

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

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

Medication	Coverage Level	Restrictions
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
QUZYTIR	T9	
SEMPREX-D	T9	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
<i>cefadroxil</i>	T1	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T2	
KEFLEX	T3	
2Nd Generation Cephalosporin Antibiotics		
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule 250 mg</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
3Rd Generation Cephalosporin Antibiotics		
<i>cefdinir</i>	T1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil</i>	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		
<i>amantadine hcl oral</i>	T1	
GOCOVRI	T9	
OSMOLEX ER	T9	
<i>rimantadine hcl</i>	T1	
Allylamine Antifungals		
LAMISIL ORAL TABLET	T3	
<i>terbinafine hcl oral</i>	T1	
Amebicides		
FLAGYL	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>paromomycin sulfate oral</i>	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)
<i>paromomycin sulfate oral</i>	T1	
TOBI	T5	PA; QL (56 ampules per 28 days)
TOBI PODHALER	T5	PA; QL (224 capsules per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	T4	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; QL (56 ampules per 28 days)
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1	
ZEMDRI	T9	
Aminomethylcyclines		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
SEYSARA	T9	
Aminopenicillin Antibiotics		
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate er</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1	
<i>ampicillin oral capsule 500 mg</i>	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		
<i>albendazole oral</i>	T4	QL (6 tablets per 30 days)
ALBENZA	T9	

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

Medication	Coverage Level	Restrictions
NEBUPENT	T3	
PENTAM	T6	MB (Refer to your medical plan documents for coverage details.)
<i>pentamidine isethionate inhalation</i>	T1	
PYLERA	T9	
SOLOSEC	T9	
<i>tinidazole oral</i>	T1	
Antituberculosis Agents		
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral</i>	T1	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
<i>cycloserine oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
LEVAQUIN ORAL TABLET	T3	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl intravenous</i>	T6	
<i>moxifloxacin hcl oral</i>	T1	
MYCOBUTIN	T2	
<i>pretomanid</i>	T4	QL (30 tablets per 30 days)
PRIFTIN	T2	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T4	
RIFADIN ORAL	T3	
<i>rifampin oral</i>	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	
<i>fluconazole oral</i>	T1	
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>itraconazole oral solution</i>	T4	PA; QL (600 ML per 30 days)
<i>ketoconazole oral</i>	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)
<i>posaconazole</i>	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	
<i>tolsura</i>	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)
<i>voriconazole oral suspension reconstituted</i>	T4	QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	T4	QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	QL (480 tablets per 30 days)
<i>Cyclic Lipopeptide Antibiotics</i>		
CUBICIN	T6	
<i>daptomycin</i>	T6	
<i>Erythromycin Antibiotics</i>		
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	
<i>erythromycin base oral capsule delayed release particles</i>	T1	
<i>erythromycin base oral tablet</i>	T2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T2	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	
<i>Fluorocyclines</i>		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
<i>Glycopeptide Antibiotics</i>		
FIRVANQ	T2	
VANCOCIN HCL ORAL CAPSULE 125 MG	T9	

Medication	Coverage Level	Restrictions
<i>vancomycin hcl intravenous solution reconstituted 500 mg</i>	T1	
<i>vancomycin hcl oral</i>	T9	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA	T9	
HARVONI	T9	
<i>ledipasvir-sofosbuvir</i>	T5	PA
<i>sofosbuvir-velpatasvir</i>	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	
<i>ledipasvir-sofosbuvir</i>	T5	PA
MAVYRET	T4	PA; QL (84 tablets per 28 days)
<i>sofosbuvir-velpatasvir</i>	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	
<i>rukobia</i>	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)
<i>Hiv Nonnucleoside Rev. Transcrip. Inhib.</i>		
ATRIPLA	T4	
COMPLERA	T4	
DELSTRIGO	T4	QL (30 tablets per 30 days)
EDURANT	T2	
<i>efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofovir</i>	T4	
<i>efavirenz-lamivudine-tenofovir</i>	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)
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	QL (60 tablets per 30 days)
ODEFSEY	T4	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)
<i>Hiv Nucleoside, Nucleotide Rt Inhibitors</i>		
<i>abacavir sulfate oral solution</i>	T1	
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir-lamivudine-zidovudine</i>	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)
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1	
DOVATO	T4	QL (30 tablet per 30 days)
<i>efavirenz-emtricitab-tenofovir</i>	T4	

Medication	Coverage Level	Restrictions
<i>efavirenz-lamivudine-tenofovir</i>	T4	QL (30 tablets per 30 Days)
<i>emtricitabine</i>	T1	
<i>emtricitabine-tenofovir df</i>	T9	
EMTRIVA	T2	
EPIVIR	T3	
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
EPZICOM	T4	
GENVOYA	T4	QL (30 tablets per 30 days)
<i>lamivudine oral solution</i>	T1	
<i>lamivudine oral tablet</i>	T2	
<i>lamivudine-zidovudine</i>	T2	
ODEFSEY	T4	QL (30 tablets per 30 days)
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
<i>stavudine oral capsule</i>	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)
<i>tenofovir disoproxil fumarate</i>	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	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	
<i>Hiv Protease Inhibitor Antiretrovirals</i>		
APTIVUS	T4	ST
<i>atazanavir sulfate</i>	T4	

Medication	Coverage Level	Restrictions
CRIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
EVOTAZ	T4	QL (30 tablets per 30 days)
<i>fosamprenavir calcium</i>	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	
<i>ritonavir</i>	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	
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T1	
<i>clindamycin palmitate hcl</i>	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	
<i>erythromycin base oral capsule delayed release particles</i>	T1	
<i>erythromycin base oral tablet</i>	T2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T2	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	
Monobactam Antibiotics		
CAYSTON	T4	PA
Natural Penicillin Antibiotics		
<i>penicillin v potassium</i>	T1	
Neuraminidase Inhibitor Antivirals		
<i>oseltamivir phosphate oral capsule</i>	T1	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (120 ML per 1 fill)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
Nucleoside And Nucleotide Antivirals		
<i>acyclovir oral</i>	T1	
<i>adefovir dipivoxil</i>	T4	
BARACLUDE ORAL SOLUTION	T3	
BARACLUDE ORAL TABLET	T5	QL (30 tablets per 30 days)
<i>entecavir</i>	T4	QL (1 tablet per 1 day)
<i>famciclovir oral</i>	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
<i>ribavirin oral capsule</i>	T4	
<i>ribavirin oral tablet 200 mg</i>	T4	
SITAVIG	T9	
SYMTUZA	T4	QL (30 tablets per 30 days)
<i>valacyclovir hcl oral</i>	T1	
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	QL (540 ML per 30 days); AL
VALCYTE ORAL TABLET	T9	

Medication	Coverage Level	Restrictions
<i>valganciclovir hcl oral solution reconstituted</i>	T4	QL (540 ML per 30 days); AL
<i>valganciclovir hcl oral tablet</i>	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		
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
DIFICID ORAL TABLET	T5	ST; 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		
<i>linezolid oral suspension reconstituted</i>	T4	AL
<i>linezolid oral tablet</i>	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		
<i>dicloxacillin sodium</i>	T1	
Polyene Antifungals		
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
Polymyxin Antibiotics		
<i>colistimethate sodium (cba)</i>	T9	
Quinolone Antibiotics		
BAXDELA	T9	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral</i>	T1	

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

Medication	Coverage Level	Restrictions
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1	
MINOLIRA	T9	
MONDOXYNE NL 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	
<i>tetracycline hcl oral</i>	T1	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
Urinary Anti-Infectives		
<i>fosfomycin tromethamine</i>	T1	QL (1 packet per 30 Days)
FURADANTIN	T2	
HYOPHEN	T9	
MACROBID	T3	
MACRODANTIN	T9	
<i>methenamine hippurate</i>	T1	

Medication	Coverage Level	Restrictions
MONUROL	T3	QL (1 packet per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
PRIMSOL	T9	
<i>trimethoprim oral</i>	T1	
URIBEL	T9	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	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)
<i>anastrozole oral</i>	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)
<i>bexarotene</i>	T4	PA
<i>bicalutamide</i>	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)
<i>capecitabine</i>	T4	
CAPRELSA	T4	PA; QL (1 tablet per 1 day)
CARAC	T9	
<i>carboplatin intravenous solution</i>	T6	
<i>carmustine</i>	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
<i>cyclophosphamide injection solution reconstituted 500 mg</i>	T6	
<i>cyclophosphamide oral capsule</i>	T4	
DAURISMO	T5	PA
<i>diclofenac sodium transdermal gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
DROXIA	T3	
EFUDEX EXTERNAL CREAM	T3	
EMCYT	T2	
ERIVEDGE	T4	PA
ERLEADA	T4	PA; QL (120 tablets per 30 Day(s)s)
<i>erlotinib hcl</i>	T4	PA
<i>etoposide oral</i>	T4	
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA
EVOMELA	T6	
<i>exemestane</i>	T2	
FARESTON	T9	
FARYDAK	T5	PA; QL (6 Capsules per 1 Fill)
FEMARA	T3	
FLUOROPLEX	T4	ST
<i>fluorouracil external cream 0.5 %</i>	T5	ST; QL (30 tube per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
<i>flutamide</i>	T1	
GILOTRIF	T4	PA; QL (1 tablet per 1 day)
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T3	
HYCANTIN ORAL	T4	
HYDREA	T3	
<i>hydroxyurea oral</i>	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)
<i>imatinib mesylate</i>	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
<i>lapatinib ditosylate</i>	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
<i>letrozole oral</i>	T1	
LEUKERAN	T4	
<i>leuprolide acetate injection</i>	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
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1	
MEKINIST	T5	PA
MEKTOVI	T5	PA
<i>melphalan</i>	T2	
<i>mercaptopurine oral</i>	T1	
<i>methotrexate oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>methotrexate sodium injection solution reconstituted</i>	T1	
MYLERAN	T3	
NERLYNX	T4	PA
NEXAVAR	T4	PA
<i>nilutamide</i>	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
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 300 mg/50ml</i>	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)
<i>tamoxifen citrate oral</i>	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
<i>temozolomide</i>	T4	PA
<i>teniposide</i>	T6	
TIBSOVO	T4	PA
TOLAK	T2	QL (1 tube per 30 days)
<i>toremifene citrate</i>	T4	ST; QL (30 tablets per 30 days)
<i>tretinoin oral</i>	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)		
<i>american cockroach</i>	T6	
<i>american elm</i>	T6	
GRASTEK	T3	AL
<i>mixed ragweed</i>	T6	
<i>mountain cedar</i>	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
<i>wasp venom protein subcutaneous solution reconstituted 120 mcg</i>	T6	
<i>yellow hornet venom protein subcutaneous solution reconstituted 1100 mcg</i>	T6	
<i>yellow jacket venom protein subcutaneous</i>	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
ENGRIX-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		
<i>Alpha- And Beta-Adrenergic Agonists</i>		
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
BROMFED DM	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 31 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hour</i>	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)
<i>pseudoephedrine-bromphenolamine oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoephedrine-chlorpheniramine hydrochloride</i>	T1	
<i>pseudoephedrine hydrochloride oral tablet 60 mg</i>	T9	
SEMPREX-D	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
<i>Alpha-Adrenergic Agonists</i>		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine hydrochloride oral tablet</i>	T2	
<i>clonidine hydrochloride oral tablet</i>	T1	
HISTEX-AC	T9	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
LUCEMYRA	T9	
<i>maxi-tussin</i>	T9	
<i>methylphenidate hydrochloride oral tablet</i>	T1	
<i>methylphenidate hydrochloride hydrochlorothiazide</i>	T1	
<i>midodrine hydrochloride</i>	T1	
<i>phenylephrine-guaifenesin oral liquid</i>	T1	

