

2020 Formulary

Employer-sponsored large group (traditional) plans

List of covered drugs

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

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

T1 - Generic
T2 - Preferred Brand
T3 - Non-Preferred Brand
T4 - Preferred Specialty
T5 - Non-Preferred Specialty
T6 - Medical Benefit
T9 - Not Covered

List of Abbreviations

AL: Age Limits
MB: Medical Benefit
PA: Prior Authorization
PV: Preventative Drugs
QL: Quantity Limits
ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Medication	Coverage Level	Restrictions
<i>enovarx-tramadol</i>	T9	
ESOTERICA SENSITIVE SKIN	T9	
<i>folic acid-vit b6-vit b12</i>	T9	
GINSENG EDGE	T9	
<i>hemocyte-plus oral tablet 106-1 mg</i>	T9	
<i>iodoquimez-hc</i>	T9	
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	T1	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
<i>pre-natal formula</i>	T1	
<i>prenatal forte</i>	T1	
RETACRIT INJECTION SOLUTION 20000 UNIT/2ML	T5	Max of 31 days per dispensing. (Limited to a 1 month supply per fill)
<i>select-lite device/lancets</i>	T2	
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML	T9	
Antihistamine Drugs		
Ethanolamine Derivatives		
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
Ethylenediamine Derivatives		
<i>maxi-tuss cd</i>	T9	
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine hcl oral</i>	T1	
First Generation Antihistamines		
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>chlorpheniramine maleate er</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>cyproheptadine hcl oral</i>	T1	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYCLORA ORAL SYRUP	T9	
RYVENT	T9	
<i>Phenothiazine Derivatives</i>		
PHENADOZ	T3	
<i>promethazine hcl oral syrup</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
<i>Piperazine Derivatives</i>		
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T9	
VISTARIL	T3	
<i>Propylamine Derivatives</i>		
<i>chlorpheniramine maleate er</i>	T9	
HISTEX-AC	T9	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>pseudoeph-chlorphen-hydrocod</i>	T1	
RYCLORA ORAL SYRUP	T9	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE	T3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
<i>Second Generation Antihistamines</i>		
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	

Medication	Coverage Level	Restrictions
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	T9	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
<i>childrens loratadine oral syrup</i>	T9	
CLARINEX	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN ORAL TABLET CHEWABLE	T9	
CLARITIN REDITABS	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>desloratadine oral tablet</i>	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	
QUZYTIR	T9	
SEMPREX-D	T9	
ZYRTEC ALLERGY ORAL TABLET	T9	
ZYRTEC-D ALLERGY & CONGESTION	T9	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
<i>cefadroxil</i>	T1	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T2	
KEFLEX	T3	
2Nd Generation Cephalosporin Antibiotics		
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule 250 mg</i>	T1	
<i>cefprozil</i>	T1	

Medication	Coverage Level	Restrictions
<i>cefuroxime axetil oral tablet</i>	T1	
3Rd Generation Cephalosporin Antibiotics		
<i>cefdinir</i>	T1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil oral tablet</i>	T1	Max of 31 days per dispensing. (Quantity Limit: 14 day course of therapy)
SPECTRACEF ORAL TABLET 400 MG	T3	
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T2	
Adamantane Antivirals		
<i>amantadine hcl oral</i>	T1	
GOCOVRI	T9	
OSMOLEX ER	T9	
<i>rimantadine hcl</i>	T1	
Allylamine Antifungals		
LAMISIL ORAL TABLET	T3	
<i>terbinafine hcl oral</i>	T1	
Amebicides		
FLAGYL	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1	
<i>paromomycin sulfate oral</i>	T1	
PYLERA	T9	
Aminoglycoside Antibiotics		
ARIKAYCE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (28 vials per 28 days)
BETHKIS	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
KITABIS PAK	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 56 days)
<i>paromomycin sulfate oral</i>	T1	

Medication	Coverage Level	Restrictions
TOBI	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (280 mls per 28 days)
TOBI PODHALER	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (224 Capsules per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (280 mls per 28 days)
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1	
ZEMDRI	T9	
Aminomethylcyclines		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
SEYSARA	T9	
Aminopenicillin Antibiotics		
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<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	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	T3	
AUGMENTIN XR	T3	
PREVPAC	T3	
TALICIA	T9	
Anthelmintics		
<i>albendazole oral</i>	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (6 tablets per 30 Days)

Medication	Coverage Level	Restrictions
ALBENZA	T9	
BILTRICIDE	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
EMVERM	T9	
<i>ivermectin oral</i>	T1	QL (5 Tablet per 1 day)
STROMEKTOL	T3	QL (5 Tablets per 1 day)
Antifungals, Miscellaneous		
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize</i>	T2	
Antimalarials		
ARAKODA	T3	
<i>atovaquone-proguanil hcl</i>	T1	
<i>chloroquine phosphate oral</i>	T1	
COARTEM	T2	
DARAPRIM	T9	
<i>hydroxychloroquine sulfate oral</i>	T1	
KRINTAFEL	T1	QL (2 tablets per 365 Days)
MALARONE	T3	
<i>mefloquine hcl</i>	T1	
PLAQUENIL	T3	
<i>primaquine phosphate oral</i>	T1	
PYLERA	T9	
<i>pyrimethamine oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
QUALAQUIN	T3	PA
<i>quinidine gluconate er</i>	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
<i>quinidine sulfate oral tablet 200 mg</i>	T1	
<i>quinine sulfate oral</i>	T1	PA
Antimycobacterials, Miscellaneous		
<i>dapsone oral</i>	T1	
Antiprotozoals, Miscellaneous		
ALINIA ORAL SUSPENSION RECONSTITUTED	T2	
ALINIA ORAL TABLET	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>atovaquone oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<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	

Medication	Coverage Level	Restrictions
FLAGYL	T3	
IMPAVIDO	T3	PA
MEPRON	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1	
NEBUPENT	T3	
<i>pentamidine isethionate inhalation</i>	T1	
PYLERA	T9	
SOLOSEC	T9	
<i>tinidazole oral</i>	T1	
Antituberculosis Agents		
AVELOX ORAL	T3	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral</i>	T1	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	T1	
<i>ciprofloxacin-ciproflox hcl er</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
<i>cycloserine oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
LEVAQUIN ORAL TABLET	T3	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
MYCOBUTIN	T2	
<i>pretomanid</i>	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing); QL (30 tablets per 30 days)
PRIFTIN	T2	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1	
SIRTURO ORAL TABLET 100 MG	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SIRTURO ORAL TABLET 20 MG	T4	Max of 31 days per dispensing. (Max of 31 day supply per dispensing)

Medication	Coverage Level	Restrictions
Antivirals, Miscellaneous		
PREVYMIS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
XOFLUZA (40 MG DOSE)	T2	QL (1 tablet per 1 fill); AL
XOFLUZA (80 MG DOSE)	T2	QL (1 tablet per 1 fill); AL
Azole Antifungals		
CRESEMBA ORAL	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 Capsules per 30 Day(s))
DIFLUCAN	T3	
<i>fluconazole oral</i>	T1	
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (600 ML per 30 days)
<i>ketoconazole oral</i>	T1	
NOXAFIL ORAL SUSPENSION	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (450 ML per 30 Day(s))
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 Tablets per 30 Day(s))
<i>posaconazole</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (600 ML per 30 Day(s))
SPORANOX PULSEPAK	T9	
<i>tolsura</i>	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 Tablets per 30 days)
VFEND ORAL TABLET 50 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (480 tablets per 30 days)
<i>voriconazole oral suspension reconstituted</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>voriconazole oral tablet 50 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (480 Tablets per 30 days)
<i>Erythromycin Antibiotics</i>		
E.E.S. 400 ORAL TABLET	T1	
E.E.S. GRANULES	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
ERYPED 200	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
ERYPED 400	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
ERY-TAB	T2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T2	
<i>erythromycin base oral capsule delayed release particles</i>	T1	
<i>erythromycin base oral tablet</i>	T2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T2	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	
<i>Fluorocyclines</i>		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
<i>Glycopeptide Antibiotics</i>		
FIRVANQ	T2	
VANCOCIN HCL	T9	
<i>vancomycin hcl intravenous solution reconstituted 500 mg</i>	T1	
<i>vancomycin hcl oral</i>	T9	
<i>Hcv Polymerase Inhibitor Antivirals</i>		
EPCLUSA	T9	
HARVONI ORAL PACKET	T9	
HARVONI ORAL TABLET 45-200 MG	T9	
HARVONI ORAL TABLET 90-400 MG	T9	Max of 31 days per dispensing. ()
<i>ledipasvir-sofosbuvir</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>sofosbuvir-velpatasvir</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SOVALDI ORAL PACKET	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SOVALDI ORAL TABLET 200 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)

Medication	Coverage Level	Restrictions
SOVALDI ORAL TABLET 400 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
VIEKIRA PAK	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (112 tablets per 28 days)
VOSEVI	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
<i>Hcv Protease Inhibitor Antivirals</i>		
MAVYRET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (84 tablets per 28 days)
VIEKIRA PAK	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (112 tablets per 28 days)
ZEPATIER	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>Hcv Replication Complex Inhibitors</i>		
EPCLUSA	T9	
HARVONI ORAL PACKET	T9	
HARVONI ORAL TABLET 45-200 MG	T9	
HARVONI ORAL TABLET 90-400 MG	T9	Max of 31 days per dispensing. ()
<i>ledipasvir-sofosbuvir</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
MAVYRET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (84 tablets per 28 days)
<i>sofosbuvir-velpatasvir</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
VIEKIRA PAK	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (112 tablets per 28 days)
VOSEVI	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
ZEPATIER	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>Hiv Entry And Fusion Inhibitors</i>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
<i>rukobia</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (60 tablets per 30 Days)
SELZENTRY	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>Hiv Integrase Inhibitor Antiretrovirals</i>		
BIKTARVY	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
DOVATO	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablet per 30 days)
GENVOYA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
ISENTRESS	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ISENTRESS HD	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
JULUCA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
STRIBILD	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TIVICAY ORAL TABLET 50 MG	T4	QL (62 tablets per 31 days)
TIVICAY PD	T4	Max of 31 days per dispensing. (Max of 31 day supply per dispensing)
TRIUMEQ	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>Hiv Nonnucleoside Rev. Transcrip. Inhib.</i>		
ATRIPLA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
COMPLERA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
DELSTRIGO	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)
EDURANT	T2	
<i>efavirenz</i>	T2	

Medication	Coverage Level	Restrictions
<i>efavirenz-emtricitab-tenofovir</i>	T4	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)
<i>efavirenz-lamivudine-tenofovir</i>	T4	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
INTELENCE ORAL TABLET 100 MG, 25 MG	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
JULUCA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	QL (60 tablets per 30 days)
ODEFSEY	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
PIFELTRO	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	T2	
SUSTIVA	T3	
SYMFI	T5	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
SYMFI LO	T5	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
VIRAMUNE ORAL SUSPENSION	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1200 ML per 30 days)
VIRAMUNE ORAL TABLET	T3	QL (60 tablets per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	T3	QL (1 tablet per 1 day)
<i>Hiv Nucleoside, Nucleotide Rt Inhibitors</i>		
<i>abacavir sulfate oral solution</i>	T1	
<i>abacavir sulfate oral tablet</i>	T2	

Medication	Coverage Level	Restrictions
<i>abacavir-lamivudine-zidovudine</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
ATRIPLA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
BIKTARVY	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
CIMDUO	T9	
COMBIVIR	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
COMPLERA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
DELSTRIGO	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)
DESCOVY	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1	
DOVATO	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablet per 30 days)
<i>efavirenz-emtricitab-tenofovir</i>	T4	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)
<i>efavirenz-lamivudine-tenofovir</i>	T4	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
<i>emtricitabine</i>	T1	
<i>emtricitabine-tenofovir df</i>	T9	
EMTRIVA	T2	
EPIVIR	T3	
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
EPZICOM	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
GENVOYA	T4	Max of 31 days per dispensing. (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	

Medication	Coverage Level	Restrictions
ODEFSEY	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
<i>stavudine oral capsule</i>	T1	
STRIBILD	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SYMFI	T5	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
SYMFI LO	T5	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
SYMTUZA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
TEMIXYS	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>tenofovir disoproxil fumarate</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TRIUMEQ	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
TRIZIVIR	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
TRUVADA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
VIREAD ORAL TABLET 300 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ZERIT ORAL CAPSULE 20 MG, 30 MG, 40 MG	T3	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	

Medication	Coverage Level	Restrictions
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>atazanavir sulfate</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
EVOTAZ	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>fosamprenavir calcium</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
INVIRASE ORAL TABLET	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
KALETRA ORAL SOLUTION	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
KALETRA ORAL TABLET	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
LEXIVA ORAL SUSPENSION	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
LEXIVA ORAL TABLET	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
NORVIR ORAL SOLUTION	T3	
NORVIR ORAL TABLET	T3	
PREZCOBIX	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
PREZISTA ORAL SUSPENSION	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
REYATAZ ORAL PACKET	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>ritonavir</i>	T1	
SYMTUZA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
VIEKIRA PAK	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (112 tablets per 28 days)
VIRACEPT ORAL TABLET	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
Interferon Antivirals		
INTRON A	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (48 Weeks per 1 lifetime)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (48 Weeks per 1 Lifetime)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Lincomycin Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
Macrolide Antibiotics		
E.E.S. 400 ORAL TABLET	T1	
E.E.S. GRANULES	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
ERYPED 200	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
ERYPED 400	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
ERY-TAB	T2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T2	
<i>erythromycin base oral capsule delayed release particles</i>	T1	
<i>erythromycin base oral tablet</i>	T2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T2	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	
Monobactam Antibiotics		
CAYSTON	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Natural Penicillin Antibiotics		
<i>penicillin v potassium</i>	T1	
Neuraminidase Inhibitor Antivirals		
<i>oseltamivir phosphate oral capsule</i>	T1	QL (10 capsules per 1 fill)

Medication	Coverage Level	Restrictions
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (120 ML per 1 fill)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
<i>Nucleoside And Nucleotide Antivirals</i>		
<i>acyclovir oral</i>	T1	
<i>adefovir dipivoxil</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
BARACLUDE ORAL SOLUTION	T3	
BARACLUDE ORAL TABLET	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>entecavir</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)
HEPSERA	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PREVYMIS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
REBETOL ORAL SOLUTION	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RIBASPHERE ORAL CAPSULE	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RIBASPHERE ORAL TABLET 200 MG	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>ribavirin oral capsule</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>ribavirin oral tablet 200 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SITAVIG	T9	
SYMTUZA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>valacyclovir hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
VALCYTE ORAL TABLET	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
<i>valganciclovir hcl oral tablet</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
VALTREX ORAL TABLET 1 GM	T2	
VALTREX ORAL TABLET 500 MG	T3	
VEMLIDY	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ZOVIRAX ORAL	T3	
Other Macrolide Antibiotics		
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
DIFICID ORAL TABLET	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (20 tablets per 30 days)
PREVPAC	T3	
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
Other Misc. Antibacterial Agents		
PYLERA	T9	
Oxazolidinone Antibiotics		
<i>linezolid oral suspension reconstituted</i>	T4	Max of 31 days per dispensing. (Limited to one 14 day supply per 6 months (180 days)); AL
<i>linezolid oral tablet</i>	T2	QL (28 tablets per 14 days)
SIVEXTRO ORAL	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T4	Max of 31 days per dispensing. (Limited to one 14 day supply per 6 months (180 days)); AL

Medication	Coverage Level	Restrictions
ZYVOX ORAL TABLET	T5	Max of 31 days per dispensing. (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	T1	
Pleuromutilins		
XENLETA ORAL	T9	
Polyene Antifungals		
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
Polymyxin Antibiotics		
<i>colistimethate sodium (cba)</i>	T9	
Quinolone Antibiotics		
AVELOX ORAL	T3	
BAXDELA	T9	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral</i>	T1	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	T1	
<i>ciprofloxacin-ciproflox hcl er</i>	T1	
LEVAQUIN ORAL TABLET	T3	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
Rifamycin Antibiotics		
AEMCOLO	T2	QL (12 tablets per 30 Days); AL
MYCOBUTIN	T2	
PRIFTIN	T2	
<i>rifabutin</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1	
TALICIA	T9	
XIFAXAN ORAL TABLET 200 MG	T4	QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA
Sulfonamide Antibiotics (Systemic)		
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
BACTRIM	T3	

Medication	Coverage Level	Restrictions
BACTRIM DS	T3	
<i>sulfadiazine oral</i>	T2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>sulfasalazine oral</i>	T1	
Tetracycline Antibiotics		
ACTICLATE	T9	
<i>demeclocycline hcl oral</i>	T3	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	T3	ST
DORYX ORAL TABLET DELAYED RELEASE 80 MG	T9	
<i>doxycycline</i>	T9	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg</i>	T1	
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1	
MINOLIRA	T9	
MONDOXYNE NL	T9	
MORGIDOX COMBINATION	T9	
ORACEA	T9	
PYLERA	T9	
SEYSARA	T9	

Medication	Coverage Level	Restrictions
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	MB (Solodyn(#2))
TARGADOX	T9	
<i>tetracycline hcl oral</i>	T1	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
Urinary Anti-Infectives		
<i>fosfomicin tromethamine</i>	T1	QL (1 packet per 30 Days)
FURADANTIN	T2	
HYOPHEN	T9	
MACROBID	T3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	T3	
MACRODANTIN ORAL CAPSULE 25 MG	T2	
<i>methenamine hippurate</i>	T1	
MONUROL	T3	QL (3 GM per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
PRIMSOL	T9	
<i>trimethoprim oral</i>	T1	
URIBEL	T9	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
AFINITOR	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
AFINITOR DISPERZ	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
ALECENSA	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
ALKERAN ORAL	T3	

Medication	Coverage Level	Restrictions
ALUNBRIG ORAL TABLET 180 MG	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (42 tablets per 14 days)
ALUNBRIG ORAL TABLET 90 MG	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (1 tablet per 1 day)
<i>anastrozole oral</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
AYVAKIT ORAL TABLET 100 MG	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (14 Tabletsq per 14 days)
AYVAKIT ORAL TABLET 200 MG, 300 MG	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (14 Tablets per 14 days)
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>bexarotene</i>	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
<i>bicalutamide</i>	T1	
BOSULIF	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
BRAFTOVI	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
BRUKINSA	T5	PA; Max of 31 days per dispensing. (Max of 14 days supply per dispensing); QL (56 tablets per 14 Days)
CABOMETYX	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (30 tablets per 30 days)
CALQUENCE	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (28 capsules per 14 days)

Medication	Coverage Level	Restrictions
<i>capecitabine</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CAPRELSA	T4	PA; Max of 31 days per dispensing. (Limited to a 14 day supply per dispensing.); QL (1 tablet per 1 day)
CARAC	T9	
CASODEX	T3	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 14 day supply per dispensing.)
COPIKTRA	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 capsules per 30 days)
COTELLIC	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>cyclophosphamide oral capsule</i>	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
DAURISMO	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (1 tablet per 1 day)
<i>diclofenac sodium transdermal gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
DROXIA	T3	
EFUDEX EXTERNAL CREAM	T3	
EMCYT	T2	
ERIVEDGE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ERLEADA	T4	PA; Max of 31 days per dispensing. (Max of 30 days per dispensing.); QL (120 tablets per 30 Day(s)s)
<i>erlotinib hcl</i>	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
<i>etoposide oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
<i>exemestane</i>	T2	
FARESTON	T9	

Medication	Coverage Level	Restrictions
FARYDAK ORAL CAPSULE 10 MG	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (6 capsules per 1 fill)
FARYDAK ORAL CAPSULE 15 MG	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (6 capsules per 1 fill)
FARYDAK ORAL CAPSULE 20 MG	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (6 capsules per 1 fill)
FEMARA	T3	
FLUROPLEX	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
<i>flutamide</i>	T1	
GILOTRIF	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T3	
HALAVEN	T8	MB (Refer to your medical plan documents for coverage details.)
HYCANTIN ORAL	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
HYDREA	T3	
<i>hydroxyurea oral</i>	T1	
IBRANCE ORAL CAPSULE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (21 tablets per 28 days)
IBRANCE ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (21 tablets per 28 days)
ICLUSIG	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
IDHIFA	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 tablet per 1 day)

Medication	Coverage Level	Restrictions
<i>imatinib mesylate</i>	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 capsules per 30 days)
IMBRUVICA ORAL TABLET	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
INLYTA	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
INREBIC	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 capsules per 30 days)
INTRON A	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
IRESSA	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
JAKAFI	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
KISQALI 200 DOSE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (63 tablets per 28 days)
KISQALI 400 DOSE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (63 tablets per 28 days)
KISQALI 600 DOSE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (63 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (91 tablets per 28 days)
KOSELUGO	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
<i>lapatinib ditosylate</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)
LENVIMA (10 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.)
LENVIMA (12 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.)
LENVIMA (14 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.)
LENVIMA (18 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.)
LENVIMA (20 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.)
LENVIMA (24 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.)
LENVIMA (4 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.)
LENVIMA (8 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.)
<i>letrozole oral</i>	T1	
LEUKERAN	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>leuprolide acetate injection</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
LONSURF	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
LORBRENA	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
LYNPARZA ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (56 tablets per 14 days)
LYSODREN	T4	PA; Max of 31 days per dispensing. (Limited to a 14 day supply per dispensing)
MATULANE	T4	PA; Max of 31 days per dispensing. (Limited to a 14 day supply per fill)
MEGACE ES	T3	ST

Medication	Coverage Level	Restrictions
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1	
MEKINIST	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
MEKTOVI	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
<i>melphalan</i>	T2	
<i>mercaptopurine oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
MYLERAN	T3	
NERLYNX	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
NEXAVAR	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
<i>nilutamide</i>	T1	
NINLARO	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (3 capsules per 28 days)
NUBEQA	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
ODOMZO	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (1 capsule per 1 day)
OGIVRI	T9	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	T3	ST
PEMAZYRE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (14 Tablets per 21 days)
PICATO EXTERNAL GEL 0.015 %	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (3 gm per 180 days)
PICATO EXTERNAL GEL 0.05 %	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 gm per 180 days)

Medication	Coverage Level	Restrictions
PIQRAY (200 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of one month supply per dispensing); QL (28 tablets per 28 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of one month supply per dispensing); QL (56 tablets per 28 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; Max of 31 days per dispensing. (Max of one month supply per dispensing); QL (56 tablets per 28 days)
POMALYST	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PORTRAZZA	T9	
PURIXAN	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
QINLOCK	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (90 Tablets per 30 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST
RETEVMO	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (120 Tablets per 30 days)
REVLIMID	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 capsules per 30 days)
ROZLYTREK	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (90 capsules per 30 days); AL
RUBRACA	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RYDAPT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (56 tablets per 21 days)
SPRYCEL	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
STIVARGA	T5	PA; Max of 31 days per dispensing. (Limited to 21 day supply per 28 day dispensing); QL (84 tablets per 28 days)
SUPPRELIN LA	T7	PA

Medication	Coverage Level	Restrictions
SUTENT	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TABLOID	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TABRECTA	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (120 Tablets per 30 days)
TAFINLAR	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
TAGRISSE	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.); QL (1 tablet per 1 day)
TALZENNA	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (1 capsule per 1 day)
<i>tamoxifen citrate oral</i>	T1	
TARCEVA	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
TARGRETIN EXTERNAL	T9	
TARGRETIN ORAL	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
TASIGNA	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (56 capsule per 14 days)
TAXOTERE INTRAVENOUS CONCENTRATE 20 MG/ML, 80 MG/4ML	T7	
TAZVERIK	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (8 Tablets per 1 day)
TEMODAR ORAL	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>temozolomide</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TIBSOVO	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TOLAK	T2	QL (1 tube per 30 days)
<i>toremifene citrate</i>	T4	ST; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>tretinoin oral</i>	T4	PA; Max of 31 days per dispensing. (Limited to a 14 day supply per fill.)
TREXALL	T3	ST
TUKYSA ORAL TABLET 150 MG	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (120 Tablets per 30 days)
TURALIO	T5	PA; Max of 31 days per dispensing. (Limited to a 14 day supply per dispensing); QL (120 capsules per 30 Days); AL
TYKERB	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
VALCHLOR	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.); QL (60 GM per 15 days)
VANTAS	T7	MB (Refer to your medical plan documents for coverage details.)
VENCLEXTA	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
VENCLEXTA STARTING PACK	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
VERZENIO	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
VITRAKVI ORAL CAPSULE	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (60 capsules per 30 days)
VITRAKVI ORAL SOLUTION	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (1 bottle per 30 days)
VIZIMPRO	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
VOTRIENT	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
XALKORI	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
XATMEP	T3	AL

Medication	Coverage Level	Restrictions
XELODA	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
XOSPATA	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
XPOVIO (100 MG ONCE WEEKLY)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (8 tablets per 28 Days)
XPOVIO (40 MG TWICE WEEKLY)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (16 tablets per 28 Days)
XPOVIO (60 MG ONCE WEEKLY)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (24 tablets per 28 Days)
XPOVIO (80 MG ONCE WEEKLY)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (32 tablets per 28 days)
XTANDI	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
YONSA	T9	
ZEJULA	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 capsules per 30 days)
ZELBORAF	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML	T9	
ZOLINZA	T4	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)
ZYDELIG	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.); QL (2 capsules per 14 days)
ZYKADIA ORAL CAPSULE	T5	PA; Max of 31 days per dispensing. (Max of 14 days per dispensing.)

