

2020 Formulary

MyPriority[®] plans originally purchased in 2013 or earlier

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.

- T1 - Generic
- T2 - Preferred Brand
- T3 - Non-Preferred Brand
- T4 - Preferred Specialty
- T5 - Non-Preferred Specialty
- T6 - Medical Benefit
- T7 - Medical Benefit - Preferred Specialty
- T8 - Medical Benefit - Non-Preferred Specialty
- T9 - Excluded

List of Abbreviations

BE: Benefit Exlcusion

AL: Age Limits

MB: Medical Benefit

PA: Prior Authorization

PV: Preventative Drugs

QL: Quantity Limits

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 11/1/2020

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|----------------|--------------|
| <i>enovarx-tramadol</i> | T9 | |
| ESOTERICA SENSITIVE SKIN | T9 | |
| <i>folic acid-vit b6-vit b12</i> | T9 | |
| GINSENG EDGE | T9 | |
| <i>iodoquimez-hc</i> | T9 | |
| <i>lorazepam oral concentrate 1 mg/0.5ml</i> | T1 | |
| MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML | T2 | |
| <i>select-lite device/lancets</i> | T2 | |
| ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML | T9 | |
| Antihistamine Drugs | | |
| <i>Ethanolamine Derivatives</i> | | |
| <i>carbinoxamine maleate oral tablet 6 mg</i> | T9 | |
| <i>clemastine fumarate oral tablet</i> | T9 | |
| DICOPANOL FUSEPAQ | T9 | |
| <i>diphenhydramine hcl oral capsule</i> | T9 | |
| <i>diphenhydramine hcl oral elixir</i> | T9 | |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE | T9 | |
| RYVENT | T9 | |
| <i>Ethylenediamine Derivatives</i> | | |
| <i>maxi-tuss cd</i> | T9 | |
| <i>First Gen. Antihist. Derivatives, Misc.</i> | | |
| <i>cyproheptadine hcl oral</i> | T9 | |
| <i>First Generation Antihistamines</i> | | |
| <i>carbinoxamine maleate oral tablet 6 mg</i> | T9 | |
| <i>chlorpheniramine maleate er</i> | T9 | |
| <i>clemastine fumarate oral tablet</i> | T9 | |
| <i>cyproheptadine hcl oral</i> | T9 | |
| DICOPANOL FUSEPAQ | T9 | |
| <i>diphenhydramine hcl oral capsule</i> | T9 | |
| <i>diphenhydramine hcl oral elixir</i> | T9 | |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE | T9 | |
| RYCLORA ORAL SYRUP | T9 | |
| RYVENT | T9 | |
| <i>Phenothiazine Derivatives</i> | | |
| PHENADOZ | T3 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------|----------------|--------------|
| PHENERGAN INJECTION SOLUTION 50 MG/ML | T9 | |
| <i>promethazine hcl oral syrup</i> | T9 | |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg</i> | T1 | |
| <i>promethazine hcl oral tablet 50 mg</i> | T9 | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | T9 | |
| <i>promethazine-dm oral syrup</i> | T1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | T1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG | T9 | |
| <i>Piperazine Derivatives</i> | | |
| <i>hydroxyzine hcl oral syrup</i> | T1 | |
| <i>hydroxyzine hcl oral tablet</i> | T1 | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i> | T1 | |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> | T9 | |
| VISTARIL | T3 | |
| <i>Propylamine Derivatives</i> | | |
| <i>chlorpheniramine maleate er</i> | T9 | |
| HISTEX-AC | T9 | |
| <i>hydrocod polst-cpm polst er oral suspension extended release</i> | T1 | |
| <i>pseudoeph-chlorphen-hydrocod</i> | T1 | |
| RYCLORA ORAL SYRUP | T9 | |
| TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE | T3 | |
| 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 | |
| <i>allergy relief/nasal decongest oral tablet extended release 24 hour</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 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------|----------------|--------------|
| <i>cetirizine-pseudoephedrine er</i> | T9 | |
| <i>childrens loratadine oral syrup</i> | T9 | |
| CLARINEX | T9 | |
| CLARITIN ORAL SYRUP | T9 | |
| CLARITIN ORAL TABLET | T9 | |
| CLARITIN ORAL TABLET CHEWABLE | T9 | |
| CLARITIN REDITABS | T9 | |
| CLARITIN-D 12 HOUR | T9 | |
| CLARITIN-D 24 HOUR | T9 | |
| <i>desloratadine oral tablet</i> | T9 | |
| <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 | |
| ZYRTEC ALLERGY ORAL TABLET | T9 | |
| ZYRTEC-D ALLERGY & CONGESTION | T9 | |
| Anti-Infective Agents | | |
| 1St Generation Cephalosporin Antibiotics | | |
| <i>cefadroxil</i> | T1 | |
| <i>cephalexin oral capsule</i> | T1 | |
| <i>cephalexin oral suspension reconstituted</i> | T1 | |
| <i>cephalexin oral tablet</i> | T2 | |
| KEFLEX | T3 | |
| 2Nd Generation Cephalosporin Antibiotics | | |
| <i>cefaclor er</i> | T1 | |
| <i>cefaclor oral capsule 250 mg</i> | T1 | |
| <i>cefprozil</i> | T1 | |
| <i>cefuroxime axetil oral tablet</i> | T1 | |
| 3Rd Generation Cephalosporin Antibiotics | | |
| <i>cefdinir</i> | T1 | |
| <i>cefditoren pivoxil oral tablet 400 mg</i> | T1 | |
| <i>cefixime oral suspension reconstituted</i> | T1 | |
| <i>cefpodoxime proxetil</i> | T1 | |
| SPECTRACEF ORAL TABLET 400 MG | T3 | |
| SUPRAX ORAL CAPSULE | T2 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------|----------------|-----------------------------------|
| SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML | T3 | |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | T2 | |
| SUPRAX ORAL TABLET CHEWABLE | T2 | |
| Adamantane Antivirals | | |
| <i>amantadine hcl oral</i> | T1 | |
| GOCOVRI | T9 | |
| OSMOLEX ER | T9 | |
| <i>rimantadine hcl</i> | T1 | |
| Allylamine Antifungals | | |
| LAMISIL ORAL TABLET | T3 | |
| <i>terbinafine hcl oral</i> | T1 | |
| Amebicides | | |
| FLAGYL | T3 | |
| <i>metronidazole benzoate</i> | T9 | |
| <i>metronidazole oral</i> | T1 | |
| <i>paromomycin sulfate oral</i> | T1 | |
| PYLERA | T9 | |
| Aminoglycoside Antibiotics | | |
| ARIKAYCE | T5 | PA; QL (28 vials per 28 Days) |
| BETHKIS | T4 | ST |
| KITABIS PAK | T4 | PA; QL (1 ML per 56 days) |
| <i>paromomycin sulfate oral</i> | T1 | |
| TOBI | T4 | QL (56 Mampules per 28 days) |
| TOBI PODHALER | T4 | PA; QL (224 capsules per 28 days) |
| <i>tobramycin inhalation nebulization solution 300 mg/4ml</i> | T4 | PA |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> | T4 | PA; QL (56 ampules per 28 days) |
| <i>tobramycin sulfate injection solution 80 mg/2ml</i> | T1 | |
| ZEMDRI | T9 | |
| Aminomethylcyclines | | |
| NUZYRA INTRAVENOUS | T9 | |
| NUZYRA ORAL TABLET 150 MG | T9 | |
| SEYSARA | T9 | |
| Aminopenicillin Antibiotics | | |
| <i>amoxicill-clarithro-lansopraz</i> | T3 | |
| <i>amoxicillin oral capsule</i> | T1 | |
| <i>amoxicillin oral suspension reconstituted</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| <i>amoxicillin oral tablet</i> | T1 | |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | T1 | |
| <i>amoxicillin-pot clavulanate er</i> | T1 | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | T1 | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> | T1 | |
| <i>amoxicillin-pot clavulanate oral tablet chewable</i> | T1 | |
| <i>ampicillin oral capsule 500 mg</i> | T1 | |
| AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML | T3 | |
| AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG | T3 | |
| AUGMENTIN XR | T3 | |
| PREVPAC | BE | |
| TALICIA | T9 | |
| <i>Anthelmintics</i> | | |
| <i>albendazole oral</i> | T4 | QL (6 tablets per 30 Days) |
| ALBENZA | T9 | |
| BILTRICIDE | T5 | |
| EMVERM | T9 | |
| <i>ivermectin oral</i> | T1 | QL (5 tablets per 1 day) |
| STROMEKTOL | T3 | QL (5 tablets per 1 day) |
| <i>Antifungals, Miscellaneous</i> | | |
| <i>griseofulvin microsize oral</i> | T1 | |
| <i>griseofulvin ultramicrosize</i> | T2 | |
| <i>Antimalarials</i> | | |
| ARAKODA | T3 | |
| <i>atovaquone-proguanil hcl</i> | T1 | |
| <i>chloroquine phosphate oral</i> | T1 | |
| COARTEM | T2 | |
| DARAPRIM | T9 | |
| <i>hydroxychloroquine sulfate oral</i> | T1 | |
| KRINTAFEL | T1 | QL (2 tablets per 365 Days) |
| MALARONE | T3 | |
| <i>mefloquine hcl</i> | T1 | |
| PLAQUENIL | T3 | |
| <i>primaquine phosphate oral</i> | T1 | |
| PYLERA | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------|----------------|------------------------------------|
| <i>pyrimethamine oral</i> | T4 | |
| QUALAQUIN | T3 | PA |
| <i>quinidine gluconate er</i> | T4 | |
| <i>quinidine sulfate oral tablet 200 mg</i> | T1 | |
| <i>quinine sulfate oral</i> | T1 | PA |
| Antimycobacterials, Miscellaneous | | |
| <i>dapsone oral</i> | T1 | |
| Antiprotozoals, Miscellaneous | | |
| ALINIA ORAL SUSPENSION RECONSTITUTED | T2 | |
| ALINIA ORAL TABLET | T5 | |
| <i>atovaquone oral</i> | T4 | |
| <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> | T1 | |
| FLAGYL | T3 | |
| IMPAVIDO | T3 | PA |
| MEPRON | T3 | |
| <i>metronidazole benzoate</i> | T9 | |
| <i>metronidazole oral</i> | T1 | |
| NEBUPENT | T3 | |
| <i>pentamidine isethionate inhalation</i> | T1 | |
| PYLERA | T9 | |
| SOLOSEC | T9 | |
| <i>tinidazole oral</i> | T1 | |
| Antituberculosis Agents | | |
| AVELOX ORAL | T3 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | T3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | T3 | |
| <i>ciprofloxacin hcl oral</i> | T1 | |
| <i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i> | T1 | |
| <i>ciprofloxacin-ciproflox hcl er</i> | T1 | |
| <i>clarithromycin er</i> | T1 | |
| <i>clarithromycin oral</i> | T1 | |
| <i>cycloserine oral</i> | T1 | |
| <i>ethambutol hcl oral</i> | T1 | |
| <i>isoniazid oral</i> | T1 | |
| LEVAQUIN ORAL TABLET | T3 | |
| <i>levofloxacin oral</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------|----------------|-------------------------------------|
| <i>moxifloxacin hcl oral</i> | T1 | |
| MYCOBUTIN | T2 | |
| <i>pretomanid</i> | T4 | QL (30 tablets per 30 days) |
| PRIFTIN | T2 | |
| <i>pyrazinamide oral</i> | T1 | |
| <i>rifabutin</i> | T4 | |
| RIFADIN ORAL | T3 | |
| <i>rifampin oral</i> | T1 | |
| SIRTURO | T4 | |
| Antivirals, Miscellaneous | | |
| PREVMIS | T4 | PA |
| XOFLUZA (40 MG DOSE) | 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; QL (60 capsules per 30 Day(s)s) |
| DIFLUCAN | T3 | |
| <i>fluconazole oral</i> | T1 | |
| <i>itraconazole oral capsule</i> | T2 | QL (120 capsules per 30 days) |
| <i>itraconazole oral solution</i> | T4 | PA; QL (600 ML per 30 days) |
| <i>ketoconazole oral</i> | T1 | |
| NOXAFIL ORAL SUSPENSION | T4 | PA; QL (450 ML per 30 Day(s)s) |
| NOXAFIL ORAL TABLET DELAYED RELEASE | T4 | PA; QL (180 tablets per 30 Day(s)s) |
| <i>posaconazole</i> | T4 | PA; QL (180 tablets per 30 days) |
| SPORANOX ORAL CAPSULE | T9 | |
| SPORANOX ORAL SOLUTION | T5 | PA; QL (600 ML per 30 Day(s)s) |
| SPORANOX PULSEPAK | T9 | |
| <i>tolsura</i> | T9 | |
| VFEND ORAL SUSPENSION RECONSTITUTED | T5 | QL (300 ML per 30 days) |
| VFEND ORAL TABLET 200 MG | T5 | QL (120 tablets per 30 days) |
| VFEND ORAL TABLET 50 MG | T5 | QL (480 tablets per 30 days) |
| <i>voriconazole oral suspension reconstituted</i> | T4 | QL (300 ML per 30 days) |
| <i>voriconazole oral tablet 200 mg</i> | T4 | QL (120 tablets per 30 days) |
| <i>voriconazole oral tablet 50 mg</i> | T4 | QL (480 tablets per 30 days) |
| Erythromycin Antibiotics | | |
| E.E.S. 400 ORAL TABLET | T1 | |
| E.E.S. GRANULES | T4 | |
| ERYPED 200 | T4 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------|----------------|----------------------------------|
| ERYPED 400 | T4 | |
| ERY-TAB | T2 | |
| ERYTHROCIN STEARATE ORAL TABLET 250 MG | T2 | |
| <i>erythromycin base oral capsule delayed release particles</i> | T1 | |
| <i>erythromycin base oral tablet</i> | T2 | |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i> | T2 | |
| <i>erythromycin ethylsuccinate oral tablet</i> | T1 | |
| Fluorocyclines | | |
| XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | T9 | |
| Glycopeptide Antibiotics | | |
| FIRVANQ | T2 | |
| VANCOCIN HCL | T9 | |
| <i>vancomycin hcl intravenous solution reconstituted 500 mg</i> | T1 | |
| <i>vancomycin hcl oral capsule</i> | T9 | MB (Vancomycin(#2)) |
| <i>vancomycin hcl oral solution reconstituted</i> | T9 | |
| Hcv Polymerase Inhibitor Antivirals | | |
| EPCLUSA | T9 | |
| HARVONI | T9 | |
| <i>ledipasvir-sofosbuvir</i> | T5 | PA |
| <i>sofosbuvir-velpatasvir</i> | T5 | |
| SOVALDI | T5 | PA |
| VIEKIRA PAK | T5 | PA; QL (112 tablets per 28 days) |
| VOSEVI | T5 | PA; QL (28 tablets per 28 days) |
| Hcv Protease Inhibitor Antivirals | | |
| MAVYRET | T4 | PA; QL (84 tablets per 28 days) |
| VIEKIRA PAK | T5 | PA; QL (112 tablets per 28 days) |
| ZEPATIER | T4 | PA |
| Hcv Replication Complex Inhibitors | | |
| EPCLUSA | T9 | |
| HARVONI | T9 | |
| <i>ledipasvir-sofosbuvir</i> | T5 | PA |
| MAVYRET | T4 | PA; QL (84 tablets per 28 days) |
| <i>sofosbuvir-velpatasvir</i> | T5 | |
| VIEKIRA PAK | T5 | PA; QL (112 tablets per 28 days) |
| VOSEVI | T5 | PA; QL (28 tablets per 28 days) |
| ZEPATIER | T4 | PA |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|----------------|-------------------------------------|
| <i>Hiv Entry And Fusion Inhibitors</i> | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | T5 | |
| <i>rukobia</i> | T5 | PA; QL (60 tablets per 30 Days) |
| SELZENTRY | T4 | |
| <i>Hiv Integrase Inhibitor Antiretrovirals</i> | | |
| BIKTARVY | T4 | QL (30 tablets per 30 days) |
| DOVATO | T4 | QL (30 tablet per 30 days) |
| GENVOYA | T4 | QL (30 tablets per 30 days) |
| ISENTRESS | T4 | |
| ISENTRESS HD | T4 | |
| JULUCA | T4 | QL (30 tablets per 30 days) |
| STRIBILD | T4 | QL (31 Day Supply per 1 Dispensing) |
| TIVICAY ORAL TABLET 10 MG, 25 MG | T4 | |
| TIVICAY ORAL TABLET 50 MG | T4 | QL (62 tablets per 31 days) |
| TIVICAY PD | T4 | |
| TRIUMEQ | T4 | QL (30 tablets per 30 days) |
| <i>Hiv Nonnucleoside Rev. Transcrip. Inhib.</i> | | |
| ATRIPLA | T4 | |
| COMPLERA | T4 | QL (30 tablets per 30 days) |
| DELSTRIGO | T4 | QL (30 tablets per 30 days) |
| EDURANT | T2 | |
| <i>efavirenz</i> | T2 | |
| <i>efavirenz-emtricitab-tenofovir</i> | T4 | |
| <i>efavirenz-lamivudine-tenofovir</i> | T4 | QL (30 tablets per 30 Days) |
| INTELENCE ORAL TABLET 100 MG, 25 MG | T4 | QL (120 tablets per 30 days) |
| INTELENCE ORAL TABLET 200 MG | T4 | QL (60 tablets per 30 days) |
| JULUCA | T4 | QL (30 tablets per 30 days) |
| <i>nevirapine er</i> | T3 | QL (30 tablets per 30 days) |
| <i>nevirapine oral suspension</i> | T1 | QL (1200 ML per 30 days) |
| <i>nevirapine oral tablet</i> | T1 | QL (60 tablets per 30 days) |
| ODEFSEY | T4 | QL (30 tablets per 30 days) |
| PIFELTRO | T4 | QL (30 tablets per 30 days) |
| RESCRIPTOR ORAL TABLET 200 MG | T2 | |
| SUSTIVA | T3 | |
| SYMFI | T5 | QL (30 tablets per 30 days) |
| SYMFI LO | T5 | QL (30 tablets per 30 days) |
| VIRAMUNE ORAL SUSPENSION | T5 | QL (1200 ML per 30 days) |
| VIRAMUNE ORAL TABLET | T3 | QL (60 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------|----------------|-------------------------------------|
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG | T3 | QL (30 tablets per 30 days) |
| Hiv Nucleoside, Nucleotide Rt Inhibitors | | |
| <i>abacavir sulfate oral solution</i> | T1 | |
| <i>abacavir sulfate oral tablet</i> | T2 | |
| <i>abacavir-lamivudine-zidovudine</i> | T4 | QL (60 tablets per 30 days) |
| ATRIPLA | T4 | |
| BIKTARVY | T4 | QL (30 tablets per 30 days) |
| CIMDUO | T9 | |
| COMBIVIR | T5 | |
| COMPLERA | T4 | QL (30 tablets per 30 days) |
| DELSTRIGO | T4 | QL (30 tablets per 30 days) |
| DESCOVY | T4 | QL (30 EA per 30 days) |
| <i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i> | T1 | |
| DOVATO | T4 | QL (30 tablet per 30 days) |
| <i>efavirenz-emtricitab-tenofovir</i> | T4 | |
| <i>efavirenz-lamivudine-tenofovir</i> | T4 | QL (30 tablets per 30 Days) |
| <i>emtricitabine</i> | T1 | |
| <i>emtricitabine-tenofovir df</i> | T4 | |
| EMTRIVA | T2 | |
| EPIVIR | T3 | |
| EPIVIR HBV ORAL SOLUTION | T2 | |
| EPIVIR HBV ORAL TABLET | T3 | |
| EPZICOM | T4 | |
| GENVOYA | T4 | QL (30 tablets per 30 days) |
| <i>lamivudine oral solution</i> | T1 | |
| <i>lamivudine oral tablet</i> | T2 | |
| <i>lamivudine-zidovudine</i> | T2 | |
| ODEFSEY | T4 | QL (30 tablets per 30 days) |
| RETROVIR ORAL CAPSULE | T3 | |
| RETROVIR ORAL SYRUP | T3 | |
| <i>stavudine oral capsule</i> | T1 | |
| STRIBILD | T4 | QL (31 Day Supply per 1 Dispensing) |
| SYMFI | T5 | QL (30 tablets per 30 days) |
| SYMFI LO | T5 | QL (30 tablets per 30 days) |
| SYMTUZA | T4 | QL (30 tablets per 30 days) |
| TEMIXYS | T4 | QL (30 tablets per 30 days) |
| <i>tenofovir disoproxil fumarate</i> | T4 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------|----------------|----------------------------------|
| TRIUMEQ | T4 | QL (30 tablets per 30 days) |
| TRIZIVIR | T5 | QL (60 tablets per 30 days) |
| TRUVADA | T4 | |
| VIDEX EC | T3 | |
| VIDEX ORAL SOLUTION RECONSTITUTED 2 GM | T2 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | T4 | |
| VIREAD ORAL TABLET 300 MG | T5 | |
| ZERIT ORAL CAPSULE 20 MG, 30 MG, 40 MG | T3 | |
| ZIAGEN ORAL SOLUTION | T2 | |
| ZIAGEN ORAL TABLET | T3 | |
| <i>zidovudine oral capsule</i> | T2 | |
| <i>zidovudine oral syrup</i> | T1 | |
| <i>zidovudine oral tablet</i> | T2 | |
| Hiv Protease Inhibitor Antiretrovirals | | |
| APTIVUS | T4 | ST |
| <i>atazanavir sulfate</i> | T4 | |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | T2 | |
| EVOTAZ | T4 | QL (30 tablets per 30 days) |
| <i>fosamprenavir calcium</i> | T4 | |
| INVIRASE ORAL TABLET | T4 | |
| KALETRA ORAL SOLUTION | T4 | |
| KALETRA ORAL TABLET | T4 | |
| LEXIVA ORAL SUSPENSION | T4 | |
| LEXIVA ORAL TABLET | T5 | |
| NORVIR ORAL SOLUTION | T3 | |
| NORVIR ORAL TABLET | T3 | |
| PREZCOBIX | T4 | QL (30 tablets per 30 days) |
| PREZISTA ORAL SUSPENSION | T4 | |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | T4 | |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG | T5 | |
| REYATAZ ORAL PACKET | T4 | |
| <i>ritonavir</i> | T1 | |
| SYMTUZA | T4 | QL (30 tablets per 30 days) |
| VIEKIRA PAK | T5 | PA; QL (112 tablets per 28 days) |
| VIRACEPT ORAL TABLET | T4 | |
| Interferon Antivirals | | |
| INTRON A | T4 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------|----------------|------------------------------|
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML | T4 | QL (48 Weeks per 1 Lifetime) |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | T4 | QL (48 Weeks per 1 Lifetime) |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG | T4 | PA |
| <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 capsule 150 mg, 300 mg</i> | T1 | |
| <i>clindamycin palmitate hcl</i> | T1 | |
| <i>Macrolide Antibiotics</i> | | |
| E.E.S. 400 ORAL TABLET | T1 | |
| 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> | T1 | |
| <i>erythromycin base oral tablet</i> | T2 | |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i> | T2 | |
| <i>erythromycin ethylsuccinate oral tablet</i> | T1 | |
| <i>Monobactam Antibiotics</i> | | |
| CAYSTON | T4 | PA |
| <i>Natural Penicillin Antibiotics</i> | | |
| <i>penicillin v potassium</i> | T1 | |
| <i>Neuraminidase Inhibitor Antivirals</i> | | |
| <i>oseltamivir phosphate oral capsule</i> | T1 | QL (10 capsules per 1 fill) |
| <i>oseltamivir phosphate oral suspension reconstituted</i> | T1 | 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> | T1 | |
| <i>adefovir dipivoxil</i> | T4 | |
| BARACLUDE ORAL SOLUTION | T3 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|----------------|---------------------------------|
| BARACLUDE ORAL TABLET | T5 | QL (30 tablets per 30 days) |
| <i>entecavir</i> | T4 | QL (30 tablets per 30 days) |
| <i>famciclovir oral</i> | T1 | QL (120 tablets per 30 days) |
| HEPSERA | T5 | |
| PREVMIS | T4 | PA |
| REBETOL ORAL SOLUTION | T5 | |
| RIBASPHERE ORAL CAPSULE | T5 | ST |
| RIBASPHERE ORAL TABLET 200 MG, 600 MG | T5 | ST |
| RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG | T5 | ST |
| <i>ribavirin oral capsule</i> | T1 | |
| <i>ribavirin oral tablet 200 mg</i> | T1 | |
| SITAVIG | T9 | |
| SYMTUZA | T4 | QL (30 tablets per 30 days) |
| <i>valacyclovir hcl oral</i> | T1 | |
| VALCYTE ORAL SOLUTION RECONSTITUTED | T5 | QL (540 ML per 30 days); AL |
| VALCYTE ORAL TABLET | T9 | |
| <i>valganciclovir hcl oral solution reconstituted</i> | T4 | QL (540 ML per 30 days); AL |
| <i>valganciclovir hcl oral tablet</i> | T4 | QL (60 tablets per 30 days) |
| VALTREX | T3 | |
| VEMLIDY | T4 | |
| ZOVIRAX ORAL | T3 | |
| Other Macrolide Antibiotics | | |
| <i>amoxicill-clarithro-lansopraz</i> | T3 | |
| <i>azithromycin oral suspension reconstituted</i> | T1 | |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | T1 | |
| <i>clarithromycin er</i> | T1 | |
| <i>clarithromycin oral</i> | T1 | |
| DIFICID | T5 | ST; QL (20 tablets per 30 days) |
| PREVPAC | BE | |
| ZITHROMAX ORAL PACKET | T2 | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | T3 | |
| ZITHROMAX ORAL TABLET 600 MG | T3 | |
| ZITHROMAX TRI-PAK | T3 | |
| ZITHROMAX Z-PAK | T3 | |
| Other Misc. Antibacterial Agents | | |
| PYLERA | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------|----------------|---------------------------------|
| Oxazolidinone Antibiotics | | |
| <i>linezolid oral suspension reconstituted</i> | T4 | AL |
| <i>linezolid oral tablet</i> | T2 | QL (28 tablets per 14 days) |
| SIVEXTRO ORAL | T4 | PA |
| ZYVOX ORAL SUSPENSION RECONSTITUTED | T4 | AL |
| ZYVOX ORAL TABLET | T5 | QL (28 tablets per 14 days) |
| Penicillinase-Resistant Penicillins | | |
| <i>dicloxacillin sodium</i> | T1 | |
| Pleuromutilins | | |
| XENLETA ORAL | T9 | |
| Polyene Antifungals | | |
| <i>nystatin mouth/throat</i> | T1 | |
| <i>nystatin oral tablet</i> | T1 | |
| Polymyxin Antibiotics | | |
| <i>colistimethate sodium (cba)</i> | T9 | |
| Quinolone Antibiotics | | |
| AVELOX ORAL | T3 | |
| BAXDELA | T9 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | T3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | T3 | |
| <i>ciprofloxacin hcl oral</i> | T1 | |
| <i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i> | T1 | |
| <i>ciprofloxacin-ciproflox hcl er</i> | T1 | |
| LEVAQUIN ORAL TABLET | T3 | |
| <i>levofloxacin oral</i> | T1 | |
| <i>moxifloxacin hcl oral</i> | T1 | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | T1 | |
| 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> | T1 | |
| TALICIA | T9 | |
| XIFAXAN ORAL TABLET 200 MG | T4 | QL (9 tablets per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | T4 | PA |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------------------------|----------------|--------------|
| 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> | T1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | T1 | |
| <i>sulfasalazine oral</i> | T1 | |
| Tetracycline Antibiotics | | |
| ACTICLATE | T9 | |
| <i>demeclocycline hcl oral</i> | T3 | |
| DORYX MPC | T9 | |
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG | T3 | ST |
| DORYX ORAL TABLET DELAYED RELEASE 80 MG | T9 | |
| <i>doxycycline</i> | T9 | |
| <i>doxycycline hyclate oral capsule</i> | T1 | |
| <i>doxycycline hyclate oral tablet 100 mg</i> | T1 | |
| <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> | T1 | |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i> | T9 | |
| <i>doxycycline monohydrate oral suspension reconstituted</i> | T1 | |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i> | T9 | |
| <i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i> | T1 | |
| 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> | T1 | |
| <i>minocycline hcl oral tablet 100 mg</i> | T9 | |
| <i>minocycline hcl oral tablet 50 mg, 75 mg</i> | T1 | |
| MINOLIRA | T9 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------|----------------|---------------------------------|
| MONDOXYNE NL | T9 | |
| MORGIDOX COMBINATION | T9 | |
| ORACEA | T9 | |
| PYLERA | T9 | |
| SEYSARA | T9 | |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | T9 | MB (Solodyn(#2)) |
| TARGADOX | T9 | |
| <i>tetracycline hcl oral</i> | T1 | |
| VIBRAMYCIN ORAL CAPSULE | T3 | |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED | T3 | |
| VIBRAMYCIN ORAL SYRUP | T2 | |
| XIMINO | T9 | |
| Urinary Anti-Infectives | | |
| <i>fosfomycin tromethamine</i> | T1 | QL (1 packet per 30 Days) |
| FURADANTIN | T2 | |
| HYOPHEN | T9 | |
| MACROBID | T3 | |
| MACRODANTIN ORAL CAPSULE 100 MG, 50 MG | T3 | |
| MACRODANTIN ORAL CAPSULE 25 MG | T2 | |
| <i>methenamine hippurate</i> | T1 | |
| MONUROL | T3 | QL (3 GM per 30 days) |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | T1 | |
| <i>nitrofurantoin monohyd macro</i> | T1 | |
| PRIMSOL | T9 | |
| <i>trimethoprim oral</i> | T1 | |
| URIBEL | T9 | |
| Antineoplastic Agents | | |
| Antineoplastic Agents | | |
| <i>abiraterone acetate</i> | T4 | PA |
| AFINITOR | T5 | PA |
| AFINITOR DISPERZ | T4 | PA |
| ALECENSA | T5 | PA |
| ALKERAN ORAL | T3 | |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | T5 | QL (14 tablets per 14 days) |
| ALUNBRIG ORAL TABLET 30 MG | T5 | PA; QL (42 tablets per 14 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK | T5 | QL (14 tablets per 14 days) |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------|----------------|-------------------------------------|
| <i>anastrozole oral</i> | T1 | |
| ARIMIDEX | T3 | |
| AROMASIN | T3 | |
| AYVAKIT ORAL TABLET 100 MG, 200 MG | T4 | PA; QL (14 Tablets per 14 days) |
| AYVAKIT ORAL TABLET 300 MG | T4 | PA; QL (14 Tablet per 14 days) |
| BALVERSA ORAL TABLET 3 MG, 4 MG | T4 | PA; QL (60 tablets per 30 days) |
| BALVERSA ORAL TABLET 5 MG | T4 | PA; QL (30 tablets per 30 days) |
| <i>bexarotene</i> | T4 | PA |
| <i>bicalutamide</i> | T1 | |
| BOSULIF ORAL TABLET 100 MG, 500 MG | T5 | PA |
| BRAFTOVI | T5 | PA |
| BRUKINSA | T5 | PA; QL (56 tablets per 14 Days) |
| CABOMETYX | T4 | PA; QL (30 tablets per 30 days) |
| CALQUENCE | T5 | PA; QL (28 capsules per 14 days) |
| <i>capecitabine</i> | T4 | |
| CAPRELSA | T4 | PA; QL (1 tablet per 1 day) |
| CARAC | T9 | |
| CASODEX | T3 | |
| COMETRIQ (60 MG DAILY DOSE) | T4 | PA |
| COPIKTRA | T5 | PA; QL (60 capsules per 30 Days) |
| COTELLIC | T4 | PA |
| <i>cyclophosphamide oral capsule</i> | T4 | |
| DAURISMO | T5 | PA |
| <i>diclofenac sodium transdermal gel 3 %</i> | T2 | ST; QL (100 GM per 30 days) |
| DROXIA | T3 | |
| EFUDEX EXTERNAL CREAM | T3 | |
| EMCYT | T2 | |
| ERIVEDGE | T4 | PA |
| ERLEADA | T4 | PA; QL (120 tablets per 30 Day(s)s) |
| <i>erlotinib hcl</i> | T4 | PA |
| <i>etoposide oral</i> | T4 | |
| <i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i> | T4 | PA |
| <i>exemestane</i> | T2 | |
| FARESTON | T9 | |
| FARYDAK | T5 | PA; QL (6 Capsules per 1 Fill) |
| FEMARA | T3 | |
| FLUOROPLEX | T4 | ST |
| <i>fluorouracil external cream 0.5 %</i> | T5 | ST; QL (30 GM per 30 days) |
| <i>fluorouracil external cream 5 %</i> | T1 | QL (40 GM per 30 days) |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------|----------------|-----------------------------------|
| <i>fluorouracil external solution</i> | T1 | |
| <i>flutamide</i> | T1 | |
| GILOTRIF | T4 | PA; QL (1 tablet per 1 day) |
| GLEEVEC | T9 | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | T3 | |
| HERZUMA | T9 | |
| HYCANTIN ORAL | T4 | |
| HYDREA | T3 | |
| <i>hydroxyurea oral</i> | T1 | |
| IBRANCE ORAL CAPSULE | T4 | PA; QL (21 capsules per 28 days) |
| IBRANCE ORAL TABLET | T4 | PA; QL (21 tablets per 28 days) |
| ICLUSIG | T5 | |
| IDHIFA | T4 | PA; QL (1 tablet per 1 day) |
| <i>imatinib mesylate</i> | T4 | PA |
| IMBRUVICA ORAL CAPSULE 140 MG | T5 | PA; QL (90 capsules per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | T5 | PA; QL (30 capsules per 30 days) |
| IMBRUVICA ORAL TABLET | T5 | PA; QL (30 tablets per 30 days) |
| INLYTA | T4 | PA |
| INREBIC | T5 | PA; QL (120 capsules per 30 days) |
| INTRON A | T4 | |
| IRESSA | T4 | PA |
| JAKAFI | T4 | PA |
| KISQALI 200 DOSE | T4 | PA; QL (63 tablets per 28 days) |
| KISQALI 400 DOSE | T4 | PA; QL (63 tablets per 28 days) |
| KISQALI 600 DOSE | T4 | PA; QL (63 tablets per 28 days) |
| KISQALI FEMARA (400 MG DOSE) | T4 | PA; QL (91 tablets per 28 days) |
| KISQALI FEMARA (600 MG DOSE) | T4 | PA; QL (91 tablets per 28 days) |
| KISQALI FEMARA(200 MG DOSE) | T4 | PA; QL (91 tablets per 28 days) |
| KOSELUGO | T4 | PA |
| <i>lapatinib ditosylate</i> | T4 | PA |
| LENVIMA (10 MG DAILY DOSE) | T4 | PA |
| LENVIMA (12 MG DAILY DOSE) | T4 | PA |
| LENVIMA (14 MG DAILY DOSE) | T4 | PA |
| LENVIMA (18 MG DAILY DOSE) | T4 | PA |
| LENVIMA (20 MG DAILY DOSE) | T4 | PA |
| LENVIMA (24 MG DAILY DOSE) | T4 | PA |
| LENVIMA (4 MG DAILY DOSE) | T4 | PA |
| LENVIMA (8 MG DAILY DOSE) | T4 | PA |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------------------|----------------|----------------------------------|
| <i>letrozole oral</i> | T1 | |
| LEUKERAN | T4 | |
| <i>leuprolide acetate injection</i> | T4 | |
| LONSURF | T5 | PA |
| LORBRENA ORAL TABLET 100 MG | T5 | PA; QL (1 tablet per 1 day) |
| LORBRENA ORAL TABLET 25 MG | T5 | PA; QL (3 tablets per 1 day) |
| LYNPARZA ORAL TABLET | T4 | PA; QL (56 tablets per 14 days) |
| LYSODREN | T4 | PA |
| MATULANE | T4 | PA |
| MEGACE ES | T3 | ST |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | T1 | |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | T9 | |
| <i>megestrol acetate oral tablet</i> | T1 | |
| MEKINIST | T5 | PA |
| MEKTOVI | T5 | PA |
| <i>melphalan</i> | T2 | |
| <i>mercaptopurine oral</i> | T1 | |
| <i>methotrexate oral</i> | T1 | |
| <i>methotrexate sodium injection solution reconstituted</i> | T1 | |
| MYLERAN | T3 | |
| NERLYNX | T4 | PA |
| NEXAVAR | T4 | PA |
| <i>nilutamide</i> | T1 | |
| NINLARO | T4 | PA; QL (3 capsules per 28 days) |
| NUBEQA | T4 | PA; QL (120 tablets per 30 days) |
| ODOMZO | T5 | PA; QL (1 capsule per 1 day) |
| OGIVRI | T9 | |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML | T3 | ST |
| PEMAZYRE | T4 | PA; QL (14 Tablets per 21 days) |
| PICATO EXTERNAL GEL 0.015 % | T5 | ST; QL (3 GM per 180 days) |
| PICATO EXTERNAL GEL 0.05 % | T5 | ST; QL (2 GM per 180 days) |
| PIQRAY (200 MG DAILY DOSE) | T4 | PA; QL (28 tablets per 28 days) |
| PIQRAY (250 MG DAILY DOSE) | T4 | PA; QL (56 tablets per 28 days) |
| PIQRAY (300 MG DAILY DOSE) | T4 | PA; QL (56 tablets per 28 days) |
| POMALYST | T5 | PA |
| PORTRAZZA | T9 | |
| PURIXAN | T5 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------|
| QINLOCK | T5 | PA; QL (90 Tablets per 30 days) |
| 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 | T3 | ST |
| RETEVMO ORAL CAPSULE 40 MG | T4 | PA; QL (120 Tablets per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | T4 | PA; QL (120 Tablets per 1 day) |
| REVLIMID | T4 | QL (30 capsules per 30 days) |
| ROZLYTREK | T4 | PA; QL (90 capsules per 30 days); AL |
| RUBRACA | T4 | PA |
| RYDAPT | T4 | PA; QL (56 tablets per 21 days) |
| SPRYCEL | T4 | PA |
| STIVARGA | T5 | PA; QL (84 tablets per 28 days) |
| SUTENT | T4 | PA |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG | T4 | PA |
| TABLOID | T5 | |
| TABRECTA | T5 | PA; QL (120 Tablets per 30 days) |
| TAFINLAR | T5 | PA |
| TAGRISO | T4 | PA; QL (15 tablets per 15 days) |
| TALZENNA | T5 | PA; QL (1 capsule per 1 day) |
| <i>tamoxifen citrate oral</i> | T1 | |
| TARCEVA | T5 | PA |
| TARGRETIN EXTERNAL | T9 | |
| TARGRETIN ORAL | T5 | PA |
| TASIGNA | T4 | PA; QL (56 capsules per 14 days) |
| TAZVERIK | T4 | PA; QL (8 Tablets per 1 day) |
| TEMODAR ORAL | T5 | PA |
| <i>temozolomide</i> | T4 | PA |
| TIBSOVO | T4 | PA |
| TOLAK | T2 | QL (1 tube per 30 days) |
| <i>toremifene citrate</i> | T4 | ST; QL (30 tablets per 30 days) |
| <i>tretinoin oral</i> | T4 | PA |
| TREXALL | T3 | ST |
| TUKYSA | T4 | PA; QL (120 Tablets per 30 days) |
| TURALIO | T5 | PA; QL (120 capsules per 30 Days); AL |
| TYKERB | T4 | PA |
| VALCHLOR | T4 | PA; QL (60 GM per 15 days) |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------|----------------|----------------------------------|
| VENCLEXTA | T5 | PA |
| VENCLEXTA STARTING PACK | T5 | PA |
| VERZENIO | T4 | PA; QL (60 tablets per 30 days) |
| VITRAKVI ORAL CAPSULE | T4 | PA; QL (60 capsules per 30 days) |
| VITRAKVI ORAL SOLUTION | T4 | PA; QL (1 bottle per 30 days) |
| VIZIMPRO | T5 | PA |
| VOTRIENT | T4 | PA |
| XALKORI | T4 | PA |
| XATMEP | T3 | AL |
| XELODA | T5 | |
| XOSPATA | T4 | PA; QL (90 tablets per 30 days) |
| XPOVIO (100 MG ONCE WEEKLY) | T5 | PA; QL (20 tablets per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) | T5 | PA; QL (8 tablets per 28 Days) |
| XPOVIO (40 MG TWICE WEEKLY) | T5 | PA; QL (16 tablets per 28 Days) |
| XPOVIO (60 MG ONCE WEEKLY) | T5 | PA; QL (12 tablets per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) | T5 | PA; QL (24 tablets per 28 Days) |
| XPOVIO (80 MG ONCE WEEKLY) | T5 | PA; QL (16 EA per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) | T5 | PA; QL (32 tablets per 28 days) |
| XTANDI | T4 | PA |
| YONSA | T9 | |
| ZEJULA | T4 | PA; QL (90 capsules per 30 days) |
| ZELBORAF | T4 | PA |
| ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML | T9 | |
| ZOLINZA | T4 | PA |
| ZYDELIG | T5 | PA; QL (2 capsules per 14 days) |
| ZYKADIA ORAL CAPSULE | T5 | PA |
| 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 |
| PALFORZIA (120 MG DAILY DOSE) | T4 | PA |
| PALFORZIA (160 MG DAILY DOSE) | T4 | PA |
| PALFORZIA (20 MG DAILY DOSE) | T4 | PA |
| PALFORZIA (200 MG DAILY DOSE) | T4 | PA |
| PALFORZIA (240 MG DAILY DOSE) | T4 | PA |
| PALFORZIA (3 MG DAILY DOSE) | T4 | PA |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------|----------------|------------------------------------|
| PALFORZIA (300 MG MAINTENANCE) | T4 | PA; QL (30 packets per 30 Days) |
| PALFORZIA (300 MG TITRATION) | T4 | PA; QL (30 packets per 30 Days) |
| PALFORZIA (40 MG DAILY DOSE) | T4 | PA |
| PALFORZIA (6 MG DAILY DOSE) | T4 | PA |
| PALFORZIA (80 MG DAILY DOSE) | T4 | PA |
| PALFORZIA INITIAL ESCALATION | T4 | PA |
| RAGWITEK | T3 | AL |
| Antitoxins And Immune Globulins | | |
| ZINPLAVA | T9 | |
| Toxoids | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | T6 | QL (1 Dose per 1 Lifetime); AL |
| TENIVAC | T6 | QL (1 dose per 10 yearss); AL |
| <i>tetanus-diphtheria toxoids td</i> | T6 | QL (1 dose per 10 yearss); AL |
| Vaccines | | |
| AFLURIA | T6 | QL (1 injection per 30 days); AL |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION | T6 | QL (1 injection per 180 days); AL |
| BEXSERO | T6 | QL (2 Fills per 1 Lifetime); AL |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML | T6 | QL (3 Doses per 1 Lifetime); AL |
| FLUAD | T6 | QL (1 injection per 180 days); AL |
| FLUBLOK QUADRIVALENT | T6 | QL (1 injection per 180 days); AL |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION | T6 | QL (1 injection per 180 days); AL |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION | T6 | QL (1 injection per 180 days); AL |
| FLUMIST QUADRIVALENT | T6 | QL (1 inhalation per 180 days); AL |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML | T6 | QL (1 injection per 180 days); AL |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | T6 | QL (3 Doses per 1 Lifetime); AL |
| HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML | T6 | QL (2 Doses per 1 Lifetime); AL |
| IMOVAX RABIES | T6 | |
| IPOL INJECTION INJECTABLE | T6 | QL (3 Doses per 1 Lifetime); AL |
| IXIARO | T9 | |
| MENACTRA | T6 | QL (1 Dose per 1 Lifetime); AL |
| MENVEO | T6 | QL (1 Dose per 1 Lifetime); AL |
| M-M-R II SUBCUTANEOUS | T6 | QL (2 Doses per 1 Lifetime); AL |
| PENTACEL | T6 | |
| PNEUMOVAX 23 | T6 | QL (3 Doses per 3 Lifetimes); AL |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------------|----------------|---------------------------------|
| PREVNAR 13 | T6 | QL (2 Doses per 1 Lifetime); AL |
| RABAVERT | T6 | |
| RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML | T6 | QL (3 Doses per 1 Lifetime); AL |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | T6 | QL (2 doses per 1 lifetime); AL |
| TRUMENBA | T6 | QL (3 Doses per 1 Lifetime); AL |
| TWINRIX INTRAMUSCULAR SUSPENSION 720-20 | T6 | QL (4 Doses per 1 Lifetime); AL |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML | T9 | |
| VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML | T6 | QL (2 Doses per 1 Lifetime); AL |
| VIVOTIF | T9 | |
| YF-VAX | T9 | |
| ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED | T6 | QL (1 Dose per 1 Lifetime); AL |
| Autonomic Drugs | | |
| <i>Alpha- And Beta-Adrenergic Agonists</i> | | |
| ALAVERT ALLERGY/SINUS | T9 | |
| ALLEGRA-D ALLERGY & CONGESTION | T9 | |
| <i>allergy relief/nasal decongest oral tablet extended release 24 hour</i> | T9 | |
| AUVI-Q INJECTION SOLUTION AUTO- INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML | T9 | |
| BROMFED DM | T9 | |
| <i>cetirizine-pseudoephedrine er</i> | T9 | |
| CLARITIN-D 12 HOUR | T9 | |
| CLARITIN-D 24 HOUR | T9 | |
| <i>epinephrine injection solution auto-injector</i> | T2 | QL (4 pens per 31 days) |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO- INJECTOR | T9 | |
| 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 ORAL CAPSULE 100 MG | T5 | ST; QL (18 capsules per 1 day) |
| NORTHERA ORAL CAPSULE 200 MG | T5 | ST; QL (9 capsules per 1 day) |
| NORTHERA ORAL CAPSULE 300 MG | T5 | ST; QL (6 capsules per 1 day) |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i> | T1 | |
| <i>pseudoeph-chlorphen-hydrocod</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------|----------------|-----------------------------------------|
| <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) |
| ZYRTEC-D ALLERGY & CONGESTION | T9 | |
| <i>Alpha-Adrenergic Agonists</i> | | |
| CATAPRES | T3 | |
| CATAPRES-TTS-1 | T3 | |
| CATAPRES-TTS-2 | T3 | |
| CATAPRES-TTS-3 | T3 | |
| <i>clonidine hcl er</i> | T2 | |
| <i>clonidine hcl oral</i> | T1 | |
| HISTEX-AC | T9 | |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR | T3 | |
| LUCEMYRA | T9 | |
| <i>maxi-tuss cd</i> | T9 | |
| <i>methyldopa oral</i> | T1 | |
| <i>methyldopa-hydrochlorothiazide</i> | T1 | |
| <i>midodrine hcl</i> | T1 | |
| <i>Antimuscarinics/Antispasmodics</i> | | |
| ANASPAZ | T3 | |
| ANORO ELLIPTA | T2 | QL (1 inhaler per 30 days) |
| <i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i> | T1 | |
| ATROVENT HFA | T2 | |
| BEVESPI AEROSPHERE | T2 | QL (1 GM per 30 days) |
| <i>chlordiazepoxide-clidinium</i> | T2 | |
| COMBIVENT RESPIMAT | T2 | QL (2 GM per 40 days) |
| CUVPOSA | T3 | QL (31 Day Supply per 1 Dispensing); AL |
| <i>dicyclomine hcl oral</i> | T1 | |
| <i>diphenoxylate-atropine</i> | T1 | |
| 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> | T1 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------|----------------|---------------------------------|
| <i>hydrocodone-homatropine oral syrup</i> | T1 | |
| <i>hydromet</i> | T1 | |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour</i> | T1 | |
| <i>hyoscyamine sulfate oral</i> | T1 | |
| <i>hyoscyamine sulfate sublingual</i> | T1 | |
| INCRUSE ELLIPTA | T2 | QL (30 Blisters per 30 Day(s)s) |
| <i>ipratropium bromide inhalation</i> | T1 | |
| <i>ipratropium-albuterol</i> | T1 | 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 | T1 | |
| <i>oscimin sr</i> | T1 | |
| <i>pb-hyoscy-atropine-scopolamine oral tablet</i> | T9 | |
| <i>propantheline bromide oral</i> | T1 | |
| QBREXZA | T9 | |
| SEEBRI NEOHALER | T3 | QL (1 inhaler per 30 days); AL |
| 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) |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | T2 | QL (1 inhaler per 30 days) |
| SYMAX DUOTAB | T3 | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH | T2 | |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | T9 | |
| UTIBRON NEOHALER | T3 | QL (1 inhaler per 30 days); AL |
| YUPELRI | T9 | |
| <i>Antiparkinsonian Agents</i> | | |
| <i>benztropine mesylate oral</i> | T1 | |
| <i>trihexyphenidyl hcl</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------|----------------|----------------------------------|
| Autonomic Drugs, Miscellaneous | | |
| CHANTIX | T2 | PV; QL (60 EA per 30 days) |
| CHANTIX CONTINUING MONTH PAK | T2 | PV |
| CHANTIX STARTING MONTH PAK | T2 | PV |
| NICODERM CQ | T9 | |
| NICORETTE MOUTH/THROAT GUM | T9 | PV |
| NICORETTE MOUTH/THROAT LOZENGE | T9 | |
| <i>nicotine polacrilex mouth/throat gum</i> | T9 | PV |
| <i>nicotine polacrilex mouth/throat lozenge 2 mg</i> | T1 | PV |
| <i>nicotine transdermal patch 24 hour</i> | T9 | PV |
| NICOTROL | T9 | PV |
| NICOTROL NS | T3 | PV; QL (40 mls per 30 days) |
| Centrally Acting Skeletal Muscle Relaxant | | |
| AMRIX | T9 | |
| <i>carisoprodol oral tablet 350 mg</i> | T1 | |
| <i>carisoprodol-aspirin</i> | T9 | |
| <i>carisoprodol-aspirin-codeine</i> | T1 | |
| <i>chlorzoxazone oral tablet 250 mg</i> | T9 | |
| <i>chlorzoxazone oral tablet 500 mg</i> | T1 | |
| <i>cyclobenzaprine hcl er</i> | T1 | |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> | T1 | |
| <i>cyclobenzaprine hcl oral tablet 7.5 mg</i> | T9 | |
| LORZONE | T3 | ST; QL (120 tablets per 30 days) |
| <i>metaxalone oral tablet 800 mg</i> | T9 | |
| <i>methocarbamol oral</i> | T1 | |
| ROBAXIN ORAL | T3 | |
| ROBAXIN-750 | T3 | |
| SKELAXIN | T9 | |
| SOMA ORAL TABLET 350 MG | T9 | |
| <i>tizanidine hcl oral</i> | T1 | |
| ZANAFLEX | T3 | |
| Direct-Acting Skeletal Muscle Relaxants | | |
| DANTRIUM ORAL CAPSULE 25 MG, 50 MG | T3 | |
| <i>dantrolene sodium oral</i> | T1 | |
| Gaba-Derivative Skeletal Muscle Relaxant | | |
| <i>baclofen oral</i> | T1 | |
| GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML | T9 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|----------------|-----------------------------|
| Non-Sel. Beta-Adrenergic Blocking Agents | | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | T3 | |
| BYSTOLIC | T3 | ST |
| BYVALSON | T3 | ST |
| <i>carvedilol</i> | T1 | |
| COREG | T3 | |
| COREG CR | T3 | ST |
| CORGARD | T3 | |
| HEMANGEOL | T3 | AL |
| INDERAL LA | T9 | |
| INDERAL XL | T9 | |
| INNOPRAN XL | T9 | MB (Innopran XL(#2)) |
| <i>labetalol hcl oral</i> | T1 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | T1 | |
| <i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i> | T1 | |
| <i>pindolol</i> | T1 | |
| <i>propranolol hcl er</i> | T1 | |
| <i>propranolol hcl oral</i> | T1 | |
| <i>propranolol-hctz</i> | T1 | |
| SORINE | T1 | |
| <i>sotalol hcl oral</i> | T1 | |
| SOTYLIZE | T3 | |
| <i>timolol maleate oral</i> | T1 | |
| Non-Sel.Alpha-1-Adrenergic Blocking Agts | | |
| CARDURA | T3 | |
| CARDURA XL | T3 | ST |
| <i>doxazosin mesylate oral</i> | T1 | |
| MINIPRESS | T3 | |
| <i>prazosin hcl oral</i> | T1 | |
| <i>terazosin hcl oral</i> | T1 | |
| Non-Sel.Alpha-Adrenergic Blocking Agents | | |
| CAFERGOT | T9 | |
| DIBENZYLINE | T9 | |
| <i>dihydroergotamine mesylate injection</i> | T9 | |
| <i>dihydroergotamine mesylate nasal</i> | T1 | |
| <i>ergoloid mesylates oral</i> | T1 | |
| <i>ergotamine-caffeine</i> | T3 | QL (40 tablets per 30 days) |
| MIGERGOT | T9 | |
| MIGRANAL | T9 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------|----------------|--------------------------------------|
| <i>phenoxybenzamine hcl</i> | T9 | |
| <i>phenoxybenzamine hcl oral</i> | T4 | PA |
| Parasympathomimetic (Cholinergic Agents) | | |
| ARICEPT | T3 | |
| <i>bethanechol chloride oral</i> | T1 | |
| <i>cevimeline hcl</i> | T1 | QL (90 capsules per 30 days) |
| <i>donepezil hcl</i> | T1 | |
| EVOXAC | T2 | QL (90 capsules per 30 days) |
| EXELON TRANSDERMAL | T3 | QL (30 patches per 30 days) |
| <i>galantamine hydrobromide</i> | T1 | |
| <i>galantamine hydrobromide er</i> | T1 | |
| MESTINON ORAL SYRUP | T2 | |
| MESTINON ORAL TABLET | T3 | |
| MESTINON ORAL TABLET EXTENDED RELEASE | T9 | |
| NAMZARIC | T3 | ST; QL (30 capsules per 30 days); AL |
| <i>pilocarpine hcl oral</i> | T1 | QL (120 tablets per 30 days) |
| <i>pyridostigmine bromide er</i> | T9 | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | T1 | |
| RAZADYNE ER | T3 | |
| RAZADYNE ORAL TABLET | T3 | |
| <i>rivastigmine</i> | T3 | QL (30 patches per 30 days) |
| <i>rivastigmine tartrate</i> | T1 | QL (60 capsules per 30 days) |
| SALAGEN | T3 | |
| Selective Alpha-1-Adrenergic Block.Agent | | |
| <i>alfuzosin hcl er</i> | T1 | |
| <i>carvedilol</i> | T1 | |
| COREG | T3 | |
| COREG CR | T3 | ST |
| <i>dutasteride-tamsulosin hcl</i> | T2 | ST |
| FLOMAX | T3 | |
| JALYN | T3 | ST |
| <i>labetalol hcl oral</i> | T1 | |
| RAPAFLO | T3 | |
| <i>silodosin</i> | T2 | ST |
| <i>tamsulosin hcl</i> | T1 | |
| UROXATRAL | T3 | |
| Selective Beta-2-Adrenergic Agonists | | |
| ADVAIR DISKUS | T9 | MB (Advair Comm(#2)) |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| ADVAIR HFA | T9 | MB (Advair Comm(#2)) |
| AIRDUO DIGIHALER | T9 | |
| AIRDUO RESPICLICK 113/14 | T9 | |
| AIRDUO RESPICLICK 232/14 | T9 | |
| AIRDUO RESPICLICK 55/14 | T9 | |
| <i>albuterol sulfate er</i> | T1 | |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i> | T1 | 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> | T1 | |
| <i>albuterol sulfate oral</i> | T1 | |
| ANORO ELLIPTA | T2 | QL (1 inhaler per 30 days) |
| ARCAPTA NEOHALER | T3 | |
| BEVESPI AEROSPHERE | T2 | QL (1 GM per 30 days) |
| BREO ELLIPTA | T9 | |
| BROVANA | T4 | 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> | T1 | QL (1 inhaler per 30 days) |
| <i>ipratropium-albuterol</i> | T1 | 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> | T1 | |
| <i>metaproterenol sulfate oral</i> | T1 | |
| PERFORMIST | T4 | AL |
| 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) |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------|----------------|--------------------------------|
| <i>terbutaline sulfate oral</i> | T1 | |
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH | T2 | |
| UTIBRON NEOHALER | T3 | QL (1 inhaler per 30 days); AL |
| VENTOLIN HFA | T2 | QL (2 Inhalers per 25 days) |
| WIXELA INHUB | T9 | |
| XOPENEX | T3 | |
| XOPENEX CONCENTRATE | T3 | |
| XOPENEX HFA | T9 | |
| Selective Beta-Adrenergic Blocking Agent | | |
| <i>acebutolol hcl oral</i> | T1 | |
| <i>atenolol oral</i> | T1 | |
| <i>atenolol-chlorthalidone</i> | T1 | |
| <i>betaxolol hcl oral</i> | T1 | |
| <i>bisoprolol fumarate</i> | T1 | |
| <i>bisoprolol-hydrochlorothiazide</i> | T1 | |
| DUTOPROL | T9 | |
| LOPRESSOR HCT ORAL TABLET 50-25 MG | T3 | |
| LOPRESSOR ORAL | T3 | |
| <i>metoprolol succinate er</i> | T1 | |
| <i>metoprolol tartrate oral</i> | T1 | |
| <i>metoprolol-hctz er</i> | T9 | |
| <i>metoprolol-hydrochlorothiazide</i> | T1 | |
| TENORETIC 100 | T3 | |
| TENORETIC 50 | T3 | |
| TENORMIN | T3 | |
| TOPROL XL | T3 | |
| ZIAC | T3 | |
| Skeletal Muscle Relaxants, Miscellaneous | | |
| <i>norgesic forte</i> | T9 | |
| <i>orphenadrine citrate er</i> | T1 | |
| ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG | T9 | |
| Blood Formation, Coagulation, Thrombosis | | |
| Anticoagulants, Miscellaneous | | |
| ARIXTRA | T5 | |
| <i>fondaparinux sodium</i> | T5 | |
| Blood Form.,Coag,Thrombosis Agents Misc. | | |
| OXBRYTA | T9 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------|
| TAVALISSE | T9 | |
| <i>Coumarin Derivatives</i> | | |
| COUMADIN ORAL | T2 | |
| JANTOVEN | T1 | |
| <i>warfarin sodium oral</i> | T1 | |
| <i>Direct Factor Xa Inhibitors</i> | | |
| ARIXTRA | T5 | |
| 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) |
| <i>fondaparinux sodium</i> | T5 | |
| 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) |
| <i>Direct Thrombin Inhibitors</i> | | |
| PRADAXA | T3 | ST; QL (62 capsules per 31 days) |
| <i>Hematopoietic Agents</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 | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | T4 | |
| DOPTELET ORAL TABLET 20 MG | T9 | |
| EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML | T5 | |
| FULPHILA | T4 | |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T5 | |
| MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML | T4 | QL (2 syringes per 28 days) |
| MULPLETA | T9 | |
| NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | QL (2 ML per 28 days) |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | T5 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | T5 | |
| NIVESTYM | T4 | |
| PROCRIT | T4 | |
| PROMACTA | T4 | PA |
| RETACRIT | T5 | |
| UDENYCA | T4 | MB (This drug may be covered under your medical benefit at Tier 7 - preferred specialty. Please refer to your medical plan documents for coverage.); QL (2 syringes per 28 days) |
| ZARXIO | T4 | |
| ZIEXTENZO | T9 | |
| Hemorrhologic Agents | | |
| <i>pentoxifylline er</i> | T1 | |
| Hemostatics | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | T4 | |
| <i>adynovate intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit</i> | T4 | |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | T4 | |
| ALPHANATE/VWF COMPLEX/HUMAN | T4 | |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT | T5 | |
| AMICAR ORAL SOLUTION | T5 | |
| AMICAR ORAL TABLET | T5 | |
| <i>aminocaproic acid oral solution</i> | T4 | |
| <i>aminocaproic acid oral tablet</i> | T4 | |
| BENEFIX INTRAVENOUS KIT | T4 | |
| COAGADEX | T4 | |
| DDAVP ORAL | T3 | |
| DDAVP RHINAL TUBE | T3 | |
| <i>desmopressin ace spray refrig</i> | T2 | ST |
| <i>desmopressin acetate oral tablet 0.1 mg</i> | T1 | QL (180 tablets per 30 days) |
| <i>desmopressin acetate oral tablet 0.2 mg</i> | T1 | |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT | T5 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------|
| ESPEROCT | T5 | |
| HEMLIBRA | T4 | PA |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT | T4 | |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | T5 | |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT | T4 | |
| JIVI | T5 | |
| KOATE-DVI | T4 | |
| KOGENATE FS | T4 | QL (31 Day Supply per 1 Dispensing) |
| KOVALTRY | T4 | |
| LYSTEDA | T3 | |
| MONOCLATE-P INTRAVENOUS KIT 1000 UNIT | T4 | QL (31 Day Supply per 1 Dispensing) |
| MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT | T4 | |
| NOCDURNA | T9 | |
| NOCTIVA | T9 | |
| NOVOEIGHT | T4 | |
| NOVOSEVEN RT | T4 | |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | T4 | |
| REBINYN | T5 | |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT | T4 | |
| <i>rixubis</i> | T5 | AL |
| STIMATE | T4 | |
| <i>tranexamic acid oral</i> | T1 | |
| TRETTEN | T5 | |
| VONVENDI | T5 | |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | T4 | |
| Heparins | | |
| <i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml</i> | T4 | QL (2 syringes per 1 day) |
| <i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml, 80 mg/0.8ml</i> | T4 | QL (2 syringes per 1 day) |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------------------|----------------|------------------------------|
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML | T5 | |
| 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> | T1 | |
| LOVENOX SUBCUTANEOUS | T5 | QL (2 syringes per 1 day) |
| <i>Iron Preparations</i> | | |
| <i>active fe</i> | T9 | |
| BACMIN | T9 | |
| BIFERARX | T9 | |
| CENTRATEX | T9 | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | T3 | QL (30 capsules per 30 days) |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | T9 | |
| CITRANATAL BLOOM | T9 | |
| CITRANATAL DHA | T3 | |
| CITRANATAL RX | T3 | |
| <i>completenate</i> | T9 | |
| CORVITA 150 | T9 | |
| CORVITE 150 | T9 | |
| <i>corvite fe</i> | T9 | |
| DIALYVITE 800/IRON | T9 | |
| ENLYTE | T9 | |
| <i>fe 90 plus</i> | T9 | |
| FE C PLUS | T9 | |
| <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 | T9 | |
| FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG | T9 | |
| FERREX 150 FORTE PLUS | T9 | |
| FERREX 150 PLUS | T9 | |
| FERREX 28 | T9 | |
| FERROCITE PLUS ORAL TABLET | T9 | |
| FERROGELS FORTE | T9 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------|----------------|------------------------------|
| <i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i> | T1 | PV; AL |
| FOCALGIN DSS | T9 | |
| FOLET DHA | T3 | QL (30 tablets per 30 days) |
| FOLET ONE | T3 | QL (30 capsules per 30 days) |
| FOLIVANE-F | T9 | |
| FOLIVANE-PLUS | T9 | |
| FORTAVIT ORAL CAPSULE | 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 | 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 | |
| INTEGRA F | T9 | |
| INTEGRA PLUS | T9 | |
| IROSPAN 24/6 | T9 | |
| MAXARON FORTE ORAL TABLET | T9 | |
| MAXFE ORAL TABLET | T9 | |
| MULTICHEW | T9 | |
| MULTIGEN FOLIC | T9 | |
| MULTIGEN PLUS | T9 | |
| M-VIT | T9 | |
| <i>myferon 150</i> | T9 | |
| <i>myferon 150 forte</i> | T9 | |
| MYKIDZ IRON FL | T9 | |
| MYNATAL ADVANCE | T9 | |
| <i>mynatal plus</i> | T9 | |
| <i>mynatal-z</i> | T9 | |
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG | T3 | QL (30 tablets per 30 days) |
| NATALVIRT FLT | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------|----------------|-----------------------------|
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | T9 | |
| NEPHRON FA | T9 | |
| NEXA PLUS | T3 | |
| NIVA-PLUS | T9 | |
| NUFERA | T9 | |
| NUTRICAP | T9 | |
| O-CAL FA | T9 | |
| <i>pnv folic acid + iron</i> | T9 | |
| <i>pnv prenatal plus multivitamin</i> | T1 | |
| POLY-IRON 150 | T9 | |
| <i>poly-iron 150 forte</i> | T9 | |
| PRENATABS RX | T9 | |
| <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> | T1 | QL (30 tablets per 30 days) |
| <i>prenatal one daily</i> | T1 | PV |
| <i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i> | T9 | PV |
| <i>prenatal plus</i> | T1 | |
| <i>prenatal plus iron</i> | T1 | |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | T3 | |
| PRENATE PIXIE | T3 | |
| PROFERRIN-FORTE | T9 | |
| PROVIDA OB | T9 | |
| <i>purefe plus</i> | T9 | |
| <i>purevit dualfe plus</i> | T9 | |
| QUFLORA FE | T9 | |
| RIGHT STEP PRENATAL | T1 | |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | T9 | |
| <i>se-natal 19 oral tablet chewable</i> | T1 | QL (30 tablets per 30 days) |
| <i>se-tan plus</i> | T9 | |
| SIDEROL ORAL LIQUID† | T9 | |
| STROVITE FORTE | T9 | |
