

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***](https://www.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

CURRENT AS OF 9/1/2022

Medication	Coverage Level	Restrictions
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T2	
<i>guanfacine hcl er</i>	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***		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T1	QL (60 capsules per 30 days); AL
<i>atomoxetine hcl oral capsule 100 mg, 60 mg</i>	T1	QL (30 capsules per 30 days); AL
<i>atomoxetine hcl oral capsule 80 mg</i>	T1	QL (30 capsulesA per 30 days); AL
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
<i>amphetamine-dextroamphet er</i>	T1	QL (60 capsules per 30 days); AL
<i>amphetamine-dextroamphetamine</i>	T1	AL
MYDAYIS	T9	
*Amphetamines***		
ADZENYS XR-ODT	T9	
<i>amphetamine sulfate</i>	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)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (120 capsules per 30 days); AL
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days); AL
<i>dextroamphetamine sulfate oral solution</i>	T1	AL
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 tablets per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T1	QL (60 tablets per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days); AL
DYANAVAL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL
EVEKEO ODT	T9	
<i>methamphetamine hcl</i>	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***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	T1	AL
*Anorexiant Combinations***		
PLENITY	T9	
QSYMIA	BE	
*Anorexiants Non-Amphetamine***		
<i>benzphetamine hcl oral tablet 50 mg</i>	BE	
<i>diethylpropion hcl oral</i>	BE	
<i>phendimetrazine tartrate</i>	BE	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>	BE	
<i>phentermine hcl oral tablet</i>	BE	
*Anti-Obesity - Glp-1 Receptor Agonists***		
SAXENDA	BE	
WEGOVY	Non-Formulary	
*Anti-Obesity Agent Combinations**		
CONTRACE	BE	

Medication	Coverage Level	Restrictions
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI	T3	ST; QL (30 tablets per 30 days)
*Lipase Inhibitors***		
ALLI	BE	
<i>orlistat oral</i>	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)
<i>armodafinil</i>	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
<i>dexmethylphenidate hcl</i>	T1	AL
<i>dexmethylphenidate hcl er</i>	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
<i>methylphenidate</i>	T3	ST; QL (30 patches per 30 Days); AL
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 capsules per 30 days); AL
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	QL (30 capsules per 30 days); AL
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	T1	QL (30 tablets per 30 days); AL
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg</i>	T1	QL (60 tablets per 30 days); AL
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	T9	
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg</i>	T3	QL (30 capsule per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	AL
<i>methylphenidate hcl oral solution</i>	T1	AL
<i>methylphenidate hcl oral tablet</i>	T1	AL
<i>methylphenidate hcl oral tablet chewable</i>	T1	AL
<i>modafinil</i>	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)
<i>celecoxib oral</i>	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	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
DUEXIS	T9	
<i>ibuprofen-famotidine</i>	T9	
<i>naproxen-esomeprazole</i>	T9	
<i>naproxen-esomeprazole mg</i>	T9	
VIMOVO	BE	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
ANAPROX DS	T3	
DAYPRO	T3	
<i>diclofenac</i>	T9	
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>etodolac er</i>	T2	

Medication	Coverage Level	Restrictions
<i>etodolac oral</i>	T1	
FELDENE	T3	
<i>fenoprofen calcium oral</i>	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
<i>flurbiprofen oral</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>indomethacin rectal suppository 100 mg</i>	T9	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine oral</i>	T1	QL (20 tablets per 30 days)
LOFENA	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mefenamic acid oral</i>	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1	
MOBIC ORAL TABLET	T3	
<i>nabumetone oral</i>	T1	
NALFON ORAL CAPSULE 400 MG	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 500 MG	T3	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>oxaprozin</i>	T2	
<i>piroxicam oral</i>	T1	
RELAFEN DS	T9	
SPRIX	T9	
<i>sulindac oral</i>	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	
<i>leflunomide oral</i>	T1	
Analgesics - Nonnarcotic		
*Analgesics-Sedatives***		
ALLZITAL	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 capsules per 30 days)
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
VTOL LQ	T9	
*Salicylate Combinations***		
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>buffered aspirin</i>	T3	
BUFFERIN	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1	
*Salicylates***		
<i>aspirin 81 oral tablet chewable</i>	T1	AL
<i>aspirin adult</i>	T1	
<i>aspirin ec low dose</i>	T1	
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	
<i>childrens aspirin</i>	T3	
<i>cvs aspirin adult low dose</i>	T1	
<i>cvs aspirin ec</i>	T1	
<i>cvs aspirin oral tablet 325 mg</i>	T1	
<i>diflunisal oral</i>	T1	
DOANS PILLS	T1	
ECOTRIN	T3	PV
ECOTRIN LOW STRENGTH	T3	
<i>eql aspirin</i>	T1	

Medication	Coverage Level	Restrictions
<i>eql aspirin ec</i>	T1	
<i>eql aspirin low dose oral tablet chewable</i>	T1	
<i>goodsense aspirin oral tablet</i>	T1	
<i>goodsense aspirin oral tablet chewable</i>	T1	
<i>ra aspirin adult low dose</i>	T1	
<i>ra aspirin ec</i>	T1	
<i>ra aspirin oral tablet 325 mg</i>	T1	
<i>salsalate oral</i>	T1	
<i>sm aspirin ec low strength</i>	T1	
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE	T3	
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine #2</i>	T1	
<i>acetaminophen-codeine #3</i>	T1	
<i>acetaminophen-codeine #4</i>	T1	
<i>acetaminophen-codeine oral solution</i>	T1	
ASCOMP-CODEINE	T2	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-asa-caff-codeine</i>	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***		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
*Opioid Agonists***		
ACTIQ	T9	
<i>codeine sulfate oral tablet</i>	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	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (60 capsules per 30 days); AL
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL
<i>hydromorphone hcl oral liquid</i>	T1	
<i>hydromorphone hcl oral tablet 2 mg</i>	T1	QL (32 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1	QL (16 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1	QL (8 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	T1	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT	T9	
<i>levorphanol tartrate oral</i>	T9	
<i>meperidine hcl oral solution</i>	T1	
<i>meperidine hcl oral tablet 50 mg</i>	T1	
METHADONE HCL INTENSOL	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	
<i>morphine sulfate er beads</i>	T9	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
<i>morphine sulfate rectal</i>	T1	

Medication	Coverage Level	Restrictions
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T3	ST; QL (62 tablets per 31 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	ST; QL (60 EA per 30 days)
QDOLO	T9	
SUBSYS	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	T1	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	T9	
<i>tramadol hcl oral tablet 100 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	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	
<i>oxycodone-acetaminophen oral solution</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
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)
<i>buprenorphine hcl sublingual</i>	T1	QL (90 tablets per 30 days)

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

Medication	Coverage Level	Restrictions
<i>methylestosterone oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
NATESTO	T9	
TESTIM	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1	
<i>testosterone enanthate intramuscular solution</i>	T1	
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T9	
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	T2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA
<i>testosterone transdermal solution</i>	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
<i>hydrocortisone rectal enema</i>	T1	
UCERIS RECTAL	T3	QL (2 packages per 180 days)
*Nitrate Vasodilating Agents***		
RECTIV	T9	
*Rectal Anesthetic/Steroids***		
ANALPRAM-HC EXTERNAL LOTION	T9	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	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	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
PROCTOCORT RECTAL SUPPOSITORY	T9	
Anthelmintics		
*Anthelmintics***		
<i>albendazole oral</i>	T4	SP (Max day supply up to 31 days.); QL (6 tablets per 30 Days)
ALBENZA	T9	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL
<i>benznidazole oral tablet 12.5 mg</i>	T9	
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
EMVERM	T9	
<i>ivermectin oral</i>	T1	QL (10 tablets per 1 claim)
STROMEKTOL	T3	QL (5 tablets per 1 day)
Antianginal Agents		
*Antianginals-Other***		
ASPRUZYO SPRINKLE	T9	
RANEXA	T3	
<i>ranolazine er</i>	T1	
*Nitrates***		
GONITRO	T9	
ISORDIL TITRADOSE	T9	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
NITRO-BID	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitroglycerin er</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	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.***		
<i>buspirone hcl oral</i>	T1	
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1	
<i>meprobamate</i>	T9	
VISTARIL	T3	
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1	QL (30 tablets per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	T1	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	T2	
ATIVAN ORAL	T3	
<i>chlordiazepoxide hcl</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
LOREEV XR	T9	
<i>oxazepam</i>	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***		
<i>disopyramide phosphate oral</i>	T1	
NORPACE	T3	
NORPACE CR	T2	

Medication	Coverage Level	Restrictions
<i>quinidine gluconate er</i>	T4	SP (Max day supply up to 31 days.)
<i>quinidine sulfate oral</i>	T1	
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral</i>	T1	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T1	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg</i>	T1	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg</i>	T1	
<i>amiodarone hcl oral tablet 400 mg</i>	T9	
<i>dofetilide</i>	T2	
MULTAQ	T3	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1	
PACERONE ORAL TABLET 400 MG	T9	
TIKOSYN	T3	
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er</i>	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	
<i>budesonide-formoterol fumarate</i>	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)
<i>fluticasone furoate-vilanterol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
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***		
<i>cromolyn sodium inhalation</i>	T9	
*Beta Adrenergics***		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	
<i>albuterol sulfate oral</i>	T1	
<i>arformoterol tartrate</i>	T3	AL
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
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
<i>terbutaline sulfate oral</i>	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)
<i>ipratropium bromide inhalation</i>	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 (Ilgg1 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	
<i>montelukast sodium oral</i>	T1	
SINGULAIR	T3	
<i>zafirlukast</i>	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
<i>roflumilast oral tablet 250 mcg</i>	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 syringes 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***		
<i>clobazam oral suspension</i>	T3	ST; QL (240 ML per 30 days)
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral</i>	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
<i>diazepam rectal</i>	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.***		
APTOM	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)
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	ST
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1	
CARBATROL	T3	ST
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	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
<i>lacosamide oral solution</i>	T2	
<i>lacosamide oral tablet</i>	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)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1	QL (1 kit per 365 days)
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	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	
<i>oxcarbazepine</i>	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)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 225 mg</i>	T1	QL (60 capsules per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	QL (473 ML per 30 days)
<i>primidone oral</i>	T1	
QUDEXY XR	T9	
<i>rufinamide oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	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
<i>topiramate er</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate oral capsule sprinkle</i>	T1	ST
<i>topiramate oral tablet</i>	T1	
TRILEPTAL	T3	
TROKENDI XR	T9	
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
<i>zonisamide oral</i>	T1	
ZTALMY	T4	PA; SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
*Carbamates***		
<i>felbamate oral suspension</i>	T2	QL (900 ml per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
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	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
<i>vigabatrin oral tablet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL
VIGADRONE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
*Hydantoins***		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended</i>	T1	
*Succinimides***		
CELONTIN	T2	
<i>ethosuximide oral</i>	T1	

Medication	Coverage Level	Restrictions
ZARONTIN	T3	
*Valproic Acid***		
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
<i>valproic acid oral capsule</i>	T1	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral</i>	T1	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
*Antidepressants - Misc.***		
APLENZIN	T9	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	T9	
<i>bupropion hcl oral</i>	T1	
FORFIVO XL	T9	
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	
<i>phenelzine sulfate oral</i>	T1	
<i>tranylcypromine sulfate</i>	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
<i>citalopram hydrobromide oral capsule</i>	T9	
<i>citalopram hydrobromide oral solution</i>	T1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	T1	QL (30 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	T1	AL
<i>escitalopram oxalate oral</i>	T1	
<i>fluoxetine hcl oral capsule</i>	T1	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	
<i>fluoxetine hcl oral tablet 60 mg</i>	T9	
<i>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
LEXAPRO ORAL TABLET	T3	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	ST; QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	T2	ST; QL (60 tablets per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	
<i>paroxetine hcl oral tablet</i>	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	
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	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***		
<i>nefazodone hcl</i>	T1	
<i>trazodone hcl oral</i>	T1	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL
VIIBRYD ORAL TABLET	T3	ST; QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	ST; QL (30 tablets per 30 days)
<i>vilazodone hcl</i>	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)
<i>desvenlafaxine er</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	T1	QL (60 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	T1	QL (30 tablets per 30 days)
DRIZALMA SPRINKLE	T9	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T1	ST; QL (30 capsules per 30 days)
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)
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
*Tricyclic Agents***		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
ANAFRANIL ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)

Medication	Coverage Level	Restrictions
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
<i>clomipramine hcl oral capsule 25 mg</i>	T2	QL (30 capsules per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	T2	QL (60 capsules per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	T2	QL (90 capsules per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
<i>nortriptyline hcl oral capsule</i>	T1	
PAMELOR ORAL CAPSULE	T3	
<i>protriptyline hcl</i>	T2	
<i>trimipramine maleate oral</i>	T2	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral</i>	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	
<i>metformin hcl er</i>	T1	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	
<i>metformin hcl oral solution</i>	T9	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin hcl oral tablet 625 mg</i>	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)
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	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***		
<i>alogliptin benzoate</i>	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***		
<i>alogliptin-metformin hcl</i>	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***		
<i>alogliptin-pioglitazone</i>	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	
<i>insulin asp prot & asp flexpen</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST
<i>insulin aspart injection</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot & aspart</i>	T3	ST

Medication	Coverage Level	Restrictions
<i>insulin degludec</i>	T9	
<i>insulin degludec flextouch</i>	T9	
<i>insulin glargine-yfgn</i>	T9	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro injection</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
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	
<i>*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***</i>		
MOUNJARO	T2	QL (4 pen-injectors per 28 days)

Medication	Coverage Level	Restrictions
<i>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</i>		
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	
<i>*Insulin-Incretin Mimetic Combinations***</i>		
SOLIQUA	T2	QL (15 ML per 25 days)
XULTOPHY	T2	QL (15 ML per 30 days)
<i>*Meglitinide Analogues***</i>		
nateglinide	T1	
repaglinide	T1	
<i>*Progesterone Receptor Antagonists***</i>		
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</i>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
<i>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</i>		
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)
SEGLUOMET	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	
<i>pioglitazone hcl-metformin hcl</i>	T1	
*Thiazolidinediones***		
ACTOS	T3	
<i>pioglitazone hcl</i>	T1	
Antidiarrheal/Probiotic Agents		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI	T9	
*Antidiarrheal/Probiotic Combinations***		
RESTORA RX	T9	
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
LOMOTIL ORAL TABLET	T3	
<i>loperamide hcl oral capsule</i>	T9	
<i>opium</i>	T9	
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet soluble</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferiprone</i>	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)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	QL (2 Vials per 1 year)
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 cartridges per 1 year)
<i>naloxone hcl injection solution prefilled syringe</i>	T1	QL (2 syringes per 1 year)
<i>naloxone hcl nasal</i>	T1	QL (1 box per 1 year)
<i>naltrexone hcl oral</i>	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	
<i>granisetron hcl oral</i>	T2	QL (20 tablets per 30 days)
<i>ondansetron</i>	T1	
<i>ondansetron hcl oral</i>	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	
<i>doxylamine-pyridoxine</i>	T9	
*Antiemetics - Anticholinergic***		
ANTIVERT ORAL TABLET 50 MG	T9	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T9	
<i>scopolamine</i>	T1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	
<i>trimethobenzamide hcl oral</i>	T1	
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule 10 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	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***		
<i>aprepitant oral</i>	T1	QL (6 capsules per 30 days)
<i>aprepitant oral capsule</i>	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***		
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize</i>	T2	
<i>nystatin oral tablet</i>	T1	
<i>terbinafine hcl oral</i>	T1	
*Imidazoles***		
<i>ketoconazole oral</i>	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	
<i>fluconazole oral</i>	T1	
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
NOXAFIL ORAL SUSPENSION	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>posaconazole</i>	T4	PA; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
<i>tolsura</i>	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (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)
<i>voriconazole oral suspension reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)

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

Medication	Coverage Level	Restrictions
<i>promethazine hcl oral syrup</i>	T9	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	T1	
<i>promethazine hcl oral tablet 50 mg</i>	T9	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T9	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral</i>	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.***		
<i>icosapent ethyl</i>	T2	PA
LOVAZA	T3	
<i>omega-3-acid ethyl esters</i>	T1	
VASCEPA	T9	PA
*Bile Acid Sequestrants***		
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	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	
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet</i>	T9	
FENOGLIDE	T9	
FIBRICOR	T9	
<i>gemfibrozil oral</i>	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	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
<i>flolipid</i>	T9	
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
LESCOL XL	T9	
LIPITOR	T3	
LIVALO	T9	
<i>lovastatin oral</i>	T1	PV
<i>pravastatin sodium</i>	T1	PV
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	PV
<i>simvastatin oral tablet 80 mg</i>	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***		
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	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	
<i>benazepril hcl oral</i>	T1	
<i>captopril oral</i>	T1	
<i>enalapril maleate oral solution</i>	T2	AL
<i>enalapril maleate oral tablet</i>	T1	
EPANED ORAL SOLUTION	T2	AL
<i>fosinopril sodium</i>	T1	
<i>lisinopril oral</i>	T1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
<i>moexipril hcl</i>	T1	
<i>perindopril erbumine</i>	T1	
QBRELIS	T3	AL
<i>quinapril hcl</i>	T1	
<i>ramipril</i>	T1	
<i>trandolapril</i>	T1	
VASOTEC	T3	
ZESTRIL	T3	
*Agents For Pheochromocytoma***		
DEMSEER	T9	
DIBENZYLINE	T9	
<i>metyrosine</i>	T9	
<i>phenoxybenzamine hcl oral</i>	T9	
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	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.)
<i>telmisartan-amlodipine</i>	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	
<i>candesartan cilexetil-hctz</i>	T1	
DIOVAN HCT	T3	
EDARBYCLOR	T3	ST
HYZAAR	T3	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>losartan potassium-hctz</i>	T1	
MICARDIS HCT	T3	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>telmisartan-hctz</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
*Angiotensin II Receptor Antagonists***		
ATACAND	T3	
AVAPRO	T3	
BENICAR	T3	
<i>candesartan cilexetil</i>	T1	
COZAAR	T3	
DIOVAN	T3	QL (60 tablets per 30 days)
EDARBI	T3	ST
<i>irbesartan</i>	T1	
<i>losartan potassium oral</i>	T1	
MICARDIS	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>telmisartan</i>	T1	
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1	
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
EXFORGE HCT	T3	
<i>olmesartan-amlodipine-hctz</i>	T1	
TRIBENZOR	T3	
*Antiadrenergics - Centrally Acting***		
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine</i>	T1	
<i>clonidine hcl oral</i>	T1	
<i>guanfacine hcl oral</i>	T1	

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

Medication	Coverage Level	Restrictions
NEBUPENT	T3	
<i>pentamidine isethionate inhalation</i>	T1	
<i>tinidazole oral</i>	T1	
<i>trimethoprim oral</i>	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	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	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)
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
LAMPIT	T3	QL (90 tablets per 30 years); AL
MEPRON	T3	
<i>nitazoxanide oral</i>	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	
<i>vancomycin hcl intravenous solution reconstituted 1000 mg, 500 mg</i>	T1	
<i>vancomycin hcl oral</i>	T9	
*Leprostatics***		
<i>dapsone oral</i>	T1	
*Lincosamides***		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	