Medication	Coverage Level	Restrictions
ZYTIGA	T9	
Antitoxins, Immune Glob, Toxoids, Vaccines		
<i>Allergenic Extracts (Therapeutic)</i>		
GRASTEK	T3	AL
ODACTRA	T3	AL
ORALAIR	T3	AL
PALFORZIA (12 MG DAILY DOSE)	T4	PA
PALFORZIA (120 MG DAILY DOSE)	T4	PA
PALFORZIA (160 MG DAILY DOSE)	T4	PA
PALFORZIA (20 MG DAILY DOSE)	T4	PA
PALFORZIA (200 MG DAILY DOSE)	T4	PA
PALFORZIA (240 MG DAILY DOSE)	T4	PA
PALFORZIA (3 MG DAILY DOSE)	T4	PA
PALFORZIA (300 MG MAINTENANCE)	T4	PA; QL (30 packets per 30 Days)
PALFORZIA (300 MG TITRATION)	T4	PA; QL (30 packets per 30 Days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA
PALFORZIA (6 MG DAILY DOSE)	T4	PA
PALFORZIA (80 MG DAILY DOSE)	T4	PA
PALFORZIA INITIAL ESCALATION	T4	PA
RAGWITEK	T3	AL
<i>Antitoxins And Immune Globulins</i>		
ANASCORP	T7	
ZINPLAVA	T9	
<i>Toxoids</i>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6	QL (1 Dose per 1 Lifetime); AL
TENIVAC	T6	QL (1 dose per 10 years); AL
<i>tetanus-diphtheria toxoids td</i>	T6	AL
<i>Vaccines</i>		
AFLURIA	T6	QL (1 injection per 180 days); AL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6	QL (1 injection per 180 days); AL
BEXSERO	T6	QL (2 ML per 1 lifetime); AL
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6	QL (3 Doses per 1 Lifetime); AL
FLUAD	T6	QL (1 injection per 180 days); AL
FLUBLOK QUADRIVALENT	T6	QL (1 injection per 180 days); AL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6	QL (1 injection per 180 days); AL
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6	QL (1 injection per 180 days); AL

Medication	Coverage Level	Restrictions
FLUMIST QUADRIVALENT	T6	QL (1 inhalation per 180 days); AL
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6	QL (1 injection per 180 days); AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6	QL (3 Doses per 1 Lifetime); AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6	QL (2 Doses per 1 Lifetime); AL
IMOVAX RABIES	T6	
IPOL INJECTION INJECTABLE	T6	QL (3 Doses per 1 Lifetime); AL
IXIARO	T9	
MENACTRA	T6	QL (1 Dose per 1 Lifetime); AL
MENVEO	T6	QL (1 Dose per 1 Lifetime); AL
M-M-R II SUBCUTANEOUS	T6	QL (2 Doses per 1 Lifetime); AL
PENTACEL	T6	
PNEUMOVAX 23	T6	QL (3 Doses per 1 Lifetime); AL
PREVNAR 13	T6	QL (2 Doses per 1 Lifetime); AL
RABAVERT	T6	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6	QL (3 Doses per 1 Lifetime); AL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6	QL (2 doses per 1 lifetime); AL
TRUMENBA	T6	QL (3 ML per 1 Lifetime); AL
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	T6	QL (4 Doses per 1 Lifetime); AL
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6	QL (2 Doses per 1 Lifetime); AL
VIVOTIF	T9	
YF-VAX	T9	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	T6	QL (1 Dose per 1 Lifetime); AL
Autonomic Drugs		
<i>Alpha- And Beta-Adrenergic Agonists</i>		
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	T9	
BROMFED DM	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CLARINEX-D 12 HOUR	T9	

Medication	Coverage Level	Restrictions
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 31 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>loratadine-d 24hr</i>	T9	
NORTHERA ORAL CAPSULE 100 MG	T5	ST; Max of 31 days per dispensing. (Max of 14 days per dispensing. Limited to one fill every three months.); QL (18 capsules per 1 day)
NORTHERA ORAL CAPSULE 200 MG	T5	ST; Max of 31 days per dispensing. (Max of 14 days per dispensing. Limited to one fill every three months.); QL (9 capsules per 1 day)
NORTHERA ORAL CAPSULE 300 MG	T5	ST; Max of 31 days per dispensing. (Max of 14 days per dispensing. Limited to one fill every three months.); QL (6 capsules per 1 day)
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoeph-chlorphen-hydrocod</i>	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
SEMPREX-D	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 Days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 30 days)
ZYRTEC-D ALLERGY & CONGESTION	T9	
<i>Alpha-Adrenergic Agonists</i>		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine hcl er</i>	T2	
<i>clonidine hcl oral</i>	T1	
HISTEX-AC	T9	

Medication	Coverage Level	Restrictions
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
LUCEMYRA	T9	
<i>maxi-tuss cd</i>	T9	
<i>methyldopa oral</i>	T1	
<i>methyldopa-hydrochlorothiazide</i>	T1	
<i>midodrine hcl</i>	T1	
<i>phenylephrine-guaifenesin oral liquid</i>	T1	
Antimuscarinics/Antispasmodics		
ANASPAZ	T3	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
ATROVENT HFA	T2	
BEVESPI AEROSPHERE	T2	QL (1 inhaler per 30 days)
<i>chlordiazepoxide-clidinium</i>	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhaler per 40 days)
CUVPOSA	T3	AL
<i>dicyclomine hcl oral</i>	T1	
<i>diphenoxylate-atropine</i>	T1	
DONNATAL	T9	
DUAKLIR PRESSAIR	T9	
GLYCATE	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydromet</i>	T1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s))
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LIBRAX	T9	
LOMOTIL ORAL TABLET	T3	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	

Medication	Coverage Level	Restrictions
<i>methscopolamine bromide oral</i>	T2	
NULEV	T1	
<i>oscimin sr</i>	T1	
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>propantheline bromide oral</i>	T1	
QBREXZA	T9	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days); AL
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
SYMAX DUOTAB	T3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	T2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days); AL
YUPELRI	T9	
Antiparkinsonian Agents		
<i>benztropine mesylate oral</i>	T1	
<i>trihexyphenidyl hcl oral tablet</i>	T1	
Autonomic Drugs, Miscellaneous		
CHANTIX	T2	PV; QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	T2	PV
CHANTIX STARTING MONTH PAK	T2	PV
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	T1	PV
NICODERM CQ	T9	
NICORETTE MOUTH/THROAT GUM	T9	PV
NICORETTE MOUTH/THROAT LOZENGE	T9	
<i>nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	PV
<i>nicotine transdermal patch 24 hour</i>	T1	PV
NICOTROL	T2	PV; QL (1 cartridge per 30 days)
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
Centrally Acting Skeletal Muscle Relaxant		
AMRIX	T9	
<i>carisoprodol oral tablet 350 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T9	
<i>chlorzoxazone oral tablet 250 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
LORZONE	T3	ST; QL (120 tablets per 30 days)
<i>metaxalone oral tablet 800 mg</i>	T9	
<i>methocarbamol oral</i>	T1	
ROBAXIN ORAL	T3	
ROBAXIN-750	T3	
SKELAXIN	T9	
SOMA ORAL TABLET 350 MG	T9	
<i>tizanidine hcl oral</i>	T1	
ZANAFLEX	T3	
Direct-Acting Skeletal Muscle Relaxants		
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
<i>dantrolene sodium oral</i>	T1	
Gaba-Derivative Skeletal Muscle Relaxant		
<i>baclofen oral</i>	T1	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
Non-Sel. Beta-Adrenergic Blocking Agents		
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
BYSTOLIC	T3	ST
BYVALSON	T3	ST
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
CORZIDE	T3	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
<i>labetalol hcl oral</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>propranolol-hctz</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
<i>timolol maleate oral</i>	T1	
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
CARDURA	T3	
CARDURA XL	T3	ST
<i>doxazosin mesylate oral</i>	T1	
MINIPRESS	T3	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents		
CAFERGOT	T9	
DIBENZYLINE	T9	
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T9	
<i>ergoloid mesylates oral</i>	T1	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
MIGERGOT	T9	
MIGRANAL	T9	
<i>phenoxybenzamine hcl oral</i>	T9	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Parasympathomimetic (Cholinergic Agents)		
ARICEPT	T3	
<i>bethanechol chloride oral</i>	T1	
<i>cevimeline hcl</i>	T1	QL (90 Capsules per 30 days)
<i>donepezil hcl</i>	T1	
EVOXAC	T2	QL (90 capsulues per 30 days)
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	

Medication	Coverage Level	Restrictions
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL
<i>pilocarpine hcl oral</i>	T1	QL (120 tablets per 30 days)
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
RAZADYNE ER	T3	Max of 31 days per dispensing. (Drug name has been changed from Reminyl*)
RAZADYNE ORAL TABLET	T3	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1	QL (60 capsules per 30 days)
SALAGEN	T3	
Selective Alpha-1-Adrenergic Block.Agent		
<i>alfuzosin hcl er</i>	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
<i>dutasteride-tamsulosin hcl</i>	T2	ST
FLOMAX	T3	
JALYN	T3	ST
<i>labetalol hcl oral</i>	T1	
RAPAFLO	T3	
<i>silodosin</i>	T2	ST
<i>tamsulosin hcl</i>	T1	
UROXATRAL	T3	
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
<i>albuterol sulfate er</i>	T1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	
<i>albuterol sulfate oral</i>	T1	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)

Medication	Coverage Level	Restrictions
ARCAPTA NEOHALER	T3	
BEVESPI AEROSPHERE	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA	T9	
BROVANA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); AL
<i>budesonide-formoterol fumarate</i>	T9	
COMBIVENT RESPIMAT	T2	QL (2 inhaler per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
<i>levalbuterol tartrate hfa</i>	T2	
<i>metaproterenol sulfate oral</i>	T1	
PERFOROMIST	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); AL
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL
SYMBICORT	T2	QL (1 inhaler per 30 days)
<i>terbutaline sulfate oral</i>	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days); AL
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
WIXELA INHUB	T9	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	

Medication	Coverage Level	Restrictions
XOPENEX HFA	T9	
Selective Beta-Adrenergic Blocking Agent		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
DUTOPROL	T9	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
TOPROL XL	T3	
ZIAC	T3	
Skeletal Muscle Relaxants, Miscellaneous		
<i>norgesic forte</i>	T9	
<i>orphenadrine citrate er</i>	T1	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
Blood Formation, Coagulation, Thrombosis		
Anticoagulants, Miscellaneous		
ARIXTRA	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>fondaparinux sodium</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Blood Form.,Coag,Thrombosis Agents Misc.		
AXBRYTA	T9	
TAVALISSE	T9	
Coumarin Derivatives		
COUMADIN ORAL	T2	
JANTOVEN	T1	
<i>warfarin sodium oral</i>	T1	
Direct Factor Xa Inhibitors		
ARIXTRA	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
BEVYXXA	T9	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	T2	QL (74 tablets per 31 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (62 tablets per 31 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 31 days)
<i>fondaparinux sodium</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (31 tablets per 31 days); AL
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days); AL
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days); AL
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
<i>Direct Thrombin Inhibitors</i>		
PRADAXA	T3	ST; QL (62 tablets per 31 days)
<i>Hematopoietic Agents</i>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML	T4	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
DOPTELET ORAL TABLET 20 MG	T9	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
FULPHILA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 28 days)
MULPLETA	T9	

Medication	Coverage Level	Restrictions
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	MB (This medication is also covered under the Medical Benefit if the physician chooses to buy and bill.); Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
NIVESTYM	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
PROMACTA ORAL PACKET 12.5 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PROMACTA ORAL PACKET 25 MG	T4	PA
PROMACTA ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
UDENYCA	T4	MB (This drug may be covered under your medical benefit at Tier 7 - preferred specialty. Please refer to your medical plan documents for coverage details.); Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 28 days)
ZARXIO	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ZIEXTENZO	T9	
Hemorrhologic Agents		
<i>pentoxifylline er</i>	T1	
Hemostatics		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
<i>adynovate intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 250 UNIT, 500 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing)
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T5	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
AMICAR ORAL SOLUTION	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
AMICAR ORAL TABLET	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>aminocaproic acid oral solution</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>aminocaproic acid oral tablet</i>	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
BENEFIX INTRAVENOUS KIT	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
COAGADEX	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
<i>desmopressin ace spray refrig</i>	T2	ST
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 2000 UNIT	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ESPEROCT	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
HEMLIBRA	T4	PA; Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)

Medication	Coverage Level	Restrictions
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT	T5	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	T5	Max of 31 days per dispensing. (Mx of 31 says supply per dispensing.)
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
JIVI	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
KOATE-DVI	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
KOGENATE FS	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
KOVALTRY	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
LYSTEDA	T3	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
NOCDURNA	T9	
NOCTIVA	T9	
NOVOEIGHT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG, 5 MG	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing)
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 8 MG	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
REBINYN	T5	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
<i>rixubis</i>	T5	Max of 31 days per dispensing. (Max of 31 days supply per dispensing); AL
STIMATE	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>tranexamic acid oral</i>	T1	
TRETTEN	T5	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
VONVENDI	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Heparins		
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	T3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
LOVENOX SUBCUTANEOUS	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
Iron Preparations		
<i>active fe</i>	T9	
BACMIN	T9	
BIFERARX	T9	
CENTRATX	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 EA per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL BLOOM	T9	
CITRANATAL DHA	T3	
CITRANATAL RX	T3	
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	

Medication	Coverage Level	Restrictions
CORVITA 150	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	
DIALYVITE 800/IRON	T9	
ENLYTE	T9	
<i>fe 90 plus</i>	T9	
FE C PLUS	T9	
FERIVA 21/7	T9	
FERIVAF A	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FERREX 28	T9	
FERROCITE PLUS ORAL TABLET	T9	
FERROGELS FORTE	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL
FOCALGIN DSS	T9	
FOLET DHA	T3	QL (30 tablets per 30 days)
FOLET ONE	T3	QL (30 tablets per 30 days)
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FORTAVIT ORAL CAPSULE	T9	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
<i>hematinic plus vitlminerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	T9	
HEMOCYTE	T9	
HEMOCYTE PLUS	T9	

Medication	Coverage Level	Restrictions
HEMOCYTE-F ORAL TABLET	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MULTICHEW	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
M-VIT	T9	
<i>myferon 150 forte</i>	T9	
MYKIDZ IRON FL	T9	
MYNATAL ADVANCE	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NATALVIRT FLT	T9	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
NEPHRON FA	T9	
NEXA PLUS	T3	
NIVA-PLUS	T9	
NUFERA	T9	
NUTRICAP	T9	
O-CAL FA	T9	
<i>pnv folic acid + iron</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>poly-iron 150 forte</i>	T9	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
<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 low iron oral tablet 27-0.8 mg</i>	T1	PV
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV

Medication	Coverage Level	Restrictions
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatall/iron oral tablet</i>	T1	PV
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PROFERRIN-FORTE	T9	
PROVIDA OB	T3	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
QUFLORA FE	T9	
RIGHT STEP PRENATAL	T1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<i>se-tan plus</i>	T9	
SIDEROL ORAL LIQUID†	T9	
STROVITE FORTE ORAL TABLET	T9	
TANDEM PLUS	T9	
<i>taron forte</i>	T9	
TARON-PREX	T2	
TEXAVITE LQ	T9	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl folate</i>	T3	
<i>tl icon</i>	T9	
<i>tl-care dha</i>	T1	
<i>tl-fluorivite</i>	T9	
<i>tl-hem 150</i>	T9	
TRICARE	T1	
TRICARE PRENATAL COMPLEAT	T3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
TRICON	T9	
<i>trigels-f forte</i>	T9	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
TRIVEEN-DUO DHA	T1	
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VINATE M	T1	
VINATE ONE	T1	

Medication	Coverage Level	Restrictions
VITAFOL ORAL TABLET	T9	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAPEARL	T3	
VITATRUE	T3	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
<i>wee care</i>	T1	PV; AL
Platelet-Aggregation Inhibitors		
AGGRENOX	T3	
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>aspirin ec low dose</i>	T1	PV; AL
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL
<i>aspirin-dipyridamole er</i>	T1	
BRILINTA ORAL TABLET 90 MG	T2	
BUFFERIN	T3	PV; AL
BUFFERIN LOW DOSE ORAL TABLET	T3	AL
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 tablets per 30 days)
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>dipyridamole oral</i>	T1	
DURLAZA	T9	
EFFIENT	T3	QL (31 tablets per 31 days)
FIORINAL	T3	
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
PLAVIX ORAL TABLET 75 MG	T3	
<i>prasugrel hcl</i>	T1	QL (31 tablets per 31 days)
YOSPRALA	T9	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
Platelet-Reducing Agents		
AGRYLIN	T3	
<i>anagrelide hcl</i>	T1	
Thrombolytic Agents		
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>aspirin ec low dose</i>	T1	PV; AL
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL
BUFFERIN	T3	PV; AL
BUFFERIN LOW DOSE ORAL TABLET	T3	AL

Medication	Coverage Level	Restrictions
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 tablets per 30 days)
DURLAZA	T9	
FIORINAL	T3	
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
YOSPRALA	T9	
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA	T3	
CARDURA XL	T3	ST
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
<i>doxazosin mesylate oral</i>	T1	
<i>labetalol hcl oral</i>	T1	
MINIPRESS	T3	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA	T3	
CARDURA XL	T3	ST
<i>doxazosin mesylate oral</i>	T1	
<i>labetalol hcl oral</i>	T1	
MINIPRESS	T3	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
Angiotensin li Receptor Antagon.(Hypotn)		
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
ATACAND	T3	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
AVAPRO	T3	
AZOR	T3	ST
BENICAR	T3	
BENICAR HCT	T3	
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	

Medication	Coverage Level	Restrictions
COZAAR	T3	
DIOVAN	T3	QL (60 tablets per 30 days)
DIOVAN HCT	T3	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EXFORGE	T3	
EXFORGE HCT	T3	
HYZAAR	T3	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
MICARDIS	T3	
MICARDIS HCT	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
<i>valsartan</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
Angiotensin II Receptor Antagonists		
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
ATACAND	T3	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
AVAPRO	T3	
AZOR	T3	ST
BENICAR	T3	
BENICAR HCT	T3	
BYVALSON	T3	ST
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
COZAAR	T3	

Medication	Coverage Level	Restrictions
DIOVAN	T3	QL (60 tablets per 30 days)
DIOVAN HCT	T3	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
ENTRESTO	T2	PA; QL (60 tablets per 30 days)
EXFORGE	T3	
EXFORGE HCT	T3	
HYZAAR	T3	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
MICARDIS	T3	
MICARDIS HCT	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
<i>valsartan</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL	T3	
ACCURETIC	T3	
ALTACE ORAL CAPSULE	T3	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>benazepril hcl oral</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
<i>captopril oral</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<i>enalapril maleate oral</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
EPANED ORAL SOLUTION	T3	AL
<i>fosinopril sodium</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
<i>lisinopril oral</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	

