2020 Formulary

MyPriority® Individual plans

List of covered drugs

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

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

T1 - Generic

T2 - Preferred Brand

T3 - Non-Preferred Brand

T4 - Preferred Specialty

T5 - Non-Preferred Specialty

T6 - Medical Benefit

T7 - Medical Benefit - Preferred Specialty

T8 - Medical Benefit - Non-Preferred Specialty

T9 - Excluded

Coverage Levels
BE: Benefit Exclusion

AL: Age Limits

MB: Medical Benefit

PA: Prior Authorization

PV : Preventative Drugs

QL: Quantity Limits

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

Medication	Coverage Level	Restrictions
enovarx-tramadol	T9	
ESOTERICA SENSITIVE SKIN	T9	
folic acid-vit b6-vit b12	T9	
GINSENG EDGE	T9	
iodoquimez-hc	T9	
lorazepam oral concentrate 1 mg/0.5ml	T1	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
pre-natal formula	T1	
prenatal forte	T1	
RETACRIT INJECTION SOLUTION 20000 UNIT/2ML	T5	
select-lite device/lancets	T2	
urea external foam	T9	
Antihistamine Drugs		
Ethanolamine Derivatives		
carbinoxamine maleate oral solution	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
carbinoxamine maleate oral tablet 6 mg	T9	
clemastine fumarate oral tablet 1.34 mg	T9	
clemastine fumarate oral tablet 2.68 mg	T1	
DICOPANOL FUSEPAQ	T9	
diphenhydramine hcl oral capsule	T9	
diphenhydramine hcl oral elixir	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
Ethylenediamine Derivatives		
maxi-tuss cd	T9	
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine hcl oral	T1	
First Generation Antihistamines		
carbinoxamine maleate oral solution	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
carbinoxamine maleate oral tablet 6 mg	T9	
chlorpheniramine maleate er	T9	
clemastine fumarate oral tablet 1.34 mg	T9	
clemastine fumarate oral tablet 2.68 mg	T1	
cyproheptadine hcl oral	T1	
DICOPANOL FUSEPAQ	T9	

Medication	Coverage Level	Restrictions
diphenhydramine hcl oral capsule	T9	
diphenhydramine hcl oral elixir	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
Phenothiazine Derivatives		
PHENADOZ	T3	
promethazine hcl oral syrup	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine-dm oral syrup	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
Piperazine Derivatives		
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral capsule 100 mg, 50 mg	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T9	
VISTARIL	T3	
Propylamine Derivatives		
chlorpheniramine maleate er	T9	
HISTEX-AC	T9	
hydrocod polst-cpm polst er oral suspension extended release	T1	
pseudoeph-chlorphen-hydrocod	T1	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
Second Generation Antihistamines		
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 5 MG	T9	
fexofenadine hcl oral tablet 180 mg, 60 mg	T9	

Medication	Coverage Level	Restrictions
fexofenadine-pseudoephed er oral tablet extended release 24 hour	T9	
QUZYTTIR	T9	
SEMPREX-D	T9	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil	T1	
cephalexin oral capsule	T1	
cephalexin oral suspension reconstituted	T1	
cephalexin oral tablet	T2	
KEFLEX	T3	
2Nd Generation Cephalosporin Antibiotics		
cefaclor er	T1	
cefaclor oral capsule 250 mg	T1	
cefprozil	T1	
cefuroxime axetil oral tablet	T1	
3Rd Generation Cephalosporin Antibiotics		
cefdinir	T1	
cefditoren pivoxil oral tablet 400 mg	T1	
cefixime oral suspension reconstituted	T1	
cefpodoxime proxetil	T1	
SPECTRACEF ORAL TABLET 400 MG	T3	
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T2	
Adamantane Antivirals		
amantadine hcl oral	T1	
GOCOVRI	T9	
OSMOLEX ER	T9	
rimantadine hcl	T1	
Allylamine Antifungals		
LAMISIL ORAL TABLET	T3	
terbinafine hcl oral	T1	
Amebicides		
FLAGYL	T3	
metronidazole benzoate	T9	
metronidazole oral	T1	

Medication	Coverage Level	Restrictions
paromomycin sulfate oral	T1	
PYLERA	T9	
Aminoglycoside Antibiotics		
ARIKAYCE	T5	PA; QL (28 vials per 28 Days)
BETHKIS	T5	PA
KITABIS PAK	T4	PA; QL (1 Kit per 56 days)
paromomycin sulfate oral	T1	
TOBI	T5	PA; QL (56 ampules per 28 days)
TOBI PODHALER	T5	PA; QL (224 capsules per 28 days)
tobramycin inhalation nebulization solution 300 mg/4ml	T4	PA
tobramycin inhalation nebulization solution 300 mg/5ml	T4	PA; QL (56 ampules per 28 days)
tobramycin sulfate injection solution 80 mg/2ml	T1	
ZEMDRI	T9	
Aminomethylcyclines		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
SEYSARA	T9	
Aminopenicillin Antibiotics		
amoxicill-clarithro-lansopraz	T3	
amoxicillin oral capsule	T1	
amoxicillin oral suspension reconstituted	T1	
amoxicillin oral tablet	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
amoxicillin-pot clavulanate er	T1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	T1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	T1	
amoxicillin-pot clavulanate oral tablet chewable	T1	
ampicillin oral capsule 500 mg	T1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG	T3	
TALICIA	T9	
Anthelmintics		
albendazole oral	T4	QL (6 tablets per 30 days)
ALBENZA	T9	

Medication	Coverage Level	Restrictions
BILTRICIDE	T5	
EMVERM	T9	
ivermectin oral	T1	QL (5 tablets per 1 day)
STROMECTOL	T3	QL (5 tablets per 1 day)
Antifungals, Miscellaneous		
griseofulvin microsize oral	T1	
griseofulvin ultramicrosize	T2	
Antimalarials		
ARAKODA	T3	
atovaquone-proguanil hcl	T1	
chloroquine phosphate oral	T1	
COARTEM	T2	
DARAPRIM	T9	
hydroxychloroquine sulfate oral	T1	
KRINTAFEL	T1	QL (2 tablets per 365 Days)
MALARONE	T3	
mefloquine hcl	T1	
PLAQUENIL	T3	
primaquine phosphate oral	T1	
PYLERA	T9	
pyrimethamine oral	T4	
QUALAQUIN	T3	PA
quinidine gluconate er	T4	
quinidine sulfate oral tablet 200 mg	T1	
quinine sulfate oral	T1	PA
Antimycobacterials, Miscellaneous		
dapsone oral	T1	
Antiprotozoals, Miscellaneous		
ALINIA ORAL SUSPENSION RECONSTITUTED	T2	
ALINIA ORAL TABLET	T5	
atovaquone oral	T4	
benznidazole oral tablet 100 mg	T3	QL (60 tablets per 1 lifetime); AL
benznidazole oral tablet 12.5 mg	T9	
dapsone oral	T1	
FLAGYL	T3	
IMPAVIDO	T3	PA
MEPRON	T3	
metronidazole benzoate	T9	
metronidazole oral	T1	

Medication	Coverage Level	Restrictions
NEBUPENT	T3	
PENTAM	T6	MB (Refer to your medical plan documents for coverage details.)
pentamidine isethionate inhalation	T1	
PYLERA	T9	
SOLOSEC	T9	
tinidazole oral	T1	
Antituberculosis Agents		
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
ciprofloxacin hcl oral	T1	
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
cycloserine oral	T1	
ethambutol hcl oral	T1	
isoniazid oral	T1	
LEVAQUIN ORAL TABLET	T3	
levofloxacin oral	T1	
moxifloxacin hcl intravenous	T6	
moxifloxacin hcl oral	T1	
MYCOBUTIN	T2	
pretomanid	T4	QL (30 tablets per 30 days)
PRIFTIN	T2	
pyrazinamide oral	T1	
rifabutin	T4	
RIFADIN ORAL	T3	
rifampin oral	T1	
SIRTURO	T4	
Antivirals, Miscellaneous		
PREVYMIS	T4	PA
XOFLUZA (40 MG DOSE)	T2	QL (1 tablet per 1 fill); AL
XOFLUZA (80 MG DOSE)	T2	QL (1 tablet per 1 fill); AL
Azole Antifungals		
CRESEMBA ORAL	T4	PA; QL (60 capsules per 30 Day(s)s)
DIFLUCAN	T3	
fluconazole oral	T1	
itraconazole oral capsule	T2	QL (120 capsules per 30 days)

Medication	Coverage Level	Restrictions
itraconazole oral solution	T4	PA; QL (600 ML per 30 days)
ketoconazole oral	T1	
NOXAFIL ORAL SUSPENSION	T4	PA; QL (450 ML per 30 Day(s)s)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; QL (180 tablets per 30 Day(s)s)
posaconazole	T4	PA; QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; QL (600 ML per 30 Day(s)s)
SPORANOX PULSEPAK	T9	
tolsura	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	QL (120 tablets per 30 days)
VFEND ORAL TABLET 50 MG	T5	QL (480 tablets per 30 days)
voriconazole oral suspension reconstituted	T4	QL (300 ML per 30 days)
voriconazole oral tablet 200 mg	T4	QL (120 tablets per 30 days)
voriconazole oral tablet 50 mg	T4	QL (480 tablets per 30 days)
Cyclic Lipopeptide Antibiotics		
CUBICIN	T6	
daptomycin	T6	
Erythromycin Antibiotics		
E.E.S. 400 ORAL TABLET	T4	
E.E.S. GRANULES	T4	
ERYPED 200	T4	
ERYPED 400	T4	
ERY-TAB	T2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T2	
erythromycin base oral capsule delayed release particles	T1	
erythromycin base oral tablet	T2	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	T2	
erythromycin ethylsuccinate oral tablet	T1	
Fluorocyclines		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
Glycopeptide Antibiotics		
FIRVANQ	T2	
VANCOCIN HCL ORAL CAPSULE 125 MG	T9	

Medication	Coverage Level	Restrictions
vancomycin hcl intravenous solution reconstituted 500 mg	T1	
vancomycin hcl oral	T9	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA	T9	
HARVONI	T9	
ledipasvir-sofosbuvir	T5	PA
sofosbuvir-velpatasvir	T5	PA
SOVALDI	T5	PA
VIEKIRA PAK	T5	PA; QL (112 tablets per 28 days)
VOSEVI	T5	PA; QL (1 tablet per 1 day)
Hcv Protease Inhibitor Antivirals		
MAVYRET	T4	PA; QL (84 tablets per 28 days)
VIEKIRA PAK	T5	PA; QL (112 tablets per 28 days)
ZEPATIER	T4	PA
Hcv Replication Complex Inhibitors		
EPCLUSA	T9	
HARVONI	T9	
ledipasvir-sofosbuvir	T5	PA
MAVYRET	T4	PA; QL (84 tablets per 28 days)
sofosbuvir-velpatasvir	T5	PA
VIEKIRA PAK	T5	PA; QL (112 tablets per 28 days)
VOSEVI	T5	PA; QL (1 tablet per 1 day)
ZEPATIER	T4	PA
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	
rukobia	T5	PA; QL (60 tablets per 30 Days)
SELZENTRY	T4	
Hiv Integrase Inhibitor Antiretrovirals		
BIKTARVY	T4	QL (30 tablets per 30 days)
DOVATO	T4	QL (30 tablet per 30 days)
GENVOYA	T4	QL (30 tablets per 30 days)
ISENTRESS	T4	
ISENTRESS HD	T4	
JULUCA	T4	QL (30 tablets per 30 days)
STRIBILD	T4	
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	
TIVICAY ORAL TABLET 50 MG	T4	QL (62 tablets per 31 days)
TIVICAY PD	T4	

Medication	Coverage Level	Restrictions
TRIUMEQ	T4	QL (30 tablets per 30 days)
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
ATRIPLA	T4	
COMPLERA	T4	
DELSTRIGO	T4	QL (30 tablets per 30 days)
EDURANT	T2	
efavirenz	T2	
efavirenz-emtricitab-tenofovir	T4	
efavirenz-lamivudine-tenofovir	T4	QL (30 tablets per 30 Days)
INTELENCE ORAL TABLET 100 MG, 25 MG	T4	QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T4	QL (60 tablets per 30 days)
JULUCA	T4	QL (30 tablets per 30 days)
nevirapine er	T3	QL (30 tablets per 30 days)
nevirapine oral suspension	T1	QL (1200 ML per 30 days)
nevirapine oral tablet	T1	QL (60 tablets per 30 days)
ODEFSEY	T4	QL (30 tablets per 30 days)
PIFELTRO	T4	QL (30 tablets per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	T2	
SUSTIVA	T3	
SYMFI	T5	QL (30 tablets per 30 days)
SYMFI LO	T5	QL (30 tablets per 30 days)
VIRAMUNE ORAL SUSPENSION	T5	QL (1200 ML per 30 days)
VIRAMUNE ORAL TABLET	T3	QL (60 tablets per 30 days)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	T3	QL (30 tablets per 30 days)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate oral solution	T1	
abacavir sulfate oral tablet	T2	
abacavir-lamivudine-zidovudine	T4	QL (60 tablets per 30 days)
ATRIPLA	T4	
BIKTARVY	T4	QL (30 tablets per 30 days)
CIMDUO	T9	
COMBIVIR	T5	
COMPLERA	T4	
DELSTRIGO	T4	QL (30 tablets per 30 days)
DESCOVY	T4	QL (30 tablets per 30 days)
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	T1	
DOVATO	T4	QL (30 tablet per 30 days)
efavirenz-emtricitab-tenofovir	T4	

Medication	Coverage Level	Restrictions
efavirenz-lamivudine-tenofovir	T4	QL (30 tablets per 30 Days)
emtricitabine	T1	
emtricitabine-tenofovir df	T9	
EMTRIVA	T2	
EPIVIR	T3	
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
EPZICOM	T4	
GENVOYA	T4	QL (30 tablets per 30 days)
lamivudine oral solution	T1	
lamivudine oral tablet	T2	
lamivudine-zidovudine	T2	
ODEFSEY	T4	QL (30 tablets per 30 days)
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
stavudine oral capsule	T1	
STRIBILD	T4	
SYMFI	T5	QL (30 tablets per 30 days)
SYMFI LO	T5	QL (30 tablets per 30 days)
SYMTUZA	T4	QL (30 tablets per 30 days)
TEMIXYS	T4	QL (30 tablets per 30 days)
tenofovir disoproxil fumarate	T4	
TRIUMEQ	T4	QL (30 tablets per 30 days)
TRIZIVIR	T5	QL (60 tablets per 30 days)
TRUVADA	T4	
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	
VIREAD ORAL TABLET 300 MG	T5	
ZERIT ORAL CAPSULE 30 MG, 40 MG	T3	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
zidovudine oral capsule	T2	
zidovudine oral syrup	T1	
zidovudine oral tablet	T2	
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS	T4	ST
atazanavir sulfate	T4	

Medication	Coverage Level	Restrictions
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
EVOTAZ	T4	QL (30 tablets per 30 days)
fosamprenavir calcium	T4	
INVIRASE ORAL TABLET	T4	
KALETRA ORAL SOLUTION	T4	
KALETRA ORAL TABLET	T4	
LEXIVA ORAL SUSPENSION	T4	
LEXIVA ORAL TABLET	T5	
NORVIR ORAL SOLUTION	T3	
NORVIR ORAL TABLET	T3	
PREZCOBIX	T4	QL (30 tablets per 30 days)
PREZISTA ORAL SUSPENSION	T4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T5	
REYATAZ ORAL PACKET	T4	
ritonavir	T1	
SYMTUZA	T4	QL (30 tablets per 30 days)
VIEKIRA PAK	T5	PA; QL (112 tablets per 28 days)
VIRACEPT ORAL TABLET	T4	
Interferon Antivirals		
INTRON A	T4	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	T4	QL (48 Treatments per 1 Lifetime)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	QL (48 Treatments per 1 Lifetime)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T4	PA
Lincomycin Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
clindamycin hcl oral capsule 150 mg, 300 mg	T1	
clindamycin palmitate hcl	T1	
Macrolide Antibiotics		
E.E.S. 400 ORAL TABLET	T4	
E.E.S. GRANULES	T4	
ERYPED 200	T4	
ERYPED 400	T4	
ERY-TAB	T2	

Medication	Coverage Level	Restrictions
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T2	
erythromycin base oral capsule delayed release particles	T1	
erythromycin base oral tablet	T2	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	T2	
erythromycin ethylsuccinate oral tablet	T1	
Monobactam Antibiotics		
CAYSTON	T4	PA
Natural Penicillin Antibiotics		
penicillin v potassium	T1	
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral capsule	T1	QL (10 capsules per 1 fill)
oseltamivir phosphate oral suspension reconstituted	T1	QL (120 ML per 1 fill)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
Nucleoside And Nucleotide Antivirals		
acyclovir oral	T1	
adefovir dipivoxil	T4	
BARACLUDE ORAL SOLUTION	T3	
BARACLUDE ORAL TABLET	T5	QL (30 tablets per 30 days)
entecavir	T4	QL (1 tablet per 1 day)
famciclovir oral	T1	QL (120 tablets per 30 days)
HEPSERA	T5	
PREVYMIS	T4	PA
RIBASPHERE ORAL CAPSULE	T5	ST
RIBASPHERE ORAL TABLET 200 MG	T5	ST
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	T5	ST
ribavirin oral capsule	T4	
ribavirin oral tablet 200 mg	T4	
SITAVIG	T9	
SYMTUZA	T4	QL (30 tablets per 30 days)
valacyclovir hcl oral	T1	
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	QL (540 ML per 30 days); AL
VALCYTE ORAL TABLET	T9	

Medication	Coverage Level	Restrictions
valganciclovir hcl oral solution reconstituted	T4	QL (540 ML per 30 days); AL
valganciclovir hcl oral tablet	T4	QL (60 tablets per 30 days)
VALTREX ORAL TABLET 1 GM	T2	
VALTREX ORAL TABLET 500 MG	T3	
VEMLIDY	T4	
ZOVIRAX ORAL	T3	
Other Macrolide Antibiotics		
amoxicill-clarithro-lansopraz	T3	
azithromycin oral suspension reconstituted	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
DIFICID ORAL TABLET	T5	ST; QL (20 tablets per 30 days)
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
Other Misc. Antibacterial Agents		
PYLERA	T9	
Oxazolidinone Antibiotics		
linezolid oral suspension reconstituted	T4	AL
linezolid oral tablet	T2	QL (28 tablets per 14 days)
SIVEXTRO	T9	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T4	AL
ZYVOX ORAL TABLET	T5	QL (28 tablets per 14 days)
Penicillinase-Resistant Penicillins		
dicloxacillin sodium	T1	
Polyene Antifungals		
nystatin mouth/throat	T1	
nystatin oral tablet	T1	
Polymyxin Antibiotics		
colistimethate sodium (cba)	T9	
Quinolone Antibiotics		
BAXDELA	T9	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
ciprofloxacin hcl oral	T1	

Medication	Coverage Level	Restrictions
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	T1	
FACTIVE	T3	
LEVAQUIN ORAL TABLET	T3	
levofloxacin oral	T1	
moxifloxacin hcl intravenous	T6	
moxifloxacin hcl oral	T1	
ofloxacin oral tablet 300 mg, 400 mg	T1	
Rifamycin Antibiotics		
AEMCOLO	T2	QL (12 tablets per 30 Days); AL
MYCOBUTIN	T2	
PRIFTIN	T2	
rifabutin	T4	
RIFADIN ORAL	T3	
rifampin oral	T1	
TALICIA	T9	
XIFAXAN ORAL TABLET 200 MG	T4	QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA
Sulfonamide Antibiotics (Systemic)		
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
BACTRIM	T3	
BACTRIM DS	T3	
sulfadiazine oral	T2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral tablet	T1	
sulfasalazine oral	T1	
Tetracycline Antibiotics		
ACTICLATE	T9	
demeclocycline hcl oral	T3	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	T3	ST
DORYX ORAL TABLET DELAYED RELEASE 80 MG	T9	
doxycycline	T9	
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg	T1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	T9	

Medication	Coverage Level	Restrictions
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	T9	
doxycycline monohydrate oral capsule 100 mg	T1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	T9	
doxycycline monohydrate oral suspension reconstituted	T1	
doxycycline monohydrate oral tablet 100 mg, 150 mg	T9	
doxycycline monohydrate oral tablet 50 mg, 75 mg	T1	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg	T9	
minocycline hcl oral capsule	T1	
minocycline hcl oral tablet 100 mg	T9	
minocycline hcl oral tablet 50 mg, 75 mg	T1	
MINOLIRA	T9	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	T9	
MORGIDOX COMBINATION	T9	
ORACEA	T9	
PYLERA	T9	
SEYSARA	T9	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	MB (Solodyn(#2))
TARGADOX	T9	
tetracycline hcl oral	T1	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
Urinary Anti-Infectives		
fosfomycin tromethamine	T1	QL (1 packet per 30 Days)
FURADANTIN	T2	
HYOPHEN	T9	
MACROBID	T3	
MACRODANTIN	T9	
methenamine hippurate	T1	

Medication	Coverage Level	Restrictions
MONUROL	T3	QL (1 packet per 30 days)
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	T1	
nitrofurantoin monohyd macro	T1	
PRIMSOL	T9	
trimethoprim oral	T1	
URIBEL	T9	
Antineoplastic Agents		
Antineoplastic Agents		
abiraterone acetate	T4	PA
AFINITOR	T5	PA
AFINITOR DISPERZ	T4	PA
ALECENSA	T5	PA
ALKERAN ORAL	T3	
ALUNBRIG ORAL TABLET 180 MG	T5	PA; QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; QL (42 tablets per 14 days)
ALUNBRIG ORAL TABLET 90 MG	T5	PA; QL (14 tablets per 14 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; QL (14 tablets per 14 days)
anastrozole oral	T1	
ARIMIDEX	T3	
AROMASIN	T3	
AYVAKIT	T4	PA; QL (30 tablets per 30 Days)
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; QL (60 tablets per 30 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; QL (30 tablets per 30 days)
bexarotene	T4	PA
bicalutamide	T1	
BOSULIF ORAL TABLET 100 MG, 500 MG	T5	PA
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA
BRUKINSA	T5	PA; QL (56 tablets per 14 Days)
CABOMETYX ORAL TABLET 20 MG	T4	PA; QL (1 tablets per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG	T4	PA; QL (1 tablet per 1 day)
CALQUENCE	T5	PA; QL (28 capsules per 14 days)
capecitabine	T4	
CAPRELSA	T4	PA; QL (1 tablet per 1 day)
CARAC	T9	
carboplatin intravenous solution	T6	
carmustine	T6	
CASODEX	T3	
COMETRIQ (60 MG DAILY DOSE)	T4	PA
COPIKTRA	T5	PA; QL (60 capsules per 30 Days)

Medication	Coverage Level	Restrictions
COTELLIC	T4	PA
cyclophosphamide injection solution reconstituted 500 mg	T6	
cyclophosphamide oral capsule	T4	
DAURISMO	T5	PA
diclofenac sodium transdermal gel 3 %	T2	ST; QL (100 GM per 30 days)
DROXIA	T3	
EFUDEX EXTERNAL CREAM	T3	
EMCYT	T2	
ERIVEDGE	T4	PA
ERLEADA	T4	PA; QL (120 tablets per 30 Day(s)s)
erlotinib hcl	T4	PA
etoposide oral	T4	
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	T4	PA
EVOMELA	T6	
exemestane	T2	
FARESTON	T9	
FARYDAK	T5	PA; QL (6 Capsules per 1 Fill)
FEMARA	T3	
FLUOROPLEX	T4	ST
fluorouracil external cream 0.5 %	T5	ST; QL (30 tube per 30 days)
fluorouracil external cream 5 %	T1	QL (40 GM per 30 days)
fluorouracil external solution	T1	
flutamide	T1	
GILOTRIF	T4	PA; QL (1 tablet per 1 day)
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T3	
HYCAMTIN ORAL	T4	
HYDREA	T3	
hydroxyurea oral	T1	
IBRANCE ORAL CAPSULE	T4	PA; QL (21 capsules per 28 days)
IBRANCE ORAL TABLET	T4	PA; QL (21 tablets per 28 days)
ICLUSIG	T5	
IDHIFA	T4	PA; QL (1 tablet per 1 day)
imatinib mesylate	T4	PA
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; QL (30 capsules per 30 days)
IMBRUVICA ORAL TABLET	T5	PA; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
INLYTA	T4	PA
INREBIC	T5	PA; QL (120 capsules per 30 days)
INTRON A	T4	
IRESSA	T4	PA
JAKAFI	T4	PA
KISQALI 200 DOSE	T4	PA; QL (63 tablets per 28 days)
KISQALI 400 DOSE	T4	PA; QL (63 tablets per 28 days)
KISQALI 600 DOSE	T4	PA; QL (63 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T4	PA; QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; QL (91 tablets per 28 days)
KOSELUGO	T4	PA
lapatinib ditosylate	T4	PA
LENVIMA (10 MG DAILY DOSE)	T4	PA
LENVIMA (12 MG DAILY DOSE)	T4	PA
LENVIMA (14 MG DAILY DOSE)	T4	PA
LENVIMA (18 MG DAILY DOSE)	T4	PA
LENVIMA (20 MG DAILY DOSE)	T4	PA
LENVIMA (24 MG DAILY DOSE)	T4	PA
LENVIMA (4 MG DAILY DOSE)	T4	PA
LENVIMA (8 MG DAILY DOSE)	T4	PA
letrozole oral	T1	
LEUKERAN	T4	
leuprolide acetate injection	T4	
LONSURF	T5	PA
LORBRENA ORAL TABLET 100 MG	T5	PA; QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 25 MG	T5	PA; QL (3 tablets per 1 day)
LYNPARZA ORAL TABLET	T4	PA; QL (56 tablets per 14 days)
LYSODREN	T4	PA
MATULANE	T4	PA
MEGACE ES	T3	ST
megestrol acetate oral suspension 40 mg/ml	T1	
megestrol acetate oral suspension 625 mg/5ml	T9	
megestrol acetate oral tablet	T1	
MEKINIST	T5	PA
MEKTOVI	T5	PA
melphalan	T2	
mercaptopurine oral	T1	
methotrexate oral	T1	

Medication	Coverage Level	Restrictions
methotrexate sodium injection solution reconstituted	T1	
MYLERAN	T3	
NERLYNX	T4	PA
NEXAVAR	T4	PA
nilutamide	T1	
NINLARO ORAL CAPSULE 2.3 MG	T6	MB (Refer to your medical plan documents for coverage details.)
NINLARO ORAL CAPSULE 3 MG, 4 MG	T4	PA; QL (3 capsules per 28 days)
NUBEQA	T4	PA; QL (120 tablets per 30 days)
ODOMZO	T5	PA; QL (1 capsule per 1 day)
OGIVRI	T9	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	T3	ST
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 300 mg/50ml	T6	
PEMAZYRE	T4	PA; QL (14 Tablets per 21 days)
PICATO EXTERNAL GEL 0.015 %	T5	ST; QL (3 GM per 180 days)
PICATO EXTERNAL GEL 0.05 %	T5	ST; QL (2 GM per 180 days)
PIQRAY (200 MG DAILY DOSE)	T4	PA
PIQRAY (250 MG DAILY DOSE)	T4	PA
PIQRAY (300 MG DAILY DOSE)	T4	PA
POMALYST	T5	PA
PORTRAZZA	T9	
PURIXAN	T5	
QINLOCK	T5	PA; QL (90 Tablets per 30 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST
RETEVMO ORAL CAPSULE 40 MG	T4	PA; QL (120 Capsules per 30 days)
RETEVMO ORAL CAPSULE 80 MG	T4	PA; QL (120 Capusles per 30 days)
REVLIMID	T4	QL (30 capsules per 30 days)
ROZLYTREK	T4	PA; QL (90 capsules per 30 days); AL
RUBRACA ORAL TABLET 250 MG	T4	PA
RYDAPT	T4	PA; QL (56 tablets per 21 days)
SPRYCEL ORAL TABLET 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	T4	PA

