions
SAFYRAL	T9	
SEASONIQUE	T9	
SHAROBEL	T1b	PV
SLYND	T9	
SPRINTEC 28	T1b	PV
SRONYX	T1b	PV
TAKE ACTION	T1b	PV
TAYTULLA	T9	
TRI-ESTARYLLA	T1b	PV
TRI-LEGEST FE	T1b	PV
TRI-LINYAH	T1b	PV
TRI-LO-ESTARYLLA	T1b	PV
TRI-LO-SPRINTEC	T1b	PV
TRI-PREVIFEM	T1b	PV
TRI-SPRINTEC	T1b	PV
TRIVORA (28)	T1b	PV
TULANA	T1b	PV
TWIRLA	T9	
TYDEMY	T9	
VELIVET	T1b	PV
XULANE	T2	PV
YASMIN 28	T9	
YAZ	T9	
ZOVIA 1/35E (28)	T1b	PV
<i>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</i>		
<i>alogliptin benzoate</i>	T2	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T2	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone</i>	T2	ST; QL (30 tablets per 30 days)
GLYXAMBI	T2	QL (30 tablets per 30 days)
JANUMET	T2	PA; QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	PA; QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	PA; QL (60 tablets per 30 days)
JANUVIA	T2	PA; QL (30 tablets per 30 days)
JENTADUETO	T2	PA; QL (60 tablets per 30 days)
JENTADUETO XR	T2	PA; QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)
NESINA	T9	
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
OSENI	T9	
QTERN	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
TRADJENTA	T2	PA; QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 tablets per 30 days)
<i>Estrogen Agonist-Antagonists</i>		
<i>clomiphene citrate oral</i>	T1b	
DUAVEE	T3	QL (31 tablets per 31 days)
EVISTA	T3	
FARESTON	T9	
OSPHENA	T9	
<i>raloxifene hcl</i>	T1b	
SOLTAMOX	T9	
<i>tamoxifen citrate oral</i>	T1b	
<i>toremifene citrate</i>	T4	ST; QL (30 tablets per 30 days)
<i>Estrogens</i>		
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	
ALORA	T2	
ALTAVERA	T1b	PV
<i>alyacen 1/35</i>	T1b	PV
AMETHIA	T1b	PV
AMETHIA LO	T1b	PV
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
ANNOVERA	T9	
APRI	T1b	PV
AUBRA	T1b	PV
AUBRA EQ	T1b	PV
AVIANE	T1b	PV
AYUNA	T1b	PV
AZURETTE	T1b	PV
BALCOLTRA	T9	

Medication	Coverage Level	Restrictions
BALZIVA	T1b	SP (Contraceptive Management rider is required.); PV
BEYAZ	T9	
BIJUVA	T9	
BLISOVI 24 FE	T1b	PV
CAMRESE	T1b	PV
CAMRESE LO	T1b	PV
CHATEAL	T1b	PV
CHATEAL EQ	T1b	PV
CLIMARA	T9	
CLIMARA PRO	T9	
COMBIPATCH	T2	
COVARYX	T9	
COVARYX HS	T9	
CRYSSELLE-28	T1b	PV
CYCLAFEM 1/35	T1b	PV
CYCLAFEM 7/7/7	T1b	PV
DELESTROGEN	T3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1b	
DUAVEE	T3	QL (31 tablets per 31 days)
ELESTRIN	T3	ST
ELURYNG	T2	PV; QL (1 ring per 28 days)
ENPRESSE-28	T1b	PV
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1b	
<i>estradiol transdermal</i>	T1b	
<i>estradiol vaginal cream</i>	T1b	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1b	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1b	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1b	
ESTRING	T3	

Medication	Coverage Level	Restrictions
ESTROGEL	T2	QL (50 GM per 31 days)
ESTROSTEP FE	T3	PV
<i>etonogestrel-ethinyl estradiol</i>	T2	PV; QL (1 ring per 28 days)
EVAMIST	T2	
FALMINA	T1b	PV
FAYOSIM	T9	
FEMHRT	T3	
FEMHRT LOW DOSE	T3	
FEMRING	T3	
GEMMILY	T9	
GENERESS FE	T9	
GIANVI	T1b	PV
HAILEY 24 FE	T1b	PV
HAILEY FE 1.5/30	T1b	PV
IMVEXXY STARTER PACK	T9	
JINTELI	T1b	
JOLESSA	T1b	PV
JUNEL 1.5/30	T1b	PV
JUNEL 1/20	T1b	PV
JUNEL FE 1.5/30	T1b	PV
JUNEL FE 1/20	T1b	PV
JUNEL FE 24	T1b	PV
KAITLIB FE	T9	
KARIVA	T1b	PV
KELNOR 1/35	T1b	PV
KURVELO	T1b	PV
LARIN 24 FE	T1b	PV
LAYOLIS FE	T9	
<i>levonorgest-eth est & eth est</i>	T1b	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	T1b	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1b	PV
LEVORA 0.15/30 (28)	T1b	PV
LILLOW	T1b	PV
LO LOESTRIN FE	T3	ST
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T3	PV
LOSEASONIQUE	T9	

Medication	Coverage Level	Restrictions
LOW-OGESTREL	T1b	PV
LUTERA	T1b	PV
<i>marlissa</i>	T1b	PV
MELODETTA 24 FE	T9	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MIBELAS 24 FE	T9	
MICROGESTIN 1.5/30	T1b	PV
MICROGESTIN 1/20	T1b	PV
MICROGESTIN FE 1.5/30	T1b	PV
MICROGESTIN FE 1/20	T1b	PV
MIMVEY	T1b	
MIMVEY LO	T1b	
MINASTRIN 24 FE	T9	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T3	
MIRCETTE	T9	
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
NATAZIA	T9	
NECON 0.5/35 (28)	T1b	PV
NEXTSTELLIS	T9	
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	T1b	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1b	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1b	PV
NORTREL 0.5/35 (28)	T1b	PV
NORTREL 1/35 (28)	T1b	PV
NORTREL 7/7/7	T1b	PV
NUVARING	T9	
OCELLA	T1b	PV
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)

Medication	Coverage Level	Restrictions
PORTIA-28	T1b	PV
PREFEST	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
PREMPHASE	T2	
PREMPRO	T2	
PREVIFEM	T1b	PV
QUARTETTE	T9	
RECLIPSEN	T1b	PV
RIVELSA	T9	
SAFYRAL	T9	
SEASONIQUE	T9	
SPRINTEC 28	T1b	PV
SRONYX	T1b	PV
TAYTULLA	T9	
TRI-ESTARYLLA	T1b	PV
TRI-LEGEST FE	T1b	PV
TRI-LINYAH	T1b	PV
TRI-LO-ESTARYLLA	T1b	PV
TRI-LO-SPRINTEC	T1b	PV
TRI-PREVIFEM	T1b	PV
TRI-SPRINTEC	T1b	PV
TRIVORA (28)	T1b	PV
TWIRLA	T9	
TYDEMY	T9	
VAGIFEM VAGINAL TABLET 10 MCG	T3	
VELIVET	T1b	PV
VIVELLE-DOT	T3	
XULANE	T2	PV
YASMIN 28	T9	
YAZ	T9	
YUVAFEM	T1b	
ZOVIA 1/35E (28)	T1b	PV
Glycogenolytic Agents		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 days)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN	T2	QL (2 kits per 30 Days)
GVOKE PFS	T2	QL (2 kits per 30 Day(s)s)

Medication	Coverage Level	Restrictions
ZEGALOGUE	T3	QL (2 kits per 30 days)
Gonadotropins		
<i>chorionic gonadotropin intramuscular</i>	T3	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML	T3	ST; SP ()
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 600 UNT/0.72ML, 900 UNT/1.08ML	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT	T2	QL (13500 units per 30 days)
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill)
MENOPUR	T2	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	T3	ST
OVIDREL	T2	
PREGNYL	T1b	
SYNAREL	T9	
Incretin Mimetics		
ADLYXIN	T3	PA
ADLYXIN STARTER PACK	T3	PA
BYDUREON BCISE	T3	PA
BYDUREON SUBCUTANEOUS PEN-INJECTOR	T3	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T3	PA; QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T3	PA; QL (3 ML per 28 Days)
RYBELSUS	T9	
SAXENDA	BE	
SOLIQUA	T3	PA; QL (15 ML per 25 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML	T2	PA; QL (2 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 4.5 MG/0.5ML	T2	PA; QL (2 ML per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA

Medication	Coverage Level	Restrictions
WEGOVY	Non-Formulary	
XULTOPHY	T3	PA
Intermediate-Acting Insulins		
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMULIN N	T2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST; AL
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST; AL
Leptins		
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill)
Long-Acting Insulins		
BASAGLAR KWIKPEN	T9	
<i>insulin glargine-yfgn</i>	T9	
LANTUS	T2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
SOLIQUA	T3	PA; QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR	T2	
TOUJEO SOLOSTAR	T2	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
XULTOPHY	T3	PA
Meglitinides		
<i>nateglinide</i>	T1b	
<i>repaglinide</i>	T1b	
STARLIX	T3	
Parathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	

Medication	Coverage Level	Restrictions
NATPARA	T5	PA; SP (Limited to a 1 month supply per fill)
<i>teriparatide (recombinant)</i>	T5	PA; SP (Limited to a 1 month supply per fill)
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
Parathyroid And Antiparathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	
Pituitary		
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
<i>desmopressin ace spray refrig</i>	T2	ST
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1b	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1b	
<i>desmopressin acetate spray</i>	T2	ST
GENOTROPIN	T4	PA; SP (Max of 31 days per dispensing.)
GENOTROPIN MINIQUICK	T4	PA; SP (Max of 31 days per dispensing.)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 6 MG	T9	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 24 MG, 5 MG	T9	SP ()
NOCDURNA	T9	
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML	T9	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	T9	
OMNITROPE SUBCUTANEOUS SOLUTION	T9	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ()
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	T9	SP ()