| TANDEM PLUS | T9 | |
| <i>taron forte</i> | T9 | |
| TARON-PREX | T9 | |
| TEXAVITE LQ | T9 | |
| <i>thrivite 19 oral tablet 29-1 mg</i> | T9 | |
| <i>tl folate</i> | T3 | |
| <i>tl icon</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------|----------------|-------------------------------|
| <i>tl-care dha</i> | T1 | |
| <i>tl-fluorivite</i> | T9 | |
| <i>tl-hem 150</i> | T9 | |
| TRICARE | T9 | |
| TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG | T3 | |
| TRICON | T9 | |
| <i>trigels-f forte</i> | T9 | |
| <i>trinatal rx 1</i> | T1 | |
| TRINATE | T9 | |
| VINATE DHA RF | T3 | QL (30 capsules per 30 days) |
| VINATE M | T1 | |
| VINATE ONE | T9 | |
| 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> | T1 | PV; AL |
| <i>Platelet-Aggregation Inhibitors</i> | | |
| AGGRENOX | T3 | |
| ASCRIPITIN ORAL TABLET 325 MG | T1 | |
| <i>aspirin ec low dose</i> | T1 | PV |
| <i>aspirin ec oral tablet delayed release 325 mg</i> | T1 | PV; AL |
| <i>aspirin-dipyridamole er</i> | T1 | |
| BRILINTA ORAL TABLET 90 MG | T2 | |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |
| <i>butalbital-aspirin-caffeine oral capsule</i> | T1 | QL (180 capsules per 30 days) |
| <i>cilostazol</i> | T1 | |
| <i>clopidogrel bisulfate oral</i> | T1 | |
| <i>dipyridamole oral</i> | T1 | |
| DURLAZA | T9 | |
| EFFIENT | T3 | QL (31 tablets per 31 days) |
| FIORINAL | T3 | |
| <i>goodsense aspirin oral tablet chewable</i> | T1 | PV; AL |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------|----------------|---------------------------------|
| KENGREAL | T6 | |
| PLAVIX ORAL TABLET 75 MG | T3 | |
| <i>prasugrel hcl</i> | T1 | 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> | T1 | |
| Thrombolytic Agents | | |
| ASCRIPITIN ORAL TABLET 325 MG | T1 | |
| <i>aspirin ec low dose</i> | T1 | PV |
| <i>aspirin ec oral tablet delayed release 325 mg</i> | T1 | PV; AL |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |
| <i>butalbital-aspirin-caffeine oral capsule</i> | T1 | QL (180 capsules per 30 days) |
| DURLAZA | T9 | |
| FIORINAL | T3 | |
| <i>goodsense aspirin oral tablet chewable</i> | T1 | PV; AL |
| YOSPRALA | BE | |
| Cardiovascular Drugs | | |
| Alpha-Adrenergic Blocking Agents | | |
| CARDURA | T3 | |
| CARDURA XL | T3 | ST |
| <i>carvedilol</i> | T1 | |
| COREG | T3 | |
| COREG CR | T3 | ST |
| <i>doxazosin mesylate oral</i> | T1 | |
| <i>labetalol hcl oral</i> | T1 | |
| MINIPRESS | T3 | |
| <i>prazosin hcl oral</i> | T1 | |
| <i>terazosin hcl oral</i> | T1 | |
| Alpha-Adrenergic Blocking Agt.(Hypoten) | | |
| CARDURA | T3 | |
| CARDURA XL | T3 | ST |
| <i>doxazosin mesylate oral</i> | T1 | |
| <i>labetalol hcl oral</i> | T1 | |
| MINIPRESS | T3 | |
| <i>prazosin hcl oral</i> | T1 | |
| <i>terazosin hcl oral</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------|----------------|-----------------------------|
| Angiotensin II Receptor Antagon.(Hypotn) | | |
| <i>amlodipine besylate-valsartan</i> | T1 | |
| <i>amlodipine-olmesartan</i> | T1 | |
| <i>amlodipine-valsartan-hctz</i> | T1 | |
| 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> | T1 | |
| <i>candesartan cilexetil-hctz</i> | T1 | |
| COZAAR | T3 | |
| DIOVAN | T3 | QL (60 tablets per 30 days) |
| DIOVAN HCT | T3 | |
| EDARBI | T3 | ST |
| EDARBYCLOR | T3 | ST |
| EXFORGE | T3 | |
| EXFORGE HCT | T3 | |
| HYZAAR | T3 | |
| <i>irbesartan</i> | T1 | |
| <i>irbesartan-hydrochlorothiazide</i> | T1 | |
| <i>losartan potassium oral</i> | T1 | |
| <i>losartan potassium-hctz</i> | T1 | |
| MICARDIS | T3 | |
| MICARDIS HCT | T3 | |
| <i>olmesartan medoxomil oral</i> | T1 | |
| <i>olmesartan medoxomil-hctz</i> | T1 | |
| <i>olmesartan-amlodipine-hctz</i> | T1 | |
| <i>telmisartan</i> | T1 | |
| <i>telmisartan-amlodipine</i> | T1 | |
| <i>telmisartan-hctz</i> | T1 | |
| TRIBENZOR | T3 | |
| TWYNSTA | T3 | |
| <i>valsartan</i> | T1 | |
| <i>valsartan-hydrochlorothiazide</i> | T1 | |
| Angiotensin II Receptor Antagonists | | |
| <i>amlodipine besylate-valsartan</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------|----------------|---------------------------------|
| <i>amlodipine-olmesartan</i> | T1 | |
| <i>amlodipine-valsartan-hctz</i> | T1 | |
| 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 | |
| BYVALSON | T3 | ST |
| <i>candesartan cilexetil</i> | T1 | |
| <i>candesartan cilexetil-hctz</i> | T1 | |
| COZAAR | T3 | |
| DIOVAN | T3 | QL (60 tablets per 30 days) |
| DIOVAN HCT | T3 | |
| EDARBI | T3 | ST |
| EDARBYCLOR | T3 | ST |
| ENTRESTO | T2 | PA; QL (60 tablets per 30 days) |
| EXFORGE | T3 | |
| EXFORGE HCT | T3 | |
| HYZAAR | T3 | |
| <i>irbesartan</i> | T1 | |
| <i>irbesartan-hydrochlorothiazide</i> | T1 | |
| <i>losartan potassium oral</i> | T1 | |
| <i>losartan potassium-hctz</i> | T1 | |
| MICARDIS | T3 | |
| MICARDIS HCT | T3 | |
| <i>olmesartan medoxomil oral</i> | T1 | |
| <i>olmesartan medoxomil-hctz</i> | T1 | |
| <i>olmesartan-amlodipine-hctz</i> | T1 | |
| <i>telmisartan</i> | T1 | |
| <i>telmisartan-amlodipine</i> | T1 | |
| <i>telmisartan-hctz</i> | T1 | |
| TRIBENZOR | T3 | |
| TWYNSTA | T3 | |
| <i>valsartan</i> | T1 | |
| <i>valsartan-hydrochlorothiazide</i> | T1 | |
| Angiotensin-Convert.Enzyme Inhib(Hypotn) | | |
| ACCUPRIL | T3 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------|----------------|--------------|
| ACCURETIC | T3 | |
| ALTACE ORAL CAPSULE | T3 | |
| <i>amlodipine besy-benazepril hcl</i> | T1 | |
| <i>benazepril hcl oral</i> | T1 | |
| <i>benazepril-hydrochlorothiazide</i> | T1 | |
| <i>captopril oral</i> | T1 | |
| <i>captopril-hydrochlorothiazide</i> | T1 | |
| <i>enalapril maleate oral</i> | T1 | |
| <i>enalapril-hydrochlorothiazide</i> | T1 | |
| EPANED ORAL SOLUTION | T3 | AL |
| <i>fosinopril sodium</i> | T1 | |
| <i>fosinopril sodium-hctz</i> | T1 | |
| <i>lisinopril oral</i> | T1 | |
| <i>lisinopril-hydrochlorothiazide</i> | T1 | |
| 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, 10-40 MG, 5-10 MG, 5-20 MG | T3 | |
| MAVIK ORAL TABLET 4 MG | T3 | |
| <i>moexipril hcl</i> | T1 | |
| <i>perindopril erbumine</i> | T1 | |
| PRESTALIA | T3 | ST |
| PRINIVIL | T3 | |
| QBRELIS | T3 | AL |
| <i>quinapril hcl</i> | T1 | |
| <i>quinapril-hydrochlorothiazide</i> | T1 | |
| <i>ramipril</i> | T1 | |
| TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG | T2 | |
| <i>trandolapril</i> | T1 | |
| <i>trandolapril-verapamil hcl er</i> | T1 | |
| VASERETIC | T3 | |
| VASOTEC | T3 | |
| ZESTORETIC | T3 | |
| ZESTRIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG, 5 MG | T3 | |
| Angiotensin-Converting Enzyme Inhibitors | | |
| ACCUPRIL | T3 | |
| ACCURETIC | T3 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------|----------------|--------------|
| ALTACE ORAL CAPSULE | T3 | |
| <i>amlodipine besy-benazepril hcl</i> | T1 | |
| <i>benazepril hcl oral</i> | T1 | |
| <i>benazepril-hydrochlorothiazide</i> | T1 | |
| <i>captopril oral</i> | T1 | |
| <i>captopril-hydrochlorothiazide</i> | T1 | |
| <i>enalapril maleate oral</i> | T1 | |
| <i>enalapril-hydrochlorothiazide</i> | T1 | |
| EPANED ORAL SOLUTION | T3 | AL |
| <i>fosinopril sodium</i> | T1 | |
| <i>fosinopril sodium-hctz</i> | T1 | |
| <i>lisinopril oral</i> | T1 | |
| <i>lisinopril-hydrochlorothiazide</i> | T1 | |
| 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, 10-40 MG, 5-10 MG, 5-20 MG | T3 | |
| MAVIK ORAL TABLET 4 MG | T3 | |
| <i>moexipril hcl</i> | T1 | |
| <i>perindopril erbumine</i> | T1 | |
| PRESTALIA | T3 | ST |
| PRINIVIL | T3 | |
| QBRELIS | T3 | AL |
| <i>quinapril hcl</i> | T1 | |
| <i>quinapril-hydrochlorothiazide</i> | T1 | |
| <i>ramipril</i> | T1 | |
| TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG | T2 | |
| <i>trandolapril</i> | T1 | |
| <i>trandolapril-verapamil hcl er</i> | T1 | |
| VASERETIC | T3 | |
| VASOTEC | T3 | |
| ZESTORETIC | T3 | |
| ZESTRIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG, 5 MG | T3 | |
| <i>Antiarrhythmics, Miscellaneous</i> | | |
| DIGITEK | T1 | |
| DIGOX | T1 | |
| <i>digoxin oral solution</i> | T2 | AL |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------|----------------|---------------------------------|
| <i>digoxin oral tablet</i> | T1 | |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG | T3 | |
| LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG | T9 | |
| Antilipemic Agents, Miscellaneous | | |
| <i>advanced am/pm</i> | T9 | |
| ANIMI-3 | T9 | |
| <i>bp vit 3</i> | T9 | |
| JUXTAPID | 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> | T1 | |
| NIACOR | T1 | |
| NIASPAN | T3 | |
| <i>omega-3-acid ethyl esters</i> | T1 | |
| VASCEPA ORAL CAPSULE 1 GM | T3 | PA |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol hcl oral</i> | T1 | |
| <i>atenolol oral</i> | T1 | |
| <i>atenolol-chlorthalidone</i> | T1 | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | T3 | |
| <i>betaxolol hcl oral</i> | T1 | |
| <i>bisoprolol fumarate</i> | T1 | |
| <i>bisoprolol-hydrochlorothiazide</i> | T1 | |
| BYSTOLIC | T3 | ST |
| BYVALSON | T3 | ST |
| <i>carvedilol</i> | T1 | |
| COREG | T3 | |
| COREG CR | T3 | ST |
| CORGARD | T3 | |
| DUTOPROL | T9 | |
| HEMANGEOL | T3 | AL |
| INDERAL LA | T9 | |
| INDERAL XL | T9 | |
| INNOPRAN XL | T9 | MB (Innopran XL(#2)) |
| <i>labetalol hcl oral</i> | T1 | |
| LOPRESSOR HCT ORAL TABLET 50-25 MG | T3 | |
| LOPRESSOR ORAL | T3 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|-----------------------|----------------------|
| <i>metoprolol succinate er</i> | T1 | |
| <i>metoprolol tartrate oral</i> | T1 | |
| <i>metoprolol-hctz er</i> | T9 | |
| <i>metoprolol-hydrochlorothiazide</i> | T1 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | T1 | |
| <i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i> | T1 | |
| <i>pindolol</i> | T1 | |
| <i>propranolol hcl er</i> | T1 | |
| <i>propranolol hcl oral</i> | T1 | |
| <i>propranolol-hctz</i> | T1 | |
| SORINE | T1 | |
| <i>sotalol hcl oral</i> | T1 | |
| SOTYLIZE | T3 | |
| TENORETIC 100 | T3 | |
| TENORETIC 50 | T3 | |
| TENORMIN | T3 | |
| <i>timolol maleate oral</i> | T1 | |
| TOPROL XL | T3 | |
| ZIAC | T3 | |
| Beta-Adrenergic Blocking Agt.(Hypoten) | | |
| <i>acebutolol hcl oral</i> | T1 | |
| <i>atenolol oral</i> | T1 | |
| <i>atenolol-chlorthalidone</i> | T1 | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | T3 | |
| <i>betaxolol hcl oral</i> | T1 | |
| <i>bisoprolol fumarate</i> | T1 | |
| <i>bisoprolol-hydrochlorothiazide</i> | T1 | |
| CORGARD | T3 | |
| DUTOPROL | T9 | |
| HEMANGEOL | T3 | AL |
| INDERAL LA | T9 | |
| INDERAL XL | T9 | |
| INNOPRAN XL | T9 | MB (Innopran XL(#2)) |
| <i>labetalol hcl oral</i> | T1 | |
| LOPRESSOR HCT ORAL TABLET 50-25 MG | T3 | |
| LOPRESSOR ORAL | T3 | |
| <i>metoprolol succinate er</i> | T1 | |
| <i>metoprolol tartrate oral</i> | T1 | |
| <i>metoprolol-hctz er</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------------|----------------|---------------------------------|
| <i>metoprolol-hydrochlorothiazide</i> | T1 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | T1 | |
| <i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i> | T1 | |
| <i>pindolol</i> | T1 | |
| <i>propranolol hcl er</i> | T1 | |
| <i>propranolol hcl oral</i> | T1 | |
| <i>propranolol-hctz</i> | T1 | |
| SORINE | T1 | |
| <i>sotalol hcl oral</i> | T1 | |
| SOTYLIZE | T3 | |
| TENORETIC 100 | T3 | |
| TENORETIC 50 | T3 | |
| TENORMIN | T3 | |
| <i>timolol maleate oral</i> | T1 | |
| TOPROL XL | T3 | |
| ZIAC | T3 | |
| <i>Bile Acid Sequestrants</i> | | |
| <i>cholestyramine light</i> | T1 | |
| <i>cholestyramine oral</i> | T1 | |
| <i>colesevelam hcl oral packet</i> | T3 | QL (1 packet per 1 day) |
| <i>colesevelam hcl oral tablet</i> | T3 | QL (180 tablets per 30 days) |
| COLESTID | T3 | |
| <i>colestipol hcl</i> | T1 | |
| PREVALITE | T1 | |
| 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 |
| <i>Calcium-Channel Block.Agt,Misc(Hypoten)</i> | | |
| CALAN ORAL TABLET 120 MG | T3 | |
| CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG | T3 | |
| CARDIZEM CD | T3 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T2 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG | T3 | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | T3 | |
| CARTIA XT | T1 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1 | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1 | |
| <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> | T1 | |
| <i>dilt-xr</i> | T1 | |
| MATZIM LA | T9 | |
| TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG | T2 | |
| TAZTIA XT | T1 | |
| TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1 | |
| TIAZAC | T3 | |
| <i>trandolapril-verapamil hcl er</i> | T1 | |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1 | |
| <i>verapamil hcl oral</i> | T1 | |
| VERELAN | T3 | |
| VERELAN PM | T3 | |
| <i>Calcium-Channel Blocking Agents(Hypoten)</i> | | |
| CALAN ORAL TABLET 120 MG | T3 | |
| CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG | T3 | |
| CARDIZEM CD | T3 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T2 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG | T3 | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | T3 | |
| CARTIA XT | T1 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------------------------|----------------|--------------|
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1 | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1 | |
| <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> | T1 | |
| <i>dilt-xr</i> | T1 | |
| MATZIM LA | T9 | |
| PRESTALIA | T3 | ST |
| TAZTIA XT | T1 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1 | |
| TIAZAC | T3 | |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1 | |
| <i>verapamil hcl oral</i> | T1 | |
| VERELAN | T3 | |
| VERELAN PM | T3 | |
| Calcium-Channel Blocking Agents, Misc. | | |
| CALAN ORAL TABLET 120 MG | T3 | |
| CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG | T3 | |
| CARDIZEM CD | T3 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T2 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG | T3 | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | T3 | |
| CARTIA XT | T1 | |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1 | |
| <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> | T1 | |
| <i>dilt-xr</i> | T1 | |
| MATZIM LA | T9 | |
| TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG | T2 | |
| TAZTIA XT | T1 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1 | |
| TIAZAC | T3 | |
| <i>trandolapril-verapamil hcl er</i> | T1 | |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1 | |
| <i>verapamil hcl oral</i> | T1 | |
| VERELAN | T3 | |
| VERELAN PM | T3 | |
| Calcium-Channel Blocking Agents | | |
| ADALAT CC | T3 | |
| AFEDITAB CR | T1 | |
| <i>amlodipine besy-benazepril hcl</i> | T1 | |
| <i>amlodipine besylate oral</i> | T1 | |
| <i>amlodipine besylate-valsartan</i> | T1 | |
| <i>amlodipine-atorvastatin</i> | T9 | |
| <i>amlodipine-olmesartan</i> | T1 | |
| <i>amlodipine-valsartan-hctz</i> | T1 | |
| AZOR | T3 | ST |
| CADUET ORAL TABLET 10-10 MG, 5-10 MG | T3 | |
| CALAN ORAL TABLET 120 MG | T3 | |
| CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG | T3 | |
| CARDIZEM CD | T3 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------------------------|----------------|-------------------------------|
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T2 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG | T3 | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | T3 | |
| CARTIA XT | T1 | |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1 | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1 | |
| <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> | T1 | |
| <i>dilt-xr</i> | T1 | |
| EXFORGE | T3 | |
| EXFORGE HCT | T3 | |
| <i>felodipine er</i> | T1 | |
| <i>isradipine</i> | T1 | |
| KATERZIA | T9 | |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | T3 | |
| MATZIM LA | T9 | |
| <i>nicardipine hcl oral</i> | T2 | |
| NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG | T1 | |
| <i>nifedipine er osmotic release</i> | T1 | |
| <i>nifedipine oral capsule 10 mg</i> | T1 | |
| <i>nifedipine oral capsule 20 mg</i> | T2 | |
| <i>nimodipine oral</i> | T4 | QL (21 capsules per 365 days) |
| <i>nisoldipine er</i> | T2 | |
| NORVASC | T3 | |
| NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML | T5 | ST; QL (1 fill per 21 days) |
| <i>olmesartan-amlodipine-hctz</i> | T1 | |
| PRESTALIA | T3 | ST |
| PROCARDIA XL | T3 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------------------|----------------|-----------------------------------|
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | T3 | |
| TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG | T2 | |
| TAZTIA XT | T1 | |
| <i>telmisartan-amlodipine</i> | T1 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1 | |
| TIAZAC | T3 | |
| <i>trandolapril-verapamil hcl er</i> | T1 | |
| TRIBENZOR | T3 | |
| TWYNSTA | T3 | |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1 | |
| <i>verapamil hcl oral</i> | T1 | |
| VERELAN | T3 | |
| VERELAN PM | T3 | |
| Carbonic Anhydrase Inhibitors(Hypoten) | | |
| <i>acetazolamide er</i> | T1 | |
| <i>acetazolamide oral</i> | T1 | |
| Cardiac Drugs, Miscellaneous | | |
| CORLANOR | T3 | ST |
| RANEXA | T3 | |
| <i>ranolazine er</i> | T1 | |
| VYNDAMAX | T4 | PA; QL (30 capsules per 30 days) |
| VYNDAQEL | T4 | PA; QL (120 capsules per 30 days) |
| Cardiotonic Agents | | |
| DIGITEK | T1 | |
| DIGOX | T1 | |
| <i>digoxin oral solution</i> | T2 | AL |
| <i>digoxin oral tablet</i> | T1 | |
| 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 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------|----------------|---------------------------------|
| CATAPRES-TTS-2 | T3 | |
| CATAPRES-TTS-3 | T3 | |
| <i>clonidine hcl er</i> | T2 | |
| <i>clonidine hcl oral</i> | T1 | |
| <i>guanfacine hcl er</i> | T1 | QL (60 tablets per 30 days) |
| <i>guanfacine hcl oral</i> | T1 | |
| INTUNIV | T3 | QL (30 tablets per 30 days) |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR | T3 | |
| <i>methyl dopa oral</i> | T1 | |
| <i>methyl dopa-hydrochlorothiazide</i> | T1 | |
| Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe</i> | T1 | |
| <i>ezetimibe-simvastatin</i> | T1 | |
| NEXLIZET | T3 | PA; QL (30 tablets per 30 Days) |
| VYTORIN | T3 | |
| ZETIA | T3 | |
| Class Ia Antiarrhythmics | | |
| <i>disopyramide phosphate oral</i> | T1 | |
| NORPACE | T3 | |
| NORPACE CR | T2 | |
| <i>quinidine gluconate er</i> | T4 | |
| <i>quinidine sulfate oral tablet 200 mg</i> | T1 | |
| 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> | T1 | |
| PHENYTEK | T2 | |
| <i>phenytoin oral suspension 125 mg/5ml</i> | T1 | |
| <i>phenytoin oral tablet chewable</i> | T1 | |
| <i>phenytoin sodium extended oral capsule 100 mg</i> | T1 | |
| Class Ic Antiarrhythmics | | |
| <i>flecainide acetate</i> | T1 | |
| <i>propafenone hcl</i> | T1 | |
| <i>propafenone hcl er</i> | T1 | |
| RYTHMOL SR | T3 | QL (60 capsules per 30 days) |
| Class Ii Antiarrhythmics | | |
| <i>acebutolol hcl oral</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|-----------------------|-----------------------------|
| <i>atenolol oral</i> | T1 | |
| <i>atenolol-chlorthalidone</i> | T1 | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | T3 | |
| <i>betaxolol hcl oral</i> | T1 | |
| <i>bisoprolol fumarate</i> | T1 | |
| <i>bisoprolol-hydrochlorothiazide</i> | T1 | |
| <i>carvedilol</i> | T1 | |
| COREG | T3 | |
| COREG CR | T3 | ST |
| CORGARD | T3 | |
| DUTOPROL | T9 | |
| HEMANGEOL | T3 | AL |
| INDERAL LA | T9 | |
| INDERAL XL | T9 | |
| INNOPRAN XL | T9 | MB (Innopran XL(#2)) |
| <i>labetalol hcl oral</i> | T1 | |
| LOPRESSOR HCT ORAL TABLET 50-25 MG | T3 | |
| LOPRESSOR ORAL | T3 | |
| <i>metoprolol succinate er</i> | T1 | |
| <i>metoprolol tartrate oral</i> | T1 | |
| <i>metoprolol-hctz er</i> | T9 | |
| <i>metoprolol-hydrochlorothiazide</i> | T1 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | T1 | |
| <i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i> | T1 | |
| <i>pindolol</i> | T1 | |
| <i>propranolol hcl er</i> | T1 | |
| <i>propranolol hcl oral</i> | T1 | |
| <i>propranolol-hctz</i> | T1 | |
| SORINE | T1 | |
| <i>sotalol hcl oral</i> | T1 | |
| SOTYLIZE | T3 | |
| TENORETIC 100 | T3 | |
| TENORETIC 50 | T3 | |
| TENORMIN | T3 | |
| <i>timolol maleate oral</i> | T1 | |
| TOPROL XL | T3 | |
| ZIAC | T3 | |
| Class Iii Antiarrhythmics | | |
| <i>amiodarone hcl oral tablet 100 mg</i> | T1 | QL (30 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------------------------|----------------|--------------|
| <i>amiodarone hcl oral tablet 200 mg, 400 mg</i> | T1 | |
| 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 | T1 | |
| SORINE | T1 | |
| <i>sotalol hcl oral</i> | T1 | |
| 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 | T3 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T2 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG | T3 | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | T3 | |
| CARTIA XT | T1 | |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1 | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1 | |
| <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> | T1 | |
| <i>dilt-xr</i> | T1 | |
| MATZIM LA | T9 | |
| TAZTIA XT | T1 | |
| TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1 | |
| TIAZAC | T3 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------------------|----------------|-------------------------------|
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1 | |
| <i>verapamil hcl oral</i> | T1 | |
| VERELAN | T3 | |
| VERELAN PM | T3 | |
| <i>Dihydropyridines (Antihypertensive)</i> | | |
| ADALAT CC | T3 | |
| AFEDITAB CR | T1 | |
| <i>amlodipine besy-benazepril hcl</i> | T1 | |
| <i>amlodipine besylate oral</i> | T1 | |
| <i>amlodipine besylate-valsartan</i> | T1 | |
| <i>amlodipine-atorvastatin</i> | T9 | |
| <i>amlodipine-olmesartan</i> | T1 | |
| <i>amlodipine-valsartan-hctz</i> | T1 | |
| AZOR | T3 | ST |
| CADUET ORAL TABLET 10-10 MG, 5-10 MG | T3 | |
| EXFORGE | T3 | |
| EXFORGE HCT | T3 | |
| <i>felodipine er</i> | T1 | |
| <i>isradipine</i> | T1 | |
| KATERZIA | T9 | |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | T3 | |
| <i>nicardipine hcl oral</i> | T2 | |
| NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG | T1 | |
| <i>nifedipine er osmotic release</i> | T1 | |
| <i>nifedipine oral capsule 10 mg</i> | T1 | |
| <i>nifedipine oral capsule 20 mg</i> | T2 | |
| <i>nimodipine oral</i> | T4 | QL (21 capsules per 365 days) |
| <i>nisoldipine er</i> | T2 | |
| NORVASC | T3 | |
| NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML | T5 | ST; QL (1 fill per 21 days) |
| <i>olmesartan-amlodipine-hctz</i> | T1 | |
| PRESTALIA | T3 | ST |
| PROCARDIA XL | T3 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------|----------------|-------------------------------|
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | T3 | |
| <i>telmisartan-amlodipine</i> | T1 | |
| TRIBENZOR | T3 | |
| TWYNSTA | T3 | |
| <i>Dihydropyridines</i> | | |
| ADALAT CC | T3 | |
| AFEDITAB CR | T1 | |
| <i>amlodipine besy-benazepril hcl</i> | T1 | |
| <i>amlodipine besylate oral</i> | T1 | |
| <i>amlodipine besylate-valsartan</i> | T1 | |
| <i>amlodipine-atorvastatin</i> | T9 | |
| <i>amlodipine-olmesartan</i> | T1 | |
| <i>amlodipine-valsartan-hctz</i> | T1 | |
| AZOR | T3 | ST |
| CADUET ORAL TABLET 10-10 MG, 5-10 MG | T3 | |
| CONSENSI | T9 | |
| EXFORGE | T3 | |
| EXFORGE HCT | T3 | |
| <i>felodipine er</i> | T1 | |
| <i>isradipine</i> | T1 | |
| KATERZIA | T9 | |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | T3 | |
| <i>nicardipine hcl oral</i> | T2 | |
| NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG | T1 | |
| <i>nifedipine er osmotic release</i> | T1 | |
| <i>nifedipine oral capsule 10 mg</i> | T1 | |
| <i>nifedipine oral capsule 20 mg</i> | T2 | |
| <i>nimodipine oral</i> | T4 | QL (21 capsules per 365 days) |
| <i>nisoldipine er</i> | T2 | |
| NORVASC | T3 | |
| NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML | T5 | ST; QL (1 fill per 21 days) |
| <i>olmesartan-amlodipine-hctz</i> | T1 | |
| 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> | T1 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------|----------------|------------------------------|
| TRIBENZOR | T3 | |
| TWYNSTA | T3 | |
| Direct Vasodilators | | |
| BIDIL | T2 | |
| <i>hydralazine hcl oral</i> | T1 | |
| <i>minoxidil oral</i> | T1 | |
| Diuretics, Miscellaneous (Hypotensive) | | |
| ELIXOPHYLLIN | T3 | |
| THEO-24 | T2 | |
| <i>theophylline er</i> | T1 | |
| Fibric Acid Derivatives | | |
| ANTARA ORAL CAPSULE 30 MG, 90 MG | T9 | |
| <i>fenofibrate micronized oral capsule 130 mg</i> | T9 | |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | T1 | |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i> | T9 | MB (Lipofen(#2)) |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i> | T9 | |
| <i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i> | T1 | |
| <i>fenofibric acid</i> | T1 | |
| FENOGLIDE | T9 | |
| FIBRICOR | T3 | |
| <i>gemfibrozil oral</i> | T1 | |
| 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) |
| Hmg-Coa Reductase Inhibitors | | |
| ALTOPREV | T9 | |
| <i>amlodipine-atorvastatin</i> | T9 | |
| <i>atorvastatin calcium oral</i> | T1 | |
| CADUET ORAL TABLET 10-10 MG, 5-10 MG | T3 | |
| CRESTOR | T3 | |
| EZALLOR SPRINKLE | T9 | |
| <i>ezetimibe-simvastatin</i> | T1 | |
| <i>flolipid</i> | T9 | |
| <i>fluvastatin sodium</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------|----------------|------------------------|
| <i>fluvastatin sodium er</i> | T9 | |
| LESCOL | T9 | |
| LESCOL XL | T9 | |
| LIPITOR | T3 | |
| LIVALO | T9 | |
| <i>lovastatin</i> | T1 | |
| PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG | T3 | |
| <i>pravastatin sodium</i> | T1 | |
| <i>rosuvastatin calcium</i> | T1 | |
| <i>simvastatin oral suspension</i> | T9 | |
| <i>simvastatin oral tablet</i> | T1 | |
| VYTORIN | T3 | |
| ZOCOR | T3 | QL (31 EA per 31 days) |
| ZYPITAMAG | T9 | |
| <i>Hypotensive Agents, Miscellaneous</i> | | |
| <i>acebutolol hcl oral</i> | T1 | |
| ADALAT CC | T3 | |
| AFEDITAB CR | T1 | |
| <i>amlodipine besy-benazepril hcl</i> | T1 | |
| <i>amlodipine besylate oral</i> | T1 | |
| <i>amlodipine besylate-valsartan</i> | T1 | |
| <i>amlodipine-olmesartan</i> | T1 | |
| AZOR | T3 | ST |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | T3 | |
| <i>betaxolol hcl oral</i> | T1 | |
| BYVALSON | T3 | ST |
| CARDURA | T3 | |
| CARDURA XL | T3 | ST |
| <i>carvedilol</i> | T1 | |
| COREG | T3 | |
| COREG CR | T3 | ST |
| DIBENZYLINE | T9 | |
| <i>doxazosin mesylate oral</i> | T1 | |
| EXFORGE | T3 | |
| <i>felodipine er</i> | T1 | |
| HEMANGEOL | T3 | AL |
| INDERAL LA | T9 | |
| INDERAL XL | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------|----------------|-------------------------------|
| INNOPRAN XL | T9 | MB (Innopran XL(#2)) |
| <i>isradipine</i> | T1 | |
| KATERZIA | T9 | |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | T3 | |
| <i>nicardipine hcl oral</i> | T2 | |
| NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG | T1 | |
| <i>nifedipine er osmotic release</i> | T1 | |
| <i>nifedipine oral capsule 10 mg</i> | T1 | |
| <i>nifedipine oral capsule 20 mg</i> | T2 | |
| <i>nimodipine oral</i> | T4 | QL (21 capsules per 365 days) |
| <i>nisoldipine er</i> | T2 | |
| NORVASC | T3 | |
| NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML | T5 | ST; QL (1 fill per 21 days) |
| <i>phenoxybenzamine hcl</i> | T9 | |
| <i>phenoxybenzamine hcl oral</i> | T4 | PA |
| <i>pindolol</i> | T1 | |
| PROCARDIA XL | T3 | |
| <i>propranolol hcl er</i> | T1 | |
| <i>propranolol hcl oral</i> | T1 | |
| SORINE | T1 | |
| <i>sotalol hcl oral</i> | T1 | |
| SOTYLIZE | T3 | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | T3 | |
| <i>terazosin hcl oral</i> | T1 | |
| <i>timolol maleate oral</i> | T1 | |
| VECAMYL | T4 | |
| Loop Diuretics (Hypotensive Agents) | | |
| <i>bumetanide oral tablet 0.5 mg</i> | T1 | |
| DEMADEX ORAL TABLET 10 MG | T3 | |
| EDECIN | T9 | |
| <i>ethacrynic acid oral</i> | T9 | |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | T1 | |
| <i>furosemide oral tablet</i> | T1 | |
| LASIX | T3 | |
| <i>toremide oral</i> | T1 | |
| Mineralocorticoid (Aldosterone) Antagnts | | |
| ALDACTAZIDE ORAL TABLET 25-25 MG | T3 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------|----------------|-----------------------------|
| ALDACTAZIDE ORAL TABLET 50-50 MG | T2 | |
| ALDACTONE | T3 | |
| CAROSPIR | T9 | |
| <i>eplerenone</i> | T1 | |
| INSPRA | T3 | QL (30 tablets per 30 days) |
| <i>spironolactone oral</i> | T1 | |
| <i>spironolactone-hctz</i> | T1 | |
| Mineralocorticoid(Aldoster.)Antag(Hypot) | | |
| ALDACTAZIDE ORAL TABLET 25-25 MG | T3 | |
| ALDACTAZIDE ORAL TABLET 50-50 MG | T2 | |
| ALDACTONE | T3 | |
| CAROSPIR | T9 | |
| <i>eplerenone</i> | T1 | |
| INSPRA | T3 | QL (30 tablets per 30 days) |
| <i>spironolactone oral</i> | T1 | |
| <i>spironolactone-hctz</i> | T1 | |
| Nitrates And Nitrites | | |
| BIDIL | T2 | |
| GONITRO | T9 | |
| ISORDIL TITRADOSE | T9 | |
| <i>isosorbide dinitrate er</i> | T1 | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | T1 | |
| <i>isosorbide dinitrate oral tablet 40 mg</i> | T9 | |
| <i>isosorbide mononitrate</i> | T1 | |
| <i>isosorbide mononitrate er</i> | T1 | |
| MINITRAN | T1 | |
| NITRO-BID | T1 | |
| 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> | T1 | |
| <i>nitroglycerin transdermal patch 24 hour</i> | T1 | |
| <i>nitroglycerin translingual solution</i> | T3 | |
| NITROLINGUAL | T3 | |
| NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG | T3 | |
| NITRO-TIME | T1 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------|----------------|----------------------------------|
| <i>Pcsk9 Inhibitors</i> | | |
| PRALUENT SUBCUTANEOUS SOLUTION PEN-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 | QL (60 tablets per 30 days) |
| CIALIS | T9 | |
| <i>cilostazol</i> | T1 | |
| LEVITRA | BE | |
| REVATIO ORAL SUSPENSION RECONSTITUTED | T5 | PA; QL (180 ML per 30 days); AL |
| REVATIO ORAL TABLET | T5 | PA |
| <i>sildenafil citrate oral suspension reconstituted</i> | T4 | PA; QL (180 ML per 30 days); AL |
| <i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i> | T1 | |
| <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, 20 mg</i> | BE | |
| <i>tadalafil oral tablet 2.5 mg</i> | T1 | ST; QL (30 tablets per 30 days) |
| <i>tadalafil oral tablet 5 mg</i> | T1 | QL (30 tablets per 30 days) |
| <i>vardeafil hcl oral tablet</i> | BE | |
| <i>vardeafil hcl oral tablet dispersible</i> | T9 | |
| VIAGRA | BE | |
| <i>Potassium-Sparing Diuretics (Hypoten)</i> | | |
| ALDACTAZIDE ORAL TABLET 25-25 MG | T3 | |
| ALDACTAZIDE ORAL TABLET 50-50 MG | T2 | |
| ALDACTONE | T3 | |
| <i>amiloride hcl oral</i> | T1 | |
| <i>amiloride-hydrochlorothiazide</i> | T1 | |
| CAROSPIR | T9 | |
| DYAZIDE | T3 | |
| DYRENIUM | T9 | |
| <i>eplerenone</i> | T1 | |
| INSPRA | T3 | QL (30 tablets per 30 days) |
| MAXZIDE | T3 | |
| MAXZIDE-25 | T3 | |
| <i>spironolactone oral</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------|----------------|---------------------------------|
| <i>spironolactone-hctz</i> | T1 | |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | T1 | |
| <i>triamterene-hctz oral tablet</i> | T1 | |
| Renin Inhibitors | | |
| <i>aliskiren fumarate</i> | T2 | ST |
| TEKTURNA | T9 | |
| TEKTURNA HCT | T2 | ST |
| Renin-Angioten.-Aldost. Sys. Inhib, Misc | | |
| ENTRESTO | T2 | PA; QL (60 tablets per 30 days) |
| Thiazide Diuretics(Hypotensive Agents) | | |
| ACCURETIC | T3 | |
| ALDACTAZIDE ORAL TABLET 25-25 MG | T3 | |
| ALDACTAZIDE ORAL TABLET 50-50 MG | T2 | |
| <i>amiloride-hydrochlorothiazide</i> | T1 | |
| <i>amlodipine-valsartan-hctz</i> | T1 | |
| ATACAND HCT | T3 | |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | T3 | |
| <i>benazepril-hydrochlorothiazide</i> | T1 | |
| BENICAR HCT | T3 | |
| <i>bisoprolol-hydrochlorothiazide</i> | T1 | |
| <i>candesartan cilexetil-hctz</i> | T1 | |
| <i>captopril-hydrochlorothiazide</i> | T1 | |
| <i>chlorothiazide oral</i> | T1 | |
| DIOVAN HCT | T3 | |
| DIURIL | T2 | |
| DUTOPROL | T9 | |
| DYAZIDE | T3 | |
| <i>enalapril-hydrochlorothiazide</i> | T1 | |
| EXFORGE HCT | T3 | |
| <i>fosinopril sodium-hctz</i> | T1 | |
| <i>hydrochlorothiazide oral</i> | T1 | |
| HYZAAR | T3 | |
| <i>irbesartan-hydrochlorothiazide</i> | T1 | |
| <i>lisinopril-hydrochlorothiazide</i> | T1 | |
| LOPRESSOR HCT ORAL TABLET 50-25 MG | T3 | |
| <i>losartan potassium-hctz</i> | T1 | |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | T3 | |
| MAXZIDE | T3 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|----------------|---------------------------------|
| MAXZIDE-25 | T3 | |
| <i>methyclothiazide oral</i> | T1 | |
| <i>methyldopa-hydrochlorothiazide</i> | T1 | |
| <i>metoprolol-hctz er</i> | T9 | |
| <i>metoprolol-hydrochlorothiazide</i> | T1 | |
| MICARDIS HCT | T3 | |
| <i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i> | T1 | |
| <i>olmesartan medoxomil-hctz</i> | T1 | |
| <i>olmesartan-amlodipine-hctz</i> | T1 | |
| <i>propranolol-hctz</i> | T1 | |
| <i>quinapril-hydrochlorothiazide</i> | T1 | |
| <i>spironolactone-hctz</i> | T1 | |
| TEKTURNA HCT | T2 | ST |
| <i>telmisartan-hctz</i> | T1 | |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | T1 | |
| <i>triamterene-hctz oral tablet</i> | T1 | |
| TRIBENZOR | T3 | |
| <i>valsartan-hydrochlorothiazide</i> | T1 | |
| VASERETIC | T3 | |
| ZESTORETIC | T3 | |
| ZIAC | T3 | |
| Thiazide-Like Diuretics(Hypotensive Agt) | | |
| <i>atenolol-chlorthalidone</i> | T1 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | T1 | |
| EDARBYCLOR | T3 | ST |
| <i>indapamide oral</i> | T1 | |
| <i>metolazone</i> | T1 | |
| TENORETIC 100 | T3 | |
| TENORETIC 50 | T3 | |
| Vasodilating Agents, Miscellaneous | | |
| ADALAT CC | T3 | |
| ADEMPAS | T4 | PA; QL (90 tablets per 30 days) |
| AFEDITAB CR | T1 | |
| AGGRENOX | T3 | |
| <i>ambrisentan</i> | T4 | PA |
| <i>amlodipine besy-benazepril hcl</i> | T1 | |
| <i>amlodipine besylate oral</i> | T1 | |
| <i>amlodipine besylate-valsartan</i> | T1 | |
| <i>amlodipine-atorvastatin</i> | T9 | |
| <i>amlodipine-olmesartan</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------------------------|----------------|--------------|
| <i>aspirin-dipyridamole er</i> | T1 | |
| AZOR | T3 | ST |
| <i>bosentan</i> | T4 | PA |
| CADUET ORAL TABLET 10-10 MG, 5-10 MG | T3 | |
| CALAN ORAL TABLET 120 MG | T3 | |
| CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG | T3 | |
| CARDIZEM CD | T3 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T2 | |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 360 MG | T3 | |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | T3 | |
| CARTIA XT | T1 | |
| CAVERJECT | T9 | |
| CAVERJECT IMPULSE | T9 | |
| CONSENSI | T9 | |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1 | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1 | |
| <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> | T1 | |
| <i>dilt-xr</i> | T1 | |
| <i>dipyridamole oral</i> | T1 | |
| EDEX | T9 | |
| EXFORGE | T3 | |
| <i>felodipine er</i> | T1 | |
| <i>isradipine</i> | T1 | |
| KATERZIA | T9 | |
| LETAIRIS | T9 | |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG | T3 | |
| MATZIM LA | T9 | |
| MUSE | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------------|----------------|-----------------------------------|
| <i>nicardipine hcl oral</i> | T2 | |
| NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG | T1 | |
| <i>nifedipine er osmotic release</i> | T1 | |
| <i>nifedipine oral capsule 10 mg</i> | T1 | |
| <i>nifedipine oral capsule 20 mg</i> | T2 | |
| <i>nimodipine oral</i> | T4 | QL (21 capsules per 365 days) |
| <i>nisoldipine er</i> | T2 | |
| NORVASC | T3 | |
| NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML | T5 | ST; QL (1 fill per 21 days) |
| <i>olmesartan-amlodipine-hctz</i> | T1 | |
| OPSUMIT | T5 | PA; QL (1 tablet per 1 day) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | T5 | PA; QL (2880 tablets per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG | T5 | PA; QL (1440 tablets per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG | T5 | PA; QL (360 tablets per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG | T5 | PA; QL (120 tablets per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG | T5 | PA; QL (60 tablets per 30 days) |
| PRESTALIA | T3 | ST |
| PROCARDIA XL | T3 | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG | T3 | |
| TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG | T2 | |
| TAZTIA XT | T1 | |
| <i>telmisartan-amlodipine</i> | T1 | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1 | |
| TIAZAC | T3 | |
| TRACLEER | T9 | |
| <i>trandolapril-verapamil hcl er</i> | T1 | |
| TRIBENZOR | T3 | |
| TWYNSTA | T3 | |
| TYVASO | T4 | PA |
| TYVASO REFILL | T4 | PA |
| TYVASO STARTER | T4 | PA |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|
| UPTRAVI ORAL TABLET | T5 | PA; QL (60 tablets per 30 days) |
| VENTAVIS | T4 | PA |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1 | |
| <i>verapamil hcl oral</i> | T1 | |
| VERELAN | T3 | |
| VERELAN PM | T3 | |
| Central Nervous System Agents | | |
| Adamantanes (Cns) | | |
| <i>amantadine hcl oral</i> | T1 | |
| GOCOVRI | T9 | |
| OSMOLEX ER | T9 | |
| Amphetamine Derivatives | | |
| <i>diethylpropion hcl oral</i> | BE | |
| <i>phendimetrazine tartrate</i> | BE | |
| <i>phentermine hcl oral capsule 15 mg, 30 mg</i> | BE | |
| <i>phentermine hcl oral tablet</i> | BE | |
| QSYMIA | BE | |
| Amphetamines | | |
| ADDERALL | T3 | AL |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG | T2 | QL (31 EA per 31 days); AL |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG | T2 | QL (62 EA 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 |
| <i>amphetamine-dextroamphet er</i> | T9 | |
| <i>amphetamine-dextroamphetamine</i> | T1 | AL |
| <i>benzphetamine hcl oral tablet 50 mg</i> | BE | |
| DESOXYN | T9 | |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG | T3 | QL (120 capsules per 30 days) |
| DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG | T3 | QL (60 capsules per 30 days) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i> | T2 | QL (120 capsules per 30 days) |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i> | T2 | QL (60 capsules per 30 days) |
| <i>dextroamphetamine sulfate oral tablet</i> | T1 | |
| DYANAVEL 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 | T2 | QL (30 capsules per 30 days); AL |
| VYVANSE ORAL TABLET CHEWABLE | T2 | QL (30 tablets per 30 days); AL |
| ZENZEDI ORAL TABLET 10 MG | T1 | QL (180 tablets per 30 days) |
| ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG | T3 | ST; QL (60 tablets per 30 days) |
| ZENZEDI ORAL TABLET 2.5 MG | T3 | ST; QL (30 tablets per 30 days) |
| ZENZEDI ORAL TABLET 5 MG | T1 | QL (372 tablets per 30 days) |
| ZENZEDI ORAL TABLET 7.5 MG | T3 | ST; QL (90 tablets per 30 days) |
| <i>Analgesics And Antipyretics, Misc.</i> | | |
| <i>acetaminophen-codeine #2</i> | T1 | |
| <i>acetaminophen-codeine #3</i> | T1 | |
| <i>acetaminophen-codeine #4</i> | T1 | |
| <i>acetaminophen-codeine oral solution</i> | T1 | |
| 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> | T1 | 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> | T1 | 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> | T1 | QL (180 tablets per 30 days) |
| ESGIC ORAL TABLET | T3 | |
| FIORICET ORAL CAPSULE | T9 | |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | T9 | |
| <i>gabapentin oral capsule</i> | T1 | |
| <i>gabapentin oral solution 250 mg/5ml</i> | T1 | |
| <i>gabapentin oral tablet</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------------------------------|----------------|----------------------------------|
| GRALISE ORAL TABLET 300 MG, 600 MG | T3 | PA; QL (90 EA per 30 days) |
| GRALISE ORAL TABLET 300 MG, 600 MG | T3 | PA; QL (90 tablets per 30 days) |
| GRALISE STARTER | T3 | PA |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG | T3 | ST; QL (30 tablets per 30 days) |
| HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG | T3 | ST; QL (60 tablets per 30 days) |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> | T1 | |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i> | T9 | |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | T1 | |
| LORTAB ORAL ELIXIR 10-300 MG/15ML | T9 | |
| LYRICA CR | T9 | |
| 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 | |
| NORCO | T3 | |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | T1 | |
| <i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i> | T9 | |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | T3 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i> | T1 | QL (90 CAPSULES per 30 days) |
| <i>pregabalin oral capsule 300 mg</i> | T1 | QL (60 CAPSULES per 30 days) |
| <i>pregabalin oral solution</i> | T1 | ST; QL (473 ML per 30 days) |
| PRIMLEV | T9 | |
| PROLATE | T9 | |
| <i>tramadol-acetaminophen</i> | T1 | |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | T1 | QL (10 capsules per 1 day) |
| TYLENOL WITH CODEINE #3 | T3 | |
| TYLENOL WITH CODEINE #4 | T3 | |
| ULTRACET | T3 | |
| VANATOL LQ | T9 | |
| VICODIN ES ORAL TABLET 7.5-300 MG | T9 | |
| VICODIN HP ORAL TABLET 10-300 MG | T9 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------|----------------|-----------------------------------|
| VICODIN ORAL TABLET 5-300 MG | T9 | |
| VTOL LQ | T9 | |
| Anorexigenic Agents, Miscellaneous | | |
| CONTRAVE | BE | |
| Anticholinergic Agents (Cns) | | |
| <i>benztropine mesylate oral</i> | T1 | |
| <i>trihexyphenidyl hcl</i> | T1 | |
| Anticonvulsants, Miscellaneous | | |
| APTIOM | T3 | PA; QL (60 tablets per 30 days) |
| BANZEL ORAL SUSPENSION | T5 | PA; QL (2300 ML per 28 days) |
| BANZEL ORAL TABLET | T4 | PA; 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> | T1 | ST |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i> | T1 | 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> | T1 | |
| CARBATROL | T3 | ST |
| DEPAKENE ORAL CAPSULE | T3 | |
| DEPAKENE ORAL SOLUTION | T3 | |
| DEPAKOTE | T3 | |
| DEPAKOTE ER | T3 | |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE | T3 | |
| DIACOMIT ORAL CAPSULE 250 MG | T5 | PA; QL (180 capsules per 30 days) |
| DIACOMIT ORAL CAPSULE 500 MG | T5 | PA |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | T1 | |
| <i>divalproex sodium oral capsule delayed release sprinkle</i> | T1 | |
| <i>divalproex sodium oral tablet delayed release</i> | T1 | |
| EPIDIOLEX | T5 | PA; QL (2 bottles per 30 days) |
| EPITOL | T1 | |
| EQUETRO | T3 | ST |
| <i>felbamate oral suspension</i> | T2 | QL (900 ml per 30 days) |
| <i>felbamate oral tablet 400 mg</i> | T2 | QL (210 tablets per 30 days) |
| <i>felbamate oral tablet 600 mg</i> | T2 | QL (180 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------|----------------|-------------------------------------|
| FELBATOL ORAL SUSPENSION | T3 | QL (900 ml per 30 days) |
| FELBATOL ORAL TABLET 400 MG | T3 | QL (210 tablets per 30 days) |
| FELBATOL ORAL TABLET 600 MG | T3 | QL (180 tablets per 30 days) |
| FINTEPLA | T5 | PA; 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> | T1 | |
| <i>gabapentin oral solution 250 mg/5ml</i> | T1 | |
| <i>gabapentin oral tablet</i> | T1 | |
| 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 300 MG, 600 MG | T3 | PA; QL (90 EA per 30 days) |
| GRALISE ORAL TABLET 300 MG, 600 MG | T3 | PA; QL (90 tablets per 30 days) |
| GRALISE STARTER | T3 | PA |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG | T3 | ST; QL (30 tablets per 30 days) |
| HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG | T3 | ST; QL (60 tablets per 30 days) |
| KEPPRA ORAL | T3 | |
| KEPPRA XR | T3 | |
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG | T3 | QL (1 kit per 365 Days) |
| LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG | T3 | QL (1 kit per 365 days) |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE | 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 | T3 | ST; QL (30 tablets per 30 days) |
| <i>lamotrigine er</i> | T3 | ST; QL (30 tablets per 30 days) |
| <i>lamotrigine oral tablet</i> | T1 | |
| <i>lamotrigine oral tablet chewable</i> | T1 | |
| <i>lamotrigine oral tablet dispersible</i> | T9 | |
| <i>lamotrigine starter kit-blue</i> | T1 | QL (1 kit per 365 days) |
| <i>lamotrigine starter kit-green</i> | T1 | QL (1 kit per 365 days) |
| <i>lamotrigine starter kit-orange</i> | T1 | QL (1 kit per 365 days) |
| <i>levetiracetam er</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------|----------------|--------------------------------------|
| <i>levetiracetam oral</i> | T1 | |
| LYRICA CR | T9 | |
| 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> | T1 | |
| 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> | T1 | QL (90 CAPSULES per 30 days) |
| <i>pregabalin oral capsule 300 mg</i> | T1 | QL (60 CAPSULES per 30 days) |
| <i>pregabalin oral solution</i> | T1 | ST; QL (473 ML per 30 days) |
| QSYMIA | BE | |
| QUDEXY XR | T9 | |
| <i>rufinamide</i> | T4 | PA; QL (2300 ML per 28 Days) |
| SABRIL | T9 | |
| 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 | QL (30 capsules per 30 days) |
| <i>topiramate oral capsule sprinkle</i> | T1 | ST |
| <i>topiramate oral tablet</i> | T1 | |
| TRILEPTAL | T3 | |
| TROKENDI XR | T9 | |
| <i>valproate sodium oral solution</i> | T1 | |
| <i>valproic acid oral capsule</i> | T1 | |
| <i>vigabatrin oral packet</i> | T5 | PA; QL (180 packets per 30 days); AL |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------|----------------|--------------------------------------|
| <i>vigabatrin oral tablet</i> | T5 | PA; QL (180 tablets per 30 days); AL |
| VIMPAT INTRAVENOUS | T2 | |
| VIMPAT ORAL TABLET | T2 | QL (60 tablets per 30 days) |
| XCOPRI (250 MG DAILY DOSE) | 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) |
| ZONEGRAN | T3 | |
| <i>zonisamide oral</i> | T1 | |
| Antidepressants, Miscellaneous | | |
| APLENZIN | T9 | |
| <i>bupropion hcl er (smoking det)</i> | T1 | PV |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i> | T1 | QL (90 EA per 30 days) |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i> | T1 | QL (60 EA per 30 days) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> | T1 | QL (90 EA per 30 days) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i> | T1 | |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i> | T9 | |
| <i>bupropion hcl oral</i> | T1 | |
| FORFIVO XL | T9 | |
| <i>mirtazapine oral</i> | T1 | |
| 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 | |
| ZYBAN | T3 | PV |
| Antimanic Agents | | |
| ABILIFY MYCITE | T9 | |
| ABILIFY ORAL TABLET | T3 | QL (30 tablets per 30 days) |
| <i>aripiprazole oral solution</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------|-----------------------|----------------------------------|
| <i>aripiprazole oral tablet</i> | T1 | QL (60 tablets per 30 days) |
| <i>aripiprazole oral tablet dispersible</i> | T3 | QL (30 tablets per 30 days); AL |
| <i>carbamazepine er oral capsule extended release 12 hour</i> | T1 | ST |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i> | T1 | 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> | T1 | |
| CARBATROL | T3 | ST |
| DEPAKENE ORAL CAPSULE | T3 | |
| DEPAKENE ORAL SOLUTION | T3 | |
| DEPAKOTE | T3 | |
| DEPAKOTE ER | T3 | |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE | T3 | |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | T1 | |
| <i>divalproex sodium oral capsule delayed release sprinkle</i> | T1 | |
| <i>divalproex sodium oral tablet delayed release</i> | T1 | |
| EPITOL | T1 | |
| EQUETRO | T3 | ST |
| GEODON ORAL | T3 | |
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG | T3 | QL (1 kit per 365 Days) |
| LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG | T3 | QL (1 kit per 365 days) |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE | T9 | |
| LAMICTAL ORAL TABLET | T3 | |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG | T3 | |
| LAMICTAL STARTER | T3 | QL (1 kit per 365 days) |
| <i>lamotrigine oral tablet</i> | T1 | |
| <i>lamotrigine oral tablet chewable</i> | T1 | |
| <i>lamotrigine oral tablet dispersible</i> | T9 | |
| <i>lamotrigine starter kit-blue</i> | T1 | QL (1 kit per 365 days) |
| <i>lamotrigine starter kit-green</i> | T1 | QL (1 kit per 365 days) |
| <i>lamotrigine starter kit-orange</i> | T1 | QL (1 kit per 365 days) |
| <i>lithium</i> | T1 | |
| <i>lithium carbonate er</i> | T1 | |
| <i>lithium carbonate oral capsule</i> | T1 | |
| LITHOBID | T3 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------|-----------------------|-------------------------------------|
| <i>olanzapine oral tablet</i> | T1 | |
| <i>olanzapine oral tablet dispersible</i> | T2 | AL |
| <i>quetiapine fumarate</i> | T1 | |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i> | T2 | ST; QL (30 tablets per 30 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i> | T2 | ST; QL (60 tablets per 30 days) |
| RISPERDAL | T3 | |
| RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG | T1 | |
| <i>risperidone oral solution</i> | T1 | |
| <i>risperidone oral tablet</i> | T1 | |
| <i>risperidone oral tablet dispersible 0.25 mg</i> | T1 | AL |
| <i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | T2 | AL |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG | T4 | ST; QL (62 tablets per 31 days) |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG | T4 | ST; QL (31 tablets per 31 days); AL |
| SECUADO | T4 | ST; QL (30 Patches per 30 days); AL |
| SEROQUEL | T3 | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 50 MG | T3 | ST; QL (30 tablets per 30 days) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG | T3 | ST; QL (31 tablets per 31 days) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG | 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>valproate sodium oral solution</i> | T1 | |
| <i>valproic acid oral capsule</i> | T1 | |
| <i>ziprasidone hcl</i> | T1 | |
| ZYPREXA ORAL | T3 | |
| ZYPREXA ZYDIS | T3 | AL |
| <i>Antimigraine Agents, Miscellaneous</i> | | |
| AIMOVIG | T3 | PA; QL (1 package per 30 days); AL |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------|----------------|--------------------------------|
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T3 | PA; AL |
| ASCOMP-CODEINE | T2 | |
| ASCRIPITIN ORAL TABLET 325 MG | T1 | |
| <i>aspirin ec low dose</i> | T1 | PV |
| <i>aspirin ec oral tablet delayed release 325 mg</i> | T1 | PV; AL |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |
| <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> | T1 | 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> | T1 | 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> | T1 | QL (180 capsules per 30 days) |
| CAFERGOT | T9 | |
| CAMBIA | T9 | |
| DEPAKENE ORAL CAPSULE | T3 | |
| DEPAKENE ORAL SOLUTION | T3 | |
| DEPAKOTE | T3 | |
| DEPAKOTE ER | T3 | |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE | T3 | |
| <i>dihydroergotamine mesylate injection</i> | T9 | |
| <i>dihydroergotamine mesylate nasal</i> | T1 | |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | T1 | |
| <i>divalproex sodium oral capsule delayed release sprinkle</i> | T1 | |
| <i>divalproex sodium oral tablet delayed release</i> | T1 | |
| DURLAZA | T9 | |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T3 | PA; QL (1 pen per 30 days); AL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T3 | PA; AL |
| <i>ergotamine-caffeine</i> | T3 | QL (40 tablets per 30 days) |
| ESGIC ORAL TABLET | T3 | |
| FIORICET ORAL CAPSULE | T9 | |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | T9 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------|----------------|-------------------------------------|
| FIORINAL | T3 | |
| FIORINAL/CODEINE #3 | T3 | |
| <i>goodsense aspirin oral tablet chewable</i> | T1 | PV; AL |
| HEMANGEOL | T3 | AL |
| INDERAL LA | T9 | |
| INDERAL XL | T9 | |
| INNOPRAN XL | T9 | MB (Innopran XL(#2)) |
| MIGERGOT | T9 | |
| MIGRANAL | T9 | |
| <i>propranolol hcl er</i> | T1 | |
| <i>propranolol hcl oral</i> | T1 | |
| <i>timolol maleate oral</i> | T1 | |
| <i>tramadol-acetaminophen</i> | T1 | |
| ULTRACET | T3 | |
| <i>valproate sodium oral solution</i> | T1 | |
| <i>valproic acid oral capsule</i> | T1 | |
| VANATOL LQ | T9 | |
| VTOL LQ | T9 | |
| <i>Antipsychotics, Miscellaneous</i> | | |
| ADASUVE | T9 | |
| <i>loxapine succinate oral</i> | T1 | |
| <i>pimozide oral tablet 1 mg</i> | T1 | QL (300 tablets per 30 days) |
| <i>pimozide oral tablet 2 mg</i> | T1 | QL (150 tablets per 30 days) |
| <i>Anxiolytics, Sedatives, And Hypnotics, Misc</i> | | |
| AMBIEN | T3 | QL (31 tablets per 31 days); AL |
| AMBIEN CR | T3 | QL (31 tablets per 31 days); AL |
| BELSOMRA | T3 | ST; QL (30 tablets per 30 days); AL |
| <i>buspirone hcl oral</i> | T1 | |
| DAYVIGO | T3 | ST; QL (30 Tablets per 30 days); AL |
| EDLUAR | T9 | |
| <i>eszopiclone</i> | T1 | QL (31 tablets per 31 days); AL |
| HETLIOZ | T5 | PA |
| <i>hydroxyzine hcl oral syrup</i> | T1 | |
| <i>hydroxyzine hcl oral tablet</i> | T1 | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i> | T1 | |
| INTERMEZZO | T9 | |
| LUNESTA | T3 | QL (31 tablets per 31 days); AL |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------|----------------|-------------------------------------|
| <i>meprobamate</i> | T9 | |
| PHENADOZ | T3 | |
| PHENERGAN INJECTION SOLUTION 50 MG/ML | T9 | |
