

2023 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

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 11/1/2023

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 (60 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>	T2	QL (60 capsules per 30 days); AL
<i>atomoxetine hcl oral capsule 100 mg, 60 mg</i>	T2	QL (30 capsules per 30 days); AL
<i>atomoxetine hcl oral capsule 80 mg</i>	T2	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	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
<i>amphet-dextroamphet 3-bead er</i>	T9	
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	T3	QL (120 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

Medication	Coverage Level	Restrictions
<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
DYANAVEL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL
EVEKEO ODT	T9	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 capsules per 30 Days); AL
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	T1	QL (30 tablets per 30 Days); AL
<i>methamphetamine hcl</i>	T9	
PROCENTRA	T1	
VYVANSE ORAL CAPSULE	T3	QL (30 capsules per 30 days); AL
VYVANSE ORAL TABLET CHEWABLE	T9	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>	T3	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**		
CONTRAVE	BE	

Medication	Coverage Level	Restrictions
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI	T3	ST; QL (30 tablets per 30 days)
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 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.***		
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>dexamethylphenidate hcl</i>	T1	AL
<i>dexamethylphenidate 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)</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	

Medication	Coverage Level	Restrictions
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	T1	QL (30 tablets per 30 days)
<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 (360 ML per 30 days); AL
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	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)

Medication	Coverage Level	Restrictions
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
RAGWITEK	T3	AL
*Mixed Allergenic Extracts***		
ODACTRA	T3	AL
ORALAIR	T3	AL
Alternative Medicines		
*Alternative Medicine - Co's***		
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
*Alternative Medicine - Ma's***		
<i>maca</i>	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)
HUMATIN	T3	
KITABIS PAK	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
TOBI	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
TOBI PODHALER	T4	PA; SP (Limited to a 1 month supply per fill); QL (224 capsules per 28 days)
<i>tobramycin inhalation</i>	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1	

Medication	Coverage Level	Restrictions
ZEMDRI	T9	
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OLUMIANT ORAL TABLET 2 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OLUMIANT ORAL TABLET 4 MG	T9	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T4	PA; SP (Limited to 1 fill per 2 years); QL (30 tablets per 30 days)
XELJANZ ORAL SOLUTION	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
XELJANZ ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*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
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
ABRILADA	T9	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)

Medication	Coverage Level	Restrictions
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>adalimumab-adbm</i>	T9	
<i>adalimumab-fkjp</i>	T9	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); AL
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CYLTEZO	T9	
CYLTEZO-CD/UC/HS STARTER	T9	
CYLTEZO-PSORIASIS STARTER	T9	
HADLIMA	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HADLIMA PUSHTOUCH	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
HULIO	T9	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PEDIATRIC UC START	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)

Medication	Coverage Level	Restrictions
HUMIRA PEN-PSOR/UEVIT STARTER	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.4ML, 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HYRIMOZ	T9	
HYRIMOZ-CROHNS/UC STARTER PACK	T9	
HYRIMOZ-PED CROHNS STARTER	T9	
HYRIMOZ-PLAQUE PSORIASIS START	T9	
IDACIO	T9	
IDACIO FOR CROHNS DISEASE/UC	T9	
IDACIO FOR PLAQUE PSORIASIS	T9	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)
YUFLYMA 1-PEN KIT	T9	
YUFLYMA 2-PEN KIT	T9	
YUFLYMA 2-SYRINGE KIT	T9	
YUSIMRY	T9	
*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 Blockers***		
ARCALYST	T4	SP (Limited to a 1 month supply per fill)
*Interleukin-1 Receptor Antagonist (Il-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)

Medication	Coverage Level	Restrictions
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML 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	
NAPROTIN	T9	
<i>naproxen-esomeprazole mg</i>	T9	
VIMOVO	BE	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
ANAPROX DS	T3	
DAYPRO	T3	
<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	
<i>etodolac oral</i>	T1	
FELDENE	T3	
<i>fenoprofen calcium oral</i>	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	

Medication	Coverage Level	Restrictions
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>indomethacin rectal</i>	T9	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<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	
<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	
ZIPSOR	T9	
ZORVOLEX	T9	
*Nsaid-Pyrimidine Synthesis Inhibitors Combinations***		
LEFLUNICLO	T9	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year)
*Pyrimidine Synthesis Inhibitors***		
ARAVA	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>leflunomide oral</i>	T1	
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 Auto-injectors per 28 days)
Analgesics - Nonnarcotic		
*Analgesics Other***		
LOTREXONE	T9	
NALTREX	T9	
*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)

Medication	Coverage Level	Restrictions
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
*Salicylate Combinations***		
ASCRIPITIN ORAL TABLET 325 MG	T1	
BUFFERIN	T3	PV
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1	
*Salicylates***		
<i>aspirin 81 oral tablet chewable</i>	T1	AL
<i>aspirin ec low dose</i>	T1	
<i>aspirin 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 oral tablet delayed release 81 mg</i>	T1	
<i>cvs aspirin oral tablet 325 mg</i>	T1	
<i>diflunisal oral</i>	T1	
DOANS PILLS	T1	
ECOTRIN	T3	
ECOTRIN ARTHRTIS PAIN	T3	
ECOTRIN LOW STRENGTH	T3	
<i>eql aspirin ec oral tablet delayed release 325 mg</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	
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine</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	

Medication	Coverage Level	Restrictions
*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	
*Opioid Agonists***		
<i>codeine sulfate oral tablet</i>	T1	
CONZIP	T9	
DILAUDID ORAL LIQUID	T3	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
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
<i>levorphanol tartrate oral</i>	T9	
<i>mepredine hcl oral solution</i>	T1	
<i>mepredine hcl oral tablet 50 mg</i>	T1	
METHADONE HCL INTENSOL	T1	

Medication	Coverage Level	Restrictions
<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	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T3	ST; QL (60 tablets per 30 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 SUBLINGUAL LIQUID 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er</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)
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
*Opioid Combinations***		
APADAZ	T9	
<i>oxycodone-acetaminophen oral solution</i>	T9	

Medication	Coverage Level	Restrictions
<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)
<i>buprenorphine hcl sublingual</i>	T1	QL (90 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 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>	T2	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	
Androgens-Anabolic		
*Androgens***		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	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)

Medication	Coverage Level	Restrictions
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	
FORTESTA	T9	
JATENZO	T9	
KYZATREX ORAL CAPSULE 100 MG, 150 MG	T3	PA; QL (60 capsules per 30 days)
KYZATREX ORAL CAPSULE 200 MG	T3	PA; QL (120 capsules per 30 days)
<i>methitest</i>	T9	
<i>methyltestosterone 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 1.62 %, 20.25 mg/lact (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T9	
<i>testosterone transdermal gel 12.5 mg/lact (1%)</i>	T2	PA; QL (300 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***		
<i>budesonide rectal</i>	T3	QL (2 packages per 180 days)
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
<i>hydrocortisone rectal enema</i>	T2	
UCERIS RECTAL	T3	QL (2 packages per 180 days)
*Nitrate Vasodilating Agents***		
RECTIV	T9	
*Rectal Anesthetic/Steroids***		
ANALPRAM-HC EXTERNAL LOTION	T9	

Medication	Coverage Level	Restrictions
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
PROCTOFOAM HC EXTERNAL	T2	QL (2 cans per 30 days)
*Rectal Steroids***		
ANUSOL-HC RECTAL SUPPOSITORY	T9	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1	
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 (Limited to a 1 month supply per fill); QL (6 tablets per 30 Days)
<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	
<i>ranolazine er</i>	T1	
*Nitrates***		
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 sublingual</i>	T1	

Medication	Coverage Level	Restrictions
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	T2	
NITROLINGUAL	T3	
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	
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	

Medication	Coverage Level	Restrictions
NORPACE CR	T2	
<i>quinidine gluconate er</i>	T4	SP (Limited to a 1 month supply per fill)
<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 INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)

Medication	Coverage Level	Restrictions
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2	QL (1 inhaler per 30 Days)
BREYNA	T9	
BREZTRI AEROSPHERE	T9	
<i>budesonide-formoterol fumarate</i>	T9	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol</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 (2 inhalers per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	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	

Medication	Coverage Level	Restrictions
<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 RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	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 HFA	T9	
*Bronchodilators - Anticholinergics***		
ATROVENT HFA	T2	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	QL (30 Blisters per 30 Day(s)s)
<i>ipratropium bromide inhalation</i>	T1	
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)
<i>tiotropium bromide monohydrate</i>	T9	
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)

Medication	Coverage Level	Restrictions
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	T3	QL (30 tablets per 30 days)
<i>roflumilast</i>	T1	QL (30 capsules per 30 days)
*Steroid Inhalants***		
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days); AL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T9	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T9	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T9	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T9	
ASMANEX HFA	T9	
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT	T1	QL (1 Inhaler per 30 Day(s)s)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T1	QL (1 Inhaler per 30 Day(s)s); AL
FLOVENT HFA	T1	QL (1 Inhaler per 30 Day(s)s)
<i>fluticasone propionate hfa</i>	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)

Medication	Coverage Level	Restrictions
QVAR REDIHALER	T1	
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
*Xanthines***		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er</i>	T1	
Anticoagulants		
*Coumarin Anticoagulants***		
JANTOVEN	T1	
<i>warfarin sodium oral</i>	T1	
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
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***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml, 80 mg/0.8ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	T9	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
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	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
<i>fondaparinux sodium</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate</i>	T3	ST; QL (60 capsules per 30 days)
PRADAXA ORAL CAPSULE	T3	ST; QL (62 capsules per 31 days)
PRADAXA ORAL PACKET	T9	
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL SUSPENSION	T4	ST; SP (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL
FYCOMPA ORAL TABLET	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL
*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 (5 kits 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)

Medication	Coverage Level	Restrictions
VALTOCO 15 MG DOSE	T3	QL (8 Units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 Units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 Units per 30 days)
*Anticonvulsants - Misc.***		
APTIOM	T3	PA; QL (60 tablets per 30 days)
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 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	
<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	
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)
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	
FINTEPLA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
<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	

Medication	Coverage Level	Restrictions
<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)
MOTPOLY XR	T9	
MYSOLINE ORAL TABLET 50 MG	T3	
NEURONTIN	T3	
<i>oxcarbazepine</i>	T1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (120 capsules per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 225 mg</i>	T1	QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
<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 tablet 125 mg</i>	T9	
<i>primidone oral tablet 250 mg, 50 mg</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 oral capsule er 24 hour sprinkle</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate er oral capsule extended release 24 hour</i>	T9	
<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)
<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)

Medication	Coverage Level	Restrictions
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Pack per 30 days)
*Gaba Modulators***		
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 ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
VIGADRONE ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets 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	

Medication	Coverage Level	Restrictions
*Succinimides***		
CELONTIN	T3	
<i>ethosuximide oral</i>	T1	
<i>methsuximide</i>	T2	
ZARONTIN	T3	
*Valproic Acid***		
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
<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	
*Antidepressant - Miscellaneous Combinations***		
AUVELITY	T9	
*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)

Medication	Coverage Level	Restrictions
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	T4	ST; SP (Limited to a 1 month supply per fill)
MARPLAN	T2	QL (180 tablets per 30 days)
NARDIL	T3	
PARNATE	T3	
<i>phenelzine sulfate oral</i>	T1	
<i>tranylcypromine sulfate</i>	T2	
*Selective Serotonin Reuptake Inhibitors (Ssrís)***		
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	QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	T2	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)

Medication	Coverage Level	Restrictions
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
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)
*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	QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	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)
<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>	T2	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 ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	T3	QL (60 tablets per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<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)
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	
*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	

