

# 2021 Formulary

MyPriority<sup>®</sup> 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](https://www.priorityhealth.com).

T1 - \$  
T2 - \$\$  
T3 - \$\$\$  
T4 - \$\$\$\$  
T5 - \$\$\$\$\$  
T6 - Vaccine Coverage  
T9 - \$\$\$\$\$\$\$\$\$

**Coverage Levels**

**BE:** Benefit Exlcusion

**AL:** Age Limits

**MB:** Medical Benefit

**PA:** Prior Authorization

**PV:** Preventative Drugs

**QL:** Quantity Limits

**SP:** Limited to a 1 month supply per fill

**ST:** Step Therapy

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

**List of Patterns**

**lowercase italics:** Generic drugs

**UPPERCASE BOLD:** Brand name drugs



CURRENT AS OF 11/1/2021

Medication	Coverage Level	Restrictions
<b>Antihistamine Drugs</b>		
<b>Antihistamine Drugs</b>		
<i>promethazine hcl oral tablet 25 mg</i>	T1	
<b>Ethanolamine Derivatives</b>		
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>clemastine fumarate oral</i>	T9	
<b>DICOPANOL FUSEPAQ</b>	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<b>FIRST-MOUTHWASH BLM</b>	T2	
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE</b>	T9	
<b>RYVENT</b>	T9	
<b>First Gen. Antihist. Derivatives, Misc.</b>		
<i>cyproheptadine hcl oral</i>	T9	
<b>First Generation Antihistamines</b>		
<b>ANTIVERT ORAL TABLET 50 MG</b>	T9	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>chlorpheniramine maleate er</i>	T9	
<i>clemastine fumarate oral</i>	T9	
<i>cyproheptadine hcl oral</i>	T9	
<b>DICOPANOL FUSEPAQ</b>	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1	
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE</b>	T9	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T9	
<b>PHENERGAN INJECTION SOLUTION 50 MG/ML</b>	T9	
<i>promethazine hcl oral syrup</i>	T9	
<i>promethazine hcl oral tablet 12.5 mg</i>	T1	
<i>promethazine hcl oral tablet 50 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T9	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>	T1	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	T9	
<b>RYCLORA ORAL SYRUP</b>	T9	
<b>RYVENT</b>	T9	
<b>VISTARIL</b>	T3	
<b>Other Antihistamines</b>		
<b>ALAWAY</b>	T1	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T9	
<i>cimetidine oral</i>	T9	
<i>famotidine intravenous solution 40 mg/4ml</i>	T3	
<i>famotidine oral tablet</i>	T9	
<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>ketotifen fumarate ophthalmic</i>	T1	
<b>LASTACFT</b>	T3	ST; QL (1 bottle per 30 days); AL
<i>nizatidine</i>	T9	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (2.5 ML per 30 days)
<b>PATADAY OPHTHALMIC SOLUTION 0.2 %</b>	T3	ST; QL (2.5 ML per 30 days)
<b>PATANASE</b>	T3	
<b>PATANOL</b>	T3	
<b>PAZEO</b>	T3	
<b>PEPCID ORAL TABLET</b>	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	
<b>VISTARIL</b>	T3	
<b>ZADITOR</b>	T1	
<b>ZANTAC 150 MAXIMUM STRENGTH</b>	T9	
<b>Phenothiazine Derivatives</b>		
<b>PHENERGAN INJECTION SOLUTION 50 MG/ML</b>	T9	
<i>promethazine hcl oral syrup</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>	T1	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	T9	
<b><i>Propylamine Derivatives</i></b>		
<b>BROMFED DM</b>	T9	
<i>chlorpheniramine maleate er</i>	T9	
<b>HISTEX-AC</b>	T9	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>maxi-tuss cd</i>	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<b>RYCLORA ORAL SYRUP</b>	T9	
<b>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE</b>	T9	
<b><i>Second Generation Antihistamines</i></b>		
<b>ALAVERT ALLERGY/SINUS</b>	T9	
<b>ALAVERT ORAL TABLET DISPERSIBLE</b>	T9	
<b>ALLEGRA ALLERGY</b>	T9	
<b>ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION</b>	T9	
<b>ALLEGRA-D ALLERGY &amp; CONGESTION</b>	T9	
<b>ALOMIDE</b>	T2	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
<i>childrens loratadine oral syrup</i>	T9	
<b>CLARINEX ORAL TABLET</b>	T9	
<b>CLARINEX-D 12 HOUR</b>	T9	
<b>CLARITIN ORAL SYRUP</b>	T9	
<b>CLARITIN ORAL TABLET</b>	T9	
<b>CLARITIN REDITABS</b>	T9	
<b>CLARITIN-D 12 HOUR</b>	T9	

Medication	Coverage Level	Restrictions
<b>CLARITIN-D 24 HOUR</b>	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	
<b>QUZYTIR</b>	T9	
<b>SEMPREX-D</b>	T9	
<b>ZYRTEC ALLERGY ORAL TABLET</b>	T9	
<b>ZYRTEC-D ALLERGY &amp; CONGESTION</b>	T9	
<b>Anti-Infective Agents</b>		
<b>1St Generation Cephalosporin Antibiotics</b>		
<i>cefadroxil</i>	T1	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T2	
<b>KEFLEX</b>	T3	
<b>2Nd Generation Cephalosporin Antibiotics</b>		
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule 250 mg</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
<b>3Rd Generation Cephalosporin Antibiotics</b>		
<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	
<b>SPECTRACEF ORAL TABLET 400 MG</b>	T3	
<b>SUPRAX ORAL CAPSULE</b>	T2	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML</b>	T3	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</b>	T2	
<b>SUPRAX ORAL TABLET CHEWABLE</b>	T3	
<b>Adamantane Antivirals</b>		
<i>amantadine hcl oral</i>	T1	
<b>GOCOVRI</b>	T9	
<b>OSMOLEX ER</b>	T9	

Medication	Coverage Level	Restrictions
<i>rimantadine hcl</i>	T1	
<b>Allylamine Antifungals</b>		
<b>LAMISIL ORAL TABLET</b>	T3	
<i>terbinafine hcl oral</i>	T1	
<b>Amebicides</b>		
<b>FLAGYL ORAL CAPSULE</b>	T3	
<b>FLAGYL ORAL TABLET 500 MG</b>	T3	
<b>METROGEL-VAGINAL</b>	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1	
<i>metronidazole vaginal</i>	T1	
<b>NUVESSA</b>	T9	
<i>paromomycin sulfate oral</i>	T1	
<b>VANDAZOLE</b>	T1	
<b>Aminoglycoside Antibiotics</b>		
<b>ARIKAYCE</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (28 vials per 28 days)
<b>BETHKIS</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (280 ML per 56 days)
<b>KITABIS PAK</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (280 ML per 56 days)
<i>paromomycin sulfate oral</i>	T1	
<b>TOBI</b>	T4	SP (Limited to a 1 month supply per fill ); QL (56 Mampules per 28 days)
<b>TOBI PODHALER</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (224 capsules per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (280 ML per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (56 ampules per 28 days)
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1	
<b>ZEMDRI</b>	T9	
<b>Aminomethylcyclines</b>		
<b>NUZYRA INTRAVENOUS</b>	T9	
<b>NUZYRA ORAL TABLET 150 MG</b>	T9	
<b>SEYSARA</b>	T9	



Medication	Coverage Level	Restrictions
<b>Aminopenicillin Antibiotics</b>		
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<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</i>	T1	
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML</b>	T3	
<b>AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG</b>	T3	
<b>AUGMENTIN XR</b>	T3	
<b>Anthelmintics</b>		
<i>albendazole oral</i>	T4	SP (Max day supply up to 31 days.); QL (6 tablets per 30 Days)
<b>ALBENZA</b>	T9	
<b>BILTRICIDE</b>	T5	SP (Max of 31 days per dispensing.)
<b>EMVERM</b>	T9	
<i>ivermectin oral</i>	T1	QL (10 tablets per 1 claim)
<b>STROMEKTOL</b>	T3	QL (5 tablets per 1 day)
<b>Antifungals, Miscellaneous</b>		
<b>BREXAFEMME</b>	T9	
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize</i>	T2	
<b>Anti-Infectives (Systemic), Misc.</b>		
<b>PYLERA</b>	T9	
<b>Antimalarials</b>		
<b>ACTICLATE</b>	T9	
<b>ARAKODA</b>	T3	
<i>atovaquone-proguanil hcl</i>	T1	
<i>chloroquine phosphate oral</i>	T1	
<b>COARTEM</b>	T2	
<b>DARAPRIM</b>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>DORYX MPC</b>	T9	
<b>DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG</b>	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	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
<b>KRINTAFEL</b>	T1	QL (2 tablets per 365 Days)
<b>MALARONE</b>	T3	
<i>mefloquine hcl</i>	T1	
<b>MINOCIN ORAL CAPSULE 100 MG, 50 MG</b>	T3	
<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	
<b>MONDOXYNE NL</b>	T9	
<b>PLAQUENIL</b>	T3	
<i>primaquine phosphate oral</i>	T1	
<i>pyrimethamine oral</i>	T4	SP (Max of 31 days per dispensing.)
<b>QUALAQUIN</b>	T3	PA
<i>quinidine gluconate er</i>	T4	SP (Max day supply up to 31 days.)
<i>quinidine sulfate oral</i>	T1	
<i>quinine sulfate oral</i>	T1	PA
<b>TARGADOX</b>	T9	
<i>tetracycline hcl oral</i>	T1	
<b>VIBRAMYCIN ORAL CAPSULE</b>	T3	

Medication	Coverage Level	Restrictions
<b>VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>VIBRAMYCIN ORAL SYRUP</b>	T2	
<b>Antimycobacterials, Miscellaneous</b>		
<i>dapsone oral</i>	T1	
<b>Antiprotozoals, Miscellaneous</b>		
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
<b>ALINIA ORAL TABLET</b>	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>atovaquone oral</i>	T4	SP (Max of 31 days per dispensing. )
<b>BACTRIM</b>	T3	
<b>BACTRIM DS</b>	T3	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL
<i>benznidazole oral tablet 12.5 mg</i>	T9	
<i>dapsone oral</i>	T1	
<b>FLAGYL ORAL CAPSULE</b>	T3	
<b>FLAGYL ORAL TABLET 500 MG</b>	T3	
<b>IMPAVIDO</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>LAMPIT</b>	T3	QL (90 tablets per 30 years); AL
<b>MEPRON</b>	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1	
<b>NEBUPENT</b>	T3	
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>pentamidine isethionate inhalation</i>	T1	
<b>PYLERA</b>	T9	
<b>SOLOSEC</b>	T9	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>tinidazole oral</i>	T1	
<b>Antituberculosis Agents</b>		
<b>AVELOX ORAL</b>	T3	
<b>CIPRO ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>CIPRO ORAL TABLET 250 MG, 500 MG</b>	T3	
<i>ciprofloxacin hcl oral</i>	T1	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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	
<b>LEVAQUIN ORAL TABLET</b>	T3	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<b>MYCOBUTIN</b>	T2	
<i>pretomanid</i>	T4	SP (Max of 31 days supply per dispensing); QL (30 tablets per 30 days)
<b>PRIFTIN</b>	T2	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T4	SP (Max of 31 days per dispensing)
<b>RIFADIN ORAL</b>	T3	
<i>rifampin oral</i>	T1	
<b>SIRTURO ORAL TABLET 100 MG</b>	T4	SP (Max of 31 days per dispensing. )
<b>SIRTURO ORAL TABLET 20 MG</b>	T4	SP (Max of 31 day supply per dispensing)
<b>Antivirals, Miscellaneous</b>		
<b>PREVMIS ORAL</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG</b>	T2	QL (1 tablet per 1 fill); AL
<b>XOFLUZA (80 MG DOSE)</b>	T2	QL (1 tablet per 1 fill); AL
<b>Azole Antifungals</b>		
<b>CRESEMBA ORAL</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 capsules per 30 Day(s))
<b>DIFLUCAN</b>	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; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<i>ketoconazole oral</i>	T1	

Medication	Coverage Level	Restrictions
<b>NOXAFIL ORAL SUSPENSION</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<b>NOXAFIL ORAL TABLET DELAYED RELEASE</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days)
<i>posaconazole</i>	T4	PA; SP (Max of 31 days per dispensing. ); QL (180 tablets per 30 days)
<b>SPORANOX ORAL CAPSULE</b>	T9	
<b>SPORANOX ORAL SOLUTION</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<b>SPORANOX PULSEPAK</b>	T9	
<i>tolsura</i>	T9	
<b>VFEND ORAL SUSPENSION RECONSTITUTED</b>	T5	SP (Max of 31 days per dispensing. ); QL (300 ML per 30 days)
<b>VFEND ORAL TABLET 200 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (120 tablets per 30 days)
<b>VFEND ORAL TABLET 50 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (480 tablets per 30 days)
<i>voriconazole oral suspension reconstituted</i>	T4	SP (Max of 31 days per dispensing. ); QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	T4	SP (Max of 31 days per dispensing. ); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	SP (Max of 31 days per dispensing. ); QL (480 tablets per 30 days)
<b><i>Erythromycin Antibiotics</i></b>		
<b>E.E.S. 400 ORAL TABLET</b>	T1	
<b>E.E.S. GRANULES</b>	T4	SP (Max day supply up to 31 days.)
<b>ERYPED 200</b>	T4	SP (Max day supply up to 31 days.)
<b>ERYPED 400</b>	T4	SP (Max day supply up to 31 days.)
<b>ERY-TAB</b>	T2	
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	T2	
<i>erythromycin base oral capsule delayed release particles</i>	T1	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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	
<b>Fluorocyclines</b>		
<b>XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG</b>	T9	
<b>Glycopeptide Antibiotics</b>		
<b>FIRVANQ</b>	T2	
<b>VANCOCIN HCL</b>	T9	
<i>vancomycin hcl intravenous solution reconstituted 500 mg</i>	T1	
<i>vancomycin hcl oral</i>	T9	
<b>Hcv Polymerase Inhibitor Antivirals</b>		
<b>EPCLUSA</b>	T9	
<b>HARVONI</b>	T9	
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill )
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>SOVALDI ORAL PACKET</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>SOVALDI ORAL TABLET 200 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>SOVALDI ORAL TABLET 400 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>VIEKIRA PAK</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (112 tablets per 28 days)
<b>VOSEVI</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (28 tablets per 28 days)
<b>Hcv Protease Inhibitor Antivirals</b>		
<b>MAVYRET ORAL PACKET</b>	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
<b>MAVYRET ORAL TABLET</b>	T4	SP (Limited to a 1 month supply per fill ); QL (84 tablets per 28 days)
<b>VIEKIRA PAK</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (112 tablets per 28 days)

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

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



Medication	Coverage Level	Restrictions
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
<b>INTELENCE ORAL TABLET 100 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (120 tablets per 30 days)
<b>INTELENCE ORAL TABLET 200 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (60 tablets per 30 days)
<b>INTELENCE ORAL TABLET 25 MG</b>	T4	SP (Max of 31 days per dispensing. ); QL (120 tablets per 30 days)
<b>JULUCA</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	T1	
<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)
<b>ODEFSEY</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>PIFELTRO</b>	T4	SP (Max of 31 days supply per dispensing. ); QL (30 tablets per 30 days)
<b>SUSTIVA</b>	T3	
<b>SYMFI</b>	T5	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
<b>SYMFI LO</b>	T5	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
<b>VIRAMUNE ORAL SUSPENSION</b>	T3	QL (1200 ML per 30 days)
<b>VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG</b>	T3	QL (30 tablets per 30 days)
<b><i>Hiv Nucleoside, Nucleotide Rt Inhibitors</i></b>		
<i>abacavir sulfate oral solution</i>	T1	
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir-lamivudine-zidovudine</i>	T4	SP (Max of 31 days per dispensing. ); QL (60 tablets per 30 days)
<b>ATRIPLA</b>	T4	SP (Max of 31 days per dispensing. )

Medication	Coverage Level	Restrictions
<b>BIKTARVY ORAL TABLET 50-200-25 MG</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>CIMDUO</b>	T9	
<b>COMBIVIR</b>	T5	SP (Max of 31 days per dispensing. )
<b>COMPLERA</b>	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<b>DELSTRIGO</b>	T4	SP (Max of 31 days supply per dispensing. ); QL (30 tablets per 30 days)
<b>DESCOVY</b>	T9	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1	
<b>DOVATO</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablet per 30 days)
<i>efavirenz-emtricitab-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df</i>	T4	SP (Limited to a 1 month supply per fill)
<b>EMTRIVA ORAL CAPSULE</b>	T5	SP (Limited to a 1 month supply per fill)
<b>EMTRIVA ORAL SOLUTION</b>	T2	
<b>EPIVIR</b>	T3	
<b>EPIVIR HBV ORAL SOLUTION</b>	T2	
<b>EPIVIR HBV ORAL TABLET</b>	T3	
<b>EPZICOM</b>	T4	SP (Max of 31 days per dispensing. )
<b>GENVOYA</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<i>lamivudine oral solution</i>	T1	
<i>lamivudine oral tablet</i>	T2	
<i>lamivudine-zidovudine</i>	T2	
<b>ODEFSEY</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>RETROVIR ORAL CAPSULE</b>	T3	
<b>RETROVIR ORAL SYRUP</b>	T3	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>stavudine oral capsule</i>	T1	
<b>STRIBILD</b>	T4	SP (Max of 31 days per dispensing. ); QL (31 Day Supply per 1 Dispensing)
<b>SYMFI</b>	T5	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
<b>SYMFI LO</b>	T5	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
<b>SYMTUZA</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>TEMIXYS</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<i>tenofovir disoproxil fumarate</i>	T1	
<b>TRIUMEQ</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>TRIZIVIR</b>	T5	SP (Max of 31 days per dispensing. ); QL (60 tablets per 30 days)
<b>TRUVADA</b>	T4	SP (Limited to a 1 month supply per fill )
<b>VIDEX EC</b>	T3	
<b>VIDEX ORAL SOLUTION RECONSTITUTED 2 GM</b>	T2	
<b>VIREAD ORAL POWDER</b>	T4	SP (Limited to a 1 month supply per fill)
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T4	SP (Limited to a 1 month supply per fill)
<b>VIREAD ORAL TABLET 300 MG</b>	T5	SP (Limited to a 1 month supply per fill)
<b>ZIAGEN ORAL SOLUTION</b>	T2	
<b>ZIAGEN ORAL TABLET</b>	T3	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	
<b><i>Hiv Protease Inhibitor Antiretrovirals</i></b>		
<b>APTIVUS</b>	T4	ST; SP (Max of 31 days per dispensing. )
<i>atazanavir sulfate</i>	T4	SP (Max of 31 days per dispensing. )
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	T2	

Medication	Coverage Level	Restrictions
<b>EVOTAZ</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<i>fosamprenavir calcium</i>	T4	SP (Max of 31 days per dispensing. )
<b>INVIRASE ORAL TABLET</b>	T4	SP (Max of 31 days per dispensing. )
<b>KALETRA ORAL SOLUTION</b>	T4	SP (Limited to a 1 month supply per fill )
<b>KALETRA ORAL TABLET</b>	T5	SP (Limited to a 1 month supply per fill)
<b>LEXIVA ORAL SUSPENSION</b>	T4	SP (Max of 31 days per dispensing. )
<b>LEXIVA ORAL TABLET</b>	T5	SP (Max of 31 days per dispensing. )
<i>lopinavir-ritonavir oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<b>NORVIR ORAL SOLUTION</b>	T3	
<b>NORVIR ORAL TABLET</b>	T3	
<b>PREZCOBIX</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>PREZISTA ORAL SUSPENSION</b>	T4	SP (Max of 31 days per dispensing. )
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	T4	SP (Max of 31 days per dispensing. )
<b>REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG</b>	T5	SP (Max of 31 days per dispensing. )
<b>REYATAZ ORAL PACKET</b>	T4	SP (Max of 31 days per dispensing. )
<i>ritonavir</i>	T1	
<b>SYMTUZA</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>VIRACEPT ORAL TABLET</b>	T4	SP (Max of 31 days per dispensing. )
<b><i>Interferon Antivirals</i></b>		
<b>INTRON A INJECTION SOLUTION 10000000 UNIT/ML</b>	T4	SP (Limited to a 1 month supply per fill)
<b>INTRON A INJECTION SOLUTION 6000000 UNIT/ML</b>	T4	SP (Limited to a 1 month supply per fill )

Medication	Coverage Level	Restrictions
<b>INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT</b>	T4	SP (Limited to a 1 month supply per fill )
<b>INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT</b>	T4	SP (Limited to a 1 month supply per fill )
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>	T4	SP (Limited to a 1 month supply per fill ); QL (48 Weeks per 1 Lifetime)
<b>PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	SP (Limited to a 1 month supply per fill )
<b><i>Lincomycin Antibiotics</i></b>		
<b>CLEOCIN ORAL CAPSULE 150 MG, 300 MG</b>	T3	
<b>CLEOCIN ORAL CAPSULE 75 MG</b>	T2	
<b>CLEOCIN ORAL SOLUTION RECONSTITUTED</b>	T2	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<b><i>Monobactam Antibiotics</i></b>		
<b>CAYSTON</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b><i>Natural Penicillin Antibiotics</i></b>		
<i>penicillin v potassium</i>	T1	
<b><i>Neuraminidase Inhibitor Antivirals</i></b>		
<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)
<b>RELENZA DISKHALER</b>	T3	
<b>TAMIFLU ORAL CAPSULE</b>	T3	QL (10 capsules per 1 fill)
<b>TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML</b>	T3	QL (120 ML per 1 fill)
<b><i>Nucleoside And Nucleotide Antivirals</i></b>		
<i>acyclovir oral</i>	T1	
<i>adefovir dipivoxil</i>	T4	SP (Max of 31 days per dispensing. )
<b>BARACLUDE ORAL SOLUTION</b>	T3	
<b>BARACLUDE ORAL TABLET</b>	T5	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<i>entecavir</i>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>HEPSERA</b>	T5	SP (Max of 31 days per dispensing. )
<i>ribavirin oral capsule</i>	T4	SP (Limited to a 1 month supply per fill )
<i>ribavirin oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill )
<b>SITAVIG</b>	T9	
<i>valacyclovir hcl oral</i>	T1	
<b>VALCYTE ORAL SOLUTION RECONSTITUTED</b>	T5	SP (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
<b>VALCYTE ORAL TABLET</b>	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
<i>valganciclovir hcl oral tablet</i>	T4	SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
<b>VALTREX</b>	T3	
<b>VEMLIDY</b>	T4	SP (Max of 31 days per dispensing. )
<b>ZOVIRAX ORAL</b>	T3	
<b>Other Macrolide Antibiotics</b>		
<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	
<b>DIFICID ORAL TABLET</b>	T5	ST; SP (Max of 31 days per dispensing. ); QL (20 tablets per 30 days)
<b>ZITHROMAX ORAL PACKET</b>	T2	
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>ZITHROMAX ORAL TABLET 600 MG</b>	T3	
<b>ZITHROMAX TRI-PAK</b>	T3	
<b>ZITHROMAX Z-PAK</b>	T3	
<b>Oxazolidinone Antibiotics</b>		
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL
<i>linezolid oral tablet</i>	T2	QL (28 tablets per 14 days)
<b>SIVEXTRO ORAL</b>	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED</b>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL
<b>ZYVOX ORAL TABLET</b>	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium</i>	T1	
<b>Pleuromutilins</b>		
<b>XENLETA ORAL</b>	T9	
<b>Polyene Antifungals</b>		
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
<b>Polymyxin Antibiotics</b>		
<i>colistimethate sodium (cba)</i>	T9	
<b>Quinolone Antibiotics</b>		
<b>AVELOX ORAL</b>	T3	
<b>BAXDELA</b>	T9	
<b>CIPRO ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>CIPRO ORAL TABLET 250 MG, 500 MG</b>	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	
<b>LEVAQUIN ORAL TABLET</b>	T3	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
<b>Rifamycin Antibiotics</b>		
<b>AEMCOLO</b>	T2	QL (12 tablets per 30 days); AL
<b>MYCOBUTIN</b>	T2	
<b>PRIFTIN</b>	T2	
<i>rifabutin</i>	T4	SP (Max of 31 days per dispensing)
<b>RIFADIN ORAL</b>	T3	
<i>rifampin oral</i>	T1	
<b>XIFAXAN ORAL TABLET 200 MG</b>	T4	SP (Max of 30 days per dispensing.); QL (9 tablets per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	T4	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)

Medication	Coverage Level	Restrictions
<b>Sulfonamide Antibiotics (Systemic)</b>		
<b>AZULFIDINE</b>	T3	
<b>AZULFIDINE EN-TABS</b>	T3	
<b>BACTRIM</b>	T3	
<b>BACTRIM DS</b>	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	
<b>Tetracycline Antibiotics</b>		
<b>ACTICLATE</b>	T9	
<i>demeclocycline hcl oral</i>	T3	
<b>DORYX MPC</b>	T9	
<b>DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG</b>	T9	
<i>doxycycline</i>	T9	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 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	
<b>MINOCIN ORAL CAPSULE 100 MG, 50 MG</b>	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	
<b>MINOLIRA</b>	T9	
<b>MONDOXYNE NL</b>	T9	
<b>MORGIDOX COMBINATION</b>	T9	



Medication	Coverage Level	Restrictions
ORACEA	T9	
PYLERA	T9	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
TARGADOX	T9	
<i>tetracycline hcl oral</i>	T1	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
<b>Urinary Anti-Infectives</b>		
BACTRIM	T3	
BACTRIM DS	T3	
<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 (1 packet per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
PRIMSOL	T9	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>trimethoprim oral</i>	T1	
URIBEL	T9	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<b>AFINITOR ORAL TABLET 10 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<b>AFINITOR ORAL TABLET 2.5 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<b>AFINITOR ORAL TABLET 5 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<b>AFINITOR ORAL TABLET 7.5 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<b>ALECENSA</b>	T5	PA; SP (Max of 14 day supply per fill)
<b>ALKERAN ORAL</b>	T3	
<b>ALUNBRIG ORAL TABLET 180 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<b>ALUNBRIG ORAL TABLET 30 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
<b>ALUNBRIG ORAL TABLET 90 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>anastrozole oral</i>	T1	
<b>ARIMIDEX</b>	T3	
<b>AROMASIN</b>	T3	
<b>AYVAKIT ORAL TABLET 100 MG, 200 MG</b>	T4	PA; SP (Max of 14 day supply per fill); QL (14 Tablets per 14 days)
<b>AYVAKIT ORAL TABLET 25 MG, 50 MG</b>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 Days)
<b>AYVAKIT ORAL TABLET 300 MG</b>	T4	PA; SP (Max of 14 day supply per fill); QL (14 Tablet per 14 days)
<b>BALVERSA ORAL TABLET 3 MG, 4 MG</b>	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)

Medication	Coverage Level	Restrictions
<b>BALVERSA ORAL TABLET 5 MG</b>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>bexarotene</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>bicalutamide</i>	T1	
<b>BOSULIF ORAL TABLET 100 MG</b>	T5	PA; SP (Max of 14 day supply per fill )
<b>BOSULIF ORAL TABLET 400 MG</b>	T5	PA; SP (Max of 14 day supply per fill)
<b>BOSULIF ORAL TABLET 500 MG</b>	T5	PA; SP (Max of 14 day supply per fill )
<b>BRAFTOVI</b>	T5	PA; SP (Max of 15 day supply per fill)
<b>BRUKINSA</b>	T5	PA; SP (Max of 14 days supply per dispensing); QL (56 tablets per 14 Days)
<b>CABOMETYX ORAL TABLET 20 MG, 60 MG</b>	T4	PA; SP (Max of 14 day supply per fill ); QL (14 tablets per 14 days)
<b>CABOMETYX ORAL TABLET 40 MG</b>	T4	PA; SP (Max of 14 day supply per fill ); QL (14 tablets per 14 days)
<b>CALQUENCE</b>	T5	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
<i>capecitabine</i>	T4	SP (Limited to a 1 month supply per fill )
<b>CAPRELSA</b>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablet per 14 days)
<b>CASODEX</b>	T3	
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	T4	PA; SP (Max of 14 day supply per fill)
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	T4	PA; SP (Max of 14 day supply per fill)
<b>COMETRIQ (60 MG DAILY DOSE)</b>	T4	PA; SP (Max of 14 day supply per fill )
<b>COPIKTRA</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<b>COTELLIC</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>cyclophosphamide oral</i>	T3	

Medication	Coverage Level	Restrictions
<b>DAURISMO</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<b>DROXIA</b>	T3	
<b>EMCYT</b>	T2	
<b>ERIVEDGE</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>ERLEADA</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>erlotinib hcl</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill )
<i>everolimus oral tablet 10 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 Days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 Days)
<i>exemestane</i>	T2	
<b>FARESTON</b>	T9	
<b>FARYDAK ORAL CAPSULE 10 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (6 Capsules per 1 Fill)
<b>FARYDAK ORAL CAPSULE 15 MG, 20 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (6 Capsules per 1 Fill)
<b>FEMARA</b>	T3	
<i>flutamide</i>	T1	
<b>FOTIVDA</b>	T5	PA; SP (Limited to a one month supply per fill); QL (28 capsules per 28 days)
<b>GAVRETO</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
<b>GILOTRIF</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<b>GLEEVEC</b>	T9	
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	T3	
<b>HERZUMA</b>	T9	
<b>HYCAMTIN ORAL CAPSULE 0.25 MG</b>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<b>HYCAMTIN ORAL CAPSULE 1 MG</b>	T4	SP (Limited to a 1 month supply per fill )
<b>HYDREA</b>	T3	
<i>hydroxyurea oral</i>	T1	
<b>IBRANCE ORAL CAPSULE 100 MG, 75 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (21 capsules per 28 days)
<b>IBRANCE ORAL CAPSULE 125 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (21 capsules per 28 days)
<b>IBRANCE ORAL TABLET</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (21 tablets per 28 days)
<b>ICLUSIG</b>	T5	PA; SP (Max of 14 day supply per fill)
<b>IDHIFA ORAL TABLET 100 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>IDHIFA ORAL TABLET 50 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Max of 14 day supply per fill )
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (90 capsules per 30 days)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days)
<b>IMBRUVICA ORAL TABLET</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>INLYTA ORAL TABLET 1 MG</b>	T4	PA; SP (Max of 14 day supply per fill)
<b>INLYTA ORAL TABLET 5 MG</b>	T4	PA; SP (Max of 14 day supply per fill )
<b>INQOVI</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (5 tablets per 28 days)
<b>INREBIC</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (120 capsules per 30 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>INTRON A INJECTION SOLUTION 10000000 UNIT/ML</b>	T4	SP (Limited to a 1 month supply per fill)
<b>INTRON A INJECTION SOLUTION 6000000 UNIT/ML</b>	T4	SP (Limited to a 1 month supply per fill )
<b>INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT</b>	T4	SP (Limited to a 1 month supply per fill )
<b>INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT</b>	T4	SP (Limited to a 1 month supply per fill )
<b>IRESSA</b>	T4	PA; SP (Max of 14 day supply per fill )
<b>JAKAFI ORAL TABLET 10 MG, 5 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>JAKAFI ORAL TABLET 15 MG, 25 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>JAKAFI ORAL TABLET 20 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>KISQALI (200 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (63 tablets per 28 days)
<b>KISQALI (400 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (63 tablets per 28 days)
<b>KISQALI (600 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (63 tablets per 28 days)
<b>KISQALI FEMARA (400 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (91 tablets per 28 days)
<b>KISQALI FEMARA (600 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (91 tablets per 28 days)
<b>KISQALI FEMARA(200 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (91 tablets per 28 days)
<b>KOSELUGO ORAL CAPSULE 10 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>KOSELUGO ORAL CAPSULE 25 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<i>lapatinib ditosylate</i>	T4	PA; SP (Max of 14 day supply per fill. Limited Distribution Medication.)