Medication	Coverage Level	Restrictions
SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG	T9	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 6 MG	T5	PA; SP (Limited to a 1 month supply per fill)
STIMATE	T4	SP (Max of 31 days per dispensing.)
ZORBTIVE	T5	PA; SP (Limited to a 1 month supply per fill)
Progestins		
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	
AFTERA	T1b	PV
ALTAVERA	T1b	PV
<i>alyacen 1/35</i>	T1b	PV
AMETHIA	T1b	PV
AMETHIA LO	T1b	PV
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
ANNOVERA	T9	
APRI	T1b	PV
AUBRA	T1b	PV
AUBRA EQ	T1b	PV
AVIANE	T1b	PV
AYGESTIN	T3	
AYUNA	T1b	PV
AZURETTE	T1b	PV
BALCOLTRA	T9	
BALZIVA	T1b	SP (Contraceptive Management rider is required.); PV
BEYAZ	T9	
BIJUVA	T9	
BLISOVI 24 FE	T1b	PV
CAMILA	T1b	PV
CAMRESE	T1b	PV
CAMRESE LO	T1b	PV
CHATEAL	T1b	PV
CHATEAL EQ	T1b	PV

Medication	Coverage Level	Restrictions
CLIMARA PRO	T9	
COMBIPATCH	T2	
CRINONE	T9	
CRYSELLE-28	T1b	PV
CYCLAFEM 1/35	T1b	PV
CYCLAFEM 7/7/7	T1b	PV
DEBLITANE	T1b	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3	PV
ECONTRA EZ	T1b	PV
ECONTRA ONE-STEP	T1b	PV
ELLA	T1b	
ELURYNG	T2	PV; QL (1 ring per 28 days)
ENDOMETRIN	T4	SP (Max of 31 days per dispensing.)
ENPRESSE-28	T1b	PV
ERRIN	T1b	PV
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1b	
ESTROSTEP FE	T3	PV
<i>etonogestrel-ethinyl estradiol</i>	T2	PV; QL (1 ring per 28 days)
FALMINA	T1b	PV
FAYOSIM	T9	
FEMHRT	T3	
FEMHRT LOW DOSE	T3	
GEMMILY	T9	
GENERESS FE	T9	
GIANVI	T1b	PV
HAILEY 24 FE	T1b	PV
HAILEY FE 1.5/30	T1b	PV
HEATHER	T1b	PV
JENCYCLA	T1b	PV
JINTELI	T1b	
JOLESSA	T1b	PV
JUNEL 1.5/30	T1b	PV
JUNEL 1/20	T1b	PV
JUNEL FE 1.5/30	T1b	PV
JUNEL FE 1/20	T1b	PV
JUNEL FE 24	T1b	PV

Medication	Coverage Level	Restrictions
KAITLIB FE	T9	
KARIVA	T1b	PV
KELNOR 1/35	T1b	PV
KURVELO	T1b	PV
LARIN 24 FE	T1b	PV
LAYOLIS FE	T9	
<i>levonorgest-eth est & eth est</i>	T1b	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	T1b	PV
<i>levonorgestrel oral tablet 1.5 mg</i>	T1b	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1b	PV
LEVORA 0.15/30 (28)	T1b	PV
LILLOW	T1b	PV
LO LOESTRIN FE	T3	ST
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T3	PV
LOSEASONIQUE	T9	
LOW-OGESTREL	T1b	PV
LUTERA	T1b	PV
LYZA	T1b	PV
<i>marlissa</i>	T1b	PV
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1b	PV
<i>medroxyprogesterone acetate oral</i>	T1a	
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1b	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1b	
MELODETTA 24 FE	T9	
MIBELAS 24 FE	T9	
MICROGESTIN 1.5/30	T1b	PV
MICROGESTIN 1/20	T1b	PV
MICROGESTIN FE 1.5/30	T1b	PV
MICROGESTIN FE 1/20	T1b	PV
MIMVEY	T1b	
MIMVEY LO	T1b	
MINASTRIN 24 FE	T9	
MIRCETTE	T9	

Medication	Coverage Level	Restrictions
MY CHOICE	T1b	PV
MY WAY	T1b	PV
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
NATAZIA	T9	
NECON 0.5/35 (28)	T1b	PV
NEW DAY	T1b	PV
NEXTSTELLIS	T9	
NORA-BE	T1b	PV
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	T1b	PV
<i>norethindrone acetate oral</i>	T1b	
<i>norethindrone oral</i>	T1b	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1b	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1b	PV
NORLYDA	T1b	PV
NORTREL 0.5/35 (28)	T1b	PV
NORTREL 1/35 (28)	T1b	PV
NORTREL 7/7/7	T1b	PV
NUVARING	T9	
OCELLA	T1b	PV
OPCICON ONE-STEP	T1b	PV
OPTION 2	T1b	PV
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
PLAN B ONE-STEP	T1b	PV
PORTIA-28	T1b	PV
PREFEST	T3	
PREMPHASE	T2	
PREMPRO	T2	
PREVIFEM	T1b	PV
<i>progesterone intramuscular</i>	T1b	
<i>progesterone micronized oral</i>	T1b	
<i>progesterone oral</i>	T1b	
PROMETRIUM	T3	

Medication	Coverage Level	Restrictions
PROVERA	T3	
QUARTETTE	T9	
RECLIPSEN	T1b	PV
RIVELSA	T9	
SAFYRAL	T9	
SEASONIQUE	T9	
SHAROBEL	T1b	PV
SLYND	T9	
SPRINTEC 28	T1b	PV
SRONYX	T1b	PV
TAKE ACTION	T1b	PV
TAYTULLA	T9	
TRI-ESTARYLLA	T1b	PV
TRI-LEGEST FE	T1b	PV
TRI-LINYAH	T1b	PV
TRI-LO-ESTARYLLA	T1b	PV
TRI-LO-SPRINTEC	T1b	PV
TRI-PREVIFEM	T1b	PV
TRI-SPRINTEC	T1b	PV
TRIVORA (28)	T1b	PV
TULANA	T1b	PV
TWIRLA	T9	
TYDEMY	T9	
VELIVET	T1b	PV
XULANE	T2	PV
YASMIN 28	T9	
YAZ	T9	
ZOVIA 1/35E (28)	T1b	PV
<i>Rapid-Acting Insulins</i>		
ADMELOG	T3	ST
ADMELOG SOLOSTAR	T3	ST; AL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT	T3	ST
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST; AL
FIASP	T3	ST
FIASP FLEXTOUCH	T3	ST; AL
FIASP PENFILL	T3	ST; AL
HUMALOG JUNIOR KWIKPEN	T2	AL

Medication	Coverage Level	Restrictions
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2	AL
HUMALOG MIX 50/50	T2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMALOG MIX 75/25	T2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMALOG SUBCUTANEOUS SOLUTION	T2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	AL
<i>insulin asp prot & asp flexpen</i>	T3	ST; AL
<i>insulin aspart</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST; AL
<i>insulin aspart penfill</i>	T3	ST; AL
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
<i>insulin lispro subcutaneous solution</i>	T9	
LYUMJEV	T2	
LYUMJEV KWIKPEN	T2	AL
NOVOLOG	T9	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
Short-Acting Insulins		
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMULIN R	T2	
HUMULIN R U-500 (CONCENTRATED)	T2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	AL
NOVOLIN 70/30	T3	ST

Medication	Coverage Level	Restrictions
NOVOLIN 70/30 FLEXPEN	T3	ST; AL
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST; AL
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
FARXIGA	T2	QL (30 tablets per 30 days)
GLYXAMBI	T2	QL (30 tablets per 30 days)
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
INVOKANA	T3	ST; QL (30 tablets per 30 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
QTERN	T3	ST; QL (30 tablets per 30 days)
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
Somatostatin Agonists		
BYNFEZIA PEN	T9	
MYCAPSSA	T9	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Max of 31 days per dispensing.))
<i>octreotide acetate subcutaneous</i>	T4	SP (Max of 31 days per dispensing.))
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T5	SP (Max of 31 days per dispensing.)) ; QL (31 Day Supply per 1 Dispensing)