Medication	Coverage Level	Restrictions
Antimuscarinics/Antispasmodics		
ANASPAZ	T3	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
ATROVENT HFA	T2	
BEVESPI AEROSPHERE	T2	QL (1 GM per 30 days)
<i>chlordiazepoxide-clidinium</i>	T2	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
CUVPOSA	T9	
<i>dicyclomine hcl oral</i>	T1	
<i>diphenoxylate-atropine</i>	T1	
DONNATAL	T9	
DUAKLIR PRESSAIR	T9	
GLYCATE	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydromet</i>	T1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LIBRAX	T9	
LOMOTIL ORAL TABLET	T3	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
<i>methscopolamine bromide oral</i>	T2	
NULEV	T1	
<i>oscimin sr</i>	T1	
<i>propantheline bromide oral</i>	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		
<i>benztropine mesylate oral</i>	T1	
<i>trihexyphenidyl hcl oral tablet</i>	T1	
Autonomic Drugs, Miscellaneous		
CHANTIX	T2	PV; QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	T2	PV
CHANTIX STARTING MONTH PAK	T2	PV
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	T1	PV
NICODERM CQ	T9	
NICORETTE MINI	T9	
NICORETTE MOUTH/THROAT GUM	T9	PV
NICORETTE MOUTH/THROAT LOZENGE	T9	
<i>nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	T1	PV
<i>nicotine transdermal patch 24 hour</i>	T1	PV
NICOTROL	T2	PV
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
Centrally Acting Skeletal Muscle Relaxnt		
AMRIX	T9	
<i>carisoprodol oral tablet 350 mg</i>	T9	
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T9	
<i>chlorzoxazone oral tablet 250 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	ST
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
LORZONE	T9	ST

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

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

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

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

Medication	Coverage Level	Restrictions
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
TOPROL XL	T3	
ZIAC	T3	
<i>Skeletal Muscle Relaxants, Miscellaneous</i>		
<i>norgesic forte</i>	T9	
<i>orphenadrine citrate er</i>	T1	ST
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
Blood Formation, Coagulation, Thrombosis		
<i>Anticoagulants, Miscellaneous</i>		
ARIXTRA	T9	
<i>fondaparinux sodium</i>	T9	
<i>Blood Form.,Coag,Thrombosis Agents Misc.</i>		
OXBRYTA	T9	
TAVALISSE	T9	
<i>Coumarin Derivatives</i>		
COUMADIN ORAL	T2	
JANTOVEN	T1	
<i>warfarin sodium oral</i>	T1	
<i>Direct Factor Xa Inhibitors</i>		
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)
<i>fondaparinux sodium</i>	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)
<i>Direct Thrombin Inhibitors</i>		
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	
Hemorrhologic 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	
<i>adynovate intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit</i>	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	
<i>aminocaproic acid oral solution</i>	T4	
<i>aminocaproic acid oral tablet</i>	T4	
BENEFIX INTRAVENOUS KIT	T4	
COAGADEX	T4	
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
<i>desmopressin ace spray refrig</i>	T2	ST
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 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	
NOC DURNA	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	
<i>rixubis</i>	T5	AL
STIMATE	T4	
TACHOSIL EXTERNAL PATCH 9.5 X 4.8 CM	T6	
<i>tranexamic acid oral</i>	T1	
TRETEN	T5	
VONVENDI	T5	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	
Heparins		
<i>enoxaparin sodium subcutaneous</i>	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	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T9	
LOVENOX SUBCUTANEOUS	T5	QL (2 syringes per 1 day)
Iron Preparations		
<i>active fe</i>	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	
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
CORVITA 150	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	

Medication	Coverage Level	Restrictions
ENLYTE	T9	
<i>fe c tab plus</i>	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28 ORAL	T9	
FERROCITE	T9	
FERROCITE PLUS ORAL TABLET	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	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	
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	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
<i>myferon 150</i>	T9	
<i>myferon 150 forte</i>	T9	
MYNATAL ADVANCE	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
NEPHRON FA	T9	
NEXA PLUS	T3	
NIVA-PLUS	T9	
NUFERA	T9	
NUTRICAP	T9	
O-CAL FA	T9	
<i>pnv folic acid + iron</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>poly-iron 150 forte</i>	T9	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1	QL (30 tablets per 30 days)
<i>prenatal low iron oral tablet 27-0.8 mg</i>	T1	PV
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatal/iron oral tablet</i>	T1	PV
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PROFERRIN-FORTE	T9	
PROVIDA OB	T3	
<i>purevit dualfe plus</i>	T9	
QUFLORA FE	T9	
RIGHT STEP PRENATAL	T1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	

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

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

Medication	Coverage Level	Restrictions
Alpha-Adrenergic Blocking Agt.(Hypoten)		
CARDURA	T3	
CARDURA XL	T3	ST
<i>doxazosin mesylate oral</i>	T1	
<i>labetalol hcl oral</i>	T1	
MINIPRESS	T3	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
Angiotensin li Receptor Antagon.(Hypotn)		
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
ATACAND	T3	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
AVAPRO	T3	
AZOR	T3	ST
BENICAR	T3	
BENICAR HCT	T3	
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
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	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
MICARDIS	T3	
MICARDIS HCT	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	

Medication	Coverage Level	Restrictions
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
<i>valsartan</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
Angiotensin II Receptor Antagonists		
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
ATACAND	T3	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
AVAPRO	T3	
AZOR	T3	ST
BENICAR	T3	
BENICAR HCT	T3	
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	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	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
MICARDIS	T3	
MICARDIS HCT	T3	
<i>olmesartan medoxomil oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
<i>valsartan</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL	T3	
ACCURETIC	T3	
ALTACE ORAL CAPSULE	T3	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>benazepril hcl oral</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
<i>captopril oral</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<i>enalapril maleate oral</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
EPANED ORAL SOLUTION	T3	AL
<i>fosinopril sodium</i>	T1	
<i>fosinopril sodium-hctz</i>	T1	
<i>lisinopril oral</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
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	
<i>moexipril hcl</i>	T1	
<i>perindopril erbumine</i>	T1	
PRESTALIA	T3	ST
PRINIVIL	T3	
QBRELIS	T3	AL
<i>quinapril hcl</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>ramipril</i>	T1	

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

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

Medication	Coverage Level	Restrictions
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	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))
<i>labetalol hcl oral</i>	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl intravenous</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>propranolol-hctz</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
<i>timolol maleate oral</i>	T1	
TOPROL XL	T3	
ZIAC	T3	
<i>Beta-Adrenergic Blocking Agt.(Hypoten)</i>		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>bisoprolol fumarate</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
CORGARD	T3	
DUTOPROL	T9	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
<i>labetalol hcl oral</i>	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl intravenous</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>propranolol-hctz</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
<i>timolol maleate oral</i>	T1	
TOPROL XL	T3	
ZIAC	T3	
<i>Bile Acid Sequestrants</i>		
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	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
<i>Calcium-Channel Block.Agt,Misc(Hypoten)</i>		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
MATZIM LA	T9	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
TAZTIA XT	T1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>trandolapril-verapamil hcl er</i>	T1	

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

Medication	Coverage Level	Restrictions
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	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	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	

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	
<i>trandolapril-verapamil hcl er</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	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	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
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	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
EXFORGE	T3	
EXFORGE HCT	T3	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
MATZIM LA	T9	
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T4	QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; QL (1 fill per 21 days)
<i>olmesartan-amlodipine-hctz</i>	T1	
PRESTALIA	T3	ST
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	

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

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

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

Medication	Coverage Level	Restrictions
Class Iii Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg</i>	T1	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>dofetilide</i>	T2	
MULTAQ	T3	
PACERONE ORAL TABLET 100 MG, 400 MG	T2	
PACERONE ORAL TABLET 200 MG	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
TIKOSYN	T3	
Class Iv Antiarrhythmics		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	