Medication	Coverage Level	Restrictions
<b>LENVIMA (10 MG DAILY DOSE)</b>	T4	PA; SP (Max of 15 day supply per fill)
<b>LENVIMA (12 MG DAILY DOSE)</b>	T4	PA; SP (Max of 15 day supply per fill)
<b>LENVIMA (14 MG DAILY DOSE)</b>	T4	PA; SP (Max of 15 day supply per fill)
<b>LENVIMA (18 MG DAILY DOSE)</b>	T4	PA; SP (Max of 15 day supply per fill)
<b>LENVIMA (20 MG DAILY DOSE)</b>	T4	PA; SP (Max of 15 day supply per fill)
<b>LENVIMA (24 MG DAILY DOSE)</b>	T4	PA; SP (Max of 15 day supply per fill)
<b>LENVIMA (4 MG DAILY DOSE)</b>	T4	PA; SP (Max of 15 day supply per fill)
<b>LENVIMA (8 MG DAILY DOSE)</b>	T4	PA; SP (Max of 15 day supply per fill)
<i>letrozole oral</i>	T1	
<b>LEUKERAN</b>	T4	SP (Limited to a 1 month supply per fill)
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill )
<b>LONSURF ORAL TABLET 15-6.14 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>LONSURF ORAL TABLET 20-8.19 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<b>LORBRENA ORAL TABLET 100 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablet per 14 days)
<b>LORBRENA ORAL TABLET 25 MG</b>	T5	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
<b>LUMAKRAS</b>	T4	PA; SP (Max of 14 day supply per fill ); QL (112 tablets per 14 days)
<b>LYNPARZA ORAL TABLET</b>	T4	PA; SP (Max of 14 day supply per fill ); QL (56 tablets per 14 days)
<b>LYSODREN</b>	T4	PA; SP (Max of 14 day supply per fill)
<b>MATULANE</b>	T4	PA; SP (Max of 14 day supply per fill)
<b>MEGACE ES</b>	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	

Medication	Coverage Level	Restrictions
<b>MEKINIST ORAL TABLET 0.5 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>MEKINIST ORAL TABLET 2 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<b>MEKTOVI</b>	T5	PA; SP (Max of 15 day supply per fill)
<i>melphalan</i>	T2	
<i>mercaptopurine oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<b>MYLERAN</b>	T3	
<b>NERLYNX</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>NEXAVAR</b>	T4	PA; SP (Max of 14 day supply per fill )
<i>nilutamide</i>	T1	
<b>NINLARO ORAL CAPSULE 2.3 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (3 capsules per 28 days)
<b>NINLARO ORAL CAPSULE 3 MG, 4 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (3 capsules per 28 days)
<b>NUBEQA</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>ODOMZO</b>	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsule per 14 days)
<b>OGIVRI</b>	T9	
<b>ONUREG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)
<b>ORGOVYX</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>PEMAZYRE ORAL TABLET 13.5 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (14 Tablets per 21 days)
<b>PEMAZYRE ORAL TABLET 4.5 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (14 Tablets per 21 days)
<b>PEMAZYRE ORAL TABLET 9 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)



<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>PIQRAY (200 MG DAILY DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
<b>PIQRAY (250 MG DAILY DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<b>PIQRAY (300 MG DAILY DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<b>POMALYST ORAL CAPSULE 1 MG, 3 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<b>POMALYST ORAL CAPSULE 2 MG, 4 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<b>PURIXAN</b>	T5	SP (Max of 31 days per dispensing.)
<b>QINLOCK</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<b>RETEVMO</b>	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
<b>REVLIMID ORAL CAPSULE 10 MG, 20 MG</b>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 25 MG, 5 MG</b>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>ROZLYTREK</b>	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL
<b>RUBRACA ORAL TABLET 200 MG, 300 MG</b>	T4	PA; SP (Max of 14 day supply per fill)
<b>RUBRACA ORAL TABLET 250 MG</b>	T4	PA; SP (Max of 14 day supply per fill)
<b>RYDAPT</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days)
<b>SOLTAMOX</b>	T9	
<b>SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 80 MG</b>	T4	PA; SP (Max of 14 day supply per fill)
<b>SPRYCEL ORAL TABLET 70 MG</b>	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
<b>STIVARGA</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<i>sunitinib malate</i>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>SUTENT ORAL CAPSULE 12.5 MG</b>	T5	PA; SP (Max of 14 day supply per fill )
<b>SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG</b>	T5	PA; SP (Max of 14 day supply per fill )
<b>TABLOID</b>	T5	SP (Limited to a 1 month supply per fill)
<b>TABRECTA</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>TAFINLAR ORAL CAPSULE 50 MG</b>	T5	PA; SP (Max of 14 day supply per fill)
<b>TAFINLAR ORAL CAPSULE 75 MG</b>	T5	PA; SP (Max of 14 day supply per fill )
<b>TAGRISSE ORAL TABLET 40 MG</b>	T4	PA; SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
<b>TAGRISSE ORAL TABLET 80 MG</b>	T4	PA; SP (Max of 15 day supply per fill ); QL (15 tablets per 15 days)
<b>TALZENNA</b>	T5	PA; SP (Max of 14 day supply per fill ); QL (14 capsules per 14 days)
<i>tamoxifen citrate oral</i>	T1	
<b>TARCEVA</b>	T5	PA; SP (Max of 14 day supply per fill )
<b>TARGRETIN ORAL</b>	T5	PA; SP (Max of 14 day supply per fill )
<b>TASIGNA ORAL CAPSULE 150 MG, 50 MG</b>	T4	PA; SP (Max of 14 day supply per fill ); QL (56 capsules per 14 days)
<b>TASIGNA ORAL CAPSULE 200 MG</b>	T4	PA; SP (Max of 14 day supply per fill ); QL (56 capsules per 14 days)
<b>TAZVERIK</b>	T4	PA; SP (Max of 14 day supply per fill); QL (112 Tablets per 14 days)

Medication	Coverage Level	Restrictions
<b>TEMODAR ORAL CAPSULE 100 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>TEMODAR ORAL CAPSULE 140 MG, 250 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>TEMODAR ORAL CAPSULE 180 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<i>temozolomide oral capsule 100 mg, 250 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill )
<i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>TEPMETKO</b>	T5	PA; SP (Max of 15 day supply per fill ); QL (30 tablets per 15 days)
<b>TIBSOVO</b>	T4	PA; SP (Max of 14 day supply per fill)
<i>toremifene citrate</i>	T4	ST; SP (Max day supply up to 31 days.); QL (30 tablets per 30 days)
<i>tretinoin oral</i>	T4	PA; SP (Limited to a 14 day supply per fill.)
<b>TREXALL</b>	T3	ST
<b>TRUSELTIQ (100MG DAILY DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (21 capsules per 28 days)
<b>TRUSELTIQ (125MG DAILY DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (21 capsules per 28 days)
<b>TRUSELTIQ (50MG DAILY DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (21 capsules per 28 days)
<b>TRUSELTIQ (75MG DAILY DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (21 capsules per 28 days)
<b>TUKYSA</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days)
<b>TURALIO</b>	T5	PA; SP (Max of 14 day supply per fill); QL (120 capsules per 30 days); AL

Medication	Coverage Level	Restrictions
TYKERB	T5	PA; SP (Max of 14 day supply per fill. Limited Distribution Medication.)
UKONIQ	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
VENCLEXTA ORAL TABLET 10 MG, 50 MG	T5	PA; SP (Max of 14 day supply per fill)
VENCLEXTA ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill)
VENCLEXTA STARTING PACK	T5	PA; SP (Max of 14 day supply per fill)
VERZENIO ORAL TABLET 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VERZENIO ORAL TABLET 150 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VERZENIO ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VITRAKVI ORAL CAPSULE	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Max of 14 day supply per fill); QL (48 ML per 14 days)
VIZIMPRO ORAL TABLET 15 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	T5	PA; SP (Max of 14 day supply per fill)
VOTRIENT	T4	PA; SP (Max of 14 day supply per fill)
XALKORI	T4	PA; SP (Max of 14 day supply per fill)
XATMEP	T3	AL
XELODA	T5	SP (Limited to a 1 month supply per fill)
XOSPATA	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
<b>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
<b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
<b>XPOVIO (60 MG TWICE WEEKLY)</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
<b>XPOVIO (80 MG TWICE WEEKLY)</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
<b>XTANDI ORAL CAPSULE</b>	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
<b>XTANDI ORAL TABLET 40 MG</b>	T4	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
<b>XTANDI ORAL TABLET 80 MG</b>	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
<b>YONSA</b>	T9	SP ( )
<b>ZEJULA</b>	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days)
<b>ZELBORAF</b>	T4	PA; SP (Max of 14 day supply per fill )
<b>ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML</b>	T9	
<b>ZOLINZA</b>	T4	PA; SP (Max of 14 day supply per fill)
<b>ZYDELIG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>ZYKADIA ORAL TABLET</b>	T5	PA; SP (Max of 14 day supply per fill)
<b>ZYTIGA</b>	T9	

Medication	Coverage Level	Restrictions
<b>Antitoxins, Immune Glob, Toxoids, Vaccines</b>		
<i>Allergenic Extracts (Therapeutic)</i>		
GRASTEK	T3	AL
ODACTRA	T3	AL
ORALAIR	T3	AL
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
RAGWITEK	T3	AL
<i>Antitoxins And Immune Globulins</i>		
ZINPLAVA	T9	
<i>Toxoids</i>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
KINRIX INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	

Medication	Coverage Level	Restrictions
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 Copay	
<b>PENTACEL</b>	T6 - \$0 Copay	
<b>QUADRACEL</b>	T6 - \$0 Copay	
<b>TDVAX</b>	T6 - \$0 Copay	
<b>TENIVAC</b>	T6 - \$0 Copay	QL (1 dose per 10 years)
<i>tetanus-diphtheria toxoids td</i>	T6 - \$0 Copay	QL (1 dose per 10 years); AL
<b>VAXELIS</b>	T6 - \$0 Copay	
<b>Vaccines</b>		
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
<b>AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION</b>	T6 - \$0 Copay	QL (1 injection per 180 days)
<b>AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 Copay	QL (1 Injection per 180 days); AL
<i>bcg vaccine</i>	T6 - \$0 Copay	
<b>BEXSERO</b>	T6 - \$0 Copay	QL (2 ML per 1 lifetime)
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
<b>ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML</b>	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime)
<b>FLUAD</b>	T6 - \$0 Copay	QL (1 injection per 180 days)
<b>FLUAD QUADRIVALENT</b>	T6 - \$0 Copay	QL (1 Injection per 180 days)
<b>FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 Copay	QL (1 Injection per 180 days)
<b>FLUBLOK QUADRIVALENT</b>	T6 - \$0 Copay	QL (1 injection per 180 days)
<b>FLUCELVAX QUADRIVALENT</b>	T6 - \$0 Copay	QL (1 injection per 180 days)
<b>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 Copay	QL (1 injection per 180 days)
<b>FLUMIST QUADRIVALENT</b>	T6 - \$0 Copay	QL (1 inhalation per 180 days)
<b>FLUZONE HIGH-DOSE QUADRIVALENT</b>	T6 - \$0 Copay	QL (1 Injection per 180 days)
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML</b>	T6 - \$0 Copay	QL (1 injection per 180 days)
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	T6 - \$0 Copay	QL (1 Injection per 180 days)
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION</b>	T6 - \$0 Copay	QL (3 doeses per 1 lifetime); AL
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 Copay	QL (3 doses per 1 lifetime); AL
<b>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</b>	T6 - \$0 Copay	QL (2 Doses per 1 Lifetime)

Medication	Coverage Level	Restrictions
<b>IMOVAX RABIES</b>	T6 - \$0 Copay	
<b>IPOL INJECTION INJECTABLE</b>	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime)
<b>IXIARO</b>	T9	
<i>janssen covid-19 vaccine</i>	T6 - \$0 Copay	
<b>KINRIX INTRAMUSCULAR SUSPENSION</b>	T6 - \$0 Copay	
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 Copay	
<b>MENACTRA</b>	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
<b>MENVEO</b>	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
<b>M-M-R II INJECTION</b>	T6 - \$0 Copay	QL (2 doses per 1 lifetime)
<i>moderna covid-19 vaccine</i>	T6 - \$0 Copay	
<b>PENTACEL</b>	T6 - \$0 Copay	
<i>pfizer covid-19 vac-tris 5-11y</i>	T6 - \$0 Copay	
<i>pfizer-biontech covid-19 vacc</i>	T6 - \$0 Copay	
<b>PNEUMOVAX 23</b>	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime)
<b>PREVNAR 13</b>	T6 - \$0 Copay	QL (2 Doses per 1 Lifetime)
<b>PREVNAR 20</b>	T6 - \$0 Copay	
<b>QUADRACEL</b>	T6 - \$0 Copay	
<b>RABAVERT</b>	T6 - \$0 Copay	
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime)
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	T6 - \$0 Copay	QL (2 doses per 1 lifetime); AL
<b>TICOVAC</b>	T9	
<b>TRUMENBA</b>	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime)
<b>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6 - \$0 Copay	QL (4 does per 1 lifetime)
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	T9	
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</b>	T6 - \$0 Copay	QL (2 Doses per 1 Lifetime)
<b>VAXELIS</b>	T6 - \$0 Copay	
<b>VAXNEUVANCE</b>	T6 - \$0 Copay	
<b>VIVOTIF</b>	T9	
<b>YF-VAX</b>	T9	
<b>ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED</b>	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime); AL
<b>Autonomic Drugs</b>		
<i>Alpha- And Beta-Adrenergic Agonists</i>		
<b>ADRENALIN NASAL</b>	T9	



Medication	Coverage Level	Restrictions
<b>ALAVERT ALLERGY/SINUS</b>	T9	
<b>ALLEGRA-D ALLERGY &amp; CONGESTION</b>	T9	
<b>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR</b>	T9	
<b>BROMFED DM</b>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
<b>CLARINEX-D 12 HOUR</b>	T9	
<b>CLARITIN-D 12 HOUR</b>	T9	
<b>CLARITIN-D 24 HOUR</b>	T9	
<i>droxidopa</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
<b>EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	T9	
<b>EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>loratadine-d 24hr</i>	T9	
<b>NORTHERA</b>	T9	SP ( )
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
<b>SEMPREX-D</b>	T9	
<b>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML</b>	T2	QL (4 syringes per 31 days)
<b>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML</b>	T2	QL (4 syringes per 31 Days)
<b>ZYRTEC-D ALLERGY &amp; CONGESTION</b>	T9	
<b>Alpha-Adrenergic Agonists</b>		
<b>CATAPRES</b>	T3	
<b>CATAPRES-TTS-1</b>	T3	
<b>CATAPRES-TTS-2</b>	T3	
<b>CATAPRES-TTS-3</b>	T3	
<i>clonidine</i>	T1	
<i>clonidine hcl er</i>	T2	
<i>clonidine hcl oral</i>	T1	
<b>HISTEX-AC</b>	T9	

Medication	Coverage Level	Restrictions
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	T3	
<b>LUCEMYRA</b>	T9	
<i>maxi-tuss cd</i>	T9	
<i>methyldopa oral</i>	T1	
<i>midodrine hcl</i>	T1	
<b>Antimuscarinics/Antispasmodics</b>		
<b>ANASPAZ</b>	T3	
<b>ANORO ELLIPTA</b>	T2	QL (1 inhaler per 30 days)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<b>ATROVENT HFA</b>	T2	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<b>BEVESPI AEROSPHERE</b>	T2	QL (1 inhaler per 30 days)
<b>BREZTRI AEROSPHERE</b>	T9	
<i>chlordiazepoxide-clidinium</i>	T2	
<b>COMBIVENT RESPIMAT</b>	T2	QL (2 GM per 40 days)
<b>CUVPOSA</b>	T3	QL (31 Day Supply per 1 Dispensing); AL
<i>dicyclomine hcl oral</i>	T1	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<b>DONNATAL</b>	T9	
<b>DUAKLIR PRESSAIR</b>	T9	
<b>GLYCATE</b>	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	
<b>HYCODAN</b>	T9	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydromet</i>	T1	
<b>HYOPHEN</b>	T9	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
<b>INCRUSE ELLIPTA</b>	T2	QL (30 Blisters per 30 Day(s)s)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium bromide nasal</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)

Medication	Coverage Level	Restrictions
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	
<i>scopolamine</i>	T1	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
SYMAX DUOTAB	T3	
TRANSDERM-SCOP (1.5 MG)	T3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	
TRELEGY ELLIPTA	T2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
URIBEL	T9	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
YUPELRI	T9	
<b>Antiparkinsonian Agents</b>		
<i>benztropine mesylate oral</i>	T1	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>trihexyphenidyl hcl</i>	T1	
<b>Autonomic Drugs, Miscellaneous</b>		
<i>apo-varenicline</i>	T2	PV; QL (60 tablets per 30 Days)
CHANTIX	T2	PV; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>CHANTIX CONTINUING MONTH PAK</b>	T2	PV
<b>CHANTIX STARTING MONTH PAK</b>	T2	PV
<b>KLS QUIT2</b>	T3	PV
<b>KLS QUIT4</b>	T3	PV
<b>NICODERM CQ</b>	T9	
<b>NICORETTE</b>	T9	
<i>nicotine polacrilex mouth/throat gum</i>	T9	
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	PV
<i>nicotine transdermal patch 24 hour</i>	T9	
<b>NICOTROL</b>	T3	PV; QL (1 box per 30 days)
<b>NICOTROL NS</b>	T3	PV; QL (40 mls per 30 days)
<i>varenicline tartrate</i>	T2	PV; QL (60 tablets per 30 Days)
<b>Centrally Acting Skeletal Muscle Relaxant</b>		
<b>AMRIX</b>	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, 375 mg, 750 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	
<b>LORZONE</b>	T3	ST; QL (120 tablets per 30 days)
<i>metaxalone oral tablet 800 mg</i>	T9	
<i>methocarbamol oral</i>	T1	
<b>ROBAXIN ORAL</b>	T3	
<b>ROBAXIN-750</b>	T3	
<b>SKELAXIN</b>	T9	
<b>SOMA ORAL TABLET 350 MG</b>	T9	
<i>tizanidine hcl oral</i>	T1	
<b>ZANAFLEX</b>	T3	
<b>Direct-Acting Skeletal Muscle Relaxants</b>		
<b>DANTRIUM ORAL CAPSULE 25 MG, 50 MG</b>	T3	
<i>dantrolene sodium oral</i>	T1	
<b>Gaba-Derivative Skeletal Muscle Relaxant</b>		
<i>baclofen oral</i>	T1	
<b>GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</b>	T9	

Medication	Coverage Level	Restrictions
<b>Non-Sel. Beta-Adrenergic Blocking Agents</b>		
<b>BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T3	
<b>BYSTOLIC</b>	T3	ST
<i>carvedilol</i>	T1	
<b>COREG</b>	T3	
<b>COREG CR</b>	T3	ST
<b>CORGARD</b>	T3	
<b>HEMANGEOL</b>	T3	AL
<b>INDERAL LA</b>	T9	
<b>INDERAL XL</b>	T9	
<b>INNOPRAN XL</b>	T9	
<i>labetalol hcl oral</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>nebivolol hcl</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<b>SORINE</b>	T1	
<i>sotalol hcl oral</i>	T1	
<b>SOTYLIZE</b>	T3	
<i>timolol maleate oral</i>	T1	
<b>Non-Sel.Alpha-1-Adrenergic Blocking Agts</b>		
<b>CARDURA</b>	T3	
<b>CARDURA XL</b>	T3	ST
<i>doxazosin mesylate oral</i>	T1	
<b>MINIPRESS</b>	T3	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
<b>Non-Sel.Alpha-Adrenergic Blocking Agents</b>		
<b>CAFERGOT</b>	T9	
<b>DIBENZYLINE</b>	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)
<b>MIGERGOT</b>	T9	
<b>MIGRANAL</b>	T9	
<i>phenoxybenzamine hcl</i>	T9	
<b>TRUDHESA</b>	T9	

Medication	Coverage Level	Restrictions
<b>Parasympathomimetic (Cholinergic Agents)</b>		
<b>ARICEPT</b>	T3	
<i>bethanechol chloride oral</i>	T1	
<i>cevimeline hcl</i>	T1	QL (90 capsules per 30 days)
<i>donepezil hcl</i>	T1	
<b>EVOXAC</b>	T2	QL (90 capsules per 30 days)
<b>EXELON TRANSDERMAL</b>	T3	QL (30 patches per 30 days)
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
<b>MESTINON ORAL SYRUP</b>	T2	
<b>MESTINON ORAL TABLET</b>	T3	
<b>MESTINON ORAL TABLET EXTENDED RELEASE</b>	T9	
<b>NAMZARIC</b>	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	
<b>RAZADYNE ER</b>	T3	
<b>RAZADYNE ORAL TABLET</b>	T3	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1	QL (60 capsules per 30 days)
<b>SALAGEN</b>	T3	
<b>Selective Alpha-1-Adrenergic Block.Agent</b>		
<i>alfuzosin hcl er</i>	T1	
<i>carvedilol</i>	T1	
<b>COREG</b>	T3	
<b>COREG CR</b>	T3	ST
<i>dutasteride-tamsulosin hcl</i>	T2	ST
<b>FLOMAX</b>	T3	
<b>JALYN</b>	T3	ST
<i>labetalol hcl oral</i>	T1	
<b>RAPAFLO</b>	T3	ST
<i>silodosin</i>	T2	ST
<i>tamsulosin hcl</i>	T1	
<b>UROXATRAL</b>	T3	
<b>Selective Beta-2-Adrenergic Agonists</b>		
<b>ADVAIR DISKUS</b>	T9	
<b>ADVAIR HFA</b>	T9	
<b>AIRDUO DIGIHALER</b>	T9	

Medication	Coverage Level	Restrictions
<b>AIRDUO RESPICLICK 113/14</b>	T9	
<b>AIRDUO RESPICLICK 232/14</b>	T9	
<b>AIRDUO RESPICLICK 55/14</b>	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	
<b>ANORO ELLIPTA</b>	T2	QL (1 inhaler per 30 days)
<b>ARCAPTA NEOHALER</b>	T3	
<i>arformoterol tartrate</i>	T4	SP (Limited to a 1 month supply per fill); AL
<b>BEVESPI AEROSPHERE</b>	T2	QL (1 inhaler per 30 days)
<b>BREO ELLIPTA</b>	T9	
<b>BREZTRI AEROSPHERE</b>	T9	
<b>BROVANA</b>	T5	SP (Limited to a 1 month supply per fill); AL
<i>budesonide-formoterol fumarate</i>	T9	
<b>COMBIVENT RESPIMAT</b>	T2	QL (2 GM per 40 days)
<b>DUAKLIR PRESSAIR</b>	T9	
<b>DULERA</b>	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>	T3	ST
<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>formoterol fumarate inhalation</i>	T4	SP (Limited to a 1 month supply per fill); AL
<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 syrup</i>	T1	
<b>PERFOROMIST</b>	T9	
<b>PROAIR DIGIHALER</b>	T9	
<b>PROAIR HFA</b>	T9	
<b>PROAIR RESPICLICK</b>	T9	
<b>PROVENTIL HFA</b>	T9	
<b>SEREVENT DISKUS</b>	T2	

Medication	Coverage Level	Restrictions
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>	T2	QL (1 inhaler per 30 days)
<b>STRIVERDI RESPIMAT</b>	T2	QL (1 inhaler per 30 days); AL
<b>SYMBICORT</b>	T2	QL (1 Inhaler per 30 days)
<i>terbutaline sulfate oral</i>	T1	
<b>TRELEGY ELLIPTA</b>	T2	
<b>UTIBRON NEOHALER</b>	T3	QL (1 inhaler per 30 days)
<b>VENTOLIN HFA</b>	T2	QL (2 Inhalers per 25 days)
<b>WIXELA INHUB</b>	T3	ST
<b>XOPENEX</b>	T3	
<b>XOPENEX CONCENTRATE</b>	T3	
<b>XOPENEX HFA</b>	T9	
<b>Selective Beta-Adrenergic Blocking Agent</b>		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral</i>	T1	
<b>LOPRESSOR ORAL</b>	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<b>TENORMIN</b>	T3	
<b>TOPROL XL</b>	T3	
<b>Skeletal Muscle Relaxants, Miscellaneous</b>		
<i>norgesic forte</i>	T9	
<i>orphenadrine citrate er</i>	T1	
<b>ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG</b>	T9	
<b>Blood Formation, Coagulation, Thrombosis</b>		
<b>Antianemia Drugs</b>		
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	T4	SP (Max of 31 days per dispensing. )
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML</b>	T4	SP (Max of 31 days per dispensing. )
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</b>	T4	SP (Max of 31 days per dispensing. )



Medication	Coverage Level	Restrictions
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Max of 31 days per dispensing. )
PROCRIT	T4	SP (Max of 31 days per dispensing. )
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill )
RETACRIT INJECTION SOLUTION 20000 UNIT/2ML	T5	SP (Limited to a 1 month supply per fill)
<b>Anticoagulants, Miscellaneous</b>		
ARIXTRA	T5	
CEPROTIN	T3	
<i>fondaparinux sodium</i>	T5	SP (Max of 31 days per dispensing. )
<b>Blood Form.,Coag,Thrombosis Agents Misc.</b>		
OXBRYTA	T9	
TAVALISSE	T9	
<b>Coumarin Derivatives</b>		
COUMADIN ORAL	T2	
JANTOVEN	T1	
<i>warfarin sodium oral</i>	T1	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA	T9	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	T2	QL (74 tablets per 31 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (62 tablets per 31 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 31 days)
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (31 tablets per 31 days); AL
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days); AL
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days); AL
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
<b>Direct Thrombin Inhibitors</b>		
PRADAXA	T3	ST; QL (62 capsules per 31 days)
<b>Hematopoietic Agents</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Max of 31 days per dispensing. )

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML</b>	T4	SP (Max of 31 days per dispensing. )
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML</b>	T4	SP (Max of 31 days per dispensing. )
<b>DOPTELET ORAL TABLET 20 MG</b>	T9	
<b>EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML</b>	T5	SP (Max of 31 days per dispensing. )
<b>FULPHILA</b>	T4	SP (Max of 31 days per dispensing. )
<b>GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	SP (Max of 31 days per dispensing. )
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML</b>	T4	SP (Max of 31 days per dispensing.); QL (2 syringes per 28 days)
<b>MULPLETA</b>	T9	
<b>NEULASTA ONPRO</b>	T4	SP (Limited to a 1 month supply per fill); QL (2 ML per 30 days)
<b>NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)
<b>NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</b>	T5	SP (Max of 31 days per dispensing. )
<b>NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE</b>	T5	SP (Max of 31 days per dispensing. )
<b>NIVESTYM</b>	T4	SP (Limited to a 1 month supply per fill )
<b>NYVEPRIA</b>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 dayss)
<b>PROCRIT</b>	T4	SP (Max of 31 days per dispensing. )
<b>PROMACTA ORAL PACKET 12.5 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>PROMACTA ORAL PACKET 25 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill )

Medication	Coverage Level	Restrictions
PROMACTA ORAL TABLET 12.5 MG, 50 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill )
PROMACTA ORAL TABLET 25 MG	T4	PA; SP (Limited to a 1 month supply per fill )
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill )
RETACRIT INJECTION SOLUTION 20000 UNIT/2ML	T5	SP (Limited to a 1 month supply per fill)
UDENYCA	T4	QL (2 syringes per 28 days)
ZARXIO	T4	SP (Max of 31 days per dispensing. )
ZIEXTENZO	T9	
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline er</i>	T1	
<b>Hemostatics</b>		
ADVATE	T4	SP (Limited to a 1 month supply per fill )
<i>adynovate</i>	T4	SP (Limited to a 1 month supply per fill )
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	T4	SP (Max of 31 days supply per dispensing. )
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	
ALPHANINE SD	T3	SP (Limited to a 1 month supply per fill )
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T5	SP (Max of 31 days supply per dispensing. )
AMICAR ORAL SOLUTION	T5	SP (Max of 31 days per dispensing.)
AMICAR ORAL TABLET	T5	SP (Max of 31 days per dispensing.)
<i>aminocaproic acid oral solution</i>	T4	SP (Max of 31 days per dispensing. )
<i>aminocaproic acid oral tablet</i>	T4	SP (Max day supply up to 31 days.)
BENEFIX INTRAVENOUS KIT	T4	SP (Max of 31 days supply per dispensing. )
COAGADEX	T4	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
<b>DDAVP ORAL</b>	T3	
<b>DDAVP RHINAL TUBE</b>	T3	
<i>desmopressin ace spray refrig</i>	T2	ST
<i>desmopressin acetate injection</i>	T3	
<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
<b>ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT</b>	T5	SP (Max of 31 days per dispensing. )
<b>ESPEROCT</b>	T5	SP (Limited to a 1 month supply per fill )
<b>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT</b>	T4	SP (Limited to a 1 month supply per fill )
<b>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 500 UNIT</b>	T2	
<b>GELFOAM COMPRESSED SIZE 100</b>	T9	
<b>GELFOAM-JMI SPONGE</b>	T9	
<b>HEMLIBRA</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>	T4	SP (Max of 31 days per dispensing. )
<b>IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	T5	SP (Max of 31 days supply per dispensing. )
<b>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT</b>	T4	SP (Max of 31 days per dispensing. )
<b>JIVI</b>	T5	SP (Limited to a 1 month supply per fill )
<b>KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT</b>	T4	
<b>KOATE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT</b>	T4	SP (Limited to a 1 month supply per fill )
<b>KOGENATE FS</b>	T4	SP (Limited to a 1 month supply per fill )
<b>KOVALTRY</b>	T4	SP (Limited to a 1 month supply per fill )
<b>LYSTEDA</b>	T3	
<b>MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT</b>	T4	SP (Limited to a 1 month supply per fill )

Medication	Coverage Level	Restrictions
<b>NOCDURNA</b>	T9	
<b>NOVOEIGHT</b>	T4	SP (Limited to a 1 month supply per fill )
<b>NOVOSEVEN RT</b>	T4	SP (Limited to a 1 month supply per fill )
<b>NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	T4	SP (Max of 31 days per dispensing.)
<b>REBINYN</b>	T5	SP (Limited to a 1 month supply per fill )
<b>RECOMBINATE</b>	T4	SP (Limited to a 1 month supply per fill )
<i>rixubis</i>	T5	SP (Limited to a 1 month supply per fill ); AL
<b>SEVENFACT</b>	T4	SP (Limited to a 1 month supply per fill)
<b>STIMATE</b>	T4	SP (Limited to a 1 month supply per fill )
<i>tranexamic acid oral</i>	T1	
<b>TRETTEN</b>	T5	SP (Limited to a 1 month supply per fill )
<b>VONVENDI</b>	T5	SP (Limited to a 1 month supply per fill )
<b>XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	T4	SP (Max of 31 days per dispensing. )
<b>Heparins</b>		
<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	SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml, 80 mg/0.8ml</i>	T4	SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML</b>	T5	SP (Max of 31 days per dispensing. )
<b>FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML</b>	T3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
<b>LOVENOX SUBCUTANEOUS</b>	T5	SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day)

Medication	Coverage Level	Restrictions
<b>Iron Preparations</b>		
<b>ACCRUFER</b>	T5	PA; SP (Limited to a one month supply per fill); QL (60 capsules per 30 days)
<i>active fe</i>	T9	
<b>CENTRATEX</b>	T9	
<b>CITRANATAL 90 DHA ORAL 90-1 &amp; 300 MG</b>	T3	QL (30 capsules per 30 days)
<b>CITRANATAL ASSURE ORAL 35-1 &amp; 300 MG</b>	T3	
<b>CITRANATAL B-CALM</b>	T3	
<b>CITRANATAL BLOOM</b>	T3	
<b>CITRANATAL DHA</b>	T3	
<b>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</b>	T3	
<b>CITRANATAL RX</b>	T3	
<i>completenate</i>	T9	
<b>CORVITA 150</b>	T9	
<b>CORVITE 150</b>	T9	
<i>corvite fe</i>	T9	
<b>DIALYVITE 800/IRON</b>	T9	
<i>fe 90 plus</i>	T9	
<b>FE C PLUS</b>	T9	
<i>fe c tab plus</i>	T9	
<b>FERIVA 21/7</b>	T9	
<b>FERIVAF A</b>	T9	
<i>ferocon</i>	T9	
<b>FERRALET 90</b>	T9	
<i>ferraplus 90</i>	T9	
<b>FERREX 150</b>	T9	
<b>FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG</b>	T9	
<b>FERREX 150 FORTE PLUS</b>	T9	
<b>FERREX 150 PLUS</b>	T9	
<b>FERREX 28</b>	T9	
<b>FERROCITE PLUS ORAL TABLET</b>	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL
<b>FOLET ONE</b>	T3	QL (30 capsules per 30 days)
<b>FOLIVANE-F</b>	T9	
<b>FOLIVANE-PLUS</b>	T9	
<b>FUSION PLUS</b>	T9	
<b>FUSION SPRINKLES</b>	T9	
<i>hematinic plus vit/minerals</i>	T9	

Medication	Coverage Level	Restrictions
<i>hematinic/folic acid</i>	T9	
<b>HEMATOGEN</b>	T9	
<b>HEMATOGEN FA</b>	T9	
<b>HEMATOGEN FORTE</b>	T9	
<b>HEMATRON</b>	T9	
<b>HEMATRON-AF</b>	T9	
<b>HEMAX ORAL TABLET</b>	T9	
<i>hemetab</i>	T9	
<b>HEMOCYTE</b>	T9	
<b>HEMOCYTE PLUS</b>	T9	
<b>HEMOCYTE-F ORAL TABLET</b>	T9	
<b>ICAR-C PLUS</b>	T9	
<b>IFEREX 150 FORTE</b>	T9	
<b>INATAL GT</b>	T9	
<b>INTEGRA F</b>	T9	
<b>INTEGRA PLUS</b>	T9	
<b>IROSPAN 24/6</b>	T9	
<b>MAXARON FORTE ORAL TABLET</b>	T9	
<b>MAXFE ORAL TABLET</b>	T9	
<b>MULTIGEN FOLIC</b>	T9	
<b>MULTIGEN PLUS</b>	T9	
<b>M-VIT</b>	T9	
<i>myferon 150</i>	T9	
<i>myferon 150 forte</i>	T9	
<b>MYKIDZ IRON FL</b>	T9	
<b>MYNATAL ORAL TABLET</b>	T9	
<i>mynatal plus</i>	T9	
<i>mynatal-z</i>	T9	
<i>mynate 90 plus</i>	T9	
<b>NATACHEW ORAL TABLET CHEWABLE 28-1 MG</b>	T3	QL (30 tablets per 30 days)
<b>NATALVIRT FLT</b>	T9	
<b>NEEVO DHA ORAL CAPSULE 27-1.13 MG</b>	T9	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
<b>NEONATAL PLUS</b>	T9	
<b>NEPHRON FA</b>	T9	
<b>NEXA PLUS</b>	T3	
<b>NIVA-PLUS</b>	T9	
<b>NUFERA</b>	T9	

Medication	Coverage Level	Restrictions
<b>O-CAL FA</b>	T9	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>pnv tabs 20-1</i>	T1	
<i>pnv tabs 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<b>POLY-IRON 150</b>	T9	
<i>poly-iron 150 forte</i>	T9	
<b>PRENATABS RX</b>	T9	
<i>prenatal (w/iron &amp; fa)</i>	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	
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<b>PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG</b>	T3	
<b>PRENATE PIXIE</b>	T3	
<b>PROFERRIN-FORTE</b>	T9	
<b>PROVIDA OB</b>	T9	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
<b>QUFLORA FE</b>	T9	
<b>SELECT-OB ORAL TABLET CHEWABLE 29-1 MG</b>	T9	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<i>se-tan plus</i>	T9	
<b>TANDEM PLUS</b>	T9	
<i>taron forte</i>	T9	
<b>TARON-PREX</b>	T9	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl icon</i>	T9	
<i>tl-hem 150</i>	T9	
<b>TRICARE</b>	T9	
<b>TRICON</b>	T9	
<i>trigels-f forte</i>	T9	
<i>trinatal rx 1</i>	T1	



Medication	Coverage Level	Restrictions
<b>TRINATE</b>	T9	
<i>tristart dha</i>	T9	
<b>VINATE DHA RF</b>	T3	QL (30 capsules per 30 days)
<b>VINATE M</b>	T1	
<b>VINATE ONE</b>	T9	
<b>VITAFOL ORAL TABLET</b>	T9	
<b>VITAFOL-NANO</b>	T3	QL (30 tablets per 30 days)
<b>VITAFOL-OB</b>	T3	
<b>VITAFOL-ONE</b>	T3	
<b>VITAPEARL</b>	T3	
<b>VITATRUE</b>	T3	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
<i>wee care</i>	T1	PV; AL
<b><i>Liver And Stomach Preparations</i></b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
<b>NASCOBAL</b>	T9	
<i>neurin-sl</i>	T9	
<b><i>Platelet-Aggregation Inhibitors</i></b>		
<b>AGGRENOX</b>	T3	
<b>ASCRIPITIN ORAL TABLET 325 MG</b>	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	
<b>BRILINTA</b>	T2	
<b>BUFFERIN</b>	T3	PV; AL
<b>BUFFERIN LOW DOSE ORAL TABLET</b>	T3	
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>dipyridamole oral</i>	T1	
<b>DURLAZA</b>	T9	
<b>EFFIENT</b>	T3	QL (31 tablets per 31 days)
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
<b>PLAVIX ORAL TABLET 75 MG</b>	T3	
<i>prasugrel hcl</i>	T1	QL (31 tablets per 31 days)
<b>YOSPRALA</b>	BE	
<b>ZONTIVITY</b>	T3	ST; QL (30 tablets per 30 days)
<b><i>Platelet-Reducing Agents</i></b>		
<b>AGRYLIN</b>	T3	

Medication	Coverage Level	Restrictions
<i>anagrelide hcl</i>	T1	
<b>Thrombolytic Agents</b>		
<b>ASCRIPITIN ORAL TABLET 325 MG</b>	T1	
<i>aspirin ec low dose</i>	T1	PV
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL
<b>BUFFERIN</b>	T3	PV; AL
<b>BUFFERIN LOW DOSE ORAL TABLET</b>	T3	
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
<b>Cardiovascular Drugs</b>		
<b>Alpha-Adrenergic Blocking Agents</b>		
<b>CARDURA</b>	T3	
<b>CARDURA XL</b>	T3	ST
<i>carvedilol</i>	T1	
<b>COREG</b>	T3	
<b>COREG CR</b>	T3	ST
<i>doxazosin mesylate oral</i>	T1	
<i>labetalol hcl oral</i>	T1	
<b>MINIPRESS</b>	T3	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
<b>Alpha-Adrenergic Blocking Agt.(Hypoten)</b>		
<b>CARDURA</b>	T3	
<b>CARDURA XL</b>	T3	ST
<i>carvedilol</i>	T1	
<b>COREG</b>	T3	
<b>COREG CR</b>	T3	ST
<i>doxazosin mesylate oral</i>	T1	
<i>labetalol hcl oral</i>	T1	
<b>MINIPRESS</b>	T3	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
<b>Angiotensin li Receptor Antagon.(Hypotn)</b>		
<b>ATACAND</b>	T3	
<b>AVAPRO</b>	T3	
<b>BENICAR</b>	T3	
<i>candesartan cilexetil</i>	T1	
<b>COZAAR</b>	T3	
<b>DIOVAN</b>	T3	QL (60 tablets per 30 days)
<b>EDARBI</b>	T3	ST
<i>irbesartan</i>	T1	

