2022 Formulary

MyPriority® plans originally purchased in 2013 or earlier

List of covered drugs

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

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

T1 - $

T2 - $$

T3 - $$$

T4 - $$$$

T5 - $$$$$

T6 - Vaccine Coverage

T9 - $$$$$$$$$

Coverage Levels
BE: Benefit Exclusion

AL: Age Limits

PA: Prior Authorization

PV: Preventative Drugs

QL: Quantity Limits

QL: Quantity Limits

SO: SaveOn

SP: Limited to a 1 month supply per fill

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Medication	Coverage Level	Restrictions
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants		
****Adhd Agent - Selective Alpha Adrenergic Agonists******		
clonidine hcl er oral tablet extended release 12 hour	T2	
guanfacine hcl er	T1	QL (60 tablets per 30 days)
INTUNIV	T3	QL (30 tablets per 30 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
****Adhd Agent - Selective Norepinephrine Reuptake Inhibitor******		
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	T1	QL (60 capsules per 30 days); AL
atomoxetine hcl oral capsule 100 mg, 60 mg	T1	QL (30 capsules per 30 days); AL
atomoxetine hcl oral capsule 80 mg	T1	QL (30 capsulesA per 30 days); AL
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	ST; QL (60 capsules per 30 days); AL
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (60 capsules per 30 days); AL
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	T3	QL (30 capsules per 30 days); AL
****Amphetamine Mixtures******		
ADDERALL	T3	AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	T3	QL (30 capsules per 30 days); AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	T3	QL (60 capsules per 30 days); AL
amphetamine-dextroamphet er	T1	QL (60 capsules per 30 days); AL
amphetamine-dextroamphetamine	T1	AL
MYDAYIS	T9	
****Amphetamines******		
ADZENYS XR-ODT	T9	
amphetamine sulfate	T3	ST; QL (180 tablets per 30 days); AL
DESOXYN	T9	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	T3	QL (120 capsules per 30 days)

Medication	Coverage Level	Restrictions
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	T3	QL (60 capsules per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	T2	QL (120 capsules per 30 days); AL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	T2	QL (60 capsules per 30 days); AL
dextroamphetamine sulfate oral solution	T1	AL
dextroamphetamine sulfate oral tablet 10 mg	T1	QL (180 tablets per 30 days); AL
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	T1	QL (60 tablets per 30 days); AL
dextroamphetamine sulfate oral tablet 5 mg	T1	QL (30 tablets per 30 days); AL
DYANAVEL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL
EVEKEO ODT	T9	
methamphetamine hcl	T9	
PROCENTRA	T1	
VYVANSE ORAL CAPSULE	T2	QL (30 capsules per 30 days); AL
VYVANSE ORAL TABLET CHEWABLE	T2	QL (30 tablets per 30 days); AL
XELSTRYM	T3	ST; QL (30 patches per 30 Days); AL
ZENZEDI ORAL TABLET 10 MG	T3	QL (180 tablets per 30 days); AL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	T9	
ZENZEDI ORAL TABLET 5 MG	T3	QL (30 tablet per 30 days); AL
Analeptics		
caffeine citrate oral solution 60 mg/3ml	T1	AL
Anorexiant Combinations		
PLENITY	T9	
QSYMIA	BE	
Anorexiants Non-Amphetamine		
benzphetamine hcl oral tablet 50 mg	BE	
diethylpropion hcl oral	BE	
phendimetrazine tartrate	BE	
phentermine hcl oral capsule 15 mg, 30 mg	BE	
phentermine hcl oral tablet	BE	
Anti-Obesity - Glp-1 Receptor Agonists		
SAXENDA	BE	
WEGOVY	Non-Formulary	
Anti-Obesity Agent Combinations*		
CONTRAVE	BE	

Medication	Coverage Level	Restrictions
Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)*		
SUNOSI	T3	ST; QL (30 tablets per 30 days)
Lipase Inhibitors*		
ALLI	BE	
orlistat oral	Non-Formulary	
XENICAL	T9	
Melanocortin 4 (Mc4) Receptor Agonists*		
IMCIVREE	T9	
Stimulant Combinations*		
AZSTARYS	T9	
Stimulants - Misc.*		
ADHANSIA XR	T9	
APTENSIO XR	T3	QL (30 capsules per 30 days)
armodafinil	T1	QL (30 tablets per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (30 tablets per 30 days); AL
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (60 tablets per 30 days); AL
COTEMPLA XR-ODT	T9	
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL
dexmethylphenidate hcl	T1	AL
dexmethylphenidate hcl er	T1	QL (30 capsules per 30 days); AL
FOCALIN	T3	AL
FOCALIN XR	T3	QL (30 capsules per 30 days); AL
JORNAY PM	T9	
METHYLIN ORAL SOLUTION	T3	AL
methylphenidate	T3	ST; QL (30 patches per 30 Days); AL
methylphenidate hcl er (cd)	T1	QL (30 capsules per 30 days); AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	T1	QL (30 capsules per 30 days); AL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	T1	QL (30 tablets per 30 days); AL
methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg	T1	QL (60 tablets per 30 days); AL
methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg	T9	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg	T3	QL (30 capsule per 30 days)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	T3	QL (30 capsules per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	T1	AL
methylphenidate hcl oral solution	T1	AL
methylphenidate hcl oral tablet	T1	AL
methylphenidate hcl oral tablet chewable	T1	AL
modafinil	T1	QL (60 tablets per 30 days)
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 tablets per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 tablets per 31 days)
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (600 ML per 30 days); AL
RELEXXII	T9	
RITALIN	T3	AL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (30 capsules per 30 days); AL
Allergenic Extracts/Biologicals Misc		
****Allergenic Extracts******		
GRASTEK	T3	AL
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)

Medication	Coverage Level	Restrictions
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
RAGWITEK	T3	AL
Mixed Allergenic Extracts*		
ODACTRA	T3	AL
ORALAIR	T3	AL
Alternative Medicines		
Alternative Medicine - Co's*		
coenzyme q-10 oral capsule 100 mg	T9	
Alternative Medicine - Ma's*		
maca	T9	
Amebicides		
Amebicides*		
SOLOSEC	T9	
Aminoglycosides		
Aminoglycosides*		
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
BETHKIS	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
KITABIS PAK	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
paromomycin sulfate oral	T1	
tobramycin inhalation	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
tobramycin sulfate injection solution 80 mg/2ml	T1	
ZEMDRI	T9	
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors*		
OLUMIANT ORAL TABLET 4 MG	T9	

Medication	Coverage Level	Restrictions
Antirheumatic Antimetabolites*		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T9	
REDITREX	T3	ST
Cyclooxygenase 2 (Cox-2) Inhibitors*		
CELEBREX	T3	QL (60 capsules per 30 days)
celecoxib oral	T1	QL (60 capsules per 30 days)
Gold Compounds*		
RIDAURA	T2	
Interleukin-1 Receptor Antagonist (Il-1Ra)*		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Max of 31 days per dispensing.); QL (28 syringes per 28 days)
Nonsteroidal Anti-Inflammatory Agent Combinations*		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
diclofenac-misoprostol oral tablet delayed release	T9	
DUEXIS	T9	
ibuprofen-famotidine	T9	
naproxen-esomeprazole	T9	
naproxen-esomeprazole mg	T9	
VIMOVO	BE	
Nonsteroidal Anti-Inflammatory Agents (Nsaids)*		
ANAPROX DS	T3	
DAYPRO	T3	
diclofenac	T9	
diclofenac potassium oral capsule	T9	
diclofenac potassium oral tablet 25 mg	T9	
diclofenac potassium oral tablet 50 mg	T1	
diclofenac sodium er	T1	
diclofenac sodium oral	T1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
etodolac er	T2	

Medication	Coverage Level	Restrictions
etodolac oral	T1	
FELDENE	T3	
fenoprofen calcium oral	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
flurbiprofen oral	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
indomethacin er	T1	
indomethacin oral capsule 20 mg	T9	
indomethacin oral capsule 25 mg, 50 mg	T1	
indomethacin rectal suppository 100 mg	T9	
ketoprofen er	T2	QL (30 capsules per 30 days)
ketorolac tromethamine nasal	T9	
ketorolac tromethamine oral	T1	QL (20 tablets per 30 days)
LOFENA	T9	
meclofenamate sodium oral	T9	
mefenamic acid oral	T9	
meloxicam oral capsule	T9	
meloxicam oral suspension	T9	
meloxicam oral tablet	T1	
MOBIC ORAL TABLET	T3	
nabumetone oral	T1	
NALFON ORAL CAPSULE 400 MG	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 500 MG	T3	
naproxen oral suspension	T1	QL (473 ML per 30 days); AL
naproxen oral tablet	T1	
naproxen oral tablet delayed release	T9	
naproxen sodium er	T9	
naproxen sodium oral tablet 220 mg	T9	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
oxaprozin	T2	
piroxicam oral	T1	
RELAFEN DS	T9	
SPRIX	T9	
sulindac oral	T1	
TIVORBEX ORAL CAPSULE 20 MG	T9	
VIVLODEX	T9	

Medication	Coverage Level	Restrictions
ZIPSOR	T9	
ZORVOLEX	T9	
Pyrimidine Synthesis Inhibitors*		
ARAVA ORAL TABLET 10 MG	T5	SP (Max of 31 days per dispensing.)
ARAVA ORAL TABLET 20 MG	T5	
leflunomide oral	T1	
Analgesics - Nonnarcotic*		
Analgesics-Sedatives*		
ALLZITAL	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
butalbital-acetaminophen oral tablet 50-300 mg	T9	
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (180 tablets per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	T9	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (180 tablets per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (180 capsules per 30 days)
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
VTOL LQ	T9	
Salicylate Combinations*		
ASCRIPTIN ORAL TABLET 325 MG	T1	
buffered aspirin	T3	
BUFFERIN	T3	
tri-buffered aspirin oral tablet 325 mg	T1	
Salicylates*		
aspirin 81 oral tablet chewable	T1	AL
aspirin adult	T1	
aspirin ec low dose	T1	
aspirin ec oral tablet delayed release 325 mg	T1	
childrens aspirin	T3	
cvs aspirin adult low dose	T1	
cvs aspirin ec	T1	
cvs aspirin oral tablet 325 mg	T1	
diflunisal oral	T1	
DOANS PILLS	T1	
ECOTRIN	T3	PV
ECOTRIN LOW STRENGTH	T3	
eql aspirin	T1	

Medication	Coverage Level	Restrictions
eql aspirin ec	T1	
eql aspirin low dose oral tablet chewable	T1	
goodsense aspirin oral tablet	T1	
goodsense aspirin oral tablet chewable	T1	
ra aspirin adult low dose	T1	
ra aspirin ec	T1	
ra aspirin oral tablet 325 mg	T1	
salsalate oral	T1	
sm aspirin ec low strength	T1	
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE	T3	
Analgesics - Opioid		
****Codeine Combinations******		
acetaminophen-codeine #2	T1	
acetaminophen-codeine #3	T1	
acetaminophen-codeine #4	T1	
acetaminophen-codeine oral solution	T1	
ASCOMP-CODEINE	T2	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T9	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (180 capsules per 30 days)
butalbital-asa-caff-codeine	T2	QL (180 capsules per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
****Dihydrocodeine Combinations******		
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
****Hydrocodone Combinations******		
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	T9	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	T1	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
****Opioid Agonists******		
ACTIQ	T9	
codeine sulfate oral tablet	T1	
CONZIP	T9	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)

Medication	Coverage Level	Restrictions
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
DSUVIA	T9	
fentanyl citrate buccal lozenge on a handle	T4	PA; SP (Limited to a 1 month supply per fill)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1	QL (20 patches per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
hydrocodone bitartrate er oral capsule extended release 12 hour	T3	ST; QL (60 capsules per 30 days); AL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	T3	ST; QL (30 tablets per 30 days); AL
hydromorphone hcl oral liquid	T1	
hydromorphone hcl oral tablet 2 mg	T1	QL (32 tablets per 1 day)
hydromorphone hcl oral tablet 4 mg	T1	QL (16 tablets per 1 day)
hydromorphone hcl oral tablet 8 mg	T1	QL (8 tablets per 1 day)
hydromorphone hcl rectal	T1	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	T9	
levorphanol tartrate oral	T9	
meperidine hcl oral solution	T1	
meperidine hcl oral tablet 50 mg	T1	
METHADONE HCL INTENSOL	T1	
methadone hcl oral concentrate	T1	
methadone hcl oral solution	T1	
methadone hcl oral tablet	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
morphine sulfate (concentrate) oral solution 100 mg/5ml	T1	
morphine sulfate er beads	T9	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 30 mg, 50 mg, 60 mg, 80 mg	T9	
morphine sulfate er oral tablet extended release	T1	
morphine sulfate oral	T1	
morphine sulfate rectal	T1	

Medication	Coverage Level	Restrictions
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T3	ST; QL (62 tablets per 31 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	T2	QL (60 tablets per 30 days)
oxycodone hcl oral capsule	T9	
oxycodone hcl oral solution	T1	
oxycodone hcl oral tablet	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
oxymorphone hcl	T2	ST
oxymorphone hcl er	T2	ST; QL (60 EA per 30 days)
QDOLO	T9	
SUBSYS	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	T9	
tramadol hcl er oral tablet extended release 24 hour	T1	QL (30 tablets per 30 days)
tramadol hcl oral solution	T9	
tramadol hcl oral tablet 100 mg	T9	
tramadol hcl oral tablet 50 mg	T1	QL (240 tablets per 30 days)
ULTRAM	T3	QL (240 tablets per 30 days)
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
Opioid Combinations*		
APADAZ	T9	
oxycodone-acetaminophen oral solution	T9	
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	T9	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PROLATE	T9	
Opioid Partial Agonists*		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 900 MCG	T3	ST; QL (60 films per 30 days)
BELBUCA BUCCAL FILM 750 MCG	T3	ST; QL (60 tablets per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	T3	ST; QL (30 films per 30 days)
buprenorphine hcl sublingual	T1	QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1	QL (60 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	T1	QL (90 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	T1	QL (30 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1	QL (90 tablets per 30 days)
buprenorphine transdermal	T3	ST; QL (4 patches per 28 days)
butorphanol tartrate nasal	T2	
BUTRANS	T9	
pentazocine-naloxone hcl	T2	ST
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)
Tramadol Combinations*		
SEGLENTIS	T9	
tramadol-acetaminophen	T1	
ULTRACET	T3	
Androgens-Anabolic		
Anabolic Steroids*		
oxandrolone oral	T3	
Androgens*		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
danazol oral capsule 100 mg, 50 mg	T3	QL (60 capsules per 30 days)
danazol oral capsule 200 mg	T3	QL (120 capsules per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	
FORTESTA	T9	
JATENZO	T9	
methitest	T9	

Medication	Coverage Level	Restrictions
methyltestosterone oral	T4	PA; SP (Limited to a 1 month supply per fill)
NATESTO	T9	
TESTIM	T9	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	T1	
testosterone enanthate intramuscular solution	T1	
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)	T9	
testosterone transdermal gel 12.5 mg/act (1%)	T2	PA; QL (300 GM per 30 days)
testosterone transdermal gel 20.25 mg/act (1.62%)	T2	PA; QL (150 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T2	PA
testosterone transdermal solution	T9	
TLANDO	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
XYOSTED	T9	
Anorectal And Related Products		
****Intrarectal Steroids******		
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
hydrocortisone rectal enema	T1	
UCERIS RECTAL	T3	QL (2 packages per 180 days)
****Nitrate Vasodilating Agents******		
RECTIV	T9	
****Rectal Anesthetic/Steroids******		
ANALPRAM-HC EXTERNAL LOTION	T9	
hydrocortisone ace-pramoxine rectal cream 2.5-1 %	T2	
hydrocortisone ace-pramoxine rectal suppository	T9	
lidocaine-hydrocortisone ace rectal gel	T9	
lidocaine-hydrocortisone ace rectal kit	T9	
****Rectal Steroids******		
ANUSOL-HC RECTAL SUPPOSITORY	T9	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1	

Medication	Coverage Level	Restrictions
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
hydrocortisone acetate rectal suppository 25 mg	T1	
hydrocortisone acetate rectal suppository 30 mg	T9	
PROCTOCORT RECTAL SUPPOSITORY	T9	
Anthelmintics		
****Anthelmintics******		
albendazole oral	T4	SP (Max day supply up to 31 days.); QL (6 tablets per 30 Days)
ALBENZA	T9	
benznidazole oral tablet 100 mg	T3	QL (60 tablets per 1 lifetime); AL
benznidazole oral tablet 12.5 mg	T9	
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
EMVERM	T9	
ivermectin oral	T1	QL (10 tablets per 1 claim)
STROMECTOL	T3	QL (5 tablets per 1 day)
Antianginal Agents		
****Antianginals-Other******		
ASPRUZYO SPRINKLE	T9	
RANEXA	T3	
ranolazine er	T1	
****Nitrates******		
GONITRO	T9	
ISORDIL TITRADOSE	T9	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1	
isosorbide dinitrate oral tablet 40 mg	T9	
isosorbide mononitrate	T1	
isosorbide mononitrate er	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	
nitroglycerin er	T1	
nitroglycerin sublingual	T1	
nitroglycerin transdermal patch 24 hour	T1	
nitroglycerin translingual solution	T2	
NITROLINGUAL	T3	
NITROMIST	T3	

Medication	Coverage Level	Restrictions
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG	T3	
NITRO-TIME	T1	
Antianxiety Agents		
****Antianxiety Agents - Misc.******		
buspirone hcl oral	T1	
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral capsule 100 mg, 50 mg	T1	
meprobamate	T9	
VISTARIL	T3	
****Benzodiazepines******		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	T1	QL (30 tablets per 30 days)
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	T1	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1	QL (120 ML per 30 days)
alprazolam oral tablet	T1	
alprazolam oral tablet dispersible	T2	
ATIVAN ORAL	T3	
chlordiazepoxide hcl	T1	
clorazepate dipotassium	T1	
DIAZEPAM INTENSOL	T2	
diazepam oral solution 5 mg/5ml	T1	
diazepam oral tablet	T1	
LORAZEPAM INTENSOL	T1	
lorazepam oral concentrate 1 mg/0.5ml	T1	
lorazepam oral tablet	T1	
LOREEV XR	T9	
oxazepam	T1	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
VALIUM	T3	
XANAX	T3	
XANAX XR	T3	QL (30 tablets per 30 days)
Antiarrhythmics		
****Antiarrhythmics Type I-A******		
disopyramide phosphate oral	T1	
NORPACE	T3	
NORPACE CR	T2	

Medication	Coverage Level	Restrictions
quinidine gluconate er	T4	SP (Max day supply up to 31 days.)
quinidine sulfate oral	T1	
Antiarrhythmics Type I-B*		
mexiletine hcl oral	T1	
Antiarrhythmics Type I-C*		
flecainide acetate	T1	
propafenone hcl	T1	
propafenone hcl er	T1	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
Antiarrhythmics Type Iii*		
amiodarone hcl oral tablet 100 mg	T1	QL (30 tablets per 30 days)
amiodarone hcl oral tablet 200 mg	T1	
amiodarone hcl oral tablet 400 mg	T9	
dofetilide	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	T9	
TIKOSYN	T3	
Antiasthmatic And Bronchodilator Agents		
5-Lipoxygenase Inhibitors*		
zileuton er	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL
ZYFLO	T9	
Adrenergic Combinations*		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BREO ELLIPTA	T9	
BREZTRI AEROSPHERE	T9	
budesonide-formoterol fumarate	T9	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)

Medication	Coverage Level	Restrictions
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
fluticasone furoate-vilanterol	T9	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T3	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 inhaler per 30 days)
ipratropium-albuterol	T1	QL (540 ML per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
SYMBICORT	T2	QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA	T2	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	T3	
Anti-Ige Monoclonal Antibodies		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
Anti-Inflammatory Agents		
cromolyn sodium inhalation	T9	
Beta Adrenergics		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	T1	
albuterol sulfate oral	T1	
arformoterol tartrate	T3	AL
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL
formoterol fumarate inhalation	T4	ST; SP (Limited to a 1 month supply per fill); AL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1	
PERFOROMIST	T9	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	

Medication	Coverage Level	Restrictions
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL
terbutaline sulfate oral	T1	
VENTOLIN HFA	T2	QL (2 Inhalers per 25 days)
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
Bronchodilators - Anticholinergics*		
ATROVENT HFA	T2	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
ipratropium bromide inhalation	T1	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
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)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
YUPELRI	T9	
Interleukin-5 Antagonists (Igg1 Kappa)*		
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 pen per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
Leukotriene Receptor Antagonists*		
ACCOLATE	T3	
montelukast sodium oral	T1	
SINGULAIR	T3	
zafirlukast	T1	
Selective Phosphodiesterase 4 (Pde4) Inhibitors*		
DALIRESP ORAL TABLET 250 MCG	T3	PA; QL (1 Fill per 1 Lifetime)
DALIRESP ORAL TABLET 500 MCG	T3	PA
roflumilast oral tablet 250 mcg	T3	PA; QL (1 fill per 1 lifetime)

Medication	Coverage Level	Restrictions
roflumilast oral tablet 500 mcg	T3	PA
Steroid Inhalants*		
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 HFA	T9	
budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml	T2	QL (120 ML per 30 days)
budesonide inhalation suspension 0.5 mg/2ml	T2	QL (240 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 100 MCG/BLIST, 250 MCG/ACT, 250 MCG/BLIST	T1	QL (1 Inhaler per 30 Day(s)s)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT, 50 MCG/BLIST	T1	QL (1 Inhaler per 30 Day(s)s); AL
FLOVENT HFA	T1	QL (1 Inhaler per 30 Day(s)s)
fluticasone propionate hfa	T9	
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDIHALER	T1	
Xanthines*		
ELIXOPHYLLIN	T3	
THEO-24	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour	T1	
Anticoagulants*		
Coumarin Anticoagulants*		
JANTOVEN	T1	
warfarin sodium oral	T1	
Direct Factor Xa Inhibitors*		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)