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

Medication	Coverage Level	Restrictions
*Antimalarials***		
ARAKODA	T3	
<i>chloroquine phosphate oral</i>	T1	
DARAPRIM	T9	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
KRINTAFEL	T1	QL (2 tablets per 365 Days)
<i>mefloquine hcl</i>	T1	
PLAQUENIL	T3	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	T1	
<i>pyrimethamine oral</i>	T4	SP (Limited to a 1 month supply per fill)
QUALAQUIN	T3	
<i>quinine sulfate oral</i>	T1	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>cycloserine oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
MYCOBUTIN	T2	
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PRIFTIN	T2	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T4	SP (Max of 31 days per dispensing)
<i>rifampin oral</i>	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***		
<i>abiraterone acetate oral tablet 250 mg</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
YONSA	T9	SP ()
ZYTIGA	T9	
*Antiadrenals***		
LYSODREN	T4	PA; SP (Max of 14 day supply per fill)
*Antiandrogens***		
<i>bicalutamide</i>	T1	
CASODEX	T3	
<i>flutamide</i>	T1	
<i>nilutamide</i>	T1	
*Antiestrogens***		
FARESTON	T9	
SOLTAMOX	T9	
<i>tamoxifen citrate oral</i>	T1	
<i>toremifene citrate</i>	T4	ST; SP (Max day supply up to 31 days.); QL (30 tablets per 30 days)
*Antimetabolites***		
<i>capecitabine</i>	T4	SP (Limited to a 1 month supply per fill)
<i>mercaptopurine oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	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	
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (90 tablets per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	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***		
<i>erlotinib hcl</i>	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)
<i>*Antineoplastic - Hedgehog Pathway Inhibitors***</i>		
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)
<i>*Antineoplastic - Hif-2-Alpha Inhibitors***</i>		
WELIREG	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
<i>*Antineoplastic - Histone Deacetylase Inhibitors***</i>		
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)
<i>*Antineoplastic - Immunomodulators***</i>		
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)
<i>*Antineoplastic - Mek Inhibitors***</i>		
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
<i>*Antineoplastic - Met Inhibitors***</i>		
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***		
<i>anastrozole oral</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
<i>exemestane</i>	T2	
FEMARA	T3	
<i>letrozole oral</i>	T1	
*Estrogens-Antineoplastic***		
EMCYT	T2	
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral</i>	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)
<i>temozolomide oral capsule 100 mg, 250 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)
*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***		
HYCAMPIN ORAL CAPSULE 0.25 MG	T4	SP (Limited to a 1 month supply per fill)
HYCAMPIN 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)
<i>rasagiline mesylate oral</i>	T1	QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
XADAGO	T3	ST; QL (30 tablets per 30 days)
*Central/Peripheral Comt Inhibitors***		
TASMAR ORAL TABLET 100 MG	T3	
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
*Decarboxylase Inhibitors***		
<i>carbidopa oral</i>	T9	
LODOSYN	T9	
*Levodopa Combinations***		
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	
<i>carbidopa-levodopa-entacapone 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</i>	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	
<i>apomorphine hcl subcutaneous</i>	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)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg</i>	T3	QL (30 tablets per 30 days)
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	ST
*Peripheral Comt Inhibitors***		
COMTAN	T3	
<i>entacapone</i>	T1	
ONGENTYS	T3	ST
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	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)
<i>ziprasidone hcl</i>	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	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	ST; QL (60 tablets per 30 days)
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
*Butyrophenones***		
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
*Dibenzodiazepines***		
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
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***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 150 mg</i>	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	
<i>loxapine succinate oral</i>	T1	
*Phenothiazines***		
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T2	QL (180 tablets per 30 days)
COMPRO	T1	
<i>fluphenazine hcl oral concentrate</i>	T1	
<i>fluphenazine hcl oral elixir</i>	T1	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>thioridazine hcl oral</i>	T1	
<i>trifluoperazine hcl oral</i>	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)
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Thienbenzodiazepines***		
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
*Thioxanthenes***		
<i>thiothixene oral</i>	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)
<i>efavirenz-emtricitab-tenofo df</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-emtricitab-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	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)
<i>lamivudine-zidovudine</i>	T2	
<i>lopinavir-ritonavir</i>	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)***		
<i>maraviroc</i>	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)
<i>vocabria</i>	T9	
*Antiretrovirals - Protease Inhibitors***		
APTIVUS ORAL CAPSULE	T4	ST; SP (Limited to a 1 month supply per fill)
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
<i>fosamprenavir calcium</i>	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)
<i>ritonavir</i>	T1	
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT	T2	
<i>efavirenz</i>	T2	
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	QL (60 tablets per 30 days)
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***		
<i>abacavir sulfate oral solution</i>	T1	AL
<i>abacavir sulfate oral tablet</i>	T2	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine</i>	T3	
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	
EPIVIR	T3	
<i>lamivudine oral solution</i>	T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T2	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
<i>stavudine oral capsule</i>	T1	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate</i>	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
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL
<i>valganciclovir hcl oral tablet</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Hepatitis B Agents***		
<i>adefovir dipivoxil</i>	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)
<i>entecavir</i>	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)
<i>lamivudine oral tablet 100 mg</i>	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	
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
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)
<i>ribavirin oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
<i>ribavirin oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill)
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***		
<i>acyclovir oral</i>	T1	
SITAVIG	T9	
<i>valacyclovir hcl oral</i>	T1	
VALTREX	T3	
ZOVIRAX ORAL SUSPENSION	T3	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)
*Influenza Agents***		
<i>rimantadine hcl</i>	T1	
*Misc. Antivirals***		
LAGEVRIO	T2	
<i>molnupiravir</i>	T2	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule</i>	T1	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (120 ML per 1 fill)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
*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***		
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
<i>labetalol hcl oral</i>	T1	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral</i>	T1	
BYSTOLIC	T3	
KAPSPARGO SPRINKLE	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>nebivolol hcl</i>	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	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	

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

Medication	Coverage Level	Restrictions
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral capsule 10 mg</i>	T1	
<i>nifedipine oral capsule 20 mg</i>	T2	
<i>nimodipine oral</i>	T2	QL (21 day supply per 365 days)
<i>nisoldipine er</i>	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	
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
Cardiotonics		
*Cardiac Glycosides***		
DIGITEK	T1	
DIGOX	T1	
<i>digoxin oral solution</i>	T1	AL
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	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***		
<i>amlodipine-atorvastatin</i>	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 Receptor 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 PELLETT 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
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<i>tadalafil (pah)</i>	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	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Non-Formulary	
STENDRA	BE	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	BE	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	QL (30 tablets per 30 days)
<i>varafenafil hcl oral tablet</i>	BE	
<i>varafenafil hcl oral tablet dispersible</i>	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***		
<i>cefadroxil</i>	T1	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T2	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule 250 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil</i>	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***		
<i>coenzyme q10</i>	T9	
*Bulk Chemicals - La's***		
<i>acidophilus lactobacillus powder</i>	T9	
*Bulk Chemicals - Me's***		
<i>metronidazole benzoate</i>	T9	
*Bulk Chemicals - Ph's***		
<i>phenoxybenzamine hcl</i>	T9	
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE	T1	PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1	PV
KARIVA	T1	PV
LO LOESTRIN FE	T3	ST
MIRCETTE	T9	
PIMTREA	T1	PV
SIMLIYA	T1	PV
<i>viorele</i>	T1	PV
VOLNEA	T1	PV
*Combination Contraceptives - Oral***		
AFIRMELLE	T1	PV
ALTAVERA	T1	PV
<i>alyacen 1/35</i>	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
<i>briellyn</i>	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
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	T1	PV
<i>drospiren-eth estrad-levomefol</i>	T1	PV
<i>drospirenone-ethinyl estradiol</i>	T1	PV
ELINEST	T1	PV
ENSKYCE ORAL TABLET 0.15-0.03 MG	T1	PV
ESTARYLLA	T1	PV
<i>ethynodiol diac-eth estradiol</i>	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
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	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
<i>marlissa</i>	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
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	PV
<i>norethindrone acet-ethinyl est</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	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
<i>levonorgest-eth est & eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day</i>	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)
<i>medroxyprogesterone acetate intramuscular</i>	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
<i>norethindrone oral</i>	T1	PV
NORLYDA	T1	PV
SHAROBEL	T1	PV
SLYND	T9	
TULANA	T1	PV
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7</i>	T1	PV
ARANELLE	T1	PV

Medication	Coverage Level	Restrictions
CAZANT	T1	PV
CYCLAFEM 7/7/7	T1	PV
DASETTA 7/7/7	T1	PV
ENPRESSE-28	T1	PV
LEENA	T1	PV
LEVONEST	T1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1	PV
<i>norethindron-ethinyl estrad-fe</i>	T1	PV
<i>norgestim-eth estrad triphasic</i>	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	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>budesonide oral</i>	T3	QL (90 capsules per 30 days)
CORTEF	T3	
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	

Medication	Coverage Level	Restrictions
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
DEXONTO 0.4%	T3	
EMFLAZA	T9	
HEMADY	T9	
HIDEX 6-DAY	T9	
<i>hydrocortisone oral</i>	T1	
MEDROL	T3	
<i>methylprednisolone oral</i>	T1	
MILLIPRED ORAL TABLET	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
PREDNISONE INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>prednisone oral tablet 50 mg</i>	T2	
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)
<i>zcort 7-day</i>	T9	
ZILRETTA	T9	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral</i>	T1	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	

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

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

Medication	Coverage Level	Restrictions
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin-tretinoin</i>	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	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 9-4.25 %</i>	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)
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	
<i>adapalene external solution</i>	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	
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
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	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	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	
<i>tazarotene external foam</i>	T3	ST; QL (50 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	T1	AL
<i>tretinoin external cream 0.05 %, 0.1 %</i>	T2	AL
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL
<i>tretinoin external gel 0.05 %</i>	T2	AL
<i>tretinoin microsphere</i>	T9	
<i>tretinoin microsphere pump</i>	T9	

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	
<i>gentamicin sulfate external</i>	T1	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1	QL (22 gm per 30 days)
XEPI	T9	
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
DERMAZENE	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
<i>iodoquimez-hc</i>	T9	
<i>nystatin-triamcinolone</i>	T1	
VUSION	T9	
VYTONE	T9	
*Antifungals - Topical***		
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
LOPROX EXTERNAL SHAMPOO	T3	
MENTAX	T9	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
NAFTIN EXTERNAL GEL	T9	
NYAMYC	T1	QL (60 GM per 30 Days)
<i>nystatin external cream</i>	T1	

Medication	Coverage Level	Restrictions
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	QL (60 GM per 30 Days)
NYSTOP	T1	QL (60 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium external solution 2 %</i>	T9	
*Anti-Inflammatory Combinations - Topical***		
PROFINAC	T9	
<i>ziclocin</i>	T9	
*Antineoplastic Antimetabolites - Topical***		
CARAC	T9	
EFUDEX EXTERNAL CREAM	T3	
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
*Antipruritics - Topical***		
<i>doxepin hcl external</i>	T9	
PRUDOXIN	T9	
ZONALON	T9	
*Antipsoriatics - Systemic***		
<i>acitretin</i>	T4	SP (Limited to a 1 month supply per fill)
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
*Antipsoriatics***		
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcitriol external</i>	T1	ST; QL (100 GM per 30 days)
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)
DRITHO-CREME HP	T9	
SORILUX	T9	
<i>tazarotene external cream</i>	T2	ST
<i>tazarotene external gel</i>	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***		
<i>mafenide acetate external</i>	T1	
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1	
SSD	T1	
SSD (SILVER SULFADIAZINE)	T1	
SULFAMYLON	T3	
*Corticosteroids - Topical***		
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
<i>alclometasone dipropionate</i>	T1	
<i>amcinonide</i>	T9	
APEXICON E	T9	
AQUANIL HC	T1	
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external gel</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T1	QL (60 GM per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	
<i>betamethasone dipropionate external ointment</i>	T2	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
BRYHALI	T3	ST
CAPEX	T9	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate emulsion</i>	T3	QL (100 GM per 30 days)
<i>clobetasol propionate external cream</i>	T1	
<i>clobetasol propionate external foam</i>	T9	

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

Medication	Coverage Level	Restrictions
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOG	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	
<i>hydrocortisone butyrate external ointment</i>	T9	
<i>hydrocortisone butyrate external solution</i>	T1	
<i>hydrocortisone external cream 1 %</i>	T9	
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 1 %</i>	T9	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	T9	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone valerate external cream</i>	T1	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
IMPEKLO	T9	
IMPOYZ	T9	
KENALOG EXTERNAL	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID LIPOCREAM	T9	
LUXIQ	T9	
<i>mometasone furoate external</i>	T1	
NUCORT	T3	
OLUX	T9	
OLUX-E	T9	
PANDEL	T9	
<i>prednicarbate external ointment</i>	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	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1	
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VERDESO	T9	
*Depigmenting Agents***		
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
*Depigmenting Combinations***		
TRI-LUMA	T9	
*Emollient Combinations***		
<i>lactic acid e</i>	T9	
*Emollient/Keratolytic Agents***		
<i>urea external cream 40 %, 45 %</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
<i>xurea</i>	T9	
*Emollient/Keratolytic Combinations***		
<i>urea hydrating</i>	T9	
*Emollients***		
<i>ammonium lactate external</i>	T9	
<i>lactic acid external lotion</i>	T9	
*Enzymes - Topical***		
SANTYL	T3	QL (60 GM per 30 days)
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>econazole nitrate external</i>	T1	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST
EXELDERM	T9	
EXTINA	T9	
JUBLIA	T9	

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

Medication	Coverage Level	Restrictions
<i>lidocaine hcl external gel 2 %</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
LIDODERM	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lidorx</i>	T9	
ZTLIDO	T9	
*Macrolide Immunosuppressants - Topical***		
ELIDEL	T3	ST; QL (30 GM per 30 days)
<i>pimecrolimus</i>	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)
<i>tacrolimus external ointment</i>	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	
<i>suvicort</i>	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	
<i>tavaborole</i>	T9	
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA	T3	ST; QL (60 GM per 30 days)
*Prostaglandins - Topical***		
<i>bimatoprost external</i>	T9	
LATISSE	T9	
*Rosacea Agents***		
<i>azelaic acid external</i>	T2	ST
<i>doxycycline</i>	T9	
FINACEA EXTERNAL FOAM	T3	
FINACEA EXTERNAL GEL	T9	
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROLOTION	T3	
<i>metronidazole external</i>	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***		
<i>ivermectin external lotion</i>	T1	
<i>lindane external shampoo</i>	T1	
<i>malathion external</i>	T1	
NATROBA	T9	
OVIDE	T3	
<i>permethrin external cream</i>	T1	
<i>spinosad</i>	T1	
*Scar Treatment Products***		
CELACYN	T9	
RECEDO	T9	
*Steroid-Local Anesthetic Combinations***		
CORTANE-B EXTERNAL	T3	
EPIFOAM	T9	
PRAMOSONE	T9	

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

Medication	Coverage Level	Restrictions
<i>minoxidil for men external solution 2 %</i>	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)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
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)
UNISTRIPI1 GENERIC	T3	ST; QL (200 strips per 30 days)
Dietary Products/Dietary Management Products		
<i>*Dietary Management Product Combinations***</i>		
ENLYTE	T9	
FOLBIC	T9	
FOLTANX	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
METAFOLBIC PLUS	T9	
<i>methaver</i>	T9	
NIVA-FOL	T9	
<i>zyvit</i>	T9	
Digestive Aids		
<i>*Digestive Enzymes***</i>		
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	
toremide 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
<i>metolazone</i>	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	
<i>alendronate sodium oral solution</i>	T1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	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)
<i>ibandronate sodium oral</i>	T1	
<i>risedronate sodium oral tablet 150 mg</i>	T1	ST; QL (1 tablets per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
*Calcimimetic Agents***		
<i>cinacalcet hcl</i>	T4	SP (Limited to a 1 month supply per fill)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
*Calcitonins***		
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	
MIACALCIN NASAL	T3	
*Carnitine Replenisher - Agents***		
CARNITOR ORAL	T3	
CARNITOR SF	T3	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	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	
*GnrhLhrh 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 MINIQUEL SUBCUTANEOUS PREFILLED SYRINGE	T9	
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T9	
HUMATROPE INJECTION CARTRIDGE	T9	
NORDITROPIN FLEXPEN 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	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
*Vasopressin***		
DDAVP ORAL	T3	
<i>desmopressin ace spray refrig</i>	T2	ST; QL (10 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
<i>desmopressin acetate spray</i>	T2	ST; QL (10 ML per 30 days)
NOC DURNA	T9	
STIMATE	T4	SP (Limited to a 1 month supply per fill)
Estrogens		
*Estrogen & Androgen***		
COVARYX	T9	
COVARYX HS	T9	
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
*Estrogen & Progestin***		
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	
ANGELIQ	T3	ST
BIJUVA	T9	
CLIMARA PRO	T9	
COMBIPATCH	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
FEMHRT	T3	
JINTELI	T1	
MIMVEY	T1	
<i>norethindrone-eth estradiol</i>	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
<i>ciprofloxacin hcl oral</i>	T1	
LEVAQUIN ORAL TABLET 250 MG, 750 MG	T3	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	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	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T9	
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium oral</i>	T3	
GASTROCROM	T3	
*Gastrointestinal Chloride Channel Activators***		
AMITIZA	T3	ST; QL (60 capsules per 30 days)
<i>lubiprostone</i>	T3	ST; QL (60 capsules per 30 Days)
*Gastrointestinal Stimulants***		
GIMOTI	T9	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
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
*Ibs Agent - Mu-Opioid Receptor Agonists***		
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl</i>	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)
*Ibs 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	
<i>balsalazide disodium</i>	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)
<i>mesalamine er oral capsule extended release</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>mesalamine er oral capsule extended release 24 hour</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T3	SP (); QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
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)
<i>sulfasalazine oral</i>	T1	
*Intestinal Acidifiers***		
<i>enulose</i>	T1	
<i>generlac</i>	T1	
*Peripheral Opioid Receptor Antagonists***		
MOVANTI	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)
<i>calcium acetate (phos binder) oral capsule</i>	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)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	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)
REVELA ORAL PACKET 0.8 GM	T9	
REVELA ORAL PACKET 2.4 GM	T5	SP (Limited to a 1 month supply per fill)
REVELA ORAL TABLET	T9	
<i>sevelamer carbonate oral packet</i>	T5	SP (Limited to a 1 month supply per fill)
<i>sevelamer carbonate oral tablet</i>	T2	QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	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.***		
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
AVODART	T3	
<i>dutasteride oral</i>	T1	QL (30 capsules per 30 days)
<i>finasteride oral tablet 5 mg</i>	T1	
PROSCAR	T3	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	T3	ST
FLOMAX	T3	
RAPAFLO	T3	ST

Medication	Coverage Level	Restrictions
<i>silodosin</i>	T2	ST
<i>tamsulosin hcl</i>	T1	
UROXATRAL	T3	
*Citrates***		
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
ORACIT	T3	
<i>pot & sod cit-cit ac</i>	T1	
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T1	
<i>sod citrate-citric acid</i>	T1	
<i>tricitrates</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
*Cystinosis Agents***		
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	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***		
<i>dutasteride-tamsulosin hcl</i>	T2	ST
ENTADFI	T9	
JALYN	T3	ST
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	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)
<i>tiopronin oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid</i>	T1	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>allopurinol oral tablet 200 mg</i>	T9	
<i>colchicine oral</i>	T1	QL (120 capsules per 30 days)
COLCRYS	T9	
<i>febuxostat</i>	T1	QL (30 tablets per 30 days)
GLOPERBA	T9	
MITIGARE	T9	
ULORIC	T3	QL (30 tablets per 30 days)
ZYLOPRIM	T3	
*Uricosurics***		
<i>probenecid oral</i>	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
<i>rixubis</i>	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 (
<i>icatibant acetate</i>	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***		
<i>pentoxifylline er</i>	T1	
*Human Protein C***		
CEPROTIN	T3	
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol</i>	T1	
*Plasma Kallikrein Inhibitors***		
KALBITOR	T5	PA; SP (Limited to a 1 month supply per fill); AL
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er</i>	T1	
YOSPRALA	BE	
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral</i>	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***		
<i>bp vit 3</i>	T9	
CIFEREX	T9	
<i>fabb</i>	T9	
<i>folbee</i>	T9	
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIXAPURE	T9	
<i>folplex 2.2</i>	T9	
FOLTABS 800	T3	PV; AL
<i>ortho df</i>	T9	
<i>revesta</i>	T9	
VIRT-GARD	T9	
*Folic Acid/Folates***		
<i>cvs folic acid oral tablet 800 mcg</i>	T1	PV; AL
<i>folic acid oral capsule</i>	T9	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1	PV; AL
<i>gnp folic acid</i>	T1	PV; AL
<i>ra folic acid</i>	T1	PV; AL
<i>sm folic acid</i>	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
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	
<i>releuko subcutaneous</i>	T5	
UDENYCA	T9	
ZIEXTENZO	T9	
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA	T9	
*Iron Combinations***		
<i>active fe</i>	T9	
CENTRATEX	T9	
CORVITA 150	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	
<i>fe c tab plus</i>	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FERROCITE PLUS ORAL TABLET	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
<i>hematinic plus vit/minerals</i>	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	
<i>poly-iron 150 forte</i>	T9	
<i>purevit dualfe plus</i>	T9	
<i>se-tan plus</i>	T9	

Medication	Coverage Level	Restrictions
<i>taron forte</i>	T9	
<i>tl-hem 150</i>	T9	
TRICON	T9	
<i>trigels-f forte</i>	T9	
*Iron W/ Folic Acid***		
FOLIVANE-F	T9	
<i>hematinic/folic acid</i>	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	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL
<i>iron supplement childrens</i>	T1	PV; AL
<i>pc pediatric iron drops</i>	T1	PV; AL
POLY-IRON 150	T9	
<i>wee care</i>	T1	PV; AL
*Iron-B12-Folate***		
FERIVA 21/7	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	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)
<i>aminocaproic acid oral solution</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>aminocaproic acid oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
LYSTEDA	T3	
<i>tranexamic acid oral</i>	T1	
*Hemostatics - Topical***		
GELFOAM COMPRESSED SIZE 100	T9	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
*Benzodiazepine Hypnotics***		
<i>estazolam</i>	T1	QL (30 tablets per 30 days); AL
<i>flurazepam hcl</i>	T1	QL (30 capsules per 30 days); AL
HALCION	T3	QL (60 tablets per 30 days); AL
<i>midazolam hcl oral</i>	T1	
<i>quazepam</i>	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 capsules per 30 days); AL
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (30 tablets per 30 days); AL
<i>triazolam oral tablet 0.25 mg</i>	T1	QL (60 tablets per 30 days); AL
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet</i>	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	
<i>eszopiclone</i>	T1	QL (30 tablets per 30 days); AL
LUNESTA	T3	QL (30 tablets per 30 days); AL
<i>zaleplon</i>	T1	QL (30 capsules per 30 days); AL
<i>zolpidem tartrate er</i>	T1	QL (30 tablets per 30 days); AL
<i>zolpidem tartrate oral</i>	T1	QL (30 tablets per 30 days); AL
<i>zolpidem tartrate sublingual</i>	T9	
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	
<i>ramelteon</i>	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	
<i>na sulfate-k sulfate-mg sulf</i>	T3	
NULYTELY LEMON-LIME	T3	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	PV
<i>peg-3350/electrolytes</i>	T1	PV
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV
PEG-PREP	T1	PV
PLENVU	T3	PA; QL (60 granules per 30 days)
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
<i>gavilax</i>	T9	
<i>gentlelax oral powder</i>	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	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	