Medication	Coverage Level	Restrictions
<i>losartan potassium oral</i>	T1	
<b>MICARDIS</b>	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>telmisartan</i>	T1	
<i>valsartan</i>	T1	
<b>Angiotensin li Receptor Antagonists</b>		
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
<b>ATACAND</b>	T3	
<b>ATACAND HCT</b>	T3	
<b>AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG</b>	T3	
<b>AVAPRO</b>	T3	
<b>AZOR</b>	T3	ST
<b>BENICAR</b>	T3	
<b>BENICAR HCT</b>	T3	
<b>BYVALSON</b>	T3	ST
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
<b>COZAAR</b>	T3	
<b>DIOVAN</b>	T3	QL (60 tablets per 30 days)
<b>DIOVAN HCT</b>	T3	
<b>EDARBI</b>	T3	ST
<b>EDARBYCLOR</b>	T3	ST
<b>ENTRESTO</b>	T2	QL (60 tablets per 30 days)
<b>EXFORGE HCT</b>	T3	
<b>EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG</b>	T3	
<b>EXFORGE ORAL TABLET 5-320 MG</b>	T3	SP (Requires documentation that the patient has tried and failed one generic ACE inhibitor in the last 13 months.)
<b>HYZAAR</b>	T3	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
<b>MICARDIS</b>	T3	
<b>MICARDIS HCT</b>	T3	
<i>olmesartan medoxomil oral</i>	T1	

Medication	Coverage Level	Restrictions
<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	
<b>TRIBENZOR</b>	T3	
<b>TWYNSTA</b>	T3	
<i>valsartan</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
<b>Angiotensin-Convert.Enzyme Inhib(Hypotn)</b>		
<b>ACCUPRIL</b>	T3	
<b>ALTACE ORAL CAPSULE</b>	T3	
<i>benazepril hcl oral</i>	T1	
<i>captopril oral</i>	T1	
<i>enalapril maleate oral solution</i>	T1	AL
<i>enalapril maleate oral tablet</i>	T1	
<b>EPANED ORAL SOLUTION</b>	T3	AL
<i>fosinopril sodium</i>	T1	
<i>lisinopril oral</i>	T1	
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	T3	
<b>MAVIK ORAL TABLET 4 MG</b>	T3	
<i>moexipril hcl</i>	T1	
<i>perindopril erbumine</i>	T1	
<b>PRESTALIA</b>	T3	ST
<b>PRINIVIL</b>	T3	
<i>quinapril hcl</i>	T1	
<i>ramipril</i>	T1	
<i>trandolapril</i>	T1	
<b>VASOTEC</b>	T3	
<b>ZESTRIL</b>	T3	
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<b>ACCUPRIL</b>	T3	
<b>ACCURETIC</b>	T3	
<b>ALTACE ORAL CAPSULE</b>	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	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>enalapril maleate oral solution</i>	T1	AL
<i>enalapril maleate oral tablet</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
<b>EPANED ORAL SOLUTION</b>	T3	AL
<i>fosinopril sodium</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
<i>lisinopril oral</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
<b>LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG</b>	T3	
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	T3	
<b>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG</b>	T3	
<b>MAVIK ORAL TABLET 4 MG</b>	T3	
<i>moexipril hcl</i>	T1	
<i>perindopril erbumine</i>	T1	
<b>PRINIVIL</b>	T3	
<b>QBRELIS</b>	T3	AL
<i>quinapril hcl</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>ramipril</i>	T1	
<b>TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG</b>	T2	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil hcl er</i>	T1	
<b>VASERETIC</b>	T3	
<b>VASOTEC</b>	T3	
<b>ZESTORETIC</b>	T3	
<b>ZESTRIL</b>	T3	
<b><i>Antiarrhythmics, Miscellaneous</i></b>		
<b>DIGITEK</b>	T1	
<b>DIGOX</b>	T1	
<i>digoxin oral solution</i>	T1	AL
<i>digoxin oral tablet</i>	T1	
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG</b>	T3	
<b>LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG</b>	T9	
<b><i>Antilipemic Agents, Miscellaneous</i></b>		
<i>icosapent ethyl</i>	T2	PA

Medication	Coverage Level	Restrictions
<b>JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 60 MG</b>	T9	
<b>JUXTAPID ORAL CAPSULE 20 MG, 5 MG</b>	T9	SP ( )
<b>JUXTAPID ORAL CAPSULE 30 MG</b>	T9	SP ( )
<b>LOVAZA</b>	T3	
<b>NEXLETOL</b>	T3	PA; QL (30 Tablets per 30 days)
<b>NEXLIZET</b>	T3	PA; QL (30 tablets per 30 Days)
<i>niacin er (antihyperlipidemic)</i>	T1	
<b>NIASPAN</b>	T3	
<i>omega-3-acid ethyl esters</i>	T1	
<b>VASCEPA</b>	T3	PA
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
<b>BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T3	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<b>BYSTOLIC</b>	T3	ST
<b>BYVALSON</b>	T3	ST
<i>carvedilol</i>	T1	
<b>COREG</b>	T3	
<b>COREG CR</b>	T3	ST
<b>CORGARD</b>	T3	
<b>DUTOPROL</b>	T9	
<b>HEMANGEOL</b>	T3	AL
<b>INDERAL LA</b>	T9	
<b>INDERAL XL</b>	T9	
<b>INNOPRAN XL</b>	T9	
<i>labetalol hcl oral</i>	T1	
<b>LOPRESSOR HCT ORAL TABLET 50-25 MG</b>	T3	
<b>LOPRESSOR ORAL</b>	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	

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

Medication	Coverage Level	Restrictions
<b>SOTYLIZE</b>	T3	
<b>TENORMIN</b>	T3	
<i>timolol maleate oral</i>	T1	
<b>TOPROL XL</b>	T3	
<b>Bile Acid Sequestrants</b>		
<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>	T1	QL (180 tablets per 30 days)
<b>COLESTID</b>	T3	
<i>colestipol hcl</i>	T1	
<b>PREVALITE</b>	T1	
<b>QUESTRAN LIGHT ORAL POWDER</b>	T3	
<b>QUESTRAN ORAL POWDER</b>	T3	
<b>WELCHOL ORAL PACKET</b>	T3	ST; QL (30 packets per 30 days)
<b>WELCHOL ORAL TABLET</b>	T3	ST
<b>Calcium-Channel Block.Agt,Misc(Hypoten)</b>		
<b>CALAN ORAL TABLET 120 MG</b>	T3	
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG</b>	T9	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	T2	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T9	
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</b>	T3	
<b>CARTIA XT</b>	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	



Medication	Coverage Level	Restrictions
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<b>MATZIM LA</b>	T9	
<b>TAZTIA XT</b>	T1	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG</b>	T1	
<b>TIAZAC</b>	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	
<b>VERELAN</b>	T3	
<b>VERELAN PM</b>	T3	
<b><i>Calcium-Channel Blocking Agents, Misc.</i></b>		
<b>CALAN ORAL TABLET 120 MG</b>	T3	
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG</b>	T9	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	T2	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T9	
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</b>	T3	
<b>CARTIA XT</b>	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	

Medication	Coverage Level	Restrictions
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<b>MATZIM LA</b>	T9	
<b>TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG</b>	T2	
<b>TAZTIA XT</b>	T1	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG</b>	T1	
<b>TIAZAC</b>	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	
<b>VERELAN</b>	T3	
<b>VERELAN PM</b>	T3	
<b>Carbonic Anhydrase Inhibitors(Hypoten)</b>		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>methazolamide oral</i>	T2	
<b>Cardiac Drugs, Miscellaneous</b>		
<b>CORLANOR</b>	T3	ST
<b>RANEXA</b>	T3	
<i>ranolazine er</i>	T1	
<b>VYNDAMAX</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>VYNDAQEL</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (120 capsules per 30 days)
<b>Cardiotonic Agents</b>		
<b>DIGITEK</b>	T1	
<b>DIGOX</b>	T1	
<i>digoxin oral solution</i>	T1	AL
<i>digoxin oral tablet</i>	T1	
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG</b>	T3	
<b>LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG</b>	T9	

Medication	Coverage Level	Restrictions
<b>Central Alpha-Agonists</b>		
<b>CATAPRES</b>	T3	
<b>CATAPRES-TTS-1</b>	T3	
<b>CATAPRES-TTS-2</b>	T3	
<b>CATAPRES-TTS-3</b>	T3	
<i>clonidine</i>	T1	
<i>clonidine hcl er</i>	T2	
<i>clonidine hcl oral</i>	T1	
<i>guanfacine hcl oral</i>	T1	
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	T3	
<i>methyldopa oral</i>	T1	
<i>methyldopa-hydrochlorothiazide</i>	T1	
<b>Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe</i>	T1	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1	
<b>NEXLIZET</b>	T3	PA; QL (30 tablets per 30 Days)
<b>ROSZET</b>	T9	
<b>VYTORIN</b>	T3	
<b>ZETIA</b>	T3	
<b>Class Ia Antiarrhythmics</b>		
<i>disopyramide phosphate oral</i>	T1	
<b>NORPACE</b>	T3	
<b>NORPACE CR</b>	T2	
<i>quinidine gluconate er</i>	T4	SP (Max day supply up to 31 days.)
<i>quinidine sulfate oral</i>	T1	
<b>Class Ib Antiarrhythmics</b>		
<b>DILANTIN INFATABS</b>	T2	
<b>DILANTIN ORAL CAPSULE 100 MG</b>	T3	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	T2	
<b>DILANTIN ORAL SUSPENSION</b>	T3	
<i>mexiletine hcl oral</i>	T1	
<b>PHENYTEK</b>	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<b>Class Ic Antiarrhythmics</b>		
<i>flecainide acetate</i>	T1	

Medication	Coverage Level	Restrictions
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T1	
<b>RYTHMOL SR</b>	T3	QL (60 capsules per 30 days)
<b>Class I Antiarrhythmics</b>		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<b>BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T3	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral</i>	T1	
<i>carvedilol</i>	T1	
<b>COREG</b>	T3	
<b>COREG CR</b>	T3	ST
<b>HEMANGEOL</b>	T3	AL
<b>INDERAL LA</b>	T9	
<b>INDERAL XL</b>	T9	
<b>INNOPRAN XL</b>	T9	
<i>labetalol hcl oral</i>	T1	
<b>LOPRESSOR ORAL</b>	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<b>SORINE</b>	T1	
<i>sotalol hcl oral</i>	T1	
<b>SOTYLIZE</b>	T3	
<b>TENORMIN</b>	T3	
<i>timolol maleate oral</i>	T1	
<b>TOPROL XL</b>	T3	
<b>Class II Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet 100 mg</i>	T1	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	T1	
<b>BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T3	
<i>dofetilide</i>	T2	
<b>MULTAQ</b>	T3	
<b>PACERONE ORAL TABLET 100 MG, 400 MG</b>	T2	
<b>PACERONE ORAL TABLET 200 MG</b>	T1	
<b>SORINE</b>	T1	

Medication	Coverage Level	Restrictions
<i>sotalol hcl oral</i>	T1	
<b>SOTYLIZE</b>	T3	
<b>TIKOSYN</b>	T3	
<b><i>Class Iv Antiarrhythmics</i></b>		
<b>CALAN ORAL TABLET 120 MG</b>	T3	
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG</b>	T9	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	T2	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T9	
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</b>	T3	
<b>CARTIA XT</b>	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	
<b>MATZIM LA</b>	T9	
<b>TAZTIA XT</b>	T1	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG</b>	T1	
<b>TIAZAC</b>	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	

Medication	Coverage Level	Restrictions
<i>verapamil hcl oral</i>	T1	
<b>VERELAN</b>	T3	
<b>VERELAN PM</b>	T3	
<b><i>Dihydropyridines (Antihypertensive)</i></b>		
<b>ADALAT CC</b>	T3	
<b>AFEDITAB CR</b>	T1	
<i>amlodipine besylate oral</i>	T1	
<b>CONJUPRI</b>	T9	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
<b>KATERZIA</b>	T9	
<i>nicardipine hcl oral</i>	T2	
<b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG</b>	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	SP (Max of 31 days per dispensing. ); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
<b>NORVASC</b>	T3	
<b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>	T5	ST; SP (Limited to a 1 month supply per fill)
<b>PROCARDIA XL</b>	T3	
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG</b>	T3	
<b><i>Dihydropyridines</i></b>		
<b>ADALAT CC</b>	T3	
<b>AFEDITAB CR</b>	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	
<b>AZOR</b>	T3	ST
<b>CADUET ORAL TABLET 10-10 MG, 5-10 MG</b>	T3	
<b>CONJUPRI</b>	T9	
<b>CONSENSI</b>	T9	
<b>EXFORGE HCT</b>	T3	

Medication	Coverage Level	Restrictions
<b>EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG</b>	T3	
<b>EXFORGE ORAL TABLET 5-320 MG</b>	T3	SP (Requires documentation that the patient has tried and failed one generic ACE inhibitor in the last 13 months.)
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
<b>KATERZIA</b>	T9	
<b>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG</b>	T3	
<i>nicardipine hcl oral</i>	T2	
<b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG</b>	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	SP (Max of 31 days per dispensing. ); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
<b>NORVASC</b>	T3	
<b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>	T5	ST; SP (Limited to a 1 month supply per fill)
<i>olmesartan-amlodipine-hctz</i>	T1	
<b>PRESTALIA</b>	T3	ST
<b>PROCARDIA XL</b>	T3	
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG</b>	T3	
<i>telmisartan-amlodipine</i>	T1	
<b>TRIBENZOR</b>	T3	
<b>TWYNSTA</b>	T3	
<b>Direct Vasodilators</b>		
<b>BIDIL</b>	T2	
<i>hydralazine hcl oral</i>	T1	
<i>minoxidil oral</i>	T1	
<b>Diuretics, Miscellaneous (Hypotensive)</b>		
<b>ELIXOPHYLLIN</b>	T3	
<b>THEO-24</b>	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	

Medication	Coverage Level	Restrictions
<b><i>Fibric Acid Derivatives</i></b>		
<b>ANTARA ORAL CAPSULE 30 MG, 90 MG</b>	T9	
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<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 oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet</i>	T9	
<b>FENOGLIDE</b>	T9	
<b>FIBRICOR</b>	T9	
<i>gemfibrozil oral</i>	T1	
<b>LIPOFEN</b>	T9	
<b>LOPID</b>	T3	
<b>TRICOR</b>	T3	
<b>TRIGLIDE ORAL TABLET 160 MG</b>	T9	
<b>TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG</b>	T3	QL (30 capsules per 30 days)
<b>TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG</b>	T3	QL (60 capsules per 30 days)
<b><i>Hmg-Coa Reductase Inhibitors</i></b>		
<b>ALTOPREV</b>	T9	
<i>amlodipine-atorvastatin</i>	T9	
<i>atorvastatin calcium oral</i>	T1	
<b>CADUET ORAL TABLET 10-10 MG, 5-10 MG</b>	T3	
<b>CRESTOR</b>	T3	
<b>EZALLOR SPRINKLE</b>	T9	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1	
<i>flolipid</i>	T9	
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
<b>LESCOL</b>	T9	
<b>LESCOL XL</b>	T9	
<b>LIPITOR</b>	T3	
<b>LIVALO</b>	T9	
<i>lovastatin oral</i>	T1	



Medication	Coverage Level	Restrictions
<b>PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG</b>	T3	
<i>pravastatin sodium</i>	T1	
<i>rosuvastatin calcium</i>	T1	
<b>ROSZET</b>	T9	
<i>simvastatin oral suspension</i>	T9	
<i>simvastatin oral tablet</i>	T1	
<b>VYTORIN</b>	T3	
<b>ZOCOR</b>	T3	QL (31 EA per 31 days)
<b>ZYPITAMAG</b>	T9	
<b>Hypotensive Agents, Miscellaneous</b>		
<b>DIBENZYLINE</b>	T9	
<i>phenoxybenzamine hcl</i>	T9	
<b>VECAMYL</b>	T4	SP (Max of 31 days per dispensing. )
<b>Loop Diuretics (Hypotensive Agents)</b>		
<i>bumetanide oral</i>	T1	
<b>DEMADEX ORAL TABLET 10 MG</b>	T3	
<b>EDECIN</b>	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	
<b>LASIX</b>	T3	
<i>toremide oral</i>	T1	
<b>Mineralocorticoid (Aldosterone) Antagnts</b>		
<b>ALDACTAZIDE ORAL TABLET 25-25 MG</b>	T3	
<b>ALDACTAZIDE ORAL TABLET 50-50 MG</b>	T2	
<b>ALDACTONE</b>	T3	
<b>CAROSPIR</b>	T9	
<i>eplerenone</i>	T1	
<b>INSPRA</b>	T3	QL (30 tablets per 30 days)
<b>KERENDIA</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
<i>spironolactone oral</i>	T1	
<i>spironolactone-hctz</i>	T1	
<b>Mineralocorticoid(Aldoster.)Antag(Hypot)</b>		
<b>ALDACTONE</b>	T3	
<b>CAROSPIR</b>	T9	
<i>eplerenone</i>	T1	
<b>INSPRA</b>	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>spironolactone oral</i>	T1	
<b>Nitrates And Nitrites</b>		
<b>BIDIL</b>	T2	
<b>GONITRO</b>	T9	
<b>ISORDIL TITRADOSE</b>	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	
<b>MINITRAN</b>	T1	
<b>NITRO-BID</b>	T1	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</b>	T3	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	T2	
<i>nitroglycerin er</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	T3	
<b>NITROLINGUAL</b>	T3	
<b>NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG</b>	T3	
<b>NITRO-TIME</b>	T1	
<b>Pcsk9 Inhibitors</b>		
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T3	PA; QL (2 pens per 28 days)
<b>REPATHA</b>	T3	PA; QL (2 pens per 28 days)
<b>REPATHA PUSHTRONEX SYSTEM</b>	T3	PA; QL (1 cartridge per 30 days)
<b>REPATHA SURECLICK</b>	T3	PA; QL (2 pens per 28 days)
<b>Phosphodiesterase Type 5 Inhibitors</b>		
<b>ADCIRCA</b>	T9	SP ( )
<b>CIALIS</b>	T9	
<i>cilostazol</i>	T1	
<b>LEVITRA</b>	BE	
<b>REVATIO ORAL SUSPENSION RECONSTITUTED</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL

Medication	Coverage Level	Restrictions
<b>REVATIO ORAL TABLET</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Non-Formulary	
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<b>STAXYN</b>	T9	
<b>STENDRA</b>	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>vardenafil hcl oral tablet</i>	BE	
<i>vardenafil hcl oral tablet dispersible</i>	T9	
<b>VIAGRA</b>	BE	
<b>Potassium-Sparing Diuretics (Hypoten)</b>		
<b>ALDACTONE</b>	T3	
<i>amiloride hcl oral</i>	T1	
<b>CAROSPIR</b>	T9	
<b>DYRENIUM</b>	T9	
<i>eplerenone</i>	T1	
<b>INSPRA</b>	T3	QL (30 tablets per 30 days)
<i>spironolactone oral</i>	T1	
<b>Renin Inhibitors</b>		
<i>aliskiren fumarate</i>	T2	ST
<b>TEKTURNA</b>	T9	
<b>TEKTURNA HCT</b>	T2	ST
<b>Renin-Angioten.-Aldost. Sys. Inhib, Misc</b>		
<b>ENTRESTO</b>	T2	QL (60 tablets per 30 days)
<b>Thiazide Diuretics(Hypotensive Agents)</b>		
<b>DIURIL</b>	T2	
<i>hydrochlorothiazide oral</i>	T1	
<b>Thiazide-Like Diuretics(Hypotensive Agt)</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
<b>THALITONE</b>	T9	
<b>Vasodilating Agents, Miscellaneous</b>		
<b>ADALAT CC</b>	T3	

Medication	Coverage Level	Restrictions
<b>AFEDITAB CR</b>	T1	
<i>amlodipine besylate oral</i>	T1	
<b>CALAN ORAL TABLET 120 MG</b>	T3	
<b>CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG</b>	T9	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	T2	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T9	
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</b>	T3	
<b>CARTIA XT</b>	T1	
<b>CAVERJECT</b>	T9	
<b>CAVERJECT IMPULSE</b>	T9	
<b>CONJUPRI</b>	T9	
<b>CORLANOR</b>	T3	ST
<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	
<b>EDEX</b>	T9	
<b>KATERZIA</b>	T9	
<b>MATZIM LA</b>	T9	
<b>MUSE</b>	T9	
<i>nicardipine hcl oral</i>	T2	
<b>NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG</b>	T1	

Medication	Coverage Level	Restrictions
<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	SP (Max of 31 days per dispensing. ); QL (21 capsules per 365 days)
<b>NORVASC</b>	T3	
<b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>	T5	ST; SP (Limited to a 1 month supply per fill)
<b>PROCARDIA XL</b>	T3	
<b>TAZTIA XT</b>	T1	
<b>TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG</b>	T1	
<b>TIAZAC</b>	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	
<b>VERELAN</b>	T3	
<b>VERELAN PM</b>	T3	
<b>VERQUVO</b>	T3	PA; QL (30 tablets per 30 days)
<b>Central Nervous System Agents</b>		
<b>Adamantanes (Cns)</b>		
<i>amantadine hcl oral</i>	T1	
<b>GOCOVRI</b>	T9	
<b>OSMOLEX ER</b>	T9	
<b>Amphetamine Derivatives</b>		
<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	
<b>Amphetamines</b>		
<b>ADDERALL</b>	T3	AL
<b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG</b>	T3	QL (31 EA per 31 days); AL
<b>ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG</b>	T3	QL (62 EA per 31 days); AL
<b>ADZENYS ER</b>	T9	
<b>ADZENYS XR-ODT</b>	T9	

Medication	Coverage Level	Restrictions
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	T1	QL (30 capsules per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	T1	QL (60 capsules per 30 days)
<i>amphetamine-dextroamphetamine</i>	T1	AL
<i>benzphetamine hcl oral tablet 50 mg</i>	BE	
<b>DESOXYN</b>	T9	
<b>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG</b>	T3	QL (120 capsules per 30 days)
<b>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG</b>	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); AL
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 tablets per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T1	QL (60 tablets per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days); AL
<b>DYANAVAL XR</b>	T9	
<b>EVEKEO</b>	T3	ST; QL (180 tablets per 30 days); AL
<b>EVEKEO ODT</b>	T9	
<i>methamphetamine hcl</i>	T9	
<b>MYDAYIS</b>	T9	
<b>VYVANSE ORAL CAPSULE</b>	T2	QL (30 capsules per 30 days); AL
<b>VYVANSE ORAL TABLET CHEWABLE</b>	T2	QL (30 tablets per 30 days); AL
<b>ZENZEDI ORAL TABLET 10 MG</b>	T1	QL (180 tablets per 30 days); AL
<b>ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG</b>	T3	ST; QL (60 tablets per 30 days); AL
<b>ZENZEDI ORAL TABLET 2.5 MG</b>	T3	ST; QL (30 tablets per 30 days); AL
<b>ZENZEDI ORAL TABLET 5 MG</b>	T1	QL (30 tablet per 30 days); AL
<b>ZENZEDI ORAL TABLET 7.5 MG</b>	T3	ST; QL (90 tablets per 30 days); AL
<b><i>Analgesics And Antipyretics, Misc.</i></b>		
<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	

Medication	Coverage Level	Restrictions
<b>ALLZITAL</b>	T9	
<b>APADAZ</b>	T9	
<b>BUPAP ORAL TABLET 50-300 MG</b>	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)
<b>ESGIC ORAL TABLET</b>	T3	
<b>FIORICET ORAL CAPSULE</b>	T9	
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	T9	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet</i>	T1	
<b>GRALISE ORAL TABLET</b>	T3	PA; QL (90 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	
<b>HYOPHEN</b>	T9	
<b>LORTAB ORAL ELIXIR 10-300 MG/15ML</b>	T9	
<b>LYRICA CR</b>	T9	
<b>NEURONTIN</b>	T3	
<b>NORCO</b>	T3	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<b>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	T3	
<i>pregabalin er</i>	T9	
<b>PRIMLEV</b>	T9	
<b>PROLATE</b>	T9	

Medication	Coverage Level	Restrictions
<i>tramadol-acetaminophen</i>	T1	
<b>TREZIX ORAL CAPSULE 320.5-30-16 MG</b>	T1	QL (10 capsules per 1 day)
<b>TYLENOL WITH CODEINE #3</b>	T3	
<b>TYLENOL WITH CODEINE #4</b>	T3	
<b>ULTRACET</b>	T3	
<b>URIBEL</b>	T9	
<b>VANATOL LQ</b>	T9	
<b>VICODIN ES ORAL TABLET 7.5-300 MG</b>	T9	
<b>VICODIN HP ORAL TABLET 10-300 MG</b>	T9	
<b>VICODIN ORAL TABLET 5-300 MG</b>	T9	
<b>VTOL LQ</b>	T9	
<b><i>Anorexigenic Agents And Stimulants, Misc</i></b>		
<b>QSYMIA</b>	BE	
<b><i>Anorexigenic Agents, Miscellaneous</i></b>		
<b>CONTRAVE</b>	BE	
<b>IMCIVREE</b>	T9	
<b><i>Anticholinergic Agents (Cns)</i></b>		
<i>benztropine mesylate oral</i>	T1	
<b>DICOPANOL FUSEPAQ</b>	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>orphenadrine citrate er</i>	T1	
<i>trihexyphenidyl hcl</i>	T1	
<b><i>Anticonvulsants, Miscellaneous</i></b>		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<b>APTIOM</b>	T3	PA; QL (60 tablets per 30 days)
<b>BANZEL ORAL SUSPENSION</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (2300 ML per 28 days)
<b>BANZEL ORAL TABLET 200 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>BANZEL ORAL TABLET 400 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>BRIVIACT ORAL SOLUTION</b>	T3	QL (300 ML per 30 days); AL
<b>BRIVIACT ORAL TABLET</b>	T3	QL (60 tablets per 30 days); AL
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	ST



Medication	Coverage Level	Restrictions
<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	
<b>CARBATROL</b>	T3	ST
<b>DEPAKOTE</b>	T3	
<b>DEPAKOTE ER</b>	T3	
<b>DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE</b>	T3	
<b>DIACOMIT ORAL CAPSULE</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (180 capsules per 30 days)
<b>DIACOMIT ORAL PACKET</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
<b>ELEPSIA XR</b>	T9	
<b>EPIDIOLEX</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (2 bottles per 30 days)
<b>EPITOL</b>	T1	
<b>EQUETRO</b>	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)
<b>FELBATOL ORAL SUSPENSION</b>	T3	QL (900 ml per 30 days)
<b>FELBATOL ORAL TABLET 400 MG</b>	T3	QL (210 tablets per 30 days)
<b>FELBATOL ORAL TABLET 600 MG</b>	T3	QL (180 tablets per 30 days)
<b>FINTEPLA</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (360 ML per 30 days)
<b>FYCOMPA ORAL SUSPENSION</b>	T3	QL (680 ML per 30 days); AL
<b>FYCOMPA ORAL TABLET</b>	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	
<b>GABITRIL ORAL TABLET 12 MG, 4 MG</b>	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>GABITRIL ORAL TABLET 16 MG</b>	T3	QL (90 tablets per 30 days)
<b>GABITRIL ORAL TABLET 2 MG</b>	T3	QL (60 tablets per 30 days)
<b>GRALISE ORAL TABLET</b>	T3	PA; QL (90 tablets per 30 days)
<b>HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG</b>	T3	ST; QL (60 tablets per 30 days)
<b>KEPPRA ORAL</b>	T3	
<b>KEPPRA XR</b>	T3	
<b>LAMICTAL ODT</b>	T9	
<b>LAMICTAL ORAL TABLET</b>	T3	
<b>LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG</b>	T3	
<b>LAMICTAL STARTER</b>	T3	QL (1 kit per 365 days)
<b>LAMICTAL XR ORAL KIT</b>	T3	ST; QL (1 kit per 365 days)
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG</b>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral tablet</i>	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>lamotrigine titration</i>	T9	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</b>	T3	ST; QL (90 capsules per 30 days)
<b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>	T3	ST; QL (60 capsules per 30 days)
<b>LYRICA ORAL SOLUTION</b>	T3	ST; QL (473 ML per 30 days)
<b>NEURONTIN</b>	T3	
<i>oxcarbazepine</i>	T1	
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</b>	T3	PA; QL (30 tablets per 30 days)
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG</b>	T3	PA; QL (120 tablets per 30 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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)
<b>QUDEXY XR</b>	T9	
<i>rufinamide oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
<b>SABRIL ORAL PACKET</b>	T9	SP ( )
<b>SABRIL ORAL TABLET</b>	T9	
<b>SPRITAM</b>	T3	ST; QL (60 tablets per 30 Days)
<b>SUBVENITE STARTER KIT-BLUE</b>	T3	QL (1 kit per 365 Days)
<b>SUBVENITE STARTER KIT-GREEN</b>	T3	QL (1 kit per 365 Days)
<b>SUBVENITE STARTER KIT-ORANGE</b>	T3	QL (1 kit per 365 Days)
<b>TEGRETOL ORAL SUSPENSION</b>	T3	
<b>TEGRETOL ORAL TABLET</b>	T3	
<b>TEGRETOL-XR</b>	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)
<b>TOPAMAX</b>	T3	
<b>TOPAMAX SPRINKLE</b>	T3	ST
<i>topiramate er</i>	T4	ST; SP (Max day supply up to 31 days.); QL (30 capsules per 30 days)
<i>topiramate oral capsule sprinkle</i>	T1	ST
<i>topiramate oral tablet</i>	T1	
<b>TRILEPTAL</b>	T3	
<b>TROKENDI XR</b>	T9	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (180 packets per 30 days); AL
<i>vigabatrin oral tablet</i>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days); AL

Medication	Coverage Level	Restrictions
<b>VIGADRONE</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
<b>VIMPAT INTRAVENOUS</b>	T2	
<b>VIMPAT ORAL TABLET</b>	T2	QL (60 tablets per 30 days)
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 &amp; 150 MG</b>	T3	PA; QL (60 tablets per 30 days)
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 &amp; 200 MG</b>	T3	PA; QL (60 Tablets per 30 days)
<b>XCOPRI (350 MG DAILY DOSE)</b>	T3	PA; QL (60 Tablets per 30 days)
<b>XCOPRI ORAL TABLET 100 MG, 50 MG</b>	T3	PA; QL (30 Tablets per 30 days)
<b>XCOPRI ORAL TABLET 150 MG, 200 MG</b>	T3	PA; QL (60 Tablets per 30 days)
<b>XCOPRI ORAL TABLET THERAPY PACK</b>	T3	PA; QL (1 Pack per 30 days)
<b>ZONEGRAN</b>	T3	
<i>zonisamide oral</i>	T1	
<b>Antidepressants, Miscellaneous</b>		
<b>APLENZIN</b>	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 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	QL (90 tablets 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	
<b>FORFIVO XL</b>	T9	
<i>mirtazapine oral</i>	T1	
<b>REMERON ORAL TABLET 15 MG, 30 MG</b>	T3	
<b>REMERON SOLTAB</b>	T3	
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG</b>	T3	QL (90 tablets per 30 days)
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG</b>	T3	QL (60 tablets per 30 days)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG</b>	T3	QL (90 tablets per 30 days)
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG</b>	T3	
<b>ZYBAN</b>	T3	PV

Medication	Coverage Level	Restrictions
<b>Antimanic Agents</b>		
<b>ABILIFY MYCITE</b>	T9	
<b>ABILIFY MYCITE MAINTENANCE KIT</b>	T9	
<b>ABILIFY MYCITE STARTER KIT</b>	T9	
<b>ABILIFY ORAL TABLET</b>	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>	T9	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
<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	
<b>CARBATROL</b>	T3	ST
<b>DEPAKOTE</b>	T3	
<b>DEPAKOTE ER</b>	T3	
<b>DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE</b>	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	
<b>EPITOL</b>	T1	
<b>EQUETRO</b>	T3	ST
<b>GEODON ORAL</b>	T3	
<b>LAMICTAL ODT</b>	T9	
<b>LAMICTAL ORAL TABLET</b>	T3	
<b>LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG</b>	T3	
<b>LAMICTAL STARTER</b>	T3	QL (1 kit per 365 days)
<b>LAMICTAL XR ORAL KIT</b>	T3	ST; QL (1 kit per 365 days)
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG</b>	T3	ST; QL (60 tablets per 30 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral tablet</i>	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>lamotrigine titration</i>	T9	
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
<b>LITHOBID</b>	T3	
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>quetiapine fumarate</i>	T1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1	QL (60 tablets per 30 days)
<b>RISPERDAL ORAL SOLUTION</b>	T3	
<b>RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	T3	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
<b>SAPHRIS</b>	T9	
<b>SECUADO</b>	T4	ST; SP (Max of 31 days per dispensing. ); QL (30 Patches per 30 days); AL
<b>SEROQUEL</b>	T3	
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG</b>	T3	QL (30 tablets per 30 days)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG</b>	T3	QL (60 tablets per 30 days)
<b>SUBVENITE STARTER KIT-BLUE</b>	T3	QL (1 kit per 365 Days)
<b>SUBVENITE STARTER KIT-GREEN</b>	T3	QL (1 kit per 365 Days)
<b>SUBVENITE STARTER KIT-ORANGE</b>	T3	QL (1 kit per 365 Days)

Medication	Coverage Level	Restrictions
<b>TEGRETOL ORAL SUSPENSION</b>	T3	
<b>TEGRETOL ORAL TABLET</b>	T3	
<b>TEGRETOL-XR</b>	T3	ST
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>ziprasidone hcl</i>	T1	
<b>ZYPREXA ORAL</b>	T3	
<b>ZYPREXA ZYDIS</b>	T3	
<b>Antimigraine Agents, Miscellaneous</b>		
<b>ANAPROX DS</b>	T3	
<b>ASCRIPITIN ORAL TABLET 325 MG</b>	T1	
<i>aspirin ec low dose</i>	T1	PV
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL
<b>BUFFERIN</b>	T3	PV; AL
<b>BUFFERIN LOW DOSE ORAL TABLET</b>	T3	
<i>butorphanol tartrate nasal</i>	T2	
<b>CAFERGOT</b>	T9	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T1	AL
<b>CAMBIA</b>	T9	
<b>DEPAKOTE</b>	T3	
<b>DEPAKOTE ER</b>	T3	
<b>DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE</b>	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	
<b>EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG</b>	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
<b>HEMANGEOL</b>	T3	AL
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<b>INDERAL LA</b>	T9	
<b>INDERAL XL</b>	T9	
<b>INNOPRAN XL</b>	T9	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<b>MIGERGOT</b>	T9	