| <i>promethazine hcl oral syrup</i> | T9 | |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg</i> | T1 | |
| <i>promethazine hcl oral tablet 50 mg</i> | T9 | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | T9 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | T1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG | T9 | |
| <i>ramelteon</i> | T3 | ST; AL |
| ROZEREM | T3 | ST; QL (31 tablets per 31 days); AL |
| VISTARIL | T3 | |
| <i>zaleplon</i> | T1 | QL (31 capsules per 31 days); AL |
| <i>zolpidem tartrate er</i> | T1 | QL (31 tablets per 31 days); AL |
| <i>zolpidem tartrate oral</i> | T1 | 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 ORAL TABLET | T3 | QL (30 tablets per 30 days) |
| <i>aripiprazole oral solution</i> | T1 | |
| <i>aripiprazole oral tablet</i> | T1 | QL (60 tablets per 30 days) |
| <i>aripiprazole oral tablet dispersible</i> | T3 | QL (30 tablets per 30 days); AL |
| CAPLYTA | T4 | PA; QL (30 Capsules per 30 days) |
| <i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i> | T1 | |
| <i>clozapine oral tablet dispersible</i> | T3 | |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | T3 | |
| CLOZARIL ORAL TABLET 200 MG, 50 MG | T9 | |
| FANAPT | T4 | PA; QL (62 tablets per 31 days) |
| FANAPT TITRATION PACK | T4 | PA; QL (62 tablets per 31 days) |
| FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG | T3 | |
| GEODON ORAL | T3 | |
| INVEGA | T4 | ST; QL (30 tablets per 30 days) |
| LATUDA | T4 | ST; QL (30 tablets per 30 days) |
| NUPLAZID ORAL CAPSULE | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------|----------------|-------------------------------------|
| NUPLAZID ORAL TABLET 10 MG | T9 | |
| <i>olanzapine oral tablet</i> | T1 | |
| <i>olanzapine oral tablet dispersible</i> | T2 | AL |
| <i>olanzapine-fluoxetine hcl</i> | T9 | |
| <i>paliperidone er</i> | T4 | ST; QL (30 tablets per 30 days) |
| <i>quetiapine fumarate</i> | T1 | |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i> | T2 | ST; QL (30 tablets per 30 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i> | T2 | ST; QL (60 tablets per 30 days) |
| REXULTI | T4 | ST; QL (30 tablets per 30 days) |
| RISPERDAL | T3 | |
| RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG | T1 | |
| <i>risperidone oral solution</i> | T1 | |
| <i>risperidone oral tablet</i> | T1 | |
| <i>risperidone oral tablet dispersible 0.25 mg</i> | T1 | AL |
| <i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | T2 | AL |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG | T4 | ST; QL (62 tablets per 31 days) |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG | T4 | ST; QL (31 tablets per 31 days); AL |
| SECUADO | T4 | ST; QL (30 Patches per 30 days); AL |
| SEROQUEL | T3 | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 50 MG | T3 | ST; QL (30 tablets per 30 days) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG | T3 | ST; QL (31 tablets per 31 days) |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG | T3 | ST; QL (60 tablets per 30 days) |
| SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG | T9 | |
| VERSACLOZ | T5 | ST |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 6 MG | T4 | ST; QL (30 capsules per 30 days) |
| VRAYLAR ORAL CAPSULE 4.5 MG | T4 | ST; QL (30 tablets per 30 days) |
| VRAYLAR ORAL CAPSULE THERAPY PACK | T4 | ST; QL (30 capsules per 30 days) |
| <i>ziprasidone hcl</i> | T1 | |
| ZYPREXA ORAL | T3 | |
| ZYPREXA ZYDIS | T3 | AL |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------|----------------|----------------------------------|
| Barbiturates (Anticonvulsants) | | |
| DONNATAL | T9 | |
| MYSOLINE ORAL TABLET 50 MG | T3 | |
| <i>pb-hyoscy-atropine-scopolamine oral tablet</i> | T9 | |
| <i>phenobarbital oral elixir</i> | T1 | |
| <i>phenobarbital oral tablet</i> | T1 | |
| <i>primidone oral</i> | T1 | |
| 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> | T1 | 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> | T1 | 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> | T1 | 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> | T1 | 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>pb-hyoscy-atropine-scopolamine oral tablet</i> | T9 | |
| <i>phenobarbital oral elixir</i> | T1 | |
| <i>phenobarbital oral tablet</i> | T1 | |
| SECONAL | T3 | QL (28 capsules per 14 days); AL |
| VANATOL LQ | T9 | |
| VTOL LQ | T9 | |
| Benzodiazepines (Anticonvulsants) | | |
| ATIVAN ORAL | T3 | |
| <i>clobazam oral suspension</i> | T3 | ST; QL (240 ML per 30 days) |
| <i>clobazam oral tablet</i> | T3 | ST; QL (60 tablets per 30 Days) |
| <i>clonazepam oral</i> | T1 | |
| <i>clorazepate dipotassium</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------|----------------|---------------------------------|
| DIASTAT ACUDIAL | T2 | |
| DIASTAT PEDIATRIC | T2 | |
| DIAZEPAM INTENSOL | T2 | |
| <i>diazepam oral solution 5 mg/5ml</i> | T1 | |
| <i>diazepam oral tablet</i> | T1 | |
| <i>diazepam rectal</i> | T3 | |
| KLONOPIN | T3 | |
| LORAZEPAM INTENSOL | T1 | |
| <i>lorazepam oral tablet</i> | T1 | |
| NAYZILAM | T3 | QL (4 doses per 30 Days) |
| ONFI ORAL SUSPENSION | T3 | ST; QL (240 ML per 30 days) |
| ONFI ORAL TABLET 10 MG, 20 MG | T3 | ST; QL (60 tablets per 30 days) |
| 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> | T1 | QL (30 tablets per 30 days) |
| <i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i> | T1 | QL (60 tablets per 30 days) |
| ALPRAZOLAM INTENSOL | T1 | QL (120 ML per 30 days) |
| <i>alprazolam oral tablet</i> | T1 | |
| <i>alprazolam oral tablet dispersible</i> | T2 | |
| ATIVAN ORAL | T3 | |
| <i>chlordiazepoxide hcl</i> | T1 | |
| <i>chlordiazepoxide-amitriptyline</i> | T1 | |
| <i>chlordiazepoxide-clidinium</i> | T2 | |
| <i>clobazam oral suspension</i> | T3 | ST; QL (240 ML per 30 days) |
| <i>clobazam oral tablet</i> | T3 | ST; QL (60 tablets per 30 Days) |
| <i>clonazepam oral</i> | T1 | |
| <i>clorazepate dipotassium</i> | T1 | |
| DIASTAT ACUDIAL | T2 | |
| DIASTAT PEDIATRIC | T2 | |
| DIAZEPAM INTENSOL | T2 | |
| <i>diazepam oral solution 5 mg/5ml</i> | T1 | |
| <i>diazepam oral tablet</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------|-----------------------|-------------------------------------|
| <i>diazepam rectal</i> | T3 | |
| <i>estazolam</i> | T1 | QL (31 tablets per 31 days); AL |
| <i>flurazepam hcl</i> | T1 | QL (30 capsules per 30 days); AL |
| HALCION | T3 | AL |
| KLONOPIN | T3 | |
| LIBRAX | T9 | |
| LORAZEPAM INTENSOL | T1 | |
| <i>lorazepam oral tablet</i> | T1 | |
| <i>midazolam hcl oral</i> | T1 | |
| NAYZILAM | T3 | QL (4 doses per 30 Days) |
| ONFI ORAL SUSPENSION | T3 | ST; QL (240 ML per 30 days) |
| ONFI ORAL TABLET 10 MG, 20 MG | T3 | ST; QL (60 tablets per 30 days) |
| <i>oxazepam</i> | T1 | |
| <i>quazepam</i> | T9 | |
| RESTORIL | T3 | QL (30 capsules per 30 days); AL |
| SYMPAZAN | T9 | |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | T1 | QL (30 EA 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> | T1 | QL (31 tablets per 31 days); AL |
| <i>triazolam oral tablet 0.25 mg</i> | T1 | QL (60 tablets per 30 days); AL |
| 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) |
| XANAX | T3 | |
| XANAX XR | T3 | QL (30 tablets per 30 days) |
| <i>Butyrophenones</i> | | |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | T1 | |
| <i>haloperidol oral</i> | T1 | |
| <i>Calcitonin Gene-Related Peptide Antag.</i> | | |
| AIMOVIG | T3 | PA; QL (1 package per 30 days); AL |
| AJOVY | T3 | PA; AL |
| EMGALITY (300 MG DOSE) | T5 | PA; QL (3 syringes per 30 days); AL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T3 | PA; QL (1 pen per 30 days); AL |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T3 | PA; AL |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------|----------------|-----------------------------------|
| NURTEC | T9 | |
| UBRELVY | T9 | |
| Catechol-O-Methyltransferase(Comt)Inhib. | | |
| <i>carbidopa-levodopa-entacapone</i> | T1 | |
| COMTAN | T3 | |
| <i>entacapone</i> | T1 | |
| 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> | T1 | |
| Central Nervous System Agents, Misc. | | |
| <i>acamprosate calcium</i> | T1 | |
| ADDYI | T9 | |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | T1 | QL (60 capsules per 30 days); AL |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg</i> | T1 | QL (30 capsules per 30 days); AL |
| <i>atomoxetine hcl oral capsule 80 mg</i> | T1 | QL (30 capsulesA per 30 days); AL |
| AUSTEDO ORAL TABLET 12 MG | T5 | PA; QL (120 tablets per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | T5 | QL (240 tablets per 30 days) |
| AUSTEDO ORAL TABLET 9 MG | T5 | PA; QL (150 tablets per 30 days) |
| <i>carbidopa oral</i> | T9 | |
| <i>guanfacine hcl er</i> | T1 | QL (60 tablets per 30 days) |
| <i>guanfacine hcl oral</i> | T1 | |
| INGREZZA ORAL CAPSULE | T5 | PA; QL (30 capsules per 30 days) |
| INTUNIV | T3 | QL (30 tablets per 30 days) |
| LODOSYN | T3 | QL (150 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> | T1 | QL (60 tablets per 30 days); AL |
| <i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i> | T1 | QL (1 tablets 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 |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|
| NAMZARIC | T3 | ST; QL (30 capsules per 30 days); AL |
| NOURIANZ | T5 | PA; QL (30 tablets per 30 days) |
| NUDEXTA | T4 | PA; QL (60 capsules per 30 days) |
| RILUTEK | T9 | |
| <i>riluzole</i> | T1 | QL (60 tablets per 30 days) |
| STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG | T3 | QL (60 capsules per 30 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 |
| <i>tetrabenazine oral tablet 12.5 mg</i> | T4 | PA; QL (90 tablets per 30 days) |
| <i>tetrabenazine oral tablet 25 mg</i> | T4 | PA; QL (60 tablets per 30 days) |
| TIGLUTIK | T9 | |
| XENAZINE | T9 | |
| XYREM | T4 | PA; QL (558 ML per 31 days) |
| Cyclooxygenase-2 (Cox-2) Inhibitors | | |
| CELEBREX | T3 | QL (60 capsules per 30 days) |
| <i>celecoxib oral</i> | T1 | QL (60 capsules per 30 days) |
| CONSENSI | T9 | |
| Dopamine Precursors | | |
| <i>carbidopa-levodopa</i> | T1 | |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | T1 | |
| <i>carbidopa-levodopa-entacapone</i> | T1 | |
| INBRIJA | T9 | |
| RYTARY | T9 | |
| SINEMET CR | T3 | |
| STALEVO 100 | T3 | |
| STALEVO 125 | T3 | |
| STALEVO 150 | T3 | |
| STALEVO 200 | T3 | |
| STALEVO 50 | T3 | |
| STALEVO 75 | T3 | |
| Ergot-Deriv. Dopamine Receptor Agonists | | |
| <i>bromocriptine mesylate oral</i> | T1 | |
| <i>cabergoline</i> | T1 | |
| CYCLOSET | T3 | |
| PARLODEL | T3 | |
| Fibromyalgia Agents | | |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG | T3 | QL (60 capsules per 30 days) |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------|----------------|----------------------------------|
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG | T3 | QL (90 capsules per 30 days) |
| DRIZALMA SPRINKLE | T9 | |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i> | T1 | QL (60 capsules per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | T1 | QL (90 capsules per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i> | T1 | ST; QL (30 capsules per 30 days) |
| LYRICA CR | T9 | |
| 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> | T1 | QL (90 CAPSULES per 30 days) |
| <i>pregabalin oral capsule 300 mg</i> | T1 | QL (60 CAPSULES per 30 days) |
| <i>pregabalin oral solution</i> | T1 | 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) |
| 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> | T1 | |
| <i>phenytoin oral tablet chewable</i> | T1 | |
| <i>phenytoin sodium extended oral capsule 100 mg</i> | T1 | |
| 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 | T3 | ST; QL (30 tablets per 30 days) |
| 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 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------------|----------------|---------------------------------|
| PARNATE | T3 | |
| <i>phenelzine sulfate oral</i> | T1 | |
| <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 | |
| Nonergot-Deriv.Dopamine Receptor Agonist | | |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE | T9 | |
| KYNMOBI | T4 | PA; QL (150 films per 30 Days) |
| KYNMOBI TITRATION KIT | T4 | PA; QL (150 films per 30 Days) |
| 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; MB (Mirapex ER(#2)) |
| NEUPRO | T3 | ST; QL (30 patches per 30 days) |
| <i>pramipexole dihydrochloride</i> | T1 | |
| <i>pramipexole dihydrochloride er</i> | T1 | ST; QL (30 tablets per 30 days) |
| REQUIP ORAL TABLET 0.5 MG, 5 MG | T3 | |
| REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 4 MG, 8 MG | T3 | ST |
| <i>ropinirole hcl</i> | T1 | |
| <i>ropinirole hcl er</i> | T1 | ST |
| Opiate Agonists | | |
| ABSTRAL | T9 | |
| <i>acetaminophen-codeine #2</i> | T1 | |
| <i>acetaminophen-codeine #3</i> | T1 | |
| <i>acetaminophen-codeine #4</i> | T1 | |
| <i>acetaminophen-codeine oral solution</i> | T1 | |
| ACTIQ | T9 | |
| APADAZ | T9 | |
| ARYMO ER | T3 | PA; QL (90 tablets per 30 days) |
| ASCOMP-CODEINE | T2 | |
| <i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i> | T9 | |
| <i>belladonna-opium</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> | T1 | QL (180 capsules per 30 days) |
| <i>butalbital-asa-caff-codeine</i> | T2 | QL (180 capsules per 30 days) |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|
| <i>carisoprodol-aspirin-codeine</i> | T1 | |
| <i>cheratussin ac oral syrup</i> | T1 | |
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i> | T1 | |
| 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) |
| DURAGESIC-50 | T3 | QL (15 patches per 30 days) |
| DURAGESIC-75 | T3 | QL (15 patches per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle</i> | T4 | PA |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | T1 | 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 | |
| HISTEX-AC | T9 | |
| <i>hydrocod polst-cpm polst er oral suspension extended release</i> | T1 | |
| <i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 30 mg, 40 mg, 50 mg</i> | T3 | PA; QL (60 capsules per 30 Days); AL |
| <i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 20 mg</i> | T3 | PA; QL (60 capsules 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> | T1 | |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i> | T9 | |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | T1 | |
| <i>hydrocodone-homatropine oral syrup</i> | T1 | |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i> | T1 | |
| <i>hydromet</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|
| <i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i> | T3 | ST; QL (30 tablets per 30 days) |
| <i>hydromorphone hcl injection solution 2 mg/ml, 4 mg/ml</i> | T6 | |
| <i>hydromorphone hcl oral liquid</i> | T1 | |
| <i>hydromorphone hcl oral tablet 2 mg</i> | T1 | QL (32 tablets per 1 day) |
| <i>hydromorphone hcl oral tablet 4 mg</i> | T1 | QL (16 tablets per 1 day) |
| <i>hydromorphone hcl oral tablet 8 mg</i> | T1 | QL (8 tablets per 1 day) |
| <i>hydromorphone hcl rectal</i> | T1 | |
| HYSINGLA ER | T3 | PA; QL (30 tablets per 30 days) |
| IBUDONE ORAL TABLET 10-200 MG | T9 | |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG | T9 | |
| LAZANDA | T9 | |
| <i>levorphanol tartrate oral tablet 2 mg</i> | T1 | |
| <i>levorphanol tartrate oral tablet 3 mg</i> | T9 | |
| LORTAB ORAL ELIXIR 10-300 MG/15ML | T9 | |
| <i>maxi-tuss cd</i> | T9 | |
| <i>meperidine hcl oral</i> | T1 | |
| METHADONE HCL INTENSOL | T1 | |
| <i>methadone hcl oral concentrate</i> | T1 | |
| <i>methadone hcl oral solution</i> | T1 | |
| <i>methadone hcl oral tablet</i> | T1 | |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | T1 | |
| MORPHABOND ER | T9 | |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i> | T1 | |
| <i>morphine sulfate er beads</i> | T9 | |
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | T9 | |
| <i>morphine sulfate er oral tablet extended release</i> | T1 | |
| <i>morphine sulfate oral</i> | T1 | |
| <i>morphine sulfate rectal</i> | T1 | |
| MS CONTIN ORAL TABLET EXTENDED RELEASE | T3 | |
| NORCO | T3 | |
| NUCYNTA | T3 | ST |
| NUCYNTA ER | T3 | ST; QL (62 tablets per 31 days) |
| OPANA ORAL | T3 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <i>opium</i> | T9 | |
| OXAYDO ORAL TABLET ABUSE-DETERRENT | T3 | ST |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i> | T2 | QL (60 tablets per 30 days) |
| <i>oxycodone hcl oral capsule</i> | T9 | |
| <i>oxycodone hcl oral solution</i> | T1 | |
| <i>oxycodone hcl oral tablet</i> | T1 | |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | T1 | |
| <i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i> | T9 | |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> | T1 | |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | T2 | QL (60 tablets per 30 days) |
| <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 | |
| <i>promethazine-codeine oral syrup</i> | T1 | |
| <i>pseudoeph-chlorphen-hydrocod</i> | T1 | |
| QDOLO | T9 | |
| SUBSYS | T5 | PA; 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> | T1 | QL (30 tablets per 30 days) |
| <i>tramadol hcl oral tablet 100 mg</i> | T9 | |
| <i>tramadol hcl oral tablet 50 mg</i> | T1 | QL (240 tablets per 30 days) |
| <i>tramadol-acetaminophen</i> | T1 | |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | T1 | QL (10 capsules per 1 day) |
| TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE | T3 | |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | T9 | |
| TYLENOL WITH CODEINE #3 | T3 | |
| TYLENOL WITH CODEINE #4 | T3 | |
| ULTRACET | T3 | |
| ULTRAM | T3 | QL (240 tablets per 30 days) |
| VICODIN ES ORAL TABLET 7.5-300 MG | T9 | |
| VICODIN HP ORAL TABLET 10-300 MG | T9 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|
| VICODIN ORAL TABLET 5-300 MG | T9 | |
| XTAMPZA ER | T3 | PA; QL (60 capsules per 30 days) |
| ZOXYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT | T3 | PA; QL (60 capsules per 30 days); AL |
| Opiate Antagonists | | |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | T1 | QL (2 Vials/Syringes per 365 Day(s)) |
| <i>naloxone hcl injection solution auto-injector</i> | T9 | |
| <i>naloxone hcl injection solution cartridge</i> | T1 | QL (2 Vials/Syringes per 365 Day(s)) |
| <i>naloxone hcl injection solution prefilled syringe</i> | T1 | QL (2 Vials/Syringes per 365 Day(s)) |
| <i>naltrexone hcl oral</i> | T1 | |
| NARCAN | T3 | QL (2 units per 365 days) |
| Opiate Partial Agonists | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 900 MCG | T3 | ST; QL (60 films per 30 days) |
| BELBUCA BUCCAL FILM 750 MCG | T3 | ST; QL (60 tablets 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 sublingual</i> | T1 | QL (90 tablets per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> | T1 | QL (60 films per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i> | T1 | QL (90 films per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i> | T1 | QL (30 films per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i> | T1 | QL (90 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i> | T1 | 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) |
| 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) |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------------------------|----------------|---------------------------------|
| 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 | |
| DAYPRO | T3 | |
| <i>diclofenac</i> | T9 | |
| <i>diclofenac epolamine transdermal</i> | T3 | ST; QL (60 patches per 30 days) |
| <i>diclofenac potassium</i> | T1 | |
| <i>diclofenac sodium er</i> | T1 | |
| <i>diclofenac sodium oral</i> | T1 | |
| <i>diclofenac sodium transdermal gel 1 %</i> | T1 | |
| <i>diclofenac sodium transdermal solution</i> | T9 | |
| <i>diclofenac-misoprostol oral tablet delayed release</i> | T9 | |
| <i>diflunisal oral</i> | T1 | |
| DUEXIS | T9 | |
| EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG | T3 | |
| <i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i> | T2 | |
| <i>etodolac oral</i> | T1 | |
| FELDENE | T3 | |
| <i>fenoprofen calcium oral</i> | T9 | |
| FENORTHO ORAL CAPSULE 200 MG | T9 | |
| FLECTOR TRANSDERMAL | T9 | |
| <i>flurbiprofen oral</i> | T1 | |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i> | T1 | |
| IBUDONE ORAL TABLET 10-200 MG | T9 | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | T1 | |
| INDOCIN ORAL | T9 | |
| INDOCIN RECTAL | T9 | |
| <i>indomethacin er</i> | T1 | |
| <i>indomethacin oral capsule 20 mg</i> | T9 | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | T1 | |
| <i>ketoprofen er</i> | T2 | QL (30 capsules per 30 days) |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------|-----------------------|------------------------------|
| <i>ketorolac tromethamine nasal</i> | T9 | |
| <i>ketorolac tromethamine oral</i> | T1 | QL (20 tablets per 30 days) |
| LICART TRANSDERMAL | T9 | |
| <i>meclofenamate sodium oral</i> | T9 | |
| <i>mefenamic acid oral</i> | T9 | |
| <i>meloxicam oral tablet</i> | T1 | |
| MOBIC ORAL TABLET | T3 | |
| <i>nabumetone oral</i> | T1 | |
| 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, 500 MG | T3 | |
| <i>naproxen dr</i> | T1 | |
| <i>naproxen oral suspension</i> | T1 | QL (473 ML per 30 days); AL |
| <i>naproxen oral tablet</i> | T1 | |
| <i>naproxen sodium er</i> | T9 | |
| <i>naproxen sodium oral tablet 220 mg</i> | T9 | |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | T1 | |
| <i>naproxen-esomeprazole</i> | T9 | |
| <i>oxaprozin</i> | T2 | |
| PENNSAID TRANSDERMAL SOLUTION 2 % | T9 | |
| <i>piroxicam oral</i> | T1 | |
| PONSTEL | T3 | |
| QMIIZ ODT | T9 | |
| RELAFEN DS | T9 | |
| SPRIX | T9 | |
| <i>sulindac oral</i> | T1 | |
| <i>sumatriptan-naproxen sodium</i> | T9 | |
| TIVORBEX | T9 | |
| <i>tolmetin sodium</i> | T2 | |
| <i>toxicology saliva collection</i> | T9 | |
| TREXIMET ORAL TABLET 85-500 MG | T9 | |
| VIMOVO | BE | |
| VIVLODEX | T9 | |
| VOLTAREN TRANSDERMAL | T3 | |
| ZIPSOR | T9 | |
| ZORVOLEX | T9 | |
| Phenothiazines | | |
| <i>chlorpromazine hcl oral</i> | T2 | QL (180 tablets per 30 days) |
| COMPRO | T1 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------|-----------------------|-------------------------------------|
| <i>fluphenazine decanoate injection</i> | T1 | |
| <i>fluphenazine hcl oral tablet</i> | T2 | QL (60 tablets per 30 days) |
| <i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i> | T1 | |
| <i>perphenazine-amitriptyline</i> | T1 | |
| <i>prochlorperazine</i> | T1 | |
| <i>prochlorperazine maleate oral</i> | T1 | |
| <i>thioridazine hcl oral</i> | T1 | |
| <i>trifluoperazine hcl oral</i> | T1 | |
| Respiratory And Cns Stimulants | | |
| ADHANSIA XR | T9 | |
| APTENSIO XR | T3 | QL (30 capsules per 30 days) |
| ASCOMP-CODEINE | T2 | |
| <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> | T1 | 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> | T1 | 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> | T1 | QL (180 capsules per 30 days) |
| <i>caffeine citrate oral solution 60 mg/3ml</i> | T1 | AL |
| CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG | T3 | QL (30 tablets per 30 days); AL |
| CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG | T3 | QL (60 tablets per 30 days); AL |
| COTEMPLA XR-ODT | T9 | |
| DAYTRANA | T3 | ST; QL (30 patches per 30 days); AL |
| <i>dexmethylphenidate hcl</i> | T1 | AL |
| <i>dexmethylphenidate hcl er</i> | T1 | QL (30 capsules per 30 days); AL |
| 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 | T1 | AL |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------|
| METHYLIN ORAL SOLUTION | T3 | AL |
| <i>methylphenidate hcl er (cd)</i> | T1 | QL (30 capsules per 30 days); AL |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i> | T1 | QL (31 capsules per 31 days); AL |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg</i> | T1 | AL |
| <i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg</i> | T3 | QL (30 capsule per 30 days) |
| <i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | T3 | QL (30 capsules per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg</i> | T1 | QL (30 tablets per 30 days); AL |
| <i>methylphenidate hcl er oral tablet extended release 20 mg</i> | T1 | AL |
| <i>methylphenidate hcl er oral tablet extended release 36 mg, 54 mg</i> | T1 | 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> | T1 | AL |
| <i>methylphenidate hcl oral tablet</i> | T1 | AL |
| <i>methylphenidate hcl oral tablet chewable</i> | T1 | AL |
| QUILLICHEW ER | T3 | ST; QL (30 tablets per 30 days); AL |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED | T3 | ST; QL (600 ML per 30 days); AL |
| RELEXXII | T9 | |
| RITALIN | T3 | AL |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG | T3 | QL (30 capsules per 30 days); AL |
| TREXIX ORAL CAPSULE 320.5-30-16 MG | T1 | QL (10 capsules per 1 day) |
| VANATOL LQ | T9 | |
| VTOL LQ | T9 | |
| Salicylates | | |
| AGGRENOX | T3 | |
| ASCOMP-CODEINE | T2 | |
| ASCRIPTIN ORAL TABLET 325 MG | T1 | |
| <i>aspirin ec low dose</i> | T1 | PV |
| <i>aspirin ec oral tablet delayed release 325 mg</i> | T1 | PV; AL |
| <i>aspirin-dipyridamole er</i> | T1 | |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------|----------------|--------------------------------------|
| <i>butalbital-asa-caff-codeine</i> | T2 | QL (180 capsules per 30 days) |
| <i>butalbital-aspirin-caffeine oral capsule</i> | T1 | QL (180 capsules per 30 days) |
| <i>carisoprodol-aspirin</i> | T9 | |
| <i>carisoprodol-aspirin-codeine</i> | T1 | |
| <i>choline-mag trisalicylate</i> | T1 | |
| DOANS PILLS | T1 | |
| DURLAZA | T9 | |
| FIORINAL | T3 | |
| FIORINAL/CODEINE #3 | T3 | |
| <i>goodsense aspirin oral tablet chewable</i> | T1 | PV; AL |
| <i>norgesic forte</i> | T9 | |
| ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG | T9 | |
| <i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> | T1 | |
| <i>salsalate oral</i> | T1 | |
| YOSPRALA | BE | |
| <i>Sel.Serotonin,Norepi Reuptake Inhibitor</i> | | |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG | T3 | QL (60 capsules per 30 days) |
| CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG | T3 | QL (90 capsules per 30 days) |
| <i>desvenlafaxine er</i> | T3 | ST; QL (1 tablet per 1 day); AL |
| <i>desvenlafaxine succinate er</i> | T2 | QL (1 tablet per 1 day); AL |
| DRIZALMA SPRINKLE | T9 | |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i> | T1 | QL (60 capsules per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | T1 | QL (90 capsules per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i> | T1 | 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 |
| KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG | T3 | ST; QL (30 tablets per 30 days); AL |
| KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG | T3 | ST |
| 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) |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------|----------------|---------------------------------|
| <i>venlafaxine hcl</i> | T1 | |
| <i>venlafaxine hcl er oral capsule extended release 24 hour</i> | T1 | |
| <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 | T3 | QL (12 tablets per 30 days) |
| <i>eletriptan hydrobromide</i> | T9 | |
| FROVA | T9 | |
| <i>frovatriptan succinate</i> | T9 | |
| IMITREX NASAL SOLUTION 20 MG/ACT | T3 | QL (2 units per 30 days) |
| IMITREX NASAL SOLUTION 5 MG/ACT | T3 | QL (4 units per 30 days) |
| IMITREX ORAL | T3 | QL (18 tablets per 31 days) |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML | T9 | |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML | T9 | |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML | T3 | QL (6 ML per 31 days) |
| IMITREX SUBCUTANEOUS | T3 | QL (6 ML per 30 days) |
| MAXALT ORAL TABLET 10 MG | T3 | QL (12 tablets per 30 days) |
| MAXALT-MLT | T3 | QL (12 tablets per 30 days) |
| <i>naratriptan hcl</i> | T1 | QL (12 EA per 30 days) |
| ONZETRA XSAIL | T9 | |
| RELPAX | T9 | |
| REYVOW | T9 | |
| <i>rizatriptan benzoate</i> | T1 | QL (12 tablets per 30 days) |
| <i>sumatriptan nasal</i> | T3 | QL (8 units per 30 days) |
| <i>sumatriptan succinate oral</i> | T1 | QL (12 tablets per 30 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | T1 | QL (3 ML per 30 days) |
| <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 Syringes per 30 days) |
| <i>sumatriptan-naproxen sodium</i> | T9 | |
| TOSYMRA | T9 | |
| TREXIMET ORAL TABLET 85-500 MG | T9 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------------|----------------|---------------------------------|
| ZEMBRACE SYMTOUCH | T9 | |
| <i>zolmitriptan oral</i> | T2 | QL (12 tablets per 30 days) |
| ZOMIG NASAL | T3 | ST; QL (12 units per 30 days) |
| ZOMIG ORAL | T3 | QL (12 tablets per 30 days) |
| ZOMIG ZMT | T3 | QL (12 tablets per 30 days) |
| 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> | T1 | |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i> | T1 | QL (30 tablets per 30 days) |
| <i>citalopram hydrobromide oral tablet 40 mg</i> | T1 | AL |
| <i>escitalopram oxalate</i> | T1 | |
| <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> | T1 | |
| <i>fluoxetine hcl oral capsule delayed release</i> | T2 | ST |
| <i>fluoxetine hcl oral solution</i> | T1 | |
| <i>fluoxetine hcl oral tablet</i> | T9 | |
| <i>fluvoxamine maleate</i> | T1 | |
| <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, 37.5 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 tablets per 30 days) |
| <i>paroxetine hcl oral tablet</i> | T1 | |
| <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 tablets per 30 days) |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG | T3 | ST; QL (60 tablets per 30 days) |
| PEXEVA | T9 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------|----------------|-------------------------------------|
| PROZAC ORAL CAPSULE | T3 | |
| SARAFEM ORAL TABLET 10 MG, 20 MG | T9 | |
| <i>sertraline hcl oral</i> | T1 | |
| SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG | T9 | |
| ZOLOFT ORAL TABLET 100 MG | T3 | QL (60 tablets per 30 days) |
| ZOLOFT ORAL TABLET 25 MG | T3 | QL (90 tablets per 30 days) |
| ZOLOFT ORAL TABLET 50 MG | T3 | QL (120 tablets per 30 days) |
| Serotonin Modulators | | |
| <i>nefazodone hcl</i> | T1 | |
| <i>trazodone hcl oral</i> | T1 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | T3 | ST; QL (30 EA per 30 days); AL |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | T3 | ST; QL (30 tablets per 30 days); AL |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | T3 | ST; QL (31 EA per 31 days) |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | T3 | ST; QL (31 tablets per 31 days) |
| Succinimides | | |
| CELONTIN | T2 | |
| <i>ethosuximide oral</i> | T1 | |
| ZARONTIN | T3 | |
| Thioxanthenes | | |
| <i>thiothixene oral</i> | T1 | |
| Tricyclics, Other Norepi-Ru Inhibitors | | |
| <i>amitriptyline hcl oral</i> | T1 | |
| <i>amoxapine</i> | T1 | |
| ANAFRANIL ORAL CAPSULE 25 MG | T3 | QL (30 capsules per 30 Days) |
| ANAFRANIL ORAL CAPSULE 50 MG | T3 | QL (60 capsules per 30 Days) |
| ANAFRANIL ORAL CAPSULE 75 MG | T3 | QL (90 capsules per 30 Days) |
| <i>chlordiazepoxide-amitriptyline</i> | T1 | |
| <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 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i> | T1 | |
| <i>doxepin hcl oral concentrate</i> | T1 | |
| <i>doxepin hcl oral tablet</i> | T2 | ST; QL (30 tablets per 30 Days) |
| <i>enovarx-amitriptyline</i> | T9 | |
| <i>imipramine hcl oral</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------|----------------|----------------------------------|
| <i>imipramine pamoate oral capsule 100 mg, 150 mg</i> | T2 | ST; QL (60 capsules per 30 days) |
| <i>imipramine pamoate oral capsule 125 mg</i> | T3 | ST; QL (60 capsules per 30 days) |
| <i>imipramine pamoate oral capsule 75 mg</i> | T2 | ST; QL (30 capsules per 30 days) |
| <i>maprotiline hcl</i> | T1 | |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | T3 | QL (60 tablets per 30 days) |
| <i>nortriptyline hcl oral capsule</i> | T1 | |
| PAMELOR ORAL CAPSULE | T3 | |
| <i>perphenazine-amitriptyline</i> | T1 | |
| <i>protriptyline hcl</i> | T2 | |
| SILENOR | T3 | ST; QL (31 tablets per 31 days) |
| SURMONTIL | T3 | |
| TOFRANIL | T3 | |
| <i>trimipramine maleate oral</i> | T2 | |
| Vesicular Monoamine Transport2 Inhibitor | | |
| AUSTEDO ORAL TABLET 12 MG | T5 | PA; QL (120 tablets per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | T5 | QL (240 tablets per 30 days) |
| AUSTEDO ORAL TABLET 9 MG | T5 | PA; QL (150 tablets per 30 days) |
| INGREZZA ORAL CAPSULE | T5 | PA; QL (30 capsules per 30 days) |
| <i>tetrabenazine oral tablet 12.5 mg</i> | T4 | PA; QL (90 tablets per 30 days) |
| <i>tetrabenazine oral tablet 25 mg</i> | T4 | PA; QL (60 tablets per 30 days) |
| XENAZINE | T9 | |
| Wakefulness-Promoting Agents | | |
| <i>armodafinil oral tablet 150 mg, 250 mg</i> | T1 | QL (30 tablets per 30 days) |
| <i>armodafinil oral tablet 200 mg, 50 mg</i> | T9 | |
| <i>modafinil oral tablet 100 mg</i> | T1 | QL (31 tablets per 31 days) |
| <i>modafinil oral tablet 200 mg</i> | T1 | QL (62 tablets per 31 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 tablets per 31 days) |
| PROVIGIL ORAL TABLET 200 MG | T3 | QL (62 tablets per 31 days) |
| SUNOSI | T3 | ST; QL (30 tablets per 30 days) |
| WAKIX | T9 | |
| Devices | | |
| Devices | | |
| 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) |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------|----------------|----------------------------|
| 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 | |
| ACUICYN EXTERNAL LIQUID | T9 | |
| <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) |
| ALZAIR ALLERGY NASAL SPRAY | T9 | |
| ANIMAS VIBE INSULIN PUMP | T9 | |
| ATRAPRO HYDROGEL | T9 | |
| AVO CREAM | T9 | |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML | T2 | |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML | T2 | |
| BD PEN NEEDLE MINI U/F | T2 | |
| BIAFINE | T9 | |
| BIONECT EXTERNAL CREAM | T9 | |
| BIONECT EXTERNAL FOAM | T9 | |
| BIONECT EXTERNAL GEL | T9 | |
| <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) |
| CELACYN | T9 | |
| CELACYN POST-PROCEDURE PACK | T9 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|----------------|----------------------------|
| 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) |
| ELETONE | T9 | |
| EMULSION SB | T9 | |
| ENTTY SPRAY EMULSION | T9 | |
| EPICERAM | T9 | |
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | T9 | |
| 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 (1 System per 365 Days) |
| FREESTYLE LIBRE SENSOR SYSTEM | T2 | QL (3 Sensors per 30 Days) |
| GELCLAIR | T9 | |
| GELFOAM COMPRESSED SIZE 100 | T9 | |
| GELFOAM-JMI SPONGE | T9 | |
| HPR | T9 | |
| HPR PLUS EXTERNAL FOAM | T9 | |
| HPR PLUS-MB HYDROGEL | T9 | |
| HYALGAN INTRA-ARTICULAR SOLUTION | T9 | |
| HYDROFERA BLUE FOAM DRESSING | T9 | |
| HYLATOPIC PLUS EXTERNAL FOAM | T9 | |
| HYPERSAL | T2 | QL (240 ML 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 | |
| INPEN 100-PINK-LILLY | T9 | |
| INPEN 100-PINK-NOVO | T9 | |
| KAMDOY | T9 | |
| KELO-COTE EXTERNAL GEL | T9 | |
| <i>lancets</i> | T2 | |
| LOYON | T9 | |
| LUXAMEND | T9 | |
| MONOJECT PISTON SYRINGE | T2 | |
| MONOJECT SYRINGE 21G X 1-1/2" 6 ML | T2 | |
| MONOJECT SYRINGE LUER-LOCK TIP 140 ML | T2 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------|----------------|------------------------|
| MONOVISC | T9 | |
| MUCOSITISRX | T9 | |
| MUGARD | T9 | |
| NEOSALUS EXTERNAL FOAM | T9 | |
| NIVATOPIC PLUS | T9 | |
| NOVOFINE 32G X 6 MM | T2 | |
| NOVOFINE AUTOCOVER | T2 | |
| NOVOFINE PLUS | T2 | |
| NUVAIL | T9 | |
| 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) |
| ORAMAGICRX | T9 | |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | T9 | |
| PENLET II BLOOD SAMPLER | T2 | |
| PHLAG SPRAY | T9 | |
| PRESERA | T9 | |
| PROMISEB | T9 | |
| PROMISEB COMPLETE | T9 | |
| PRUCLAIR | T9 | |
| PRUMYX | T9 | |
| PRUTECT | T9 | |
| RECEDO | T9 | |
| <i>self-taking blood pressure</i> | T2 | QL (2 EA per 730 days) |
| <i>sodium chloride inhalation nebulization solution 7 %</i> | T1 | |
| SONAFINE | T9 | |
| <i>suvicort</i> | T9 | |
| SYNERDERM | T9 | |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | T9 | |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | T9 | |
| <i>two party 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 | T1 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------|----------------|---------------------------------|
| ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML | T2 | |
| <i>valved holding chamber</i> | T1 | QL (4 EA per 365 days) |
| V-GO 20 | T2 | |
| V-GO 30 | T2 | |
| V-GO 40 | T2 | |
| <i>womens adv bp monitor/uppr arm</i> | T2 | QL (2 EA per 730 days) |
| Diagnostic Agents | | |
| <i>Adrenocortical Insufficiency</i> | | |
| ACTHAR | T4 | PA |
| <i>Diabetes Mellitus</i> | | |
| ACCU-CHEK AVIVA PLUS IN VITRO | T3 | ST; QL (200 strips per 30 days) |
| ACCU-CHEK COMPACT PLUS | T3 | ST; QL (200 strips per 30 days) |
| ACCU-CHEK SMARTVIEW | T3 | ST; QL (200 strips per 30 days) |
| AGAMATRIX AMP TEST | T3 | ST; QL (200 strips per 30 days) |
| BAYER BREEZE 2 TEST | T3 | ST |
| CONTOUR NEXT TEST | 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 |
| FREESTYLE LITE TEST | T3 | ST; QL (200 strips per 30 days) |
| FREESTYLE PRECISION NEO TEST | T3 | QL (200 Strips per 30 days) |
| FREESTYLE TEST | T3 | ST; QL (200 strips per 30 days) |
| GLUCOCARD 01 SENSOR PLUS | T3 | ST; QL (200 strips per 30 days) |
| GLUCOCARD EXPRESSION TEST | T3 | ST; QL (200 strips per 30 days) |
| GLUCOCARD VITAL TEST | T3 | ST; QL (200 strips per 30 days) |
| GLUCOCARD X-SENSOR | T3 | ST; QL (200 strips 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 | T1 | QL (200 strips per 30 days) |
| ONETOUCH VERIO IN VITRO STRIP | T1 | QL (200 strips per 30 days) |
| PRECISION PCX PLUS TEST | T3 | ST; QL (200 strips per 30 days) |
| PRECISION POINT OF CARE TEST | T3 | ST; QL (200 strips per 30 days) |
| PRECISION QID TEST | T3 | ST; QL (200 strips per 30 days) |
| PRECISION XTRA BLOOD GLUCOSE | T3 | ST; QL (200 strips per 30 days) |
| RELION BLOOD GLUCOSE TEST | T3 | ST; QL (200 strips per 30 days) |
| TRUETRACK TEST | T3 | ST; QL (200 strips per 30 days) |
| UNISTRIP1 GENERIC | T3 | ST; QL (200 strips per 30 days) |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------|----------------|--------------|
| Diagnostic Agents | | |
| <i>toxicology saliva collection</i> | T9 | |
| Fungi | | |
| CANDIN | T9 | |
| Ketones | | |
| KETOSTIX | T3 | |
| Tuberculosis | | |
| APLISOL | T9 | |
| Electrolytic, Caloric, And Water Balance | | |
| Acidifying Agents | | |
| <i>av-phos 250 neutral</i> | T9 | |
| K-PHOS-NEUTRAL | T9 | |
| PHOSPHA 250 NEUTRAL | T9 | |
| <i>virt-phos 250 neutral</i> | T9 | |
| Alkalinizing Agents | | |
| <i>cytra k crystals</i> | T1 | |
| <i>cytra-2</i> | T9 | |
| CYTRA-3 | T9 | |
| <i>cytra-k</i> | T9 | |
| ORACIT | T3 | |
| <i>potassium citrate er</i> | T1 | |
| <i>potassium citrate-citric acid oral solution</i> | T9 | |
| <i>sod citrate-citric acid</i> | T9 | |
| <i>tricitrates</i> | T9 | |
| UROCIT-K 10 | T3 | |
| UROCIT-K 15 | T3 | |
| UROCIT-K 5 | T3 | |
| <i>virtrate-2</i> | T9 | |
| <i>virtrate-3</i> | T9 | |
| <i>virtrate-k</i> | T9 | |
| Ammonia Detoxicants | | |
| BUPHENYL ORAL POWDER 3 GM/TSP | T5 | PA |
| BUPHENYL ORAL TABLET | T5 | PA |
| CARBAGLU | T4 | PA |
| <i>enulose</i> | T1 | |
| <i>generlac</i> | T1 | |
| KRISTALOSE | T9 | |
| <i>lactulose oral packet</i> | T9 | |
| <i>lactulose oral solution 10 gm/15ml</i> | T1 | |
| LITHOSTAT | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------|----------------|----------------------------------|
| RAVICTI | T4 | PA; QL (525 ML per 30 days) |
| <i>sodium phenylbutyrate oral powder 3 gmltsp</i> | T4 | PA |
| <i>sodium phenylbutyrate oral tablet</i> | T4 | PA |
| Caloric Agents | | |
| DOJOLVI | T9 | |
| <i>l-leucine</i> | T9 | |
| LYSIPLEX PLUS ORAL TABLET | T9 | |
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide er</i> | T1 | |
| <i>acetazolamide oral</i> | T1 | |
| Diuretics, Miscellaneous | | |
| ELIXOPHYLLIN | T3 | |
| THEO-24 | T2 | |
| <i>theophylline er</i> | T1 | |
| Irrigating Solutions | | |
| <i>sodium chloride irrigation solution 0.9 %</i> | T1 | |
| Loop Diuretics | | |
| <i>bumetanide oral tablet 0.5 mg</i> | T1 | |
| DEMADEX ORAL TABLET 10 MG | T3 | |
| EDECIN | T9 | |
| <i>ethacrynic acid oral</i> | T9 | |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i> | T1 | |
| <i>furosemide oral tablet</i> | T1 | |
| LASIX | T3 | |
| <i>torseamide oral</i> | T1 | |
| Phosphate-Removing Agents | | |
| AURYXIA | T5 | PA; QL (360 tablets per 30 days) |
| <i>calcium acetate (phos binder) oral capsule</i> | T1 | |
| FOSRENOL ORAL PACKET | T5 | QL (180 packets per 30 days) |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG | T5 | QL (90 tablets per 30 days) |
| FOSRENOL ORAL TABLET CHEWABLE 500 MG | T5 | QL (210 tablets per 30 days) |
| FOSRENOL ORAL TABLET CHEWABLE 750 MG | T5 | QL (150 tablets per 30 days) |
| <i>lanthanum carbonate oral tablet chewable 1000 mg</i> | T4 | QL (90 tablets per 30 days) |
| <i>lanthanum carbonate oral tablet chewable 500 mg</i> | T4 | QL (210 tablets per 30 days) |
| <i>lanthanum carbonate oral tablet chewable 750 mg</i> | T4 | QL (150 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------|----------------|----------------------------------|
| MAGNEBIND 400 | T9 | |
| PHOSLO | T3 | |
| PHOSLYRA | T3 | ST |
| RENAGEL ORAL TABLET 800 MG | T5 | ST; QL (180 tablets per 30 days) |
| RENVELA | T9 | |
| <i>sevelamer carbonate oral packet</i> | T5 | |
| <i>sevelamer carbonate oral tablet</i> | T4 | QL (510 tablets per 30 days) |
| <i>sevelamer hcl</i> | T4 | ST; QL (180 tablets per 30 days) |
| VELPHORO | T5 | ST; QL (180 tablets per 30 days) |
| Potassium-Removing Agents | | |
| KIONEX ORAL SUSPENSION | T1 | |
| LOKELMA | T5 | ST |
| <i>sodium polystyrene sulfonate oral powder</i> | T1 | |
| <i>sodium polystyrene sulfonate rectal</i> | T1 | |
| SPS | T3 | |
| VELTASSA ORAL PACKET 16.8 GM, 25.2 GM | T5 | QL (1 packet per 1 day) |
| VELTASSA ORAL PACKET 8.4 GM | T5 | QL (2 Packets per 1 day) |
| Potassium-Sparing Diuretics | | |
| ALDACTAZIDE ORAL TABLET 25-25 MG | T3 | |
| ALDACTAZIDE ORAL TABLET 50-50 MG | T2 | |
| ALDACTONE | T3 | |
| <i>amiloride hcl oral</i> | T1 | |
| <i>amiloride-hydrochlorothiazide</i> | T1 | |
| CAROSPIR | T9 | |
| DYAZIDE | T3 | |
| DYRENIUM | T9 | |
| MAXZIDE | T3 | |
| MAXZIDE-25 | T3 | |
| <i>spironolactone oral</i> | T1 | |
| <i>spironolactone-hctz</i> | T1 | |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | T1 | |
| <i>triamterene-hctz oral tablet</i> | T1 | |
| Replacement Preparations | | |
| <i>calcium-folic acid plus d</i> | T9 | |
| EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ | T1 | |
| FOLGARD OS | T9 | |
| HYPERSAL | T2 | QL (240 ML per 30 days) |
| KLOR-CON 10 | T1 | |
| KLOR-CON M10 | T1 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------|----------------|-----------------------------|
| KLOR-CON M15 | T1 | |
| KLOR-CON M20 | T1 | |
| KLOR-CON ORAL PACKET 20 MEQ | T9 | |
| KLOR-CON ORAL TABLET EXTENDED RELEASE | T3 | |
| KLOR-CON/EF | T1 | |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ | T3 | |
| MAXFE ORAL TABLET | T9 | |
| MYNATAL ADVANCE | T9 | |
| <i>mynatal plus</i> | T9 | |
| <i>mynatal-z</i> | T9 | |
| NIVA-PLUS | T9 | |
| O-CAL FA | T9 | |
| <i>phos-nak</i> | T9 | |
| <i>pnv prenatal plus multivitamin</i> | T1 | |
| <i>potassium chloride crys er oral tablet extended release 20 meq</i> | T1 | |
| <i>potassium chloride er oral capsule extended release</i> | T1 | |
| <i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i> | T1 | |
| <i>potassium chloride oral packet</i> | T9 | |
| <i>potassium chloride oral solution 20 meq/15ml (10%)</i> | T1 | |
| <i>potassium chloride oral solution 40 meq/15ml (20%)</i> | T4 | |
| PRENATABS RX | T9 | |
| <i>prenatal one daily</i> | T1 | PV |
| <i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i> | T9 | PV |
| <i>prenatal plus</i> | T1 | |
| <i>prenatal plus iron</i> | T1 | |
| RIGHT STEP PRENATAL | T1 | |
| <i>se-natal 19 oral tablet chewable</i> | T1 | QL (30 tablets per 30 days) |
| <i>sodium chloride inhalation nebulization solution 7 %</i> | T1 | |
| <i>trinatal rx 1</i> | T1 | |
| TRINATE | T9 | |
| VINATE ONE | T9 | |
| VITAFOL-OB | T3 | |
| <i>vol-nate</i> | T9 | |
| <i>vol-plus</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------|----------------|--------------|
| <i>vol-tab rx</i> | T9 | |
| <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> | T1 | |
| <i>amlodipine-valsartan-hctz</i> | T1 | |
| ATACAND HCT | T3 | |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | T3 | |
| <i>benazepril-hydrochlorothiazide</i> | T1 | |
| BENICAR HCT | T3 | |
| <i>bisoprolol-hydrochlorothiazide</i> | T1 | |
| <i>candesartan cilexetil-hctz</i> | T1 | |
| <i>captopril-hydrochlorothiazide</i> | T1 | |
| <i>chlorothiazide oral</i> | T1 | |
| DIOVAN HCT | T3 | |
| DIURIL | T2 | |
| DUTOPROL | T9 | |
| DYAZIDE | T3 | |
| <i>enalapril-hydrochlorothiazide</i> | T1 | |
| EXFORGE HCT | T3 | |
| <i>fosinopril sodium-hctz</i> | T1 | |
| <i>hydrochlorothiazide oral</i> | T1 | |
| HYZAAR | T3 | |
| <i>irbesartan-hydrochlorothiazide</i> | T1 | |
| <i>lisinopril-hydrochlorothiazide</i> | T1 | |
| LOPRESSOR HCT ORAL TABLET 50-25 MG | T3 | |
| <i>losartan potassium-hctz</i> | T1 | |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | T3 | |
| MAXZIDE | T3 | |
| MAXZIDE-25 | T3 | |
| <i>methyclothiazide oral</i> | T1 | |
| <i>methyldopa-hydrochlorothiazide</i> | T1 | |
| <i>metoprolol-hctz er</i> | T9 | |
| <i>metoprolol-hydrochlorothiazide</i> | T1 | |
| MICARDIS HCT | T3 | |
| <i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------|----------------|---------------------------------|
| <i>olmesartan medoxomil-hctz</i> | T1 | |
| <i>olmesartan-amlodipine-hctz</i> | T1 | |
| <i>propranolol-hctz</i> | T1 | |
| <i>quinapril-hydrochlorothiazide</i> | T1 | |
| <i>spironolactone-hctz</i> | T1 | |
| TEKTURNA HCT | T2 | ST |
| <i>telmisartan-hctz</i> | T1 | |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | T1 | |
| <i>triamterene-hctz oral tablet</i> | T1 | |
| TRIBENZOR | T3 | |
| <i>valsartan-hydrochlorothiazide</i> | T1 | |
| VASERETIC | T3 | |
| ZESTORETIC | T3 | |
| ZIAC | T3 | |
| Thiazide-Like Diuretics | | |
| <i>atenolol-chlorthalidone</i> | T1 | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | T1 | |
| EDARBYCLOR | T3 | ST |
| <i>indapamide oral</i> | T1 | |
| <i>metolazone</i> | T1 | |
| TENORETIC 100 | T3 | |
| TENORETIC 50 | T3 | |
| Uricosuric Agents | | |
| <i>colchicine-probenecid</i> | T1 | |
| <i>probenecid oral</i> | T1 | |
| Vasopressin Antagonists | | |
| JYNARQUE ORAL TABLET | T4 | PA; QL (60 tablets per 30 days) |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG | T4 | PA; QL (60 tablets per 30 Days) |
| JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG | T4 | PA; QL (60 tablets per 30 days) |
| SAMSCA | T4 | PA |
| <i>tolvaptan oral tablet 15 mg</i> | T4 | |
| <i>tolvaptan oral tablet 30 mg</i> | T4 | PA |
| Enzymes | | |
| Enzymes | | |
| MEPSEVII | T9 | |
| PALYNZIQ | T5 | PA; QL (1 dose per 1 day) |
| PULMOZYME | T4 | PA; QL (60 ampules per 30 days) |
| REVCOVI | T4 | PA |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------|----------------|-----------------------------|
| STRENSIQ | T4 | PA |
| SUCRAID | T4 | |
| Eye, Ear, Nose And Throat (Eent) Preps. | | |
| Alpha-Adrenergic Agonists (Eent) | | |
| ALPHAGAN P | T3 | |
| <i>brimonidine tartrate ophthalmic solution 0.15 %</i> | T2 | |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i> | T1 | |
| <i>brimonidine-dorzolamide</i> | T9 | |
| COMBIGAN | T2 | |
| SIMBRINZA | T2 | |
| Antiallergic Agents | | |
| ALAWAY | T1 | |
| ALOCRI | T3 | ST |
| ALOMIDE | T2 | |
| ASTEPRO NASAL SOLUTION 0.15 % | T3 | |
| <i>azelastine hcl nasal solution 0.1 %, 0.15 %</i> | T1 | |
| <i>azelastine hcl ophthalmic</i> | T1 | |
| <i>azelastine-fluticasone</i> | T1 | ST |
| BEPREVE | T9 | |
| <i>cromolyn sodium ophthalmic</i> | T1 | |
| DYMISTA | T9 | |
| ELESTAT | T3 | |
| EMADINE | T2 | ST |
| <i>epinastine hcl</i> | T1 | |
| <i>ketotifen fumarate ophthalmic</i> | T1 | |
| LASTACFT | T9 | |
| <i>olopatadine hcl nasal</i> | T2 | |
| <i>olopatadine hcl ophthalmic solution 0.1 %</i> | T2 | QL (5 ML per 30 days) |
| <i>olopatadine hcl ophthalmic solution 0.2 %</i> | T2 | ST; QL (2.5 ML per 30 days) |
| PATADAY OPHTHALMIC SOLUTION 0.2 % | T3 | ST |
| PATANASE | T3 | |
| PATANOL | T3 | |
| PAZEO | T3 | |
| TICALAST | T9 | |
| ZADITOR | T1 | |
| Antibacterials (Eent) | | |
| AZASITE | T3 | ST |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | T1 | |
| <i>bacitra-neomycin-polymyxin-hc</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------|----------------|---------------------------|
| BESIVANCE | T3 | QL (1 bottle 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> | T1 | |
| <i>ciprofloxacin hcl otic</i> | T1 | |
| <i>ciprofloxacin-dexamethasone</i> | T1 | |
| <i>ciprofloxacin-fluocinolone pf</i> | T2 | AL |
| COLY-MYCIN S | T3 | |
| <i>doxycycline hyclate oral tablet 20 mg</i> | T1 | |
| <i>erythromycin ophthalmic</i> | T2 | |
| <i>gatifloxacin ophthalmic</i> | T1 | |
| GENTAK OPHTHALMIC OINTMENT | T1 | |
| <i>gentamicin sulfate ophthalmic solution</i> | T1 | |
| <i>levofloxacin ophthalmic</i> | T1 | |
| MAXITROL | T3 | |
| MOXEZA | T3 | |
| <i>moxifloxacin hcl (2x day)</i> | T1 | |
| <i>moxifloxacin hcl ophthalmic</i> | T2 | |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> | T1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i> | T1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | T1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | T1 | |
| <i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i> | T1 | |
| OCUFLOX | T3 | |
| <i>ofloxacin ophthalmic</i> | T1 | |
| OTOVEL | T2 | AL |
| <i>polymyxin b-trimethoprim</i> | T1 | |
| POLYTRIM | T3 | |
| PRED-G | T2 | |
| PRED-G S.O.P. | T3 | |
| <i>prednisolone-gatifloxacin ophthalmic solution</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------|----------------|--------------|
| <i>prednisolon-gatiflox-bromfenac ophthalmic solution</i> | T9 | |
| <i>sulfacetamide sodium ophthalmic</i> | T1 | |
| <i>sulfacetamide-prednisolone ophthalmic solution</i> | T1 | |
| TOBRADEX OPHTHALMIC OINTMENT | T3 | ST |
| TOBRADEX OPHTHALMIC SUSPENSION | T3 | |
| TOBRADEX ST | T3 | ST |
| <i>tobramycin ophthalmic</i> | T1 | |
| <i>tobramycin-dexamethasone</i> | T1 | |
| TOBEX OPHTHALMIC OINTMENT | T2 | |
| TOBEX OPHTHALMIC SOLUTION | T3 | |
| VIGAMOX | T2 | |
| ZYLET | T3 | ST |
| ZYMAXID | T3 | ST |
| Antifungals (Eent) | | |
| NATACYN | T3 | |
| Antiglaucoma Agents, Miscellaneous | | |
| RHOPRESSA | T9 | |
| Antivirals (Eent) | | |
| <i>trifluridine ophthalmic</i> | T1 | |
| VIROPTIC | T3 | |
| ZIRGAN | T3 | |
| Beta-Adrenergic Blocking Agents (Eent) | | |
| <i>betaxolol hcl ophthalmic</i> | T2 | |
| BETIMOL | T3 | |
| BETOPTIC-S | T3 | ST |
| <i>carteolol hcl</i> | T1 | |
| COMBIGAN | T2 | |
| COSOPT | T3 | |
| <i>dorzolamide hcl-timolol mal</i> | T1 | |
| ISTALOL | T9 | |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i> | T1 | |
| <i>timolol maleate ophthalmic gel forming solution</i> | T2 | |
| <i>timolol maleate ophthalmic solution 0.25 %</i> | T1 | |
| <i>timolol maleate ophthalmic solution 0.5 %</i> | T3 | |
| <i>timolol maleate ophthalmic solution 0.5 % (daily)</i> | T9 | |
| TIMOPTIC | T3 | |
| TIMOPTIC-XE | T3 | |
| Carbonic Anhydrase Inhibitors (Eent) | | |
| <i>acetazolamide er</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|----------------|--------------|
| <i>acetazolamide oral</i> | T1 | |
| AZOPT | T2 | |
| <i>brimonidine-dorzolamide</i> | T9 | |
| COSOPT | T3 | |
| <i>dorzolamide hcl ophthalmic</i> | T1 | |
| <i>dorzolamide hcl-timolol mal</i> | T1 | |
| KEVEYIS | T4 | PA |
| <i>methazolamide oral tablet 25 mg</i> | T1 | |
| SIMBRINZA | T2 | |
| TRUSOPT | T3 | |
| Corticosteroids (Eent) | | |
| ALREX | T9 | |
| <i>azelastine-fluticasone</i> | T1 | ST |
| <i>bacitra-neomycin-polymyxin-hc</i> | T1 | |
| BECONASE AQ | T9 | |
| <i>budesonide nasal</i> | T9 | |
| CIPRO HC | T2 | |
| CIPRODEX | T3 | |
| <i>ciprofloxacin-dexamethasone</i> | T1 | |
| <i>ciprofloxacin-fluocinolone pf</i> | T2 | AL |
| CORTANE-B | T3 | |
| DERMACINRX TICANASE PAK | T9 | |
| <i>dexamethasone sodium phosphate ophthalmic</i> | T1 | |
| DEXYCU | T9 | |
| DUREZOL | T3 | ST |
| DYMISTA | T9 | |
| FLAREX | T2 | |
| <i>flunisolide nasal solution 25 mcg/lact (0.025%)</i> | T9 | |
| <i>fluorometholone ophthalmic</i> | T1 | |
| <i>fluticasone propionate nasal</i> | T9 | |
| FML | T2 | |
| FML FORTE | T3 | |
| FML LIQUIFILM | T3 | |
| INVELTYS | T3 | ST |
| LOTEMAX OPHTHALMIC GEL | T3 | ST |
| LOTEMAX OPHTHALMIC OINTMENT | T9 | |
| LOTEMAX OPHTHALMIC SUSPENSION | T3 | ST |
| LOTEMAX SM | T3 | ST |
| <i>loteprednol etabonate</i> | T2 | ST |
| MAXIDEX | T3 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------|----------------|---------------------------------|
| MAXITROL | T3 | |
| <i>mometasone furoate nasal</i> | T9 | |
| NASACORT ALLERGY 24HR | T3 | |
| NASACORT ALLERGY 24HR CHILDREN | T9 | |
| NASONEX | T9 | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i> | T1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | T1 | |
| OMNARIS | T3 | ST |
| OTOVEL | T2 | AL |
| PRED FORTE | T3 | |
| PRED MILD | T3 | |
| PRED-G | T2 | |
| PRED-G S.O.P. | T3 | |
| <i>prednisolone acetate ophthalmic</i> | T1 | |