Medication	Coverage Level	Restrictions
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 30 days)
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	QL (310 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days)
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
Heparins And Heparinoid-Like Agents*		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	T1	
Low Molecular Weight Heparins*		
enoxaparin sodium injection solution	T3	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml, 80 mg/0.8ml	T4	SP (Limited to a 1 month supply per fill); QL (2 syrings per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	T5	SP (Limited to a 1 month supply per fill)
LOVENOX INJECTION SOLUTION	T3	SP (Limited to a 1 month supply per fill)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
Synthetic Heparinoid-Like Agents*		
ARIXTRA	T5	
fondaparinux sodium	T5	SP (Max of 31 days per dispensing.)
Thrombin Inhibitors - Selective Direct & Reversible*		
dabigatran etexilate mesylate	T3	ST; QL (60 capsules per 30 days)
PRADAXA	T3	ST; QL (62 capsules per 31 days)
Anticonvulsants*		
Ampa Glutamate Receptor Antagonists*		
FYCOMPA ORAL SUSPENSION	T3	QL (680 ML per 30 days); AL
FYCOMPA ORAL TABLET	T3	ST; QL (31 tablets per 31 days); AL

Medication	Coverage Level	Restrictions
Anticonvulsants - Benzodiazepines		
clobazam oral suspension	T3	ST; QL (240 ML per 30 days)
clobazam oral tablet	T2	ST
clonazepam oral	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
diazepam rectal	T3	
KLONOPIN	T3	
NAYZILAM	T3	QL (4 doses per 30 Days)
ONFI ORAL SUSPENSION	T3	ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
SYMPAZAN	T9	
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)
Anticonvulsants - Misc.		
APTIOM	T3	PA; QL (60 tablets per 30 days)
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
carbamazepine er oral capsule extended release 12 hour	T1	ST
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	T1	ST; QL (60 tablets per 30 days)
carbamazepine er oral tablet extended release 12 hour 400 mg	T2	ST; QL (120 tablets per 30 days)
carbamazepine oral	T1	
CARBATROL	T3	ST
DIACOMIT ORAL CAPSULE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)

Medication	Coverage Level	Restrictions
ELEPSIA XR	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days)
EPITOL	T1	
EPRONTIA	T9	
gabapentin oral capsule	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
lacosamide oral solution	T2	
lacosamide oral tablet	T2	QL (60 tablets per 30 days)
LAMICTAL ODT	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	T3	ST; QL (30 tablets per 30 days)
lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg	T3	ST; QL (60 tablets per 30 days)
lamotrigine oral tablet	T1	
lamotrigine oral tablet chewable	T1	
lamotrigine oral tablet dispersible	T9	
lamotrigine starter kit-blue	T1	QL (1 kit per 365 days)
lamotrigine starter kit-green	T1	QL (1 kit per 365 days)
lamotrigine starter kit-orange	T1	QL (1 kit per 365 days)
levetiracetam er	T1	
levetiracetam oral	T1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
MYSOLINE ORAL TABLET 50 MG	T3	
NEURONTIN	T3	
oxcarbazepine	T1	

Medication	Coverage Level	Restrictions
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)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	T1	QL (90 CAPSULES per 30 days)
pregabalin oral capsule 225 mg	T1	QL (60 capsules per 30 days)
pregabalin oral capsule 300 mg	T1	QL (60 CAPSULES per 30 days)
pregabalin oral solution	T1	QL (473 ML per 30 days)
primidone oral	T1	
QUDEXY XR	T9	
rufinamide oral suspension	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
rufinamide oral tablet	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR	T3	ST
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
topiramate er	T3	ST; QL (30 capsules per 30 days)
topiramate oral capsule sprinkle	T1	ST
topiramate oral tablet	T1	
TRILEPTAL	T3	
TROKENDI XR	T9	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL
zonisamide oral	T1	
ZTALMY	T4	PA; SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
Carbamates*		
felbamate oral suspension	T2	QL (900 ml per 30 days)
felbamate oral tablet 400 mg	T2	QL (210 tablets per 30 days)

Medication	Coverage Level	Restrictions
felbamate oral tablet 600 mg	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)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	PA; QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T3	PA; QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T3	PA; QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T3	PA; QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	PA; QL (1 Pack per 30 days)
Gaba Modulators*		
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)
SABRIL ORAL PACKET	T9	SP ( )
SABRIL ORAL TABLET	T9	
tiagabine hcl oral tablet 12 mg, 4 mg	T3	QL (120 tablets per 30 days)
tiagabine hcl oral tablet 16 mg	T3	QL (90 tablets per 30 days)
tiagabine hcl oral tablet 2 mg	T3	QL (60 tablets per 30 days)
vigabatrin oral packet	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
vigabatrin oral tablet	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL
VIGADRONE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
Hydantoins*		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
PHENYTEK	T2	
phenytoin oral suspension 125 mg/5ml	T1	
phenytoin oral tablet chewable	T1	
phenytoin sodium extended	T1	
Succinimides*		
CELONTIN	T2	
ethosuximide oral	T1	

Medication	Coverage Level	Restrictions
ZARONTIN	T3	
Valproic Acid*		
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
divalproex sodium er	T1	
divalproex sodium oral capsule delayed release sprinkle	T1	
divalproex sodium oral tablet delayed release	T1	
valproic acid oral capsule	T1	
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)*		
mirtazapine oral	T1	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
Antidepressants - Misc.*		
APLENZIN	T9	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg	T1	QL (90 tablets per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg	T1	QL (60 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	T1	QL (90 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	T1	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	T9	
bupropion hcl oral	T1	
FORFIVO XL	T9	
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	
Monoamine Oxidase Inhibitors (Maois)*		
EMSAM	T3	ST
MARPLAN	T2	QL (180 tablets per 30 days)
NARDIL	T3	

Medication	Coverage Level	Restrictions
PARNATE	T3	
phenelzine sulfate oral	T1	
tranylcypromine sulfate	T2	
Selective Serotonin Reuptake Inhibitors (Ssris)*		
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablets per 30 days); AL
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL
citalopram hydrobromide oral capsule	T9	
citalopram hydrobromide oral solution	T1	
citalopram hydrobromide oral tablet 10 mg, 20 mg	T1	QL (30 tablets per 30 days)
citalopram hydrobromide oral tablet 40 mg	T1	AL
escitalopram oxalate oral	T1	
fluoxetine hcl oral capsule	T1	
fluoxetine hcl oral capsule delayed release	T2	ST
fluoxetine hcl oral solution	T1	
fluoxetine hcl oral tablet 10 mg, 20 mg	T1	
fluoxetine hcl oral tablet 60 mg	T9	
fluvoxamine maleate	T1	
fluvoxamine maleate er	T3	QL (60 capsules per 30 days)
LEXAPRO ORAL TABLET	T3	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	T2	ST; QL (30 tablets per 30 days)
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	T2	ST; QL (60 tablets per 30 days)
paroxetine hcl oral suspension	T2	
paroxetine hcl oral tablet	T1	
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	
sertraline hcl oral capsule	T9	
sertraline hcl oral concentrate	T1	
sertraline hcl oral tablet	T1	
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)

Medication	Coverage Level	Restrictions
Serotonin Modulators*		
nefazodone hcl	T1	
trazodone hcl oral	T1	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL
VIIBRYD ORAL TABLET	T3	ST; QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	ST; QL (30 tablets per 30 days)
vilazodone hcl	T1	QL (30 tablets per 30 Days)
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*		
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)
desvenlafaxine er	T2	QL (30 tablets per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg	T1	QL (60 tablets per 30 days)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	T1	QL (30 tablets per 30 days)
DRIZALMA SPRINKLE	T9	
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	T1	QL (60 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	T1	QL (90 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	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
PRISTIQ	T3	QL (30 tablets per 30 days)
venlafaxine besylate er	T9	
venlafaxine hcl	T1	
venlafaxine hcl er oral capsule extended release 24 hour	T1	
venlafaxine hcl er oral tablet extended release 24 hour	T9	
Tricyclic Agents*		
amitriptyline hcl oral	T1	
amoxapine	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)

Medication	Coverage Level	Restrictions
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
clomipramine hcl oral capsule 25 mg	T2	QL (30 capsules per 30 days)
clomipramine hcl oral capsule 50 mg	T2	QL (60 capsules per 30 days)
clomipramine hcl oral capsule 75 mg	T2	QL (90 capsules per 30 days)
desipramine hcl oral	T2	QL (60 tablets per 30 days)
doxepin hcl oral capsule	T1	
doxepin hcl oral concentrate	T1	
imipramine hcl oral	T1	
imipramine pamoate oral capsule 100 mg, 150 mg	T2	ST; QL (60 capsules per 30 days)
imipramine pamoate oral capsule 125 mg	T3	ST; QL (60 capsules per 30 days)
imipramine pamoate oral capsule 75 mg	T2	ST; QL (30 capsules per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
nortriptyline hcl oral capsule	T1	
PAMELOR ORAL CAPSULE	T3	
protriptyline hcl	T2	
trimipramine maleate oral	T2	
Antidiabetics		
****Alpha-Glucosidase Inhibitors******		
acarbose oral	T1	
PRECOSE	T3	
****Antidiabetic - Amylin Analogs******		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
****Biguanides******		
GLUMETZA	T9	
metformin hcl er	T1	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	T9	
metformin hcl oral solution	T9	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	T1	
metformin hcl oral tablet 625 mg	T9	
RIOMET	T9	
****Diabetic Other******		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
diazoxide oral	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
glucagon emergency injection kit	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN 1-PACK	T2	
GVOKE HYPOPEN 2-PACK	T2	
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
PROGLYCEM	T9	
ZEGALOGUE	T3	QL (2 kits per 30 days)
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors		
alogliptin benzoate	T3	ST; QL (30 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
NESINA	T9	
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations		
alogliptin-metformin hcl	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	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)
Dopamine Receptor Agonists - Ergot Derivatives		
CYCLOSET	T3	
Dpp-4 Inhibitor-Thiazolidinedione Combinations		
alogliptin-pioglitazone	T3	QL (30 tablets per 30 days)
OSENI	T9	
Human Insulin		
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST

Medication	Coverage Level	Restrictions
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	
FIASP	T3	ST
FIASP FLEXTOUCH	T3	ST
FIASP PENFILL	T3	ST
HUMALOG INJECTION	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	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T1	
HUMALOG TEMPO PEN	T9	
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	
insulin asp prot & asp flexpen	T3	ST
insulin aspart flexpen	T3	ST
insulin aspart injection	T3	ST
insulin aspart penfill	T3	ST
insulin aspart prot & aspart	T3	ST

Medication	Coverage Level	Restrictions
insulin degludec	T9	
insulin degludec flextouch	T9	
insulin glargine-yfgn	T9	
insulin lispro (1 unit dial)	T9	
insulin lispro injection	T9	
insulin lispro junior kwikpen	T9	
insulin lispro prot & lispro	T9	
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
LYUMJEV	T1	
LYUMJEV KWIKPEN	T1	
LYUMJEV TEMPO PEN	T9	
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 FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG INJECTION	T9	
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
TOUJEO MAX SOLOSTAR	T2	
TOUJEO SOLOSTAR	T2	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)*		
MOUNJARO	T2	QL (4 pen-injectors per 28 days)

Medication	Coverage Level	Restrictions
Incretin Mimetic Agents (Glp-1 Receptor Agonists)		
ADLYXIN	T3	ST
ADLYXIN STARTER PACK	T3	ST
BYDUREON BCISE	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) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T2	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	QL (3 ML per 28 Days)
OZEMPIC (2 MG/DOSE)	T2	QL (3 ML per 28 days)
RYBELSUS	T9	
TRULICITY	T2	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
Insulin-Incretin Mimetic Combinations		
SOLIQUA	T2	QL (15 ML per 25 days)
XULTOPHY	T2	QL (15 ML per 30 days)
Meglitinide Analogues		
nateglinide	T1	
repaglinide	T1	
Progesterone Receptor Antagonists		
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb		
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)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations		
GLYXAMBI	T2	PA; QL (30 tablets per 30 days)
QTERN	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*		
FARXIGA	T2	QL (31 tablets per 31 days)
INVOKANA	T3	ST; QL (31 EA per 31 days)
JARDIANCE	T2	QL (30 EA per 30 days)
STEGLATRO	T3	ST; QL (30 EA per 30 days)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*		
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
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)
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)
Sulfonylurea-Biguanide Combinations*		
glipizide-metformin hcl	T1	
glyburide-metformin	T1	
Sulfonylureas*		
AMARYL	T3	
glimepiride	T1	
glipizide er	T1	
glipizide oral	T1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg	T1	
GLUCOTROL XL	T3	
glyburide micronized	T1	
glyburide oral	T1	
GLYNASE	T3	
Sulfonylurea-Thiazolidinedione Combinations*		
DUETACT	T9	
pioglitazone hcl-glimepiride	T9	

Medication	Coverage Level	Restrictions
Thiazolidinedione-Biguanide Combinations*		
ACTOPLUS MET	T3	
pioglitazone hcl-metformin hcl	T1	
Thiazolidinediones*		
ACTOS	T3	
pioglitazone hcl	T1	
Antidiarrheal/Probiotic Agents*		
Antidiarrheal - Chloride Channel Antagonists*		
MYTESI	T9	
Antidiarrheal/Probiotic Combinations*		
RESTORA RX	T9	
Antiperistaltic Agents*		
diphenoxylate-atropine oral liquid	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
LOMOTIL ORAL TABLET	T3	
loperamide hcl oral capsule	T9	
opium	T9	
Antidotes And Specific Antagonists*		
Antidotes - Chelating Agents*		
CHEMET	T4	SP (Limited to a 1 month supply per fill)
deferasirox granules	T4	SP (Limited to a 1 month supply per fill)
deferasirox oral tablet	T4	SP (Limited to a 1 month supply per fill)
deferasirox oral tablet soluble	T4	SP (Limited to a 1 month supply per fill)
deferiprone	T4	SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	T9	
JADENU SPRINKLE	T9	
Opioid Antagonists*		
KLOXXADO	T3	QL (2 doses per 365 days)
naloxone hcl injection solution 0.4 mg/ml	T1	QL (2 Vials per 1 year)
naloxone hcl injection solution cartridge	T1	QL (2 cartridges per 1 year)
naloxone hcl injection solution prefilled syringe	T1	QL (2 syringes per 1 year)
naloxone hcl nasal	T1	QL (1 box per 1 year)
naltrexone hcl oral	T1	
NARCAN	T1	QL (2 units per 365 days)

Medication	Coverage Level	Restrictions
ZIMHI	T2	QL (1 box per 1 year)
Antiemetics		
5-Ht3 Receptor Antagonists*		
ANZEMET ORAL TABLET 50 MG	T9	
granisetron hcl oral	T2	QL (20 tablets per 30 days)
ondansetron	T1	
ondansetron hcl oral	T1	
SANCUSO	T4	ST; SP (Max day supply up to 31 days.); QL (1 patch per 28 days)
SUSTOL	T9	
ZUPLENZ ORAL FILM 4 MG	T2	ST; QL (20 films per 30 days)
Antiemetic Combinations*		
AKYNZEO ORAL	T9	
BONJESTA	T9	
DICLEGIS	T9	
doxylamine-pyridoxine	T9	
Antiemetics - Anticholinergic*		
ANTIVERT ORAL TABLET 50 MG	T9	
meclizine hcl oral tablet 12.5 mg, 25 mg	T9	
scopolamine	T1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	
trimethobenzamide hcl oral	T1	
Antiemetics - Miscellaneous*		
dronabinol oral capsule 10 mg	T4	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	T3	QL (60 Capsules per 30 days)
MARINOL ORAL CAPSULE 2.5 MG	T3	QL (60 capsules per 30 days)
SYNDROS	T9	
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*		
aprepitant oral	T1	QL (6 capsules per 30 days)
aprepitant oral capsule	T1	QL (7 capsules per 30 days)
EMEND ORAL CAPSULE 80 MG	T9	
EMEND TRI-PACK	T9	
Antifungals*		
Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)*		
BREXAFEMME	T9	

Medication	Coverage Level	Restrictions
Antifungals		
griseofulvin microsize oral	T1	
griseofulvin ultramicrosize	T2	
nystatin oral tablet	T1	
terbinafine hcl oral	T1	
Imidazoles		
ketoconazole oral	T1	
Tetrazoles		
VIVJOA	T9	
Triazoles		
CRESEMBA ORAL	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 Day(s)s)
DIFLUCAN	T3	
fluconazole oral	T1	
itraconazole oral capsule	T2	QL (120 capsules per 30 days)
itraconazole oral solution	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
NOXAFIL ORAL SUSPENSION	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
posaconazole	T4	PA; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
tolsura	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
VFEND ORAL TABLET 50 MG	T5	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
voriconazole oral suspension reconstituted	T4	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)

Medication	Coverage Level	Restrictions
voriconazole oral tablet 200 mg	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
voriconazole oral tablet 50 mg	T4	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
Antihistamines		
****Antihistamines - Alkylamines******		
chlorpheniramine maleate er	T9	
****Antihistamines - Ethanolamines******		
carbinoxamine maleate oral tablet 6 mg	T9	
clemastine fumarate oral	T9	
DICOPANOL FUSEPAQ	T9	
diphenhydramine hcl oral capsule	T9	
diphenhydramine hcl oral elixir	T9	
diphenhydramine hcl oral liquid 12.5 mg/5ml	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
****Antihistamines - Non-Sedating******		
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
cetirizine hcl childrens alrgy oral solution	T9	
cetirizine hcl oral tablet	T9	
cetirizine hcl oral tablet chewable	T9	
childrens loratadine oral syrup	T9	
CLARINEX ORAL TABLET	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
desloratadine oral tablet	T9	
fexofenadine hcl oral tablet 180 mg, 60 mg	T9	
levocetirizine dihydrochloride oral	T9	
loratadine oral tablet	T9	
QUZYTTIR	T9	
ZYRTEC ALLERGY ORAL TABLET	T9	
****Antihistamines - Phenothiazines******		
PHENERGAN INJECTION SOLUTION 50 MG/ML	T9	

Medication	Coverage Level	Restrictions
promethazine hcl oral syrup	T9	
promethazine hcl oral tablet 12.5 mg, 25 mg	T1	
promethazine hcl oral tablet 50 mg	T9	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T9	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
Antihistamines - Piperidines*		
cyproheptadine hcl oral	T9	
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*		
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*		
NEXLETOL	T3	PA; QL (30 Tablets per 30 days)
Antihyperlipidemics - Misc.*		
icosapent ethyl	T2	PA
LOVAZA	T3	
omega-3-acid ethyl esters	T1	
VASCEPA	T9	PA
Bile Acid Sequestrants*		
cholestyramine light	T1	
cholestyramine oral	T1	
colesevelam hcl oral packet	T3	QL (1 packet per 1 day)
colesevelam hcl oral tablet	T1	QL (180 tablets per 30 days)
COLESTID	T3	
colestipol hcl	T1	
PREVALITE	T1	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
WELCHOL ORAL PACKET	T3	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	QL (180 tablets per 30 days)
Fibric Acid Derivatives*		
ANTARA ORAL CAPSULE 30 MG, 90 MG	T9	
fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg	T9	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	T1	

Medication	Coverage Level	Restrictions
fenofibrate oral capsule 150 mg, 50 mg	T9	
fenofibrate oral tablet 120 mg, 40 mg	T9	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	
fenofibric acid oral capsule delayed release	T1	
fenofibric acid oral tablet	T9	
FENOGLIDE	T9	
FIBRICOR	T9	
gemfibrozil oral	T1	
LIPOFEN	T9	
LOPID	T3	
TRICOR	T3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG	T3	QL (30 capsules per 30 days)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	T3	QL (60 capsules per 30 days)
Hmg Coa Reductase Inhibitors*		
ALTOPREV	T9	
atorvastatin calcium oral tablet 10 mg, 20 mg	T1	PV
atorvastatin calcium oral tablet 40 mg, 80 mg	T1	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
flolipid	T9	
fluvastatin sodium	T9	
fluvastatin sodium er	T9	
LESCOL XL	T9	
LIPITOR	T3	
LIVALO	T9	
lovastatin oral	T1	PV
pravastatin sodium	T1	PV
rosuvastatin calcium oral tablet 10 mg, 5 mg	T1	PV
rosuvastatin calcium oral tablet 20 mg, 40 mg	T1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	PV
simvastatin oral tablet 80 mg	T1	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T3	QL (31 EA per 31 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	T9	
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*		
ezetimibe-rosuvastatin	T9	
ezetimibe-simvastatin	T1	

Medication	Coverage Level	Restrictions
ROSZET	T9	
VYTORIN	T3	
Intestinal Cholesterol Absorption Inhibitors*		
ezetimibe	T1	
ZETIA	T3	
Microsomal Triglyceride Transfer Protein Inhibitors*		
JUXTAPID ORAL CAPSULE 10 MG	T9	
JUXTAPID ORAL CAPSULE 20 MG, 5 MG	T9	SP ( )
JUXTAPID ORAL CAPSULE 30 MG	T9	SP ( )
Nicotinic Acid Derivatives*		
niacin er (antihyperlipidemic)	T1	
NIACOR	T1	
NIASPAN	T3	
Pcsk9 Inhibitors*		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
REPATHA	T2	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	PA; QL (2 pens per 28 days)
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations*		
amlodipine besy-benazepril hcl	T1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
PRESTALIA	T3	ST
trandolapril-verapamil hcl er	T1	
Ace Inhibitors & Thiazide/Thiazide-Like*		
ACCURETIC	T3	
benazepril-hydrochlorothiazide	T1	
enalapril-hydrochlorothiazide	T1	
fosinopril sodium-hctz	T1	
lisinopril-hydrochlorothiazide	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
quinapril-hydrochlorothiazide	T1	
VASERETIC	T3	
ZESTORETIC	T3	

Medication	Coverage Level	Restrictions
Ace Inhibitors		
ACCUPRIL	T3	
ALTACE ORAL CAPSULE	T3	
benazepril hcl oral	T1	
captopril oral	T1	
enalapril maleate oral solution	T2	AL
enalapril maleate oral tablet	T1	
EPANED ORAL SOLUTION	T2	AL
fosinopril sodium	T1	
lisinopril oral	T1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
moexipril hcl	T1	
perindopril erbumine	T1	
QBRELIS	T3	AL
quinapril hcl	T1	
ramipril	T1	
trandolapril	T1	
VASOTEC	T3	
ZESTRIL	T3	
Agents For Pheochromocytoma		
DEMSER	T9	
DIBENZYLINE	T9	
metyrosine	T9	
phenoxybenzamine hcl oral	T9	
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb		
amlodipine besylate-valsartan	T1	
amlodipine-olmesartan	T1	
AZOR	T3	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG	T3	
EXFORGE ORAL TABLET 5-320 MG	T3	SP (Requires documentation that the patient has tried and failed one generic ACE inhibitor in the last 13 months.)
telmisartan-amlodipine	T1	
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like		
ATACAND HCT	T3	