Medication	Coverage Level	Restrictions
<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)
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)
<i>saxagliptin hcl</i>	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)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg</i>	T3	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg</i>	T3	ST; QL (30 tablets per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET	T3	
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T3	QL (30 tablets per 30 days)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	T9	
*Human Insulin***		
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST
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 FLEXTOUCH	T3	ST
FIASP INJECTION	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	

Medication	Coverage Level	Restrictions
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
<i>insulin degludec</i>	T9	
<i>insulin degludec flextouch</i>	T9	
<i>insulin glargine-yfgn</i>	T9	
<i>insulin lispro</i>	T9	
<i>insulin lispro (1 unit dial)</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 FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	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	

Medication	Coverage Level	Restrictions
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
REZVOGLAR KWIKPEN	T9	
SEMGLEE (YFGN)	T9	
SEMGLEE SUBCUTANEOUS SOLUTION	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)
<i>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</i>		
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/3ML	T2	QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	QL (3 ML per 28 Days)
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)

Medication	Coverage Level	Restrictions
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI	T2	PA; QL (30 tablets per 30 days)
QTERN	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
FARXIGA	T2	QL (31 tablets per 31 days)
INVOKANA	T3	ST; QL (31 EA per 31 days)
JARDIANCE	T2	QL (30 EA per 30 days)
STEGLATRO	T3	ST; QL (30 EA per 30 days)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
*Sulfonylurea-Biguanide Combinations***		
glipizide-metformin hcl	T1	
glyburide-metformin	T1	
*Sulfonylureas***		
glimepiride	T1	
glipizide er	T1	
glipizide oral tablet 10 mg, 5 mg	T1	
glipizide oral tablet 2.5 mg	T9	

Medication	Coverage Level	Restrictions
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1	
GLUCOTROL XL	T3	
<i>glyburide micronized</i>	T1	
<i>glyburide oral</i>	T1	
GLYNASE	T3	
*Sulfonylurea-Thiazolidinedione Combinations***		
DUETACT	T9	
<i>pioglitazone hcl-glimepiride</i>	T9	
*Thiazolidinedione-Biguanide Combinations***		
ACTOPLUS MET ORAL TABLET 15-850 MG	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)

Medication	Coverage Level	Restrictions
EXJADE	T5	SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	T9	
FERRIPROX ORAL TABLET 500 MG	T5	SP (Limited to a 1 month supply per fill)
FERRIPROX TWICE-A-DAY	T5	SP (Limited to a 1 month supply per fill)
JADENU	T5	SP (Limited to a 1 month supply per fill)
JADENU SPRINKLE	T9	
*Antidotes And Specific Antagonists***		
VISTOGARD	T4	SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
*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 (1 box per 1 year)
OPVEE	T2	QL (1 box per 1 year)
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 (Limited to a 1 month supply per fill); QL (1 patch per 28 days)
SUSTOL	T9	
*Antiemetic Combinations***		
AKYNZEO ORAL	T9	
BONJESTA	T9	
DICLEGIS	T9	

Medication	Coverage Level	Restrictions
<i>doxylamine-pyridoxine</i>	T9	
*Antiemetics - Anticholinergic***		
ANTIVERT ORAL TABLET 50 MG	T9	
<i>meclizine hcl oral tablet</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 125 mg, 40 mg, 80 mg</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	
*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 CAPSULE 186 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 Day(s)s)
CRESEMBA ORAL CAPSULE 74.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)

Medication	Coverage Level	Restrictions
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	T3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	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 PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 packets per 30 days); AL
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 oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T4	PA; SP (Limited to a 1 month supply per fill); 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)
<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)
<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)

Medication	Coverage Level	Restrictions
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 solution</i>	T9	
CLARINEX ORAL TABLET	T9	
CLARITIN ORAL SOLUTION	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	
<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	

Medication	Coverage Level	Restrictions
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 90 MG	T9	
<i>fenofibrate micronized oral capsule 130 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	

Medication	Coverage Level	Restrictions
<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	
ATORVALIQ	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>pitavastatin calcium</i>	T3	ST; QL (30 tablets per 30 Days)
<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	
ROSZET	T9	
VYTORIN	T3	

Medication	Coverage Level	Restrictions
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe</i>	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***		
<i>niacin er (antihyperlipidemic)</i>	T1	
NIACOR	T1	
*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***		
<i>amlodipine besy-benazepril hcl</i>	T1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
PRESTALIA	T3	ST
<i>trandolapril-verapamil hcl er</i>	T1	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	T3	
<i>benazepril-hydrochlorothiazide</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	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	
<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	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	

Medication	Coverage Level	Restrictions
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 er oral tablet extended release 24 hour</i>	T9	
<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	
<i>metoprolol-hydrochlorothiazide</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***		
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	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)
LIKMEZ	T9	
<i>metronidazole oral</i>	T1	
NEBUPENT	T3	

Medication	Coverage Level	Restrictions
<i>pentamidine isethionate inhalation</i>	T1	
<i>tinidazole oral</i>	T1	
<i>trimethoprim oral</i>	T1	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Limited to a 1 month supply per fill); 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	
SULFATRIM PEDIATRIC	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	
VANCOGIN ORAL CAPSULE 125 MG	T9	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 500 mg</i>	T1	
<i>vancomycin hcl oral capsule 125 mg</i>	T3	ST; QL (56 capsules per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	T9	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	T1	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	T9	
<i>vancomycin hcl oral solution reconstituted 50 mg/ml</i>	T2	
*Leprostics***		
<i>dapsone oral</i>	T1	

Medication	Coverage Level	Restrictions
*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	
*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>	T1	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 25 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
URIBEL ORAL CAPSULE	T9	

Medication	Coverage Level	Restrictions
URIMAR-T ORAL CAPSULE	T9	
<i>urneva</i>	T9	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl</i>	T1	
COARTEM	T2	
MALARONE	T3	
*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	PA; SP (Limited to a 1 month supply per fill)
QUALAQUIN	T3	
<i>quinine sulfate oral</i>	T1	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
FIRDAPSE	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
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>	T4	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
MYCOBUTIN	T2	

Medication	Coverage Level	Restrictions
<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 (Limited to a 1 month supply per fill)
<i>rifampin oral</i>	T1	
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
MYLERAN	T3	
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	T1	
<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	
ERLEADA ORAL TABLET 240 MG	T4	PA; ST; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ERLEADA ORAL TABLET 60 MG	T4	PA; ST; SP (Max of 14 day supply per fill); QL (56 tabelts per 14 days)
<i>nilutamide</i>	T1	
NUBEQA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
XTANDI ORAL CAPSULE	T4	PA; ST; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
XTANDI ORAL TABLET 40 MG	T4	PA; ST; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
XTANDI ORAL TABLET 80 MG	T4	PA; ST; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)

Medication	Coverage Level	Restrictions
*Antiestrogens***		
FARESTON	T9	
SOLTAMOX	T9	
<i>tamoxifen citrate oral</i>	T1	
<i>toremifene citrate</i>	T4	ST; SP (Limited to a 1 month supply per fill); 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 sodium injection solution reconstituted</i>	T1	
ONUREG	T5	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)
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***		
ALECENSA	T4	PA; SP (Max of 14 day supply per fill); QL (112 capsules per 14 days)
ALUNBRIG ORAL TABLET 180 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
ALUNBRIG ORAL TABLET 90 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)

Medication	Coverage Level	Restrictions
LORBRENA ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablet per 14 days)
LORBRENA ORAL TABLET 25 MG	T5	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
XALKORI ORAL CAPSULE	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)
*Antineoplastic - Anti-Her2 Agents***		
HERZUMA	T9	
OGIVRI	T9	
TUKYSA	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA ORAL TABLET 10 MG, 50 MG	T5	PA; SP (Max of 14 day supply per fill)
VENCLEXTA ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill)
VENCLEXTA STARTING PACK	T5	PA; SP (Max of 14 day supply per fill)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill)
BOSULIF ORAL TABLET 400 MG	T5	PA; SP (Max of 14 day supply per fill)
BOSULIF ORAL TABLET 500 MG	T5	PA; SP (Max of 14 day supply per fill)
GLEEVEC	T9	
ICLUSIG	T5	PA; SP (Max of 14 day supply per fill)
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
SCEMBLIX	T5	PA; SP (Max of 14 day supply per fill); PV; QL (28 tablet per 14 days)

Medication	Coverage Level	Restrictions
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 80 MG	T4	PA; SP (Max of 14 day supply per fill)
SPRYCEL ORAL TABLET 70 MG	T4	PA; SP (Max of 14 day supply per fill)
TASIGNA ORAL CAPSULE 150 MG, 50 MG	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
TASIGNA ORAL CAPSULE 200 MG	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; SP (Max of 15 day supply per fill)
TAFINLAR ORAL CAPSULE 50 MG	T5	PA; SP (Max of 14 day supply per fill)
TAFINLAR ORAL CAPSULE 75 MG	T5	PA; SP (Max of 14 day supply per fill)
TAFINLAR ORAL TABLET SOLUBLE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days)
ZELBORAF	T4	PA; SP (Max of 14 day supply per fill)
*Antineoplastic - Btk Inhibitors***		
BRUKINSA	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
CALQUENCE ORAL TABLET	T5	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JAYPIRCA	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)

Medication	Coverage Level	Restrictions
*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)
<i>gefitinib</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
GILOTRIF	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
IRESSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
TAGRISO	T4	PA; SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
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)
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill); QL (70 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)
<i>*Antineoplastic - Hedgehog Pathway Inhibitors***</i>		
DAURISMO	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ERIVEDGE	T4	PA; SP (Limited to a 1 month supply per fill)
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>		
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 - Kras Inhibitors***</i>		
KRAZATI	T4	PA; SP (Max of 14 day supply per fill); QL (84 tablets per 14 days)
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SP (Max of 14 day supply per fill); QL (112 tablets per 14 days)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
<i>*Antineoplastic - Mek Inhibitors***</i>		
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
KOSELUGO ORAL CAPSULE 10 MG	T4	PA; SP (Limited to a 1 month supply per fill)
KOSELUGO ORAL CAPSULE 25 MG	T4	PA; SP (Limited to a 1 month supply per fill)
MEKINIST ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (900 ML per 30 days); AL

Medication	Coverage Level	Restrictions
MEKINIST ORAL TABLET 0.5 MG	T5	PA; SP (Limited to a 1 month supply per fill)
MEKINIST ORAL TABLET 2 MG	T5	PA; SP (Limited to a 1 month supply per fill)
MEKTOVI	T5	PA; SP (Max of 15 day supply per fill)
*Antineoplastic - Met Inhibitors***		
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TEPMETKO	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
*Antineoplastic - Methyltransferase Inhibitors***		
TAZVERIK	T4	PA; SP (Max of 14 day supply per fill); QL (112 Tablets per 14 days)
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR ORAL TABLET 10 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR ORAL TABLET 2.5 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR ORAL TABLET 5 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR ORAL TABLET 7.5 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX ORAL TABLET 20 MG, 60 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)

Medication	Coverage Level	Restrictions
CABOMETYX ORAL TABLET 40 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
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)
<i>lapatinib ditosylate</i>	T4	PA; SP (Max of 14 day supply per fill. Limited Distribution Medication.)
NERLYNX	T4	PA; SP (Limited to a 1 month supply per fill)
NEXAVAR	T9	SP ()
<i>pazopanib hcl</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
RYDAPT	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days)
<i>sorafenib tosylate</i>	T4	PA; SP (Max of 14 day supply per fill)
STIVARGA	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sunitinib malate</i>	T4	PA; SP (Limited to a 1 month supply per fill)
SUTENT	T5	PA; SP (Limited to a 1 month supply per fill)
TURALIO ORAL CAPSULE 125 MG	T5	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
TYKERB	T5	PA; SP (Max of 14 day supply per fill. Limited Distribution Medication.)