| <i>prednisolone sodium phosphate ophthalmic</i> | T1 | |
| <i>prednisolone-bromfenac ophthalmic solution</i> | T9 | |
| <i>prednisolone-gatifloxacin ophthalmic solution</i> | T9 | |
| <i>prednisolon-gatiflox-bromfenac ophthalmic solution</i> | T9 | |
| QNASL | T3 | ST |
| QNASL CHILDRENS | T3 | ST |
| SINUVA | T9 | |
| TICALAST | T9 | |
| TOBRADEX OPHTHALMIC OINTMENT | T3 | ST |
| TOBRADEX OPHTHALMIC SUSPENSION | T3 | |
| TOBRADEX ST | T3 | ST |
| <i>tobramycin-dexamethasone</i> | T1 | |
| <i>triamcinolone acetonide nasal aerosol</i> | T9 | |
| XHANCE | T9 | |
| ZETONNA | T9 | |
| ZYLET | T3 | ST |
| Eent Anti-Infectives, Miscellaneous | | |
| <i>acetic acid otic</i> | T1 | |
| <i>chlorhexidine gluconate mouth/throat</i> | T1 | |
| PERIDEX | T3 | |
| Eent Anti-Inflammatory Agents, Misc. | | |
| CEQUA | T2 | QL (60 droperettes per 30 Days) |
| RESTASIS | T2 | QL (64 vials per 30 days) |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------|----------------|---------------------------------|
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | T2 | QL (1 ML per 30 days) |
| XIIDRA | T2 | QL (60 vials per 30 days) |
| <i>Eent Drugs, Miscellaneous</i> | | |
| <i>apraclonidine hcl</i> | T1 | |
| CYSTADROPS | T4 | QL (15 ML per 30 Days) |
| CYSTARAN | T4 | QL (60 ML per 30 days) |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | T3 | ST |
| <i>ipratropium bromide nasal</i> | T1 | |
| LACRISERT | T4 | |
| OXERVATE | T4 | PA; QL (8 weeks per 1 lifetime) |
| PHOTREXA-PHOTREXA VISCOUS KIT | T6 | |
| <i>Eent Nonsteroidal Anti-Inflam. Agents</i> | | |
| ACULAR | T3 | |
| ACULAR LS | T3 | |
| ACUVAIL | T3 | ST |
| <i>bromfenac sodium ophthalmic</i> | T2 | ST; QL (1.7 ML per 30 days) |
| BROMSITE | T3 | ST |
| <i>diclofenac sodium ophthalmic</i> | T1 | |
| <i>flurbiprofen sodium</i> | T1 | |
| ILEVRO | T3 | ST; QL (2 ML per 30 days) |
| <i>ketorolac tromethamine ophthalmic</i> | T1 | |
| NEVANAC | T3 | ST |
| <i>prednisolone-bromfenac ophthalmic solution</i> | T9 | |
| <i>prednisolon-gatiflox-bromfenac ophthalmic solution</i> | T9 | |
| PROLENSA | T3 | ST |
| <i>Local Anesthetics (Eent)</i> | | |
| <i>lidocaine hcl external gel 2 %</i> | T1 | |
| <i>lidocaine hcl external solution</i> | T1 | |
| <i>lidocaine viscous</i> | T1 | |
| <i>Miotics</i> | | |
| ISOPTO CARPINE | T3 | |
| PHOSPHOLINE IODIDE | T2 | |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | T1 | |
| <i>Mydriatics</i> | | |
| <i>atropine sulfate ophthalmic solution 1 %</i> | T1 | |
| CYCLOGYL OPHTHALMIC SOLUTION 0.5 % | T2 | |
| CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 % | T3 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------|----------------|--------------------------------|
| CYCLOMYDRIL | T3 | |
| <i>cyclopentolate hcl ophthalmic</i> | T1 | |
| HOMATROPAIRE | T1 | |
| ISOPTO ATROPINE | T3 | |
| ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 5 % | T3 | |
| <i>tropicamide-cyclopentolate-pe</i> | T9 | |
| Prostaglandin Analogs | | |
| <i>bimatoprost external</i> | T9 | |
| <i>bimatoprost ophthalmic</i> | T1 | |
| <i>latanoprost ophthalmic</i> | T1 | |
| LATISSE | T9 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | T2 | ST |
| TRAVATAN Z | T3 | |
| <i>travoprost (bak free)</i> | T2 | ST |
| VYZULTA | T9 | |
| XALATAN | T3 | |
| XELPROS | T2 | |
| ZIOPTAN | T3 | |
| Rho Kinase Inhibitors | | |
| RHOPRESSA | T9 | |
| Vasoconstrictors | | |
| ADRENALIN NASAL | T9 | |
| <i>epinephrine hcl (nasal)</i> | T9 | |
| NAPHCON-A | T9 | |
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i> | T1 | |
| <i>tropicamide-cyclopentolate-pe</i> | T9 | |
| Gastrointestinal Drugs | | |
| 5-Ht3 Receptor Antagonists | | |
| AKYNZEO ORAL | T9 | |
| ANZEMET ORAL | T3 | ST; QL (3 tablets per 30 days) |
| <i>granisetron hcl oral</i> | T2 | QL (20 tablets per 30 days) |
| <i>ondansetron</i> | T1 | |
| <i>ondansetron hcl oral solution</i> | T1 | |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | T1 | |
| SANCUSO | T4 | ST; QL (1 patch per 28 days) |
| SUSTOL | T9 | |
| ZOFRAN ORAL TABLET | T3 | QL (20 tablets per 30 days) |
| ZUPLENZ | T2 | ST; QL (20 films per 30 days) |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------|----------------|----------------------------------|
| Antidiarrhea Agents | | |
| <i>acidophilus lactobacillus powder</i> | T9 | |
| <i>diphenoxylate-atropine</i> | T1 | |
| LOMOTIL ORAL TABLET | T3 | |
| <i>loperamide hcl oral capsule</i> | T9 | |
| MYTESI | T9 | |
| <i>opium</i> | T9 | |
| <i>paregoric</i> | T9 | |
| XERMELO | T4 | PA |
| Antiemetics, Miscellaneous | | |
| BONJESTA | T9 | |
| CESAMET | T3 | ST |
| DICLEGIS | T9 | |
| <i>doxylamine-pyridoxine</i> | T9 | |
| <i>dronabinol oral capsule 10 mg</i> | T4 | QL (60 Capsules per 30 days) |
| <i>dronabinol oral capsule 2.5 mg, 5 mg</i> | T3 | QL (60 Capsules per 30 days) |
| SYNDROS | T9 | |
| TRANSDERM-SCOP (1.5 MG) | T3 | |
| Antihistamines (Gi Drugs) | | |
| BONJESTA | T9 | |
| COMPRO | T1 | |
| DICLEGIS | T9 | |
| <i>doxylamine-pyridoxine</i> | T9 | |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> | T9 | |
| <i>prochlorperazine</i> | T1 | |
| <i>prochlorperazine maleate oral</i> | T1 | |
| TIGAN ORAL | T3 | |
| <i>trimethobenzamide hcl oral</i> | T1 | |
| Anti-Inflammatory Agents (Gi Drugs) | | |
| <i>alosetron hcl</i> | T5 | PA; QL (60 tablets per 30 days) |
| APRISO | T4 | QL (120 capsules per 30 days) |
| ASACOL HD | T5 | ST; QL (180 tablets per 30 days) |
| AZULFIDINE | T3 | |
| AZULFIDINE EN-TABS | T3 | |
| <i>balsalazide disodium</i> | T1 | |
| CANASA | T5 | |
| COLAZAL | T5 | |
| DELZICOL | T5 | ST |
| DIPENTUM | T3 | |
| LIALDA | T5 | QL (120 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------|----------------|----------------------------------|
| LOTRONEX | T5 | PA; QL (60 tablets per 30 days) |
| <i>mesalamine er</i> | T9 | |
| <i>mesalamine oral capsule delayed release</i> | T5 | ST |
| <i>mesalamine oral tablet delayed release 1.2 gm</i> | T4 | QL (120 tablets per 30 days) |
| <i>mesalamine oral tablet delayed release 800 mg</i> | T5 | QL (180 tablets per 30 days) |
| <i>mesalamine rectal enema</i> | T1 | |
| <i>mesalamine rectal suppository</i> | T5 | |
| PENTASA | T5 | QL (240 capsules per 30 days) |
| ROWASA RECTAL | T3 | |
| SFROWASA | T3 | QL (30 bottles per 30 days) |
| <i>sulfasalazine oral</i> | T1 | |
| Antiulcer Agents And Acid Suppress.,Misc | | |
| PYLERA | T9 | |
| TALICIA | T9 | |
| Cathartics And Laxatives | | |
| AMITIZA | T2 | QL (60 capsules per 30 days) |
| <i>bisacodyl rectal</i> | T9 | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | T3 | QL (30 capsules per 30 days) |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | T9 | |
| CLENPIQ | T3 | |
| COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM | T3 | |
| ENEMEEZ MINI | T3 | QL (90 ML per 30 days) |
| ENEMEEZ PLUS | T3 | QL (90 ML per 30 days) |
| GAVILYTE-C | T1 | PV |
| GAVILYTE-G | T1 | PV |
| GAVILYTE-N WITH FLAVOR PACK | T1 | PV |
| GLYCOLAX | T9 | PV |
| GOLYTELY | T3 | |
| MIRALAX ORAL POWDER | T9 | |
| MOVIPREP | T3 | |
| NULYTELY WITH FLAVOR PACKS | T3 | |
| OSMOPREP | T3 | |
| <i>peg 3350 oral powder</i> | T9 | |
| <i>peg 3350/electrolytes</i> | T1 | PV |
| <i>peg 3350-kcl-na bicarb-nacl</i> | T1 | PV |
| <i>peg-3350/electrolytes</i> | T1 | PV |
| <i>peg-3350/electrolytes/ascorbat</i> | T1 | PV |
| PEG-PREP | T1 | PV |
| PLENVU | T3 | PA; QL (60 granules per 30 days) |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------|
| <i>polyethylene glycol 3350 oral</i> | T9 | |
| PREPOPIK | T3 | |
| SMOOTH LAX ORAL POWDER | T9 | PV |
| SUPREP BOWEL PREP KIT | T3 | |
| TARON-PREX | T9 | |
| <i>thrivite 19 oral tablet 29-1 mg</i> | T9 | |
| <i>tl-care dha</i> | T1 | |
| TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG | T3 | |
| TRILYTE | T1 | PV |
| <i>Cholelitholytic Agents</i> | | |
| ACTIGALL | T3 | |
| URSO 250 | T3 | |
| URSO FORTE | T3 | |
| <i>ursodiol oral</i> | T2 | |
| <i>Digestants</i> | | |
| CREON | T4 | |
| PANCREAZE | T5 | ST |
| PERTZYE | T5 | ST |
| VIOKACE | T5 | ST |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | T4 | |
| <i>Gi Drugs, Miscellaneous</i> | | |
| ALLI | BE | |
| AVSOLA | T9 | |
| CHOLBAM | T4 | PA |
| CIMZIA PREFILLED | T5 | PA |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | T5 | PA |
| ENDARI | T9 | |
| GATTEX | T5 | PA |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | T4 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | T4 | PA; QL (2 syringes per 30 days) |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | T4 | PA; QL (1 kit per 2 yearss) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | T4 | PA; QL (1 kit per 2 yearss) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML | T4 | PA; QL (31 days supply per 1 Dispensing) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML | T4 | PA; QL (2 syringes per 30 days) |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG | T2 | QL (30 capsules per 30 days) |
| MOVANTIK | T3 | ST; QL (30 tablets per 30 days) |
| OCALIVA | T5 | PA; QL (30 tablets per 30 days) |
| RELISTOR ORAL | T5 | PA |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | T5 | PA |
| REMICADE | T9 | |
| RESTORA RX | T9 | |
| RESTORA SPRINKLES | T9 | |
| SIMPONI ARIA | T8 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | T5 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML | T5 | PA; QL (0.5 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T5 | PA |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T5 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | T5 | PA; QL (0.5 ML per 28 days) |
| SYMPROIC | T3 | ST; QL (30 tablets per 30 days) |
| TRULANCE | T2 | QL (30 tablets per 30 days) |
| VIBERZI ORAL TABLET 100 MG | T5 | PA; QL (60 tablets per 30 days) |
| VIBERZI ORAL TABLET 75 MG | T5 | |
| XENICAL | T9 | |
| ZELNORM | T3 | ST; QL (60 tablets per 30 Days) |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------|----------------|---------------------------------|
| Histamine H2-Antagonists | | |
| <i>cimetidine hcl oral</i> | T9 | |
| <i>cimetidine oral</i> | T9 | |
| DUEXIS | T9 | |
| <i>famotidine intravenous solution 40 mg/4ml</i> | T3 | |
| <i>famotidine oral tablet</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> | T3 | |
| <i>ranitidine hcl oral tablet 150 mg, 75 mg</i> | T9 | |
| <i>ranitidine hcl oral tablet 300 mg</i> | T3 | |
| ZANTAC 150 MAXIMUM STRENGTH | T9 | |
| Neurokinin-1 Receptor Antagonists | | |
| AKYNZEO ORAL | T9 | |
| <i>aprepitant</i> | T1 | QL (7 capsules per 30 days) |
| EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG | T9 | |
| EMEND TRI-PACK | T9 | |
| VARUBI ORAL | T9 | |
| Prokinetic Agents | | |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i> | T1 | |
| <i>metoclopramide hcl oral tablet</i> | T1 | |
| <i>metoclopramide hcl oral tablet dispersible</i> | T3 | ST |
| MOTEGRITY | T2 | |
| 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> | T1 | |
| Protectants | | |
| CARAFATE | T3 | ST |
| <i>sucralfate oral</i> | T1 | |
| Proton-Pump Inhibitors | | |
| ACIPHEX | BE | |
| ACIPHEX SPRINKLE | BE | |
| <i>amoxicill-clarithro-lansopraz</i> | T3 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------|-----------------------|---------------------|
| DEXILANT | BE | |
| <i>esomeprazole magnesium oral capsule delayed release 40 mg</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>lansoprazole oral tablet dispersible</i> | BE | |
| <i>naproxen-esomeprazole</i> | T9 | |
| NEXIUM 24HR | T3 | |
| NEXIUM ORAL CAPSULE DELAYED RELEASE | BE | |
| 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> | Non-Formulary | |
| <i>pantoprazole sodium oral packet</i> | T9 | |
| <i>pantoprazole sodium oral tablet delayed release</i> | T3 | |
| PREVACID | BE | |
| PREVACID 24HR | BE | |
| PREVACID SOLUTAB ORAL TABLET DISPERSIBLE | BE | |
| PREVPAC | BE | |
| PRILOSEC OTC | T9 | |
| PROTONIX ORAL TABLET DELAYED RELEASE | BE | |
| <i>rabeprazole sodium oral tablet delayed release</i> | T3 | |
| TALICIA | T9 | |
| VIMOVO | BE | |
| YOSPRALA | BE | |
| ZEGERID | BE | |
| ZEGERID OTC | BE | |
| Gold Compounds | | |
| <i>Gold Compounds</i> | | |
| RIDAURA | T2 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------------------------|----------------|-------------------------------------|
| Heavy Metal Antagonists | | |
| <i>Heavy Metal Antagonists</i> | | |
| CHEMET | T4 | |
| CUPRIMINE ORAL CAPSULE 250 MG | T9 | |
| <i>deferasirox</i> | T4 | |
| <i>deferasirox granules</i> | T4 | |
| <i>deferiprone</i> | T4 | |
| DEPEN TITRATABS | T5 | PA; QL (120 tablets per 30 days) |
| EXJADE | T5 | |
| FERRIPROX ORAL SOLUTION | T4 | |
| FERRIPROX ORAL TABLET 1000 MG | T4 | |
| FERRIPROX ORAL TABLET 500 MG | T5 | |
| GALZIN | T9 | |
| JADENU | T5 | |
| JADENU SPRINKLE | T9 | |
| <i>penicillamine oral capsule</i> | T9 | |
| <i>penicillamine oral tablet</i> | T4 | PA; QL (120 tablets per 30 days) |
| SYPRINE | T9 | |
| <i>trientine hcl</i> | T5 | PA; QL (150 capsules per 30 Day(s)) |
| Hormones And Synthetic Substitutes | | |
| <i>Adrenals</i> | | |
| ADVAIR DISKUS | T9 | MB (Advair Comm(#2)) |
| ADVAIR HFA | T9 | MB (Advair Comm(#2)) |
| AIRDUO DIGIHALER | T9 | |
| AIRDUO RESPICLICK 113/14 | T9 | |
| AIRDUO RESPICLICK 232/14 | T9 | |
| AIRDUO RESPICLICK 55/14 | T9 | |
| ALVESCO | T9 | |
| ARMONAIR DIGIHALER | T9 | |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT | T1 | QL (1 Inhaler per 30 days); AL |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | T1 | QL (1 Inhaler per 30 days) |
| 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 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------|
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT | T9 | AL |
| ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT | T9 | |
| BREO ELLIPTA | 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 capsules per 30 days) |
| <i>budesonide-formoterol fumarate</i> | T9 | |
| CORTEF | T3 | |
| <i>cortisone acetate oral</i> | T1 | |
| <i>dexabliss</i> | T9 | |
| DEXAMETHASONE INTENSOL | T2 | |
| <i>dexamethasone oral elixir</i> | T1 | |
| <i>dexamethasone oral solution</i> | T1 | |
| <i>dexamethasone oral tablet</i> | T1 | |
| <i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i> | T9 | |
| DEXPAK 6 DAY ORAL TABLET THERAPY PACK | T9 | |
| DULERA | T2 | QL (1 inhaler per 31 days) |
| EMFLAZA | T9 | |
| ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES | T3 | |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST | T1 | QL (1 Inhaler per 30 Day(s)s) |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST | T1 | QL (1 Inhaler per 30 Day(s)s); AL |
| FLOVENT HFA | T1 | QL (1 Inhaler per 30 Day(s)s) |
| <i>fludrocortisone acetate oral</i> | T1 | |
| <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> | T1 | QL (1 inhaler per 30 days) |
| HEMADY | T9 | |
| HIDEX 6-DAY | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------------------------|----------------|---------------------------------|
| <i>hydrocortisone oral</i> | T1 | |
| INTRAROSA | T3 | PA |
| MEDROL ORAL TABLET | T3 | |
| <i>methylprednisolone oral tablet 8 mg</i> | T1 | |
| <i>methylprednisolone oral tablet therapy pack</i> | T1 | |
| MILLIPRED | T9 | |
| ORAPRED ODT | T9 | |
| ORTIKOS | T9 | |
| <i>prednisolone oral solution</i> | T1 | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i> | T1 | |
| 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> | T1 | |
| <i>prednisone oral tablet 50 mg</i> | T2 | |
| 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 REDHALER | T1 | |
| RAYOS | 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 INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH | T2 | |
| UCERIS ORAL | T5 | ST; QL (30 tablets per 30 days) |
| UCERIS RECTAL | T3 | QL (2 GM per 180 days) |
| WIXELA INHUB | T9 | |
| <i>zcort 7-day</i> | T9 | |
| ZILRETTA | T9 | |
| <i>Alpha-Glucosidase Inhibitors</i> | | |
| <i>acarbose oral</i> | T1 | |
| GLYSET | T3 | |
| PRECOSE | T3 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------|----------------|-------------------------------|
| Amylinomimetics | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | QL (6 ML per 30 Day(s)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 capsules per 30 days) |
| <i>danazol oral capsule 200 mg</i> | T3 | QL (120 capsules per 30 days) |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | T3 | |
| <i>est estrogens-methyltest</i> | T9 | |
| <i>est estrogens-methyltest ds</i> | T9 | |
| <i>est estrogens-methyltest hs</i> | T9 | |
| FORTESTA | T9 | |
| JATENZO | T9 | |
| <i>methitest</i> | T9 | |
| <i>methyltestosterone oral</i> | T3 | |
| NATESTO | T9 | |
| OXANDRIN | T3 | |
| <i>oxandrolone oral</i> | T1 | |
| STRIANT | T9 | |
| TESTIM | T9 | |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | T1 | |
| <i>testosterone enanthate intramuscular solution</i> | T1 | |
| <i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%)</i> | T9 | |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i> | T3 | PA; QL (300 ML per 30 days) |
| <i>testosterone transdermal solution</i> | T9 | |
| VOGELXO PUMP | T9 | |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------|----------------|----------------------------------|
| XYOSTED | T9 | |
| Antidiabetic Agents, Miscellaneous | | |
| <i>colesevelam hcl oral packet</i> | T3 | QL (1 packet per 1 day) |
| <i>colesevelam hcl oral tablet</i> | T3 | QL (180 tablets per 30 days) |
| KORLYM | T5 | PA; 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> | T1 | |
| ARIMIDEX | T3 | |
| AROMASIN | T3 | |
| <i>exemestane</i> | T2 | |
| FEMARA | T3 | |
| KISQALI FEMARA (400 MG DOSE) | T4 | PA; QL (91 tablets per 28 days) |
| KISQALI FEMARA (600 MG DOSE) | T4 | PA; QL (91 tablets per 28 days) |
| KISQALI FEMARA(200 MG DOSE) | T4 | PA; QL (91 tablets per 28 days) |
| <i>letrozole oral</i> | T1 | |
| Antigonadotropins | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | T2 | |
| <i>ganirelix acetate subcutaneous solution prefilled syringe</i> | T4 | ST |
| ORIAHNN | T4 | PA; QL (56 capsules per 28 Days) |
| ORLISSA ORAL TABLET 150 MG | T4 | PA; QL (28 tablets per 28 days) |
| ORLISSA ORAL TABLET 200 MG | T4 | PA; QL (56 tablets per 28 days) |
| Antihypoglycemic Agents, Miscellaneous | | |
| <i>diazoxide oral</i> | T4 | |
| PROGLYCEM | T9 | |
| Antiparathyroid Agents | | |
| <i>calcitonin (salmon)</i> | T1 | |
| <i>cinacalcet hcl</i> | T4 | |
| MIACALCIN NASAL | T3 | |
| SENSIPAR | T5 | |
| Antithyroid Agents | | |
| <i>methimazole oral</i> | T1 | |
| <i>propylthiouracil oral</i> | T1 | |
| TAPAZOLE | T3 | |
| Biguanides | | |
| ACTOPLUS MET | T3 | |
| <i>alogliptin-metformin hcl</i> | T3 | ST; QL (60 tablets per 30 days) |
| FORTAMET | T9 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------|----------------|---------------------------------|
| <i>glipizide-metformin hcl</i> | T1 | |
| GLUCOPHAGE | T3 | |
| GLUCOPHAGE XR | T3 | |
| GLUMETZA | T9 | |
| <i>glyburide-metformin</i> | T1 | |
| INVOKAMET | T3 | ST; QL (60 tablets per 30 days) |
| INVOKAMET XR | T3 | ST; QL (60 tablets per 30 days) |
| JANUMET | T2 | QL (60 tablets per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | T2 | QL (30 tablets per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | T2 | QL (60 tablets per 30 days) |
| JENTADUETO | T2 | QL (60 tablets per 30 days) |
| JENTADUETO XR | T2 | QL (30 tablets per 30 days) |
| KAZANO | T9 | |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | T3 | ST; QL (62 tablets per 31 days) |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG | T3 | ST; QL (31 tablets per 31 days) |
| <i>metformin hcl er</i> | T1 | |
| <i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i> | T9 | |
| <i>metformin hcl oral solution</i> | T2 | QL (765 ML per 30 days) |
| <i>metformin hcl oral tablet</i> | T1 | |
| <i>pioglitazone hcl-metformin hcl</i> | T1 | |
| RIOMET | T9 | |
| RIOMET ER | 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) |
| 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 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------|----------------|-----------------------------|
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG | T2 | QL (60 tablets per 30 days) |
| Contraceptives | | |
| ALTAVERA | T1 | PV |
| <i>alyacen 1/35</i> | T1 | PV |
| AMETHIA | T1 | PV |
| AMETHIA LO | T1 | PV |
| ANNOVERA | T9 | |
| APRI | T1 | PV |
| AVIANE | T1 | PV |
| AZURETTE | T1 | PV |
| BALCOLTRA | T9 | |
| BALZIVA | T1 | PV |
| BEYAZ | T9 | PV |
| BLISOVI 24 FE | T1 | PV |
| CAMILA | T1 | PV |
| CAMRESE | T1 | PV |
| CAMRESE LO | T1 | PV |
| CRYSSELLE-28 | T1 | PV |
| CYCLAFEM 1/35 | T1 | PV |
| CYCLAFEM 7/7/7 | T1 | PV |
| DEBLITANE | T1 | PV |
| ELLA | T3 | PV |
| ELURYNG | T2 | PV; QL (1 ring per 28 days) |
| ENPRESSE-28 | T1 | PV |
| ERRIN | T1 | PV |
| ESTROSTEP FE | T3 | PV |
| <i>etonogestrel-ethinyl estradiol</i> | T2 | PV; QL (1 ring per 28 days) |
| FALMINA | T1 | PV |
| FAYOSIM | T9 | PV |
| GENERESS FE | T9 | PV |
| GIANVI | T1 | PV |
| GILDESS FE 1.5/30 | T1 | PV |
| GILDESS FE 1/20 | T1 | PV |
| HAILEY 24 FE | T1 | PV |
| HAILEY FE 1.5/30 | T1 | PV |
| HEATHER | T1 | PV |
| INTROVALE | T1 | PV |
| JENCYCLA | T1 | PV |
| JOLESSA | T1 | PV |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------|----------------|--------------|
| JOLIVETTE | T1 | PV |
| JUNEL 1.5/30 | T1 | PV |
| JUNEL 1/20 | T1 | PV |
| JUNEL FE 1.5/30 | T1 | PV |
| JUNEL FE 1/20 | T1 | PV |
| JUNEL FE 24 | T1 | PV |
| KAITLIB FE | T9 | |
| KARIVA | T1 | PV |
| KELNOR 1/35 | T1 | PV |
| LARIN 24 FE | T1 | PV |
| LAYOLIS FE | T9 | |
| <i>levonorgest-eth est & eth est</i> | T1 | PV |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i> | T1 | PV |
| LEVORA 0.15/30 (28) | T1 | PV |
| LO LOESTRIN FE | T3 | ST |
| LOESTRIN 1.5/30 (21) | T9 | |
| LOESTRIN FE 1.5/30 | T3 | PV |
| LOESTRIN FE 1/20 | T2 | PV |
| LOSEASONIQUE | T9 | PV |
| LOW-OGESTREL | T1 | PV |
| LUTERA | T1 | PV |
| LYZA | T1 | PV |
| MELODETTA 24 FE | T9 | |
| MIBELAS 24 FE | T9 | PV |
| MICROGESTIN 1.5/30 | T1 | PV |
| MICROGESTIN 1/20 | T1 | PV |
| MICROGESTIN FE 1.5/30 | T1 | PV |
| MICROGESTIN FE 1/20 | T1 | PV |
| MINASTRIN 24 FE | T9 | PV |
| MIRCETTE | T9 | PV |
| MONONESSA | T1 | PV |
| NATAZIA | T9 | PV |
| NECON 0.5/35 (28) | T1 | PV |
| NECON 1/35 (28) | T1 | PV |
| NEXT CHOICE ONE DOSE | T1 | PV |
| NORA-BE | T1 | PV |
| <i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg</i> | T1 | PV |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------|----------------|--------------|
| <i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i> | T1 | PV |
| <i>norethindrone oral</i> | T1 | 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> | T1 | PV |
| NORLYDA | T1 | PV |
| NORLYROC | T1 | PV |
| NORTREL 0.5/35 (28) | T1 | PV |
| NORTREL 1/35 (28) | T1 | PV |
| NORTREL 7/7/7 | T1 | PV |
| NUVARING | T9 | |
| OCELLA | T1 | PV |
| OGESTREL | T1 | PV |
| ORTHO MICRONOR | T3 | PV |
| ORTHO TRI-CYCLEN (28) | T3 | PV |
| ORTHO TRI-CYCLEN LO | T9 | PV |
| ORTHO-CYCLEN (28) | T3 | PV |
| ORTHO-NOVUM 1/35 (28) | T3 | PV |
| ORTHO-NOVUM 7/7/7 (28) | T3 | PV |
| PLAN B ONE-STEP | T3 | PV |
| PORTIA-28 | T1 | PV |
| PREVIFEM | T1 | PV |
| QUARTETTE | T9 | PV |
| QUASENSE | T1 | PV |
| RECLIPSEN | T1 | PV |
| RIVELSA | T9 | PV |
| SAFYRAL | T9 | PV |
| SEASONIQUE | T9 | PV |
| SHAROBEL | T1 | PV |
| SLYND | T9 | |
| SPRINTEC 28 | T1 | PV |
| SRONYX | T1 | PV |
| TAYTULLA | T9 | PV |
| TRI-ESTARYLLA | T1 | PV |
| TRI-LEGEST FE | T1 | PV |
| TRI-LINYAH | T1 | PV |
| TRI-LO-ESTARYLLA | T1 | PV |
| TRI-LO-SPRINTEC | T1 | PV |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------|----------------|---------------------------------|
| TRINESSA (28) | T1 | PV |
| TRI-NORINYL (28) | T3 | PV |
| TRI-PREVI-FEM | T1 | PV |
| TRI-SPRINTEC | T1 | PV |
| TRIVORA (28) | T1 | PV |
| TULANA | T1 | PV |
| TWIRLA | T9 | |
| TYDEMY | T9 | PV |
| VELIVET | T1 | PV |
| XULANE | T2 | PV |
| YASMIN 28 | T9 | PV |
| YAZ | T9 | PV |
| ZOVIA 1/35E (28) | T1 | PV |
| <i>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</i> | | |
| <i>alogliptin benzoate</i> | T3 | ST; QL (30 tablets per 30 days) |
| <i>alogliptin-metformin hcl</i> | T3 | ST; QL (60 tablets per 30 days) |
| <i>alogliptin-pioglitazone</i> | T3 | QL (30 tablets per 30 days) |
| GLYXAMBI | T2 | PA; QL (30 tablets per 30 days) |
| JANUMET | T2 | QL (60 tablets per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | T2 | QL (30 tablets per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | T2 | QL (60 tablets per 30 days) |
| JANUVIA | T2 | QL (30 tablets per 30 days) |
| JENTADUETO | T2 | QL (60 tablets per 30 days) |
| JENTADUETO XR | T2 | QL (30 tablets per 30 days) |
| KAZANO | T9 | |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | T3 | ST; QL (62 tablets per 31 days) |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG | T3 | ST; QL (31 tablets per 31 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 | 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) |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------------------|----------------|---------------------------------|
| 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) |
| Estrogen Agonist-Antagonists | | |
| <i>clomiphene citrate oral</i> | T9 | |
| DUAVEE | T3 | QL (31 tablets per 31 days) |
| EVISTA | T3 | |
| FARESTON | T9 | |
| OSPHENA | T9 | |
| <i>raloxifene hcl</i> | T1 | |
| <i>tamoxifen citrate oral</i> | T1 | |
| <i>toremifene citrate</i> | T4 | ST; QL (30 tablets per 30 days) |
| Estrogens | | |
| ACTIVELLA | T3 | |
| ALORA | T2 | |
| ANGELIQ ORAL TABLET 0.5-1 MG | T3 | ST |
| BIJUVA | T9 | |
| CLIMARA | T3 | |
| CLIMARA PRO | T9 | |
| COMBIPATCH | T2 | |
| COVARYX | T9 | |
| COVARYX HS | T9 | |
| 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 | T1 | |
| DUAVEE | T3 | QL (31 tablets per 31 days) |
| ELESTRIN | T3 | ST |
| <i>est estrogens-methyltest</i> | T9 | |
| <i>est estrogens-methyltest ds</i> | T9 | |
| <i>est estrogens-methyltest hs</i> | T9 | |
| ESTRACE ORAL | T3 | |
| ESTRACE VAGINAL | T9 | |
| <i>estradiol oral</i> | T1 | |
| <i>estradiol transdermal</i> | T1 | |
| <i>estradiol vaginal cream</i> | T1 | QL (42.5 GM per 30 days) |
| <i>estradiol vaginal tablet</i> | T1 | |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------|----------------|----------------------------------|
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> | T1 | |
| ESTRING | T3 | |
| ESTROGEL | T2 | QL (50 GM per 31 days) |
| EVAMIST | T2 | |
| FEMHRT LOW DOSE | T3 | |
| FEMRING | T3 | |
| IMVEXXY STARTER PACK | T9 | |
| JINTELI | T1 | |
| LOPREEZA | T1 | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | T2 | |
| MENOSTAR | T3 | QL (4 patches per 28 days) |
| MIMVEY | T1 | |
| MIMVEY LO | T1 | |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR | T3 | |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | T1 | |
| ORIAHNN | T4 | PA; QL (56 capsules per 28 Days) |
| PREFEST | T3 | |
| PREMARIN ORAL | T2 | QL (30 EA per 30 days) |
| PREMARIN VAGINAL | T3 | ST |
| PREMPHASE | T2 | |
| PREMPRO | T2 | |
| VAGIFEM VAGINAL TABLET 10 MCG | T3 | |
| VIVELLE-DOT | T3 | |
| YUVAFEM | T1 | |
| <i>Glycogenolytic Agents</i> | | |
| 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) |
| GLUCAGON EMERGENCY INJECTION KIT | T2 | QL (2 Kits per 30 days) |
| GVOKE HYPOPEN | T2 | QL (2 kits per 30 Days) |
| GVOKE PFS | T2 | QL (2 kits per 30 Days) |
| <i>Gonadotropins And Antigonadotropins</i> | | |
| <i>chorionic gonadotropin intramuscular</i> | T3 | |
| FOLLISTIM AQ SUBCUTANEOUS | T3 | ST |
| GONAL-F | T2 | QL (13500 units per 30 days) |
| GONAL-F RFF | T2 | QL (13500 units per 30 days) |
| GONAL-F RFF REDIRECT | T2 | QL (13500 units per 30 days) |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------|----------------|------------------------------|
| <i>leuprolide acetate injection</i> | T4 | |
| MENOPUR | T2 | |
| NOVAREL | T3 | ST |
| OVIDREL | T2 | |
| PREGNYL | T1 | |
| SYNAREL | T9 | |
| <i>Gonadotropins</i> | | |
| <i>chorionic gonadotropin intramuscular</i> | T3 | |
| FOLLISTIM AQ SUBCUTANEOUS | 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 | |
| MENOPUR | T2 | |
| NOVAREL | T3 | ST |
| OVIDREL | T2 | |
| PREGNYL | T1 | |
| SYNAREL | T9 | |
| <i>Incretin Mimetics</i> | | |
| ADLYXIN | T3 | ST |
| ADLYXIN STARTER PACK | T3 | ST |
| BYDUREON BCISE | T3 | ST |
| BYDUREON SUBCUTANEOUS PEN-INJECTOR | T3 | ST |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | T3 | ST |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | T3 | ST |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) | T2 | QL (1.5 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) | T2 | QL (3 ML per 28 days) |
| RYBELSUS | T9 | |
| SAXENDA | BE | |
| SOLIQUA | T3 | QL (15 ML per 25 days) |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML | T2 | QL (2 ML per 28 days) |
| TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML | T2 | QL (2 ML per 28 Days) |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | T2 | |
| XULTOPHY | T3 | QL (15 ML per 30 days) |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------|----------------|--------------|
| <i>Insulins</i> | | |
| ADMELOG | T3 | ST |
| ADMELOG SOLOSTAR | T3 | ST |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT | T3 | ST |
| APIDRA | T3 | ST |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | T3 | ST |
| BASAGLAR KWIKPEN | T9 | |
| FIASP | T3 | ST |
| FIASP FLEXTOUCH | T3 | ST |
| FIASP PENFILL | T3 | ST |
| HUMALOG | T1 | |
| HUMALOG JUNIOR KWIKPEN | T1 | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | T1 | |
| HUMALOG MIX 50/50 | T1 | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| HUMALOG MIX 75/25 | T1 | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| HUMULIN 70/30 | T1 | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| HUMULIN N | T1 | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| HUMULIN R | T1 | |
| HUMULIN R U-500 (CONCENTRATED) | T1 | |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | T1 | |
| <i>insulin asp prot & asp flexpen</i> | T3 | ST |
| <i>insulin aspart</i> | T3 | ST |
| <i>insulin aspart flexpen</i> | T3 | ST |
| <i>insulin aspart penfill</i> | T3 | ST |
| <i>insulin aspart prot & aspart</i> | T3 | ST |
| <i>insulin lispro</i> | T9 | |
| <i>insulin lispro junior kwikpen</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------|----------------|------------------------|
| <i>insulin lispro prot & lispro</i> | T9 | |
| LANTUS | T1 | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | T1 | |
| LEVEMIR | T3 | ST |
| LEVEMIR FLEXTOUCH | T3 | ST |
| LYUMJEV | T1 | |
| LYUMJEV KWIKPEN | T1 | |
| NOVOLIN 70/30 | T3 | ST |
| NOVOLIN 70/30 FLEXPEN | T3 | ST |
| NOVOLIN N | T3 | ST |
| NOVOLIN N FLEXPEN | T3 | ST |
| NOVOLIN R | T3 | ST |
| NOVOLIN R FLEXPEN | T3 | ST |
| 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 | |
| SEMGLEE | T9 | |
| SOLIQUA | T3 | QL (15 ML per 25 days) |
| TOUJEO MAX SOLOSTAR | T2 | |
| TOUJEO SOLOSTAR | T2 | |
| TRESIBA | T9 | |
| TRESIBA FLEXTOUCH | T9 | |
| XULTOPHY | T3 | QL (15 ML per 30 days) |
| <i>Intermediate-Acting Insulins</i> | | |
| HUMALOG MIX 50/50 | T1 | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| HUMALOG MIX 75/25 | T1 | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| HUMULIN 70/30 | T1 | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------|----------------|----------------------------|
| HUMULIN N | T1 | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| <i>insulin asp prot & asp flexpen</i> | T3 | ST |
| <i>insulin aspart prot & aspart</i> | T3 | ST |
| <i>insulin lispro prot & lispro</i> | T9 | |
| NOVOLIN 70/30 | T3 | ST |
| NOVOLIN 70/30 FLEXPEN | T3 | ST |
| NOVOLIN N | T3 | ST |
| NOVOLIN N FLEXPEN | T3 | ST |
| NOVOLOG MIX 70/30 | T9 | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T9 | |
| Leptins | | |
| MYALEPT | T5 | PA |
| Long-Acting Insulins | | |
| BASAGLAR KWIKPEN | T9 | |
| LANTUS | T1 | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | T1 | |
| LEVEMIR | T3 | ST |
| LEVEMIR FLEXTOUCH | T3 | ST |
| SEMGLEE | T9 | |
| SOLIQUA | T3 | QL (15 ML per 25 days) |
| TOUJEO MAX SOLOSTAR | T2 | |
| TOUJEO SOLOSTAR | T2 | |
| TRESIBA | T9 | |
| TRESIBA FLEXTOUCH | T9 | |
| XULTOPHY | T3 | QL (15 ML per 30 days) |
| Meglitinides | | |
| <i>nateglinide</i> | T1 | |
| PRANDIN ORAL TABLET 1 MG, 2 MG | T3 | |
| <i>repaglinide</i> | T1 | |
| STARLIX | T3 | |
| Parathyroid Agents | | |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | T9 | |
| NATPARA | T5 | PA |
| <i>teriparatide (recombinant)</i> | T5 | PA |
| TYMLOS | T4 | PA; QL (1 pen per 30 days) |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------|----------------|------------------------------|
| Parathyroid And Antiparathyroid Agents | | |
| <i>calcitonin (salmon)</i> | T1 | |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | T9 | |
| MIACALCIN NASAL | T3 | |
| NATPARA | T5 | PA |
| TYMLOS | T4 | PA; QL (1 pen per 30 days) |
| Pituitary | | |
| ACTHAR | T4 | PA |
| DDAVP ORAL | T3 | |
| DDAVP RHINAL TUBE | T3 | |
| <i>desmopressin ace spray refrig</i> | T2 | ST |
| <i>desmopressin acetate oral tablet 0.1 mg</i> | T1 | QL (180 tablets per 30 days) |
| <i>desmopressin acetate oral tablet 0.2 mg</i> | T1 | |
| <i>desmopressin acetate spray</i> | T2 | ST |
| GENOTROPIN | T4 | PA |
| GENOTROPIN MINIQUICK | T4 | PA |
| HUMATROPE | T9 | |
| NOCDURNA | T9 | |
| NOCTIVA | T9 | |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML | T4 | PA |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION | T9 | |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION | T9 | |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION | T9 | |
| OMNITROPE SUBCUTANEOUS SOLUTION | T9 | |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED | T9 | |
| SAIZEN | T9 | |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG | T5 | PA |
| STIMATE | T4 | |
| ZOMACTON | T9 | |
| ZORBTIVE | T5 | PA |
| Progestins | | |
| ACTIVELLA | T3 | |
| ANGELIQ ORAL TABLET 0.5-1 MG | T3 | ST |
| AYGESTIN | T3 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------|----------------|----------------------------------|
| BIJUVA | T9 | |
| COMBIPATCH | T2 | |
| CRINONE | T9 | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | T3 | PV |
| ENDOMETRIN | T4 | |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> | T1 | |
| FEMHRT LOW DOSE | T3 | |
| JINTELI | T1 | |
| LOPREEZA | T1 | |
| <i>medroxyprogesterone acetate intramuscular suspension</i> | T1 | PV |
| <i>medroxyprogesterone acetate oral</i> | T1 | |
| MEGACE ES | T3 | ST |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | T1 | |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | T9 | |
| <i>megestrol acetate oral tablet</i> | T1 | |
| MIMVEY | T1 | |
| MIMVEY LO | T1 | |
| <i>norethindrone acetate oral</i> | T1 | |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | T1 | |
| ORIAHNN | T4 | PA; QL (56 capsules per 28 Days) |
| <i>progesterone intramuscular</i> | T1 | |
| <i>progesterone micronized oral</i> | T1 | |
| PROMETRIUM | T3 | |
| PROVERA | T3 | |
| SLYND | T9 | |
| Rapid-Acting Insulins | | |
| ADMELOG | T3 | ST |
| ADMELOG SOLOSTAR | T3 | ST |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT | T3 | ST |
| APIDRA | T3 | ST |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | T3 | ST |
| FIASP | T3 | ST |
| FIASP FLEXTOUCH | T3 | ST |
| FIASP PENFILL | T3 | ST |
| HUMALOG | T1 | |
| HUMALOG JUNIOR KWIKPEN | T1 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------------|----------------|--------------|
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | T1 | |
| HUMALOG MIX 50/50 | T1 | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| HUMALOG MIX 75/25 | T1 | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| <i>insulin asp prot & asp flexpen</i> | T3 | ST |
| <i>insulin aspart</i> | T3 | ST |
| <i>insulin aspart flexpen</i> | T3 | ST |
| <i>insulin aspart penfill</i> | T3 | ST |
| <i>insulin aspart prot & aspart</i> | T3 | ST |
| <i>insulin lispro</i> | T9 | |
| <i>insulin lispro junior kwikpen</i> | T9 | |
| <i>insulin lispro prot & lispro</i> | T9 | |
| LYUMJEV | T1 | |
| LYUMJEV KWIKPEN | T1 | |
| 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 | |
| <i>Short-Acting Insulins</i> | | |
| HUMULIN 70/30 | T1 | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1 | |
| HUMULIN R | T1 | |
| HUMULIN R U-500 (CONCENTRATED) | T1 | |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | T1 | |
| NOVOLIN 70/30 | T3 | ST |
| NOVOLIN 70/30 FLEXPEN | T3 | ST |
| NOVOLIN R | T3 | ST |
| NOVOLIN R FLEXPEN | T3 | ST |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------------------------|----------------|---------------------------------|
| <i>Sodium-Gluc Cotransport 2 (Sglt2) Inhib</i> | | |
| FARXIGA | T2 | QL (31 tablets per 31 days) |
| GLYXAMBI | T2 | PA; 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 (31 EA per 31 days) |
| JARDIANCE | T2 | QL (30 EA 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 EA 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) |
| <i>Somatostatin Agonists</i> | | |
| BYNFEZIA PEN | T9 | |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | T4 | |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | T5 | |
| SIGNIFOR | T5 | PA |
| SOMATULINE DEPOT | T4 | |
| <i>Somatotropin Agonists</i> | | |
| INCRELEX | T4 | PA |
| <i>Somatotropin Antagonists</i> | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG | T4 | PA |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------|----------------|-----------------------------|
| Sulfonylureas | | |
| AMARYL | T3 | |
| <i>chlorpropamide</i> | T1 | |
| DUETACT | T9 | |
| <i>glimepiride</i> | T1 | |
| <i>glipizide er</i> | T1 | |
| <i>glipizide oral</i> | T1 | |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i> | T1 | |
| <i>glipizide-metformin hcl</i> | T1 | |
| GLUCOTROL | T3 | |
| GLUCOTROL XL | T3 | |
| <i>glyburide micronized</i> | T1 | |
| <i>glyburide oral</i> | T1 | |
| <i>glyburide-metformin</i> | T1 | |
| GLYNASE | T3 | |
| <i>pioglitazone hcl-glimepiride</i> | T9 | |
| <i>tolazamide</i> | T1 | |
| <i>tolbutamide</i> | T1 | |
| Thiazolidinediones | | |
| ACTOPLUS MET | T3 | |
| ACTOS | T3 | |
| <i>alogliptin-pioglitazone</i> | T3 | QL (30 tablets per 30 days) |
| AVANDIA ORAL TABLET 2 MG, 4 MG | T2 | |
| DUETACT | T9 | |
| OSENI | T9 | |
| <i>pioglitazone hcl</i> | T1 | |
| <i>pioglitazone hcl-glimepiride</i> | T9 | |
| <i>pioglitazone hcl-metformin hcl</i> | T1 | |
| Thyroid Agents | | |
| ARMOUR THYROID | T2 | |
| CYTOMEL | T3 | |
| <i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</i> | T5 | |
| <i>levothyroxine sodium intravenous solution reconstituted 200 mcg</i> | T1 | |
| <i>levothyroxine sodium oral tablet</i> | T1 | |
| LEVOXYL | T1 | |
| <i>liothyronine sodium oral</i> | T1 | |
| NATURE-THROID | T1 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------------------------------------|----------------|------------------------------|
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | T3 | |
| 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 | |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | T1 | |
| WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG | T1 | |
| WP THYROID | T3 | |
| Miscellaneous Therapeutic Agents | | |
| 5-Alpha-Reductase Inhibitors | | |
| AVODART | T3 | |
| <i>dutasteride oral</i> | T1 | QL (30 capsules per 30 days) |
| <i>dutasteride-tamsulosin hcl</i> | T2 | ST |
| <i>finasteride oral tablet 5 mg</i> | T1 | |
| JALYN | T3 | ST |
| PROSCAR | T3 | |
| Alcohol Deterrents | | |
| ANTABUSE | T3 | |
| <i>disulfiram oral</i> | T1 | |
| <i>naltrexone hcl oral</i> | T1 | |
| Antidotes | | |
| BAQSIMI ONE PACK | T2 | QL (2 devices per 30 Days) |
| BAQSIMI TWO PACK | T2 | QL (2 devices per 30 Days) |
| CHEMET | T4 | |
| FOSRENOL ORAL PACKET | T5 | QL (180 packets per 30 days) |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG | T5 | QL (90 tablets per 30 days) |
| FOSRENOL ORAL TABLET CHEWABLE 500 MG | T5 | QL (210 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------|----------------|--------------------------------------|
| FOSRENOL ORAL TABLET CHEWABLE 750 MG | T5 | QL (150 tablets per 30 days) |
| GLUCAGEN HYPOKIT | T2 | QL (2 Kits per 30 days) |
| GLUCAGON EMERGENCY INJECTION KIT | T2 | QL (2 Kits per 30 days) |
| GVOKE HYPOPEN | T2 | QL (2 kits per 30 Days) |
| GVOKE PFS | T2 | QL (2 kits per 30 Days) |
| KIONEX ORAL SUSPENSION | T1 | |
| <i>lanthanum carbonate oral tablet chewable 1000 mg</i> | T4 | QL (90 tablets per 30 days) |
| <i>lanthanum carbonate oral tablet chewable 500 mg</i> | T4 | QL (210 tablets per 30 days) |
| <i>lanthanum carbonate oral tablet chewable 750 mg</i> | T4 | QL (150 tablets per 30 days) |
| <i>leucovorin calcium oral</i> | T1 | |
| MEPHYTON | T3 | QL (3 tablets per 30 days) |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | T1 | QL (2 Vials/Syringes per 365 Day(s)) |
| <i>naloxone hcl injection solution auto-injector</i> | T9 | |
| <i>naloxone hcl injection solution cartridge</i> | T1 | QL (2 Vials/Syringes per 365 Day(s)) |
| <i>naloxone hcl injection solution prefilled syringe</i> | T1 | QL (2 Vials/Syringes per 365 Day(s)) |
| NARCAN | T3 | QL (2 units per 365 days) |
| <i>phytonadione oral</i> | T1 | QL (3 tablets per 30 Days) |
| RENAGEL ORAL TABLET 800 MG | T5 | ST; QL (180 tablets per 30 days) |
| REVELA | T9 | |
| <i>sevelamer carbonate oral packet</i> | T5 | |
| <i>sevelamer carbonate oral tablet</i> | T4 | QL (510 tablets per 30 days) |
| <i>sevelamer hcl</i> | T4 | ST; QL (180 tablets per 30 days) |
| <i>sodium polystyrene sulfonate oral powder</i> | T1 | |
| <i>sodium polystyrene sulfonate rectal</i> | T1 | |
| SPS | T3 | |
| VISTOGARD | T4 | QL (20 packets per 5 days) |
| Antigout Agents | | |
| <i>allopurinol oral</i> | T1 | |
| ANAPROX DS | T3 | |
| <i>colchicine oral</i> | T2 | QL (120 capsules per 30 days) |
| <i>colchicine-probenecid</i> | T1 | |
| COLCRYS | T9 | |
| EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG | T3 | |
| <i>febuxostat</i> | T2 | ST |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------------|----------------|---------------------------------|
| GLOPERBA | T9 | |
| INDOCIN ORAL | T9 | |
| INDOCIN RECTAL | T9 | |
| <i>indomethacin er</i> | T1 | |
| <i>indomethacin oral capsule 20 mg</i> | T9 | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | T1 | |
| MITIGARE | T9 | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | T9 | |
| NAPROSYN ORAL TABLET 250 MG, 500 MG | T3 | |
| <i>naproxen dr</i> | T1 | |
| <i>naproxen oral suspension</i> | T1 | QL (473 ML per 30 days); AL |
| <i>naproxen oral tablet</i> | T1 | |
| <i>naproxen sodium er</i> | T9 | |
| <i>naproxen sodium oral tablet 220 mg</i> | T9 | |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | T1 | |
| <i>probenecid oral</i> | T1 | |
| TIVORBEX | T9 | |
| ULORIC | T3 | ST |
| ZYLOPRIM | T3 | |
| Antisense Oligonucleotides | | |
| EXONDYS 51 | T9 | |
| TEGSEDI | T4 | PA; QL (4 syringes per 30 days) |
| VYONDYS 53 | T9 | |
| Bone Anabolic Agents | | |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | T9 | |
| NATPARA | T5 | PA |
| <i>teriparatide (recombinant)</i> | T5 | PA |
| TYMLOS | T4 | PA; QL (1 pen per 30 days) |
| Bone Resorption Inhibitors | | |
| 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</i> | T1 | |
| AELVIA | T3 | |
| BINOSTO | T3 | ST |
| BONIVA ORAL TABLET 150 MG | T3 | |
| <i>calcitonin (salmon)</i> | T1 | |
| <i>etidronate disodium</i> | T3 | ST |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------|----------------|--------------------------------|
| EVISTA | T3 | |
| FOSAMAX ORAL TABLET 70 MG | T3 | |
| FOSAMAX PLUS D | T3 | ST; QL (4 tablets per 28 days) |
| <i>ibandronate sodium oral</i> | T1 | |
| MIACALCIN NASAL | T3 | |
| <i>raloxifene hcl</i> | T1 | |
| <i>risedronate sodium oral tablet 150 mg</i> | T1 | ST; QL (1 tablets per 30 days) |
| <i>risedronate sodium oral tablet 30 mg, 35 mg, 5 mg</i> | T1 | ST |
| <i>risedronate sodium oral tablet delayed release</i> | T2 | ST |
| Cariostatic Agents | | |
| CAVAREST | T1 | |
| DENTA 5000 PLUS | T1 | |
| DENTAGEL | T1 | |
| FLORIVA ORAL LIQUID | T9 | |
| FLORIVA ORAL TABLET CHEWABLE 0.5 MG | T9 | |
| FLORIVA PLUS | T9 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE | T3 | |
| <i>multi-vit/fluoride oral solution 0.25 mg/ml</i> | T1 | AL |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | T1 | AL |
| <i>multivitamins/fluoride oral tablet chewable 0.5 mg</i> | T9 | |
| MYKIDZ IRON FL | T9 | |
| 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> | T1 | |
| <i>sf 5000 plus</i> | T1 | |
| <i>sodium fluoride 5000 plus</i> | T1 | |
| <i>sodium fluoride 5000 ppm dental paste</i> | T1 | |
| <i>sodium fluoride 5000 sensitive</i> | T1 | |
| <i>sodium fluoride dental gel 1.1 %</i> | T1 | |
| <i>sodium fluoride oral solution</i> | T1 | |
| <i>sodium fluoride oral tablet chewable</i> | T1 | |
| TEXAVITE LQ | T9 | |
| <i>tl-fluorivite</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------|----------------|-----------------------------------|
| TRI-VI-FLOR | T9 | |
| Complement Inhibitors | | |
| BERINERT | T4 | PA |
| CINRYZE | T9 | |
| FIRAZYR | T9 | |
| HAEGARDA | T5 | PA |
| <i>icatibant acetate</i> | T5 | PA; QL (3 syinges per 1 fill); AL |
| KALBITOR | T5 | PA; AL |
| RUCONEST | T9 | |
| TAKHZYRO | T4 | PA |
| Disease-Modifying Antirheumatic Agents | | |
| ACTEMRA ACTPEN | T4 | PA; QL (4 pens per 28 days) |
| ACTEMRA SUBCUTANEOUS | T4 | PA; QL (4 ML per 28 days) |
| ARAVA | T5 | |
| AVSOLA | T9 | |
| AZASAN | T3 | |
| <i>azathioprine oral</i> | T1 | |
| AZULFIDINE | T3 | |
| AZULFIDINE EN-TABS | T3 | |
| CIMZIA PREFILLED | T5 | PA |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | T5 | PA |
| CUPRIMINE ORAL CAPSULE 250 MG | T9 | |
| <i>cyclosporine modified</i> | T1 | |
| <i>cyclosporine oral capsule</i> | T1 | |
| DEPEN TITRATABS | T5 | PA; QL (120 tablets per 30 days) |
| ENBREL MINI | T4 | PA |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | T4 | PA; QL (8 vials per 30 Days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | PA |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED | T4 | PA |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T4 | PA |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | T1 | |
| GENGRAF ORAL SOLUTION | T1 | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | T4 | PA |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | T4 | PA; QL (2 syringes per 30 days) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | T4 | PA; QL (1 kit per 2 yearss) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | T4 | PA; QL (1 kit per 2 yearss) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML | T4 | PA; QL (31 days supply per 1 Dispensing) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML | T4 | PA; QL (2 syringes per 30 days) |
| <i>hydroxychloroquine sulfate oral</i> | T1 | |
| IMURAN | T3 | |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T5 | PA; QL (2.28 ML per 28 days) |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T5 | PA |
| <i>leflunomide oral</i> | T1 | |
| <i>methotrexate oral</i> | T1 | |
| <i>methotrexate sodium injection solution reconstituted</i> | T1 | |
| NEORAL | T3 | |
| OLUMIANT | T5 | PA |
| ORENCIA CLICKJECT | T5 | PA |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | T5 | PA |
| OTEZLA ORAL TABLET | T4 | PA; QL (60 tablets per 30 days); AL |
| OTEZLA ORAL TABLET THERAPY PACK | T4 | PA |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML | T3 | ST |
| <i>penicillamine oral capsule</i> | T9 | |
| <i>penicillamine oral tablet</i> | T4 | PA; QL (120 tablets per 30 days) |
| PLAQUENIL | T3 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------|
| 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 | T3 | ST |
| REMICADE | T9 | |
| RIDAURA | T2 | |
| RINVOQ | T4 | PA; QL (30 tablets per 30 days) |
| SANDIMMUNE ORAL | T3 | |
| SIMPONI ARIA | T8 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | T5 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML | T5 | PA; QL (0.5 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T5 | PA |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T5 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | T5 | PA; QL (0.5 ML per 28 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | PA |
| <i>sulfasalazine oral</i> | T1 | |
| TREXALL | T3 | ST |
| XATMEP | T3 | AL |
| XELJANZ | T4 | PA; QL (60 tablets per 30 days) |
| XELJANZ XR | T4 | PA; QL (30 tablets per 30 days) |
| <i>Gonadotropin-Releasing Hormone Antagnts</i> | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | T2 | |
| <i>ganirelix acetate subcutaneous solution prefilled syringe</i> | T4 | ST |
| <i>Immunomodulatory Agents</i> | | |
| ACTEMRA ACTPEN | T4 | PA; QL (4 pens per 28 days) |
| ACTEMRA SUBCUTANEOUS | T4 | PA; QL (4 ML per 28 days) |
| ARAVA | T5 | |
| AUBAGIO | T5 | ST |
| AVONEX | T4 | ST |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | T4 | ST |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | T4 | ST |
| AVSOLA | T9 | |
| AZASAN | T3 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------|
| <i>azathioprine oral</i> | T1 | |
| AZULFIDINE | T3 | |
| AZULFIDINE EN-TABS | T3 | |
| BETASERON SUBCUTANEOUS KIT | T4 | ST |
| CIMZIA PREFILLED | T5 | PA |
| CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | T5 | PA |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T9 | |
| <i>cyclosporine modified</i> | T1 | |
| <i>cyclosporine oral capsule</i> | T1 | |
| <i>dimethyl fumarate oral</i> | T4 | |
| <i>dimethyl fumarate starter pack</i> | T4 | |
| ENBREL MINI | T4 | PA |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | T4 | PA; QL (8 vials per 30 Days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | PA |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED | T4 | PA |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T4 | PA |
| EXTAVIA SUBCUTANEOUS KIT | T5 | ST |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | T1 | |
| GENGRAF ORAL SOLUTION | T1 | |
| GILENYA ORAL CAPSULE 0.5 MG | T4 | ST |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> | T4 | |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> | T4 | PA |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | T4 | |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | T4 | QL (12 ML per 28 days) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | T4 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | T4 | PA; QL (2 syringes per 30 days) |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | T4 | PA; QL (1 kit per 2 yearss) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | T4 | PA; QL (1 kit per 2 yearss) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML | T4 | PA; QL (31 days supply per 1 Dispensing) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML | T4 | PA; QL (2 syringes per 30 days) |
| <i>hydroxychloroquine sulfate oral</i> | T1 | |
| IMURAN | T3 | |
| INTRON A | T4 | |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T5 | PA; QL (2.28 ML per 28 days) |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T5 | PA |
| <i>leflunomide oral</i> | T1 | |
| LEMTRADA | T9 | |
| MAYZENT ORAL TABLET 0.25 MG | T4 | PA; ST; QL (4 tablets per 1 day) |
| MAYZENT ORAL TABLET 2 MG | T4 | PA; ST; QL (1 tablet per 1 day) |
| <i>methotrexate oral</i> | T1 | |
| <i>methotrexate sodium injection solution reconstituted</i> | T1 | |
| NEORAL | T3 | |
| OLUMIANT | T5 | PA |
| ORENCIA CLICKJECT | T5 | PA |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | T5 | PA |
| OTEZLA ORAL TABLET | T4 | PA; QL (60 tablets per 30 days); AL |
| OTEZLA ORAL TABLET THERAPY PACK | T4 | PA |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML | T3 | ST |
| PLAQUENIL | T3 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------|
| PLEGRIDY | T4 | ST; QL (2 ML per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | ST; QL (2 ML per 28 days) |
| POMALYST | T5 | PA |
| 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 | T3 | ST |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T4 | ST; QL (6 ML per 28 days) |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T4 | ST; QL (6 ML per 28 days) |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | ST; QL (6 ML per 28 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | ST; QL (6 ML per 28 days) |
| REMICADE | T9 | |
| REVLIMID | T4 | QL (30 capsules per 30 days) |
| RIDAURA | T2 | |
| RINVOQ | T4 | PA; QL (30 tablets per 30 days) |
| SANDIMMUNE ORAL | T3 | |
| SIMPONI ARIA | T8 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | T5 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML | T5 | PA; QL (0.5 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T5 | PA |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T5 | PA; QL (1 ML per 28 days) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | T5 | PA; QL (0.5 ML per 28 days) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | PA |
| <i>sulfasalazine oral</i> | T1 | |
| TECFIDERA | T4 | ST |
| THALOMID | T4 | |
| TREXALL | T3 | ST |
| VUMERITY | T9 | |
| VUMERITY (STARTER) | T9 | |
| XATMEP | T3 | AL |
| XELJANZ | T4 | PA; QL (60 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------|----------------|---------------------------------|
| XELJANZ XR | T4 | PA; QL (30 tablets per 30 days) |
| ZEPOSIA | T4 | ST; QL (30 tablets per 30 Days) |
| ZEPOSIA 7-DAY STARTER PACK | T4 | ST; QL (30 tablets per 30 Days) |
| ZEPOSIA STARTER KIT | T4 | ST; QL (30 tablets per 30 Days) |
| <i>Immunosuppressive Agents</i> | | |
| ASTAGRAF XL | T5 | ST |
| AZASAN | T3 | |
| <i>azathioprine oral</i> | T1 | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T4 | PA; QL (4 ML per 28 days) |
| CELLCEPT | T3 | |
| <i>cyclophosphamide oral capsule</i> | T4 | |
| <i>cyclosporine modified</i> | T1 | |