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

Medication	Coverage Level	Restrictions
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; QL (1 fill per 21 days)
<i>olmesartan-amlodipine-hctz</i>	T1	
PRESTALIA	T3	ST
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>telmisartan-amlodipine</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
<i>Dihydropyridines</i>		
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
AZOR	T3	ST
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CONSENSI	T9	
EXFORGE	T3	
EXFORGE HCT	T3	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	T3	
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T4	QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; QL (1 fill per 21 days)
<i>olmesartan-amlodipine-hctz</i>	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	
<i>telmisartan-amlodipine</i>	T1	
TRIBENZOR	T3	
TWYNSTA	T3	
Direct Vasodilators		
BIDIL	T2	
<i>hydralazine hcl oral</i>	T1	
<i>minoxidil oral</i>	T1	
Diuretics, Miscellaneous (Hypotensive)		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
Fibric Acid Derivatives		
ANTARA ORAL CAPSULE 30 MG, 90 MG	T9	
<i>fenofibrate micronized oral capsule 130 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	MB (Lipofen(#2))
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet 105 mg</i>	T1	
FENOGLIDE	T9	
FIBRICOR	T3	
<i>gemfibrozil oral</i>	T1	
LIPOFEN ORAL CAPSULE 150 MG	T9	
LIPOFEN ORAL CAPSULE 50 MG	T9	ST
LOPID	T3	
TRICOR	T3	
TRIGLIDE ORAL TABLET 160 MG	T9	
TRILIPIX 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
<i>amlodipine-atorvastatin</i>	T9	
<i>atorvastatin calcium oral</i>	T1	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
<i>ezetimibe-simvastatin</i>	T1	
<i>flolipid</i>	T9	
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
LESCOL XL	T3	ST
LIPITOR	T3	
LIVALO	T9	
<i>lovastatin</i>	T1	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1	
<i>rosuvastatin calcium</i>	T1	
<i>simvastatin oral suspension</i>	T9	
<i>simvastatin oral tablet</i>	T1	
VYTORIN	T3	
ZOCOR	T3	QL (31 tablets per 31 days)
ZYPITAMAG	T9	
Hypotensive Agents, Miscellaneous		
<i>acebutolol hcl oral</i>	T1	
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
AZOR	T3	ST
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1	
CARDURA	T3	
CARDURA XL	T3	ST
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST

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

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

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	
<i>cilostazol</i>	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
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (6 tablets per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
STAXYN	T9	
STENDRA	BE	
<i>tadalafil (pah)</i>	T9	
<i>tadalafil oral tablet 10 mg</i>	BE	
<i>tadalafil oral tablet 2.5 mg</i>	T1	ST; QL (30 tablets per 30 days)
<i>tadalafil oral tablet 20 mg, 5 mg</i>	T1	QL (30 tablets per 30 days)
<i>varденаfil hcl oral tablet</i>	BE	
<i>varденаfil hcl oral tablet dispersible</i>	T9	
VIAGRA	BE	
Potassium-Sparing Diuretics (Hypoten)		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
CAROSPIR	T9	
DYAZIDE	T3	
DYRENIUM	T9	
<i>eplerenone</i>	T1	

Medication	Coverage Level	Restrictions
INSPRA	T3	QL (30 tablets per 30 days)
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone oral</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
Renin Inhibitors		
<i>aliskiren fumarate</i>	T2	ST
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	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
<i>benazepril-hydrochlorothiazide</i>	T1	
BENICAR HCT	T3	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	
<i>chlorothiazide oral</i>	T1	
DIOVAN HCT	T3	
DIURIL	T2	
DUTOPROL	T9	
DYAZIDE	T3	
<i>enalapril-hydrochlorothiazide</i>	T1	
EXFORGE HCT	T3	
<i>fosinopril sodium-hctz</i>	T1	
<i>hydrochlorothiazide oral</i>	T1	
HYZAAR	T3	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	

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

Medication	Coverage Level	Restrictions
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1	
<i>aspirin-dipyridamole er</i>	T1	
AZOR	T3	ST
<i>bosentan</i>	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	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>dipyridamole oral</i>	T1	
EDEX	T9	
EXFORGE	T3	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	

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	
<i>nicardipine hcl oral</i>	T2	
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T4	QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	
NYMALIZE ORAL SOLUTION 30 MG/10ML, 60 MG/20ML	T5	ST; QL (1 fill per 21 days)
<i>olmesartan-amlodipine-hctz</i>	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	
<i>telmisartan-amlodipine</i>	T1	
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
TRACLEER	T9	
<i>trandolapril-verapamil hcl er</i>	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
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
Central Nervous System Agents		
<i>Adamantanes (Cns)</i>		
<i>amantadine hcl oral</i>	T1	
GOCOVRI	T9	
OSMOLEX ER	T9	
<i>Amphetamine Derivatives</i>		
<i>diethylpropion hcl oral</i>	BE	
LOMAIRA	T9	
<i>phendimetrazine tartrate</i>	BE	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>	BE	
<i>phentermine hcl oral tablet</i>	BE	
QSYMIA	BE	
<i>Amphetamines</i>		
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	
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL
<i>amphetamine-dextroamphet er</i>	T9	

Medication	Coverage Level	Restrictions
<i>amphetamine-dextroamphetamine</i>	T1	AL
<i>benzphetamine hcl oral tablet 50 mg</i>	BE	
DESOXYN	T9	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	T3	
<i>dextroamphetamine sulfate er</i>	T2	
<i>dextroamphetamine sulfate oral tablet</i>	T1	
DYANAVAL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL
EVEKEO ODT	T9	
<i>methamphetamine hcl</i>	T9	
MYDAYIS	T9	
VYVANSE ORAL CAPSULE 10 MG	T2	QL (30 capsules per 30 days); AL
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 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
<i>Analgesics And Antipyretics, Misc.</i>		
<i>acetaminophen-codeine #2</i>	T1	
<i>acetaminophen-codeine #3</i>	T1	
<i>acetaminophen-codeine #4</i>	T1	
<i>acetaminophen-codeine oral solution</i>	T1	
ALLZITAL	T9	
APADAZ	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
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	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet</i>	T1	
GRALISE	T9	
GRALISE STARTER	T9	
HORIZANT ORAL TABLET EXTENDED RELEASE	T9	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	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	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	T9	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	ST; QL (473 ML per 30 days)
PRIMLEV	T9	
PROLATE	T9	
<i>tramadol-acetaminophen</i>	T1	
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	
Anorexic Agents, Miscellaneous		
CONTRAVE	BE	
Anticholinergic Agents (Cns)		
<i>benztropine mesylate oral</i>	T1	
<i>trihexyphenidyl hcl oral tablet</i>	T1	
Anticonvulsants, Miscellaneous		
APTOM	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
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	ST
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1	
CARBATROL	T3	ST
DEPAKENE ORAL CAPSULE	T3	
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)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
EPIDIOLEX	T5	PA; QL (2 bottles per 30 days)
EPITOL	T1	
EQUETRO	T3	ST
<i>felbamate oral suspension</i>	T2	QL (900 ML per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (120 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ML per 30 days)

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
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet</i>	T1	
GABITRIL ORAL TABLET 12 MG, 4 MG	T3	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T3	QL (60 tablets per 30 days)
GRALISE	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)
<i>lamotrigine er</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1	QL (1 kit per 365 days)
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)
NEURONTIN	T3	

Medication	Coverage Level	Restrictions
<i>oxcarbazepine</i>	T1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T3	PA; QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T3	PA; QL (120 tablets per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	ST; QL (473 ML per 30 days)
QSYMIA	BE	
QUDEXY XR	T9	
<i>rufinamide</i>	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
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
<i>topiramate er</i>	T4	QL (30 capsules per 30 days)
<i>topiramate oral capsule sprinkle</i>	T1	ST
<i>topiramate oral tablet</i>	T1	
TRILEPTAL	T3	
TROKENDI XR	T9	
<i>valproic acid oral capsule</i>	T1	
<i>vigabatrin oral packet</i>	T5	PA; QL (180 packets per 30 days); AL
<i>vigabatrin oral tablet</i>	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	
<i>zonisamide oral</i>	T1	
Antidepressants, Miscellaneous		
APLENZIN	T9	
<i>bupropion hcl er (smoking det)</i>	T1	PV
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	T9	
<i>bupropion hcl oral</i>	T1	
FORFIVO XL	T9	
<i>mirtazapine oral</i>	T1	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	
Antimanic Agents		
ABILIFY MYCITE	T9	
ABILIFY ORAL TABLET	T3	QL (30 tablets per 30 days)
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T3	QL (30 tablets per 30 days); AL
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	ST
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1	
CARBATROL	T3	ST

Medication	Coverage Level	Restrictions
DEPAKENE ORAL CAPSULE	T3	
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
EPITOL	T1	
EQUETRO	T3	ST
GEODON ORAL	T3	
LAMICTAL ODT	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1	QL (1 kit per 365 days)
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
LITHOBID	T3	
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	AL
<i>quetiapine fumarate</i>	T1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T2	ST; QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T2	ST; QL (60 tablets per 30 days)
RISPERDAL	T3	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	AL
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	AL

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
<i>valproic acid oral capsule</i>	T1	
<i>ziprasidone hcl</i>	T1	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	AL
<i>Antimigraine Agents, Miscellaneous</i>		
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	
<i>aspirin ec low dose</i>	T1	PV
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL
BUFFERIN	T3	PV; AL
<i>butalbital-apap-caff-cod oral capsule 50-300-40- 30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40- 30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 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	
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T9	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
DURLAZA	T9	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (1 pen per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3	PA; AL
<i>ergotamine-cafeine</i>	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	
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	MB (Innopran XL(#2))
MIGERGOT	T9	
MIGRANAL	T9	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl intravenous</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>timolol maleate oral</i>	T1	
<i>tramadol-acetaminophen</i>	T1	
ULTRACET	T3	
<i>valproic acid oral capsule</i>	T1	
VANATOL LQ	T9	