Medication	Coverage Level	Restrictions
STIVARGA	T5	PA; QL (84 tablets per 28 days)
SUTENT	T4	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	T4	PA
TABLOID	T5	
TABRECTA	T5	PA; QL (120 Tablets per 30 days)
TAFINLAR	T5	PA
TAGRISSO	T4	PA; QL (1 tablet per 1 day)
TALZENNA	T5	PA; QL (1 capsule per 1 day)
tamoxifen citrate oral	T1	
TARCEVA	T5	PA
TARGRETIN EXTERNAL	T4	PA
TARGRETIN ORAL	T9	
TASIGNA	T4	PA; QL (56 EA per 14 days)
TAZVERIK	T4	PA; QL (8 tablets per 1 Day)
TEMODAR ORAL CAPSULE 100 MG	T4	PA; QL (4 syringes per 30 days)
TEMODAR ORAL CAPSULE 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	T5	PA
temozolomide	T4	PA
teniposide	T6	
TIBSOVO	T4	PA
TOLAK	T2	QL (1 tube per 30 days)
toremifene citrate	T4	ST; QL (30 tablets per 30 days)
tretinoin oral	T4	PA
TREXALL	T3	ST
TUKYSA	T4	PA; QL (120 Tablets per 30 days)
TURALIO	T5	PA; QL (120 capsules per 30 days); AL
TYKERB	T4	PA
UNITUXIN	T7	
VALCHLOR	T4	PA; QL (60 gm per 15 days)
VENCLEXTA	T5	PA
VENCLEXTA STARTING PACK	T5	PA
VERZENIO	T4	PA; QL (60 tablets per 30 days)
VITRAKVI ORAL CAPSULE	T4	PA; QL (60 capsules per 30 days)
VITRAKVI ORAL SOLUTION	T4	PA; QL (1 bottle per 30 days)
VIZIMPRO	T5	PA
VOTRIENT	T4	PA
XALKORI	T4	PA
XATMEP	T3	AL

Medication	Coverage Level	Restrictions
XELODA	T5	
XOSPATA	T4	PA; QL (90 tablets per 30 days)
XPOVIO (100 MG ONCE WEEKLY)	T5	PA; QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	T5	PA; QL (8 tablets per 28 Days)
XPOVIO (40 MG TWICE WEEKLY)	T5	PA; QL (16 tablets per 28 Days)
XPOVIO (60 MG ONCE WEEKLY)	T5	PA; QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; QL (24 tablets per 28 Days)
XPOVIO (80 MG ONCE WEEKLY)	T5	PA; QL (16 tablets per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; QL (32 tablets per 28 days)
XTANDI	T4	PA
YONSA	T9	
ZEJULA	T4	PA; QL (90 capsules per 30 days)
ZELBORAF	T4	PA
ZIRABEV	T9	
ZOLINZA	T4	PA
ZYDELIG	T5	PA; QL (2 capsules per 14 days)
ZYKADIA ORAL CAPSULE	T5	PA
ZYTIGA	T9	
Antitoxins,Immune Glob,Toxoids,Vaccines		
Allergenic Extracts (Therapeutic)		
american cockroach	T6	
american elm	T6	
GRASTEK	T3	AL
mixed ragweed	T6	
mountain cedar	T6	
ODACTRA	T3	AL
ORALAIR	T3	AL
PALFORZIA (12 MG DAILY DOSE)	T4	PA
PALFORZIA (120 MG DAILY DOSE)	T4	PA
PALFORZIA (160 MG DAILY DOSE)	T4	PA
PALFORZIA (20 MG DAILY DOSE)	T4	PA
PALFORZIA (200 MG DAILY DOSE)	T4	PA
PALFORZIA (240 MG DAILY DOSE)	T4	PA
PALFORZIA (3 MG DAILY DOSE)	T4	PA
PALFORZIA (300 MG MAINTENANCE)	T4	PA; QL (30 packets per 30 Days)
PALFORZIA (300 MG TITRATION)	T4	PA; QL (30 packets per 30 Days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA
PALFORZIA (6 MG DAILY DOSE)	T4	PA
PALFORZIA (80 MG DAILY DOSE)	T4	PA
PALFORZIA INITIAL ESCALATION	T4	PA

Medication	Coverage Level	Restrictions
RAGWITEK	T3	AL
wasp venom protein subcutaneous solution reconstituted 120 mcg	T6	
yellow hornet venom protein subcutaneous solution reconstituted 1100 mcg	T6	
yellow jacket venom protein subcutaneous	T6	
Antitoxins And Immune Globulins		
ZINPLAVA	T9	
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6	QL (1 Dose per 1 Lifetime); AL
Vaccines		
AFLURIA	T6	QL (1 injection per 180 days); AL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6	QL (1 injection per 180 days); AL
BEXSERO	T6	QL (2 ML per 1 Lifetime); AL
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6	AL
FLUAD	T6	QL (1 injection per 180 days); AL
FLUBLOK QUADRIVALENT	T6	QL (1 injection per 180 days); AL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6	QL (1 injection per 180 days); AL
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6	QL (1 injection per 180 days); AL
FLUMIST QUADRIVALENT	T6	QL (1 inhalation per 180 days); AL
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6	QL (1 injection per 180 days); AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6	QL (3 doses per 1 Lifetime); AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6	QL (2 Doses per 1 Lifetime); AL
IMOVAX RABIES	T6	
MENACTRA	T6	QL (1 Dose per 1 Lifetime); AL
PENTACEL	T6	
RABAVERT	T6	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6	AL
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6	QL (2 doses per 1 lifetime); AL
TRUMENBA	T6	QL (3 ML per 1 Lifetime); AL
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6	QL (2 Doses per 1 Lifetime); AL
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	T6	QL (1 Dose per 1 Lifetime); AL

Medication	Coverage Level	Restrictions
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
BROMFED DM	T9	
epinephrine injection solution auto-injector	T2	QL (4 pens per 31 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
fexofenadine-pseudoephed er oral tablet extended release 24 hour	T9	
NORTHERA ORAL CAPSULE 100 MG	T5	ST; QL (18 capsules per 1 day)
NORTHERA ORAL CAPSULE 200 MG	T5	ST; QL (9 capsules per 1 day)
NORTHERA ORAL CAPSULE 300 MG	T5	ST; QL (6 capsules per 1 day)
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1	
pseudoeph-chlorphen-hydrocod	T1	
pseudoephedrine hcl oral tablet 60 mg	T9	
SEMPREX-D	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
Alpha-Adrenergic Agonists		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
clonidine hcl er	T2	
clonidine hcl oral	T1	
HISTEX-AC	T9	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
LUCEMYRA	T9	
maxi-tuss cd	T9	
methyldopa oral	T1	
methyldopa-hydrochlorothiazide	T1	
midodrine hcl	T1	
phenylephrine-guaifenesin oral liquid	T1	

Medication	Coverage Level	Restrictions
Antimuscarinics/Antispasmodics		
ANASPAZ	T3	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	T1	
ATROVENT HFA	T2	
BEVESPI AEROSPHERE	T2	QL (1 GM per 30 days)
chlordiazepoxide-clidinium	T2	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
CUVPOSA	T9	
dicyclomine hcl oral	T1	
diphenoxylate-atropine	T1	
DONNATAL	T9	
DUAKLIR PRESSAIR	T9	
GLYCATE	T9	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml	T9	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
hydrocodone-homatropine oral syrup	T1	
hydromet	T1	
hyoscyamine sulfate er oral tablet extended release 12 hour	T1	
hyoscyamine sulfate oral	T1	
hyoscyamine sulfate sublingual	T1	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
ipratropium bromide inhalation	T1	
ipratropium-albuterol	T1	QL (540 ML per 30 days)
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LIBRAX	T9	
LOMOTIL ORAL TABLET	T3	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
methscopolamine bromide oral	T2	
NULEV	T1	
oscimin sr	T1	
propantheline bromide oral	T1	
QBREXZA	T9	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days); AL
SPIRIVA HANDIHALER	T2	

Medication	Coverage Level	Restrictions
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
SYMAX DUOTAB	T3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	T2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days); AL
YUPELRI	T9	
Antiparkinsonian Agents		
benztropine mesylate oral	T1	
trihexyphenidyl hcl oral tablet	T1	
Autonomic Drugs, Miscellaneous		
CHANTIX	T2	PV; QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	T2	PV
CHANTIX STARTING MONTH PAK	T2	PV
goodsense nicotine mouth/throat lozenge 4 mg	T1	PV
NICODERM CQ	T9	
NICORETTE MINI	T9	
NICORETTE MOUTH/THROAT GUM	T9	PV
NICORETTE MOUTH/THROAT LOZENGE	T9	
nicotine polacrilex mouth/throat gum	T1	PV
nicotine polacrilex mouth/throat lozenge 2 mg	T1	PV
nicotine transdermal patch 24 hour	T1	PV
NICOTROL	T2	PV
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
Centrally Acting Skeletal Muscle Relaxnt		
AMRIX	T9	
carisoprodol oral tablet 350 mg	T9	
carisoprodol-aspirin	T9	
carisoprodol-aspirin-codeine	T9	
chlorzoxazone oral tablet 250 mg	T9	
chlorzoxazone oral tablet 500 mg	T1	ST
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	
cyclobenzaprine hcl oral tablet 7.5 mg	T9	
LORZONE	T9	ST

Medication	Coverage Level	Restrictions
metaxalone oral tablet 800 mg	T9	
methocarbamol oral	T1	ST
ROBAXIN-750	T9	
SKELAXIN	T9	
SOMA ORAL TABLET 350 MG	T9	
tizanidine hcl oral	T1	
ZANAFLEX	T3	
Direct-Acting Skeletal Muscle Relaxants		
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
dantrolene sodium oral	T1	
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral	T1	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
Non-Sel. Beta-Adrenergic Blocking Agents		
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
BYSTOLIC	T3	ST
carvedilol	T1	
carvedilol phosphate er	T2	ST
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
labetalol hcl oral	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol	T1	
propranolol hcl er	T1	
propranolol hcl intravenous	T1	
propranolol hcl oral	T1	
propranolol-hctz	T1	
SORINE	T1	
sotalol hcl oral	T1	
SOTYLIZE	T3	
timolol maleate oral	T1	

Medication	Coverage Level	Restrictions
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
CARDURA	T3	
CARDURA XL	T3	ST
doxazosin mesylate oral	T1	
MINIPRESS	T3	
prazosin hcl oral	T1	
terazosin hcl oral	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents		
CAFERGOT	T9	
DIBENZYLINE	T9	
dihydroergotamine mesylate injection	T9	
dihydroergotamine mesylate nasal	T9	
ergoloid mesylates oral	T1	
ergotamine-caffeine	T3	QL (40 tablets per 30 Day(s)s)
MIGERGOT	T9	
MIGRANAL	T9	
phenoxybenzamine hcl oral	T9	
Parasympathomimetic (Cholinergic Agents)		
ARICEPT	T3	
bethanechol chloride oral	T1	
cevimeline hcl	T1	QL (90 capsules per 30 days)
donepezil hcl	T1	
EVOXAC	T2	
EXELON TRANSDERMAL	T3	ST; QL (30 patches per 30 days)
galantamine hydrobromide	T1	
galantamine hydrobromide er	T1	
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
NAMZARIC	T9	
pilocarpine hcl oral	T1	QL (120 tablets per 30 days)
pyridostigmine bromide er	T9	
pyridostigmine bromide oral tablet 60 mg	T1	
RAZADYNE ER	T3	
RAZADYNE ORAL TABLET	T3	
rivastigmine	T3	QL (30 patches per 30 days)
rivastigmine tartrate	T1	QL (60 capsules per 30 days)
SALAGEN	T3	

Medication	Coverage Level	Restrictions
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er	T1	
carvedilol	T1	
carvedilol phosphate er	T2	ST
COREG	T3	
COREG CR	T3	ST
dutasteride-tamsulosin hcl	T2	ST
FLOMAX	T3	
JALYN	T3	ST
labetalol hcl oral	T1	
RAPAFLO	T9	
silodosin	T9	
tamsulosin hcl	T1	
UROXATRAL	T3	
Selective Beta-2-Adrenergic Agonists		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
albuterol sulfate er	T1	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	T1	
albuterol sulfate oral	T1	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
ARCAPTA NEOHALER	T3	
BEVESPI AEROSPHERE	T2	QL (1 GM per 30 days)
BREO ELLIPTA	T9	
BROVANA	T4	AL
budesonide-formoterol fumarate	T9	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T9	

Medication	Coverage Level	Restrictions
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 inhaler per 30 days)
ipratropium-albuterol	T1	QL (540 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1	
metaproterenol sulfate oral syrup	T1	
PERFOROMIST	T4	AL
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL
SYMBICORT	T2	QL (1 inhaler per 30 days)
terbutaline sulfate oral	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days); AL
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
WIXELA INHUB	T9	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
Selective Beta-Adrenergic Blocking Agent		
acebutolol hcl oral	T1	
atenolol oral	T1	
atenolol-chlorthalidone	T1	
betaxolol hcl oral	T1	
bisoprolol fumarate	T1	
bisoprolol-hydrochlorothiazide	T1	
DUTOPROL	T9	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
metoprolol succinate er	T1	
metoprolol tartrate intravenous solution 5 mg/5ml	T1	
metoprolol tartrate oral	T1	

Medication	Coverage Level	Restrictions
metoprolol-hctz er	T9	
metoprolol-hydrochlorothiazide	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
TOPROL XL	T3	
ZIAC	T3	
Skeletal Muscle Relaxants, Miscellaneous		
norgesic forte	T9	
orphenadrine citrate er	T1	ST
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
Blood Formation, Coagulation, Thrombosis		
Anticoagulants, Miscellaneous		
ARIXTRA	T9	
fondaparinux sodium	T9	
Blood Form.,Coag,Thrombosis Agents Misc.		
OXBRYTA	T9	
TAVALISSE	T9	
Coumarin Derivatives		
COUMADIN ORAL	T2	
JANTOVEN	T1	
warfarin sodium oral	T1	
Direct Factor Xa Inhibitors		
ARIXTRA	T9	
BEVYXXA	T9	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	T2	QL (74 tablets per 31 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (62 tablets per 31 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 31 days)
fondaparinux sodium	T9	
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (31 tablets per 31 days); AL
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days); AL
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 Days); AL
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
Direct Thrombin Inhibitors		
PRADAXA	T3	ST; QL (62 capsules per 31 days)

Medication	Coverage Level	Restrictions
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	
DOPTELET ORAL TABLET 20 MG	T9	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	QL (31 Day Supply per 1 Dispensing)
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	T5	
FULPHILA	T4	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T4	QL (2 syringes per 28 days)
MULPLETA	T9	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	
NIVESTYM	T5	
PROCRIT	T4	
PROMACTA	T4	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	
UDENYCA	T4	MB (This drug may be covered under your medical benefit at Tier 7 - preferred specialty. Please refer to your medical plan documents for coverage.); QL (2 syringes per 28 days)
ZARXIO	T4	
ZIEXTENZO	T9	
Hemorrheologic Agents		
pentoxifylline er	T1	

Medication	Coverage Level	Restrictions
Hemostatics		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	T4	
adynovate intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit	T4	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	T4	
ALPHANATE/VWF COMPLEX/HUMAN	T4	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T5	
AMICAR ORAL SOLUTION	T5	
AMICAR ORAL TABLET	T5	
aminocaproic acid oral solution	T4	
aminocaproic acid oral tablet	T4	
BENEFIX INTRAVENOUS KIT	T4	
COAGADEX	T4	
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
desmopressin ace spray refrig	T2	ST
desmopressin acetate oral tablet 0.1 mg	T1	QL (180 tablets per 30 days)
desmopressin acetate oral tablet 0.2 mg	T1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	T5	
ESPEROCT	T5	
HEMLIBRA	T4	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T5	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	T4	
JIVI	T5	
KOATE-DVI	T4	
KOGENATE FS	T4	
KOVALTRY	T4	
LYSTEDA	T3	

Medication	Coverage Level	Restrictions
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T4	
NOCDURNA	T9	
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML	T9	
NOVOEIGHT	T4	
NOVOSEVEN RT	T4	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	
REBINYN	T5	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	T4	
rixubis	T5	AL
STIMATE	T4	
TACHOSIL EXTERNAL PATCH 9.5 X 4.8 CM	T6	
tranexamic acid oral	T1	
TRETTEN	T5	
VONVENDI	T5	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	
Heparins		
enoxaparin sodium subcutaneous	T4	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T9	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml	T9	
LOVENOX SUBCUTANEOUS	T5	QL (2 syringes per 1 day)
Iron Preparations		
active fe	T9	
BACMIN	T9	
CENTRATEX	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL BLOOM	T9	
CITRANATAL DHA	T3	
CITRANATAL RX	T3	
complete natal dha	T1	
completenate	T1	
CORVITA 150	T9	
CORVITE 150	T9	
corvite fe	T9	

Medication	Coverage Level	Restrictions
ENLYTE	T9	
fe c tab plus	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
ferocon	T9	
FERRALET 90	T9	
ferraplus 90	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	
FERROCITE	T9	
FERROCITE PLUS ORAL TABLET	T9	
ferrous sulfate oral solution 75 (15 fe) mg/ml	T1	PV; AL
FOLET DHA	T3	QL (30 tablets per 30 days)
FOLET ONE	T3	QL (30 tablcapsules per 30 days)
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FORTAVIT ORAL CAPSULE	T9	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
hematinic plus vit/minerals	T9	
hematinic/folic acid	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
hemetab	T9	
HEMOCYTE PLUS	T9	
HEMOCYTE-F ORAL TABLET	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXFE ORAL TABLET	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
M-VIT	T9	

Medication	Coverage Level	Restrictions
myferon 150	T9	
myferon 150 forte	T9	
MYNATAL ADVANCE	T1	
mynatal plus	T1	
mynatal-z	T1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
NEPHRON FA	T9	
NEXA PLUS	T3	
NIVA-PLUS	T9	
NUFERA	T9	
NUTRICAP	T9	
O-CAL FA	T9	
pnv folic acid + iron	T1	
pnv prenatal plus multivitamin	T1	
poly-iron 150 forte	T9	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
prenatal 19 oral tablet 29-1 mg	T3	QL (30 tablets per 30 days)
prenatal 19 oral tablet chewable 29-1 mg	T1	QL (30 tablets per 30 days)
prenatal low iron oral tablet 27-0.8 mg	T1	PV
prenatal one daily	T1	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	T1	PV
prenatal plus	T1	
prenatal plus iron	T1	
prenatal/iron oral tablet	T1	PV
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PROFERRIN-FORTE	T9	
PROVIDA OB	T3	
purevit dualfe plus	T9	
QUFLORA FE	T9	
RIGHT STEP PRENATAL	T1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	

Medication	Coverage Level	Restrictions
se-natal 19 oral tablet chewable	T1	QL (30 tablets per 30 days)
se-tan plus	T9	
STROVITE FORTE ORAL TABLET	T9	
taron forte	T9	
TARON-PREX	T2	
TEXAVITE LQ	T9	
thrivite 19 oral tablet 29-1 mg	T9	
tl folate	T3	
tl icon	T9	
tl-care dha	T1	
tl-fluorivite	T9	
tl-hem 150	T9	
TRICARE	T1	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
TRICON	T9	
trigels-f forte	T9	
trinatal rx 1	T1	
TRINATE	T2	
TRIVEEN-DUO DHA	T1	
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VINATE M	T1	
VINATE ONE	T1	
VITAFOL ORAL TABLET	T9	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAPEARL	T3	
VITATRUE	T3	
vol-nate	T9	
vol-plus	T9	
vol-tab rx	T9	
wee care	T1	PV; AL
Platelet-Aggregation Inhibitors		
AGGRENOX	T3	
ASCRIPTIN ORAL TABLET 325 MG	T1	
aspirin ec low dose	T1	PV
aspirin ec oral tablet delayed release 325 mg	T1	PV; AL
aspirin-dipyridamole er	T1	
BRILINTA ORAL TABLET 90 MG	T2	

Medication	Coverage Level	Restrictions
BUFFERIN	T3	PV; AL
butalbital-aspirin-caffeine oral capsule	T1	QL (180 capsules per 30 days)
cilostazol	T1	
clopidogrel bisulfate oral	T1	
dipyridamole oral	T1	
DURLAZA	T9	
EFFIENT	T3	QL (31 tablets per 31 days)
FIORINAL	T3	
goodsense aspirin oral tablet chewable	T1	PV; AL
KENGREAL	T6	
PLAVIX ORAL TABLET 75 MG	T3	
prasugrel hcl	T1	QL (31 tablets per 31 days)
YOSPRALA	BE	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
Platelet-Reducing Agents		
AGRYLIN	T3	
anagrelide hcl	T1	
Thrombolytic Agents		
ASCRIPTIN ORAL TABLET 325 MG	T1	
aspirin ec low dose	T1	PV
aspirin ec oral tablet delayed release 325 mg	T1	PV; AL
BUFFERIN	T3	PV; AL
butalbital-aspirin-caffeine oral capsule	T1	QL (180 capsules per 30 days)
DURLAZA	T9	
FIORINAL	T3	
goodsense aspirin oral tablet chewable	T1	PV; AL
YOSPRALA	BE	
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA	T3	
CARDURA XL	T3	ST
carvedilol	T1	
carvedilol phosphate er	T2	ST
COREG	T3	
COREG CR	T3	ST
doxazosin mesylate oral	T1	
labetalol hcl oral	T1	
MINIPRESS	T3	
prazosin hcl oral	T1	
terazosin hcl oral	T1	

Medication	Coverage Level	Restrictions
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA	T3	
CARDURA XL	T3	ST
doxazosin mesylate oral	T1	
labetalol hcl oral	T1	
MINIPRESS	T3	
prazosin hcl oral	T1	
terazosin hcl oral	T1	
Angiotensin Ii Receptor Antagon.(Hypotn)		
amlodipine besylate-valsartan	T1	
amlodipine-olmesartan	T1	
amlodipine-valsartan-hctz	T1	
ATACAND	T3	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
AVAPRO	T3	
AZOR	T3	ST
BENICAR	T3	
BENICAR HCT	T3	
candesartan cilexetil	T1	
candesartan cilexetil-hctz	T1	
COZAAR	T3	
DIOVAN	T2	ST; MB (ARB Therapy COMM(#2)); QL (60 EA per 30 days)
DIOVAN HCT	T3	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EXFORGE	T3	
EXFORGE HCT	T3	
HYZAAR	T3	
irbesartan	T1	
irbesartan-hydrochlorothiazide	T1	
losartan potassium oral	T1	
losartan potassium-hctz	T1	
MICARDIS	T3	
MICARDIS HCT	T3	
olmesartan medoxomil oral	T1	
olmesartan medoxomil-hctz	T1	

Medication	Coverage Level	Restrictions
olmesartan-amlodipine-hctz	T1	
telmisartan	T1	
telmisartan-amlodipine	T1	
telmisartan-hctz	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
valsartan	T1	
valsartan-hydrochlorothiazide	T1	
Angiotensin Ii Receptor Antagonists		
amlodipine besylate-valsartan	T1	
amlodipine-olmesartan	T1	
amlodipine-valsartan-hctz	T1	
ATACAND	T3	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
AVAPRO	T3	
AZOR	T3	ST
BENICAR	T3	
BENICAR HCT	T3	
candesartan cilexetil	T1	
candesartan cilexetil-hctz	T1	
COZAAR	T3	
DIOVAN	T2	ST; MB (ARB Therapy COMM(#2)); QL (60 EA per 30 days)
DIOVAN HCT	T3	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
ENTRESTO	T2	PA; QL (60 tablets per 30 days)
EXFORGE	T3	
EXFORGE HCT	T3	
HYZAAR	T3	
irbesartan	T1	
irbesartan-hydrochlorothiazide	T1	
losartan potassium oral	T1	
losartan potassium-hctz	T1	
MICARDIS	T3	
MICARDIS HCT	T3	
olmesartan medoxomil oral	T1	

Medication	Coverage Level	Restrictions
olmesartan medoxomil-hctz	T1	
olmesartan-amlodipine-hctz	T1	
telmisartan	T1	
telmisartan-amlodipine	T1	
telmisartan-hctz	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
valsartan	T1	
valsartan-hydrochlorothiazide	T1	
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL	T3	
ACCURETIC	T3	
ALTACE ORAL CAPSULE	T3	
amlodipine besy-benazepril hcl	T1	
benazepril hcl oral	T1	
benazepril-hydrochlorothiazide	T1	
captopril oral	T1	
captopril-hydrochlorothiazide	T1	
enalapril maleate oral	T1	
enalapril-hydrochlorothiazide	T1	
EPANED ORAL SOLUTION	T3	AL
fosinopril sodium	T1	
fosinopril sodium-hctz	T1	
lisinopril oral	T1	
lisinopril-hydrochlorothiazide	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
moexipril hcl	T1	
perindopril erbumine	T1	
PRESTALIA	T3	ST
PRINIVIL	T3	
QBRELIS	T3	AL
quinapril hcl	T1	
quinapril-hydrochlorothiazide	T1	
ramipril	T1	

Medication	Coverage Level	Restrictions
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
trandolapril	T1	
trandolapril-verapamil hcl er	T1	
VASERETIC	T3	
VASOTEC	T3	
ZESTORETIC	T3	
ZESTRIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG, 5 MG	T3	
Angiotensin-Converting Enzyme Inhibitors		
ACCUPRIL	T3	
ACCURETIC	T3	
ALTACE ORAL CAPSULE	T3	
amlodipine besy-benazepril hcl	T1	
benazepril hcl oral	T1	
benazepril-hydrochlorothiazide	T1	
captopril oral	T1	
captopril-hydrochlorothiazide	T1	
enalapril maleate oral	T1	
enalapril-hydrochlorothiazide	T1	
EPANED ORAL SOLUTION	T3	AL
fosinopril sodium	T1	
fosinopril sodium-hctz	T1	
lisinopril oral	T1	
lisinopril-hydrochlorothiazide	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
moexipril hcl	T1	
perindopril erbumine	T1	
PRESTALIA	T3	ST
PRINIVIL	T3	
QBRELIS	T3	AL
quinapril hcl	T1	
quinapril-hydrochlorothiazide	T1	
ramipril	T1	

Medication	Coverage Level	Restrictions
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
trandolapril	T1	
trandolapril-verapamil hcl er	T1	
VASERETIC	T3	
VASOTEC	T3	
ZESTORETIC	T3	
ZESTRIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG, 5 MG	T3	
Antiarrhythmics, Miscellaneous		
DIGITEK	T1	
DIGOX	T1	
digoxin oral solution	T2	AL
digoxin oral tablet	T1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
Antilipemic Agents, Miscellaneous		
advanced am/pm	T9	
ANIMI-3	T9	
bp vit 3	T9	
icosapent ethyl	T2	PA
JUXTAPID	T9	
LOVAZA	T3	
NEXLETOL	T3	PA; QL (30 tablet per 30 days)
NEXLIZET	T3	PA; QL (30 tablets per 30 Days)
niacin er (antihyperlipidemic)	T1	
NIACOR	T1	
NIASPAN	T3	
omega-3-acid ethyl esters	T1	
VASCEPA	T3	PA
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral	T1	
atenolol oral	T1	
atenolol-chlorthalidone	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
betaxolol hcl oral	T1	
bisoprolol fumarate	T1	
bisoprolol-hydrochlorothiazide	T1	
BYSTOLIC	T3	ST

Medication	Coverage Level	Restrictions
carvedilol	T1	
carvedilol phosphate er	T2	ST
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
DUTOPROL	T9	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
labetalol hcl oral	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
metoprolol succinate er	T1	
metoprolol tartrate intravenous solution 5 mg/5ml	T1	
metoprolol tartrate oral	T1	
metoprolol-hctz er	T9	
metoprolol-hydrochlorothiazide	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol	T1	
propranolol hcl er	T1	
propranolol hcl intravenous	T1	
propranolol hcl oral	T1	
propranolol-hctz	T1	
SORINE	T1	
sotalol hcl oral	T1	
SOTYLIZE	T3	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
timolol maleate oral	T1	
TOPROL XL	T3	
ZIAC	T3	
Beta-Adrenergic Blocking Agt.(Hypoten)		
acebutolol hcl oral	T1	
atenolol oral	T1	
atenolol-chlorthalidone	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
betaxolol hcl oral	T1	