Medication	Coverage Level	Restrictions
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
<i>moexipril hcl</i>	T1	Max of 31 days per dispensing. (The generic version is preferred.)
<i>perindopril erbumine</i>	T1	
PRESTALIA	T3	ST
PRINIVIL	T3	
QBRELIS	T3	AL
<i>quinapril hcl</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>ramipril</i>	T1	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil hcl er</i>	T1	
VASERETIC	T3	
VASOTEC	T3	
ZESTORETIC	T3	
ZESTRIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG, 5 MG	T3	
Angiotensin-Converting Enzyme Inhibitors		
ACCUPRIL	T3	
ACCURETIC	T3	
ALTACE ORAL CAPSULE	T3	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>benazepril hcl oral</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
<i>captopril oral</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<i>enalapril maleate oral</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
EPANED ORAL SOLUTION	T3	AL
<i>fosinopril sodium</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
<i>lisinopril oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>lisinopril-hydrochlorothiazide</i>	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
<i>moexipril hcl</i>	T1	Max of 31 days per dispensing. (The generic version is preferred.)
<i>perindopril erbumine</i>	T1	
PRESTALIA	T3	ST
PRINIVIL	T3	
QBRELIS	T3	AL
<i>quinapril hcl</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>ramipril</i>	T1	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
<i>trandolapril</i>	T1	
<i>trandolapril-verapamil hcl er</i>	T1	
VASERETIC	T3	
VASOTEC	T3	
ZESTORETIC	T3	
ZESTRIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG, 5 MG	T3	
<i>Antiarrhythmics, Miscellaneous</i>		
DIGITEK	T1	
DIGOX	T1	
<i>digoxin oral solution</i>	T2	AL
<i>digoxin oral tablet</i>	T1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
<i>Antilipemic Agents, Miscellaneous</i>		
<i>advanced amlpm</i>	T9	
ANIMI-3	T9	
ANIMI-3/VITAMIN D	T9	
<i>bp vit 3</i>	T9	
<i>icosapent ethyl</i>	T2	PA

Medication	Coverage Level	Restrictions
JUXTAPID	T9	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
LOVAZA	T3	
NEXLETOL	T3	PA; QL (30 tablets per 30 days)
NEXLIZET	T3	PA; QL (30 tablets per 30 Days)
<i>niacin er (antihyperlipidemic)</i>	T1	
NIACOR	T1	
NIASPAN	T3	
<i>omega-3-acid ethyl esters</i>	T1	
VASCEPA	T3	PA
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
BYSTOLIC	T3	ST
BYVALSON	T3	ST
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
CORZIDE	T3	
DUTOPROL	T9	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
<i>labetalol hcl oral</i>	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	

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

Medication	Coverage Level	Restrictions
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>propranolol-hctz</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
<i>timolol maleate oral</i>	T1	
TOPROL XL	T3	
ZIAC	T3	
<i>Bile Acid Sequestrants</i>		
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1	
PREVALITE	T1	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
WELCHOL ORAL PACKET	T3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	ST
<i>Calcium-Channel Block.Agt,Misc(Hypoten)</i>		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	

Medication	Coverage Level	Restrictions
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
MATZIM LA	T9	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
TAZTIA XT	T1	
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>trandolapril-verapamil hcl er</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
<i>Calcium-Channel Blocking Agents(Hypoten)</i>		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	

Medication	Coverage Level	Restrictions
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
MATZIM LA	T9	
PRESTALIA	T3	ST
TAZTIA XT	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
<i>Calcium-Channel Blocking Agents, Misc.</i>		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	

Medication	Coverage Level	Restrictions
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
MATZIM LA	T9	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
TAZTIA XT	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>trandolapril-verapamil hcl er</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
Calcium-Channel Blocking Agents		
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T9	

Medication	Coverage Level	Restrictions
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
AZOR	T3	ST
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
EXFORGE	T3	
EXFORGE HCT	T3	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
KATERZIA	T9	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
MATZIM LA	T9	
<i>nicardipine hcl oral</i>	T2	

Medication	Coverage Level	Restrictions
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 fill per 21 days)
<i>olmesartan-amlodipine-hctz</i>	T1	
PRESTALIA	T3	ST
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
TAZTIA XT	T1	
<i>telmisartan-amlodipine</i>	T1	
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>trandolapril-verapamil hcl er</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
Carbonic Anhydrase Inhibitors(Hypoten)		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
Cardiac Drugs, Miscellaneous		
CORLANOR	T3	ST
RANEXA	T3	

Medication	Coverage Level	Restrictions
<i>ranolazine er</i>	T1	
VYNDAMAX	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 capsules per 30 days)
VYNDAQEL	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 capsules per 30 days)
Cardiotonic Agents		
DIGITEK	T1	
DIGOX	T1	
<i>digoxin oral solution</i>	T2	AL
<i>digoxin oral tablet</i>	T1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
Central Alpha-Agonists		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine hcl er</i>	T2	
<i>clonidine hcl oral</i>	T1	
<i>guanfacine hcl er</i>	T1	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1	
INTUNIV	T3	QL (30 tablets per 30 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
<i>methyldopa oral</i>	T1	
<i>methyldopa-hydrochlorothiazide</i>	T1	
Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin</i>	T1	
NEXLIZET	T3	PA; QL (30 tablets per 30 Days)
VYTORIN	T3	
ZETIA	T3	
Class Ia Antiarrhythmics		
<i>disopyramide phosphate oral</i>	T1	
NORPACE	T3	
NORPACE CR	T2	
<i>quinidine gluconate er</i>	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)

Medication	Coverage Level	Restrictions
<i>quinidine sulfate oral tablet 200 mg</i>	T1	
Class Ib Antiarrhythmics		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
<i>mexiletine hcl oral</i>	T1	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1	
Class Ic Antiarrhythmics		
<i>flecainide acetate</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T3	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
Class II Antiarrhythmics		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
CORZIDE	T3	
DUTOPROL	T9	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
<i>labetalol hcl oral</i>	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	

Medication	Coverage Level	Restrictions
<i>metoprolol tartrate oral</i>	T1	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>propranolol-hctz</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
<i>timolol maleate oral</i>	T1	
TOPROL XL	T3	
ZIAC	T3	
Class Iii Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg</i>	T1	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>dofetilide</i>	T2	
MULTAQ	T3	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1	
PACERONE ORAL TABLET 400 MG	T2	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
TIKOSYN	T3	
Class Iv Antiarrhythmics		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	

Medication	Coverage Level	Restrictions
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
MATZIM LA	T9	
TAZTIA XT	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
<i>Dihydropyridines (Antihypertensive)</i>		
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1	

Medication	Coverage Level	Restrictions
<i>amlodipine-valsartan-hctz</i>	T1	
AZOR	T3	ST
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
EXFORGE	T3	
EXFORGE HCT	T3	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
KATERZIA	T9	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 fill per 21 days)
<i>olmesartan-amlodipine-hctz</i>	T1	
PRESTALIA	T3	ST
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>telmisartan-amlodipine</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
<i>Dihydropyridines</i>		
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	

Medication	Coverage Level	Restrictions
AZOR	T3	ST
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CONSENSI	T9	
EXFORGE	T3	
EXFORGE HCT	T3	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
KATERZIA	T9	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 fill per 21 days)
<i>olmesartan-amlodipine-hctz</i>	T1	
PRESTALIA	T3	ST
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>telmisartan-amlodipine</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
Direct Vasodilators		
BIDIL	T2	
<i>hydralazine hcl oral</i>	T1	
<i>minoxidil oral</i>	T1	
Diuretics, Miscellaneous (Hypotensive)		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er</i>	T1	

Medication	Coverage Level	Restrictions
Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	T9	
<i>fenofibrate micronized oral capsule 130 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	MB (Lipofen(#2))
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid</i>	T1	
FENOGLIDE	T9	
FIBRICOR	T3	
<i>gemfibrozil oral</i>	T1	
LIPOFEN ORAL CAPSULE 150 MG	T9	
LIPOFEN ORAL CAPSULE 50 MG	T9	ST
LOPID	T3	
TRICOR	T3	
TRIGLIDE ORAL TABLET 160 MG	T9	
TRILIPIX	T3	
Hmg-Coa Reductase Inhibitors		
ALTOPREV	T9	
<i>amlodipine-atorvastatin</i>	T9	
<i>atorvastatin calcium oral</i>	T1	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
<i>ezetimibe-simvastatin</i>	T1	
<i>flolipid</i>	T9	
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
LESCOL	T9	
LESCOL XL	T9	
LIPITOR	T3	
LIVALO	T9	
<i>lovastatin</i>	T1	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1	
<i>rosuvastatin calcium</i>	T1	
<i>simvastatin oral suspension</i>	T9	

Medication	Coverage Level	Restrictions
<i>simvastatin oral tablet</i>	T1	
VYTORIN	T3	
ZOCOR	T3	QL (31 tablets per 31 days)
ZYPITAMAG	T9	
Hypotensive Agents, Miscellaneous		
<i>acebutolol hcl oral</i>	T1	
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
AZOR	T3	ST
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1	
BYVALSON	T3	ST
CARDURA	T3	
CARDURA XL	T3	ST
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
DIBENZYLINE	T9	
<i>doxazosin mesylate oral</i>	T1	
EXFORGE	T3	
<i>felodipine er</i>	T1	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
<i>isradipine</i>	T1	
KATERZIA	T9	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	

Medication	Coverage Level	Restrictions
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 fill per 21 days)
<i>phenoxybenzamine hcl oral</i>	T9	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>pindolol</i>	T1	
PROCARDIA XL	T3	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>terazosin hcl oral</i>	T1	
<i>timolol maleate oral</i>	T1	
VECAMYL	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Loop Diuretics (Hypotensive Agents)		
<i>bumetanide oral</i>	T1	
DEMADEX ORAL TABLET 10 MG	T3	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
LASIX	T3	
<i>torseamide oral</i>	T1	
Mineralocorticoid (Aldosterone) Antagnts		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
CAROSPIR	T9	
<i>eplerenone</i>	T1	
INSPRA	T3	
<i>spironolactone oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>spironolactone-hctz</i>	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
CAROSPIR	T9	
<i>eplerenone</i>	T1	
INSPRA	T3	
<i>spironolactone oral</i>	T1	
<i>spironolactone-hctz</i>	T1	
Nitrates And Nitrites		
BIDIL	T2	
GONITRO	T9	
ISORDIL TITRADOSE	T9	
<i>isosorbide dinitrate er</i>	T1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
MINITRAN	T1	
NITRO-BID	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitroglycerin er</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	T3	
NITROLINGUAL	T3	
NITROSTAT	T1	
NITRO-TIME	T1	
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA; QL (2 pens per 28 days)
REPATHA	T3	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T3	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T3	PA; QL (2 pens per 28 days)
Phosphodiesterase Type 5 Inhibitors		
ADCIRCA	T9	QL (60 tablets per 30 days)
CIALIS	T9	

Medication	Coverage Level	Restrictions
<i>cilostazol</i>	T1	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	T9	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (6 tablets per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
STAXYN	T9	
STENDRA	T9	
<i>tadalafil (pah)</i>	T9	Max of 31 days per dispensing. ()
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	QL (6 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	T1	ST; QL (30 tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days)
<i>vardeafil hcl oral</i>	T2	QL (6 tablets per 30 Days)
VIAGRA	T9	
Potassium-Sparing Diuretics (Hypoten)		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
CAROSPIR	T9	
DYAZIDE	T3	
DYRENIUM	T9	
<i>eplerenone</i>	T1	
INSPRA	T3	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone oral</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
Renin Inhibitors		
<i>aliskiren fumarate</i>	T2	ST

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

Medication	Coverage Level	Restrictions
<i>metoprolol-hydrochlorothiazide</i>	T1	
MICARDIS HCT	T3	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>propranolol-hctz</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>spironolactone-hctz</i>	T1	
TEKTURNA HCT	T2	ST
<i>telmisartan-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
TRIBENZOR	T3	
<i>valsartan-hydrochlorothiazide</i>	T1	
VASERETIC	T3	
ZESTORETIC	T3	
ZIAC	T3	
<i>Thiazide-Like Diuretics(Hypotensive Agt)</i>		
<i>atenolol-chlorthalidone</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
EDARBYCLOR	T3	ST
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
<i>Vasodilating Agents, Miscellaneous</i>		
ADALAT CC	T3	
ADEMPAS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
AFEDITAB CR	T1	
AGGRENOX	T3	
<i>ambrisentan</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<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>aspirin-dipyridamole er</i>	T1	

Medication	Coverage Level	Restrictions
AZOR	T3	ST
<i>bosentan</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
CAVERJECT	T3	QL (6 injections per 30 days)
CAVERJECT IMPULSE	T3	QL (6 injections per 30 days)
CONSENSI	T9	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>dipyridamole oral</i>	T1	
EDEX	T9	
EXFORGE	T3	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
KATERZIA	T9	
LETAIRIS ORAL TABLET 10 MG	T9	Max of 31 days per dispensing. ()

Medication	Coverage Level	Restrictions
LETAIRIS ORAL TABLET 5 MG	T9	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
MATZIM LA	T9	
MUSE	T2	QL (6 pellets per 30 days)
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 fill per 21 days)
<i>olmesartan-amlodipine-hctz</i>	T1	
OPSUMIT	T5	PA; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (1 tablet per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
PRESTALIA	T3	ST
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	

Medication	Coverage Level	Restrictions
TAZTIA XT	T1	
<i>telmisartan-amlodipine</i>	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
TRACLEER ORAL TABLET	T9	Max of 31 days per dispensing. ()
TRACLEER ORAL TABLET SOLUBLE	T9	
<i>trandolapril-verapamil hcl er</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
TYVASO	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TYVASO REFILL	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TYVASO STARTER	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
UPTRAVI ORAL TABLET	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
VENTAVIS	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
Central Nervous System Agents		
Adamantanes (Cns)		
<i>amantadine hcl oral</i>	T1	
GOCOVRI	T9	
OSMOLEX ER	T9	
Amphetamine Derivatives		
<i>diethylpropion hcl er</i>	T1	
<i>diethylpropion hcl oral</i>	T1	
LOMAIRA	T3	ST

Medication	Coverage Level	Restrictions
<i>phendimetrazine tartrate</i>	T1	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>	T1	
<i>phentermine hcl oral tablet</i>	T1	
QSYMIA	T3	ST
Amphetamines		
ADDERALL	T3	AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	T2	QL (31 capsules per 31 days); AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	T2	QL (62 capsules per 31 days); AL
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL
<i>amphetamine-dextroamphet er</i>	T9	
<i>amphetamine-dextroamphetamine</i>	T1	AL
<i>benzphetamine hcl oral tablet 50 mg</i>	T1	
DESOXYN	T9	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	T3	QL (120 capsules per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	T3	QL (60 capsules per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (120 capsules per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days)
<i>dextroamphetamine sulfate oral tablet</i>	T1	
DYANAVAL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL
EVEKEO ODT	T9	
<i>methamphetamine hcl</i>	T9	
MYDAYIS	T9	
VYVANSE ORAL CAPSULE 10 MG	T2	QL (30 capsules per 30 days); AL
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	T2	QL (31 capsules per 31 days); AL
VYVANSE ORAL TABLET CHEWABLE	T2	QL (30 tablets per 30 days); AL
ZENZEDI ORAL TABLET 10 MG	T1	QL (180 tablets per 30 days)
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	T3	ST; QL (60 tablets per 30 days)
ZENZEDI ORAL TABLET 2.5 MG	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
ZENZEDI ORAL TABLET 5 MG	T1	QL (372 tablets per 31 days)
ZENZEDI ORAL TABLET 7.5 MG	T3	ST; QL (90 tablets per 30 days)
<i>Analgesics And Antipyretics, Misc.</i>		
<i>acetaminophen-codeine #2</i>	T1	
<i>acetaminophen-codeine #3</i>	T1	
<i>acetaminophen-codeine #4</i>	T1	
<i>acetaminophen-codeine oral solution</i>	T1	
ALLZITAL	T9	
APADAZ	T9	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet</i>	T1	
GRALISE	T3	PA; QL (90 tablets per 30 days)
GRALISE STARTER	T3	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	T3	ST; QL (30 tablets per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	T3	ST; QL (60 tablets per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	

Medication	Coverage Level	Restrictions
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)
NEURONTIN	T3	
NORCO	T3	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	T9	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	ST; QL (473 ML per 30 days)
PRIMLEV	T9	
PROLATE	T9	
<i>tramadol-acetaminophen</i>	T1	
TREXIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
TYLENOL WITH CODEINE #3	T3	
TYLENOL WITH CODEINE #4	T3	
ULTRACET	T3	
VANATOL LQ	T9	
VICODIN ES ORAL TABLET 7.5-300 MG	T9	
VICODIN HP ORAL TABLET 10-300 MG	T9	
VICODIN ORAL TABLET 5-300 MG	T9	
VTOL LQ	T9	
Anorexigenic Agents, Miscellaneous		
CONTRAVE	T3	ST
Anticholinergic Agents (Cns)		
<i>benztropine mesylate oral</i>	T1	
<i>trihexyphenidyl hcl oral tablet</i>	T1	
Anticonvulsants, Miscellaneous		
APTIOM	T3	PA; QL (60 tablets per 30 days)
BANZEL ORAL SUSPENSION	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2300 ML per 28 days)
BANZEL ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days); AL
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days); AL
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	ST
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1	
CARBATROL	T3	ST
DEPAKENE ORAL CAPSULE	T3	
DEPAKENE ORAL SOLUTION	T3	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
DIACOMIT ORAL CAPSULE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; Max of 31 days per dispensing. (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	
EPIDIOLEX	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 bottles per 30 days)
EPITOL	T1	
EQUETRO	T3	ST
<i>felbamate oral suspension</i>	T2	QL (900 ml per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FINTEPLA	T5	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (360 ML per 30 Days)
FYCOMPA ORAL SUSPENSION	T3	QL (680 ML per 30 days); AL

Medication	Coverage Level	Restrictions
FYCOMPA ORAL TABLET	T3	ST; QL (31 tablets per 31 days); AL
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet</i>	T1	
GABITRIL ORAL TABLET 12 MG, 4 MG	T3	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T3	QL (60 tablets per 30 days)
GRALISE	T3	PA; QL (90 tablets per 30 days)
GRALISE STARTER	T3	PA
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	T3	ST; QL (30 tablets per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	T3	ST; QL (60 tablets per 30 days)
KEPPRA ORAL	T3	
KEPPRA XR	T3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	T3	QL (1 kit per 365 Days)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	T3	QL (1 kit per 365 days)
LAMICTAL ODT ORAL TABLET DISPERSIBLE	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1	QL (1 kit per 365 days)
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)

Medication	Coverage Level	Restrictions
NEURONTIN	T3	
<i>oxcarbazepine</i>	T1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T3	PA; QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T3	PA; QL (120 tablets per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	ST; QL (473 ML per 30 days)
QSYMIA	T3	ST
QUDEXY XR	T9	
<i>rufinamide</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing); QL (2300 ML per 28 Days)
SABRIL	T9	
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
<i>topiramate er</i>	T4	Max of 31 days per dispensing. (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	
TRILEPTAL	T3	
TROKENDI XR	T9	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	

Medication	Coverage Level	Restrictions
<i>vigabatrin oral packet</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 packets per 30 days); AL
<i>vigabatrin oral tablet</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 tablets per 30 days); AL
VIMPAT INTRAVENOUS	T2	
VIMPAT ORAL TABLET	T2	QL (60 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE)	T3	PA; QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T3	PA; QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T3	PA; QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T3	PA; QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	PA; QL (1 Pack per 30 days)
ZONEGRAN	T3	
<i>zonisamide oral</i>	T1	
Antidepressants, Miscellaneous		
APLENZIN	T9	
<i>bupropion hcl er (smoking det)</i>	T1	PV
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1	QL (90 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	
FORFIVO XL	T9	
<i>mirtazapine oral</i>	T1	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
ZYBAN	T3	PV

Medication	Coverage Level	Restrictions
Antimanic Agents		
ABILIFY MYCITE	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	T3	QL (30 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	QL (30 EA per 30 days)
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T3	QL (30 tablets per 30 days); AL
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	ST
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1	
CARBATROL	T3	ST
DEPAKENE ORAL CAPSULE	T3	
DEPAKENE ORAL SOLUTION	T3	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
EPITOL	T1	
EQUETRO	T3	ST
GEODON ORAL	T3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	T3	QL (1 kit per 365 Days)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	T3	QL (1 kit per 365 days)
LAMICTAL ODT ORAL TABLET DISPERSIBLE	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1	QL (1 kit per 365 days)

Medication	Coverage Level	Restrictions
<i>lamotrigine starter kit-green</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1	QL (1 kit per 365 days)
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
LITHOBID	T3	
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	AL
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T2	ST; QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T2	ST; QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 400 mg</i>	T1	QL (60 tablets per 30 days)
RISPERDAL	T3	
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG	T1	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	AL
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	AL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	T4	ST; QL (62 tablets per 31 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	T4	ST; QL (31 tablets per 31 days); AL
SECUADO	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 Patches per 30 days); AL
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	T3	ST; QL (31 tablets per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	ST; QL (60 tablets per 30 days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>ziprasidone hcl</i>	T1	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	AL
Antimigraine Agents, Miscellaneous		
AIMOVIG	T3	PA; QL (1 package per 30 days); AL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; Max of 31 days per dispensing. (Limited to a 1 month supply per fill); AL
ASCOMP-CODEINE	T2	
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>aspirin ec low dose</i>	T1	PV; AL
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL
BUFFERIN	T3	PV; AL
BUFFERIN LOW DOSE ORAL TABLET	T3	AL
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 tablets per 30 days)
CAFERGOT	T9	
CAMBIA	T9	
DEPAKENE ORAL CAPSULE	T3	
DEPAKENE ORAL SOLUTION	T3	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T9	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	

Medication	Coverage Level	Restrictions
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
DURLAZA	T9	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (1 pen per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; AL
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
MIGERGOT	T9	
MIGRANAL	T9	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>timolol maleate oral</i>	T1	
<i>tramadol-acetaminophen</i>	T1	
ULTRACET	T3	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
VANATOL LQ	T9	
VTOL LQ	T9	
<i>Antipsychotics, Miscellaneous</i>		
ADASUVE	T9	
<i>loxapine succinate oral</i>	T1	
<i>pimozide oral tablet 1 mg</i>	T1	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1	QL (150 tablets per 30 days)
<i>Anxiolytics, Sedatives, And Hypnotics, Misc</i>		
AMBIEN	T3	QL (31 tablets per 31 days); AL
AMBIEN CR	T3	QL (31 tablets per 31 days); AL
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL