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

Medication	Coverage Level	Restrictions
<i>cvs bisacodyl oral</i>	T3	PV
<i>gnp laxative oral</i>	T3	PV
<i>hm laxative oral</i>	T3	PV
<i>laxative oral tablet delayed release</i>	T9	
<i>ra laxative oral tablet delayed release</i>	T3	PV
*Surfactant Laxatives***		
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
Macrolides		
*Azithromycin***		
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
*Clarithromycin***		
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	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)
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral</i>	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)
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
<i>self-taking blood pressure kit</i>	T2	QL (2 EA per 730 days)
*Cervical Caps***		
FEMCAP	T3	PV
*Condoms - Female***		
FC2 FEMALE CONDOM	T3	PV
*Condoms - Male***		
<i>aimsco lubricated</i>	T3	PV
<i>condoms</i>	T3	PV
DUREX REALFEEL	T3	PV
FANTASY LUBRICATED	T3	PV
<i>kimono</i>	T3	PV
<i>kimono micro thin</i>	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)
<i>easy talk control in vitro solution high , low</i>	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)
<i>freestyle libre 3 sensor</i>	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
<i>ergotamine-caffeine</i>	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***		
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T1	
ERGOMAR	T3	
MIGRANAL	T9	
TRUDHESA	T9	
*Selective Serotonin Agonist-Nsaid Combinations***		
<i>sumatriptan-naproxen sodium</i>	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
AMERGE	T3	QL (12 tablets per 30 days)
<i>eletriptan hydrobromide</i>	T9	
FROVA	T9	
<i>frovatriptan succinate</i>	T9	
IMITREX NASAL SOLUTION 20 MG/ACT	T3	QL (2 units per 30 days)
IMITREX NASAL SOLUTION 5 MG/ACT	T3	QL (4 units per 30 days)
IMITREX ORAL	T3	QL (18 tablets per 31 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	T3	QL (6 ML per 31 days)
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)
<i>naratriptan hcl</i>	T1	QL (12 EA per 30 days)
ONZETRA XSAIL	T9	
RELPAK	T9	
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1	QL (8 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	QL (3 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 pens per 30 days)
TOSYMRA	T9	
ZEMBRACE SYMTOUCH	T9	
<i>zolmitriptan nasal</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOMIG NASAL 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***		
<i>calcium-folic acid plus d</i>	T9	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T9	
*Fluoride Combinations***		
FLORIVA ORAL LIQUID	T9	
*Fluoride***		
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	
*Phosphate***		
K-PHOS-NEUTRAL	T9	
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>virt-phos 250 neutral</i>	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	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1	
<i>potassium chloride er oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	T1	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T3	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP (Limited to a 1 month supply per fill)
*Zinc***		
GALZIN	T9	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	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	
<i>d-penamine</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
SYPRINE	T9	
<i>trientine hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)

Medication	Coverage Level	Restrictions
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>cyclosporine modified oral capsule 50 mg</i>	T1	
<i>cyclosporine modified oral solution</i>	T1	
<i>cyclosporine oral capsule</i>	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***		
<i>lenalidomide</i>	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	
<i>mycophenolate mofetil oral capsule</i>	T1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1	AL
<i>mycophenolate mofetil oral tablet</i>	T1	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
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
ENVARUSUS XR	T3	ST
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	SP (Limited to a 1 month supply per fill)
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>sirolimus oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>tacrolimus oral</i>	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 tablets per 28 days)
*Potassium Removing Agents***		
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	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	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	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***		
<i>lidocaine viscous</i>	T1	
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche</i>	T1	
<i>nystatin mouth/throat</i>	T1	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
PERIDEX	T3	
*Dental Products - Combinations***		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
<i>sodium fluoride 5000 sensitive dental gel</i>	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	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental gel</i>	T1	
<i>sodium fluoride 5000 ppm dental paste</i>	T1	
<i>sodium fluoride dental gel 1.1 %</i>	T1	
<i>sodium fluoride mouth/throat</i>	T1	
*Protectants - Mouth/Throat***		
GELCLAIR	T9	
MUGARD	T9	
ORAMAGICRX	T9	

Medication	Coverage Level	Restrictions
*Saliva Stimulants***		
<i>cevimeline hcl</i>	T1	QL (90 capsules per 30 days)
EVOXAC	T2	QL (90 capsules per 30 days)
<i>pilocarpine hcl oral</i>	T1	QL (120 tablets per 30 days)
SALAGEN	T3	
*Steroids - Mouth/Throat/Dental***		
ORALONE	T3	
<i>triamcinolone acetonide mouth/throat</i>	T1	
Multivitamins		
*B-Complex W/ C & Folic Acid***		
DIALYVITE	T9	
DIALYVITE 800 ORAL TABLET	T3	PV; AL
<i>folbee plus</i>	T9	
<i>full spectrum b/vitamin c</i>	T3	PV; AL
MYNEPHRON	T9	
NEPHRO-VITE RX	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	PV; AL
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
<i>triphrocaps</i>	T9	
<i>virt-caps</i>	T9	
<i>vp-vite rx</i>	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***		
<i>b complex formula 1 (w/ fa)</i>	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
<i>classic prenatal</i>	T3	PV
<i>completenate</i>	T9	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	T3	PV
<i>gnp prenatal vitamins</i>	T3	PV
INATAL GT	T9	
<i>kpn prenatal</i>	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	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NESTABS	T3	
NESTABS DHA	T3	
NIVA-PLUS	T9	
PERRY PRENATAL	T3	PV
<i>pnv tabs 29-1</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>prena1 pearl</i>	T1	
PRENATABS RX	T9	
<i>prenatal (w/iron & fa)</i>	T1	PV
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1	
<i>prenatal complete</i>	T3	PV
<i>prenatal one daily</i>	T3	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatal plus vitamin/mineral</i>	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	
<i>ra one daily</i>	T3	PV
<i>ra prenatal</i>	T1	PV
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T9	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
TRICARE	T9	

Medication	Coverage Level	Restrictions
TRICARE PRENATAL COMPLEAT	T1	
<i>trinatal rx 1</i>	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	
<i>cvs prenatal multi+dha</i>	T3	PV
<i>neonatal + dha</i>	T9	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>prena 1 true</i>	T1	
<i>prenaissance</i>	T1	
<i>prenaissance plus</i>	T1	
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	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	
<i>tristart dha</i>	T9	
VITAFOL-ONE	T3	
VITATRUE	T3	
*Prenatal Vitamins***		
<i>prena1</i>	T1	
PRENATE AM	T3	

Medication	Coverage Level	Restrictions
Musculoskeletal Therapy Agents		
*Articular Cartilage Repair Therapy***		
CARTICEL	T9	
*Central Muscle Relaxants***		
AMRIX	T9	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral tablet</i>	T1	
<i>carisoprodol oral tablet 350 mg</i>	T1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T2	
<i>cyclobenzaprine hcl er</i>	T9	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	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	
<i>metaxalone oral tablet 400 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1	ST
<i>methocarbamol oral tablet 1000 mg</i>	T9	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>orphenadrine citrate er</i>	T1	
OZOBAX	T9	
SKELAXIN	T9	
SOMA ORAL TABLET 350 MG	T9	
<i>tizanidine hcl oral</i>	T1	
ZANAFLEX	T3	
*Direct Muscle Relaxants***		
DANTRIUM ORAL CAPSULE 25 MG	T3	
<i>dantrolene sodium oral</i>	T1	
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin-codeine</i>	T1	
<i>norgesic forte</i>	T9	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	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 acetanide 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	
<i>riluzole</i>	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***		
<i>l-leucine</i>	T9	
*Lipids***		
DOJOLVI	T9	
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
<i>brimonidine-dorzolamide</i>	T9	
SIMBRINZA	T2	
*Artificial Tear Inserts***		
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol</i>	T1	
COMBIGAN	T9	
COSOPT	T3	
<i>dorzolamide hcl-timolol mal</i>	T1	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic</i>	T2	
BETIMOL	T3	
BETOPTIC-S	T3	ST
<i>carteolol hcl</i>	T1	
ISTALOL	T9	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	

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

Medication	Coverage Level	Restrictions
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
ZADITOR	T1	
ZERVIAE	T9	
*Ophthalmic Antibiotics***		
AZASITE	T3	ST
BESIVANCE	T3	QL (1 bottle per 30 days)
CILOXAN OPHTHALMIC OINTMENT	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
GENTAK OPHTHALMIC OINTMENT	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>levofloxacin ophthalmic</i>	T1	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
OCUFLOX	T3	
<i>ofloxacin ophthalmic</i>	T1	
<i>tobramycin ophthalmic</i>	T1	
TOBREX OPHTHALMIC OINTMENT	T2	
VIGAMOX	T2	
ZYMAXID	T3	ST
*Ophthalmic Antifungal***		
NATACYN	T3	
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
POLYTRIM	T3	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic</i>	T1	
ZIRGAN	T3	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT	T3	
<i>brinzolamide</i>	T2	
<i>dorzolamide hcl ophthalmic</i>	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	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin-dexamethasone</i>	T1	
ZYLET	T3	ST
*Ophthalmic Steroids***		
ALREX	T3	ST
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
DEXYCU	T9	
<i>difluprednate</i>	T1	ST
DUREZOL	T3	ST
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
FLAREX	T2	
<i>fluorometholone ophthalmic</i>	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
<i>loteprednol etabonate</i>	T2	ST
MAXIDEX	T3	
PRED FORTE	T3	
PRED MILD	T3	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	

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

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

Medication	Coverage Level	Restrictions
*Alcohol Deterrents***		
<i>acamprosate calcium</i>	T1	
<i>disulfiram oral</i>	T1	
*Anti-Cataleptic Agents***		
XYREM	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
*Anti-Cataleptic Combinations***		
XYWAV	T9	
*Antidementia Agent Combinations***		
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline</i>	T1	
*Cholinomimetics - Ache Inhibitors***		
ADLARITY	T9	
ARICEPT	T3	
<i>donepezil hcl</i>	T1	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
RAZADYNE ER	T3	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	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***		
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XENAZINE	T9	
*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)
<i>*Multiple Sclerosis Agents - Interferons***</i>		
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)
<i>*Multiple Sclerosis Agents - Monoclonal Antibodies***</i>		
LEMTRADA	T9	
<i>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</i>		
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	
<i>dalfampridine er</i>	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***		
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (60 tablets per 30 days); AL
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL (1 tablets per 365 days); AL
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL
NAMENDA TITRATION PAK	T3	QL (1 pack per 365 days); AL
NAMENDA XR	T3	QL (30 capsules per 30 days); AL
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline</i>	T1	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***		
GRALISE ORAL TABLET	T3	PA; QL (90 tablets per 30 days)
LYRICA CR	T9	
<i>pregabalin er</i>	T9	
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
<i>fluoxetine hcl (pmdd) oral tablet</i>	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.***		
<i>ergoloid mesylates oral</i>	T1	
<i>pimozide oral tablet 1 mg</i>	T1	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1	QL (150 tablets per 30 days)
*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***		
<i>apo-varenicline</i>	T2	PV; QL (60 tablets per 30 Days)
<i>bupropion hcl er (smoking det)</i>	T1	PV
<i>cvs nicotine polacrilex</i>	T1	
<i>cvs nicotine transdermal</i>	T1	
<i>eq nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>gnp nicotine mini</i>	T1	PV
<i>gnp nicotine mouth/throat</i>	T1	PV
<i>goodsense nicotine</i>	T1	PV
<i>hm nicotine</i>	T1	PV
<i>hm nicotine polacrilex</i>	T1	PV
KLS QUIT2	T3	PV
KLS QUIT4	T3	PV
NICODERM CQ	T9	
NICORETTE	T9	
<i>nicotine mini</i>	T1	PV
<i>nicotine polacrilex mouth/throat</i>	T1	PV
<i>nicotine transdermal kit</i>	T3	PV
<i>nicotine transdermal patch 24 hour</i>	T1	PV
NICOTROL	T3	PV; QL (1 box per 30 days)
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
<i>px stop smoking aid mouth/throat lozenge</i>	T3	PV
<i>ra mini nicotine</i>	T1	PV
<i>ra nicotine mouth/throat</i>	T1	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	PV
<i>sm nicotine polacrilex</i>	T1	PV
<i>sm nicotine transdermal</i>	T1	PV
<i>varenicline tartrate oral</i>	T2	PV
<i>varenicline tartrate oral tablet</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varenicline tartrate oral tablet therapy pack</i>	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)
<i>*Thienbenzodiazepines & Opioid Antagonists***</i>		
LYBALVI	T9	
<i>*Thienbenzodiazepines & Ssrís***</i>		
olanzapine-fluoxetine hcl	T9	
SYMBYAX ORAL CAPSULE 6-25 MG	T9	
<i>*Vasomotor Symptom Agents - Ssrís***</i>		
BRISDELLE	T9	
paroxetine mesylate	T9	
<i>*Respiratory Agents - Misc.*</i>		
<i>*Cystic Fibrosis Agent - Combinations***</i>		
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)
<i>*Cystic Fibrosis Agents - Miscellaneous***</i>		
BRONCHITOL	T9	
<i>*Pulmonary Fibrosis Agents - Kinase Inhibitors***</i>		
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)
<i>pirfenidone oral tablet 267 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral</i>	T2	
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
*Fluorocyclines***		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
*Tetracyclines***		
ACTICLATE	T9	
<i>demeclocycline hcl oral</i>	T3	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1	

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

Medication	Coverage Level	Restrictions
<i>levothyroxine sodium intravenous solution reconstituted 500 mcg</i>	T5	SP (Limited to a 1 month supply per fill)
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1	
LEVOXYL	T1	
<i>liothyronine sodium oral</i>	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)
<i>tetanus-diphtheria toxoids td</i>	T6 - \$0 Copay	QL (1 dose per 10 years)
VAXELIS	T6 - \$0 Copay	PV
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<i>chlordiazepoxide-clidinium</i>	T2	
DONNATAL	T9	

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

Medication	Coverage Level	Restrictions
FIRST-LANSOPRAZOLE	BE	
FIRST-OMEPRAZOLE	BE	
<i>lansoprazole oral capsule delayed release</i>	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	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
PREVACID 24HR	BE	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	BE	
PRILOSEC OTC	T9	
PROTONIX ORAL TABLET DELAYED RELEASE	BE	
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
*Quaternary Anticholinergics***		
CUVPOSA	T3	QL (31 Day Supply per 1 Dispensing); AL
DARTISLA ODT	T9	
GLYCATE	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T3	AL
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>methscopolamine bromide oral</i>	T2	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
PYLERA	T9	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz</i>	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***		
<i>bcg vaccine injection solution reconstituted</i>	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	
DENGVAIXA	T9	
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
ENGRIX-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	
<i>janssen covid-19 vaccine</i>	T6 - \$0 Copay	PV
JYNNEOS	T6 - \$0 Copay	PV
<i>moderna covid-19 bival booster</i>	T6 - \$0 Copay	
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vacc 6-11y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vacc 6m-5y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vaccine</i>	T6 - \$0 Copay	PV
<i>novavax covid-19 vaccine</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac bival 5-11</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac bivalent</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 5-11y</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 6m-4y</i>	T6 - \$0 Copay	PV
<i>pfizer-biontech covid-19 vacc</i>	T6 - \$0 Copay	PV
<i>prehevbrio</i>	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	
<i>terconazole vaginal cream 0.4 %</i>	T1	
<i>terconazole vaginal suppository</i>	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	
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE	T3	ST
<i>metronidazole vaginal</i>	T1	
NUVESSA	T9	
VANDAZOLE	T1	
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI	T3	QL (12 tubes per 30 days)
*Vaginal Estrogens***		
ESTRACE VAGINAL	T9	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	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	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
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***		
<i>droxidopa</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
NORTHERA	T9	SP ()
*Vasopressors***		
<i>midodrine hcl</i>	T1	
Vitamins		
*Paba***		
POTABA ORAL CAPSULE	T9	
*Vitamin B-3***		
<i>niacin oral tablet 500 mg</i>	T9	
*Vitamin D***		
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
DRISDOL ORAL CAPSULE	T3	
REPLESTA	T9	
REPLESTA NX	T9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1	PV; AL
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1	PV; AL
*Vitamin K***		
MEPHYTON	T3	QL (3 tablets per 30 days)
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)

Index

3 SERIES BP

MONITOR/WRIST	122	ADACEL	151	<i>albendazole</i>	17
<i>abacavir sulfate</i>	65	<i>adapalene</i>	84	ALBENZA	17
ABILIFY	61	<i>adapalene-benzoyl peroxide</i>	83	<i>albuterol sulfate</i>	20
ABILIFY MYCITE	61	ADASUVE	61	<i>albuterol sulfate hfa</i>	20
ABILIFY MYCITE		ADBRY	88	<i>alclometasone dipropionate</i>	89
MAINTENANCE KIT	61	ADCIRCA	72	ALDACTAZIDE	99
ABILIFY MYCITE STARTER		ADDERALL	4	ALDACTONE	99
KIT	61	ADDERALL XR	4	<i>alendronate sodium</i>	100
<i>abiraterone acetate</i>	50	ADDYI	147	<i>alfuzosin hcl er</i>	110
ABSORICA	84	<i>adefovir dipivoxil</i>	67	ALINIA	47
ABSORICA LD	84	ADEMPAS	72	<i>aliskiren fumarate</i>	46
<i>acamprosate calcium</i>	144	ADHANSIA XR	6	ALKERAN	56
ACANYA	83	ADLARITY	144	ALKINDI SPRINKLE	80
<i>acarbose</i>	31	ADLYXIN	35	ALLEGRA ALLERGY	40
ACCOLATE	21	ADLYXIN STARTER PACK	35	ALLEGRA ALLERGY	
ACCRUFER	117	ADMELOG	32	CHILDRENS	40
ACCU-CHEK AVIVA PLUS	97	ADMELOG SOLOSTAR	32	ALLEGRA-D ALLERGY &	
ACCU-CHEK FASTCLIX		ADRENALIN	136	CONGESTION	82
LANCET	122	<i>adult blood pressure cuff lg</i>	122	ALLI	6
ACCU-CHEK SMARTVIEW	97	ADVAIR DISKUS	19	<i>allopurinol</i>	112
ACCU-CHEK SOFTCLIX		ADVAIR HFA	19	ALLZITAL	11
LANCET DEV	122	ADVATE	112	<i>almotriptan malate</i>	125
ACCUPRIL	44	ADZENYS XR-ODT	4	ALOCRIL	138
ACCURETIC	43	AEMCOLO	46	<i>alogliptin benzoate</i>	32
AC CUTANE	84	AEROCHAMBER PLUS FLO-		<i>alogliptin-metformin hcl</i>	32
<i>acebutolol hcl</i>	69	VU	124	<i>alogliptin-pioglitazone</i>	32
<i>acetaminophen-codeine</i>	12	AEROCHAMBER PLUS FLO-		ALOMIDE	138
<i>acetaminophen-codeine #2</i>	12	VU LARGE	124	ALORA	106
<i>acetaminophen-codeine #3</i>	12	AEROCHAMBER PLUS FLO-		<i>alosetron hcl</i>	108
<i>acetaminophen-codeine #4</i>	12	VU SMALL	124	ALPAWASH	143
<i>acetazolamide</i>	99	AEROCHAMBER PLUS FLO-		ALPHAGAN P	140
<i>acetazolamide er</i>	99	VU W/MASK	124	ALPHANATE	112
<i>acetic acid</i>	142	AFEDITAB CR	70	ALPHANINE SD	112
<i>acetylcysteine</i>	82	AFIRMELLE	74	<i>alprazolam</i>	18
<i>acidophilus lactobacillus</i>	74	AFLURIA QUADRIVALENT ...	155	<i>alprazolam er</i>	18
ACIPHEX	152	AFREZZA	33	ALPRAZOLAM INTENSOL	18
<i>acitretin</i>	87	AFTERA	78	ALREX	141
<i>acne medication 10</i>	84	AFTERPILL	78	ALTABAX	86
<i>acne medication 5</i>	84	AGAMATRIX AMP TEST	97	ALTACE	44
ACTHAR	100	AGRYLIN	114	ALTAVERA	74
ACTICLATE	149	AIMOVIG	124	ALTOPREV	42
ACTIMMUNE	54	<i>aimsco lubricated</i>	122	ALTRENO	85
ACTIQ	12	AIRDUO DIGIHALER	19	ALVESCO	22
<i>active fe</i>	116	AIRDUO RESPICLICK 113/14 ..	19	<i>alyacen 1/35</i>	74
ACTIVELLA	105	AIRDUO RESPICLICK 232/14 ..	19	<i>alyacen 7/7/7</i>	79
ACTONEL	100	AIRDUO RESPICLICK 55/14 ...	19	<i>amantadine hcl</i>	57
ACTOPLUS MET	37	AJOVY	124	AMARYL	36
ACTOS	37	AKLIEF	85	AMBIEN	118
ACULAR	140	AKYNZEO	38	AMBIEN CR	118
ACULAR LS	140	ALA SCALP	89	<i>ambrisentan</i>	72
ACUVAIL	140	<i>ala-cort</i>	89	<i>amcinonide</i>	89
<i>acyclovir</i>	68, 88	ALAVERT	40	AMERGE	125
ACZONE	83	ALAVERT ALLERGY/SINUS ...	82	AMETHIA	78
		ALAWAY	138	AMETHYST	78