Medication	Coverage Level	Restrictions
VOTRIENT	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
XOSPATA	T4	PA; SP (Max of 14 day supply per fill); QL (42 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)
AYVAKIT ORAL TABLET 300 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 Tablet per 14 days)
*Antineoplastic - Proteasome Inhibitors***		
NINLARO ORAL CAPSULE 2.3 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
NINLARO ORAL CAPSULE 3 MG, 4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
*Antineoplastic - Ret Inhibitors***		
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
RETEVMO	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
ROZLYTREK ORAL CAPSULE	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 (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T5	PA; SP (Limited to a 1 month supply per fill)
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 ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
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 (200 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	T5	PA; SP (Limited to a 1 month supply per fill)
LONSURF ORAL TABLET 20-8.19 MG	T5	PA; SP (Limited to a 1 month supply per fill)
*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	
<i>hydroxyurea oral</i>	T1	
MATULANE	T4	PA; SP (Max of 14 day supply per fill)
*Aromatase Inhibitors***		
<i>anastrozole oral</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
<i>exemestane</i>	T2	
FEMARA	T3	
<i>letrozole oral</i>	T1	

Medication	Coverage Level	Restrictions
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 75 MG	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
IBRANCE ORAL CAPSULE 125 MG	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
IBRANCE ORAL TABLET	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
KISQALI (200 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (400 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (600 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
VERZENIO ORAL TABLET 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VERZENIO ORAL TABLET 150 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VERZENIO ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Estrogens-Antineoplastic***		
EMCYT	T2	
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral</i>	T1	
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
ORGOVYX	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Imidazotetrazines***		
<i>temozolomide oral capsule 100 mg, 250 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<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***		
REZLIDHIA	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days); AL
TIBSOVO	T4	PA; SP (Max of 14 day supply per fill)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
JAKAFI ORAL TABLET 10 MG, 5 MG	T4	PA; SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 15 MG, 25 MG	T4	PA; SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 20 MG	T4	PA; SP (Limited to a 1 month supply per fill)
VONJO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
*Lhrh Analogs***		
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill)
*Mitotic Inhibitors***		
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide oral</i>	T3	
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
<i>melphalan</i>	T2	
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA

Medication	Coverage Level	Restrictions
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
COPIKTRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
PIQRAY (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 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***		
LYNPARZA ORAL TABLET	T4	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
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)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
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)
ZEJULA ORAL TABLET	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral tablet</i>	T1	
*Retinoids***		
<i>tretinoin oral</i>	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
*Selective Estrogen Receptor Degraders***		
ORSERDU	T5	PA; SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral</i>	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***		
HYCANTIN ORAL CAPSULE 0.25 MG	T4	SP (Limited to a 1 month supply per fill)
HYCANTIN 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***		
INLYTA ORAL TABLET 1 MG	T4	PA; SP (Max of 14 day supply per fill)
INLYTA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill)
LENVIMA (10 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (12 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (18 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (20 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (4 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML	T9	

Medication	Coverage Level	Restrictions
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***		
<i>benztropine mesylate oral</i>	T1	
<i>trihexyphenidyl hcl oral tablet</i>	T1	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl oral capsule</i>	T1	
<i>amantadine hcl oral solution</i>	T1	
<i>amantadine hcl oral tablet</i>	T1	
<i>bromocriptine mesylate oral</i>	T2	
GOCOVRI	T9	
INBRIJA	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>	T3	ST; QL (5 tablets per 1 day)
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 ORAL TABLET 25-100 MG	T3	

Medication	Coverage Level	Restrictions
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	
STALEVO 75	T3	
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>apomorphine hcl subcutaneous</i>	T9	
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)

Medication	Coverage Level	Restrictions
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	T3	QL (30 tablets per 30 days)
<i>lurasidone hcl</i>	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)
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	

Medication	Coverage Level	Restrictions
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
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	
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>	T3	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	

Medication	Coverage Level	Restrictions
*Quinolone Derivatives***		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY ORAL TABLET	T3	QL (30 tablets per 30 days)
<i>aripiprazole oral solution</i>	T3	AL
<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)
*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***		
<i>abacavir sulfate-lamivudine</i>	T4	SP (Limited to a 1 month supply per fill)
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)

Medication	Coverage Level	Restrictions
<i>efavirenz-emtricitab-tenofo df</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill); 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)
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)
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
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 - Capsid Inhibitors***		
SUNLENCA ORAL	T5	PA; SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
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)

Medication	Coverage Level	Restrictions
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
<i>darunavir</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)
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 TABLET	T9	
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
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)

Medication	Coverage Level	Restrictions
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SUSTIVA ORAL TABLET	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	
*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>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 (150/100)	T2	
PAXLOVID (300/100)	T2	

Medication	Coverage Level	Restrictions
*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 (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL
VALCYTE ORAL TABLET	T9	
<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 (120 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)
<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)
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
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)
*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	
*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	
*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 INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)

Medication	Coverage Level	Restrictions
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
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet 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 ORAL TABLET 20 MG, 40 MG	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	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	

Medication	Coverage Level	Restrictions
<i>timolol maleate oral</i>	T1	
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<i>amlodipine besylate oral</i>	T1	
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 oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
KATERZIA	T3	QL (150 ML per 30 days); AL
<i>levamlodipine maleate oral tablet 5 mg</i>	T9	
MATZIM LA	T9	
<i>nicardipine hcl oral capsule 20 mg</i>	T5	QL (180 capsules per 30 days)
<i>nicardipine hcl oral capsule 30 mg</i>	T5	ST; QL (120 capsules per 30 days)
<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)

Medication	Coverage Level	Restrictions
<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	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
Cardiotonics		
*Cardiac Glycosides***		
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	
*Cardiovascular Sglt2 Inhibitors**		
INPEFA ORAL TABLET 200 MG	T9	
*Nepriylsin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
ENTRESTO	T2	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Nitrate & Vasodilator Combinations***		
BIDIL	T9	
<i>isosorb dinitrate-hydralazine</i>	T2	
*Prostaglandin - Impotence Agents***		
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
EDEX	T9	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG	T9	
*Prostaglandin Vasodilators***		
ORENITRAM MONTH 1	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM MONTH 2	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM MONTH 3	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TYVASO	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO DPI TITRATION KIT	T5	PA; SP (Limited to a 1 month supply per fill)
TYVASO REFILL	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
TYVASO STARTER	T4	PA; SP (Limited to a 1 month supply per fill)
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***		
<i>ambrisentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>bosentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
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	T4	PA; SP (Limited to a 1 month supply per fill)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA	T9	SP ()
LIQREV	T9	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<i>tadalafil (pah)</i>	T9	
TADLIQ	T9	

Medication	Coverage Level	Restrictions
*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	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (15 tablets per 30 days)
STENDRA	BE	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	QL (30 tablets per 30 days)
<i>vardenafil hcl oral tablet</i>	BE	
<i>vardenafil hcl oral tablet dispersible</i>	T9	
VIAGRA	T9	
*Sinus Node Inhibitors**		
CORLANOR	T3	ST
*Transthyretin Stabilizers***		
VYNDAMAX	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VYNDAQEL	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
*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	

Medication	Coverage Level	Restrictions
*Cephalosporins - 2Nd Generation***		
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule 250 mg</i>	T1	
<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 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
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

Medication	Coverage Level	Restrictions
AUBRA EQ	T1	PV
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 EQ	T1	PV
CRYSSELLE-28	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
ESTARYLLA	T1	PV
<i>ethynodiol diac-eth estradiol</i>	T1	PV
FALMINA	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
JOYEAUX	T9	
JULEBER	T1	PV
JUNEL 1.5/30	T1	PV
JUNEL 1/20	T1	PV

Medication	Coverage Level	Restrictions
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
LAYOLIS FE	T9	
LESSINA	T1	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<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
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
NEXTSTELLIS	T9	
NIKKI	T1	PV
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<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 oral tablet</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
PORTIA-28	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 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
YASMIN 28	T9	
YAZ	T9	
ZOVIA 1/35 (28)	T1	PV
ZUMANDIMINE	T1	PV

Medication	Coverage Level	Restrictions
*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)
<i>etonogestrel-ethinyl estradiol</i>	T1	PV; QL (1 ring per 28 days)
NUVARING	T9	
*Continuous Contraceptives - Oral***		
AMETHYST	T1	PV
DOLISHALE	T1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	T1	PV
*Emergency Contraceptives***		
AFTERA	T1	PV
AFTERPILL	T3	
ECONTRA ONE-STEP	T1	PV
ELLA	T1	
<i>levonorgestrel oral tablet 1.5 mg</i>	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
DAYSEE	T1	PV
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

Medication	Coverage Level	Restrictions
RIVELSA	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	T3	ST; QL (28 tablets per 28 days)
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7</i>	T1	PV
ARANELLE	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

Medication	Coverage Level	Restrictions
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-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	
<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 ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	T3	
MEDROL ORAL TABLET THERAPY PACK	T3	
<i>methylprednisolone oral</i>	T1	
ORAPRED ODT	T9	
ORTIKOS	T9	

Medication	Coverage Level	Restrictions
<i>prednisolone oral solution</i>	T1	
<i>prednisolone oral tablet</i>	T9	
<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)
ZILRETTA	T9	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral</i>	T1	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T9	
*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	

Medication	Coverage Level	Restrictions
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 poli-chlorphe poli er</i>	T1	
<i>promethazine-codeine oral syrup</i>	T1	
*Opioid Antitussive-Decongestant-Antihistamine***		
<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	

Medication	Coverage Level	Restrictions
<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	
<i>adeinzde</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 %, 1.2-3.75 %</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin-tretinoin</i>	T3	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	
<i>deoxiavar</i>	T9	
<i>diasaxiatar external gel</i>	T9	
<i>draxacey</i>	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
<i>fluoxia</i>	T9	
<i>idyxyiatar</i>	T9	
<i>inzdeaxiatar</i>	T9	
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
NEUAC EXTERNAL GEL	T1	QL (45 GM per 30 days)
ONEXTON	T9	
<i>onzdeaxiademtar</i>	T9	

Medication	Coverage Level	Restrictions
<i>onzdeaxiatar</i>	T9	
<i>oxiaice</i>	T9	
<i>oxiavar</i>	T9	
<i>oxiavary</i>	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</i>	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
TWYNEO	T9	
VANOXIDE-HC	T9	
VELTIN	T9	
ZIANA	T9	
ZMA CLEAR	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	
AKLIEF	T9	
ALTRENO	T1	QL (45 grams per 30 days); AL
AMNESTEEM	T2	QL (6 fills per 2 years)

Medication	Coverage Level	Restrictions
ARAZLO	T9	
ATRALIN	T3	AL
AVITA EXTERNAL CREAM	T3	AL
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 wash external liquid 10 %, 2.5 %, 5 %</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	
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	
WINLEVI	T9	
ZENATANE	T2	QL (6 fills per 2 years)