Medication	Coverage Level	Restrictions
<i>buspirone hcl oral</i>	T1	
DAYVIGO	T3	ST; QL (30 Tablets per 30 days); AL
EDLUAR	T9	
<i>eszopiclone</i>	T1	QL (31 tablets per 31 days); AL
HETLIOZ	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1	
INTERMEZZO	T9	
LUNESTA	T3	QL (31 tablets per 31 days); AL
<i>meprobamate</i>	T9	
PHENADOZ	T3	
<i>promethazine hcl oral syrup</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
<i>ramelteon</i>	T3	ST; AL
ROZEREM	T3	ST; AL
VISTARIL	T3	
<i>zaleplon</i>	T1	QL (31 capsules per 31 days); AL
<i>zolpidem tartrate er</i>	T1	QL (31 tablets per 31 days); AL
<i>zolpidem tartrate oral</i>	T1	QL (31 tablets per 31 days); AL
<i>zolpidem tartrate sublingual</i>	T9	
ZOLPIMIST	T3	ST; QL (1 bottle per 30 days)
Atypical Antipsychotics		
ABILIFY MYCITE	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (30 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	QL (30 EA per 30 days)
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T3	QL (30 tablets per 30 days); AL
CAPLYTA	T4	PA; QL (30 Capsules per 30 days)
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
FANAPT	T4	PA; QL (62 tablets per 31 days)
FANAPT TITRATION PACK	T4	PA; QL (62 tablets per 31 days)
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
GEODON ORAL	T3	
INVEGA	T4	ST; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (30 tablets per 30 days)
LATUDA	T4	ST; QL (30 tablets per 30 days)
NUPLAZID ORAL CAPSULE	T9	
NUPLAZID ORAL TABLET 10 MG	T9	
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	AL
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>paliperidone er</i>	T4	ST; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T2	ST; QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T2	ST; QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 400 mg</i>	T1	QL (60 tablets per 30 days)
REXULTI	T4	ST; QL (30 tablets per 30 days)
RISPERDAL	T3	
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE 0.5 MG, 1 MG, 2 MG	T1	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	AL
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	AL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	T4	ST; QL (62 tablets per 31 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	T4	ST; QL (31 tablets per 31 days); AL
SECUADO	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 Patches per 30 days); AL

Medication	Coverage Level	Restrictions
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	T3	ST; QL (31 tablets per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	ST; QL (60 tablets per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
VERSACLOZ	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
VRAYLAR	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 capsules per 30 days)
<i>ziprasidone hcl</i>	T1	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	AL
Barbiturates (Anticonvulsants)		
DONNATAL	T9	
MYSOLINE ORAL TABLET 50 MG	T3	
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>primidone oral</i>	T1	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ALLZITAL	T9	
ASCOMP-CODEINE	T2	
BUPAP ORAL TABLET 50-300 MG	T9	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 tablets per 30 days)
DONNATAL	T9	
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	

Medication	Coverage Level	Restrictions
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
SECONAL	T3	QL (28 capsules per 14 days); AL
VANATOL LQ	T9	
VTOL LQ	T9	
<i>Benzodiazepines (Anticonvulsants)</i>		
ATIVAN ORAL	T3	
<i>clobazam oral suspension</i>	T3	ST; QL (240 ML per 30 days)
<i>clobazam oral tablet</i>	T3	ST; QL (60 tablets per 30 Days)
<i>clonazepam oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
KLONOPIN	T3	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral tablet</i>	T1	
NAYZILAM	T3	QL (4 doses per 30 Days)
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST; QL (60 tablets per 30 days)
SYMPAZAN	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
VALIUM	T3	
VALTOCO 10 MG DOSE	T3	QL (4 units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 units per 30 days)
<i>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</i>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1	QL (30 tablets per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	T1	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
ALPRAZOLAM INTENSOL	T1	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	T2	
ATIVAN ORAL	T3	
<i>chlordiazepoxide hcl</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>chlordiazepoxide-clidinium</i>	T2	
<i>clobazam oral suspension</i>	T3	ST; QL (240 ML per 30 days)
<i>clobazam oral tablet</i>	T3	ST; QL (60 tablets per 30 Days)
<i>clonazepam oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
<i>estazolam</i>	T1	QL (31 tablets per 31 days); AL
<i>flurazepam hcl</i>	T1	QL (31 capsules per 31 days); AL
HALCION	T3	AL
KLONOPIN	T3	
LIBRAX	T9	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral tablet</i>	T1	
<i>midazolam hcl oral</i>	T1	
NAYZILAM	T3	QL (4 doses per 30 Days)
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST; QL (60 tablets per 30 days)
<i>oxazepam</i>	T1	
<i>quazepam</i>	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL
SYMPAZAN	T9	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (31 capsules per 31 days); AL
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (31 tablets per 31 days); AL
<i>triazolam oral tablet 0.25 mg</i>	T1	QL (60 tablets per 30 days); AL
VALIUM	T3	
VALTOCO 10 MG DOSE	T3	QL (4 units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 units per 30 days)

Medication	Coverage Level	Restrictions
VALTOCO 20 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 units per 30 days)
XANAX	T3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T3	QL (30 tablets per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T3	QL (60 tablets per 30 days)
Butyrophenones		
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	T3	PA; QL (1 package per 30 days); AL
AJOVY	T3	PA; Max of 31 days per dispensing. (Limited to a 1 month supply per fill); AL
EMGALITY (300 MG DOSE)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (3 syringes per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (1 pen per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; AL
NURTEC	T9	
UBRELVY	T9	
Catechol-O-Methyltransferase(Comt)Inhib.		
<i>carbidopa-levodopa-entacapone</i>	T1	
COMTAN	T3	
<i>entacapone</i>	T1	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
TASMAR ORAL TABLET 100 MG	T3	
<i>tolcapone</i>	T1	
Central Nervous System Agents, Misc.		
<i>acamprosate calcium</i>	T1	
ADDYI	T3	QL (30 tablets per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T1	QL (60 capsules per 30 days); AL

Medication	Coverage Level	Restrictions
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	T1	QL (30 capsules per 30 days); AL
AUSTEDO ORAL TABLET 12 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
<i>carbidopa oral</i>	T9	
<i>guanfacine hcl er</i>	T1	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1	
INGREZZA ORAL CAPSULE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 capsule per 1 day)
INTUNIV	T3	QL (30 tablets per 30 days)
LODOSYN	T3	QL (150 tablets per 30 days)
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (60 tablets per 30 days); AL
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL (1 pak per 365 days); AL
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL
NAMENDA TITRATION PAK	T3	QL (1 pak per 365 days); AL
NAMENDA XR	T3	QL (30 capsules per 30 days); AL
NAMENDA XR TITRATION PACK	T3	AL
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL
NOURIANZ	T5	PA; Max of 31 days per dispensing. (Max of 31 days supply per dispensing); QL (30 tablets per 30 days)
NUEDEXTA	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 capsules per 30 days)
RILUTEK	T9	
<i>riluzole</i>	T1	QL (60 tablets per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (62 capsules per 31 days); AL
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T3	QL (30 capsules per 30 days); AL
STRATTERA ORAL CAPSULE 60 MG	T3	QL (31 capsules per 31 days); AL

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

Medication	Coverage Level	Restrictions
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T1	ST; QL (30 capsules per 30 days)
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	ST; QL (473 ML per 30 days)
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 pack per 30 days)
General Anesthetics, Miscellaneous		
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
Hydantoins		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
PEGANONE	T3	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1	
Monoamine Oxidase B Inhibitors		
AZILECT	T3	ST; QL (30 tablets per 30 days)
EMSAM	T3	ST
<i>rasagiline mesylate oral</i>	T3	ST; QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
XADAGO	T3	ST; QL (30 tablets per 30 days)
Monoamine Oxidase Inhibitors		
AZILECT	T3	ST; QL (30 tablets per 30 days)
EMSAM	T3	ST
MARPLAN	T2	QL (180 tablets per 30 days)
NARDIL	T3	

Medication	Coverage Level	Restrictions
PARNATE	T3	
<i>phenelzine sulfate oral</i>	T1	
<i>rasagiline mesylate oral</i>	T3	ST; QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
<i>tranylcypromine sulfate</i>	T2	
Nonergot-Deriv.Dopamine Receptor Agonist		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
KYNMOBI	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (150 films per 30 Days)
KYNMOBI TITRATION KIT	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (150 films per 30 Days)
MIRAPEX	T3	
MIRAPEX ER	T3	
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T1	ST; QL (30 tablets per 30 days)
REQUIP ORAL TABLET 0.5 MG, 5 MG	T3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 4 MG, 8 MG	T3	ST
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	ST
Opiate Agonists		
ABSTRAL	T9	
<i>acetaminophen-codeine #2</i>	T1	
<i>acetaminophen-codeine #3</i>	T1	
<i>acetaminophen-codeine #4</i>	T1	
<i>acetaminophen-codeine oral solution</i>	T1	
ACTIQ	T9	
APADAZ	T9	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
ARYMO ER	T3	PA; QL (90 tablets per 30 days)
ASCOMP-CODEINE	T2	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	

Medication	Coverage Level	Restrictions
<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>	T9	
<i>cheratussin ac oral syrup</i>	T1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	T1	
CONZIP	T9	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
DOLOPHINE	T3	
DSUVIA	T9	
DURAGESIC-100	T3	QL (15 patches per 30 days)
DURAGESIC-12	T3	QL (15 patches per 30 days)
DURAGESIC-25	T3	QL (15 patches per 30 days)
DURAGESIC-50	T3	QL (15 patches per 30 days)
DURAGESIC-75	T3	QL (15 patches per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; Max of 31 days per dispensing. (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 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL/CODEINE #3	T3	
HISTEX-AC	T9	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 30 mg, 40 mg, 50 mg</i>	T3	PA; QL (60 capsules per 30 Days); AL
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 20 mg</i>	T3	PA; QL (60 capsules per 30 days); AL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	T1	
<i>hydromet</i>	T1	
<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	
HYSINGLA ER	T3	PA; QL (30 tablets per 30 days)
IBUDONE ORAL TABLET 10-200 MG	T9	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	T9	
LAZANDA	T9	
<i>levorphanol tartrate oral tablet 2 mg</i>	T1	
<i>levorphanol tartrate oral tablet 3 mg</i>	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
<i>maxi-tuss cd</i>	T9	
<i>meperidine hcl oral</i>	T1	
METHADONE HCL INTENSOL	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
MORPHABOND ER	T9	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	
<i>morphine sulfate er beads</i>	T9	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
<i>morphine sulfate rectal</i>	T1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	

Medication	Coverage Level	Restrictions
NORCO	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T3	ST; QL (62 tablets per 31 days)
OPANA ORAL	T3	
<i>opium</i>	T9	
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	T9	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	ST; QL (60 tablets per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PRIMLEV	T9	
PROLATE	T9	
<i>promethazine-codeine oral syrup</i>	T1	
<i>pseudoeph-chlorphen-hydrocod</i>	T1	
QDOLO	T9	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 800 MCG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 untis per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	T1	QL (30 tablets per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (240 tablets per 30 days)
<i>tramadol-acetaminophen</i>	T1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE	T3	

Medication	Coverage Level	Restrictions
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
TYLENOL WITH CODEINE #3	T3	
TYLENOL WITH CODEINE #4	T3	
ULTRACET	T3	
ULTRAM	T3	QL (240 tablets per 30 days)
VICODIN ES ORAL TABLET 7.5-300 MG	T9	
VICODIN HP ORAL TABLET 10-300 MG	T9	
VICODIN ORAL TABLET 5-300 MG	T9	
XTAMPZA ER	T3	PA; QL (60 capsules per 30 days)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	T3	PA; QL (60 capsules per 30 days); AL
Opiate Antagonists		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	T1	QL (2 Vials/Syringes per 365 Day(s))
<i>naloxone hcl injection solution auto-injector</i>	T9	
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 Vials/Syringes per 365 Day(s))
<i>naloxone hcl injection solution prefilled syringe</i>	T1	QL (2 Vials/Syringes per 365 Day(s))
<i>naltrexone hcl oral</i>	T1	
NARCAN	T3	QL (2 EA per 365 days)
Opiate Partial Agonists		
BELBUCA	T3	ST; QL (60 films per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	T3	ST; QL (30 films per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	T3	ST; QL (60 films per 30 days)
<i>buprenorphine hcl sublingual</i>	T1	QL (90 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	T1	QL (90 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	T1	QL (30 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (93 tablets per 31 days)
<i>buprenorphine transdermal</i>	T3	ST; QL (4 patches per 28 days)
<i>butorphanol tartrate nasal</i>	T2	
BUTRANS	T9	
<i>pentazocine-naloxone hcl</i>	T2	ST

Medication	Coverage Level	Restrictions
PROBUPHINE IMPLANT KIT	T9	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
Other Nonsteroidal Anti-Inflam. Agents		
ANAPROX DS	T3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
CAMBIA	T9	
DAYPRO	T3	
<i>diclofenac</i>	T9	
<i>diclofenac epolamine transdermal</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac potassium</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac sodium transdermal gel 1 %</i>	T1	
<i>diclofenac sodium transdermal solution</i>	T9	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>diflunisal oral</i>	T1	
DUEXIS	T9	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>	T2	
<i>etodolac oral</i>	T1	
FELDENE	T3	
<i>fenoprofen calcium oral</i>	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
FLECTOR TRANSDERMAL	T9	
<i>flurbiprofen oral</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i>	T1	
IBUDONE ORAL TABLET 10-200 MG	T9	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	

Medication	Coverage Level	Restrictions
<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)
LICART TRANSDERMAL	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mefenamic acid oral</i>	T9	
<i>meloxicam oral tablet</i>	T1	
MOBIC ORAL TABLET	T3	
<i>nabumetone oral</i>	T1	
NALFON ORAL CAPSULE 400 MG	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG, 500 MG	T3	
<i>naproxen dr</i>	T1	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole</i>	T9	
<i>oxaprozin</i>	T2	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
<i>piroxicam oral</i>	T1	
QMIIZ ODT	T9	
RELAFEN DS	T9	
SPRIX	T9	
<i>sulindac oral</i>	T1	
<i>sumatriptan-naproxen sodium</i>	T9	
TIVORBEX	T9	
<i>tolmetin sodium</i>	T2	
<i>toxicology saliva collection</i>	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
VIMOVO	T9	
VIVLODEX	T9	
VOLTAREN TRANSDERMAL	T3	
ZIPSOR	T9	
ZORVOLEX	T9	

Medication	Coverage Level	Restrictions
Phenothiazines		
<i>chlorpromazine hcl oral</i>	T2	QL (180 tablets per 30 days)
COMPRO	T1	
<i>fluphenazine decanoate injection</i>	T1	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>perphenazine-amitriptyline</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>thioridazine hcl oral</i>	T1	
<i>trifluoperazine hcl oral</i>	T1	
Respiratory And Cns Stimulants		
ADHANSIA XR	T9	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
APTENSIO XR	T3	QL (30 capsules per 30 days)
ASCOMP-CODEINE	T2	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 tablets per 30 days)
<i>caffeine citrate oral solution 60 mg/3ml</i>	T1	AL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL
COTEMPLA XR-ODT	T9	
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL
<i>dexmethylphenidate hcl</i>	T1	AL
<i>dexmethylphenidate hcl er</i>	T1	QL (30 capsules per 30 days); AL
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	

Medication	Coverage Level	Restrictions
FOCALIN	T3	AL
FOCALIN XR	T3	QL (30 capsules per 30 days); AL
JORNAY PM	T9	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1	AL
METHYLIN ORAL SOLUTION	T3	AL
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 capsules per 30 days); AL
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	QL (31 capsules per 31 days); AL
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg</i>	T3	QL (30 capsules 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 (31 tablets per 31 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 (62 tablets per 31 days); AL
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	T3	QL (30 tablets per 30 days)
<i>methylphenidate hcl oral solution</i>	T1	AL
<i>methylphenidate hcl oral tablet</i>	T1	AL
<i>methylphenidate hcl oral tablet chewable</i>	T1	AL
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	T3	ST; QL (600 ML per 30 days); AL
RELEXXII	T9	
RITALIN	T3	AL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
VANATOL LQ	T9	
VTOL LQ	T9	
Salicylates		
AGGRENOLX	T3	
ASCOMP-CODEINE	T2	
ASCRIPIN ORAL TABLET 325 MG	T1	
<i>aspirin ec low dose</i>	T1	PV; AL
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL

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

Medication	Coverage Level	Restrictions
PRISTIQ	T3	QL (31 EA per 31 days); AL
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 pack 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	
Selective Serotonin Agonists		
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
AMERGE	T3	QL (12 tablets per 30 days)
<i>eletriptan hydrobromide</i>	T3	ST; QL (12 tablets per 30 days)
FROVA	T9	
<i>frovatriptan succinate</i>	T9	
IMITREX NASAL SOLUTION 20 MG/ACT	T3	Max of 31 days per dispensing. (Quantity Limit: 1 box per 15 days)
IMITREX NASAL SOLUTION 5 MG/ACT	T3	Max of 31 days per dispensing. (Quantity Limit: 2 boxes per 15 days)
IMITREX ORAL	T3	QL (12 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	T3	
IMITREX SUBCUTANEOUS	T3	
MAXALT ORAL TABLET 10 MG	T3	QL (12 tablet per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T3	QL (12 tablet per 30 days)
<i>naratriptan hcl</i>	T1	QL (12 tablets per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
REYVOW	T9	
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	

Medication	Coverage Level	Restrictions
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 Syringes per 30 days)
<i>sumatriptan-naproxen sodium</i>	T9	
TOSYMRA	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
ZEMBRACE SYMTOUCH	T9	
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOMIG NASAL	T3	ST; QL (12 EA per 30 days)
ZOMIG ORAL	T3	QL (12 tablets per 30 days)
ZOMIG ZMT	T3	QL (12 tablets per 30 days)
Selective Serotonin Receptor Agonists		
BELVIQ	T3	ST
BELVIQ XR	T3	ST
Selective-Serotonin Reuptake Inhibitors		
BRISDELLE	T9	
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablet per 30 days); AL
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL
<i>citalopram hydrobromide oral solution</i>	T1	
<i>citalopram hydrobromide oral tablet 10 mg</i>	T1	QL (90 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	T1	QL (60 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	T1	
<i>escitalopram oxalate</i>	T1	
<i>fluoxetine hcl (pddd) capsule 10 mg oral</i>	T9	
<i>fluoxetine hcl (pddd) capsule 20 mg oral</i>	T9	
<i>fluoxetine hcl (pddd) oral tablet</i>	T9	
<i>fluoxetine hcl oral capsule</i>	T1	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1	
<i>fluoxetine hcl oral tablet</i>	T9	
<i>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
LEXAPRO ORAL TABLET	T3	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 mg</i>	T2	ST; QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	T2	ST; QL (60 tablets per 30 days)
<i>paroxetine hcl oral tablet</i>	T1	
<i>paroxetine mesylate</i>	T9	

Medication	Coverage Level	Restrictions
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
PEXEVA	T9	
PROZAC ORAL CAPSULE	T3	
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
<i>sertraline hcl oral</i>	T1	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
Serotonin Modulators		
<i>nefazodone hcl</i>	T1	
<i>trazodone hcl oral</i>	T1	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL
VIIBRYD ORAL TABLET	T3	ST; QL (31 tablets per 31 days)
Succinimides		
CELONTIN	T2	
<i>ethosuximide oral</i>	T1	
ZARONTIN	T3	
Thioxanthenes		
<i>thiothixene oral</i>	T1	
Tricyclics, Other Norepi-Ru Inhibitors		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
ANAFRANIL ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>clomipramine hcl oral capsule 25 mg</i>	T2	QL (30 capsules per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	T2	QL (60 capsules per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	T2	QL (90 capsules per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 Days)

Medication	Coverage Level	Restrictions
<i>enovarx-amitriptyline</i>	T9	
<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	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
<i>nortriptyline hcl oral capsule</i>	T1	
PAMELOR ORAL CAPSULE	T3	Max of 31 days per dispensing. (Generic substitution mandatory.)
<i>perphenazine-amitriptyline</i>	T1	
<i>protriptyline hcl</i>	T2	
SILENOR	T3	ST; QL (31 tablets per 31 days)
SURMONTIL	T3	
TOFRANIL	T3	
<i>trimipramine maleate oral</i>	T2	
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO ORAL TABLET 12 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
INGREZZA ORAL CAPSULE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 capsule per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
XENAZINE	T9	
Wakefulness-Promoting Agents		
<i>armodafinil oral tablet 150 mg, 250 mg</i>	T1	QL (30 tablets per 30 days)
<i>armodafinil oral tablet 200 mg, 50 mg</i>	T9	
<i>modafinil oral tablet 100 mg</i>	T1	QL (31 tablets per 31 days)
<i>modafinil oral tablet 200 mg</i>	T1	QL (62 tablets per 31 days)
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 tablets per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 tablets per 31 days)
SUNOSI	T3	ST; QL (30 tablets per 30 days)
WAKIX	T9	
Devices		
<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	
ACUICYN EXTERNAL LIQUID	T9	
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
ALZAIR ALLERGY NASAL SPRAY	T9	
ANIMAS VIBE INSULIN PUMP	T9	
ATRAPRO HYDROGEL	T9	
AVO CREAM	T9	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
BIAFINE	T9	
BIONECT EXTERNAL CREAM	T9	
BIONECT EXTERNAL FOAM	T9	
BIONECT EXTERNAL GEL	T9	
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)

Medication	Coverage Level	Restrictions
BREATHERITE	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER ADULT	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER CHILD	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER INFANT	T2	QL (4 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	T2	QL (4 EA per 365 days)
BREATHERITE SPACER NEONATE	T2	QL (4 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	T2	QL (4 EA per 365 days)
BREATHERITE/LARGE MASK	T2	QL (4 EA per 365 days)
BREATHERITE/MEDIUM MASK	T2	QL (4 EA per 365 days)
BREATHERITE/SMALL MASK	T2	QL (4 EA per 365 days)
CELACYN	T9	
CELACYN POST-PROCEDURE PACK	T9	
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
ELETONE	T9	
EMULSION SB	T9	
ENTTY SPRAY EMULSION	T9	
EPICERAM	T9	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
FREESTYLE LIBRE 14 DAY READER	T2	QL (1 system per 365 Days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	QL (2 sensors per 28 Days)
FREESTYLE LIBRE READER	T2	QL (1 System per 365 Days)
FREESTYLE LIBRE SENSOR SYSTEM	T2	QL (3 Sensors per 30 Days)
GEBAUERS PAIN EASE	T3	
GEBAUERS SPRAY AND STRETCH	T3	
GELCLAIR	T9	
GELFOAM COMPRESSED SIZE 100	T9	
GELFOAM-JMI SPONGE	T9	
HPR	T9	
HPR PLUS EXTERNAL FOAM	T9	
HPR PLUS-MB HYDROGEL	T9	
HYALGAN INTRA-ARTICULAR SOLUTION	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
HYPERSAL	T2	QL (240 ML per 30 days)
HYPOLANCE AST LANCING	T2	
INPEN 100-BLUE-LILLY	T9	