Medication	Coverage Level	Restrictions
bisoprolol fumarate	T1	
bisoprolol-hydrochlorothiazide	T1	
CORGARD	T3	
DUTOPROL	T9	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
labetalol hcl oral	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
metoprolol succinate er	T1	
metoprolol tartrate intravenous solution 5 mg/5ml	T1	
metoprolol tartrate oral	T1	
metoprolol-hctz er	T9	
metoprolol-hydrochlorothiazide	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol	T1	
propranolol hcl er	T1	
propranolol hcl intravenous	T1	
propranolol hcl oral	T1	
propranolol-hctz	T1	
SORINE	T1	
sotalol hcl oral	T1	
SOTYLIZE	T3	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
timolol maleate oral	T1	
TOPROL XL	T3	
ZIAC	T3	
Bile Acid Sequestrants		
cholestyramine light	T1	
cholestyramine oral	T1	
colesevelam hcl oral packet	T3	QL (1 packet per 1 day)
colesevelam hcl oral tablet	T1	QL (180 tablets per 30 days)
COLESTID	T3	
colestipol hcl	T1	
PREVALITE	T1	
QUESTRAN LIGHT ORAL POWDER	T3	

Medication	Coverage Level	Restrictions
QUESTRAN ORAL POWDER	T3	
WELCHOL ORAL PACKET	T3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	ST
Calcium-Channel Block.Agt,Misc(Hypoten)		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T9	
diltiazem hcl er coated beads oral tablet extended release 24 hour	T9	
diltiazem hcl er oral capsule extended release 12 hour	T9	
diltiazem hcl oral	T1	
dilt-xr	T1	
MATZIM LA	T9	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
TAZTIA XT	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
trandolapril-verapamil hcl er	T1	

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

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

Medication	Coverage Level	Restrictions
MATZIM LA	T9	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
TAZTIA XT	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
trandolapril-verapamil hcl er	T1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg	T1	
verapamil hcl er oral capsule extended release 24 hour 120 mg	T3	
verapamil hcl er oral tablet extended release 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
Calcium-Channel Blocking Agents		
ADALAT CC	T3	
AFEDITAB CR	T1	
amlodipine besy-benazepril hcl	T1	
amlodipine besylate oral	T1	
amlodipine besylate-valsartan	T1	
amlodipine-atorvastatin	T9	
amlodipine-olmesartan	T1	
amlodipine-valsartan-hctz	T1	
AZOR	T3	ST
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	

Medication	Coverage Level	Restrictions
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T9	
diltiazem hcl er coated beads oral tablet extended release 24 hour	T9	
diltiazem hcl er oral capsule extended release 12 hour	T9	
diltiazem hcl oral	T1	
dilt-xr	T1	
EXFORGE	T3	
EXFORGE HCT	T3	
felodipine er	T1	
isradipine	T1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
MATZIM LA	T9	
nicardipine hcl oral	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral	T4	QL (21 capsules per 365 days)
nisoldipine er	T2	
NORVASC	T3	
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; QL (1 fill per 21 days)
olmesartan-amlodipine-hctz	T1	
PRESTALIA	T3	ST
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	

Medication	Coverage Level	Restrictions
TAZTIA XT	T1	
telmisartan-amlodipine	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
trandolapril-verapamil hcl er	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg	T1	
verapamil hcl er oral capsule extended release 24 hour 120 mg	T3	
verapamil hcl er oral tablet extended release 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er	T1	
acetazolamide oral	T1	
Cardiac Drugs, Miscellaneous		
CORLANOR ORAL TABLET	T3	ST
RANEXA	T3	
ranolazine er	T1	
VYNDAMAX	T4	PA; QL (30 capsules per 30 days)
VYNDAQEL	T4	PA; QL (120 capsules per 30 days)
Cardiotonic Agents		
DIGITEK	T1	
DIGOX	T1	
digoxin oral solution	T2	AL
digoxin oral tablet	T1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
Central Alpha-Agonists		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	

Medication	Coverage Level	Restrictions
CATAPRES-TTS-3	T3	
clonidine hcl er	T2	
clonidine hcl oral	T1	
guanfacine hcl er	T1	QL (60 tablets per 30 days)
guanfacine hcl oral	T1	
INTUNIV	T3	QL (30 tablets per 30 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
methyldopa oral	T1	
methyldopa-hydrochlorothiazide	T1	
Cholesterol Absorption Inhibitors		
ezetimibe	T1	
ezetimibe-simvastatin	T1	
NEXLIZET	T3	PA; QL (30 tablets per 30 Days)
VYTORIN	T3	
ZETIA	T3	
Class Ia Antiarrhythmics		
disopyramide phosphate oral	T1	
NORPACE	T3	
NORPACE CR	T2	
quinidine gluconate er	T4	
quinidine sulfate oral tablet 200 mg	T1	
Class Ib Antiarrhythmics		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
mexiletine hcl oral	T1	
PHENYTEK	T2	
phenytoin oral suspension 125 mg/5ml	T1	
phenytoin oral tablet chewable	T1	
phenytoin sodium extended oral capsule 100 mg	T1	
Class Ic Antiarrhythmics		
flecainide acetate	T1	
propafenone hcl	T1	
propafenone hcl er	T3	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
Class Ii Antiarrhythmics		
acebutolol hcl oral	T1	
atenolol oral	T1	

Medication	Coverage Level	Restrictions
atenolol-chlorthalidone	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
betaxolol hcl oral	T1	
bisoprolol fumarate	T1	
bisoprolol-hydrochlorothiazide	T1	
carvedilol	T1	
carvedilol phosphate er	T2	ST
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
DUTOPROL	T9	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
labetalol hcl oral	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
metoprolol succinate er	T1	
metoprolol tartrate intravenous solution 5 mg/5ml	T1	
metoprolol tartrate oral	T1	
metoprolol-hctz er	T9	
metoprolol-hydrochlorothiazide	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol	T1	
propranolol hcl er	T1	
propranolol hcl intravenous	T1	
propranolol hcl oral	T1	
propranolol-hctz	T1	
SORINE	T1	
sotalol hcl oral	T1	
SOTYLIZE	T3	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
timolol maleate oral	T1	
TOPROL XL	T3	
ZIAC	T3	

Medication	Coverage Level	Restrictions
Class Iii Antiarrhythmics		
amiodarone hcl oral tablet 100 mg	T1	QL (30 tablets per 30 days)
amiodarone hcl oral tablet 200 mg, 400 mg	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
dofetilide	T2	
MULTAQ	T3	
PACERONE ORAL TABLET 100 MG, 400 MG	T2	
PACERONE ORAL TABLET 200 MG	T1	
SORINE	T1	
sotalol hcl oral	T1	
SOTYLIZE	T3	
TIKOSYN	T3	
Class Iv Antiarrhythmics		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
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	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T9	
diltiazem hcl er coated beads oral tablet extended release 24 hour	T9	
diltiazem hcl er oral capsule extended release 12 hour	T9	
diltiazem hcl oral	T1	
dilt-xr	T1	

Medication	Coverage Level	Restrictions
MATZIM LA	T9	
TAZTIA XT	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg	T1	
verapamil hcl er oral capsule extended release 24 hour 120 mg	T3	
verapamil hcl er oral tablet extended release 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
Dihydropyridines (Antihypertensive)		
ADALAT CC	T3	
AFEDITAB CR	T1	
amlodipine besy-benazepril hcl	T1	
amlodipine besylate oral	T1	
amlodipine besylate-valsartan	T1	
amlodipine-atorvastatin	T9	
amlodipine-olmesartan	T1	
amlodipine-valsartan-hctz	T1	
AZOR	T3	ST
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
EXFORGE	T3	
EXFORGE HCT	T3	
felodipine er	T1	
isradipine	T1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
nicardipine hcl oral	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral	T4	QL (21 capsules per 365 days)
nisoldipine er	T2	
NORVASC	T3	

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

Medication	Coverage Level	Restrictions
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
telmisartan-amlodipine	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
Direct Vasodilators		
BIDIL	T2	
hydralazine hcl oral	T1	
minoxidil oral	T1	
Diuretics, Miscellaneous (Hypotensive)		
ELIXOPHYLLIN	T3	
THEO-24	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour	T1	
Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	T9	
fenofibrate micronized oral capsule 130 mg	T9	
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	T1	
fenofibrate oral capsule 150 mg, 50 mg	T9	MB (Lipofen(#2))
fenofibrate oral tablet 120 mg, 40 mg	T9	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	
fenofibric acid oral capsule delayed release	T1	
fenofibric acid oral tablet 105 mg	T1	
FENOGLIDE	T9	
FIBRICOR	T3	
gemfibrozil oral	T1	
LIPOFEN ORAL CAPSULE 150 MG	T9	
LIPOFEN ORAL CAPSULE 50 MG	T9	ST
LOPID	T3	
TRICOR	T3	
TRIGLIDE ORAL TABLET 160 MG	T9	
TRILIPIX 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	

Medication	Coverage Level	Restrictions
amlodipine-atorvastatin	T9	
atorvastatin calcium oral	T1	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
ezetimibe-simvastatin	T1	
flolipid	T9	
fluvastatin sodium	T9	
fluvastatin sodium er	T9	
LESCOL XL	T3	ST
LIPITOR	T3	
LIVALO	T9	
lovastatin	T1	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
pravastatin sodium	T1	
rosuvastatin calcium	T1	
simvastatin oral suspension	T9	
simvastatin oral tablet	T1	
VYTORIN	T3	
ZOCOR	T3	QL (31 tablets per 31 days)
ZYPITAMAG	T9	
Hypotensive Agents, Miscellaneous		
acebutolol hcl oral	T1	
ADALAT CC	T3	
AFEDITAB CR	T1	
amlodipine besy-benazepril hcl	T1	
amlodipine besylate oral	T1	
amlodipine besylate-valsartan	T1	
amlodipine-olmesartan	T1	
AZOR	T3	ST
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
betaxolol hcl oral	T1	
CARDURA	T3	
CARDURA XL	T3	ST
carvedilol	T1	
carvedilol phosphate er	T2	ST
COREG	T3	
COREG CR	T3	ST

Medication	Coverage Level	Restrictions
DIBENZYLINE	T9	
doxazosin mesylate oral	T1	
EXFORGE	T3	
felodipine er	T1	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
isradipine	T1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
nicardipine hcl oral	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral	T4	QL (21 capsules per 365 days)
nisoldipine er	T2	
NORVASC	T3	
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; QL (1 fill per 21 days)
phenoxybenzamine hcl oral	T9	
pindolol	T1	
PROCARDIA XL	T3	
propranolol hcl er	T1	
propranolol hcl intravenous	T1	
propranolol hcl oral	T1	
SORINE	T1	
sotalol hcl oral	T1	
SOTYLIZE	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
terazosin hcl oral	T1	
timolol maleate oral	T1	
VECAMYL	T4	
Loop Diuretics (Hypotensive Agents)		
bumetanide oral	T1	
EDECRIN	T9	
ethacrynic acid oral	T9	
furosemide injection solution 10 mg/ml	T1	
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	

Medication	Coverage Level	Restrictions
furosemide oral tablet	T1	
LASIX	T3	
torsemide oral	T1	
Mineralocorticoid (Aldosterone) Antagnts		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
CAROSPIR	T9	
eplerenone	T1	
INSPRA	T3	QL (30 tablets per 30 days)
spironolactone oral	T1	
spironolactone-hctz	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
CAROSPIR	T9	
eplerenone	T1	
INSPRA	T3	QL (30 tablets per 30 days)
spironolactone oral	T1	
spironolactone-hctz	T1	
Nitrates And Nitrites		
BIDIL	T2	
GONITRO	T9	
ISORDIL TITRADOSE	T9	
isosorbide dinitrate er	T1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1	
isosorbide dinitrate oral tablet 40 mg	T9	
isosorbide mononitrate	T1	
isosorbide mononitrate er	T1	
MINITRAN	T1	
NITRO-BID	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
nitroglycerin er	T1	
nitroglycerin transdermal patch 24 hour	T1	
nitroglycerin translingual solution	T3	

Medication	Coverage Level	Restrictions
NITROLINGUAL	T3	
NITROSTAT	T1	
NITRO-TIME	T1	
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA; QL (2 pens per 28 days)
REPATHA	T3	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T3	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T3	PA; QL (2 pens per 28 days)
Phosphodiesterase Type 5 Inhibitors		
ADCIRCA	T9	
CIALIS ORAL TABLET 10 MG, 20 MG	BE	
CIALIS ORAL TABLET 2.5 MG, 5 MG	T9	
cilostazol	T1	
LEVITRA ORAL TABLET 10 MG, 20 MG	BE	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA
sildenafil citrate oral suspension reconstituted	T4	PA; QL (180 ML per 30 days); AL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	T1	QL (6 tablets per 30 days)
sildenafil citrate oral tablet 20 mg	T3	PA
STAXYN	T9	
STENDRA	BE	
tadalafil (pah)	T9	
tadalafil oral tablet 10 mg	BE	
tadalafil oral tablet 2.5 mg	T1	ST; QL (30 tablets per 30 days)
tadalafil oral tablet 20 mg, 5 mg	T1	QL (30 tablets per 30 days)
vardenafil hcl oral tablet	BE	
vardenafil hcl oral tablet dispersible	T9	
VIAGRA	BE	
Potassium-Sparing Diuretics (Hypoten)		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
amiloride hcl oral	T1	
amiloride-hydrochlorothiazide	T1	
CAROSPIR	T9	
DYAZIDE	T3	
DYRENIUM	T9	
eplerenone	T1	

Medication	Coverage Level	Restrictions
INSPRA	T3	QL (30 tablets per 30 days)
MAXZIDE	T3	
MAXZIDE-25	T3	
spironolactone oral	T1	
spironolactone-hctz	T1	
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet	T1	
Renin Inhibitors		
aliskiren fumarate	T2	ST
TEKTURNA	T9	
TEKTURNA HCT	T2	ST
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO	T2	PA; QL (60 tablets per 30 days)
Thiazide Diuretics(Hypotensive Agents)		
ACCURETIC	T3	
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
amiloride-hydrochlorothiazide	T1	
amlodipine-valsartan-hctz	T1	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
benazepril-hydrochlorothiazide	T1	
BENICAR HCT	T3	
bisoprolol-hydrochlorothiazide	T1	
candesartan cilexetil-hctz	T1	
captopril-hydrochlorothiazide	T1	
chlorothiazide oral	T1	
DIOVAN HCT	T3	
DIURIL	T2	
DUTOPROL	T9	
DYAZIDE	T3	
enalapril-hydrochlorothiazide	T1	
EXFORGE HCT	T3	
fosinopril sodium-hctz	T1	
hydrochlorothiazide oral	T1	
HYZAAR	T3	
irbesartan-hydrochlorothiazide	T1	
lisinopril-hydrochlorothiazide	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	

Medication	Coverage Level	Restrictions
losartan potassium-hctz	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
MAXZIDE	T3	
MAXZIDE-25	T3	
methyldopa-hydrochlorothiazide	T1	
metoprolol-hctz er	T9	
metoprolol-hydrochlorothiazide	T1	
MICARDIS HCT	T3	
olmesartan medoxomil-hctz	T1	
olmesartan-amlodipine-hctz	T1	
propranolol-hctz	T1	
quinapril-hydrochlorothiazide	T1	
spironolactone-hctz	T1	
TEKTURNA HCT	T2	ST
telmisartan-hctz	T1	
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet	T1	
TRIBENZOR	T3	
valsartan-hydrochlorothiazide	T1	
VASERETIC	T3	
ZESTORETIC	T3	
ZIAC	T3	
Thiazide-Like Diuretics(Hypotensive Agt)		
atenolol-chlorthalidone	T1	
chlorthalidone oral tablet 25 mg, 50 mg	T1	
EDARBYCLOR	T3	ST
indapamide oral	T1	
metolazone	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
Vasodilating Agents, Miscellaneous		
ADALAT CC	T3	
ADEMPAS	T4	PA; QL (90 tablets per 30 days)
AFEDITAB CR	T1	
AGGRENOX	T3	
ambrisentan	T4	PA
amlodipine besy-benazepril hcl	T1	
amlodipine besylate oral	T1	
amlodipine besylate-valsartan	T1	

Medication	Coverage Level	Restrictions
amlodipine-atorvastatin	T9	
amlodipine-olmesartan	T1	
aspirin-dipyridamole er	T1	
AZOR	T3	ST
bosentan	T4	PA
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
CONSENSI	T9	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T9	
diltiazem hcl er coated beads oral tablet extended release 24 hour	T9	
diltiazem hcl er oral capsule extended release 12 hour	T9	
diltiazem hcl oral	T1	
dilt-xr	T1	
dipyridamole oral	T1	
EDEX	T9	
EXFORGE	T3	
felodipine er	T1	
isradipine	T1	

Medication	Coverage Level	Restrictions
LETAIRIS	T9	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
MATZIM LA	T9	
MUSE	T9	
nicardipine hcl oral	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral	T4	QL (21 capsules per 365 days)
nisoldipine er	T2	
NORVASC	T3	
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; QL (1 fill per 21 days)
olmesartan-amlodipine-hctz	T1	
OPSUMIT	T5	PA; QL (1 tablet per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; QL (60 tablets per 30 days)
PRESTALIA	T3	ST
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
TAZTIA XT	T1	
telmisartan-amlodipine	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
TRACLEER	T9	
trandolapril-verapamil hcl er	T1	
TRIBENZOR	T3	
TWYNSTA	T3	

Medication	Coverage Level	Restrictions
TYVASO	T4	PA
TYVASO REFILL	T4	PA
TYVASO STARTER	T4	PA
UPTRAVI ORAL TABLET	T5	PA; QL (60 tablets per 30 days)
VENTAVIS	T4	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg	T1	
verapamil hcl er oral capsule extended release 24 hour 120 mg	T3	
verapamil hcl er oral tablet extended release 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral	T1	
GOCOVRI	T9	
OSMOLEX ER	T9	
Amphetamine Derivatives		
diethylpropion hcl oral	BE	
LOMAIRA	T9	
phendimetrazine tartrate	BE	
phentermine hcl oral capsule 15 mg, 30 mg	BE	
phentermine hcl oral tablet	BE	
QSYMIA	BE	
Amphetamines		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG	T3	AL
ADDERALL ORAL TABLET 5 MG, 7.5 MG	T3	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	T2	QL (31 capsules per 31 days); AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	T2	QL (62 capsules per 31 days); AL
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
amphetamine er	T9	
amphetamine sulfate	T3	ST; QL (180 tablets per 30 days); AL
amphetamine-dextroamphet er	T9	

Medication	Coverage Level	Restrictions
amphetamine-dextroamphetamine	T1	AL
benzphetamine hcl oral tablet 50 mg	BE	
DESOXYN	T9	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	T3	
dextroamphetamine sulfate er	T2	
dextroamphetamine sulfate oral tablet	T1	
DYANAVEL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL
EVEKEO ODT	T9	
methamphetamine hcl	T9	
MYDAYIS	T9	
VYVANSE ORAL CAPSULE 10 MG	T2	QL (30 capsules per 30 days); AL
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 60 MG, 70 MG	T2	QL (31 capsules per 31 days); AL
VYVANSE ORAL CAPSULE 50 MG	T2	QL (31 Ecapsules per 31 days); AL
VYVANSE ORAL TABLET CHEWABLE	T2	QL (30 tablets per 30 days); AL
ZENZEDI ORAL TABLET 10 MG, 5 MG	T9	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	T9	ST
Analgesics And Antipyretics, Misc.		
acetaminophen-codeine #2	T1	
acetaminophen-codeine #3	T1	
acetaminophen-codeine #4	T1	
acetaminophen-codeine oral solution	T1	
ALLZITAL	T9	
APADAZ	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
butalbital-acetaminophen oral tablet 50-300 mg	T9	
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (180 tablets per 30 days)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T9	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (180 capsules per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	T9	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (180 tablets per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	
ESGIC ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
gabapentin oral capsule	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet	T1	
GRALISE	T9	
GRALISE STARTER	T9	
HORIZANT ORAL TABLET EXTENDED RELEASE	T9	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	
hydrocodone-acetaminophen oral tablet 10-300 mg	T9	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)
NEURONTIN	T3	
NORCO	T3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	
oxycodone-acetaminophen oral tablet 2.5-300 mg	T9	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	T1	QL (90 CAPSULES per 30 days)
pregabalin oral capsule 300 mg	T1	QL (60 CAPSULES per 30 days)
pregabalin oral solution	T1	ST; QL (473 ML per 30 days)
PRIMLEV	T9	
PROLATE	T9	
tramadol-acetaminophen	T1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
TYLENOL WITH CODEINE #3	T3	
TYLENOL WITH CODEINE #4	T3	
ULTRACET	T3	

Medication	Coverage Level	Restrictions
VANATOL LQ	T9	
VTOL LQ	T9	
Anorexigenic Agents, Miscellaneous		
CONTRAVE	BE	
Anticholinergic Agents (Cns)		
benztropine mesylate oral	T1	
trihexyphenidyl hcl oral tablet	T1	
Anticonvulsants, Miscellaneous		
APTIOM	T3	PA; QL (60 tablets per 30 days)
BANZEL ORAL SUSPENSION	T5	PA; QL (2300 ML per 28 days)
BANZEL ORAL TABLET	T4	PA; QL (60 tablets per 30 days)
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days); AL
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days); AL
carbamazepine er oral capsule extended release 12 hour	T1	ST
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	T1	ST; QL (60 tablets per 30 days)
carbamazepine er oral tablet extended release 12 hour 400 mg	T2	ST; QL (120 tablets per 30 days)
carbamazepine oral	T1	
CARBATROL	T3	ST
DEPAKENE ORAL CAPSULE	T3	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
DIACOMIT ORAL CAPSULE	T5	PA; QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; QL (180 packets per 30 Days)
divalproex sodium er oral tablet extended release 24 hour	T1	
divalproex sodium oral capsule delayed release sprinkle	T1	
divalproex sodium oral tablet delayed release	T1	
EPIDIOLEX	T5	PA; QL (2 bottles per 30 days)
EPITOL	T1	
EQUETRO	T3	ST
felbamate oral suspension	T2	QL (900 ML per 30 days)
felbamate oral tablet 400 mg	T2	QL (120 tablets per 30 days)
felbamate oral tablet 600 mg	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ML per 30 days)

Medication	Coverage Level	Restrictions
FELBATOL ORAL TABLET 400 MG	T3	QL (120 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FINTEPLA	T5	PA; QL (360 ML per 30 Days)
FYCOMPA ORAL SUSPENSION	T3	QL (680 ML per 30 days); AL
FYCOMPA ORAL TABLET	T3	ST; QL (31 tablets per 31 days); AL
gabapentin oral capsule	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet	T1	
GABITRIL ORAL TABLET 12 MG, 4 MG	T3	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T3	QL (60 tablets per 30 days)
GRALISE	T9	
GRALISE STARTER	T9	
HORIZANT ORAL TABLET EXTENDED RELEASE	T9	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
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	T3	ST; QL (30 tablets per 30 days)
lamotrigine er	T3	ST; QL (30 tablets per 30 days)
lamotrigine oral tablet	T1	
lamotrigine oral tablet chewable	T1	
lamotrigine oral tablet dispersible	T9	
lamotrigine starter kit-blue	T1	QL (1 kit per 365 days)
lamotrigine starter kit-green	T1	QL (1 kit per 365 days)
lamotrigine starter kit-orange	T1	QL (1 kit per 365 days)
levetiracetam er	T1	
levetiracetam oral	T1	
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)
NEURONTIN	T3	

Medication	Coverage Level	Restrictions
oxcarbazepine	T1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T3	PA; QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T3	PA; QL (120 tablets per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	T1	QL (90 CAPSULES per 30 days)
pregabalin oral capsule 300 mg	T1	QL (60 CAPSULES per 30 days)
pregabalin oral solution	T1	ST; QL (473 ML per 30 days)
QSYMIA	BE	
QUDEXY XR	T9	
rufinamide	T4	PA; QL (2300 ML per 28 Days)
SABRIL	T9	
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR	T3	ST
tiagabine hcl oral tablet 12 mg, 4 mg	T3	QL (120 tablets per 30 days)
tiagabine hcl oral tablet 16 mg	T3	QL (90 tablets per 30 days)
tiagabine hcl oral tablet 2 mg	T3	QL (60 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
topiramate er	T4	QL (30 capsules per 30 days)
topiramate oral capsule sprinkle	T1	ST
topiramate oral tablet	T1	
TRILEPTAL	T3	
TROKENDI XR	T9	
valproic acid oral capsule	T1	
vigabatrin oral packet	T5	PA; QL (180 packets per 30 days); AL
vigabatrin oral tablet	T5	PA; QL (180 tablets per 30 days); AL
VIMPAT INTRAVENOUS	T2	
VIMPAT ORAL TABLET	T2	QL (60 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE)	T3	PA; QL (60 tablets per 30 Days)
XCOPRI (350 MG DAILY DOSE)	T3	PA; QL (60 tablets per 30 Days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T3	PA; QL (30 tablets per 30 Days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T3	PA; QL (60 tablets per 30 Days)

Medication	Coverage Level	Restrictions
XCOPRI ORAL TABLET THERAPY PACK	T3	PA; QL (1 pack per 30 Days)
ZONEGRAN	T3	
zonisamide oral	T1	
Antidepressants, Miscellaneous		
APLENZIN	T9	
bupropion hcl er (smoking det)	T1	PV
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg	T1	QL (90 tablets per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg	T1	QL (60 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	T1	QL (90 tablets per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	T1	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	T9	
bupropion hcl oral	T1	
FORFIVO XL	T9	
mirtazapine oral	T1	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
Antimanic Agents		
ABILIFY MYCITE	T9	
ABILIFY ORAL TABLET	T3	QL (30 tablets per 30 days)
aripiprazole oral solution	T1	
aripiprazole oral tablet	T1	QL (60 tablets per 30 days)
aripiprazole oral tablet dispersible	T3	QL (30 tablets per 30 days); AL
carbamazepine er oral capsule extended release 12 hour	T1	ST
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg	T1	ST; QL (60 tablets per 30 days)
carbamazepine er oral tablet extended release 12 hour 400 mg	T2	ST; QL (120 tablets per 30 days)
carbamazepine oral	T1	
CARBATROL	T3	ST

Medication	Coverage Level	Restrictions
DEPAKENE ORAL CAPSULE	T3	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
divalproex sodium er oral tablet extended release 24 hour	T1	
divalproex sodium oral capsule delayed release sprinkle	T1	
divalproex sodium oral tablet delayed release	T1	
EPITOL	T1	
EQUETRO	T3	ST
GEODON ORAL	T3	
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)
lamotrigine oral tablet	T1	
lamotrigine oral tablet chewable	T1	
lamotrigine oral tablet dispersible	T9	
lamotrigine starter kit-blue	T1	QL (1 kit per 365 days)
lamotrigine starter kit-green	T1	QL (1 kit per 365 days)
lamotrigine starter kit-orange	T1	QL (1 kit per 365 days)
lithium	T1	
lithium carbonate er	T1	
lithium carbonate oral	T1	
LITHOBID	T3	
olanzapine oral tablet	T1	
olanzapine oral tablet dispersible	T2	AL
quetiapine fumarate	T1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	T2	ST; QL (30 tablets per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	T2	ST; QL (60 tablets per 30 days)
RISPERDAL	T3	
risperidone oral solution	T1	
risperidone oral tablet	T1	
risperidone oral tablet dispersible 0.25 mg	T1	AL
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T2	AL

Medication	Coverage Level	Restrictions
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	T4	ST; QL (62 tablets per 31 days)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	T4	ST; QL (31 tablets per 31 days); AL
SECUADO	T4	ST; QL (30 patches per 30 days); AL
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	T3	ST; QL (31 tablets per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	ST; QL (60 tablets per 30 days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR	T3	ST
valproic acid oral capsule	T1	
ziprasidone hcl	T1	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	AL
Antimigraine Agents, Miscellaneous		
AIMOVIG	T3	PA; QL (1 package per 30 days); AL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; AL
ASCOMP-CODEINE	T2	
ASCRIPTIN ORAL TABLET 325 MG	T1	
aspirin ec low dose	T1	PV
aspirin ec oral tablet delayed release 325 mg	T1	PV; AL
BUFFERIN	T3	PV; AL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T9	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (180 capsules per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	T9	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (180 tablets per 30 days)
butalbital-asa-caff-codeine	T2	QL (180 capsules per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (180 capsules per 30 days)