Medication	Coverage Level	Restrictions
<b>MIGRANAL</b>	T9	
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG</b>	T9	
<b>NAPROSYN ORAL TABLET 250 MG, 500 MG</b>	T3	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<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>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>timolol maleate oral</i>	T1	
<b>TOPAMAX</b>	T3	
<b>TOPAMAX SPRINKLE</b>	T3	ST
<i>topiramate oral capsule sprinkle</i>	T1	ST
<i>topiramate oral tablet</i>	T1	
<b>TROKENDI XR</b>	T9	
<b>TRUDHESA</b>	T9	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<b>Antipsychotics, Miscellaneous</b>		
<b>ADASUVE</b>	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)
<b>Anxiolytics, Sedatives, And Hypnotics, Misc</b>		
<b>AMBIEN</b>	T3	QL (30 tablets per 30 days); AL
<b>AMBIEN CR</b>	T3	QL (30 tablets per 30 days); AL
<b>BELSOMRA</b>	T3	ST; QL (30 tablets per 30 days); AL
<i>buspirone hcl oral</i>	T1	
<b>DAYVIGO</b>	T3	ST; QL (30 Tablets per 30 days); AL
<b>DICOPANOL FUSEPAQ</b>	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<b>EDLUAR</b>	T9	
<i>eszopiclone</i>	T1	QL (30 tablets per 30 days); AL



Medication	Coverage Level	Restrictions
<b>HETLIOZ</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>HETLIOZ LQ</b>	T9	
<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	
<b>INTERMEZZO</b>	T9	
<b>LUNESTA</b>	T3	QL (30 tablets per 30 days); AL
<i>meprobamate</i>	T9	
<b>PHENERGAN INJECTION SOLUTION 50 MG/ML</b>	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	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>	T1	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	T9	
<i>ramelteon</i>	T3	ST; QL (30 tablets per 30 days); AL
<b>ROZEREM</b>	T3	ST; QL (30 tablets per 30 days); AL
<b>VISTARIL</b>	T3	
<i>zaleplon</i>	T1	QL (30 capsules per 30 days); AL
<i>zolpidem tartrate er</i>	T1	QL (30 tablets per 30 days); AL
<i>zolpidem tartrate oral</i>	T1	QL (30 tablets per 30 days); AL
<i>zolpidem tartrate sublingual</i>	T9	
<b>ZOLPIMIST</b>	T3	ST; QL (1 bottle per 30 days)
<b>Atypical Antipsychotics</b>		
<b>ABILIFY MYCITE</b>	T9	
<b>ABILIFY MYCITE MAINTENANCE KIT</b>	T9	
<b>ABILIFY MYCITE STARTER KIT</b>	T9	
<b>ABILIFY ORAL TABLET</b>	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>	T9	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
<b>CAPLYTA</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 Capsules per 30 days)
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
<b>CLOZARIL ORAL TABLET 100 MG, 25 MG</b>	T3	
<b>CLOZARIL ORAL TABLET 200 MG, 50 MG</b>	T9	
<b>FANAPT</b>	T4	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>FANAPT TITRATION PACK</b>	T4	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG</b>	T3	
<b>GEODON ORAL</b>	T3	
<b>INVEGA</b>	T9	
<b>LATUDA</b>	T4	ST; SP (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>NUPLAZID ORAL CAPSULE</b>	T9	
<b>NUPLAZID ORAL TABLET 10 MG</b>	T9	
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>quetiapine fumarate</i>	T1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1	QL (60 tablets per 30 days)
<b>REXULTI</b>	T4	ST; SP (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>RISPERDAL ORAL SOLUTION</b>	T3	
<b>RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	T3	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
<b>SAPHRIS</b>	T9	
<b>SECUADO</b>	T4	ST; SP (Max of 31 days per dispensing. ); QL (30 Patches per 30 days); AL
<b>SEROQUEL</b>	T3	
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG</b>	T3	QL (30 tablets per 30 days)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG</b>	T3	QL (60 tablets per 30 days)
<b>SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG</b>	T9	
<b>VERSACLOZ</b>	T5	ST; SP (Max of 31 days per dispensing. )
<b>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 6 MG</b>	T4	ST; SP (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days)
<b>VRAYLAR ORAL CAPSULE 4.5 MG</b>	T4	ST; SP (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>VRAYLAR ORAL CAPSULE THERAPY PACK</b>	T4	ST; SP (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days)
<i>ziprasidone hcl</i>	T1	
<b>ZYPREXA ORAL</b>	T3	
<b>ZYPREXA ZYDIS</b>	T3	
<b>Barbiturates (Anticonvulsants)</b>		
<b>MYSOLINE ORAL TABLET 50 MG</b>	T3	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>primidone oral</i>	T1	
<b>Barbiturates (Anxiolytic, Sedative/Hyp)</b>		
<b>ALLZITAL</b>	T9	
<b>ASCOMP-CODEINE</b>	T2	
<b>BUPAP ORAL TABLET 50-300 MG</b>	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)

Medication	Coverage Level	Restrictions
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	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)
<b>DONNATAL</b>	T9	
<b>ESGIC ORAL TABLET</b>	T3	
<b>FIORICET ORAL CAPSULE</b>	T9	
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	T9	
<b>FIORINAL</b>	T3	
<b>FIORINAL/CODEINE #3</b>	T3	
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<b>SECONAL</b>	T3	QL (28 capsules per 14 days); AL
<b>VANATOL LQ</b>	T9	
<b>VTOL LQ</b>	T9	
<b><i>Benzodiazepines (Anticonvulsants)</i></b>		
<b>ATIVAN ORAL</b>	T3	
<i>clobazam oral suspension</i>	T3	ST
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
<b>DIASTAT ACUDIAL</b>	T2	
<b>DIASTAT PEDIATRIC</b>	T2	
<b>DIAZEPAM INTENSOL</b>	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
<b>KLONOPIN</b>	T3	
<b>LORAZEPAM INTENSOL</b>	T1	
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
<b>NAYZILAM</b>	T3	QL (4 doses per 30 Days)
<b>ONFI ORAL SUSPENSION</b>	T3	ST
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	T3	ST
<b>SYMPAZAN</b>	T9	
<b>TRANXENE-T ORAL TABLET 7.5 MG</b>	T3	
<b>VALIUM</b>	T3	

Medication	Coverage Level	Restrictions
<b>VALTOCO 10 MG DOSE</b>	T3	QL (4 Units per 30 days)
<b>VALTOCO 15 MG DOSE</b>	T3	QL (8 Units per 30 days)
<b>VALTOCO 20 MG DOSE</b>	T3	QL (8 Units per 30 days)
<b>VALTOCO 5 MG DOSE</b>	T3	QL (4 Units per 30 days)
<b>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</b>		
<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)
<b>ALPRAZOLAM INTENSOL</b>	T1	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	T2	
<b>ATIVAN ORAL</b>	T3	
<i>chlordiazepoxide hcl</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>chlordiazepoxide-clidinium</i>	T2	
<i>clobazam oral suspension</i>	T3	ST
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
<b>DIASTAT ACUDIAL</b>	T2	
<b>DIASTAT PEDIATRIC</b>	T2	
<b>DIAZEPAM INTENSOL</b>	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
<i>estazolam</i>	T1	QL (30 tablets per 30 days); AL
<i>flurazepam hcl</i>	T1	QL (30 capsules per 30 days); AL
<b>HALCION</b>	T3	QL (60 tablets per 30 days); AL
<b>KLONOPIN</b>	T3	
<b>LIBRAX</b>	T9	
<b>LORAZEPAM INTENSOL</b>	T1	
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
<i>midazolam hcl oral</i>	T1	
<b>ONFI ORAL SUSPENSION</b>	T3	ST
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	T3	ST
<i>oxazepam</i>	T1	
<i>quazepam</i>	T9	
<b>RESTORIL</b>	T3	QL (30 capsules per 30 days); AL

Medication	Coverage Level	Restrictions
<b>SYMPAZAN</b>	T9	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 capsules per 30 days); AL
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
<b>TRANXENE-T ORAL TABLET 7.5 MG</b>	T3	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (30 tablets per 30 days); AL
<i>triazolam oral tablet 0.25 mg</i>	T1	QL (60 tablets per 30 days); AL
<b>VALIUM</b>	T3	
<b>XANAX</b>	T3	
<b>XANAX XR</b>	T3	QL (30 tablets per 30 days)
<b>Butyrophenones</b>		
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
<b>Calcitonin Gene-Related Peptide Antag.</b>		
<b>AIMOVIG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
<b>AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SP (Limited to a 1 month supply per fill ); AL
<b>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SP (Limited to a 1 month supply per fill); AL
<b>EMGALITY (300 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (3 syringes per 30 days); AL
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
<b>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL
<b>NURTEC</b>	T9	
<b>UBRELVY</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
<b>Catechol-O-Methyltransferase(Comt)Inhib.</b>		
<i>carbidopa-levodopa-entacapone</i>	T1	
<b>COMTAN</b>	T3	
<i>entacapone</i>	T1	
<b>ONGENTYS</b>	T3	ST
<b>STALEVO 100</b>	T3	
<b>STALEVO 125</b>	T3	
<b>STALEVO 150</b>	T3	
<b>STALEVO 200</b>	T3	
<b>STALEVO 50</b>	T3	

Medication	Coverage Level	Restrictions
<b>STALEVO 75</b>	T3	
<b>TASMAR ORAL TABLET 100 MG</b>	T3	
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
<b>Central Nervous System Agents, Misc.</b>		
<i>acamprosate calcium</i>	T1	
<b>ADDYI</b>	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
<b>EXSERVAN</b>	T9	
<i>guanfacine hcl er</i>	T1	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1	
<b>INTUNIV</b>	T3	QL (30 tablets per 30 days)
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (60 tablets per 30 days); AL
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	T1	QL (1 tablets per 365 days); AL
<b>NAMENDA ORAL TABLET</b>	T3	QL (60 tablets per 30 days); AL
<b>NAMENDA TITRATION PAK</b>	T3	QL (1 pack per 365 days); AL
<b>NAMENDA XR</b>	T3	QL (30 capsules per 30 days); AL
<b>NAMENDA XR TITRATION PACK</b>	T3	AL
<b>NAMZARIC</b>	T3	ST; QL (30 capsules per 30 days); AL
<b>NOURIANZ</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>NUEDEXTA</b>	T4	PA; SP (Max of 31 days per dispensing.); QL (60 capsules per 30 days)
<b>QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG</b>	T3	ST; QL (30 capsules per 30 days); AL
<b>QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG</b>	T3	ST; QL (60 capsules per 30 days); AL
<b>RILUTEK</b>	T9	
<i>riluzole</i>	T1	QL (60 tablets per 30 days)
<b>STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG</b>	T3	QL (60 capsules per 30 days); AL
<b>STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG</b>	T3	QL (30 capsules per 30 days); AL

Medication	Coverage Level	Restrictions
TIGLUTIK	T9	
VYNDAMAX	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
XYREM	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
XYWAV	T9	
<b>Cyclooxygenase-2 (Cox-2) Inhibitors</b>		
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1	QL (60 capsules per 30 days)
CONSENSI	T9	
<b>Dopamine Precursors</b>		
<i>carbidopa oral</i>	T9	
<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	
LODOSYN	T3	QL (150 tablets per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (300 capsules per 30 days)
SINEMET CR	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
<b>Ergot-Deriv. Dopamine Receptor Agonists</b>		
<i>bromocriptine mesylate oral</i>	T1	
<i>cabergoline</i>	T1	
PARLODEL	T3	
<b>Fibromyalgia Agents</b>		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)



Medication	Coverage Level	Restrictions
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG</b>	T3	QL (90 capsules per 30 days)
<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)
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG</b>	T3	ST; QL (90 capsules per 30 days)
<b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>	T3	ST; QL (60 capsules per 30 days)
<b>LYRICA ORAL SOLUTION</b>	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)
<b>SAVELLA</b>	T2	ST; QL (60 tablets per 30 days)
<b>SAVELLA TITRATION PACK</b>	T2	ST; QL (60 tablets per 30 days)
<b>General Anesthetics, Miscellaneous</b>		
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
<b>Hydantoins</b>		
<b>DILANTIN INFATABS</b>	T2	
<b>DILANTIN ORAL CAPSULE 100 MG</b>	T3	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	T2	
<b>DILANTIN ORAL SUSPENSION</b>	T3	
<b>PEGANONE</b>	T3	
<b>PHENYTEK</b>	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<b>Monoamine Oxidase B Inhibitors</b>		
<b>AZILECT</b>	T3	ST; QL (30 tablets per 30 days)
<b>EMSAM</b>	T3	ST
<i>rasagiline mesylate oral</i>	T3	ST; QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
<b>XADAGO</b>	T3	ST; QL (30 tablets per 30 days)
<b>Monoamine Oxidase Inhibitors</b>		
<b>AZILECT</b>	T3	ST; QL (30 tablets per 30 days)
<b>EMSAM</b>	T3	ST
<b>MARPLAN</b>	T2	QL (180 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>NARDIL</b>	T3	
<b>PARNATE</b>	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	
<b>XADAGO</b>	T3	ST; QL (30 tablets per 30 days)
<b>Nonergot-Deriv.Dopamine Receptor Agonist</b>		
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T9	
<b>KYNMOBI</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (150 films per 30 days)
<b>MIRAPEX</b>	T3	
<b>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG</b>	T3	
<b>MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 2.25 MG, 3.75 MG</b>	T3	ST
<b>NEUPRO</b>	T3	ST; QL (30 patches per 30 days)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>	T1	ST; QL (30 tablets per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg</i>	T1	QL (30 tablets per 30 days)
<b>REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG</b>	T3	
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG</b>	T3	
<b>REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG</b>	T3	ST
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	ST
<b>Opiate Agonists</b>		
<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	
<b>ACTIQ</b>	T9	
<b>APADAZ</b>	T9	
<b>ASCOMP-CODEINE</b>	T2	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	

Medication	Coverage Level	Restrictions
<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)
<i>carisoprodol-aspirin-codeine</i>	T1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	T1	
<b>CONZIP</b>	T9	
<b>DILAUDID ORAL TABLET 2 MG</b>	T3	QL (32 tablets per 1 day)
<b>DILAUDID ORAL TABLET 4 MG</b>	T3	QL (16 tablets per 1 day)
<b>DILAUDID ORAL TABLET 8 MG</b>	T3	QL (8 tablets per 1 day)
<b>DOLOPHINE</b>	T3	
<b>DSUVIA</b>	T9	
<b>DURAGESIC-100</b>	T3	QL (15 patches per 30 days)
<b>DURAGESIC-12</b>	T3	QL (15 patches per 30 days)
<b>DURAGESIC-25</b>	T3	QL (15 patches per 30 days)
<b>DURAGESIC-50</b>	T3	QL (15 patches per 30 days)
<b>DURAGESIC-75</b>	T3	QL (15 patches per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Max of 31 day supply per dispensing. )
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	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	
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T9	
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	T9	
<b>FIORINAL/CODEINE #3</b>	T3	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (60 capsules per 30 days); AL
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	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-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	T1	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days)
<i>hydromorphone hcl oral liquid</i>	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	
<b>HYSINGLA ER</b>	T3	ST; QL (30 tablets per 30 days); AL
<b>IBUDONE ORAL TABLET 10-200 MG</b>	T9	
<b>KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG</b>	T9	
<b>LAZANDA</b>	T9	
<i>levorphanol tartrate oral</i>	T9	
<b>LORTAB ORAL ELIXIR 10-300 MG/15ML</b>	T9	
<i>meperidine hcl oral solution</i>	T1	
<i>meperidine hcl oral tablet 50 mg</i>	T1	
<b>METHADONE HCL INTENSOL</b>	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	
<b>METHADOSE ORAL CONCENTRATE 10 MG/ML</b>	T1	
<b>MORPHABOND ER</b>	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	
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE</b>	T3	
<b>NORCO</b>	T3	
<b>NUCYNTA</b>	T3	ST
<b>NUCYNTA ER</b>	T3	ST; QL (62 tablets per 31 days)
<b>OPANA ORAL</b>	T3	
<b>OXAYDO ORAL TABLET ABUSE-DETERRENT</b>	T3	ST

Medication	Coverage Level	Restrictions
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</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 solution 10-300 mg/5ml</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	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)
<b>PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	T3	
<b>PRIMLEV</b>	T9	
<b>PROLATE</b>	T9	
<b>QDOLO</b>	T9	
<b>SUBSYS</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	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	
<b>TREZIX ORAL CAPSULE 320.5-30-16 MG</b>	T1	QL (10 capsules per 1 day)
<b>TYLENOL WITH CODEINE #3</b>	T3	
<b>TYLENOL WITH CODEINE #4</b>	T3	
<b>ULTRACET</b>	T3	
<b>ULTRAM</b>	T3	QL (240 tablets per 30 days)
<b>VICODIN ES ORAL TABLET 7.5-300 MG</b>	T9	
<b>VICODIN HP ORAL TABLET 10-300 MG</b>	T9	
<b>VICODIN ORAL TABLET 5-300 MG</b>	T9	
<b>XTAMPZA ER</b>	T3	ST; QL (60 capsules per 30 days)
<b>ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR</b>	T3	ST; QL (60 capsules per 30 days); AL

Medication	Coverage Level	Restrictions
<b>Opiate Antagonists</b>		
<b>BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG</b>	T3	ST; QL (30 films per 30 days)
<b>BUNAVAIL BUCCAL FILM 4.2-0.7 MG</b>	T3	ST; QL (60 films 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)
<b>KLOXXADO</b>	T3	QL (2 doses per 365 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))
<i>naltrexone hcl oral</i>	T1	
<b>NARCAN</b>	T1	QL (2 units per 365 days)
<i>pentazocine-naloxone hcl</i>	T2	ST
<b>RELISTOR ORAL</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>	T3	QL (60 films per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG</b>	T3	QL (90 films per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 4-1 MG</b>	T3	QL (30 films per 30 days)
<b>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</b>	T2	QL (30 tablets per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>	T2	QL (60 tablets per 30 days)
<b>Opiate Partial Agonists</b>		
<b>BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 900 MCG</b>	T3	ST; QL (60 films per 30 days)
<b>BELBUCA BUCCAL FILM 750 MCG</b>	T3	ST; QL (60 tablets per 30 days)
<b>BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG</b>	T3	ST; QL (30 films per 30 days)

Medication	Coverage Level	Restrictions
<b>BUNAVAIL BUCCAL FILM 4.2-0.7 MG</b>	T3	ST; QL (60 films per 30 days)
<i>buprenorphine hcl buccal</i>	T3	ST; QL (60 films per 30 days)
<i>buprenorphine hcl sublingual</i>	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	
<b>BUTRANS</b>	T9	
<i>pentazocine-naloxone hcl</i>	T2	ST
<b>PROBUPHINE IMPLANT KIT</b>	T9	
<b>SUBOXONE SUBLINGUAL FILM 12-3 MG</b>	T3	QL (60 films per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG</b>	T3	QL (90 films per 30 days)
<b>SUBOXONE SUBLINGUAL FILM 4-1 MG</b>	T3	QL (30 films per 30 days)
<b>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</b>	T2	QL (30 tablets per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG</b>	T2	QL (60 tablets per 30 days)
<b>Other Nonsteroidal Anti-Inflam. Agents</b>		
<b>ANAPROX DS</b>	T3	
<b>ARTHROTEC ORAL TABLET DELAYED RELEASE</b>	T9	
<b>CAMBIA</b>	T9	
<b>DAYPRO</b>	T3	
<i>diclofenac</i>	T9	
<i>diclofenac epolamine transdermal</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>diflunisal oral</i>	T1	
<b>DUEXIS</b>	T9	

Medication	Coverage Level	Restrictions
<b>EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG</b>	T3	
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1	
<b>FELDENE</b>	T3	
<i>fenoprofen calcium oral</i>	T9	
<b>FENORTHO ORAL CAPSULE 200 MG</b>	T9	
<b>FLECTOR TRANSDERMAL</b>	T9	
<i>flurbiprofen oral</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	T1	
<b>IBUDONE ORAL TABLET 10-200 MG</b>	T9	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine</i>	T9	
<b>INDOCIN ORAL</b>	T9	
<b>INDOCIN RECTAL</b>	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)
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine oral</i>	T1	QL (20 tablets per 30 days)
<b>LICART TRANSDERMAL</b>	T9	
<b>LOFENA</b>	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mefenamic acid oral</i>	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral tablet</i>	T1	
<b>MOBIC ORAL TABLET</b>	T3	
<i>nabumetone oral</i>	T1	
<b>NALFON ORAL CAPSULE 400 MG</b>	T9	
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG</b>	T9	
<b>NAPROSYN ORAL TABLET 250 MG, 500 MG</b>	T3	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<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	



Medication	Coverage Level	Restrictions
<i>naproxen-esomeprazole</i>	T9	
<i>oxaprozin</i>	T2	
<i>piroxicam oral</i>	T1	
<b>PONSTEL</b>	T3	
<b>QMIIZ ODT</b>	T9	
<b>RELAFEN DS</b>	T9	
<b>SPRIX</b>	T9	
<i>sulindac oral</i>	T1	
<i>sumatriptan-naproxen sodium</i>	T9	
<b>TIVORBEX</b>	T9	
<i>tolmetin sodium</i>	T2	
<b>TREXIMET ORAL TABLET 85-500 MG</b>	T9	
<b>VIMOVO</b>	BE	
<b>VIVLODEX</b>	T9	
<b>ZIPSOR</b>	T9	
<b>ZORVOLEX</b>	T9	
<b>Phenothiazines</b>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T2	QL (180 tablets per 30 days)
<b>COMPRO</b>	T1	
<i>fluphenazine hcl oral concentrate</i>	T1	
<i>fluphenazine hcl oral elixir</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	
<b>Respiratory And Cns Stimulants</b>		
<b>ADHANSIA XR</b>	T9	
<b>APTENSIO XR</b>	T3	QL (30 capsules per 30 days)
<b>ASCOMP-CODEINE</b>	T2	
<b>AZSTARYS</b>	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-apap-caffeine oral capsule 50-300-40 mg</i>	T9	

Medication	Coverage Level	Restrictions
<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)
<b>CAFERGOT</b>	T9	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T1	AL
<b>CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG</b>	T3	QL (30 tablets per 30 days); AL
<b>CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG</b>	T3	QL (60 tablets per 30 days); AL
<b>COTEMPLA XR-ODT</b>	T9	
<b>DAYTRANA</b>	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
<b>ELIXOPHYLLIN</b>	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
<b>ESGIC ORAL TABLET</b>	T3	
<b>FIORICET ORAL CAPSULE</b>	T9	
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	T9	
<b>FIORINAL</b>	T3	
<b>FIORINAL/CODEINE #3</b>	T3	
<b>FOCALIN</b>	T3	AL
<b>FOCALIN XR</b>	T3	QL (30 capsules per 30 days); AL
<b>JORNAY PM</b>	T9	
<b>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</b>	T1	AL
<b>METHYLIN ORAL SOLUTION</b>	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, 20 mg, 30 mg, 40 mg</i>	T1	QL (30 capsules per 30 days); 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

Medication	Coverage Level	Restrictions
<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
<b>MIGERGOT</b>	T9	
<i>norgesic forte</i>	T9	
<b>ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG</b>	T9	
<b>QUILLICHEW ER</b>	T3	ST; QL (30 tablets per 30 days); AL
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER</b>	T3	ST; QL (600 ML per 30 days); AL
<b>RELEXXII</b>	T9	
<b>RITALIN</b>	T3	AL
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG</b>	T3	QL (30 capsules per 30 days); AL
<b>THEO-24</b>	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
<b>TREXIZ ORAL CAPSULE 320.5-30-16 MG</b>	T1	QL (10 capsules per 1 day)
<b>VANATOL LQ</b>	T9	
<b>VTOL LQ</b>	T9	
<b>Salicylates</b>		
<b>AGGRENEX</b>	T3	
<b>ASCOMP-CODEINE</b>	T2	
<b>ASCRIPITIN ORAL TABLET 325 MG</b>	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	
<b>BUFFERIN</b>	T3	PV; AL
<b>BUFFERIN LOW DOSE ORAL TABLET</b>	T3	
<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	
<b>DOANS PILLS</b>	T1	
<b>DURLAZA</b>	T9	

Medication	Coverage Level	Restrictions
<b>FIORINAL</b>	T3	
<b>FIORINAL/CODEINE #3</b>	T3	
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
<i>norgesic forte</i>	T9	
<b>ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG</b>	T9	
<i>salsalate oral</i>	T1	
<b><i>Sel. Serotonin, Norepi Reuptake Inhibitor</i></b>		
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG</b>	T3	QL (60 capsules per 30 days)
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG</b>	T3	QL (90 capsules per 30 days)
<i>desvenlafaxine er</i>	T2	ST; QL (30 tablets per 30 days); AL
<i>desvenlafaxine succinate er</i>	T1	QL (30 tablets per 30 days); AL
<b>DRIZALMA SPRINKLE</b>	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)
<b>EFFEXOR XR</b>	T3	
<b>FETZIMA</b>	T3	ST; QL (30 capsules per 30 days); AL
<b>FETZIMA TITRATION</b>	T3	ST; QL (30 capsules per 30 days); AL
<b>PRISTIQ</b>	T3	QL (31 tablets per 31 days); AL
<b>SAVELLA</b>	T2	ST; QL (60 tablets per 30 days)
<b>SAVELLA TITRATION PACK</b>	T2	ST; QL (60 tablets per 30 days)
<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	
<b><i>Selective Serotonin Agonists</i></b>		
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
<b>AMERGE</b>	T3	QL (12 tablets per 30 days)
<i>eletriptan hydrobromide</i>	T9	
<b>FROVA</b>	T9	
<i>frovatriptan succinate</i>	T9	
<b>IMITREX NASAL SOLUTION 20 MG/ACT</b>	T3	QL (2 units per 30 days)

Medication	Coverage Level	Restrictions
<b>IMITREX NASAL SOLUTION 5 MG/ACT</b>	T3	QL (4 units per 30 days)
<b>IMITREX ORAL</b>	T3	QL (18 tablets per 31 days)
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML</b>	T9	
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML</b>	T9	
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML</b>	T3	QL (6 ML per 31 days)
<b>IMITREX SUBCUTANEOUS</b>	T3	QL (6 ML per 30 days)
<b>MAXALT ORAL TABLET 10 MG</b>	T3	QL (12 tablets per 30 days)
<b>MAXALT-MLT</b>	T3	QL (12 tablets per 30 days)
<i>naratriptan hcl</i>	T1	QL (12 EA per 30 days)
<b>ONZETRA XSAIL</b>	T9	
<b>RELPAX</b>	T9	
<b>REYVOW</b>	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 refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1	QL (8 cartridges 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 pens per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	T1	
<i>sumatriptan-naproxen sodium</i>	T9	
<b>TOSYMRA</b>	T9	
<b>TREXIMET ORAL TABLET 85-500 MG</b>	T9	
<b>ZEMBRACE SYMTOUCH</b>	T9	
<i>zolmitriptan nasal</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
<b>ZOMIG NASAL</b>	T3	ST; QL (12 units per 30 days)
<b>ZOMIG ORAL</b>	T3	QL (12 tablets per 30 days)
<b>ZOMIG ZMT</b>	T3	QL (12 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>Selective Serotonin Receptor Agonists</b>		
<b>BELVIQ</b>	BE	
<b>BELVIQ XR</b>	BE	
<b>Selective-Serotonin Reuptake Inhibitors</b>		
<b>BRISDELLE</b>	T9	
<b>CELEXA ORAL TABLET 10 MG</b>	T3	QL (90 tablets per 30 days); AL
<b>CELEXA ORAL TABLET 20 MG</b>	T3	QL (60 tablets per 30 days); AL
<b>CELEXA ORAL TABLET 40 MG</b>	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)
<b>LEXAPRO ORAL TABLET</b>	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 suspension</i>	T2	
<i>paroxetine hcl oral tablet</i>	T1	
<i>paroxetine mesylate</i>	T9	
<b>PAXIL</b>	T3	
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG</b>	T3	ST; QL (60 tablets per 30 days)
<b>PEXEVA</b>	T9	
<b>PROZAC ORAL CAPSULE</b>	T3	
<b>SARAFEM ORAL TABLET 10 MG, 20 MG</b>	T9	
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1	

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

Medication	Coverage Level	Restrictions
<i>nortriptyline hcl oral capsule</i>	T1	
<b>PAMELOR ORAL CAPSULE</b>	T3	
<i>perphenazine-amitriptyline</i>	T1	
<i>protriptyline hcl</i>	T2	
<b>SILENOR</b>	T3	ST; QL (31 tablets per 31 days)
<b>SURMONTIL</b>	T3	
<b>TOFRANIL</b>	T3	
<i>trimipramine maleate oral</i>	T2	
<b><i>Vesicular Monoamine Transport2 Inhibitor</i></b>		
<b>AUSTEDO ORAL TABLET 12 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days)
<b>AUSTEDO ORAL TABLET 6 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (240 tablets per 30 days)
<b>AUSTEDO ORAL TABLET 9 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (150 tablets per 30 days)
<b>INGREZZA ORAL CAPSULE 40 MG, 80 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days)
<b>INGREZZA ORAL CAPSULE 60 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>INGREZZA ORAL CAPSULE THERAPY PACK</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (1 dose pack per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>XENAZINE</b>	T9	
<b><i>Wakefulness-Promoting Agents</i></b>		
<i>armodafinil</i>	T1	QL (30 tablets per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	T1	
<i>modafinil</i>	T1	QL (60 tablets per 30 days)
<b>NUVIGIL ORAL TABLET 150 MG, 250 MG</b>	T3	QL (30 tablets per 30 days)
<b>NUVIGIL ORAL TABLET 200 MG, 50 MG</b>	T9	
<b>PROVIGIL ORAL TABLET 100 MG</b>	T3	QL (31 tablets per 31 days)
<b>PROVIGIL ORAL TABLET 200 MG</b>	T3	QL (62 tablets per 31 days)
<b>SUNOSI</b>	T3	ST; QL (30 tablets per 30 days)



Medication	Coverage Level	Restrictions
WAKIX	T9	
<b>Dental Agents</b>		
<i>Dental Agents</i>		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
<i>sodium fluoride 5000 sensitive</i>	T1	
<b>Devices</b>		
<i>Devices</i>		
10 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
ACCU-CHEK FASTCLIX LANCET	T2	
ACCU-CHEK MULTICLIX LANCET DEV	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T2	
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)
BREATHERITE	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER ADULT	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER CHILD	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER INFANT	T2	QL (4 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	T2	QL (4 EA per 365 days)
BREATHERITE SPACER NEONATE	T2	QL (4 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
BREATHERITE/LARGE MASK	T2	QL (4 EA per 365 days)
BREATHERITE/MEDIUM MASK	T2	QL (4 EA per 365 days)
BREATHERITE/SMALL MASK	T2	QL (4 EA per 365 days)
DEXCOM G6 RECEIVER	T2	QL (1 receiver per 365 Days)
DEXCOM G6 SENSOR	T2	QL (1 box per 30 Days)
DEXCOM G6 TRANSMITTER	T2	QL (1 transmitter per 90 Days)
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
FREESTYLE LIBRE 14 DAY READER	T2	QL (1 system per 365 Days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	QL (2 sensors per 28 Days)
FREESTYLE LIBRE READER	T2	QL (1 System per 365 Days)
FREESTYLE LIBRE SENSOR SYSTEM	T2	QL (3 Sensors per 30 Days)
HYPOLANCE AST LANCING	T2	
INPEN 100-BLUE-LILLY	T9	
INPEN 100-BLUE-NOVO	T9	
INPEN 100-GRAY-LILLY	T9	
INPEN 100-GREY-NOVO	T9	
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-NOVO	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
OMNIPOD DASH 5 PACK PODS	T5	QL (2 packs per 30 days)
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
<b>OPTICHAMBER FACE MASK-SMALL</b>	T2	QL (4 EA per 365 days)
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
<b>ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML</b>	T1	
<b>ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML</b>	T2	
<i>valved holding chamber</i>	T1	QL (4 EA per 365 days)
<b>V-GO 20</b>	T2	
<b>V-GO 30</b>	T2	
<b>V-GO 40</b>	T2	
<b>VIVAGUARD INO CONTROL SOLUTION</b>	T3	
<b>Diagnostic Agents</b>		
<i>Adrenocortical Insufficiency</i>		
<b>ACTHAR</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<i>Diabetes Mellitus</i>		
<b>ACCU-CHEK AVIVA PLUS IN VITRO</b>	T3	ST; QL (200 strips per 30 days)
<b>ACCU-CHEK COMPACT PLUS</b>	T3	ST; QL (200 strips per 30 days)
<b>ACCU-CHEK SMARTVIEW</b>	T3	ST; QL (200 strips per 30 days)
<b>AGAMATRIX AMP TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>BAYER BREEZE 2 TEST</b>	T3	ST
<b>CONTOUR NEXT TEST</b>	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
<b>EVENCARE PROVIEW GLUCOSE TEST</b>	T3	ST
<b>FORA 6 CONNECT</b>	T3	ST
<b>FREESTYLE LITE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>FREESTYLE PRECISION NEO TEST</b>	T3	QL (200 Strips per 30 days)
<b>FREESTYLE TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>GLUCOCARD 01 SENSOR PLUS</b>	T3	ST; QL (200 strips per 30 days)
<b>GLUCOCARD EXPRESSION TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>GLUCOCARD VITAL TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>GLUCOCARD X-SENSOR</b>	T3	ST; QL (200 strips per 30 days)
<b>GOJJI BLOOD GLUCOSE TEST</b>	T3	ST; QL (200 strips per 30 Days)
<b>HARMONY BLOOD GLUCOSE TEST</b>	T3	ST
<b>MICRODOT TEST</b>	T3	ST
<b>ONETOUCH ULTRA BLUE</b>	T1	QL (200 strips per 30 days)
<b>ONETOUCH VERIO IN VITRO STRIP</b>	T1	QL (200 strips per 30 days)
<b>PRECISION PCX PLUS TEST</b>	T3	ST; QL (200 strips per 30 days)
<b>PRECISION POINT OF CARE TEST</b>	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
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)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
UNISTRIP1 GENERIC	T3	ST; QL (200 strips per 30 days)
<b>Diagnostic Agents</b>		
<i>toxicology saliva collection</i>	T9	
<b>Drug Hypersensitivity</b>		
CANDIN	T9	
<b>Ketones</b>		
KETOSTIX	T3	
<b>Tuberculosis</b>		
APLISOL	T9	
<b>Electrolytic, Caloric, And Water Balance</b>		
<b>Alkalinizing Agents</b>		
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
<b>CYTRA-3</b>	T9	
<i>cytra-k</i>	T9	
<b>ORACIT</b>	T3	
<i>pot &amp; sod cit-cit ac</i>	T1	
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T1	
<i>sod citrate-citric acid</i>	T1	
<i>tricitrates</i>	T9	
<b>UROCIT-K 10</b>	T3	
<b>UROCIT-K 15</b>	T3	
<b>UROCIT-K 5</b>	T3	
<i>virtrate-2</i>	T9	
<i>virtrate-3</i>	T9	
<i>virtrate-k</i>	T9	
<b>Ammonia Detoxicants</b>		
<b>BUPHENYL ORAL POWDER 3 GM/TSP</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>BUPHENYL ORAL TABLET</b>	T5	PA; SP (Limited to a 1 month supply per fill )