Medication	Coverage Level	Restrictions
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.9 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	T4	SP (Max of 31 days per dispensing. If not self-administered covered under medical benefit.)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	T4	SP (Max of 31 days per dispensing. If not self-administered covered under medical benefit.)
<i>Somatotropin Agonists</i>		
GENOTROPIN	T4	PA; SP (Max of 31 days per dispensing.)
GENOTROPIN MINIQUICK	T4	PA; SP (Max of 31 days per dispensing.)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 6 MG	T9	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 24 MG, 5 MG	T9	SP ()
INCRELEX	T4	PA; SP (Limited to a 1 month supply per fill)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ()
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	T9	SP ()
SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG	T9	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 6 MG	T5	PA; SP (Limited to a 1 month supply per fill)
ZORBTIVE	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 20 MG, 25 MG, 30 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG	T4	PA; SP (Limited to a 1 month supply per fill)
Sulfonylureas		
AMARYL	T3	
DUETACT	T9	
<i>glimepiride</i>	T1a	
<i>glipizide er</i>	T1b	
<i>glipizide oral</i>	T1a	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1b	
<i>glipizide-metformin hcl</i>	T1b	
GLUCOTROL	T3	
GLUCOTROL XL	T3	
<i>glyburide micronized</i>	T1b	
<i>glyburide oral</i>	T1b	
<i>glyburide-metformin</i>	T1b	
GLYNASE	T3	
<i>pioglitazone hcl-glimepiride</i>	T9	
Thiazolidinediones		
ACTOPLUS MET	T3	
ACTOS	T3	
<i>alogliptin-pioglitazone</i>	T2	ST; QL (30 tablets per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	T2	
DUETACT	T9	
OSENI	T9	
<i>pioglitazone hcl</i>	T1b	
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>pioglitazone hcl-metformin hcl</i>	T1b	
Thyroid Agents		
ARMOUR THYROID	T2	
CYTOMEL	T3	
EUTHYROX	T3	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg</i>	T5	SP (Max of 31 days per dispensing.)
<i>levothyroxine sodium intravenous solution reconstituted 500 mcg</i>	T5	SP (Max of 31 day supply per dispensing)
<i>levothyroxine sodium oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>levothyroxine sodium oral tablet</i>	T1a	
LEVOXYL	T1b	
<i>liothyronine sodium oral</i>	T1b	
<i>np thyroid</i>	T1b	
SYNTHROID	T3	
THYQUIDITY	T9	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T2	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T2	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T2	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T2	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
UNITHROID	T1b	
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG	T1b	
Local Anesthetics (Parenteral)		
<i>Local Anesthetics (Parenteral)</i>		
ZTLIDO	T9	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART	T3	
<i>dutasteride oral</i>	T1b	QL (30 capsules per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
<i>finasteride oral tablet 1 mg</i>	T9	
<i>finasteride oral tablet 5 mg</i>	T1b	
JALYN	T3	ST
PROPECIA	T9	
PROSCAR	T3	
Alcohol Deterrents		
ANTABUSE	T3	
<i>disulfiram oral</i>	T1b	
<i>naltrexone hcl oral</i>	T1b	

Medication	Coverage Level	Restrictions
Antidotes		
<i>acetylcysteine inhalation</i>	T1b	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1b	
BAQSIMI ONE PACK	T2	QL (2 devices per 30 days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 days)
CHEMET	T4	SP (Max of 31 days per dispensing.)
FOSRENOL ORAL PACKET	T5	SP (Max of 31 days per dispensing.); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN	T2	QL (2 kits per 30 Days)
GVOKE PFS	T2	QL (2 kits per 30 Day(s)s)
KIONEX ORAL SUSPENSION	T1b	
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
<i>leucovorin calcium oral</i>	T1b	
MEPHYTON	T3	QL (3 tablets per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	T1b	QL (2 Vials/Syringes per 365 Day(s)s)
<i>naloxone hcl injection solution auto-injector</i>	T9	
<i>naloxone hcl injection solution cartridge</i>	T1b	QL (2 Vials/Syringes per 365 Day(s)s)
<i>naloxone hcl injection solution prefilled syringe</i>	T1b	QL (2 Vials/Syringes per 365 Day(s)s)
<i>naltrexone hcl oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>phytonadione injection solution 1 mg/0.5ml</i>	T3	
<i>phytonadione oral</i>	T1b	QL (3 tablets per 30 Days)
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
RENVELA	T9	
<i>sevelamer carbonate oral packet</i>	T5	SP (Max of 31 days per dispensing.)
<i>sevelamer carbonate oral tablet</i>	T4	SP (Max of 31 days per dispensing.); QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1b	
SPS	T1b	
VISTOGARD	T4	SP (Max of 31 days per dispensing.); QL (20 packets per 5 days)
ZEGALOGUE	T3	QL (2 kits per 30 days)
Antigout Agents		
<i>allopurinol oral</i>	T1a	
<i>allopurinol sodium</i>	T1b	
ANAPROX DS	T3	
<i>colchicine oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T2	QL (120 tablets per 30 days)
<i>colchicine-probenecid</i>	T1b	
COLCRYS	T9	
<i>cvs naproxen sodium oral tablet</i>	T1a	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>febuxostat</i>	T2	ST
GLOPERBA	T9	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1b	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1b	
MITIGARE	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG	T3	
<i>naproxen oral suspension</i>	T1a	QL (473 ML per 30 days); AL

Medication	Coverage Level	Restrictions
<i>naproxen oral tablet 250 mg, 375 mg</i>	T1a	
<i>naproxen oral tablet 500 mg</i>	T1b	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T1b	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1a	
<i>probenecid oral</i>	T1b	
ULORIC	T3	ST
ZYLOPRIM	T3	
<i>Antisense Oligonucleotides</i>		
EXONDYS 51	T9	
TEGSEDI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 30 days)
VILTEPSO	T9	
<i>Bone Anabolic Agents</i>		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	
NATPARA	T5	PA; SP (Limited to a 1 month supply per fill)
<i>teriparatide (recombinant)</i>	T5	PA; SP (Limited to a 1 month supply per fill)
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
<i>Bone Resorption Inhibitors</i>		
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablets per 30 days)
ACTONEL ORAL TABLET 30 MG, 35 MG, 5 MG	T3	
<i>alendronate sodium oral solution</i>	T1a	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1a	
ALORA	T2	
AELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1b	
CLIMARA	T9	
DELESTROGEN	T3	

Medication	Coverage Level	Restrictions
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1b	
ELESTRIN	T3	ST
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1b	
<i>estradiol transdermal</i>	T1b	
<i>estradiol vaginal cream</i>	T1b	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1b	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1b	
ESTRING	T3	
ESTROGEL	T2	QL (50 GM per 31 days)
<i>etidronate disodium oral tablet 200 mg</i>	T3	ST
EVAMIST	T2	
EVISTA	T3	
FEMRING	T3	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral</i>	T1b	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MIACALCIN NASAL	T3	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
<i>raloxifene hcl</i>	T1b	
<i>risedronate sodium oral tablet 150 mg</i>	T1b	ST; QL (1 tablets per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST; SP (Limited to a 1 month supply per fill)
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1b	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
VAGIFEM VAGINAL TABLET 10 MCG	T3	
VIVELLE-DOT	T3	

Medication	Coverage Level	Restrictions
YUVAFEM	T1b	
Carbonic Anhydrase Inhibitors (Misc.)		
KEVEYIS	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
Cariostatic Agents		
DENTA 5000 PLUS	T1b	
DENTAGEL	T1b	
FLORIVA ORAL LIQUID	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	T3	AL
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T9	AL
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
PREVIDENT	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
<i>sf</i>	T1b	
<i>sf 5000 plus</i>	T1b	
<i>sodium fluoride 5000 ppm dental gel</i>	T1b	
<i>sodium fluoride 5000 ppm dental paste</i>	T1b	
<i>sodium fluoride 5000 sensitive</i>	T1b	
<i>sodium fluoride dental gel 1.1 %</i>	T1b	
<i>sodium fluoride mouth/throat</i>	T1b	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1b	
<i>sodium fluoride oral tablet chewable</i>	T1b	
<i>tl-fluorivite</i>	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1b	
Complement Inhibitors		
BERINERT	T4	PA; SP (Limited to a 1 month supply per fill)
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
FIRAZYR	T9	

Medication	Coverage Level	Restrictions
HAEGARDA	T5	PA; SP (Limited to a 1 month supply per fill)
<i>icatibant acetate</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 syinges per 1 fill); AL
KALBITOR	T5	PA; SP (Limited to a 1 month supply per fill); AL
ORLADEYO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL
RUCONEST	T9	
SAJAZIR	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 1 fill); AL
TAKHZYRO	T4	PA; SP (Limited to a 1 month supply per fill)
<i>Disease-Modifying Antirheumatic Agents</i>		
ACTEMRA ACTPEN	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ARAVA	T5	
AVSOLA	T9	
AZASAN	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T3	
<i>azathioprine oral tablet 50 mg</i>	T1b	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
CIMZIA PREFILLED	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
CUPRIMINE ORAL CAPSULE 250 MG	T9	
<i>cyclosporine modified</i>	T1b	
<i>cyclosporine oral capsule</i>	T1b	
DEPEN TITRATABS	T9	
ENBREL MINI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)

Medication	Coverage Level	Restrictions
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1b	
GENGRAF ORAL SOLUTION	T1b	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PEDIATRIC UC START	T4	PA; SP (Limited to a one month supply per fill); QL (1 fill per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PSOR/UEIT STARTER	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)

Medication	Coverage Level	Restrictions
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1b	
IMURAN	T3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Max of 31 days per dispensing.)
<i>leflunomide oral</i>	T1b	
<i>methotrexate oral</i>	T1b	
<i>methotrexate sodium injection solution reconstituted</i>	T1b	
NEORAL	T3	
OLUMIANT ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OLUMIANT ORAL TABLET 2 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORENCIA CLICKJECT	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
OTEZLA ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); AL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
<i>penicillamine oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
PLAQUENIL	T3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T9	
REDITREX	T3	ST
REMICADE	T9	
RIDAURA	T2	
RINVOQ	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SANDIMMUNE ORAL	T3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Max of 31 days per dispensing.); QL (0.5 ML per 28 days)
<i>sulfasalazine oral</i>	T1b	
TREXALL	T3	ST
XATMEP	T3	AL
XELJANZ ORAL SOLUTION	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
XELJANZ ORAL TABLET 10 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XELJANZ ORAL TABLET 5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Immunomodulatory Agents		
ACTEMRA ACTPEN	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ACTIMMUNE	T4	SP (Max of 31 days per dispensing.)
ARAVA	T5	
AUBAGIO ORAL TABLET 14 MG	T5	ST; SP (Limited to a 1 month supply per fill)
AUBAGIO ORAL TABLET 7 MG	T5	ST; SP (Limited to a 1 month supply per fill)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SP (Limited to a 1 month supply per fill)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SP (Limited to a 1 month supply per fill)
AVSOLA	T9	
AZASAN	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T3	
<i>azathioprine oral tablet 50 mg</i>	T1b	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
BAFIERTAM	T9	
BETASERON SUBCUTANEOUS KIT	T4	ST; SP (Limited to a 1 month supply per fill)
CIMZIA PREFILLED	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
<i>cyclosporine modified</i>	T1b	
<i>cyclosporine oral capsule</i>	T1b	
<i>dimethyl fumarate oral</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.)