AMICAR	117	APRISO	108	<i>atorvastatin calcium</i>	42
<i>amiloride hcl</i>	99	APTENSIO XR	6	<i>atovaquone</i>	47
<i>amiloride-hydrochlorothiazide</i>	99	APTIOM	24	<i>atovaquone-proguanil hcl</i>	48
<i>aminocaproic acid</i>	117, 118	APTIVUS	64	ATRALIN	85
<i>amiodarone hcl</i>	19	AQUANIL HC	89	ATRAPRO HYDROGEL	97
AMITIZA	107	ARAKODA	49	ATRIPLA	62
<i>amitriptyline hcl</i>	30	ARANELLE	79	<i>atropine sulfate</i>	138, 152
<i>amlodipine besy-benazepril hcl</i> ..	43	ARANESP (ALBUMIN FREE)	114, 115	ATROVENT HFA	21
<i>amlodipine besylate</i>	70	ARAVA	11	AUBRA	74
<i>amlodipine besylate-valsartan</i>	44	ARAZLO	85	AUBRA EQ	74
<i>amlodipine-atorvastatin</i>	71	<i>arformoterol tartrate</i>	20	AUGMENTIN	143
<i>amlodipine-olmesartan</i>	44	ARICEPT	144	AUROVELA 1.5/30	75
<i>ammonium lactate</i>	92	ARIKEYCE	8	AUROVELA 1/20	75
AMNESTEEM	85	ARIMIDEX	55	AUROVELA 24 FE	75
<i>amoxapine</i>	30	<i>aripiprazole</i>	61	AUROVELA FE 1.5/30	75
<i>amoxicill-clarithro-lansopraz</i>	153	ARIXTRA	23	AUROVELA FE 1/20	75
<i>amoxicillin</i>	143	<i>armodafinil</i>	6	AURYXIA	109
<i>amoxicillin-pot clavulanate</i>	143	ARMONAIR DIGIHALER	22	AUVI-Q	158
<i>amoxicillin-pot clavulanate er</i> ...	143	ARMOUR THYROID	150	AVALIDE	45
<i>amphetamine sulfate</i>	4	ARNUITY ELLIPTA	22	AVAPRO	45
<i>amphetamine-dextroamphet er</i>	4	AROMASIN	55	AVAR CLEANSER	83
<i>amphetamine-</i> <i>dextroamphetamine</i>	4	ARTHROTEC	9	AVAR LS CLEANSER	83
<i>ampicillin</i>	143	ASACOL HD	108	AVAR-E EMOLLIENT	83
AMPYRA	146	ASCOMP-CODEINE	12	AVAR-E GREEN	83
AMRIX	135	ASCRIPITIN	11	AVAR-E LS	83
AMZEEQ	83	<i>asenapine maleate</i>	60	AVIANE	75
ANAFRANIL	30, 31	ASHLYNA	78	AVITA	85
<i>anagrelide hcl</i>	114	ASMANEX (120 METERED DOSES)	22	AVO CREAM	97
ANALPRAM-HC	16	ASMANEX (14 METERED DOSES)	22	AVODART	110
ANAPROX DS	9	ASMANEX (30 METERED DOSES)	22	AVSOLA	110
ANASPAZ	152	ASMANEX (60 METERED DOSES)	22	AYGESTIN	143
<i>anastrozole</i>	55	ASMANEX HFA	22	AYUNA	75
ANDRODERM	15	<i>aspirin 81</i>	11	AYVAKIT	53, 54
ANDROGEL	15	<i>aspirin adult</i>	11	AZASAN	129
ANDROGEL PUMP	15	<i>aspirin ec</i>	11	AZASITE	139
ANGELIQ	105	<i>aspirin ec low dose</i>	11	<i>azathioprine</i>	129
ANNOVERA	78	<i>aspirin-dipyridamole er</i>	113	<i>azelaic acid</i>	95
ANORO ELLIPTA	19	ASPRUZYO SPRINKLE	17	<i>azelastine hcl</i>	136, 138
ANTARA	41	ASSURE 4 TEST	97	<i>azelastine-fluticasone</i>	136
ANTIVERT	38	ASSURE PLATINUM	97	AZELEX	85
ANUSOL-HC	16	ASSURE PRISM MULTI TEST ..	97	AZILECT	58
ANZEMET	38	ASTAGRAF XL	129	<i>azithromycin</i>	121
APADAZ	14	ATACAND	45	AZOPT	139
APEXICON E	89	ATACAND HCT	44	AZOR	44
APIDRA	33	<i>atazanavir sulfate</i>	64	AZSTARYS	6
APIDRA SOLOSTAR	33	ATELVIA	100	AZULFIDINE	108
APLENZIN	28	<i>atenolol</i>	69	AZULFIDINE EN-TABS	108
APLISOL	97	<i>atenolol-chlorthalidone</i>	46	AZURETTE	74
APOKYN	59	ATIVAN	18	<i>b complex formula 1 (wl fa)</i>	131
<i>apomorphine hcl</i>	59	<i>atomoxetine hcl</i>	4	<i>bacitracin-polymyxin b</i>	139
<i>apo-varenicline</i>	147			<i>bacitra-neomycin-polymyxin-hc</i>	140
<i>apraclonidine hcl</i>	140			<i>baclofen</i>	135
<i>aprepitant</i>	38			BACMIN	132
APRI	74			BACTRIM	47
				BACTRIM DS	47

BAFIERTAM	145	<i>bexarotene</i>	57, 96	BRYHALI	89
BALCOLTRA	75	BEXSERO	155	BSS	140
<i>balsalazide disodium</i>	108	BEYAZ	75	BSS PLUS	140
BALVERSA	51	BIAFINE	97	<i>budesonide</i>	22, 80, 136
BALZIVA	75	<i>bicalutamide</i>	50	<i>budesonide er</i>	80
BANZEL	24	BIDIL	72	<i>budesonide-formoterol</i>	
BAQSIMI ONE PACK	31	BIJUVA	105	<i>fumarate</i>	19
BAQSIMI TWO PACK	31	BIKTARVY	62	<i>buffered aspirin</i>	11
BARACLUDE	67	BILTRICIDE	17	BUFFERIN	11
BASAGLAR KWIKPEN	33	<i>bimatoprost</i>	95, 142	<i>bumetanide</i>	99
BASAGLAR TEMPO PEN	33	BINOSTO	100	BUNAVAIL	14
BAXDELA	106	BIONECT	97	BUPAP	11
<i>bcg vaccine</i>	155	BIOTHRAX	155	BUPHENYL	105
BD INSULIN SYRINGE		<i>bisacodyl</i>	120	<i>buprenorphine</i>	15
MICROFINE	123	<i>bisacodyl ec</i>	120	<i>buprenorphine hcl</i>	14
BD INSULIN SYRINGE U/F	123	<i>bisoprolol fumarate</i>	69	<i>buprenorphine hcl-naloxone hcl</i>	15
BD PEN NEEDLE MINI U/F	123	<i>bisoprolol-hydrochlorothiazide</i>	46	<i>bupropion hcl</i>	28
BECONASE AQ	136	BLEPH-10	142	<i>bupropion hcl er (smoking det)</i>	147
BELBUCA	14	BLEPHAMIDE	140	<i>bupropion hcl er (sr)</i>	28
<i>belladonna alkaloids-opium</i>	151	BLEPHAMIDE S.O.P.	141	<i>bupropion hcl er (xl)</i>	28
BELSOMRA	118	BLISOVI 24 FE	75	<i>buspirone hcl</i>	18
<i>benazepril hcl</i>	44	BLISOVI FE 1.5/30	75	<i>butalbital-acetaminophen</i>	11
<i>benazepril-hydrochlorothiazide</i>	43	BLISOVI FE 1/20	75	<i>butalbital-apap-caff-cod</i>	12
BENEFIX	112	<i>blood pressure monitor</i>	122	<i>butalbital-apap-caffeine</i>	11
BENICAR	45	BLOOD PRESSURE		<i>butalbital-asa-caff-codeine</i>	12
BENICAR HCT	45	MONITOR 3	122	<i>butalbital-aspirin-caffeine</i>	11
<i>bensal hp</i>	93	BONIVA	100	<i>butorphanol tartrate</i>	15
BENZAC AC WASH	85	BONJESTA	38	BUTRANS	15
BENZEPRO	85	BOOSTRIX	151	BYDUREON BCISE	35
BENZEPRO CREAMY WASH	85	<i>bosentan</i>	72	BYETTA 10 MCG PEN	35
BENZEPRO FOAMING		<i>bp 10-1</i>	83	BYETTA 5 MCG PEN	35
CLOTHS	85	<i>bp cleansing wash</i>	83	BYLVAY	108
<i>benznidazole</i>	17	<i>bp gel</i>	85	BYLVAY (PELLETS)	108
<i>benzonatate</i>	81, 82	<i>bp vit 3</i>	115	BYSTOLIC	69
<i>benzoyl peroxide</i>	85	<i>bp wash</i>	85	<i>cabergoline</i>	101
<i>benzoyl peroxide wash</i>	85	<i>bpo</i>	85	CADUET	71
<i>benzoyl peroxide-erythromycin</i>	83	<i>bpo foaming cloths</i>	85	CAFERGOT	124
<i>benzphetamine hcl</i>	5	BPROTECTED PEDIA IRON	117	<i>caffeine citrate</i>	5
<i>benztropine mesylate</i>	57	BREO ELLIPTA	19	CALAN SR	70
<i>bepotastine besilate</i>	138	BREXAFEMME	38	<i>calcipotriene</i>	87
BEPREVE	138	BREZTRI AEROSPHERE	19	<i>calcipotriene-betameth diprop</i>	96
BESIVANCE	139	<i>briellyn</i>	75	<i>calcitonin (salmon)</i>	100
BESREMI	54	BRILINTA	113	<i>calcitriol</i>	87, 102
<i>betaine</i>	102	<i>brimonidine tartrate</i>	140	<i>calcium acetate (phos binder)</i>	109
<i>betamethasone dipropionate</i>	89	<i>brimonidine tartrate-timolol</i>	137	<i>calcium-folic acid plus d</i>	126
<i>betamethasone dipropionate</i>		<i>brimonidine-dorzolamide</i>	137	CAMBIA	125
<i>aug</i>	89	<i>brinzolamide</i>	139	CAMILA	79
<i>betamethasone valerate</i>	89	BRISDELLE	148	CAMRESE	78
BETAPACE	69	BRIVIACT	24	CAMRESE LO	78
<i>betaxolol hcl</i>	69, 137	<i>bromfenac sodium (once-daily)</i>	140	CAMZYOS	71
<i>bethanechol chloride</i>	154	<i>bromocriptine mesylate</i>	57	CANASA	108
BETHKIS	8	BROMSITE	140	<i>candesartan cilexetil</i>	45
BETIMOL	137	BRONCHITOL	148	<i>candesartan cilexetil-hctz</i>	45
BETOPTIC-S	137	BROVANA	20	CANDIN	97
BEVESPI AEROSPHERE	19	BRUKINSA	51	<i>capecitabine</i>	50

CAPEX	89	CELONTIN	27	CITRANATAL BLOOM	132
CAPLYTA	59	CENTANY	86	CITRANATAL DHA	134
CAPRELSA	53	CENTRATEX	116	CITRANATAL HARMONY	134
<i>captopril</i>	44	<i>cephalexin</i>	73	CITRANATAL RX	132
CARAC	87	CEPROTIN	113	<i>citrate of magnesia</i>	120
CARAFATE	152	CEQUA	140	CITROMA	120
<i>carbamazepine</i>	24	CERACADE	94	CLARAVIS	85
<i>carbamazepine er</i>	24	CETACAINE	96	CLARINEX	40
CARBATROL	24	<i>cetirizine hcl</i>	40	CLARINEX-D 12 HOUR	82
<i>carbidopa</i>	58	<i>cetirizine hcl childrens alrgy</i>	40	<i>clarithromycin</i>	121
<i>carbidopa-levodopa</i>	58	<i>cetirizine-pseudoephedrine er</i>	82	<i>clarithromycin er</i>	121
<i>carbidopa-levodopa er</i>	58	CETRAHAL	142	CLARITIN	40
<i>carbidopa-levodopa-</i> <i>entacapone</i>	58	<i>cetrorelix acetate</i>	101	CLARITIN REDITABS	40
<i>carbinoxamine maleate</i>	40	CETROTIDE	101	CLARITIN-D 12 HOUR	82
CARDIZEM	70	<i>cevimeline hcl</i>	131	CLARITIN-D 24 HOUR	82
CARDIZEM CD	70	CHARLOTTE 24 FE	75	<i>classic prenatal</i>	133
CARDIZEM LA	70	CHATEAL	75	CLEARLAX	119
CARDURA	46	CHATEAL EQ	75	<i>clemastine fumarate</i>	40
CARDURA XL	110	CHEMET	37	CLENIA PLUS	83
CARETOUCH CONTROL SOL LEVEL 2	122	<i>childrens aspirin</i>	11	CLENPIQ	119
<i>carglumic acid</i>	102	<i>childrens loratadine</i>	40	CLEOCIN	47, 157
<i>carisoprodol</i>	135	<i>chlordiazepoxide hcl</i>	18	CLEOCIN-T	83
<i>carisoprodol-aspirin-codeine</i>	135	<i>chlordiazepoxide-amitriptyline</i> ..	144	CLIMARA	106
CARNITOR	100	<i>chlordiazepoxide-clidinium</i>	151	CLIMARA PRO	105
CARNITOR SF	100	<i>chlorhexidine gluconate</i>	130	CLINDAGEL	83
CAROSPIR	99	<i>chloroquine phosphate</i>	49	<i>clindamycin hcl</i>	47
<i>carteolol hcl</i>	137	<i>chlorpheniramine maleate er</i>	40	<i>clindamycin palmitate hcl</i>	47
CARTIA XT	70	<i>chlorpromazine hcl</i>	61	<i>clindamycin phos-benzoyl</i> <i>perox</i>	83, 84
CARTICEL	135	<i>chlorthalidone</i>	99	<i>clindamycin phosphate</i>	83, 157
<i>carvedilol</i>	69	<i>chlorzoxazone</i>	135	<i>clindamycin-tretinoin</i>	84
<i>carvedilol phosphate er</i>	69	<i>cholestyramine</i>	41	CLINDESSE	157
CASODEX	50	<i>cholestyramine light</i>	41	<i>clobazam</i>	24
CATAPRES-TTS-1	45	<i>chorionic gonadotropin</i>	103	<i>clobetasol prop emollient base</i> ...	89
CATAPRES-TTS-2	45	CIALIS	73	<i>clobetasol propionate</i>	89, 90
CATAPRES-TTS-3	45	CIBINQO	88	<i>clobetasol propionate emulsion</i> ..	89
CAVERJECT	72	<i>ciclopirox</i>	86	CLOBEX	90
CAVERJECT IMPULSE	72	<i>ciclopirox olamine</i>	86	CLOBEX SPRAY	90
CAYA	122	<i>ciclopirox treatment</i>	86	<i>clocortolone pivalate</i>	90
CAYSTON	48	CIFEREX	115	CLODAN	90, 96
CAZANT	80	<i>cilostazol</i>	113	CLODERM	90
<i>cefaclor</i>	73	CILOXAN	139	<i>clomiphene citrate</i>	103
<i>cefaclor er</i>	73	CIMDUO	62	<i>clomipramine hcl</i>	31
<i>cefadroxil</i>	73	<i>cimetidine</i>	152	<i>clonazepam</i>	24
<i>cefdinir</i>	74	<i>cimetidine hcl</i>	152	<i>clonidine</i>	45
<i>cefixime</i>	74	<i>cinacalcet hcl</i>	100	<i>clonidine hcl</i>	45
<i>cefepodoxime proxetil</i>	74	CIPRO	106	<i>clonidine hcl er</i>	4
<i>cefprozil</i>	74	CIPRO HC	142	<i>clonidine hcl er</i>	4
<i>cefuroxime axetil</i>	74	CIPRODEX	142	<i>clopidogrel bisulfate</i>	114
CELACYN	95	<i>ciprofloxacin hcl</i>	107, 139, 142	<i>clorazepate dipotassium</i>	18
CELEBREX	9	<i>ciprofloxacin-dexamethasone</i> ...142		<i>clotrimazole</i>	92, 130
<i>celecoxib</i>	9	<i>ciprofloxacin-fluocinolone pf</i>	142	<i>clotrimazole-betamethasone</i>	86
CELEXA	29	<i>citalopram hydrobromide</i>	29	<i>clozapine</i>	60
CELLCEPT	128	CITRANATAL 90 DHA	134	CLOZARIL	60
		CITRANATAL ASSURE	134	COAGADEX	112
		CITRANATAL B-CALM	132	<i>coal tar</i>	96

COARTEM	48	COZAAR	45	DARTISLA ODT	153
<i>codeine sulfate</i>	12	CREON	98	DASETTA 1/35	75
<i>coenzyme q10</i>	74	CRESEMBA	39	DASETTA 7/7/7	80
<i>coenzyme q-10</i>	8	CRESTOR	42	DAURISMO	52
COLAZAL	108	CRINONE	157	DAYPRO	9
<i>colchicine</i>	112	<i>cromolyn sodium</i>	20, 107, 138	DAYSEE	79
<i>colchicine-probenecid</i>	112	CRYSELLE-28	75	DAYTRANA	6
COLCRYS	112	CUPRIMINE	127	DAYVIGO	118
<i>colesevelam hcl</i>	41	CUVPOSA	153	DDAVP	105
COLESTID	41	<i>cvs aspirin</i>	11	DEBLITANE	79
<i>colestipol hcl</i>	41	<i>cvs aspirin adult low dose</i>	11	DECARA	158
<i>colistimethate sodium (cba)</i>	48	<i>cvs aspirin ec</i>	11	<i>deferasirox</i>	37
COMBIGAN	137	<i>cvs bisacodyl</i>	121	<i>deferasirox granules</i>	37
COMBIPATCH	105	<i>cvs folic acid</i>	115	<i>deferiprone</i>	37
COMBIVENT RESPIMAT	19	<i>cvs magnesium citrate</i>	120	DELESTROGEN	106
COMBIVIR	62	<i>cvs milk of magnesia</i>	120	DELSTRIGO	62
COMETRIQ (100 MG DAILY DOSE)	53	<i>cvs nicotine</i>	147	DELZICOL	108
COMETRIQ (140 MG DAILY DOSE)	53	<i>cvs nicotine polacrilex</i>	147	<i>demeclocycline hcl</i>	149
COMETRIQ (60 MG DAILY DOSE)	53	<i>cvs prenatal</i>	133	DEMSE	44
COMIRNATY	155	<i>cvs prenatal multi+dha</i>	134	DENAVIR	88
COMPLERA	62	CVS PURELAX	119	DENG VAXIA	155
<i>completenate</i>	133	<i>cyanocobalamin</i>	114	DENTA 5000 PLUS	130
COMPRO	61	CYCLAFEM 1/35	75	DENTAGEL	130
COMTAN	59	CYCLAFEM 7/7/7	80	DEPAKOTE	28
CONCERTA	6	<i>cyclobenzaprine hcl</i>	135	DEPAKOTE ER	28
<i>condoms</i>	122	<i>cyclobenzaprine hcl er</i>	135	DEPAKOTE SPRINKLES	28
CONDYLOX	93	CYCLOGYL	138	DEPEN TITRATABS	127
CONJUPRI	70	CYCLOMYDRIL	138	DEPO-PROVERA	79
CONSENSI	70	<i>cyclopentolate hcl</i>	138	DEPO-TESTOSTERONE	15
CONTOUR NEXT TEST	97	<i>cyclophosphamide</i>	56	DERMA-SMOOTH/FS BODY	90
CONTRACE	5	<i>cycloserine</i>	49	DERMA-SMOOTH/FS SCALP	90
CONZIP	12	CYCLOSET	32	DERMAZENE	86
COPAXONE	146	<i>cyclosporine</i>	128, 140	DESCOVY	62
COPIKTRA	56	<i>cyclosporine modified</i>	128	<i>desipramine hcl</i>	31
CORDRAN	90	CYMBALTA	30	<i>desloratadine</i>	40
COREG	69	<i>cyproheptadine hcl</i>	41	<i>desmopressin ace spray refig</i>	105
COREG CR	69	CYRED	75	<i>desmopressin acetate</i>	105
CORGARD	69	CYRED EQ	75	<i>desmopressin acetate spray</i>	105
CORLANOR	73	CYSTADANE	102	<i>desogestrel-ethinyl estradiol</i>	74, 75
CORTANE-B	95	CYSTARAN	142	<i>desonide</i>	90
CORTEF	80	CYTOMEL	150	DESOWEN	90
CORTENEMA	16	CYTOTEC	154	<i>desoximetasone</i>	90
CORTIFOAM	16	<i>cytra k crystals</i>	111	DESODYN	4
CORTROPHIN	100	<i>cytra-2</i>	111	<i>desvenlafaxine er</i>	30
CORVITA 150	116	CYTRA-3	111	<i>desvenlafaxine succinate er</i>	30
CORVITE 150	116	<i>cytra-k</i>	111	DETROL	154
<i>corvite fe</i>	116	<i>dabigatran etexilate mesylate</i>	23	DETROL LA	154
COSOPT	137	<i>dalfampridine er</i>	146	<i>dexabliss</i>	80
COTELLIC	52	DALIRESP	21	<i>dexamethasone</i>	81
COTEMPLA XR-ODT	6	<i>danazol</i>	15	DEXAMETHASONE	
COVARYX	105	DANTRIUM	135	INTENSOL	80
COVARYX HS	105	<i>dantrolene sodium</i>	135	<i>dexamethasone sodium phosphate</i>	141
		<i>dapsone</i>	47, 83	DEXCOM G6 RECEIVER	122
		DARAPRIM	49		
		<i>darifenacin hydrobromide er</i>	154		