Medication	Coverage Level	Restrictions
<b>CARBAGLU</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<i>enulose</i>	T1	
<i>generlac</i>	T1	
<b>KRISTALOSE</b>	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	
<b>LITHOSTAT</b>	T9	
<b>RAVICTI</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill )
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>Caloric Agents</b>		
<b>DOJOLVI</b>	T9	
<b>ENLYTE</b>	T9	
<b>FERREX 150 FORTE PLUS</b>	T9	
<b>FERREX 150 PLUS</b>	T9	
<b>FOLBEE AR</b>	T9	
<i>l-leucine</i>	T9	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
<b>METAFOLBIC PLUS</b>	T9	
<i>methaver</i>	T9	
<i>methazel</i>	T9	
<b>MULTIGEN FOLIC</b>	T9	
<b>MULTIGEN PLUS</b>	T9	
<b>PURALOR CI</b>	T9	
<b>SUPERVITE</b>	T9	
<i>zyvit</i>	T9	
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<b>Diuretics, Miscellaneous</b>		
<b>ELIXOPHYLLIN</b>	T3	
<b>THEO-24</b>	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
<b>Irrigating Solutions</b>		
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
<b>Loop Diuretics</b>		
<i>bumetanide oral</i>	T1	
<b>DEMADEX ORAL TABLET 10 MG</b>	T3	
<b>EDECIN</b>	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	
<b>LASIX</b>	T3	
<i>toremide oral</i>	T1	
<b>Phosphate-Removing Agents</b>		
<b>AURYXIA</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (360 tablets per 30 days)
<i>calcium acetate (phos binder) oral capsule</i>	T1	
<b>FOSRENOL ORAL PACKET</b>	T5	SP (Max of 31 days per dispensing. ); QL (180 packets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (90 tablets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 500 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (210 tablets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 750 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (150 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Max of 31 days per dispensing. ); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Max of 31 days per dispensing. ); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Max of 31 days per dispensing. ); QL (150 tablets per 30 days)
<b>MAGNEBIND 400 ORAL TABLET 400-200-1 MG</b>	T9	
<b>PHOSLO</b>	T3	
<b>PHOSLYRA</b>	T3	ST

Medication	Coverage Level	Restrictions
<b>RENAGEL ORAL TABLET 800 MG</b>	T5	ST; SP (Max of 31 days per dispensing. ); QL (180 tablets per 30 days)
<b>RENVELA</b>	T9	
<i>sevelamer carbonate oral packet</i>	T5	SP (Max of 31 days per dispensing. )
<i>sevelamer carbonate oral tablet</i>	T4	SP (Max of 31 days per dispensing. ); QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (Max of 31 days per dispensing. ); QL (180 tablets per 30 days)
<b>VELPHORO</b>	T5	ST; SP (Max day supply up to 31 days.); QL (180 tablets per 30 days)
<b>Potassium-Removing Agents</b>		
<b>KIONEX ORAL SUSPENSION</b>	T1	
<b>LOKELMA</b>	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<b>SPS</b>	T1	
<b>VELTASSA ORAL PACKET 16.8 GM</b>	T5	ST; SP (Limited to a one month supply per fill); QL (30 packets per 30 days)
<b>VELTASSA ORAL PACKET 25.2 GM</b>	T5	ST; SP (Limited to a one month supply per fill ); QL (30 packets per 30 days)
<b>VELTASSA ORAL PACKET 8.4 GM</b>	T5	ST; SP (Limited to a one month supply per fill ); QL (30 Packets per 30 days)
<b>Potassium-Sparing Diuretics</b>		
<b>ALDACTONE</b>	T3	
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<b>CAROSPIR</b>	T9	
<b>DYRENIUM</b>	T9	
<i>eplerenone</i>	T1	
<b>INSPRA</b>	T3	QL (30 tablets per 30 days)
<b>MAXZIDE</b>	T3	
<b>MAXZIDE-25</b>	T3	
<i>spironolactone oral</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
<b>Replacement Preparations</b>		
<i>active fe</i>	T9	
<i>av-phos 250 neutral</i>	T9	
<b>BACMIN</b>	T9	
<i>calcium acetate (phos binder) oral capsule</i>	T1	
<i>calcium-folic acid plus d</i>	T9	
<b>CENTRATEX</b>	T9	
<i>choice-tabs</i>	T9	
<b>CORVITA</b>	T9	
<b>CORVITA 150</b>	T9	
<b>CORVITE</b>	T9	
<b>CORVITE 150 ORAL TABLET 150-1.25 MG</b>	T9	
<b>CORVITE FREE</b>	T9	
<b>DIALYVITE 3000</b>	T9	
<b>DIALYVITE 5000</b>	T9	
<b>DIALYVITE SUPREME D</b>	T9	
<b>DIALYVITE/ZINC</b>	T9	
<b>EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ</b>	T1	
<b>FERIVA 21/7</b>	T9	
<b>FERIVAF</b>	T9	
<b>FERROCITE PLUS ORAL TABLET</b>	T9	
<b>FOLBEE PLUS CZ</b>	T9	
<b>FORTAVIT ORAL CAPSULE</b>	T9	
<b>GALZIN</b>	T9	
<i>hematinic plus vitlminerals</i>	T9	
<b>HEMATRON</b>	T9	
<b>HEMATRON-AF</b>	T9	
<b>HEMAX ORAL TABLET</b>	T9	
<b>HEMOCYTE PLUS</b>	T9	
<b>IROSPAN 24/6</b>	T9	
<b>KLOR-CON 10</b>	T1	
<b>KLOR-CON M10</b>	T1	
<b>KLOR-CON M15</b>	T1	
<b>KLOR-CON M20</b>	T1	
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	T9	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b>	T3	
<b>KLOR-CON/EF</b>	T1	
<b>K-PHOS-NEUTRAL</b>	T9	



Medication	Coverage Level	Restrictions
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	T3	
<b>LYSIPLEX PLUS ORAL TABLET</b>	T9	
<b>MAGNEBIND 400 ORAL TABLET 80-115 MG</b>	T9	
<b>MAXFE ORAL TABLET</b>	T9	
<i>multivitamins oral tablet chewable</i>	T9	
<i>multivitamins pediatric</i>	T9	
<i>neonatal + dha</i>	T9	
<b>NEPHPLEX RX</b>	T9	
<b>NICADAN</b>	T9	
<b>NICAZEL</b>	T9	
<b>NICAZEL FORTE</b>	T9	
<b>NICOMIDE</b>	T9	
<b>OCUVEL ORAL CAPSULE 0.5 MG</b>	T9	
<b>PHOSLO</b>	T3	
<b>PHOSLYRA</b>	T3	ST
<i>phos-nak</i>	T9	
<b>PHOSPHA 250 NEUTRAL</b>	T9	
<i>pnv-dha</i>	T1	
<i>pnv-select</i>	T1	
<i>potassium chloride crys er oral tablet extended release 15 meq, 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	SP (Max of 31 days per dispensing. )
<i>prenatal (wliron &amp; fa)</i>	T9	
<b>PRENATE AM</b>	T3	
<b>PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG</b>	T3	
<b>PRENATE PIXIE</b>	T3	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
<b>QUFLORA FE</b>	T9	
<b>REQ 49+</b>	T9	
<i>se-tan plus</i>	T9	

Medication	Coverage Level	Restrictions
<b>SIDEROL ORAL LIQUID†</b>	T9	
<b>STROVITE FORTE ORAL TABLET</b>	T9	
<b>STROVITE ONE</b>	T9	
<b>SUPERVITE</b>	T9	
<b>TANDEM PLUS</b>	T9	
<i>tl-hem 150</i>	T9	
<i>tristart dha</i>	T9	
<i>tri-zel</i>	T9	
<b>UDAMIN SP</b>	T9	
<i>v-c forte</i>	T9	
<b>VIC-FORTE</b>	T9	
<b>VINATE M</b>	T1	
<i>virt-phos 250 neutral</i>	T9	
<b>VITAFOL-ONE</b>	T3	
<b>VITAL-D RX</b>	T9	
<b>VITATRUE</b>	T3	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
<b>Thiazide Diuretics</b>		
<b>ACCURETIC</b>	T3	
<b>ALDACTAZIDE ORAL TABLET 25-25 MG</b>	T3	
<b>ALDACTAZIDE ORAL TABLET 50-50 MG</b>	T2	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
<b>ATACAND HCT</b>	T3	
<b>AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG</b>	T3	
<i>benazepril-hydrochlorothiazide</i>	T1	
<b>BENICAR HCT</b>	T3	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<b>DIOVAN HCT</b>	T3	
<b>DIURIL</b>	T2	
<b>DUTOPROL</b>	T9	
<b>EDARBYCLOR</b>	T3	ST
<i>enalapril-hydrochlorothiazide</i>	T1	
<b>EXFORGE HCT</b>	T3	
<i>fosinopril sodium-hctz</i>	T1	
<i>hydrochlorothiazide oral</i>	T1	
<b>HYZAAR</b>	T3	

Medication	Coverage Level	Restrictions
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
<b>LOPRESSOR HCT ORAL TABLET 50-25 MG</b>	T3	
<i>losartan potassium-hctz</i>	T1	
<b>LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG</b>	T3	
<b>MAXZIDE</b>	T3	
<b>MAXZIDE-25</b>	T3	
<i>methyldopa-hydrochlorothiazide</i>	T1	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<b>MICARDIS HCT</b>	T3	
<i>nadolol-bendroflumethiazide oral tablet 80-5 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	
<b>TEKTURNA HCT</b>	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	
<b>TRIBENZOR</b>	T3	
<i>valsartan-hydrochlorothiazide</i>	T1	
<b>VASERETIC</b>	T3	
<b>ZESTORETIC</b>	T3	
<b>ZIAC</b>	T3	
<b>Thiazide-Like Diuretics</b>		
<i>atenolol-chlorthalidone</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
<b>TENORETIC 100</b>	T3	
<b>TENORETIC 50</b>	T3	
<b>THALITONE</b>	T9	
<b>Uricosuric Agents</b>		
<i>colchicine-probenecid</i>	T1	
<i>probenecid oral</i>	T1	

Medication	Coverage Level	Restrictions
<b><i>Vasopressin Antagonists</i></b>		
JYNARQUE	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill )
<i>tolvaptan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>Enzymes</b>		
<b><i>Enzymes</i></b>		
CREON	T4	SP (Max day supply up to 31 days.)
MEPSEVII	T9	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 20 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill ); QL (30 syringes per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill ); QL (30 syringes per 30 days)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill )
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PERTZYE	T5	ST; SP (Max of 31 days per dispensing.)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 ampules per 30 days)
REVCOVI	T4	PA; SP (Limited to a 1 month supply per fill )
SANTYL	T3	QL (60 GM per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML	T4	PA; SP (Limited to a 1 month supply per fill )
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill)
SUCRAID	T4	SP (Max of 31 days per dispensing. )
VIOKACE	T5	ST; SP (Max of 31 days per dispensing. )

Medication	Coverage Level	Restrictions
<b>ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT</b>	T4	SP (Limited to a 1 month supply per fill )
<b>Eye, Ear, Nose And Throat (Eent) Preps.</b>		
<b>Alpha-Adrenergic Agonists (Eent)</b>		
<b>ALPHAGAN P</b>	T3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
<i>brimonidine-dorzolamide</i>	T9	
<b>COMBIGAN</b>	T2	
<b>SIMBRINZA</b>	T2	
<b>Antiallergic Agents</b>		
<b>ALAWAY</b>	T1	
<b>ALOCRI</b>	T3	ST
<b>ALOMIDE</b>	T2	
<b>ASTEPRO NASAL SOLUTION 0.15 %</b>	T3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1	
<i>azelastine hcl ophthalmic</i>	T1	
<i>azelastine-fluticasone</i>	T1	ST
<i>bepotastine besilate</i>	T2	ST; QL (5 ML per 30 Days)
<b>BEPREVE</b>	T9	
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1	
<b>DYMISTA</b>	T9	
<b>ELESTAT</b>	T3	
<i>epinastine hcl</i>	T1	
<i>ketotifen fumarate ophthalmic</i>	T1	
<b>LASTACAFT</b>	T3	ST; QL (1 bottle per 30 days); AL
<b>NAPHCON-A</b>	T9	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (2.5 ML per 30 days)
<b>PATADAY OPHTHALMIC SOLUTION 0.2 %</b>	T3	ST; QL (2.5 ML per 30 days)
<b>PATANASE</b>	T3	
<b>PATANOL</b>	T3	
<b>PAZEO</b>	T3	
<b>TICALAST</b>	T9	
<b>ZADITOR</b>	T1	

Medication	Coverage Level	Restrictions
<b>Antibacterials (Eent)</b>		
<b>AZASITE</b>	T3	ST
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
<b>BESIVANCE</b>	T3	QL (1 bottle per 30 days)
<b>BLEPH-10</b>	T3	
<b>BLEPHAMIDE</b>	T3	ST
<b>BLEPHAMIDE S.O.P.</b>	T3	
<b>CETRAXAL</b>	T3	
<b>CILOXAN</b>	T3	
<b>CIPRO HC</b>	T2	
<b>CIPRODEX</b>	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
<b>COLY-MYCIN S</b>	T3	
<i>erythromycin ophthalmic</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<b>GENTAK OPHTHALMIC OINTMENT</b>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>levofloxacin ophthalmic</i>	T1	
<b>MAXITROL</b>	T3	
<b>MOXEZA</b>	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
<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	
<b>OCUFLOX</b>	T3	
<i>ofloxacin ophthalmic</i>	T1	
<b>OTOVEL</b>	T2	AL
<i>polymyxin b-trimethoprim</i>	T1	
<b>POLYTRIM</b>	T3	

Medication	Coverage Level	Restrictions
<b>PRED-G</b>	T2	
<b>PRED-G S.O.P.</b>	T3	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<i>sulfacetamide sodium ophthalmic</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	T3	ST
<b>TOBRADEX OPHTHALMIC SUSPENSION</b>	T3	
<b>TOBRADEX ST</b>	T3	ST
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
<b>TOBREX OPHTHALMIC OINTMENT</b>	T2	
<b>TOBREX OPHTHALMIC SOLUTION</b>	T3	
<b>VIGAMOX</b>	T2	
<b>ZYLET</b>	T3	ST
<b>ZYMAXID</b>	T3	ST
<b>Antifungals (Eent)</b>		
<b>NATACYN</b>	T3	
<b>Antivirals (Eent)</b>		
<i>trifluridine ophthalmic</i>	T1	
<b>VIROPTIC</b>	T3	
<b>ZIRGAN</b>	T3	
<b>Beta-Adrenergic Blocking Agents (Eent)</b>		
<i>betaxolol hcl ophthalmic</i>	T2	
<b>BETIMOL</b>	T3	
<b>BETOPTIC-S</b>	T3	ST
<i>carteolol hcl</i>	T1	
<b>COMBIGAN</b>	T2	
<b>COSOPT</b>	T3	
<i>dorzolamide hcl-timolol mal</i>	T1	
<b>ISTALOL</b>	T9	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate pf</i>	T3	
<b>TIMOPTIC</b>	T3	
<b>TIMOPTIC OCUDOSE</b>	T3	
<b>TIMOPTIC-XE</b>	T3	

Medication	Coverage Level	Restrictions
<b>Carbonic Anhydrase Inhibitors (Eent)</b>		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<b>AZOPT</b>	T3	
<i>brimonidine-dorzolamide</i>	T9	
<i>brinzolamide</i>	T2	
<b>COSOPT</b>	T3	
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>methazolamide oral</i>	T2	
<b>SIMBRINZA</b>	T2	
<b>TRUSOPT</b>	T3	
<b>Corticosteroids (Eent)</b>		
<b>ALREX</b>	T9	
<i>azelastine-fluticasone</i>	T1	ST
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
<b>BECONASE AQ</b>	T9	
<b>BLEPHAMIDE</b>	T3	ST
<b>BLEPHAMIDE S.O.P.</b>	T3	
<i>budesonide nasal</i>	T9	
<b>CIPRO HC</b>	T2	
<b>CIPRODEX</b>	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL
<b>COLY-MYCIN S</b>	T3	
<b>CORTANE-B OTIC</b>	T3	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<b>DEXYCU</b>	T9	
<i>difluprednate</i>	T1	ST
<b>DUREZOL</b>	T3	ST
<b>DYMISTA</b>	T9	
<b>EYSUVIS</b>	T3	ST; QL (4 bottles per 1 year)
<b>FLAREX</b>	T2	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluorometholone ophthalmic</i>	T1	
<i>fluticasone propionate nasal</i>	T9	
<b>FML</b>	T2	
<b>FML FORTE</b>	T3	
<b>FML LIQUIFILM</b>	T3	
<b>INVELTYS</b>	T3	ST



Medication	Coverage Level	Restrictions
<b>LOTEMAX OPHTHALMIC GEL</b>	T9	
<b>LOTEMAX OPHTHALMIC OINTMENT</b>	T9	
<b>LOTEMAX OPHTHALMIC SUSPENSION</b>	T3	ST
<b>LOTEMAX SM</b>	T3	ST
<i>loteprednol etabonate</i>	T2	ST
<b>MAXIDEX</b>	T3	
<b>MAXITROL</b>	T3	
<i>mometasone furoate nasal</i>	T9	
<b>NASACORT ALLERGY 24HR</b>	T3	
<b>NASONEX</b>	T9	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1	
<b>OMNARIS</b>	T3	ST
<b>OTOVEL</b>	T2	AL
<b>PRED FORTE</b>	T3	
<b>PRED MILD</b>	T3	
<b>PRED-G</b>	T2	
<b>PRED-G S.O.P.</b>	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	
<b>QNASL</b>	T3	ST
<b>QNASL CHILDRENS</b>	T3	ST
<b>SINUVA</b>	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
<b>TICALAST</b>	T9	
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	T3	ST
<b>TOBRADEX OPHTHALMIC SUSPENSION</b>	T3	
<b>TOBRADEX ST</b>	T3	ST
<i>tobramycin-dexamethasone</i>	T1	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
<b>XHANCE</b>	T9	
<b>ZETONNA</b>	T9	
<b>ZYLET</b>	T3	ST

Medication	Coverage Level	Restrictions
<b>Eent Anti-Infectives, Miscellaneous</b>		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<b>CORTANE-B OTIC</b>	T3	
<b>PERIDEX</b>	T3	
<b>Eent Anti-Inflammatory Agents, Misc.</b>		
<b>CEQUA</b>	T9	
<b>RESTASIS</b>	T2	QL (64 vials per 30 days)
<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	T2	QL (1 ML per 30 days)
<b>XIIDRA</b>	T2	QL (60 vials per 30 days)
<b>Eent Drugs, Miscellaneous</b>		
<i>acetic acid otic</i>	T1	
<b>ALZAIR ALLERGY NASAL SPRAY</b>	T9	
<i>apraclonidine hcl</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T3	
<b>CYSTADROPS</b>	T4	SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days)
<b>CYSTARAN</b>	T4	SP (Max of 31 days per dispensing. ); QL (60 ML per 30 days)
<b>GASTROCROM</b>	T3	
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>	T4	ST; SP (Limited to a 1 month supply per fill)
<b>LACRISERT</b>	T4	SP (Max of 31 days per dispensing.)
<b>MUCOSITISRX</b>	T9	
<b>OXERVATE</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (8 weeks per 1 lifetime)
<b>TICALAST</b>	T9	
<b>Eent Nonsteroidal Anti-Inflam. Agents</b>		
<b>ACULAR</b>	T3	
<b>ACULAR LS</b>	T3	
<b>ACUVAIL</b>	T3	ST
<i>bromfenac sodium ophthalmic</i>	T2	ST; QL (1.7 ML per 30 days)
<b>BROMSITE</b>	T3	ST
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen sodium</i>	T1	
<b>ILEVRO</b>	T3	ST; QL (2 ML per 30 days)
<i>ketorolac tromethamine ophthalmic</i>	T1	
<b>NEVANAC</b>	T3	ST

Medication	Coverage Level	Restrictions
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<b>PROLENSA</b>	T3	ST
<b>Local Anesthetics (Eent)</b>		
<b>CORTANE-B OTIC</b>	T3	
<b>FIRST-MOUTHWASH BLM</b>	T2	
<i>lidocaine viscous</i>	T1	
<b>Miotics</b>		
<b>ISOPTO CARPINE</b>	T3	
<b>PHOSPHOLINE IODIDE</b>	T2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
<b>Mydriatics</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
<b>CYCLOGYL OPHTHALMIC SOLUTION 0.5 %</b>	T2	
<b>CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %</b>	T3	
<b>CYCLOMYDRIL</b>	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1	
<b>HOMATROPAIRE</b>	T1	
<b>ISOPTO ATROPINE</b>	T3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
<i>tropicamide-cyclopentolate-pe</i>	T9	
<b>Prostaglandin Analogs</b>		
<i>bimatoprost ophthalmic</i>	T1	
<i>latanoprost ophthalmic</i>	T1	
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	T2	ST
<b>ROCKLATAN</b>	T3	ST
<b>TRAVATAN Z</b>	T3	
<i>travoprost (bak free)</i>	T2	ST
<b>VYZULTA</b>	T9	
<b>XALATAN</b>	T3	
<b>XELPROS</b>	T2	
<b>ZIOPTAN</b>	T3	
<b>Rho Kinase Inhibitors</b>		
<b>RHOPRESSA</b>	T3	ST
<b>ROCKLATAN</b>	T3	ST
<b>Vasoconstrictors</b>		
<b>ADRENALIN NASAL</b>	T9	

Medication	Coverage Level	Restrictions
<b>CYCLOMYDRIL</b>	T3	
<i>epinephrine hcl (nasal)</i>	T9	
<b>NAPHCON-A</b>	T9	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
<i>tropicamide-cyclopentolate-pe</i>	T9	
<b>UPNEEQ</b>	T9	
<b>Gastrointestinal Drugs</b>		
<b>5-Ht3 Receptor Antagonists</b>		
<b>AKYNZEO ORAL</b>	T9	
<b>ANZEMET ORAL</b>	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</i>	T1	
<b>SANCUSO</b>	T4	ST; SP (Max day supply up to 31 days.); QL (1 patch per 28 days)
<b>SUSTOL</b>	T9	
<b>ZOFRAN ORAL TABLET 4 MG</b>	T3	QL (20 tablets per 30 days)
<b>ZUPLENZ</b>	T2	ST; QL (20 films per 30 days)
<b>Antacids And Adsorbents</b>		
<b>ASCRIPITIN ORAL TABLET 325 MG</b>	T1	
<b>BUFFERIN</b>	T3	PV; AL
<b>BUFFERIN LOW DOSE ORAL TABLET</b>	T3	
<b>FIRST-MOUTHWASH BLM</b>	T2	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Non-Formulary	
<b>PLENITY</b>	T9	
<b>ZEGERID</b>	BE	
<b>ZEGERID OTC</b>	BE	
<b>Antidiarrhea Agents</b>		
<i>acidophilus lactobacillus powder</i>	T9	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<b>FUSION SPRINKLES</b>	T9	
<b>LOMOTIL ORAL TABLET</b>	T3	
<i>loperamide hcl oral capsule</i>	T9	
<b>MYTESI</b>	T9	
<i>opium</i>	T9	
<i>paregoric</i>	T9	
<b>PYLERA</b>	T9	
<b>RESTORA RX</b>	T9	

Medication	Coverage Level	Restrictions
<b>RESTORA SPRINKLES</b>	T9	
<b>XERMELO</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>Antiemetics, Miscellaneous</b>		
<b>CESAMET</b>	T3	ST
<i>dronabinol oral capsule 10 mg</i>	T4	SP (Max day supply up to 31 days.); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T3	QL (60 Capsules per 30 days)
<b>MARINOL</b>	T3	QL (60 capsules per 30 days)
<b>PHENERGAN INJECTION SOLUTION 50 MG/ML</b>	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	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>	T1	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	T9	
<i>scopolamine</i>	T1	
<b>SYNDROS</b>	T9	
<b>TRANSDERM-SCOP (1.5 MG)</b>	T3	
<b>TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR</b>	T3	
<b>Antiflatulents</b>		
<b>FIRST-MOUTHWASH BLM</b>	T2	
<b>Antihistamines (Gi Drugs)</b>		
<b>ANTIVERT ORAL TABLET 50 MG</b>	T9	
<b>BONJESTA</b>	T9	
<b>COMPRO</b>	T1	
<b>DICLEGIS</b>	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	
<b>TIGAN ORAL</b>	T3	
<i>trimethobenzamide hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
<b>Anti-Inflammatory Agents (Gi Drugs)</b>		
<i>alose tron hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>APRISO</b>	T9	
<b>ASACOL HD</b>	T5	ST; SP (Max day supply up to 31 days.); QL (180 tablets per 30 days)
<b>AZULFIDINE</b>	T3	
<b>AZULFIDINE EN-TABS</b>	T3	
<i>balsalazide disodium</i>	T1	
<b>CANASA</b>	T5	SP (Max day supply up to 31 days.)
<b>COLAZAL</b>	T5	SP (Max day supply up to 31 days.)
<b>DELZICOL</b>	T5	ST; SP (Max day supply up to 31 days.)
<b>DIPENTUM</b>	T3	
<b>LIALDA</b>	T5	SP (Max day supply up to 31 days.); QL (120 tablets per 30 days)
<b>LOTRONEX</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<i>mesalamine er</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T5	ST; SP (Limited to a 1 month supply per fill )
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T4	SP (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	SP (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill )
<b>PENTASA</b>	T5	SP (Max day supply up to 31 days.); QL (240 capsules per 30 days)
<b>ROWASA RECTAL</b>	T3	
<b>SFROWASA</b>	T3	QL (30 bottles per 30 days)
<i>sulfasalazine oral</i>	T1	
<b>Antiulcer Agents And Acid Suppress.,Misc</b>		
<b>PYLERA</b>	T9	

Medication	Coverage Level	Restrictions
<b>TALICIA</b>	T9	
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
<b>FLAGYL ORAL CAPSULE</b>	T3	
<b>FLAGYL ORAL TABLET 500 MG</b>	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1	
<i>tetracycline hcl oral</i>	T1	
<b>Cathartics And Laxatives</b>		
<b>ASCRIPITIN ORAL TABLET 325 MG</b>	T1	
<i>bisacodyl rectal</i>	T9	
<b>BUFFERIN</b>	T3	PV; AL
<b>BUFFERIN LOW DOSE ORAL TABLET</b>	T3	
<b>CITRANATAL 90 DHA ORAL 90-1 &amp; 300 MG</b>	T3	QL (30 capsules per 30 days)
<b>CITRANATAL ASSURE ORAL 35-1 &amp; 300 MG</b>	T3	
<b>CITRANATAL BLOOM</b>	T3	
<b>CITRANATAL DHA</b>	T3	
<b>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</b>	T3	
<b>CITRANATAL RX</b>	T3	
<b>CLENPIQ</b>	T3	
<b>COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM</b>	T3	
<b>ENEMEEZ MINI</b>	T3	QL (90 tubes per 30 days)
<b>ENEMEEZ PLUS</b>	T3	QL (90 tubes per 30 days)
<i>fe 90 plus</i>	T9	
<b>FERIVA 21/7</b>	T9	
<b>FERIVAFA</b>	T9	
<b>FERRALET 90</b>	T9	
<i>ferraplus 90</i>	T9	
<b>FIRST-MOUTHWASH BLM</b>	T2	
<b>FOLET ONE</b>	T3	QL (30 capsules per 30 days)
<b>GAVILYTE-C</b>	T1	PV
<b>GAVILYTE-G</b>	T1	PV
<b>GAVILYTE-N WITH FLAVOR PACK</b>	T1	PV

Medication	Coverage Level	Restrictions
<b>GLYCOLAX</b>	T9	
<b>GOLYTELY</b>	T3	
<b>HEMATRON-AF</b>	T9	
<b>HEMAX ORAL TABLET</b>	T9	
<b>INATAL GT</b>	T9	
<b>MAXFE ORAL TABLET</b>	T9	
<b>MIRALAX ORAL POWDER</b>	T9	
<b>MOVIPREP</b>	T3	
<b>MYNATAL ORAL TABLET</b>	T9	
<i>mynate 90 plus</i>	T9	
<b>NATALVIRT FLT</b>	T9	
<b>NEPHRON FA</b>	T9	
<b>NEXA PLUS</b>	T3	
<b>NULYTELY WITH FLAVOR PACKS</b>	T3	
<b>OSMOPREP</b>	T3	
<i>peg 3350 oral powder</i>	T9	
<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
<b>PEG-PREP</b>	T1	PV
<b>PLENVU</b>	T3	PA; QL (60 granules per 30 days)
<i>pnv-dha+docusate</i>	T1	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T9	
<i>polyethylene glycol 3350 oral powder</i>	T9	
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)
<b>SMOOTH LAX ORAL POWDER</b>	T9	
<b>SUPREP BOWEL PREP KIT</b>	T3	
<b>SUTAB</b>	T9	
<b>TARON-PREX</b>	T9	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl-hem 150</i>	T9	
<b>TRILYTE</b>	T1	PV
<b><i>Cholelitholytic Agents</i></b>		
<b>ACTIGALL</b>	T3	
<b>RELTONE</b>	T9	
<b>URSO 250</b>	T3	
<b>URSO FORTE</b>	T3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T9	
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	



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

Medication	Coverage Level	Restrictions
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
<b>HUMIRA PEN-PEDIATRIC UC START</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 2 yearss)
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
<b>HUMIRA PEN-PSOR/UEIT STARTER</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.4ML, 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (2 syringes per 28 days)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (2 syringes per 28 days)
<b>LINZESS</b>	T2	QL (30 capsules per 30 days)
<i>lubiprostone</i>	T3	ST; QL (60 capsules per 30 Days)
<b>MOTEGRITY</b>	T2	QL (30 tablets per 30 days)
<b>MOVANTI</b>	T3	ST; QL (30 tablets per 30 days)
<b>MYCAPSSA</b>	T9	
<b>OCALIVA ORAL TABLET 10 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>OCALIVA ORAL TABLET 5 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill )
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill )
<b>RELISTOR ORAL</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>REMICADE</b>	T9	
<b>SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</b>	T5	SP (Max of 31 days per dispensing. )
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)

Medication	Coverage Level	Restrictions
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
<b>SYMPROIC</b>	T3	ST; QL (30 tablets per 30 days)
<b>TRULANCE</b>	T2	QL (30 tablets per 30 days)
<b>VIBERZI</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>XENICAL</b>	T9	
<b>Histamine H2-Antagonists</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T9	
<i>cimetidine oral</i>	T9	
<b>DUEXIS</b>	T9	
<i>famotidine intravenous solution 40 mg/4ml</i>	T3	
<i>famotidine oral tablet</i>	T9	
<i>ibuprofen-famotidine</i>	T9	
<i>nizatidine</i>	T9	
<b>PEPCID ORAL TABLET</b>	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	
<b>ZANTAC 150 MAXIMUM STRENGTH</b>	T9	
<b>Neurokinin-1 Receptor Antagonists</b>		
<b>AKYNZEO ORAL</b>	T9	
<i>aprepitant oral capsule</i>	T1	QL (7 capsules per 30 days)
<b>EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG</b>	T9	
<b>EMEND TRI-PACK</b>	T9	
<b>VARUBI ORAL</b>	T9	
<b>Prokinetic Agents</b>		
<b>GIMOTI</b>	T9	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST

Medication	Coverage Level	Restrictions
REGLAN ORAL	T3	
ZELNORM	T3	ST; QL (60 tablets per 30 Days)
<b>Prostaglandins</b>		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
CYTOTEC	T3	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>misoprostol oral</i>	T1	
<b>Protectants</b>		
CARAFATE	T3	ST
<i>sucralfate oral</i>	T1	
<b>Proton-Pump Inhibitors</b>		
ACIPHEX	BE	
ACIPHEX SPRINKLE	BE	
<i>amoxicill-clarithro-lansopraz</i>	T3	
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>naproxen-esomeprazole</i>	T9	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	T3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	BE	
NEXIUM ORAL PACKET 40 MG	Non-Formulary	
<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	

Medication	Coverage Level	Restrictions
<b>PRILOSEC OTC</b>	T9	
<b>PROTONIX ORAL TABLET DELAYED RELEASE</b>	BE	
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
<b>VIMOVO</b>	BE	
<b>YOSPRALA</b>	BE	
<b>ZEGERID</b>	BE	
<b>ZEGERID OTC</b>	BE	
<b>Gold Compounds</b>		
<i>Gold Compounds</i>		
<b>RIDAURA</b>	T2	
<b>Heavy Metal Antagonists</b>		
<i>Heavy Metal Antagonists</i>		
<b>CHEMET</b>	T4	
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	T9	
<i>deferasirox</i>	T4	SP (Limited to a 1 month supply per fill )
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill )
<i>deferiprone</i>	T4	SP (Limited to a 1 month supply per fill )
<b>DEPEN TITRATABS</b>	T9	
<i>d-penaminate</i>	T4	
<b>EXJADE</b>	T5	
<b>FERRIPROX ORAL SOLUTION</b>	T4	SP (Max 31 days supply per dispensing. )
<b>FERRIPROX ORAL TABLET 1000 MG</b>	T4	SP (Max 31 days supply per dispensing )
<b>FERRIPROX ORAL TABLET 500 MG</b>	T5	SP (Max of 31 day supply per dispensing.)
<b>JADENU</b>	T5	SP (Limited to a 1 month supply per fill )
<b>JADENU SPRINKLE</b>	T9	
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>SYPRINE</b>	T9	
<i>trientine hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)

Medication	Coverage Level	Restrictions
<b>Hormones And Synthetic Substitutes</b>		
<i>Adrenals</i>		
<b>ADVAIR DISKUS</b>	T9	
<b>ADVAIR HFA</b>	T9	
<b>AIRDUO DIGIHALER</b>	T9	
<b>AIRDUO RESPICLICK 113/14</b>	T9	
<b>AIRDUO RESPICLICK 232/14</b>	T9	
<b>AIRDUO RESPICLICK 55/14</b>	T9	
<b>ALKINDI SPRINKLE</b>	T9	
<b>ALVESCO</b>	T9	
<b>ARMONAIR DIGIHALER</b>	T9	
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT</b>	T1	QL (1 Inhaler per 30 days); AL
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	T1	QL (1 Inhaler per 30 days)
<b>ASMANEX (120 METERED DOSES)</b>	T9	
<b>ASMANEX (14 METERED DOSES)</b>	T9	
<b>ASMANEX (30 METERED DOSES)</b>	T9	
<b>ASMANEX (60 METERED DOSES)</b>	T9	
<b>ASMANEX (7 METERED DOSES)</b>	T9	
<b>ASMANEX HFA</b>	T9	
<b>BREO ELLIPTA</b>	T9	
<b>BREZTRI AEROSPHERE</b>	T9	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Max day supply up to 31 days.); 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	
<b>CORTEF</b>	T3	
<i>cortisone acetate oral</i>	T1	
<i>dexabliss</i>	T9	
<b>DEXAMETHASONE INTENSOL</b>	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	

Medication	Coverage Level	Restrictions
<b>DEXPAK 6 DAY ORAL TABLET THERAPY PACK</b>	T9	
<b>DULERA</b>	T2	QL (1 inhaler per 31 days)
<b>EMFLAZA</b>	T9	
<b>ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES</b>	T3	QL (90 capsules per 30 days)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST</b>	T1	QL (1 Inhaler per 30 Day(s)s)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST</b>	T1	QL (1 Inhaler per 30 Day(s)s); AL
<b>FLOVENT HFA</b>	T1	QL (1 Inhaler per 30 Day(s)s)
<i>fludrocortisone acetate oral</i>	T1	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluticasone propionate nasal</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T3	ST
<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)
<b>HEMADY</b>	T9	
<b>HIDEX 6-DAY</b>	T9	
<i>hydrocortisone oral</i>	T1	
<b>INTRAROSA</b>	Not Covered	
<b>MEDROL</b>	T3	
<i>methylprednisolone oral</i>	T1	
<b>MILLIPRED</b>	T9	
<i>mometasone furoate nasal</i>	T9	
<b>NASONEX</b>	T9	
<b>ORAPRED ODT</b>	T9	
<b>ORTIKOS</b>	T9	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
<b>PREDNISON INTENSOL</b>	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	