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

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

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)
<i>ziprasidone hcl</i>	T1	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	AL
Barbiturates (Anticonvulsants)		
DONNATAL	T9	
MYSOLINE ORAL TABLET 50 MG	T3	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
<i>primidone oral</i>	T1	
Barbiturates (Anxiolytic, Sedative/Hyp)		
ALLZITAL	T9	
ASCOMP-CODEINE	T2	
BUPAP ORAL TABLET 50-300 MG	T9	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40- 30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40- 30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 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	
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
SECONAL	T3	QL (28 capsules per 14 days); AL
VANATOL LQ	T9	
VTOL LQ	T9	
<i>Benzodiazepines (Anticonvulsants)</i>		
ATIVAN ORAL	T3	
<i>clobazam oral suspension</i>	T3	ST; QL (240 ML per 30 days)
<i>clobazam oral tablet</i>	T3	ST; QL (60 tablets per 30 Days)
<i>clonazepam oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
KLONOPIN	T3	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral tablet</i>	T1	
NAYZILAM	T3	QL (4 doses per 30 days)
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST; QL (60 tablets per 30 days)
SYMPAZAN	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
VALIUM	T3	
VALTOCO 10 MG DOSE	T3	QL (4 units per 30 days)
VALTOCO 15 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 20 MG DOSE	T3	QL (8 units per 30 days)
VALTOCO 5 MG DOSE	T3	QL (4 units per 30 days)
<i>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</i>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1	QL (30 tablets per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	T1	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
<i>alprazolam oral tablet dispersible</i>	T2	
ATIVAN ORAL	T3	
<i>chlordiazepoxide hcl</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>chlordiazepoxide-clidinium</i>	T2	
<i>clobazam oral suspension</i>	T3	ST; QL (240 ML per 30 days)
<i>clobazam oral tablet</i>	T3	ST; QL (60 tablets per 30 Days)
<i>clonazepam oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
<i>estazolam</i>	T1	QL (31 tablets per 31 days); AL
<i>flurazepam hcl</i>	T1	QL (31 capsules per 31 days); AL
HALCION	T3	AL
KLONOPIN	T3	
LIBRAX	T9	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral tablet</i>	T1	
<i>midazolam hcl oral</i>	T1	
NAYZILAM	T3	QL (4 doses per 30 days)
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST; QL (60 tablets per 30 days)
<i>oxazepam</i>	T1	
<i>quazepam</i>	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL
SYMPAZAN	T9	
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 capsules per 30 days); AL
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
<i>triazolam</i>	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		
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	T3	PA; QL (1 package per 30 days); AL
AJOVY	T3	PA; 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.		
<i>carbidopa-levodopa-entacapone</i>	T1	
COMTAN	T3	
<i>entacapone</i>	T1	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
TASMAR ORAL TABLET 100 MG	T3	
<i>tolcapone</i>	T1	
Central Nervous System Agents, Misc.		
<i>acamprosate calcium</i>	T1	
ADDYI	T9	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T1	QL (60 capsules per 30 days); AL
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	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)
<i>carbidopa oral</i>	T9	

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

Medication	Coverage Level	Restrictions
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
<i>Ergot-Deriv. Dopamine Receptor Agonists</i>		
<i>bromocriptine mesylate oral</i>	T1	
<i>cabergoline</i>	T1	
CYCLOSET	T3	
PARLODEL	T3	
<i>Fibromyalgia Agents</i>		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG	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	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T1	ST; QL (30 capsules per 30 days)
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	ST; QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	ST; QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	ST; QL (473 ML per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	ST; QL (473 ML per 30 days)
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
<i>Hydantoins</i>		
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	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1	
Monoamine Oxidase B Inhibitors		
AZILECT	T3	ST; QL (30 tablets per 30 days)
EMSAM	T3	ST
<i>rasagiline mesylate oral</i>	T3	ST; QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
XADAGO	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	
<i>phenelzine sulfate oral</i>	T1	
<i>rasagiline mesylate oral</i>	T3	ST; QL (30 tablets per 30 days)
<i>selegiline hcl oral tablet</i>	T2	
<i>tranylcypromine sulfate</i>	T2	
Nonergot-Deriv.Dopamine Receptor Agonist		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
KYNMOBI	T4	PA; 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)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T1	ST; QL (30 tablets per 30 days)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	T3	ST
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	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
<i>acetaminophen-codeine #2</i>	T1	
<i>acetaminophen-codeine #3</i>	T1	
<i>acetaminophen-codeine #4</i>	T1	
<i>acetaminophen-codeine oral solution</i>	T1	
ACTIQ	T9	
APADAZ	T9	
ARYMO ER	T3	PA; QL (90 tablets per 30 days)
ASCOMP-CODEINE	T2	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-300-40- 30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40- 30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>carisoprodol-aspirin-codeine</i>	T9	
<i>cheratussin ac oral syrup</i>	T1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	T1	
CONZIP	T9	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
DOLOPHINE	T3	
DSUVIA	T9	
DURAGESIC-100	T3	QL (15 patches per 30 days)
DURAGESIC-12	T3	QL (15 patches per 30 days)
DURAGESIC-25	T3	QL (15 patches per 30 days)
DURAGESIC-50	T3	QL (15 patches per 30 days)
DURAGESIC-75	T3	QL (15 patches per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	

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

Medication	Coverage Level	Restrictions
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
MORPHABOND ER	T9	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	
<i>morphine sulfate er beads</i>	T9	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
<i>morphine sulfate rectal</i>	T1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NORCO	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T5	PA; ST; QL (62 tablets per 31 days)
OPANA ORAL	T3	
<i>opium</i>	T9	
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	T2	QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	T9	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	ST; QL (60 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	
<i>promethazine-codeine oral syrup</i>	T1	
<i>pseudoeph-chlorphen-hydrocod</i>	T1	
QDOLO	T9	
SUBSYS	T5	PA; QL (120 units per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	T1	QL (30 tablets per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (240 tablets per 30 days)
<i>tramadol-acetaminophen</i>	T1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
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		
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	T1	QL (2 Vials/Syringes per 365 Day(s)s)
<i>naloxone hcl injection solution auto-injector</i>	T9	
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 Vials/Syringes per 365 Day(s)s)
<i>naloxone hcl injection solution prefilled syringe</i>	T1	QL (2 Vials/Syringes per 365 Day(s)s)
<i>naltrexone hcl oral</i>	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)
<i>buprenorphine hcl sublingual</i>	T1	QL (90 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	T1	QL (90 films per 30 days)

Medication	Coverage Level	Restrictions
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	T1	QL (30 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (93 tablets per 31 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr</i>	T3	ST; QL (4 patches per 28 days)
<i>buprenorphine transdermal patch weekly 7.5 mcg/hr</i>	T3	ST; QL (4 patches per 287 days)
<i>butorphanol tartrate nasal</i>	T2	
BUTRANS	T9	
<i>pentazocine-naloxone hcl</i>	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	
<i>diclofenac</i>	T9	
<i>diclofenac epolamine transdermal</i>	T9	
<i>diclofenac potassium</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac sodium transdermal gel 1 %</i>	T1	
<i>diclofenac sodium transdermal solution</i>	T9	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>diflunisal oral</i>	T1	
DUEXIS	T9	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	

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

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

Medication	Coverage Level	Restrictions
<i>caffeine citrate oral solution 60 mg/3ml</i>	T1	AL
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL
COTEMPLA XR-ODT	T9	
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL
<i>dexmethylphenidate hcl</i>	T1	AL
<i>dexmethylphenidate hcl er</i>	T1	QL (30 capsules per 30 days); AL
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
FOCALIN	T3	AL
FOCALIN XR	T3	QL (30 capsules per 30 days); AL
JORNAY PM	T9	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1	AL
METHYLIN ORAL SOLUTION	T3	AL
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 capsules per 30 days); AL
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	QL (31 capsules per 31 days); AL
<i>methylphenidate hcl er (xr)</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg</i>	T1	QL (31 tablets per 31 days); AL
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	AL
<i>methylphenidate hcl er oral tablet extended release 36 mg, 54 mg</i>	T1	QL (62 tablets per 31 days); AL
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	T3	QL (30 tablets per 30 days)
<i>methylphenidate hcl oral solution</i>	T1	AL
<i>methylphenidate hcl oral tablet</i>	T1	AL
<i>methylphenidate hcl oral tablet chewable</i>	T1	AL
QUILLICHEW ER	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	
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>aspirin ec low dose</i>	T1	PV
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL
<i>aspirin-dipyridamole er</i>	T1	
BUFFERIN	T3	PV; AL
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 capsules per 30 days)
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T9	
<i>choline-mag trisalicylate</i>	T1	
DOANS PILLS	T1	
DURLAZA	T9	
FIORINAL	T3	
FIORINAL/CODEINE #3	T3	
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
<i>norgesic forte</i>	T9	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	T1	
<i>salsalate oral</i>	T1	
YOSPRALA	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)
<i>desvenlafaxine er</i>	T3	ST; QL (1 tablet per 1 day); AL
<i>desvenlafaxine succinate er</i>	T2	QL (1 tablet per 1 day); AL
DRIZALMA SPRINKLE	T9	

Medication	Coverage Level	Restrictions
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T1	ST; QL (30 capsules per 30 days)
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)
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
Selective Serotonin Agonists		
<i>almotriptan malate</i>	T3	ST
AMERGE	T9	
<i>eletriptan hydrobromide</i>	T9	
FROVA	T9	
<i>frovatriptan succinate</i>	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	
<i>naratriptan hcl</i>	T1	QL (12 tablets per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
REYVOW	T9	

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

Medication	Coverage Level	Restrictions
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	ST; QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	T2	ST; QL (60 EA per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	T2	ST; QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet</i>	T1	
<i>paroxetine mesylate</i>	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	
<i>sertraline hcl oral</i>	T1	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 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		
<i>nefazodone hcl</i>	T1	
<i>trazodone hcl oral</i>	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	
<i>ethosuximide oral</i>	T1	
ZARONTIN	T3	
Thioxanthenes		
<i>thiothixene oral</i>	T1	
Tricyclics, Other Norepi-Ru Inhibitors		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
ANAFRANIL	T3	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>clomipramine hcl oral capsule 25 mg</i>	T2	QL (30 capsules per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	T2	QL (60 capsules per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	T2	QL (90 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 Days)
<i>enovarx-amitriptyline</i>	T9	
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 EA per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 EA per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 EA per 30 days)
<i>maprotiline hcl</i>	T1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
<i>nortriptyline hcl oral capsule</i>	T1	
PAMELOR ORAL CAPSULE	T3	
<i>perphenazine-amitriptyline</i>	T1	
<i>protriptyline hcl</i>	T2	
SILENOR	T3	ST; QL (31 EA per 31 days)
TOFRANIL	T3	
<i>trimipramine maleate oral</i>	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)
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; QL (60 tablets per 30 days)
XENAZINE	T9	
Wakefulness-Promoting Agents		
<i>armodafinil oral tablet 150 mg, 250 mg</i>	T1	QL (30 tablets per 30 days)
<i>armodafinil oral tablet 200 mg, 50 mg</i>	T9	
<i>modafinil oral tablet 100 mg</i>	T1	QL (31 EA per 31 days)
<i>modafinil oral tablet 200 mg</i>	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		
<i>Devices</i>		
10 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
10 SERIES+ BP MONITR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
3 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
5 SERIES BP MONITOR	T2	QL (1 monitor per 2 years)
5 SERIES BP MONITOR/UPPER ARM	T2	QL (1 monitor per 2 years)
7 SERIES BP MONITOR/UPPER ARM	T2	QL (2 EA per 730 days)
7 SERIES BP MONITOR/WRIST	T2	QL (2 EA per 730 days)
ACCU-CHEK FASTCLIX LANCET	T2	
ACCU-CHEK MULTICLIX LANCET DEV	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T2	
ACUICYN EXTERNAL LIQUID	T9	
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
AEROCHAMBER PLUS FLO-VU	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	T2	QL (4 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK	T2	QL (4 EA per 365 days)
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	
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)
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	
<i>lancets</i>	T2	
LOYON	T9	
LUXAMEND	T9	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
MONOVISC	T9	
MUCOSITISRX	T9	
MUGARD	T9	
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE PLUS	T2	
NUVAIL	T9	
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK	T2	QL (4 EA per 365 days)
OPTICHAMBER DIAMOND	T2	
OPTICHAMBER FACE MASK-LARGE	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-MEDIUM	T2	QL (4 EA per 365 days)
OPTICHAMBER FACE MASK-SMALL	T2	QL (4 EA per 365 days)
ORAMAGICRX	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
PENLET II BLOOD SAMPLER	T2	
PHLAG SPRAY	T9	
PRESERA	T9	
PROMISEB	T9	
PRUCLAIR	T9	
PRUMYX	T9	
PRUTECT	T9	
RECEDO	T9	
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
SONAFINE	T9	
<i>suvicort</i>	T9	