Medication	Coverage Level	Restrictions
INPEN 100-BLUE-NOVO	T9	
INPEN 100-GRAY-LILLY	T9	
INPEN 100-GREY-NOVO	T9	
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-NOVO	T9	
KAMDOY	T9	
KELO-COTE EXTERNAL GEL	T9	
<i>lancets</i>	T2	
LOYON	T9	
LUXAMEND	T9	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
MONOVISC	T9	
MUCOSITISRX	T9	
MUGARD	T9	
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE PLUS	T2	
NUVAIL	T9	
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	T2	QL (4 EA per 365 days)
ORAMAGICRX	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
PENLET II BLOOD SAMPLER	T2	
PHLAG SPRAY	T9	
PRESERA	T9	
PROMISEB	T9	
PROMISEB COMPLETE	T9	
PRUCLAIR	T9	
PRUMYX	T9	

Medication	Coverage Level	Restrictions
PRUTECT	T9	
RECEDO	T9	
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
SOLESTA	T3	
SONAFINE	T9	
<i>suvicort</i>	T9	
SYNERDERM	T9	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
<i>two party blood pressure</i>	T2	QL (2 EA per 730 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
<i>valved holding chamber</i>	T1	QL (4 EA per 365 days)
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
<i>womens adv bp monitor/uppr arm</i>	T2	QL (2 EA per 730 days)
Diagnostic Agents		
<i>Adrenocortical Insufficiency</i>		
ACTHAR	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>Diabetes Mellitus</i>		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK COMPACT PLUS	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
BAYER BREEZE 2 TEST	T3	ST
BAYER CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST
FORA 6 CONNECT	T3	ST
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD X-SENSOR	T3	ST; QL (200 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
HARMONY BLOOD GLUCOSE TEST	T3	ST
MICRODOT TEST	T3	ST
ONETOUCH ULTRA BLUE	T1	QL (200 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1	QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 strips per 30 days)
PRECISION QID TEST	T3	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
UNISTRIP1 GENERIC	T3	ST; QL (200 strips per 30 days)
Diagnostic Agents		
<i>toxicology saliva collection</i>	T9	
Fungi		
CANDIN	T9	
Ketones		
KETOSTIX	T3	
Tuberculosis		
APLISOL	T9	
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
<i>av-phos 250 neutral</i>	T9	
K-PHOS-NEUTRAL	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>virt-phos 250 neutral</i>	T9	
Alkalinizing Agents		
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
ORACIT	T3	
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T9	
<i>sod citrate-citric acid</i>	T9	

Medication	Coverage Level	Restrictions
<i>tricitrates</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
<i>virtrate-2</i>	T9	
<i>virtrate-3</i>	T9	
<i>virtrate-k</i>	T9	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
BUPHENYL ORAL TABLET	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CARBAGLU	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>enulose</i>	T1	
<i>generlac</i>	T1	
KRISTALOSE	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	
LITHOSTAT	T9	
RAVICTI	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Caloric Agents		
DOJOLVI	T9	
<i>l-leucine</i>	T9	
LYSIPLEX PLUS ORAL TABLET	T9	
Carbonic Anhydrase Inhibitors		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
Diuretics, Miscellaneous		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er</i>	T1	

Medication	Coverage Level	Restrictions
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
Loop Diuretics		
<i>bumetanide oral</i>	T1	
DEMADEX ORAL TABLET 10 MG	T3	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
LASIX	T3	
<i>torseamide oral</i>	T1	
Phosphate-Removing Agents		
AURYXIA	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (360 tablets per 30 days)
<i>calcium acetate (phos binder) oral capsule</i>	T1	
FOSRENOL ORAL PACKET	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
MAGNEBIND 400	T9	
PHOSLO	T3	
PHOSLYRA	T3	ST
RENAGEL ORAL TABLET 800 MG	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
REVELA	T9	

Medication	Coverage Level	Restrictions
<i>sevelamer carbonate oral packet</i>	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>sevelamer carbonate oral tablet</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
VELPHORO	T5	ST; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (180 tablets per 30 days)
Potassium-Removing Agents		
KIONEX ORAL SUSPENSION	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium polystyrene sulfonate rectal suspension 50 gml/200ml</i>	T1	
SPS	T3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 packet per 1 day)
VELTASSA ORAL PACKET 8.4 GM	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 packets per 30 days)
Potassium-Sparing Diuretics		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
CAROSPIR	T9	
DYAZIDE	T3	
DYRENIUM	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone oral</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
Replacement Preparations		
<i>calcium-folic acid plus d</i>	T9	
<i>complete natal dha</i>	T1	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	

Medication	Coverage Level	Restrictions
FOLGARD OS	T9	
HYPERSAL	T2	QL (240 ML per 30 days)
KLOR-CON 10	T1	
KLOR-CON M10	T1	
KLOR-CON M15	T1	
KLOR-CON M20	T1	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
MAXFE ORAL TABLET	T9	
MYNATAL ADVANCE	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
NIVA-PLUS	T9	
O-CAL FA	T9	
<i>phos-nak</i>	T9	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	T1	
<i>potassium chloride er oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	T1	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T1	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
<i>prenatal low iron oral tablet 27-0.8 mg</i>	T1	PV
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	

Medication	Coverage Level	Restrictions
<i>prenatal/iron oral tablet</i>	T1	PV
RIGHT STEP PRENATAL	T1	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
TRIVEEN-DUO DHA	T1	
VINATE ONE	T1	
VITAFOL-OB	T3	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
Thiazide Diuretics		
ACCURETIC	T3	
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
<i>benazepril-hydrochlorothiazide</i>	T1	
BENICAR HCT	T3	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<i>chlorothiazide oral</i>	T1	
CORZIDE	T3	
DIOVAN HCT	T3	
DIURIL	T2	
DUTOPROL	T9	
DYAZIDE	T3	
<i>enalapril-hydrochlorothiazide</i>	T1	
EXFORGE HCT	T3	
<i>fosinopril sodium-hctz</i>	T1	
<i>hydrochlorothiazide oral</i>	T1	
HYZAAR	T3	
<i>irbesartan-hydrochlorothiazide</i>	T1	

Medication	Coverage Level	Restrictions
<i>lisinopril-hydrochlorothiazide</i>	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
<i>losartan potassium-hctz</i>	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>methyclothiazide oral</i>	T1	
<i>methyldopa-hydrochlorothiazide</i>	T1	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
MICARDIS HCT	T3	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>propranolol-hctz</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>spironolactone-hctz</i>	T1	
TEKTURNA HCT	T2	ST
<i>telmisartan-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
TRIBENZOR	T3	
<i>valsartan-hydrochlorothiazide</i>	T1	
VASERETIC	T3	
ZESTORETIC	T3	
ZIAC	T3	
Thiazide-Like Diuretics		
<i>atenolol-chlorthalidone</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
EDARBYCLOR	T3	ST
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
Uricosuric Agents		
<i>colchicine-probenecid</i>	T1	
<i>probenecid oral</i>	T1	
ZURAMPIC	T3	ST

Medication	Coverage Level	Restrictions
Vasopressin Antagonists		
JYNARQUE ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG	T4	PA; QL (60 tablets per 30 Days)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
SAMSCA	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>tolvaptan oral tablet 15 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)
<i>tolvaptan oral tablet 30 mg</i>	T4	PA
Enzymes		
Enzymes		
MEPSEVII	T9	
PALYNZIQ	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (40 mg per 1 day)
PULMOZYME	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 ampules per 30 days)
REVCovi	T4	PA; MB (This medication may be covered under your medical benefit, refer to your medical plan documents for coverage details.); Max of 31 days per dispensing. (Max of 31 days per dispensing.)
STRENSIQ	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SUCRAID	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P	T3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
<i>brimonidine-dorzolamide</i>	T9	
COMBIGAN	T2	
SIMBRINZA	T2	

Medication	Coverage Level	Restrictions
Antiallergic Agents		
ALAWAY	T1	
ALOCRIL	T3	ST
ALOMIDE	T2	
ASTEPRO NASAL SOLUTION 0.15 %	T3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1	
<i>azelastine hcl ophthalmic</i>	T1	
<i>azelastine-fluticasone</i>	T1	ST
BEPREVE	T2	ST; QL (5 ML per 30 days)
<i>cromolyn sodium ophthalmic</i>	T1	
DYMISTA	T3	ST
ELESTAT	T3	
EMADINE	T2	ST
<i>epinastine hcl</i>	T1	
<i>ketotifen fumarate ophthalmic</i>	T1	
LASTACAPT	T3	ST; QL (1 bottles per 30 days); AL
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T2	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T2	ST; QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST
PATANASE	T3	
PATANOL	T3	
PAZEO	T3	ST
TICALAST	T9	
ZADITOR	T1	
Antibacterials (Eent)		
AZASITE	T3	ST
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
BESIVANCE	T3	QL (5 ML per 30 days)
BLEPH-10	T3	
BLEPHAMIDE	T3	ST
BLEPHAMIDE S.O.P.	T3	
CETRAXAL	T3	
CILOXAN	T3	
CIPRO HC	T2	
CIPRODEX	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>ciprofloxacin hcl otic</i>	T1	

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

Medication	Coverage Level	Restrictions
TOBREX OPHTHALMIC SOLUTION	T3	
VIGAMOX	T3	
ZYLET	T3	ST
ZYMAXID	T3	ST
Antifungals (Eent)		
NATACYN	T3	
Antiglaucoma Agents, Miscellaneous		
RHOPRESSA	T9	
ROCKLATAN	T9	
Antivirals (Eent)		
<i>trifluridine ophthalmic</i>	T1	
VIROPTIC	T3	
ZIRGAN	T3	
Beta-Adrenergic Blocking Agents (Eent)		
<i>betaxolol hcl ophthalmic</i>	T2	
BETIMOL	T3	
BETOPTIC-S	T3	ST
<i>carteolol hcl</i>	T1	
COMBIGAN	T2	
COSOPT	T3	Max of 31 days per dispensing. (The generic version is preferred.)
<i>dorzolamide hcl-timolol mal</i>	T1	
ISTALOL	T9	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	T1	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	T9	
<i>timolol maleate pf</i>	T3	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T3	
TIMOPTIC-XE	T3	
Carbonic Anhydrase Inhibitors (Eent)		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
AZOPT	T2	
<i>brimonidine-dorzolamide</i>	T9	
COSOPT	T3	Max of 31 days per dispensing. (The generic version is preferred.)
<i>dorzolamide hcl ophthalmic</i>	T1	

Medication	Coverage Level	Restrictions
<i>dorzolamide hcl-timolol mal</i>	T1	
KEVEYIS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>methazolamide oral tablet 25 mg</i>	T1	
SIMBRINZA	T2	
TRUSOPT	T3	Max of 31 days per dispensing. (The generic version is preferred.)
Corticosteroids (Eent)		
ALREX	T3	ST
<i>azelastine-fluticasone</i>	T1	ST
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
BECONASE AQ	T9	
<i>budesonide nasal</i>	T9	
CIPRO HC	T2	
CIPRODEX	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL
CORTANE-B	T3	
DERMACINRX TICANASE PAK	T9	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
DEXYCU	T9	
DUREZOL	T3	ST
DYMISTA	T3	ST
FLAREX	T2	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	T3	
<i>fluorometholone ophthalmic</i>	T1	
<i>fluticasone propionate nasal</i>	T3	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	ST
LOTEMAX OPHTHALMIC GEL	T3	ST
LOTEMAX OPHTHALMIC OINTMENT	T9	
LOTEMAX OPHTHALMIC SUSPENSION	T3	ST
LOTEMAX SM	T3	ST
<i>loteprednol etabonate</i>	T2	ST
MAXIDEX	T3	
MAXITROL	T3	
<i>mometasone furoate nasal</i>	T3	ST

Medication	Coverage Level	Restrictions
NASACORT ALLERGY 24HR	T3	
NASACORT ALLERGY 24HR CHILDREN	T3	
NASONEX	T9	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
OMNARIS	T9	
OTOVEL	T2	AL
PRED FORTE	T3	
PRED MILD	T3	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
TICALAST	T9	
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin-dexamethasone</i>	T1	
<i>triamcinolone acetonide nasal aerosol</i>	T3	
XHANCE	T9	
ZETONNA	T9	
ZYLET	T3	ST
<i>Eent Anti-Infectives, Miscellaneous</i>		
<i>acetic acid otic</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
PERIDEX	T3	
<i>Eent Anti-Inflammatory Agents, Misc.</i>		
CEQUA	T2	QL (60 droperettes per 30 Days)
RESTASIS	T2	QL (64 vials per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T2	QL (1 ML per 30 days)
XIIDRA	T2	QL (60 vials per 30 days)

Medication	Coverage Level	Restrictions
Eent Drugs, Miscellaneous		
<i>apraclonidine hcl</i>	T1	
CYSTADROPS	T4	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (15 ML per 30 Days)
CYSTARAN	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 ML per 30 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	T3	ST
<i>ipratropium bromide nasal</i>	T1	
LACRISERT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML	T8	
LUCENTIS INTRAVITREAL SOLUTION 0.5 MG/0.05ML	T8	PA
OXERVATE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 8 weeks of treatment.); QL (28 mls per 30 days)
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	ST
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
BROMSITE	T3	ST; QL (5 ML per 30 days)
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen sodium</i>	T1	
ILEVRO	T3	ST; QL (2 ML per 30 days)
<i>ketorolac tromethamine ophthalmic</i>	T1	
NEVANAC	T3	ST
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
PROLENSA	T3	ST; QL (3 ML per 30 days)
Local Anesthetics (Eent)		
GLYDO EXTERNAL GEL	T3	
<i>lidocaine hcl external gel 2 %</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine viscous</i>	T1	

Medication	Coverage Level	Restrictions
Miotics		
ISOPTO CARPINE	T3	
PHOSPHOLINE IODIDE	T2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1	
HOMATROPAIRE	T1	
ISOPTO ATROPINE	T3	
ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 5 %	T3	
<i>tropicamide-cyclopentolate-pe</i>	T9	
Prostaglandin Analogs		
<i>bimatoprost external</i>	T9	
<i>bimatoprost ophthalmic</i>	T1	
DURYSTA	T9	
<i>latanoprost ophthalmic</i>	T1	
LATISSE	T9	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
ROCKLATAN	T9	
TRAVATAN Z	T3	
<i>travoprost (bak free)</i>	T2	ST
VYZULTA	T9	
XALATAN	T3	
XELPROS	T2	
ZIOPTAN	T3	
Rho Kinase Inhibitors		
RHOPRESSA	T9	
ROCKLATAN	T9	
Vasoconstrictors		
ADRENALIN NASAL	T9	
<i>epinephrine hcl (nasal)</i>	T9	
NAPHCON-A	T9	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
<i>tropicamide-cyclopentolate-pe</i>	T9	

Medication	Coverage Level	Restrictions
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL	T9	
ANZEMET ORAL	T3	ST; QL (3 tablets per 30 days)
<i>granisetron hcl oral</i>	T2	QL (20 tablets per 30 days)
<i>ondansetron</i>	T1	
<i>ondansetron hcl oral solution</i>	T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
SANCUSO	T4	ST; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (1 patch per 28 days)
SUSTOL	T9	
ZOFRAN ORAL TABLET	T3	Max of 31 days per dispensing. (Quantity Limit: 20 tablets per 30 days)
ZUPLENZ	T2	ST; QL (20 films per 30 days)
Antidiarrhea Agents		
<i>acidophilus lactobacillus powder</i>	T9	
<i>diphenoxylate-atropine</i>	T1	
LOMOTIL ORAL TABLET	T3	
<i>loperamide hcl oral capsule</i>	T9	
MYTESI	T9	
<i>opium</i>	T9	
<i>paregoric</i>	T9	
XERMELO	T4	PA
Antiemetics, Miscellaneous		
BONJESTA	T9	
CESAMET	T3	ST
DICLEGIS	T9	
<i>doxylamine-pyridoxine</i>	T9	
<i>dronabinol oral capsule 10 mg</i>	T4	Max of 31 days per dispensing. (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)
SYNDROS	T9	
TRANSDERM-SCOP (1.5 MG)	T3	
Antihistamines (Gi Drugs)		
BONJESTA	T9	
COMPRO	T1	
DICLEGIS	T9	
<i>doxylamine-pyridoxine</i>	T9	

Medication	Coverage Level	Restrictions
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T9	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
TIGAN ORAL	T3	
<i>trimethobenzamide hcl oral</i>	T1	
Anti-Inflammatory Agents (Gi Drugs)		
<i>alosetron hcl</i>	T5	PA; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (60 tablets per 30 days)
APRISO	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (120 capsules per 30 days)
ASACOL HD	T5	ST; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (180 tablets per 30 days)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
<i>balsalazide disodium</i>	T1	
CANASA	T5	Max of 31 days per dispensing. (Max day supply up to 31 days.)
COLAZAL	T5	Max of 31 days per dispensing. (Max day supply up to 31 days.)
DELZICOL	T5	ST; Max of 31 days per dispensing. (Max day supply up to 31 days.)
DIPENTUM	T3	
LIALDA	T5	Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (120 tablets per 30 days)
LOTRONEX	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
<i>mesalamine er</i>	T9	
<i>mesalamine oral capsule delayed release</i>	T5	ST; Max of 31 days per dispensing. (Max day supply up to 31 days.)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine rectal suppository</i>	T5	Max of 31 days per dispensing. (Max day supply up to 31 days.)

Medication	Coverage Level	Restrictions
PENTASA	T5	Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (240 capsules per 30 days)
ROWASA RECTAL	T3	
SFROWASA	T3	QL (30 bottles per 30 days)
<i>sulfasalazine oral</i>	T1	
Ant ulcer Agents And Acid Suppress., Misc		
PYLERA	T9	
TALICIA	T9	
Cathartics And Laxatives		
AMITIZA	T2	QL (60 capsules per 30 days)
<i>bisacodyl oral</i>	T3	
<i>bisacodyl rectal</i>	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 EA per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CLENPIQ	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
ENEMEEZ MINI	T3	QL (90 ML per 30 days)
ENEMEEZ PLUS	T3	QL (90 ML per 30 days)
GAVILYTE-C	T1	PV
GAVILYTE-G	T1	PV
GAVILYTE-N WITH FLAVOR PACK	T1	PV
GLYCOLAX	T9	PV
GOLYTELY	T3	
MIRALAX ORAL POWDER	T9	
MOVIPREP	T3	
NULYTELY WITH FLAVOR PACKS	T3	
OSMOPREP	T3	
<i>peg 3350 oral powder</i>	T9	
<i>peg 3350/electrolytes</i>	T1	PV
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	PV
<i>peg-3350/electrolytes</i>	T1	PV
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV
PEG-PREP	T1	PV
PLENVU	T3	
<i>polyethylene glycol 3350 oral</i>	T9	
PREPOPIK	T3	
SMOOTH LAX ORAL POWDER	T9	PV
SUPREP BOWEL PREP KIT	T3	

Medication	Coverage Level	Restrictions
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl-care dha</i>	T1	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
TRILYTE	T1	PV
<i>Cholelitholytic Agents</i>		
ACTIGALL	T3	
URSO 250	T3	
URSO FORTE	T3	
<i>ursodiol oral</i>	T2	
<i>Digestants</i>		
CREON	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
PANCREAZE	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PERTZYE	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
VIOKACE	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
<i>Gi Drugs, Miscellaneous</i>		
ALLI	T3	ST
CHOLBAM	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CIMZIA PREFILLED	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENDARI	T9	
GATTEX	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 30 days)

Medication	Coverage Level	Restrictions
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 kit per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 kit per 2 yearss)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T2	QL (30 capsules per 30 days)
LINZESS ORAL CAPSULE 72 MCG	T2	QL (30 capsules per 30 Days)
MOVANTI	T3	ST; QL (30 tablets per 30 days)
OCALIVA	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
RELISTOR ORAL	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
REMICADE	T9	
RESTORA SPRINKLES	T9	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (0.5 ML per 28 days)
SYMPROIC	T3	ST; QL (30 tablets per 30 days)
TRULANCE	T2	QL (30 tablets per 30 days)
VIBERZI	T5	PA; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (60 tablets per 30 days)
XENICAL	T9	
ZELNORM	T3	ST; QL (60 tablets per 30 Days)
Histamine H2-Antagonists		
<i>cimetidine hcl oral</i>	T3	
<i>cimetidine oral tablet 200 mg</i>	T9	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T3	
DUEXIS	T9	

Medication	Coverage Level	Restrictions
<i>famotidine intravenous solution 20 mg/2ml</i>	T6	
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
<i>nizatidine</i>	T3	
PEPCID ORAL TABLET 20 MG	T9	
PEPCID ORAL TABLET 40 MG	T3	
<i>ranitidine hcl oral capsule</i>	T3	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T3	
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	T9	
<i>ranitidine hcl oral tablet 300 mg</i>	T3	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZANTAC ORAL TABLET 300 MG	T3	
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	T9	
<i>aprepitant</i>	T1	QL (7 capsules per 30 days)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND TRI-PACK	T9	
VARUBI ORAL	T9	
Prokinetic Agents		
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
MOTEGRITY	T2	QL (1 tablet per 1 day)
REGLAN ORAL	T3	
ZELNORM	T3	ST; QL (60 tablets per 30 Days)
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
CYTOTEC	T3	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>misoprostol oral</i>	T1	
Protectants		
CARAFATE	T3	ST
<i>sucralfate oral</i>	T1	
Proton-Pump Inhibitors		
ACIPHEX	T9	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG	T9	

Medication	Coverage Level	Restrictions
<i>amoxicill-clarithro-lansopraz</i>	T3	
DEXILANT	T9	
<i>esomeprazole magnesium oral packet</i>	T9	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	T9	
FIRST-LANSOPRAZOLE	T3	
FIRST-OMEPRAZOLE	T3	
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>naproxen-esomeprazole</i>	T9	
NEXIUM	T9	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	T3	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
PREVACID	T9	
PREVACID 24HR	T3	
PREVPAC	T3	
PRILOSEC OTC	T3	
PROTONIX ORAL	T9	
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
TALICIA	T9	
VIMOVO	T9	
YOSPRALA	T9	
ZEGERID	T9	
ZEGERID OTC	T3	
Gold Compounds		
<i>Gold Compounds</i>		
RIDAURA	T9	
Heavy Metal Antagonists		
<i>Heavy Metal Antagonists</i>		
CHEMET	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CUPRIMINE ORAL CAPSULE 250 MG	T9	
<i>deferasirox granules</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>deferasirox oral tablet</i>	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)