Medication	Coverage Level	Restrictions
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	
SINUVA	T9	
SYMBICORT	T2	QL (1 Inhaler per 30 days)
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TRELEGY ELLIPTA	T2	
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (2 ackages per 180 days)
WIXELA INHUB	T3	ST
XHANCE	T9	
zcort 7-day	T9	
ZILRETTA	T9	
<b>Alpha-Glucosidase Inhibitors</b>		
acarbose oral	T1	
GLYSET	T3	
PRECOSE	T3	
<b>Amylinomimetics</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Max of 31 days supply per dispensing)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Max of 31 days supply per dispensing); QL (6 ML per 30 Day(s))
<b>Androgens</b>		
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	
danazol oral capsule 100 mg, 50 mg	T3	QL (60 capsules per 30 days)
danazol oral capsule 200 mg	T3	QL (120 capsules per 30 days)



Medication	Coverage Level	Restrictions
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION</b>	T3	
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
<b>FORTESTA</b>	T9	
<b>JATENZO</b>	T9	
<i>methitest</i>	T9	
<i>methyltestosterone oral</i>	T4	PA
<b>NATESTO</b>	T9	
<b>OXANDRIN</b>	T3	
<i>oxandrolone oral</i>	T2	
<b>STRIANT</b>	T9	
<b>TESTIM</b>	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/lact (2%)</i>	T9	
<i>testosterone transdermal gel 12.5 mg/lact (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA; QL (300 ML per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution</i>	T9	
<b>VOGELXO PUMP</b>	T9	
<b>VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)</b>	T9	
<b>XYOSTED</b>	T9	
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1	QL (180 tablets per 30 days)
<b>CYCLOSET</b>	T3	
<b>KORLYM</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days)
<b>WELCHOL ORAL PACKET</b>	T3	ST; QL (30 packets per 30 days)
<b>WELCHOL ORAL TABLET</b>	T3	ST
<b>Antiestrogens</b>		
<i>anastrozole oral</i>	T1	
<b>ARIMIDEX</b>	T3	
<b>AROMASIN</b>	T3	
<i>exemestane</i>	T2	

Medication	Coverage Level	Restrictions
<b>FEMARA</b>	T3	
<b>KISQALI FEMARA (400 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (91 tablets per 28 days)
<b>KISQALI FEMARA (600 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (91 tablets per 28 days)
<b>KISQALI FEMARA(200 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (91 tablets per 28 days)
<i>letrozole oral</i>	T1	
<b>Antigonadotropins</b>		
<b>CETROTIDE SUBCUTANEOUS KIT 0.25 MG</b>	T2	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill )
<b>MYFEMBREE</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 lifetimes)
<b>ORGOVYX</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ORIAHNN</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (56 capsules per 28 days)
<b>ORLISSA ORAL TABLET 150 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (28 tablets per 28 days)
<b>ORLISSA ORAL TABLET 200 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (56 tablets per 28 days)
<b>Antihypoglycemic Agents, Miscellaneous</b>		
<i>diazoxide oral</i>	T4	SP (Max of 31 days per dispensing.)
<b>PROGLYCEM</b>	T9	
<b>Antiparathyroid Agents</b>		
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	
<i>cinacalcet hcl</i>	T4	SP (Max of 31 days per dispensing. )
<b>MIACALCIN NASAL</b>	T3	
<b>SENSIPAR</b>	T5	SP (Max of 31 days per dispensing. )
<b>Antithyroid Agents</b>		
<i>methimazole oral</i>	T1	
<i>propylthiouracil oral</i>	T1	

Medication	Coverage Level	Restrictions
<b>TAPAZOLE</b>	T3	
<b>Biguanides</b>		
<b>ACTOPLUS MET</b>	T3	
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<b>FORTAMET</b>	T9	
<i>glipizide-metformin hcl</i>	T1	
<b>GLUCOPHAGE</b>	T3	
<b>GLUCOPHAGE XR</b>	T3	
<b>GLUMETZA</b>	T9	
<i>glyburide-metformin</i>	T1	
<b>INVOKAMET</b>	T3	ST; QL (60 tablets per 30 days)
<b>INVOKAMET XR</b>	T3	ST; QL (60 tablets per 30 days)
<b>JANUMET</b>	T2	QL (60 tablets per 30 days)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG</b>	T2	QL (30 tablets per 30 days)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG</b>	T2	QL (60 tablets per 30 days)
<b>JENTADUETO</b>	T2	QL (60 tablets per 30 days)
<b>JENTADUETO XR</b>	T2	QL (30 tablets per 30 days)
<b>KAZANO</b>	T9	
<b>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG</b>	T3	ST; QL (62 tablets per 31 days)
<b>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG</b>	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>	T9	
<i>metformin hcl oral tablet</i>	T1	
<i>pioglitazone hcl-metformin hcl</i>	T1	
<b>RIOMET</b>	T9	
<b>RIOMET ER</b>	T9	
<b>SEGLUROMET</b>	T3	ST; QL (60 tablets per 30 days)
<b>SYNJARDY</b>	T2	QL (60 tablets per 30 days)
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG</b>	T2	QL (30 tablets per 30 days)
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG</b>	T2	QL (60 tablets per 30 days)
<b>TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG</b>	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)
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)
<b>Contraceptives</b>		
AFTERA	T1	
ALTAVERA	T1	PV
<i>alyacen 1/35</i>	T1	PV
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ANNOVERA	T9	
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV
AVIANE	T1	PV
AYUNA	T1	PV
AZURETTE	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	PV
BEYAZ	T9	
BLISOVI 24 FE	T1	PV
CAMILA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CRYSSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYCLAFEM 7/7/7	T1	PV
DEBLITANE	T1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV
ECONTRA EZ	T1	PV
ECONTRA ONE-STEP	T1	PV
ELLA	T1	
ELURYNG	T2	PV; QL (1 ring per 28 days)

Medication	Coverage Level	Restrictions
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	
GEMMILY	T9	
GENERESS FE	T9	
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
JENCYCLA	T1	PV
JOLESSA	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
KURVELO	T1	PV
LARIN 24 FE	T1	PV
LAYOLIS FE	T9	
<i>levonorgest-eth est &amp; eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg</i>	T1	PV
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
LILLOW	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	

Medication	Coverage Level	Restrictions
<b>LOW-OGESTREL</b>	T1	PV
<b>LUTERA</b>	T1	PV
<b>LYZA</b>	T1	PV
<i>marlissa</i>	T1	PV
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV
<b>MELODETTA 24 FE</b>	T9	
<b>MIBELAS 24 FE</b>	T9	
<b>MICROGESTIN 1.5/30</b>	T1	PV
<b>MICROGESTIN 1/20</b>	T1	PV
<b>MICROGESTIN FE 1.5/30</b>	T1	PV
<b>MICROGESTIN FE 1/20</b>	T1	PV
<b>MINASTRIN 24 FE</b>	T9	
<b>MIRCETTE</b>	T9	
<b>MY CHOICE</b>	T1	PV
<b>MY WAY</b>	T1	PV
<b>NATAZIA</b>	T9	
<b>NECON 0.5/35 (28)</b>	T1	PV
<b>NEW DAY</b>	T1	PV
<b>NEXT CHOICE ONE DOSE</b>	T1	PV
<b>NEXTSTELLIS</b>	T9	
<b>NORA-BE</b>	T1	PV
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	T1	PV
<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
<b>NORLYDA</b>	T1	PV
<b>NORTREL 0.5/35 (28)</b>	T1	PV
<b>NORTREL 1/35 (28)</b>	T1	PV
<b>NORTREL 7/7/7</b>	T1	PV
<b>NUVARING</b>	T9	
<b>OCELLA</b>	T1	PV
<b>OPCICON ONE-STEP</b>	T1	PV
<b>OPTION 2</b>	T1	PV
<b>PLAN B ONE-STEP</b>	T1	

Medication	Coverage Level	Restrictions
PORTIA-28	T1	PV
PREVIFEM	T1	PV
QUARTETTE	T9	
RECLIPSEN	T1	PV
RIVELSA	T9	
SAFYRAL	T9	
SEASONIQUE	T9	
SHAROBEL	T1	PV
SLYND	T9	
SPRINTEC 28	T1	PV
SRONYX	T1	PV
TAKE ACTION	T1	
TAYTULLA	T9	
TRI-ESTARYLLA	T1	PV
TRI-LEGEST FE	T1	PV
TRI-LINYAH	T1	PV
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-NORINYL (28)	T3	PV
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TULANA	T1	PV
TWIRLA	T9	
TYDEMY	T9	
VELIVET	T1	PV
XULANE	T2	PV
YASMIN 28	T9	
YAZ	T9	
ZOVIA 1/35E (28)	T1	PV
<b><i>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</i></b>		
<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)
<b>GLYXAMBI</b>	T2	PA; QL (30 tablets per 30 days)
<b>JANUMET</b>	T2	QL (60 tablets per 30 days)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG</b>	T2	QL (30 tablets per 30 days)
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG</b>	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
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)
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)
<b>Estrogen Agonist-Antagonists</b>		
<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	
SOLTAMOX	T9	
<i>tamoxifen citrate oral</i>	T1	
<i>toremifene citrate</i>	T4	ST; SP (Max day supply up to 31 days.); QL (30 tablets per 30 days)
<b>Estrogens</b>		
ACTIVELLA	T3	
ALORA	T2	
ALTAVERA	T1	PV
<i>alyacen 1/35</i>	T1	PV
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
ANNOVERA	T9	
APRI	T1	PV



Medication	Coverage Level	Restrictions
AUBRA	T1	PV
AUBRA EQ	T1	PV
AVIANE	T1	PV
AYUNA	T1	PV
AZURETTE	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	PV
BEYAZ	T9	
BIJUVA	T9	
BLISOVI 24 FE	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CLIMARA	T9	
CLIMARA PRO	T9	
COMBIPATCH	T2	
COVARYX	T9	
COVARYX HS	T9	
CRYSSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYCLAFEM 7/7/7	T1	PV
DELESTROGEN	T3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1	
DUAVEE	T3	QL (31 tablets per 31 days)
ELESTRIN	T3	ST
ELURYNG	T2	PV; QL (1 ring per 28 days)
ENPRESSE-28	T1	PV
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal</i>	T1	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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>	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
<b>ESTRING</b>	T3	
<b>ESTROGEL</b>	T2	QL (50 GM per 31 days)
<b>ESTROSTEP FE</b>	T3	PV
<i>etonogestrel-ethinyl estradiol</i>	T2	PV; QL (1 ring per 28 days)
<b>EVAMIST</b>	T2	
<b>FALMINA</b>	T1	PV
<b>FAYOSIM</b>	T9	
<b>FEMHRT LOW DOSE</b>	T3	
<b>FEMRING</b>	T3	
<b>GEMMILY</b>	T9	
<b>GENERESS FE</b>	T9	
<b>GIANVI</b>	T1	PV
<b>GILDESS FE 1.5/30</b>	T1	PV
<b>GILDESS FE 1/20</b>	T1	PV
<b>HAILEY 24 FE</b>	T1	PV
<b>HAILEY FE 1.5/30</b>	T1	PV
<b>IMVEXXY STARTER PACK</b>	T9	
<b>JINTELI</b>	T1	
<b>JOLESSA</b>	T1	PV
<b>JUNEL 1.5/30</b>	T1	PV
<b>JUNEL 1/20</b>	T1	PV
<b>JUNEL FE 1.5/30</b>	T1	PV
<b>JUNEL FE 1/20</b>	T1	PV
<b>JUNEL FE 24</b>	T1	PV
<b>KAITLIB FE</b>	T9	
<b>KARIVA</b>	T1	PV
<b>KELNOR 1/35</b>	T1	PV
<b>KURVELO</b>	T1	PV
<b>LARIN 24 FE</b>	T1	PV
<b>LAYOLIS FE</b>	T9	
<i>levonorgest-eth est &amp; eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg</i>	T1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1	PV

Medication	Coverage Level	Restrictions
LEVORA 0.15/30 (28)	T1	PV
LILLOW	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	
LOW-OGESTREL	T1	PV
LUTERA	T1	PV
<i>marlissa</i>	T1	PV
MELODETTA 24 FE	T9	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MIBELAS 24 FE	T9	
MICROGESTIN 1.5/30	T1	PV
MICROGESTIN 1/20	T1	PV
MICROGESTIN FE 1.5/30	T1	PV
MICROGESTIN FE 1/20	T1	PV
MIMVEY	T1	
MIMVEY LO	T1	
MINASTRIN 24 FE	T9	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T3	
MIRCETTE	T9	
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 lifetimes)
NATAZIA	T9	
NECON 0.5/35 (28)	T1	PV
NEXTSTELLIS	T9	
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	T1	PV
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	T1	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	

Medication	Coverage Level	Restrictions
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	PV
<b>NORTREL 0.5/35 (28)</b>	T1	PV
<b>NORTREL 1/35 (28)</b>	T1	PV
<b>NORTREL 7/7/7</b>	T1	PV
<b>NUVARING</b>	T9	
<b>OCELLA</b>	T1	PV
<b>ORIAHNN</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (56 capsules per 28 days)
<b>PORTIA-28</b>	T1	PV
<b>PREFEST</b>	T3	
<b>PREMARIN ORAL</b>	T2	QL (30 EA per 30 days)
<b>PREMARIN VAGINAL</b>	T3	ST
<b>PREMPHASE</b>	T2	
<b>PREMPRO</b>	T2	
<b>PREVIFEM</b>	T1	PV
<b>QUARTETTE</b>	T9	
<b>RECLIPSEN</b>	T1	PV
<b>RIVELSA</b>	T9	
<b>SAFYRAL</b>	T9	
<b>SEASONIQUE</b>	T9	
<b>SPRINTEC 28</b>	T1	PV
<b>SRONYX</b>	T1	PV
<b>TAYTULLA</b>	T9	
<b>TRI-ESTARYLLA</b>	T1	PV
<b>TRI-LEGEST FE</b>	T1	PV
<b>TRI-LINYAH</b>	T1	PV
<b>TRI-LO-ESTARYLLA</b>	T1	PV
<b>TRI-LO-SPRINTEC</b>	T1	PV
<b>TRI-NORINYL (28)</b>	T3	PV
<b>TRI-PREVIFEM</b>	T1	PV
<b>TRI-SPRINTEC</b>	T1	PV
<b>TRIVORA (28)</b>	T1	PV
<b>TWIRLA</b>	T9	
<b>TYDEMY</b>	T9	
<b>VAGIFEM VAGINAL TABLET 10 MCG</b>	T3	
<b>VELIVET</b>	T1	PV
<b>VIVELLE-DOT</b>	T3	
<b>XULANE</b>	T2	PV

Medication	Coverage Level	Restrictions
YASMIN 28	T9	
YAZ	T9	
YUVAFEM	T1	
ZOVIA 1/35E (28)	T1	PV
<b>Glycogenolytic Agents</b>		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN	T2	QL (2 kits per 30 Days)
GVOKE PFS	T2	QL (2 kits per 30 Days)
ZEGALOGUE	T3	QL (2 kits per 30 days)
<b>Gonadotropins</b>		
<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	SP (Limited to a 1 month supply per fill )
MENOPUR	T2	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T1	
SYNAREL	T9	
<b>Incretin Mimetics</b>		
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) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T2	QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	QL (3 ML per 28 Days)

Medication	Coverage Level	Restrictions
RYBELSUS	T9	
SAXENDA	BE	
SOLIQUA	T3	QL (15 ML per 25 days)
TRULICITY	T2	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
WEGOVY	Non-Formulary	
XULTOPHY	T3	QL (15 ML per 30 days)
<b>Intermediate-Acting Insulins</b>		
HUMULIN 70/30	T1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN N	T1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST
<b>Leptins</b>		
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill)
<b>Long-Acting Insulins</b>		
BASAGLAR KWIKPEN	T9	
<i>insulin glargine-yfgn</i>	T9	
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
SEMGLEE	T9	
SEMGLEE (YFGN)	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)
<b>Meglitinides</b>		
<i>nateglinide</i>	T1	
PRANDIN ORAL TABLET 1 MG, 2 MG	T3	

Medication	Coverage Level	Restrictions
<i>repaglinide</i>	T1	
<b>STARLIX</b>	T3	
<b>Parathyroid Agents</b>		
<b>FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML</b>	T9	
<b>NATPARA</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<i>teriparatide (recombinant)</i>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>TYMLOS</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (1 pen per 30 days)
<b>Parathyroid And Antiparathyroid Agents</b>		
<b>FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML</b>	T9	
<b>Pituitary</b>		
<b>ACTHAR</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>DDAVP ORAL</b>	T3	
<b>DDAVP RHINAL TUBE</b>	T3	
<i>desmopressin ace spray refrig</i>	T2	ST
<i>desmopressin acetate injection</i>	T3	
<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
<b>GENOTROPIN</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>GENOTROPIN MINIQUICK</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG</b>	T9	
<b>NOCDURNA</b>	T9	
<b>NOCTIVA</b>	T9	
<b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T9	

Medication	Coverage Level	Restrictions
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ( )
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	T9	SP ( )
SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG	T9	SP ( )
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill )
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	T5	PA; SP (Limited to a 1 month supply per fill )
STIMATE	T4	SP (Limited to a 1 month supply per fill )
ZOMACTON	T9	
ZORBTIVE	T5	PA; SP (Limited to a 1 month supply per fill )
<b>Progestins</b>		
ACTIVELLA	T3	
AFTERA	T1	
ALTAVERA	T1	PV
<i>alyacen 1/35</i>	T1	PV
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
ANNOVERA	T9	
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV
AVIANE	T1	PV
AYGESTIN	T3	
AYUNA	T1	PV
AZURETTE	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	PV
BEYAZ	T9	
BIJUVA	T9	
BLISOVI 24 FE	T1	PV
CAMILA	T1	PV
CAMRESE	T1	PV



Medication	Coverage Level	Restrictions
CAMRESE LO	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CLIMARA PRO	T9	
COMBIPATCH	T2	
CRINONE VAGINAL GEL 4 %	T9	SP ( )
CRINONE VAGINAL GEL 8 %	T9	SP ( )
CRYSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYCLAFEM 7/7/7	T1	PV
DEBLITANE	T1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV
ECONTRA EZ	T1	PV
ECONTRA ONE-STEP	T1	PV
ELLA	T1	
ELURYNG	T2	PV; QL (1 ring per 28 days)
ENDOMETRIN	T4	SP (Max day supply up to 31 days.)
ENPRESSE-28	T1	PV
ERRIN	T1	PV
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
ESTROSTEP FE	T3	PV
<i>etonogestrel-ethinyl estradiol</i>	T2	PV; QL (1 ring per 28 days)
FALMINA	T1	PV
FAYOSIM	T9	
FEMHRT LOW DOSE	T3	
GEMMILY	T9	
GENERESS FE	T9	
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
JENCYCLA	T1	PV
JINTELI	T1	
JOLESSA	T1	PV
JUNEL 1.5/30	T1	PV

Medication	Coverage Level	Restrictions
<b>JUNEL 1/20</b>	T1	PV
<b>JUNEL FE 1.5/30</b>	T1	PV
<b>JUNEL FE 1/20</b>	T1	PV
<b>JUNEL FE 24</b>	T1	PV
<b>KAITLIB FE</b>	T9	
<b>KARIVA</b>	T1	PV
<b>KELNOR 1/35</b>	T1	PV
<b>KURVELO</b>	T1	PV
<b>LARIN 24 FE</b>	T1	PV
<b>LAYOLIS FE</b>	T9	
<i>levonorgest-eth est &amp; eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg</i>	T1	PV
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1	PV
<b>LEVORA 0.15/30 (28)</b>	T1	PV
<b>LILLOW</b>	T1	PV
<b>LO LOESTRIN FE</b>	T3	ST
<b>LOESTRIN 1.5/30 (21)</b>	T9	
<b>LOESTRIN FE 1.5/30</b>	T3	PV
<b>LOESTRIN FE 1/20</b>	T2	PV
<b>LOSEASONIQUE</b>	T9	
<b>LOW-OGESTREL</b>	T1	PV
<b>LUTERA</b>	T1	PV
<b>LYZA</b>	T1	PV
<i>marlissa</i>	T1	PV
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV
<i>medroxyprogesterone acetate oral</i>	T1	
<b>MEGACE ES</b>	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	
<b>MELODETTA 24 FE</b>	T9	
<b>MIBELAS 24 FE</b>	T9	
<b>MICROGESTIN 1.5/30</b>	T1	PV
<b>MICROGESTIN 1/20</b>	T1	PV
<b>MICROGESTIN FE 1.5/30</b>	T1	PV
<b>MICROGESTIN FE 1/20</b>	T1	PV

Medication	Coverage Level	Restrictions
MIMVEY	T1	
MIMVEY LO	T1	
MINASTRIN 24 FE	T9	
MIRCETTE	T9	
MY CHOICE	T1	PV
MY WAY	T1	PV
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 lifetimes)
NATAZIA	T9	
NECON 0.5/35 (28)	T1	PV
NEW DAY	T1	PV
NEXT CHOICE ONE DOSE	T1	PV
NEXTSTELLIS	T9	
NORA-BE	T1	PV
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	T1	PV
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	T1	PV
<i>norethindrone oral</i>	T1	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	
<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
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
NUVARING	T9	
OCELLA	T1	PV
OPCICON ONE-STEP	T1	PV
OPTION 2	T1	PV
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill ); QL (56 capsules per 28 days)
PLAN B ONE-STEP	T1	
PORTIA-28	T1	PV
PREFEST	T3	

Medication	Coverage Level	Restrictions
PREMPHASE	T2	
PREMPRO	T2	
PREVIFEM	T1	PV
<i>progesterone intramuscular</i>	T1	
<i>progesterone oral</i>	T1	
PROMETRIUM	T3	
PROVERA	T3	
QUARTETTE	T9	
RECLIPSEN	T1	PV
RIVELSA	T9	
SAFYRAL	T9	
SEASONIQUE	T9	
SHAROBEL	T1	PV
SLYND	T9	
SPRINTEC 28	T1	PV
SRONYX	T1	PV
TAKE ACTION	T1	
TAYTULLA	T9	
TRI-ESTARYLLA	T1	PV
TRI-LEGEST FE	T1	PV
TRI-LINYAH	T1	PV
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-NORINYL (28)	T3	PV
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TULANA	T1	PV
TWIRLA	T9	
TYDEMY	T9	
VELIVET	T1	PV
XULANE	T2	PV
YASMIN 28	T9	
YAZ	T9	
ZOVIA 1/35E (28)	T1	PV
<b><i>Rapid-Acting Insulins</i></b>		
ADMELOG	T3	ST
ADMELOG SOLOSTAR	T3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT	T3	ST

Medication	Coverage Level	Restrictions
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	
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 &amp; 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 &amp; aspart</i>	T3	ST
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot &amp; lispro</i>	T9	
<i>insulin lispro subcutaneous solution</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	
<b>Short-Acting Insulins</b>		
HUMULIN 70/30	T1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	

Medication	Coverage Level	Restrictions
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
<b>Sodium-Gluc Cotransport 2 (SglT2) Inhib</b>		
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)
<b>Somatostatin Agonists</b>		
BYNFEZIA PEN	T9	
MYCAPSSA	T9	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill )

Medication	Coverage Level	Restrictions
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill )
<b>SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML</b>	T5	SP (Max of 31 days per dispensing. )
<b>SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<b>SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ML, 0.9 MG/ML</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>SOMATULINE DEPOT</b>	T4	SP (Limited to a 1 month supply per fill )
<b><i>Somatotropin Agonists</i></b>		
<b>GENOTROPIN</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>GENOTROPIN MINIQUICK</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG</b>	T9	
<b>INCRELEX</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T9	
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T9	SP ( )
<b>SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG</b>	T9	SP ( )
<b>SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG</b>	T9	SP ( )
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 6 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>ZOMACTON</b>	T9	

Medication	Coverage Level	Restrictions
ZORBTIVE	T5	PA; SP (Limited to a 1 month supply per fill )
<b>Somatotropin Antagonists</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	T4	PA; SP (Limited to a 1 month supply per fill )
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG, 25 MG, 30 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG	T4	PA; SP (Limited to a 1 month supply per fill )
<b>Sulfonylureas</b>		
AMARYL	T3	
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	
<b>Thiazolidinediones</b>		
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	
<b>Thyroid Agents</b>		
ARMOUR THYROID	T2	
CYTOMEL	T3	
EUTHYROX	T3	



Medication	Coverage Level	Restrictions
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</i>	T5	SP (Max of 31 days per dispensing.)
<i>levothyroxine sodium intravenous solution reconstituted 200 mcg</i>	T1	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1	
<b>LEVOXYL</b>	T1	
<i>liothyronine sodium oral</i>	T1	
<i>np thyroid</i>	T1	
<b>SYNTHROID</b>	T3	
<b>THYQUIDITY</b>	T9	
<b>THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)</b>	T2	
<b>THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)</b>	T2	
<b>THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)</b>	T2	
<b>THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)</b>	T2	
<b>THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)</b>	T2	
<b>TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</b>	T9	
<b>TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML</b>	T9	
<b>UNITHROID</b>	T1	
<b>WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG</b>	T1	
<b>Local Anesthetics (Parenteral)</b>		
<i>Local Anesthetics (Parenteral)</i>		
<b>ZTLIDO</b>	T9	
<b>Miscellaneous Therapeutic Agents</b>		
<b>5-Alpha-Reductase Inhibitors</b>		
<b>AVODART</b>	T3	
<i>dutasteride oral</i>	T1	QL (30 capsules per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
<i>finasteride oral tablet 1 mg</i>	T9	
<i>finasteride oral tablet 5 mg</i>	T1	
<b>JALYN</b>	T3	ST
<b>PROPECIA</b>	T9	
<b>PROSCAR</b>	T3	

Medication	Coverage Level	Restrictions
<b>Alcohol Deterrents</b>		
<b>ANTABUSE</b>	T3	
<i>disulfiram oral</i>	T1	
<i>naltrexone hcl oral</i>	T1	
<b>Antidotes</b>		
<i>acetylcysteine inhalation</i>	T1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<b>BAQSIMI ONE PACK</b>	T2	QL (2 devices per 30 Days)
<b>BAQSIMI TWO PACK</b>	T2	QL (2 devices per 30 Days)
<b>CHEMET</b>	T4	
<b>FOSRENOL ORAL PACKET</b>	T5	SP (Max of 31 days per dispensing. ); QL (180 packets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (90 tablets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 500 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (210 tablets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 750 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (150 tablets per 30 days)
<b>GLUCAGEN HYPOKIT</b>	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
<b>GVOKE HYPOPEN</b>	T2	QL (2 kits per 30 Days)
<b>GVOKE PFS</b>	T2	QL (2 kits per 30 Days)
<b>KIONEX ORAL SUSPENSION</b>	T1	
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Max of 31 days per dispensing. ); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Max of 31 days per dispensing. ); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Max of 31 days per dispensing. ); QL (150 tablets per 30 days)
<i>leucovorin calcium oral</i>	T1	
<b>MEPHYTON</b>	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))

Medication	Coverage Level	Restrictions
<i>naloxone hcl injection solution prefilled syringe</i>	T1	QL (2 Vials/Syringes per 365 Day(s))
<i>naltrexone hcl oral</i>	T1	
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)
<b>RENAGEL ORAL TABLET 800 MG</b>	T5	ST; SP (Max of 31 days per dispensing. ); QL (180 tablets per 30 days)
<b>REVELA</b>	T9	
<i>sevelamer carbonate oral packet</i>	T5	SP (Max of 31 days per dispensing. )
<i>sevelamer carbonate oral tablet</i>	T4	SP (Max of 31 days per dispensing. ); QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (Max of 31 days per dispensing. ); QL (180 tablets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<b>SPS</b>	T1	
<b>VISTOGARD</b>	T4	SP (Max of 31 days per dispensing. ); QL (20 packets per 5 days)
<b>ZEGALOGUE</b>	T3	QL (2 kits per 30 days)
<b>Antigout Agents</b>		
<i>allopurinol oral</i>	T1	
<b>ANAPROX DS</b>	T3	
<i>colchicine oral</i>	T2	QL (120 capsules per 30 days)
<i>colchicine-probenecid</i>	T1	
<b>COLCRYS</b>	T9	
<b>EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG</b>	T3	
<i>febuxostat</i>	T2	ST
<b>GLOPERBA</b>	T9	
<b>INDOCIN ORAL</b>	T9	
<b>INDOCIN RECTAL</b>	T9	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<b>MITIGARE</b>	T9	
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG</b>	T9	
<b>NAPROSYN ORAL TABLET 250 MG, 500 MG</b>	T3	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	

Medication	Coverage Level	Restrictions
<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	
<b>ULORIC</b>	T3	ST
<b>ZYLOPRIM</b>	T3	
<b>Antisense Oligonucleotides</b>		
<b>EXONDYS 51</b>	T9	
<b>TEGSEDI</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 30 days)
<b>VILTEPSO</b>	T9	
<b>Bone Anabolic Agents</b>		
<b>FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML</b>	T9	
<b>NATPARA</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<i>teriparatide (recombinant)</i>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>TYMLOS</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (1 pen per 30 days)
<b>Bone Resorption Inhibitors</b>		
<b>ACTONEL ORAL TABLET 150 MG</b>	T3	QL (1 tablets per 30 days)
<b>ACTONEL ORAL TABLET 30 MG, 35 MG, 5 MG</b>	T3	
<i>alendronate sodium</i>	T1	
<b>ALORA</b>	T2	
<b>AELVIA</b>	T3	
<b>BINOSTO</b>	T3	ST
<b>BONIVA ORAL TABLET 150 MG</b>	T3	
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	
<b>CLIMARA</b>	T9	
<b>DELESTROGEN</b>	T3	
<b>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM</b>	T2	QL (30 GM per 30 days)
<b>DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM</b>	T2	QL (30 packets per 30 Days)
<b>DOTTI</b>	T1	
<b>ELESTRIN</b>	T3	ST
<b>ESTRACE ORAL</b>	T3	

Medication	Coverage Level	Restrictions
<b>ESTRACE VAGINAL</b>	T9	
<i>estradiol implant pellet 6 mg</i>	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>	T2	
<b>ESTRING</b>	T3	
<b>ESTROGEL</b>	T2	QL (50 GM per 31 days)
<i>etidronate disodium oral tablet 200 mg</i>	T3	ST
<b>EVAMIST</b>	T2	
<b>EVISTA</b>	T3	
<b>FEMRING</b>	T3	
<b>FOSAMAX ORAL TABLET 70 MG</b>	T3	
<b>FOSAMAX PLUS D</b>	T3	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral</i>	T1	
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG</b>	T2	
<b>MENOSTAR</b>	T3	QL (4 patches per 28 days)
<b>MIACALCIN NASAL</b>	T3	
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	T3	
<b>PREMARIN ORAL</b>	T2	QL (30 EA per 30 days)
<b>PREMARIN VAGINAL</b>	T3	ST
<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</i>	T4	ST
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
<b>VAGIFEM VAGINAL TABLET 10 MCG</b>	T3	
<b>VIVELLE-DOT</b>	T3	
<b>YUVAFEM</b>	T1	
<b>Carbonic Anhydrase Inhibitors (Misc.)</b>		
<b>KEVEYIS</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>Cariostatic Agents</b>		
<b>DENTA 5000 PLUS</b>	T1	
<b>DENTAGEL</b>	T1	

Medication	Coverage Level	Restrictions
<b>FLORIVA ORAL LIQUID</b>	T9	
<b>FLORIVA ORAL TABLET CHEWABLE 0.5 MG</b>	T9	
<b>FLORIVA PLUS</b>	T9	
<b>FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE</b>	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	
<b>MYKIDZ IRON FL</b>	T9	
<b>POLY-VI-FLOR ORAL TABLET CHEWABLE</b>	T9	
<b>PREVIDENT</b>	T3	
<b>PREVIDENT 5000 ORTHO DEFENSE</b>	T3	
<b>PREVIDENT 5000 PLUS</b>	T3	
<b>QUFLORA FE</b>	T9	
<b>QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML</b>	T9	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental gel</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 mouth/throat</i>	T1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	
<b>TRI-VI-FLOR</b>	T9	
<b>Complement Inhibitors</b>		
<b>BERINERT</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>EMPAVELI</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>FIRAZYR</b>	T9	SP ( )
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT</b>	T5	PA; SP (Limited to a 1 month supply per fill )

Medication	Coverage Level	Restrictions
<i>icatibant acetate</i>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (3 syinges per 1 fill); AL
<b>KALBITOR</b>	T5	PA; SP (Limited to a 1 month supply per fill ); AL
<b>ORLADEYO</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL
<b>RUCONEST</b>	T9	
<b>SAJAZIR</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 1 fill); AL
<b>TAKHZYRO</b>	T4	PA; SP (Limited to a 1 month supply per fill )
<b><i>Disease-Modifying Antirheumatic Agents</i></b>		
<b>ACTEMRA ACTPEN</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
<b>ACTEMRA SUBCUTANEOUS</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (4 syringes per 28 days)
<b>ARAVA ORAL TABLET 10 MG</b>	T5	SP (Max of 31 days per dispensing. )
<b>ARAVA ORAL TABLET 20 MG</b>	T5	
<b>AVSOLA</b>	T9	
<b>AZASAN</b>	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T3	
<i>azathioprine oral tablet 50 mg</i>	T1	
<b>AZULFIDINE</b>	T3	
<b>AZULFIDINE EN-TABS</b>	T3	
<b>CIMZIA PREFILLED</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (2 syringes per 28 days)
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	T9	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
<b>DEPEN TITRATABS</b>	T9	
<i>d-penamime</i>	T4	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>ENBREL MINI</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 Auto-injectors per 28 days)
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T1	
<b>GENGRAF ORAL SOLUTION</b>	T1	
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
<b>HUMIRA PEN-PEDIATRIC UC START</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 2 yearss)
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
<b>HUMIRA PEN-PSOR/UEVIT STARTER</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.4ML, 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)



<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
<b>IMURAN</b>	T3	
<b>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SP (Max of 31 days per dispensing.)
<i>leflunomide oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<b>NEORAL</b>	T3	
<b>OLUMIANT ORAL TABLET 1 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>OLUMIANT ORAL TABLET 2 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ORENCIA CLICKJECT</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
<b>OTEZLA ORAL TABLET</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year)
<b>OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML</b>	T9	
<i>penicillamine oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>PLAQUENIL</b>	T3	
<b>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</b>	T9	
<b>REDITREX</b>	T3	ST
<b>REMICADE</b>	T9	
<b>RIDAURA</b>	T2	
<b>RINVOQ</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>SANDIMMUNE ORAL</b>	T3	
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
<i>sulfasalazine oral</i>	T1	
<b>TREXALL</b>	T3	ST
<b>XATMEP</b>	T3	AL
<b>XELJANZ ORAL SOLUTION</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
<b>XELJANZ ORAL TABLET</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>Immunomodulatory Agents</b>		
<b>ACTEMRA ACTPEN</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
<b>ACTEMRA SUBCUTANEOUS</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (4 syringes per 28 days)
<b>ARAVA ORAL TABLET 10 MG</b>	T5	SP (Max of 31 days per dispensing. )
<b>ARAVA ORAL TABLET 20 MG</b>	T5	
<b>AUBAGIO</b>	T5	ST; SP (Limited to a 1 month supply per fill )
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	T4	ST; SP (Limited to a 1 month supply per fill )
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	T4	ST; SP (Limited to a 1 month supply per fill )
<b>AVSOLA</b>	T9	
<b>AZASAN</b>	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T3	
<i>azathioprine oral tablet 50 mg</i>	T1	
<b>AZULFIDINE</b>	T3	
<b>AZULFIDINE EN-TABS</b>	T3	
<b>BAFIERTAM</b>	T9	
<b>BETASERON SUBCUTANEOUS KIT</b>	T4	ST; SP (Limited to a 1 month supply per fill )
<b>CIMZIA PREFILLED</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (2 syringes per 28 days)
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T9	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
<i>dimethyl fumarate oral</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.)