DEXCOM G6 SENSOR	122	DIOVAN	45	DUPIXENT	88, 89
DEXCOM G6 TRANSMITTER	122	DIOVAN HCT	45	DUREX REALFEEL	122
DEXEDRINE	4, 5	DIPENTUM	108	DUREZOL	141
DEXILANT	152	<i>diphenhydramine hcl</i>	40	DURLAZA	113
<i>dexlansoprazole</i>	152	<i>diphenoxylate-atropine</i>	37	<i>dutasteride</i>	110
<i>dexmethylphenidate hcl</i>	6	DIPROLENE	90	<i>dutasteride-tamsulosin hcl</i>	111
<i>dexmethylphenidate hcl er</i>	6	<i>dipyridamole</i>	113	DUTOPROL	46
DEXONTO 0.4%	81	<i>disopyramide phosphate</i>	18	DYANAVEL XR	5
<i>dextroamphetamine sulfate</i>	5	<i>disulfiram</i>	144	DYMISTA	136
<i>dextroamphetamine sulfate er</i>	5	DITROPAN XL	154	DYRENIUM	99
DEXYCU	141	DIURIL	99	E.E.S. 400	121
DHIVY	58	<i>divalproex sodium</i>	28	E.E.S. GRANULES	121
DIACOMIT	24	<i>divalproex sodium er</i>	28	EASIVENT	124
DIALYVITE	131	DIVIGEL	106	EASIVENT MASK LARGE	124
DIALYVITE 3000	131	DOANS PILLS	11	EASIVENT MASK MEDIUM	124
DIALYVITE 5000	131	<i>dofetilide</i>	19	EASIVENT MASK SMALL	124
DIALYVITE 800	131	DOJOLVI	137	<i>easy talk control</i>	122
DIALYVITE 800/IRON	131	DOLISHALE	78	<i>easy talk plus ii test strips</i>	97
DIALYVITE/ZINC	131	DOMBORO	88	<i>easy trak ii glucose test</i>	97
DIASTAT ACUDIAL	24	<i>donepezil hcl</i>	144	EC-NAPROSYN	9
DIASTAT PEDIATRIC	24	DONNATAL	151	<i>econazole nitrate</i>	92
<i>diazepam</i>	18, 24	DOPTelet	117	ECONTRA EZ	78
DIAZEPAM INTENSOL	18	DORYX	149	ECONTRA ONE-STEP	78
<i>diazoxide</i>	31	DORYX MPC	149	ECOTRIN	11
DIBENZYLINE	44	<i>dorzolamide hcl</i>	139	ECOTRIN LOW STRENGTH	11
DICLEGIS	38	<i>dorzolamide hcl-timolol mal</i>	137	ECOZA	92
<i>diclofenac</i>	9	DOTTI	106	EDARBI	45
<i>diclofenac potassium</i>	9	DOVATO	62	EDARBYCLOR	45
<i>diclofenac sodium</i>	9, 87, 140	DOVONEX	87	EDECIN	99
<i>diclofenac sodium er</i>	9	<i>doxazosin mesylate</i>	46	EDEX	72
<i>diclofenac-misoprostol</i>	9	<i>doxepin hcl</i>	31, 87, 118	EDLUAR	118
<i>dicloxacillin sodium</i>	143	<i>doxercalciferol</i>	102	EDURANT	65
DICOPANOL FUSEPAQ	40	<i>doxycycline</i>	95	<i>efavirenz</i>	65
<i>dicyclomine hcl</i>	152	<i>doxycycline hyclate</i>	149	<i>efavirenz-emtricitab-tenofo df</i>	62
<i>diethylpropion hcl</i>	5	<i>doxycycline monohydrate</i>	149, 150	<i>efavirenz-emtricitab-tenofovir</i>	62
DIFFERIN	85	<i>doxylamine-pyridoxine</i>	38	<i>efavirenz-lamivudine-tenofovir</i> ... 62	
DIFICID	121	<i>d-penamine</i>	127	EFFER-K	126
<i>diflorasone diacetate</i>	90	DRISDOL	158	EFFEXOR XR	30
DIFLUCAN	39	DRITHO-CREME HP	87	EFFIENT	114
<i>diflunisal</i>	11	DRIZALMA SPRINKLE	30	EFUDex	87
<i>difluprednate</i>	141	<i>dronabinol</i>	38	ELEPSIA XR	25
DIGITEK	71	<i>drospiren-eth estrad-levomefol</i> ...75		ELESTRIN	106
DIGOX	71	<i>drospirenone-ethinyl estradiol</i> ... 75		ELETONE	94
<i>digoxin</i>	71	DROXIA	114	<i>eletriptan hydrobromide</i>	125
<i>dihydroergotamine mesylate</i> 125		<i>droxidopa</i>	158	ELIDEL	94
DILANTIN	27	DRYSOL	94	ELINEST	75
DILANTIN INFATABS	27	DSUVIA	13	ELIQUIS	23
DILAUDID	12, 13	DUAKLIR PRESSAIR	20	ELIQUIS DVT/PE STARTER	
<i>diltiazem hcl</i>	70	DUAVEE	106	PACK	22
<i>diltiazem hcl er</i>	70	DUETACT	36	ELIXOPHYLLIN	22
<i>diltiazem hcl er beads</i>	70	DUEXIS	9	ELLA	78
<i>diltiazem hcl er coated beads</i> 70		DULCOLAX	120	ELMIRON	111
<i>dilt-xr</i>	70	DULERA	20	ELURYNG	78
<i>dimethyl fumarate</i>	145	<i>duloxetine hcl</i>	30	ELYXYB	125
<i>dimethyl fumarate starter pack</i> 145		DUOBRII	96	EMCYT	55

EMEND	38	<i>eql magnesium citrate</i>	120	EVOXAC	131
EMEND TRI-PACK	38	<i>eql milk of magnesia</i>	120	EVRYSDI	137
EMFLAZA	81	EQUETRO	59	EXELDERM	92
EMGALITY	124	<i>ergoloid mesylates</i>	146	EXELON	144
EMGALITY (300 MG DOSE) ...	124	ERGOMAR	125	<i>exemestane</i>	55
EMPAVELI	113	<i>ergotamine-caffeine</i>	125	EXFORGE	44
EMSAM	28	<i>erlotinib hcl</i>	51	EXFORGE HCT	45
<i>emtricitabine</i>	66	ERMEZA	150	EXKIVITY	51
<i>emtricitabine-tenofovir df</i>	62	ERRIN	79	EXONDYS 51	137
EMTRIVA	66	ERTACZO	92	EXSERVAN	137
EMULSION SB	94	<i>ery</i>	83	EXTAVIA	145
EMVERM	17	ERYGEL	83	EXTINA	92
<i>enalapril maleate</i>	44	ERYPED 200	121	EYSUVIS	141
<i>enalapril-hydrochlorothiazide</i>	43	ERYPED 400	121	EZALLOR SPRINKLE	42
ENDARI	114	ERY-TAB	121	<i>ezetimibe</i>	43
ENDOMETRIN	158	ERYTHROCIN STEARATE	121	<i>ezetimibe-rosuvastatin</i>	42
ENEMEEZ MINI	121	<i>erythromycin</i>	83, 139	<i>ezetimibe-simvastatin</i>	42
ENEMEEZ PLUS	121	<i>erythromycin base</i>	121	<i>fabb</i>	115
ENGERIX-B	155	<i>erythromycin ethylsuccinate</i>	121	FABIOR	85
ENLYTE	98	ESBRIET	149	FALMINA	75
<i>enoxaparin sodium</i>	23	<i>escitalopram oxalate</i>	29	<i>famciclovir</i>	68
ENPRESSE-28	80	ESGIC	11	<i>famotidine</i>	152
ENSKYCE	75	<i>esomeprazole magnesium</i>	152	FANAPT	60
ENSTILAR	96	<i>esomeprazole strontium</i>	152	FANAPT TITRATION PACK	60
<i>entacapone</i>	59	<i>est estrogens-methyltest</i>	105	FANTASY LUBRICATED	122
ENTADFI	111	<i>est estrogens-methyltest ds</i>	105	FARESTON	50
<i>entecavir</i>	67	<i>est estrogens-methyltest hs</i>	105	FARXIGA	36
ENTRESTO	72	ESTARYLLA	75	FARYDAK	52
<i>enulose</i>	109	<i>estazolam</i>	118	FASENRA PEN	21
ENVARUSUS XR	129	ESTRACE	106, 157	FAYOSIM	79
EPANED	44	<i>estradiol</i>	106, 157	FC2 FEMALE CONDOM	122
EPCLUSA	67	<i>estradiol valerate</i>	106	<i>fe c tab plus</i>	116
EPICERAM	94	<i>estradiol-norethindrone acet</i>	105	<i>febuxostat</i>	112
EPIDIOLEX	25	ESTRING	157	<i>felbamate</i>	26, 27
EPIDUO	84	ESTROGEL	106	FELBATOL	27
EPIDUO FORTE	84	<i>eszopiclone</i>	118	FELDENE	10
EPIFOAM	95	<i>ethacrynic acid</i>	99	<i>felodipine er</i>	70
<i>epinastine hcl</i>	138	<i>ethambutol hcl</i>	49	FEMARA	55
<i>epinephrine</i>	158	<i>ethosuximide</i>	27	FEMCAP	122
EPIPEN 2-PAK	158	<i>ethyl chloride</i>	96	FEMHRT	105
EPIPEN JR 2-PAK	158	<i>ethynodiol diac-eth estradiol</i>	75	FEMRING	157
EPITOL	25	<i>etodolac</i>	10	FEMYNOR	75
EPIVIR	66	<i>etodolac er</i>	9	<i>fenofibrate</i>	42
EPIVIR HBV	67	<i>etonogestrel-ethinyl estradiol</i>	78	<i>fenofibrate micronized</i>	41
<i>eplerenone</i>	46	<i>etoposide</i>	56	<i>fenofibric acid</i>	42
EPOGEN	115	<i>etravirine</i>	65	FENOGLIDE	42
EPRONTIA	25	EUCRISA	95	<i>fenoprofen calcium</i>	10
EPSOLAY	85	EUFLEXXA	136	FENORTHO	10
EPZICOM	62	EUTHYROX	150	<i>fentanyl</i>	13
<i>eq magnesium citrate</i>	120	EVAMIST	106	<i>fentanyl citrate</i>	13
<i>eq nicotine polacrilex</i>	147	EVEKEO	5	FENTORA	13
<i>eql aspirin</i>	11	EVEKEO ODT	5	FERIVA 21/7	117
<i>eql aspirin ec</i>	12	<i>everolimus</i>	53, 129	FERIVAF	116
<i>eql aspirin low dose</i>	12	EVISTA	104	<i>ferocon</i>	116
EQL CLEARLAX	119	EVOTAZ	62	FERRALET 90	117

<i>ferraplus 90</i>	117	FLUORIDEX SENSITIVITY		<i>fosinopril sodium-hctz</i>	43
FERREX 150	117	RELIEF	130	FOSRENOL	109
FERREX 150 FORTE	117	<i>fluorometholone</i>	141	FOTIVDA	53
FERREX 150 FORTE PLUS	116	FLUOROPLEX	87	FRAGMIN	23
FERREX 150 PLUS	116	<i>fluorouracil</i>	87	FREEDOM DERMA-D	143
FERREX 28	117	<i>fluoxetine hcl</i>	29	FREESTYLE CONTROL	
FERRIPROX	37	<i>fluoxetine hcl (pmdd)</i>	146	SOLUTION	123
FERROCITE PLUS	116	<i>fluphenazine hcl</i>	61	FREESTYLE INSULINX TEST ..	97
<i>ferrous sulfate</i>	117	<i>flurandrenolide</i>	90	FREESTYLE LIBRE 14 DAY	
<i>fesoterodine fumarate er</i>	154	<i>flurazepam hcl</i>	118	READER	123
FETZIMA	30	<i>flurbiprofen</i>	10	FREESTYLE LIBRE 14 DAY	
FETZIMA TITRATION	30	<i>flurbiprofen sodium</i>	140	SENSOR	123
FEXMID	135	<i>flutamide</i>	50	FREESTYLE LIBRE 2	
<i>fexofenadine hcl</i>	40	<i>fluticasone furoate-vilanterol</i>	20	READER	123
<i>fexofenadine-pseudoephed er</i> ...	82	<i>fluticasone propionate</i> ..	90, 91, 136	FREESTYLE LIBRE 2	
FIASP	33	<i>fluticasone propionate hfa</i>	22	SENSOR	123
FIASP FLEXTOUCH	33	<i>fluticasone-salmeterol</i>	20	<i>freestyle libre 3 sensor</i>	123
FIASP PENFILL	33	<i>fluvastatin sodium</i>	42	FREESTYLE LITE TEST	97
FIBRICOR	42	<i>fluvastatin sodium er</i>	42	FREESTYLE PRECISION NEO	
FINACEA	95	<i>fluvoxamine maleate</i>	29	TEST	97
<i>finasteride</i>	96, 110	<i>fluvoxamine maleate er</i>	29	FREESTYLE TEST	97
FIORICET	11	FLUZONE HIGH-DOSE		FROVA	125
FIORICET/CODEINE	12	QUADRIVALENT	155	<i>frovatriptan succinate</i>	125
FIRAZYR	113	FLUZONE QUADRIVALENT ..	156	<i>full spectrum b/vitamin c</i>	131
FIRST-LANSOPRAZOLE	153	FML	141	<i>furosemide</i>	99
FIRST-MOUTHWASH BLM	130	FML FORTE	141	FUSION PLUS	116
FIRST-OMEPRAZOLE	153	FML LIQUIFILM	141	FUZEON	64
FIRVANQ	47	FOCALIN	6	FYCOMPA	23
FLAGYL	46	FOCALIN XR	6	<i>gabapentin</i>	25
FLAREX	141	<i>folbee</i>	115	GABITRIL	27
<i>flavoxate hcl</i>	154	<i>folbee plus</i>	131	GABLOFEN	135
<i>flecainide acetate</i>	19	FOLBEE PLUS CZ	131	<i>galantamine hydrobromide</i>	144
FLEQSUVY	135	FOLBIC	98	<i>galantamine hydrobromide er</i> ...	144
<i>flolipid</i>	42	<i>folic acid</i>	115	GALZIN	127
FLOMAX	110	<i>folic acid-vit b6-vit b12</i>	115	<i>ganirelix acetate</i>	101
FLORIVA	126, 132	FOLIVANE-F	117	GARDASIL 9	156
FLORIVA PLUS	132	FOLIVANE-PLUS	116	GASTROCROM	107
FLOVENT DISKUS	22	FOLIXAPURE	115	<i>gatifloxacin</i>	139
FLOVENT HFA	22	FOLLISTIM AQ	103	<i>gavilax</i>	119
FLUAD QUADRIVALENT	155	<i>folplex 2.2</i>	115	GAVILYTE-G	119
FLUARIX QUADRIVALENT	155	FOLTABS 800	115	GAVILYTE-N WITH FLAVOR	
FLUBLOK QUADRIVALENT ..	155	FOLTANX	98	PACK	119
FLUCELVAX		FOLTRATE	114	GAVRETO	54
QUADRIVALENT	155	FOLTIX	98	GELCLAIR	130
<i>fluconazole</i>	39	<i>fondaparinux sodium</i>	23	GELFOAM COMPRESSED	
<i>fludrocortisone acetate</i>	81	FORA 6 CONNECT	97	SIZE 100	118
FLULAVAL QUADRIVALENT ..	155	FORFIVO XL	28	GELFOAM-JMI SPONGE	117
FLUMIST QUADRIVALENT	155	<i>formoterol fumarate</i>	20	GELNIQUE	154
<i>flunisolide</i>	136	FORTEO	103	<i>gemfibrozil</i>	42
<i>fluocinolone acetonide</i>	90	FORTESTA	15	GEMMILY	75
<i>fluocinolone acetonide body</i>	90	FOSAMAX	100	GEMTESA	154
<i>fluocinolone acetonide scalp</i>	90	FOSAMAX PLUS D	100	GENERESS FE	75
<i>fluocinonide</i>	90	<i>fosamprenavir calcium</i>	64	<i>generlac</i>	109
<i>fluocinonide emulsified base</i>	90	<i>fosfomycin tromethamine</i>	48	GENGRAF	128
		<i>fosinopril sodium</i>	44	GENOTROPIN	101

GENOTROPIN MINIQUEL	101	<i>griseofulvin microsize</i>	39	HUMALOG JUNIOR	
GENTAK	139	<i>griseofulvin ultramicrosize</i>	39	KWIKPEN	33
<i>gentamicin sulfate</i>	86, 139	<i>guaifenesin-codeine</i>	82	HUMALOG KWIKPEN	33
<i>gentlelax</i>	119	<i>guanfacine hcl</i>	45	HUMALOG MIX 50/50	33
GENVOYA	63	<i>guanfacine hcl er</i>	4	HUMALOG MIX 50/50	
GEODON	59	GVOKE HYPOPEN 1-PACK	32	KWIKPEN	33
GIMOTI	107	GVOKE HYPOPEN 2-PACK	32	HUMALOG MIX 75/25	33
GLEEVEC	51	GVOKE KIT	32	HUMALOG MIX 75/25	
GLEOSTINE	56	GVOKE PFS	32	KWIKPEN	33
<i>glimepiride</i>	36	GYNAZOLE-1	157	HUMALOG TEMPO PEN	33
<i>glipizide</i>	36	HAILEY 1.5/30	75	HUMATROPE	101
<i>glipizide er</i>	36	HAILEY 24 FE	75	HUMULIN 70/30	33
<i>glipizide xl</i>	36	HAILEY FE 1.5/30	75	HUMULIN 70/30 KWIKPEN	33
<i>glipizide-metformin hcl</i>	36	HAILEY FE 1/20	75	HUMULIN N	33
GLOPERBA	112	<i>hair regrowth treatment men</i>	96	HUMULIN N KWIKPEN	33
GLUCAGEN HYPOKIT	32	HALCION	118	HUMULIN R	33
<i>glucagon emergency</i>	32	<i>halobetasol propionate</i>	91	HUMULIN R U-500	
GLUCOCARD 01 SENSOR		HALOG	91	(CONCENTRATED)	33
PLUS	97	<i>haloperidol</i>	60	HUMULIN R U-500 KWIKPEN ..	33
GLUCOCARD EXPRESSION		<i>haloperidol lactate</i>	60	HYALGAN	136
TEST	98	HARVONI	67	HYCANTIN	57
GLUCOCARD VITAL TEST	98	HAVRIX	156	HYCODAN	82
GLUCOCARD X-SENSOR	98	HEATHER	79	<i>hydralazine hcl</i>	46
GLUCOTROL XL	36	HEMADY	81	HYDREA	54
GLUMETZA	31	HEMANGEOL	69	<i>hydrochlorothiazide</i>	99
<i>glyburide</i>	36	<i>hematinic plus vit/minerals</i>	116	<i>hydrocod polst-cpm polst er</i>	82
<i>glyburide micronized</i>	36	<i>hematinic/folic acid</i>	117	<i>hydrocodone bitartrate er</i>	13
<i>glyburide-metformin</i>	36	HEMATOGEN	116	<i>hydrocodone bit-homatrop mbr</i> ..	82
GLYCAT	153	HEMATOGEN FA	116	<i>hydrocodone-acetaminophen</i>	12
GLYCOLAX	119	HEMATOGEN FORTE	116	<i>hydrocodone-ibuprofen</i>	12
<i>glycopyrrolate</i>	153	HEMATRON-AF	116	<i>hydrocortisone</i>	16, 81, 91
GLYNASE	36	HEMAX	116	<i>hydrocortisone ace-pramoxine</i> ..	16
GLYXAMBI	35	HEMAX EZY-DOSE	116	<i>hydrocortisone acetate</i>	17
GNP CLEARLAX	119	HEMMOREX-HC	16, 17	<i>hydrocortisone butyr lipo base</i> ..	91
<i>gnp folic acid</i>	115	HEMOCYTE PLUS	116	<i>hydrocortisone butyrate</i>	91
<i>gnp laxative</i>	121	HEMOCYTE-F	117	<i>hydrocortisone valerate</i>	91
<i>gnp milk of magnesia</i>	120	HEMOFIL M	112	<i>hydrocortisone-aloe</i>	96
<i>gnp nicotine</i>	147	<i>heparin sodium (porcine)</i>	23	<i>hydrocortisone-iodoquinol</i>	86
<i>gnp nicotine mini</i>	147	HEPLISAV-B	156	HYDROFERA BLUE FOAM	
<i>gnp prenatal vitamins</i>	133	HEPSERA	67	DRESSING	97
GOCOVRI	58	HERZUMA	51	<i>hydromet</i>	82
GOJJI BLOOD GLUCOSE		HETLIOZ	119	<i>hydromorphone hcl</i>	13
TEST	98	HETLIOZ LQ	119	<i>hydroquinone</i>	92
GOLYTELY	119	HIDEX 6-DAY	81	<i>hydroxychloroquine sulfate</i>	49
GONAL-F	103	HISTEX-AC	83	<i>hydroxyurea</i>	54
GONAL-F RFF	103	HM CLEARLAX	119	<i>hydroxyzine hcl</i>	18
GONAL-F RFF REDIRECT	103	<i>hm laxative</i>	121	<i>hydroxyzine pamoate</i>	18
GONITRO	17	<i>hm magnesium citrate</i>	120	HYOPHEN	48
<i>goodsense aspirin</i>	12	<i>hm milk of magnesia</i>	120	<i>hyoscyamine sulfate</i>	152
GOODSENSE CLEARLAX	119	<i>hm nicotine</i>	147	<i>hyoscyamine sulfate er</i>	152
<i>goodsense milk of magnesia</i>	120	<i>hm nicotine polacrilex</i>	147	HYPERSAL	82
<i>goodsense nicotine</i>	147	HOMATROPAIRE	138	HYPOLANCE AST LANCING ..	123
GRALISE	146	HORIZANT	146	HYSINGLA ER	13
<i>granisetron hcl</i>	38	HUMALOG	33	HYZAAR	45
GRASTEK	7			<i>ibandronate sodium</i>	100