Medication	Coverage Level	Restrictions
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
BENICAR HCT	T3	
candesartan cilexetil-hctz	T1	
DIOVAN HCT	T3	
EDARBYCLOR	T3	ST
HYZAAR	T3	
irbesartan-hydrochlorothiazide	T1	
losartan potassium-hctz	T1	
MICARDIS HCT	T3	
olmesartan medoxomil-hctz	T1	
telmisartan-hctz	T1	
valsartan-hydrochlorothiazide	T1	
Angiotensin Ii Receptor Antagonists		
ATACAND	T3	
AVAPRO	T3	
BENICAR	T3	
candesartan cilexetil	T1	
COZAAR	T3	
DIOVAN	T3	QL (60 tablets per 30 days)
EDARBI	T3	ST
irbesartan	T1	
losartan potassium oral	T1	
MICARDIS	T3	
olmesartan medoxomil oral	T1	
telmisartan	T1	
valsartan oral solution	T9	
valsartan oral tablet	T1	
Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides		
EXFORGE HCT	T3	
olmesartan-amlodipine-hctz	T1	
TRIBENZOR	T3	
Antiadrenergics - Centrally Acting		
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
clonidine	T1	
clonidine hcl oral	T1	
guanfacine hcl oral	T1	

Medication	Coverage Level	Restrictions
methyldopa oral	T1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
Antiadrenergics - Peripherally Acting*		
CARDURA	T3	
doxazosin mesylate oral	T1	
MINIPRESS	T3	
prazosin hcl oral	T1	
terazosin hcl oral	T1	
Antihypertensives - Misc.*		
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
Beta Blocker & Diuretic Combinations*		
atenolol-chlorthalidone	T1	
bisoprolol-hydrochlorothiazide	T1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 50-12.5 MG	T9	
metoprolol-hydrochlorothiazide	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
ZIAC	T3	
Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb*		
TEKTURNA HCT	T2	ST
Direct Renin Inhibitors*		
aliskiren fumarate	T2	ST
TEKTURNA	T3	
Selective Aldosterone Receptor Antagonists (Saras)*		
eplerenone	T1	
INSPRA	T3	QL (30 tablets per 30 days)
Vasodilators*		
hydralazine hcl oral	T1	
minoxidil oral	T1	
Anti-Infective Agents - Misc.*		
Anti-Infective Agents - Misc.*		
AEMCOLO	T2	QL (12 tablets per 30 days); AL
FLAGYL ORAL CAPSULE	T3	
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
metronidazole oral	T1	

Medication	Coverage Level	Restrictions
NEBUPENT	T3	
pentamidine isethionate inhalation	T1	
tinidazole oral	T1	
trimethoprim oral	T1	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Max of 30 days per dispensing.); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
Anti-Infective Misc. - Combinations*		
BACTRIM	T3	
BACTRIM DS	T3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet	T1	
Antiprotozoal Agents*		
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
atovaquone oral	T4	SP (Limited to a 1 month supply per fill)
LAMPIT	T3	QL (90 tablets per 30 years); AL
MEPRON	T3	
nitazoxanide oral	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
Glycopeptides*		
FIRVANQ	T2	
VANCOCIN ORAL CAPSULE 125 MG	T9	
vancomycin hcl intravenous solution reconstituted 1000 mg, 500 mg	T1	
vancomycin hcl oral	T9	
Leprostatics*		
dapsone oral	T1	
Lincosamides*		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T1	

Medication	Coverage Level	Restrictions
Monobactams		
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
Oxazolidinones		
linezolid oral suspension reconstituted	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL
linezolid oral tablet	T2	QL (28 tablets per 14 days)
SIVEXTRO ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to one 14 day supply per 6 months (180 days)); AL
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)
Pleuromutilins		
XENLETA ORAL	T9	
Polymyxins		
colistimethate sodium (cba)	T9	
Urinary Anti-Infectives		
fosfomycin tromethamine	T1	QL (1 packet per 30 days)
MACROBID	T3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	T3	
MACRODANTIN ORAL CAPSULE 25 MG	T2	
methenamine hippurate	T1	
MONUROL	T3	QL (1 packet per 30 days)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	T1	
nitrofurantoin monohyd macro	T1	
nitrofurantoin oral suspension	T4	SP (Limited to a 1 month supply per fill)
Urinary Antiseptic-Antispasmodic &/Or Analgesics		
HYOPHEN	T9	
URIBEL	T9	
Antimalarials		
Antimalarial Combinations		
atovaquone-proguanil hcl	T1	
COARTEM	T2	
MALARONE	T3	

Medication	Coverage Level	Restrictions
Antimalarials		
ARAKODA	T3	
chloroquine phosphate oral	T1	
DARAPRIM	T9	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	T9	
hydroxychloroquine sulfate oral tablet 200 mg	T1	
KRINTAFEL	T1	QL (2 tablets per 365 Days)
mefloquine hcl	T1	
PLAQUENIL	T3	
primaquine phosphate oral tablet 26.3 (15 base) mg	T1	
pyrimethamine oral	T4	SP (Limited to a 1 month supply per fill)
QUALAQUIN	T3	
quinine sulfate oral	T1	
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents		
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
pyridostigmine bromide er	T9	
pyridostigmine bromide oral tablet 60 mg	T1	
Antimycobacterial Agents		
Antimycobacterial Agents		
cycloserine oral	T1	
ethambutol hcl oral	T1	
isoniazid oral	T1	
MYCOBUTIN	T2	
pretomanid	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PRIFTIN	T2	
pyrazinamide oral	T1	
rifabutin	T4	SP (Max of 31 days per dispensing)
rifampin oral	T1	
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
Antineoplastics And Adjunctive Therapies		
Alkylating Agents		
MYLERAN	T3	

Medication	Coverage Level	Restrictions
Androgen Biosynthesis Inhibitors		
abiraterone acetate oral tablet 250 mg	T4	PA; SP (Max of 14 day supply per fill)
abiraterone acetate oral tablet 500 mg	T9	
YONSA	T9	SP ( )
ZYTIGA	T9	
Antiadrenals		
LYSODREN	T4	PA; SP (Max of 14 day supply per fill)
Antiandrogens		
bicalutamide	T1	
CASODEX	T3	
flutamide	T1	
nilutamide	T1	
Antiestrogens		
FARESTON	T9	
SOLTAMOX	T9	
tamoxifen citrate oral	T1	
toremifene citrate	T4	ST; SP (Max day supply up to 31 days.); QL (30 tablets per 30 days)
Antimetabolites		
capecitabine	T4	SP (Limited to a 1 month supply per fill)
mercaptopurine oral	T1	
methotrexate oral	T1	
methotrexate sodium injection solution reconstituted	T1	
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
TABLOID	T5	SP (Limited to a 1 month supply per fill)
TREXALL	T3	ST
XATMEP	T3	AL
XELODA	T5	SP (Limited to a 1 month supply per fill)
Antineoplastic - Alk Inhibitors		
XALKORI	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
ZYKADIA ORAL TABLET	T5	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
Antineoplastic - Anti-Her2 Agents		
HERZUMA	T9	
OGIVRI	T9	
Antineoplastic - Bcr-Abl Kinase Inhibitors		
GLEEVEC	T9	
imatinib mesylate oral tablet 100 mg	T4	PA; SP (Max of 14 day supply per fill); QL (90 tablets per 30 days)
imatinib mesylate oral tablet 400 mg	T4	PA; SP (Max of 14 day supply per fill); QL (60 tablets per 30 days)
SCEMBLIX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Antineoplastic - Btk Inhibitors		
BRUKINSA	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
Antineoplastic - Egfr Inhibitors		
erlotinib hcl	T4	PA; SP (Max of 14 day supply per fill)
EXKIVITY	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
IRESSA	T4	PA; SP (Max of 14 day supply per fill)
TARCEVA	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 15 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	T5	PA; SP (Max of 14 day supply per fill)
Antineoplastic - Fgfr Kinase Inhibitors		
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
PEMAZYRE ORAL TABLET 13.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)
PEMAZYRE ORAL TABLET 4.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)

Medication	Coverage Level	Restrictions
PEMAZYRE ORAL TABLET 9 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)
TRUSELTIQ (100MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
Antineoplastic - Hedgehog Pathway Inhibitors*		
DAURISMO	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ODOMZO	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsule per 14 days)
Antineoplastic - Hif-2-Alpha Inhibitors*		
WELIREG	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
Antineoplastic - Histone Deacetylase Inhibitors*		
FARYDAK ORAL CAPSULE 10 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 Capsules per 1 Fill)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 Capsules per 1 Fill)
ZOLINZA	T4	PA; SP (Max of 14 day supply per fill)
Antineoplastic - Immunomodulators*		
POMALYST ORAL CAPSULE 1 MG, 3 MG	T5	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 2 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
Antineoplastic - Mek Inhibitors*		
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
Antineoplastic - Met Inhibitors*		
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
TEPMETKO	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
Antineoplastic - Mtor Kinase Inhibitors		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
everolimus oral tablet soluble	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
Antineoplastic - Multikinase Inhibitors		
CAPRELSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablet per 14 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill)
FOTIVDA	T5	PA; SP (Limited to a one month supply per fill); QL (28 capsules per 28 days)
lapatinib ditosylate	T4	PA; SP (Max of 14 day supply per fill. Limited Distribution Medication.)
NEXAVAR	T9	SP ( )
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
sorafenib tosylate	T4	PA; SP (Max of 14 day supply per fill)
sunitinib malate	T4	PA; SP (Limited to a 1 month supply per fill)
TURALIO	T5	PA; SP (Max of 14 day supply per fill); QL (120 capsules per 30 days); AL
UKONIQ	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
Antineoplastic - Pdgfr-Alpha Inhibitors		
AYVAKIT ORAL TABLET 100 MG, 200 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 Tablets per 14 days)
AYVAKIT ORAL TABLET 25 MG, 50 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)

Medication	Coverage Level	Restrictions
AYVAKIT ORAL TABLET 300 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 Tablet per 14 days)
Antineoplastic - Ret Inhibitors*		
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
Antineoplastic - Tropomyosin Receptor Kinase Inhibitors*		
ROZLYTREK	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL
VITRAKVI ORAL CAPSULE	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Max of 14 day supply per fill); QL (48 ML per 14 days)
Antineoplastic - Xpo1 Inhibitors*		
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
Antineoplastic Combinations*		
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
Antineoplastics Misc.*		
ACTIMMUNE	T5	SP (Limited to a 1 month supply per fill)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HYDREA	T3	
hydroxyurea oral	T1	

Medication	Coverage Level	Restrictions
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
MATULANE	T4	PA; SP (Max of 14 day supply per fill)
TICE BCG	T6 - $0 Copay	PV
Aromatase Inhibitors		
anastrozole oral	T1	
ARIMIDEX	T3	
AROMASIN	T3	
exemestane	T2	
FEMARA	T3	
letrozole oral	T1	
Estrogens-Antineoplastic		
EMCYT	T2	
Folic Acid Antagonists Rescue Agents		
leucovorin calcium oral	T1	
Imidazotetrazines		
TEMODAR ORAL CAPSULE 100 MG	T5	PA; SP (Limited to a 1 month supply per fill)
TEMODAR ORAL CAPSULE 140 MG, 250 MG	T5	PA; SP (Limited to a 1 month supply per fill)
TEMODAR ORAL CAPSULE 180 MG	T5	PA; SP (Limited to a 1 month supply per fill)
temozolomide oral capsule 100 mg, 250 mg	T4	PA; SP (Limited to a 1 month supply per fill)
temozolomide oral capsule 140 mg, 180 mg, 20 mg, 5 mg	T4	PA; SP (Limited to a 1 month supply per fill)
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors		
TIBSOVO	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors*		
IDHIFA ORAL TABLET 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IDHIFA ORAL TABLET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Janus Associated Kinase (Jak) Inhibitors*		
INREBIC	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VONJO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
Lhrh Analogs*		
leuprolide acetate injection	T4	SP (Limited to a 1 month supply per fill)
Mitotic Inhibitors*		
etoposide oral	T4	SP (Limited to a 1 month supply per fill)
Nitrogen Mustards And Related Analogues*		
ALKERAN ORAL	T3	
cyclophosphamide oral	T3	
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
melphalan	T2	
Nitrosoureas*		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T3	
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*		
COPIKTRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*		
RUBRACA ORAL TABLET 200 MG, 300 MG	T4	PA; SP (Max of 14 day supply per fill)
RUBRACA ORAL TABLET 250 MG	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
Progestins-Antineoplastic*		
megestrol acetate oral suspension 40 mg/ml	T1	
megestrol acetate oral tablet	T1	
Retinoids*		
tretinoin oral	T4	PA; SP (Limited to a 14 day supply per fill.)
Selective Retinoid X Receptor Agonists*		
bexarotene oral	T4	PA; SP (Max of 14 day supply per fill)
TARGRETIN ORAL	T5	PA; SP (Max of 14 day supply per fill)
Topoisomerase I Inhibitors*		
HYCAMTIN ORAL CAPSULE 0.25 MG	T4	SP (Limited to a 1 month supply per fill)
HYCAMTIN ORAL CAPSULE 1 MG	T4	SP (Limited to a 1 month supply per fill)
Urinary Tract Protective Agents*		
MESNEX ORAL	T4	SP (Max of 31 days per dispensing.)
Vascular Endothelial Growth Factor (Vegf) Inhibitors*		
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML	T9	
Antiparkinson And Related Therapy Agents		
Adenosine Receptor Antagonist*		
NOURIANZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Antiparkinson Anticholinergics*		
benztropine mesylate oral	T1	
trihexyphenidyl hcl oral tablet	T1	
Antiparkinson Dopaminergics*		
amantadine hcl oral capsule	T1	
amantadine hcl oral solution	T1	
amantadine hcl oral tablet	T1	
bromocriptine mesylate oral	T1	

Medication	Coverage Level	Restrictions
GOCOVRI	T9	
INBRIJA	T9	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	T9	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	T9	
PARLODEL	T3	
Antiparkinson Monoamine Oxidase Inhibitors*		
AZILECT	T3	ST; QL (30 tablets per 30 days)
rasagiline mesylate oral	T1	QL (30 tablets per 30 days)
selegiline hcl oral tablet	T2	
XADAGO	T3	ST; QL (30 tablets per 30 days)
Central/Peripheral Comt Inhibitors*		
TASMAR ORAL TABLET 100 MG	T3	
tolcapone	T5	SP (Limited to a 1 month supply per fill)
Decarboxylase Inhibitors*		
carbidopa oral	T9	
LODOSYN	T9	
Levodopa Combinations*		
carbidopa-levodopa	T1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	T1	
DHIVY	T3	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (300 capsules per 30 days)
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	

Medication	Coverage Level	Restrictions
STALEVO 75	T3	
Nonergoline Dopamine Receptor Agonists*		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
apomorphine hcl subcutaneous	T9	
KYNMOBI	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 films per 30 days)
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
NEUPRO	T3	ST; QL (30 patches per 30 days)
pramipexole dihydrochloride	T1	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	T3	ST; QL (30 tablets per 30 days)
pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg	T3	QL (30 tablets per 30 days)
ropinirole hcl	T1	
ropinirole hcl er	T1	ST
Peripheral Comt Inhibitors*		
COMTAN	T3	
entacapone	T1	
ONGENTYS	T3	ST
Antipsychotics/Antimanic Agents		
Antimanic Agents*		
lithium carbonate er	T1	
lithium carbonate oral	T1	
LITHOBID	T3	
Antipsychotics - Misc.*		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 Capsules per 30 days)
EQUETRO	T3	ST
GEODON ORAL	T3	
LATUDA	T2	QL (30 tablets per 30 days)
NUPLAZID ORAL CAPSULE	T9	
NUPLAZID ORAL TABLET 10 MG	T9	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 6 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
VRAYLAR ORAL CAPSULE 4.5 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ziprasidone hcl	T1	
Benzisoxazoles		
FANAPT	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INVEGA	T9	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	T3	ST; QL (30 tablets per 30 days)
paliperidone er oral tablet extended release 24 hour 6 mg	T3	ST; QL (60 tablets per 30 days)
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
risperidone oral solution	T1	
risperidone oral tablet	T1	
risperidone oral tablet dispersible 0.25 mg	T1	
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T2	
Butyrophenones		
haloperidol lactate injection solution 5 mg/ml	T1	
haloperidol oral	T1	
Dibenzodiazepines		
clozapine oral tablet	T1	
clozapine oral tablet dispersible	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
Dibenzo-Oxepino Pyrroles		
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	T3	ST; QL (60 tablets per 30 days)
asenapine maleate sublingual tablet sublingual 2.5 mg	T3	ST; QL (30 tablets per 30 days)
SAPHRIS	T9	

Medication	Coverage Level	Restrictions
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 Patches per 30 days); AL
Dibenzothiazepines		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	T1	QL (30 tablets per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	T1	QL (60 tablets per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
quetiapine fumarate oral tablet 150 mg	T9	
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
Dibenzoxazepines		
ADASUVE	T9	
loxapine succinate oral	T1	
Phenothiazines		
chlorpromazine hcl oral concentrate 100 mg/ml	T3	QL (180 ML per 30 days)
chlorpromazine hcl oral tablet	T2	QL (180 tablets per 30 days)
COMPRO	T1	
fluphenazine hcl oral concentrate	T1	
fluphenazine hcl oral elixir	T1	
fluphenazine hcl oral tablet	T2	QL (60 tablets per 30 days)
perphenazine oral tablet 2 mg, 4 mg, 8 mg	T1	
prochlorperazine	T1	
prochlorperazine maleate oral	T1	
thioridazine hcl oral	T1	
trifluoperazine hcl oral	T1	
Quinolinone Derivatives		
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL TABLET	T3	QL (30 tablets per 30 days)
aripiprazole oral solution	T1	
aripiprazole oral tablet	T1	QL (60 tablets per 30 days)
aripiprazole oral tablet dispersible	T9	
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Thienbenzodiazepines		
olanzapine oral tablet	T1	
olanzapine oral tablet dispersible	T2	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
Thioxanthenes		
thiothixene oral	T1	
Antivirals		
Antiretroviral Combinations		
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
BIKTARVY ORAL TABLET 30-120-15 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
CIMDUO	T9	
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMPLERA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DESCOVY	T9	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
efavirenz-emtricitab-tenofo df	T4	SP (Limited to a 1 month supply per fill)
efavirenz-emtricitab-tenofovir	T4	SP (Limited to a 1 month supply per fill)
efavirenz-lamivudine-tenofovir	T4	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T4	SP (Limited to a 1 month supply per fill)
emtricitabine-tenofovir df oral tablet 200-300 mg	T2	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
KALETRA ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
lamivudine-zidovudine	T2	
lopinavir-ritonavir	T4	SP (Limited to a 1 month supply per fill)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZCOBIX	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
STRIBILD	T4	SP (Limited to a 1 month supply per fill)
SYMFI	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TEMIXYS	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRIUMEQ PD	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)		
maraviroc	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SELZENTRY ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T4	SP (Limited to a 1 month supply per fill)
Antiretrovirals - Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
Antiretrovirals - Gp120-Directed Attachment Inhibitor		
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Antiretrovirals - Integrase Inhibitors		
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 50 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TIVICAY PD	T4	SP (Limited to a 1 month supply per fill)
vocabria	T9	
Antiretrovirals - Protease Inhibitors		
APTIVUS ORAL CAPSULE	T4	ST; SP (Limited to a 1 month supply per fill)
atazanavir sulfate	T4	SP (Limited to a 1 month supply per fill)
fosamprenavir calcium	T4	SP (Limited to a 1 month supply per fill)
INVIRASE ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	T9	
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL PACKET	T4	SP (Limited to a 1 month supply per fill)
ritonavir	T1	
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
Antiretrovirals - Rti-Non-Nucleoside Analogues*		
EDURANT	T2	
efavirenz	T2	
etravirine oral tablet 100 mg	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
etravirine oral tablet 200 mg	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
nevirapine er	T3	QL (30 tablets per 30 days)
nevirapine oral suspension	T1	QL (1200 ML per 30 days)
nevirapine oral tablet	T1	QL (60 tablets per 30 days)
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SUSTIVA	T5	SP (Limited to a 1 month supply per fill)
Antiretrovirals - Rti-Nucleoside Analogues-Purines*		
abacavir sulfate oral solution	T1	AL
abacavir sulfate oral tablet	T2	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines		
emtricitabine	T3	
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	
EPIVIR	T3	
lamivudine oral solution	T1	
lamivudine oral tablet 150 mg, 300 mg	T2	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines		
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
stavudine oral capsule	T1	
zidovudine oral capsule	T2	
zidovudine oral syrup	T1	
zidovudine oral tablet	T2	
Antiretrovirals - Rti-Nucleotide Analogues		
tenofovir disoproxil fumarate	T1	
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 300 MG	T5	SP (Limited to a 1 month supply per fill)
Antiretrovirals Adjuvants		
TYBOST	T2	QL (30 tablets per 30 days)
Antiviral Combinations		
PAXLOVID (300/100)	T2	
PAXLOVID ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	T2	
Cmv Agents		
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
VALCYTE ORAL TABLET	T9	

Medication	Coverage Level	Restrictions
valganciclovir hcl oral solution reconstituted	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL
valganciclovir hcl oral tablet	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Hepatitis B Agents*		
adefovir dipivoxil	T4	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
entecavir	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
lamivudine oral tablet 100 mg	T2	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Hepatitis C Agent - Combinations*		
EPCLUSA	T9	
HARVONI	T9	
ledipasvir-sofosbuvir	T5	PA; SP (Limited to a 1 month supply per fill)
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ZEPATIER	T4	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)