Medication	Coverage Level	Restrictions
*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***		
RENOVA	T9	
RENOVA PUMP	T9	
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LITFULO	T9	
*Analgesics - Topical***		
MUSCUSOLICE	T9	
PRAKETAMIDE	T9	
*Antibiotic Mixtures Topical***		
idaran	T9	
nanran	T9	
*Antibiotic Steroid Combinations - Topical***		
NEO-SYNALAR EXTERNAL CREAM	T9	
*Antibiotics - Topical***		
ALTABAX	T3	ST
gentamicin sulfate external	T1	
mupirocin calcium	T9	
mupirocin external	T1	QL (22 gm per 30 days)
XEPI	T9	
*Antifungals - Topical Combinations***		
clotrimazole-betamethasone external cream	T1	
clotrimazole-betamethasone external lotion	T1	QL (30 gm per 30 days)
hexiounyl	T9	
hydrocortisone-iodoquinol external cream 1-1 %	T9	
iodoquimez-hc	T9	
nystatin-triamcinolone	T1	
phedrax	T9	
pheoxia	T9	
VUSION	T9	
VYTONE	T9	
*Antifungals - Topical***		
ciclopirox external	T1	
ciclopirox olamine external	T1	
ciclopirox treatment	T9	
naftifine hcl external cream 1 %	T3	ST; QL (90 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>naftifine hcl external cream 2 %</i>	T9	
<i>naftifine hcl external gel 2 %</i>	T9	
NAFTIN EXTERNAL GEL	T9	
NYAMYC	T1	QL (60 GM per 30 Days)
<i>nystatin external cream</i>	T1	
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	QL (60 GM per 30 Days)
NYSTOP	T1	QL (60 GM per 30 days)
<i>rimi</i>	T9	
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac sodium external solution 2 %</i>	T9	
*Anti-Inflammatory Combinations - Topical***		
LEXTOL	T9	
PROFINAC	T9	
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR	T4	PA; SP (Max of 15 day supply per fill); QL (60 GM per 15 days)
*Antineoplastic Antimetabolites - Topical***		
CARAC	T9	
EFUDEX EXTERNAL CREAM	T3	
<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	
*Antineoplastic Or Premalignant Lesion Agent - Comb***		
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
<i>quitar</i>	T9	
*Antipruritics - Topical***		
<i>doxepin hcl external</i>	T3	ST; QL (45 GM per 1 year)
PRUDOXIN	T9	
ZONALON	T9	
*Antipsoriatic Combinations***		
<i>calsodore external kit</i>	T9	
<i>diooxia</i>	T9	
TRIONEX	T9	
*Antipsoriatics - Systemic***		
<i>acitretin</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
COSENTYX (300 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 packs (10 units) for induction/starting dose only.); QL (1 dose pack per 28 days)
COSENTYX SENSOREADY (300 MG)	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 packs (10 units) for induction/starting dose only.); QL (1 dose pack per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 30 days)
COSENTYX UNOREADY	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days)
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
SILIQ	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 4 syringes for the first fill.); QL (2 syringes per 28 days)
SKYRIZI PEN	T4	PA; SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks)
SOTYKTU	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA; SP (Allowed 2 vials for first month starting dose)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Allowed 2 syringes for first month starting dose)

Medication	Coverage Level	Restrictions
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to 2 pens on first fill.); QL (1 pen per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to 2 syringes on first fill.); QL (1 syringe per 8 weeks)
*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>	T3	ST; QL (100 GM per 30 days)
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)
VTAMA	T9	
ZITHRANOL	T3	ST
ZORYVE	T9	
*Antiseborrheic Combinations***		
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
PROMISEB	T9	
*Antiseborrheic Products***		
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION NS	T9	
<i>selenium sulfide external lotion</i>	T1	
<i>selenium sulfide external shampoo 2.25 %</i>	T1	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
<i>sulfacetamide sodium (cleans)</i>	T1	

Medication	Coverage Level	Restrictions
<i>sulfacetamide sodium external liquid</i>	T1	
*Antiviral Topical Combinations***		
XERESE	T9	
*Antivirals - Topical***		
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T1	QL (15 GM per 6 months)
DENAVIR	T9	
<i>penciclovir</i>	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)
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	

Medication	Coverage Level	Restrictions
*Corticosteroids - Topical***		
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
<i>alclometasone dipropionate</i>	T1	
<i>amcinonide external lotion</i>	T9	
<i>amcinonide external ointment</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	QL (60 ML per 30 days)
<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	T9	
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	
<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>	T3	ST
CLODAN EXTERNAL SHAMPOO	T2	ST; QL (118 ML per 30 days)
CLODERM	T9	
CORDRAN EXTERNAL CREAM 0.05 %	T9	
CORDRAN EXTERNAL LOTION	T9	
CORDRAN EXTERNAL TAPE	T9	

Medication	Coverage Level	Restrictions
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 external cream</i>	T9	
<i>flurandrenolide external lotion</i>	T9	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOG	T9	
<i>hydrocort lotion complete kit</i>	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	
<i>hydrocortisone butyrate external ointment</i>	T9	

Medication	Coverage Level	Restrictions
<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 max st external cream</i>	T9	
<i>hydrocortisone valerate external cream</i>	T1	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
HYDROXYM	T9	
IMPOYZ	T9	
KENALOG EXTERNAL	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID LIPOCREAM	T9	
<i>mometasone furoate external</i>	T1	
NUCORT	T3	
OLUX-E	T9	
PANDEL	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
TEXACORT	T9	
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM 0.5 %	T1	
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VERDESO	T9	

Medication	Coverage Level	Restrictions
*Depigmenting Agents***		
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
*Depigmenting Combinations***		
<i>kataraxap</i>	T9	
KATARVIA	T9	
<i>kevaraxap</i>	T9	
<i>kevartia</i>	T9	
<i>kotaraxap</i>	T9	
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	
<i>prooxia</i>	T9	
TRI-LUMA	T9	
<i>yaxatarxyn</i>	T9	
<i>yokatar</i>	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***		
PRONAL	T9	
<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)
*Hair Growth Agent - Combinations***		
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>flyprogpdtar</i>	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	T9	
<i>pidprogtar</i>	T9	
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	

Medication	Coverage Level	Restrictions
<i>tetpidtar</i>	T9	
*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	
JUBLIA	T9	
<i>ketoconazole external cream</i>	T1	QL (60 gm per 30 days)
<i>ketoconazole external foam</i>	T9	
<i>ketoconazole external shampoo 2 %</i>	T1	QL (120 ml per 30 days)
LOTRIMIN AF EXTERNAL CREAM	T9	
<i>luliconazole</i>	T9	
LUZU	T9	
<i>oxiconazole nitrate</i>	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	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	
*Immunosuppressive Agents - Topical Combinations***		
<i>oxianuji</i>	T9	
*Keratolytic And/Or Antimitotic Combinations***		
<i>metdray</i>	T9	
*Keratolytic/Antimitotic Agents***		
<i>bensal hp external ointment 3 %</i>	T9	
CONDYLOX EXTERNAL GEL	T3	ST
KERALYT EXTERNAL SHAMPOO	T9	
PODOCON-25	T9	
<i>podofilox external</i>	T1	

Medication	Coverage Level	Restrictions
<i>rayasal</i>	T9	
SALICATE	T9	
<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***		
ASPERFLEX LIDOCAINE EXTERNAL CREAM	T9	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external solution</i>	T1	
LIDODERM	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lidorx</i>	T9	
ZTLIDO	T9	
*Macrolide Immunosuppressants - Topical***		
ELIDEL	T3	QL (30 GM per 30 days)
HYFTOR	T9	
<i>nujo</i>	T9	
<i>nuju</i>	T9	
<i>pimecrolimus</i>	T1	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	

Medication	Coverage Level	Restrictions
NEOSALUS EXTERNAL FOAM	T9	
NUVAIL	T9	
PHLAG SPRAY	T9	
PRESERA	T9	
PRUCLAIR	T9	
PRUMYX	T9	
SYNERDERM	T9	
*Misc. Topical***		
DRYSOL	T1	
QBREXZA	T9	
*Ornithine Decarboxylase (Odc) Inhibitors - Topical***		
VANIQA	T9	
*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>brimonidine tartrate external</i>	T9	
<i>dazomon</i>	T9	
<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 cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole external lotion</i>	T2	
MIRVASO	T9	
NORITATE	T9	
ORACEA	T9	
RHOFADE	T3	ST; QL (60 GM per 30 days); AL

Medication	Coverage Level	Restrictions
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
ZILXI	T9	
*Rosacea Combinations***		
<i>aveida</i>	T9	
<i>dazaveidaoxia</i>	T9	
<i>idaoxia</i>	T9	
*Scabicides & Pediculicides***		
<i>ivermectin external lotion</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	
*Tar Products***		
<i>coal tar external solution</i>	T2	
*Topical Anesthetic Combinations***		
CETACAINE EXTERNAL AEROSOL	T9	
<i>lidocaine-prilocaine external cream</i>	T1	
<i>lido-epinephrine-tetracaine</i>	T9	
<i>lidosol</i>	T9	
<i>lidosol-50</i>	T9	
LIVIXIL PAK	T9	
<i>nendrux</i>	T9	
<i>nynutey</i>	T9	
PLIAGLIS EXTERNAL CREAM	T9	
<i>prilovix</i>	T9	
<i>prilovixil</i>	T9	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
SYNERA	T9	
XYLIDERM	T9	
*Topical Anesthetic Gases***		
CRYODOSE TA	T9	

Medication	Coverage Level	Restrictions
<i>ethyl chloride</i>	T9	
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external</i>	T9	
TARGRETIN EXTERNAL	T9	
*Topical Steroid Combinations***		
<i>acioxia</i>	T9	
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Limited to a 1 month supply per fill)
<i>chlohux</i>	T9	
CLODAN EXTERNAL KIT	T3	
DUOBRII	T9	
ENSTILAR	T9	
<i>oxiachlo</i>	T9	
SYNALAR TS	T9	
TACLONEX EXTERNAL OINTMENT	T5	SP (Limited to a 1 month supply per fill); QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
<i>tetoxia</i>	T9	
<i>triadime</i>	T9	
TRIASIL	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	
<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	

Medication	Coverage Level	Restrictions
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		
<i>*Diagnostic Biologicals***</i>		
APLISOL	T9	
CANDIN	T9	
<i>*Diagnostic Tests***</i>		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
ACCUTREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE+ TEST	T3	ST; QL (200 strips per 30 days)
ADVOCATE TEST	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)
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
CARETOUCH TEST	T3	ST; QL (200 strips per 30 days)
CLEVER CHOICE MICRO TEST	T3	QL (200 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO	T3	ST; QL (200 strips per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
<i>diatrue plus test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASY STEP TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
EASY TOUCH TEST	T3	ST; QL (200 strips per 30 days)
<i>easy trak blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
EASYGLUCO IN VITRO	T3	ST; QL (200 strips per 30 days)
EASYMAX 15 TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
EASYMAX TEST	T3	ST; QL (200 strips per 30 days)
<i>element compact test</i>	T3	ST; QL (200 strips per 30 days)
ELEMENT TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0	T3	ST; QL (200 strips per 30 days)
FORA 6 CONNECT IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA 6 CONNECT/GTEL TEST	T3	ST; QL (200 strips per 30 days)
FORA BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D15G BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GD20 TEST	T3	ST; QL (200 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD KETONE TEST	T3	
FORA TN'G ADVANCE PRO IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA TN'G/TN'G VOICE	T3	ST; QL (200 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORACARE GD40 TEST	T3	ST; QL (200 strips per 30 days)
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FORTISCARE TEST	T3	ST; QL (200 strips per 30 days)
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)
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD X-SENSOR	T3	ST; QL (200 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
GOJJI BLOOD KETONE TEST	T3	