| <i>cyclosporine oral capsule</i> | T1 | |
| ELIDEL | T3 | ST; QL (30 GM per 30 days) |
| ENVARUS XR | T3 | ST |
| <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> | T4 | |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | T1 | |
| GENGRAF ORAL SOLUTION | T1 | |
| IMURAN | T3 | |
| MAVENCLAD (10 TABS) | T5 | PA; QL (20 tablets per 1 year) |
| MAVENCLAD (4 TABS) | T5 | PA; QL (20 tablets per 1 year) |
| MAVENCLAD (5 TABS) | T5 | PA; QL (20 tablets per 1 year) |
| MAVENCLAD (6 TABS) | T5 | PA; QL (20 tablets per 1 year) |
| MAVENCLAD (7 TABS) | T5 | PA; QL (20 tablets per 1 year) |
| MAVENCLAD (8 TABS) | T5 | PA; QL (20 tablets per 1 year) |
| MAVENCLAD (9 TABS) | T5 | PA; QL (20 tablets per 1 year) |
| <i>mercaptopurine oral</i> | T1 | |
| <i>methotrexate oral</i> | T1 | |
| <i>methotrexate sodium injection solution reconstituted</i> | T1 | |
| <i>mycophenolate mofetil</i> | T1 | |
| <i>mycophenolic acid oral tablet delayed release 180 mg</i> | T3 | QL (248 tablets per 31 days) |
| <i>mycophenolic acid oral tablet delayed release 360 mg</i> | T3 | QL (124 tablets per 31 days) |
| MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG | T3 | QL (248 tablets per 31 days) |
| MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG | T3 | QL (124 tablets per 31 days) |
| NEORAL | T3 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------|
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML | T3 | ST |
| <i>pimecrolimus</i> | T1 | ST; QL (30 GM per 30 days) |
| PROGRAF ORAL CAPSULE | T3 | |
| PROGRAF ORAL PACKET | T3 | AL |
| PURIXAN | T5 | |
| RAPAMUNE | T5 | |
| 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 | T3 | ST |
| SANDIMMUNE ORAL | T3 | |
| <i>sirolimus oral</i> | T4 | |
| <i>tacrolimus oral</i> | T1 | |
| TREXALL | T3 | ST |
| XATMEP | T3 | AL |
| ZORTRESS | T5 | |
| Other Miscellaneous Therapeutic Agents | | |
| <i>acetylcysteine inhalation</i> | T1 | |
| AMPYRA | T9 | |
| ARCALYST | T4 | |
| CARDIOVID PLUS | T9 | |
| CARNITOR ORAL | T3 | |
| CARNITOR SF | T3 | |
| CARTICEL | T9 | |
| CERDELGA | T4 | QL (60 capsules per 30 days) |
| <i>cinacalcet hcl</i> | T4 | |
| <i>coenzyme q10</i> | T9 | |
| <i>coenzyme q-10 oral capsule 100 mg</i> | T9 | |
| <i>co-veratrol</i> | T9 | |
| <i>dalfampridine er</i> | T5 | PA |
| DEMSEER | T9 | |
| ENDARI | T9 | |
| EVOTAZ | T4 | QL (30 tablets per 30 days) |
| EXONDYS 51 | T9 | |
| FIRDAPSE | T9 | |
| GALAFOLD | T4 | PA; QL (14 capsules per 28 days) |
| GRASTEK | T3 | AL |
| ISTURISA ORAL TABLET 1 MG | T5 | PA; QL (120 Tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------------------------|----------------|----------------------------------|
| ISTURISA ORAL TABLET 10 MG, 5 MG | T5 | PA; QL (60 Tablets per 30 days) |
| KUVAN | T5 | PA |
| <i>levocarnitine oral solution</i> | T1 | |
| <i>levocarnitine oral tablet</i> | T1 | |
| <i>levocarnitine sf</i> | T1 | |
| <i>maca</i> | T9 | |
| <i>methazel</i> | T9 | |
| <i>metyrosine</i> | T9 | |
| <i>miglustat</i> | T5 | PA |
| NICADAN | T9 | |
| NICAZEL | T9 | |
| NICAZEL FORTE | T9 | |
| <i>nitisinone</i> | T9 | |
| NITYR | T9 | |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | T4 | |
| ORALAIR | T3 | AL |
| ORFADIN | T9 | |
| POTABA ORAL CAPSULE | T9 | |
| PREZCOBIX | T4 | QL (30 tablets per 30 days) |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE | T9 | |
| RAGWITEK | T3 | AL |
| REMICADE | T9 | |
| RUZURGI ORAL TABLET 10 MG | T4 | PA |
| RUZURGI ORAL TABLET 10 MG | T4 | PA; QL (30 tablets per 30 days) |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | T5 | |
| <i>sapropterin dihydrochloride</i> | T4 | PA |
| SENSIPAR | T5 | |
| SULFZIX ORAL CAPSULE | T9 | |
| SYMTUZA | T4 | QL (30 tablets per 30 days) |
| THIOLA | T4 | PA; QL (240 tablets per 30 days) |
| THIOLA EC | T9 | |
| <i>tri-zel</i> | T9 | |
| TYBOST | T2 | QL (30 tablets per 30 days) |
| <i>vp-zel</i> | T9 | |
| XURIDEN | T9 | |
| ZAVESCA | T9 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------|----------------|------------------------------|
| Protective Agents | | |
| ELMIRON | T5 | QL (90 capsules per 30 days) |
| MESNEX ORAL | T4 | |
| Nonhormonal Contraceptives | | |
| Nonhormonal Contraceptives | | |
| CAYA | T3 | |
| PHEXXI | T9 | |
| Oxytocics | | |
| Oxytocics | | |
| METHERGINE ORAL | T3 | QL (28 tablets per 365 days) |
| <i>methylergonovine maleate oral</i> | T3 | QL (28 EA per 365 days) |
| Pharmaceutical Aids | | |
| Pharmaceutical Aids | | |
| ALPAWASH | T9 | |
| FREEDOM DERMA-D | T9 | |
| Respiratory Tract Agents | | |
| Alpha And Beta Adrenergic Agonist(Respr) | | |
| ALAVERT ALLERGY/SINUS | T9 | |
| ALLEGRA-D ALLERGY & CONGESTION | T9 | |
| <i>allergy relief/nasal decongest oral tablet extended release 24 hour</i> | T9 | |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML | T9 | |
| BROMFED DM | T9 | |
| <i>cetirizine-pseudoephedrine er</i> | T9 | |
| CLARITIN-D 12 HOUR | T9 | |
| CLARITIN-D 24 HOUR | T9 | |
| <i>epinephrine injection solution auto-injector</i> | T2 | QL (4 pens per 31 days) |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR | T9 | |
| 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 | |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i> | T1 | |
| <i>pseudoeph-chlorphen-hydrocod</i> | T1 | |
| <i>pseudoephedrine hcl oral tablet 60 mg</i> | T9 | |
| SEMPREX-D | T9 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------------------------------|----------------|--------------------------------------|
| 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) |
| ZYRTEC-D ALLERGY & CONGESTION | T9 | |
| <i>Anticholinergic Agents (Respir. Tract)</i> | | |
| ANORO ELLIPTA | T2 | QL (1 inhaler per 30 days) |
| <i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i> | T1 | |
| ATROVENT HFA | T2 | |
| COMBIVENT RESPIMAT | T2 | QL (2 GM per 40 days) |
| <i>diphenoxylate-atropine</i> | T1 | |
| INCRUSE ELLIPTA | T2 | QL (30 Blisters per 30 Day(s)s) |
| <i>ipratropium bromide inhalation</i> | T1 | |
| <i>ipratropium-albuterol</i> | T1 | QL (540 ML per 30 days) |
| LOMOTIL ORAL TABLET | T3 | |
| 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) |
| TRELEGY ELLIPTA | T2 | |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | T9 | |
| UTIBRON NEOHALER | T3 | QL (1 inhaler per 30 days); AL |
| <i>Antifibrotic Agents</i> | | |
| ESBRIET ORAL CAPSULE | T4 | PA; QL (270 capsules per 30 days) |
| ESBRIET ORAL TABLET 267 MG | T4 | PA; QL (270 tablets per 30 days) |
| ESBRIET ORAL TABLET 801 MG | T4 | PA; QL (90 capsules per 30 days) |
| OFEV | T4 | PA; QL (60 capsules per 30 days); AL |
| <i>Antitussives</i> | | |
| <i>benzonatate oral capsule 100 mg, 200 mg</i> | T1 | |
| <i>benzonatate oral capsule 150 mg</i> | T9 | |
| BROMFED DM | T9 | |
| <i>cheratussin ac oral syrup</i> | T1 | |
| <i>codeine sulfate oral tablet 30 mg, 60 mg</i> | T1 | |
| HISTEX-AC | T9 | |
| <i>hydrocod polst-cpm polst er oral suspension extended release</i> | T1 | |
| <i>hydrocodone-homatropine oral syrup</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------|----------------|--------------------------------------|
| <i>hydromet</i> | T1 | |
| <i>maxi-tuss cd</i> | T9 | |
| NUDEXTA | T4 | PA; QL (60 capsules per 30 days) |
| <i>promethazine-codeine oral syrup</i> | T1 | |
| <i>promethazine-dm oral syrup</i> | T1 | |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i> | T1 | |
| <i>pseudoeph-chlorphen-hydrocod</i> | T1 | |
| TESSALON PERLES | T3 | |
| TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE | T3 | |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | T9 | |
| <i>Cystic Fibrosis (Cftr) Correctors</i> | | |
| ORKAMBI ORAL PACKET | T4 | PA; QL (60 granules per 30 days); AL |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | T4 | PA; QL (120 tablets per 30 days); AL |
| SYMDEKO | T4 | PA; QL (60 tablets per 31 days) |
| TRIKAFTA | T4 | PA; QL (84 tablets per 28 Days) |
| <i>Cystic Fibrosis (Cftr) Potentiators</i> | | |
| KALYDECO ORAL PACKET 50 MG, 75 MG | T4 | PA; QL (2 packets per 1 day); AL |
| KALYDECO ORAL TABLET | T4 | PA; QL (2 tablets per 1 day); AL |
| ORKAMBI ORAL PACKET | T4 | PA; QL (60 granules per 30 days); AL |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | T4 | PA; QL (120 tablets per 30 days); AL |
| SYMDEKO | T4 | PA; QL (60 tablets per 31 days) |
| TRIKAFTA | T4 | PA; QL (84 tablets per 28 Days) |
| <i>Expectorants</i> | | |
| <i>cheratussin ac oral syrup</i> | T1 | |
| <i>First Generation Antihist.(Respir Tract)</i> | | |
| BONJESTA | T9 | |
| BROMFED DM | T9 | |
| <i>carbinoxamine maleate oral tablet 6 mg</i> | T9 | |
| <i>chlorpheniramine maleate er</i> | T9 | |
| <i>clemastine fumarate oral tablet</i> | T9 | |
| <i>cyproheptadine hcl oral</i> | T9 | |
| DICLEGIS | T9 | |
| DICOPANOL FUSEPAQ | T9 | |
| <i>diphenhydramine hcl oral capsule</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|-----------------------------------------------------------------------|----------------|--------------------------------------|
| <i>diphenhydramine hcl oral elixir</i> | T9 | |
| <i>doxylamine-pyridoxine</i> | T9 | |
| HISTEX-AC | T9 | |
| <i>hydrocod polst-cpm polst er oral suspension extended release</i> | T1 | |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE | T9 | |
| <i>maxi-tuss cd</i> | T9 | |
| PHENERGAN INJECTION SOLUTION 50 MG/ML | T9 | |
| <i>promethazine hcl oral syrup</i> | T9 | |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg</i> | T1 | |
| <i>promethazine hcl oral tablet 50 mg</i> | T9 | |
| <i>promethazine-codeine oral syrup</i> | T1 | |
| <i>promethazine-dm oral syrup</i> | T1 | |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i> | T1 | |
| <i>pseudoeph-chlorphen-hydrocod</i> | T1 | |
| RYCLORA ORAL SYRUP | T9 | |
| RYVENT | T9 | |
| TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE | T3 | |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | T9 | |
| Interleukin Antagonists | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | PA; QL (2 pens per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | T4 | PA; QL (2 pens per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | T4 | PA; QL (2 ML per 28 days) |
| FASENRA PEN | T4 | PA; QL (1 ML per 56 days) |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T5 | PA; QL (1 autoinjector per 30 days) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T5 | PA; QL (1 syringe per 30 days) |
| Leukotriene Modifiers | | |
| ACCOLATE | T3 | |
| <i>montelukast sodium oral</i> | T1 | |
| SINGULAIR | T3 | |
| <i>zafirlukast</i> | T1 | |
| <i>zileuton er</i> | T5 | ST; QL (120 tablets per 30 days); AL |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------|----------------|---------------------------------|
| ZYFLO | T9 | |
| ZYFLO CR | T9 | |
| Mast-Cell Stabilizers | | |
| ALOCRIL | T3 | ST |
| <i>cromolyn sodium inhalation</i> | T3 | |
| <i>cromolyn sodium ophthalmic</i> | T1 | |
| <i>cromolyn sodium oral</i> | T3 | |
| GASTROCROM | T3 | |
| Mucolytic Agents | | |
| <i>acetylcysteine inhalation</i> | T1 | |
| PULMOZYME | T4 | PA; QL (60 ampules per 30 days) |
| Nasal Preparations (Steroids) | | |
| <i>azelastine-fluticasone</i> | T1 | ST |
| BECONASE AQ | T9 | |
| <i>budesonide nasal</i> | T9 | |
| DERMACINRX TICANASE PAK | 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 | T3 | |
| NASACORT ALLERGY 24HR CHILDREN | T9 | |
| NASONEX | T9 | |
| OMNARIS | T3 | ST |
| QNASL | T3 | ST |
| QNASL CHILDRENS | T3 | ST |
| SINUVA | T9 | |
| TICALAST | T9 | |
| <i>triamcinolone acetate nasal aerosol</i> | T9 | |
| XHANCE | T9 | |
| ZETONNA | T9 | |
| Orally Inhaled Preparations (Steroids) | | |
| ADVAIR DISKUS | T9 | MB (Advair Comm(#2)) |
| ADVAIR HFA | T9 | MB (Advair Comm(#2)) |
| AIRDUO DIGIHALER | T9 | |
| AIRDUO RESPICLICK 113/14 | T9 | |
| AIRDUO RESPICLICK 232/14 | T9 | |
| AIRDUO RESPICLICK 55/14 | T9 | |
| ALVESCO | T9 | |
| ARMONAIR DIGIHALER | T9 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------|
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT | T1 | QL (1 Inhaler per 30 days); AL |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT | T1 | QL (1 Inhaler per 30 days) |
| 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 INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT | T9 | AL |
| ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT | T9 | |
| BREO ELLIPTA | T9 | |
| <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-formoterol fumarate</i> | T9 | |
| DULERA | T2 | QL (1 inhaler per 31 days) |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST | T1 | QL (1 Inhaler per 30 Day(s)s) |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST | T1 | QL (1 Inhaler per 30 Day(s)s); AL |
| FLOVENT HFA | T1 | QL (1 Inhaler per 30 Day(s)s) |
| <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> | T1 | QL (1 inhaler per 30 days) |
| 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 REDHALER | T1 | |
| SYMBICORT | T2 | QL (1 Inhaler per 30 days) |
| TRELEGY ELLIPTA | T2 | |
| WIXELA INHUB | T9 | |
| Phosphodiesterase Type 4 Inhibitors | | |
| DALIRESP ORAL TABLET 250 MCG | T3 | PA; QL (1 Fill per 1 Lifetime) |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------|----------------|----------------------|
| DALIRESP ORAL TABLET 500 MCG | T3 | PA |
| Second Generation Antihist(Respir Tract) | | |
| ALAVERT ALLERGY/SINUS | T9 | |
| ALAVERT ORAL TABLET DISPERSIBLE | T9 | |
| ALLEGRA ALLERGY | T9 | |
| ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION | T9 | |
| ALLEGRA-D ALLERGY & CONGESTION | T9 | |
| <i>allergy relief/nasal decongest oral tablet extended release 24 hour</i> | T9 | |
| <i>azelastine-fluticasone</i> | T1 | ST |
| <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 | T9 | |
| CLARITIN ORAL SYRUP | T9 | |
| CLARITIN ORAL TABLET | T9 | |
| CLARITIN ORAL TABLET CHEWABLE | T9 | |
| CLARITIN REDITABS | T9 | |
| CLARITIN-D 12 HOUR | T9 | |
| CLARITIN-D 24 HOUR | T9 | |
| <i>desloratadine oral tablet</i> | T9 | |
| DYMISTA | T9 | |
| <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 | |
| TICALAST | T9 | |
| ZYRTEC ALLERGY ORAL TABLET | T9 | |
| ZYRTEC-D ALLERGY & CONGESTION | T9 | |
| Select.Beta-2-Adrenergic Agonist(Respir) | | |
| ADVAIR DISKUS | T9 | MB (Advair Comm(#2)) |
| ADVAIR HFA | T9 | MB (Advair Comm(#2)) |
| AIRDUO DIGIHALER | T9 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| AIRDUO RESPICLICK 113/14 | T9 | |
| AIRDUO RESPICLICK 232/14 | T9 | |
| AIRDUO RESPICLICK 55/14 | T9 | |
| <i>albuterol sulfate er</i> | T1 | |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i> | T1 | 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> | T1 | |
| <i>albuterol sulfate oral</i> | T1 | |
| ANORO ELLIPTA | T2 | QL (1 inhaler per 30 days) |
| ARCAPTA NEOHALER | T3 | |
| BEVESPI AEROSPHERE | T2 | QL (1 GM per 30 days) |
| BREO ELLIPTA | T9 | |
| BROVANA | T4 | 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> | T1 | QL (1 inhaler per 30 days) |
| <i>ipratropium-albuterol</i> | T1 | 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> | T1 | |
| <i>metaproterenol sulfate oral</i> | T1 | |
| PERFOROMIST | T4 | AL |
| 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 |
| SYMBICORT | T2 | QL (1 Inhaler per 30 days) |
| <i>terbutaline sulfate oral</i> | T1 | |
| TRELEGY ELLIPTA | T2 | |
| UTIBRON NEOHALER | T3 | QL (1 inhaler per 30 days); AL |
| VENTOLIN HFA | T2 | QL (2 Inhalers per 25 days) |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------|----------------|-----------------------------------|
| WIXELA INHUB | T9 | |
| XOPENEX | T3 | |
| XOPENEX CONCENTRATE | T3 | |
| XOPENEX HFA | T9 | |
| Vasodilating Agents (Respiratory Tract) | | |
| ADCIRCA | T9 | QL (60 tablets per 30 days) |
| ADEMPAS | T4 | PA; QL (90 tablets per 30 days) |
| <i>ambrisentan</i> | T4 | PA |
| <i>bosentan</i> | T4 | PA |
| LETAIRIS | T9 | |
| OPSUMIT | T5 | PA; QL (1 tablet per 1 day) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG | T5 | PA; QL (2880 tablets per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG | T5 | PA; QL (1440 tablets per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG | T5 | PA; QL (360 tablets per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG | T5 | PA; QL (120 tablets per 30 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG | T5 | PA; QL (60 tablets per 30 days) |
| REVATIO ORAL SUSPENSION RECONSTITUTED | T5 | PA; QL (180 ML per 30 days); AL |
| REVATIO ORAL TABLET | T5 | PA |
| <i>sildenafil citrate oral suspension reconstituted</i> | T4 | PA; QL (180 ML per 30 days); AL |
| <i>sildenafil citrate oral tablet 20 mg</i> | T3 | PA |
| <i>tadalafil (pah)</i> | T9 | |
| TRACLEER | T9 | |
| TYVASO | T4 | PA |
| TYVASO REFILL | T4 | PA |
| TYVASO STARTER | T4 | PA |
| UPTRAVI ORAL TABLET | T5 | PA; QL (60 tablets per 30 days) |
| VENTAVIS | T4 | PA |
| Xanthine Derivatives | | |
| ELIXOPHYLLIN | T3 | |
| THEO-24 | T2 | |
| <i>theophylline er</i> | T1 | |
| Skin And Mucous Membrane Agents | | |
| Allylamines (Skin And Mucous Membrane) | | |
| <i>naftifine hcl external cream 1 %</i> | T3 | ST; QL (90 GM per 30 days) |
| <i>naftifine hcl external cream 2 %</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------|----------------|-------------------------|
| NAFTIN EXTERNAL CREAM 2 % | T9 | |
| NAFTIN EXTERNAL GEL | T9 | |
| Antibacterials (Skin, Mucous Membrane) | | |
| ACANYA | T9 | |
| ACZONE | T9 | |
| AKTIPAK | T9 | |
| ALTABAX | T3 | ST |
| AMZEEQ | T9 | |
| BENZACLIN | T9 | |
| BENZACLIN WITH PUMP | T9 | |
| <i>benzoyl peroxide-erythromycin</i> | T2 | |
| CENTANY | T3 | |
| CLEOCIN VAGINAL CREAM | T3 | |
| CLEOCIN VAGINAL SUPPOSITORY | T9 | |
| CLEOCIN-T EXTERNAL GEL | T3 | |
| CLEOCIN-T EXTERNAL LOTION | T3 | |
| CLEOCIN-T EXTERNAL SOLUTION | T9 | |
| CLEOCIN-T EXTERNAL SWAB | T3 | |
| CLINDAGEL | T9 | |
| <i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i> | T2 | QL (45 gm per 30 days) |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %</i> | T9 | |
| <i>clindamycin phosphate external gel</i> | T1 | |
| <i>clindamycin phosphate external lotion</i> | T1 | |
| <i>clindamycin phosphate external solution</i> | T1 | QL (180 ML per 30 days) |
| <i>clindamycin phosphate external swab</i> | T1 | |
| <i>clindamycin phosphate vaginal</i> | T1 | |
| <i>clindamycin-tretinoin</i> | T3 | |
| CLINDESSE | T3 | ST |
| CORTISPORIN EXTERNAL | T2 | |
| <i>dapsone external</i> | T9 | |
| DUAC | T9 | |
| <i>ery</i> | T1 | |
| <i>erythromycin external gel</i> | T1 | |
| <i>erythromycin external solution</i> | T1 | |
| <i>gentamicin sulfate external</i> | T1 | |
| METROCREAM | T3 | |
| METROGEL EXTERNAL GEL | T3 | |
| METROGEL-VAGINAL | T3 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------|----------------|------------------------|
| METROLOTION | T3 | |
| <i>metronidazole external</i> | T1 | |
| <i>metronidazole vaginal</i> | T1 | |
| <i>mupirocin calcium</i> | T9 | |
| <i>mupirocin external</i> | T1 | QL (22 gm per 30 days) |
| NEO-SYNALAR EXTERNAL CREAM | T9 | |
| NEUAC EXTERNAL GEL | T1 | QL (45 GM per 30 days) |
| NEUAC EXTERNAL KIT | T9 | |
| NORITATE | T9 | |
| NUVESSA | T9 | |
| ONEXTON | T9 | |
| VANDAZOLE | T1 | |
| VELTIN | T9 | |
| XEPI | T9 | |
| ZIANA | T9 | |
| ZILXI | T9 | |
| Antifulgals (Skin, Mucous Membrane), Misc | | |
| ALA-QUIN | T3 | |
| <i>bensal hp</i> | T9 | |
| Anti-Inflammatory Agents (Skin, Mucous) | | |
| ALA SCALP | T9 | |
| <i>ala-cort external cream 1 %</i> | T9 | |
| ALA-QUIN | T3 | |
| <i>alclometasone dipropionate</i> | T1 | |
| ALCORTIN A | T9 | |
| <i>amcinonide</i> | T9 | |
| ANALPRAM HC RECTAL | T9 | |
| ANALPRAM HC SINGLES RECTAL | T9 | |
| ANALPRAM-HC RECTAL CREAM | T9 | |
| ANALPRAM-HC RECTAL LOTION 2.5-1 % | T9 | |
| ANUSOL-HC RECTAL SUPPOSITORY | T9 | |
| APEXICON E | T9 | |
| AQUANIL HC | T1 | |
| <i>betamethasone dipropionate aug external cream</i> | T1 | |
| <i>betamethasone dipropionate aug external gel</i> | T1 | QL (50 GM per 30 days) |
| <i>betamethasone dipropionate aug external lotion</i> | T2 | QL (60 GM per 30 days) |
| <i>betamethasone dipropionate aug external ointment</i> | T1 | QL (50 GM per 30 days) |
| <i>betamethasone dipropionate external</i> | T1 | |
| <i>betamethasone valerate external cream</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------|----------------|-----------------------------|
| <i>betamethasone valerate external foam</i> | T9 | |
| <i>betamethasone valerate external lotion</i> | T1 | QL (60 ML per 30 days) |
| <i>betamethasone valerate external ointment</i> | T1 | |
| <i>calcipotriene-betameth diprop external ointment</i> | T1 | ST; QL (100 GM per 30 days) |
| <i>calcipotriene-betameth diprop external suspension</i> | T3 | ST |
| CAPEX | T9 | |
| <i>clobetasol prop emollient base</i> | T1 | |
| <i>clobetasol propionate emulsion</i> | T9 | |
| <i>clobetasol propionate external cream</i> | T1 | |
| <i>clobetasol propionate external foam</i> | T9 | |
| <i>clobetasol propionate external gel</i> | T1 | |
| <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> | T1 | QL (60 GM per 30 days) |
| <i>clobetasol propionate external shampoo</i> | T2 | ST; QL (118 ML per 30 days) |
| <i>clobetasol propionate external solution</i> | T1 | QL (118 ML per 30 days) |
| CLOBEX | T3 | ST |
| CLOBEX SPRAY | T9 | |
| <i>clocortolone pivalate</i> | T9 | |
| <i>clocortolone pivalate pump</i> | T9 | |
| CLODAN EXTERNAL KIT | T3 | |
| CLODERM | T9 | |
| CLODERM PUMP | T9 | |
| <i>clotrimazole-betamethasone</i> | T1 | |
| CORDRAN | T9 | |
| CORTENEMA | T3 | |
| CORTIFOAM RECTAL | T3 | ST |
| CORTISPORIN EXTERNAL | T2 | |
| DERMA-SMOOTH/FS BODY | T3 | |
| DERMA-SMOOTH/FS SCALP | T3 | |
| DERMASORB HC | T9 | |
| DERMASORB TA | T9 | |
| DESONATE | T9 | |
| <i>desonide external cream</i> | T1 | ST |
| <i>desonide external gel</i> | T9 | |
| <i>desonide external lotion</i> | T1 | ST |
| <i>desonide external ointment</i> | T1 | ST |
| DESOWEN EXTERNAL CREAM | T3 | ST |
| DESOWEN EXTERNAL LOTION | T3 | ST |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------|-----------------------|-----------------------------|
| <i>desoximetasone external cream 0.05 %</i> | T9 | |
| <i>desoximetasone external cream 0.25 %</i> | T1 | |
| <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> | T1 | |
| <i>diflorasone diacetate external</i> | T9 | |
| DIPROLENE AF | T3 | |
| DIPROLENE EXTERNAL OINTMENT | T3 | |
| ELOCON EXTERNAL CREAM | T3 | |
| ELOCON EXTERNAL OINTMENT | T3 | |
| <i>enovarx-ibuprofen</i> | T9 | |
| <i>enovarx-naproxen external</i> | T9 | |
| ENSTILAR | T9 | |
| EPIFOAM | T9 | |
| EUCRISA | T3 | ST |
| <i>fluocinolone acetonide body</i> | T1 | |
| <i>fluocinolone acetonide external cream 0.01 %</i> | T1 | ST |
| <i>fluocinolone acetonide external cream 0.025 %</i> | T1 | |
| <i>fluocinolone acetonide external ointment</i> | T1 | |
| <i>fluocinolone acetonide external solution</i> | T1 | ST; QL (180 ML per 30 days) |
| <i>fluocinolone acetonide scalp</i> | T1 | |
| <i>fluocinonide emulsified base</i> | T1 | |
| <i>fluocinonide external cream 0.05 %</i> | T1 | |
| <i>fluocinonide external cream 0.1 %</i> | T9 | |
| <i>fluocinonide external gel</i> | T1 | |
| <i>fluocinonide external ointment</i> | T1 | |
| <i>fluocinonide external solution</i> | T1 | QL (60 ML per 30 days) |
| <i>flurandrenolide</i> | T9 | |
| <i>fluticasone propionate external cream</i> | T1 | |
| <i>fluticasone propionate external lotion</i> | T9 | |
| <i>fluticasone propionate external ointment</i> | T1 | |
| <i>halobetasol propionate external cream</i> | T2 | ST; QL (50 GM per 30 days) |
| <i>halobetasol propionate external ointment</i> | T2 | QL (50 GM per 30 days) |
| HALOG | T9 | |
| <i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i> | T2 | |
| <i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------|-----------------------|-------------------------|
| <i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i> | T2 | |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> | T1 | |
| <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> | T1 | |
| <i>hydrocortisone external cream 1 %</i> | T9 | |
| <i>hydrocortisone external cream 2.5 %</i> | T1 | |
| <i>hydrocortisone external lotion 1 %</i> | T9 | |
| <i>hydrocortisone external lotion 2.5 %</i> | T1 | |
| <i>hydrocortisone external ointment 0.5 %, 1 %</i> | T9 | |
| <i>hydrocortisone external ointment 2.5 %</i> | T1 | |
| <i>hydrocortisone rectal cream 1 %</i> | T9 | |
| <i>hydrocortisone rectal enema</i> | T1 | |
| <i>hydrocortisone valerate external cream</i> | T1 | QL (120 GM per 30 days) |
| <i>hydrocortisone valerate external ointment</i> | T2 | ST |
| <i>hydrocortisone-aloe external cream 0.5 %</i> | T9 | |
| IMPOYZ | T9 | |
| <i>iodoquinol-hydrocortisone-aloe</i> | T9 | |
| KENALOG EXTERNAL | T9 | |
| <i>lidocaine-hydrocortisone ace rectal</i> | T9 | |
| LOCOID EXTERNAL CREAM | T9 | |
| LOCOID EXTERNAL LOTION | T9 | |
| LOCOID EXTERNAL SOLUTION | T3 | |
| LOCOID LIPOCREAM | T9 | |
| LOTRISONE EXTERNAL CREAM | T3 | |
| LUXIQ | T9 | |
| <i>mometasone furoate external</i> | T1 | |
| NEO-SYNALAR EXTERNAL CREAM | T9 | |
| NOBLE FORMULA HC EXTERNAL SOLUTION | T9 | |
| NOVACORT EXTERNAL GEL 1-2 % | T9 | |
| OLUX | T9 | |
| OLUX-E | T9 | |
| ORALONE | T3 | |
| PANDEL | T9 | |
| <i>pramcort rectal</i> | T9 | |
| PRAMOSONE | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------|----------------|-----------------------------|
| <i>prednicarbate</i> | T1 | |
| PROCTOCORT RECTAL | T9 | |
| PROCTOFOAM HC RECTAL | T2 | QL (2 GM per 30 days) |
| PROCTO-PAK RECTAL | T9 | |
| PROCTOSOL HC RECTAL | T1 | |
| SCALPICIN MAXIMUM STRENGTH | T9 | |
| SERNIVO | T9 | |
| SYNALAR | T9 | |
| SYNALAR TS | T9 | |
| TACLONEX EXTERNAL OINTMENT | T3 | ST; QL (100 GM per 30 days) |
| TACLONEX EXTERNAL SUSPENSION | T9 | |
| TEMOVATE EXTERNAL OINTMENT | T3 | |
| 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> | T1 | |
| <i>triamcinolone acetonide external lotion 0.1 %</i> | T1 | |
| <i>triamcinolone acetonide external ointment 0.025 % , 0.1 %</i> | T1 | |
| <i>triamcinolone acetonide external ointment 0.05 %</i> | T9 | |
| <i>triamcinolone acetonide mouth/throat</i> | T1 | |
| TRIANEX | T9 | |
| TRIDERM EXTERNAL CREAM | T1 | |
| ULTRAVATE EXTERNAL CREAM | T9 | |
| ULTRAVATE EXTERNAL LOTION | T9 | |
| ULTRAVATE X (OINTMENT) | T9 | |
| VANOS | T9 | |
| VANOXIDE-HC | T9 | |
| VERDESO | T9 | |
| VYTONE | T9 | |
| XERESE | T9 | |
| <i>Anti-Inflammatory Agents, Misc (Skin)</i> | | |
| EUCRISA | T3 | ST |
| <i>Antipruritics And Local Anesthetics</i> | | |
| ANALPRAM HC RECTAL | T9 | |
| ANALPRAM HC SINGLES RECTAL | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------|----------------|-----------------------|
| ANALPRAM-HC RECTAL CREAM | T9 | |
| ANALPRAM-HC RECTAL LOTION 2.5-1 % | T9 | |
| CETACAINE EXTERNAL AEROSOL | T9 | |
| DERMACINRX PRIZOPAK | T9 | |
| <i>doxepin hcl external</i> | T9 | |
| <i>enovarx-lidocaine hcl external cream 10 %</i> | T9 | |
| EPIFOAM | T9 | |
| <i>ethyl chloride</i> | T9 | |
| <i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i> | T2 | |
| <i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i> | T9 | |
| <i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i> | T2 | |
| <i>lidocaine external cream 4 %</i> | T9 | |
| <i>lidocaine external ointment</i> | T1 | |
| <i>lidocaine external patch 5 %</i> | T9 | |
| <i>lidocaine hcl external cream 3 %, 4 %</i> | T9 | |
| <i>lidocaine hcl external solution</i> | T1 | |
| <i>lidocaine-hydrocortisone ace rectal</i> | T9 | |
| <i>lidocaine-prilocaine external cream</i> | T1 | |
| LIDODERM | T9 | |
| <i>lidopin external cream 3 %</i> | T1 | |
| <i>lidopin external cream 3.25 %</i> | T9 | |
| <i>lidopril external kit</i> | T9 | |
| <i>lidorx</i> | T9 | |
| LIDOTRANS 5 PAK | T9 | |
| LIVIXIL PAK | T9 | |
| NOVACORT EXTERNAL GEL 1-2 % | T9 | |
| <i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i> | T1 | |
| PLIAGLIS EXTERNAL CREAM | T9 | |
| <i>pramcort rectal</i> | T9 | |
| PRAMOSONE | T9 | |
| <i>pramoxine hcl rectal</i> | T9 | |
| <i>prilovix</i> | T9 | |
| <i>prilovixil</i> | T9 | |
| PROCTOFOAM HC RECTAL | T2 | QL (2 GM per 30 days) |
| PROCTOFOAM RECTAL | T9 | |
| PRUDOXIN | T9 | |
| PYRIDIUM | T3 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------|----------------|-------------------------|
| RELADOR PAK EXTERNAL KIT | T9 | |
| RELADOR PAK PLUS | T9 | |
| SYNERA | T9 | |
| XRYLIDERM | T9 | |
| <i>zeruvia</i> | T9 | |
| ZONALON | T9 | |
| ZTLIDO | T9 | |
| Antivirals (Skin And Mucous Membrane) | | |
| <i>acyclovir external</i> | T9 | |
| DENAVIR | T9 | |
| XERESE | T9 | |
| ZOVIRAX EXTERNAL | T9 | |
| Astringents | | |
| DOMEBORO EXTERNAL PACKET | T9 | |
| DRYSOL | T2 | |
| XERAC AC | T9 | |
| Azoles (Skin And Mucous Membrane) | | |
| <i>clotrimazole external cream</i> | T9 | |
| <i>clotrimazole external solution</i> | T9 | |
| <i>clotrimazole mouth/throat troche</i> | T1 | |
| <i>clotrimazole-betamethasone</i> | T1 | |
| <i>econazole nitrate external</i> | T1 | QL (90 GM per 30 days) |
| ECOZA | T9 | |
| ERTACZO | T3 | ST |
| EXELDERM | T3 | ST |
| EXTINA | T9 | |
| GYNAZOLE-1 | T3 | |
| JUBLIA | T9 | |
| <i>ketoconazole external cream</i> | T1 | QL (60 gm per 30 days) |
| <i>ketoconazole external foam</i> | T9 | |
| <i>ketoconazole external shampoo 2 %</i> | T1 | 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 |
| <i>oxiconazole nitrate</i> | T9 | |
| OXISTAT EXTERNAL CREAM | T3 | ST |
| OXISTAT EXTERNAL LOTION | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------|-----------------------|-------------------------------|
| <i>sulconazole nitrate</i> | T3 | |
| TERAZOL 7 | T3 | |
| <i>terconazole vaginal cream 0.4 %</i> | T1 | |
| <i>terconazole vaginal suppository</i> | T1 | |
| VUSION | T9 | |
| XOLEGEL | T9 | |
| Basic Lotions And Liniments | | |
| <i>ammonium lactate external lotion</i> | T9 | |
| GERI-HYDROLAC 12 EXTERNAL LOTION | T9 | |
| GERI-HYDROLAC 5 | T9 | |
| <i>lactic acid external lotion</i> | T9 | |
| PRUCLAIR | T9 | |
| Basic Oils And Other Solvents | | |
| AVO CREAM | T9 | |
| BIAFINE | T9 | |
| CERACADE | T9 | |
| LUXAMEND | T9 | |
| PHLAG SPRAY | T9 | |
| PRUTECT | T9 | |
| SONAFINE | T9 | |
| SYNERDERM | T9 | |
| Basic Ointments And Protectants | | |
| <i>ammonium lactate external cream</i> | T9 | |
| ELETONE | T9 | |
| GERI-HYDROLAC 12 EXTERNAL CREAM | T9 | |
| HPR PLUS-MB HYDROGEL | T9 | |
| LAC-HYDRIN EXTERNAL CREAM | T9 | |
| <i>lactic acid e</i> | T9 | |
| LUXAMEND | T9 | |
| TETRIX EXTERNAL CREAM | T9 | |
| Benzylamines (Skin And Mucous Membrane) | | |
| MENTAX | T9 | |
| Cell Stimulants And Proliferants | | |
| ALTRENO | T1 | QL (45 grams per 30 days); AL |
| ATRALIN | T3 | ST; AL |
| AVITA | T9 | |
| <i>clindamycin-tretinoin</i> | T3 | |
| REFISSA | T9 | |
| REGRANEX | T4 | ST |
| RENOVA | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------|----------------|------------------------|
| 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> | T1 | AL |
| <i>tretinoin external cream 0.05 % , 0.1 %</i> | T2 | AL |
| <i>tretinoin external gel 0.01 % , 0.025 %</i> | T1 | AL |
| <i>tretinoin external gel 0.05 %</i> | T2 | AL |
| <i>tretinoin microsphere</i> | T9 | |
| <i>tretinoin microsphere pump</i> | T9 | |
| VELTIN | T9 | |
| ZIANA | T9 | |
| Corticosteroids (Skin, Mucous Membrane) | | |
| ALA SCALP | T9 | |
| <i>ala-cort external cream 1 %</i> | T9 | |
| ALA-QUIN | T3 | |
| <i>alclometasone dipropionate</i> | T1 | |
| ALCORTIN A | T9 | |
| <i>amcinonide</i> | T9 | |
| ANALPRAM HC RECTAL | T9 | |
| ANALPRAM HC SINGLES RECTAL | T9 | |
| ANALPRAM-HC RECTAL CREAM | T9 | |
| ANALPRAM-HC RECTAL LOTION 2.5-1 % | T9 | |
| ANUSOL-HC RECTAL SUPPOSITORY | T9 | |
| APEXICON E | T9 | |
| AQUANIL HC | T1 | |
| <i>betamethasone dipropionate aug external cream</i> | T1 | |
| <i>betamethasone dipropionate aug external gel</i> | T1 | QL (50 GM per 30 days) |
| <i>betamethasone dipropionate aug external lotion</i> | T2 | QL (60 GM per 30 days) |
| <i>betamethasone dipropionate aug external ointment</i> | T1 | QL (50 GM per 30 days) |
| <i>betamethasone dipropionate external</i> | T1 | |
| <i>betamethasone valerate external cream</i> | T1 | |
| <i>betamethasone valerate external foam</i> | T9 | |
| <i>betamethasone valerate external lotion</i> | T1 | QL (60 ML per 30 days) |
| <i>betamethasone valerate external ointment</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------|-----------------------|-----------------------------|
| BRYHALI | T3 | ST |
| <i>calcipotriene-betameth diprop external ointment</i> | T1 | ST; QL (100 GM per 30 days) |
| <i>calcipotriene-betameth diprop external suspension</i> | T3 | ST |
| CAPEX | T9 | |
| <i>clobetasol prop emollient base</i> | T1 | |
| <i>clobetasol propionate emulsion</i> | T9 | |
| <i>clobetasol propionate external cream</i> | T1 | |
| <i>clobetasol propionate external foam</i> | T9 | |
| <i>clobetasol propionate external gel</i> | T1 | |
| <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> | T1 | QL (60 GM per 30 days) |
| <i>clobetasol propionate external shampoo</i> | T2 | ST; QL (118 ML per 30 days) |
| <i>clobetasol propionate external solution</i> | T1 | QL (118 ML per 30 days) |
| CLOBEX | T3 | ST |
| CLOBEX SPRAY | T9 | |
| <i>clocortolone pivalate</i> | T9 | |
| <i>clocortolone pivalate pump</i> | T9 | |
| CLODAN EXTERNAL KIT | T3 | |
| CLODERM | T9 | |
| CLODERM PUMP | T9 | |
| <i>clotrimazole-betamethasone</i> | T1 | |
| CORDRAN | T9 | |
| CORTENEMA | T3 | |
| CORTIFOAM RECTAL | T3 | ST |
| CORTISPORIN EXTERNAL | T2 | |
| DERMA-SMOOTH/FS BODY | T3 | |
| DERMA-SMOOTH/FS SCALP | T3 | |
| DERMASORB HC | T9 | |
| DERMASORB TA | T9 | |
| DERMAZENE | T9 | |
| DESONATE | T9 | |
| <i>desonide external cream</i> | T1 | ST |
| <i>desonide external gel</i> | T9 | |
| <i>desonide external lotion</i> | T1 | ST |
| <i>desonide external ointment</i> | T1 | ST |
| DESOWEN EXTERNAL CREAM | T3 | ST |
| DESOWEN EXTERNAL LOTION | T3 | ST |
| <i>desoximetasone external cream 0.05 %</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------|----------------|-----------------------------|
| <i>desoximetasone external cream 0.25 %</i> | T1 | |
| <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> | T1 | |
| <i>diflorasone diacetate external</i> | T9 | |
| DIPROLENE AF | T3 | |
| DIPROLENE EXTERNAL OINTMENT | T3 | |
| DUOBRII | T9 | |
| ELOCON EXTERNAL CREAM | T3 | |
| ELOCON EXTERNAL OINTMENT | T3 | |
| ENSTILAR | T9 | |
| EPIFOAM | T9 | |
| <i>fluocinolone acetonide body</i> | T1 | |
| <i>fluocinolone acetonide external cream 0.01 %</i> | T1 | ST |
| <i>fluocinolone acetonide external cream 0.025 %</i> | T1 | |
| <i>fluocinolone acetonide external ointment</i> | T1 | |
| <i>fluocinolone acetonide external solution</i> | T1 | ST; QL (180 ML per 30 days) |
| <i>fluocinolone acetonide scalp</i> | T1 | |
| <i>fluocinonide emulsified base</i> | T1 | |
| <i>fluocinonide external cream 0.05 %</i> | T1 | |
| <i>fluocinonide external cream 0.1 %</i> | T9 | |
| <i>fluocinonide external gel</i> | T1 | |
| <i>fluocinonide external ointment</i> | T1 | |
| <i>fluocinonide external solution</i> | T1 | QL (60 ML per 30 days) |
| <i>flurandrenolide</i> | T9 | |
| <i>fluticasone propionate external cream</i> | T1 | |
| <i>fluticasone propionate external lotion</i> | T9 | |
| <i>fluticasone propionate external ointment</i> | T1 | |
| <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 ace-pramoxine external cream 2.5-1 %</i> | T2 | |
| <i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i> | T9 | |
| <i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i> | T2 | |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------------------|-----------------------|-------------------------|
| <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> | T1 | |
| <i>hydrocortisone external cream 1 %</i> | T9 | |
| <i>hydrocortisone external cream 2.5 %</i> | T1 | |
| <i>hydrocortisone external lotion 1 %</i> | T9 | |
| <i>hydrocortisone external lotion 2.5 %</i> | T1 | |
| <i>hydrocortisone external ointment 0.5 %, 1 %</i> | T9 | |
| <i>hydrocortisone external ointment 2.5 %</i> | T1 | |
| <i>hydrocortisone rectal cream 1 %</i> | T9 | |
| <i>hydrocortisone rectal enema</i> | T1 | |
| <i>hydrocortisone valerate external cream</i> | T1 | 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 | |
| IMPOYZ | T9 | |
| <i>iodoquinol-hydrocortisone-aloe</i> | T9 | |
| KENALOG EXTERNAL | T9 | |
| <i>lidocaine-hydrocortisone ace rectal</i> | T9 | |
| LOCOID EXTERNAL CREAM | T9 | |
| LOCOID EXTERNAL LOTION | T9 | |
| LOCOID EXTERNAL SOLUTION | T3 | |
| LOCOID LIPOCREAM | T9 | |
| LOTRISONE EXTERNAL CREAM | T3 | |
| LUXIQ | T9 | |
| <i>mometasone furoate external</i> | T1 | |
| NEO-SYNALAR EXTERNAL CREAM | T9 | |
| NOBLE FORMULA HC EXTERNAL SOLUTION | T9 | |
| NOVACORT EXTERNAL GEL 1-2 % | T9 | |
| OLUX | T9 | |
| OLUX-E | T9 | |
| ORALONE | T3 | |
| PANDEL | T9 | |
| <i>pramcort rectal</i> | T9 | |
| PRAMOSONE | T9 | |
| <i>prednicarbate</i> | T1 | |
| PROCTOCORT RECTAL | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------|----------------|-----------------------------|
| PROCTOFOAM HC RECTAL | T2 | QL (2 GM per 30 days) |
| PROCTO-PAK RECTAL | T9 | |
| PROCTOSOL HC RECTAL | T1 | |
| SCALPICIN MAXIMUM STRENGTH | T9 | |
| SERNIVO | T9 | |
| SYNALAR | T9 | |
| SYNALAR TS | T9 | |
| TACLONEX EXTERNAL OINTMENT | T3 | ST; QL (100 GM per 30 days) |
| TACLONEX EXTERNAL SUSPENSION | T9 | |
| TEMOVATE EXTERNAL OINTMENT | T3 | |
| 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> | T1 | |
| <i>triamcinolone acetonide external lotion 0.1 %</i> | T1 | |
| <i>triamcinolone acetonide external ointment 0.025 % , 0.1 %</i> | T1 | |
| <i>triamcinolone acetonide external ointment 0.05 %</i> | T9 | |
| <i>triamcinolone acetonide mouth/throat</i> | T1 | |
| TRIANEX | T9 | |
| TRIDERM EXTERNAL CREAM | T1 | |
| ULTRAVATE EXTERNAL CREAM | T9 | |
| ULTRAVATE EXTERNAL LOTION | T9 | |
| ULTRAVATE X (OINTMENT) | T9 | |
| VANOS | T9 | |
| VANOXIDE-HC | T9 | |
| VERDESO | T9 | |
| VYTONE | T9 | |
| XERESE | T9 | |
| <i>Depigmenting Agents</i> | | |
| EPIQUIN MICRO | T9 | |
| ESOTERICA DAYTIME | T9 | |
| <i>hydroquinone</i> | T9 | |
| <i>hydroquinone external cream</i> | T9 | |
| <i>melpaque hp</i> | T9 | |
| TRI-LUMA | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------|----------------|------------------------|
| Hydroxypyridones (Skin, Mucous Membrane) | | |
| <i>ciclopirox external</i> | T1 | |
| <i>ciclopirox olamine external</i> | T1 | |
| <i>ciclopirox treatment</i> | T9 | |
| LOPROX EXTERNAL SHAMPOO | T3 | |
| PENLAC | T3 | |
| Keratolytic Agents | | |
| ACANYA | T9 | |
| <i>acne medication 10 external gel</i> | T1 | |
| <i>acne medication 5 external gel</i> | T1 | |
| 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 | |
| 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>bp 10-1</i> | T9 | |
| <i>bp cleansing wash</i> | T1 | |
| <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>ciclopirox treatment</i> | T9 | |
| <i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i> | T2 | QL (45 gm per 30 days) |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------|----------------|------------------------|
| DERMASORB XM | T9 | |
| DUAC | T9 | |
| KERALAC EXTERNAL CREAM 47 % | T9 | |
| NEUAC EXTERNAL GEL | T1 | QL (45 GM per 30 days) |
| NEUAC EXTERNAL KIT | T9 | |
| ONEXTON | T9 | |
| PLEXION CLEANSER EXTERNAL LIQUID | T9 | |
| PLEXION CLEANSING CLOTH EXTERNAL PAD | T9 | |
| PLEXION EXTERNAL CREAM | T9 | |
| PR BENZOYL PEROXIDE WASH | T9 | |
| RIAX | T3 | QL (1 GM per 30 days) |
| <i>rynoderm</i> | 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>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i> | T9 | |
| <i>sulfacetamide sodium-sulfur external emulsion</i> | T1 | |
| <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 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 lotion 40 %</i> | T9 | |
| <i>urea hydrating</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------|-----------------------|---------------------|
| <i>urea nail external gel 45 %</i> | T9 | |
| UTOPIC | T9 | |
| XALIX | T9 | |
| <i>xurea</i> | T9 | |
| <i>Keratoplastic Agents</i> | | |
| <i>coal tar external solution</i> | T2 | |
| DRITHO-CREME HP | T1 | |
| ZITHRANOL | T3 | ST |
| <i>Local Anti-Infectives, Miscellaneous</i> | | |
| ALCORTIN A | 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 | |
| AVAR-E LS | T9 | |
| <i>bp 10-1</i> | T9 | |
| <i>bp cleansing wash</i> | T1 | |
| DERMAZENE | T9 | |
| <i>hydrocortisone-iodoquinol external cream 1-1 %</i> | T9 | |
| <i>iodoquinol-hydrocortisone-aloe</i> | T9 | |
| KLARON | T3 | |
| 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 | |
| <i>selenium sulfide external lotion</i> | T1 | |
| <i>selenium sulfide external shampoo 2.25 %</i> | T1 | |
| <i>selenium sulfide external shampoo 2.3 %</i> | T9 | |
| SELRX | T9 | |
| SILVADENE | T3 | |
| <i>silver sulfadiazine external</i> | T1 | |
| <i>sodium sulfacetamide external shampoo</i> | T9 | |
| SSD | T1 | |
| <i>sulfacetamide sodium (acne)</i> | T2 | |
| <i>sulfacetamide sodium external gel</i> | T1 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------|-----------------------|---------------------------------|
| <i>sulfacetamide sodium external liquid</i> | T1 | |
| <i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i> | T9 | |
| <i>sulfacetamide sodium-sulfur external emulsion</i> | T1 | |
| <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 suspension 10-5 %</i> | T9 | |
| SULFAMYLON | T3 | |
| SUMADAN | T3 | |
| SUMADAN WASH | T3 | |
| SUMAXIN | T9 | |
| SUMAXIN CP | T9 | |
| SUMAXIN WASH | T9 | |
| ULESFIA | T3 | |
| VYSTONE | T9 | |
| <i>Nonsteroidal Anti-Inflammat.Agents(Skin)</i> | | |
| <i>diclofenac epolamine transdermal</i> | T3 | ST; QL (60 patches per 30 days) |
| <i>diclofenac sodium transdermal gel 1 %</i> | T1 | |
| <i>diclofenac sodium transdermal gel 3 %</i> | T2 | ST; QL (100 GM per 30 days) |
| <i>diclofenac sodium transdermal solution</i> | T9 | |
| <i>enovarx-ibuprofen</i> | T9 | |
| <i>enovarx-naproxen external</i> | T9 | |
| FLECTOR TRANSDERMAL | T9 | |
| LICART TRANSDERMAL | T9 | |
| PENNSAID TRANSDERMAL SOLUTION 2 % | T9 | |
| VOLTAREN TRANSDERMAL | T3 | |
| <i>Oxaboroles</i> | | |
| KERYDIN | T9 | |
| <i>tavaborole</i> | T9 | |
| <i>Pigmenting Agents</i> | | |
| OXSORALEN ULTRA | T4 | |
| <i>Polyenes (Skin And Mucous Membrane)</i> | | |
| NYAMYC | T1 | QL (60 GM per 30 Days) |
| <i>nystatin external cream</i> | T1 | |
| <i>nystatin external ointment</i> | T1 | |
| <i>nystatin external powder</i> | T1 | QL (60 GM per 30 Days) |
| <i>nystatin-triamcinolone</i> | T1 | |
| NYSTOP | T1 | QL (60 GM per 30 days) |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------|----------------|----------------------------------|
| Scabicides And Pediculicides | | |
| EURAX | T9 | |
| <i>lindane external shampoo</i> | T1 | |
| <i>malathion external</i> | T1 | |
| NATROBA | T3 | ST; AL |
| <i>permethrin external cream</i> | T1 | |
| SKLICE | T3 | |
| <i>spinosad</i> | T1 | |
| ULESFIA | T3 | |
| Skin And Mucous Membrane Agents, Misc. | | |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | T9 | |
| <i>acitretin</i> | T4 | |
| 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</i> | T2 | |
| AKLIEF | T9 | |
| ALDARA | T3 | |
| AMNESTEEM | T2 | QL (5 prescriptions per 2 years) |
| ARAZLO | T9 | |
| AVAGE | T9 | |
| AVSOLA | T9 | |
| <i>azelaic acid external</i> | T2 | ST |
| AZELEX | T3 | ST; QL (50 GM per 31 days) |
| <i>calcipotriene external cream</i> | T1 | QL (120 GM per 30 days) |
| <i>calcipotriene external foam</i> | T9 | |
| <i>calcipotriene external ointment</i> | T1 | QL (120 GM per 30 days) |
| <i>calcipotriene external solution</i> | T1 | |
| <i>calcipotriene-betameth diprop external ointment</i> | T1 | ST; QL (100 GM per 30 days) |
| <i>calcipotriene-betameth diprop external suspension</i> | T3 | ST |
| CALCITRENE | T1 | QL (120 GM per 30 days) |
| <i>calcitriol external</i> | T1 | ST; QL (100 GM per 30 days) |
| CARAC | T9 | |
| CLARAVIS | T2 | QL (5 prescriptions per 2 years) |
| CONDYLOX EXTERNAL GEL | T3 | ST |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------------|----------------|---------------------------------|
| COSENTYX | T4 | PA; QL (1 package per 28 days) |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | T4 | PA; QL (1 package per 28 days) |
| <i>dapsone external</i> | T9 | |
| DERMULCERA | T9 | |
| <i>diclofenac epolamine transdermal</i> | T3 | ST; QL (60 patches per 30 days) |
| <i>diclofenac sodium transdermal gel 1 %</i> | T1 | |
| <i>diclofenac sodium transdermal gel 3 %</i> | T2 | ST; QL (100 GM per 30 days) |
| <i>diclofenac sodium transdermal solution</i> | T9 | |
| DIFFERIN EXTERNAL CREAM | T9 | |
| DIFFERIN EXTERNAL GEL 0.1 % | T1 | |
| DIFFERIN EXTERNAL GEL 0.3 % | T9 | |
| DIFFERIN EXTERNAL LOTION | T9 | |
| DOVONEX EXTERNAL CREAM | T3 | QL (120 GM per 30 days) |
| <i>doxycycline</i> | T9 | |
| DUOBRII | T9 | |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | PA; QL (2 pens per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | T4 | PA; QL (2 pens per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | T4 | PA; QL (2 ML per 28 days) |
| EFUDEX EXTERNAL CREAM | T3 | |
| ELIDEL | T3 | ST; QL (30 GM per 30 days) |
| ENBREL MINI | T4 | PA |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | T4 | PA; QL (8 vials per 30 Days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | PA |
| ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED | T4 | PA |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T4 | PA |
| <i>enovarx-baclofen</i> | T9 | |
| <i>enovarx-cyclobenzaprine hcl</i> | T9 | |
| ENSTILAR | T9 | |
| EPIDUO | T3 | |
| EPIDUO FORTE | T9 | |
| FABIOR | T9 | |
| FINACEA EXTERNAL FOAM | T3 | |
| FINACEA EXTERNAL GEL | T9 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|
| <i>finasteride oral tablet 1 mg</i> | T9 | |
| FIRST-MOUTHWASH BLM | T2 | |
| FLECTOR TRANSDERMAL | T9 | |
| FLUOROPLEX | T4 | ST |
| <i>fluorouracil external cream 0.5 %</i> | T5 | ST; QL (30 GM per 30 days) |
| <i>fluorouracil external cream 5 %</i> | T1 | QL (40 GM per 30 days) |
| <i>fluorouracil external solution</i> | T1 | |
| <i>hair regrowth treatment men external solution</i> | T9 | |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | T4 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | T4 | PA; QL (2 syringes per 30 days) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | T4 | PA; QL (1 kit per 2 yearss) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; QL (1 Kit per 2 years) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | T4 | PA; QL (1 kit per 2 yearss) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML | T4 | PA; QL (31 days supply per 1 Dispensing) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML | T4 | PA; QL (2 syringes per 30 days) |
| <i>imiquimod external</i> | T1 | |
| <i>imiquimod pump</i> | T9 | |
| <i>isotretinoin oral</i> | T2 | QL (5 prescriptions per 2 years) |
| <i>ivermectin external</i> | T2 | ST; QL (45 GM per 30 days) |
| <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 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------------------------------|----------------|-------------------------------------|
| MORGIDOX COMBINATION | T9 | |
| MYORISAN | T2 | QL (5 prescriptions per 2 years) |
| ORACEA | T9 | |
| OTEZLA ORAL TABLET | T4 | PA; QL (60 tablets per 30 days); AL |
| OTEZLA ORAL TABLET THERAPY PACK | T4 | PA |
| PENNSAID TRANSDERMAL SOLUTION 2 % | T9 | |
| PICATO EXTERNAL GEL 0.015 % | T5 | ST; QL (3 GM per 180 days) |
| PICATO EXTERNAL GEL 0.05 % | T5 | ST; QL (2 GM per 180 days) |
| <i>pimecrolimus</i> | T1 | ST; QL (30 GM per 30 days) |
| PLIXDA | T9 | |
| <i>podocon</i> | T9 | |
| <i>podofilox external</i> | T1 | |
| PROPECIA | T9 | |
| PROTOPIC EXTERNAL OINTMENT 0.03 % | T3 | ST; QL (30 GM per 230 days) |
| PROTOPIC EXTERNAL OINTMENT 0.1 % | T3 | ST; QL (30 GM per 30 days) |
| QBREXZA | T9 | |
| RECTIV | T9 | |
| REGRANEX | T4 | ST |
| REMICADE | T9 | |
| RHOFADE | T3 | QL (60 GM per 30 days); AL |
| ROGAINE | T9 | |
| ROGAINE EXTRA STRENGTH FOR MEN | T9 | |
| ROGAINE MENS | T9 | |
| ROGAINE MENS EXTRA STRENGTH | T9 | |
| SANTYL | T3 | QL (60 GM per 30 days) |
| SILIQ | T5 | PA; QL (2 ML per 28 days) |
| SKYRIZI (150 MG DOSE) | T4 | PA; QL (2 syringes per 12 weeks) |
| SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG | T9 | MB (Solodyn(#2)) |
| SOOLANTRA | T3 | ST; QL (45 GM per 30 days) |
| SORIATANE ORAL CAPSULE 10 MG, 25 MG | T5 | QL (60 capsules per 30 days) |
| SORILUX | T9 | |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | PA |
| TACLONEX EXTERNAL OINTMENT | T3 | ST; QL (100 GM per 30 days) |
| TACLONEX EXTERNAL SUSPENSION | T9 | |
| <i>tacrolimus external ointment</i> | T1 | QL (30 GM per 30 days) |
| TALTZ | T5 | PA |
| TARGRETIN EXTERNAL | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------------------------------------|----------------|----------------------------------|
| <i>tazarotene external</i> | T1 | ST |
| TAZORAC EXTERNAL CREAM 0.05 % | T2 | ST |
| TAZORAC EXTERNAL CREAM 0.1 % | T3 | ST |
| TAZORAC EXTERNAL GEL | T9 | |
| TOLAK | T2 | QL (1 tube per 30 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | PA; QL (1 ML per 8 weekss) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | PA; QL (1 ML per 30 days) |
| VALCHLOR | T4 | PA; QL (60 GM per 15 days) |
| VANIQA | T9 | |
| VECTICAL | T3 | ST; QL (100 GM per 30 days) |
| VENELEX | T9 | |
| VEREGEN | T4 | ST; QL (30 GM per 30 days) |
| VOLTAREN TRANSDERMAL | T3 | |
| XIMINO | T9 | |
| ZENATANE | T2 | QL (5 prescriptions per 2 years) |
| ZYCLARA | T9 | |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 % | T3 | ST |
| ZYCLARA PUMP EXTERNAL CREAM 3.75 % | T9 | |
| Sunscreen Agents | | |
| ESOTERICA DAYTIME | T9 | |
| <i>melpaque hp</i> | T9 | |
| Smooth Muscle Relaxants | | |
| Antimuscarinics | | |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i> | T2 | QL (30 EA per 30 days) |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i> | T2 | QL (30 tablets per 30 days) |
| DETROL | T3 | |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG | T3 | QL (30 capsules per 30 days) |
| DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG | T3 | QL (30 EA per 30 days) |
| DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG | T3 | |
| ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG | T3 | QL (30 EA per 30 days) |
| ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG | T3 | QL (30 tablets per 30 days) |
| <i>flavoxate hcl</i> | T1 | |
| GELNIQUE TRANSDERMAL GEL 10 % | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------------------------|----------------|---------------------------------|
| <i>oxybutynin chloride er</i> | T1 | |
| <i>oxybutynin chloride oral</i> | T1 | |
| OXYTROL | T9 | |
| <i>solifenacin succinate</i> | T2 | ST; QL (30 tablets per 30 days) |
| <i>tolterodine tartrate</i> | T1 | |
| <i>tolterodine tartrate er</i> | T2 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG | T3 | ST; QL (30 EA per 30 days) |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG | T3 | ST; QL (30 tablets per 30 days) |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i> | T3 | QL (30 capsules per 30 days) |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i> | T3 | QL (30 EA per 30 days) |
| <i>tropium chloride oral tablet 20 mg</i> | T1 | QL (60 EA per 30 days) |
| <i>tropium chloride oral tablet 20 mg</i> | T1 | QL (60 tablets per 30 days) |
| VESICARE | T9 | |
| Respiratory Smooth Muscle Relaxants | | |
| ELIXOPHYLLIN | T3 | |
| THEO-24 | T2 | |
| <i>theophylline er</i> | T1 | |
| Selective Beta-3-Adrenergic Agonists | | |
| MYRBETRIQ | T3 | ST; QL (30 EA per 30 days) |
| Vitamins | | |
| Multivitamin Preparations | | |
| <i>active fe</i> | T9 | |
| <i>advanced am/pm</i> | T9 | |
| ANIMI-3 | T9 | |
| BACMIN | T9 | |
| <i>bp vit 3 plus</i> | T9 | |
| CENTRATEX | T9 | |
| <i>choice-tabs</i> | T9 | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | T3 | QL (30 capsules per 30 days) |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | T9 | |
| CITRANATAL DHA | T3 | |
| CITRANATAL RX | T3 | |
| <i>completenate</i> | T9 | |
| CORVITA | T9 | |
| CORVITE | T9 | |
| CORVITE 150 ORAL TABLET | T9 | |
| <i>corvite fe</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------------|----------------|------------------------------|
| CORVITE FREE | T9 | |
| DIALYVITE 800/IRON | T9 | |
| ENLYTE | T9 | |
| <i>fibrik</i> | T9 | |
| FLORIVA ORAL TABLET CHEWABLE 0.5 MG | T9 | |
| FLORIVA PLUS | T9 | |
| FOLET DHA | T3 | QL (30 tablets per 30 days) |
| FOLET ONE | T3 | QL (30 capsules per 30 days) |
| FORTAVIT ORAL CAPSULE | T9 | |
| HEMOCYTE PLUS | T9 | |
| INATAL GT | T9 | |
| <i>macuvex</i> | T9 | |
| <i>macuzin</i> | T9 | |
| MAXFE ORAL TABLET | T9 | |
| MULTICHEW | T9 | |
| <i>multi-vit/fluoride oral solution 0.25 mg/ml</i> | T1 | AL |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | T1 | AL |
| <i>multivitamins oral capsule</i> | T9 | |
| <i>multivitamins oral tablet chewable</i> | T9 | |
| <i>multivitamins pediatric</i> | T9 | |
| <i>multivitamins/fluoride oral tablet chewable 0.5 mg</i> | T9 | |
| M-VIT | T9 | |
| MYKIDZ IRON FL | T9 | |
| MYNATAL ADVANCE | T9 | |
| MYNATAL ORAL TABLET | T9 | |
| <i>mynatal plus</i> | T9 | |
| <i>mynatal-z</i> | T9 | |
| <i>mynate 90 plus</i> | T9 | |
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG | T3 | QL (30 tablets per 30 days) |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | T9 | |
| NEXA PLUS | T3 | |
| NIVA-PLUS | T9 | |
| NUTRICAP | T9 | |
| O-CAL FA | T9 | |
| OCUVEL ORAL CAPSULE 0.5 MG | T9 | |
| <i>pnv folic acid + iron</i> | T9 | |
| <i>pnv prenatal plus multivitamin</i> | T1 | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE | T9 | |