Medication	Coverage Level	Restrictions
<i>dimethyl fumarate starter pack</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.)
<b>ENBREL MINI</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
<b>ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 Auto-injectors per 28 days)
<b>ENSPRYNG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
<b>EXTAVIA SUBCUTANEOUS KIT</b>	T5	ST; SP (Limited to a 1 month supply per fill)
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T1	
<b>GENGRAF ORAL SOLUTION</b>	T1	
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	T4	ST; SP (Limited to a 1 month supply per fill)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.)
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)

Medication	Coverage Level	Restrictions
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)
<b>HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML &amp; 40MG/0.4ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
<b>HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
<b>HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
<b>HUMIRA PEN-PEDIATRIC UC START</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 2 yearss)
<b>HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
<b>HUMIRA PEN-PSOR/UEVIT STARTER</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.4ML, 40 MG/0.8ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
<b>IMURAN</b>	T3	
<b>INTRON A INJECTION SOLUTION 10000000 UNIT/ML</b>	T4	SP (Limited to a 1 month supply per fill)
<b>INTRON A INJECTION SOLUTION 6000000 UNIT/ML</b>	T4	SP (Limited to a 1 month supply per fill)
<b>INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT</b>	T4	SP (Limited to a 1 month supply per fill)
<b>INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT</b>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<b>KESIMPTA</b>	T4	ST; SP (Limited to a 1 month supply per fill. Allowed 3 pens for first fill only.); QL (1 pen per 28 days)
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SP (Max of 31 days per dispensing.)
<i>leflunomide oral</i>	T1	
<b>LEMTRADA</b>	T9	
<b>MAYZENT ORAL TABLET 0.25 MG</b>	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>MAYZENT ORAL TABLET 2 MG</b>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG</b>	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<b>NEORAL</b>	T3	
<b>ORENCIA CLICKJECT</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
<b>OTEZLA ORAL TABLET</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year)
<b>PLAQUENIL</b>	T3	
<b>PLEGRIDY</b>	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)
<b>PLEGRIDY STARTER PACK</b>	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)

Medication	Coverage Level	Restrictions
POMALYST ORAL CAPSULE 1 MG, 3 MG	T5	PA; SP (Limited to a 1 month supply per fill )
POMALYST ORAL CAPSULE 2 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill )
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill )
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4	ST; SP (Limited to a 1 month supply per fill ); QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4	ST; SP (Limited to a 1 month supply per fill ); QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REMICADE	T9	
REVLIMID ORAL CAPSULE 10 MG, 20 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 25 MG, 5 MG	T4	SP (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days)
RIDAURA	T2	
SANDIMMUNE ORAL	T3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill ); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
<i>sulfasalazine oral</i>	T1	

Medication	Coverage Level	Restrictions
<b>TECFIDERA</b>	T5	ST; SP (Limited to a 1 month supply per fill)
<b>THALOMID</b>	T4	SP (Max of 31 days per dispensing. )
<b>TREXALL</b>	T3	ST
<b>VUMERITY</b>	T9	
<b>VUMERITY (STARTER)</b>	T9	
<b>XATMEP</b>	T3	AL
<b>ZEPOSIA</b>	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ZEPOSIA 7-DAY STARTER PACK</b>	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ZEPOSIA STARTER KIT</b>	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b><i>Immunosuppressive Agents</i></b>		
<b>ARAVA ORAL TABLET 10 MG</b>	T5	SP (Max of 31 days per dispensing. )
<b>ARAVA ORAL TABLET 20 MG</b>	T5	
<b>ASTAGRAF XL</b>	T5	ST; SP (Max of 31 days per dispensing. )
<b>AZASAN</b>	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T3	
<i>azathioprine oral tablet 50 mg</i>	T1	
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (4 ML per 28 days)
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
<b>CELLCEPT</b>	T3	
<i>cyclophosphamide oral</i>	T3	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
<b>ELIDEL</b>	T3	ST; QL (30 GM per 30 days)
<b>ENVARUS XR</b>	T3	ST
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T1	
<b>GENGRAF ORAL SOLUTION</b>	T1	



Medication	Coverage Level	Restrictions
<b>IMURAN</b>	T3	
<i>leflunomide oral</i>	T1	
<b>LUPKYNIS</b>	T5	PA; SP (Limited to a one month supply per fill ); QL (180 capsules per 30 days)
<b>MAVENCLAD (10 TABS)</b>	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment. ); QL (20 tablets per 1 year)
<b>MAVENCLAD (4 TABS)</b>	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment. ); QL (20 tablets per 1 year)
<b>MAVENCLAD (5 TABS)</b>	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment. ); QL (20 tablets per 1 year)
<b>MAVENCLAD (6 TABS)</b>	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment. ); QL (20 tablets per 1 year)
<b>MAVENCLAD (7 TABS)</b>	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment. ); QL (20 tablets per 1 year)
<b>MAVENCLAD (8 TABS)</b>	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment. ); QL (20 tablets per 1 year)
<b>MAVENCLAD (9 TABS)</b>	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment. ); 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 oral</i>	T1	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG</b>	T3	QL (240 tablets per 30 days)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG</b>	T3	QL (120 tablets per 30 days)
<b>NEORAL</b>	T3	

Medication	Coverage Level	Restrictions
<i>pimecrolimus</i>	T1	ST; QL (30 GM per 30 days)
<b>PROGRAF ORAL CAPSULE</b>	T3	
<b>PROGRAF ORAL PACKET</b>	T3	AL
<b>PROTOPIC EXTERNAL OINTMENT 0.03 %</b>	T3	ST; QL (30 GM per 230 days)
<b>PROTOPIC EXTERNAL OINTMENT 0.1 %</b>	T3	ST; QL (30 GM per 30 days)
<b>PURIXAN</b>	T5	SP (Max of 31 days per dispensing. )
<b>RAPAMUNE</b>	T5	SP (Max of 31 days per dispensing. )
<b>SANDIMMUNE ORAL</b>	T3	
<i>sirolimus oral</i>	T4	SP (Max of 31 days per dispensing. )
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
<i>tacrolimus oral</i>	T1	
<b>TREXALL</b>	T3	ST
<b>XATMEP</b>	T3	AL
<b>ZORTRESS</b>	T5	SP (Max of 31 days per dispensing. )
<b><i>Other Miscellaneous Therapeutic Agents</i></b>		
<b>AMPYRA</b>	T9	
<b>ANIMI-3</b>	T9	
<b>ARCALYST</b>	T4	SP (Max of 31 days per dispensing. )
<i>bp vit 3</i>	T9	
<b>CARDIOVID PLUS</b>	T9	
<b>CARNITOR ORAL</b>	T3	
<b>CARNITOR SF</b>	T3	
<b>CARTICEL</b>	T9	
<b>CERDELGA</b>	T4	SP (Max of 31 days per dispensing. ); QL (60 capsules per 30 days)
<b>CITRANATAL 90 DHA ORAL 90-1 &amp; 300 MG</b>	T3	QL (30 capsules per 30 days)
<b>CITRANATAL ASSURE ORAL 35-1 &amp; 300 MG</b>	T3	
<b>CITRANATAL DHA</b>	T3	
<b>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</b>	T3	
<i>coenzyme q10</i>	T9	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill )

Medication	Coverage Level	Restrictions
<b>DEMSEER</b>	T9	
<b>ELMIRON</b>	T5	SP (Max of 31 days per dispensing. ); QL (90 capsules per 30 days)
<b>ENDARI</b>	T9	
<b>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>EVOTAZ</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>EVRYSDI</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (240 ML per 30 days)
<b>FERIVA 21/7</b>	T9	
<b>FERREX 150 FORTE PLUS</b>	T9	
<b>FERREX 28</b>	T9	
<b>FIRDAPSE</b>	T9	
<b>FOLBEE AR</b>	T9	
<b>FOLET ONE</b>	T3	QL (30 capsules per 30 days)
<b>GALAFOLD</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (14 capsules per 28 days)
<b>HYALGAN INTRA-ARTICULAR SOLUTION</b>	T9	
<b>IROSPAN 24/6</b>	T9	
<b>ISTURISA ORAL TABLET 1 MG</b>	T5	PA; SP (Max of 31 days per dispensing. ); QL (120 Tablets per 30 days)
<b>ISTURISA ORAL TABLET 10 MG, 5 MG</b>	T5	PA; SP (Max of 31 days per dispensing. ); QL (60 Tablets per 30 days)
<b>KUVAN</b>	T5	PA; SP (Limited to a 1 month supply per fill )
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
<i>maca</i>	T9	
<b>METAFOLBIC PLUS</b>	T9	
<i>metyrosine</i>	T9	
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill )
<b>MONOVISC</b>	T9	
<b>MULTIGEN FOLIC</b>	T9	
<b>MULTIGEN PLUS</b>	T9	

Medication	Coverage Level	Restrictions
<b>NEEVO DHA ORAL CAPSULE 27-1.13 MG</b>	T9	
<i>neonatal + dha</i>	T9	
<b>NEXA PLUS</b>	T3	
<i>nitisinone</i>	T9	
<b>NITYR</b>	T9	
<b>ORFADIN</b>	T9	
<b>ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<b>PRENATE AM</b>	T3	
<b>PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG</b>	T3	
<b>PRENATE PIXIE</b>	T3	
<b>PREZCOBIX</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>PROCYSBI ORAL CAPSULE DELAYED RELEASE</b>	T9	
<b>RUZURGI</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP (Limited to a 1 month supply per fill )
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>SOLESTA</b>	T3	
<b>STRIBILD</b>	T4	SP (Max of 31 days per dispensing. ); QL (31 Day Supply per 1 Dispensing)
<b>SYMTUZA</b>	T4	SP (Max of 31 days per dispensing. ); QL (30 tablets per 30 days)
<b>SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>TARON-PREX</b>	T9	
<b>THIOLA</b>	T9	
<b>THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG</b>	T4	SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG</b>	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tiopronin oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
<i>tristart dha</i>	T9	
<b>TYBOST</b>	T2	QL (30 tablets per 30 days)
<b>URIBEL</b>	T9	
<b>VINATE DHA RF</b>	T3	QL (30 capsules per 30 days)
<b>VITAFOL-ONE</b>	T3	
<b>VITAPEARL</b>	T3	
<b>VITATRUE</b>	T3	
<b>XURIDEN</b>	T9	
<b>ZAVESCA</b>	T9	
<b>ZOKINVY</b>	T9	
<b>Protective Agents</b>		
<b>MESNEX ORAL</b>	T4	SP (Max of 31 days per dispensing. )
<b>Nonhormonal Contraceptives</b>		
<b>Nonhormonal Contraceptives</b>		
<b>CAYA</b>	T3	
<b>PHEXXI</b>	T9	
<b>Oxytocics</b>		
<b>Oxytocics</b>		
<b>METHERGINE ORAL</b>	T3	QL (28 tablets per 365 days)
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
<b>Pharmaceutical Aids</b>		
<b>Pharmaceutical Aids</b>		
<b>ALPAWASH</b>	T9	
<b>FREEDOM DERMA-D</b>	T9	
<b>Respiratory Tract Agents</b>		
<b>Alpha And Beta Adrenergic Agonist(Respr)</b>		
<b>ADRENALIN NASAL</b>	T9	
<b>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR</b>	T9	
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
<b>EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	T9	
<b>EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR</b>	T9	

Medication	Coverage Level	Restrictions
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
<b>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML</b>	T2	QL (4 syringes per 31 days)
<b>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML</b>	T2	QL (4 syringes per 31 Days)
<b><i>Anticholinergic Agents (Respir. Tract)</i></b>		
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<b>ATROVENT HFA</b>	T2	
<b>COMBIVENT RESPIMAT</b>	T2	QL (2 GM per 40 days)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium bromide nasal</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
<b>LONHALA MAGNAIR REFILL KIT</b>	T9	
<b>LONHALA MAGNAIR STARTER KIT</b>	T9	
<b>SEEBRI NEOHALER</b>	T3	QL (1 inhaler per 30 days)
<b>SPIRIVA HANDIHALER</b>	T2	
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT</b>	T2	QL (1 Inhaler per 30 Days)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	T2	QL (1 Inhaler per 30 days)
<b><i>Antifibrotic Agents</i></b>		
<b>ESBRIET ORAL CAPSULE</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (270 capsules per 30 days)
<b>ESBRIET ORAL TABLET 267 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (270 tablets per 30 days)
<b>ESBRIET ORAL TABLET 801 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (90 capsules per 30 days)
<b>OFEV ORAL CAPSULE 100 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 capsules per 30 days); AL
<b>OFEV ORAL CAPSULE 150 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL
<b><i>Anti-Inflammatory Agents (Respiratory)</i></b>		
<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 30 days)
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)

Medication	Coverage Level	Restrictions
<b>Antitussives</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T9	
<b>BROMFED DM</b>	T9	
<i>cheratussin ac oral syrup</i>	T1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	T1	
<b>DICOPANOL FUSEPAQ</b>	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<b>HISTEX-AC</b>	T9	
<b>HYCODAN</b>	T9	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydromet</i>	T1	
<i>maxi-tuss cd</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	
<b>TESSALON PERLES</b>	T3	
<b>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE</b>	T9	
<b>Cystic Fibrosis (Cftr) Correctors</b>		
<b>ORKAMBI ORAL PACKET</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 granules per 30 days); AL
<b>ORKAMBI ORAL TABLET 100-125 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days); AL
<b>ORKAMBI ORAL TABLET 200-125 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days); AL
<b>SYMDEKO ORAL TABLET THERAPY PACK 100-150 &amp; 150 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 tablets per 31 days)
<b>SYMDEKO ORAL TABLET THERAPY PACK 50-75 &amp; 75 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 31 days)
<b>TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 &amp; 150 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)

Medication	Coverage Level	Restrictions
<b>TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 &amp; 75 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 Days)
<b><i>Cystic Fibrosis (Cftr) Potentiators</i></b>		
<b>KALYDECO ORAL PACKET 25 MG, 75 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 packets per 30 days); AL
<b>KALYDECO ORAL PACKET 50 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 packets per 30 days); AL
<b>KALYDECO ORAL TABLET</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); AL
<b>ORKAMBI ORAL PACKET</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 granules per 30 days); AL
<b>ORKAMBI ORAL TABLET 100-125 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days); AL
<b>ORKAMBI ORAL TABLET 200-125 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days); AL
<b>SYMDEKO ORAL TABLET THERAPY PACK 100-150 &amp; 150 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 tablets per 31 days)
<b>SYMDEKO ORAL TABLET THERAPY PACK 50-75 &amp; 75 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 31 days)
<b>TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 &amp; 150 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
<b>TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 &amp; 75 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 Days)
<b><i>Expectorants</i></b>		
<i>cheratussin ac oral syrup</i>	T1	
<b><i>First Generation Antihist.(Respir Tract)</i></b>		
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>chlorpheniramine maleate er</i>	T9	
<i>clemastine fumarate oral</i>	T9	
<i>cyproheptadine hcl oral</i>	T9	
<b>DICOPANOL FUSEPAQ</b>	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	



Medication	Coverage Level	Restrictions
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE</b>	T9	
<b>PHENERGAN INJECTION SOLUTION 50 MG/ML</b>	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	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>	T1	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	T9	
<b>RYCLORA ORAL SYRUP</b>	T9	
<b>RYVENT</b>	T9	
<b>Interleukin Antagonists</b>		
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (2 syringes per 28 days)
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (2 syringes per 28 days)
<b>FASENRA PEN</b>	T4	PA; SP (Limited to 1ml (30mg) every 28 days for 3 fills); QL (1 ML per 56 days)
<b>Leukotriene Modifiers</b>		
<b>ACCOLATE</b>	T3	
<i>montelukast sodium oral</i>	T1	
<b>SINGULAIR</b>	T3	
<i>zafirlukast</i>	T1	
<i>zileuton er</i>	T5	ST; SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days); AL
<b>ZYFLO</b>	T9	
<b>ZYFLO CR</b>	T9	
<b>Mast-Cell Stabilizers</b>		
<b>ALOCRIL</b>	T3	ST
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T3	
<b>GASTROCROM</b>	T3	
<b>Mucolytic Agents</b>		
<i>acetylcysteine inhalation</i>	T1	

Medication	Coverage Level	Restrictions
<b>HYPERSAL</b>	T2	QL (240 ML per 30 days)
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (60 ampules per 30 days)
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
<b>Nasal Preparations (Steroids)</b>		
<i>azelastine-fluticasone</i>	T1	ST
<b>BECONASE AQ</b>	T9	
<i>budesonide nasal</i>	T9	
<b>DYMISTA</b>	T9	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluticasone propionate nasal</i>	T9	
<i>mometasone furoate nasal</i>	T9	
<b>NASACORT ALLERGY 24HR</b>	T3	
<b>NASONEX</b>	T9	
<b>QNASL</b>	T3	ST
<b>QNASL CHILDRENS</b>	T3	ST
<b>SINUVA</b>	T9	
<b>TICALAST</b>	T9	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
<b>XHANCE</b>	T9	
<b>Orally Inhaled Preparations (Steroids)</b>		
<b>ARMONAIR DIGIHALER</b>	T9	
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT</b>	T1	QL (1 Inhaler per 30 days); AL
<b>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	T1	QL (1 Inhaler 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)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST</b>	T1	QL (1 Inhaler per 30 Day(s)s)
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST</b>	T1	QL (1 Inhaler per 30 Day(s)s); AL
<b>FLOVENT HFA</b>	T1	QL (1 Inhaler per 30 Day(s)s)
<b>PULMICORT FLEXHALER</b>	T9	
<b>PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML</b>	T3	

Medication	Coverage Level	Restrictions
<b>PULMICORT INHALATION SUSPENSION 1 MG/2ML</b>	T3	QL (120 ML per 30 days)
<b>QVAR REDHALER</b>	T1	
<b><i>Phosphodiesterase Type 4 Inhibitors</i></b>		
<b>DALIRESP ORAL TABLET 250 MCG</b>	T3	PA; QL (1 Fill per 1 Lifetime)
<b>DALIRESP ORAL TABLET 500 MCG</b>	T3	PA
<b><i>Respiratory Tract Agents, Miscellaneous</i></b>		
<b>BRONCHITOL</b>	T9	
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (2 syringes per 30 days)
<b><i>Second Generation Antihist(Respir Tract)</i></b>		
<b>ALAVERT ORAL TABLET DISPERSIBLE</b>	T9	
<b>ALLEGRA ALLERGY</b>	T9	
<b>ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION</b>	T9	
<b>ASTEPRO NASAL SOLUTION 0.15 %</b>	T3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1	
<i>azelastine hcl ophthalmic</i>	T1	
<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>childrens loratadine oral syrup</i>	T9	
<b>CLARINEX ORAL TABLET</b>	T9	
<b>CLARITIN ORAL SYRUP</b>	T9	
<b>CLARITIN ORAL TABLET</b>	T9	
<b>CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG</b>	T9	
<i>desloratadine oral tablet</i>	T9	
<b>DYMISTA</b>	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>loratadine oral tablet</i>	T9	
<b>QUZYTIR</b>	T9	
<b>TICALAST</b>	T9	
<b>ZYRTEC ALLERGY ORAL TABLET</b>	T9	
<b><i>Select.Beta-2-Adrenergic Agonist(Respir)</i></b>		
<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)

Medication	Coverage Level	Restrictions
<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	
<b>ARCAPTA NEOHALER</b>	T3	
<i>formoterol fumarate inhalation</i>	T4	SP (Limited to a 1 month supply per fill); AL
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
<i>metaproterenol sulfate oral syrup</i>	T1	
<b>PERFOROMIST</b>	T9	
<b>PROAIR DIGIHALER</b>	T9	
<b>PROAIR HFA</b>	T9	
<b>PROAIR RESPICLICK</b>	T9	
<b>PROVENTIL HFA</b>	T9	
<b>SEREVENT DISKUS</b>	T2	
<b>STRIVERDI RESPIMAT</b>	T2	QL (1 inhaler per 30 days); AL
<i>terbutaline sulfate oral</i>	T1	
<b>VENTOLIN HFA</b>	T2	QL (2 Inhalers per 25 days)
<b>XOPENEX</b>	T3	
<b>XOPENEX CONCENTRATE</b>	T3	
<b>XOPENEX HFA</b>	T9	
<b><i>Vasodilating Agents (Respiratory Tract)</i></b>		
<b>ADCIRCA</b>	T9	SP ( )
<b>ADEMPAS ORAL TABLET 0.5 MG, 1.5 MG, 2 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (90 tablets per 30 days)
<b>ADEMPAS ORAL TABLET 1 MG, 2.5 MG</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (90 tablets per 30 days)
<i>ambrisentan</i>	T4	PA; SP (Limited to a 1 month supply per fill )
<i>bosentan</i>	T4	PA; SP (Limited to a 1 month supply per fill )
<b>LETAIRIS</b>	T9	SP ( )
<b>OPSUMIT</b>	T5	PA; SP (Limited to a 1 month supply per fill ); QL (1 tablet per 1 day)

Medication	Coverage Level	Restrictions
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days)
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days)
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>REVATIO ORAL SUSPENSION RECONSTITUTED</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<b>REVATIO ORAL TABLET</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Non-Formulary	
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<i>tadalafil (pah)</i>	T9	
<b>TRACLEER ORAL TABLET</b>	T9	SP ( )
<b>TRACLEER ORAL TABLET SOLUBLE</b>	T9	
<b>TYVASO</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>TYVASO REFILL</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>TYVASO STARTER</b>	T4	PA; SP (Limited to a 1 month supply per fill)
<b>UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1600 MCG, 400 MCG, 600 MCG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>UPTRAVI ORAL TABLET 1400 MCG, 200 MCG</b>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
UPTRAVI ORAL TABLET 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 tablets per 30 days)
VENTAVIS	T4	PA; SP (Limited to a 1 month supply per fill)
VIAGRA	BE	
<b>Xanthine Derivatives</b>		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
<b>Skin And Mucous Membrane Agents</b>		
<b>Allylamines (Skin And Mucous Membrane)</b>		
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
<b>Antibacterials (Skin, Mucous Membrane)</b>		
ACANYA	T9	
ACZONE	T9	
AKTIPAK	T9	
ALTABAX	T3	ST
AMZEEQ	T9	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
<i>benzoyl peroxide-erythromycin bp 10-1</i>	T2	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
CENTANY	T3	

Medication	Coverage Level	Restrictions
<b>CLENIA PLUS</b>	T9	
<b>CLEOCIN VAGINAL CREAM</b>	T3	
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	T9	
<b>CLEOCIN-T EXTERNAL GEL</b>	T3	
<b>CLEOCIN-T EXTERNAL LOTION</b>	T3	
<b>CLEOCIN-T EXTERNAL SOLUTION</b>	T9	
<b>CLEOCIN-T EXTERNAL SWAB</b>	T3	
<b>CLINDAGEL</b>	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>	T2	QL (50 GM per 30 days)
<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	
<b>CLINDESSE</b>	T3	ST
<b>CORTISPORIN EXTERNAL</b>	T2	
<i>dapsone external</i>	T9	
<b>DUAC</b>	T9	
<i>ery</i>	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<b>KLARON</b>	T3	
<b>METROCREAM</b>	T3	
<b>METROGEL EXTERNAL GEL</b>	T3	
<b>METROGEL-VAGINAL</b>	T3	
<b>METROLOTION</b>	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)
<b>NEO-SYNALAR EXTERNAL CREAM</b>	T9	
<b>NEUAC EXTERNAL GEL</b>	T1	QL (45 GM per 30 days)
<b>NEUAC EXTERNAL KIT</b>	T9	
<b>NORITATE</b>	T9	
<b>NUVESSA</b>	T9	

Medication	Coverage Level	Restrictions
ONEXTON	T9	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PLEXION NS	T9	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</i>	T1	
<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 10-5 %</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 pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
VANDAZOLE	T1	
VELTIN	T9	
XEPI	T9	
ZIANA	T9	
ZILXI	T9	
<b>Antifulgals (Skin, Mucous Membrane), Misc</b>		
ALA-QUIN	T3	
<i>bensal hp external ointment 3-6 %</i>	T9	
<b>Anti-Inflammatory Agents, Misc (Skin)</b>		
EUCRISA	T3	ST; QL (60 GM per 30 days)



Medication	Coverage Level	Restrictions
<b>Antipruritics And Local Anesthetics</b>		
<b>ANALPRAM-HC EXTERNAL LOTION</b>	T2	
<b>CETACAINE EXTERNAL AEROSOL</b>	T9	
<b>CORTANE-B EXTERNAL</b>	T3	
<b>DERMACINRX PRIZOPAK</b>	T9	
<i>doxepin hcl external</i>	T9	
<b>EPIFOAM</b>	T9	
<i>ethyl chloride</i>	T9	
<b>FIRST-MOUTHWASH BLM</b>	T2	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external gel 2 %</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1	
<b>LIDODERM</b>	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lidopril external kit</i>	T9	
<i>lidorx</i>	T9	
<b>LIDOTRANS 5 PAK</b>	T9	
<b>LIVIXIL PAK</b>	T9	
<b>NOVACORT EXTERNAL GEL 1-2 %</b>	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
<b>PLIAGLIS EXTERNAL CREAM</b>	T9	
<b>PRAMOSONE EXTERNAL CREAM</b>	T9	
<b>PRAMOSONE EXTERNAL LOTION 1-1 %</b>	T9	
<b>PRAMOSONE EXTERNAL LOTION 1-2.5 %</b>	T3	
<b>PRAMOSONE EXTERNAL OINTMENT</b>	T9	
<i>pramoxine-hc external cream</i>	T9	
<i>prilovix</i>	T9	
<i>prilovixil</i>	T9	
<b>PRUDOXIN</b>	T9	
<b>PYRIDIUM</b>	T3	
<b>RELADOR PAK EXTERNAL KIT</b>	T9	
<b>RELADOR PAK PLUS</b>	T9	
<b>SYNERA</b>	T9	
<b>XRYLIDERM</b>	T9	

Medication	Coverage Level	Restrictions
<b>ZONALON</b>	T9	
<b>Antivirals (Skin And Mucous Membrane)</b>		
<i>acyclovir external</i>	T9	
<b>DENAVIR</b>	T9	
<b>XERESE</b>	T9	
<b>ZOVIRAX EXTERNAL</b>	T9	
<b>Astringents</b>		
<b>DOMEBORO EXTERNAL PACKET</b>	T9	
<b>DRYSOL</b>	T1	
<b>VUSION</b>	T9	
<b>XERAC AC</b>	T1	
<b>Azoles (Skin And Mucous Membrane)</b>		
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
<i>econazole nitrate external</i>	T1	QL (90 GM per 30 days)
<b>ECOZA</b>	T9	
<b>ERTACZO</b>	T3	ST
<b>EXELDERM</b>	T3	ST
<b>EXTINA</b>	T9	
<b>GYNAZOLE-1</b>	T3	
<b>JUBLIA</b>	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)
<b>LOTRIMIN AF EXTERNAL CREAM</b>	T9	
<b>LOTRISONE EXTERNAL CREAM</b>	T3	
<i>luliconazole</i>	T9	
<b>LUZU</b>	T9	
<b>NIZORAL</b>	T3	
<b>ORAVIG</b>	T4	ST; SP (Max of 31 days per dispensing.)
<i>oxiconazole nitrate</i>	T9	
<b>OXISTAT EXTERNAL CREAM</b>	T3	ST
<b>OXISTAT EXTERNAL LOTION</b>	T9	
<i>sulconazole nitrate</i>	T3	ST
<b>TERAZOL 7</b>	T3	

Medication	Coverage Level	Restrictions
<i>terconazole vaginal cream 0.4 %</i>	T1	
<i>terconazole vaginal suppository</i>	T1	
<b>VUSION</b>	T9	
<b>XOLEGEL</b>	T9	
<b>Basic Lotions And Liniments</b>		
<i>ammonium lactate external</i>	T9	
<b>GERI-HYDROLAC 12</b>	T9	
<b>GERI-HYDROLAC 5</b>	T9	
<b>LAC-HYDRIN EXTERNAL CREAM</b>	T9	
<i>lactic acid external lotion</i>	T9	
<b>ULTRAVATE X (OINTMENT)</b>	T9	
<i>urea hydrating</i>	T9	
<b>Basic Oils And Other Solvents</b>		
<i>lactic acid e</i>	T9	
<b>Basic Ointments And Protectants</b>		
<b>ALCORTIN A</b>	T9	
<b>DERMASORB XM</b>	T9	
<i>hydrocortisone-aloe external cream 0.5 %</i>	T9	
<i>iodoquimez-hc</i>	T9	
<i>lactic acid e</i>	T9	
<b>NEUAC EXTERNAL KIT</b>	T9	
<b>VYSTONE</b>	T9	
<b>Benzylamines (Skin And Mucous Membrane)</b>		
<b>MENTAX</b>	T9	
<b>Cell Stimulants And Proliferants</b>		
<b>ALTRENO</b>	T1	QL (45 grams per 30 days); AL
<b>ATRALIN</b>	T3	ST; AL
<b>AVITA</b>	T9	
<i>clindamycin-tretinoin</i>	T3	
<b>REFISSA</b>	T9	
<b>RENOVA</b>	T9	
<b>RENOVA PUMP</b>	T9	
<b>RETIN-A</b>	T3	AL
<b>RETIN-A MICRO</b>	T3	ST
<b>RETIN-A MICRO PUMP EXTERNAL GEL 0.04 % %, 0.1 %</b>	T3	ST
<b>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % %, 0.08 %</b>	T9	
<i>tretinoin (emollient)</i>	T9	
<i>tretinoin external cream 0.025 %</i>	T1	AL

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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	
<b>TRI-LUMA</b>	T9	
<b>VELTIN</b>	T9	
<b>ZIANA</b>	T9	
<b>Corticosteroids (Skin, Mucous Membrane)</b>		
<b>ALA SCALP</b>	T9	
<i>ala-cort external cream 1 %</i>	T9	
<b>ALA-QUIN</b>	T3	
<i>alclometasone dipropionate</i>	T1	
<b>ALCORTIN A</b>	T9	
<i>amcinonide</i>	T9	
<b>ANALPRAM-HC EXTERNAL LOTION</b>	T2	
<b>ANUSOL-HC RECTAL SUPPOSITORY</b>	T9	
<b>APEXICON E</b>	T9	
<b>AQUANIL HC</b>	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 cream</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	
<i>betamethasone dipropionate external ointment</i>	T2	
<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	
<b>BRYHALI</b>	T3	ST
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Max of 31 day supply per dispensing)
<b>CAPEX</b>	T9	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate emulsion</i>	T9	
<i>clobetasol propionate external cream</i>	T1	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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)
<b>CLOBEX</b>	T3	ST; QL (118 ML per 30 days)
<b>CLOBEX SPRAY</b>	T9	
<i>clocortolone pivalate</i>	T9	
<i>clocortolone pivalate pump</i>	T9	
<b>CLODAN EXTERNAL KIT</b>	T3	
<b>CLODERM</b>	T9	
<b>CLODERM PUMP</b>	T9	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
<b>CORDRAN</b>	T9	
<b>CORTANE-B EXTERNAL</b>	T3	
<b>CORTENEMA</b>	T3	
<b>CORTISPORIN EXTERNAL</b>	T2	
<b>DERMA-SMOOTH/FS BODY</b>	T3	
<b>DERMA-SMOOTH/FS SCALP</b>	T3	
<b>DERMASORB HC</b>	T9	
<b>DERMASORB TA</b>	T9	
<b>DERMAZENE</b>	T9	
<b>DESONATE</b>	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	
<b>DESOWEN EXTERNAL CREAM</b>	T3	ST
<b>DESOWEN EXTERNAL LOTION</b>	T3	ST
<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>	T2	
<i>diflorasone diacetate external</i>	T9	
<b>DIPROLENE AF</b>	T3	

Medication	Coverage Level	Restrictions
<b>DIPROLENE EXTERNAL OINTMENT</b>	T3	
<b>DUOBRII</b>	T9	
<b>ELOCON EXTERNAL CREAM</b>	T3	
<b>ELOCON EXTERNAL OINTMENT</b>	T3	
<b>ENSTILAR</b>	T9	
<b>EPIFOAM</b>	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)
<b>HALOG</b>	T9	
<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 enema</i>	T1	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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	
<b>IMPEKLO</b>	T9	
<b>IMPOYZ</b>	T9	
<i>iodoquimez-hc</i>	T9	
<b>KENALOG EXTERNAL</b>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
<b>LOCOID EXTERNAL CREAM</b>	T9	
<b>LOCOID EXTERNAL LOTION</b>	T9	
<b>LOCOID EXTERNAL SOLUTION</b>	T3	
<b>LOCOID LIPOCREAM</b>	T9	
<b>LOTRISONE EXTERNAL CREAM</b>	T3	
<b>LUXIQ</b>	T9	
<i>mometasone furoate external</i>	T1	
<b>NEO-SYNALAR EXTERNAL CREAM</b>	T9	
<b>NOBLE FORMULA HC EXTERNAL SOLUTION</b>	T9	
<b>NOVACORT EXTERNAL GEL 1-2 %</b>	T9	
<i>nystatin-triamcinolone</i>	T1	
<b>OLUX</b>	T9	
<b>OLUX-E</b>	T9	
<b>ORALONE</b>	T3	
<b>PANDEL</b>	T9	
<b>PRAMOSONE EXTERNAL CREAM</b>	T9	
<b>PRAMOSONE EXTERNAL LOTION 1-1 %</b>	T9	
<b>PRAMOSONE EXTERNAL LOTION 1-2.5 %</b>	T3	
<b>PRAMOSONE EXTERNAL OINTMENT</b>	T9	
<i>pramoxine-hc external cream</i>	T9	
<i>prednicarbate</i>	T1	
<b>PROCTOCORT RECTAL SUPPOSITORY</b>	T9	
<b>SCALPICIN MAXIMUM STRENGTH</b>	T9	
<b>SERNIVO</b>	T9	
<b>SYNALAR</b>	T9	
<b>SYNALAR TS</b>	T9	
<b>TACLONEX EXTERNAL OINTMENT</b>	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
<b>TACLONEX EXTERNAL SUSPENSION</b>	T9	

Medication	Coverage Level	Restrictions
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	
TRI-LUMA	T9	
UCERIS RECTAL	T3	QL (2 GM per 180 days)
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
ULTRAVATE X (OINTMENT)	T9	
VANOS	T9	
VANOXIDE-HC	T9	
VERDESO	T9	
VYTONE	T9	
WYNZORA	T9	
XERESE	T9	
<b>Depigmenting Agents</b>		
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
TRI-LUMA	T9	
<b>Detergents</b>		
CLODAN EXTERNAL KIT	T3	
<b>Emollients, Demulcents, And Protectants</b>		
VUSION	T9	
<b>Hydroxypyridones (Skin, Mucous Membrane)</b>		
<i>ciclopirox external</i>	T1	