Medication	Coverage Level	Restrictions
INFINITY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
INFINITY VOICE IN VITRO STRIP	T3	ST; QL (200 strips per 30 days)
KETOSTIX	T3	
MICRODOT TEST	T3	ST
ON CALL EXPRESS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1	QL (200 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
<i>premium blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO	T3	ST; QL (200 strips per 30 days)
QUINTET AC BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST; QL (200 strips per 30 days)
SMARTEST BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
UNISTRIP1 GENERIC	T3	ST; QL (200 strips per 30 days)
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	
NIVA-FOL	T9	
Digestive Aids		
<i>*Digestive Enzymes***</i>		
CREON	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
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)
VIOKACE	T5	ST; SP (Limited to a 1 month supply per fill)
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***		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>dichlorphenamide</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KEVEYIS	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>methazolamide oral</i>	T2	
*Diuretic Combinations***		
<i>amiloride-hydrochlorothiazide</i>	T1	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
*Loop Diuretics***		
<i>bumetanide oral</i>	T1	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T9	
FUROSCIX	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
LASIX	T3	

Medication	Coverage Level	Restrictions
SOAANZ	T9	
<i>torseamide oral</i>	T1	
*Potassium Sparing Diuretics***		
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1	
CAROSPIR	T3	QL (120 ML per 30 days); AL
DYRENIUM	T9	
<i>spironolactone oral suspension</i>	T3	QL (120 ML per 30 Days); AL
<i>spironolactone oral tablet</i>	T1	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
DIURIL	T2	
<i>hydrochlorothiazide oral</i>	T1	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
THALITONE	T9	
Endocrine And Metabolic Agents - Misc.		
*Adenosine Deaminase Scid Treatment - Agents***		
REVCOVI	T4	PA; SP (Limited to a 1 month supply per fill)
*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>	T2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1	
AELVIA	T3	
BINOSTO	T3	ST
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)

Medication	Coverage Level	Restrictions
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
*Calcitonins***		
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	
*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	
*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 5 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (60 Tablets per 30 days)
RECORLEV	T9	
*Dopamine Receptor Agonists***		
<i>cabergoline</i>	T1	
*Fabry Disease - Agents***		
GALAFOLD	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days)
*GnrhLhrh Antagonists***		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill)
ORLISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORLISSA 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)

Medication	Coverage Level	Restrictions
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG, 25 MG, 30 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG	T4	PA; SP (Limited to a 1 month supply per fill)
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill)
HUMATROPE INJECTION CARTRIDGE	T9	
NORDITROPIN FLEXPPO 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	
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	
SOGROYA	T9	
ZOMACTON	T9	
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN	T9	
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
nitisinone	T9	
NITYR	T9	
ORFADIN	T9	

Medication	Coverage Level	Restrictions
*Homocystinuria Treatment - Agents***		
<i>betaine</i>	T3	
CYSTADANE	T9	
*Hyperammonemia Treatment - Agents***		
CARBAGLU ORAL TABLET SOLUBLE	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>carglumic acid oral tablet soluble</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol oral capsule</i>	T1	
<i>calcitriol oral solution</i>	T1	AL
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T9	
<i>doxercalciferol oral capsule 1 mcg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>paricalcitol oral</i>	T2	
RAYALDEE	T9	
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML	T4	PA; SP (Limited to a 1 month supply per fill)
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill)
*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	

Medication	Coverage Level	Restrictions
*Natriuretic Peptides***		
VOXZOGO	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days)
*Neurokinin 3 (Nk3) Receptor Antagonists***		
VEOZAH	T9	
*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***		
<i>chorionic gonadotropin intramuscular</i>	T3	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	QL (13500 units per 30 days)
MENOPUR	T3	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T1	
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
*Phenylketonuria Treatment - Agents***		
JAVYGTOR	T9	
KUVAN ORAL PACKET	T9	
KUVAN ORAL TABLET	T9	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 20 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Selective Estrogen Receptor Modulators (Serms)***		
EVISTA	T3	
OSPHENA	T3	PA
<i>raloxifene hcl</i>	T1	
*Selective Vasopressin V2-Receptor Antagonists***		
JYNARQUE	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>tolvaptan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
*Somatostatic Agents***		
<i>lanreotide acetate</i>	T4	SP (Limited to a 1 month supply per fill)
MYCAPSSA	T9	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>octreotide acetate subcutaneous</i>	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)
*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)
OLPRUVA (2 GM DOSE)	T9	
OLPRUVA (3 GM DOSE)	T9	
OLPRUVA (4 GM DOSE)	T9	
OLPRUVA (5 GM DOSE)	T9	

Medication	Coverage Level	Restrictions
OLPRUVA (6 GM DOSE)	T9	
OLPRUVA (6.67 GM DOSE)	T9	
PHEBURANE	T9	
RAVICTI	T4	PA; SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gml/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	
DDAVP PF	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 pf</i>	T3	
<i>desmopressin acetate spray</i>	T2	ST; QL (10 ML per 30 days)
NOCDURNA	T9	
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	
JINTELI	T1	
MIMVEY	T1	
<i>norethindrone-eth estradiol</i>	T1	
PREMPHASE	T2	
PREMPRO	T2	

Medication	Coverage Level	Restrictions
*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 TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	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	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal gel</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	T1	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol valerate intramuscular</i>	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	

Medication	Coverage Level	Restrictions
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<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)
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM	T4	PA; SP (Limited to a 1 month supply per fill)
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***		
TRULANCE	T2	QL (30 tablets per 30 days)
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA ORAL TABLET 10 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OCALIVA ORAL TABLET 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); 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	QL (60 capsules per 30 days)
<i>lubiprostone</i>	T1	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	

Medication	Coverage Level	Restrictions
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	T3	ST
REGLAN ORAL	T3	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX	T5	PA; SP (Limited to a 1 month supply per fill)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS	T2	QL (30 capsules per 30 days)
*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)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
<i>balsalazide disodium</i>	T1	
CANASA	T5	SP (Limited to a 1 month supply per fill)
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
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)

Medication	Coverage Level	Restrictions
<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)
<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	
*Interleukin Antagonists***		
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks)
*Intestinal Acidifiers***		
<i>enulose</i>	T1	
<i>generlac</i>	T1	
*Live Fecal Microbiota (Human)**		
VOWST	T9	
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK	T3	ST; QL (30 tablets per 30 days)
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
SYMPROIC	T3	ST; QL (30 tablets per 30 days)
*Phosphate Binder Agents***		
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
<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)

Medication	Coverage Level	Restrictions
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)
<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)
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)
*Tryptophan Hydroxylase Inhibitors***		
XERMELO	T4	PA; SP (Limited to a 1 month supply per fill)
*Tumor Necrosis Factor Alpha Blockers***		
AVSOLA	T9	
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T6 - \$0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T6 - \$0 Copay	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T6 - \$0 Copay	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
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	QL (30 tablets per 30 days)
<i>silodosin</i>	T1	QL (30 tablets per 30 days)
<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 oral solution 500-334 mg/5ml</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	

Medication	Coverage Level	Restrictions
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***		
FILSPARI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL
*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)
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 capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1	QL (120 capsules per 30 days)
COLCRYS	T9	
<i>febuxostat</i>	T1	QL (30 tablets per 30 days)
MITIGARE	T9	
ULORIC	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
ZYLOPRIM	T3	
*Uricosurics***		
<i>probenecid oral</i>	T1	
Hematological Agents - Misc.		
*Antihemophilic Products - Monoclonal Antibodies***		
HEMLIBRA	T4	PA; SP (Limited to a 1 month supply per fill)
*Antihemophilic Products***		
ADVATE	T4	SP (Limited to a 1 month supply per fill)
<i>adynovate</i>	T4	SP (Limited to a 1 month supply per fill)
AFSTYLA	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)
ALPROLIX	T5	SP (Limited to a 1 month supply per fill)
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (20000 units per 28 days)
BENEFIX INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
ELOCTATE	T5	SP (Limited to a 1 month supply per fill)
ESPEROCT	T5	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)
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SP (Limited to a 1 month supply per fill)
IDELVION	T5	SP (Limited to a 1 month supply per fill)
IXINITY	T4	SP (Limited to a 1 month supply per fill)
JIVI	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
KOATE	T4	SP (Limited to a 1 month supply per fill)
KOGENATE FS	T4	SP (Limited to a 1 month supply per fill)
KOVALTRY	T4	SP (Limited to a 1 month supply per fill)
NOVOEIGHT	T4	SP (Limited to a 1 month supply per fill)
NOVOSEVEN RT	T4	SP (Limited to a 1 month supply per fill)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT	T4	SP (Limited to a 1 month supply per fill)
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)
REBINYN	T5	SP (Limited to a 1 month supply per fill); QL (23000 units per 28 days)
RECOMBINATE	T4	SP (Limited to a 1 month supply per fill)
<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)
TRETTEN	T5	SP (Limited to a 1 month supply per fill)
VONVENDI	T5	SP (Limited to a 1 month supply per fill)
WILATE INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
XYNTHA SOLOFUSE	T4	SP (Limited to a 1 month supply per fill)
*Anti-Von Willebrand Factor Agents***		
CABLIVI	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)

Medication	Coverage Level	Restrictions
*Bradykinin B2 Receptor Antagonists***		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	SP ()
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
*C1 Esterase Inhibitors***		
BERINERT	T4	PA; SP (Limited to a 1 month supply per fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	T5	PA; SP (Limited to a 1 month supply per fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	PA; SP (Limited to a 1 month supply per fill)
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 - Monoclonal Antibodies***		
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP (Limited to a 1 month supply per fill)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Plasma Kallikrein Inhibitors***		
KALBITOR	T5	PA; SP (Limited to a 1 month supply per fill); AL
ORLADEYO	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er</i>	T1	
YOSPRALA	BE	
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral</i>	T1	
*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 (56 tablets per 28 days)
PYRUKYND TAPER PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
*Quinazoline Agents***		
AGRYLIN	T3	
<i>anagrelide hcl</i>	T1	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE	T9	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral</i>	T1	
EFFIENT	T3	QL (31 tablets per 31 days)
PLAVIX ORAL TABLET 75 MG	T3	
<i>prasugrel hcl</i>	T1	QL (31 tablets per 31 days)
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
YARGESA	T5	PA; SP (Limited to a 1 month supply per fill)
ZAVESCA	T9	
*Amino Acids***		
ENDARI	T9	
*Cobalamin Combinations***		
FOLTRATE	T9	
<i>neurin-sl</i>	T9	
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	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)
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, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 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 120 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
*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	

Medication	Coverage Level	Restrictions
FOLTABS 800	T3	PV; AL
<i>ortho df</i>	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)***		
FULPHILA	T4	SP (Limited to a 1 month supply per fill)
FYLNETRA	T9	
GRANIX	T5	SP (Limited to a 1 month supply per fill)
NEULASTA ONPRO	T4	SP (Limited to a 1 month supply per fill); QL (2 ML per 30 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SP (Limited to a 1 month supply per fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill)
NIVESTYM	T4	SP (Limited to a 1 month supply per fill)
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 dayss)
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	SP (Limited to a 1 month supply per fill)
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP (Limited to a 1 month supply per fill)
<i>releuko subcutaneous</i>	T5	SP (Limited to a 1 month supply per fill)
STIMUFEND	T9	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
ZARXIO	T4	SP (Limited to a 1 month supply per fill)
ZIEXTENZO	T9	