Medication	Coverage Level	Restrictions
<i>deferasirox oral tablet soluble</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>deferiprone</i>	T4	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)
DEPEN TITRATABS	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
EXJADE	T5	Max of 31 days per dispensing. (Only available through the EPASS program. Please call 888 90-EPASS for more information. Max of 31 days per dispensing.)
FERRIPROX ORAL SOLUTION	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing)
FERRIPROX ORAL TABLET 1000 MG	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing)
FERRIPROX ORAL TABLET 500 MG	T5	Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)
GALZIN	T9	
JADENU	T5	Max of 31 days per dispensing. (Max day supply up to 31 days.)
JADENU SPRINKLE ORAL PACKET 180 MG	T9	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	T9	Max of 31 days per dispensing. ()
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
SYPRINE	T9	
<i>trientine hcl</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (150 capsules per 30 Day(s))
Hormones And Synthetic Substitutes		
Adrenals		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	

Medication	Coverage Level	Restrictions
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days); AL
ASMANEX (120 METERED DOSES)	T9	
ASMANEX (14 METERED DOSES)	T9	
ASMANEX (30 METERED DOSES)	T9	
ASMANEX (60 METERED DOSES)	T9	
ASMANEX (7 METERED DOSES)	T9	
ASMANEX HFA	T9	
BREO ELLIPTA	T9	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; Max of 31 days per dispensing. (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	
CORTEF	T3	
<i>cortisone acetate oral</i>	T1	
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	T9	
DULERA	T2	QL (1 inhaler per 31 days)
EMFLAZA	T9	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	T3	
FLOVENT DISKUS	T1	QL (1 Inhaler per 30 Day(s))
FLOVENT HFA	T1	QL (1 Inhaler per 30 Day(s))
<i>fludrocortisone acetate oral</i>	T1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)

Medication	Coverage Level	Restrictions
HEMADY	T9	
HIDEX 6-DAY	T9	
<i>hydrocortisone oral</i>	T1	
INTRAROSA	T3	PA
MEDROL ORAL TABLET	T3	
<i>methylprednisolone oral tablet 8 mg</i>	T1	
<i>methylprednisolone oral tablet therapy pack</i>	T1	
MILLIPRED	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
PREDNISONE INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>prednisone oral tablet 50 mg</i>	T2	
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDHALER	T1	
RAYOS	T9	
SYMBICORT	T2	QL (1 inhaler per 30 days)
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	T2	
UCERIS ORAL	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
UCERIS RECTAL	T3	QL (2 GM per 180 days)
WIXELA INHUB	T9	
<i>zcort 7-day</i>	T9	
ZILRETTA	T9	
<i>Alpha-Glucosidase Inhibitors</i>		
<i>acarbose oral</i>	T1	

Medication	Coverage Level	Restrictions
GLYSET	T3	
PRECOSE	T3	
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing); QL (6 ML per 30 Day(s)s)
Androgens		
ANADROL-50	T9	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	T9	
COVARYX	T9	
COVARYX HS	T9	
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 capsules per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T3	
<i>est estrogens-methyltest</i>	T9	
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
FORTESTA	T9	
JATENZO	T9	
<i>methitest</i>	T9	
<i>methyltestosterone oral</i>	T3	
NATESTO	T9	
OXANDRIN	T3	
<i>oxandrolone oral</i>	T1	
STRIANT	T9	
TESTIM	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1	
<i>testosterone enanthate intramuscular solution</i>	T1	
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%)</i>	T9	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA; QL (300 ML per 30 days)

Medication	Coverage Level	Restrictions
<i>testosterone transdermal solution</i>	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
XYOSTED	T9	
Antidiabetic Agents, Miscellaneous		
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
KORLYM	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
WELCHOL ORAL PACKET	T3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	ST
Antiestrogens		
<i>anastrozole oral</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
<i>exemestane</i>	T2	
FEMARA	T3	
KISQALI FEMARA (400 MG DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (91 tablets per 28 days)
<i>letrozole oral</i>	T1	
Antigonadotropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ORIAHNN	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (56 capsules per 28 Days)
ORLISSA ORAL TABLET 150 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (28 tablets per 28 days)
ORLISSA ORAL TABLET 200 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (56 tablets per 28 days)

Medication	Coverage Level	Restrictions
Antihypoglycemic Agents, Miscellaneous		
<i>diazoxide oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PROGLYCEM	T9	
Antiparathyroid Agents		
<i>calcitonin (salmon)</i>	T1	
<i>cinacalcet hcl</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
MIACALCIN NASAL	T3	
SENSIPAR	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Antithyroid Agents		
<i>methimazole oral</i>	T1	
<i>propylthiouracil oral</i>	T1	
TAPAZOLE	T3	
Biguanides		
ACTOPLUS MET	T3	
ACTOPLUS MET XR	T2	QL (60 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
FORTAMET	T9	
<i>glipizide-metformin hcl</i>	T1	
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUMETZA	T9	
<i>glyburide-metformin</i>	T1	
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JENTADUETO	T2	QL (60 tablets per 30 days)
JENTADUETO XR	T2	QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (62 tablets per 31 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (31 tablets per 31 days)
<i>metformin hcl er</i>	T1	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>metformin hcl oral solution</i>	T2	QL (765 ML per 30 days)
<i>metformin hcl oral tablet</i>	T1	
<i>pioglitazone hcl-metformin hcl</i>	T1	
RIOMET	T9	
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
Contraceptives		
ALTAVERA	T1	PV
<i>alyacen 1/35</i>	T1	PV
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ANNOVERA	T9	
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV
AVIANE	T1	PV
AZURETTE	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	Max of 31 days per dispensing. (Contraceptive Management rider is required.); PV
BEYAZ	T9	
BLISOVI 24 FE	T1	PV
CAMILA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV

Medication	Coverage Level	Restrictions
CRYSSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYCLAFEM 7/7/7	T1	PV
DEBLITANE	T1	PV
ELLA	T3	
ELURYNG	T2	PV; QL (1 ring per 28 days)
EMOQUETTE	T1	
ENPRESSE-28	T1	PV
ERRIN	T1	PV
ESTROSTEP FE	T3	
<i>etonogestrel-ethinyl estradiol</i>	T2	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
INTROVALE	T1	PV
JENCYCLA	T1	PV
JOLESSA	T1	PV
JOLIVETTE	T1	PV
JULEBER	T1	
JUNEL 1.5/30	T1	PV
JUNEL 1/20	T1	PV
JUNEL FE 1.5/30	T1	PV
JUNEL FE 1/20	T1	PV
JUNEL FE 24	T1	PV
KAITLIB FE	T9	
KARIVA	T1	PV
KELNOR 1/35	T1	PV
LARIN 24 FE	T1	PV
LAYOLIS FE	T9	
<i>levonorgest-eth est & eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV

Medication	Coverage Level	Restrictions
LO LOESTRIN FE	T3	ST
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	
LOESTRIN FE 1/20	T3	
LOSEASONIQUE	T9	
LOW-OGESTREL	T1	PV
LUTERA	T1	PV
LYZA	T1	PV
MELODETTA 24 FE	T9	
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
MINASTRIN 24 FE	T9	
MIRCETTE	T9	
MONONESSA	T1	PV
NATAZIA	T9	
NECON 0.5/35 (28)	T1	PV
NECON 1/35 (28)	T1	PV
NEXT CHOICE ONE DOSE	T1	PV
NORA-BE	T1	PV
<i>norethin ace-eth estrad-fe oral 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
NORLYDA	T1	PV
NORLYROC	T1	PV
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
NUVARING	T9	
OCELLA	T1	PV
OGESTREL	T1	PV
ORTHO MICRONOR	T3	

Medication	Coverage Level	Restrictions
ORTHO TRI-CYCLEN (28)	T3	
ORTHO TRI-CYCLEN LO	T9	
ORTHO-CYCLEN (28)	T3	
ORTHO-NOVUM 1/35 (28)	T3	
ORTHO-NOVUM 7/7/7 (28)	T3	
PLAN B ONE-STEP	T3	PV
PORTIA-28	T1	PV
PREVIFEM	T1	PV
QUARTETTE	T9	
QUASENSE	T1	PV
RECLIPSEN	T1	PV
RIVELSA	T9	
SAFYRAL	T9	
SEASONIQUE	T9	
SHAROBEL	T1	PV
SLYND	T9	
SPRINTEC 28	T1	PV
SRONYX	T1	PV
SYEDA	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
TRINESSA (28)	T1	PV
TRI-NORINYL (28)	T3	
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TULANA	T1	PV
TWIRLA	T9	
TYDEMY	T9	PV
VELIVET	T1	PV
XULANE	T2	PV
YASMIN 28	T9	
YAZ	T9	
ZOVIA 1/35E (28)	T1	PV
<i>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</i>		
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone</i>	T3	QL (30 tablets per 30 days)
GLYXAMBI	T2	QL (30 tablets per 30 days)
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
JENTADUETO	T2	QL (60 tablets per 30 days)
JENTADUETO XR	T2	QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (62 tablets per 31 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (31 tablets per 31 days)
NESINA	T9	
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
OSENI	T9	
QTERN	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
TRADJENTA	T2	QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
<i>Estrogen Agonist-Antagonists</i>		
<i>clomiphene citrate oral</i>	T1	
DUAVEE	T3	QL (31 tablets per 31 days)
EVISTA	T3	
FARESTON	T9	
OSPHENA	T2	PA
<i>raloxifene hcl</i>	T1	
<i>tamoxifen citrate oral</i>	T1	
<i>toremifene citrate</i>	T4	ST; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (30 tablets per 30 days)
<i>Estrogens</i>		
ACTIVELLA	T3	
ALORA	T2	

Medication	Coverage Level	Restrictions
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
BIJUVA	T9	
CLIMARA	T3	
CLIMARA PRO	T9	
COMBIPATCH	T2	
COVARYX	T9	
COVARYX HS	T9	
DELESTROGEN	T3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1	
DUAVEE	T3	QL (31 tablets per 31 days)
ELESTRIN	T3	ST
<i>est estrogens-methyltest</i>	T9	
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal</i>	T1	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T9	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
ESTRING	T3	
ESTROGEL	T2	QL (50 GM per 31 days)
EVAMIST	T2	
FEMHRT LOW DOSE	T3	
FEMRING	T3	
IMVEXXY MAINTENANCE PACK	T3	QL (8 inserts per 28 Days)
IMVEXXY STARTER PACK	T3	QL (18 inserts per 360 Days)
JINTELI	T1	
LOPREEZA	T1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MIMVEY	T1	
MIMVEY LO	T1	

Medication	Coverage Level	Restrictions
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	
ORIAHNN	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (56 capsules per 28 Days)
PREFEST	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
PREMPHASE	T2	
PREMPRO	T2	
VAGIFEM VAGINAL TABLET 10 MCG	T3	
VIVELLE-DOT	T3	
YUVAFEM	T1	
<i>Glycogenolytic Agents</i>		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<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)
<i>Gonadotropins And Antigonadotropins</i>		
<i>chorionic gonadotropin intramuscular</i>	T3	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT	T2	QL (13500 units per 30 days)
<i>leuprolide acetate injection</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
MENOPUR	T2	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T1	
SUPPRELIN LA	T7	PA
SYNAREL	T9	
VANTAS	T7	MB (Refer to your medical plan documents for coverage details.)
<i>Gonadotropins</i>		
<i>chorionic gonadotropin intramuscular</i>	T3	

Medication	Coverage Level	Restrictions
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	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
MENOPUR	T2	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T1	
SUPPRELIN LA	T7	PA
SYNAREL	T9	
VANTAS	T7	MB (Refer to your medical plan documents for coverage details.)
<i>Incretin Mimetics</i>		
ADLYXIN	T3	ST
ADLYXIN STARTER PACK	T3	ST
BYDUREON BCISE	T3	ST
BYDUREON SUBCUTANEOUS PEN-INJECTOR	T3	ST
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T2	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE)	T2	QL (3 ML per 28 days)
RYBELSUS	T9	
SAXENDA	T9	
SOLIQUA	T3	QL (15 ML per 25 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	T2	QL (2 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	T2	QL (2 ML per 28 Days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
XULTOPHY	T3	QL (15 ML per 30 days)
<i>Insulins</i>		
ADMELOG	T3	ST
ADMELOG SOLOSTAR	T3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT	T3	ST
APIDRA	T3	ST

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

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

Medication	Coverage Level	Restrictions
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	T9	
Leptins		
MYALEPT	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Long-Acting Insulins		
BASAGLAR KWIKPEN	T9	
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
SEMGLEE	T9	
SOLIQUA	T3	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR	T1	
TOUJEO SOLOSTAR	T1	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
XULTOPHY	T3	QL (15 ML per 30 days)
Meglitinides		
<i>nateglinide</i>	T1	
PRANDIN ORAL TABLET 1 MG, 2 MG	T3	
<i>repaglinide</i>	T1	
STARLIX	T3	
Parathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	Max of 31 days per dispensing. ()
NATPARA	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>teriparatide (recombinant)</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TYMLOS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 pen per 30 days)

Medication	Coverage Level	Restrictions
Parathyroid And Antiparathyroid Agents		
<i>calcitonin (salmon)</i>	T1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	Max of 31 days per dispensing. ()
MIACALCIN NASAL	T3	
NATPARA	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TYMLOS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 pen per 30 days)
Pituitary		
ACTHAR	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
<i>desmopressin ace spray refrig</i>	T2	ST
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
<i>desmopressin acetate spray</i>	T2	ST
GENOTROPIN	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
GENOTROPIN MINIQUICK	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
HUMATROPE	T9	
NOCDURNA	T9	
NOCTIVA	T9	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	T9	Max of 31 days per dispensing. ()
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	T9	Max of 31 days per dispensing. ()
OMNITROPE SUBCUTANEOUS SOLUTION	T9	Max of 31 days per dispensing. ()
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	Max of 31 days per dispensing. ()
SAIZEN	T9	Max of 31 days per dispensing. ()

Medication	Coverage Level	Restrictions
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
STIMATE	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ZOMACTON	T9	
ZORBTIVE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Progestins		
ACTIVELLA	T3	
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
AYGESTIN	T3	
BIJUVA	T9	
COMBIPATCH	T2	
CRINONE	T9	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3	PV
ENDOMETRIN	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
FEMHRT LOW DOSE	T3	
JINTELI	T1	
LOPREEZA	T1	
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV
<i>medroxyprogesterone acetate oral</i>	T1	
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1	
MIMVEY	T1	
MIMVEY LO	T1	
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	
ORIAHNN	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (56 capsules per 28 Days)
<i>progesterone intramuscular</i>	T1	

Medication	Coverage Level	Restrictions
<i>progesterone micronized oral</i>	T1	
PROMETRIUM	T3	
PROVERA	T3	
SLYND	T9	
<i>Rapid-Acting Insulins</i>		
ADMELOG	T3	ST
ADMELOG SOLOSTAR	T3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT	T3	ST
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
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 & asp flexpen</i>	T3	ST
<i>insulin aspart</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin lispro</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
LYUMJEV	T1	
LYUMJEV KWIKPEN	T1	
NOVOLOG	T9	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG MIX 70/30	T9	

Medication	Coverage Level	Restrictions
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>Short-Acting Insulins</i>		
HUMULIN 70/30	T1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN R	T1	
HUMULIN R U-500 (CONCENTRATED)	T1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST
<i>Sodium-Gluc Cotransport 2 (SglT2) Inhib</i>		
FARXIGA	T2	QL (31 tablets per 31 days)
GLYXAMBI	T2	QL (30 tablets per 30 days)
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
INVOKANA	T3	ST; QL (31 tablets per 31 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
QTERN	T3	ST; QL (30 tablets per 30 days)
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5- 1000 MG	T2	QL (60 Tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	

Medication	Coverage Level	Restrictions
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
Somatostatin Agonists		
BYNFEZIA PEN	T9	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SIGNIFOR	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SOMATULINE DEPOT	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Somatotropin Agonists		
INCRELEX	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Sulfonylureas		
AMARYL	T3	
<i>chlorpropamide</i>	T1	
DUETACT	T9	
<i>glimepiride</i>	T1	
<i>glipizide er</i>	T1	
<i>glipizide oral</i>	T1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1	
<i>glipizide-metformin hcl</i>	T1	
GLUCOTROL	T3	
GLUCOTROL XL	T3	
<i>glyburide micronized</i>	T1	
<i>glyburide oral</i>	T1	
<i>glyburide-metformin</i>	T1	
GLYNASE	T3	
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>tolazamide</i>	T1	
<i>tolbutamide</i>	T1	

Medication	Coverage Level	Restrictions
Thiazolidinediones		
ACTOPLUS MET	T3	
ACTOPLUS MET XR	T2	QL (60 tablets per 30 days)
ACTOS	T3	
<i>alogliptin-pioglitazone</i>	T3	QL (30 tablets per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	T2	
DUETACT	T9	
OSENI	T9	
<i>pioglitazone hcl</i>	T1	
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>pioglitazone hcl-metformin hcl</i>	T1	
Thyroid Agents		
ARMOUR THYROID	T2	
CYTOMEL	T3	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</i>	T5	Max of 31 days per dispensing. (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	
LEVOXYL	T1	
<i>liothyronine sodium oral</i>	T1	
NATURE-THROID	T1	
<i>np thyroid</i>	T1	
SYNTHROID	T3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T9	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1	
WP THYROID	T3	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART	T3	
<i>dutasteride oral</i>	T1	QL (30 tablets per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
<i>finasteride oral tablet 5 mg</i>	T1	
JALYN	T3	ST

Medication	Coverage Level	Restrictions
PROSCAR	T3	
Alcohol Deterrents		
ANTABUSE	T3	
<i>disulfiram oral</i>	T1	
<i>naltrexone hcl oral</i>	T1	
Antidotes		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
CHEMET	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
FOSRENOL ORAL PACKET	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN	T2	QL (2 kits per 30 Days)
GVOKE PFS	T2	QL (2 kits per 30 Days)
KIONEX ORAL SUSPENSION	T1	
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
<i>leucovorin calcium oral</i>	T1	
MEPHYTON	T3	QL (3 tablets per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	T1	QL (2 Vials/Syringes per 365 Day(s))
<i>naloxone hcl injection solution auto-injector</i>	T9	
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 Vials/Syringes per 365 Day(s))

Medication	Coverage Level	Restrictions
<i>naloxone hcl injection solution prefilled syringe</i>	T1	QL (2 Vials/Syringes per 365 Day(s))
NARCAN	T3	QL (2 EA per 365 days)
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)
RENAGEL ORAL TABLET 800 MG	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
REVELA	T9	
<i>sevelamer carbonate oral packet</i>	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>sevelamer carbonate oral tablet</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium polystyrene sulfonate rectal suspension 50 gm/200ml</i>	T1	
SPS	T3	
VISTOGARD	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (20 packets per 5 days)
Antigout Agents		
<i>allopurinol oral</i>	T1	
ANAPROX DS	T3	
<i>colchicine oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T2	QL (120 tablets per 30 days)
<i>colchicine-probenecid</i>	T1	
COLCRYS	T9	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>febuxostat</i>	T2	ST
GLOPERBA	T9	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
MITIGARE	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG, 500 MG	T3	

Medication	Coverage Level	Restrictions
<i>naproxen dr</i>	T1	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>probenecid oral</i>	T1	
TIVORBEX	T9	
ULORIC	T3	ST
ZURAMPIC	T3	ST
ZYLOPRIM	T3	
<i>Antisense Oligonucleotides</i>		
EXONDYS 51	T9	
SPINRAZA	T7	PA; MB (Refer to your medical plan documents for coverage.)
TEGSEDI	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (4 syringes per 30 days)
VYONDYS 53	T9	
<i>Bone Anabolic Agents</i>		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	Max of 31 days per dispensing. ()
NATPARA	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>teriparatide (recombinant)</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TYMLOS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 pen per 30 days)
<i>Bone Resorption Inhibitors</i>		
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 30 MG, 35 MG, 5 MG	T3	
<i>alendronate sodium</i>	T1	
AELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
<i>calcitonin (salmon)</i>	T1	
<i>etidronate disodium</i>	T3	ST
EVISTA	T3	
FOSAMAX ORAL TABLET 70 MG	T3	

Medication	Coverage Level	Restrictions
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral</i>	T1	
MIACALCIN NASAL	T3	
<i>raloxifene hcl</i>	T1	
<i>risedronate sodium oral tablet 150 mg</i>	T1	ST; QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 35 mg, 5 mg</i>	T1	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
XGEVA	T7	PA; MB (Refer to your medical plan documents for coverage details.)
Cariostatic Agents		
CAVAREST	T1	
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
FLORIVA ORAL LIQUID	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FLUORABON	T2	AL
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
LUDENT	T1	
<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</i>	T1	AL
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T1	AL
MYKIDZ IRON FL	T9	
PREVIDENT	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental paste</i>	T1	
<i>sodium fluoride 5000 sensitive</i>	T1	
<i>sodium fluoride dental gel 1.1 %</i>	T1	
<i>sodium fluoride oral solution</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	

Medication	Coverage Level	Restrictions
TEXAVITE LQ	T9	
<i>tl-fluorivite</i>	T9	
TRI-VI-FLOR	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
Complement Inhibitors		
BERINERT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CINRYZE	T9	
FIRAZYR	T9	
HAEGARDA	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>icatibant acetate</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing); QL (3 synges per 1 fill); AL
KALBITOR	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); AL
RUCONEST	T9	
TAKHZYRO	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Disease-Modifying Antirheumatic Agents		
ACTEMRA ACTPEN	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (4 ML per 28 days)
ARAVA	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
AZASAN	T3	
<i>azathioprine oral</i>	T1	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
CIMZIA PREFILLED	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CUPRIMINE ORAL CAPSULE 250 MG	T9	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	

Medication	Coverage Level	Restrictions
DEPEN TITRATABS	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
ENBREL MINI	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing); QL (8 vials per 30 Days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 kit per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 kit per 2 yearss)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 30 days)
<i>hydroxychloroquine sulfate oral</i>	T1	
IMURAN	T3	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2.28 ML per 28 days)

Medication	Coverage Level	Restrictions
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>leflunomide oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
NEORAL	T3	
OLUMIANT ORAL TABLET 1 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
OLUMIANT ORAL TABLET 2 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ORENCIA CLICKJECT	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
OTEZLA ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	T3	ST
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
PLAQUENIL	T3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST
REMICADE	T9	
RIDAURA	T9	
RINVOQ	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
SANDIMMUNE ORAL	T3	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 ML per 28 days)