IBSRELA	108	<i>insulin aspart flexpen</i>	33	JANUMET	32
<i>ibuprofen</i>	10	<i>insulin aspart penfill</i>	33	JANUMET XR	32
<i>ibuprofen-famotidine</i>	9	<i>insulin aspart prot & aspart</i>	33	JANUVIA	32
ICAR-C PLUS	116	<i>insulin degludec</i>	34	JARDIANCE	36
<i>icatibant acetate</i>	113	<i>insulin degludec flextouch</i>	34	JASMIEL	75
ICLEVIA	79	<i>insulin glargine-yfgn</i>	34	JATENZO	15
<i>icosapent ethyl</i>	41	<i>insulin lispro</i>	34	JAVYGTOR	104
IDHIFA	56	<i>insulin lispro (1 unit dial)</i>	34	JENCYCLA	79
IFEREX 150 FORTE	116	<i>insulin lispro junior kwikpen</i>	34	JENTADUETO	32
ILEVRO	140	<i>insulin lispro prot & lispro</i>	34	JENTADUETO XR	32
<i>imatinib mesylate</i>	51	INTEGRA F	117	JINTELI	105
IMCIVREE	6	INTEGRA PLUS	116	JOLESSA	79
<i>imipramine hcl</i>	31	INTELENCE	65	JORNAY PM	6
<i>imipramine pamoate</i>	31	INTRAROSA	157	JUBLIA	92
<i>imiquimod</i>	93	INTRON A	55	JULEBER	76
<i>imiquimod pump</i>	93	INTUNIV	4	JULUCA	63
IMITREX	125	INVEGA	60	JUNEL 1.5/30	76
IMITREX STATDOSE REFILL	125	INVELTYS	141	JUNEL 1/20	76
IMITREX STATDOSE SYSTEM	125	INVIRASE	64	JUNEL FE 1.5/30	76
IMOVAX RABIES	156	INVOKAMET	36	JUNEL FE 1/20	76
IMPAVIDO	46	INVOKAMET XR	36	JUNEL FE 24	76
IMPEKLO	91	INVOKANA	36	JUST RIGHT 5000	130
IMPOYZ	91	<i>iodoquimez-hc</i>	86	JUXTAPID	43
IMURAN	129	IOPIDINE	140	JYNNEOS	156
IMVEXXY STARTER PACK	157	IPOL	156	KAITLIB FE	76
INATAL GT	133	<i>ipratropium bromide</i>	21, 136	KALBITOR	113
INBRIJA	58	<i>ipratropium-albuterol</i>	20	KALETRA	63
INCASSIA	79	<i>irbesartan</i>	45	KALLIGA	76
INCRELEX	103	<i>irbesartan-hydrochlorothiazide</i>	45	KAMDOY	94
INCRUSE ELLIPTA	21	IRESSA	51	KAPSPARGO SPRINKLE	69
<i>indapamide</i>	99	<i>iron supplement childrens</i>	117	KAPVAY	4
INDERAL LA	69	IROSPAN 24/6	116	KARBINAL ER	40
INDERAL XL	69	ISENTRESS	64	KARIVA	74
INDOCIN	10	ISENTRESS HD	64	KATERZIA	70
<i>indomethacin</i>	10	ISIBLOOM	75	KAZANO	32
<i>indomethacin er</i>	10	<i>isoniazid</i>	49	KELNOR 1/35	76
INNOPRAN XL	69	ISOPTO ATROPINE	138	KELNOR 1/50	76
INPEN 100-BLUE-LILLY-HUMALOG	123	ISOPTO CARPINE	138	KENALOG	91
INPEN 100-BLUE-NOVOLOG-FIASP	123	ISORDIL TITRADOSE	17	KEPPRA	25
INPEN 100-GREY-LILLY-HUMALOG	123	<i>isosorb dinitrate-hydralazine</i>	72	KEPPRA XR	25
INPEN 100-GREY-NOVOLOG-FIASP	123	<i>isosorbide dinitrate</i>	17	KERALYT	93
INPEN 100-PINK-LILLY-HUMALOG	123	<i>isosorbide mononitrate</i>	17	KERENDIA	103
INPEN 100-PINK-NOVOLOG-FIASP	123	<i>isosorbide mononitrate er</i>	17	KERYDIN	95
INQOVI	54	<i>isotretinoin</i>	85	<i>ketamine hcl</i>	110
INREBIC	56	<i>isradipine</i>	70	<i>ketoconazole</i>	39, 93
INSPIRA	46	ISTALOL	137	<i>ketoprofen er</i>	10
<i>insulin asp prot & asp flexpen</i>	33	ISTURISA	101	<i>ketorolac tromethamine</i>	10, 140
<i>insulin aspart</i>	33	<i>itraconazole</i>	39	KETOSTIX	98
		<i>ivermectin</i>	17, 95	<i>ketotifen fumarate</i>	138
		IXIARO	156	<i>kimono</i>	122
		JADENU SPRINKLE	37	<i>kimono micro thin</i>	122
		JAIMIESS	79	KINERET	9
		JALYN	111	KINRIX	151
		<i>janssen covid-19 vaccine</i>	156	KISQALI FEMARA (400 MG DOSE)	54
		JANTOVEN	22		

KISQALI FEMARA (600 MG DOSE)	54	LARIN 1.5/30	76	LIALDA	108
KISQALI FEMARA(200 MG DOSE)	54	LARIN 1/20	76	LIBRAX	152
KITABIS PAK	8	LARIN 24 FE	76	<i>lidocaine</i>	93
KLARON	83	LARIN FE 1.5/30	76	<i>lidocaine hcl</i>	93, 94
KLISYRI	94	LARIN FE 1/20	76	<i>lidocaine viscous</i>	130
KLONOPIN	24	LARISSIA	76	<i>lidocaine-hydrocortisone ace</i>	16
KLOR-CON	127	LASIX	99	<i>lidocaine-prilocaine</i>	96
KLOR-CON 10	126	LASTACFT	138	LIDODERM	94
KLOR-CON M10	126	<i>latanoprost</i>	142	<i>lidopin</i>	94
KLOR-CON M15	127	LATISSE	95	<i>lidopril</i>	96
KLOR-CON M20	127	LATUDA	59	<i>lidorx</i>	94
KLOR-CON/EF	127	<i>laxative</i>	121	LILLOW	76
KLOXXADO	37	<i>laxative polyethylene glycol</i>	120	<i>lindane</i>	95
KLS QUIT2	147	LAYOLIS FE	76	<i>linezolid</i>	48
KLS QUIT4	147	LAZANDA	13	LINZESS	107
KOATE	112	<i>ledipasvir-sofosbuvir</i>	67	<i>liothyronine sodium</i>	151
<i>kobee</i>	132	LEENA	80	LIPITOR	42
KOMBIGLYZE XR	32	<i>leflunomide</i>	11	LIPOFEN	42
KORLYM	35	LEMTRADA	145	<i>lisinopril</i>	44
K-PHOS-NEUTRAL	126	<i>lenalidomide</i>	128	<i>lisinopril-hydrochlorothiazide</i>	43
<i>kpn prenatal</i>	133	LESCOL XL	42	<i>lithium carbonate</i>	59
KRINTAFEL	49	LESSINA	76	<i>lithium carbonate er</i>	59
KRISTALOSE	119	LETAIRIS	72	LITHOBID	59
K-TAB	127	<i>letrozole</i>	55	LITHOSTAT	111
KURVELO	76	<i>leucovorin calcium</i>	55	LIVALO	42
KUVAN	104	LEUKERAN	56	LIVIXIL PAK	96
KYNMOBI	59	<i>leuprolide acetate</i>	56	LIVMARLI	108
<i>labetalol hcl</i>	69	<i>levabuterol hcl</i>	20	LIVTENCITY	66
<i>lacosamide</i>	25	<i>levamlodipine maleate</i>	70	<i>l-leucine</i>	137
LACRISERT	137	LEVAQUIN	107	<i>l-methylfolate-b6-b12</i>	98
<i>lactic acid</i>	92	LEVEMIR	34	LO LOESTRIN FE	74
<i>lactic acid e</i>	92	LEVEMIR FLEXTOUCH	34	LOCOID	91
<i>lactulose</i>	119	<i>levetiracetam</i>	25	LOCOID LIPOCREAM	91
LAGEVRIO	68	<i>levetiracetam er</i>	25	LODOSYN	58
LAMICTAL	25	LEVITRA	73	LOESTRIN 1.5/30 (21)	76
LAMICTAL ODT	25	<i>levobunolol hcl</i>	137	LOESTRIN FE 1.5/30	76
LAMICTAL STARTER	25	<i>levocarnitine</i>	100	LOESTRIN FE 1/20	76
LAMICTAL XR	25	<i>levocarnitine sf</i>	100	LOFENA	10
<i>lamivudine</i>	66, 67	<i>levocetirizine dihydrochloride</i>	40	LOJAIMIESS	79
<i>lamivudine-zidovudine</i>	63	<i>levofloxacin</i>	107, 139	LOKELMA	129
<i>lamotrigine</i>	25	LEVONEST	80	LOMOTIL	37
<i>lamotrigine er</i>	25	<i>levonorgest-eth est & eth est</i>	79	LONHALA MAGNAIR REFILL KIT	21
<i>lamotrigine starter kit-blue</i>	25	<i>levonorgest-eth estrad 91-day</i>	79	LONHALA MAGNAIR STARTER KIT	21
<i>lamotrigine starter kit-green</i>	25	<i>levonorgestrel</i>	78	<i>loperamide hcl</i>	37
<i>lamotrigine starter kit-orange</i>	25	<i>levonorgestrel-ethinyl estrad</i>	76, 78	LOPID	42
LAMPIT	47	<i>levonorg-eth estrad triphasic</i>	80	<i>lopinavir-ritonavir</i>	63
LANOXIN	71	LEVORA 0.15/30 (28)	76	LOPRESSOR	69
<i>lanreotide acetate</i>	104	<i>levorphanol tartrate</i>	13	LOPROX	86
<i>lansoprazole</i>	153	LEVO-T	150	<i>loratadine</i>	40
<i>lanthanum carbonate</i>	109, 110	<i>levothyroxine sodium</i>	150, 151	<i>loratadine-d 24hr</i>	82
LANTUS	34	LEVOXYL	151	<i>lorazepam</i>	18
LANTUS SOLOSTAR	34	LEVSIN	152	LORAZEPAM INTENSOL	18
<i>lapatinib ditosylate</i>	53	LEVSIN/SL	152	LOREEV XR	18
		LEXAPRO	29		
		LEXIVA	64		

LORTAB	12	MARPLAN	28	METHADOSE	13
LORYNA	76	MATULANE	55	<i>methamphetamine hcl</i>	5
LORZONE	135	MATZIM LA	70	<i>methaver</i>	98
<i>losartan potassium</i>	45	MAVENCLAD (10 TABS)	144	<i>methazolamide</i>	99
<i>losartan potassium-hctz</i>	45	MAVENCLAD (4 TABS)	145	<i>methenamine hippurate</i>	48
LOSEASONIQUE	79	MAVENCLAD (5 TABS)	145	METHERGINE	142
LOTEMAX	141	MAVENCLAD (6 TABS)	145	<i>methimazole</i>	150
LOTEMAX SM	141	MAVENCLAD (7 TABS)	145	<i>methitest</i>	15
LOTENSIN	44	MAVENCLAD (8 TABS)	145	<i>methocarbamol</i>	135
LOTENSIN HCT	43	MAVENCLAD (9 TABS)	145	<i>methotrexate</i>	50
<i>loteprednol etabonate</i>	141	MAVIK	44	<i>methotrexate sodium</i>	50
LOTREL	43	MAVYRET	67	<i>methoxsalen rapid</i>	87
LOTRIMIN AF	93	MAXALT	125	<i>methscopolamine bromide</i>	153
LOTRONEX	108	MAXALT-MLT	125	<i>methyldopa</i>	46
<i>lovastatin</i>	42	MAXIDEX	141	<i>methylergonovine maleate</i>	142
LOVAZA	41	MAXITROL	141	METHYLIN	6
LOVENOX	23	<i>maxi-tuss cd</i>	83	<i>methylphenidate</i>	6
LOW-OGESTREL	76	MAXZIDE	99	<i>methylphenidate hcl</i>	7
<i>loxapine succinate</i>	61	MAXZIDE-25	99	<i>methylphenidate hcl er</i>	7
LOYON	94	<i>meclizine hcl</i>	38	<i>methylphenidate hcl er (cd)</i>	6
LO-ZUMANDIMINE	76	<i>meclofenamate sodium</i>	10	<i>methylphenidate hcl er (la)</i>	6
<i>lubiprostone</i>	107	MEDROL	81	<i>methylphenidate hcl er (osm)</i>	6
LUCEMYRA	143	<i>medroxyprogesterone acetate</i>	79, 143	<i>methylphenidate hcl er (xr)</i>	7
<i>luliconazole</i>	93	<i>mefenamic acid</i>	10	<i>methylprednisolone</i>	81
LUMIGAN	142	<i>mefloquine hcl</i>	49	<i>methyltestosterone</i>	16
LUNESTA	118	<i>megestrol acetate</i>	57, 143	<i>metoclopramide hcl</i>	107
LUTERA	76	<i>meloxicam</i>	10	<i>metolazone</i>	100
LUXAMEND	97	<i>melfphalan</i>	56	<i>metoprolol succinate er</i>	69
LUXIQ	91	<i>memantine hcl</i>	146	<i>metoprolol tartrate</i>	69
LUZU	93	<i>memantine hcl er</i>	146	<i>metoprolol-hydrochlorothiazide</i> ..	46
LYBALVI	148	MENACTRA	155	METROCREAM	95
LYLEQ	79	MENEST	106	METROGEL	95
LYLLANA	106	MENOPUR	103	METROLOTION	95
LYMEPAK	150	MENOSTAR	106	<i>metronidazole</i>	46, 95, 157
LYRICA	25	MENQUADFI	155	<i>metronidazole benzoate</i>	74
LYRICA CR	146	MENTAX	86	<i>metyrosine</i>	44
LYSIPLEX PLUS	132	MENVEO	155	<i>mexiletine hcl</i>	19
LYSODREN	50	<i>meperidine hcl</i>	13	MIACALCIN	100
LYSTEDA	118	MEPHYTON	158	MICARDIS	45
LYUMJEV	34	<i>meprobamate</i>	18	MICARDIS HCT	45
LYUMJEV KWIKPEN	34	MEPRON	47	MICRODOT TEST	98
LYUMJEV TEMPO PEN	34	MEPSEVII	103	MICROGESTIN 1.5/30	76
LYVISPAH	135	<i>mercaptopurine</i>	50	MICROGESTIN 1/20	76
LYZA	79	<i>mesalamine</i>	108, 109	MICROGESTIN 24 FE	76
<i>maca</i>	8	<i>mesalamine er</i>	108	MICROGESTIN FE 1.5/30	76
MACROBID	48	MESNEX	57	MICROGESTIN FE 1/20	76
MACRODANTIN	48	MESTINON	49	<i>midazolam hcl</i>	118
<i>mafenide acetate</i>	89	METAFOLBIC PLUS	98	<i>midodrine hcl</i>	158
MAGNEBIND 400	126	<i>metaxalone</i>	135	MIGERGOT	125
<i>magnesium citrate</i>	120	<i>metformin hcl</i>	31	<i>miglustat</i>	114
MALARONE	48	<i>metformin hcl er</i>	31	MIGRANAL	125
<i>malathion</i>	95	<i>metformin hcl er (mod)</i>	31	MILI	76
<i>maraviroc</i>	63	<i>methadone hcl</i>	13	<i>milk of magnesia</i>	120
MARINOL	38	METHADONE HCL INTENSOL	13	MILLIPRED	81
<i>marlissa</i>	76			MIMVEY	105

MINASTRIN 24 FE	76	MULPLETA	117	NATROBA	95
MINIPRESS	46	MULTAQ	19	NAYZILAM	24
MINIVELLE	106	MULTIGEN FOLIC	116	<i>nebivolol hcl</i>	69
MINOCIN	150	MULTIGEN PLUS	116	NEBUPENT	47
<i>minocycline hcl</i>	150	<i>multivitamin/fluoride</i>	132	NECON 0.5/35 (28)	76
<i>minocycline hcl er</i>	150	<i>mupirocin</i>	86	NEEVO DHA	133
MINOLIRA	150	<i>mupirocin calcium</i>	86	<i>nefazodone hcl</i>	30
<i>minoxidil</i>	46	MUSE	72	<i>neomycin-bacitracin zn-</i>	
<i>minoxidil for men</i>	97	MY CHOICE	78	<i>polymyx</i>	139
MIRALAX	120	MY WAY	78	<i>neomycin-polymyxin-dexameth</i>	141
MIRAPEX ER	59	MYALEPT	103	<i>neomycin-polymyxin-gramicidin</i>	
MIRCERA	115	MYCAPSSA	104		139
MIRCETTE	74	MYCOBUTIN	49	<i>neomycin-polymyxin-hc</i>	142
<i>mirtazapine</i>	28	<i>mycophenolate mofetil</i>	128	<i>neonatal + dha</i>	134
MIRVASO	95	<i>mycophenolate sodium</i>	128	<i>neonatal complete</i>	133
<i>misoprostol</i>	154	MYDAYIS	4	NEONATAL PLUS	133
MITIGARE	112	MYFEMBREE	106	NEORAL	128
M-M-R II	155	MYFORTIC	128, 129	NEOSALUS	94
MOBIC	10	MYLERAN	49	NEO-SYNALAR	86
<i>modafinil</i>	7	MYNEPHRON	131	NEPHPLEX RX	131
<i>moderna covid-19 bival booster</i>		MYORISAN	85	NEPHRON FA	116
.....	156	MYRBETRIQ	154	NEPHRO-VITE RX	131
<i>moderna covid-19 vac (booster)</i>		MYSOLINE	25	NESINA	32
.....	156	MYTESI	37	NESTABS	133
<i>moderna covid-19 vacc 6-11y..</i>	156	<i>na sulfate-k sulfate-mg sulf.....</i>	119	NESTABS ABC	134
<i>moderna covid-19 vacc 6m-5y.</i>	156	<i>nabumetone</i>	10	NESTABS DHA	133
<i>moderna covid-19 vaccine</i>	156	<i>nadolol</i>	69	NEUAC	84
<i>moexipril hcl</i>	44	<i>naftifine hcl</i>	86	NEUPRO	59
<i>molnupiravir</i>	68	NAFTIN	86	<i>neurin-sl</i>	114
<i>mometasone furoate</i>	91, 136	NALFON	10	NEURONTIN	25
MONDOXYNE NL	150	<i>naloxone hcl</i>	37	NEVANAC	140
MONOJECT MAGELLAN		<i>naltrexone hcl</i>	37	<i>nevirapine</i>	65
SYRINGE	123	NAMENDA	146	<i>nevirapine er</i>	65
MONOJECT PISTON		NAMENDA TITRATION PAK..	146	NEW DAY	78
SYRINGE	123	NAMENDA XR	146	NEXAVAR	53
MONOJECT SYRINGE	123	NAMZARIC	144	NEXICLON XR	46
MONOJECT SYRINGE LUER-		NAPHCN-A	140	NEXIUM	153
LOCK TIP	123	NAPRELAN	10	NEXIUM 24HR	153
MONO-LINYAH	76	NAPROSYN	10	NEXLETOL	41
MONOVISC	136	<i>naproxen</i>	10	NEXLIZET	41
<i>montelukast sodium</i>	21	<i>naproxen sodium</i>	10	NEXTSTELLIS	77
MONUROL	48	<i>naproxen sodium er</i>	10	<i>niacin</i>	158
<i>morphine sulfate</i>	13	<i>naproxen-esomeprazole</i>	9	<i>niacin er (antihyperlipidemic)</i>	43
<i>morphine sulfate (concentrate)</i> ...	13	<i>naproxen-esomeprazole mg</i>	9	NIACOR	43
<i>morphine sulfate er</i>	13	<i>naratriptan hcl</i>	125	NIASPAN	43
<i>morphine sulfate er beads</i>	13	NARCAN	37	NICADAN	132
MOTEGRITY	107	NARDIL	28	<i>nicardipine hcl</i>	70
MOUNJARO	34	NASACORT ALLERGY 24HR	136	NICAZEL	132
MOVANTIK	109	NASCOBAL	114	NICAZEL FORTE	132
MOVIPREP	119	NATACHEW	133	NICODERM CQ	147
<i>moxifloxacin hcl</i>	107, 139	NATACYN	139	NICOMIDE	132
<i>moxifloxacin hcl (2x day)</i>	139	NATAZIA	79	NICORETTE	147
MS CONTIN	14	<i>nateglinide</i>	35	<i>nicotine</i>	147
MUCOSITISRX	130	NATESTO	16	<i>nicotine mini</i>	147
MUGARD	130	NATPARA	103	<i>nicotine polacrilex</i>	147