| Medication | Coverage Level | Restrictions |
|----------------------------------------------------------|----------------|------------------------------|
| PRENATABS RX | T9 | |
| <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> | T1 | QL (30 tablets per 30 days) |
| <i>prenatal one daily</i> | T1 | PV |
| <i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i> | T9 | PV |
| <i>prenatal plus</i> | T1 | |
| <i>prenatal plus iron</i> | T1 | |
| PRENATE AM | T3 | |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | T3 | |
| PRENATE PIXIE | T3 | |
| PROVIDA OB | T9 | |
| <i>purefe plus</i> | T9 | |
| QUFLORA FE | T9 | |
| QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML | T9 | |
| REQ 49+ | T9 | |
| RIGHT STEP PRENATAL | T1 | |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | T9 | |
| <i>se-natal 19 oral tablet chewable</i> | T1 | QL (30 tablets per 30 days) |
| STROVITE FORTE | T9 | |
| STROVITE ONE | T9 | |
| SUPERVITE EC | T9 | |
| TARON-PREX | T9 | |
| TEXAVITE LQ | T9 | |
| <i>thrivite 19 oral tablet 29-1 mg</i> | T9 | |
| <i>tl folate</i> | T3 | |
| <i>tl-care dha</i> | T1 | |
| <i>tl-fluorivite</i> | T9 | |
| TRICARE | T9 | |
| TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG | T3 | |
| <i>trinatal rx 1</i> | T1 | |
| TRINATE | T9 | |
| TRI-VI-FLOR | T9 | |
| UDAMIN SP | T9 | |
| <i>v-c forte</i> | T9 | |
| VIC-FORTE | T9 | |
| VINATE DHA RF | T3 | QL (30 capsules per 30 days) |
| VINATE M | T1 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------------|----------------|------------------------------|
| VINATE ONE | 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>zyvit</i> | T9 | |
| Vitamin A | | |
| MYKIDZ IRON FL | T9 | |
| Vitamin B Complex | | |
| <i>active fe</i> | T9 | |
| <i>advanced am/pm</i> | T9 | |
| ANIMI-3 | T9 | |
| <i>av-vite fb</i> | T9 | |
| <i>av-vite fb forte</i> | T9 | |
| BACMIN | T9 | |
| BIFERARX | T9 | |
| BONJESTA | T9 | |
| <i>bp vit 3</i> | T9 | |
| <i>bp vit 3 plus</i> | T9 | |
| CARDIOTEK RX | T9 | |
| <i>choice-tabs</i> | T9 | |
| CIFEREX | T9 | |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG | T3 | QL (30 capsules per 30 days) |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG | T9 | |
| CITRANATAL BLOOM | T9 | |
| CITRANATAL DHA | T3 | |
| CITRANATAL RX | T3 | |
| <i>completenate</i> | T9 | |
| CORVITA | T9 | |
| CORVITA 150 | T9 | |
| CORVITE | T9 | |
| CORVITE 150 | T9 | |
| <i>corvite fe</i> | T9 | |
| CORVITE FREE | T9 | |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i> | T1 | |
| DERMACINRX PUREFOLIX | T9 | |