Medication	Coverage Level	Restrictions
Hepatitis C Agents*		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Weeks per 1 Lifetime)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 weeks per 1 lifetime)
ribavirin oral capsule	T4	SP (Limited to a 1 month supply per fill)
ribavirin oral tablet 200 mg	T4	SP (Limited to a 1 month supply per fill)
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill)
Herpes Agents - Purine Analogues*		
acyclovir oral	T1	
SITAVIG	T9	
valacyclovir hcl oral	T1	
VALTREX	T3	
ZOVIRAX ORAL SUSPENSION	T3	
Herpes Agents - Thymidine Analogues*		
famciclovir oral	T1	QL (120 tablets per 30 days)
Influenza Agents*		
rimantadine hcl	T1	
Misc. Antivirals*		
LAGEVRIO	T2	
molnupiravir	T2	
Neuraminidase Inhibitors*		
oseltamivir phosphate oral capsule	T1	QL (10 capsules per 1 fill)
oseltamivir phosphate oral suspension reconstituted	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)
Pa Endonuclease Inhibitors*		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill); AL

Medication	Coverage Level	Restrictions
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	T2	QL (2 tablets per 1 fill); AL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet per 1 fill); AL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	T2	QL (2 tablets per 1 fill); AL
Beta Blockers		
****Alpha-Beta Blockers****		
carvedilol	T1	
carvedilol phosphate er	T2	ST
COREG	T3	
COREG CR	T3	ST
labetalol hcl oral	T1	
****Beta Blockers Cardio-Selective****		
acebutolol hcl oral	T1	
atenolol oral	T1	
betaxolol hcl oral	T1	
bisoprolol fumarate oral	T1	
BYSTOLIC	T3	
KAPSPARGO SPRINKLE	T3	
LOPRESSOR ORAL	T3	
metoprolol succinate er	T1	
metoprolol tartrate oral	T1	
nebivolol hcl	T1	
TENORMIN	T3	
TOPROL XL	T3	
****Beta Blockers Non-Selective****		
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
CORGARD	T3	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol	T1	
propranolol hcl er	T1	
propranolol hcl oral	T1	
SORINE	T1	
sotalol hcl oral	T1	
SOTYLIZE	T3	

Medication	Coverage Level	Restrictions
timolol maleate oral	T1	
Calcium Channel Blockers		
****Calcium Channel Blocker-Nsaid Combinations******		
CONSENSI	T9	
****Calcium Channel Blockers******		
AFEDITAB CR	T1	
amlodipine besylate oral	T1	
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	
CONJUPRI	T9	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T9	
diltiazem hcl er coated beads oral tablet extended release 24 hour	T9	
diltiazem hcl er oral capsule extended release 12 hour	T9	
diltiazem hcl oral	T1	
dilt-xr	T1	
felodipine er	T1	
isradipine	T1	
KATERZIA	T9	
levamlodipine maleate oral tablet 5 mg	T9	
MATZIM LA	T9	
nicardipine hcl oral	T2	

Medication	Coverage Level	Restrictions
nifedipine er osmotic release	T1	
nifedipine oral capsule 10 mg	T1	
nifedipine oral capsule 20 mg	T2	
nimodipine oral	T2	QL (21 day supply per 365 days)
nisoldipine er	T2	
NORLIQVA	T3	QL (150 ML per 30 Days); AL
NORVASC	T3	
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill)
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 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	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg	T1	
verapamil hcl er oral tablet extended release 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
VERELAN	T3	
VERELAN PM	T3	
Cardiotonics		
****Cardiac Glycosides******		
DIGITEK	T1	
DIGOX	T1	
digoxin oral solution	T1	AL
digoxin oral tablet 125 mcg, 250 mcg	T1	
digoxin oral tablet 62.5 mcg	T9	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 62.5 MCG	T9	
Cardiovascular Agents - Misc.		
****Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb******		
amlodipine-atorvastatin	T9	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
****Cardiac Myosin Inhibitors******		
CAMZYOS	T9	

Medication	Coverage Level	Restrictions
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*		
ENTRESTO	T2	QL (60 tablets per 30 days)
Nitrate & Vasodilator Combinations*		
BIDIL	T9	
isosorb dinitrate-hydralazine	T2	
Prostaglandin - Impotence Agents*		
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
EDEX	T9	
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	T9	
Prostaglandin Vasodilators*		
VENTAVIS	T4	PA; SP (Limited to a 1 month supply per fill)
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*		
ADEMPAS ORAL TABLET 0.5 MG, 1.5 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
Pulmonary Hypertension - Endothelin Receptor Antagonists*		
ambrisentan	T4	PA; SP (Limited to a 1 month supply per fill)
bosentan	T4	PA; SP (Limited to a 1 month supply per fill)
LETAIRIS	T9	SP ( )
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRACLEER ORAL TABLET	T9	SP ( )
TRACLEER ORAL TABLET SOLUBLE	T9	
Pulmonary Hypertension - Phosphodiesterase Inhibitors*		
ADCIRCA	T9	SP ( )
sildenafil citrate oral suspension reconstituted	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL

Medication	Coverage Level	Restrictions
sildenafil citrate oral tablet 20 mg	T3	PA
tadalafil (pah)	T9	
TADLIQ	T9	
Pulmonary Hypertension - Prostacyclin Receptor Agonist*		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1600 MCG, 400 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1400 MCG, 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 tablets per 30 days)
Selective Cgmp Phosphodiesterase Type 5 Inhibitors*		
CIALIS	T9	
LEVITRA ORAL TABLET 10 MG, 20 MG	BE	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Non-Formulary	
STENDRA	BE	
tadalafil oral tablet 10 mg, 20 mg	BE	
tadalafil oral tablet 2.5 mg, 5 mg	T1	QL (30 tablets per 30 days)
vardenafil hcl oral tablet	BE	
vardenafil hcl oral tablet dispersible	T9	
VIAGRA	BE	
Sinus Node Inhibitors		
CORLANOR	T3	ST
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)*		
VERQUVO	T3	PA; QL (30 tablets per 30 days)
Cephalosporins*		
Cephalosporins - 1St Generation*		
cefadroxil	T1	
cephalexin oral capsule	T1	
cephalexin oral suspension reconstituted	T1	
cephalexin oral tablet	T2	
Cephalosporins - 2Nd Generation*		
cefaclor er	T1	
cefaclor oral capsule 250 mg	T1	

Medication	Coverage Level	Restrictions
cefprozil	T1	
cefuroxime axetil oral tablet	T1	
Cephalosporins - 3Rd Generation*		
cefdinir	T1	
cefixime oral suspension reconstituted	T1	
cefpodoxime proxetil	T1	
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T3	
Chemicals*		
Additional Solids*		
coenzyme q10	T9	
Bulk Chemicals - La's*		
acidophilus lactobacillus powder	T9	
Bulk Chemicals - Me's*		
metronidazole benzoate	T9	
Bulk Chemicals - Ph's*		
phenoxybenzamine hcl	T9	
Contraceptives*		
Biphasic Contraceptives - Oral*		
AZURETTE	T1	PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	PV
KARIVA	T1	PV
LO LOESTRIN FE	T3	ST
MIRCETTE	T9	
PIMTREA	T1	PV
SIMLIYA	T1	PV
viorele	T1	PV
VOLNEA	T1	PV
Combination Contraceptives - Oral*		
AFIRMELLE	T1	PV
ALTAVERA	T1	PV
alyacen 1/35	T1	PV
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV

Medication	Coverage Level	Restrictions
AUROVELA 1.5/30	T1	PV
AUROVELA 1/20	T1	PV
AUROVELA 24 FE	T1	PV
AUROVELA FE 1.5/30	T1	PV
AUROVELA FE 1/20	T1	PV
AVIANE	T1	PV
AYUNA	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	PV
BEYAZ	T9	
BLISOVI 24 FE	T1	PV
BLISOVI FE 1.5/30	T1	PV
BLISOVI FE 1/20	T1	PV
briellyn	T1	PV
CHARLOTTE 24 FE	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CRYSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYRED	T1	PV
CYRED EQ	T1	PV
DASETTA 1/35	T1	PV
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	T1	PV
drospiren-eth estrad-levomefol	T1	PV
drospirenone-ethinyl estradiol	T1	PV
ELINEST	T1	PV
ENSKYCE ORAL TABLET 0.15-0.03 MG	T1	PV
ESTARYLLA	T1	PV
ethynodiol diac-eth estradiol	T1	PV
FALMINA	T1	PV
FEMYNOR	T1	PV
GEMMILY	T9	
GENERESS FE	T9	
HAILEY 1.5/30	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
HAILEY FE 1/20	T1	PV
ISIBLOOM	T1	PV
JASMIEL	T1	PV

Medication	Coverage Level	Restrictions
JULEBER	T1	PV
JUNEL 1.5/30	T1	PV
JUNEL 1/20	T1	PV
JUNEL FE 1.5/30	T1	PV
JUNEL FE 1/20	T1	PV
JUNEL FE 24	T1	PV
KAITLIB FE	T9	
KALLIGA	T1	PV
KELNOR 1/35	T1	PV
KELNOR 1/50	T1	PV
KURVELO	T1	PV
LARIN 1.5/30	T1	PV
LARIN 1/20	T1	PV
LARIN 24 FE	T1	PV
LARIN FE 1.5/30	T1	PV
LARIN FE 1/20	T1	PV
LARISSIA	T1	PV
LAYOLIS FE	T9	
LESSINA	T1	PV
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	T1	PV
LEVORA 0.15/30 (28)	T1	PV
LILLOW	T1	PV
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T2	PV
LORYNA	T1	PV
LOW-OGESTREL	T1	PV
LO-ZUMANDIMINE	T1	PV
LUTERA	T1	PV
marlissa	T1	PV
MICROGESTIN 1.5/30	T1	PV
MICROGESTIN 1/20	T1	PV
MICROGESTIN 24 FE	T3	PV
MICROGESTIN FE 1.5/30	T1	PV
MICROGESTIN FE 1/20	T1	PV
MILI	T1	PV
MINASTRIN 24 FE	T9	
MONO-LINYAH	T1	PV
NECON 0.5/35 (28)	T1	PV

Medication	Coverage Level	Restrictions
NEXTSTELLIS	T9	
NIKKI	T1	PV
norethin ace-eth estrad-fe oral capsule	T9	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	PV
norethin ace-eth estrad-fe oral tablet chewable	T1	PV
norethindrone acet-ethinyl est	T1	PV
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	T1	PV
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	T9	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	PV
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (21)	T1	PV
NORTREL 1/35 (28)	T1	PV
NYLIA 1/35	T1	PV
NYMYO	T1	PV
OCELLA	T1	PV
ORSYTHIA	T1	PV
PHILITH	T1	PV
PIRMELLA 1/35	T1	PV
PORTIA-28	T1	PV
PREVIFEM	T1	PV
RECLIPSEN	T1	PV
SAFYRAL	T9	
SPRINTEC 28	T1	PV
SRONYX	T1	PV
SYEDA	T1	PV
TARINA 24 FE	T1	PV
TARINA FE 1/20	T1	PV
TARINA FE 1/20 EQ	T1	PV
TAYTULLA	T9	
TYBLUME ORAL TABLET CHEWABLE	T3	PV
TYDEMY	T9	
VESTURA	T1	PV
VIENVA	T1	PV
VYFEMLA	T1	PV
VYLIBRA	T1	PV
WERA	T1	PV
WYMZYA FE	T1	PV

Medication	Coverage Level	Restrictions
YASMIN 28	T9	
YAZ	T9	
ZARAH	T1	PV
ZOVIA 1/35 (28)	T1	PV
ZOVIA 1/35E (28)	T1	PV
ZUMANDIMINE	T1	PV
Combination Contraceptives - Transdermal*		
TWIRLA	T9	
XULANE	T2	PV; QL (4 patches per 28 days)
ZAFEMY	T1	PV; QL (4 patches per 28 days)
Combination Contraceptives - Vaginal*		
ANNOVERA	T9	
ELURYNG	T2	PV; QL (1 ring per 28 days)
etonogestrel-ethinyl estradiol	T1	PV; QL (1 ring per 28 days)
NUVARING	T9	
Continuous Contraceptives - Oral*		
AMETHYST	T1	PV
DOLISHALE	T1	PV
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	T1	PV
Emergency Contraceptives*		
AFTERA	T1	PV
AFTERPILL	T3	
ECONTRA EZ	T1	PV
ECONTRA ONE-STEP	T1	PV
ELLA	T1	
levonorgestrel oral tablet 1.5 mg	T1	PV
MY CHOICE	T1	PV
MY WAY	T1	PV
NEW DAY	T1	PV
OPCICON ONE-STEP	T1	PV
OPTION 2	T1	PV
PLAN B ONE-STEP	T1	PV
TAKE ACTION	T1	PV
Extended-Cycle Contraceptives - Oral*		
AMETHIA	T1	PV
ASHLYNA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV

Medication	Coverage Level	Restrictions
DAYSEE	T1	PV
FAYOSIM	T9	
ICLEVIA	T1	PV
JAIMIESS	T1	PV
JOLESSA	T1	PV
levonorgest-eth est & eth est	T1	PV
levonorgest-eth estrad 91-day	T1	PV
LOJAIMIESS	T1	PV
LOSEASONIQUE	T9	
QUARTETTE	T9	
RIVELSA	T9	
SEASONIQUE	T9	
SETLAKIN	T1	PV
SIMPESSE	T1	PV
Four Phase Contraceptives - Oral*		
NATAZIA	T9	
Progestin Contraceptives - Injectable*		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	PV; QL (1 syringe per 90 days)
medroxyprogesterone acetate intramuscular	T1	PV
Progestin Contraceptives - Oral*		
CAMILA	T1	PV
DEBLITANE	T1	PV
ERRIN	T1	PV
HEATHER	T1	PV
INCASSIA	T1	PV
JENCYCLA	T1	PV
LYLEQ	T1	PV
LYZA	T1	PV
NORA-BE	T1	PV
norethindrone oral	T1	PV
NORLYDA	T1	PV
SHAROBEL	T1	PV
SLYND	T9	
TULANA	T1	PV
Triphasic Contraceptives - Oral*		
alyacen 7/7/7	T1	PV
ARANELLE	T1	PV

Medication	Coverage Level	Restrictions
CAZIANT	T1	PV
CYCLAFEM 7/7/7	T1	PV
DASETTA 7/7/7	T1	PV
ENPRESSE-28	T1	PV
LEENA	T1	PV
LEVONEST	T1	PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	PV
norethindron-ethinyl estrad-fe	T1	PV
norgestim-eth estrad triphasic	T1	PV
NORTREL 7/7/7	T1	PV
NYLIA 7/7/7	T1	PV
PIRMELLA 7/7/7	T1	PV
TILIA FE	T1	PV
TRI FEMYNOR	T1	PV
TRI-ESTARYLLA	T1	PV
TRI-LEGEST FE	T1	PV
TRI-LINYAH	T1	PV
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-MARZIA	T1	PV
TRI-LO-MILI	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-MILI	T1	PV
TRI-NYMYO	T1	PV
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TRI-VYLIBRA	T1	PV
TRI-VYLIBRA LO	T1	PV
VELIVET	T1	PV
Corticosteroids		
****Glucocorticosteroids******		
ALKINDI SPRINKLE	T9	
budesonide er oral tablet extended release 24 hour	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
budesonide oral	T3	QL (90 capsules per 30 days)
CORTEF	T3	
dexabliss	T9	
DEXAMETHASONE INTENSOL	T2	

Medication	Coverage Level	Restrictions
dexamethasone oral elixir	T1	
dexamethasone oral solution	T1	
dexamethasone oral tablet	T1	
dexamethasone oral tablet therapy pack 1.5 mg (21)	T9	
DEXONTO 0.4%	T3	
EMFLAZA	T9	
HEMADY	T9	
HIDEX 6-DAY	T9	
hydrocortisone oral	T1	
MEDROL	T3	
methylprednisolone oral	T1	
MILLIPRED ORAL TABLET	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
prednisolone oral solution	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	T1	
prednisolone sodium phosphate oral solution 20 mg/5ml	T9	
PREDNISONE INTENSOL	T2	
prednisone oral solution	T2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
prednisone oral tablet 50 mg	T2	
RAYOS	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARPEYO	T9	
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
zcort 7-day	T9	
ZILRETTA	T9	
Mineralocorticoids*		
fludrocortisone acetate oral	T1	
Cough/Cold/Allergy*		
Antitussive - Nonnarcotic*		
benzonatate oral capsule 100 mg, 200 mg	T1	

Medication	Coverage Level	Restrictions
benzonatate oral capsule 150 mg	T9	
TESSALON PERLES	T3	
Antitussive - Opioid*		
HYCODAN ORAL SOLUTION	T9	
HYCODAN ORAL TABLET	T9	
hydrocodone bit-homatrop mbr oral solution	T1	
hydromet oral solution	T1	
Antitussive-Expectorant*		
guaifenesin-codeine oral solution	T1	
Decongestant & Antihistamine*		
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
cetirizine-pseudoephedrine er	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
fexofenadine-pseudoephed er oral tablet extended release 24 hour	T9	
loratadine-d 24hr	T9	
ZYRTEC-D ALLERGY & CONGESTION	T9	
Iodine Expectorants*		
potassium iodide oral solution	T2	
SSKI	T3	
Misc. Respiratory Inhalants*		
HYPERSAL	T2	QL (240 ML per 30 days)
sodium chloride inhalation nebulization solution 7 %	T1	
Mucolytics*		
acetylcysteine inhalation	T1	
Non-Narc Antitussive-Antihistamine*		
promethazine-dm oral syrup	T1	
Non-Narc Antitussive-Decongestant-Antihistamine*		
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1	
Opioid Antitussive-Antihistamine*		
hydrocod polst-cpm polst er oral suspension extended release	T1	
promethazine-codeine oral syrup	T1	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	

Medication	Coverage Level	Restrictions
Opioid Antitussive-Decongestant-Antihistamine*		
HISTEX-AC	T9	
maxi-tuss cd	T9	
promethazine vc/codeine	T1	
Dermatologicals		
Acne Antibiotics*		
ACZONE	T9	
AMZEEQ	T9	
CLEOCIN-T EXTERNAL LOTION	T3	
CLINDAGEL	T9	
clindamycin phosphate external gel	T1	
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	QL (180 ML per 30 days)
clindamycin phosphate external swab	T1	
dapsone external	T9	
ery	T1	
ERYGEL	T1	
erythromycin external gel	T1	
erythromycin external solution	T1	
KLARON	T3	
sulfacetamide sodium (acne)	T2	
Acne Combinations*		
ACANYA	T9	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	T1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	T9	
AVAR CLEANSER EXTERNAL LIQUID	T9	
AVAR LS CLEANSER	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
benzoyl peroxide-erythromycin	T2	
bp 10-1	T9	
bp cleansing wash	T1	
CLENIA PLUS	T9	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	T9	
clindamycin phos-benzoyl perox external gel 1.2-5 %	T1	QL (45 gm per 30 days)

Medication	Coverage Level	Restrictions
clindamycin phos-benzoyl perox external gel 1-5 %	T2	QL (50 GM per 30 days)
clindamycin-tretinoin	T3	
EPIDUO	T3	
EPIDUO FORTE	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	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external liquid 10-5 %	T1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external lotion 10-5 %	T9	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external suspension 10-5 %, 9-4.25 %	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
TWYNEO	T9	
VANOXIDE-HC	T9	
VELTIN	T9	
ZIANA	T9	
Acne Products*		
ABSORICA	T9	
ABSORICA LD	T9	
ACCUTANE	T2	QL (6 fills per 2 years)
acne medication 10 external gel	T1	
acne medication 5 external gel	T1	
adapalene external cream	T9	
adapalene external gel 0.1 %	T9	
adapalene external gel 0.3 %	T2	
adapalene external solution	T9	

Medication	Coverage Level	Restrictions
AKLIEF	T9	
ALTRENO	T1	QL (45 grams per 30 days); AL
AMNESTEEM	T2	QL (6 fills per 2 years)
ARAZLO	T9	
ATRALIN	T3	ST; AL
AVITA	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
benzoyl peroxide external foam 9.8 %	T9	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	T9	
benzoyl peroxide wash external liquid	T9	
bp gel external gel 10 %, 5 %	T9	
bp wash external liquid 10 %, 2.5 %, 5 %, 7 %	T9	
bpo	T9	
bpo foaming cloths external 6 %	T9	
CLARAVIS	T2	QL (6 fills per 2 years)
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
EPSOLAY	T9	
FABIOR	T9	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T2	QL (6 fills per 2 years)
isotretinoin oral capsule 25 mg, 35 mg	T9	
MYORISAN	T2	QL (6 fills per 2 years)
PR BENZOYL PEROXIDE WASH	T9	
RETIN-A	T3	AL
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
tazarotene external foam	T3	ST; QL (50 GM per 30 days)
tretinoin external cream 0.025 %	T1	AL
tretinoin external cream 0.05 %, 0.1 %	T2	AL
tretinoin external gel 0.01 %, 0.025 %	T1	AL
tretinoin external gel 0.05 %	T2	AL
tretinoin microsphere	T9	
tretinoin microsphere pump	T9	

Medication	Coverage Level	Restrictions
WINLEVI	T9	
ZENATANE	T2	QL (6 fills per 2 years)
Agents For External Genital And Perianal Warts*		
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
Agents For Facial Wrinkles - Retinoids*		
REFISSA	T9	
RENOVA	T9	
RENOVA PUMP	T9	
Antibiotic Steroid Combinations - Topical*		
NEO-SYNALAR EXTERNAL CREAM	T9	
Antibiotics - Topical*		
ALTABAX	T3	ST
CENTANY	T3	
gentamicin sulfate external	T1	
mupirocin calcium	T9	
mupirocin external	T1	QL (22 gm per 30 days)
XEPI	T9	
Antifungals - Topical Combinations*		
clotrimazole-betamethasone external cream	T1	
clotrimazole-betamethasone external lotion	T1	QL (30 gm per 30 days)
DERMAZENE	T9	
hydrocortisone-iodoquinol external cream 1-1 %	T9	
iodoquimez-hc	T9	
nystatin-triamcinolone	T1	
VUSION	T9	
VYTONE	T9	
Antifungals - Topical*		
ciclopirox external	T1	
ciclopirox olamine external	T1	
ciclopirox treatment	T9	
LOPROX EXTERNAL SHAMPOO	T3	
MENTAX	T9	
naftifine hcl external cream 1 %	T3	ST; QL (90 GM per 30 days)
naftifine hcl external cream 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
NYAMYC	T1	QL (60 GM per 30 Days)
nystatin external cream	T1	