Medication	Coverage Level	Restrictions
<i>dimethyl fumarate starter pack</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.)
ENBREL MINI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days)
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1b	
GENGRAF ORAL SOLUTION	T1b	
GILENYA ORAL CAPSULE 0.5 MG	T4	ST; SP (Limited to a 1 month supply per fill)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)

Medication	Coverage Level	Restrictions
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PEDIATRIC UC START	T4	PA; SP (Limited to a one month supply per fill); QL (1 fill per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PSOR/UEIT STARTER	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1b	
IMURAN	T3	
INTRON A INJECTION SOLUTION	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
KESIMPTA	T4	ST; SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); QL (1 pen per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Max of 31 days per dispensing.)
<i>leflunomide oral</i>	T1b	
LEMTRADA	T9	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MAYZENT ORAL TABLET 2 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
<i>methotrexate oral</i>	T1b	
<i>methotrexate sodium injection solution reconstituted</i>	T1b	
NEORAL	T3	
ORENCIA CLICKJECT	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
OTEZLA ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); AL
PLAQUENIL	T3	
PLEGRIDY INTRAMUSCULAR	T4	ST; SP (Limited to a one month supply per fill); QL (2 ML per 28 years)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)

Medication	Coverage Level	Restrictions
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)
PLEGRIDY SUBCUTANEOUS	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)
POMALYST ORAL CAPSULE 1 MG, 3 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 2 MG	T5	PA; SP (Limited to a 1 month supply per fill)
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill)
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REMICADE	T9	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 20 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
RIDAURA	T2	
SANDIMMUNE ORAL	T3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)

Medication	Coverage Level	Restrictions
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Max of 31 days per dispensing.); QL (0.5 ML per 28 days)
<i>sulfasalazine oral</i>	T1b	
TECFIDERA ORAL	T5	ST; SP (Limited to a 1 month supply per fill)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	T5	ST; SP (Limited to a 1 month supply per fill)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	T5	ST; SP (Limited to a 1 month supply per fill)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG	T4	SP (Limited to a 1 month supply per fill)
THALOMID ORAL CAPSULE 50 MG	T4	SP (Limited to a 1 month supply per fill)
TREXALL	T3	ST
VUMERITY	T9	
VUMERITY (STARTER)	T9	
XATMEP	T3	AL
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA STARTER KIT	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>Immunosuppressive Agents</i>		
ARAVA	T5	
ASTAGRAF XL	T5	ST; SP (Max of 31 days per dispensing.)
AZASAN	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T3	
<i>azathioprine oral tablet 50 mg</i>	T1b	
BENLYSTA SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
CELLCEPT	T3	
<i>cyclophosphamide oral</i>	T3	

Medication	Coverage Level	Restrictions
<i>cyclosporine modified</i>	T1b	
<i>cyclosporine oral capsule</i>	T1b	
ELIDEL	T3	ST; QL (30 GM per 30 days)
ENVARUSUS XR	T3	ST
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 1 mg</i>	T4	SP (Limited to a 1 month supply per fill)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1b	
GENGRAF ORAL SOLUTION	T1b	
IMURAN	T3	
<i>leflunomide oral</i>	T1b	
LUPKYNIS	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 Days)
MAVENCLAD (10 TABS)	T9	
MAVENCLAD (4 TABS)	T9	
MAVENCLAD (5 TABS)	T9	
MAVENCLAD (6 TABS)	T9	
MAVENCLAD (7 TABS)	T9	
MAVENCLAD (8 TABS)	T9	
MAVENCLAD (9 TABS)	T9	
<i>mercaptopurine oral</i>	T1b	
<i>methotrexate oral</i>	T1b	
<i>methotrexate sodium injection solution reconstituted</i>	T1b	
<i>mycophenolate mofetil oral</i>	T1b	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
NEORAL	T3	
<i>pimecrolimus</i>	T1b	ST; QL (30 GM per 30 days)
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL
PROTOPIC	T3	ST; QL (30 GM per 30 days)
PURIXAN	T5	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
RAPAMUNE	T5	SP (Max of 31 days per dispensing.)
SANDIMMUNE ORAL	T3	
<i>sirolimus oral</i>	T4	SP (Max of 31 days per dispensing.)
<i>tacrolimus external ointment 0.03 %</i>	T1b	ST; QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.1 %</i>	T3	ST; QL (30 GM per 30 days)
<i>tacrolimus oral</i>	T1b	
TREXALL	T3	ST
XATMEP	T3	AL
ZORTRESS	T5	SP (Max of 31 days per dispensing.)
Other Miscellaneous Therapeutic Agents		
AMPYRA	T9	
ANIMI-3	T9	
ARCALYST	T4	SP (Max of 31 days per dispensing.)
<i>bp vit 3</i>	T9	
CARDIOTEK RX ORAL TABLET	T9	
CARDIOVID PLUS	T9	
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CERDELGA	T4	SP (Max of 31 days per dispensing.); QL (60 capsules per 30 days)
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
<i>coenzyme q10</i>	T9	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
<i>complete natal dha</i>	T1b	
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill)
DEMSER	T9	
ELMIRON	T5	SP (Max of 31 days per dispensing.); QL (90 capsules per 30 days)
ENDARI	T9	

Medication	Coverage Level	Restrictions
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
EVOTAZ	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
FERIVA 21/7	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	
FIRDAPSE	T9	
FOLET ONE	T3	QL (30 tablcapsules per 30 days)
GALAFOLD	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days)
HYALGAN INTRA-ARTICULAR SOLUTION	T9	
IROSPAN 24/6	T9	
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Max of 30 day supply per dispensing); QL (120 tablets per 30 days)
ISTURISA ORAL TABLET 10 MG	T5	PA; SP (Max of 30 day supply per dispensing.); QL (60 tablets per 30 days)
ISTURISA ORAL TABLET 5 MG	T5	PA; SP (Max of 30 day supply per dispensing); QL (60 tablets per 30 days)
KUVAN ORAL PACKET 100 MG	T5	PA; SP (Limited to a 1 month supply per fill)
KUVAN ORAL PACKET 500 MG	T5	PA; SP (Limited to a 1 month supply per fill)
KUVAN ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
KUVAN ORAL TABLET SOLUBLE	T5	PA; SP (Limited to a 1 month supply per fill)
<i>levocarnitine oral solution</i>	T1b	
<i>levocarnitine oral tablet</i>	T1b	
<i>levocarnitine sf</i>	T2	
<i>maca</i>	T9	
METAFOLBIC PLUS	T9	

Medication	Coverage Level	Restrictions
<i>metyrosine</i>	T9	
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MONOVISC	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal + dha</i>	T9	
NEXA PLUS	T3	
<i>nitisinone</i>	T9	
NITYR	T9	
ORFADIN	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
<i>pnv-dha</i>	T1b	
<i>pnv-dha+docusate</i>	T1b	
<i>pnv-omega</i>	T1b	
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	
PRENATE AM	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PREZCOBIX	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
RUZURGI	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sapropterin dihydrochloride</i>	T4	PA; SP (Limited to a 1 month supply per fill)
STRIBILD	T4	SP (Max of 31 days per dispensing.)
SYMTUZA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	

Medication	Coverage Level	Restrictions
TARON-PREX	T2	
THIOLA	T9	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tiopronin oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 Days)
<i>tl-care dha</i>	T1b	
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1b	
TYBOST	T2	QL (30 tablets per 30 days)
URIBEL	T9	
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VITAFOL-ONE	T3	
VITAPEARL	T3	
VITATRUE	T3	
XURIDEN	T9	
ZAVESCA	T9	
ZOKINVY	T9	
Protective Agents		
MESNEX ORAL	T4	SP (Limited to a 1 month supply per fill)
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
CAYA	T3	
PHEXXI	T9	
Oxytocics		
Oxytocics		
METHERGINE ORAL	T9	
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
Pharmaceutical Aids		
Pharmaceutical Aids		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
ADRENALIN NASAL	T9	

Medication	Coverage Level	Restrictions
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
Anticholinergic Agents (Respir. Tract)		
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1b	
ATROVENT HFA	T2	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
<i>ipratropium bromide inhalation</i>	T1b	
<i>ipratropium bromide nasal</i>	T1b	
<i>ipratropium-albuterol</i>	T1b	QL (540 ML per 30 days)
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
Antifibrotic Agents		
ESBRIET ORAL CAPSULE	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
ESBRIET ORAL TABLET 267 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
OFEV	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL

Medication	Coverage Level	Restrictions
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
Antitussives		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1b	
<i>benzonatate oral capsule 150 mg</i>	T9	
BROMFED DM	T9	
<i>cheratussin ac oral syrup</i>	T1b	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>guaifenesin-dm oral syrup</i>	T9	
HISTEX-AC	T9	
HYCODAN	T9	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1b	
<i>hydrocodone-homatropine oral syrup</i>	T1b	
<i>hydromet</i>	T1b	
<i>maxi-tuss cd</i>	T9	
<i>promethazine-codeine oral syrup</i>	T1b	
<i>promethazine-dm oral syrup</i>	T1b	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1b	
TESSALON PERLES	T3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI ORAL PACKET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 granules per 30 days); AL
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 granules per 30 days); AL
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL

Medication	Coverage Level	Restrictions
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 Days)
<i>Cystic Fibrosis (Cftr) Potentiators</i>		
KALYDECO ORAL PACKET 25 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL
KALYDECO ORAL PACKET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL
KALYDECO ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
ORKAMBI ORAL PACKET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 granules per 30 days); AL
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 granules per 30 days); AL
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)

Medication	Coverage Level	Restrictions
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 Days)
Expectorants		
<i>cheratussin ac oral syrup</i>	T1b	
<i>guaifenesin oral solution 100 mg/5ml</i>	T9	
<i>guaifenesin oral tablet 400 mg</i>	T9	
<i>guaifenesin-dm oral syrup</i>	T9	
First Generation Antihist.(Respir Tract)		
<i>carbinoxamine maleate oral solution</i>	T1b	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1b	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>chlorpheniramine maleate er</i>	T9	
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1b	
<i>cyproheptadine hcl oral</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
<i>promethazine hcl oral syrup</i>	T1b	
<i>promethazine hcl oral tablet</i>	T1b	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
RYVENT	T9	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
FASENRA PEN	T4	PA; SP (Limited to 1ml (30gm) every 28 days for 3 fills); QL (1 ML per 56 days)

Medication	Coverage Level	Restrictions
Leukotriene Modifiers		
ACCOLATE	T3	
<i>montelukast sodium oral</i>	T1b	
SINGULAIR	T3	
<i>zafirlukast</i>	T1b	
<i>zileuton er</i>	T5	ST; SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days); AL
ZYFLO	T9	
Mast-Cell Stabilizers		
ALOCRIAL	T3	ST
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1b	
<i>cromolyn sodium oral</i>	T3	
GASTROCROM	T3	
Mucolytic Agents		
<i>acetylcysteine inhalation</i>	T1b	
HYPERSAL	T2	QL (240 ML per 30 days)
PULMOZYME	T4	PA; SP (Max of 31 days per dispensing.); QL (60 ampules per 30 days)
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1b	
Nasal Preparations (Steroids)		
<i>azelastine-fluticasone</i>	T9	
BECONASE AQ	T9	
<i>budesonide nasal</i>	T9	
DYMISTA	T9	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluticasone propionate nasal</i>	T9	
<i>mometasone furoate nasal</i>	T9	
NASACORT ALLERGY 24HR	T9	
NASONEX	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
XHANCE	T9	
Orally Inhaled Preparations (Steroids)		
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T2	QL (1 Inhaler per 30 days); AL

Medication	Coverage Level	Restrictions
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
FLOVENT DISKUS	T2	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T2	QL (1 Inhaler per 30 Day(s)s)
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDIHALER	T2	
<i>Phosphodiesterase Type 4 Inhibitors</i>		
DALIRESP ORAL TABLET 250 MCG	T3	PA; QL (1 Fill per 1 Lifetime)
DALIRESP ORAL TABLET 500 MCG	T3	PA
<i>Respiratory Tract Agents, Miscellaneous</i>		
BRONCHITOL	T9	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
<i>Second Generation Antihist(Respir Tract)</i>		
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ASTEPRO NASAL SOLUTION 0.15 %	T3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1b	
<i>azelastine hcl ophthalmic</i>	T1b	
<i>azelastine-fluticasone</i>	T9	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>childrens loratadine oral syrup</i>	T9	
CLARINEX ORAL TABLET	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG	T9	
<i>desloratadine oral tablet</i>	T9	
DYMISTA	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>loratadine oral tablet</i>	T9	

Medication	Coverage Level	Restrictions
QUZYTIR	T9	
Select.Beta-2-Adrenergic Agonist(Respir)		
<i>albuterol sulfate er</i>	T1b	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1b	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1b	
<i>albuterol sulfate oral</i>	T1b	
ARCAPTA NEOHALER	T3	
<i>formoterol fumarate inhalation</i>	T4	SP (Limited to a 1 month supply per fill); AL
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1b	
<i>metaproterenol sulfate oral syrup</i>	T1b	
PERFOROMIST	T9	
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL
<i>terbutaline sulfate oral</i>	T1b	
VENTOLIN HFA	T2	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
Vasodilating Agents (Respiratory Tract)		
ADCIRCA	T9	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1.5 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>ambrisentan oral tablet 10 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>ambrisentan oral tablet 5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>bosentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
LETAIRIS ORAL TABLET 10 MG	T9	
LETAIRIS ORAL TABLET 5 MG	T9	SP ()
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 tablet per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Non-Formulary	
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<i>tadalafil (pah)</i>	T9	
TRACLEER ORAL TABLET 125 MG	T9	SP ()
TRACLEER ORAL TABLET 62.5 MG	T9	
TRACLEER ORAL TABLET SOLUBLE	T9	
TYVASO	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
TYVASO REFILL	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO STARTER	T4	PA; SP (Limited to a 1 month supply per fill)
UPTRAVI ORAL TABLET 1000 MCG, 400 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill)
VENTAVIS	T4	PA
VIAGRA	BE	
<i>Xanthine Derivatives</i>		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1b	
<i>theophylline er oral tablet extended release 24 hour</i>	T1b	
Skin And Mucous Membrane Agents		
<i>Allylamines (Skin And Mucous Membrane)</i>		
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
<i>Antibacterials (Skin, Mucous Membrane)</i>		
ACANYA	T9	
ACZONE	T9	
AKTIPAK	T9	
ALTABAX	T9	
AMZEEQ	T9	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	

Medication	Coverage Level	Restrictions
AVAR-E LS	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1b	
CENTANY	T3	
CLENIA PLUS	T9	
CLEOCIN VAGINAL	T9	
CLEOCIN-T EXTERNAL GEL	T9	
CLEOCIN-T EXTERNAL LOTION	T9	
CLINDAGEL	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin phosphate external gel</i>	T9	
<i>clindamycin phosphate external lotion</i>	T9	
<i>clindamycin phosphate external solution</i>	T1b	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1b	
<i>clindamycin phosphate vaginal</i>	T1b	
<i>clindamycin-tretinoin</i>	T3	
CLINDESSE	T3	ST
CORTISPORIN EXTERNAL	T2	
<i>dapsone external</i>	T9	
DUAC	T9	
<i>ery</i>	T1b	
<i>erythromycin external gel</i>	T1b	
<i>erythromycin external solution</i>	T1b	
<i>gentamicin sulfate external</i>	T1b	
KLARON	T3	
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROGEL-VAGINAL	T3	
METROLOTION	T3	
<i>metronidazole external</i>	T1b	
<i>metronidazole vaginal</i>	T1b	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1b	QL (22 GM per 30 days)
NEO-SYNALAR EXTERNAL CREAM	T9	

Medication	Coverage Level	Restrictions
NEUAC EXTERNAL GEL	T1b	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
NORITATE	T9	
NUVESSA	T9	
ONEXTON	T9	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PLEXION NS	T9	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</i>	T1b	
<i>sulfacetamide sodium external liquid</i>	T1b	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1b	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1b	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
VANDAZOLE	T1b	
VELTIN	T9	
XEPI	T9	
ZIANA	T9	
ZILXI	T9	

Medication	Coverage Level	Restrictions
Antifungals (Skin, Mucous Membrane), Misc		
ALA-QUIN	T9	
<i>bensal hp external ointment 3-6 %</i>	T9	
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	T3	ST; QL (60 GM per 30 days)
Antipruritics And Local Anesthetics		
ANALPRAM-HC EXTERNAL LOTION	T2	
CETACAINE EXTERNAL AEROSOL	T9	
CORTANE-B EXTERNAL	T3	
DERMACINRX PRIZOPAK	T9	
<i>doxepin hcl external</i>	T9	
EPIFOAM	T9	
<i>ethyl chloride</i>	T9	
FIRST-MOUTHWASH BLM	T2	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1b	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external solution</i>	T1b	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1b	
LIDODERM	T9	
<i>lidopin external cream 3 %</i>	T1b	
<i>lidopril external kit</i>	T9	
<i>lidorx</i>	T9	
LIVIXIL PAK	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1b	
PLIAGLIS EXTERNAL CREAM	T9	
PRAMOSONE EXTERNAL CREAM	T9	
PRAMOSONE EXTERNAL LOTION 1-1 %	T9	
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3	
PRAMOSONE EXTERNAL OINTMENT	T9	
<i>pramoxine-hc external cream</i>	T9	
PRUDOXIN	T9	
PYRIDIUM	T3	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
SYNERA	T9	