Medication	Coverage Level	Restrictions
SYNERDERM	T9	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
<i>two party blood pressure</i>	T2	QL (2 EA per 730 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
<i>valved holding chamber</i>	T1	QL (4 EA per 365 days)
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
<i>womens adv bp monitor/uppr arm</i>	T2	QL (2 EA per 730 days)
Diagnostic Agents		
<i>Adrenocortical Insufficiency</i>		
ACTHAR	T4	PA
<i>Allergenic Extracts (Diagnostic)</i>		
<i>american cockroach</i>	T6	
<i>american elm</i>	T6	
<i>mixed ragweed</i>	T6	
<i>mountain cedar</i>	T6	
<i>wasp venom protein subcutaneous solution reconstituted 120 mcg</i>	T6	
<i>yellow hornet venom protein subcutaneous solution reconstituted 1100 mcg</i>	T6	
<i>yellow jacket venom protein subcutaneous</i>	T6	
<i>Diabetes Mellitus</i>		
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)
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST
FORA 6 CONNECT	T3	ST
FREESTYLE LITE TEST	T3	ST; QL (200 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)
UNISTRIPI1 GENERIC	T3	ST; QL (200 EA per 30 days)
Diagnostic Agents		
<i>glucagon hcl (diagnostic)</i>	T6	
<i>toxicology saliva collection</i>	T9	
Fungi		
CANDIN	T9	
Ketones		
KETOSTIX	T3	
Tuberculosis		
APLISOL	T9	
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
<i>av-phos 250 neutral</i>	T9	
K-PHOS-NEUTRAL	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>virt-phos 250 neutral</i>	T9	
Alkalinizing Agents		
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
ORACIT	T3	
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T9	
<i>sod citrate-citric acid</i>	T9	
<i>tricitrates</i>	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
<i>enulose</i>	T1	
<i>generlac</i>	T1	
KRISTALOSE	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	
LITHOSTAT	T9	
RAVICTI	T4	PA; QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA
<i>sodium phenylbutyrate oral tablet</i>	T4	PA
Caloric Agents		
DOJOLVI	T9	
<i>l-leucine</i>	T9	
LYSIPLEX PLUS ORAL TABLET	T9	
Carbonic Anhydrase Inhibitors		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
Diuretics, Miscellaneous		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
Irrigating Solutions		
RIMSO-50	T6	
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
Loop Diuretics		
<i>bumetanide oral</i>	T1	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T9	
<i>furosemide injection solution 10 mg/ml</i>	T1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
LASIX	T3	
<i>torsemide oral</i>	T1	
Phosphate-Removing Agents		
AURYXIA	T5	PA; QL (360 EA per 30 days)
<i>calcium acetate (phos binder) oral capsule</i>	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)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	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)
REVELA	T9	
<i>sevelamer carbonate oral packet</i>	T5	
<i>sevelamer carbonate oral tablet</i>	T4	QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; QL (180 tablets per 30 days)
VELPHORO	T5	ST; QL (180 EA per 30 days)
Potassium-Removing Agents		
KIONEX ORAL SUSPENSION	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium polystyrene sulfonate rectal</i>	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	
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
CAROSPIR	T9	

Medication	Coverage Level	Restrictions
DYAZIDE	T3	
DYRENIUM	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone oral</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
Replacement Preparations		
<i>calcium-folic acid plus d</i>	T9	
<i>complete natal dha</i>	T1	
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	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
NIVA-PLUS	T9	
O-CAL FA	T9	
<i>phos-nak</i>	T9	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	T1	
<i>potassium chloride er oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	T1	

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

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

Medication	Coverage Level	Restrictions
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
EDARBYCLOR	T3	ST
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
Uricosuric Agents		
<i>colchicine-probenecid</i>	T1	
<i>probenecid oral</i>	T1	
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
<i>tolvaptan oral tablet 15 mg</i>	T4	
<i>tolvaptan oral tablet 30 mg</i>	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	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
<i>brimonidine-dorzolamide</i>	T9	
COMBIGAN	T2	
SIMBRINZA	T2	
Antiallergic Agents		
ALAWAY	T1	
ALOCRIl	T3	ST
ALOMIDE	T2	
ASTEPRO NASAL SOLUTION 0.15 %	T3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1	

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

Medication	Coverage Level	Restrictions
<i>levofloxacin ophthalmic</i>	T1	
MAXITROL	T3	
MOXEZA	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1	
OCUFLOX	T3	
<i>ofloxacin ophthalmic</i>	T1	
<i>ofloxacin otic</i>	T1	
OTIPRIO	T6	
OTOVEL	T2	AL
<i>polymyxin b-trimethoprim</i>	T1	
POLYTRIM	T3	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<i>sulfacetamide sodium ophthalmic</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
TOBRADEX OPHTHALMIC OINTMENT	T9	
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	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)		
<i>trifluridine ophthalmic</i>	T1	
ZIRGAN	T3	
Beta-Adrenergic Blocking Agents (Eent)		
<i>betaxolol hcl ophthalmic</i>	T2	
BETIMOL	T9	
BETOPTIC-S	T9	
<i>carteolol hcl</i>	T1	
COMBIGAN	T2	
COSOPT	T3	
<i>dorzolamide hcl-timolol mal</i>	T1	
ISTALOL	T9	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	ST
<i>timolol maleate ophthalmic solution 0.25 %</i>	T1	
<i>timolol maleate ophthalmic solution 0.5 %</i>	T3	
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	T9	
<i>timolol maleate pf</i>	T3	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T9	
TIMOPTIC-XE	T3	
Carbonic Anhydrase Inhibitors (Eent)		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
AZOPT	T2	
<i>brimonidine-dorzolamide</i>	T9	
COSOPT	T3	
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
KEVEYIS	T4	PA
<i>methazolamide oral tablet 25 mg</i>	T1	
SIMBRINZA	T2	
TRUSOPT	T3	
Corticosteroids (Eent)		
ALREX	T9	
<i>azelastine-fluticasone</i>	T9	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	

Medication	Coverage Level	Restrictions
BECONASE AQ	T9	
<i>budesonide nasal</i>	T9	
CIPRO HC	T2	
CIPRODEX	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL
CORTANE-B EXTERNAL	T3	
DERMACINRX TICANASE PAK	T9	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
DEXYCU	T9	
DUREZOL	T3	ST
DYMISTA	T9	
FLAREX	T2	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluorometholone ophthalmic</i>	T1	
<i>fluticasone propionate nasal</i>	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
<i>loteprednol etabonate</i>	T2	ST
MAXIDEX	T3	
MAXITROL	T3	
<i>mometasone furoate nasal</i>	T9	
NASACORT ALLERGY 24HR	T9	
NASACORT ALLERGY 24HR CHILDREN	T9	
NASONEX	T9	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
OMNARIS	T9	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	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
TOBRADEX OPHTHALMIC OINTMENT	T9	
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin-dexamethasone</i>	T1	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
XHANCE	T9	
ZETONNA	T9	
ZYLET	T3	ST
Eent Anti-Infectives, Miscellaneous		
<i>acetic acid otic</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	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		
<i>apraclonidine hcl</i>	T1	
<i>bevacizumab intraocular</i>	T6	
CYSTADROPS	T4	QL (15 ML per 30 Days)
CYSTARAN	T4	QL (60 ML per 30 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	T9	
<i>ipratropium bromide nasal</i>	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	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen sodium</i>	T1	
ILEVRO	T9	
<i>ketorolac tromethamine ophthalmic</i>	T1	
NEVANAC	T9	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
PROLENSA	T9	
Local Anesthetics (Eent)		
<i>lidocaine hcl external solution</i>	T1	
Miotics		
ISOPTO CARPINE	T3	
PHOSPHOLINE IODIDE	T2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	T1	
HOMATROPAIRE	T1	
ISOPTO ATROPINE	T3	
ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 5 %	T3	
<i>tropicamide-cyclopentolate-pe</i>	T9	
Prostaglandin Analogs		
<i>bimatoprost external</i>	T9	
<i>bimatoprost ophthalmic</i>	T1	
DURYSTA	T9	
<i>latanoprost ophthalmic</i>	T1	
LATISSE	T9	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
ROCKLATAN	T9	
TRAVATAN Z	T3	ST
<i>travoprost (bak free)</i>	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	
<i>epinephrine hcl (nasal)</i>	T9	
NAPHCON-A	T9	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
<i>tropicamide-cyclopentolate-pe</i>	T9	
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)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	T6	MB (Refer to your medical plan documents for coverage details.)
<i>granisetron hcl oral</i>	T2	QL (20 EA per 30 days)
<i>ondansetron</i>	T1	
<i>ondansetron hcl oral solution</i>	T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
SANCUSO	T4	ST; QL (1 EA per 28 days)
SUSTOL	T9	
ZOFRAN ORAL TABLET	T3	
ZUPLENZ	T9	
Antidiarrhea Agents		
<i>acidophilus lactobacillus powder</i>	T9	
<i>diphenoxylate-atropine</i>	T1	
LOMOTIL ORAL TABLET	T3	
<i>loperamide hcl oral capsule</i>	T9	
MYTESI	T9	
<i>opium</i>	T9	
<i>paregoric</i>	T9	
XERMELO	T4	PA