Medication	Coverage Level	Restrictions
nystatin external ointment	T1	
nystatin external powder	T1	QL (60 GM per 30 Days)
NYSTOP	T1	QL (60 GM per 30 days)
Anti-Inflammatory Agents - Topical*		
diclofenac sodium external solution 2 %	T9	
Anti-Inflammatory Combinations - Topical*		
PROFINAC	T9	
ziclocin	T9	
Antineoplastic Antimetabolites - Topical*		
CARAC	T9	
EFUDEX EXTERNAL CREAM	T3	
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)
fluorouracil external cream 0.5 %	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
fluorouracil external cream 5 %	T1	QL (40 GM per 30 days)
fluorouracil external solution	T1	
Antipruritics - Topical*		
doxepin hcl external	T9	
PRUDOXIN	T9	
ZONALON	T9	
Antipsoriatics - Systemic*		
acitretin	T4	SP (Limited to a 1 month supply per fill)
methoxsalen rapid	T4	SP (Limited to a 1 month supply per fill)
Antipsoriatics*		
calcipotriene external cream	T1	QL (120 GM per 30 days)
calcipotriene external foam	T9	
calcipotriene external ointment	T2	QL (120 GM per 30 days)
calcipotriene external solution	T1	
calcitriol external	T1	ST; QL (100 GM per 30 days)
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)
DRITHO-CREME HP	T9	
SORILUX	T9	
tazarotene external cream	T2	ST
tazarotene external gel	T9	
TAZORAC EXTERNAL CREAM	T3	ST
TAZORAC EXTERNAL GEL	T9	
VECTICAL	T3	ST; QL (100 GM per 30 days)

Medication	Coverage Level	Restrictions
VTAMA	T9	
ZITHRANOL	T3	ST
Antiseborrheic Combinations*		
PROMISEB	T9	
Antiseborrheic Products*		
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION NS	T9	
selenium sulfide external lotion	T1	
selenium sulfide external shampoo 2.25 %	T1	
selenium sulfide external shampoo 2.3 %	T9	
sodium sulfacetamide external shampoo	T9	
sodium sulfacetamide wash	T9	
sulfacetamide sodium (cleans)	T1	
sulfacetamide sodium external liquid	T1	
Antiviral Topical Combinations*		
XERESE	T9	
Antivirals - Topical*		
acyclovir external	T9	
DENAVIR	T9	
penciclovir	T9	
ZOVIRAX EXTERNAL	T9	
Astringents*		
DOMEBORO EXTERNAL PACKET	T9	
XERAC AC	T1	
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors*		
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPZELURA	T9	
Atopic Dermatitis - Monoclonal Antibodies*		
ADBRY	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days)

Medication	Coverage Level	Restrictions
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days)
Burn Products		
mafenide acetate external	T1	
SILVADENE	T3	
silver sulfadiazine external	T1	
SSD	T1	
SSD (SILVER SULFADIAZINE)	T1	
SULFAMYLON	T3	
Corticosteroids - Topical		
ALA SCALP	T9	
ala-cort external cream 1 %	T9	
alclometasone dipropionate	T1	
amcinonide	T9	
APEXICON E	T9	
AQUANIL HC	T1	
betamethasone dipropionate aug external cream	T1	
betamethasone dipropionate aug external gel	T1	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion	T1	QL (60 GM per 30 days)
betamethasone dipropionate aug external ointment	T1	QL (50 GM per 30 days)
betamethasone dipropionate external cream	T1	
betamethasone dipropionate external lotion	T1	
betamethasone dipropionate external ointment	T2	
betamethasone valerate external cream	T1	
betamethasone valerate external foam	T9	
betamethasone valerate external lotion	T1	QL (60 ML per 30 days)
betamethasone valerate external ointment	T1	
BRYHALI	T3	ST
CAPEX	T9	
clobetasol prop emollient base	T1	
clobetasol propionate emulsion	T3	QL (100 GM per 30 days)
clobetasol propionate external cream	T1	
clobetasol propionate external foam	T9	

Medication	Coverage Level	Restrictions
clobetasol propionate external gel	T1	
clobetasol propionate external liquid	T3	
clobetasol propionate external lotion	T3	QL (118 ML per 30 days)
clobetasol propionate external ointment	T1	QL (60 GM per 30 days)
clobetasol propionate external shampoo	T2	QL (118 ML per 30 days)
clobetasol propionate external solution	T1	QL (118 ML per 30 days)
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
clocortolone pivalate	T9	
CLODAN EXTERNAL SHAMPOO	T2	ST; QL (118 ML per 30 days)
CLODERM	T9	
CORDRAN	T9	
DERMA-SMOOTHE/FS BODY	T3	
DERMA-SMOOTHE/FS SCALP	T3	
desonide external cream	T1	
desonide external gel	T9	
desonide external lotion	T2	ST
desonide external ointment	T1	
DESOWEN EXTERNAL CREAM	T3	ST
desoximetasone external cream 0.05 %	T9	
desoximetasone external cream 0.25 %	T1	
desoximetasone external gel	T9	
desoximetasone external liquid	T9	
desoximetasone external ointment 0.05 %	T9	
desoximetasone external ointment 0.25 %	T2	
diflorasone diacetate external	T9	
DIPROLENE EXTERNAL OINTMENT	T3	
fluocinolone acetonide body	T1	
fluocinolone acetonide external cream	T1	
fluocinolone acetonide external ointment	T1	
fluocinolone acetonide external solution	T1	QL (180 ML per 30 days)
fluocinolone acetonide scalp	T1	
fluocinonide emulsified base	T1	
fluocinonide external cream 0.05 %	T1	
fluocinonide external cream 0.1 %	T9	
fluocinonide external gel	T1	
fluocinonide external ointment	T1	
fluocinonide external solution	T1	QL (60 ML per 30 days)
flurandrenolide	T9	
fluticasone propionate external cream	T1	

Medication	Coverage Level	Restrictions
fluticasone propionate external lotion	T9	
fluticasone propionate external ointment	T1	
halobetasol propionate external cream	T2	ST; QL (50 GM per 30 days)
halobetasol propionate external foam	T9	
halobetasol propionate external ointment	T2	QL (50 GM per 30 days)
HALOG	T9	
hydrocortisone butyr lipo base	T9	
hydrocortisone butyrate external cream	T9	
hydrocortisone butyrate external lotion	T9	
hydrocortisone butyrate external ointment	T9	
hydrocortisone butyrate external solution	T1	
hydrocortisone external cream 1 %	T9	
hydrocortisone external cream 2.5 %	T1	
hydrocortisone external lotion 1 %	T9	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 0.5 %, 1 %	T9	
hydrocortisone external ointment 2.5 %	T1	
hydrocortisone valerate external cream	T1	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	T2	ST
IMPEKLO	T9	
IMPOYZ	T9	
KENALOG EXTERNAL	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID LIPOCREAM	T9	
LUXIQ	T9	
mometasone furoate external	T1	
NUCORT	T3	
OLUX	T9	
OLUX-E	T9	
PANDEL	T9	
prednicarbate external ointment	T1	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	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	

Medication	Coverage Level	Restrictions
TOPICORT SPRAY	T9	
triamcinolone acetonide external aerosol solution	T9	
triamcinolone acetonide external cream	T1	
triamcinolone acetonide external lotion 0.1 %	T1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %	T1	
triamcinolone acetonide external ointment 0.05 %	T9	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1	
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VERDESO	T9	
Depigmenting Agents*		
hydroquinone	T9	
hydroquinone external cream	T9	
Depigmenting Combinations*		
TRI-LUMA	T9	
Emollient Combinations*		
lactic acid e	T9	
Emollient/Keratolytic Agents*		
urea external cream 40 %, 45 %	T9	
urea external lotion 40 %	T9	
urea nail external gel 45 %	T9	
xurea	T9	
Emollient/Keratolytic Combinations*		
urea hydrating	T9	
Emollients*		
ammonium lactate external	T9	
lactic acid external lotion	T9	
Enzymes - Topical*		
SANTYL	T3	QL (60 GM per 30 days)
Imidazole-Related Antifungals - Topical*		
clotrimazole external cream	T9	
clotrimazole external solution	T9	
econazole nitrate external	T1	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST
EXELDERM	T9	
EXTINA	T9	
JUBLIA	T9	

Medication	Coverage Level	Restrictions
ketoconazole external cream	T1	QL (60 gm per 30 days)
ketoconazole external foam	T9	
ketoconazole external shampoo 2 %	T1	QL (120 ml per 30 days)
LOTRIMIN AF EXTERNAL CREAM	T9	
luliconazole	T9	
LUZU	T9	
oxiconazole nitrate	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
sulconazole nitrate	T9	
XOLEGEL	T9	
Immunomodulators Imidazoquinolinamines - Topical*		
imiquimod external cream 3.75 %	T9	
imiquimod external cream 5 %	T1	
imiquimod pump	T9	
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
Keratolytic/Antimitotic Agents*		
bensal hp external ointment 3 %	T9	
CONDYLOX EXTERNAL GEL	T3	ST
KERALYT EXTERNAL SHAMPOO	T9	
podocon	T9	
PODOCON-25	T9	
podofilox external	T1	
salicylic acid er	T9	
salicylic acid external foam	T9	
salicylic acid external ointment	T9	
salicylic acid external shampoo	T9	
salicylic acid wart remover	T9	
salicylic acid-cleanser external kit 6 % cream	T9	
SALVAX	T9	
ULTRASAL-ER	T9	
XALIX	T9	
Local Anesthetics - Topical*		
lidocaine external cream 4 %	T9	
lidocaine external ointment 5 %	T1	
lidocaine external patch 5 %	T9	
lidocaine hcl external cream 3 %, 4 %	T9	

Medication	Coverage Level	Restrictions
lidocaine hcl external gel 2 %	T1	
lidocaine hcl external solution	T1	
LIDODERM	T9	
lidopin external cream 3 %	T1	
lidorx	T9	
ZTLIDO	T9	
Macrolide Immunosuppressants - Topical*		
ELIDEL	T3	ST; QL (30 GM per 30 days)
pimecrolimus	T1	ST; QL (30 GM per 30 days)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T3	ST; QL (30 GM per 230 days)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T3	ST; QL (30 GM per 30 days)
tacrolimus external ointment	T1	QL (30 GM per 30 days)
Microtubule Inhibitors - Topical*		
KLISYRI	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 packets per 1 year)
Misc. Dermatological Products*		
CERACADE	T9	
ELETONE	T9	
EMULSION SB	T9	
EPICERAM	T9	
KAMDOY	T9	
LOYON	T9	
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NUVAIL	T9	
PHLAG SPRAY	T9	
PRESERA	T9	
PRUCLAIR	T9	
PRUMYX	T9	
suvicort	T9	
SYNERDERM	T9	
TETRIX EXTERNAL CREAM	T9	
Misc. Topical*		
DRYSOL	T1	
QBREXZA	T9	
Ornithine Decarboxylase (Odc) Inhibitors - Topical*		
VANIQA	T9	

Medication	Coverage Level	Restrictions
Oxaborole-Related Antifungals - Topical*		
KERYDIN	T9	
tavaborole	T9	
Phosphodiesterase 4 (Pde4) Inhibitors - Topical*		
EUCRISA	T3	ST; QL (60 GM per 30 days)
Prostaglandins - Topical*		
bimatoprost external	T9	
LATISSE	T9	
Rosacea Agents*		
azelaic acid external	T2	ST
doxycycline	T9	
FINACEA EXTERNAL FOAM	T3	
FINACEA EXTERNAL GEL	T9	
ivermectin external cream	T2	ST; QL (45 GM per 30 days)
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROLOTION	T3	
metronidazole external	T1	
MIRVASO	T9	
NORITATE	T9	
ORACEA	T9	
RHOFADE	T3	QL (60 GM per 30 days); AL
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
ZILXI	T9	
Scabicides & Pediculicides*		
ivermectin external lotion	T1	
lindane external shampoo	T1	
malathion external	T1	
NATROBA	T9	
OVIDE	T3	
permethrin external cream	T1	
spinosad	T1	
Scar Treatment Products*		
CELACYN	T9	
RECEDO	T9	
Steroid-Local Anesthetic Combinations*		
CORTANE-B EXTERNAL	T3	
EPIFOAM	T9	
PRAMOSONE	T9	

Medication	Coverage Level	Restrictions
pramoxine-hc external cream	T9	
Tar Products		
coal tar external solution	T2	
Topical Anesthetic Combinations		
CETACAINE EXTERNAL AEROSOL	T9	
lidocaine-prilocaine external cream	T1	
lidopril external kit	T9	
LIVIXIL PAK	T9	
PLIAGLIS EXTERNAL CREAM	T9	
prilovix	T9	
prilovixil	T9	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
SYNERA	T9	
Topical Anesthetic Gases		
ethyl chloride	T9	
Topical Selective Retinoid X Receptor Agonists		
bexarotene external	T9	
TARGRETIN EXTERNAL	T9	
Topical Steroid Combinations		
calcipotriene-betameth diprop external ointment	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
calcipotriene-betameth diprop external suspension	T5	SP (Max of 31 day supply per dispensing)
CLODAN EXTERNAL KIT	T3	
DUOBRII	T9	
ENSTILAR	T9	
hydrocortisone-aloe external cream 0.5 %	T9	
SYNALAR TS	T9	
TACLONEX EXTERNAL OINTMENT	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
WYNZORA	T9	
Type Ii 5-Alpha Reductase Inhibitors		
finasteride oral tablet 1 mg	T9	
PROPECIA	T9	
Vascular Agents		
hair regrowth treatment men external solution	T9	

Medication	Coverage Level	Restrictions
minoxidil for men external solution 2 %	T9	
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
Wound Care - Growth Factor Agents		
REGRANEX	T4	ST; SP (Limited to a 1 month supply per fill)
Wound Care Combinations		
VENELEX	T9	
Wound Dressings		
ATRAPRO HYDROGEL	T9	
AVO CREAM	T9	
BIAFINE	T9	
BIONECT EXTERNAL CREAM	T9	
BIONECT EXTERNAL FOAM	T9	
BIONECT EXTERNAL GEL	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
LUXAMEND	T9	
SONAFINE	T9	
Diagnostic Products		
Diagnostic Biologicals		
APLISOL	T9	
CANDIN	T9	
Diagnostic Tests		
ACCU-CHEK AVIVA PLUS IN VITRO	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)
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
easy talk plus ii test strips	T3	ST; QL (200 strips per 30 Days)
easy trak ii glucose test	T3	ST; QL (200 strips per 30 Days)
FORA 6 CONNECT	T3	ST
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
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)
KETOSTIX	T3	
MICRODOT TEST	T3	ST
ONETOUCH VERIO IN VITRO STRIP	T1	QL (200 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 test strips per 30 Days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
UNISTRIP1 GENERIC	T3	ST; QL (200 strips per 30 days)
Dietary Products/Dietary Management Products		
****Dietary Management Product Combinations******		
ENLYTE	T9	
FOLBIC	T9	
FOLTANX	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
l-methylfolate-b6-b12 oral tablet 3-35-2 mg	T9	
METAFOLBIC PLUS	T9	
methaver	T9	
NIVA-FOL	T9	
zyvit	T9	
Digestive Aids		
****Digestive Enzymes******		
CREON	T4	SP (Max day supply up to 31 days.)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
VIOKACE	T5	ST; SP (Max of 31 days per dispensing.)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
Diuretics		
****Carbonic Anhydrase Inhibitors******		
acetazolamide er	T1	
acetazolamide oral	T1	
methazolamide oral	T2	
****Diuretic Combinations******		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
amiloride-hydrochlorothiazide	T1	
MAXZIDE	T3	
MAXZIDE-25	T3	
spironolactone-hctz	T1	
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet	T1	
****Loop Diuretics******		
bumetanide oral	T1	
EDECRIN	T9	
ethacrynic acid oral	T9	
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet	T1	
LASIX	T3	
SOAANZ	T9	
torsemide oral	T1	
****Potassium Sparing Diuretics******		
ALDACTONE	T3	
amiloride hcl oral	T1	
CAROSPIR	T9	
DYRENIUM	T9	
spironolactone oral	T1	
****Thiazides And Thiazide-Like Diuretics******		
chlorthalidone oral tablet 25 mg, 50 mg	T1	
DIURIL	T2	
hydrochlorothiazide oral	T1	
indapamide oral	T1	

Medication	Coverage Level	Restrictions
metolazone	T1	
THALITONE	T9	
Endocrine And Metabolic Agents - Misc.		
****Bisphosphonates******		
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablets per 30 days)
ACTONEL ORAL TABLET 35 MG	T3	
alendronate sodium oral solution	T1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	T1	
ATELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
ibandronate sodium oral	T1	
risedronate sodium oral tablet 150 mg	T1	ST; QL (1 tablets per 30 days)
risedronate sodium oral tablet 30 mg	T4	ST
risedronate sodium oral tablet 35 mg, 5 mg	T1	ST
risedronate sodium oral tablet delayed release	T2	ST
****Calcimimetic Agents******		
cinacalcet hcl	T4	SP (Limited to a 1 month supply per fill)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
****Calcitonins******		
calcitonin (salmon) injection	T9	
calcitonin (salmon) nasal	T1	
MIACALCIN NASAL	T3	
****Carnitine Replenisher - Agents******		
CARNITOR ORAL	T3	
CARNITOR SF	T3	
levocarnitine oral solution	T1	
levocarnitine oral tablet	T1	
levocarnitine sf	T1	
****Corticotropin******		
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
CORTROPHIN	T9	

Medication	Coverage Level	Restrictions
Cortisol Synthesis Inhibitors*		
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (120 Tablets per 30 days)
ISTURISA ORAL TABLET 10 MG, 5 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (60 Tablets per 30 days)
RECORLEV	T9	
Dopamine Receptor Agonists*		
cabergoline	T1	
Gnrh/Lhrh Antagonists*		
cetrorelix acetate	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
ganirelix acetate subcutaneous solution prefilled syringe	T4	ST; SP (Limited to a 1 month supply per fill)
ORILISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
Growth Hormone Receptor Antagonists*		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG, 25 MG, 30 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG	T4	PA; SP (Limited to a 1 month supply per fill)
Growth Hormones*		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T9	
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T9	
HUMATROPE INJECTION CARTRIDGE	T9	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T9	

Medication	Coverage Level	Restrictions
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ( )
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	T9	SP ( )
SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG	T9	SP ( )
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SKYTROFA	T9	
ZOMACTON	T9	
Hereditary Orotic Aciduria Treatment - Agents*		
XURIDEN	T9	
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*		
nitisinone	T9	
NITYR	T9	
ORFADIN	T9	
Homocystinuria Treatment - Agents*		
betaine	T3	
CYSTADANE	T9	
Hyperammonemia Treatment - Agents*		
carglumic acid oral tablet soluble	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Hyperparathyroid Treatment - Vitamin D Analogs*		
calcitriol oral capsule	T1	
calcitriol oral solution	T1	AL
doxercalciferol oral capsule 0.5 mcg, 2.5 mcg	T9	
doxercalciferol oral capsule 1 mcg	T4	SP (Limited to a 1 month supply per fill)
paricalcitol oral	T2	
RAYALDEE	T9	
ROCALTROL	T3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	

Medication	Coverage Level	Restrictions
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	T4	PA; SP (Limited to a 1 month supply per fill)
Leptin Analogues		
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill)
Lhrh/Gnrh Agonist Analog Pituitary Suppressants		
SYNAREL	T9	
Mucopolysaccharidosis Vii (Mps Vii) - Agents		
MEPSEVII	T9	
Natriuretic Peptides		
VOXZOGO	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days)
Non-Steroidal Mineralocorticoid Receptor Antagonists		
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Ovulation Stimulants-Gonadotropins		
chorionic gonadotropin intramuscular	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 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	QL (13500 units per 30 days)
MENOPUR	T2	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T1	
Ovulation Stimulants-Synthetic		
clomiphene citrate oral	T9	
Parathyroid Hormone And Derivatives		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
NATPARA	T5	PA; SP (Limited to a 1 month supply per fill)
teriparatide (recombinant)	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
Phenylketonuria Treatment - Agents*		
JAVYGTOR ORAL PACKET 500 MG	T9	
JAVYGTOR ORAL TABLET	T9	
KUVAN ORAL PACKET	T9	
KUVAN ORAL TABLET	T9	
sapropterin dihydrochloride oral packet	T4	PA; SP (Limited to a 1 month supply per fill)
sapropterin dihydrochloride oral tablet	T4	PA; SP (Limited to a 1 month supply per fill)
Selective Estrogen Receptor Modulators (Serms)*		
EVISTA	T3	
OSPHENA	T9	
raloxifene hcl	T1	
Selective Vasopressin V2-Receptor Antagonists*		
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill)
tolvaptan	T4	PA; SP (Limited to a 1 month supply per fill)
Somatostatic Agents*		
lanreotide acetate	T4	SP (Limited to a 1 month supply per fill)
MYCAPSSA	T9	
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	SP (Limited to a 1 month supply per fill)
octreotide acetate subcutaneous	T4	SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.6 MG/ML, 0.9 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill)
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
Urea Cycle Disorder - Agents*		
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
PHEBURANE	T9	
sodium phenylbutyrate oral powder 3 gm/tsp	T4	PA; SP (Limited to a 1 month supply per fill)
sodium phenylbutyrate oral tablet	T4	PA; SP (Limited to a 1 month supply per fill)
Vasopressin*		
DDAVP ORAL	T3	
desmopressin ace spray refrig	T2	ST; QL (10 ML per 30 days)
desmopressin acetate oral tablet 0.1 mg	T1	QL (180 tablets per 30 days)
desmopressin acetate oral tablet 0.2 mg	T1	
desmopressin acetate spray	T2	ST; QL (10 ML per 30 days)
NOCDURNA	T9	
STIMATE	T4	SP (Limited to a 1 month supply per fill)
Estrogens*		
Estrogen & Androgen*		
COVARYX	T9	
COVARYX HS	T9	
est estrogens-methyltest ds	T9	
est estrogens-methyltest hs	T9	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T9	
Estrogen & Progestin*		
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	
ANGELIQ	T3	ST
BIJUVA	T9	
CLIMARA PRO	T9	
COMBIPATCH	T2	
estradiol-norethindrone acet oral tablet 1-0.5 mg	T1	
FEMHRT	T3	
JINTELI	T1	
MIMVEY	T1	
norethindrone-eth estradiol	T1	
PREFEST	T3	
PREMPHASE	T2	