Medication	Coverage Level	Restrictions
ZONALON	T9	
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir external</i>	T9	
DENAVIR	T9	
XERESE	T9	
ZOVIRAX EXTERNAL	T9	
Astringents		
DOMEBORO EXTERNAL PACKET	T9	
DRYSOL	T1b	
VUSION	T9	
XERAC AC	T1b	
Azoles (Skin And Mucous Membrane)		
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>clotrimazole mouth/throat troche</i>	T1b	
<i>clotrimazole-betamethasone external cream</i>	T1b	
<i>clotrimazole-betamethasone external lotion</i>	T1b	QL (30 gm per 30 days)
<i>econazole nitrate external</i>	T1b	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST
EXELDERM	T3	ST
EXTINA	T9	
GNAZOLE-1	T3	
JUBLIA	T9	
<i>ketoconazole external cream</i>	T1b	QL (60 GM per 30 days)
<i>ketoconazole external foam</i>	T1b	QL (100 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	T1b	QL (120 ML per 30 days)
LOTRIMIN AF EXTERNAL CREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
<i>luliconazole</i>	T9	
LUZU	T9	
NIZORAL	T3	
ORAVIG	T4	ST; SP (Max of 31 days per dispensing.)
<i>oxiconazole nitrate</i>	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
<i>sulconazole nitrate</i>	T3	ST
TERAZOL 7	T3	

Medication	Coverage Level	Restrictions
<i>terconazole vaginal cream 0.4 %</i>	T1b	
<i>terconazole vaginal suppository</i>	T1b	
VUSION	T9	
XOLEGEL	T9	
Basic Lotions And Liniments		
<i>ammonium lactate external</i>	T9	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
LAC-HYDRIN EXTERNAL CREAM	T9	
<i>lactic acid external lotion</i>	T9	
<i>urea hydrating</i>	T9	
Basic Oils And Other Solvents		
<i>lactic acid e</i>	T9	
Basic Ointments And Protectants		
ALCORTIN A	T9	
<i>hydrocortisone-aloe external cream 0.5 %</i>	T9	
<i>iodoquimez-hc</i>	T9	
<i>lactic acid e</i>	T9	
NEUAC EXTERNAL KIT	T9	
VYSTONE	T9	
Benzylamines (Skin And Mucous Membrane)		
MENTAX	T9	
Cell Stimulants And Proliferants		
ALTRENO	T1b	QL (45 grams per 30 days); AL
ATRALIN	T3	ST; AL
AVITA	T9	
<i>clindamycin-tretinoin</i>	T3	
REFISSA	T9	
RENOVA	T9	
RENOVA PUMP	T9	
RETIN-A	T3	AL
RETIN-A MICRO	T3	ST
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 % , 0.1 %	T3	ST
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % , 0.08 %	T9	
<i>tretinoin (emollient)</i>	T9	
<i>tretinoin external cream 0.025 %</i>	T1b	AL
<i>tretinoin external cream 0.05 % , 0.1 %</i>	T2	AL
<i>tretinoin external gel 0.01 % , 0.025 %</i>	T1b	AL

Medication	Coverage Level	Restrictions
<i>tretinoin external gel 0.05 %</i>	T2	AL
<i>tretinoin microsphere</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
TRI-LUMA	T9	
VELTIN	T9	
ZIANA	T9	
Corticosteroids (Skin, Mucous Membrane)		
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
ALA-QUIN	T9	
<i>alclometasone dipropionate</i>	T1b	
ALCORTIN A	T9	
<i>amcinonide</i>	T9	
ANALPRAM-HC EXTERNAL LOTION	T2	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
APEXICON E	T9	
AQUANIL HC	T1b	
<i>betamethasone dipropionate aug external cream</i>	T1b	
<i>betamethasone dipropionate aug external gel</i>	T1b	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T2	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1b	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1b	
<i>betamethasone dipropionate external lotion</i>	T1b	
<i>betamethasone dipropionate external ointment</i>	T2	
<i>betamethasone valerate external cream</i>	T1b	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1b	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1b	
BRYHALI	T3	ST
<i>calcipotriene-betameth diprop</i>	T9	
CAPEX	T9	
<i>clobetasol prop emollient base</i>	T1b	
<i>clobetasol propionate emulsion</i>	T9	
<i>clobetasol propionate external cream</i>	T1b	ST
<i>clobetasol propionate external foam</i>	T9	
<i>clobetasol propionate external gel</i>	T1b	
<i>clobetasol propionate external liquid</i>	T9	
<i>clobetasol propionate external lotion</i>	T3	ST; QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	T1b	QL (60 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>clobetasol propionate external shampoo</i>	T2	ST; QL (118 ML per 30 days)
<i>clobetasol propionate external solution</i>	T1b	
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
<i>clocortolone pivalate</i>	T9	
CLODAN EXTERNAL KIT	T3	
CLODERM	T9	
<i>clotrimazole-betamethasone external cream</i>	T1b	
<i>clotrimazole-betamethasone external lotion</i>	T1b	QL (30 gm per 30 days)
CORDRAN	T9	
CORTANE-B EXTERNAL	T3	
CORTENEMA	T3	
CORTISPORIN EXTERNAL	T2	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
DERMAZENE	T9	
DESONATE	T9	
<i>desonide external</i>	T9	
DESOWEN EXTERNAL CREAM	T9	
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external cream 0.25 %</i>	T1b	
<i>desoximetasone external gel</i>	T9	
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<i>desoximetasone external ointment 0.25 %</i>	T2	
<i>diflorasone diacetate external</i>	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	
DUOBRII	T9	
ELOCON EXTERNAL CREAM	T3	
ENSTILAR	T9	
EPIFOAM	T9	
<i>fluocinolone acetonide body</i>	T1b	
<i>fluocinolone acetonide external cream 0.01 %</i>	T1b	ST
<i>fluocinolone acetonide external cream 0.025 %</i>	T1b	
<i>fluocinolone acetonide external ointment</i>	T1b	
<i>fluocinolone acetonide external solution</i>	T1b	ST
<i>fluocinolone acetonide scalp</i>	T1b	
<i>fluocinonide emulsified base</i>	T1b	
<i>fluocinonide external cream 0.05 %</i>	T1b	

Medication	Coverage Level	Restrictions
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1b	
<i>fluocinonide external ointment</i>	T1b	
<i>fluocinonide external solution</i>	T1b	QL (60 ML per 30 days)
<i>flurandrenolide</i>	T9	
<i>fluticasone propionate external cream</i>	T1b	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1b	
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOG	T9	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1b	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	
<i>hydrocortisone butyrate external ointment</i>	T9	
<i>hydrocortisone butyrate external solution</i>	T1b	
<i>hydrocortisone external cream 1 %</i>	T9	
<i>hydrocortisone external cream 2.5 %</i>	T1b	
<i>hydrocortisone external lotion 1 %</i>	T9	
<i>hydrocortisone external lotion 2.5 %</i>	T1b	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	T9	
<i>hydrocortisone external ointment 2.5 %</i>	T1b	
<i>hydrocortisone rectal enema</i>	T1b	
<i>hydrocortisone valerate external cream</i>	T1b	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
<i>hydrocortisone-aloe external cream 0.5 %</i>	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
IMPEKLO	T9	
IMPOYZ	T9	
<i>iodoquimez-hc</i>	T9	
KENALOG EXTERNAL	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	

Medication	Coverage Level	Restrictions
LOTRISONE EXTERNAL CREAM	T3	
LUXIQ	T9	
<i>mometasone furoate external</i>	T1b	
NEO-SYNALAR EXTERNAL CREAM	T9	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
<i>nystatin-triamcinolone</i>	T1b	
OLUX	T9	
OLUX-E	T9	
ORALONE	T3	
PANDEL	T9	
PRAMOSONE EXTERNAL CREAM	T9	
PRAMOSONE EXTERNAL LOTION 1-1 %	T9	
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3	
PRAMOSONE EXTERNAL OINTMENT	T9	
<i>pramoxine-hc external cream</i>	T9	
<i>prednicarbate</i>	T1b	
PROCTOCORT RECTAL SUPPOSITORY	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
SYNALAR TS	T9	
TACLONEX	T9	
TEMOVATE EXTERNAL OINTMENT	T3	ST
TEXACORT	T9	
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1b	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1b	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1b	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	T1b	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1b	
TRI-LUMA	T9	

Medication	Coverage Level	Restrictions
UCERIS RECTAL	T3	QL (2 GM per 180 days)
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VANOXIDE-HC	T9	
VERDESO	T9	
VYTONE	T9	
WYNZORA	T9	
XERESE	T9	
Depigmenting Agents		
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
TRI-LUMA	T9	
Detergents		
CLODAN EXTERNAL KIT	T3	
Emollients, Demulcents, And Protectants		
VUSION	T9	
Hydroxypyridones (Skin, Mucous Membrane)		
<i>ciclopirox external</i>	T1b	
<i>ciclopirox olamine external</i>	T1b	
<i>ciclopirox treatment</i>	T9	
LOPROX EXTERNAL SHAMPOO	T3	
Keratolytic Agents		
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
<i>bensal hp</i>	T9	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1b	
CLENIA PLUS	T9	
KERALAC EXTERNAL CREAM 47 %	T9	
KERALYT EXTERNAL SHAMPOO	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	

Medication	Coverage Level	Restrictions
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PROMISEB	T9	
SALEX EXTERNAL SHAMPOO	T9	
<i>salicylic acid er</i>	T9	
<i>salicylic acid external cream</i>	T9	
<i>salicylic acid external foam</i>	T9	
<i>salicylic acid external liquid 27.5 %</i>	T9	
<i>salicylic acid external lotion</i>	T9	
<i>salicylic acid external shampoo</i>	T9	
<i>salicylic acid wart remover</i>	T9	
<i>salicylic acid-cleanser</i>	T9	
SALVAX	T9	
<i>selenium sulfide external shampoo 2.25 %</i>	T1b	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
SELRX	T9	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1b	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1b	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
ULTRASAL-ER	T9	
<i>urea external cream 40 %, 45 %</i>	T9	
<i>urea external foam</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	