Medication	Coverage Level	Restrictions
*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	
<i>poly-iron 150 forte</i>	T9	
<i>purevit dualfe plus</i>	T9	
<i>se-tan plus</i>	T9	
<i>taron forte</i>	T9	
TRICON	T9	
<i>trigels-f forte</i>	T9	
*Iron W/ Folic Acid***		
FOLIVANE-F	T9	

Medication	Coverage Level	Restrictions
<i>hematinic/folic acid</i>	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	
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	
PROMACTA ORAL PACKET 12.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PROMACTA ORAL PACKET 25 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 50 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PROMACTA ORAL TABLET 25 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Hemostatics		
*Hemostatic Combinations - Topical***		
GELFOAM-JMI SPONGE	T9	
*Hemostatics - Systemic***		
<i>aminocaproic acid oral solution</i>	T4	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<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)
HALCION	T3	QL (60 tablets per 30 days); AL
<i>midazolam hcl oral</i>	T1	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	T9	
<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	T9	
*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 oral capsule 10 mg</i>	T1	AL
<i>zaleplon oral capsule 5 mg</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 capsule</i>	T9	
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 tablets per 30 days); AL
<i>zolpidem tartrate sublingual</i>	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 Alpha2-Adrenoreceptor Agonist Sedatives***		
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	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
<i>tasimelteon</i>	T5	PA; SP (Limited to a 1 month supply per fill)
Laxatives		
*Bowel Evacuant Combinations***		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	T3	
GAVILYTE-G	T1	PV
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	T3	
MOVIPREP	T3	
<i>na sulfate-k sulfate-mg sulf</i>	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)
SUFLAVE	T3	
SUPREP BOWEL PREP KIT	T3	
SUTAB	T9	
*Laxatives - Miscellaneous***		
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

Medication	Coverage Level	Restrictions
HM CLEARLAX ORAL POWDER	T3	PV
KRISTALOSE	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	
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
VIBRANT	T9	
*Saline Laxatives***		
<i>citrate of magnesium oral solution</i>	T3	PV
CITROMA	T3	PV
<i>cvs magnesium citrate oral solution</i>	T3	PV
DULCOLAX ORAL SUSPENSION	T3	PV
<i>eq magnesium citrate</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>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
*Stimulant Laxatives***		
<i>bisacodyl ec</i>	T3	PV
<i>bisacodyl rectal</i>	T9	
<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)

Medication	Coverage Level	Restrictions
Local Anesthetics-Parenteral		
*Local Anesthetic & Sympathomimetic***		
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	T9	
*Local Anesthetics - Amides***		
<i>bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)</i>	T9	
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 2 fills per 6 months); QL (20 tablets per 10 days)
Medical Devices And Supplies		
*Blood Pressure Devices***		
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)

Medication	Coverage Level	Restrictions
<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	T3	
ACCU-CHEK FASTCLIX LANCETS	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	
ACCU-CHEK SOFTCLIX LANCETS	T2	
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T3	
ADVOCATE LANCETS 30G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ASSURE DOSE CONTROL	T3	

Medication	Coverage Level	Restrictions
ASSURE LANCE PLUS SAFETY 30G	T2	
BIGFOOT UNITY PROGRAM	T9	
CARESENS CONTROL A	T3	
CARETOUCH CONTROL SOL LEVEL 2	T3	
CARETOUCH LANCING/EJECTOR	T3	
CARETOUCH TWIST LANCETS 28G	T2	
CARETOUCH TWIST LANCETS 30G	T2	
CARETOUCH TWIST LANCETS 33G	T2	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T3	
DEXCOM G6 RECEIVER	T2	ST; QL (1 receiver per 365 days)
DEXCOM G6 SENSOR	T2	ST; QL (1 box per 30 days)
DEXCOM G6 TRANSMITTER	T2	ST; QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	T2	ST; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR	T2	ST; QL (3 sensors per 30 years)
<i>easy comfort lancets</i>	T2	
<i>easy mini lancing device</i>	T3	
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T3	
EASY TOUCH CONTROL HIGH & LOW	T4	
EASY TOUCH LANCING DEVICE	T4	
<i>easy trak ii control</i>	T4	
EMBRACE GLUCOSE CONTROL	T3	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE WAVE GLUCOSE METER	T9	
FIFTY50 SAFETY SEAL LANCETS	T2	
FORA CONTROL IN VITRO SOLUTION NORMAL	T3	
FORA LANCETS	T2	
FORA LANCING DEVICE	T3	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE LANCETS	T2	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (3 sensors per 30 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (3 sensors per 30 days)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (3 sensors per 30 days)
<i>ge100 control</i>	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	

Medication	Coverage Level	Restrictions
GOJJI STERILE LANCETS	T2	
HYPOLANCE AST LANCING	T2	
INFINITY CONTROL IN VITRO SOLUTION NORMAL	T3	
INFINITY VOICE IN VITRO LIQUID	T3	
PIP GLUCOSE CONTROL SOLUTION	T3	
<i>pip lancets 28g</i>	T2	
<i>pip lancets 30g</i>	T2	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T3	
PRODIGY LANCETS 28G	T2	
PRODIGY LANCING DEVICE	T3	
PRODIGY TWIST TOP LANCETS 28G	T2	
RIGHTEST GL300 LANCETS	T2	
SMARTEST LANCETS 28G	T2	
TEMPO REFILL	T9	
TEMPO SMART BUTTON	T9	
TEMPO WELCOME	T9	
VIVAGUARD INO CONTROL SOLUTION	T3	
<i>*Insulin Administration Supplies***</i>		
OMNIPOD 5 G6 INTRO (GEN 5)	T5	SP (Limited to 1 kit per 30 day supply); QL (1 kit per 2 years)
OMNIPOD 5 G6 POD (GEN 5)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD DASH INTRO (GEN 4)	T5	SP (Limited to 1 kit per 30 day supply); QL (1 kit per 2 years)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	T9	
V-GO 20 KIT 20 UNIT/24HR	T2	
V-GO 30 KIT 30 UNIT/24HR	T2	
V-GO 40 KIT 40 UNIT/24HR	T2	
<i>*Needles & Syringes***</i>		
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	

Medication	Coverage Level	Restrictions
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	
<i>*Respiratory Therapy Supplies***</i>		
ACE AEROSOL CLOUD ENHANCER	T3	QL (4 devices per 1 year)
AEROTRACH PLUS	T3	QL (4 chambers per 1 year)
<i>*Spacer/Aerosol-Holding Chambers & Supplies***</i>		
AEROCHAMBER MINI CHAMBER	T2	QL (4 chambers per 1 year)
AEROCHAMBER MV	T2	QL (4 chambers per 1 year)
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)
AEROCHAMBER Z-STAT PLUS	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	T3	QL (4 chambers per 1 year)
AEROVENT PLUS	T3	QL (4 chambers per 1 year)
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	

Medication	Coverage Level	Restrictions
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)
ZAVZPRET	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
AIMOVIG	T2	PA; QL (1 Auto-injector per 30 days); AL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 autoinjector per 30 days); AL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL
EMGALITY (300 MG DOSE)	T2	PA; QL (3 syringes per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 Auto-injector per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL
*Ergot Combinations***		
<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	
<i>diclofenac potassium(migraine)</i>	T9	
*Migraine Products***		
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T1	
ERGOMAR	T3	
MIGRANAL	T9	
TRUDHESA	T9	

Medication	Coverage Level	Restrictions
*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)
<i>eletriptan hydrobromide</i>	T9	
FROVA	T9	
<i>frovatriptan succinate</i>	T9	
IMITREX NASAL	T3	QL (8 units per 30 days)
IMITREX ORAL	T3	QL (12 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	T3	QL (4 ML per 30 days)
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 (8 pens per 30 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	
RELPAX	T9	
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1	QL (8 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	
<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	

Medication	Coverage Level	Restrictions
ZEMBRACE SYMTOUCH	T9	
<i>zolmitriptan nasal solution 5 mg</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***		
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 2.2 (1 f) mg</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	
*Phosphate***		
K-PHOS-NEUTRAL	T9	
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
*Potassium***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	
KLOR-CON 10	T1	
KLOR-CON M10	T1	
KLOR-CON M15	T1	
KLOR-CON M20	T1	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
POKONZA	T9	
<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	

Medication	Coverage Level	Restrictions
<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		
*Activated Phosphoinositide 3-Kinase Delta Syndrome Agent***		
JOENJA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Antileptics***		
THALOMID	T4	SP (Max of 31 days per dispensing.)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
*Chelating Agents***		
CUPRIMINE ORAL CAPSULE 250 MG	T9	
CUVRIOR	T9	
DEPEN TITRATABS	T9	
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
SYPRINE	T9	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
<i>trientine hcl oral capsule 500 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)

Medication	Coverage Level	Restrictions
*Cyclosporine Analogs***		
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
LUPKYNIS	T5	PA; SP (Limited to a one month supply per fill); QL (180 capsules per 30 days)
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)

Medication	Coverage Level	Restrictions
<i>mycophenolic acid oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolic acid 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)
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)
*Monoclonal Antibodies***		
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tabelts per 28 days)
*Potassium Removing Agents***		
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<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)

Medication	Coverage Level	Restrictions
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	
*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	
*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	
FLUORIMAX 5000 SENSITIVE	T3	
*Dry Mouth Agents And Artificial Saliva***		
MUCOSITISRX	T9	
*Fluoride Dental Products***		
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
FLUORIMAX 5000	T3	
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 paste</i>	T1	

Medication	Coverage Level	Restrictions
<i>sodium fluoride dental gel 1.1 %</i>	T1	
*Protectants - Mouth/Throat***		
MUGARD	T9	
ORAMAGICRX	T9	
*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	
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	

Medication	Coverage Level	Restrictions
NEPHPLEX RX	T9	
*B-Complex W/ Folic Acid***		
<i>b complex formula 1 (w/ fa)</i>	T3	PV; AL
<i>kobee</i>	T3	PV; AL
*B-Complex W/ Lysine-Zn & Folic Acid***		
SUPERVITE	T9	
*B-Complex W/Biotin & Folic Acid***		
<i>ra balanced b-100</i>	T3	PV; AL
SUPER QUINTS B-50	T3	PV; AL
*Multiple Vitamins W/ Iron***		
<i>stress formulaliron</i>	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 ONE	T9	
<i>v-c forte</i>	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	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	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	
<i>classic prenatal</i>	T3	PV

Medication	Coverage Level	Restrictions
<i>completenate</i>	T9	
<i>cvs prenatal oral tablet 27-0.8 mg</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)
<i>natal pnv</i>	T9	
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	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>prena1 pearl</i>	T1	
PRENATABS RX	T9	
<i>prenatal (wliron & 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 oral tablet</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 vitamin/mineral</i>	T3	
PRENATAL-U	T1	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	T3	
PROVIDA OB	T9	
<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	
<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	

Medication	Coverage Level	Restrictions
*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 HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY	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	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PRENATE RESTORE	T3	
<i>tristart dha</i>	T9	
VITAFOL-ONE	T3	
VITATRUE	T3	
*Prenatal Vitamins***		
<i>prena1</i>	T1	
PRENATE AM	T3	
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
AMRIX	T9	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral suspension</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	

Medication	Coverage Level	Restrictions
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	
OZOBAX DS	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>norgesic forte</i>	T9	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T9	
*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***		
<i>azelastine-fluticasone</i>	T1	ST
DYMISTA	T9	
RYALTRIS	T9	
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal</i>	T1	