Medication	Coverage Level	Restrictions
PREMPRO	T2	
Estrogen-Progestin-Gnrh Antagonist*		
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
Estrogens*		
ALORA	T2	
CLIMARA	T9	
DELESTROGEN	T3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1	
ELESTRIN	T3	
ESTRACE ORAL	T3	
estradiol implant pellet 6 mg	T9	
estradiol oral	T1	
estradiol transdermal patch twice weekly	T1	
estradiol transdermal patch weekly	T1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T2	
ESTROGEL	T2	QL (50 GM per 31 days)
EVAMIST	T2	
LYLLANA	T1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MINIVELLE	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
VIVELLE-DOT	T3	
Estrogen-Selective Estrogen Receptor Modulator Comb*		
DUAVEE	T3	QL (30 tablets per 30 days)
Fluoroquinolones*		
Fluoroquinolones*		
BAXDELA	T9	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	

Medication	Coverage Level	Restrictions
ciprofloxacin hcl oral	T1	
LEVAQUIN ORAL TABLET 250 MG, 750 MG	T3	
levofloxacin oral	T1	
moxifloxacin hcl oral	T1	
ofloxacin oral tablet 300 mg, 400 mg	T1	
Gastrointestinal Agents - Misc.		
****5-Ht4 Receptor Agonists*****		
MOTEGRITY	T3	ST; QL (30 tablets per 30 days)
****Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists*****		
TRULANCE	T2	QL (30 tablets per 30 days)
****Gallstone Solubilizing Agents*****		
RELTONE	T9	
URSO 250	T3	
URSO FORTE	T3	
ursodiol oral capsule 200 mg, 400 mg	T9	
ursodiol oral capsule 300 mg	T2	
ursodiol oral tablet	T2	
****Gastrointestinal Antiallergy Agents*****		
cromolyn sodium oral	T3	
GASTROCROM	T3	
****Gastrointestinal Chloride Channel Activators*****		
AMITIZA	T3	ST; QL (60 capsules per 30 days)
lubiprostone	T3	ST; QL (60 capsules per 30 Days)
****Gastrointestinal Stimulants*****		
GIMOTI	T9	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet	T1	
metoclopramide hcl oral tablet dispersible	T3	ST
REGLAN ORAL	T3	
****Ibs Agent - 5-Ht4 Receptor Partial Agonists*****		
ZELNORM	T3	ST; QL (60 tablets per 30 Days)
****Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*****		
LINZESS	T2	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
lbs Agent - Mu-Opioid Receptor Agonists*		
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
lbs Agent - Selective 5-Ht3 Receptor Antagonists*		
alosetron hcl	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
LOTRONEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
lbs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor*		
IBSRELA	T9	
Ileal Bile Acid Transporter (Ibat) Inhibitors*		
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
LIVMARLI	T9	
Inflammatory Bowel Agents*		
APRISO	T3	QL (120 capsules per 30 days)
ASACOL HD	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
balsalazide disodium	T1	
CANASA	T5	SP (Max day supply up to 31 days.)
COLAZAL	T5	SP (Max day supply up to 31 days.)
DELZICOL	T3	QL (180 capsules per 30 days)
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
LIALDA	T3	QL (120 tablets per 30 days)
mesalamine er oral capsule extended release	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
mesalamine er oral capsule extended release 24 hour	T3	QL (120 capsules per 30 days)
mesalamine oral capsule delayed release	T3	SP ( ); QL (180 capsules per 30 days)
mesalamine oral tablet delayed release 1.2 gm	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
mesalamine oral tablet delayed release 800 mg	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
mesalamine rectal enema	T1	
mesalamine rectal suppository	T5	SP (Limited to a 1 month supply per fill)
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
ROWASA RECTAL	T3	
SFROWASA	T3	QL (30 bottles per 30 days)
sulfasalazine oral	T1	
****Intestinal Acidifiers******		
enulose	T1	
generlac	T1	
****Peripheral Opioid Receptor Antagonists******		
MOVANTIK	T3	ST; QL (30 tablets per 30 days)
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
SYMPROIC	T3	ST; QL (30 tablets per 30 days)
****Phosphate Binder Agents******		
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
calcium acetate (phos binder) oral capsule	T1	
FOSRENOL ORAL PACKET	T5	SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
lanthanum carbonate oral tablet chewable 1000 mg	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
lanthanum carbonate oral tablet chewable 500 mg	T4	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
lanthanum carbonate oral tablet chewable 750 mg	T4	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
PHOSLO	T3	
PHOSLYRA	T3	ST
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
RENVELA ORAL PACKET 0.8 GM	T9	
RENVELA ORAL PACKET 2.4 GM	T5	SP (Limited to a 1 month supply per fill)
RENVELA ORAL TABLET	T9	
sevelamer carbonate oral packet	T5	SP (Limited to a 1 month supply per fill)
sevelamer carbonate oral tablet	T2	QL (510 tablets per 30 days)
sevelamer hcl	T4	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELPHORO	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
Tumor Necrosis Factor Alpha Blockers*		
AVSOLA	T9	
REMICADE	T9	
General Anesthetics*		
Anesthetics - Misc.*		
ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	T9	
Genitourinary Agents - Miscellaneous*		
5-Alpha Reductase Inhibitors*		
AVODART	T3	
dutasteride oral	T1	QL (30 capsules per 30 days)
finasteride oral tablet 5 mg	T1	
PROSCAR	T3	
Alpha 1-Adrenoceptor Antagonists*		
alfuzosin hcl er	T1	
CARDURA XL	T3	ST
FLOMAX	T3	
RAPAFLO	T3	ST

Medication	Coverage Level	Restrictions
silodosin	T2	ST
tamsulosin hcl	T1	
UROXATRAL	T3	
Citrates		
cytra k crystals	T1	
cytra-2	T9	
CYTRA-3	T9	
cytra-k	T9	
ORACIT	T3	
pot & sod cit-cit ac	T1	
potassium citrate er	T1	
potassium citrate-citric acid oral solution	T1	
sod citrate-citric acid	T1	
tricitrates	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
Cystinosis Agents		
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
Genitourinary Irrigants		
sodium chloride irrigation solution 0.9 %	T1	
Interstitial Cystitis Agents		
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
Prostatic Hypertrophy Agent Combinations		
dutasteride-tamsulosin hcl	T2	ST
ENTADFI	T9	
JALYN	T3	ST
Urinary Analgesics		
phenazopyridine hcl oral tablet 100 mg, 200 mg	T1	
PYRIDIUM	T3	
Urinary Stone Agents		
LITHOSTAT	T9	
THIOLA	T9	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
tiopronin oral	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
Gout Agents		
****Gout Agent Combinations******		
colchicine-probenecid	T1	
****Gout Agents******		
allopurinol oral tablet 100 mg, 300 mg	T1	
allopurinol oral tablet 200 mg	T9	
colchicine oral	T1	QL (120 capsules per 30 days)
COLCRYS	T9	
febuxostat	T1	QL (30 tablets per 30 days)
GLOPERBA	T9	
MITIGARE	T9	
ULORIC	T3	QL (30 tablets per 30 days)
ZYLOPRIM	T3	
****Uricosurics******		
probenecid oral	T1	
Hematological Agents - Misc.		
****Antihemophilic Products******		
ADVATE	T4	SP (Limited to a 1 month supply per fill)
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	T5	SP (Limited to a 1 month supply per fill)
BENEFIX INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
KOATE	T4	SP (Limited to a 1 month supply per fill)
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
rixubis	T5	SP (Limited to a 1 month supply per fill); AL
SEVENFACT	T4	SP (Limited to a 1 month supply per fill)
Bradykinin B2 Receptor Antagonists*		
FIRAZYR	T9	SP ( )
icatibant acetate	T5	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL
SAJAZIR	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 1 fill); AL
C1 Esterase Inhibitors*		
RUCONEST	T9	
Complement C3 Inhibitors*		
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
Complement C5a Receptor Inhibitors*		
TAVNEOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
Direct-Acting P2y12 Inhibitors*		
BRILINTA	T2	
Hematorheologic Agents*		
pentoxifylline er	T1	
Human Protein C*		
CEPROTIN	T3	
Phosphodiesterase Iii Inhibitors*		
cilostazol	T1	
Plasma Kallikrein Inhibitors*		
KALBITOR	T5	PA; SP (Limited to a 1 month supply per fill); AL
Platelet Aggregation Inhibitor Combinations*		
aspirin-dipyridamole er	T1	
YOSPRALA	BE	
Platelet Aggregation Inhibitors*		
dipyridamole oral	T1	
DURLAZA	T9	

Medication	Coverage Level	Restrictions
Protease-Activated Receptor-1 (Par-1) Antagonists*		
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
Pyruvate Kinase Activators*		
PYRUKYND	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
PYRUKYND TAPER PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Quinazoline Agents*		
AGRYLIN	T3	
anagrelide hcl	T1	
Spleen Tyrosine Kinase (Syk) Inhibitors*		
TAVALISSE	T9	
Thienopyridine Derivatives*		
clopidogrel bisulfate oral	T1	
EFFIENT	T3	QL (31 tablets per 31 days)
PLAVIX ORAL TABLET 75 MG	T3	
prasugrel hcl	T1	QL (31 tablets per 31 days)
Hematopoietic Agents*		
Agents For Gaucher Disease*		
miglustat	T5	PA; SP (Limited to a 1 month supply per fill)
ZAVESCA	T9	
Amino Acids*		
ENDARI	T9	
Cobalamin Combinations*		
FOLTRATE	T9	
neurin-sl	T9	
Cobalamins*		
cyanocobalamin injection solution 1000 mcg/ml	T1	
NASCOBAL	T9	
Cytotoxic Agents*		
DROXIA	T3	
SIKLOS	T9	
Erythropoiesis-Stimulating Agents (Esas)*		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill)
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
Folic Acid/Folate Combinations		
bp vit 3	T9	
CIFEREX	T9	
fabb	T9	
folbee	T9	
folic acid-vit b6-vit b12	T9	
FOLIXAPURE	T9	
folplex 2.2	T9	
FOLTABS 800	T3	PV; AL
ortho df	T9	
revesta	T9	
VIRT-GARD	T9	
Folic Acid/Folates		
cvs folic acid oral tablet 800 mcg	T1	PV; AL
folic acid oral capsule	T9	
folic acid oral tablet 1 mg	T1	
folic acid oral tablet 400 mcg, 800 mcg	T1	PV; AL
gnp folic acid	T1	PV; AL
ra folic acid	T1	PV; AL
sm folic acid	T1	PV; AL
Granulocyte Colony-Stimulating Factors (G-Csf)		
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 dayss)
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	

Medication	Coverage Level	Restrictions
releuko injection solution 480 mcg/1.6ml	T5	
releuko subcutaneous	T5	
UDENYCA	T9	
ZIEXTENZO	T9	
Hemoglobin S (Hbs) Polymerization Inhibitors*		
OXBRYTA	T9	
Iron Combinations*		
active fe	T9	
CENTRATEX	T9	
CORVITA 150	T9	
CORVITE 150	T9	
corvite fe	T9	
fe c tab plus	T9	
FERIVAFA	T9	
ferocon	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FERROCITE PLUS ORAL TABLET	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
hematinic plus vit/minerals	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
HEMOCYTE PLUS	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
NEPHRON FA	T9	
NUFERA	T9	
poly-iron 150 forte	T9	
purevit dualfe plus	T9	
se-tan plus	T9	

Medication	Coverage Level	Restrictions
taron forte	T9	
tl-hem 150	T9	
TRICON	T9	
trigels-f forte	T9	
Iron W/ Folic Acid*		
FOLIVANE-F	T9	
hematinic/folic acid	T9	
HEMOCYTE-F ORAL TABLET	T9	
INTEGRA F	T9	
PROFERRIN-FORTE	T9	
Iron*		
ACCRUFER	T4	PA; SP (Limited to a one month supply per fill); QL (60 capsules per 30 days)
BPROTECTED PEDIA IRON	T1	PV; AL
FERREX 150	T9	
ferrous sulfate oral solution 75 (15 fe) mg/ml	T1	PV; AL
iron supplement childrens	T1	PV; AL
pc pediatric iron drops	T1	PV; AL
POLY-IRON 150	T9	
wee care	T1	PV; AL
Iron-B12-Folate*		
FERIVA 21/7	T9	
FERRALET 90	T9	
ferraplus 90	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 28 ORAL	T9	
Thrombopoietin (Tpo) Receptor Agonists*		
DOPTELET ORAL TABLET 20 MG	T9	
MULPLETA	T9	
Hemostatics*		
Hemostatic Combinations - Topical*		
GELFOAM-JMI SPONGE	T9	
Hemostatics - Systemic*		
AMICAR ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
AMICAR ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
aminocaproic acid oral solution	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
aminocaproic acid oral tablet	T4	SP (Limited to a 1 month supply per fill)
LYSTEDA	T3	
tranexamic acid oral	T1	
Hemostatics - Topical*		
GELFOAM COMPRESSED SIZE 100	T9	
Hypnotics/Sedatives/Sleep Disorder Agents*		
Barbiturate Hypnotics*		
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
Benzodiazepine Hypnotics*		
estazolam	T1	QL (30 tablets per 30 days); AL
flurazepam hcl	T1	QL (30 capsules per 30 days); AL
HALCION	T3	QL (60 tablets per 30 days); AL
midazolam hcl oral	T1	
quazepam	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL
temazepam oral capsule 15 mg, 30 mg	T1	QL (30 capsules per 30 days); AL
temazepam oral capsule 22.5 mg, 7.5 mg	T9	
triazolam oral tablet 0.125 mg	T1	QL (30 tablets per 30 days); AL
triazolam oral tablet 0.25 mg	T1	QL (60 tablets per 30 days); AL
Hypnotics - Tricyclic Agents*		
doxepin hcl oral tablet	T2	ST; QL (30 tablets per 30 days)
SILENOR	T3	ST; QL (31 tablets per 31 days)
Non-Benzodiazepine - Gaba-Receptor Modulators*		
AMBIEN	T3	QL (30 tablets per 30 days); AL
AMBIEN CR	T3	QL (30 tablets per 30 days); AL
EDLUAR	T9	
eszopiclone	T1	QL (30 tablets per 30 days); AL
LUNESTA	T3	QL (30 tablets per 30 days); AL
zaleplon	T1	QL (30 capsules per 30 days); AL
zolpidem tartrate er	T1	QL (30 tablets per 30 days); AL
zolpidem tartrate oral	T1	QL (30 tablets per 30 days); AL
zolpidem tartrate sublingual	T9	
ZOLPIMIST	T9	
Orexin Receptor Antagonists*		
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL
DAYVIGO	T3	ST; QL (30 Tablets per 30 days); AL

Medication	Coverage Level	Restrictions
QUVIVIQ	T9	
Selective Melatonin Receptor Agonists*		
HETLIOZ	T5	PA; SP (Limited to a 1 month supply per fill)
HETLIOZ LQ	T9	
ramelteon	T1	QL (30 tablets per 30 days); AL
ROZEREM	T3	QL (30 tablets per 30 days); AL
Laxatives		
Bowel Evacuant Combinations*		
CLENPIQ	T3	
GAVILYTE-G	T1	PV
GAVILYTE-N WITH FLAVOR PACK	T1	PV
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	T3	
MOVIPREP	T3	
na sulfate-k sulfate-mg sulf	T3	
NULYTELY LEMON-LIME	T3	
peg 3350-kcl-na bicarb-nacl	T1	PV
peg-3350/electrolytes	T1	PV
peg-3350/electrolytes/ascorbat	T1	PV
PEG-PREP	T1	PV
PLENVU	T3	PA; QL (60 granules per 30 days)
SUPREP BOWEL PREP KIT	T3	
SUTAB	T9	
Laxatives - Miscellaneous*		
CLEARLAX ORAL PACKET	T9	
CLEARLAX ORAL POWDER	T3	PV
CVS PURELAX ORAL POWDER	T3	PV
EQL CLEARLAX	T3	PV
gavilax	T9	
gentlelax oral powder	T9	
GLYCOLAX	T9	
GNP CLEARLAX ORAL PACKET	T9	
GNP CLEARLAX ORAL POWDER	T3	PV
GOODSENSE CLEARLAX	T3	PV
HM CLEARLAX ORAL POWDER	T3	PV
KRISTALOSE	T9	
lactulose oral packet	T9	
lactulose oral solution 10 gm/15ml	T1	

Medication	Coverage Level	Restrictions
laxative polyethylene glycol	T3	PV
MIRALAX ORAL POWDER	T9	
peg 3350 oral powder	T9	
polyethylene glycol 3350 oral packet	T9	
polyethylene glycol 3350 oral powder	T3	PV
qc natura-lax	T3	PV
SM CLEARLAX	T3	PV
SMOOTH LAX ORAL PACKET	T9	
SMOOTH LAX ORAL POWDER	T3	PV
SW CLEARLAX	T9	
TGT POWDERLAX ORAL PACKET 17 GM	T9	
TGT POWDERLAX ORAL POWDER	T3	PV
Saline Laxative Mixtures*		
oral saline laxative kit	T3	PV
OSMOPREP	T3	
phosphate laxative oral solution 2.7-7.2 gm/15ml	T3	PV
Saline Laxatives*		
citrate of magnesia oral solution	T3	PV
CITROMA	T3	PV
cvs magnesium citrate oral solution	T3	PV
cvs milk of magnesia oral suspension 400 mg/5ml	T3	PV
DULCOLAX ORAL SUSPENSION	T3	PV
eq magnesium citrate	T3	PV
eql magnesium citrate	T3	PV
eql milk of magnesia oral suspension 400 mg/5ml	T3	PV
gnp milk of magnesia	T3	PV
goodsense milk of magnesia	T3	PV
hm magnesium citrate	T3	PV
hm milk of magnesia	T3	PV
magnesium citrate oral solution	T3	PV
milk of magnesia oral suspension 400 mg/5ml	T3	PV
qc magnesium citrate	T3	PV
qc milk of magnesia	T3	PV
ra milk of magnesia oral suspension	T3	PV
sm magnesium citrate	T3	PV
sm milk of magnesia oral suspension 400 mg/5ml	T3	PV
Stimulant Laxatives*		
bisacodyl ec	T3	PV
bisacodyl rectal	T9	

Medication	Coverage Level	Restrictions
cvs bisacodyl oral	T3	PV
gnp laxative oral	T3	PV
hm laxative oral	T3	PV
laxative oral tablet delayed release	T9	
ra laxative oral tablet delayed release	T3	PV
Surfactant Laxatives*		
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
Macrolides*		
Azithromycin*		
azithromycin oral suspension reconstituted	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
Clarithromycin*		
clarithromycin er	T1	
clarithromycin oral	T1	
Erythromycins*		
E.E.S. 400 ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T4	SP (Limited to a 1 month supply per fill)
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB	T4	SP (Limited to a 1 month supply per fill)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)
erythromycin base oral	T4	SP (Limited to a 1 month supply per fill)
erythromycin ethylsuccinate oral	T4	SP (Limited to a 1 month supply per fill)
Fidaxomicin*		
DIFICID ORAL TABLET	T5	ST; SP (Limited to a 1 month supply per fill); QL (20 tablets per 30 days)

Medication	Coverage Level	Restrictions
Medical Devices And Supplies		
****Blood Pressure Devices******		
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
adult blood pressure cuff lg	T2	QL (1 monitor per 2 years)
blood pressure monitor	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
self-taking blood pressure kit	T2	QL (2 EA per 730 days)
****Cervical Caps******		
FEMCAP	T3	PV
****Condoms - Female******		
FC2 FEMALE CONDOM	T3	PV
****Condoms - Male******		
aimsco lubricated	T3	PV
condoms	T3	PV
DUREX REALFEEL	T3	PV
FANTASY LUBRICATED	T3	PV
kimono	T3	PV
kimono micro thin	T3	PV
TRUSTEX LUBRICATED	T3	PV
TRUSTEX NON-LUBRICATED	T3	PV
TRUSTEX RIA LUBRICATED	T3	PV
TRUSTEX RIA NON-LUBRICATED	T3	PV
****Diaphragms******		
CAYA	T3	PV
WIDE-SEAL DIAPHRAGM 60	T3	PV
WIDE-SEAL DIAPHRAGM 65	T3	PV
WIDE-SEAL DIAPHRAGM 70	T3	PV
WIDE-SEAL DIAPHRAGM 75	T3	PV
WIDE-SEAL DIAPHRAGM 80	T3	PV
WIDE-SEAL DIAPHRAGM 85	T3	PV
WIDE-SEAL DIAPHRAGM 90	T3	PV
WIDE-SEAL DIAPHRAGM 95	T3	PV
****Glucose Monitoring Test Supplies******		
ACCU-CHEK FASTCLIX LANCET	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T2	
CARETOUCH CONTROL SOL LEVEL 2	T3	
DEXCOM G6 RECEIVER	T2	QL (1 receiver per 365 days)
DEXCOM G6 SENSOR	T2	QL (1 box per 30 days)
DEXCOM G6 TRANSMITTER	T2	QL (1 transmitter per 90 days)
easy talk control in vitro solution high , low	T3	

Medication	Coverage Level	Restrictions
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE LIBRE 14 DAY READER	T2	QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	QL (3 sensors per 30 days)
FREESTYLE LIBRE 2 READER	T2	QL (2 kits per 28 days)
FREESTYLE LIBRE 2 SENSOR	T2	QL (3 sensors per 30 days)
freestyle libre 3 sensor	T2	QL (3 sensors per 30 days)
HYPOLANCE AST LANCING	T2	
PIP GLUCOSE CONTROL SOLUTION	T3	
VIVAGUARD INO CONTROL SOLUTION	T3	
Insulin Administration Supplies*		
OMNIPOD 5 G6 POD (GEN 5)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
Needles & Syringes*		
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
INPEN 100-BLUE-LILLY-HUMALOG	T9	
INPEN 100-BLUE-NOVOLOG-FIASP	T9	
INPEN 100-GREY-LILLY-HUMALOG	T9	
INPEN 100-GREY-NOVOLOG-FIASP	T9	
INPEN 100-PINK-LILLY-HUMALOG	T9	
INPEN 100-PINK-NOVOLOG-FIASP	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
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	