Medication	Coverage Level	Restrictions
CAFERGOT	T9	
CAMBIA	T9	
DEPAKENE ORAL CAPSULE	T3	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
dihydroergotamine mesylate injection	T9	
dihydroergotamine mesylate nasal	T9	
divalproex sodium er oral tablet extended release 24 hour	T1	
divalproex sodium oral capsule delayed release sprinkle	T1	
divalproex sodium oral tablet delayed release	T1	
DURLAZA	T9	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (1 pen per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; AL
ergotamine-caffeine	T3	QL (40 tablets per 30 Day(s)s)
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
goodsense aspirin oral tablet chewable	T1	PV; AL
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
MIGERGOT	T9	
MIGRANAL	T9	
propranolol hcl er	T1	
propranolol hcl intravenous	T1	
propranolol hcl oral	T1	
timolol maleate oral	T1	
tramadol-acetaminophen	T1	
ULTRACET	T3	
valproic acid oral capsule	T1	
VANATOL LQ	T9	

Medication	Coverage Level	Restrictions
VTOL LQ	T9	
Antipsychotics, Miscellaneous		
ADASUVE	T9	
loxapine succinate oral	T1	
pimozide oral tablet 1 mg	T1	QL (300 tablets per 30 days)
pimozide oral tablet 2 mg	T1	QL (150 tablets per 30 days)
Anxiolytics,Sedatives,And Hypnotics,Misc		
AMBIEN	T3	QL (31 tablets per 31 days); AL
AMBIEN CR	T3	QL (31 tablets per 31 days); AL
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL
buspirone hcl oral	T1	
DAYVIGO	T3	ST; QL (30 Tablets per 30 days); AL
EDLUAR	T9	
eszopiclone	T1	QL (31 tablets per 31 days); AL
HETLIOZ	T5	PA
hydroxyzine hcl oral syrup	T1	
hydroxyzine hcl oral tablet	T1	
hydroxyzine pamoate oral capsule 100 mg, 50 mg	T1	
INTERMEZZO	T9	
LUNESTA	T3	QL (31 tablets per 31 days); AL
meprobamate	T9	
PHENADOZ	T3	
promethazine hcl oral syrup	T1	
promethazine hcl oral tablet	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
ramelteon	T3	ST; AL
ROZEREM	T3	ST; QL (31 tablets per 31 days); AL
VISTARIL	T3	
zaleplon oral capsule 10 mg	T1	QL (31 capsules per 31 days); AL
zaleplon oral capsule 5 mg	T1	QL (31 EA per 31 days); AL
zolpidem tartrate er	T1	QL (31 tablets per 31 days); AL
zolpidem tartrate oral	T1	QL (31 tablets per 31 days); AL

Medication	Coverage Level	Restrictions
zolpidem tartrate sublingual	T9	
ZOLPIMIST	T3	ST; QL (1 bottle per 30 days)
Atypical Antipsychotics		
ABILIFY MYCITE	T9	
ABILIFY ORAL TABLET	T3	QL (30 tablets per 30 days)
aripiprazole oral solution	T1	
aripiprazole oral tablet	T1	QL (60 tablets per 30 days)
aripiprazole oral tablet dispersible	T3	QL (30 tablets per 30 days); AL
CAPLYTA	T4	PA; QL (30 capsules per 30 days)
clozapine oral tablet 100 mg, 25 mg, 50 mg	T1	
clozapine oral tablet dispersible	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
FANAPT	T4	PA; QL (62 tablets per 31 days)
FANAPT TITRATION PACK	T4	PA; QL (62 tablets per 31 days)
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
GEODON ORAL	T3	
INVEGA	T4	ST; QL (30 tablets per 30 days)
LATUDA	T4	ST; QL (30 tablets per 30 days)
NUPLAZID ORAL CAPSULE	T9	
NUPLAZID ORAL TABLET 10 MG	T9	
olanzapine oral tablet	T1	
olanzapine oral tablet dispersible	T2	AL
olanzapine-fluoxetine hcl	T9	
paliperidone er	T4	ST; QL (30 tablets per 30 days)
quetiapine fumarate	T1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	T2	ST; QL (30 tablets per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	T2	ST; QL (60 tablets per 30 days)
REXULTI	T4	ST; QL (30 tablets per 30 days)
RISPERDAL	T3	
risperidone oral solution	T1	
risperidone oral tablet	T1	
risperidone oral tablet dispersible 0.25 mg	T1	AL
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T2	AL
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG	T4	ST; QL (62 tablets per 31 days)

Medication	Coverage Level	Restrictions
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG	T4	ST; QL (31 tablets per 31 days); AL
SECUADO	T4	ST; QL (30 patches per 30 days); AL
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	T3	ST; QL (31 tablets per 31 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	ST; QL (60 tablets per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
VERSACLOZ	T5	ST
VRAYLAR	T4	ST; QL (30 capsules per 30 days)
ziprasidone hcl	T1	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	AL
Barbiturates (Anticonvulsants)		
DONNATAL	T9	
MYSOLINE ORAL TABLET 50 MG	T3	
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
primidone oral	T1	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ALLZITAL	T9	
ASCOMP-CODEINE	T2	
BUPAP ORAL TABLET 50-300 MG	T9	
butalbital-acetaminophen oral tablet 50-300 mg	T9	
butalbital-acetaminophen oral tablet 50-325 mg	T1	QL (180 tablets per 30 days)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T9	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (180 capsules per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	T9	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (180 tablets per 30 days)
butalbital-asa-caff-codeine	T2	QL (180 capsules per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (180 capsules per 30 days)
DONNATAL	T9	
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	

Medication	Coverage Level	Restrictions
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
SECONAL	T3	QL (28 capsules per 14 days); AL
VANATOL LQ	T9	
VTOL LQ	T9	
Benzodiazepines (Anticonvulsants)		
ATIVAN ORAL	T3	
clobazam oral suspension	T3	ST; QL (240 ML per 30 days)
clobazam oral tablet	T3	ST; QL (60 tablets per 30 Days)
clonazepam oral	T1	
clorazepate dipotassium	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
DIAZEPAM INTENSOL	T2	
diazepam oral tablet	T1	
diazepam rectal	T3	
KLONOPIN	T3	
LORAZEPAM INTENSOL	T1	
lorazepam oral tablet	T1	
NAYZILAM	T3	QL (4 doses per 30 days)
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST; QL (60 tablets per 30 days)
SYMPAZAN	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
VALIUM	T3	
VALTOCO 10 MG DOSE	T3	QL (4 units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 units per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	T1	QL (30 tablets per 30 days)
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	T1	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1	QL (120 ML per 30 days)
alprazolam oral tablet	T1	

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

Medication	Coverage Level	Restrictions
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	T3	QL (30 tablets per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG	T3	QL (60 tablets per 30 days)
Butyrophenones		
haloperidol lactate injection solution 5 mg/ml	T1	
haloperidol oral	T1	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	T3	PA; QL (1 package per 30 days); AL
AJOVY	T3	PA; AL
EMGALITY (300 MG DOSE)	T5	PA; QL (3 syringes per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (1 pen per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; AL
NURTEC	T9	
UBRELVY	T9	
Catechol-O-Methyltransferase(Comt)Inhib.		
carbidopa-levodopa-entacapone	T1	
COMTAN	T3	
entacapone	T1	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
TASMAR ORAL TABLET 100 MG	T3	
tolcapone	T1	
Central Nervous System Agents, Misc.		
acamprosate calcium	T1	
ADDYI	T9	
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg	T1	QL (60 capsules per 30 days); AL
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	T1	QL (30 capsules per 30 days); AL
AUSTEDO ORAL TABLET 12 MG	T5	PA; QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; QL (150 tablets per 30 days)
carbidopa oral	T9	

Medication	Coverage Level	Restrictions
guanfacine hcl er	T1	QL (60 tablets per 30 days)
guanfacine hcl oral	T1	
INGREZZA ORAL CAPSULE	T5	PA; QL (30 capsules per 30 days)
INTUNIV	T3	QL (30 tablets per 30 days)
LODOSYN	T3	QL (150 tablets per 30 days)
memantine hcl er	T2	QL (30 capsules per 30 days); AL
memantine hcl oral solution 2 mg/ml	T3	QL (300 ML per 30 days); AL
memantine hcl oral tablet 10 mg, 5 mg	T1	QL (60 tablets per 30 days); AL
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	T1	QL (1 pack 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
NAMENDA XR TITRATION PACK	T3	AL
NAMZARIC	T9	
NOURIANZ	T9	
NUEDEXTA	T4	PA; QL (60 Capsules per 30 days)
RILUTEK	T9	
riluzole	T1	QL (60 tablets per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (62 capsules per 31 days); AL
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T3	QL (30 capsules per 30 days); AL
STRATTERA ORAL CAPSULE 60 MG	T3	QL (31 capsules per 31 days); AL
tetrabenazine oral tablet 12.5 mg	T4	PA; QL (90 tablets per 30 days)
tetrabenazine oral tablet 25 mg	T4	PA; QL (60 tablets per 30 days)
TIGLUTIK	T9	
XENAZINE	T9	
XYREM	T4	PA; QL (558 ML per 31 days)
Cyclooxygenase-2 (Cox-2) Inhibitors		
CELEBREX	T3	QL (60 capsules per 30 days)
celecoxib oral	T1	QL (60 capsules per 30 days)
CONSENSI	T9	
Dopamine Precursors		
carbidopa-levodopa	T1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1	
carbidopa-levodopa-entacapone	T1	
INBRIJA	T9	
RYTARY	T9	
SINEMET CR	T3	

Medication	Coverage Level	Restrictions
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral	T1	
cabergoline	T1	
CYCLOSET	T3	
PARLODEL	T3	
Fibromyalgia Agents		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG	T3	QL (60 cymbalta per 30 days)
DRIZALMA SPRINKLE	T9	
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	T1	QL (60 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	T1	QL (90 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	T1	ST; QL (30 capsules per 30 days)
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	T1	QL (90 CAPSULES per 30 days)
pregabalin oral capsule 300 mg	T1	QL (60 CAPSULES per 30 days)
pregabalin oral solution	T1	ST; QL (473 ML per 30 days)
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
Hydantoins		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
PEGANONE	T3	

Medication	Coverage Level	Restrictions
PHENYTEK	T2	
phenytoin oral suspension 125 mg/5ml	T1	
phenytoin oral tablet chewable	T1	
phenytoin sodium extended oral capsule 100 mg	T1	
Monoamine Oxidase B Inhibitors		
AZILECT	T3	ST; QL (30 tablets per 30 days)
EMSAM	T3	ST
rasagiline mesylate oral	T3	ST; QL (30 tablets per 30 days)
selegiline hcl oral tablet	T2	
XADAGO	T9	ST
Monoamine Oxidase Inhibitors		
AZILECT	T3	ST; QL (30 tablets per 30 days)
EMSAM	T3	ST
MARPLAN	T2	QL (180 tablets per 30 days)
NARDIL	T3	
PARNATE	T3	
phenelzine sulfate oral	T1	
rasagiline mesylate oral	T3	ST; QL (30 tablets per 30 days)
selegiline hcl oral tablet	T2	
tranylcypromine sulfate	T2	
Nonergot-Deriv.Dopamine Receptor Agonist		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
KYNMOBI	T4	PA; QL (150 films per 30 Days)
KYNMOBI TITRATION KIT	T4	PA; QL (150 films per 30 Days)
MIRAPEX	T3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG	T3	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 2.25 MG, 3.75 MG	T3	ST
NEUPRO	T3	ST; QL (30 patches per 30 days)
pramipexole dihydrochloride	T1	
pramipexole dihydrochloride er	T1	ST; QL (30 tablets per 30 days)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	T3	ST
ropinirole hcl	T1	
ropinirole hcl er	T1	ST

Medication	Coverage Level	Restrictions
Opiate Agonists		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG	T9	
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 800 MCG	T5	PA
acetaminophen-codeine #2	T1	
acetaminophen-codeine #3	T1	
acetaminophen-codeine #4	T1	
acetaminophen-codeine oral solution	T1	
ACTIQ	T9	
APADAZ	T9	
ARYMO ER	T3	PA; QL (90 tablets per 30 days)
ASCOMP-CODEINE	T2	
belladonna alkaloids-opium rectal suppository 16.2-60 mg	T9	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T9	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (180 capsules per 30 days)
butalbital-asa-caff-codeine	T2	QL (180 capsules per 30 days)
carisoprodol-aspirin-codeine	T9	
cheratussin ac oral syrup	T1	
codeine sulfate oral tablet 30 mg, 60 mg	T1	
CONZIP	T9	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
DOLOPHINE	T3	
DSUVIA	T9	
DURAGESIC-100	T3	QL (15 patches per 30 days)
DURAGESIC-12	T3	QL (15 patches per 30 days)
DURAGESIC-25	T3	QL (15 patches per 30 days)
DURAGESIC-50	T3	QL (15 patches per 30 days)
DURAGESIC-75	T3	QL (15 patches per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	
fentanyl citrate buccal lozenge on a handle	T4	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1	QL (20 patches per 30 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	T9	

Medication	Coverage Level	Restrictions
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL/CODEINE #3	T3	
HISTEX-AC	T9	
hydrocod polst-cpm polst er oral suspension extended release	T1	
hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 30 mg, 40 mg, 50 mg	T3	PA; QL (60 capsules per 30 Days); AL
hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 20 mg	T3	PA; QL (60 capsules per 30 days); AL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	
hydrocodone-acetaminophen oral tablet 10-300 mg	T9	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
hydrocodone-homatropine oral syrup	T1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg	T1	
hydromet	T1	
hydromorphone hcl er oral tablet er 24 hour abuse-deterrent	T3	ST; QL (30 tablets per 30 days)
hydromorphone hcl injection solution 1 mg/ml	T6	
hydromorphone hcl oral liquid	T1	
hydromorphone hcl oral tablet 2 mg	T1	QL (32 tablets per 1 day)
hydromorphone hcl oral tablet 4 mg	T1	QL (16 tablets per 1 day)
hydromorphone hcl oral tablet 8 mg	T1	QL (8 tablets per 1 day)
hydromorphone hcl rectal	T1	
HYSINGLA ER	T3	PA; QL (30 tablets per 30 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	T9	
LAZANDA	T9	
levorphanol tartrate oral tablet 2 mg	T1	
levorphanol tartrate oral tablet 3 mg	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
maxi-tuss cd	T9	
meperidine hcl oral	T1	
METHADONE HCL INTENSOL	T1	

Medication	Coverage Level	Restrictions
methadone hcl oral concentrate	T1	
methadone hcl oral solution	T1	
methadone hcl oral tablet	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
MORPHABOND ER	T9	
morphine sulfate (concentrate) oral solution 100 mg/5ml	T1	
morphine sulfate er beads	T9	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	T9	
morphine sulfate er oral tablet extended release	T1	
morphine sulfate oral	T1	
morphine sulfate rectal	T1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NORCO	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T5	PA; ST; QL (62 tablets per 31 days)
OPANA ORAL	T3	
opium	T9	
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg	T2	QL (60 EA per 30 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg	T2	QL (60 tablets per 30 days)
oxycodone hcl oral capsule	T9	
oxycodone hcl oral solution	T1	
oxycodone hcl oral tablet	T1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	
oxycodone-acetaminophen oral tablet 2.5-300 mg	T9	
oxycodone-aspirin oral tablet 4.8355-325 mg	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
oxymorphone hcl	T2	ST
oxymorphone hcl er	T2	ST; QL (60 EA per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PRIMLEV	T9	

Medication	Coverage Level	Restrictions
PROLATE	T9	
promethazine-codeine oral syrup	T1	
pseudoeph-chlorphen-hydrocod	T1	
QDOLO	T9	
SUBSYS	T5	PA; QL (120 units per 30 days)
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	T9	
tramadol hcl er oral tablet extended release 24 hour	T1	QL (30 tablets per 30 days)
tramadol hcl oral tablet 100 mg	T9	
tramadol hcl oral tablet 50 mg	T1	QL (240 tablets per 30 days)
tramadol-acetaminophen	T1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
TYLENOL WITH CODEINE #3	T3	
TYLENOL WITH CODEINE #4	T3	
ULTRACET	T3	
ULTRAM	T3	QL (240 tablets per 30 days)
XTAMPZA ER	T3	PA; QL (60 capsules per 30 days)
ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	T3	PA; QL (60 capsules per 30 days); AL
Opiate Antagonists		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	QL (2 Vials/Syringes per 365 Day(s)s)
naloxone hcl injection solution auto-injector	T9	
naloxone hcl injection solution cartridge	T1	QL (2 Vials/Syringes per 365 Day(s)s)
naloxone hcl injection solution prefilled syringe	T1	QL (2 Vials/Syringes per 365 Day(s)s)
naltrexone hcl oral	T1	
NARCAN	T3	QL (2 units per 365 days)
Opiate Partial Agonists		
BELBUCA	T3	ST; QL (60 films per 30 days)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 6.3-1 MG	T3	ST; QL (30 films per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	T3	ST; QL (60 films per 30 days)
buprenorphine hcl sublingual	T1	QL (90 tablets per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	T1	QL (60 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	T1	QL (90 films per 30 days)

Medication	Coverage Level	Restrictions
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	T1	QL (30 films per 30 days)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	T1	QL (90 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	T1	QL (93 tablets per 31 days)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr	T3	ST; QL (4 patches per 28 days)
buprenorphine transdermal patch weekly 7.5 mcg/hr	T3	ST; QL (4 patches per 287 days)
butorphanol tartrate nasal	T2	
BUTRANS	T9	
pentazocine-naloxone hcl	T2	ST
PROBUPHINE IMPLANT KIT	T9	
SUBOXONE SUBLINGUAL FILM 12-3 MG	T3	QL (60 films per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 8-2 MG	T3	QL (90 films per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	T3	QL (30 films per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2	QL (30 tablets per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2	QL (60 tablets per 30 days)
Other Nonsteroidal Anti-Inflam. Agents		
ANAPROX DS	T3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
CAMBIA	T9	
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	T1	
DAYPRO	T3	
diclofenac	T9	
diclofenac epolamine transdermal	T9	
diclofenac potassium	T1	
diclofenac sodium er	T1	
diclofenac sodium oral	T1	
diclofenac sodium transdermal gel 1 %	T1	
diclofenac sodium transdermal solution	T9	
diclofenac-misoprostol oral tablet delayed release	T9	
diflunisal oral	T1	
DUEXIS	T9	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	

Medication	Coverage Level	Restrictions
etodolac er oral tablet extended release 24 hour 500 mg, 600 mg	T2	
etodolac oral	T1	
FELDENE	T3	
fenoprofen calcium oral	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
FLECTOR TRANSDERMAL	T9	
flurbiprofen oral	T1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
indomethacin er	T1	
indomethacin oral capsule 20 mg	T9	
indomethacin oral capsule 25 mg, 50 mg	T1	
ketoprofen er	T2	QL (30 capsules per 30 days)
ketorolac tromethamine nasal	T9	
ketorolac tromethamine oral	T1	QL (20 tablets per 30 days)
LICART TRANSDERMAL	T9	
meclofenamate sodium oral	T9	
mefenamic acid oral	T9	
meloxicam oral tablet	T1	
MOBIC ORAL TABLET	T3	
nabumetone oral	T1	
NALFON ORAL CAPSULE 400 MG	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG	T3	
naproxen dr	T1	
naproxen oral suspension	T1	QL (473 ML per 30 days); AL
naproxen oral tablet	T1	
naproxen sodium er	T9	
naproxen sodium oral tablet	T1	
naproxen-esomeprazole	T9	
oxaprozin	T2	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
piroxicam oral	T1	
PONSTEL	T3	
QMIIZ ODT	T9	

Medication	Coverage Level	Restrictions
RELAFEN DS	T9	
SPRIX	T9	
sulindac oral	T1	
sumatriptan-naproxen sodium	T9	
TIVORBEX	T9	
tolmetin sodium	T2	
toxicology saliva collection	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
VIMOVO	BE	
VIVLODEX	T9	
VOLTAREN TRANSDERMAL	T9	
ZIPSOR	T9	
ZORVOLEX	T9	
Phenothiazines		
chlorpromazine hcl oral	T2	QL (180 tablets per 30 days)
COMPRO	T1	
fluphenazine decanoate injection	T1	
fluphenazine hcl oral tablet	T2	QL (60 tablets per 30 days)
perphenazine oral tablet 2 mg, 4 mg, 8 mg	T1	
perphenazine-amitriptyline	T1	
prochlorperazine	T1	
prochlorperazine maleate oral	T1	
thioridazine hcl oral	T1	
trifluoperazine hcl oral	T1	
Respiratory And Cns Stimulants		
ADHANSIA XR	T9	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 30 MG, 40 MG, 50 MG, 60 MG	T3	QL (30 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG	T3	QL (30 capsule per 30 days)
ASCOMP-CODEINE	T2	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T9	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	QL (180 capsules per 30 days)
butalbital-apap-caffeine oral capsule 50-300-40 mg	T9	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	QL (180 tablets per 30 days)
butalbital-asa-caff-codeine	T2	QL (180 capsules per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (180 capsules per 30 days)

Medication	Coverage Level	Restrictions
caffeine citrate oral solution 60 mg/3ml	T1	AL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL
COTEMPLA XR-ODT	T9	
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL
dexmethylphenidate hcl	T1	AL
dexmethylphenidate hcl er	T1	QL (30 capsules per 30 days); AL
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
FOCALIN	T3	AL
FOCALIN XR	T3	QL (30 capsules per 30 days); AL
JORNAY PM	T9	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1	AL
METHYLIN ORAL SOLUTION	T3	AL
methylphenidate hcl er (cd)	T1	QL (30 capsules per 30 days); AL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	T1	QL (31 capsules per 31 days); AL
methylphenidate hcl er (xr)	T3	QL (30 capsules per 30 days)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg	T1	QL (31 tablets per 31 days); AL
methylphenidate hcl er oral tablet extended release 20 mg	T1	AL
methylphenidate hcl er oral tablet extended release 36 mg, 54 mg	T1	QL (62 tablets per 31 days); AL
methylphenidate hcl er oral tablet extended release 72 mg	T3	QL (30 tablets per 30 days)
methylphenidate hcl oral solution	T1	AL
methylphenidate hcl oral tablet	T1	AL
methylphenidate hcl oral tablet chewable	T1	AL
QUILLICHEW ER	T9	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	T9	
RELEXXII	T9	
RITALIN	T3	AL

Medication	Coverage Level	Restrictions
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
VANATOL LQ	T9	
VTOL LQ	T9	
Salicylates		
AGGRENOX	T3	
ASCOMP-CODEINE	T2	
ASCRIPTIN ORAL TABLET 325 MG	T1	
aspirin ec low dose	T1	PV
aspirin ec oral tablet delayed release 325 mg	T1	PV; AL
aspirin-dipyridamole er	T1	
BUFFERIN	T3	PV; AL
butalbital-asa-caff-codeine	T2	QL (180 capsules per 30 days)
butalbital-aspirin-caffeine oral capsule	T1	QL (180 capsules per 30 days)
carisoprodol-aspirin	T9	
carisoprodol-aspirin-codeine	T9	
choline-mag trisalicylate	T1	
DOANS PILLS	T1	
DURLAZA	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
goodsense aspirin oral tablet chewable	T1	PV; AL
norgesic forte	T9	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
oxycodone-aspirin oral tablet 4.8355-325 mg	T1	
salsalate oral	T1	
YOSPRALA	BE	
Sel.Serotonin,Norepi Reuptake Inhibitor		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG	T3	QL (60 cymbalta per 30 days)
desvenlafaxine er	T3	ST; QL (1 tablet per 1 day); AL
desvenlafaxine succinate er	T2	QL (1 tablet per 1 day); AL
DRIZALMA SPRINKLE	T9	

Medication	Coverage Level	Restrictions
duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	T1	QL (60 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 30 mg	T1	QL (90 capsules per 30 days)
duloxetine hcl oral capsule delayed release particles 40 mg	T1	ST; QL (30 capsules per 30 days)
EFFEXOR XR	T3	
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 tablets per 30 days); AL
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	T3	ST
PRISTIQ	T3	QL (31 tablets per 31 days); AL
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
venlafaxine hcl	T1	
venlafaxine hcl er oral capsule extended release 24 hour	T1	
venlafaxine hcl er oral tablet extended release 24 hour	T9	
Selective Serotonin Agonists		
almotriptan malate	T3	ST
AMERGE	T9	
eletriptan hydrobromide	T9	
FROVA	T9	
frovatriptan succinate	T9	
IMITREX	T9	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T9	
MAXALT ORAL TABLET 10 MG	T9	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T9	
naratriptan hcl	T1	QL (12 tablets per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
REYVOW	T9	

Medication	Coverage Level	Restrictions
rizatriptan benzoate	T1	QL (12 tablets per 30 days)
sumatriptan nasal	T3	QL (8 units per 30 days)
sumatriptan succinate oral	T1	QL (12 tablets per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	T9	
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	T3	QL (8 Syringes per 30 days)
sumatriptan-naproxen sodium	T9	
TOSYMRA	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
ZEMBRACE SYMTOUCH	T9	
zolmitriptan oral	T2	QL (12 tablets per 30 days)
ZOMIG NASAL	T3	ST; QL (12 units per 30 days)
ZOMIG ORAL	T9	
ZOMIG ZMT	T9	
Selective Serotonin Receptor Agonists		
BELVIQ	BE	
BELVIQ XR	BE	
Selective-Serotonin Reuptake Inhibitors		
BRISDELLE	T9	
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablets per 30 days); AL
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL
citalopram hydrobromide oral solution	T1	
citalopram hydrobromide oral tablet 10 mg	T1	QL (90 tablets per 30 days)
citalopram hydrobromide oral tablet 20 mg	T1	QL (60 tablets per 30 days)
citalopram hydrobromide oral tablet 40 mg	T1	
escitalopram oxalate	T1	
fluoxetine hcl (pmdd) capsule 10 mg oral	T9	
fluoxetine hcl (pmdd) capsule 20 mg oral	T9	
fluoxetine hcl (pmdd) oral tablet	T9	
fluoxetine hcl oral capsule	T1	
fluoxetine hcl oral capsule delayed release	T2	ST
fluoxetine hcl oral solution	T1	
fluoxetine hcl oral tablet	T9	
fluvoxamine maleate	T1	
fluvoxamine maleate er	T3	QL (60 capsules per 30 days)
LEXAPRO ORAL TABLET	T3	
olanzapine-fluoxetine hcl	T9	

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

Medication	Coverage Level	Restrictions
desipramine hcl oral	T2	QL (60 tablets per 30 days)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin hcl oral concentrate	T1	
doxepin hcl oral tablet	T2	ST; QL (30 tablets per 30 Days)
enovarx-amitriptyline	T9	
imipramine hcl oral	T1	
imipramine pamoate oral capsule 100 mg, 150 mg	T2	ST; QL (60 EA per 30 days)
imipramine pamoate oral capsule 125 mg	T3	ST; QL (60 EA per 30 days)
imipramine pamoate oral capsule 75 mg	T2	ST; QL (30 EA per 30 days)
maprotiline hcl	T1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
nortriptyline hcl oral capsule	T1	
PAMELOR ORAL CAPSULE	T3	
perphenazine-amitriptyline	T1	
protriptyline hcl	T2	
SILENOR	T3	ST; QL (31 EA per 31 days)
TOFRANIL	T3	
trimipramine maleate oral	T2	
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO ORAL TABLET 12 MG	T5	PA; QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; QL (150 tablets per 30 days)
INGREZZA ORAL CAPSULE	T5	PA; QL (30 capsules per 30 days)
tetrabenazine oral tablet 12.5 mg	T4	PA; QL (90 tablets per 30 days)
tetrabenazine oral tablet 25 mg	T4	PA; QL (60 tablets per 30 days)
XENAZINE	T9	
Wakefulness-Promoting Agents		
armodafinil oral tablet 150 mg, 250 mg	T1	QL (30 tablets per 30 days)
armodafinil oral tablet 200 mg, 50 mg	T9	
modafinil oral tablet 100 mg	T1	QL (31 EA per 31 days)
modafinil oral tablet 200 mg	T1	QL (62 EA per 31 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 EA per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 EA per 31 days)
SUNOSI	T9	
WAKIX	T9	