| Medication | Coverage Level | Restrictions |
|---------------------------------------------------------|----------------|------------------------------|
| DIALYVITE | T9 | |
| DIALYVITE 3000 | T9 | |
| DIALYVITE 5000 | T9 | |
| DIALYVITE 800/IRON | T9 | |
| DIALYVITE SUPREME D | T9 | |
| DIALYVITE/ZINC | T9 | |
| DICLEGIS | T9 | |
| <i>doxylamine-pyridoxine</i> | T9 | |
| <i>durachol</i> | T9 | |
| ENLYTE | T9 | |
| <i>fabb</i> | T9 | |
| <i>fe 90 plus</i> | T9 | |
| FE C PLUS | T9 | |
| <i>fe c tab plus</i> | T9 | |
| FERIVA 21/7 | T9 | |
| FERIVAF A | 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 | T9 | |
| FERROCITE PLUS ORAL TABLET | T9 | |
| FERROGELS FORTE | T9 | |
| <i>fibrik</i> | T9 | |
| FOCALGIN DSS | T9 | |
| <i>folbee</i> | T9 | |
| FOLBEE AR | T9 | |
| <i>folbee plus</i> | T9 | |
| FOLBEE PLUS CZ | T9 | |
| FOLBIC | T9 | |
| FOLET DHA | T3 | QL (30 tablets per 30 days) |
| FOLET ONE | T3 | QL (30 capsules per 30 days) |
| FOLGARD RX | T9 | |
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| <i>macuzin</i> | T9 | |
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| <i>prenatal 19 oral tablet chewable 29-1 mg</i> | T1 | QL (30 tablets per 30 days) |
| <i>prenatal one daily</i> | T1 | PV |
| <i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i> | T9 | PV |
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| <i>se-natal 19 oral tablet chewable</i> | T1 | QL (30 tablets per 30 days) |
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| STROVITE ONE | T9 | |
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| UDAMIN SP | T9 | |
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| VIC-FORTE | T9 | |
| VINATE DHA RF | T3 | QL (30 capsules per 30 days) |
| VINATE M | T1 | |
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| <i>virt-caps</i> | T9 | |
| VIRT-GARD | T9 | |
| <i>virt-vite</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|--------------------------------------------|----------------|-----------------------------|
| <i>virt-vite forte</i> | T9 | |
| <i>virt-vite plus</i> | T9 | |
| VITAFOL-NANO | T3 | QL (30 tablets per 30 days) |
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| VITAFOL-ONE | T3 | |
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| FOLIVANE-PLUS | T9 | |