Medication	Coverage Level	Restrictions
Spacer/Aerosol-Holding Chambers & Supplies*		
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)
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)
OPTICHAMBER DIAMOND	T2	
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*		
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UBRELVY	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
Cgrp Receptor Antagonists - Monocolonal Antibodies*		
AIMOVIG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 30 days); AL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL
EMGALITY (300 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL
Ergot Combinations*		
CAFERGOT	T9	

Medication	Coverage Level	Restrictions
ergotamine-caffeine	T3	QL (40 tablets per 30 days)
MIGERGOT	T9	
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors*		
ELYXYB	T9	
Migraine Products - Nsaids*		
CAMBIA	T9	
Migraine Products*		
dihydroergotamine mesylate injection	T9	
dihydroergotamine mesylate nasal	T1	
ERGOMAR	T3	
MIGRANAL	T9	
TRUDHESA	T9	
Selective Serotonin Agonist-Nsaid Combinations*		
sumatriptan-naproxen sodium	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
Selective Serotonin Agonists 5-Ht(1)*		
almotriptan malate	T3	ST; QL (12 tablets per 30 days)
AMERGE	T3	QL (12 tablets per 30 days)
eletriptan hydrobromide	T9	
FROVA	T9	
frovatriptan succinate	T9	
IMITREX NASAL SOLUTION 20 MG/ACT	T3	QL (2 units per 30 days)
IMITREX NASAL SOLUTION 5 MG/ACT	T3	QL (4 units per 30 days)
IMITREX ORAL	T3	QL (18 tablets per 31 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	T3	QL (6 ML per 31 days)
MAXALT ORAL TABLET 10 MG	T3	QL (12 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T3	QL (12 tablets per 30 days)
naratriptan hcl	T1	QL (12 EA per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
rizatriptan benzoate	T1	QL (12 tablets per 30 days)

Medication	Coverage Level	Restrictions
sumatriptan nasal	T3	QL (8 units per 30 days)
sumatriptan succinate oral	T1	QL (12 tablets per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml	T9	
sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml	T1	QL (8 cartridges per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T1	QL (3 ML per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	T9	
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	T3	QL (8 pens per 30 days)
TOSYMRA	T9	
ZEMBRACE SYMTOUCH	T9	
zolmitriptan nasal	T3	ST; QL (12 units per 30 days)
zolmitriptan oral	T2	QL (12 tablets per 30 days)
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T3	QL (12 tablets per 30 days)
Selective Serotonin Agonists 5-Ht(1F)*		
REYVOW	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)
Minerals & Electrolytes*		
Calcium Combinations*		
calcium-folic acid plus d	T9	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T9	
Fluoride Combinations*		
FLORIVA ORAL LIQUID	T9	
Fluoride*		
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	
sodium fluoride oral tablet chewable	T1	
Phosphate*		
K-PHOS-NEUTRAL	T9	
phos-nak	T9	
PHOSPHA 250 NEUTRAL	T9	
virt-phos 250 neutral	T9	
Potassium*		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	
KLOR-CON 10	T1	
KLOR-CON M10	T1	

Medication	Coverage Level	Restrictions
KLOR-CON M15	T1	
KLOR-CON M20	T1	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
potassium chloride crys er oral tablet extended release 15 meq, 20 meq	T1	
potassium chloride er oral capsule extended release	T1	
potassium chloride er oral tablet extended release 10 meq, 8 meq	T1	
potassium chloride oral packet	T9	
potassium chloride oral solution 20 meq/15ml (10%)	T3	
potassium chloride oral solution 40 meq/15ml (20%)	T4	SP (Limited to a 1 month supply per fill)
Zinc*		
GALZIN	T9	
zinc sulfate oral capsule 220 (50 zn) mg	T9	
Miscellaneous Therapeutic Classes		
Antileprotics*		
THALOMID	T4	SP (Max of 31 days per dispensing.)
Chelating Agents*		
CUPRIMINE ORAL CAPSULE 250 MG	T9	
DEPEN TITRATABS	T9	
d-penamine	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
penicillamine oral capsule	T9	
penicillamine oral tablet	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
SYPRINE	T9	
trientine hcl	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)

Medication	Coverage Level	Restrictions
Cyclosporine Analogs		
cyclosporine modified oral capsule 100 mg, 25 mg	T4	SP (Limited to a 1 month supply per fill)
cyclosporine modified oral capsule 50 mg	T1	
cyclosporine modified oral solution	T1	
cyclosporine oral capsule	T1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
NEORAL	T3	
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T3	
Farnesyltransferase Inhibitors		
ZOKINVY	T9	
Fecal Incontinence Bulking Agent - Combinations		
SOLESTA	T3	
Immunomodulators For Myelodysplastic Syndromes		
lenalidomide	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 20 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 25 MG, 5 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
Inosine Monophosphate Dehydrogenase Inhibitors		
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL
CELLCEPT ORAL TABLET	T3	
mycophenolate mofetil oral capsule	T1	
mycophenolate mofetil oral suspension reconstituted	T1	AL
mycophenolate mofetil oral tablet	T1	
mycophenolate sodium oral tablet delayed release 180 mg	T3	QL (240 tablets per 30 days)
mycophenolate sodium oral tablet delayed release 360 mg	T3	QL (120 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
Macrolide Immunosuppressants*		
ASTAGRAF XL	T3	ST
ENVARSUS XR	T3	ST
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T4	SP (Limited to a 1 month supply per fill)
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
sirolimus oral	T4	SP (Limited to a 1 month supply per fill)
tacrolimus oral	T1	
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib*		
VIJOICE	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tabelts per 28 days)
Potassium Removing Agents*		
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
sodium polystyrene sulfonate oral powder	T1	
SPS	T1	
VELTASSA ORAL PACKET 16.8 GM	T5	ST; SP (Limited to a one month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 25.2 GM	T5	ST; SP (Limited to a one month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a one month supply per fill); QL (30 Packets per 30 days)
Purine Analogs*		
AZASAN	T9	
azathioprine oral tablet 100 mg, 75 mg	T9	
azathioprine oral tablet 50 mg	T1	
IMURAN	T3	

Medication	Coverage Level	Restrictions
Rock Inhibitors*		
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Mouth/Throat/Dental Agents*		
Anesthetics Topical Oral - Combinations*		
FIRST-MOUTHWASH BLM	T2	
Anesthetics Topical Oral*		
lidocaine viscous	T1	
Anti-Infectives - Throat*		
clotrimazole mouth/throat troche	T1	
nystatin mouth/throat	T1	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
Antiseptics - Mouth/Throat*		
chlorhexidine gluconate mouth/throat	T1	
PERIDEX	T3	
Dental Products - Combinations*		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
sodium fluoride 5000 sensitive dental gel	T1	
Dry Mouth Agents And Artificial Saliva*		
MUCOSITISRX	T9	
Fluoride Dental Products*		
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
JUST RIGHT 5000 DENTAL PASTE	T3	
PREVIDENT	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
sf	T1	
sf 5000 plus	T1	
sodium fluoride 5000 plus	T1	
sodium fluoride 5000 ppm dental gel	T1	
sodium fluoride 5000 ppm dental paste	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride mouth/throat	T1	
Protectants - Mouth/Throat*		
GELCLAIR	T9	
MUGARD	T9	
ORAMAGICRX	T9	

Medication	Coverage Level	Restrictions
Saliva Stimulants*		
cevimeline hcl	T1	QL (90 capsules per 30 days)
EVOXAC	T2	QL (90 capsules per 30 days)
pilocarpine hcl oral	T1	QL (120 tablets per 30 days)
SALAGEN	T3	
Steroids - Mouth/Throat/Dental*		
ORALONE	T3	
triamcinolone acetonide mouth/throat	T1	
Multivitamins*		
B-Complex W/ C & Folic Acid*		
DIALYVITE	T9	
DIALYVITE 800 ORAL TABLET	T3	PV; AL
folbee plus	T9	
full spectrum b/vitamin c	T3	PV; AL
MYNEPHRON	T9	
NEPHRO-VITE RX	T9	
RENAL ORAL CAPSULE	T9	
rena-vite	T3	PV; AL
rena-vite rx	T9	
reno caps	T9	
triphrocaps	T9	
virt-caps	T9	
vp-vite rx	T9	
B-Complex W/ C-Biotin-D-Zinc & Folic Acid*		
VITAL-D RX	T9	
B-Complex W/ C-Biotin-E-Minerals & Folic Acid*		
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
B-Complex W/ C-Biotin-Fe & Folic Acid*		
DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG	T9	
B-Complex W/ C-Biotin-Minerals & Folic Acid*		
FOLBEE PLUS CZ	T9	
B-Complex W/ C-Zn & Folic Acid*		
DIALYVITE/ZINC	T9	
NEPHPLEX RX	T9	
B-Complex W/ Folic Acid*		
b complex formula 1 (w/ fa)	T3	PV; AL

Medication	Coverage Level	Restrictions
kobee	T3	PV; AL
B-Complex W/ Lysine-Zn & Folic Acid*		
SUPERVITE	T9	
B-Complex W/Biotin & Folic Acid*		
ra balanced b-100	T3	PV; AL
SUPER QUINTS B-50	T3	PV; AL
Iron W/ Vitamins*		
VITAFOL ORAL TABLET	T9	
Multiple Vitamins W/ Iron*		
stress formula/iron	T3	PV
Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid*		
QUFLORA FE	T9	
Multiple Vitamins W/ Minerals*		
BACMIN	T9	
LYSIPLEX PLUS ORAL TABLET	T9	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
v-c forte	T9	
VIC-FORTE	T9	
Niacinamide W/ Zinc-Copper & Folic Acid*		
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
Ped Mv W/ Fluoride*		
FLORIVA PLUS	T9	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T1	AL
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
Ped Vitamins Acd & Fa W/ Fluoride*		
TRI-VI-FLOR	T9	
Pediatric Multiple Vitamins & Minerals W/ Fluoride*		
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
Prenatal Mv & Min W/Fe-Fa*		
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL RX	T3	

Medication	Coverage Level	Restrictions
classic prenatal	T3	PV
completenate	T9	
cvs prenatal oral tablet 27-0.8 mg	T3	PV
gnp prenatal vitamins	T3	PV
INATAL GT	T9	
kpn prenatal	T3	PV
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
neonatal complete oral tablet 29-1 mg	T9	
NEONATAL PLUS	T9	
NESTABS	T3	
NESTABS DHA	T3	
NIVA-PLUS	T9	
PERRY PRENATAL	T3	PV
pnv tabs 29-1	T1	
pnv-omega	T1	
pnv-select	T1	
prena1 pearl	T1	
PRENATABS RX	T9	
prenatal (w/iron & fa)	T1	PV
prenatal 19 oral tablet 29-1 mg	T3	
prenatal 19 oral tablet chewable 29-1 mg	T1	
prenatal complete	T3	PV
prenatal one daily	T3	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	T1	PV
prenatal plus	T1	
prenatal plus iron	T1	
prenatal plus vitamin/mineral	T3	
PRENATAL-U	T1	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG, 26-0.6-0.4 MG	T3	
PRENATE STAR	T3	
PROVIDA OB	T9	
ra one daily	T3	PV
ra prenatal	T1	PV
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T9	
se-natal 19 oral tablet chewable	T1	QL (30 tablets per 30 days)
TRICARE	T9	

Medication	Coverage Level	Restrictions
TRICARE PRENATAL COMPLEAT	T1	
trinatal rx 1	T1	
TRINATE	T9	
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VINATE ONE	T9	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAPEARL	T3	
Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil*		
NESTABS ABC	T3	
Prenatal Mv & Min W/Fe-Fa-Dha*		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (60 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
cvs prenatal multi+dha	T3	PV
neonatal + dha	T9	
pnv-dha	T1	
pnv-dha+docusate	T1	
prena 1 true	T1	
prenaissance	T1	
prenaissance plus	T1	
prenatal multi +dha oral capsule 27-0.8-250 mg	T3	PV
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PRENATE RESTORE	T3	
TARON-PREX	T9	
tristart dha	T9	
VITAFOL-ONE	T3	
VITATRUE	T3	
Prenatal Vitamins*		
prena1	T1	
PRENATE AM	T3	

Medication	Coverage Level	Restrictions
Musculoskeletal Therapy Agents		
****Articular Cartilage Repair Therapy******		
CARTICEL	T9	
****Central Muscle Relaxants******		
AMRIX	T9	
baclofen oral solution	T9	
baclofen oral tablet	T1	
carisoprodol oral tablet 350 mg	T1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	T9	
chlorzoxazone oral tablet 500 mg	T2	
cyclobenzaprine hcl er	T9	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	
cyclobenzaprine hcl oral tablet 7.5 mg	T9	
FEXMID	T9	
FLEQSUVY	T9	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
LORZONE	T3	ST; QL (120 tablets per 30 days)
LYVISPAH	T9	
metaxalone oral tablet 400 mg	T9	
metaxalone oral tablet 800 mg	T1	ST
methocarbamol oral tablet 1000 mg	T9	
methocarbamol oral tablet 500 mg, 750 mg	T1	
orphenadrine citrate er	T1	
OZOBAX	T9	
SKELAXIN	T9	
SOMA ORAL TABLET 350 MG	T9	
tizanidine hcl oral	T1	
ZANAFLEX	T3	
****Direct Muscle Relaxants******		
DANTRIUM ORAL CAPSULE 25 MG	T3	
dantrolene sodium oral	T1	
****Muscle Relaxant Combinations******		
carisoprodol-aspirin-codeine	T1	
norgesic forte	T9	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T9	

Medication	Coverage Level	Restrictions
Viscosupplements*		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
HYALGAN INTRA-ARTICULAR SOLUTION	T9	
MONOVISC	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
Nasal Agents - Systemic And Topical		
Antihistamine-Steroid*		
azelastine-fluticasone	T1	ST
DYMISTA	T9	
RYALTRIS	T9	
Nasal Anticholinergics*		
ipratropium bromide nasal	T1	
Nasal Antihistamines*		
azelastine hcl nasal solution 0.1 %, 0.15 %	T1	
olopatadine hcl nasal	T2	
PATANASE	T3	
Nasal Steroids*		
BECONASE AQ	T9	
budesonide nasal	T9	
flunisolide nasal solution 25 mcg/act (0.025%)	T9	
fluticasone propionate nasal	T9	
mometasone furoate nasal	T9	
NASACORT ALLERGY 24HR	T3	
OMNARIS	T3	ST
QNASL	T3	ST
QNASL CHILDRENS	T3	ST
SINUVA	T9	
triamcinolone acetonide nasal aerosol	T9	
XHANCE	T9	
ZETONNA	T9	
Systemic Decongestants*		
pseudoephedrine hcl oral tablet 60 mg	T9	
SUDOGEST ORAL TABLET 60 MG	T9	
Topical Decongestants*		
ADRENALIN NASAL	T9	

Medication	Coverage Level	Restrictions
Neuromuscular Agents		
****Benzathiazoles******		
EXSERVAN	T9	
RILUTEK	T9	
riluzole	T1	QL (60 tablets per 30 days)
TIGLUTIK	T9	
****Muscular Dystrophy Agents******		
EXONDYS 51	T9	
VILTEPSO	T9	
****Spinal Muscular Atrophy-Smn2 Splicing Modifiers******		
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
Nutrients		
****Amino Acids-Single******		
l-leucine	T9	
****Lipids******		
DOJOLVI	T9	
Ophthalmic Agents		
****Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb******		
brimonidine-dorzolamide	T9	
SIMBRINZA	T2	
****Artificial Tear Inserts******		
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
****Beta-Blockers - Ophthalmic Combinations******		
brimonidine tartrate-timolol	T1	
COMBIGAN	T9	
COSOPT	T3	
dorzolamide hcl-timolol mal	T1	
****Beta-Blockers - Ophthalmic******		
betaxolol hcl ophthalmic	T2	
BETIMOL	T3	
BETOPTIC-S	T3	ST
carteolol hcl	T1	
ISTALOL	T9	
levobunolol hcl ophthalmic solution 0.5 %	T1	
timolol maleate (once-daily)	T9	
timolol maleate ophthalmic gel forming solution	T2	

Medication	Coverage Level	Restrictions
timolol maleate ophthalmic solution	T1	
timolol maleate pf	T3	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T3	
TIMOPTIC-XE	T3	
Cholinergic Agonists*		
TYRVAYA	T9	
Cycloplegic Mydriatic Combinations*		
CYCLOMYDRIL	T3	
tropicamide-cyclopentolate-pe	T9	
Cycloplegic Mydriatics*		
atropine sulfate ophthalmic solution 1 %	T1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
cyclopentolate hcl ophthalmic	T1	
HOMATROPAIRE	T1	
ISOPTO ATROPINE	T3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T1	
Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag*		
XIIDRA	T2	QL (60 vials per 30 days)
Miotics - Direct Acting*		
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %	T3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
VUITY	T9	
Ophthalmic Antiallergic*		
ALAWAY	T1	
ALOCRIL	T3	ST
ALOMIDE	T2	
azelastine hcl ophthalmic	T1	
bepotastine besilate	T2	ST; QL (5 ML per 30 Days)
BEPREVE	T9	
cromolyn sodium ophthalmic	T1	
epinastine hcl	T1	
ketotifen fumarate ophthalmic	T1	
LASTACAFT	T3	ST; QL (1 bottle per 30 days); AL
olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)

Medication	Coverage Level	Restrictions
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
ZADITOR	T1	
ZERVIATE	T9	
Ophthalmic Antibiotics*		
AZASITE	T3	ST
BESIVANCE	T3	QL (1 bottle per 30 days)
CILOXAN OPHTHALMIC OINTMENT	T3	
ciprofloxacin hcl ophthalmic	T1	
erythromycin ophthalmic	T1	
gatifloxacin ophthalmic	T1	
GENTAK OPHTHALMIC OINTMENT	T1	
gentamicin sulfate ophthalmic solution	T1	
levofloxacin ophthalmic	T1	
moxifloxacin hcl (2x day)	T1	
moxifloxacin hcl ophthalmic solution	T1	
OCUFLOX	T3	
ofloxacin ophthalmic	T1	
tobramycin ophthalmic	T1	
TOBREX OPHTHALMIC OINTMENT	T2	
VIGAMOX	T2	
ZYMAXID	T3	ST
Ophthalmic Antifungal*		
NATACYN	T3	
Ophthalmic Anti-Infective Combinations*		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1	
polymyxin b-trimethoprim	T1	
POLYTRIM	T3	
Ophthalmic Antivirals*		
trifluridine ophthalmic	T1	
ZIRGAN	T3	
Ophthalmic Carbonic Anhydrase Inhibitors*		
AZOPT	T3	
brinzolamide	T2	
dorzolamide hcl ophthalmic	T1	
TRUSOPT	T3	

Medication	Coverage Level	Restrictions
Ophthalmic Decongestant Combinations*		
NAPHCON-A	T9	
Ophthalmic Immunomodulators*		
CEQUA	T9	
cyclosporine ophthalmic	T3	QL (64 vials per 30 days)
RESTASIS	T2	QL (64 vials per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T2	QL (1 bottle per 30 days)
VERKAZIA	T9	
Ophthalmic Irrigation Solutions*		
BSS	T1	
BSS PLUS	T3	
Ophthalmic Kinase Inhibitors - Combinations*		
ROCKLATAN	T3	ST
Ophthalmic Nonsteroidal Anti-Inflammatory Agents*		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	ST
bromfenac sodium (once-daily)	T2	ST; QL (1.7 ML per 30 days)
BROMSITE	T3	ST; QL (5 ML per 30 days)
diclofenac sodium ophthalmic	T1	
flurbiprofen sodium	T1	
ILEVRO	T3	ST; QL (3 ML per 30 days)
ketorolac tromethamine ophthalmic	T1	
NEVANAC	T3	ST
PROLENSA	T3	ST
Ophthalmic Rho Kinase Inhibitors*		
RHOPRESSA	T3	ST
Ophthalmic Selective Alpha Adrenergic Agonists*		
ALPHAGAN P	T3	
apraclonidine hcl	T1	
brimonidine tartrate ophthalmic solution 0.15 %	T2	
brimonidine tartrate ophthalmic solution 0.2 %	T1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	ST; SP (Limited to a 1 month supply per fill)
Ophthalmic Steroid Combinations*		
bacitra-neomycin-polymyxin-hc	T1	
BLEPHAMIDE	T3	ST

Medication	Coverage Level	Restrictions
BLEPHAMIDE S.O.P.	T3	
MAXITROL	T3	
neomycin-polymyxin-dexameth ophthalmic ointment	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	T1	
PRED-G	T2	
PRED-G S.O.P.	T3	
prednisolone-bromfenac ophthalmic solution	T9	
prednisolon-gatiflox-bromfenac ophthalmic solution	T9	
sulfacetamide-prednisolone ophthalmic solution	T1	
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
tobramycin-dexamethasone	T1	
ZYLET	T3	ST
Ophthalmic Steroids		
ALREX	T3	ST
dexamethasone sodium phosphate ophthalmic	T1	
DEXYCU	T9	
difluprednate	T1	ST
DUREZOL	T3	ST
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
FLAREX	T2	
fluorometholone ophthalmic	T1	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	ST
LOTEMAX OPHTHALMIC GEL	T9	
LOTEMAX OPHTHALMIC OINTMENT	T9	
LOTEMAX OPHTHALMIC SUSPENSION	T3	ST
LOTEMAX SM	T3	ST
loteprednol etabonate	T2	ST
MAXIDEX	T3	
PRED FORTE	T3	
PRED MILD	T3	
prednisolone acetate ophthalmic	T1	
prednisolone sodium phosphate ophthalmic	T1	