NICOTROL	147	<i>novavax covid-19 vaccine</i>	156	OGIVRI	51
NICOTROL NS	147	NOVOFINE AUTOCOVER		<i>olanzapine</i>	62
<i>nifedipine</i>	71	PEN NEEDLE	123	<i>olanzapine-fluoxetine hcl</i>	148
<i>nifedipine er osmotic release</i>	71	NOVOFINE PEN NEEDLE	123	<i>olmesartan medoxomil</i>	45
NIKKI	77	NOVOFINE PLUS PEN		<i>olmesartan medoxomil-hctz</i>	45
<i>nilutamide</i>	50	NEEDLE	123	<i>olmesartan-amlodipine-hctz</i>	45
<i>nimodipine</i>	71	NOVOLIN 70/30	34	<i>olopatadine hcl</i>	136, 138
<i>nisoldipine er</i>	71	NOVOLIN 70/30 FLEXPEN	34	OLUMIANT	8
<i>nitazoxanide</i>	47	NOVOLIN N	34	OLUX	91
<i>nitisinone</i>	102	NOVOLIN N FLEXPEN	34	OLUX-E	91
NITRO-BID	17	NOVOLIN R	34	OMECLAMOX-PAK	153
NITRO-DUR	17	NOVOLIN R FLEXPEN	34	<i>omega-3-acid ethyl esters</i>	41
<i>nitrofurantoin</i>	48	NOVOLOG	34	<i>omeprazole</i>	153
<i>nitrofurantoin macrocrystal</i>	48	NOVOLOG FLEXPEN	34	<i>omeprazole-sodium</i>	
<i>nitrofurantoin monohyd macro</i>	48	NOVOLOG MIX 70/30	34	<i>bicarbonate</i>	152
<i>nitroglycerin</i>	17	NOVOLOG MIX 70/30		OMNARIS	136
<i>nitroglycerin er</i>	17	FLEXPEN	34	OMNIPOD 5 G6 POD (GEN 5)	123
NITROLINGUAL	17	NOVOLOG PENFILL	34	OMNIPOD DASH PODS (GEN	
NITROMIST	17	NOXAFIL	39	4)	123
NITROSTAT	18	NP THYROID	151	OMNITROPE	101, 102
NITRO-TIME	18	NUCALA	21	<i>ondansetron</i>	38
NITYR	102	NUCORT	91	<i>ondansetron hcl</i>	38
NIVA-FOL	98	NUCYNTA	14	ONETOUCH VERIO	98
NIVA-PLUS	133	NUCYNTA ER	14	ONEXTON	84
NIVATOPIC PLUS	94	NUDEXTA	146	ONFI	24
<i>nizatidine</i>	152	NUFERA	116	ONGENTYS	59
NOCDURNA	105	NULEV	152	ONGLYZA	32
NORA-BE	79	NULYTELY LEMON-LIME	119	ONZETRA XSAIL	125
NORDITROPIN FLEXPRO	101	NUPLAZID	59	OPCICON ONE-STEP	78
<i>norethin ace-eth estrad-fe</i>	77	NURTEC	124	<i>opium</i>	37
<i>norethindrone</i>	79	NUTROPIN AQ NUSPIN 10	101	OPSUMIT	72
<i>norethindrone acetate</i>	143	NUTROPIN AQ NUSPIN 20	101	OPTICHAMBER DIAMOND	124
<i>norethindrone acet-ethinyl est</i>	77	NUTROPIN AQ NUSPIN 5	101	OPTION 2	78
<i>norethindrone-eth estradiol</i>	105	NUVAIL	94	OPTIONS GYNOL II	
<i>norethindron-ethinyl estrad-fe</i>	80	NUVARING	78	CONTRACEPTIVE	157
<i>norethin-eth estradiol-fe</i>	77	NUVESSA	157	OPZELURA	88
<i>norgesic forte</i>	135	NUVIGIL	7	ORACEA	95
<i>norgestimate-eth estradiol</i>	77	NUZYRA	149	ORACIT	111
<i>norgestim-eth estrad triphasic</i>	80	NYAMYC	86	<i>oral saline laxative kit</i>	120
NORITATE	95	NYLIA 1/35	77	ORALAIR	8
NORLIQVA	71	NYLIA 7/7/7	80	ORALONE	131
NORLYDA	79	NYMALIZE	71	ORAMAGICRX	130
NORPACE	18	NYMYO	77	ORAPRED ODT	81
NORPACE CR	18	<i>nystatin</i>	39, 86, 87, 130	ORAVIG	130
NORPRAMIN	31	<i>nystatin-triamcinolone</i>	86	ORFADIN	102
NORTHERA	158	NYSTOP	87	ORIAHNN	106
NORTREL 0.5/35 (28)	77	NYVEPRIA	115	ORILISSA	101
NORTREL 1/35 (21)	77	OCELLA	77	ORKAMBI	148
NORTREL 1/35 (28)	77	<i>octreotide acetate</i>	104	<i>orlistat</i>	6
NORTREL 7/7/7	80	OCUFLOX	139	<i>orphenadrine citrate er</i>	135
<i>nortriptyline hcl</i>	31	ODACTRA	8	<i>orphenadrine-aspirin-cafeine</i> ...135	
NORVASC	71	ODEFSEY	63	ORSYTHIA	77
NORVIR	64	ODOMZO	52	<i>ortho df</i>	115
NOURIANZ	57	OFEV	148, 149	ORTHOVISC	136
NOVAREL	103	<i>ofloxacin</i>	107, 139	ORTIKOS	81

<i>oseltamivir phosphate</i>	68	PALFORZIA (6 MG DAILY DOSE)	8	<i>pfizer covid-19 vac-tris 5-11y</i> ...	156
OSENI	32	PALFORZIA (80 MG DAILY DOSE)	8	<i>pfizer covid-19 vac-tris 6m-4y</i> ..	156
OSMOLEX ER	58	PALFORZIA INITIAL ESCALATION	8	<i>pfizer-biontech covid-19 vacc</i> ...	156
OSMOPREP	120	<i>paliperidone er</i>	60	PHEBURANE	105
OSPHENA	104	PAMELOR	31	<i>phenazopyridine hcl</i>	111
OTOVEL	142	PANCREAZE	98	<i>phendimetrazine tartrate</i>	5
OTREXUP	9	PANDEL	91	<i>phenelzine sulfate</i>	29
OVACE PLUS	88	<i>pantoprazole sodium</i>	153	PHENERGAN	40
OVACE PLUS WASH	88	<i>paricalcitol</i>	102	<i>phenobarbital</i>	118
OVACE WASH	88	PARLODEL	58	<i>phenoxybenzamine hcl</i>	44, 74
OVIDE	95	PARNATE	29	<i>phentermine hcl</i>	5
OVIDREL	103	<i>paromomycin sulfate</i>	8	<i>phenylephrine hcl</i>	138
<i>oxandrolone</i>	15	<i>paroxetine hcl</i>	29	PHENYTEK	27
<i>oxaprozin</i>	10	<i>paroxetine hcl er</i>	29	<i>phenytoin</i>	27
<i>oxazepam</i>	18	<i>paroxetine mesylate</i>	148	<i>phenytoin sodium extended</i>	27
OXBRYTA	116	PATADAY	139	PHEXXI	157
<i>oxcarbazepine</i>	25	PATANASE	136	PHILITH	77
<i>oxiconazole nitrate</i>	93	PAXIL	29	PHLAG SPRAY	94
OXISTAT	93	PAXIL CR	29	PHOSLO	110
OXTELLAR XR	26	PAXLOVID	66	PHOSLYRA	110
<i>oxybutynin chloride</i>	154	PAXLOVID (300/100)	66	<i>phos-nak</i>	126
<i>oxybutynin chloride er</i>	154	<i>pb-hyoscy-atropine-scopolamine</i>	152	PHOSPHA 250 NEUTRAL	126
<i>oxycodone hcl</i>	14	<i>pc pediatric iron drops</i>	117	<i>phosphate laxative</i>	120
<i>oxycodone hcl er</i>	14	<i>peg 3350</i>	120	<i>phytonadione</i>	158
<i>oxycodone-acetaminophen</i>	14	<i>peg 3350-kcl-na bicarb-nacl</i>	119	PIFELTRO	65
OXYCONTIN	14	<i>peg-3350/electrolytes</i>	119	<i>pilocarpine hcl</i>	131, 138
<i>oxymorphone hcl</i>	14	<i>peg-3350/electrolytes/ascorbat</i>	119	<i>pimecrolimus</i>	94
<i>oxymorphone hcl er</i>	14	PEGASYS	68	<i>pimozide</i>	146
OXYTROL	154	PEG-PREP	119	PIMTREA	74
OZEMPIC (0.25 OR 0.5 MG/DOSE)	35	PEMAZYRE	51, 52	<i>pindolol</i>	69
OZEMPIC (1 MG/DOSE)	35	<i>penciclovir</i>	88	<i>pioglitazone hcl</i>	37
OZEMPIC (2 MG/DOSE)	35	<i>penicillamine</i>	127	<i>pioglitazone hcl-glimepiride</i>	36
OZOBAX	135	<i>penicillin v potassium</i>	143	<i>pioglitazone hcl-metformin hcl</i> ...	37
PACERONE	19	PENTACEL	151	PIP BLOOD GLUCOSE TEST STRIP	98
PALFORZIA (12 MG DAILY DOSE)	7	<i>pentamidine isethionate</i>	47	PIP GLUCOSE CONTROL SOLUTION	123
PALFORZIA (120 MG DAILY DOSE)	7	PENTASA	109	<i>pirfenidone</i>	149
PALFORZIA (160 MG DAILY DOSE)	7	<i>pentazocine-naloxone hcl</i>	15	PIRMELLA 1/35	77
PALFORZIA (20 MG DAILY DOSE)	7	<i>pentoxifylline er</i>	113	PIRMELLA 7/7/7	80
PALFORZIA (200 MG DAILY DOSE)	7	PEPCID	152	<i>piroxicam</i>	10
PALFORZIA (240 MG DAILY DOSE)	7	PERCOCET	14	PLAN B ONE-STEP	78
PALFORZIA (3 MG DAILY DOSE)	7	PERFOROMIST	20	PLAQUENIL	49
PALFORZIA (300 MG MAINTENANCE)	7	PERIDEX	130	PLAVIX	114
PALFORZIA (300 MG TITRATION)	8	<i>perindopril erbumine</i>	44	PLEGRIDY	145
PALFORZIA (40 MG DAILY DOSE)	8	<i>permethrin</i>	95	PLEGRIDY STARTER PACK ..	145
		<i>perphenazine</i>	61	PLENITY	5
		<i>perphenazine-amitriptyline</i>	146	PLENVU	119
		PERRY PRENATAL	133	PLEXION	84
		PERTZYE	98	PLEXION CLEANSER	84
		PEXEVA	29	PLEXION CLEANSING CLOTH	84
		<i>pfizer covid-19 vac bival 5-11</i> ...	156	PLEXION NS	88
		<i>pfizer covid-19 vac bivalent</i>	156	PLIAGLIS	96
				PNEUMOVAX 23	155

<i>pnv tabs 29-1</i>	133	<i>pregabalin</i>	26	PRISTIQ	30
<i>pnv-dha</i>	134	<i>pregabalin er</i>	146	PROAIR DIGIHALER	20
<i>pnv-dha+docusate</i>	134	PREGNYL	103	PROAIR HFA	20
<i>pnv-omega</i>	133	<i>prehevbrio</i>	156	PROAIR RESPICLICK	20
<i>pnv-select</i>	133	PREMARIN	106, 157	<i>probenecid</i>	112
<i>podocon</i>	93	PREMPHASE	105	PROCARDIA XL	71
PODOCON-25	93	PREMPRO	106	PROCENTRA	5
<i>podofilox</i>	93	<i>prena 1 true</i>	134	<i>prochlorperazine</i>	61
<i>polyethylene glycol 3350</i>	120	<i>prena1</i>	134	<i>prochlorperazine maleate</i>	61
POLY-IRON 150	117	<i>prena1 pearl</i>	133	PROCRIT	115
<i>poly-iron 150 forte</i>	116	<i>prenaissance</i>	134	PROCTOCORT	17
<i>polymyxin b-trimethoprim</i>	139	<i>prenaissance plus</i>	134	PROCYSBI	111
POLYTRIM	139	PRENATABS RX	133	PROFERRIN-FORTE	117
POLY-VI-FLOR	132	<i>prenatal</i>	133	PROFILNINE	112
POMALYST	52	<i>prenatal (wliron & fa)</i>	133	PROFINAC	87
PONVORY	147	<i>prenatal 19</i>	133	<i>progesterone</i>	143
PONVORY STARTER PACK ..	147	<i>prenatal complete</i>	133	PROGLYCEM	32
PORTIA-28	77	<i>prenatal multi +dha</i>	134	PROGRAF	129
<i>posaconazole</i>	39	<i>prenatal one daily</i>	133	PROLATE	14
<i>pot & sod cit-cit ac</i>	111	<i>prenatal plus</i>	133	PROLENSA	140
POTABA	158	<i>prenatal plus iron</i>	133	<i>promethazine hcl</i>	41
<i>potassium chloride</i>	127	<i>prenatal plus vitamin/mineral</i>	133	<i>promethazine vcl/codeine</i>	83
<i>potassium chloride crys er</i>	127	PRENATAL-U	133	<i>promethazine-codeine</i>	82
<i>potassium chloride er</i>	127	PRENATE AM	134	<i>promethazine-dm</i>	82
<i>potassium citrate er</i>	111	PRENATE DHA	134	PROMETHEGAN	41
<i>potassium citrate-citric acid</i>	111	PRENATE ELITE	133	PROMETRIUM	143
<i>potassium iodide</i>	82	PRENATE ENHANCE	134	PROMISEB	88
PR BENZOYL PEROXIDE		PRENATE ESSENTIAL	134	<i>propafenone hcl</i>	19
WASH	85	PRENATE PIXIE	134	<i>propafenone hcl er</i>	19
PRADAXA	23	PRENATE RESTORE	134	PROPECIA	96
PRALUENT	43	PRENATE STAR	133	<i>propranolol hcl</i>	69
<i>pramipexole dihydrochloride</i>	59	PREPIDIL	142	<i>propranolol hcl er</i>	69
<i>pramipexole dihydrochloride er</i> ..	59	PRESERA	94	<i>propylthiouracil</i>	150
PRAMOSONE	95	PRESTALIA	43	PROSCAR	110
<i>pramoxine-hc</i>	96	<i>pretomanid</i>	49	PROTONIX	153
<i>prasugrel hcl</i>	114	PREVACID	153	PROTOPIC	94
<i>pravastatin sodium</i>	42	PREVACID 24HR	153	<i>protriptyline hcl</i>	31
<i>prazosin hcl</i>	46	PREVALITE	41	PROVENTIL HFA	21
PRECISION XTRA BLOOD		PREVIDENT	130	PROVERA	143
GLUCOSE	98	PREVIDENT 5000 ORTHO		PROVIDA OB	133
PRECOSE	31	DEFENSE	130	PROVIGIL	7
PRED FORTE	141	PREVIDENT 5000 PLUS	130	PROZAC	29
PRED MILD	141	PREVIFEM	77	PRUCLAIR	94
PRED-G	141	PREVNAR 13	155	PRUDOXIN	87
PRED-G S.O.P.	141	PREVNAR 20	155	PRUMYX	94
<i>prednicarbate</i>	91	PREVYMIS	66	<i>pseudoeph-bromphen-dm</i>	82
<i>prednisolone</i>	81	PREZCOBIX	63	<i>pseudoephedrine hcl</i>	136
<i>prednisolone acetate</i>	141	PREZISTA	64, 65	PULMICORT	22
<i>prednisolone sodium phosphate</i>		PRIFTIN	49	PULMICORT FLEXHALER	22
.....	81, 141	PRIOSEC OTC	153	<i>purevit dualfe plus</i>	116
<i>prednisolone-bromfenac</i>	141	<i>prilovix</i>	96	PURIXAN	50
<i>prednisolon-gatiflox-bromfenac</i>	141	<i>prilovixil</i>	96	<i>px stop smoking aid</i>	147
<i>prednisone</i>	81	<i>primaquine phosphate</i>	49	PYLERA	153
PREDNISONE INTENSOL	81	<i>primidone</i>	26	<i>pyrazinamide</i>	49
PREFEST	105	PRIORIX	155	PYRIDIUM	111

<i>pyridostigmine bromide</i>	49	<i>ramipril</i>	44	RETIN-A MICRO	85
<i>pyridostigmine bromide er</i>	49	RANEXA	17	RETIN-A MICRO PUMP	85
<i>pyrimethamine</i>	49	<i>ranolazine er</i>	17	RETROVIR	66
PYRUKYND	114	RAPAFLO	110	<i>revesta</i>	115
PYRUKYND TAPER PACK	114	RAPAMUNE	129	REVLIMID	128
QBRELIS	44	<i>rasagiline mesylate</i>	58	REXULTI	61
QBREXZA	94	RASUVO	9	REYATAZ	65
<i>qc magnesium citrate</i>	120	RAYALDEE	102	REYVOW	126
<i>qc milk of magnesia</i>	120	RAYOS	81	REZUROCK	130
<i>qc natura-lax</i>	120	RAZADYNE ER	144	RHOFADE	95
QDOLO	14	RECEDO	95	RHOPRESSA	140
QELBREE	4	RECLIPSEN	77	<i>ribavirin</i>	68
QINLOCK	53	RECOMBIVAX HB	156	RIDAURA	9
QNASL	136	RECORLEV	101	<i>rifabutin</i>	49
QNASL CHILDRENS	136	RECTIV	16	<i>rifampin</i>	49
QSYMIA	5	REDITREX	9	RIGHTEST GT333 BLOOD GLUCOSE	98
QTERN	35	REFISSA	86	RILUTEK	137
QUADRACEL	151	REGLAN	107	<i>riluzole</i>	137
QUALAQUIN	49	REGRANEX	97	<i>rimantadine hcl</i>	68
QUARTETTE	79	RELADOR PAK	96	RIOMET	31
<i>quazepam</i>	118	RELADOR PAK PLUS	96	<i>risedronate sodium</i>	100
QUDEXY XR	26	RELAFEN DS	10	RISPERDAL	60
QUESTRAN	41	RELENZA DISKHALER	68	<i>risperidone</i>	60
QUESTRAN LIGHT	41	RELEUKO	115	RITALIN	7
<i>quetiapine fumarate</i>	61	<i>releuko</i>	116	RITALIN LA	7
<i>quetiapine fumarate er</i>	61	RELEXII	7	<i>ritonavir</i>	65
QUFLORA FE	132	RELION BLOOD GLUCOSE TEST	98	<i>rivastigmine</i>	144
QUFLORA PEDIATRIC	132	RELISTOR	109	<i>rivastigmine tartrate</i>	144
QUILLICHEW ER	7	RELPAK	125	RIVELSA	79
QUILLIVANT XR	7	RELTONE	107	<i>rixubis</i>	113
<i>quinapril hcl</i>	44	REMERON	28	<i>rizatriptan benzoate</i>	125
<i>quinapril-hydrochlorothiazide</i>	43	REMERON SOLTAB	28	ROCALTROL	102
<i>quinidine gluconate er</i>	19	REMICADE	110	ROCKLATAN	140
<i>quinidine sulfate</i>	19	RENAGEL	110	<i>roflumilast</i>	21, 22
<i>quinine sulfate</i>	49	RENAL	131	ROGAINE	97
QULIPTA	124	<i>rena-vite</i>	131	ROGAINE MENS	97
QUVIVIQ	119	<i>rena-vite rx</i>	131	ROGAINE MENS EXTRA STRENGTH	97
QUZYTIR	40	<i>reno caps</i>	131	ROGAINE WOMENS	97
QVAR REDHALER	22	RENOVA	86	<i>ropinirole hcl</i>	59
<i>ra aspirin</i>	12	RENOVA PUMP	86	<i>ropinirole hcl er</i>	59
<i>ra aspirin adult low dose</i>	12	REVELA	110	<i>rosuvastatin calcium</i>	42
<i>ra aspirin ec</i>	12	<i>repaglinide</i>	35	ROSZET	43
<i>ra balanced b-100</i>	132	REPATHA	43	ROTARIX	156
<i>ra folic acid</i>	115	REPATHA PUSHTRONEX SYSTEM	43	ROWASA	109
<i>ra laxative</i>	121	REPATHA SURECLICK	43	ROZEREM	119
<i>ra milk of magnesia</i>	120	REPLESTA	158	ROZLYTREK	54
<i>ra mini nicotine</i>	147	REPLESTA NX	158	RUBRACA	56
<i>ra nicotine</i>	147	RESTASIS	140	RUCONEST	113
<i>ra one daily</i>	133	RESTASIS MULTIDOSE	140	<i>rufinamide</i>	26
<i>ra prenatal</i>	133	RESTORA RX	37	RUKOBIA	64
RABAVERT	156	RESTORIL	118	RYALTRIS	136
<i>rabeprazole sodium</i>	153	RETACRIT	115	RYBELSUS	35
RAGWITEK	8	RETIN-A	85	RYTARY	58
<i>raloxifene hcl</i>	104				
<i>ramelteon</i>	119				