Medication	Coverage Level	Restrictions
Devices		
Devices		
10 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
ACCU-CHEK FASTCLIX LANCET	T2	
ACCU-CHEK MULTICLIX LANCET DEV	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T2	
ACUICYN EXTERNAL LIQUID	T9	
adult blood pressure cuff lg	T2	QL (1 monitor per 2 years)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
ALEVICYN ANTIPRURITIC	T6	
ALEVICYN DERMAL SPRAY	T6	
ALZAIR ALLERGY NASAL SPRAY	T9	
ANIMAS VIBE INSULIN PUMP	T9	
ATRAPRO HYDROGEL	T9	
AVO CREAM	T9	
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
BIAFINE	T9	
BIONECT EXTERNAL CREAM	T9	
BIONECT EXTERNAL FOAM	T9	
BIONECT EXTERNAL GEL	T9	
blood pressure monitor	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
blood pressure monitor kit	T2	QL (1 monitor per 2 years)
BREATHERITE	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER ADULT	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER CHILD	T2	QL (4 EA per 365 days)

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

Medication	Coverage Level	Restrictions
KELO-COTE EXTERNAL GEL	T9	
lancets	T2	
LOYON	T9	
LUXAMEND	T9	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
MONOVISC	T9	
MUCOSITISRX	T9	
MUGARD	T9	
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE PLUS	T2	
NUVAIL	T9	
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	T2	QL (4 EA per 365 days)
ORAMAGICRX	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
PENLET II BLOOD SAMPLER	T2	
PHLAG SPRAY	T9	
PRESERA	T9	
PROMISEB	T9	
PRUCLAIR	T9	
PRUMYX	T9	
PRUTECT	T9	
RECEDO	T9	
self-taking blood pressure	T2	QL (2 EA per 730 days)
sodium chloride inhalation nebulization solution 7 %	T1	
SONAFINE	T9	
suvicort	T9	

Medication	Coverage Level	Restrictions
SYNERDERM	T9	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
two party blood pressure	T2	QL (2 EA per 730 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
valved holding chamber	T1	QL (4 EA per 365 days)
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
womens adv bp monitor/uppr arm	T2	QL (2 EA per 730 days)
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR	T4	PA
Allergenic Extracts (Diagnostic)		
american cockroach	T6	
american elm	T6	
mixed ragweed	T6	
mountain cedar	T6	
wasp venom protein subcutaneous solution reconstituted 120 mcg	T6	
yellow hornet venom protein subcutaneous solution reconstituted 1100 mcg	T6	
yellow jacket venom protein subcutaneous	T6	
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 EA per 30 days)
ACCU-CHEK COMPACT PLUS	T3	ST; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 EA per 30 days)
AGAMATRIX AMP TEST	T3	ST; QL (200 EA per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 EA per 30 days)
easy trak ii glucose test	T3	ST; QL (200 strips per 30 Days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST
FORA 6 CONNECT	T3	ST
FREESTYLE LITE TEST	T3	ST; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST	T3	QL (200 Strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 EA per 30 days)

Medication	Coverage Level	Restrictions
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 EA per 30 days)
GLUCOCARD X-SENSOR	T3	ST; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
HARMONY BLOOD GLUCOSE TEST	T3	ST
MICRODOT TEST	T3	ST
ONETOUCH ULTRA BLUE	T1	QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1	QL (200 EA per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 EA per 30 days)
PRECISION QID TEST	T3	ST; QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 EA per 30 days)
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 EA per 30 days)
UNISTRIP1 GENERIC	T3	ST; QL (200 EA per 30 days)
Diagnostic Agents		
glucagon hcl (diagnostic)	T6	
toxicology saliva collection	T9	
Fungi		
CANDIN	T9	
Ketones		
KETOSTIX	T3	
Tuberculosis		
APLISOL	T9	
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
av-phos 250 neutral	T9	
K-PHOS-NEUTRAL	T9	
PHOSPHA 250 NEUTRAL	T9	
virt-phos 250 neutral	T9	
Alkalinizing Agents		
cytra k crystals	T1	
cytra-2	T9	
CYTRA-3	T9	
cytra-k	T9	
ORACIT	T3	
potassium citrate er	T1	
potassium citrate-citric acid oral solution	T9	
sod citrate-citric acid	T9	
tricitrates	T9	

Medication	Coverage Level	Restrictions
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA
BUPHENYL ORAL TABLET	T5	PA
CARBAGLU	T4	PA
enulose	T1	
generlac	T1	
KRISTALOSE	T9	
lactulose oral packet	T9	
lactulose oral solution 10 gm/15ml	T1	
LITHOSTAT	T9	
RAVICTI	T4	PA; QL (525 ML per 30 days)
sodium phenylbutyrate oral powder 3 gm/tsp	T4	PA
sodium phenylbutyrate oral tablet	T4	PA
Caloric Agents		
DOJOLVI	T9	
l-leucine	T9	
LYSIPLEX PLUS ORAL TABLET	T9	
Carbonic Anhydrase Inhibitors		
acetazolamide er	T1	
acetazolamide oral	T1	
Diuretics, Miscellaneous		
ELIXOPHYLLIN	T3	
THEO-24	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour	T1	
Irrigating Solutions		
RIMSO-50	T6	
sodium chloride irrigation solution 0.9 %	T1	
Loop Diuretics		
bumetanide oral	T1	
EDECRIN	T9	
ethacrynic acid oral	T9	
furosemide injection solution 10 mg/ml	T1	
furosemide oral solution 10 mg/ml, 8 mg/ml	T1	
furosemide oral tablet	T1	

Medication	Coverage Level	Restrictions
LASIX	T3	
torsemide oral	T1	
Phosphate-Removing Agents		
AURYXIA	T5	PA; QL (360 EA per 30 days)
calcium acetate (phos binder) oral capsule	T1	
FOSRENOL ORAL PACKET	T5	QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	QL (150 tablets per 30 days)
lanthanum carbonate oral tablet chewable 1000 mg	T4	QL (90 tablets per 30 days)
lanthanum carbonate oral tablet chewable 500 mg	T4	QL (210 tablets per 30 days)
lanthanum carbonate oral tablet chewable 750 mg	T4	QL (150 tablets per 30 days)
MAGNEBIND 400	T9	
PHOSLO	T3	
PHOSLYRA	T3	ST
RENAGEL ORAL TABLET 800 MG	T5	ST; QL (180 tablets per 30 days)
RENVELA	T9	
sevelamer carbonate oral packet	T5	
sevelamer carbonate oral tablet	T4	QL (510 tablets per 30 days)
sevelamer hcl	T4	ST; QL (180 tablets per 30 days)
VELPHORO	T5	ST; QL (180 EA per 30 days)
Potassium-Removing Agents		
KIONEX ORAL SUSPENSION	T1	
sodium polystyrene sulfonate oral powder	T1	
sodium polystyrene sulfonate rectal	T1	
SPS	T3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	QL (1 packet per 1 day)
VELTASSA ORAL PACKET 8.4 GM	T5	QL (2 packets per 1 day)
Potassium-Sparing Diuretics		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
amiloride hcl oral	T1	
amiloride-hydrochlorothiazide	T1	
CAROSPIR	T9	

Medication	Coverage Level	Restrictions
DYAZIDE	T3	
DYRENIUM	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
spironolactone oral	T1	
spironolactone-hctz	T1	
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet	T1	
Replacement Preparations		
calcium-folic acid plus d	T9	
complete natal dha	T1	
DRIPDROP	T6	
DRIPDROP HYDRATION	T6	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	
FOLGARD OS	T9	
HYPERSAL	T2	QL (240 ML per 30 days)
KLOR-CON 10	T1	
KLOR-CON M10	T1	
KLOR-CON M15	T1	
KLOR-CON M20	T1	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
MAXFE ORAL TABLET	T9	
MYNATAL ADVANCE	T1	
mynatal plus	T1	
mynatal-z	T1	
NIVA-PLUS	T9	
O-CAL FA	T9	
phos-nak	T9	
pnv prenatal plus multivitamin	T1	
potassium chloride crys er oral tablet extended release 20 meq	T1	
potassium chloride er oral capsule extended release	T1	
potassium chloride er oral tablet extended release 10 meq, 8 meq	T1	

Medication	Coverage Level	Restrictions
potassium chloride oral packet	T9	
potassium chloride oral solution 20 meq/15ml (10%)	T1	
potassium chloride oral solution 40 meq/15ml (20%)	T4	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
prenatal low iron oral tablet 27-0.8 mg	T1	PV
prenatal one daily	T1	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	T1	PV
prenatal plus	T1	
prenatal plus iron	T1	
prenatal/iron oral tablet	T1	PV
RIGHT STEP PRENATAL	T1	
se-natal 19 oral tablet chewable	T1	QL (30 tablets per 30 days)
sodium chloride inhalation nebulization solution 7 %	T1	
trinatal rx 1	T1	
TRINATE	T2	
TRIVEEN-DUO DHA	T1	
VINATE ONE	T1	
VITAFOL-OB	T3	
vol-nate	T9	
vol-plus	T9	
vol-tab rx	T9	
zinc sulfate oral capsule 220 (50 zn) mg	T9	
Thiazide Diuretics		
ACCURETIC	T3	
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
amiloride-hydrochlorothiazide	T1	
amlodipine-valsartan-hctz	T1	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
benazepril-hydrochlorothiazide	T1	
BENICAR HCT	T3	
bisoprolol-hydrochlorothiazide	T1	

Medication	Coverage Level	Restrictions
candesartan cilexetil-hctz	T1	
captopril-hydrochlorothiazide	T1	
chlorothiazide oral	T1	
DIOVAN HCT	T3	
DIURIL	T2	
DUTOPROL	T9	
DYAZIDE	T3	
enalapril-hydrochlorothiazide	T1	
EXFORGE HCT	T3	
fosinopril sodium-hctz	T1	
hydrochlorothiazide oral	T1	
HYZAAR	T3	
irbesartan-hydrochlorothiazide	T1	
lisinopril-hydrochlorothiazide	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
losartan potassium-hctz	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
MAXZIDE	T3	
MAXZIDE-25	T3	
methyldopa-hydrochlorothiazide	T1	
metoprolol-hctz er	T9	
metoprolol-hydrochlorothiazide	T1	
MICARDIS HCT	T3	
olmesartan medoxomil-hctz	T1	
olmesartan-amlodipine-hctz	T1	
propranolol-hctz	T1	
quinapril-hydrochlorothiazide	T1	
spironolactone-hctz	T1	
TEKTURNA HCT	T2	ST
telmisartan-hctz	T1	
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet	T1	
TRIBENZOR	T3	
valsartan-hydrochlorothiazide	T1	
VASERETIC	T3	
ZESTORETIC	T3	
ZIAC	T3	
Thiazide-Like Diuretics		
atenolol-chlorthalidone	T1	

Medication	Coverage Level	Restrictions
chlorthalidone oral tablet 25 mg, 50 mg	T1	
EDARBYCLOR	T3	ST
indapamide oral	T1	
metolazone	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
Uricosuric Agents		
colchicine-probenecid	T1	
probenecid oral	T1	
Vasopressin Antagonists		
JYNARQUE ORAL TABLET	T4	PA; QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG	T4	PA; QL (60 tablets per 30 Days)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	T4	PA; QL (60 tablets per 30 days)
SAMSCA	T4	PA
tolvaptan oral tablet 15 mg	T4	
tolvaptan oral tablet 30 mg	T4	PA
Enzymes		
Enzymes		
MEPSEVII	T9	
PALYNZIQ	T5	PA; QL (1 dose per 1 day)
PULMOZYME	T4	PA; QL (60 ampules per 30 days)
REVCOVI	T4	PA
STRENSIQ	T4	PA
SUCRAID	T4	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P	T9	
brimonidine tartrate ophthalmic solution 0.15 %	T2	
brimonidine tartrate ophthalmic solution 0.2 %	T1	
brimonidine-dorzolamide	T9	
COMBIGAN	T2	
SIMBRINZA	T2	
Antiallergic Agents		
ALAWAY	T1	
ALOCRIL	T3	ST
ALOMIDE	T2	
ASTEPRO NASAL SOLUTION 0.15 %	T3	
azelastine hcl nasal solution 0.1 %, 0.15 %	T1	

Medication	Coverage Level	Restrictions
azelastine hcl ophthalmic	T1	
azelastine-fluticasone	T9	
BEPREVE	T9	
cromolyn sodium ophthalmic	T1	
DYMISTA	T9	
epinastine hcl	T1	
ketotifen fumarate ophthalmic	T1	
LASTACAFT	T9	AL
olopatadine hcl nasal	T2	
olopatadine hcl ophthalmic solution 0.1 %	T2	
olopatadine hcl ophthalmic solution 0.2 %	T2	ST
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST
PATANASE	T3	
PATANOL	T3	
PAZEO	T9	
ZADITOR	T1	
Antibacterials (Eent)		
ARESTIN	T6	
AZASITE	T3	ST
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
bacitra-neomycin-polymyxin-hc	T1	
BESIVANCE	T3	QL (5 ML per 30 days)
BLEPH-10	T3	
BLEPHAMIDE	T3	ST
BLEPHAMIDE S.O.P.	T3	
CETRAXAL	T3	
CILOXAN	T3	
CIPRO HC	T2	
CIPRODEX	T3	
ciprofloxacin hcl ophthalmic	T1	
ciprofloxacin hcl otic	T1	
ciprofloxacin-dexamethasone	T1	
ciprofloxacin-fluocinolone pf	T2	AL
COLY-MYCIN S	T3	
doxycycline hyclate oral tablet 20 mg	T1	
erythromycin ophthalmic	T2	
gatifloxacin ophthalmic	T1	
GENTAK OPHTHALMIC OINTMENT	T1	
gentamicin sulfate ophthalmic solution	T1	

Medication	Coverage Level	Restrictions
levofloxacin ophthalmic	T1	
MAXITROL	T3	
MOXEZA	T3	
moxifloxacin hcl (2x day)	T1	
moxifloxacin hcl ophthalmic solution	T2	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	T1	
neomycin-polymyxin-dexameth ophthalmic ointment	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1	
neomycin-polymyxin-hc otic solution 3.5-10000-1	T1	
OCUFLOX	T3	
ofloxacin ophthalmic	T1	
ofloxacin otic	T1	
OTIPRIO	T6	
OTOVEL	T2	AL
polymyxin b-trimethoprim	T1	
POLYTRIM	T3	
PRED-G	T2	
PRED-G S.O.P.	T3	
prednisolone-gatifloxacin ophthalmic solution	T9	
prednisolon-gatiflox-bromfenac ophthalmic solution	T9	
sulfacetamide sodium ophthalmic	T1	
sulfacetamide-prednisolone ophthalmic solution	T1	
TOBRADEX OPHTHALMIC OINTMENT	T9	
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
tobramycin ophthalmic	T1	
tobramycin-dexamethasone	T1	
TOBREX OPHTHALMIC OINTMENT	T2	
TOBREX OPHTHALMIC SOLUTION	T3	
VIGAMOX	T3	
ZYLET	T3	ST
ZYMAXID	T3	ST
Antifungals (Eent)		
NATACYN	T3	

Medication	Coverage Level	Restrictions
Antiglaucoma Agents, Miscellaneous		
RHOPRESSA	T9	
ROCKLATAN	T9	
Antivirals (Eent)		
trifluridine ophthalmic	T1	
ZIRGAN	T3	
Beta-Adrenergic Blocking Agents (Eent)		
betaxolol hcl ophthalmic	T2	
BETIMOL	T9	
BETOPTIC-S	T9	
carteolol hcl	T1	
COMBIGAN	T2	
COSOPT	T3	
dorzolamide hcl-timolol mal	T1	
ISTALOL	T9	
levobunolol hcl ophthalmic solution 0.5 %	T1	
timolol maleate ophthalmic gel forming solution	T2	ST
timolol maleate ophthalmic solution 0.25 %	T1	
timolol maleate ophthalmic solution 0.5 %	T3	
timolol maleate ophthalmic solution 0.5 % (daily)	T9	
timolol maleate pf	T3	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T9	
TIMOPTIC-XE	T3	
Carbonic Anhydrase Inhibitors (Eent)		
acetazolamide er	T1	
acetazolamide oral	T1	
AZOPT	T2	
brimonidine-dorzolamide	T9	
COSOPT	T3	
dorzolamide hcl ophthalmic	T1	
dorzolamide hcl-timolol mal	T1	
KEVEYIS	T4	PA
methazolamide oral tablet 25 mg	T1	
SIMBRINZA	T2	
TRUSOPT	T3	
Corticosteroids (Eent)		
ALREX	T9	
azelastine-fluticasone	T9	
bacitra-neomycin-polymyxin-hc	T1	

Medication	Coverage Level	Restrictions
BECONASE AQ	T9	
budesonide nasal	T9	
CIPRO HC	T2	
CIPRODEX	T3	
ciprofloxacin-dexamethasone	T1	
ciprofloxacin-fluocinolone pf	T2	AL
CORTANE-B EXTERNAL	T3	
DERMACINRX TICANASE PAK	T9	
dexamethasone sodium phosphate ophthalmic	T1	
DEXYCU	T9	
DUREZOL	T3	ST
DYMISTA	T9	
FLAREX	T2	
flunisolide nasal solution 25 mcg/act (0.025%)	T9	
fluorometholone ophthalmic	T1	
fluticasone propionate nasal	T9	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	ST
LOTEMAX OPHTHALMIC GEL	T3	ST
LOTEMAX OPHTHALMIC OINTMENT	T9	
LOTEMAX OPHTHALMIC SUSPENSION	T3	ST
LOTEMAX SM	T3	ST
loteprednol etabonate	T2	ST
MAXIDEX	T3	
MAXITROL	T3	
mometasone furoate nasal	T9	
NASACORT ALLERGY 24HR	T9	
NASACORT ALLERGY 24HR CHILDREN	T9	
NASONEX	T9	
neomycin-polymyxin-dexameth ophthalmic ointment	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	T1	
OMNARIS	T9	ST
OTOVEL	T2	AL
OZURDEX INTRAVITREAL	T9	
PRED FORTE	T3	
PRED MILD	T3	

Medication	Coverage Level	Restrictions
PRED-G	T2	
PRED-G S.O.P.	T3	
prednisolone acetate ophthalmic	T1	
prednisolone sodium phosphate ophthalmic	T1	
prednisolone-bromfenac ophthalmic solution	T9	
prednisolone-gatifloxacin ophthalmic solution	T9	
prednisolon-gatiflox-bromfenac ophthalmic solution	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
TOBRADEX OPHTHALMIC OINTMENT	T9	
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
tobramycin-dexamethasone	T1	
triamcinolone acetonide nasal aerosol	T9	
XHANCE	T9	
ZETONNA	T9	
ZYLET	T3	ST
Eent Anti-Infectives, Miscellaneous		
acetic acid otic	T1	
chlorhexidine gluconate mouth/throat	T1	
PERIDEX	T3	
Eent Anti-Inflammatory Agents, Misc.		
CEQUA	T2	QL (60 droperettes per 30 Days)
RESTASIS	T2	QL (64 EA per 30 days)
XIIDRA	T2	QL (60 vials per 30 days)
Eent Drugs, Miscellaneous		
apraclonidine hcl	T1	
bevacizumab intraocular	T6	
CYSTADROPS	T4	QL (15 ML per 30 Days)
CYSTARAN	T4	QL (60 ML per 30 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	T9	
ipratropium bromide nasal	T1	
LACRISERT	T4	
OXERVATE	T4	PA; QL (8 weeks per 1 lifetime)
PHOTREXA-PHOTREXA VISCOUS KIT	T6	
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR	T3	
ACULAR LS	T3	

Medication	Coverage Level	Restrictions
ACUVAIL	T9	
BROMSITE	T9	
diclofenac sodium ophthalmic	T1	
flurbiprofen sodium	T1	
ILEVRO	T9	
ketorolac tromethamine ophthalmic	T1	
NEVANAC	T9	
prednisolone-bromfenac ophthalmic solution	T9	
prednisolon-gatiflox-bromfenac ophthalmic solution	T9	
PROLENSA	T9	
Local Anesthetics (Eent)		
lidocaine hcl external solution	T1	
Miotics		
ISOPTO CARPINE	T3	
PHOSPHOLINE IODIDE	T2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
Mydriatics		
atropine sulfate ophthalmic solution 1 %	T1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
cyclopentolate hcl ophthalmic solution 1 %, 2 %	T1	
HOMATROPAIRE	T1	
ISOPTO ATROPINE	T3	
ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 5 %	T3	
tropicamide-cyclopentolate-pe	T9	
Prostaglandin Analogs		
bimatoprost external	T9	
bimatoprost ophthalmic	T1	
DURYSTA	T9	
latanoprost ophthalmic	T1	
LATISSE	T9	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
ROCKLATAN	T9	
TRAVATAN Z	T3	ST
travoprost (bak free)	T2	ST
VYZULTA	T9	

Medication	Coverage Level	Restrictions
XALATAN	T3	
XELPROS	T2	
ZIOPTAN	T3	
Rho Kinase Inhibitors		
RHOPRESSA	T9	
ROCKLATAN	T9	
Vasoconstrictors		
ADRENALIN NASAL	T9	
epinephrine hcl (nasal)	T9	
NAPHCON-A	T9	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T1	
tropicamide-cyclopentolate-pe	T9	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	T9	
AKYNZEO ORAL	T9	
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	T6	
ANZEMET ORAL	T3	ST; QL (3 EA per 30 days)
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	T6	MB (Refer to your medical plan documents for coverage details.)
granisetron hcl oral	T2	QL (20 EA per 30 days)
ondansetron	T1	
ondansetron hcl oral solution	T1	
ondansetron hcl oral tablet 4 mg, 8 mg	T1	
SANCUSO	T4	ST; QL (1 EA per 28 days)
SUSTOL	T9	
ZOFRAN ORAL TABLET	T3	
ZUPLENZ	T9	
Antidiarrhea Agents		
acidophilus lactobacillus powder	T9	
diphenoxylate-atropine	T1	
LOMOTIL ORAL TABLET	T3	
loperamide hcl oral capsule	T9	
MYTESI	T9	
opium	T9	
paregoric	T9	
XERMELO	T4	PA

Medication	Coverage Level	Restrictions
Antiemetics, Miscellaneous		
BONJESTA	T9	
DICLEGIS	T9	
doxylamine-pyridoxine	T9	
dronabinol oral capsule 10 mg	T4	QL (60 Capsules per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	T3	QL (60 Capsules per 30 days)
SYNDROS	T9	
TRANSDERM-SCOP (1.5 MG)	T9	
Antihistamines (Gi Drugs)		
BONJESTA	T9	
COMPRO	T1	
DICLEGIS	T9	
doxylamine-pyridoxine	T9	
meclizine hcl oral tablet 12.5 mg, 25 mg	T9	
prochlorperazine	T1	
prochlorperazine maleate oral	T1	
TIGAN ORAL	T3	
trimethobenzamide hcl oral	T1	
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl	T5	PA; QL (60 EA per 30 days)
APRISO	T4	QL (120 EA per 30 days)
ASACOL HD	T5	ST; QL (180 EA per 30 days)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
balsalazide disodium	T1	
CANASA	T5	
COLAZAL	T5	
DELZICOL	T5	ST
DIPENTUM	T5	
LIALDA	T5	QL (120 EA per 30 days)
LOTRONEX	T5	PA; QL (60 tablets per 30 days)
mesalamine er	T9	
mesalamine oral capsule delayed release	T5	ST
mesalamine oral tablet delayed release 1.2 gm	T4	QL (120 EA per 30 days)
mesalamine oral tablet delayed release 800 mg	T5	QL (180 EA per 30 days)
mesalamine rectal enema	T1	
mesalamine rectal suppository	T5	
PENTASA	T5	QL (240 EA per 30 days)
ROWASA RECTAL	T3	
SFROWASA	T3	QL (30 ML per 30 days)

Medication	Coverage Level	Restrictions
sulfasalazine oral	T1	
Antiulcer Agents And Acid Suppress.,Misc		
PYLERA	T9	
TALICIA	T9	
Cathartics And Laxatives		
AMITIZA	T3	QL (60 EA per 30 days)
bisacodyl rectal	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CLENPIQ	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
ENEMEEZ MINI	T3	QL (90 ML per 30 days)
ENEMEEZ PLUS	T3	QL (90 ML per 30 days)
GAVILYTE-C	T1	PV
GAVILYTE-G	T1	PV
GAVILYTE-N WITH FLAVOR PACK	T1	PV
GLYCOLAX	T9	PV
GOLYTELY	T3	
MIRALAX ORAL POWDER	T9	
MOVIPREP	T3	
NULYTELY WITH FLAVOR PACKS	T3	
OSMOPREP	T3	
peg 3350 oral powder	T9	
peg 3350/electrolytes	T1	PV
peg 3350-kcl-na bicarb-nacl	T1	PV
peg-3350/electrolytes	T1	PV
peg-3350/electrolytes/ascorbat	T1	PV
PEG-PREP	T1	PV
PLENVU	T3	
polyethylene glycol 3350 oral	T9	
PREPOPIK	T3	
SMOOTH LAX ORAL POWDER	T9	PV
SUPREP BOWEL PREP KIT	T3	
TARON-PREX	T2	
thrivite 19 oral tablet 29-1 mg	T9	
tl-care dha	T1	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
TRILYTE	T1	PV

Medication	Coverage Level	Restrictions
Cholelitholytic Agents		
ACTIGALL	T3	
URSO 250	T3	
URSO FORTE	T3	
ursodiol oral	T2	
Digestants		
CREON	T4	
PANCREAZE	T5	ST
PERTZYE	T5	ST
VIOKACE	T5	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	
Gi Drugs, Miscellaneous		
ALLI	BE	
AVSOLA	T9	
CHOLBAM	T4	PA
CIMZIA PREFILLED	T5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA
ENDARI	T9	
GATTEX	T5	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; QL (1 kit per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; QL (1 kit per 2 yearss)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA

Medication	Coverage Level	Restrictions
INFLECTRA	T7	MB (Refer to your medical plan documents for coverage details.)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T3	QL (30 capsules per 30 days)
LINZESS ORAL CAPSULE 72 MCG	T2	QL (30 capsules per 30 days)
MOVANTIK	T3	ST; QL (30 EA per 30 days)
OCALIVA	T5	PA; QL (1 tablet per 1 day)
RELISTOR ORAL	T5	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T5	PA
REMICADE	T9	
RENFLEXIS	T7	MB (Refer to your medical plan documents for coverage details.)
RESTORA RX	T9	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; QL (0.5 ML per 28 days)
SYMPROIC	T3	ST; QL (30 EA per 30 days)
TRULANCE	T2	QL (30 EA per 30 days)
VIBERZI ORAL TABLET 100 MG	T5	PA; QL (60 EA per 30 days)
VIBERZI ORAL TABLET 75 MG	T5	PA; QL (60 tablets per 30 days)
XENICAL	T9	
ZELNORM	T3	ST; QL (60 tablets per 30 days)
Histamine H2-Antagonists		
cimetidine hcl oral	T9	
cimetidine oral	T9	
DUEXIS	T9	
famotidine oral	T9	
nizatidine	T9	
PEPCID ORAL TABLET	T9	
ranitidine hcl oral capsule	T9	
ranitidine hcl oral syrup 75 mg/5ml	T9	
ranitidine hcl oral tablet	T9	
ZANTAC 150 MAXIMUM STRENGTH	T9	
Neurokinin-1 Receptor Antagonists		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	T9	
AKYNZEO ORAL	T9	
aprepitant oral capsule 125 mg	T1	QL (7 capdules per 30 days)
aprepitant oral capsule 40 mg, 80 mg	T1	QL (7 capsules per 30 days)
aprepitant oral capsule 80 & 125 mg	T1	QL (6 capsules per 30 days)

Medication	Coverage Level	Restrictions
CINVANTI	T6	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND ORAL SUSPENSION RECONSTITUTED	T9	
EMEND TRI-PACK	T9	
VARUBI ORAL	T9	
Prokinetic Agents		
metoclopramide hcl injection	T1	
metoclopramide hcl oral solution 5 mg/5ml	T1	
metoclopramide hcl oral tablet	T1	
metoclopramide hcl oral tablet dispersible	T3	ST
MOTEGRITY	T2	
REGLAN ORAL	T3	
ZELNORM	T3	ST; QL (60 tablets per 30 days)
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
CYTOTEC	T3	
diclofenac-misoprostol oral tablet delayed release	T9	
misoprostol oral	T1	
Protectants		
CARAFATE	T3	ST
sucralfate oral	T1	
Proton-Pump Inhibitors		
ACIPHEX	BE	
ACIPHEX SPRINKLE	BE	
amoxicill-clarithro-lansopraz	T3	
DEXILANT	BE	
esomeprazole magnesium oral capsule delayed release	BE	
esomeprazole magnesium oral packet	Non-Formulary	
esomeprazole strontium oral capsule delayed release 49.3 mg	BE	
FIRST-LANSOPRAZOLE	BE	
FIRST-OMEPRAZOLE	BE	
lansoprazole oral capsule delayed release	T3	
naproxen-esomeprazole	T9	
NEXIUM 24HR	T3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	BE	