Medication	Coverage Level	Restrictions
*Nasal Antihistamines***		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1	
<i>olopatadine hcl nasal</i>	T2	
PATANASE	T3	
*Nasal Steroids***		
BECONASE AQ	T9	
<i>budesonide nasal</i>	T9	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	T9	
<i>fluticasone propionate nasal</i>	T9	
<i>mometasone furoate nasal</i>	T9	
NASACORT ALLERGY 24HR	T3	
OMNARIS	T3	ST
QNASL	T3	ST
QNASL CHILDRENS	T3	ST
SINUVA	T9	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
XHANCE	T9	
ZETONNA	T9	
*Systemic Decongestants***		
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
SUDOGEST ORAL TABLET 60 MG	T9	
*Topical Decongestants***		
ADRENALIN NASAL	T9	
Neuromuscular Agents		
*Als Agent Combinations***		
RELYVRIO	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL
*Als Agents - Miscellaneous***		
RADICAVA ORS	T5	PA; SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days)
*Benzothiazoles***		
EXSERVAN	T9	
RILUTEK	T9	
<i>riluzole</i>	T1	QL (60 tablets per 30 days)
TIGLUTIK	T9	

Medication	Coverage Level	Restrictions
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***		
SKYCLARYS	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days); AL
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 bottles per 28 days); AL
*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 OCUDOSE	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 solution 1 %</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***		
<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)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
ZADITOR	T1	
ZERVIATE	T9	

Medication	Coverage Level	Restrictions
*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	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>levofloxacin ophthalmic solution 1.5 %</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	
TOBEX 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	
<i>tobramycin-vancomycin hcl</i>	T9	
*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	
*Ophthalmic Decongestant Combinations***		
NAPHCON-A	T9	
*Ophthalmic Immunomodulators***		
CEQUA	T9	

Medication	Coverage Level	Restrictions
<i>cyclosporine ophthalmic</i>	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 Local Anesthetics***		
IHEEZO	T9	
*Ophthalmic Nerve Growth Factors***		
OXERVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 weeks per 1 lifetime)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	ST
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
BROMSITE	T3	ST; QL (5 ML per 30 days)
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen sodium</i>	T1	
ILEVRO	T3	ST; QL (3 ML per 30 days)
<i>ketorolac tromethamine ophthalmic</i>	T1	
NEVANAC	T3	ST
PROLENSA	T9	
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA	T3	ST
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P	T3	
<i>apraclonidine hcl</i>	T1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	ST; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<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 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***		
<i>sulfacetamide sodium ophthalmic</i>	T1	
*Ophthalmic Surgical Aids - Combinations***		
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	T9	
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ	T9	
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS	T4	PA; SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days)
CYSTARAN	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
*Ophthalmics Misc. - Other***		
MIEBO	T9	
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic</i>	T1	
IYUZEH	T9	
<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	
*Vascular Endothelial Growth Factor (Vegf) Antagonists***		
<i>bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml</i>	T9	
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	

Medication	Coverage Level	Restrictions
<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)
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***		
<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	

Medication	Coverage Level	Restrictions
PROMETRIUM	T3	
PROVERA	T3	
Psychotherapeutic And Neurological Agents - Misc.		
*Agents For Opioid Withdrawal***		
LUCEMYRA	T9	
*Alcohol Deterrents***		
acamprosate calcium	T1	
disulfiram oral	T1	
*Anti-Cataleptic Agents***		
LUMRYZ	T9	
sodium oxybate	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
XYREM	T9	SP ()
*Anti-Cataleptic Combinations***		
XYWAV	T9	
*Antidementia Agent Combinations***		
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
TEGSEDI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 30 days)
*Benzodiazepines & Tricyclic Agents***		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg	T1	
chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg	T3	
*Cholinomimetics - Ache Inhibitors***		
ADLARITY	T9	
ARICEPT	T3	
donepezil hcl	T1	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
galantamine hydrobromide	T1	
galantamine hydrobromide er	T1	
rivastigmine	T3	QL (30 patches per 30 days)
rivastigmine tartrate	T1	QL (60 capsules per 30 days)
*Fibromyalgia Agent - Snris***		
SAVELLA	T2	ST; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
<i>*Movement Disorder Drug Therapy***</i>		
AUSTEDO ORAL TABLET 12 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
AUSTEDO XR	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AUSTEDO XR PATIENT TITRATION	T5	PA; SP (Limited to 1 fill per lifetime); QL (1 kit per 1 lifetime)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XENAZINE	T9	
<i>*Ms Agents - Pyrimidine Synthesis Inhibitors***</i>		
AUBAGIO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>teriflunomide</i>	T1	QL (30 tablets per 30 days)
<i>*Multiple Sclerosis Agents - Antimetabolites***</i>		
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>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
BETASERON SUBCUTANEOUS KIT	T4	ST; SP (Limited to a 1 month supply per fill); QL (14 vials per 30 days)
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 kit per 30 days)
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)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)

Medication	Coverage Level	Restrictions
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA	T4	ST; SP (Limited to a 1 month supply per fill. Allowed 3 pens for first fill only.); QL (1 pen per 28 days)
LEMTRADA	T9	
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM	T9	
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	T1	SP (Limited to a 1 month supply per fill.)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	T1	SP (Limited to a 1 month supply per fill.)
<i>dimethyl fumarate starter pack</i>	T1	SP (Limited to a 1 month supply per fill.)
TECFIDERA	T5	ST; SP (Limited to a 1 month supply per fill)
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	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 30 days)

Medication	Coverage Level	Restrictions
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days)
*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 300 MG, 600 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	T9	
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***		
NUDEXTA	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)

Medication	Coverage Level	Restrictions
*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)
*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 gum 4 mg</i>	T1	PV
<i>goodsense nicotine</i>	T1	PV
<i>hm nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	PV
<i>hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr</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 tablet</i>	T2	PV; QL (60 tablets per 30 Days)
*Snris & Anesthetics/Analgesics***		
DULOXICAINE	T9	

Medication	Coverage Level	Restrictions
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl</i>	T1	QL (30 capsules per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	T5	ST; SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 capsules per 30 days); AL
GILENYA ORAL CAPSULE 0.5 MG	T5	ST; SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 capsules per 30 days)
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT STARTER PACK	T4	ST; SP (Limited to 1 fill per 2 years); QL (1 pack per 30 days)
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
TASCENSO ODT	T9	
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 ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
*Thienbenzodiazepines & Opioid Antagonists***		
LYBALVI	T9	
*Thienbenzodiazepines & SsrIs***		
<i>olanzapine-fluoxetine hcl</i>	T9	
SYMBYAX ORAL CAPSULE 6-25 MG	T9	
*Vasomotor Symptom Agents - SsrIs***		
<i>paroxetine mesylate</i>	T9	

Medication	Coverage Level	Restrictions
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO ORAL PACKET 13.4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL
KALYDECO ORAL PACKET 25 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL PACKET 5.8 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL PACKET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days)
KALYDECO ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
*Cystic Fibrosis Agent - Combinations***		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL
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)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
TRIKAFTA ORAL THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days)
*Cystic Fibrosis Agents - Miscellaneous***		
BRONCHITOL	T9	

Medication	Coverage Level	Restrictions
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	SP (Limited to a 1 month supply per fill); QL (60 ampules per 30 days)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL
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	T9	SP ()
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 capsule</i>	T9	
<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***		
<i>demeclocycline hcl oral</i>	T3	
DORYX MPC	T9	

Medication	Coverage Level	Restrictions
DORYX ORAL TABLET DELAYED RELEASE 50 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	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 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	
XIMINO	T9	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral</i>	T1	
<i>propylthiouracil oral</i>	T1	
*Thyroid Hormones***		
ADTHYZA ORAL TABLET 130 MG, 32.5 MG, 65 MG	T9	
ARMOUR THYROID	T2	

Medication	Coverage Level	Restrictions
CYTOMEL	T2	
ERMEZA	T9	
EUTHYROX	T3	
LEVO-T	T3	
<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, 37.5 MCG, 44 MCG, 50 MCG, 62.5 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

Medication	Coverage Level	Restrictions
*Ulcer		
Drugs/Antispasmodics/Anticholinergics*		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-60 mg	T9	
<i>chlordiazepoxide-clidinium</i>	T2	
DONNATAL	T9	
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</i> 0.25 mg/5ml	T1	
<i>hyoscyamine sulfate er oral tablet extended</i> release 12 hour	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 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 oral capsule</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***		
KONVOMEP	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	Non-Formulary	
ZEGERID	BE	
*Proton Pump Inhibitors***		
ACIPHEX	T9	

Medication	Coverage Level	Restrictions
DEXILANT	BE	
<i>dexlansoprazole</i>	T3	ST; QL (30 capsules per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	BE	
<i>esomeprazole magnesium oral packet</i>	Non-Formulary	
FIRST-LANSOPRAZOLE	T9	
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>lansoprazole oral tablet delayed release dispersible</i>	T3	ST; QL (30 tablets per 30 days)
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 magnesium oral capsule delayed release</i>	T3	
<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	

Medication	Coverage Level	Restrictions
*Ulcer Anti-Infective W/ Bismuth Combinations***		
<i>bismuth/metronidaz/tetracyclin</i>	T3	ST
PYLERA	T9	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	T3	
OMECLAMOX-PAK	T9	
TALICIA	T9	
*Ulcer Drugs - Prostaglandins***		
CYTOTEC	T3	
<i>misoprostol oral</i>	T1	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
<i>fesoterodine fumarate er</i>	T1	QL (30 tablets per 30 days)
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral syrup</i>	T1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T9	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
OXYTROL	T9	
<i>solifenacin succinate</i>	T1	QL (30 tablets per 30 days)
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T2	
TOVIAZ	T3	QL (30 tablets per 30 days)
<i>tropium chloride</i>	T1	QL (60 tablets per 30 days)
<i>tropium chloride er</i>	T3	QL (30 capsules per 30 days)
VESICARE	T3	QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
GEMTESA	T2	ST
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T2	ST; QL (240 ML per 30 days); AL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral</i>	T1	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl</i>	T1	
Vaccines		
*Bacterial Vaccines***		
<i>bcg vaccine injection solution reconstituted</i>	T6 - \$0 Copay	PV
BXSERO	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***		
ABRYSVO	T6 - \$0 Copay	PV; QL (1 dose per 1 year)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - \$0 Copay	PV; QL (1 Injection per 180 days); AL
AREXVY	T6 - \$0 Copay	PV; QL (1 dose per 1 year); AL
COMIRNATY	T6 - \$0 Copay	PV
DENGVAXIA	T9	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
FLUAD QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)

Medication	Coverage Level	Restrictions
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)
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 INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6 - \$0 Copay	PV
IPOL INJECTION INJECTABLE	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
IXIARO	T9	
JYNNEOS	T6 - \$0 Copay	PV
<i>moderna covid-19 bival 6m-5y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 bivalent</i>	T6 - \$0 Copay	PV
MODERNA COVID-19 VAC 6M-11Y	T6 - \$0 Copay	PV
<i>novavax covid-19 vaccine</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 bival 6mo-4yr</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
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</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)

Medication	Coverage Level	Restrictions
ROTARIX ORAL SUSPENSION RECONSTITUTED	T6 - \$0 Copay	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL
SPIKEVAX	T6 - \$0 Copay	PV
TICOVAC	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
Vaginal And Related Products		
<i>*Imidazole-Related Antifungals***</i>		
GYNAZOLE-1	T3	
<i>terconazole vaginal cream 0.4 %</i>	T1	
<i>terconazole vaginal suppository</i>	T1	
<i>*Miscellaneous Vaginal Products***</i>		
INTRAROSA	Not Covered	
<i>*Spermicides***</i>		
OPTIONS GYNOL II CONTRACEPTIVE	T3	PV
TODAY SPONGE	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	PV
<i>*Vaginal Anti-Infectives***</i>		
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	
XACIATO	T3	ST
<i>*Vaginal Contraceptive Ph Modulator - Combinations***</i>		
PHEXXI	T3	QL (12 tubes per 30 days)
<i>*Vaginal Estrogens***</i>		
ESTRACE VAGINAL	T9	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1	
FEMRING	T3	
IMVEXXY STARTER PACK	T9	