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

Medication	Coverage Level	Restrictions
<i>sulfasalazine oral</i>	T1	
Ant ulcer Agents And Acid Suppress., Misc		
PYLERA	T9	
TALICIA	T9	
Cathartics And Laxatives		
AMITIZA	T3	QL (60 EA per 30 days)
<i>bisacodyl rectal</i>	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	
<i>peg 3350 oral powder</i>	T9	
<i>peg 3350/electrolytes</i>	T1	PV
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	PV
<i>peg-3350/electrolytes</i>	T1	PV
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV
PEG-PREP	T1	PV
PLENVU	T3	
<i>polyethylene glycol 3350 oral</i>	T9	
PREPOPIK	T3	
SMOOTH LAX ORAL POWDER	T9	PV
SUPREP BOWEL PREP KIT	T3	
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl-care dha</i>	T1	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
TRILYTE	T1	PV

Medication	Coverage Level	Restrictions
<i>Cholelitholytic Agents</i>		
ACTIGALL	T3	
URSO 250	T3	
URSO FORTE	T3	
ursodiol oral	T2	
<i>Digestants</i>		
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	
<i>Gi Drugs, Miscellaneous</i>		
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		
<i>cimetidine hcl oral</i>	T9	
<i>cimetidine oral</i>	T9	
DUEXIS	T9	
<i>famotidine oral</i>	T9	
<i>nizatidine</i>	T9	
PEPCID ORAL TABLET	T9	
<i>ranitidine hcl oral capsule</i>	T9	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T9	
<i>ranitidine hcl oral tablet</i>	T9	
ZANTAC 150 MAXIMUM STRENGTH	T9	
Neurokinin-1 Receptor Antagonists		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	T9	
AKYNZEO ORAL	T9	
<i>aprepitant oral capsule 125 mg</i>	T1	QL (7 capdules per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	T1	QL (7 capsules per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	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		
<i>metoclopramide hcl injection</i>	T1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
MOTEGRITY	T2	
REGLAN ORAL	T3	
ZELNORM	T3	ST; QL (60 tablets per 30 days)
Prostaglandins		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
CYTOTEC	T3	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>misoprostol oral</i>	T1	
Protectants		
CARAFATE	T3	ST
<i>sucralfate oral</i>	T1	
Proton-Pump Inhibitors		
ACIPHEX	BE	
ACIPHEX SPRINKLE	BE	
<i>amoxicill-clarithro-lansopraz</i>	T3	
DEXILANT	BE	
<i>esomeprazole magnesium oral capsule delayed release</i>	BE	
<i>esomeprazole magnesium oral packet</i>	Non-Formulary	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	BE	
FIRST-LANSOPRAZOLE	BE	
FIRST-OMEPRAZOLE	BE	
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>naproxen-esomeprazole</i>	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	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	BE	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
PREVACID	BE	
PREVACID 24HR	BE	
PRILOSEC OTC	T9	
PROTONIX ORAL TABLET DELAYED RELEASE	BE	
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
TALICIA	T9	
VIMOVO	BE	
YOSPRALA	BE	
ZEGERID	BE	
ZEGERID OTC	BE	
Gold Compounds		
<i>Gold Compounds</i>		
RIDAURA	T2	
Heavy Metal Antagonists		
<i>Heavy Metal Antagonists</i>		
CHEMET	T4	
CUPRIMINE ORAL CAPSULE 250 MG	T9	
<i>deferasirox</i>	T4	
<i>deferasirox granules</i>	T4	
<i>deferiprone</i>	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	
<i>penicillamine oral capsule</i>	T9	
SYPRINE	T9	
<i>trientine hcl</i>	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	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; QL (30 tablets per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
<i>budesonide oral</i>	T3	QL (90 EA per 30 days)
<i>budesonide-formoterol fumarate</i>	T9	
CORTEF	T3	
<i>cortisone acetate oral</i>	T1	
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	T9	
DULERA	T2	QL (1 inhaler per 31 days)
EMFLAZA	T9	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	T3	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)
<i>fludrocortisone acetate oral</i>	T1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
HEMADY	T9	
HIDEX 6-DAY	T9	
<i>hydrocortisone oral</i>	T1	
INTRAROSA	T3	PA
MEDROL ORAL TABLET	T3	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	T6	
<i>methylprednisolone oral tablet 8 mg</i>	T1	
<i>methylprednisolone oral tablet therapy pack</i>	T1	
MILLIPRED ORAL TABLET	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
PREDNISONE INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>prednisone oral tablet 50 mg</i>	T2	
<i>prednisone oral tablet therapy pack 5 mg (21)</i>	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	
<i>zcort 7-day</i>	T9	
ZILRETTA	T9	
Alpha-Glucosidase Inhibitors		
<i>acarbose oral</i>	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	
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 EA per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 EA per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T3	
<i>est estrogens-methyltest</i>	T9	
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
FORTESTA	T9	
JATENZO	T9	
<i>methitest</i>	T9	
<i>methyltestosterone oral</i>	T3	
NATESTO	T9	
<i>oxandrolone oral</i>	T3	
STRIANT	T9	

Medication	Coverage Level	Restrictions
TESTIM	T9	
TESTONE CIK	T6	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1	
<i>testosterone enanthate intramuscular solution</i>	T1	
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%)</i>	T9	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA; QL (300 ML per 30 days)
<i>testosterone transdermal solution</i>	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
XYOSTED	T9	
Antidiabetic Agents, Miscellaneous		
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	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		
<i>anastrozole oral</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
<i>exemestane</i>	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)
<i>letrozole oral</i>	T1	
Antigonadotropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	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		
<i>diazoxide oral</i>	T4	
PROGLYCEM	T9	

Medication	Coverage Level	Restrictions
Antiparathyroid Agents		
<i>calcitonin (salmon)</i>	T1	
<i>cinacalcet hcl</i>	T4	
MIACALCIN NASAL	T3	
SENSIPAR	T5	
Antithyroid Agents		
<i>methimazole oral</i>	T1	
<i>propylthiouracil oral</i>	T1	
TAPAZOLE	T3	
Biguanides		
ACTOPLUS MET	T3	
<i>alogliptin-metformin hcl</i>	T2	ST; QL (60 tablets per 30 days)
FORTAMET	T9	
<i>glipizide-metformin hcl</i>	T1	
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUMETZA	T9	
<i>glyburide-metformin</i>	T1	
INVOKAMET	T3	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)
<i>metformin hcl er</i>	T1	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	
<i>metformin hcl oral solution</i>	T2	QL (765 ML per 30 days)
<i>metformin hcl oral tablet</i>	T1	
<i>pioglitazone hcl-metformin hcl</i>	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
<i>alyacen 1/35</i>	T1	PV
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ANNOVERA	T9	
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV
AVIANE	T1	PV
AZURETTE	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	PV
BEYAZ	T9	PV
BLISOVI 24 FE	T1	PV
CAMILA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV
CRYSSELLE-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
<i>etonogestrel-ethinyl estradiol</i>	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	
<i>levonorgest-eth est & eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
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
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	T1	PV
<i>norethindrone oral</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	PV
NORLYDA	T1	PV
NORLYROC	T1	PV
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
NUVARING	T9	
OCELLA	T1	PV
OGESTREL	T1	PV
ORTHO MICRONOR	T3	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
<i>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</i>		
<i>alogliptin benzoate</i>	T2	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T2	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone</i>	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		
<i>clomiphene citrate oral</i>	T1	
DUAVEE	T3	QL (31 tablets per 31 days)
EVISTA	T3	
FARESTON	T9	
OSPHENA	T9	
<i>raloxifene hcl</i>	T1	
<i>tamoxifen citrate oral</i>	T1	
<i>toremifene citrate</i>	T4	ST; QL (30 tablets per 30 days)
Estrogens		
ACTIVEVILLA	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
<i>est estrogens-methyltest</i>	T9	
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal</i>	T1	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T9	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
ESTRING	T3	
ESTROGEL	T2	QL (50 GM per 31 days)
EVAMIST	T2	
FEMHRT LOW DOSE	T3	
FEMRING	T3	
IMVEXXY 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	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	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
<i>Insulins</i>		
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
<i>insulin asp prot & asp flexpen</i>	T3	ST; AL
<i>insulin aspart</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST; AL
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin lispro</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
LANTUS	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
<i>Intermediate-Acting Insulins</i>		
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
<i>insulin asp prot & asp flexpen</i>	T3	ST; AL
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin lispro prot & lispro</i>	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	
<i>Leptins</i>		
MYALEPT	T5	PA
<i>Long-Acting Insulins</i>		
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		
<i>nateglinide</i>	T1	
<i>repaglinide</i>	T1	
STARLIX	T3	
Parathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	T9	
NATPARA	T5	PA
<i>teriparatide (recombinant)</i>	T5	PA
TYMLOS	T4	PA; QL (1 pen per 30 days)
Parathyroid And Antiparathyroid Agents		
<i>calcitonin (salmon)</i>	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	
<i>desmopressin ace spray refrig</i>	T2	ST
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
<i>desmopressin acetate spray</i>	T2	ST
GENOTROPIN	T4	PA
GENOTROPIN MINIQUICK	T4	PA
HUMATROPE	T9	
NOC DURNA	T9	
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML	T9	

Medication	Coverage Level	Restrictions
NORDITROPIN FLEXPOR 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	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
FEMHRT LOW DOSE	T3	
JINTELI	T1	
LOPREEZA	T1	
MAKENA INTRAMUSCULAR	T9	
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV
<i>medroxyprogesterone acetate oral</i>	T1	
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1	
MIMVEY	T1	
MIMVEY LO	T1	
<i>norethindrone acetate oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	
ORIAHNN	T4	PA; QL (56 capsules per 28 Days)
<i>progesterone intramuscular</i>	T1	
<i>progesterone micronized oral</i>	T1	
PROMETRIUM	T3	
PROVERA	T3	
SLYND	T9	
<i>Rapid-Acting Insulins</i>		
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
<i>insulin asp prot & asp flexpen</i>	T3	ST; AL
<i>insulin aspart</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST; AL
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin lispro</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	