Medication	Coverage Level	Restrictions
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	BE	
NEXIUM ORAL PACKET 40 MG	T9	
omeprazole oral capsule delayed release	T3	
omeprazole oral tablet delayed release	T3	
omeprazole-sodium bicarbonate oral capsule	BE	
pantoprazole sodium oral packet	T9	
pantoprazole sodium oral tablet delayed release	T3	
PREVACID	BE	
PREVACID 24HR	BE	
PRILOSEC OTC	T9	
PROTONIX ORAL TABLET DELAYED RELEASE	BE	
rabeprazole sodium oral tablet delayed release	T3	
TALICIA	T9	
VIMOVO	BE	
YOSPRALA	BE	
ZEGERID	BE	
ZEGERID OTC	BE	
Gold Compounds		
Gold Compounds		
RIDAURA	T2	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	T4	
CUPRIMINE ORAL CAPSULE 250 MG	T9	
deferasirox	T4	
deferasirox granules	T4	
deferiprone	T4	
DEPEN TITRATABS	T5	PA; QL (120 tablets per 30 days)
EXJADE	T5	
FERRIPROX ORAL SOLUTION	T4	
FERRIPROX ORAL TABLET 1000 MG	T4	
FERRIPROX ORAL TABLET 500 MG	T5	
GALZIN	T9	
JADENU	T5	
JADENU SPRINKLE	T9	
penicillamine oral capsule	T9	
SYPRINE	T9	
trientine hcl	T5	PA; QL (150 EA per 30 Day(s)s)

Medication	Coverage Level	Restrictions
Hormones And Synthetic Substitutes		
Adrenals		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T2	QL (1 Inhaler per 30 days); AL
ASMANEX (120 METERED DOSES)	T9	
ASMANEX (14 METERED DOSES)	T9	
ASMANEX (30 METERED DOSES)	T9	
ASMANEX (60 METERED DOSES)	T9	
ASMANEX (7 METERED DOSES)	T9	
ASMANEX HFA	T9	
BREO ELLIPTA	T9	
budesonide er oral tablet extended release 24 hour	T5	ST; QL (30 tablets per 30 days)
budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml	T2	QL (120 ML per 30 days)
budesonide inhalation suspension 0.5 mg/2ml	T2	QL (240 ML per 30 days)
budesonide oral	T3	QL (90 EA per 30 days)
budesonide-formoterol fumarate	T9	
CORTEF	T3	
cortisone acetate oral	T1	
dexabliss	T9	
DEXAMETHASONE INTENSOL	T2	
dexamethasone oral elixir	T1	
dexamethasone oral solution	T1	
dexamethasone oral tablet	T1	
dexamethasone oral tablet therapy pack 1.5 mg (21)	T9	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	T9	
DULERA	T2	QL (1 inhaler per 31 days)
EMFLAZA	T9	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	T3	QL (90 capsules per 30 days)
FLOVENT DISKUS	T2	QL (1 Inhaler per 30 Day(s)s)

Medication	Coverage Level	Restrictions
FLOVENT HFA	T2	QL (1 Inhaler per 30 Day(s)s)
fludrocortisone acetate oral	T1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T9	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 inhaler per 30 days)
HEMADY	T9	
HIDEX 6-DAY	T9	
hydrocortisone oral	T1	
INTRAROSA	T3	PA
MEDROL ORAL TABLET	T3	
methylprednisolone acetate injection suspension 40 mg/ml	T6	
methylprednisolone oral tablet 8 mg	T1	
methylprednisolone oral tablet therapy pack	T1	
MILLIPRED ORAL TABLET	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
prednisolone oral solution	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	T1	
PREDNISONE INTENSOL	T2	
prednisone oral solution	T2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
prednisone oral tablet 50 mg	T2	
prednisone oral tablet therapy pack 5 mg (21)	T1	
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDIHALER	T2	
RAYOS	T9	
SYMBICORT	T2	QL (1 inhaler per 30 days)
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	

Medication	Coverage Level	Restrictions
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	T2	
UCERIS ORAL	T5	ST; QL (30 tablets per 30 days)
UCERIS RECTAL	T3	QL (2 GM per 180 days)
WIXELA INHUB	T9	
zcort 7-day	T9	
ZILRETTA	T9	
Alpha-Glucosidase Inhibitors		
acarbose oral	T1	
GLYSET	T3	
PRECOSE	T3	
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	QL (6 ML per 30 Day(s)s)
Androgens		
ANADROL-50	T9	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%)	T9	
AVEED	T6	PA
COVARYX	T9	
COVARYX HS	T9	
danazol oral capsule 100 mg, 50 mg	T3	QL (60 EA per 30 days)
danazol oral capsule 200 mg	T3	QL (120 EA per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T3	
est estrogens-methyltest	T9	
est estrogens-methyltest ds	T9	
est estrogens-methyltest hs	T9	
FORTESTA	T9	
JATENZO	T9	
methitest	T9	
methyltestosterone oral	T3	
NATESTO	T9	
oxandrolone oral	T3	
STRIANT	T9	

Medication	Coverage Level	Restrictions
TESTIM	T9	
TESTONE CIK	T6	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	T1	
testosterone enanthate intramuscular solution	T1	
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%)	T9	
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T2	PA; QL (300 ML per 30 days)
testosterone transdermal solution	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
XYOSTED	T9	
Antidiabetic Agents, Miscellaneous		
colesevelam hcl oral packet	T3	QL (1 packet per 1 day)
colesevelam hcl oral tablet	T1	QL (180 tablets per 30 days)
KORLYM	T5	PA; QL (120 tablets per 30 days)
WELCHOL ORAL PACKET	T3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	ST
Antiestrogens		
anastrozole oral	T1	
ARIMIDEX	T3	
AROMASIN	T3	
exemestane	T2	
FEMARA	T3	
KISQALI FEMARA (400 MG DOSE)	T4	PA; QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; QL (91 tablets per 28 days)
letrozole oral	T1	
Antigonadtropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
ganirelix acetate subcutaneous solution prefilled syringe	T4	ST
ORIAHNN	T4	PA; QL (56 capsules per 28 Days)
ORILISSA ORAL TABLET 150 MG	T4	PA; QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T4	PA; QL (56 tablets per 28 days)
Antihypoglycemic Agents, Miscellaneous		
diazoxide oral	T4	
PROGLYCEM	T9	

Medication	Coverage Level	Restrictions
Antiparathyroid Agents		
calcitonin (salmon)	T1	
cinacalcet hcl	T4	
MIACALCIN NASAL	T3	
SENSIPAR	T5	
Antithyroid Agents		
methimazole oral	T1	
propylthiouracil oral	T1	
TAPAZOLE	T3	
Biguanides		
ACTOPLUS MET	T3	
alogliptin-metformin hcl	T2	ST; QL (60 tablets per 30 days)
FORTAMET	T9	
glipizide-metformin hcl	T1	
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUMETZA	T9	
glyburide-metformin	T1	
INVOKAMET	T3	PA; ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	PA; ST; QL (60 tablets per 30 days)
JANUMET	T2	PA; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	PA; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	PA; QL (60 EA per 30 days)
JENTADUETO	T2	PA; QL (60 tablets per 30 days)
JENTADUETO XR	T2	PA; QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	PA; ST; QL (62 tablets per 31 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	PA; ST; QL (31 tablets per 31 days)
metformin hcl er	T1	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	T9	
metformin hcl oral solution	T2	QL (765 ML per 30 days)
metformin hcl oral tablet	T1	
pioglitazone hcl-metformin hcl	T1	
RIOMET	T9	

Medication	Coverage Level	Restrictions
RIOMET ER	T9	
SEGLUROMET	T2	PA; QL (60 tablets per 30 days)
SYNJARDY	T3	PA; QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T3	PA; QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T3	PA; QL (60 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T3	PA; 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	T3	PA; QL (60 tablets per 30 Days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T3	PA; QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	PA; QL (60 tablets per 30 days)
Contraceptives		
ALTAVERA	T3	PV
alyacen 1/35	T1	PV
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ANNOVERA	T9	
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV
AVIANE	T1	PV
AZURETTE	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	PV
BEYAZ	T9	PV
BLISOVI 24 FE	T1	PV
CAMILA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV
CRYSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYCLAFEM 7/7/7	T1	PV
DEBLITANE	T1	PV
ELLA	T3	PV

Medication	Coverage Level	Restrictions
ELURYNG	T2	PV; QL (1 ring per 28 days)
ENPRESSE-28	T1	PV
ERRIN	T1	PV
ESTROSTEP FE	T3	PV
etonogestrel-ethinyl estradiol	T2	PV; QL (1 ring per 28 days)
FALMINA	T1	PV
FAYOSIM	T9	PV
GEMMILY	T9	
GENERESS FE	T9	PV
GIANVI	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
HEATHER	T1	PV
INTROVALE	T1	PV
JENCYCLA	T1	PV
JOLESSA	T1	PV
JUNEL 1.5/30	T1	PV
JUNEL 1/20	T1	PV
JUNEL FE 1.5/30	T1	PV
JUNEL FE 1/20	T1	PV
JUNEL FE 24	T1	PV
KAITLIB FE	T9	
KARIVA	T1	PV
KELNOR 1/35	T1	PV
KYLEENA	T6	
LARIN 24 FE	T1	PV
LAYOLIS FE	T9	
levonorgest-eth est & eth est	T1	PV
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	T1	PV
LEVORA 0.15/30 (28)	T1	PV
LO LOESTRIN FE	T3	ST
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T3	PV
LOSEASONIQUE	T9	PV
LOW-OGESTREL	T1	PV
LUTERA	T1	PV
LYZA	T1	PV
MELODETTA 24 FE	T9	

Medication	Coverage Level	Restrictions
MIBELAS 24 FE	T9	PV
MICROGESTIN 1.5/30	T1	PV
MICROGESTIN 1/20	T1	PV
MICROGESTIN FE 1.5/30	T1	PV
MICROGESTIN FE 1/20	T1	PV
MINASTRIN 24 FE	T9	PV
MIRCETTE	T9	PV
MONONESSA	T1	PV
NATAZIA	T9	PV
NECON 0.5/35 (28)	T1	PV
NECON 1/35 (28)	T1	PV
NEXPLANON	T6	MB (Refer to your medical plan documents for coverage details.)
NORA-BE	T1	PV
norethin ace-eth estrad-fe oral capsule	T9	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg	T1	PV
norethindrone oral	T1	PV
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	T9	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	T1	PV
NORLYDA	T1	PV
NORLYROC	T1	PV
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
NUVARING	T9	
OCELLA	T1	PV
OGESTREL	T1	PV
ORTHO MICRONOR	T3	PV
ORTHO TRI-CYCLEN LO	T9	PV
ORTHO-NOVUM 1/35 (28)	T3	PV
ORTHO-NOVUM 7/7/7 (28)	T3	PV
PLAN B ONE-STEP	T3	PV
PORTIA-28	T1	PV
PREVIFEM	T1	PV
QUARTETTE	T9	PV
RECLIPSEN	T1	PV
RIVELSA	T9	PV
SAFYRAL	T9	

Medication	Coverage Level	Restrictions
SEASONIQUE	T9	PV
SHAROBEL	T1	PV
SKYLA	T6	
SLYND	T9	
SPRINTEC 28	T1	PV
SRONYX	T1	PV
TAKE ACTION	T3	PV
TAYTULLA	T9	PV
TRI-ESTARYLLA	T1	PV
TRI-LEGEST FE	T1	PV
TRI-LINYAH	T1	PV
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRINESSA (28)	T1	PV
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TULANA	T1	PV
TWIRLA	T9	
TYDEMY	T9	PV
VELIVET	T1	PV
XULANE	T2	PV
YASMIN 28	T9	PV
YAZ	T9	PV
ZOVIA 1/35E (28)	T1	PV
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin benzoate	T2	ST; QL (30 tablets per 30 days)
alogliptin-metformin hcl	T2	ST; QL (60 tablets per 30 days)
alogliptin-pioglitazone	T2	ST; QL (30 tablets per 30 days)
GLYXAMBI	T3	PA; QL (30 tablets per 30 days)
JANUMET	T2	PA; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	PA; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	PA; QL (60 EA per 30 days)
JANUVIA	T2	PA; QL (30 tablets per 30 days)
JENTADUETO	T2	PA; QL (60 tablets per 30 days)
JENTADUETO XR	T2	PA; QL (30 tablets per 30 days)
KAZANO	T9	

Medication	Coverage Level	Restrictions
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	PA; ST; QL (62 tablets per 31 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	PA; ST; QL (31 tablets per 31 days)
NESINA	T9	
ONGLYZA	T3	PA; QL (30 tablets per 30 days)
OSENI	T9	
QTERN ORAL TABLET 10-5 MG	T3	PA; QL (30 tablets per 30 days)
QTERN ORAL TABLET 5-5 MG	T3	QL (30 tablets per 30 days)
STEGLUJAN	T3	PA; ST; QL (30 tablets per 30 days)
TRADJENTA	T2	PA; QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T3	PA; 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	T3	PA; QL (60 tablets per 30 Days)
Estrogen Agonist-Antagonists		
clomiphene citrate oral	T1	
DUAVEE	T3	QL (31 tablets per 31 days)
EVISTA	T3	
FARESTON	T9	
OSPHENA	T9	
raloxifene hcl	T1	
tamoxifen citrate oral	T1	
toremifene citrate	T4	ST; QL (30 tablets per 30 days)
Estrogens		
ACTIVELLA	T3	
ALORA	T2	
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
BIJUVA	T9	
CLIMARA	T3	
CLIMARA PRO	T9	
COMBIPATCH	T2	
COVARYX	T9	
COVARYX HS	T9	
DELESTROGEN	T3	
DEPO-ESTRADIOL	T6	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 GM per 30 days)

Medication	Coverage Level	Restrictions
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1	
DUAVEE	T3	QL (31 tablets per 31 days)
ELESTRIN	T3	ST
est estrogens-methyltest	T9	
est estrogens-methyltest ds	T9	
est estrogens-methyltest hs	T9	
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
estradiol oral	T1	
estradiol transdermal	T1	
estradiol vaginal cream	T1	QL (42.5 GM per 30 days)
estradiol vaginal tablet	T1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T9	
estradiol-norethindrone acet oral tablet 1-0.5 mg	T1	
ESTRING	T3	
ESTROGEL	T2	QL (50 GM per 31 days)
EVAMIST	T2	
FEMHRT LOW DOSE	T3	
FEMRING	T3	
IMVEXXY STARTER PACK	T9	
JINTELI	T1	
LOPREEZA	T1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MIMVEY	T1	
MIMVEY LO	T1	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T3	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	T1	
ORIAHNN	T4	PA; QL (56 capsules per 28 Days)
PREFEST	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
PREMPHASE	T2	
PREMPRO	T2	

Medication	Coverage Level	Restrictions
VAGIFEM VAGINAL TABLET 10 MCG	T3	
VIVELLE-DOT	T3	
YUVAFEM	T1	
Glycogenolytic Agents		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 days)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
glucagon emergency injection kit	T2	QL (2 Kits per 30 days)
glucagon hcl (diagnostic)	T6	
GVOKE HYPOPEN	T2	QL (2 kits per 30 Days)
GVOKE PFS	T2	QL (2 kits per 30 Day(s)s)
Gonadotropins And Antigonadotropins		
chorionic gonadotropin intramuscular	T3	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT	T2	QL (13500 units per 30 days)
leuprolide acetate injection	T4	
MENOPUR	T2	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	T3	ST
OVIDREL	T2	
PREGNYL	T1	
SYNAREL	T9	
Gonadotropins		
chorionic gonadotropin intramuscular	T3	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT	T2	QL (13500 units per 30 days)
leuprolide acetate injection	T4	
MENOPUR	T2	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	T3	ST
OVIDREL	T2	
PREGNYL	T1	
SYNAREL	T9	
Incretin Mimetics		
ADLYXIN	T3	PA
ADLYXIN STARTER PACK	T3	PA

Medication	Coverage Level	Restrictions
BYDUREON BCISE	T3	PA
BYDUREON SUBCUTANEOUS PEN-INJECTOR	T3	PA
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T3	PA; QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE)	T3	PA; QL (3 ML per 28 days)
RYBELSUS	T9	
SAXENDA	BE	
SOLIQUA	T3	PA; QL (15 ML per 25 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	T2	PA; QL (2 ML per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	T2	PA; QL (2 ML per 28 Days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	PA
XULTOPHY	T3	PA
Insulins		
ADMELOG	T3	ST
ADMELOG SOLOSTAR	T3	ST; AL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT	T3	ST
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST; AL
BASAGLAR KWIKPEN	T9	
FIASP	T3	ST
FIASP FLEXTOUCH	T3	ST; AL
FIASP PENFILL	T3	ST; AL
HUMALOG JUNIOR KWIKPEN	T2	AL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2	AL
HUMALOG MIX 50/50	T2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMALOG MIX 75/25	T2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL

Medication	Coverage Level	Restrictions
HUMALOG SUBCUTANEOUS SOLUTION	T2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	AL
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMULIN N	T2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMULIN R	T2	
HUMULIN R U-500 (CONCENTRATED)	T2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	AL
insulin asp prot & asp flexpen	T3	ST; AL
insulin aspart	T3	ST
insulin aspart flexpen	T3	ST; AL
insulin aspart penfill	T3	ST
insulin aspart prot & aspart	T3	ST
insulin lispro	T9	
insulin lispro junior kwikpen	T9	
insulin lispro prot & lispro	T9	
LANTUS	T2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
LYUMJEV	T2	AL
LYUMJEV KWIKPEN	T2	AL
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST; AL
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST; AL
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST; AL
NOVOLOG	T9	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	

Medication	Coverage Level	Restrictions
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
SEMGLEE	T9	
SOLIQUA	T3	PA; QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR	T2	
TOUJEO SOLOSTAR	T2	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
XULTOPHY	T3	PA
Intermediate-Acting Insulins		
HUMALOG MIX 50/50	T2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMALOG MIX 75/25	T2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMULIN N	T2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
insulin asp prot & asp flexpen	T3	ST; AL
insulin aspart prot & aspart	T3	ST
insulin lispro prot & lispro	T9	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST; AL
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST; AL
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	
Leptins		
MYALEPT	T5	PA
Long-Acting Insulins		
BASAGLAR KWIKPEN	T9	
LANTUS	T2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	

Medication	Coverage Level	Restrictions
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
SEMGLEE	T9	
SOLIQUA	T3	PA; QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR	T2	
TOUJEO SOLOSTAR	T2	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
XULTOPHY	T3	PA
Meglitinides		
nateglinide	T1	
repaglinide	T1	
STARLIX	T3	
Parathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	
NATPARA	T5	PA
teriparatide (recombinant)	T5	PA
TYMLOS	T4	PA; QL (1 pen per 30 days)
Parathyroid And Antiparathyroid Agents		
calcitonin (salmon)	T1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	
MIACALCIN NASAL	T3	
NATPARA	T5	PA
TYMLOS	T4	PA; QL (1 pen per 30 days)
Pituitary		
ACTHAR	T4	PA
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
desmopressin ace spray refrig	T2	ST
desmopressin acetate oral tablet 0.1 mg	T1	QL (180 tablets per 30 days)
desmopressin acetate oral tablet 0.2 mg	T1	
desmopressin acetate spray	T2	ST
GENOTROPIN	T4	PA
GENOTROPIN MINIQUICK	T4	PA
HUMATROPE	T9	
NOCDURNA	T9	
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML	T9	

Medication	Coverage Level	Restrictions
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	T4	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	T9	
OMNITROPE SUBCUTANEOUS SOLUTION	T9	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	
SAIZEN	T9	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T5	PA; QL (31 Day Supply per 1 Dispensing)
STIMATE	T4	
ZORBTIVE	T5	PA
Progestins		
ACTIVELLA	T3	
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
AYGESTIN	T3	
BIJUVA	T9	
COMBIPATCH	T2	
CRINONE	T9	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3	PV
ENDOMETRIN	T4	
estradiol-norethindrone acet oral tablet 1-0.5 mg	T1	
FEMHRT LOW DOSE	T3	
JINTELI	T1	
LOPREEZA	T1	
MAKENA INTRAMUSCULAR	T9	
medroxyprogesterone acetate intramuscular suspension	T1	PV
medroxyprogesterone acetate oral	T1	
MEGACE ES	T3	ST
megestrol acetate oral suspension 40 mg/ml	T1	
megestrol acetate oral suspension 625 mg/5ml	T9	
megestrol acetate oral tablet	T1	
MIMVEY	T1	
MIMVEY LO	T1	
norethindrone acetate oral	T1	

Medication	Coverage Level	Restrictions
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	T1	
ORIAHNN	T4	PA; QL (56 capsules per 28 Days)
progesterone intramuscular	T1	
progesterone micronized oral	T1	
PROMETRIUM	T3	
PROVERA	T3	
SLYND	T9	
Rapid-Acting Insulins		
ADMELOG	T3	ST
ADMELOG SOLOSTAR	T3	ST; AL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT	T3	ST
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST; AL
FIASP	T3	ST
FIASP FLEXTOUCH	T3	ST; AL
FIASP PENFILL	T3	ST; AL
HUMALOG JUNIOR KWIKPEN	T2	AL
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T2	AL
HUMALOG MIX 50/50	T2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMALOG MIX 75/25	T2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMALOG SUBCUTANEOUS SOLUTION	T2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2	AL
insulin asp prot & asp flexpen	T3	ST; AL
insulin aspart	T3	ST
insulin aspart flexpen	T3	ST; AL
insulin aspart penfill	T3	ST
insulin aspart prot & aspart	T3	ST
insulin lispro	T9	
insulin lispro junior kwikpen	T9	
insulin lispro prot & lispro	T9	

Medication	Coverage Level	Restrictions
LYUMJEV	T2	AL
LYUMJEV KWIKPEN	T2	AL
NOVOLOG	T9	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG MIX 70/30	T9	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
Renin-Angiotensin-Aldosterone Syst(Raas)		
GIAPREZA	T6	
Short-Acting Insulins		
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	AL
HUMULIN R	T2	
HUMULIN R U-500 (CONCENTRATED)	T2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	AL
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST; AL
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST; AL
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
FARXIGA	T3	PA; QL (31 tablets per 31 days)
GLYXAMBI	T3	PA; QL (30 tablets per 30 days)
INVOKAMET	T3	PA; ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	PA; ST; QL (60 tablets per 30 days)
INVOKANA	T3	PA; ST; QL (31 tablets per 31 days)
JARDIANCE	T3	PA; QL (30 tablets per 30 days)
QTERN ORAL TABLET 10-5 MG	T3	PA; QL (30 tablets per 30 days)
QTERN ORAL TABLET 5-5 MG	T3	QL (30 tablets per 30 days)
SEGLUROMET	T2	PA; QL (60 tablets per 30 days)
STEGLATRO	T2	PA; QL (30 tablets per 30 days)
STEGLUJAN	T3	PA; ST; QL (30 tablets per 30 days)
SYNJARDY	T3	PA; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T3	PA; QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T3	PA; QL (60 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T3	PA; 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	T3	PA; QL (60 tablets per 30 Days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T3	PA; QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	PA; QL (60 tablets per 30 days)
Somatostatin Agonists		
BYNFEZIA PEN	T9	
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T5	QL (31 Day Supply per 1 Dispensing)
SIGNIFOR	T5	PA
SOMATULINE DEPOT	T4	
Somatotropin Agonists		
INCRELEX	T4	PA
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	T4	PA
Sulfonylureas		
AMARYL	T3	
DUETACT	T9	
glimepiride	T1	
glipizide er	T1	
glipizide oral	T1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg	T1	
glipizide-metformin hcl	T1	
GLUCOTROL	T3	
GLUCOTROL XL	T3	
glyburide micronized	T1	
glyburide oral	T1	

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

Medication	Coverage Level	Restrictions
PROSCAR	T3	
Alcohol Deterrents		
ANTABUSE	T3	
disulfiram oral	T1	
naltrexone hcl oral	T1	
Antidotes		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 days)
CHEMET	T4	
FOSRENOL ORAL PACKET	T5	QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	QL (150 tablets per 30 days)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
glucagon emergency injection kit	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN	T2	QL (2 kits per 30 Days)
GVOKE PFS	T2	QL (2 kits per 30 Day(s)s)
KIONEX ORAL SUSPENSION	T1	
lanthanum carbonate oral tablet chewable 1000 mg	T4	QL (90 tablets per 30 days)
lanthanum carbonate oral tablet chewable 500 mg	T4	QL (210 tablets per 30 days)
lanthanum carbonate oral tablet chewable 750 mg	T4	QL (150 tablets per 30 days)
leucovorin calcium oral	T1	
MEPHYTON	T3	QL (3 tablets per 30 days)
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	QL (2 Vials/Syringes per 365 Day(s)s)
naloxone hcl injection solution auto-injector	T9	
naloxone hcl injection solution cartridge	T1	QL (2 Vials/Syringes per 365 Day(s)s)
naloxone hcl injection solution prefilled syringe	T1	QL (2 Vials/Syringes per 365 Day(s)s)
NARCAN	T3	QL (2 units per 365 days)
phytonadione injection solution 1 mg/0.5ml	T3	
phytonadione oral	T1	QL (3 tablets per 30 Days)
RENAGEL ORAL TABLET 800 MG	T5	ST; QL (180 tablets per 30 days)
RENVELA	T9	
sevelamer carbonate oral packet	T5	

Medication	Coverage Level	Restrictions
sevelamer carbonate oral tablet	T4	QL (510 tablets per 30 days)
sevelamer hcl	T4	ST; QL (180 tablets per 30 days)
sodium polystyrene sulfonate oral powder	T1	
sodium polystyrene sulfonate rectal	T1	
SPS	T3	
VISTOGARD	T4	QL (20 packets per 5 days)
Antigout Agents		
allopurinol oral	T1	
allopurinol sodium	T1	
ANAPROX DS	T3	
colchicine oral capsule	T2	QL (120 capsules per 30 days)
colchicine oral tablet	T2	QL (120 tablets per 30 days)
colchicine-probenecid	T1	
COLCRYS	T9	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
febuxostat	T2	ST
GLOPERBA	T9	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
indomethacin er	T1	
indomethacin oral capsule 20 mg	T9	
indomethacin oral capsule 25 mg, 50 mg	T1	
MITIGARE	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG	T3	
naproxen dr	T1	
naproxen oral suspension	T1	QL (473 ML per 30 days); AL
naproxen oral tablet	T1	
naproxen sodium er	T9	
naproxen sodium oral tablet	T1	
probenecid oral	T1	
TIVORBEX	T9	
ULORIC	T3	ST
ZYLOPRIM	T3	
Antisense Oligonucleotides		
EXONDYS 51	T9	
TEGSEDI	T4	PA; QL (4 syringes per 30 days)

Medication	Coverage Level	Restrictions
Bone Anabolic Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	
NATPARA	T5	PA
teriparatide (recombinant)	T5	PA
TYMLOS	T4	PA; QL (1 pen per 30 days)
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablets per 30 days)
ACTONEL ORAL TABLET 30 MG, 35 MG, 5 MG	T3	
alendronate sodium	T1	
ATELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
calcitonin (salmon)	T1	
etidronate disodium	T3	ST
EVISTA	T3	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
ibandronate sodium oral	T1	
MIACALCIN NASAL	T3	
raloxifene hcl	T1	
risedronate sodium oral tablet 150 mg	T1	ST; QL (1 tablets per 30 days)
risedronate sodium oral tablet 30 mg, 35 mg, 5 mg	T1	ST
risedronate sodium oral tablet delayed release	T2	ST
zoledronic acid intravenous concentrate	T6	MB (Refer to your medical plan documents for coverage details.)
zoledronic acid intravenous solution 5 mg/100ml	T6	MB (Refer to your medical plan documents for coverage details.)
Cariostatic Agents		
CAVAREST	T1	
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
FLORIVA ORAL LIQUID	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FLUORABON	T2	AL
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	