| Medication | Coverage Level | Restrictions |
|------------------------------------|----------------|--------------|
| FUSION PLUS | T9 | |
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| <i>hematinic plus vit/minerals</i> | T9 | |
| HEMATOGEN FA | T9 | |
| HEMATOGEN FORTE | T9 | |
| HEMAX ORAL TABLET | T9 | |
| ICAR-C PLUS | T9 | |
| INTEGRA F | T9 | |
| INTEGRA PLUS | T9 | |
| IROSPAN 24/6 | T9 | |
| <i>macuvex</i> | T9 | |
| <i>macuzin</i> | T9 | |
| MAXARON FORTE ORAL TABLET | T9 | |
| MULTIGEN FOLIC | T9 | |
| MULTIGEN PLUS | T9 | |
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| <i>mynephrocaps</i> | T9 | |
| MYNEPHRON | T9 | |
| NATALVIRT FLT | T9 | |
| NEPHPLEX RX | T9 | |
| NEPHROCAPS | T9 | |
| NEPHROCAPS QT | T9 | |
| NEPHRON FA | T9 | |
| NEPHRO-VITE RX | T9 | |
| NUFERA | T9 | |
| OCUVEL ORAL CAPSULE 0.5 MG | T9 | |
| RENAL ORAL CAPSULE | T9 | |
| <i>rena-vite</i> | T3 | |
| <i>rena-vite rx</i> | T9 | |
| <i>reno caps</i> | T9 | |
| SIDEROL ORAL LIQUID† | T9 | |
| <i>taron forte</i> | T9 | |
| <i>tl-hem 150</i> | T9 | |
| <i>trigels-f forte</i> | T9 | |
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| <i>vol-care rx</i> | T9 | |
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| Medication | Coverage Level | Restrictions |
|-------------------------------------------------------------------|----------------|--------------------------------|
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| <i>bp vit 3 plus</i> | T9 | |
| <i>calcitriol oral</i> | T1 | |
| <i>choice-tabs</i> | T9 | |
| CIFEREX | T9 | |
| DECARA ORAL CAPSULE 1.25 MG (50000 UT) | T1 | |
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| DIALYVITE SUPREME D | T9 | |
| <i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i> | T9 | |
| <i>doxercalciferol oral capsule 1 mcg</i> | T4 | |
| DRISDOL ORAL CAPSULE | T3 | |
| <i>durachol</i> | T9 | |
| FLORIVA ORAL LIQUID | T9 | |
| <i>folika-d</i> | T9 | |
| FOLIXAPURE | T9 | |
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| <i>multivitamins oral tablet chewable</i> | T9 | |
| <i>multivitamins pediatric</i> | T9 | |
| MYKIDZ IRON FL | T9 | |
| NEPHROCAPS QT | T9 | |
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| NUFERA | T9 | |
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| STROVITE ONE | T9 | |
| VITAL-D RX | T9 | |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i> | T1 | |
| <i>vitamin d3 oral capsule 25 mcg (1000 ut)</i> | T1 | PV; AL |
| <i>vitamin d3 oral liquid 400 unit/ml</i> | T1 | PV; AL |

| Medication | Coverage Level | Restrictions |
|------------------------------------------------|-----------------------|----------------------------|
| <i>vitamin d3 oral tablet 25 mcg (1000 ut)</i> | T1 | PV; AL |
| <i>zavara</i> | T9 | |
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| <i>fibrik</i> | T9 | |
| HEMAX ORAL TABLET | T9 | |
| <i>macuvex</i> | T9 | |
| <i>macuzin</i> | T9 | |
| OCUVEL ORAL CAPSULE 0.5 MG | T9 | |
| <i>Vitamin K Activity</i> | | |
| MEPHYTON | T3 | QL (3 tablets per 30 days) |
| <i>multivitamins oral tablet chewable</i> | T9 | |
| <i>multivitamins pediatric</i> | T9 | |
| <i>phytonadione oral</i> | T1 | QL (3 tablets per 30 Days) |

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Notice of Nondiscrimination and Language Assistance Services

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Priority Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Priority Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

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Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Priority Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov* or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at *hhs.gov/ocr/office/file/index.html*.