Medication	Coverage Level	Restrictions
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 ()
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>epinephrine injection solution prefilled syringe 1 mg/ml</i>	T9	
<i>midodrine hcl</i>	T1	
Vitamins		
*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	

Medication	Coverage Level	Restrictions
<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***		
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)

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<i>levocetirizine dihydrochloride</i>	45	<i>l-methylfolate-b6-b12</i>	114	LYBALVI	172
<i>levofloxacin</i>	124, 161	LO LOESTRIN FE	86	LYLEQ	91
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<i>levonorgest-eth est & eth est</i>	90	LOCOID LIPOCREAM	105	LYNPARZA	67
<i>levonorgest-eth estrad 91-day</i>	90	LODOSYN	69	LYRICA	29
<i>levonorgest-eth estradiol-iron</i>	88	LOESTRIN 1.5/30 (21)	88	LYRICA CR	170
<i>levonorgestrel</i>	90	LOESTRIN FE 1.5/30	88	LYSIPLEX PLUS	154
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<i>levonorg-eth estrad triphasic</i>	91	LOFENA	13	LYTGOBI (12 MG DAILY DOSE)	59
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<i>levorphanol tartrate</i>	16	LOKELMA	151	LYTGOBI (20 MG DAILY DOSE)	59
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<i>levothyroxine sodium</i>	176	LONSURF	64	LYUMJEV KWIKPEN	38
LEVOXYL	176	<i>loperamide hcl</i>	41	LYUMJEV TEMPO PEN	38
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LEXAPRO	33	LOPRESSOR	80	<i>maca</i>	8
LEXIVA	76	<i>loratadine</i>	45	MACROBID	53
LEXTOL	99	<i>loratadine-d 24hr</i>	94	MACRODANTIN	53
LIALDA	125	<i>lorazepam</i>	21	<i>mafenide acetate</i>	102
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<i>lidocaine hcl</i>	108	LOREEV XR	21	<i>malathion</i>	110
<i>lidocaine(bufferd)-epinephrine</i>	141	LORYNA	88	<i>maraviroc</i>	75
<i>lidocaine-hydrocortisone ace</i>	20	LORZONE	157	MARINOL	43
<i>lidocaine-prilocaine</i>	110	<i>losartan potassium</i>	50	<i>marlissa</i>	88
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<i>lido-epinephrine-tetracaine</i>	110	LOTEMAX	163	MATULANE	64
<i>lidopin</i>	108	LOTEMAX SM	163	MATZIM LA	81
<i>lidorx</i>	108	LOTENSIN	49	MAVENCLAD (10 TABS)	167
<i>lidosol</i>	110	LOTENSIN HCT	48	MAVENCLAD (4 TABS)	168
<i>lidosol-50</i>	110	<i>loteprednol etabonate</i>	163	MAVENCLAD (5 TABS)	168
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		LOTREXONE	14		
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MAVENCLAD (7 TABS)	168	<i>methimazole</i>	175	<i>minoxidil</i>	51
MAVENCLAD (8 TABS)	168	<i>methitest</i>	19	<i>minoxidil for men</i>	111
MAVENCLAD (9 TABS)	168	<i>methocarbamol</i>	157	MIRALAX	140
MAVYRET	78	<i>methotrexate sodium</i>	56	MIRAPEX ER	70
MAXALT	147	<i>methoxsalen rapid</i>	100	MIRCERA	134
MAXALT-MLT	147	<i>methscopolamine bromide</i>	178	<i>mirtazapine</i>	32
MAXIDEX	163	<i>methsuximide</i>	32	MIRVASO	109
MAXITROL	163	<i>methylidopa</i>	51	<i>misoprostol</i>	179
<i>maxi-tuss cd</i>	94	<i>methylergonovine maleate</i>	165	MITIGARE	129
MAXZIDE	115	METHYLIN	6	M-M-R II	180
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<i>meclofenamate sodium</i>	13	<i>methylphenidate hcl er (la)</i>	6	6M-11Y	181
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<i>meprobamate</i>	21	MICROGESTIN 1.5/30	88	MOTPOLY XR	29
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<i>mercaptapurine</i>	56	MICROGESTIN FE 1.5/30	88	MOVIPREP	139
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<i>metformin hcl</i>	36	MIGRANAL	146	MULTIGEN FOLIC	136
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<i>methazolamide</i>	115	<i>minocycline hcl</i>	175	MY CHOICE	90
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MYCAPSSA	121	<i>polymyx</i>	NINLARO	63
MYCOBUTIN	54	<i>neomycin-polymyxin-dexameth</i>	<i>nisoldipine er</i>	82
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<i>mycophenolate sodium</i>	150	<i>nitisinone</i>	118
<i>mycophenolic acid</i>	151	<i>neomycin-polymyxin-hc</i>	NITRO-BID	20
MYDAYIS	4	<i>neonatal + dha</i>	NITRO-DUR	20
MYFEMBREE	123	<i>neonatal complete</i>	<i>nitrofurantoin</i>	53
MYFORTIC	151	NEONATAL PLUS	<i>nitrofurantoin macrocrystal</i>	53
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<i>nabumetone</i>	13	NESINA	NIVA-FOL	114
<i>nadolol</i>	80	NESTABS	NIVA-PLUS	155
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<i>naproxen-esomeprazole mg</i>	12	NEXTSTELLIS	NORPACE	21
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<i>nateglinide</i>	39	NICORETTE	NORVIR	76
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NOVOLIN N FLEXPEN	38	<i>olmesartan medoxomil-hctz</i>	50	ORAVIG	152
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NYLIA 7/7/7	91	<i>onzdeaxiatar</i>	96	<i>oxaprozin</i>	13
NYMALIZE	82	ONZETRA XSAIL	147	<i>oxazepam</i>	21
NYMYO	89	OPCICON ONE-STEP	90	OXBRYTA	136
<i>nynutey</i>	110	<i>opium</i>	41	<i>oxcarbazepine</i>	29
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<i>oxymorphone hcl er</i>	17	<i>scopolamine</i>	177	<i>pimecrolimus</i>	108
OXYTROL	179	<i>pc pediatric iron drops</i>	137	<i>pimozide</i>	170
OZEMPIC (0.25 OR 0.5		<i>peg 3350</i>	140	PIMTREA	86
MG/DOSE)	39	<i>peg 3350-kcl-na bicarb-nacl</i>	139	<i>pindolol</i>	80
OZEMPIC (1 MG/DOSE)	39	<i>peg-3350/electrolytes</i>	139	<i>pioglitazone hcl</i>	41
OZEMPIC (2 MG/DOSE)	39	<i>peg-3350/electrolytes/ascorbat</i>	139	<i>pioglitazone hcl-glimepiride</i>	41
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DOSE)	7	<i>penicillamine</i>	149	SOLUTION	144
PALFORZIA (120 MG DAILY		<i>penicillin v potassium</i>	165	<i>pip lancets 28g</i>	144
DOSE)	7	PENTACEL	176	<i>pip lancets 30g</i>	144
PALFORZIA (160 MG DAILY		<i>pentamidine isethionate</i>	52	PIQRAY (200 MG DAILY	
DOSE)	7	PENTASA	126	DOSE)	67
PALFORZIA (20 MG DAILY		<i>pentazocine-naloxone hcl</i>	18	PIQRAY (250 MG DAILY	
DOSE)	7	<i>pentoxifylline er</i>	132	DOSE)	67
PALFORZIA (200 MG DAILY		PEPCID	177	PIQRAY (300 MG DAILY	
DOSE)	7	PERCOCET	18	DOSE)	67
PALFORZIA (240 MG DAILY		PERFOROMIST	24	<i>pirfenidone</i>	174
DOSE)	7	PERIDEX	152	PIRMELLA 7/7/7	91
PALFORZIA (3 MG DAILY		<i>perindopril erbumine</i>	49	<i>piroxicam</i>	13
DOSE)	7	<i>permethrin</i>	110	<i>pitavastatin calcium</i>	47
PALFORZIA (300 MG		<i>perphenazine</i>	72	PLAN B ONE-STEP	90
MAINTENANCE)	8	<i>perphenazine-amitriptyline</i>	170	PLAQUENIL	54
PALFORZIA (300 MG		PERTZYE	115	PLAVIX	133
TITRATION)	8	<i>pfizer covid-19 bival 6mo-4yr</i> ...	181	PLEGRIDY	168
PALFORZIA (40 MG DAILY		<i>pfizer covid-19 vac bival 5-11</i> ...	181	PLEGRIDY STARTER PACK ..	168
DOSE)	8	<i>pfizer covid-19 vac bivalent</i>	181	PLENITY	5
PALFORZIA (6 MG DAILY		PFIZER COVID-19 VAC-TRIS		PLENVU	139
DOSE)	8	5-11Y	181	PLEXION	96
PALFORZIA (80 MG DAILY		<i>pfizer covid-19 vac-tris 6m-4y</i> ..	181	PLEXION CLEANSER	96
DOSE)	8	PHEBURANE	122	PLEXION CLEANSING	
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ESCALATION	8	<i>phenazopyridine hcl</i>	129	PLEXION NS	101
<i>paliperidone er</i>	71	<i>phendimetrazine tartrate</i>	5	PLIAGLIS	110
PALYNZIQ	120	<i>phenelzine sulfate</i>	33	PNEUMOVAX 23	180
PAMELOR	35	PHENERGAN	45	<i>pnv-dha</i>	156
PANCREAZE	115	<i>phenobarbital</i>	138	<i>pnv-dha+docusate</i>	156
PANDEL	105	<i>phenoxybenzamine hcl</i>	49, 86	<i>pnv-omega</i>	155
<i>pantoprazole sodium</i>	178	<i>phentermine hcl</i>	5	<i>pnv-select</i>	155
<i>paricalcitol</i>	119	<i>phenylephrine hcl</i>	160	PODOCON-25	107
PARLODEL	69	PHENYTEK	31	<i>podofilox</i>	107
PARNATE	33	<i>phenytoin</i>	31	<i>podoxia</i>	106
<i>paroxetine hcl</i>	33	<i>phenytoin sodium extended</i>	31	<i>podprogtar</i>	106
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<i>paroxetine mesylate</i>	172	PHEXXI	182	POKONZA	148
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PATANASE	158	PHLAG SPRAY	109	POLY-IRON 150	137
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TOPICORT	105	<i>trigels-f forte</i>	136	TWYNEO	96
TOPICORT SPRAY	105	<i>trihexyphenidyl hcl</i>	69	TYBLUME	89
<i>topiramate</i>	30	TRIJARDY XR	40	TYBOST	77
<i>topiramate er</i>	30	TRIKAFTA	173	TYDEMY	89
TOPROL XL	80	TRI-LEGEST FE	92	TYKERB	62
<i>toremifene citrate</i>	56	TRILEPTAL	30	TYMLOS	120
<i>toremide</i>	116	TRI-LINYAH	92	TYPHIM VI	180
TOSYMRA	147	TRILIPIX	47	TYRVAYA	160
TOUJEO MAX SOLOSTAR	39	TRI-LO-ESTARYLLA	92	TYVASO	83
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Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

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

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