Medication	Coverage Level	Restrictions
UTOPIC	T9	
XALIX	T9	
<i>xurea</i>	T9	
Keratoplastic Agents		
<i>coal tar external solution</i>	T2	
Local Anti-Infectives, Miscellaneous		
ACANYA	T9	
<i>acne medication 10 external gel</i>	T1b	
<i>acne medication 5 external gel</i>	T1b	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T2	
AKTIPAK	T9	
ALCORTIN A	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	
<i>benzoyl peroxide external foam 5.3 %, 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 8 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>bp foam external foam 9.8 %</i>	T9	
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
<i>chlorhexidine gluconate mouth/throat</i>	T1b	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
CORTANE-B EXTERNAL	T3	
DERMAZENE	T9	
DUAC	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	

Medication	Coverage Level	Restrictions
<i>iodoquimez-hc</i>	T9	
NEUAC EXTERNAL GEL	T1b	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
ONEXTON	T9	
PERIDEX	T3	
PR BENZOYL PEROXIDE WASH	T9	
RIAX EXTERNAL FOAM	T3	QL (1 GM per 30 days)
<i>selenium sulfide external lotion</i>	T1b	
<i>selenium sulfide external shampoo 2.25 %</i>	T1b	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
SELRX	T9	
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1b	
SSD	T1b	
SSD (SILVER SULFADIAZINE)	T1b	
SULFAMYLON	T9	
VANOXIDE-HC	T9	
VYSTONE	T9	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
<i>diclofenac sodium transdermal gel 1 %</i>	T1b	
<i>diclofenac sodium transdermal gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	T9	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
VOLTAREN TRANSDERMAL	T9	
Oxaboroles		
KERYDIN	T9	
<i>tavaborole</i>	T9	
Pigmenting Agents		
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
OXSORALEN ULTRA	T5	SP (Max of 31 days per dispensing.)
Polyenes (Skin And Mucous Membrane)		
NYAMYC	T1b	QL (60 GM per 30 days)
<i>nystatin external cream</i>	T1b	SP (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1b	
<i>nystatin external powder</i>	T1b	QL (60 GM per 30 days)
<i>nystatin-triamcinolone</i>	T1b	
NYSTOP	T1b	QL (60 GM per 30 days)

Medication	Coverage Level	Restrictions
Scabicides And Pediculicides		
EURAX	T9	
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1b	
<i>lindane external shampoo</i>	T1b	
<i>malathion external</i>	T1b	
NATROBA	T3	ST; AL
OVIDE	T3	
<i>permethrin external cream</i>	T1b	
SKLICE	T3	
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
<i>spinosad</i>	T1b	
ULESFIA	T3	
Skin And Mucous Membrane Agents, Misc.		
ABSORICA LD	T9	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T9	
<i>acitretin</i>	T4	SP (Max of 31 days per dispensing.)
ACUICYN EXTERNAL LIQUID	T9	
ACZONE	T9	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T2	
AKLIEF	T9	
ALDARA	T3	
AMNESTEEM	T2	QL (6 fills per 2 yearsss)
ARAZLO	T9	
ATRAPRO HYDROGEL	T9	
AVO CREAM	T9	
AVSOLA	T9	
<i>azelaic acid external</i>	T2	ST
AZELEX	T3	ST; QL (50 GM per 31 days)
BIAFINE	T9	
<i>bimatoprost external</i>	T9	
BIONECT EXTERNAL CREAM	T9	

Medication	Coverage Level	Restrictions
BIONECT EXTERNAL FOAM	T9	
BIONECT EXTERNAL GEL	T9	
<i>calcipotriene external cream</i>	T1b	ST; QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1b	
<i>calcipotriene-betameth diprop</i>	T9	
CALCITRENE	T1b	QL (120 GM per 30 days)
<i>calcitriol external</i>	T1b	ST; QL (100 GM per 30 days)
CARAC	T9	
CELACYN	T9	
CERACADE	T9	
CLARAVIS	T2	QL (6 fills per 2 yearss)
<i>clindamycin-tretinoin</i>	T3	
CONDYLOX EXTERNAL GEL	T3	ST
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill. Limited to a once in lifetime fill of 4 packages in 28 days.); QL (1 pack per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill. Limited to a once in lifetime fill of 4 packages in 28 days.); QL (1 pack per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed 5 syringes for first fill (induction dose) only.); QL (1 syringe per 30 Days)
<i>dapsone external</i>	T9	
DERMULCERA	T9	
<i>diclofenac sodium transdermal gel 1 %</i>	T1b	
<i>diclofenac sodium transdermal solution</i>	T9	
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1b	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)
<i>doxycycline</i>	T9	
DRITHO-CREME HP	T9	
DUOBRII	T9	

Medication	Coverage Level	Restrictions
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 3 syringes for the first month.); QL (2 syringes per 28 days)
EFUDEX EXTERNAL CREAM	T3	
ELETONE	T9	
ELIDEL	T3	ST; QL (30 GM per 30 days)
EMULSION SB	T9	
<i>enovarx-tramadol</i>	T9	
ENSTILAR	T9	
ENTTY SPRAY EMULSION	T9	
EPICERAM	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
FABIOR	T9	
FINACEA	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
FLUOROPLEX	T4	ST; SP (Max of 31 days per dispensing.)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1b	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1b	
GELCLAIR	T9	
<i>hair regrowth treatment men external solution</i>	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1b	
<i>imiquimod pump</i>	T9	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 yearss)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
KAMDOY	T9	
KELO-COTE EXTERNAL GEL	T9	
KLISYRI	T9	
LATISSE	T9	
LOYON	T9	

Medication	Coverage Level	Restrictions
LUXAMEND	T9	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
MINOLIRA	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
MIRVASO	T9	
MORGIDOX COMBINATION	T9	
MUGARD	T9	
MYORISAN	T2	QL (6 fills per 2 years)
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NUVAIL	T9	
ORACEA	T9	
ORAMAGICRX	T9	
OTEZLA ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); AL
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
PHLAG SPRAY	T9	
PICATO EXTERNAL GEL 0.015 %	T5	ST; SP (Max of 31 days per dispensing.); QL (3 GM per 180 days)
PICATO EXTERNAL GEL 0.05 %	T5	ST; SP (Max of 31 days per dispensing.); QL (2 GM per 180 days)
<i>pimecrolimus</i>	T1b	ST; QL (30 GM per 30 days)
<i>podocon</i>	T9	
<i>podofilox external</i>	T1b	
PRESERA	T9	
PROPECIA	T9	
PROTOPIC	T3	ST; QL (30 GM per 30 days)
PRUCLAIR	T9	
PRUMYX	T9	
PRUTECT	T9	
QBREXZA	T9	
RECEDO	T9	
RECTIV	T9	

Medication	Coverage Level	Restrictions
REGRANEX	T4	ST; SP (Max of 31 days per dispensing.)
REMICADE	T9	
RHOFADE	T3	QL (60 GM per 30 days); AL
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
SANTYL	T3	QL (60 GM per 30 days)
SILIQ	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 4 syringes for the first fill.); QL (2 syringes per 28 days)
SKYRIZI	T4	PA; SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks)
SKYRIZI (150 MG DOSE)	T4	PA; SP (Limited to 4 syringes per 28 days on first fill.); QL (2 syringes per 12 weeks)
SKYRIZI PEN	T4	PA; SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
SONAFINE	T9	
SORIATANE ORAL CAPSULE 10 MG, 25 MG	T5	SP (Max of 31 days per dispensing.); QL (60 capsules per 30 days)
SORILUX	T9	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 vial per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SP (Allowed 2 syringes for first month starting dose); QL (1 syringe per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SP (One fill per 8 weeks); QL (1 syringe per 60 days)
<i>suvicort</i>	T9	
SYNALAR TS	T9	
SYNERDERM	T9	
TACLONEX	T9	
<i>tacrolimus external ointment 0.03 %</i>	T1b	ST; QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.1 %</i>	T3	ST; QL (30 GM per 30 days)
TALTZ	T9	

Medication	Coverage Level	Restrictions
TARGRETIN EXTERNAL	T9	
<i>tazarotene external cream</i>	T1b	ST
<i>tazarotene external foam</i>	T9	
TAZORAC EXTERNAL CREAM 0.05 %	T2	ST
TAZORAC EXTERNAL CREAM 0.1 %	T3	ST
TAZORAC EXTERNAL GEL	T9	
TETRIX EXTERNAL CREAM	T9	
TOLAK	T2	QL (1 tube per 30 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limit of 2 pens the first fill.); QL (1 ML per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limit of 2 syringes the first fill.); QL (1 ML per 8 weeks)
VALCHLOR	T4	PA; SP (Limited to a 15 day supply per fill); QL (60 GM per 15 days)
VANIQA	T9	
VECTICAL	T3	ST; QL (100 GM per 30 days)
VELTIN	T9	
VENELEX	T9	
VEREGEN	T4	ST; SP (Max of 31 days per dispensing.); QL (30 GM per 30 days)
VOLTAREN TRANSDERMAL	T9	
WINLEVI	T9	
WYNZORA	T9	
XIMINO	T9	
ZENATANE	T2	QL (6 fills per 2 yearss)
ZIANA	T9	
ZITHRANOL	T3	ST
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
Smooth Muscle Relaxants		
Antimuscarinics		
<i>darifenacin hydrobromide er</i>	T2	QL (30 EA per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
ENABLEX	T3	QL (30 tablets per 30 days)
<i>flavoxate hcl</i>	T1b	