Medication	Coverage Level	Restrictions
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T3	AL
multivitamins/fluoride oral tablet chewable 0.5 mg	T9	AL
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
PREVIDENT	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
sf	T1	
sf 5000 plus	T1	
sodium fluoride 5000 ppm dental paste	T1	
sodium fluoride 5000 sensitive	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride oral solution	T1	
sodium fluoride oral tablet chewable	T1	
TEXAVITE LQ	T9	
tl-fluorivite	T9	
tri-vitamin/fluoride oral solution 0.25 mg/ml	T1	
Complement Inhibitors		
BERINERT	T4	PA
CINRYZE	T9	
FIRAZYR	T9	
HAEGARDA	T5	PA
icatibant acetate	T5	PA; QL (3 syinges per 1 fill); AL
KALBITOR	T5	PA; AL
RUCONEST	T9	
TAKHZYRO	T4	PA
Disease-Modifying Antirheumatic Agents		
ACTEMRA ACTPEN	T4	PA; QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; QL (4 ML per 28 days)
ARAVA	T5	
AVSOLA	T9	
azathioprine oral	T1	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
CIMZIA PREFILLED	T5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA
CUPRIMINE ORAL CAPSULE 250 MG	T9	

Medication	Coverage Level	Restrictions
cyclosporine modified	T1	
cyclosporine oral capsule	T1	
DEPEN TITRATABS	T5	PA; QL (120 tablets per 30 days)
ENBREL MINI	T4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; QL (8 vials per 30 Days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML	T4	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; QL (1 kit per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; QL (1 kit per 2 yearss)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
hydroxychloroquine sulfate oral	T1	
IMURAN	T3	
INFLECTRA	T7	MB (Refer to your medical plan documents for coverage details.)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA
leflunomide oral	T1	
methotrexate oral	T1	
methotrexate sodium injection solution reconstituted	T1	

Medication	Coverage Level	Restrictions
NEORAL	T3	
OLUMIANT	T5	PA
ORENCIA CLICKJECT	T5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA
OTEZLA ORAL TABLET	T4	PA; QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	T3	ST
penicillamine oral capsule	T9	
PLAQUENIL	T3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST
REMICADE	T9	
RENFLEXIS	T7	MB (Refer to your medical plan documents for coverage details.)
RIDAURA	T2	
RINVOQ	T4	PA; QL (30 tablets per 30 days)
SANDIMMUNE ORAL	T3	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
sulfasalazine oral	T1	
TREXALL	T3	ST
XATMEP	T3	AL
XELJANZ	T4	PA; QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; QL (30 tablets per 30 days)
Gonadotropin-Releasing Hormone Antagnts		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
ganirelix acetate subcutaneous solution prefilled syringe	T4	ST

Medication	Coverage Level	Restrictions
Immunomodulatory Agents		
ACTEMRA ACTPEN	T4	PA; QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; QL (4 ML per 28 days)
ACTIMMUNE	T4	
ARAVA	T5	
AUBAGIO	T5	PA
AVONEX	T4	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA
AVSOLA	T9	
azathioprine oral	T1	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
BETASERON SUBCUTANEOUS KIT	T4	PA
CIMZIA PREFILLED	T5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
cyclosporine modified	T1	
cyclosporine oral capsule	T1	
dimethyl fumarate oral	T4	ST
dimethyl fumarate starter pack	T4	ST
ENBREL MINI	T4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; QL (8 vials per 30 Days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
EXTAVIA SUBCUTANEOUS KIT	T5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
GILENYA	T4	PA
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	T4	PA; QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	T4	PA; QL (12 ML per 28 days)

Medication	Coverage Level	Restrictions
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	PA; QL (12 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	T4	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; QL (1 kit per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; QL (1 kit per 2 yearss)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
hydroxychloroquine sulfate oral	T1	
IMURAN	T3	
INFLECTRA	T7	MB (Refer to your medical plan documents for coverage details.)
INTRON A	T4	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA
leflunomide oral	T1	
LEMTRADA	T9	
MAYZENT ORAL TABLET 0.25 MG	T4	PA; QL (4 tablets per 1 day)
MAYZENT ORAL TABLET 2 MG	T4	PA; QL (1 tablet per 1 day)
methotrexate oral	T1	
methotrexate sodium injection solution reconstituted	T1	
NEORAL	T3	
OLUMIANT	T5	PA
ORENCIA CLICKJECT	T5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA

Medication	Coverage Level	Restrictions
OTEZLA ORAL TABLET	T4	PA; QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	T3	ST
PLAQUENIL	T3	
PLEGRIDY	T4	PA; QL (2 ML per 28 days)
PLEGRIDY STARTER PACK	T4	PA; QL (2 ML per 28 days)
POMALYST	T5	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; QL (6 ML per 28 days)
REMICADE	T9	
RENFLEXIS	T7	MB (Refer to your medical plan documents for coverage details.)
REVLIMID	T4	QL (30 capsules per 30 days)
RIDAURA	T2	
RINVOQ	T4	PA; QL (30 tablets per 30 days)
SANDIMMUNE ORAL	T3	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
sulfasalazine oral	T1	
TECFIDERA	T4	PA; ST
THALOMID	T4	
TREXALL	T3	ST
VUMERITY	T9	
VUMERITY (STARTER)	T9	
XATMEP	T3	AL

Medication	Coverage Level	Restrictions
XELJANZ	T4	PA; QL (60 tablets per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; QL (30 tablets per 30 days)
ZEPOSIA	T4	PA; QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; QL (30 tablets per 30 days)
ZEPOSIA STARTER KIT	T4	PA; QL (30 tablets per 30 days)
Immunosuppressive Agents		
ASTAGRAF XL	T5	ST
azathioprine oral	T1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (4 ML per 28 days)
CELLCEPT	T3	
cyclophosphamide injection solution reconstituted 500 mg	T6	
cyclophosphamide oral capsule	T4	
cyclosporine modified	T1	
cyclosporine oral capsule	T1	
ELIDEL	T3	ST; QL (30 GM per 30 days)
ENVARSUS XR	T3	ST
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	T4	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
IMURAN	T3	
MAVENCLAD (10 TABS)	T9	
MAVENCLAD (4 TABS)	T9	
MAVENCLAD (5 TABS)	T9	
MAVENCLAD (6 TABS)	T9	
MAVENCLAD (7 TABS)	T9	
MAVENCLAD (8 TABS)	T9	
MAVENCLAD (9 TABS)	T9	
mercaptopurine oral	T1	
methotrexate oral	T1	
methotrexate sodium injection solution reconstituted	T1	
mycophenolate mofetil	T1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (248 tablets per 31 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (124 tablets per 31 days)

Medication	Coverage Level	Restrictions
NEORAL	T3	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML	T3	ST
pimecrolimus	T1	ST; QL (30 GM per 30 days)
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL
PURIXAN	T5	
RAPAMUNE	T5	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST
SANDIMMUNE ORAL	T3	
sirolimus oral	T4	
tacrolimus oral	T1	
TREXALL	T3	ST
XATMEP	T3	AL
ZORTRESS	T5	
Other Miscellaneous Therapeutic Agents		
acetylcysteine inhalation	T1	
american cockroach	T6	
american elm	T6	
AMPYRA	T9	
ARCALYST	T4	
CARDIOVID PLUS	T9	
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CARTICEL	T9	
CERDELGA	T4	QL (60 capsules per 30 days)
cinacalcet hcl	T4	
coenzyme q10	T9	
coenzyme q-10 oral capsule 100 mg	T9	
dalfampridine er	T5	PA
DEMSER	T9	
ENDARI	T9	
EVOTAZ	T4	QL (30 tablets per 30 days)
EXONDYS 51	T9	
GALAFOLD	T4	PA; QL (14 capsules per 28 days)
GRASTEK	T3	AL

Medication	Coverage Level	Restrictions
ISTURISA ORAL TABLET 1 MG	T5	PA; QL (120 Tablets per 30 days)
ISTURISA ORAL TABLET 10 MG, 5 MG	T5	PA; QL (60 Tablets per 30 days)
KUVAN	T5	PA
levocarnitine oral solution	T1	
levocarnitine oral tablet	T1	
levocarnitine sf	T2	
maca	T9	
methazel	T9	
metyrosine	T9	
miglustat	T5	PA
mixed ragweed	T6	
mountain cedar	T6	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
nitisinone	T9	
NITYR	T9	
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T4	
ORALAIR	T3	AL
ORFADIN	T9	
POTABA ORAL CAPSULE	T9	
PREZCOBIX	T4	QL (30 tablets per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
RAGWITEK	T3	AL
REMICADE	T9	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	T5	QL (31 Day Supply per 1 Dispensing)
sapropterin dihydrochloride	T4	PA
SENSIPAR	T5	
SYMTUZA	T4	QL (30 tablets per 30 days)
THIOLA	T4	PA; QL (240 tablets per 30 days)
THIOLA EC	T9	
TYBOST	T2	QL (30 tablets per 30 days)
XURIDEN	T9	
ZAVESCA	T9	
Protective Agents		
ELMIRON	T5	QL (90 capsules per 30 days)
MESNEX ORAL	T4	

Medication	Coverage Level	Restrictions
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
CAYA	T3	
PHEXXI	T9	
Oxytocics		
Oxytocics		
METHERGINE ORAL	T9	
methylergonovine maleate oral	T3	QL (28 tablets per 365 days)
Pharmaceutical Aids		
Pharmaceutical Aids		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
BROMFED DM	T9	
epinephrine injection solution auto-injector	T2	QL (4 pens per 31 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
fexofenadine-pseudoephed er oral tablet extended release 24 hour	T9	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1	
pseudoeph-chlorphen-hydrocod	T1	
pseudoephedrine hcl oral tablet 60 mg	T9	
SEMPREX-D	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
Anticholinergic Agents (Respir.Tract)		
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	T1	
ATROVENT HFA	T2	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
diphenoxylate-atropine	T1	

Medication	Coverage Level	Restrictions
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
ipratropium bromide inhalation	T1	
ipratropium-albuterol	T1	QL (540 ML per 30 days)
LOMOTIL ORAL TABLET	T3	
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA	T2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days); AL
Antifibrotic Agents		
ESBRIET ORAL CAPSULE	T4	PA; QL (270 capsules per 30 days)
ESBRIET ORAL TABLET 267 MG	T4	PA; QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T4	PA; QL (90 tablets per 30 days)
OFEV	T4	PA; QL (60 capsules per 30 days); AL
Antitussives		
benzonatate oral capsule 100 mg, 200 mg	T1	
benzonatate oral capsule 150 mg	T9	
BROMFED DM	T9	
cheratussin ac oral syrup	T1	
codeine sulfate oral tablet 30 mg, 60 mg	T1	
guaifenesin-dm oral syrup	T9	
HISTEX-AC	T9	
hydrocod polst-cpm polst er oral suspension extended release	T1	
hydrocodone-homatropine oral syrup	T1	
hydromet	T1	
maxi-tuss cd	T9	
NUEDEXTA	T4	PA; QL (60 Capsules per 30 days)
promethazine-codeine oral syrup	T1	
promethazine-dm oral syrup	T1	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1	
pseudoeph-chlorphen-hydrocod	T1	
TESSALON PERLES	T3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	

Medication	Coverage Level	Restrictions
Cystic Fibrosis (Cftr) Correctors		
ORKAMBI ORAL PACKET	T4	PA; QL (60 granules per 30 days); AL
ORKAMBI ORAL TABLET	T4	PA; QL (120 tablets per 30 days); AL
SYMDEKO	T4	PA; QL (60 tablets per 31 days)
TRIKAFTA	T4	PA; QL (84 tablets per 28 Days)
Cystic Fibrosis (Cftr) Potentiators		
KALYDECO ORAL PACKET 50 MG, 75 MG	T4	PA; QL (2 packets per 1 day); AL
KALYDECO ORAL TABLET	T4	PA; QL (2 tablets per 1 day); AL
ORKAMBI ORAL PACKET	T4	PA; QL (60 granules per 30 days); AL
ORKAMBI ORAL TABLET	T4	PA; QL (120 tablets per 30 days); AL
SYMDEKO	T4	PA; QL (60 tablets per 31 days)
TRIKAFTA	T4	PA; QL (84 tablets per 28 Days)
Expectorants		
cheratussin ac oral syrup	T1	
guaifenesin oral solution 100 mg/5ml	T9	
guaifenesin oral tablet 400 mg	T9	
guaifenesin-dm oral syrup	T9	
phenylephrine-guaifenesin oral liquid	T1	
First Generation Antihist.(Respir Tract)		
BONJESTA	T9	
BROMFED DM	T9	
carbinoxamine maleate oral solution	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
carbinoxamine maleate oral tablet 6 mg	T9	
chlorpheniramine maleate er	T9	
clemastine fumarate oral tablet 1.34 mg	T9	
clemastine fumarate oral tablet 2.68 mg	T1	
cyproheptadine hcl oral	T1	
DICLEGIS	T9	
DICOPANOL FUSEPAQ	T9	
diphenhydramine hcl oral capsule	T9	
diphenhydramine hcl oral elixir	T9	
doxylamine-pyridoxine	T9	
HISTEX-AC	T9	
hydrocod polst-cpm polst er oral suspension extended release	T1	

Medication	Coverage Level	Restrictions
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
maxi-tuss cd	T9	
promethazine hcl oral syrup	T1	
promethazine hcl oral tablet	T1	
promethazine-codeine oral syrup	T1	
promethazine-dm oral syrup	T1	
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	T1	
pseudoeph-chlorphen-hydrocod	T1	
RYVENT	T9	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; QL (2 syringes per 28 days)
FASENRA PEN	T4	PA; QL (1 ML per 56 days)
Leukotriene Modifiers		
ACCOLATE	T3	
montelukast sodium oral	T1	
SINGULAIR	T3	
zafirlukast	T1	
zileuton er	T5	ST; QL (120 tablets per 30 days); AL
ZYFLO	T9	
Mast-Cell Stabilizers		
ALOCRIL	T3	ST
cromolyn sodium inhalation	T3	
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T3	
GASTROCROM	T3	
Mucolytic Agents		
acetylcysteine inhalation	T1	
PULMOZYME	T4	PA; QL (60 ampules per 30 days)
Nasal Preparations (Steroids)		
azelastine-fluticasone	T9	
BECONASE AQ	T9	

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

Medication	Coverage Level	Restrictions
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T9	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 inhaler per 30 days)
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDIHALER	T2	
SYMBICORT	T2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA	T2	
WIXELA INHUB	T9	
Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET 250 MCG	T3	PA; QL (1 Fill per 1 Lifetime)
DALIRESP ORAL TABLET 500 MCG	T3	PA
Second Generation Antihist(Respir Tract)		
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
azelastine-fluticasone	T9	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 5 MG	T9	
DYMISTA	T9	
fexofenadine hcl oral tablet 180 mg, 60 mg	T9	
fexofenadine-pseudoephed er oral tablet extended release 24 hour	T9	
QUZYTTIR	T9	
SEMPREX-D	T9	
Select.Beta-2-Adrenergic Agonist(Respir)		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
albuterol sulfate er	T1	

Medication	Coverage Level	Restrictions
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	T1	
albuterol sulfate oral	T1	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
ARCAPTA NEOHALER	T3	
BEVESPI AEROSPHERE	T2	QL (1 GM per 30 days)
BREO ELLIPTA	T9	
BROVANA	T4	AL
budesonide-formoterol fumarate	T9	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T9	
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 inhaler per 30 days)
ipratropium-albuterol	T1	QL (540 ML per 30 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1	
metaproterenol sulfate oral syrup	T1	
PERFOROMIST	T4	AL
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL
SYMBICORT	T2	QL (1 inhaler per 30 days)
terbutaline sulfate oral	T1	
TRELEGY ELLIPTA	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days); AL
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
WIXELA INHUB	T9	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	

Medication	Coverage Level	Restrictions
Vasodilating Agents (Respiratory Tract)		
ADCIRCA	T9	
ADEMPAS	T4	PA; QL (90 tablets per 30 days)
ambrisentan	T4	PA
bosentan	T4	PA
LETAIRIS	T9	
OPSUMIT	T5	PA; QL (1 tablet per 1 day)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; QL (60 tablets per 30 days)
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA
sildenafil citrate oral suspension reconstituted	T4	PA; QL (180 ML per 30 days); AL
sildenafil citrate oral tablet 20 mg	T3	PA
tadalafil (pah)	T9	
TRACLEER	T9	
TYVASO	T4	PA
TYVASO REFILL	T4	PA
TYVASO STARTER	T4	PA
UPTRAVI ORAL TABLET	T5	PA; QL (60 tablets per 30 days)
VENTAVIS	T4	PA
Xanthine Derivatives		
ELIXOPHYLLIN	T3	
THEO-24	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour	T1	
Skin And Mucous Membrane Agents		
Allylamines (Skin And Mucous Membrane)		
naftifine hcl external cream 1 %	T3	ST; QL (90 GM per 30 days)
naftifine hcl external cream 2 %	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	

Medication	Coverage Level	Restrictions
Antibacterials (Skin, Mucous Membrane)		
ACANYA	T9	
ACZONE	T9	
AKTIPAK	T9	
ALTABAX	T9	ST
AMZEEQ	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
benzoyl peroxide-erythromycin	T2	
CENTANY	T3	
CLEOCIN VAGINAL	T9	
CLEOCIN-T EXTERNAL GEL	T9	
CLEOCIN-T EXTERNAL LOTION	T9	
CLINDAGEL	T9	
clindamycin phos-benzoyl perox external gel 1.2-5 %	T2	
clindamycin phos-benzoyl perox external gel 1-5 %	T9	
clindamycin phosphate external gel	T9	
clindamycin phosphate external lotion	T9	
clindamycin phosphate external solution	T1	QL (180 ML per 30 days)
clindamycin phosphate external swab	T1	
clindamycin phosphate vaginal	T1	
clindamycin-tretinoin	T3	
CLINDESSE	T3	ST
CORTISPORIN EXTERNAL	T2	
dapsone external	T9	
DUAC	T9	
ery	T1	
erythromycin external gel	T1	
erythromycin external solution	T1	
gentamicin sulfate external	T1	
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROGEL-VAGINAL	T3	
METROLOTION	T3	
metronidazole external	T1	
metronidazole vaginal	T1	
mupirocin calcium	T9	
mupirocin external	T1	QL (22 GM per 30 days)

Medication	Coverage Level	Restrictions
NEO-SYNALAR EXTERNAL CREAM	T9	
NEUAC EXTERNAL GEL	T1	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
NORITATE	T9	
NUVESSA	T9	
ONEXTON	T9	
VANDAZOLE	T1	
VELTIN	T9	
XEPI	T9	
ZIANA	T9	
ZILXI	T9	
Antifulgals (Skin, Mucous Membrane),Misc		
ALA-QUIN	T9	
bensal hp	T9	
Anti-Inflammatory Agents (Skin, Mucous)		
ALA SCALP	T9	
ala-cort external cream 1 %	T9	
ALA-QUIN	T9	
alclometasone dipropionate	T1	
ALCORTIN A	T9	
amcinonide	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
APEXICON E	T9	
AQUANIL HC	T1	
betamethasone dipropionate aug external cream	T1	
betamethasone dipropionate aug external gel	T1	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion	T2	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment	T1	QL (50 GM per 30 days)
betamethasone dipropionate external	T1	
betamethasone valerate external cream	T1	
betamethasone valerate external foam	T9	
betamethasone valerate external lotion	T1	QL (60 ML per 30 days)
betamethasone valerate external ointment	T1	
calcipotriene-betameth diprop	T9	
CAPEX	T9	
clobetasol prop emollient base	T1	
clobetasol propionate emulsion	T9	
clobetasol propionate external cream	T1	ST
clobetasol propionate external foam	T9	

Medication	Coverage Level	Restrictions
clobetasol propionate external gel	T1	
clobetasol propionate external liquid	T9	
clobetasol propionate external lotion	T3	ST; QL (118 ML per 30 days)
clobetasol propionate external ointment	T1	QL (60 GM per 30 days)
clobetasol propionate external shampoo	T2	ST; QL (118 ML per 30 days)
clobetasol propionate external solution	T1	
CLOBEX	T3	ST
CLOBEX SPRAY	T9	
clocortolone pivalate	T9	
CLODAN EXTERNAL KIT	T3	
CLODERM	T9	
clotrimazole-betamethasone	T1	
CORDRAN	T9	
CORTENEMA	T3	
CORTISPORIN EXTERNAL	T2	
DERMA-SMOOTHE/FS BODY	T3	
DERMA-SMOOTHE/FS SCALP	T3	
DESONATE	T9	
desonide external	T9	
DESOWEN EXTERNAL CREAM	T9	
desoximetasone external cream 0.05 %	T9	
desoximetasone external cream 0.25 %	T1	
desoximetasone external gel	T9	
desoximetasone external liquid	T9	
desoximetasone external ointment 0.05 %	T9	
desoximetasone external ointment 0.25 %	T1	
diflorasone diacetate external	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	
ELOCON EXTERNAL CREAM	T3	
enovarx-ibuprofen	T9	
enovarx-naproxen external	T9	
ENSTILAR	T9	
EPIFOAM	T9	
EUCRISA	T3	ST
fluocinolone acetonide body	T1	
fluocinolone acetonide external cream 0.01 %	T1	ST
fluocinolone acetonide external cream 0.025 %	T1	
fluocinolone acetonide external ointment	T1	
fluocinolone acetonide external solution	T1	ST

Medication	Coverage Level	Restrictions
fluocinolone acetonide scalp	T1	
fluocinonide emulsified base	T1	
fluocinonide external cream 0.05 %	T1	
fluocinonide external cream 0.1 %	T9	
fluocinonide external gel	T1	
fluocinonide external ointment	T1	
fluocinonide external solution	T1	QL (60 ML per 30 days)
flurandrenolide	T9	
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T9	
fluticasone propionate external ointment	T1	
halobetasol propionate external cream	T2	ST; QL (50 GM per 30 days)
halobetasol propionate external ointment	T2	QL (50 GM per 30 days)
HALOG	T9	
hydrocortisone ace-pramoxine external cream 2.5-1 %	T2	
hydrocortisone acetate rectal suppository 25 mg	T1	
hydrocortisone acetate rectal suppository 30 mg	T9	
hydrocortisone butyr lipo base	T9	
hydrocortisone butyrate external cream	T9	
hydrocortisone butyrate external lotion	T9	
hydrocortisone butyrate external ointment	T9	
hydrocortisone butyrate external solution	T1	
hydrocortisone external cream 1 %	T9	
hydrocortisone external cream 2.5 %	T1	
hydrocortisone external lotion 1 %	T9	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 0.5 %, 1 %	T9	
hydrocortisone external ointment 2.5 %	T1	
hydrocortisone rectal enema	T1	
hydrocortisone valerate external cream	T1	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	T2	ST
hydrocortisone-aloe external cream 0.5 %	T9	
IMPOYZ	T9	
iodoquinol-hydrocortisone-aloe	T9	
KENALOG EXTERNAL	T9	
lidocaine-hydrocortisone ace rectal gel	T9	
lidocaine-hydrocortisone ace rectal kit	T9	
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	

Medication	Coverage Level	Restrictions
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
LUXIQ	T9	
mometasone furoate external	T1	
NEO-SYNALAR EXTERNAL CREAM	T9	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
OLUX	T9	
OLUX-E	T9	
ORALONE	T3	
PANDEL	T9	
PRAMOSONE	T9	
prednicarbate	T1	
PROCTOCORT RECTAL SUPPOSITORY	T9	
RIMSO-50	T6	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
SYNALAR TS	T9	
TACLONEX	T9	
TEMOVATE EXTERNAL OINTMENT	T3	ST
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	
triamcinolone acetonide external aerosol solution	T9	
triamcinolone acetonide external cream	T1	
triamcinolone acetonide external lotion 0.1 %	T1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %	T1	
triamcinolone acetonide external ointment 0.05 %	T9	
triamcinolone acetonide mouth/throat	T1	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1	
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VANOXIDE-HC	T9	

Medication	Coverage Level	Restrictions
VERDESO	T9	
VYTONE	T9	
XERESE	T9	
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	T3	ST
Antipruritics And Local Anesthetics		
CETACAINE EXTERNAL AEROSOL	T9	
DERMACINRX PRIZOPAK	T9	
doxepin hcl external	T9	
enovarx-lidocaine hcl external cream 10 %	T9	
EPIFOAM	T9	
ethyl chloride	T9	
hydrocortisone ace-pramoxine external cream 2.5-1 %	T2	
lidocaine external cream 4 %	T9	
lidocaine external ointment	T1	
lidocaine external patch 5 %	T9	
lidocaine hcl external cream 3 %, 4 %	T9	
lidocaine hcl external solution	T1	
lidocaine-hydrocortisone ace rectal gel	T9	
lidocaine-hydrocortisone ace rectal kit	T9	
lidocaine-prilocaine external cream	T1	
LIDODERM	T9	
lidopin external cream 3 %	T1	
lidopin external cream 3.25 %	T9	
lidopril external kit	T9	
lidorx	T9	
LIVIXIL PAK	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
phenazopyridine hcl oral tablet 100 mg, 200 mg	T1	
PLIAGLIS EXTERNAL CREAM	T9	
PRAMOSONE	T9	
PRUDOXIN	T9	
PYRIDIUM	T3	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
SYNERA	T9	
zeruvia	T9	
ZONALON	T9	
ZTLIDO	T9	

Medication	Coverage Level	Restrictions
Antivirals (Skin And Mucous Membrane)		
acyclovir external	T9	
DENAVIR	T9	
XERESE	T9	
ZOVIRAX EXTERNAL	T9	
Astringents		
DOMEBORO EXTERNAL PACKET	T9	
DRYSOL	T2	
XERAC AC	T9	
Azoles (Skin And Mucous Membrane)		
clotrimazole external cream	T9	
clotrimazole external solution	T9	
clotrimazole mouth/throat troche	T1	
clotrimazole-betamethasone	T1	
econazole nitrate external	T1	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST
EXELDERM	T3	ST
EXTINA	T9	QL (100 GM per 30 days)
GYNAZOLE-1	T3	
JUBLIA	T9	
ketoconazole external cream	T1	QL (60 GM per 30 days)
ketoconazole external foam	T1	QL (100 GM per 30 days)
ketoconazole external shampoo 2 %	T1	QL (120 ML per 30 days)
LOTRIMIN AF EXTERNAL CREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
luliconazole	T9	
LUZU	T9	
NIZORAL	T3	
ORAVIG	T4	ST
oxiconazole nitrate	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
sulconazole nitrate	T3	
TERAZOL 7	T3	
terconazole vaginal cream 0.4 %	T1	
terconazole vaginal suppository	T1	
VUSION	T9	
XOLEGEL	T9	

Medication	Coverage Level	Restrictions
Basic Lotions And Liniments		
ammonium lactate external lotion	T9	
GERI-HYDROLAC 12 EXTERNAL LOTION	T9	
GERI-HYDROLAC 5	T9	
lactic acid external lotion	T9	
PRUCLAIR	T9	
Basic Oils And Other Solvents		
AVO CREAM	T9	
BIAFINE	T9	
CERACADE	T9	
LUXAMEND	T9	
PHLAG SPRAY	T9	
PRUTECT	T9	
SONAFINE	T9	
SYNERDERM	T9	
Basic Ointments And Protectants		
ammonium lactate external cream	T9	
ELETONE	T9	
GERI-HYDROLAC 12 EXTERNAL CREAM	T9	
HPR PLUS-MB HYDROGEL	T9	
LAC-HYDRIN EXTERNAL CREAM	T9	
lactic acid e	T9	
LUXAMEND	T9	
TETRIX EXTERNAL CREAM	T9	
Benzylamines (Skin And Mucous Membrane)		
MENTAX	T9	
Cell Stimulants And Proliferants		
ALTRENO	T1	QL (45 grams per 30 days); AL
ATRALIN	T3	ST; AL
AVITA	T9	
clindamycin-tretinoin	T3	
REFISSA	T9	
REGRANEX	T4	ST
RENOVA	T9	
RENOVA PUMP	T9	
RETIN-A	T3	AL
RETIN-A MICRO	T3	ST
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	T3	ST