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	
<i>Renin-Angiotensin-Aldosterone Syst(Raas)</i>		
GIAPREZA	T6	
<i>Short-Acting Insulins</i>		
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
<i>Sodium-Gluc Cotransport 2 (Sglt2) Inhib</i>		
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	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	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	
<i>glimepiride</i>	T1	
<i>glipizide er</i>	T1	
<i>glipizide oral</i>	T1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1	
<i>glipizide-metformin hcl</i>	T1	
GLUCOTROL	T3	
GLUCOTROL XL	T3	
<i>glyburide micronized</i>	T1	
<i>glyburide oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>glyburide-metformin</i>	T1	
GLYNASE	T3	
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>tolbutamide</i>	T1	
Thiazolidinediones		
ACTOPLUS MET	T3	
ACTOS	T3	
<i>alogliptin-pioglitazone</i>	T2	ST; QL (30 tablets per 30 days)
AVANDIA ORAL TABLET 2 MG, 4 MG	T2	
DUETACT	T9	
OSENI	T9	
<i>pioglitazone hcl</i>	T1	
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>pioglitazone hcl-metformin hcl</i>	T1	
Thyroid Agents		
ARMOUR THYROID	T2	
CYTOMEL	T3	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</i>	T5	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>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</i>	T1	
<i>liothyronine sodium oral</i>	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	
<i>dutasteride oral</i>	T1	QL (30 capsules per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
<i>finasteride oral tablet 5 mg</i>	T1	
JALYN	T3	ST

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

Medication	Coverage Level	Restrictions
<i>sevelamer carbonate oral tablet</i>	T4	QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; QL (180 tablets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
<i>sodium polystyrene sulfonate rectal</i>	T1	
SPS	T3	
VISTOGARD	T4	QL (20 packets per 5 days)
Antigout Agents		
<i>allopurinol oral</i>	T1	
<i>allopurinol sodium</i>	T1	
ANAPROX DS	T3	
<i>colchicine oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T2	QL (120 tablets per 30 days)
<i>colchicine-probenecid</i>	T1	
COLCRYS	T9	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>febuxostat</i>	T2	ST
GLOPERBA	T9	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
MITIGARE	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG	T3	
<i>naproxen dr</i>	T1	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet</i>	T1	
<i>probenecid oral</i>	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
<i>teriparatide (recombinant)</i>	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	
<i>alendronate sodium</i>	T1	
ATELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
<i>calcitonin (salmon)</i>	T1	
<i>etidronate disodium</i>	T3	ST
EVISTA	T3	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral</i>	T1	
MIACALCIN NASAL	T3	
<i>raloxifene hcl</i>	T1	
<i>risedronate sodium oral tablet 150 mg</i>	T1	ST; QL (1 tablets per 30 days)
<i>risedronate sodium oral tablet 30 mg, 35 mg, 5 mg</i>	T1	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
<i>zoledronic acid intravenous concentrate</i>	T6	MB (Refer to your medical plan documents for coverage details.)
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	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
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	T3	AL
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	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	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental paste</i>	T1	
<i>sodium fluoride 5000 sensitive</i>	T1	
<i>sodium fluoride dental gel 1.1 %</i>	T1	
<i>sodium fluoride oral solution</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	
TEXAVITE LQ	T9	
<i>tl-fluorivite</i>	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
Complement Inhibitors		
BERINERT	T4	PA
CINRYZE	T9	
FIRAZYR	T9	
HAEGARDA	T5	PA
<i>icatibant acetate</i>	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	
<i>azathioprine oral</i>	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
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	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
<i>hydroxychloroquine sulfate oral</i>	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
<i>leflunomide oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	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
<i>penicillamine oral capsule</i>	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
<i>sulfasalazine oral</i>	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)
<i>Gonadotropin-Releasing Hormone Antagnts</i>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	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	
<i>azathioprine oral</i>	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	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
<i>dimethyl fumarate oral</i>	T4	ST
<i>dimethyl fumarate starter pack</i>	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
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	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
<i>hydroxychloroquine sulfate oral</i>	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
<i>leflunomide oral</i>	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)
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	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
<i>sulfasalazine oral</i>	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)
<i>Immunosuppressive Agents</i>		
ASTAGRAF XL	T5	ST
<i>azathioprine oral</i>	T1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (4 ML per 28 days)
CELLCEPT	T3	
<i>cyclophosphamide injection solution reconstituted 500 mg</i>	T6	
<i>cyclophosphamide oral capsule</i>	T4	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
ELIDEL	T3	ST; QL (30 GM per 30 days)
ENVARUS XR	T3	ST
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	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	
<i>mercaptopurine oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<i>mycophenolate mofetil</i>	T1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (248 tablets per 31 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (124 tablets per 31 days)

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
<i>pimecrolimus</i>	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	
<i>sirolimus oral</i>	T4	
<i>tacrolimus oral</i>	T1	
TREXALL	T3	ST
XATMEP	T3	AL
ZORTRESS	T5	
Other Miscellaneous Therapeutic Agents		
<i>acetylcysteine inhalation</i>	T1	
<i>american cockroach</i>	T6	
<i>american elm</i>	T6	
AMPYRA	T9	
ARCALYST	T4	
CARDIOVID PLUS	T9	
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CARTICEL	T9	
CERDELGA	T4	QL (60 capsules per 30 days)
<i>cinacalcet hcl</i>	T4	
<i>coenzyme q10</i>	T9	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
<i>dalfampridine er</i>	T5	PA
DEMSEER	T9	
ENDARI	T9	
EVOTAZ	T4	QL (30 tablets per 30 days)
EXONDYS 51	T9	
GALAFOLD	T4	PA; QL (14 capsules per 28 days)
GRASSTK	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
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T2	
<i>maca</i>	T9	
<i>methazel</i>	T9	
<i>metyrosine</i>	T9	
<i>miglustat</i>	T5	PA
<i>mixed ragweed</i>	T6	
<i>mountain cedar</i>	T6	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
<i>nitisinone</i>	T9	
NITYR	T9	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	
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)
<i>sapropterin dihydrochloride</i>	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		
<i>Nonhormonal Contraceptives</i>		
CAYA	T3	
PHEXXI	T9	
Oxytocics		
<i>Oxytocics</i>		
METHERGINE ORAL	T9	
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
Pharmaceutical Aids		
<i>Pharmaceutical Aids</i>		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	
Respiratory Tract Agents		
<i>Alpha And Beta Adrenergic Agonist(Respr)</i>		
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
BROMFED DM	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 31 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hour</i>	T9	
<i>pseudoephedrine-bromphenol-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoephedrine-chlorphenol-hydrocod</i>	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
SEMPREX-D	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
<i>Anticholinergic Agents (Respir. Tract)</i>		
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
ATROVENT HFA	T2	
COMBIVENT RESPIMAT	T2	QL (2 GM per 40 days)
<i>diphenoxylate-atropine</i>	T1	

Medication	Coverage Level	Restrictions
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
LOMOTIL ORAL TABLET	T3	
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
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		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T9	
BROMFED DM	T9	
<i>cheratussin ac oral syrup</i>	T1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	T1	
<i>guaifenesin-dm oral syrup</i>	T9	
HISTEX-AC	T9	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydromet</i>	T1	
<i>maxi-tuss cd</i>	T9	
NUEDEXTA	T4	PA; QL (60 Capsules per 30 days)
<i>promethazine-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoeph-chlorphen-hydrocod</i>	T1	
TESSALON PERLES	T3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	

Medication	Coverage Level	Restrictions
<i>Cystic Fibrosis (Cftr) Correctors</i>		
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)
<i>Cystic Fibrosis (Cftr) Potentiators</i>		
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)
<i>Expectorants</i>		
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	
<i>First Generation Antihist.(Respir Tract)</i>		
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	
cypheptadine 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	
<i>maxi-tuss cd</i>	T9	
<i>promethazine hcl oral syrup</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
<i>pseudoeph-chlorphen-hydrocod</i>	T1	
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	
<i>montelukast sodium oral</i>	T1	
SINGULAIR	T3	
<i>zafirlukast</i>	T1	
<i>zileuton er</i>	T5	ST; QL (120 tablets per 30 days); AL
ZYFLO	T9	
Mast-Cell Stabilizers		
ALOCRIL	T3	ST
<i>cromolyn sodium inhalation</i>	T3	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T3	
GASTROCROM	T3	
Mucolytic Agents		
<i>acetylcysteine inhalation</i>	T1	
PULMOZYME	T4	PA; QL (60 ampules per 30 days)
Nasal Preparations (Steroids)		
<i>azelastine-fluticasone</i>	T9	
BECONASE AQ	T9	

Medication	Coverage Level	Restrictions
<i>budesonide nasal</i>	T9	
DERMACINRX TIKANASE PAK	T9	
DYMISTA	T9	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluticasone propionate nasal</i>	T9	
<i>mometasone furoate nasal</i>	T9	
NASACORT ALLERGY 24HR	T9	
NASACORT ALLERGY 24HR CHILDREN	T9	
NASONEX	T9	
OMNARIS	T9	ST
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
<i>triamcinolone acetonide nasal aerosol</i>	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	
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
<i>budesonide-formoterol fumarate</i>	T9	
DULERA	T2	QL (1 inhaler per 31 days)
FLOVENT DISKUS	T2	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T2	QL (1 Inhaler per 30 Day(s)s)

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

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

Medication	Coverage Level	Restrictions
Vasodilating Agents (Respiratory Tract)		
ADCIRCA	T9	
ADEMPAS	T4	PA; QL (90 tablets per 30 days)
<i>ambrisentan</i>	T4	PA
<i>bosentan</i>	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
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<i>tadalafil (pah)</i>	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	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
Skin And Mucous Membrane Agents		
Allylamines (Skin And Mucous Membrane)		
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	