Medication	Coverage Level	Restrictions
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>sulfasalazine oral</i>	T1	
TREXALL	T3	ST
XATMEP	T3	AL
XELJANZ	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>Gonadotropin-Releasing Hormone Antagnts</i>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>Immunomodulatory Agents</i>		
ACTEMRA ACTPEN	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (4 ML per 28 days)
ACTIMMUNE	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ARAVA	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
AUBAGIO ORAL TABLET 14 MG	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
AUBAGIO ORAL TABLET 7 MG	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
AVONEX	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
AZASAN	T3	
<i>azathioprine oral</i>	T1	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
BETASERON SUBCUTANEOUS KIT	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CIMZIA PREFILLED	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
<i>dimethyl fumarate oral</i>	T4	ST; Max of 31 days per dispensing. (Max of 31 day supply per dispensing)
<i>dimethyl fumarate starter pack</i>	T4	ST; Max of 31 days per dispensing. (Max of 31 day supply per dispensing)
ENBREL MINI	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing); QL (8 vials per 30 Days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
EXTAVIA SUBCUTANEOUS KIT	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
GILENYA ORAL CAPSULE 0.5 MG	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (12 ML per 28 days)
GLATOPA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 kit per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 kit per 2 yearss)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 30 days)
<i>hydroxychloroquine sulfate oral</i>	T1	
IMURAN	T3	
INTRON A	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>leflunomide oral</i>	T1	
LEMTRADA	T9	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
MAYZENT ORAL TABLET 2 MG	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
NEORAL	T3	
OLUMIANT ORAL TABLET 1 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
OLUMIANT ORAL TABLET 2 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ORENCIA CLICKJECT	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
OTEZLA ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	T3	ST
PLAQUENIL	T3	
PLEGRIDY	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 ML per 28 days)
POMALYST	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (6 ML per 28 days)

Medication	Coverage Level	Restrictions
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (6 ML per 28 days)
REMICADE	T9	
REVLIMID	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 capsules per 30 days)
RIDAURA	T9	
RINVOQ	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
SANDIMMUNE ORAL	T3	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>sulfasalazine oral</i>	T1	
TECFIDERA	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
THALOMID	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TREXALL	T3	ST
VUMERITY	T9	
VUMERITY (STARTER)	T9	
XATMEP	T3	AL
XELJANZ	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
ZEPOSIA	T4	ST; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
ZEPOSIA 7-DAY STARTER PACK	T4	ST; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
ZEPOSIA STARTER KIT	T4	ST; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
Immunosuppressive Agents		
ASTAGRAF XL	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
AZASAN	T3	
<i>azathioprine oral</i>	T1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (4 ML per 28 days)
CELLCEPT	T3	
<i>cyclophosphamide oral capsule</i>	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
ELIDEL	T3	ST; QL (30 GM per 30 days)
ENVARUSUS XR	T3	ST
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T4	Max of 31 days per dispensing. (Max of 31 days supply per dispensing.)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
IMURAN	T3	
MAVENCLAD (10 TABS)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (4 TABS)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (5 TABS)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 2 years of treatment.); QL (20 tablets per 1 year)

Medication	Coverage Level	Restrictions
MAVENCLAD (6 TABS)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (7 TABS)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (8 TABS)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (9 TABS)	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. 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</i>	T1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (248 tablets per 31 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (124 tablets per 31 days)
NEORAL	T3	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	T3	ST
<i>pimecrolimus</i>	T1	ST; QL (30 GM per 30 days)
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL
PURIXAN	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RAPAMUNE ORAL SOLUTION	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RAPAMUNE ORAL TABLET 0.5 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RAPAMUNE ORAL TABLET 1 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RAPAMUNE ORAL TABLET 2 MG	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST
SANDIMMUNE ORAL	T3	
<i>sirolimus oral</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>tacrolimus oral</i>	T1	
TREXALL	T3	ST
XATMEP	T3	AL
ZORTRESS	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Other Miscellaneous Therapeutic Agents		
<i>acetylcysteine inhalation</i>	T1	
AMPYRA	T9	
ARCALYST	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
CARDIOVID PLUS	T9	
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CARTICEL	T9	
CERDELGA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 capsules per 30 days)
<i>cinacalcet hcl</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>coenzyme q10</i>	T2	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
<i>co-veratrol</i>	T9	
<i>dalfampridine er</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
DEMSEER	T9	
ENDARI	T9	
EVOTAZ	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
EXONDYS 51	T9	
GALAFOLD	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (14 capsules per 28 days)
GRASTEK	T3	AL

Medication	Coverage Level	Restrictions
ILARIS SUBCUTANEOUS SOLUTION	T8	PA; MB (Refer to your medical plan documents for coverage details.)
ISTURISA ORAL TABLET 1 MG	T5	PA; Max of 31 days per dispensing. (Max of 30 days per dispensing.); QL (120 Tablets per 30 days)
ISTURISA ORAL TABLET 10 MG, 5 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 Tablets per 30 days)
KUVAN	T5	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
<i>maca</i>	T9	
<i>methazel</i>	T9	
<i>metyrosine</i>	T9	
<i>miglustat</i>	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
<i>nitisinone</i>	T9	
NITYR	T9	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ORALAIR	T3	AL
ORFADIN	T9	
POTABA ORAL CAPSULE	T9	
PREZCOBIX	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
RAGWITEK	T3	AL
REMICADE	T9	
RUZURGI	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>sapropterin dihydrochloride</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing.)
SENSIPAR	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
SPINRAZA	T7	PA; MB (Refer to your medical plan documents for coverage.)
SULFZIX ORAL CAPSULE	T9	
SYMTUZA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
THIOLA	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (240 tablets per 30 days)
THIOLA EC	T9	
<i>tri-zel</i>	T9	
TYBOST	T2	QL (30 tablets per 30 days)
<i>vp-zel</i>	T9	
XURIDEN	T9	
ZAVESCA	T9	
Protective Agents		
ELMIRON	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 capsules per 30 days)
MESNEX ORAL	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
CAYA	T3	
PHEXXI	T9	
Oxytocics		
Oxytocics		
METHERGINE ORAL	T3	QL (28 tablets per 365 days)
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
Pharmaceutical Aids		
Pharmaceutical Aids		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
ALAVERT ALLERGY/SINUS	T9	

Medication	Coverage Level	Restrictions
ALLEGRA-D ALLERGY & CONGESTION	T9	
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	T9	
BROMFED DM	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 31 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>loratadine-d 24hr</i>	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoeph-chlorphen-hydrocod</i>	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
SEMPREX-D	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 Days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 30 days)
ZYRTEC-D ALLERGY & CONGESTION	T9	
<i>Anticholinergic Agents (Respir. Tract)</i>		
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
ATROVENT HFA	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhaler per 40 days)
<i>diphenoxylate-atropine</i>	T1	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
LOMOTIL ORAL TABLET	T3	
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)

Medication	Coverage Level	Restrictions
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA	T2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days); AL
Antifibrotic Agents		
ESBRIET ORAL CAPSULE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (270 capsules per 30 days)
ESBRIET ORAL TABLET 267 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 capsules per 30 days)
OFEV	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 capsules per 30 days); AL
Antitussives		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T9	
BROMFED DM	T9	
<i>cheratussin ac oral syrup</i>	T1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	T1	
<i>guaifenesin-dm oral syrup</i>	T9	
HISTEX-AC	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	
NUEDEXTA	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 capsules per 30 days)
<i>promethazine-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoeph-chlorphen-hydrocod</i>	T1	
TESSALON PERLES	T3	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE	T3	

Medication	Coverage Level	Restrictions
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
<i>Cystic Fibrosis (Cftr) Correctors</i>		
ORKAMBI ORAL PACKET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 granules per 30 days); AL
ORKAMBI ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days); AL
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 31 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 31 days)
TRIKAFTA	T4	PA; Max of 31 days per dispensing. (Max of 31 days supply per dispensing); QL (84 tablets per 28 Days)
<i>Cystic Fibrosis (Cftr) Potentiators</i>		
KALYDECO ORAL PACKET 50 MG, 75 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 packets per 1 day); AL
KALYDECO ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 tablets per 1 day); AL
ORKAMBI ORAL PACKET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 granules per 30 days); AL
ORKAMBI ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days); AL
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 31 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 31 days)
TRIKAFTA	T4	PA; Max of 31 days per dispensing. (Max of 31 days supply per dispensing); QL (84 tablets per 28 Days)
<i>Expectorants</i>		
<i>cheratussin ac oral syrup</i>	T1	
<i>guaifenesin oral solution 100 mg/5ml</i>	T9	

Medication	Coverage Level	Restrictions
<i>guaifenesin oral tablet 400 mg</i>	T9	
<i>guaifenesin-dm oral syrup</i>	T9	
<i>phenylephrine-guaifenesin oral liquid</i>	T1	
First Generation Antihist.(Respir Tract)		
BONJESTA	T9	
BROMFED DM	T9	
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>chlorpheniramine maleate er</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
DICLEGIS	T9	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>doxylamine-pyridoxine</i>	T9	
HISTEX-AC	T9	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
<i>maxi-tuss cd</i>	T9	
<i>promethazine hcl oral syrup</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoeph-chlorphen-hydrocod</i>	T1	
RYCLORA ORAL SYRUP	T9	
RYVENT	T9	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE	T3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing); QL (2 pens per 28 days)

Medication	Coverage Level	Restrictions
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 3 syringes for the first month.); QL (2 syringes per 28 days)
FASENRA PEN	T4	PA; Max of 31 days per dispensing. (Limited to 1ml (30mg) every 28 days for 3 fills); QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 autoinjector per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 syringe per 30 days)
Leukotriene Modifiers		
ACCOLATE	T3	
<i>montelukast sodium oral</i>	T1	
SINGULAIR	T3	
<i>zafirlukast</i>	T1	
<i>zileuton er</i>	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days); AL
ZYFLO	T9	
ZYFLO CR	T9	
Mast-Cell Stabilizers		
ALOCRIAL	T3	ST
<i>cromolyn sodium inhalation</i>	T3	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T3	
GASTROCROM	T3	
Mucolytic Agents		
<i>acetylcysteine inhalation</i>	T1	
PULMOZYME	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 ampules per 30 days)
Nasal Preparations (Steroids)		
<i>azelastine-fluticasone</i>	T1	ST
BECONASE AQ	T9	
<i>budesonide nasal</i>	T9	

Medication	Coverage Level	Restrictions
DERMACINRX TICANASE PAK	T9	
DYMISTA	T3	ST
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T3	
<i>fluticasone propionate nasal</i>	T3	
<i>mometasone furoate nasal</i>	T3	ST
NASACORT ALLERGY 24HR	T3	
NASACORT ALLERGY 24HR CHILDREN	T3	
NASONEX	T9	
OMNARIS	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
TICALAST	T9	
<i>triamcinolone acetonide nasal aerosol</i>	T3	
XHANCE	T9	
ZETONNA	T9	
<i>Orally Inhaled Preparations (Steroids)</i>		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days); AL
ASMANEX (120 METERED DOSES)	T9	
ASMANEX (14 METERED DOSES)	T9	
ASMANEX (30 METERED DOSES)	T9	
ASMANEX (60 METERED DOSES)	T9	
ASMANEX (7 METERED DOSES)	T9	
ASMANEX HFA	T9	
BREO ELLIPTA	T9	
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
<i>budesonide-formoterol fumarate</i>	T9	
DULERA	T2	QL (1 inhaler per 31 days)
FLOVENT DISKUS	T1	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T1	QL (1 Inhaler per 30 Day(s)s)

Medication	Coverage Level	Restrictions
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDHALER	T1	
SYMBICORT	T2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA	T2	
WIXELA INHUB	T9	
<i>Phosphodiesterase Type 4 Inhibitors</i>		
DALIRESP ORAL TABLET 250 MCG	T3	PA; QL (1 Fill per 1 Lifetime)
DALIRESP ORAL TABLET 500 MCG	T3	PA
<i>Second Generation Antihist(Respir Tract)</i>		
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
<i>allergy relief/nasal decongest oral tablet extended release 24 hour</i>	T9	
<i>azelastine-fluticasone</i>	T1	ST
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
<i>childrens loratadine oral syrup</i>	T9	
CLARINEX	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN ORAL TABLET CHEWABLE	T9	
CLARITIN REDITABS	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>desloratadine oral tablet</i>	T9	

Medication	Coverage Level	Restrictions
DYMISTA	T3	ST
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	
QUZYTIR	T9	
SEMPREX-D	T9	
TICALAST	T9	
ZYRTEC ALLERGY ORAL TABLET	T9	
ZYRTEC-D ALLERGY & CONGESTION	T9	
Select. Beta-2-Adrenergic Agonist(Respir)		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
<i>albuterol sulfate er</i>	T1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	
<i>albuterol sulfate oral</i>	T1	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
ARCAPTA NEOHALER	T3	
BEVESPI AEROSPHERE	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA	T9	
BROVANA	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); AL
<i>budesonide-formoterol fumarate</i>	T9	
COMBIVENT RESPIMAT	T2	QL (2 inhaler per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T9	

Medication	Coverage Level	Restrictions
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
<i>levalbuterol tartrate hfa</i>	T2	
<i>metaproterenol sulfate oral</i>	T1	
PERFOROMIST	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.); AL
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL
SYMBICORT	T2	QL (1 inhaler per 30 days)
<i>terbutaline sulfate oral</i>	T1	
TRELEGY ELLIPTA	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days); AL
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
WIXELA INHUB	T9	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
<i>Vasodilating Agents (Respiratory Tract)</i>		
ADCIRCA	T9	QL (60 tablets per 30 days)
ADEMPAS	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
<i>ambrisentan</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>bosentan</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
LETAIRIS ORAL TABLET 10 MG	T9	Max of 31 days per dispensing. ()
LETAIRIS ORAL TABLET 5 MG	T9	
OPSUMIT	T5	PA; Max of 31 days per dispensing. (Max day supply up to 31 days.); QL (1 tablet per 1 day)

Medication	Coverage Level	Restrictions
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<i>tadalafil (pah)</i>	T9	Max of 31 days per dispensing. ()
TRACLEER ORAL TABLET	T9	Max of 31 days per dispensing. ()
TRACLEER ORAL TABLET SOLUBLE	T9	
TYVASO	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TYVASO REFILL	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TYVASO STARTER	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
UPTRAVI ORAL TABLET	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
VENTAVIS	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing)
<i>Xanthine Derivatives</i>		
ELIXOPHYLLIN	T3	

Medication	Coverage Level	Restrictions
THEO-24	T2	
<i>theophylline er</i>	T1	
Skin And Mucous Membrane Agents		
<i>Allylamines (Skin And Mucous Membrane)</i>		
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
<i>Antibacterials (Skin, Mucous Membrane)</i>		
ACANYA	T9	
ACZONE	T9	
AKTIPAK	T9	
ALTABAX	T3	ST
AMZEEQ	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
CENTANY	T3	
CLEOCIN VAGINAL CREAM	T3	
CLEOCIN VAGINAL SUPPOSITORY	T9	
CLEOCIN-T EXTERNAL GEL	T3	
CLEOCIN-T EXTERNAL LOTION	T3	
CLEOCIN-T EXTERNAL SOLUTION	T9	
CLEOCIN-T EXTERNAL SWAB	T3	
CLINDAGEL	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T2	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T9	
<i>clindamycin phosphate external gel</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>clindamycin-tretinoin</i>	T3	
CLINDESSE	T3	ST
CORTISPORIN EXTERNAL	T2	
<i>dapsone external</i>	T9	
DUAC	T9	
<i>ery</i>	T1	

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

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

Medication	Coverage Level	Restrictions
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T9	
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>diflorasone diacetate external</i>	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	
ELOCON EXTERNAL CREAM	T3	
ELOCON EXTERNAL OINTMENT	T3	
<i>enovarx-ibuprofen</i>	T9	
<i>enovarx-naproxen external</i>	T9	
ENSTILAR	T9	
EPIFOAM	T9	
EUCRISA	T3	ST
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external cream 0.01 %</i>	T1	ST
<i>fluocinolone acetonide external cream 0.025 %</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	ST; QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	QL (60 ML per 30 days)
<i>flurandrenolide</i>	T9	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOG	T9	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
<i>hydrocortisone butyr lipo base</i>	T9	

Medication	Coverage Level	Restrictions
<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	
<i>hydrocortisone valerate external cream</i>	T1	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
IMPOYZ	T9	
<i>iodoquinol-hc-aloe polysacch</i>	T9	
<i>iodoquinol-hydrocortisone-aloe</i>	T9	
KENALOG EXTERNAL	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
LUXIQ	T9	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR EXTERNAL CREAM	T9	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
OLUX	T9	
OLUX-E	T3	
ORALONE	T3	
PANDEL	T9	
PRAMOSONE	T9	
<i>prednicarbate</i>	T1	
PROCTOCORT RECTAL SUPPOSITORY	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
SYNALAR TS	T9	

Medication	Coverage Level	Restrictions
TACLONEX EXTERNAL OINTMENT	T3	ST; QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
TEMOVATE EXTERNAL OINTMENT	T3	
TEXACORT	T9	
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	Max of 31 days per dispensing. (Generic substitution mandatory.)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	T1	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1	
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
ULTRAVATE X (OINTMENT)	T9	
VANOS	T9	
VANOXIDE-HC	T9	
VERDESO	T9	
VYTONE	T9	
XERESE	T9	
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	T3	ST
Antipruritics And Local Anesthetics		
CETACAINE EXTERNAL AEROSOL	T9	
DERMACINRX PRIZOPAK	T9	
<i>doxepin hcl external</i>	T9	
<i>enovarx-lidocaine hcl</i>	T9	
EPIFOAM	T9	
<i>ethyl chloride</i>	T9	
GEBAUERS PAIN EASE	T3	
GEBAUERS SPRAY AND STRETCH	T3	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	

Medication	Coverage Level	Restrictions
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment</i>	T1	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1	
LIDODERM	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lidopin external cream 3.25 %</i>	T9	
<i>lidopril external kit</i>	T9	
<i>lidorx</i>	T9	
LIDOTRANS 5 PAK	T9	
LIVIXIL PAK	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
PLIAGLIS EXTERNAL CREAM	T9	
PRAMOSONE	T9	
<i>prilovixil</i>	T9	
PRUDOXIN	T9	
PYRIDIUM	T3	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
SYNERA	T9	
XRYLIDERM	T9	
<i>zeruvia</i>	T9	
ZONALON	T9	
ZTLIDO	T9	
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir external</i>	T9	
DENAVIR	T9	
XERESE	T9	
ZOVIRAX EXTERNAL	T9	
Astringents		
DOMEBORO EXTERNAL PACKET	T9	
DRYSOL	T2	
XERAC AC	T9	
Azoles (Skin And Mucous Membrane)		
<i>clotrimazole external cream</i>	T9	

Medication	Coverage Level	Restrictions
<i>clotrimazole external solution</i>	T9	
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone</i>	T1	
<i>econazole nitrate external</i>	T1	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST
EXELDERM	T3	ST
EXTINA	T9	
GYNAZOLE-1	T3	
JUBLIA	T9	
<i>ketoconazole external cream</i>	T1	QL (60 gm per 30 days)
<i>ketoconazole external foam</i>	T9	
<i>ketoconazole external shampoo 2 %</i>	T1	QL (120 ml per 30 days)
LOTRIMIN AF EXTERNAL CREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
<i>luliconazole</i>	T9	
LUZU	T9	
NIZORAL	T3	
ORAVIG	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>oxiconazole nitrate</i>	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
<i>sulconazole nitrate</i>	T3	
TERAZOL 7	T3	
<i>terconazole vaginal cream 0.4 %</i>	T1	
<i>terconazole vaginal suppository</i>	T1	
VUSION	T9	
XOLEGEL	T9	
Basic Lotions And Liniments		
<i>ammonium lactate external lotion</i>	T9	
GERI-HYDROLAC 12 EXTERNAL LOTION	T9	
GERI-HYDROLAC 5	T9	
<i>lactic acid external lotion</i>	T9	
PRUCLAIR	T9	
Basic Oils And Other Solvents		
AVO CREAM	T9	
BIAFINE	T9	
CERACADE	T9	

Medication	Coverage Level	Restrictions
LUXAMEND	T9	
PHLAG SPRAY	T9	
PRUTECT	T9	
SONAFINE	T9	
SYNERDERM	T9	
Basic Ointments And Protectants		
<i>ammonium lactate external cream</i>	T9	
ELETONE	T9	
GERI-HYDROLAC 12 EXTERNAL CREAM	T9	
HPR PLUS-MB HYDROGEL	T9	
LAC-HYDRIN EXTERNAL CREAM	T9	
<i>lactic acid e</i>	T9	
LUXAMEND	T9	
TETRIX EXTERNAL CREAM	T9	
Benzylamines (Skin And Mucous Membrane)		
MENTAX	T9	
Cell Stimulants And Proliferants		
ALTRENO	T1	QL (45 grams per 30 days); AL
ATRALIN	T3	ST; AL
AVITA	T9	
<i>clindamycin-tretinoin</i>	T3	
REFISSA	T9	
REGRANEX	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
RENOVA	T9	
RENOVA PUMP	T9	
RETIN-A	T3	AL
RETIN-A MICRO	T3	ST
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	T3	ST
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	T9	
<i>tretinoin (emollient)</i>	T9	
<i>tretinoin external cream 0.025 %</i>	T1	AL
<i>tretinoin external cream 0.05 %, 0.1 %</i>	T2	AL
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL
<i>tretinoin external gel 0.05 %</i>	T2	AL
<i>tretinoin microsphere</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
VELTIN	T9	

Medication	Coverage Level	Restrictions
ZIANA	T9	
Corticosteroids (Skin, Mucous Membrane)		
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
ALA-QUIN	T9	
<i>alclometasone dipropionate</i>	T1	
ALCORTIN A	T9	
<i>amcinonide</i>	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
APEXICON E	T9	
AQUANIL HC	T1	
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external gel</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T2	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
BRYHALI	T3	ST
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST; QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T3	ST
CAPEX	T9	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate external cream</i>	T1	
<i>clobetasol propionate external foam</i>	T9	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T9	
<i>clobetasol propionate external lotion</i>	T3	ST; QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	T2	ST
<i>clobetasol propionate external solution</i>	T1	
CLOBEX	T3	ST
CLOBEX SPRAY	T9	
<i>clocortolone pivalate</i>	T9	
<i>clocortolone pivalate pump</i>	T9	
CLODAN EXTERNAL KIT	T3	