Medication	Coverage Level	Restrictions
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<i>oxybutynin chloride er</i>	T1b	
<i>oxybutynin chloride oral</i>	T1b	
OXYTROL	T9	
<i>solifenacin succinate</i>	T2	ST; QL (30 tablets per 30 days)
<i>tolterodine tartrate</i>	T1b	
<i>tolterodine tartrate er</i>	T2	
TOVIAZ	T3	ST; QL (30 tablets per 30 days)
<i>tropium chloride</i>	T1b	QL (60 tablets per 30 days)
<i>tropium chloride er</i>	T3	QL (30 capsules per 30 days)
VESICARE	T3	ST; QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL
Respiratory Smooth Muscle Relaxants		
ELIXOPHYLLIN	T3	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1b	
<i>theophylline er oral tablet extended release 24 hour</i>	T1b	
Selective Beta-3-Adrenergic Agonists		
GEMTESA	T9	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (240 ML per 30 days); AL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	ST; QL (30 tablets per 30 days)
Vitamins		
Multivitamin Preparations		
<i>advanced am/pm</i>	T9	
BACMIN	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL B-CALM	T3	

Medication	Coverage Level	Restrictions
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL RX	T3	
<i>complete natal dha</i>	T1b	
<i>completenate</i>	T1b	
CORVITA	T9	
CORVITE FREE	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800/ZINC	T9	
DIALYVITE SUPREME D	T9	
DIALYVITE/ZINC	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLET ONE	T3	QL (30 tablcapsules per 30 days)
FOLGARD OS	T9	
FORTAVIT ORAL CAPSULE	T9	
INATAL GT	T1b	
LYSIPLEX PLUS ORAL TABLET	T9	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	T3	AL
<i>multivitamins oral capsule</i>	T9	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T9	AL
M-VIT	T9	
MYNATAL ORAL TABLET	T1b	
<i>mynatal plus</i>	T1b	
<i>mynatal-z</i>	T1b	
<i>mynate 90 plus</i>	T1b	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	

Medication	Coverage Level	Restrictions
NEPHPLEX RX	T9	
NEPHRO-VITE RX	T9	
NEXA PLUS	T3	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
NIVA-PLUS	T9	
O-CAL FA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
<i>pnv prenatal plus multivitamin</i>	T1a	
<i>pnv tabs 20-1</i>	T1b	
<i>pnv tabs 29-1</i>	T1b	
<i>pnv-dha</i>	T1b	
<i>pnv-dha+docusate</i>	T1b	
<i>pnv-omega</i>	T1b	
<i>pnv-select</i>	T1b	
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	
PRENATABS RX	T1b	
<i>prenatal (w/iron & fa)</i>	T1b	PV
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1b	QL (30 tablets per 30 days)
<i>prenatal low iron oral tablet 27-0.8 mg</i>	T1b	PV
<i>prenatal one daily</i>	T1b	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1b	PV
<i>prenatal plus</i>	T1b	
<i>prenatal plus iron</i>	T1b	
<i>prenatal/iron oral tablet</i>	T1b	PV
PRENATE AM	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PROVIDA OB	T3	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	

Medication	Coverage Level	Restrictions
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
REQ 49+	T9	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1b	
<i>se-natal 19 oral tablet chewable</i>	T1b	QL (30 tablets per 30 days)
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SUPERVITE	T9	
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl-care dha</i>	T1b	
<i>tl-fluorivite</i>	T9	
TRICARE	T1b	
<i>trinatal rx 1</i>	T1a	
TRINATE	T2	
<i>triphrocaps</i>	T9	
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1b	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1b	
UDAMIN SP	T9	
<i>v-c forte</i>	T9	
VIC-FORTE	T9	
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VINATE M	T1a	
VINATE ONE	T1b	
<i>virt-caps</i>	T9	
VITACEL	T1b	
VITAFOL ORAL TABLET	T9	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
VITAPEARL	T3	
VITATRUE	T3	
<i>vol-care rx</i>	T9	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	

Medication	Coverage Level	Restrictions
<i>vol-tab rx</i>	T9	
<i>vp-vite rx</i>	T9	
Vitamin A		
<i>active fe</i>	T9	
<i>pnv-select</i>	T1b	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1b	
Vitamin B Complex		
<i>active fe</i>	T9	
ANIMI-3	T9	
<i>av-vite fb forte</i>	T9	
BEYAZ	T9	
<i>bp vit 3</i>	T9	
<i>calcium-folic acid plus d</i>	T9	
CARDIOTEK RX ORAL TABLET	T9	
CARDIOVID PLUS	T9	
CENTRATEX	T9	
CIFEREX	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL RX	T3	
<i>complete natal dha</i>	T1b	
<i>completenate</i>	T1b	
CORVITA	T9	
CORVITA 150	T9	
CORVITE 150 ORAL TABLET 150-1.25 MG	T9	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1b	
DERMACINRX PUREFOLIX	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800/ZINC	T9	
DIALYVITE SUPREME D	T9	
DIALYVITE/ZINC	T9	
<i>durachol</i>	T9	
<i>fabb</i>	T9	

Medication	Coverage Level	Restrictions
<i>fe c tab plus</i>	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	
FERROCITE PLUS ORAL TABLET	T9	
<i>folbee</i>	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
FOLET ONE	T3	QL (30 tablcapsules per 30 days)
FOLGARD OS	T9	
FOLGARD RX	T9	
<i>folic acid oral tablet 1 mg</i>	T9	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1b	PV; AL
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
<i>folplex 2.2</i>	T9	
FOLTANX	T9	
FOLTRATE	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
<i>hematinic plus vitlminerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	T9	
HEMOCYTE PLUS	T9	
HEMOCYTE-F ORAL TABLET	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	

Medication	Coverage Level	Restrictions
INATAL GT	T1b	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
<i>leucovorin calcium oral</i>	T1b	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
MAXFE ORAL TABLET	T9	
METAFOLBIC PLUS	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	T3	AL
M-VIT	T9	
<i>myferon 150 forte</i>	T9	
MYNATAL ORAL TABLET	T1b	
<i>mynatal plus</i>	T1b	
<i>mynatal-z</i>	T1b	
<i>mynate 90 plus</i>	T1b	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NASCOBAL	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
<i>neurin-sl</i>	T9	
NEXA PLUS	T3	
NIACOR	T1b	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
O-CAL FA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
<i>ortho df</i>	T9	
<i>pnv prenatal plus multivitamin</i>	T1a	

Medication	Coverage Level	Restrictions
<i>pnv tabs 20-1</i>	T1b	
<i>pnv tabs 29-1</i>	T1b	
<i>pnv-dha</i>	T1b	
<i>pnv-dha+docusate</i>	T1b	
<i>pnv-omega</i>	T1b	
<i>pnv-select</i>	T1b	
<i>poly-iron 150 forte</i>	T9	
POTABA ORAL CAPSULE	T9	
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	
PRENATABS RX	T1b	
<i>prenatal (w/iron & fa)</i>	T1b	PV
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1b	QL (30 tablets per 30 days)
<i>prenatal low iron oral tablet 27-0.8 mg</i>	T1b	PV
<i>prenatal one daily</i>	T1b	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1b	PV
<i>prenatal plus</i>	T1b	
<i>prenatal plus iron</i>	T1b	
<i>prenatal/iron oral tablet</i>	T1b	PV
PRENATE AM	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PROFERRIN-FORTE	T9	
PROVIDA OB	T3	
<i>purevit dualfe plus</i>	T9	
QUFLORA FE	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
RESTORA RX	T9	
<i>revesta</i>	T9	
SAFYRAL	T9	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1b	
<i>se-natal 19 oral tablet chewable</i>	T1b	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>se-tan plus</i>	T9	
SUPERVITE	T9	
<i>taron forte</i>	T9	
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl gard rx</i>	T9	
<i>tl icon</i>	T9	
<i>tl-care dha</i>	T1b	
<i>tl-hem 150</i>	T9	
TRICARE	T1b	
TRICON	T9	
<i>trigels-f forte</i>	T9	
<i>trinatal rx 1</i>	T1a	
TRINATE	T2	
<i>triphrocaps</i>	T9	
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1b	
TYDEMY	T9	
UDAMIN SP	T9	
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VINATE M	T1a	
VINATE ONE	T1b	
<i>virt-caps</i>	T9	
VIRT-GARD	T9	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
VITAPEARL	T3	
VITATRUE	T3	
<i>vol-care rx</i>	T9	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
<i>vp-vite rx</i>	T9	
Vitamin C		
<i>active fe</i>	T9	
CENTRATEX	T9	
CITRANATAL BLOOM	T3	
CORVITA 150	T9	

Medication	Coverage Level	Restrictions
CORVITE 150 ORAL TABLET 150-1.25 MG	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800/ZINC	T9	
DIALYVITE/ZINC	T9	
<i>fe c tab plus</i>	T9	
FERIVA 21/7	T9	
FERIVAF A	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	
FERROCITE PLUS ORAL TABLET	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
<i>hematinic plus vitlminerals</i>	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
HEMOCYTE PLUS	T9	
ICAR-C PLUS	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXFE ORAL TABLET	T9	
MOVIPREP	T3	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	

Medication	Coverage Level	Restrictions
<i>peg-3350/electrolytes/ascorbat</i>	T1b	PV
PLENVU	T3	
<i>pnv-select</i>	T1b	
<i>purevit dualfe plus</i>	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
<i>se-tan plus</i>	T9	
<i>taron forte</i>	T9	
<i>tl icon</i>	T9	
<i>tl-hem 150</i>	T9	
TRICON	T9	
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XPOVIO (40 MG ONCE			
WEEKLY)	35		
XPOVIO (40 MG TWICE			
WEEKLY)	35		
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WEEKLY)	35		
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