Medication	Coverage Level	Restrictions
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	T9	
tretinoin (emollient)	T9	
tretinoin external cream 0.025 %	T1	AL
tretinoin external cream 0.05 %, 0.1 %	T2	AL
tretinoin external gel 0.01 %, 0.025 %	T1	AL
tretinoin external gel 0.05 %	T2	AL
tretinoin microsphere	T9	
tretinoin microsphere pump	T9	
VELTIN	T9	
ZIANA	T9	
Corticosteroids (Skin, Mucous Membrane)		
ALA SCALP	T9	
ala-cort external cream 1 %	T9	
ALA-QUIN	T9	
alclometasone dipropionate	T1	
ALCORTIN A	T9	
amcinonide	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
APEXICON E	T9	
AQUANIL HC	T1	
betamethasone dipropionate aug external cream	T1	
betamethasone dipropionate aug external gel	T1	QL (50 GM per 30 days)
betamethasone dipropionate aug external lotion	T2	QL (60 ML per 30 days)
betamethasone dipropionate aug external ointment	T1	QL (50 GM per 30 days)
betamethasone dipropionate external	T1	
betamethasone valerate external cream	T1	
betamethasone valerate external foam	T9	
betamethasone valerate external lotion	T1	QL (60 ML per 30 days)
betamethasone valerate external ointment	T1	
BRYHALI	T3	ST
calcipotriene-betameth diprop	T9	
CAPEX	T9	
clobetasol prop emollient base	T1	
clobetasol propionate emulsion	T9	
clobetasol propionate external cream	T1	ST
clobetasol propionate external foam	T9	
clobetasol propionate external gel	T1	
clobetasol propionate external liquid	T9	

Medication	Coverage Level	Restrictions
clobetasol propionate external lotion	T3	ST; QL (118 ML per 30 days)
clobetasol propionate external ointment	T1	QL (60 GM per 30 days)
clobetasol propionate external shampoo	T2	ST; QL (118 ML per 30 days)
clobetasol propionate external solution	T1	
CLOBEX	T3	ST
CLOBEX SPRAY	T9	
clocortolone pivalate	T9	
CLODAN EXTERNAL KIT	T3	
CLODERM	T9	
clotrimazole-betamethasone	T1	
CORDRAN	T9	
CORTENEMA	T3	
CORTISPORIN EXTERNAL	T2	
DERMA-SMOOTHE/FS BODY	T3	
DERMA-SMOOTHE/FS SCALP	T3	
DERMAZENE	T9	
DESONATE	T9	
desonide external	T9	
DESOWEN EXTERNAL CREAM	T9	
desoximetasone external cream 0.05 %	T9	
desoximetasone external cream 0.25 %	T1	
desoximetasone external gel	T9	
desoximetasone external liquid	T9	
desoximetasone external ointment 0.05 %	T9	
desoximetasone external ointment 0.25 %	T1	
diflorasone diacetate external	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	
DUOBRII	T9	
ELOCON EXTERNAL CREAM	T3	
ENSTILAR	T9	
EPIFOAM	T9	
fluocinolone acetonide body	T1	
fluocinolone acetonide external cream 0.01 %	T1	ST
fluocinolone acetonide external cream 0.025 %	T1	
fluocinolone acetonide external ointment	T1	
fluocinolone acetonide external solution	T1	ST
fluocinolone acetonide scalp	T1	
fluocinonide emulsified base	T1	
fluocinonide external cream 0.05 %	T1	

Medication	Coverage Level	Restrictions
fluocinonide external cream 0.1 %	T9	
fluocinonide external gel	T1	
fluocinonide external ointment	T1	
fluocinonide external solution	T1	QL (60 ML per 30 days)
flurandrenolide	T9	
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T9	
fluticasone propionate external ointment	T1	
halobetasol propionate external cream	T2	ST; QL (50 GM per 30 days)
halobetasol propionate external foam	T9	
halobetasol propionate external ointment	T2	QL (50 GM per 30 days)
HALOG	T9	
hydrocortisone ace-pramoxine external cream 2.5-1 %	T2	
hydrocortisone acetate rectal suppository 25 mg	T1	
hydrocortisone acetate rectal suppository 30 mg	T9	
hydrocortisone butyr lipo base	T9	
hydrocortisone butyrate external cream	T9	
hydrocortisone butyrate external lotion	T9	
hydrocortisone butyrate external ointment	T9	
hydrocortisone butyrate external solution	T1	
hydrocortisone external cream 1 %	T9	
hydrocortisone external cream 2.5 %	T1	
hydrocortisone external lotion 1 %	T9	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 0.5 %, 1 %	T9	
hydrocortisone external ointment 2.5 %	T1	
hydrocortisone rectal enema	T1	
hydrocortisone valerate external cream	T1	QL (120 GM per 30 days)
hydrocortisone valerate external ointment	T2	ST
hydrocortisone-aloe external cream 0.5 %	T9	
hydrocortisone-iodoquinol external cream 1-1 %	T9	
IMPOYZ	T9	
iodoquinol-hydrocortisone-aloe	T9	
KENALOG EXTERNAL	T9	
lidocaine-hydrocortisone ace rectal gel	T9	
lidocaine-hydrocortisone ace rectal kit	T9	
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL SOLUTION	T3	

Medication	Coverage Level	Restrictions
LOCOID LIPOCREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
LUXIQ	T9	
mometasone furoate external	T1	
NEO-SYNALAR EXTERNAL CREAM	T9	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
OLUX	T9	
OLUX-E	T9	
ORALONE	T3	
PANDEL	T9	
PRAMOSONE	T9	
prednicarbate	T1	
PROCTOCORT RECTAL SUPPOSITORY	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
SYNALAR TS	T9	
TACLONEX	T9	
TEMOVATE EXTERNAL OINTMENT	T3	ST
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	
triamcinolone acetonide external aerosol solution	T9	
triamcinolone acetonide external cream	T1	
triamcinolone acetonide external lotion 0.1 %	T1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %	T1	
triamcinolone acetonide external ointment 0.05 %	T9	
triamcinolone acetonide mouth/throat	T1	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1	
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VANOXIDE-HC	T9	
VERDESO	T9	
VYTONE	T9	

Medication	Coverage Level	Restrictions
XERESE	T9	
Depigmenting Agents		
EPIQUIN MICRO	T9	
ESOTERICA DAYTIME	T9	
hydroquinone	T9	
hydroquinone external cream	T9	
melpaque hp	T9	
TRI-LUMA	T9	
Emollients, Demulcents, And Protectants		
ALEVICYN ANTIPRURITIC SG EXTERNAL GEL	T6	
Hydroxypyridones (Skin, Mucous Membrane)		
ciclopirox external	T1	
ciclopirox olamine external	T1	
ciclopirox treatment	T9	
LOPROX EXTERNAL SHAMPOO	T3	
PENLAC	T3	
Keratolytic Agents		
ACANYA	T9	
acne medication 10 external gel	T1	
acne medication 5 external gel	T1	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
bensal hp	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	
benzoyl peroxide external foam 5.3 %, 9.8 %	T9	
benzoyl peroxide external gel 8 %	T9	
benzoyl peroxide wash external liquid	T9	
bp 10-1	T9	

Medication	Coverage Level	Restrictions
bp cleansing wash	T1	
bp foam external foam 9.8 %	T9	
bp gel external gel 10 %, 5 %	T9	
bp wash external liquid 10 %, 2.5 %, 5 %, 7 %	T9	
bpo	T9	
bpo foaming cloths external 6 %	T9	
ciclopirox treatment	T9	
clindamycin phos-benzoyl perox external gel 1.2-5 %	T2	
clindamycin phos-benzoyl perox external gel 1-5 %	T9	
DUAC	T9	
KERALAC EXTERNAL CREAM 47 %	T9	
NEUAC EXTERNAL GEL	T1	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
ONEXTON	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PR BENZOYL PEROXIDE WASH	T9	
RIAX	T3	QL (1 GM per 30 days)
SALEX EXTERNAL SHAMPOO	T9	
salicylic acid er	T9	
salicylic acid external cream	T9	
salicylic acid external foam	T9	
salicylic acid external liquid 27.5 %	T9	
salicylic acid external lotion	T9	
salicylic acid external shampoo	T9	
salicylic acid wart remover	T9	
salicylic acid-cleanser	T9	
SALVAX	T9	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external emulsion	T1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external lotion 10-5 %	T9	
sulfacetamide sodium-sulfur external suspension 10-5 %	T9	

Medication	Coverage Level	Restrictions
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
ULTRASAL-ER	T9	
urea external cream 40 %, 45 %	T9	
urea external lotion 40 %	T9	
urea hydrating	T9	
urea nail external gel 45 %	T9	
UTOPIC	T9	
XALIX	T9	
xurea	T9	
Keratoplastic Agents		
coal tar external solution	T2	
DRITHO-CREME HP	T1	
ZITHRANOL	T3	ST
Local Anti-Infectives, Miscellaneous		
ALCORTIN A	T9	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
bp 10-1	T9	
bp cleansing wash	T1	
DERMAZENE	T9	
hydrocortisone-iodoquinol external cream 1-1 %	T9	
iodoquinol-hydrocortisone-aloe	T9	
KLARON	T3	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
selenium sulfide external lotion	T1	

Medication	Coverage Level	Restrictions
selenium sulfide external shampoo 2.25 %	T1	
selenium sulfide external shampoo 2.3 %	T9	
SELRX	T9	
SILVADENE	T3	
silver sulfadiazine external	T1	
sodium sulfacetamide external shampoo	T9	
SSD	T1	
sulfacetamide sodium (acne)	T2	
sulfacetamide sodium external gel	T1	
sulfacetamide sodium external liquid	T1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external emulsion	T1	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %	T9	
sulfacetamide sodium-sulfur external lotion 10-5 %	T9	
sulfacetamide sodium-sulfur external suspension 10-5 %	T9	
SULFAMYLON	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
ULESFIA	T3	
VYTONE	T9	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
diclofenac epolamine transdermal	T9	
diclofenac sodium transdermal gel 1 %	T1	
diclofenac sodium transdermal gel 3 %	T2	ST; QL (100 GM per 30 days)
diclofenac sodium transdermal solution	T9	
enovarx-ibuprofen	T9	
enovarx-naproxen external	T9	
FLECTOR TRANSDERMAL	T9	
LICART TRANSDERMAL	T9	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
VOLTAREN TRANSDERMAL	T9	
Oxaboroles		
KERYDIN	T9	
tavaborole	T9	

Medication	Coverage Level	Restrictions
Pigmenting Agents		
OXSORALEN ULTRA	T5	
Polyenes (Skin And Mucous Membrane)		
NYAMYC	T1	QL (60 GM per 30 days)
nystatin external cream	T1	
nystatin external ointment	T1	
nystatin external powder	T1	QL (60 GM per 30 days)
nystatin-triamcinolone	T1	
NYSTOP	T1	QL (60 GM per 30 days)
Scabicides And Pediculicides		
EURAX	T9	
lindane external shampoo	T1	
malathion external	T1	
NATROBA	T3	ST; AL
permethrin external cream	T1	
SKLICE	T3	
spinosad	T1	
ULESFIA	T3	
Skin And Mucous Membrane Agents, Misc.		
ABSORICA LD	T9	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	T9	
acitretin	T4	
ACZONE	T9	
adapalene external cream	T9	
adapalene external gel 0.1 %	T9	
adapalene external gel 0.3 %	T2	
adapalene external lotion	T9	
adapalene external solution	T9	
adapalene-benzoyl peroxide	T2	
AKLIEF	T9	
ALDARA	T3	
AMELUZ	T6	
AMNESTEEM	T2	QL (5 prescriptions per 2 years)
ARAZLO	T9	
ARTISS EXTERNAL SOLUTION	T6	
AVAGE	T9	
AVSOLA	T9	
azelaic acid external	T2	ST
AZELEX	T3	ST; QL (50 GM per 31 days)

Medication	Coverage Level	Restrictions
calcipotriene external cream	T1	QL (120 GM per 30 days)
calcipotriene external foam	T9	
calcipotriene external ointment	T1	QL (120 GM per 30 days)
calcipotriene external solution	T1	
calcipotriene-betameth diprop	T9	
CALCITRENE	T1	QL (120 GM per 30 days)
calcitriol external	T1	ST; QL (100 GM per 30 days)
CARAC	T9	
CLARAVIS	T2	QL (5 prescriptions per 2 years)
CONDYLOX EXTERNAL GEL	T3	ST
COSENTYX	T4	PA; QL (1 pack per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; QL (1 pack per 28 days)
dapsone external	T9	
DERMULCERA	T9	
diclofenac epolamine transdermal	T9	
diclofenac sodium transdermal gel 1 %	T1	
diclofenac sodium transdermal gel 3 %	T2	ST; QL (100 GM per 30 days)
diclofenac sodium transdermal solution	T9	
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)
doxycycline	T9	
DUOBRII	T9	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; QL (2 syringes per 28 days)
EFUDEX EXTERNAL CREAM	T3	
ELIDEL	T3	ST; QL (30 GM per 30 days)
ENBREL MINI	T4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; QL (8 vials per 30 Days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA

Medication	Coverage Level	Restrictions
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA
enovarx-baclofen	T9	
enovarx-cyclobenzaprine hcl	T9	
ENSTILAR	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
FABIOR	T9	
FINACEA	T9	
FIRST-MOUTHWASH BLM	T2	
FLECTOR TRANSDERMAL	T9	
FLUOROPLEX	T4	ST
fluorouracil external cream 0.5 %	T5	ST; QL (30 tube per 30 days)
fluorouracil external cream 5 %	T1	QL (40 GM per 30 days)
fluorouracil external solution	T1	
hair regrowth treatment men external solution	T9	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML	T4	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	T4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; QL (1 kit per 2 yearss)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; QL (1 kit per 2 yearss)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	T4	PA
imiquimod external	T1	
imiquimod pump	T9	
INFLECTRA	T7	MB (Refer to your medical plan documents for coverage details.)
isotretinoin oral	T2	QL (5 prescriptions per 2 years)
ivermectin external cream	T2	ST; QL (45 GM per 30 days)
LEVULAN KERASTICK	T6	

Medication	Coverage Level	Restrictions
minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg	T9	
MINOLIRA	T9	
minoxidil for men external solution 2 %	T9	
MIRVASO	T9	
MORGIDOX COMBINATION	T9	
MYORISAN	T2	QL (5 prescriptions per 2 years)
ORACEA	T9	
OTEZLA ORAL TABLET	T4	PA; QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
PICATO EXTERNAL GEL 0.015 %	T5	ST; QL (3 GM per 180 days)
PICATO EXTERNAL GEL 0.05 %	T5	ST; QL (2 GM per 180 days)
pimecrolimus	T1	ST; QL (30 GM per 30 days)
podocon	T9	
podofilox external	T1	
PROPECIA	T9	
PROTOPIC	T3	ST; QL (30 GM per 30 days)
QBREXZA	T9	
RECTIV	T9	
REGRANEX	T4	ST
REMICADE	T9	
RENFLEXIS	T7	MB (Refer to your medical plan documents for coverage details.)
RHOFADE	T3	QL (60 GM per 30 days); AL
ROGAINE	T9	
ROGAINE EXTRA STRENGTH FOR MEN	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
SANTYL	T3	QL (60 GM per 30 days)
SILIQ	T5	PA; QL (2 syringes per 28 days)
SKYRIZI (150 MG DOSE)	T4	PA; QL (2 syringes per 12 weekss)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	MB (Solodyn(#2))
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	T5	QL (60 capsules per 30 days)
SORILUX	T9	

Medication	Coverage Level	Restrictions
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA
TACLONEX	T9	
tacrolimus external ointment 0.03 %	T1	QL (30 GM per 30 days)
tacrolimus external ointment 0.1 %	T3	QL (30 GM per 30 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T9	
TARGRETIN EXTERNAL	T4	PA
tazarotene external	T1	ST
TAZORAC EXTERNAL CREAM 0.05 %	T2	ST
TAZORAC EXTERNAL CREAM 0.1 %	T3	ST
TAZORAC EXTERNAL GEL	T9	
TOLAK	T2	QL (1 tube per 30 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; QL (1 ML per 8 weekss)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; QL (1 ML per 30 days)
VALCHLOR	T4	PA; QL (60 gm per 15 days)
VANIQA	T9	
VECTICAL	T3	ST; QL (100 GM per 30 days)
VENELEX	T9	
VEREGEN	T4	ST; QL (30 GM per 30 days)
VOLTAREN TRANSDERMAL	T9	
XIMINO	T9	
ZENATANE	T2	QL (5 prescriptions per 2 years)
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
Sunscreen Agents		
ESOTERICA DAYTIME	T9	
melpaque hp	T9	
Smooth Muscle Relaxants		
Antimuscarinics		
darifenacin hydrobromide er	T2	QL (30 EA per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
ENABLEX	T3	QL (30 tablets per 30 days)
flavoxate hcl	T1	
GELNIQUE TRANSDERMAL GEL 10 %	T9	

Medication	Coverage Level	Restrictions
oxybutynin chloride er	T1	
oxybutynin chloride oral	T1	
OXYTROL	T9	
solifenacin succinate	T2	ST; QL (30 tablets per 30 days)
tolterodine tartrate	T1	
tolterodine tartrate er	T2	
TOVIAZ	T3	ST; QL (30 tablets per 30 days)
trospium chloride	T1	QL (60 tablets per 30 days)
trospium chloride er	T3	QL (30 capsules per 30 days)
VESICARE	T9	
Respiratory Smooth Muscle Relaxants		
ELIXOPHYLLIN	T3	
THEO-24	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour	T1	
Selective Beta-3-Adrenergic Agonists		
MYRBETRIQ	T3	ST; QL (30 tablets per 30 days)
Vitamins		
Multivitamin Preparations		
active fe	T9	
advanced am/pm	T9	
ANIMI-3	T9	
BACMIN	T9	
CENTRATEX	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL DHA	T3	
CITRANATAL RX	T3	
complete natal dha	T1	
completenate	T1	
CORVITA	T9	
CORVITE 150 ORAL TABLET	T9	
corvite fe	T9	
CORVITE FREE	T9	
ENLYTE	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FOLET DHA	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
FOLET ONE	T3	QL (30 tablcapsules per 30 days)
FORTAVIT ORAL CAPSULE	T9	
HEMOCYTE PLUS	T9	
INATAL GT	T1	
MAXFE ORAL TABLET	T9	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	T3	AL
multivitamins oral capsule	T9	
multivitamins/fluoride oral tablet chewable 0.5 mg	T9	AL
M-VIT	T9	
MYNATAL ADVANCE	T1	
MYNATAL ORAL TABLET	T1	
mynatal plus	T1	
mynatal-z	T1	
mynate 90 plus	T1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
NEXA PLUS	T3	
NIVA-PLUS	T9	
NUTRICAP	T9	
O-CAL FA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
pnv folic acid + iron	T1	
pnv prenatal plus multivitamin	T1	
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
prenatal 19 oral tablet 29-1 mg	T3	QL (30 tablets per 30 days)
prenatal 19 oral tablet chewable 29-1 mg	T1	QL (30 tablets per 30 days)
prenatal low iron oral tablet 27-0.8 mg	T1	PV
prenatal one daily	T1	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	T1	PV
prenatal plus	T1	
prenatal plus iron	T1	
prenatal/iron oral tablet	T1	PV
PRENATE AM	T3	

Medication	Coverage Level	Restrictions
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PROVIDA OB	T3	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
REQ 49+	T9	
RIGHT STEP PRENATAL	T1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
se-natal 19 oral tablet chewable	T1	QL (30 tablets per 30 days)
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
TARON-PREX	T2	
TEXAVITE LQ	T9	
thrivite 19 oral tablet 29-1 mg	T9	
tl folate	T3	
tl-care dha	T1	
tl-fluorivite	T9	
TRICARE	T1	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
trinatal rx 1	T1	
TRINATE	T2	
TRIVEEN-DUO DHA	T1	
tri-vitamin/fluoride oral solution 0.25 mg/ml	T1	
UDAMIN SP	T9	
urosex	T2	
v-c forte	T9	
VIC-FORTE	T9	
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VINATE M	T1	
VINATE ONE	T1	
VITACEL	T1	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAPEARL	T3	
VITATRUE	T3	
vol-nate	T9	

Medication	Coverage Level	Restrictions
vol-plus	T9	
vol-tab rx	T9	
zyvit	T9	
Vitamin A		
tri-vitamin/fluoride oral solution 0.25 mg/ml	T1	
Vitamin B Complex		
active fe	T9	
advanced am/pm	T9	
ANIMI-3	T9	
av-vite fb forte	T9	
BACMIN	T9	
BONJESTA	T9	
bp vit 3	T9	
CARDIOTEK RX ORAL TABLET	T9	
CIFEREX	T9	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (30 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL BLOOM	T9	
CITRANATAL DHA	T3	
CITRANATAL RX	T3	
complete natal dha	T1	
completenate	T1	
CORVITA	T9	
CORVITA 150	T9	
CORVITE 150	T9	
corvite fe	T9	
CORVITE FREE	T9	
cyanocobalamin injection solution 1000 mcg/ml	T1	
DERMACINRX PUREFOLIX	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800/ZINC	T9	
DIALYVITE SUPREME D	T9	
DIALYVITE/ZINC	T9	
DICLEGIS	T9	
doxylamine-pyridoxine	T9	
durachol	T9	
ENLYTE	T9	
fabb	T9	

Medication	Coverage Level	Restrictions
fe c tab plus	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
FERRALET 90	T9	
ferraplus 90	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	
FERROCITE PLUS ORAL TABLET	T9	
folbee	T9	
folbee plus	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
FOLET DHA	T3	QL (30 tablets per 30 days)
FOLET ONE	T3	QL (30 tablcapsules per 30 days)
FOLGARD RX	T9	
folic acid oral tablet 1 mg	T9	
folic acid oral tablet 400 mcg, 800 mcg	T1	PV; AL
folika-d	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
folplex 2.2	T9	
FOLTANX	T9	
FOLTRATE	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
hematinic plus vit/minerals	T9	
hematinic/folic acid	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMAX ORAL TABLET	T9	
hemetab	T9	
HEMOCYTE-F ORAL TABLET	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	

Medication	Coverage Level	Restrictions
l-methylfolate-b6-b12 oral tablet 3-35-2 mg	T9	
MAXFE ORAL TABLET	T9	
METAFOLBIC PLUS	T9	
methaver	T9	
methazel	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
M-VIT	T9	
myferon 150 forte	T9	
MYNATAL ADVANCE	T1	
mynatal plus	T1	
mynatal-z	T1	
mynephrocaps	T9	
MYNEPHRON	T9	
NASCOBAL	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
neurin-sl	T9	
NEXA PLUS	T3	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
NUFERA	T9	
NUTRICAP	T9	
O-CAL FA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
ortho df	T9	
pnv folic acid + iron	T1	
pnv prenatal plus multivitamin	T1	
poly-iron 150 forte	T9	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	

Medication	Coverage Level	Restrictions
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
prenatal 19 oral tablet 29-1 mg	T3	QL (30 tablets per 30 days)
prenatal 19 oral tablet chewable 29-1 mg	T1	QL (30 tablets per 30 days)
prenatal low iron oral tablet 27-0.8 mg	T1	PV
prenatal one daily	T1	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	T1	PV
prenatal plus	T1	
prenatal plus iron	T1	
prenatal/iron oral tablet	T1	PV
PRENATE AM	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PROVIDA OB	T3	
RENAL ORAL CAPSULE	T9	
rena-vite	T3	
rena-vite rx	T9	
reno caps	T9	
RESTORA RX	T9	
revesta	T9	
RIGHT STEP PRENATAL	T1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
se-natal 19 oral tablet chewable	T1	QL (30 tablets per 30 days)
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SUPERVITE	T9	
taron forte	T9	
TARON-PREX	T2	
thrivite 19 oral tablet 29-1 mg	T9	
tl folate	T3	
tl gard rx	T9	
tl-care dha	T1	
tl-hem 150	T9	
TRICARE	T1	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
trigels-f forte	T9	
trinatal rx 1	T1	

Medication	Coverage Level	Restrictions
TRINATE	T2	
triphrocaps	T9	
TRIVEEN-DUO DHA	T1	
UDAMIN SP	T9	
urosex	T2	
v-c forte	T9	
VIC-FORTE	T9	
VINATE DHA RF	T3	QL (30 capsules per 30 days)
VINATE M	T1	
VINATE ONE	T1	
virt-caps	T9	
VIRT-GARD	T9	
VITACEL	T1	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
VITAPEARL	T3	
VITATRUE	T3	
vol-care rx	T9	
vol-nate	T9	
vol-plus	T9	
vol-tab rx	T9	
vp-vite rx	T9	
zyvit	T9	
Vitamin C		
CITRANATAL BLOOM	T9	
CORVITA 150	T9	
CORVITE 150 ORAL TABLET 150-1.25 MG	T9	
DIALYVITE	T9	
DIALYVITE 800/ZINC	T9	
DIALYVITE/ZINC	T9	
ENLYTE	T9	
fe c tab plus	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
FERRALET 90	T9	
ferraplus 90	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	

Medication	Coverage Level	Restrictions
FERROCITE PLUS ORAL TABLET	T9	
folbee plus	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
hematinic plus vit/minerals	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMAX ORAL TABLET	T9	
ICAR-C PLUS	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
mynephrocaps	T9	
MYNEPHRON	T9	
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
NUFERA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
RENAL ORAL CAPSULE	T9	
rena-vite	T3	
rena-vite rx	T9	
reno caps	T9	
taron forte	T9	
tl-hem 150	T9	
trigels-f forte	T9	
triphrocaps	T9	
tri-vitamin/fluoride oral solution 0.25 mg/ml	T1	
virt-caps	T9	
VITAL-D RX	T9	
vol-care rx	T9	
vp-vite rx	T9	
Vitamin D		
advanced am/pm	T9	
ANIMI-3	T9	
calcitriol intravenous solution 1 mcg/ml	T6	

Medication	Coverage Level	Restrictions
calcitriol oral	T1	
CIFEREX	T9	
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
DERMACINRX PUREFOLIX	T9	
DIALYVITE SUPREME D	T9	
doxercalciferol oral capsule 0.5 mcg, 2.5 mcg	T9	
doxercalciferol oral capsule 1 mcg	T4	
DRISDOL ORAL CAPSULE	T3	
durachol	T9	
FLORIVA ORAL LIQUID	T9	
folika-d	T9	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
NUFERA	T9	
ortho df	T9	
paricalcitol oral	T2	
RAYALDEE	T9	
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	T9	
revesta	T9	
ROCALTROL	T3	
STROVITE ONE	T9	
tri-vitamin/fluoride oral solution 0.25 mg/ml	T1	
VITAL-D RX	T9	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1	
vitamin d3 oral capsule 25 mcg (1000 ut)	T1	PV; AL
vitamin d3 oral liquid 400 unit/ml	T1	PV; AL
vitamin d3 oral tablet 25 mcg (1000 ut)	T1	PV; AL
ZEMPLAR ORAL CAPSULE 2 MCG	T3	
Vitamin E		
HEMAX ORAL TABLET	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
Vitamin K Activity		
MEPHYTON	T3	QL (3 tablets per 30 days)
phytonadione injection solution 1 mg/0.5ml	T3	
phytonadione oral	T1	QL (3 tablets per 30 Days)

PriorityHealth

Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

U.S. Department of Health and Human Services 200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

800.368.1019, 800.537.7697 (TDD)

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

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

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

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

ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܡܙܡܝܬܘܢ ܠܫܢܐ ܣܘܪܝܝܐ (ܐܬܘܪܝܐ) ، ܬܡܝ ܒܬܘܢ ܦܠܚܬܘܢ ܝܠܦܢܝܐ ܕܡܥܕܪܢܘܬܐ ܒܠܫܢܐ ܡܓܢܢܐܝܬ. ܐܢ ܒܫܟܠܘܟܘܢ ܡܨܘܢ ܠܩܪܝ ܥܠ ܡܢܝܢܐ ܕܚܕܡܬܐ ܕܥܡܝܠܐ ܥܠ ܦܐܬܐ ܕܒܣܬܪܗ ܕܟܪܛܝܣܐ ܕܗܕܡܘܬܐ. (TTY: 711)

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

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

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

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

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

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

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

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

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

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

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