Medication	Coverage Level	Restrictions
CLODERM	T9	
CLODERM PUMP	T9	
<i>clotrimazole-betamethasone</i>	T1	
CORDRAN	T9	
CORTENEMA	T3	
CORTISPORIN EXTERNAL	T2	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
DERMASORB HC	T9	
DERMASORB TA	T9	
DERMAZENE	T9	
DESONATE	T9	
<i>desonide external cream</i>	T1	ST
<i>desonide external gel</i>	T9	
<i>desonide external lotion</i>	T1	ST
<i>desonide external ointment</i>	T1	ST
DESOWEN EXTERNAL CREAM	T3	ST
DESOWEN EXTERNAL LOTION	T3	ST
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T9	
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>diflorasone diacetate external</i>	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	
DUOBRII	T9	
ELOCON EXTERNAL CREAM	T3	
ELOCON EXTERNAL OINTMENT	T3	
ENSTILAR	T9	
EPIFOAM	T9	
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external cream 0.01 %</i>	T1	ST
<i>fluocinolone acetonide external cream 0.025 %</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	ST; QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	

Medication	Coverage Level	Restrictions
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	QL (60 ML per 30 days)
<i>flurandrenolide</i>	T9	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOG	T9	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
<i>hydrocortisone 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	
<i>hydrocortisone valerate external cream</i>	T1	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
IMPOYZ	T9	
<i>iodoquinol-hc-aloe polysacch</i>	T9	
<i>iodoquinol-hydrocortisone-aloe</i>	T9	
KENALOG EXTERNAL	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL SOLUTION	T3	

Medication	Coverage Level	Restrictions
LOCOID LIPOCREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
LUXIQ	T9	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR EXTERNAL CREAM	T9	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
OLUX	T9	
OLUX-E	T3	
ORALONE	T3	
PANDEL	T9	
PRAMOSONE	T9	
<i>prednicarbate</i>	T1	
PROCTOCORT RECTAL SUPPOSITORY	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
SYNALAR TS	T9	
TACLONEX EXTERNAL OINTMENT	T3	ST; QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
TEMOVATE EXTERNAL OINTMENT	T3	
TEXACORT	T9	
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	Max of 31 days per dispensing. (Generic substitution mandatory.)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	T1	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1	
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
ULTRAVATE X (OINTMENT)	T9	

Medication	Coverage Level	Restrictions
VANOS	T9	
VANOXIDE-HC	T9	
VERDESO	T9	
VYTONE	T9	
XERESE	T9	
Depigmenting Agents		
EPIQUIN MICRO	T9	
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
<i>melpaque hp</i>	T9	
TRI-LUMA	T9	
Hydroxypyridones (Skin, Mucous Membrane)		
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
LOPROX EXTERNAL SHAMPOO	T3	
PENLAC	T3	
Keratolytic Agents		
ACANYA	T9	
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
<i>bensal hp</i>	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
BENZEFOAM	T9	
BENZEFOAMULTRA	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	

Medication	Coverage Level	Restrictions
BENZEPRO SHORT CONTACT	T9	
<i>benzoyl peroxide external foam 5.3 %, 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 8 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
<i>bp foam external foam 9.8 %</i>	T9	
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
<i>ciclopirox treatment</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T2	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T9	
DERMASORB XM	T9	
DUAC	T9	
KERALAC EXTERNAL CREAM 47 %	T9	
NEUAC EXTERNAL GEL	T1	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
ONEXTON	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PR BENZOYL PEROXIDE WASH	T9	
RIAX	T3	QL (1 GM per 30 days)
<i>rynoderm</i>	T9	
SALEX EXTERNAL SHAMPOO	T9	
<i>salicylic acid er</i>	T9	
<i>salicylic acid external cream</i>	T9	
<i>salicylic acid external foam</i>	T9	
<i>salicylic acid external liquid 27.5 %</i>	T9	
<i>salicylic acid external lotion</i>	T9	
<i>salicylic acid external shampoo</i>	T9	
<i>salicylic acid wart remover</i>	T9	
<i>salicylic acid-cleanser</i>	T9	
SALVAX	T9	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	

Medication	Coverage Level	Restrictions
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
ULTRASAL-ER	T9	
<i>urea external cream 40 %, 45 %</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
UTOPIC	T9	
XALIX	T9	
<i>xurea</i>	T9	
<i>Keratoplastic Agents</i>		
<i>coal tar external solution</i>	T2	
DRITHO-CREME HP	T1	
ZITHRANOL	T3	ST
<i>Local Anti-Infectives, Miscellaneous</i>		
ALCORTIN A	T9	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
DERMAZENE	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
<i>iodoquinol-hc-aloe polysacch</i>	T9	
<i>iodoquinol-hydrocortisone-aloe</i>	T9	
KLARON	T3	

Medication	Coverage Level	Restrictions
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
<i>selenium sulfide external lotion</i>	T1	
<i>selenium sulfide external shampoo 2.25 %</i>	T1	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
SELRX	T9	
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1	
<i>sodium sulfacetamide external shampoo</i>	T9	
SSD	T1	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium external gel</i>	T1	
<i>sulfacetamide sodium external liquid</i>	T1	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T9	
SULFAMILYLON	T3	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
ULESFIA	T3	
VYTONE	T9	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
<i>diclofenac epolamine transdermal</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	T1	
<i>diclofenac sodium transdermal gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	T9	
<i>enovarx-ibuprofen</i>	T9	

Medication	Coverage Level	Restrictions
<i>enovarx-naproxen external</i>	T9	
FLECTOR TRANSDERMAL	T9	
LICART TRANSDERMAL	T9	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
VOLTAREN TRANSDERMAL	T3	
<i>Oxaboroles</i>		
KERYDIN	T9	
<i>tavaborole</i>	T9	
<i>Pigmenting Agents</i>		
<i>methoxsalen rapid</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
OXSORALEN ULTRA	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>Polyenes (Skin And Mucous Membrane)</i>		
NYAMYC	T1	QL (60 GM per 30 Days)
<i>nystatin external cream</i>	T1	Max of 31 days per dispensing. (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	QL (60 GM per 30 Days)
<i>nystatin-triamcinolone</i>	T1	
NYSTOP	T1	QL (60 GM per 30 days)
<i>Scabicides And Pediculicides</i>		
EURAX	T9	
<i>lindane external shampoo</i>	T1	
<i>malathion external</i>	T1	
NATROBA	T3	ST; AL
<i>permethrin external cream</i>	T1	
SKLICE	T3	
<i>spinosad</i>	T1	
ULESFIA	T3	
<i>Skin And Mucous Membrane Agents, Misc.</i>		
ABSORICA LD	T9	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T9	
<i>acitretin</i>	T4	Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ACZONE	T9	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	
<i>adapalene external lotion</i>	T9	

Medication	Coverage Level	Restrictions
<i>adapalene external solution</i>	T9	
<i>adapalene-benzoyl peroxide</i>	T2	
AKLIEF	T9	
ALDARA	T3	
AMNESTEEM	T2	QL (5 prescriptions per 2 years)
ARAZLO	T9	
AVAGE	T9	
<i>azelaic acid external</i>	T2	ST
AZELEX	T3	ST; QL (50 GM per 31 days)
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST; QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T3	ST
CALCITRENE	T1	QL (120 GM per 30 days)
<i>calcitriol external</i>	T1	ST; QL (100 GM per 30 days)
CARAC	T9	
CLARAVIS	T2	QL (5 prescriptions per 2 years)
CONDYLOX EXTERNAL GEL	T3	ST
COSENTYX	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to a once in lifetime fill of 4 packages in 28 days for induction.); QL (1 pack per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to a once in lifetime fill of 4 packages in 28 days for induction.); QL (1 pack per 28 days)
<i>dapsone external</i>	T9	
DERMULCERA	T9	
<i>diclofenac epolamine transdermal</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac sodium transdermal gel 1 %</i>	T1	
<i>diclofenac sodium transdermal gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	T9	
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>doxycycline</i>	T9	
DUOBRII	T9	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; Max of 31 days per dispensing. (Max of 31 day supply per dispensing); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 3 syringes for the first month.); QL (2 syringes per 28 days)
EFUDEX EXTERNAL CREAM	T3	
ELIDEL	T3	ST; QL (30 GM per 30 days)
ENBREL MINI	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing); QL (8 vials per 30 Days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
<i>enovarx-baclofen</i>	T9	
<i>enovarx-cyclobenzaprine hcl</i>	T9	
ENSTILAR	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
FABIOR	T3	ST; QL (1 package per 1 month)
FINACEA EXTERNAL FOAM	T3	ST
FINACEA EXTERNAL GEL	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
FIRST-MOUTHWASH BLM	T2	
FLECTOR TRANSDERMAL	T9	
FLUOROPLEX	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
<i>fluorouracil external cream 0.5 %</i>	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
<i>hair regrowth treatment men external solution</i>	T9	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 kit per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 Kit per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 kit per 2 yearss)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 syringes per 30 days)
<i>imiquimod external</i>	T1	
<i>imiquimod pump</i>	T9	
<i>isotretinoin oral</i>	T2	QL (5 prescriptions per 2 years)
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
MINOLIRA	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
MIRVASO	T9	
MORGIDOX COMBINATION	T9	
MYORISAN	T2	QL (5 prescriptions per 2 years)
ORACEA	T9	
OTEZLA ORAL TABLET	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 tablets per 30 days); AL

Medication	Coverage Level	Restrictions
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
PICATO EXTERNAL GEL 0.015 %	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (3 gm per 180 days)
PICATO EXTERNAL GEL 0.05 %	T5	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (2 gm per 180 days)
<i>pimecrolimus</i>	T1	ST; QL (30 GM per 30 days)
PLIXDA	T9	
<i>podocon</i>	T9	
<i>podofilox external</i>	T1	
PROPECIA	T9	
PROTOPIC	T3	ST; QL (30 GM per 30 days)
QBREXZA	T9	
RECTIV	T9	
REGRANEX	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
REMICADE	T9	
RHOFADE	T3	QL (60 GM per 30 days); AL
ROGAINE	T9	
ROGAINE EXTRA STRENGTH FOR MEN	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
SANTYL	T3	QL (60 GM per 30 days)
SILIQ	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 4 syringes for the first fill.); QL (2 syringes per 28 days)
SKYRIZI (150 MG DOSE)	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limited to 4 syringes for the first fill.); QL (2 syringes per 12 weeks)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	MB (Solodyn(#2))
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	T5	Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (60 capsules per 30 days)
SORILUX	T9	

Medication	Coverage Level	Restrictions
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TACLONEX EXTERNAL OINTMENT	T3	ST; QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
TALTZ	T5	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.)
TARGRETIN EXTERNAL	T9	
<i>tazarotene external</i>	T1	ST
TAZORAC EXTERNAL CREAM 0.05 %	T2	ST
TAZORAC EXTERNAL CREAM 0.1 %	T3	ST
TAZORAC EXTERNAL GEL	T9	
TOLAK	T2	QL (1 tube per 30 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN- INJECTOR	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (1 ML per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; Max of 31 days per dispensing. (Max of 31 days per dispensing. Limit of 2 syringes on first fill.); QL (1 syringe per 8 weeks)
VALCHLOR	T4	PA; Max of 31 days per dispensing. (Max of 15 days per dispensing.); QL (60 GM per 15 days)
VANIQA	T9	
VECTICAL	T3	ST; QL (100 GM per 30 days)
VENELEX	T9	
VEREGEN	T4	ST; Max of 31 days per dispensing. (Max of 31 days per dispensing.); QL (30 grams per 30 days)
VOLTAREN TRANSDERMAL	T3	
XIMINO	T9	
ZENATANE	T2	QL (5 prescriptions per 2 years)
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
Sunscreen Agents		
ESOTERICA DAYTIME	T9	
<i>melpaque hp</i>	T9	

Medication	Coverage Level	Restrictions
Smooth Muscle Relaxants		
Antimuscarinics		
<i>darifenacin hydrobromide er</i>	T2	QL (30 EA per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 EA per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
ENABLEX	T3	QL (30 EA 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 EA per 30 days)
<i>tropium chloride</i>	T1	QL (60 EA per 30 days)
<i>tropium chloride er</i>	T3	QL (30 EA per 30 days)
Respiratory Smooth Muscle Relaxants		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er</i>	T1	
Selective Beta-3-Adrenergic Agonists		
MYRBETRIQ	T3	ST; QL (30 EA per 30 days)
Vitamins		
Multivitamin Preparations		
<i>active fe</i>	T9	
<i>advanced am/pm</i>	T9	
ANIMI-3	T9	
ANIMI-3/VITAMIN D	T9	
BACMIN	T9	
<i>bp vit 3 plus</i>	T9	
CENTRATEX	T9	
<i>choice-tabs</i>	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 EA per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL DHA	T3	
CITRANATAL RX	T3	
<i>complete natal dha</i>	T1	

Medication	Coverage Level	Restrictions
<i>completenate</i>	T1	
CORVITA	T9	
CORVITE	T9	
CORVITE 150 ORAL TABLET	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	
DIALYVITE 800/IRON	T9	
ENLYTE	T9	
<i>fibrisk</i>	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FOLET DHA	T3	QL (30 tablets per 30 days)
FOLET ONE	T3	QL (30 tablets per 30 days)
FORTAVIT ORAL CAPSULE	T9	
HEMOCYTE PLUS	T9	
INATAL GT	T1	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
MAXFE ORAL TABLET	T9	
MULTICHEW	T9	
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	T1	AL
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</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>	T1	AL
M-VIT	T9	
MYKIDZ IRON FL	T9	
MYNATAL ADVANCE	T1	
MYNATAL ORAL TABLET	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
NEXA PLUS	T3	
NIVA-PLUS	T9	
NUTRICAP	T9	

Medication	Coverage Level	Restrictions
O-CAL FA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
<i>pnv folic acid + iron</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
<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 low iron oral tablet 27-0.8 mg</i>	T1	PV
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatal/iron oral tablet</i>	T1	PV
PRENATE AM	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PROVIDA OB	T3	
<i>purefe plus</i>	T9	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
REQ 49+	T9	
RIGHT STEP PRENATAL	T1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SUPERVITE EC	T9	
TARON-PREX	T2	
TEXAVITE LQ	T9	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl folate</i>	T3	
<i>tl-care dha</i>	T1	
<i>tl-fluorivite</i>	T9	

Medication	Coverage Level	Restrictions
TRICARE	T1	
TRICARE PRENATAL COMPLEAT	T3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
TRIVEEN-DUO DHA	T1	
TRI-VI-FLOR	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
UDAMIN SP	T9	
<i>urosex</i>	T2	
<i>v-c forte</i>	T9	
VIC-FORTE	T9	
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VINATE M	T1	
VINATE ONE	T1	
VITACEL	T1	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAPEARL	T3	
VITATRUE	T3	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
<i>zyvit</i>	T9	
Vitamin A		
MYKIDZ IRON FL	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
Vitamin B Complex		
<i>active fe</i>	T9	
<i>advanced am/pm</i>	T9	
ANIMI-3	T9	
ANIMI-3/VITAMIN D	T9	
<i>av-vite fb</i>	T9	
<i>av-vite fb forte</i>	T9	
BACMIN	T9	
BIFERARX	T9	
BONJESTA	T9	
<i>bp vit 3</i>	T9	

Medication	Coverage Level	Restrictions
<i>bp vit 3 plus</i>	T9	
CARDIOTEK RX	T9	
<i>choice-tabs</i>	T9	
CIFEREX	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 EA per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL BLOOM	T9	
CITRANATAL DHA	T3	
CITRANATAL RX	T3	
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
CORVITA	T9	
CORVITA 150	T9	
CORVITE	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
DERMACINRX PUREFOLIX	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800/IRON	T9	
DIALYVITE SUPREME D	T9	
DIALYVITE/ZINC	T9	
DICLEGIS	T9	
<i>doxylamine-pyridoxine</i>	T9	
<i>durachol</i>	T9	
ENLYTE	T9	
<i>fabb</i>	T9	
<i>fe 90 plus</i>	T9	
FE C PLUS	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28	T9	

Medication	Coverage Level	Restrictions
FERROCITE PLUS ORAL TABLET	T9	
FERROGELS FORTE	T9	
<i>fibrisk</i>	T9	
FOCALGIN DSS	T9	
<i>folbee</i>	T9	
FOLBEE AR	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
FOLET DHA	T3	QL (30 tablets per 30 days)
FOLET ONE	T3	QL (30 tablets per 30 days)
FOLGARD RX	T9	
<i>folic acid oral tablet 1 mg</i>	T9	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1	PV; AL
<i>folika-d</i>	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FOLIXAPURE	T9	
<i>folplex 2.2</i>	T9	
FOLTANX	T9	
FOLTRATE	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	T9	
HEMOCYTE-F ORAL TABLET	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
MAXARON FORTE ORAL TABLET	T9	

Medication	Coverage Level	Restrictions
MAXFE ORAL TABLET	T9	
METAFOBIC PLUS	T9	
<i>methaver</i>	T9	
<i>methazel</i>	T9	
MULTICHEW	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
M-VIT	T9	
<i>myferon 150 forte</i>	T9	
MYNATAL ADVANCE	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NASCOBAL	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NATALVIRT FLT	T9	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
NEPHPLEX RX	T9	
NEPHROCAPS	T9	
NEPHROCAPS QT	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
<i>neurin-sl</i>	T9	
NEXA PLUS	T3	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
NICOMIDE	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
<i>noxifol-d</i>	T9	
NUFERA	T9	
NUTRICAP	T9	
O-CAL FA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
<i>ortho d</i>	T9	
<i>ortho df</i>	T9	
<i>pnv folic acid + iron</i>	T1	

Medication	Coverage Level	Restrictions
<i>pnv prenatal plus multivitamin</i>	T1	
<i>poly-iron 150 forte</i>	T9	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
<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 low iron oral tablet 27-0.8 mg</i>	T1	PV
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatalliron oral tablet</i>	T1	PV
PRENATE AM	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PROVIDA OB	T3	
PURALOR CI	T9	
<i>purefe plus</i>	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
RESTORA SPRINKLES	T9	
<i>revesta</i>	T9	
RIGHT STEP PRENATAL	T1	
<i>roxifol-d</i>	T9	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
SIDEROL ORAL LIQUID†	T9	
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SULFZIX ORAL CAPSULE	T9	
SUPERVITE	T9	
SUPERVITE EC	T9	
<i>taron forte</i>	T9	

Medication	Coverage Level	Restrictions
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl folate</i>	T3	
<i>tl gard rx</i>	T9	
<i>tl-care dha</i>	T1	
<i>tl-hem 150</i>	T9	
TRICARE	T1	
TRICARE PRENATAL COMPLEAT	T3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
<i>trigels-f forte</i>	T9	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
<i>triphrocaps</i>	T9	
TRIVEEN-DUO DHA	T1	
<i>tri-zel</i>	T9	
UDAMIN SP	T9	
<i>urosex</i>	T2	
<i>v-c forte</i>	T9	
VIC-FORTE	T9	
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VINATE M	T1	
VINATE ONE	T1	
<i>virt-caps</i>	T9	
VIRT-GARD	T9	
<i>virt-vite</i>	T9	
<i>virt-vite forte</i>	T9	
<i>virt-vite plus</i>	T9	
VITACEL	T1	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
VITAPEARL	T3	
VITA-RESPA	T9	
VITATRUE	T3	
<i>vol-care rx</i>	T9	
<i>vol-nate</i>	T9	
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	

Medication	Coverage Level	Restrictions
<i>vp-vite rx</i>	T9	
<i>vp-zel</i>	T9	
<i>zavara</i>	T9	
ZOLATE	T9	
<i>zyvit</i>	T9	
Vitamin C		
CITRANATAL BLOOM	T9	
CORVITA 150	T9	
CORVITE 150 ORAL TABLET 150-1.25 MG	T9	
DIALYVITE	T9	
DIALYVITE/ZINC	T9	
ENLYTE	T9	
<i>fe 90 plus</i>	T9	
FE C PLUS	T9	
FERIVA 21/7	T9	
FERIVAF A	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28	T9	
FERROCITE PLUS ORAL TABLET	T9	
FERROGELS FORTE	T9	
FOCALGIN DSS	T9	
<i>folbee plus</i>	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
<i>hematinic plus vit/minerals</i>	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMAX ORAL TABLET	T9	
ICAR-C PLUS	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
MAXARON FORTE ORAL TABLET	T9	
MULTIGEN FOLIC	T9	

Medication	Coverage Level	Restrictions
MULTIGEN PLUS	T9	
MYKIDZ IRON FL	T9	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NATALVIRT FLT	T9	
NEPHPLEX RX	T9	
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Medication	Coverage Level	Restrictions
<i>doxercalciferol oral capsule 1 mcg</i>	T4	Max of 31 days per dispensing. (Max day supply up to 31 days.)
DRISDOL ORAL CAPSULE	T3	
<i>durachol</i>	T9	
FLORIVA ORAL LIQUID	T9	
<i>folika-d</i>	T9	
FOLIXAPURE	T9	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>multivitamins oral tablet chewable</i>	T9	
<i>multivitamins pediatric</i>	T9	
MYKIDZ IRON FL	T9	
NEPHROCAPS QT	T9	
<i>noxifol-d</i>	T9	
NUFERA	T9	
<i>ortho d</i>	T9	
<i>ortho df</i>	T9	
<i>paricalcitol oral</i>	T2	
RAYALDEE	T9	
REPLESTA	T9	
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REPLESTA NX	T9	
<i>revesta</i>	T9	
ROCALTROL	T3	
<i>roxifol-d</i>	T9	
STROVITE ONE	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
VITAL-D RX	T9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1	PV; AL
<i>vitamin d3 oral liquid 400 unit/ml</i>	T1	PV; AL
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1	PV; AL
<i>zavara</i>	T9	
ZEMPLAR ORAL CAPSULE 2 MCG	T3	
ZOLATE	T9	
Vitamin E		
<i>fibrik</i>	T9	
HEMAX ORAL TABLET	T9	
<i>macuvex</i>	T9	
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Medication	Coverage Level	Restrictions
OCUVEL ORAL CAPSULE 0.5 MG	T9	
<i>Vitamin K Activity</i>		
MEPHYTON	T3	QL (3 tablets per 30 days)
<i>multivitamins oral tablet chewable</i>	T9	
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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

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

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

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

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

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)。

ማሳሰቢያ: ከእርስዎ ባላቀቀው ቋንቋ ለሆሎግራፍ አገልግሎት ለመግባቱ ይህን ቁጥር ይጠቀሙ። የቋንቋ ለውጥ አገልግሎት ለመስጠት ለማድረግ ይህን ቁጥር ይጠቀሙ። (TTY: 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).