RYTHMOL SR	19	SHAROBEL	79	SORINE	69
RYVENT	40	SHINGRIX	156	<i>sotalol hcl</i>	69
SABRIL	27	SIGNIFOR	104	SOTYLIZE	69
SAFYRAL	77	SIKLOS	114	SOVALDI	68
SAIZEN	102	<i>sildenafil citrate</i>	72, 73	SPIKEVAX COVID-19	
SAJAZIR	113	SILENOR	118	VACCINE	156
SALAGEN	131	<i>silodosin</i>	111	<i>spinosad</i>	95
<i>salicylic acid</i>	93	SILVADENE	89	SPIRIVA HANDIHALER	21
<i>salicylic acid er</i>	93	<i>silver sulfadiazine</i>	89	SPIRIVA RESPIMAT	21
<i>salicylic acid wart remover</i>	93	SIMBRINZA	137	<i>spironolactone</i>	99
<i>salicylic acid-cleanser</i>	93	SIMLIYA	74	<i>spironolactone-hctz</i>	99
<i>salsalate</i>	12	SIMPESSE	79	SPORANOX	39
SALVAX	93	<i>simvastatin</i>	42	SPORANOX PULSEPAK	39
SAMSCA	104	SINGULAIR	21	SPRINTEC 28	77
SANCUSO	38	SINUVA	136	SPRITAM	26
SANDIMMUNE	128	<i>sirolimus</i>	129	SPRIX	10
SANTYL	92	SIRTURO	49	SPS	129
SAPHRIS	60	SITAVIG	68	SRONYX	77
<i>sapropterin dihydrochloride</i>	104	SIVEXTRO	48	SSD	89
SAVAYSA	23	SKELAXIN	135	SSD (SILVER	
SAVELLA	144	SKYTROFA	102	SULFADIAZINE)	89
SAVELLA TITRATION PACK	144	SLYND	79	SSKI	82
SAXENDA	5	<i>sm aspirin ec low strength</i>	12	ST JOSEPH ASPIRIN	12
SCALPICIN MAXIMUM		SM CLEARLAX	120	STALEVO 100	58
STRENGTH	91	<i>sm folic acid</i>	115	STALEVO 125	58
SCSEMBLIX	51	<i>sm magnesium citrate</i>	120	STALEVO 150	58
<i>scopolamine</i>	38	<i>sm milk of magnesia</i>	120	STALEVO 200	58
SEASONIQUE	79	<i>sm nicotine</i>	147	STALEVO 50	58
SECUADO	61	<i>sm nicotine polacrilex</i>	147	STALEVO 75	59
SEGLENTIS	15	SMOOTH LAX	120	<i>stavudine</i>	66
SEGLUROMET	36	SOAANZ	99	STEGLATRO	36
SELECT-OB	133	<i>sod citrate-citric acid</i>	111	STEGLUJAN	35
<i>selegiline hcl</i>	58	<i>sodium chloride</i>	82, 111	STENDRA	73
<i>selenium sulfide</i>	88	<i>sodium fluoride</i>	126, 130	STIMATE	105
<i>self-taking blood pressure</i>	122	<i>sodium fluoride 5000 plus</i>	130	STIOLTO RESPIMAT	20
SELZENTRY	64	<i>sodium fluoride 5000 ppm</i>	130	STRATTERA	4
SEMGLEE	34	<i>sodium fluoride 5000 sensitive</i>	130	<i>stress formulaliron</i>	132
SEMGLEE (YFGN)	34	<i>sodium phenylbutyrate</i>	105	STRIBILD	63
<i>se-natal 19</i>	133	<i>sodium polystyrene sulfonate</i>	129	STRIVERDI RESPIMAT	21
SENSIPAR	100	<i>sodium sulfacetamide</i>	88	STROMECTOL	17
SEREVENT DISKUS	21	<i>sodium sulfacetamide wash</i>	88	STROVITE FORTE	132
SERNIVO	91	SOLESTA	128	STROVITE ONE	132
SEROQUEL	61	<i>solifenacin succinate</i>	154	SUBOXONE	15
SEROQUEL XR	61	SOLQUA	35	SUBSYS	14
SEROSTIM	102	SOLODYN	150	SUBVENITE STARTER KIT-	
<i>sertraline hcl</i>	29	SOLOSEC	8	BLUE	26
<i>se-tan plus</i>	116	SOLTAMOX	50	SUBVENITE STARTER KIT-	
SETLAKIN	79	SOLU-CORTEF	81	GREEN	26
<i>sevelamer carbonate</i>	110	SOMA	135	SUBVENITE STARTER KIT-	
<i>sevelamer hcl</i>	110	SOMATULINE DEPOT	104	ORANGE	26
SEVENFACT	113	SOMAVERT	101	SUCRAID	98
SEYSARA	150	SONAFINE	97	<i>sucralfate</i>	152
<i>sf</i>	130	SOOLANTRA	95	SUDOGEST	136
<i>sf 5000 plus</i>	130	<i>sorafenib tosylate</i>	53	SULAR	71
SFROWASA	109	SORILUX	87	<i>sulconazole nitrate</i>	93

<i>sulfacetamide sodium</i>	88, 142	TACLONEX	96	<i>teriparatide (recombinant)</i>	103
<i>sulfacetamide sodium (acne)</i>	83	<i>tacrolimus</i>	94, 129	TESSALON PERLES	82
<i>sulfacetamide sodium (cleans)</i> ...	88	<i>tadalafil</i>	73	TESTIM	16
<i>sulfacetamide sodium-sulfur</i>	84	<i>tadalafil (pah)</i>	73	<i>testosterone</i>	16
<i>sulfacetamide-prednisolone</i>	141	TADLIQ	73	<i>testosterone cypionate</i>	16
<i>sulfadiazine</i>	149	<i>tafluprost (pf)</i>	142	<i>testosterone enanthate</i>	16
<i>sulfamethoxazole-trimethoprim</i> ..	47	TAKE ACTION	78	<i>tetanus-diphtheria toxoids td</i>	151
SULFAMYLON	89	TALICIA	153	<i>tetrabenazine</i>	144
<i>sulfasalazine</i>	109	TALZENNA	57	<i>tetracycline hcl</i>	150
<i>sulindac</i>	10	TAMIFLU	68	TETRIX	94
SUMADAN	84	<i>tamoxifen citrate</i>	50	TEXACORT	91
SUMADAN WASH	84	<i>tamsulosin hcl</i>	111	TGT POWDERLAX	120
<i>sumatriptan</i>	126	TAPERDEX 12-DAY	81	THALITONE	100
<i>sumatriptan succinate</i>	126	TAPERDEX 6-DAY	81	THALOMID	127
<i>sumatriptan succinate refill</i>	126	TARCEVA	51	THEO-24	22
<i>sumatriptan-naproxen sodium</i> ..	125	TARGADOX	150	<i>theophylline er</i>	22
SUMAXIN	84	TARGRETIN	57, 96	THIOLA	111
SUMAXIN CP	84	TARINA 24 FE	77	THIOLA EC	111, 112
<i>sunitinib malate</i>	53	TARINA FE 1/20	77	<i>thioridazine hcl</i>	61
SUNOSI	6	TARINA FE 1/20 EQ	77	<i>thiothixene</i>	62
SUPER QUINTS B-50	132	<i>taron forte</i>	117	THYQUIDITY	151
SUPERVITE	132	TARON-PREX	134	TIADYLT ER	71
SUPRAX	74	TARPEYO	81	<i>tiagabine hcl</i>	27
SUPREP BOWEL PREP KIT ...	119	TASCENSO ODT	147	TIAZAC	71
SUSTIVA	65	TASMAR	58	TIBSOVO	55
SUSTOL	38	<i>tavaborole</i>	95	TICE BCG	55
SUTAB	119	TAVALISSE	114	TICOVAC	156
<i>suvicort</i>	94	TAVNEOS	113	TIGLUTIK	137
SW CLEARLAX	120	TAYTULLA	77	TIKOSYN	19
SYEDA	77	<i>tazarotene</i>	85, 87	TILIA FE	80
SYMBICORT	20	TAZORAC	87	<i>timolol maleate</i>	70, 137, 138
SYMBYAX	148	TAZTIA XT	71	<i>timolol maleate (once-daily)</i>	137
SYMDEKO	148	TDVAX	151	<i>timolol maleate pf</i>	138
SYMFI	63	TEGRETOL	26	TIMOPTIC	138
SYMFI LO	63	TEGRETOL-XR	26	TIMOPTIC OCUDOSE	138
SYMJEPI	158	TEKTURNA	46	TIMOPTIC-XE	138
SYMLINPEN 120	31	TEKTURNA HCT	46	<i>tinidazole</i>	47
SYMLINPEN 60	31	<i>telmisartan</i>	45	<i>tiopronin</i>	112
SYMPAZAN	24	<i>telmisartan-amlodipine</i>	44	TIROSINT	151
SYMPROIC	109	<i>telmisartan-hctz</i>	45	TIROSINT-SOL	151
SYMTUZA	63	<i>temazepam</i>	118	TIVICAY	64
SYNALAR	91	TEMIXYS	63	TIVICAY PD	64
SYNALAR TS	96	TEMODAR	55	TIVORBEX	10
SYNAREL	103	TEMOVATE	91	<i>tizanidine hcl</i>	135
SYNDROS	38	<i>temozolomide</i>	55	TLANDO	16
SYNERA	96	TENIVAC	151	<i>tl-hem 150</i>	117
SYNERDERM	94	<i>tenofovir disoproxil fumarate</i>	66	TOBRADEX	141
SYNJARDY	36	TENORETIC 100	46	TOBRADEX ST	141
SYNJARDY XR	36	TENORETIC 50	46	<i>tobramycin</i>	8, 139
SYNTHROID	151	TENORMIN	69	<i>tobramycin sulfate</i>	8
SYNVISC	136	TEPMETKO	53	<i>tobramycin-dexamethasone</i>	141
SYNVISC ONE	136	<i>terazosin hcl</i>	46	TOBREX	139
SYPRINE	127	<i>terbinafine hcl</i>	39	TODAY SPONGE	157
TABLOID	50	<i>terbutaline sulfate</i>	21	<i>tolcapone</i>	58
TABRECTA	52	<i>terconazole</i>	157	<i>tolsura</i>	39

<i>tolterodine tartrate</i>	154	TRI-ESTARYLLA	80	TRUSTEX NON-LUBRICATED	122
<i>tolterodine tartrate er</i>	154	<i>trifluoperazine hcl</i>	61	TRUSTEX RIA LUBRICATED .	122
<i>tolvaptan</i>	104	<i>trifluridine</i>	139	TRUSTEX RIA NON-	
TOPAMAX	26	<i>trigels-f forte</i>	117	LUBRICATED	122
TOPAMAX SPRINKLE	26	<i>trihexyphenidyl hcl</i>	57	TRUVADA	63
TOPICORT	91	TRIJARDY XR	35	TUDORZA PRESSAIR	21
TOPICORT SPRAY	92	TRI-LEGEST FE	80	TULANA	79
<i>topiramate</i>	26	TRILEPTAL	26	TURALIO	53
<i>topiramate er</i>	26	TRI-LINYAH	80	TUZISTRA XR	82
TOPROL XL	69	TRILIPIX	42	TWINRIX	155
<i>toremifene citrate</i>	50	TRI-LO-ESTARYLLA	80	TWIRLA	78
<i>torsemide</i>	99	TRI-LO-MARZIA	80	TWYNEO	84
TOSYMRA	126	TRI-LO-MILI	80	TYBLUME	77
TOUJEO MAX SOLOSTAR	34	TRI-LO-SPRINTEC	80	TYBOST	66
TOUJEO SOLOSTAR	34	TRI-LUMA	92	TYDEMY	77
TOVIAZ	154	<i>trimethobenzamide hcl</i>	38	TYMLOS	104
TRACLEER	72	<i>trimethoprim</i>	47	TYPHIM VI	155
TRADJENTA	32	TRI-MILI	80	TYRVAYA	138
<i>tramadol hcl</i>	14	<i>trimipramine maleate</i>	31	UBRELVY	124
<i>tramadol hcl er</i>	14	<i>trinatal rx 1</i>	134	UCERIS	16, 81
<i>tramadol-acetaminophen</i>	15	TRINATE	134	UDENYCA	116
<i>trandolapril</i>	44	TRINTELLIX	30	UKONIQ	53
<i>trandolapril-verapamil hcl er</i>	43	TRI-NYMYO	80	ULORIC	112
<i>tranexamic acid</i>	118	<i>triphrocaps</i>	131	ULTICARE INSULIN SYRINGE	
TRANSDERM-SCOP	38	TRI-PREVIFEM	80		123
TRANXENE-T	18	TRI-SPRINTEC	80	ULTRACET	15
<i>tranylcypromine sulfate</i>	29	<i>tristart dha</i>	134	ULTRAM	14
TRAVATAN Z	142	TRIUMEQ	63	ULTRASAL-ER	93
<i>travoprost (bak free)</i>	142	TRIUMEQ PD	63	ULTRAVATE	92
<i>trazodone hcl</i>	30	TRI-VI-FLOR	132	UNISTRIPI1 GENERIC	98
TRELEGY ELLIPTA	20	TRIVORA (28)	80	UNITHROID	151
TRESIBA	34	TRI-VYLIBRA	80	UPNEEQ	142
TRESIBA FLEXTOUCH	34	TRI-VYLIBRA LO	80	UPTRAVI	73
<i>tretinoin</i>	57, 85	TRIZIVIR	63	<i>urea</i>	92
<i>tretinoin microsphere</i>	85	TROKENDI XR	26	<i>urea hydrating</i>	92
<i>tretinoin microsphere pump</i>	85	<i>tropicamide-cyclopentolate-pe</i>	138	<i>urea nail</i>	92
TREXALL	50	<i>trospium chloride</i>	154	URIBEL	48
TREXIMET	125	<i>trospium chloride er</i>	154	UROCIT-K 10	111
TREZIX	12	TRUDHESA	125	UROCIT-K 15	111
TRI FEMYNOR	80	TRUETRACK TEST	98	UROCIT-K 5	111
<i>triamcinolone acetonide</i>		TRULANCE	107	UROXATRAL	111
.....	92, 131, 136	TRULICITY	35	URSO 250	107
<i>triamterene-hctz</i>	99	TRUMENBA	155	URSO FORTE	107
TRIANEX	92	TRUSELTIQ (100MG DAILY		<i>ursodiol</i>	107
<i>triazolam</i>	118	DOSE)	52	VAGIFEM	157
TRIBENZOR	45	TRUSELTIQ (125MG DAILY		<i>valacyclovir hcl</i>	68
<i>tri-buffered aspirin</i>	11	DOSE)	52	VALCYTE	66
TRICARE	133	TRUSELTIQ (50MG DAILY		<i>valganciclovir hcl</i>	67
TRICARE PRENATAL		DOSE)	52	VALIUM	18
COMPLEAT	134	TRUSELTIQ (75MG DAILY		<i>valproic acid</i>	28
<i>tricitrates</i>	111	DOSE)	52	<i>valsartan</i>	45
TRICON	117	TRUSOPT	139	<i>valsartan-hydrochlorothiazide</i>	45
TRICOR	42	TRUSTEX LUBRICATED	122	VALTOCO 10 MG DOSE	24
TRIDERM	92			VALTOCO 15 MG DOSE	24
<i>trientine hcl</i>	127				

VALTOCO 20 MG DOSE	24	VIENVA	77	VYLIBRA	77
VALTOCO 5 MG DOSE	24	<i>vigabatrin</i>	27	VYTONE	86
VALTREX	68	VIGADRONE	27	VYTORIN	43
VANCOCIN	47	VIGAMOX	139	VYVANSE	5
<i>vancomycin hcl</i>	47	VIIBRYD	30	VYZULTA	142
VANDAZOLE	157	VIIBRYD STARTER PACK	30	<i>warfarin sodium</i>	22
VANIQA	94	VIJOICE	129	<i>wee care</i>	117
VANOS	92	<i>vilazodone hcl</i>	30	WEGOVY	5
VANOXIDE-HC	84	VILTEPSO	137	WELCHOL	41
VAQTA	156	VIMOVO	9	WELIREG	52
<i>ardenafil hcl</i>	73	VIMPAT	26	WELLBUTRIN SR	28
<i>varenicline tartrate</i>	147	VINATE DHA RF	134	WELLBUTRIN XL	28
VASCEPA	41	VINATE ONE	134	WERA	77
VASERETIC	43	VIOKACE	99	WIDE-SEAL DIAPHRAGM 60	122
VASOTEC	44	<i>viorele</i>	74	WIDE-SEAL DIAPHRAGM 65	122
VAXELIS	151	VIRACEPT	65	WIDE-SEAL DIAPHRAGM 70	122
VAXNEUVANCE	155	VIREAD	66	WIDE-SEAL DIAPHRAGM 75	122
<i>v-c forte</i>	132	<i>virt-caps</i>	131	WIDE-SEAL DIAPHRAGM 80	122
VCF VAGINAL		VIRT-GARD	115	WIDE-SEAL DIAPHRAGM 85	122
CONTRACEPTIVE	157	<i>virt-phos 250 neutral</i>	126	WIDE-SEAL DIAPHRAGM 90	122
VECAMYL	46	VISTARIL	18	WIDE-SEAL DIAPHRAGM 95	122
VECTICAL	87	VITAFOL	132	WINLEVI	86
VELIVET	80	VITAFOL-NANO	134	WIXELA INHUB	20
VELPHORO	110	VITAFOL-OB	134	WYMZYA FE	77
VELTASSA	129	VITAFOL-ONE	134	WYNZORA	96
VELTIN	84	VITAL-D RX	131	XADAGO	58
VEMLIDY	67	<i>itamin d (ergocalciferol)</i>	158	XALATAN	142
VENELEX	97	<i>itamin d3</i>	158	XALIX	93
<i>venlafaxine besylate er</i>	30	VITAPEARL	134	XALKORI	50
<i>venlafaxine hcl</i>	30	VITATRUE	134	XANAX	18
<i>venlafaxine hcl er</i>	30	VITRAKVI	54	XANAX XR	18
VENTAVIS	72	VIVAGUARD INO CONTROL		XARELTO	23
VENTOLIN HFA	21	SOLUTION	123	XARELTO STARTER PACK	23
<i>verapamil hcl</i>	71	VIVELLE-DOT	106	XATMEP	50
<i>verapamil hcl er</i>	71	VIVJOA	39	XCOPRI	27
VERDESO	92	VIVLODEX	10	XCOPRI (250 MG DAILY	
VEREGEN	86	VIZIMPRO	51	DOSE)	27
VERELAN	71	<i>vocabria</i>	64	XCOPRI (350 MG DAILY	
VERELAN PM	71	VOGELXO	16	DOSE)	27
VERKAZIA	140	VOGELXO PUMP	16	XELODA	50
VERQUVO	73	VOLNEA	74	XELPROS	142
VERSACLOZ	60	VONJO	56	XELSTRYM	5
VESICARE	154	VOQUEZNA DUAL PAK	154	XENAZINE	144
VESICARE LS	154	VOQUEZNA TRIPLE PAK	154	XENICAL	6
VESTURA	77	<i>voriconazole</i>	39, 40	XENLETA	48
VFEND	39	VOSEVI	67	XEPI	86
V-GO 20	123	VOXZOGO	103	XERAC AC	88
V-GO 30	123	<i>vp-vite rx</i>	131	XERAVA	149
V-GO 40	123	VRAYLAR	59, 60	XERESE	88
VIAGRA	73	VTAMA	88	XHANCE	136
VIBERZI	108	VTOL LQ	11	XIFAXAN	47
VIBRAMYCIN	150	VUITY	138	XIGDUO XR	36
VIC-FORTE	132	VUMERITY	146	XIIDRA	138
VICTOZA	35	VUSION	86	XIMINO	150
VIEKIRA PAK	67	VYFEMLA	77	XOFLUZA (40 MG DOSE) ... 68, 69	

XOFLUZA (80 MG DOSE).....	69	ZIANA.....	84	ZYRTEC ALLERGY.....	40
XOLAIR.....	20	ziclocin.....	87	ZYRTEC-D ALLERGY & CONGESTION.....	82
XOLEGEL.....	93	zidovudine.....	66	ZYTIGA.....	50
XOPENEX.....	21	ZIEXTENZO.....	116	zyvit.....	98
XOPENEX CONCENTRATE.....	21	zileuton er.....	19	ZYVOX.....	48
XOPENEX HFA.....	21	ZILRETTA.....	81		
XPOVIO (60 MG TWICE WEEKLY).....	54	ZILXI.....	95		
XPOVIO (80 MG TWICE WEEKLY).....	54	ZIMHI.....	38		
XTAMPZA ER.....	14	zinc sulfate.....	127		
XULANE.....	78	ZINPLAVA.....	143		
XULTOPHY.....	35	ZIOPTAN.....	142		
xurea.....	92	ziprasidone hcl.....	60		
XURIDEN.....	102	ZIPSOR.....	11		
XYOSTED.....	16	ZIRABEV.....	57		
XYREM.....	144	ZIRGAN.....	139		
XYWAV.....	144	ZITHRANOL.....	88		
YASMIN 28.....	78	ZITHROMAX.....	121		
YAZ.....	78	ZITHROMAX TRI-PAK.....	121		
YF-VAX.....	157	ZITHROMAX Z-PAK.....	121		
YONSA.....	50	ZOCOR.....	42		
YOSPRALA.....	113	ZOKINVY.....	128		
YUPELRI.....	21	ZOLINZA.....	52		
YUVAFEM.....	157	zolmitriptan.....	126		
ZADITOR.....	139	ZOLOFT.....	29		
ZAFEMY.....	78	zolpidem tartrate.....	118		
zafirlukast.....	21	zolpidem tartrate er.....	118		
zaleplon.....	118	ZOLPIMIST.....	118		
ZANAFLEX.....	135	ZOMACTON.....	102		
ZARAH.....	78	ZOMIG.....	126		
ZARONTIN.....	28	ZONALON.....	87		
ZAVESCA.....	114	ZONEGRAN.....	26		
zcort 7-day.....	81	ZONISADE.....	26		
ZEGALOGUE.....	32	zonisamide.....	26		
ZEGERID.....	152	ZONTIVITY.....	114		
ZELNORM.....	107	ZORTRESS.....	129		
ZEMBRACE SYMTOUCH.....	126	ZORVOLEX.....	11		
ZEMDRI.....	8	ZOVIA 1/35 (28).....	78		
ZEMPLAR.....	102	ZOVIA 1/35E (28).....	78		
ZENATANE.....	86	ZOVIRAX.....	68, 88		
ZENPEP.....	99	ZTALMY.....	26		
ZENZEDI.....	5	ZTLIDO.....	94		
ZEPATIER.....	67	ZUBSOLV.....	15		
ZEPOSIA.....	148	ZUMANDIMINE.....	78		
ZEPOSIA 7-DAY STARTER PACK.....	148	ZUPLENZ.....	38		
ZEPOSIA STARTER KIT.....	148	ZYCLARA.....	93		
ZERVIAE.....	139	ZYCLARA PUMP.....	93		
ZESTORETIC.....	43	ZYDELIG.....	56		
ZESTRIL.....	44	ZYFLO.....	19		
ZETIA.....	43	ZYKADIA.....	50		
ZETONNA.....	136	ZYLET.....	141		
ZIAC.....	46	ZYLOPRIM.....	112		
ZIAGEN.....	65	ZYMAXID.....	139		
		ZYPITAMAG.....	42		
		ZYPREXA.....	62		
		ZYPREXA ZYDIS.....	62		

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)。

සඳහන් කර ඇත: ඔබ භාවිතා කරන භාෂාවට අනුව, නිවැරදි භාෂා සහාය සේවාවක් ඔබට නොමිලේ ලබා දෙනු ලබයි. සේවා සහාය සේවාවට දුරකථන කථනාන්තරයෙන් (711) සම්බන්ධ වන්න.

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

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

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

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

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

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

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

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

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

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

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