Medication	Coverage Level	Restrictions
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
<b>LOPROX EXTERNAL SHAMPOO</b>	T3	
<b><i>Keratolytic Agents</i></b>		
<b>AVAR CLEANSER</b>	T9	
<b>AVAR EXTERNAL PAD</b>	T9	
<b>AVAR LS CLEANSER</b>	T9	
<b>AVAR LS EXTERNAL PAD</b>	T9	
<b>AVAR-E EMOLLIENT</b>	T9	
<b>AVAR-E GREEN</b>	T9	
<b>AVAR-E LS</b>	T9	
<i>bensal hp</i>	T9	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
<b>CLENIA PLUS</b>	T9	
<b>DERMASORB XM</b>	T9	
<b>KERALAC EXTERNAL CREAM 47 %</b>	T9	
<b>KERALYT EXTERNAL SHAMPOO</b>	T9	
<b>PLEXION CLEANSER EXTERNAL LIQUID</b>	T9	
<b>PLEXION CLEANSING CLOTH EXTERNAL PAD</b>	T9	
<b>PLEXION EXTERNAL CREAM</b>	T9	
<b>PROMISEB</b>	T9	
<b>PROMISEB COMPLETE</b>	T9	
<i>rynoderma</i>	T9	
<b>SALEX EXTERNAL SHAMPOO</b>	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	
<b>SALVAX</b>	T9	
<i>selenium sulfide external shampoo 2.25 %</i>	T1	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
<b>SELRX</b>	T9	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</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 pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T9	
<b>SUMADAN</b>	T3	
<b>SUMADAN WASH</b>	T3	
<b>SUMAXIN</b>	T9	
<b>SUMAXIN CP</b>	T9	
<b>SUMAXIN WASH</b>	T9	
<b>ULTRASAL-ER</b>	T9	
<i>urea external cream 40 %, 45 %</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
<b>UTOPIC</b>	T9	
<b>XALIX</b>	T9	
<i>xurea</i>	T9	
<b><i>Keratoplastic Agents</i></b>		
<i>coal tar external solution</i>	T2	
<b><i>Local Anti-Infectives, Miscellaneous</i></b>		
<b>ACANYA</b>	T9	
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T2	
<b>AKTIPAK</b>	T9	
<b>ALCORTIN A</b>	T9	
<b>BENZAC AC WASH EXTERNAL LIQUID</b>	T9	
<b>BENZACLIN</b>	T9	
<b>BENZACLIN WITH PUMP</b>	T9	
<b>BENZEPRO CREAMY WASH</b>	T9	
<b>BENZEPRO EXTERNAL FOAM 5.3 %</b>	T9	
<b>BENZEPRO FOAMING CLOTHS</b>	T9	
<b>BENZEPRO SHORT CONTACT</b>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>benzoyl peroxide external foam 5.3 %, 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 8 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>bp foam external foam 9.8 %</i>	T9	
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<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>	T2	QL (50 GM per 30 days)
<b>CORTANE-B EXTERNAL</b>	T3	
<b>DERMAZENE</b>	T9	
<b>DUAC</b>	T9	
<b>EPIDUO</b>	T3	
<b>EPIDUO FORTE</b>	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
<i>iodoquimez-hc</i>	T9	
<b>NEUAC EXTERNAL GEL</b>	T1	QL (45 GM per 30 days)
<b>NEUAC EXTERNAL KIT</b>	T9	
<b>ONEXTON</b>	T9	
<b>PERIDEX</b>	T3	
<b>PR BENZOYL PEROXIDE WASH</b>	T9	
<b>RIAX EXTERNAL FOAM</b>	T3	QL (1 GM per 30 days)
<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	
<b>SELRX</b>	T9	
<b>SILVADENE</b>	T3	
<i>silver sulfadiazine external</i>	T1	
<b>SSD</b>	T1	
<b>SSD (SILVER SULFADIAZINE)</b>	T1	
<b>SULFAMYLON</b>	T3	
<b>VANOXIDE-HC</b>	T9	
<b>VYTONE</b>	T9	
<b>Nonsteroidal Anti-Inflammat.Agents(Skin)</b>		
<i>diclofenac sodium transdermal gel 1 %</i>	T1	

Medication	Coverage Level	Restrictions
<i>diclofenac sodium transdermal gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	T9	
<b>PENNSAID TRANSDERMAL SOLUTION 2 %</b>	T9	
<b>VOLTAREN TRANSDERMAL</b>	T3	
<b>Oxaboroles</b>		
<b>KERYDIN</b>	T9	
<i>tavaborole</i>	T9	
<b>Pigmenting Agents</b>		
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
<b>OXSORALEN ULTRA</b>	T4	SP (Max of 31 days per dispensing. )
<b>Polyenes (Skin And Mucous Membrane)</b>		
<b>NYAMYC</b>	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	
<b>NYSTOP</b>	T1	QL (60 GM per 30 days)
<b>Scabicides And Pediculicides</b>		
<b>EURAX</b>	T9	
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1	
<i>lindane external shampoo</i>	T1	
<i>malathion external</i>	T1	
<b>NATROBA</b>	T3	ST; AL
<b>OVIDE</b>	T3	
<i>permethrin external cream</i>	T1	
<b>SKLICE</b>	T3	
<b>SOOLANTRA</b>	T3	ST; QL (45 GM per 30 days)
<i>spinosad</i>	T1	
<b>ULESFIA</b>	T3	
<b>Skin And Mucous Membrane Agents, Misc.</b>		
<b>ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	T9	
<i>acitretin</i>	T4	SP (Max of 31 days per dispensing. )
<b>ACUICYN EXTERNAL LIQUID</b>	T9	
<b>ACZONE</b>	T9	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>adapalene external gel 0.3 %</i>	T2	
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T2	
<b>AKLIEF</b>	T9	
<b>ALDARA</b>	T3	
<b>AMNESTEEM</b>	T2	QL (6 fills per 2 yearss)
<b>ARAZLO</b>	T9	
<b>ATRAPRO HYDROGEL</b>	T9	
<b>AVO CREAM</b>	T9	
<b>AVSOLA</b>	T9	
<i>azelaic acid external</i>	T2	ST
<b>AZELEX</b>	T3	ST; QL (50 GM per 31 days)
<b>BIAFINE</b>	T9	
<i>bimatoprost external</i>	T9	
<b>BIONECT EXTERNAL CREAM</b>	T9	
<b>BIONECT EXTERNAL FOAM</b>	T9	
<b>BIONECT EXTERNAL GEL</b>	T9	
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Max of 31 day supply per dispensing)
<b>CALCITRENE</b>	T1	QL (120 GM per 30 days)
<i>calcitriol external</i>	T1	ST; QL (100 GM per 30 days)
<b>CARAC</b>	T9	
<b>CELACYN</b>	T9	
<b>CELACYN POST-PROCEDURE PACK</b>	T9	
<b>CERACADE</b>	T9	
<b>CLARAVIS</b>	T2	QL (6 fills per 2 yearss)
<i>clindamycin-tretinoin</i>	T3	
<b>CONDYLOX EXTERNAL GEL</b>	T3	ST
<b>COSENTYX (300 MG DOSE)</b>	T4	PA; SP (Limited to a 1 month supply per fill. Allowed 5 packs for first fill (induction dose) only.); QL (1 syringe per 28 days)

Medication	Coverage Level	Restrictions
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>	T4	PA; SP (Limited to a 1 month supply per fill. Limited to a once in a lifetime fill of 4 packages in 28 days. ); QL (1 syringe per 28 days)
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML</b>	T4	PA; SP (Limited to a 1 month supply per fill. Allowed 5 syringes for first fill (induction dose) only.); QL (1 syringe per 30 days)
<i>dapsone external</i>	T9	
<b>DERMASORB HC</b>	T9	
<b>DERMULCERA</b>	T9	
<i>diclofenac sodium transdermal gel 1 %</i>	T1	
<i>diclofenac sodium transdermal solution</i>	T9	
<b>DIFFERIN EXTERNAL CREAM</b>	T9	
<b>DIFFERIN EXTERNAL GEL 0.1 %</b>	T1	
<b>DIFFERIN EXTERNAL GEL 0.3 %</b>	T9	
<b>DIFFERIN EXTERNAL LOTION</b>	T9	
<b>DOVONEX EXTERNAL CREAM</b>	T3	QL (120 GM per 30 days)
<i>doxycycline</i>	T9	
<b>DRITHO-CREME HP</b>	T9	
<b>DUOBRII</b>	T9	
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
<b>DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML</b>	T4	PA; SP (Limited to a 1 month supply per fill ); QL (2 pens per 28 days)
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</b>	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 3 syringes for the first month. ); QL (2 ML per 28 days)
<b>EFUDEX EXTERNAL CREAM</b>	T3	
<b>ELETONE</b>	T9	
<b>ELIDEL</b>	T3	ST; QL (30 GM per 30 days)
<b>EMULSION SB</b>	T9	
<b>ENSTILAR</b>	T9	
<b>ENTTY SPRAY EMULSION</b>	T9	
<b>EPICERAM</b>	T9	
<b>EPIDUO</b>	T3	
<b>EPIDUO FORTE</b>	T9	
<b>FABIOR</b>	T3	ST; QL (50 GM per 30 days)
<b>FINACEA EXTERNAL FOAM</b>	T3	
<b>FINACEA EXTERNAL GEL</b>	T9	

Medication	Coverage Level	Restrictions
<i>finasteride oral tablet 1 mg</i>	T9	
<b>FLUOROPLEX</b>	T4	ST; SP (Max of 31 days per dispensing.)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
<b>GELCLAIR</b>	T9	
<i>hair regrowth treatment men external solution</i>	T9	
<b>HYDROFERA BLUE FOAM DRESSING</b>	T9	
<b>HYLATOPIC PLUS EXTERNAL FOAM</b>	T9	
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T9	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 yearss)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
<b>KAMDOY</b>	T9	
<b>KELO-COTE EXTERNAL GEL</b>	T9	
<b>KLISYRI</b>	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
<b>LATISSE</b>	T9	
<b>LOYON</b>	T9	
<b>LUXAMEND</b>	T9	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<b>MINOLIRA</b>	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
<b>MIRVASO</b>	T9	
<b>MORGIDOX COMBINATION</b>	T9	
<b>MUGARD</b>	T9	
<b>MYORISAN</b>	T2	QL (6 fills per 2 yearss)
<b>NEOSALUS EXTERNAL FOAM</b>	T9	
<b>NIVATOPIC PLUS</b>	T9	
<b>NUVAIL</b>	T9	
<b>ORACEA</b>	T9	
<b>ORAMAGICRX</b>	T9	

Medication	Coverage Level	Restrictions
<b>OTEZLA ORAL TABLET</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
<b>OTEZLA ORAL TABLET THERAPY PACK</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year)
<b>PENNSAID TRANSDERMAL SOLUTION 2 %</b>	T9	
<b>PHLAG SPRAY</b>	T9	
<b>PICATO EXTERNAL GEL 0.015 %</b>	T5	ST; SP (Max of 31 days per dispensing.); QL (3 GM per 180 days)
<b>PICATO EXTERNAL GEL 0.05 %</b>	T5	ST; SP (Max of 31 days per dispensing.); QL (2 GM per 180 days)
<i>pimecrolimus</i>	T1	ST; QL (30 GM per 30 days)
<i>podocon</i>	T9	
<i>podofilox external</i>	T1	
<b>PRESERA</b>	T9	
<b>PROPECIA</b>	T9	
<b>PROTOPIC EXTERNAL OINTMENT 0.03 %</b>	T3	ST; QL (30 GM per 230 days)
<b>PROTOPIC EXTERNAL OINTMENT 0.1 %</b>	T3	ST; QL (30 GM per 30 days)
<b>PRUCLAIR</b>	T9	
<b>PRUMYX</b>	T9	
<b>PRUTECT</b>	T9	
<b>QBREXZA</b>	T9	
<b>RECEDO</b>	T9	
<b>RECTIV</b>	T9	
<b>REGRANEX</b>	T4	ST; SP (Max of 31 days per dispensing. )
<b>REMICADE</b>	T9	
<b>RHOFADE</b>	T3	QL (60 GM per 30 days); AL
<b>ROGAINE</b>	T9	
<b>ROGAINE MENS</b>	T9	
<b>ROGAINE MENS EXTRA STRENGTH</b>	T9	
<b>SANTYL</b>	T3	QL (60 GM per 30 days)
<b>SILIQ</b>	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 4 syringes for the first fill. ); QL (2 syringes per 28 days)
<b>SKYRIZI</b>	T4	PA; SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks)



Medication	Coverage Level	Restrictions
<b>SKYRIZI (150 MG DOSE)</b>	T4	PA; SP (Limit of 4 syringes per 28 days on first fill. ); QL (2 syringes per 12 weeks)
<b>SKYRIZI PEN</b>	T4	PA; SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks)
<b>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG</b>	T9	
<b>SONAFINE</b>	T9	
<b>SORIATANE ORAL CAPSULE 10 MG, 25 MG</b>	T5	SP (Max of 31 days per dispensing. ); QL (60 capsules per 30 days)
<b>SORILUX</b>	T9	
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 vial per 28 days)
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML</b>	T4	PA; SP (Allowed 2 syringes for first month starting dose); QL (1 syringe per 90 days)
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML</b>	T4	PA; SP (One fill per 8 weeks); QL (1 syringe per 60 days)
<i>suivicort</i>	T9	
<b>SYNALAR TS</b>	T9	
<b>SYNERDERM</b>	T9	
<b>TACLONEX EXTERNAL OINTMENT</b>	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
<b>TACLONEX EXTERNAL SUSPENSION</b>	T9	
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
<b>TALTZ</b>	T5	PA; SP (Limited to a 1 month supply per fill)
<b>TARGRETIN EXTERNAL</b>	T9	
<i>tazarotene external cream</i>	T1	ST
<i>tazarotene external foam</i>	T3	ST; QL (50 GM per 30 days)
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	T2	ST
<b>TAZORAC EXTERNAL CREAM 0.1 %</b>	T3	ST
<b>TAZORAC EXTERNAL GEL</b>	T9	
<b>TETRIX EXTERNAL CREAM</b>	T9	
<b>TOLAK</b>	T2	QL (1 tube per 30 days)
<b>TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	PA; SP (Limited to 2 pens on first fill. ); QL (1 pen per 8 weeks)

Medication	Coverage Level	Restrictions
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to 2 syringes on first fill.); QL (1 syringe per 8 weeks)
VALCHLOR	T4	PA; SP (Limited to 15 days per fill ); QL (60 GM per 15 days)
VANIQA	T9	
VECTICAL	T3	ST; QL (100 GM per 30 days)
VELTIN	T9	
VENELEX	T9	
VEREGEN	T4	ST; SP (Max of 31 days per dispensing. ); QL (30 GM per 30 days)
VOLTAREN TRANSDERMAL	T3	
WINLEVI	T9	
WYNZORA	T9	
XIMINO	T9	
ZENATANE	T2	QL (6 fills per 2 yearss)
ZIANA	T9	
ZITHRANOL	T3	ST
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
<b>Smooth Muscle Relaxants</b>		
<b>Antimuscarinics</b>		
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
ENABLEX	T3	QL (30 tablets per 30 days)
<i>flavoxate hcl</i>	T1	
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<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	T3	ST; QL (30 tablets per 30 days)
<i>trospium chloride</i>	T1	QL (60 tablets per 30 days)
<i>trospium chloride er</i>	T3	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
VESICARE	T3	ST; QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL
<b>Respiratory Smooth Muscle Relaxants</b>		
ELIXOPHYLLIN	T3	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
<b>Selective Beta-3-Adrenergic Agonists</b>		
GEMTESA	T9	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (240 ML per 30 days); AL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	ST; QL (30 tablets per 30 days)
<b>Vitamins</b>		
<b>Multivitamin Preparations</b>		
BACMIN	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	T3	
CITRANATAL B-CALM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL RX	T3	
<i>completenate</i>	T9	
CORVITA	T9	
CORVITE	T9	
CORVITE FREE	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	

Medication	Coverage Level	Restrictions
<b>DIALYVITE 5000</b>	T9	
<b>DIALYVITE SUPREME D</b>	T9	
<b>DIALYVITE/ZINC</b>	T9	
<b>FLORIVA ORAL TABLET CHEWABLE 0.5 MG</b>	T9	
<b>FLORIVA PLUS</b>	T9	
<i>folbee plus</i>	T9	
<b>FOLBEE PLUS CZ</b>	T9	
<b>FOLET ONE</b>	T3	QL (30 capsules per 30 days)
<b>FORTAVIT ORAL CAPSULE</b>	T9	
<b>INATAL GT</b>	T9	
<b>LYSIPLEX PLUS ORAL TABLET</b>	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	
<b>M-VIT</b>	T9	
<b>MYKIDZ IRON FL</b>	T9	
<b>MYNATAL ORAL TABLET</b>	T9	
<i>mynatal plus</i>	T9	
<i>mynatal-z</i>	T9	
<i>mynate 90 plus</i>	T9	
<i>mynephrocaps</i>	T9	
<b>MYNEPHRON</b>	T9	
<b>NATACHEW ORAL TABLET CHEWABLE 28-1 MG</b>	T3	QL (30 tablets per 30 days)
<b>NEEVO DHA ORAL CAPSULE 27-1.13 MG</b>	T9	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
<b>NEONATAL PLUS</b>	T9	
<b>NEPHPLEX RX</b>	T9	
<b>NEPHRO-VITE RX</b>	T9	
<b>NEXA PLUS</b>	T3	
<b>NICADAN</b>	T9	
<b>NICAZEL</b>	T9	
<b>NICAZEL FORTE</b>	T9	
<b>NICOMIDE</b>	T9	
<b>NIVA-PLUS</b>	T9	

Medication	Coverage Level	Restrictions
<b>O-CAL FA</b>	T9	
<b>OCUVEL ORAL CAPSULE 0.5 MG</b>	T9	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>pnv tabs 20-1</i>	T1	
<i>pnv tabs 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<b>POLY-VI-FLOR ORAL TABLET CHEWABLE</b>	T9	
<b>PRENATABS RX</b>	T9	
<i>prenatal (w/iron &amp; fa)</i>	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	
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<b>PRENATE AM</b>	T3	
<b>PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG</b>	T3	
<b>PRENATE PIXIE</b>	T3	
<b>PROVIDA OB</b>	T9	
<b>QUFLORA FE</b>	T9	
<b>QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML</b>	T9	
<b>RENAL ORAL CAPSULE</b>	T9	
<i>rena-vite</i>	T3	
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
<b>REQ 49+</b>	T9	
<b>SELECT-OB ORAL TABLET CHEWABLE 29-1 MG</b>	T9	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<b>SIDEROL ORAL LIQUID†</b>	T9	
<b>STROVITE FORTE ORAL TABLET</b>	T9	
<b>STROVITE ONE</b>	T9	
<b>SUPERVITE</b>	T9	
<b>TARON-PREX</b>	T9	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	

Medication	Coverage Level	Restrictions
<b>TRICARE</b>	T9	
<i>trinatal rx 1</i>	T1	
<b>TRINATE</b>	T9	
<i>triphrocaps</i>	T9	
<i>tristart dha</i>	T9	
<b>TRI-VI-FLOR</b>	T9	
<i>tri-zel</i>	T9	
<b>UDAMIN SP</b>	T9	
<i>v-c forte</i>	T9	
<b>VIC-FORTE</b>	T9	
<b>VINATE DHA RF</b>	T3	QL (30 capsules per 30 days)
<b>VINATE M</b>	T1	
<b>VINATE ONE</b>	T9	
<i>virt-caps</i>	T9	
<i>virt-vite plus</i>	T9	
<b>VITAFOL ORAL TABLET</b>	T9	
<b>VITAFOL-NANO</b>	T3	QL (30 tablets per 30 days)
<b>VITAFOL-OB</b>	T3	
<b>VITAFOL-ONE</b>	T3	
<b>VITAL-D RX</b>	T9	
<b>VITAPEARL</b>	T3	
<b>VITATRUE</b>	T3	
<i>vol-care rx</i>	T9	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
<i>vp-vite rx</i>	T9	
<b>Vitamin A</b>		
<i>active fe</i>	T9	
<b>MYKIDZ IRON FL</b>	T9	
<i>pnv-select</i>	T1	
<b>TRI-VI-FLOR</b>	T9	
<b>Vitamin B Complex</b>		
<i>active fe</i>	T9	
<b>ANIMI-3</b>	T9	
<b>BEYAZ</b>	T9	
<i>bp vit 3</i>	T9	
<i>calcium-folic acid plus d</i>	T9	
<b>CARDIOVID PLUS</b>	T9	
<b>CENTRATEX</b>	T9	

Medication	Coverage Level	Restrictions
<b>CIFEREX</b>	T9	
<b>CITRANATAL 90 DHA ORAL 90-1 &amp; 300 MG</b>	T3	QL (30 capsules per 30 days)
<b>CITRANATAL ASSURE ORAL 35-1 &amp; 300 MG</b>	T3	
<b>CITRANATAL B-CALM</b>	T3	
<b>CITRANATAL BLOOM</b>	T3	
<b>CITRANATAL DHA</b>	T3	
<b>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</b>	T3	
<b>CITRANATAL RX</b>	T3	
<i>completenate</i>	T9	
<b>CORVITA</b>	T9	
<b>CORVITA 150</b>	T9	
<b>CORVITE</b>	T9	
<b>CORVITE 150 ORAL TABLET 150-1.25 MG</b>	T9	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
<b>DERMACINRX PUREFOLIX</b>	T9	
<b>DIALYVITE</b>	T9	
<b>DIALYVITE 3000</b>	T9	
<b>DIALYVITE 5000</b>	T9	
<b>DIALYVITE 800/IRON</b>	T9	
<b>DIALYVITE SUPREME D</b>	T9	
<b>DIALYVITE/ZINC</b>	T9	
<i>fabb</i>	T9	
<i>fe 90 plus</i>	T9	
<b>FE C PLUS</b>	T9	
<i>fe c tab plus</i>	T9	
<b>FERIVA 21/7</b>	T9	
<b>FERIVAFA</b>	T9	
<i>ferocon</i>	T9	
<b>FERRALET 90</b>	T9	
<i>ferraplus 90</i>	T9	
<b>FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG</b>	T9	
<b>FERREX 150 FORTE PLUS</b>	T9	
<b>FERREX 28</b>	T9	
<b>FERROCITE PLUS ORAL TABLET</b>	T9	
<i>folbee</i>	T9	
<b>FOLBEE AR</b>	T9	
<i>folbee plus</i>	T9	
<b>FOLBEE PLUS CZ</b>	T9	

Medication	Coverage Level	Restrictions
<b>FOLBIC</b>	T9	
<b>FOLET ONE</b>	T3	QL (30 capsules per 30 days)
<i>folic acid oral tablet 1 mg</i>	T9	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1	PV; AL
<i>folic acid-vit b6-vit b12</i>	T9	
<b>FOLIVANE-F</b>	T9	
<b>FOLIVANE-PLUS</b>	T9	
<b>FOLIXAPURE</b>	T9	
<i>folplex 2.2</i>	T9	
<b>FOLTANX</b>	T9	
<b>FOLTRATE</b>	T9	
<b>FOLTX ORAL TABLET 1.13-25-2 MG</b>	T3	
<b>FUSION PLUS</b>	T9	
<b>FUSION SPRINKLES</b>	T9	
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
<b>HEMATOGEN FA</b>	T9	
<b>HEMATOGEN FORTE</b>	T9	
<b>HEMATRON</b>	T9	
<b>HEMATRON-AF</b>	T9	
<b>HEMAX ORAL TABLET</b>	T9	
<i>hemetab</i>	T9	
<b>HEMOCYTE PLUS</b>	T9	
<b>HEMOCYTE-F ORAL TABLET</b>	T9	
<b>ICAR-C PLUS</b>	T9	
<b>IFEREX 150 FORTE</b>	T9	
<b>INATAL GT</b>	T9	
<b>INTEGRA F</b>	T9	
<b>INTEGRA PLUS</b>	T9	
<b>IROSPAN 24/6</b>	T9	
<i>leucovorin calcium oral</i>	T1	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
<b>MAXARON FORTE ORAL TABLET</b>	T9	
<b>MAXFE ORAL TABLET</b>	T9	
<b>METAFOLBIC PLUS</b>	T9	
<b>MULTIGEN FOLIC</b>	T9	
<b>MULTIGEN PLUS</b>	T9	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	T1	AL
<b>M-VIT</b>	T9	



Medication	Coverage Level	Restrictions
<i>myferon 150 forte</i>	T9	
<b>MYNATAL ORAL TABLET</b>	T9	
<i>mynatal plus</i>	T9	
<i>mynatal-z</i>	T9	
<i>mynate 90 plus</i>	T9	
<i>mynephrocaps</i>	T9	
<b>MYNEPHRON</b>	T9	
<b>NASCOBAL</b>	T9	
<b>NATACHEW ORAL TABLET CHEWABLE 28-1 MG</b>	T3	QL (30 tablets per 30 days)
<b>NATALVIRT FLT</b>	T9	
<b>NEEVO DHA ORAL CAPSULE 27-1.13 MG</b>	T9	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
<b>NEONATAL PLUS</b>	T9	
<b>NEPHPLEX RX</b>	T9	
<b>NEPHRON FA</b>	T9	
<b>NEPHRO-VITE RX</b>	T9	
<i>neurin-sl</i>	T9	
<b>NEXA PLUS</b>	T3	
<b>NIACOR</b>	T1	
<b>NICOMIDE</b>	T9	
<b>NIVA-FOL</b>	T9	
<b>NIVA-PLUS</b>	T9	
<i>noxifol-d</i>	T9	
<b>O-CAL FA</b>	T9	
<b>OCUVEL ORAL CAPSULE 0.5 MG</b>	T9	
<i>ortho df</i>	T9	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>pnv tabs 20-1</i>	T1	
<i>pnv tabs 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>poly-iron 150 forte</i>	T9	
<b>POTABA ORAL CAPSULE</b>	T9	
<b>PRENATABS RX</b>	T9	
<i>prenatal (wliron &amp; fa)</i>	T9	
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<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	
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<b>PRENATE AM</b>	T3	
<b>PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG</b>	T3	
<b>PRENATE PIXIE</b>	T3	
<b>PROFERRIN-FORTE</b>	T9	
<b>PROVIDA OB</b>	T9	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
<b>QUFLORA FE</b>	T9	
<b>RENAL ORAL CAPSULE</b>	T9	
<i>rena-vite</i>	T3	
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
<b>RESTORA RX</b>	T9	
<b>RESTORA SPRINKLES</b>	T9	
<i>revesta</i>	T9	
<i>roxifol-d</i>	T9	
<b>SAFYRAL</b>	T9	
<b>SELECT-OB ORAL TABLET CHEWABLE 29-1 MG</b>	T9	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<i>se-tan plus</i>	T9	
<b>SIDEROL ORAL LIQUID†</b>	T9	
<b>SUPERVITE</b>	T9	
<b>TANDEM PLUS</b>	T9	
<i>taron forte</i>	T9	
<b>TARON-PREX</b>	T9	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl gard rx</i>	T9	
<i>tl icon</i>	T9	
<i>tl-hem 150</i>	T9	
<b>TRICARE</b>	T9	
<b>TRICON</b>	T9	
<i>trigels-f forte</i>	T9	
<i>trinatal rx 1</i>	T1	

Medication	Coverage Level	Restrictions
<b>TRINATE</b>	T9	
<i>triphrocaps</i>	T9	
<i>tristart dha</i>	T9	
<b>TRI-VI-FLOR</b>	T9	
<b>TYDEMY</b>	T9	
<b>UDAMIN SP</b>	T9	
<b>VINATE DHA RF</b>	T3	QL (30 capsules per 30 days)
<b>VINATE M</b>	T1	
<b>VINATE ONE</b>	T9	
<i>virt-caps</i>	T9	
<b>VIRT-GARD</b>	T9	
<i>virt-vite</i>	T9	
<i>virt-vite forte</i>	T9	
<i>virt-vite plus</i>	T9	
<b>VITAFOL-NANO</b>	T3	QL (30 tablets per 30 days)
<b>VITAFOL-OB</b>	T3	
<b>VITAFOL-ONE</b>	T3	
<b>VITAL-D RX</b>	T9	
<b>VITAPEARL</b>	T3	
<b>VITA-RESPA</b>	T9	
<b>VITATRUE</b>	T3	
<i>vol-care rx</i>	T9	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
<i>vp-vite rx</i>	T9	
<i>zavara</i>	T9	
<b>Vitamin C</b>		
<i>active fe</i>	T9	
<b>CENTRATEX</b>	T9	
<b>CITRANATAL BLOOM</b>	T3	
<b>CORVITA 150</b>	T9	
<b>CORVITE 150 ORAL TABLET 150-1.25 MG</b>	T9	
<b>DIALYVITE</b>	T9	
<b>DIALYVITE 3000</b>	T9	
<b>DIALYVITE 5000</b>	T9	
<b>DIALYVITE 800/IRON</b>	T9	
<b>DIALYVITE/ZINC</b>	T9	
<i>fe 90 plus</i>	T9	
<b>FE C PLUS</b>	T9	

Medication	Coverage Level	Restrictions
<i>fe c tab plus</i>	T9	
<b>FERIVA 21/7</b>	T9	
<b>FERIVAFA</b>	T9	
<i>ferocon</i>	T9	
<b>FERRALET 90</b>	T9	
<i>ferraplus 90</i>	T9	
<b>FERREX 150 FORTE PLUS</b>	T9	
<b>FERREX 150 PLUS</b>	T9	
<b>FERREX 28</b>	T9	
<b>FERROCITE PLUS ORAL TABLET</b>	T9	
<i>folbee plus</i>	T9	
<b>FOLBEE PLUS CZ</b>	T9	
<b>FOLIVANE-F</b>	T9	
<b>FOLIVANE-PLUS</b>	T9	
<b>FUSION PLUS</b>	T9	
<b>FUSION SPRINKLES</b>	T9	
<i>hematinic plus vitlminerals</i>	T9	
<b>HEMATOGEN FA</b>	T9	
<b>HEMATOGEN FORTE</b>	T9	
<b>HEMATRON-AF</b>	T9	
<b>HEMAX ORAL TABLET</b>	T9	
<b>HEMOCYTE PLUS</b>	T9	
<b>ICAR-C PLUS</b>	T9	
<b>INTEGRA F</b>	T9	
<b>INTEGRA PLUS</b>	T9	
<b>IROSPAN 24/6</b>	T9	
<b>MAXARON FORTE ORAL TABLET</b>	T9	
<b>MAXFE ORAL TABLET</b>	T9	
<b>MOVIPREP</b>	T3	
<b>MULTIGEN FOLIC</b>	T9	
<b>MULTIGEN PLUS</b>	T9	
<i>multivitamins pediatric</i>	T9	
<b>MYKIDZ IRON FL</b>	T9	
<i>mynephrocaps</i>	T9	
<b>MYNEPHRON</b>	T9	
<b>NATALVIRT FLT</b>	T9	
<b>NEPHPLEX RX</b>	T9	
<b>NEPHRON FA</b>	T9	
<b>NEPHRO-VITE RX</b>	T9	
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV

Medication	Coverage Level	Restrictions
<b>PLENVU</b>	T3	PA; QL (60 granules per 30 days)
<i>pnv-select</i>	T1	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
<b>RENAL ORAL CAPSULE</b>	T9	
<i>rena-vite</i>	T3	
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
<i>se-tan plus</i>	T9	
<b>TANDEM PLUS</b>	T9	
<i>taron forte</i>	T9	
<i>tl icon</i>	T9	
<i>tl-hem 150</i>	T9	
<b>TRICON</b>	T9	
<i>trigels-f forte</i>	T9	
<i>triphrocaps</i>	T9	
<b>TRI-VI-FLOR</b>	T9	
<i>virt-caps</i>	T9	
<i>virt-vite plus</i>	T9	
<b>VITAL-D RX</b>	T9	
<i>vol-care rx</i>	T9	
<i>vp-vite rx</i>	T9	
<b>Vitamin D</b>		
<i>active fe</i>	T9	
<b>ANIMI-3</b>	T9	
<i>calcitriol oral capsule</i>	T1	
<i>calcitriol oral solution</i>	T1	AL
<i>calcium-folic acid plus d</i>	T9	
<b>CIFEREX</b>	T9	
<b>DECARA ORAL CAPSULE 1.25 MG (50000 UT)</b>	T1	
<b>DERMACINRX PUREFOLIX</b>	T9	
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T9	
<i>doxercalciferol oral capsule 1 mcg</i>	T4	SP (Max day supply up to 31 days.)
<b>DRISDOL ORAL CAPSULE</b>	T3	
<b>FLORIVA ORAL LIQUID</b>	T9	
<b>FOLIXAPURE</b>	T9	
<b>FOSAMAX PLUS D</b>	T3	ST; QL (4 tablets per 28 days)
<b>MYKIDZ IRON FL</b>	T9	
<i>noxifol-d</i>	T9	

Medication	Coverage Level	Restrictions
<i>ortho df</i>	T9	
<i>paricalcitol oral</i>	T2	
<i>pnv-select</i>	T1	
<b>RAYALDEE</b>	T9	
<b>REPLESTA</b>	T9	
<b>REPLESTA CHILDRENS</b>	T9	
<b>REPLESTA NX</b>	T9	
<i>revesta</i>	T9	
<b>ROCALTROL</b>	T3	
<i>roxifol-d</i>	T9	
<b>TRI-VI-FLOR</b>	T9	
<b>VITAL-D RX</b>	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
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1	PV; AL
<i>zavara</i>	T9	
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	T3	
<b>Vitamin E</b>		
<i>active fe</i>	T9	
<b>DIALYVITE 3000</b>	T9	
<b>DIALYVITE 5000</b>	T9	
<b>HEMATRON-AF</b>	T9	
<b>HEMAX ORAL TABLET</b>	T9	
<i>pnv-select</i>	T1	
<i>tl-hem 150</i>	T9	
<b>Vitamin K Activity</b>		
<b>MEPHYTON</b>	T3	QL (3 tablets per 30 days)
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)



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## Notice of Nondiscrimination and Language Assistance Services

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Federal law requires that we provide you with this Notice of Nondiscrimination and Language assistance services.

### **Free aids and services**

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

If you need these services, contact Priority Health customer service by calling the number at the back of your membership ID card (TTY users call 711).

### **To file a civil rights grievance**

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

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](mailto: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](http://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](http://hhs.gov/ocr/office/file/index.html)*.



ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打會員卡背面的客服電話 (TTY: 711)。

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin hãy gọi tới số điện thoại của bộ phận dịch vụ khách hàng có ở mặt sau thẻ ID thành viên của quý vị. (TTY: 711).

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutem kontaktoni qendrën e shërbimit për klient në pjesën e pasme të ID kartës tuaj të anëtaresimit (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 멤버십 ID카드의 뒷면에 있는 고객 서비스 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুন: আপনি বাংলায় কথা বলতে পারলে আপনার জন্য নিঃখরচায় ভাষা সহায়তা সেবা সুলভ রয়েছে। অনুগ্রহ করে আপনার সদস্যপদ আইডি কার্ডের পেছনে থাকা গ্রাহক সেবা নম্বরে কল করুন। (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer telefonicznej obsługi klienta wskazany na odwrocie Twojej legitymacji członkowskiej (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienste zur Verfügung. Bitte rufen Sie die Kundendienstnummer auf der Rückseite Ihrer Mitgliedskarte an. (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero sul retro della tessera identificativa di membro. (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。メンバーシップIDカードの裏面にあるお客様サービスセンターの番号までお電話にてご連絡ください。(TTY: 711).

ВНИМАНИЕ! Если Вы говорите на русском языке, то Вам доступны услуги бесплатной языковой поддержки. Пожалуйста, позвоните в службу поддержки клиентов по номеру, указанному на обратной стороне Вашей идентификационной карточки участника (телетайп (TTY: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike na pozadini vaše članske iskaznice (TTY: 711).

Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, ng libre, ay available para sa iyo. Pakitawan ang numero ng customer service sa likod ng iyong ID card ng pagiging miyembro. (TTY: 711).