Medication	Coverage Level	Restrictions
Ophthalmic Sulfonamides*		
BLEPH-10	T3	
sulfacetamide sodium ophthalmic	T1	
Ophthalmics - Blepharoptosis Agents*		
UPNEEQ	T9	
Ophthalmics - Cystinosis Agents*		
CYSTARAN	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
Prostaglandins - Ophthalmic*		
bimatoprost ophthalmic	T1	
latanoprost ophthalmic	T1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
tafluprost (pf)	T3	
TRAVATAN Z	T3	
travoprost (bak free)	T2	ST
VYZULTA	T9	
XALATAN	T3	
XELPROS	T2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3	
Otic Agents		
Otic Agents - Miscellaneous*		
acetic acid otic	T1	
Otic Anti-Infectives*		
CETRAXAL	T3	
ciprofloxacin hcl otic	T1	
Otic Steroid-Anti-Infective Combinations*		
CIPRO HC	T2	
CIPRODEX	T3	
ciprofloxacin-dexamethasone	T1	
ciprofloxacin-fluocinolone pf	T2	AL
neomycin-polymyxin-hc otic solution 3.5-10000-1	T1	
OTOVEL	T2	AL
Oxytocics*		
Abortifacients/Cervical Ripening - Prostaglandins*		
PREPIDIL	T3	
Oxytocics*		
METHERGINE ORAL	T3	QL (28 tablets per 365 days)
methylergonovine maleate oral	T3	QL (28 tablets per 365 days)

Medication	Coverage Level	Restrictions
Passive Immunizing And Treatment Agents		
****Bacterial Monoclonal Antibodies******		
ZINPLAVA	T9	
Penicillins		
****Aminopenicillins******		
amoxicillin oral capsule	T1	
amoxicillin oral suspension reconstituted	T1	
amoxicillin oral tablet	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
ampicillin oral capsule 500 mg	T1	
****Natural Penicillins******		
penicillin v potassium	T1	
****Penicillin Combinations******		
amoxicillin-pot clavulanate er	T1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	T1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	T1	
amoxicillin-pot clavulanate oral tablet chewable	T1	
AUGMENTIN ORAL TABLET 500-125 MG	T3	
****Penicillinase-Resistant Penicillins******		
dicloxacillin sodium	T1	
Pharmaceutical Adjuvants		
****Semi Solid Vehicles******		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	
Progestins		
****Progestins******		
AYGESTIN	T3	
medroxyprogesterone acetate oral	T1	
megestrol acetate oral suspension 625 mg/5ml	T9	
norethindrone acetate oral	T1	
progesterone intramuscular	T1	
progesterone oral	T1	
PROMETRIUM	T3	
PROVERA	T3	
Psychotherapeutic And Neurological Agents - Misc.		
****Agents For Opioid Withdrawal******		
LUCEMYRA	T9	

Medication	Coverage Level	Restrictions
Alcohol Deterrents		
acamprosate calcium	T1	
disulfiram oral	T1	
Anti-Cataplectic Agents		
XYREM	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
Anti-Cataplectic Combinations		
XYWAV	T9	
Antidementia Agent Combinations		
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL
Benzodiazepines & Tricyclic Agents		
chlordiazepoxide-amitriptyline	T1	
Cholinomimetics - Ache Inhibitors		
ADLARITY	T9	
ARICEPT	T3	
donepezil hcl	T1	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
galantamine hydrobromide	T1	
galantamine hydrobromide er	T1	
RAZADYNE ER	T3	
rivastigmine	T3	QL (30 patches per 30 days)
rivastigmine tartrate	T1	QL (60 capsules per 30 days)
Fibromyalgia Agent - Snris		
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
Movement Disorder Drug Therapy		
tetrabenazine oral tablet 12.5 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
tetrabenazine oral tablet 25 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XENAZINE	T9	
Multiple Sclerosis Agents - Antimetabolites		
MAVENCLAD (10 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)

Medication	Coverage Level	Restrictions
MAVENCLAD (4 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (5 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (6 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (7 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (8 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (9 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
Multiple Sclerosis Agents - Interferons*		
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 kit per 30 days)
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill)
Multiple Sclerosis Agents - Monoclonal Antibodies*		
LEMTRADA	T9	
Multiple Sclerosis Agents - Nrf2 Pathway Activators*		
BAFIERTAM	T9	
dimethyl fumarate oral capsule delayed release 120 mg	T1	SP (Limited to a 1 month supply per fill.)
dimethyl fumarate oral capsule delayed release 240 mg	T1	SP (Limited to a 1 month supply per fill.)
dimethyl fumarate starter pack	T1	SP (Limited to a 1 month supply per fill.)

Medication	Coverage Level	Restrictions
VUMERITY	T9	
Multiple Sclerosis Agents - Potassium Channel Blockers*		
AMPYRA	T9	
dalfampridine er	T5	PA; SP (Limited to a 1 month supply per fill)
Multiple Sclerosis Agents*		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*		
memantine hcl er	T2	QL (30 capsules per 30 days); AL
memantine hcl oral solution 2 mg/ml	T3	QL (300 ML per 30 days); AL
memantine hcl oral tablet 10 mg, 5 mg	T1	QL (60 tablets per 30 days); AL
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	T1	QL (1 tablets per 365 days); AL
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL
NAMENDA TITRATION PAK	T3	QL (1 pack per 365 days); AL
NAMENDA XR	T3	QL (30 capsules per 30 days); AL
Phenothiazines & Tricyclic Agents*		
perphenazine-amitriptyline	T1	
Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents*		
GRALISE ORAL TABLET	T3	PA; QL (90 tablets per 30 days)
LYRICA CR	T9	
pregabalin er	T9	
Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris*		
fluoxetine hcl (pmdd) oral tablet	T9	
Pseudobulbar Affect Agent Combinations*		
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
Psychotherapeutic And Neurological Agents - Misc.*		
ergoloid mesylates oral	T1	
pimozide oral tablet 1 mg	T1	QL (300 tablets per 30 days)
pimozide oral tablet 2 mg	T1	QL (150 tablets per 30 days)
Restless Leg Syndrome (Rls) Agents*		
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)

Medication	Coverage Level	Restrictions
Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag		
ADDYI	T9	
Smoking Deterrents		
apo-varenicline	T2	PV; QL (60 tablets per 30 Days)
bupropion hcl er (smoking det)	T1	PV
cvs nicotine polacrilex	T1	
cvs nicotine transdermal	T1	
eq nicotine polacrilex mouth/throat gum	T1	PV
gnp nicotine mini	T1	PV
gnp nicotine mouth/throat	T1	PV
goodsense nicotine	T1	PV
hm nicotine	T1	PV
hm nicotine polacrilex	T1	PV
KLS QUIT2	T3	PV
KLS QUIT4	T3	PV
NICODERM CQ	T9	
NICORETTE	T9	
nicotine mini	T1	PV
nicotine polacrilex mouth/throat	T1	PV
nicotine transdermal kit	T3	PV
nicotine transdermal patch 24 hour	T1	PV
NICOTROL	T3	PV; QL (1 box per 30 days)
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
px stop smoking aid mouth/throat lozenge	T3	PV
ra mini nicotine	T1	PV
ra nicotine mouth/throat	T1	PV
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	PV
sm nicotine polacrilex	T1	PV
sm nicotine transdermal	T1	PV
varenicline tartrate oral	T2	PV
varenicline tartrate oral tablet	T2	PV; QL (60 tablets per 30 Days)
varenicline tartrate oral tablet therapy pack	T2	PV
Sphingosine 1-Phosphate (S1p) Receptor Modulators		
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill)
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill)
TASCENSO ODT	T9	

Medication	Coverage Level	Restrictions
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA STARTER KIT	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Thienbenzodiazepines & Opioid Antagonists*		
LYBALVI	T9	
Thienbenzodiazepines & Ssris*		
olanzapine-fluoxetine hcl	T9	
SYMBYAX ORAL CAPSULE 6-25 MG	T9	
Vasomotor Symptom Agents - Ssris*		
BRISDELLE	T9	
paroxetine mesylate	T9	
Respiratory Agents - Misc.*		
Cystic Fibrosis Agent - Combinations*		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
Cystic Fibrosis Agents - Miscellaneous*		
BRONCHITOL	T9	
Pulmonary Fibrosis Agents - Kinase Inhibitors*		
OFEV ORAL CAPSULE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL

Medication	Coverage Level	Restrictions
OFEV ORAL CAPSULE 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL
Pulmonary Fibrosis Agents*		
ESBRIET ORAL CAPSULE	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
ESBRIET ORAL TABLET 267 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
pirfenidone oral tablet 267 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
pirfenidone oral tablet 534 mg	T9	
pirfenidone oral tablet 801 mg	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
Sulfonamides		
Sulfonamides*		
sulfadiazine oral	T2	
Tetracyclines		
Aminomethylcyclines*		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
Fluorocyclines*		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
Tetracyclines*		
ACTICLATE	T9	
demeclocycline hcl oral	T3	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	T9	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	T9	
doxycycline monohydrate oral capsule 100 mg	T1	

Medication	Coverage Level	Restrictions
doxycycline monohydrate oral capsule 150 mg, 75 mg	T9	
doxycycline monohydrate oral suspension reconstituted	T1	
doxycycline monohydrate oral tablet 100 mg, 150 mg	T9	
doxycycline monohydrate oral tablet 50 mg, 75 mg	T1	
LYMEPAK	T9	
MINOCIN ORAL CAPSULE 100 MG	T3	
minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg	T9	
minocycline hcl oral capsule	T1	
minocycline hcl oral tablet 100 mg	T9	
minocycline hcl oral tablet 50 mg, 75 mg	T1	
MINOLIRA	T9	
MONDOXYNE NL ORAL CAPSULE 100 MG	T9	
SEYSARA	T9	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
TARGADOX	T9	
tetracycline hcl oral	T3	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
Thyroid Agents		
****Antithyroid Agents******		
methimazole oral	T1	
propylthiouracil oral	T1	
****Thyroid Hormones******		
ARMOUR THYROID	T2	
CYTOMEL	T2	
ERMEZA	T9	
EUTHYROX	T3	
LEVO-T	T3	
levothyroxine sodium intravenous solution reconstituted 100 mcg	T3	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
levothyroxine sodium intravenous solution reconstituted 500 mcg	T5	SP (Limited to a 1 month supply per fill)
levothyroxine sodium oral capsule	T9	
levothyroxine sodium oral tablet	T1	
LEVOXYL	T1	
liothyronine sodium oral	T1	
NP THYROID	T1	
SYNTHROID	T3	
THYQUIDITY	T9	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
UNITHROID	T1	
Toxoids		
****Toxoid Combinations******		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - $0 Copay	PV; QL (1 Dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - $0 Copay	PV; QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (1 dose per 1 lifetime)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6 - $0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION	T6 - $0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV
TDVAX	T6 - $0 Copay	PV
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6 - $0 Copay	PV; QL (1 dose per 10 yearss)
tetanus-diphtheria toxoids td	T6 - $0 Copay	QL (1 dose per 10 years)
VAXELIS	T6 - $0 Copay	PV
Ulcer Drugs/Antispasmodics/Anticholinergics		
****Anticholinergic Combinations******		
belladonna alkaloids-opium rectal suppository 16.2-60 mg	T9	
chlordiazepoxide-clidinium	T2	
DONNATAL	T9	

Medication	Coverage Level	Restrictions
LIBRAX	T9	
pb-hyoscy-atropine-scopolamine oral tablet	T9	
Antispasmodics*		
dicyclomine hcl oral	T1	
Belladonna Alkaloids*		
ANASPAZ	T3	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	T1	
hyoscyamine sulfate er oral tablet extended release 12 hour	T1	
hyoscyamine sulfate oral	T1	
hyoscyamine sulfate sublingual	T1	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
NULEV	T1	
H-2 Antagonists*		
cimetidine hcl oral solution 300 mg/5ml	T9	
cimetidine oral tablet 200 mg	T9	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T1	
famotidine oral suspension reconstituted	T3	
famotidine oral tablet 10 mg, 20 mg	T9	
famotidine oral tablet 40 mg	T3	
nizatidine	T9	
PEPCID ORAL TABLET	T9	
Misc. Anti-Ulcer*		
CARAFATE	T3	ST
sucralfate oral suspension	T2	
sucralfate oral tablet	T1	
Proton Pump Inhibitor-Antacid Combinations*		
omeprazole-sodium bicarbonate oral capsule	Non-Formulary	
ZEGERID	BE	
Proton Pump Inhibitors*		
ACIPHEX	BE	
DEXILANT	BE	
dexlansoprazole	T9	
esomeprazole magnesium oral capsule delayed release 40 mg	BE	
esomeprazole magnesium oral packet	Non-Formulary	
esomeprazole strontium oral capsule delayed release 49.3 mg	BE	

Medication	Coverage Level	Restrictions
FIRST-LANSOPRAZOLE	BE	
FIRST-OMEPRAZOLE	BE	
lansoprazole oral capsule delayed release	T3	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	T3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	Non-Formulary	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	BE	
NEXIUM ORAL PACKET 40 MG	Non-Formulary	
omeprazole oral capsule delayed release	T3	
omeprazole oral tablet delayed release	T3	
pantoprazole sodium oral packet	T9	
pantoprazole sodium oral tablet delayed release	T3	
PREVACID 24HR	BE	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	BE	
PRILOSEC OTC	T9	
PROTONIX ORAL TABLET DELAYED RELEASE	BE	
rabeprazole sodium oral tablet delayed release	T3	
Quaternary Anticholinergics*		
CUVPOSA	T3	QL (31 Day Supply per 1 Dispensing); AL
DARTISLA ODT	T9	
GLYCATE	T9	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	T9	
glycopyrrolate oral solution	T3	AL
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
methscopolamine bromide oral	T2	
Ulcer Anti-Infective W/ Bismuth Combinations*		
PYLERA	T9	
Ulcer Anti-Infective W/ Proton Pump Inhibitors*		
amoxicill-clarithro-lansopraz	T3	
OMECLAMOX-PAK	T9	
TALICIA	T9	

Medication	Coverage Level	Restrictions
Ulcer Anti-Infective-Pcab Combinations*		
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	
Ulcer Drugs - Prostaglandins*		
CYTOTEC	T3	
misoprostol oral	T1	
Urinary Antispasmodics*		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*		
darifenacin hydrobromide er	T2	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
fesoterodine fumarate er	T1	QL (30 tablets per 30 days)
GELNIQUE TRANSDERMAL GEL 10 %	T9	
oxybutynin chloride er	T1	
oxybutynin chloride oral	T1	
OXYTROL	T9	
solifenacin succinate	T2	ST; QL (30 tablets per 30 days)
tolterodine tartrate	T1	
tolterodine tartrate er	T2	
TOVIAZ	T3	QL (30 tablets per 30 days)
trospium chloride	T1	QL (60 tablets per 30 days)
trospium chloride er	T3	QL (30 capsules per 30 days)
VESICARE	T3	ST; QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL
Urinary Antispasmodics - Beta-3 Adrenergic Agonists*		
GEMTESA	T9	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (240 ML per 30 days); AL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	ST; QL (30 tablets per 30 days)
Urinary Antispasmodics - Cholinergic Agonists*		
bethanechol chloride oral	T1	
Urinary Antispasmodics - Direct Muscle Relaxants*		
flavoxate hcl	T1	

Medication	Coverage Level	Restrictions
Vaccines		
****Bacterial Vaccines******		
bcg vaccine injection solution reconstituted	T6 - $0 Copay	PV
BEXSERO	T6 - $0 Copay	PV; QL (2 ML per 1 lifetime)
BIOTHRAX	T9	
MENACTRA INTRAMUSCULAR SOLUTION	T6 - $0 Copay	PV; QL (1 Dose per 1 Lifetime)
MENQUADFI INTRAMUSCULAR SOLUTION	T6 - $0 Copay	PV; QL (1 dose per 1 lifetime)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6 - $0 Copay	PV; QL (1 Dose per 1 Lifetime)
PNEUMOVAX 23	T6 - $0 Copay	PV; QL (3 Doses per 1 Lifetime)
PREVNAR 13	T6 - $0 Copay	PV; QL (2 Doses per 1 Lifetime)
PREVNAR 20	T6 - $0 Copay	PV
TRUMENBA	T6 - $0 Copay	PV; QL (3 Doses per 1 Lifetime)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
VAXNEUVANCE	T6 - $0 Copay	
****Viral Vaccine Combinations******		
M-M-R II INJECTION	T6 - $0 Copay	PV; QL (2 doses per 1 lifetime)
PRIORIX	T6 - $0 Copay	PV; QL (2 doses per 1 lifetime)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	QL (4 does per 1 lifetime)
****Viral Vaccines******		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (1 Injection per 180 days); AL
COMIRNATY	T6 - $0 Copay	
DENGVAXIA	T9	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6 - $0 Copay	PV; QL (3 Doses per 1 Lifetime)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (3 Doses per 1 Lifetime)
FLUAD QUADRIVALENT	T6 - $0 Copay	PV; QL (1 Injection per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (1 Injection per 180 days)
FLUBLOK QUADRIVALENT	T6 - $0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT	T6 - $0 Copay	PV; QL (1 injection per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (1 injection per 180 days)
FLUMIST QUADRIVALENT	T6 - $0 Copay	PV
FLUZONE HIGH-DOSE QUADRIVALENT	T6 - $0 Copay	PV; QL (1 Injection per 180 days)

Medication	Coverage Level	Restrictions
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6 - $0 Copay	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - $0 Copay	PV; QL (1 Injection per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6 - $0 Copay	PV; QL (3 doeses per 1 lifetime); AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (3 doses per 1 lifetime); AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6 - $0 Copay	PV; QL (2 Doses per 1 Lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (2 doses per 1 lifetime); AL
IMOVAX RABIES	T6 - $0 Copay	PV
IPOL INJECTION INJECTABLE	T6 - $0 Copay	PV; QL (3 Doses per 1 Lifetime)
IXIARO	T9	
janssen covid-19 vaccine	T6 - $0 Copay	PV
JYNNEOS	T6 - $0 Copay	PV
moderna covid-19 bival booster	T6 - $0 Copay	
moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml	T6 - $0 Copay	PV
moderna covid-19 vacc 6-11y	T6 - $0 Copay	PV
moderna covid-19 vacc 6m-5y	T6 - $0 Copay	PV
moderna covid-19 vaccine	T6 - $0 Copay	PV
novavax covid-19 vaccine	T6 - $0 Copay	PV
pfizer covid-19 vac bival 5-11	T6 - $0 Copay	PV
pfizer covid-19 vac bivalent	T6 - $0 Copay	PV
pfizer covid-19 vac-tris 5-11y	T6 - $0 Copay	PV
pfizer covid-19 vac-tris 6m-4y	T6 - $0 Copay	PV
pfizer-biontech covid-19 vacc	T6 - $0 Copay	PV
prehevbrio	T6 - $0 Copay	QL (3 doses per 1 lifetime); AL
RABAVERT	T6 - $0 Copay	PV
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6 - $0 Copay	PV; QL (3 Doses per 1 Lifetime)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T6 - $0 Copay	PV; QL (3 Doses per 1 Lifetime)
ROTARIX	T6 - $0 Copay	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6 - $0 Copay	PV; QL (2 doses per 1 lifetime); AL
SPIKEVAX COVID-19 VACCINE	T6 - $0 Copay	
TICOVAC	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6 - $0 Copay	PV; QL (2 Doses per 1 Lifetime)

Medication	Coverage Level	Restrictions
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
Vaginal And Related Products		
****Imidazole-Related Antifungals******		
GYNAZOLE-1	T3	
terconazole vaginal cream 0.4 %	T1	
terconazole vaginal suppository	T1	
****Miscellaneous Vaginal Products******		
INTRAROSA	Not Covered	
****Spermicides******		
OPTIONS GYNOL II CONTRACEPTIVE	T3	PV
TODAY SPONGE	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	PV
****Vaginal Anti-Infectives******		
CLEOCIN VAGINAL CREAM	T3	
CLEOCIN VAGINAL SUPPOSITORY	T9	
clindamycin phosphate vaginal	T1	
CLINDESSE	T3	ST
metronidazole vaginal	T1	
NUVESSA	T9	
VANDAZOLE	T1	
****Vaginal Contraceptive Ph Modulator - Combinations******		
PHEXXI	T3	QL (12 tubes per 30 days)
****Vaginal Estrogens******		
ESTRACE VAGINAL	T9	
estradiol vaginal cream	T1	QL (42.5 GM per 30 days)
estradiol vaginal tablet	T1	
ESTRING	T3	
FEMRING	T3	
IMVEXXY STARTER PACK	T9	
PREMARIN VAGINAL	T3	ST
VAGIFEM VAGINAL TABLET 10 MCG	T3	
YUVAFEM	T1	
****Vaginal Progestins******		
CRINONE VAGINAL GEL 4 %	T9	SP ( )
CRINONE VAGINAL GEL 8 %	T9	SP ( )

Medication	Coverage Level	Restrictions
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill)
Vasopressors		
****Anaphylaxis Therapy Agents******		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
epinephrine injection solution auto-injector	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
****Neurogenic Orthostatic Hypotension (Noh) - Agents******		
droxidopa	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
NORTHERA	T9	SP ( )
****Vasopressors******		
midodrine hcl	T1	
Vitamins		
****Paba******		
POTABA ORAL CAPSULE	T9	
****Vitamin B-3******		
niacin oral tablet 500 mg	T9	
****Vitamin D******		
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
DRISDOL ORAL CAPSULE	T3	
REPLESTA	T9	
REPLESTA NX	T9	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1	
vitamin d3 oral capsule 25 mcg (1000 ut)	T1	PV; AL
vitamin d3 oral tablet 25 mcg (1000 ut)	T1	PV; AL
****Vitamin K******		
MEPHYTON	T3	QL (3 tablets per 30 days)
phytonadione oral	T1	QL (3 tablets per 30 Days)

PriorityHealth

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）。

ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܗܡܙܡܝܬܘܢ ܠܫܢܐ ܣܘܪܝܝܐ (ܐܬܘܪܝܐ) ، ܡܨܝܬܘܢ
ܦܠܚܝܬܘܢ ܝܠܦܢܘܬܐ ܕܗܡܙܡܢܘܬܐ ܒܠܫܢܐ ܡܓܢܢܐܝܬ. ܐܢ ܡܫܬܒܠܝܬܘܢ ܡܢܘܢ ܠܡܢܝܢ ܕܝ
ܡܢܝܢܐ ܕܡܫܡܫܢܘܬܐ ܕܝܠܝܦܘܬܐ ܥܠ ܓܒܐ ܕܒܬܪ ܕܟܪܛܝܣ ܠܗܘܝܐ ܕܗܕܡܘܬܐ
ܕܗܕܡܘܬܐ. (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. 멤버쉽 ID카드의 뒷면에 있는 고객 서비스 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুনঃ 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).