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	
<i>benzoyl peroxide-erythromycin</i>	T2	
CENTANY	T3	
CLEOCIN VAGINAL	T9	
CLEOCIN-T EXTERNAL GEL	T9	
CLEOCIN-T EXTERNAL LOTION	T9	
CLINDAGEL	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T9	
<i>clindamycin phosphate external gel</i>	T9	
<i>clindamycin phosphate external lotion</i>	T9	
<i>clindamycin phosphate external solution</i>	T1	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>clindamycin-tretinoin</i>	T3	
CLINDESSE	T3	ST
CORTISPORIN EXTERNAL	T2	
<i>dapsone external</i>	T9	
DUAC	T9	
<i>ery</i>	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>gentamicin sulfate external</i>	T1	
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROGEL-VAGINAL	T3	
METROLOTION	T3	
<i>metronidazole external</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1	QL (22 GM per 30 days)

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	
<i>bensal hp</i>	T9	
Anti-Inflammatory Agents (Skin, Mucous)		
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
ALA-QUIN	T9	
<i>alclometasone dipropionate</i>	T1	
ALCORTIN A	T9	
<i>amcinonide</i>	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
APEXICON E	T9	
AQUANIL HC	T1	
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external gel</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T2	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
<i>calcipotriene-betameth diprop</i>	T9	
CAPEX	T9	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate emulsion</i>	T9	
<i>clobetasol propionate external cream</i>	T1	ST
<i>clobetasol propionate external foam</i>	T9	

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

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

Medication	Coverage Level	Restrictions
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
LUXIQ	T9	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR EXTERNAL CREAM	T9	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
OLUX	T9	
OLUX-E	T9	
ORALONE	T3	
PANDEL	T9	
PRAMOSONE	T9	
<i>prednicarbate</i>	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	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 % %, 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	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		
CETACAIN EXTERNAL AEROSOL	T9	
DERMACINRX PRIZOPAK	T9	
<i>doxepin hcl external</i>	T9	
<i>enovarx-lidocaine hcl external cream 10 %</i>	T9	
EPIFOAM	T9	
<i>ethyl chloride</i>	T9	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment</i>	T1	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1	
LIDODERM	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lidopin external cream 3.25 %</i>	T9	
<i>lidopril external kit</i>	T9	
<i>lidorx</i>	T9	
LIVIXIL PAK	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
PLIAGLIS EXTERNAL CREAM	T9	
PRAMOSONE	T9	
PRUDOXIN	T9	
PYRIDIUM	T3	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
SYNERA	T9	
<i>zeruvia</i>	T9	
ZONALON	T9	
ZTLIDO	T9	

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

Medication	Coverage Level	Restrictions
Basic Lotions And Liniments		
<i>ammonium lactate external lotion</i>	T9	
GERI-HYDROLAC 12 EXTERNAL LOTION	T9	
GERI-HYDROLAC 5	T9	
<i>lactic acid external lotion</i>	T9	
PRUCLAIR	T9	
Basic Oils And Other Solvents		
AVO CREAM	T9	
BIAFINE	T9	
CERACADE	T9	
LUXAMEND	T9	
PHLAG SPRAY	T9	
PRUTECT	T9	
SONAFINE	T9	
SYNERDERM	T9	
Basic Ointments And Protectants		
<i>ammonium lactate external cream</i>	T9	
ELETONE	T9	
GERI-HYDROLAC 12 EXTERNAL CREAM	T9	
HPR PLUS-MB HYDROGEL	T9	
LAC-HYDRIN EXTERNAL CREAM	T9	
<i>lactic acid e</i>	T9	
LUXAMEND	T9	
TETRIX EXTERNAL CREAM	T9	
Benzylamines (Skin And Mucous Membrane)		
MENTAX	T9	
Cell Stimulants And Proliferants		
ALTRENO	T1	QL (45 grams per 30 days); AL
ATRALIN	T3	ST; AL
AVITA	T9	
<i>clindamycin-tretinoin</i>	T3	
REFISSA	T9	
REGRANEX	T4	ST
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	
<i>tretinoin (emollient)</i>	T9	
<i>tretinoin external cream 0.025 %</i>	T1	AL
<i>tretinoin external cream 0.05 %, 0.1 %</i>	T2	AL
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL
<i>tretinoin external gel 0.05 %</i>	T2	AL
<i>tretinoin microsphere</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
VELTIN	T9	
ZIANA	T9	
Corticosteroids (Skin, Mucous Membrane)		
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
ALA-QUIN	T9	
<i>alclometasone dipropionate</i>	T1	
ALCORTIN A	T9	
<i>amcinonide</i>	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
APEXICON E	T9	
AQUANIL HC	T1	
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external gel</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T2	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
BRYHALI	T3	ST
<i>calcipotriene-betameth diprop</i>	T9	
CAPEX	T9	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate emulsion</i>	T9	
<i>clobetasol propionate external cream</i>	T1	ST
<i>clobetasol propionate external foam</i>	T9	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T9	

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

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

Medication	Coverage Level	Restrictions
LOCID LIPOCREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
LUXIQ	T9	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR EXTERNAL CREAM	T9	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOVACORT EXTERNAL GEL 1-2 %	T9	
OLUX	T9	
OLUX-E	T9	
ORALONE	T3	
PANDEL	T9	
PRAMOSONE	T9	
<i>prednicarbate</i>	T1	
PROCTOCORT RECTAL SUPPOSITORY	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
SYNALAR TS	T9	
TACLONEX	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	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 % %, 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	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	
<i>Depigmenting Agents</i>		
EPIQUIN MICRO	T9	
ESOTERICA DAYTIME	T9	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
<i>melpaque hp</i>	T9	
TRI-LUMA	T9	
<i>Emollients, Demulcents, And Protectants</i>		
ALEVICYN ANTIPRURITIC SG EXTERNAL GEL	T6	
<i>Hydroxypyridones (Skin, Mucous Membrane)</i>		
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
LOPROX EXTERNAL SHAMPOO	T3	
PENLAC	T3	
<i>Keratolytic Agents</i>		
ACANYA	T9	
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
<i>bensal hp</i>	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	
<i>benzoyl peroxide external foam 5.3 %, 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 8 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>bp 10-1</i>	T9	

Medication	Coverage Level	Restrictions
<i>bp cleansing wash</i>	T1	
<i>bp foam external foam 9.8 %</i>	T9	
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
<i>ciclopirox treatment</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	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	
<i>salicylic acid er</i>	T9	
<i>salicylic acid external cream</i>	T9	
<i>salicylic acid external foam</i>	T9	
<i>salicylic acid external liquid 27.5 %</i>	T9	
<i>salicylic acid external lotion</i>	T9	
<i>salicylic acid external shampoo</i>	T9	
<i>salicylic acid wart remover</i>	T9	
<i>salicylic acid-cleanser</i>	T9	
SALVAX	T9	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T9	

Medication	Coverage Level	Restrictions
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
ULTRASAL-ER	T9	
<i>urea external cream 40 %, 45 %</i>	T9	
<i>urea external lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
UTOPIC	T9	
XALIX	T9	
<i>xurea</i>	T9	
Keratoplastic Agents		
<i>coal tar external solution</i>	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	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
DERMAZENE	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
<i>iodoquinol-hydrocortisone-aloe</i>	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	
<i>selenium sulfide external lotion</i>	T1	

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

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

Medication	Coverage Level	Restrictions
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop</i>	T9	
CALCITRENE	T1	QL (120 GM per 30 days)
<i>calcitriol external</i>	T1	ST; QL (100 GM per 30 days)
CARAC	T9	
CLARAVIS	T2	QL (5 prescriptions per 2 years)
CONDYLOX EXTERNAL GEL	T3	ST
COSENTYX	T4	PA; QL (1 pack per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; QL (1 pack per 28 days)
<i>dapsone external</i>	T9	
DERMULCERA	T9	
<i>diclofenac epolamine transdermal</i>	T9	
<i>diclofenac sodium transdermal gel 1 %</i>	T1	
<i>diclofenac sodium transdermal gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium transdermal solution</i>	T9	
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)
<i>doxycycline</i>	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
<i>enovarx-baclofen</i>	T9	
<i>enovarx-cyclobenzaprine hcl</i>	T9	
ENSTILAR	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
FABIOR	T9	
FINACEA	T9	
FIRST-MOUTHWASH BLM	T2	
FLECTOR TRANSDERMAL	T9	
FLUOROPLEX	T4	ST
<i>fluorouracil external cream 0.5 %</i>	T5	ST; QL (30 tube per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
<i>hair regrowth treatment men external solution</i>	T9	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML	T4	PA
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
<i>imiquimod external</i>	T1	
<i>imiquimod pump</i>	T9	
INFLECTRA	T7	MB (Refer to your medical plan documents for coverage details.)
<i>isotretinoin oral</i>	T2	QL (5 prescriptions per 2 years)
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
LEVULAN KERASTICK	T6	

Medication	Coverage Level	Restrictions
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
MINOLIRA	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
MIRVASO	T9	
MORGIDOX COMBINATION	T9	
MYORISAN	T2	QL (5 prescriptions per 2 years)
ORACEA	T9	
OTEZLA ORAL TABLET	T4	PA; 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)
<i>pimecrolimus</i>	T1	ST; QL (30 GM per 30 days)
<i>podocon</i>	T9	
<i>podofilox external</i>	T1	
PROPECIA	T9	
PROTOPIC	T3	ST; QL (30 GM per 30 days)
QBREXZA	T9	
RECTIV	T9	
REGRANEX	T4	ST
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	
<i>tacrolimus external ointment 0.03 %</i>	T1	QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.1 %</i>	T3	QL (30 GM per 30 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T9	
TARGRETIN EXTERNAL	T4	PA
<i>tazarotene external</i>	T1	ST
TAZORAC EXTERNAL CREAM 0.05 %	T2	ST
TAZORAC EXTERNAL CREAM 0.1 %	T3	ST
TAZORAC EXTERNAL GEL	T9	
TOLAK	T2	QL (1 tube per 30 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; 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	
<i>melpaque hp</i>	T9	
Smooth Muscle Relaxants		
Antimuscarinics		
<i>darifenacin hydrobromide er</i>	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)
<i>flavoxate hcl</i>	T1	
GELNIQUE TRANSDERMAL GEL 10 %	T9	

Medication	Coverage Level	Restrictions
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral</i>	T1	
OXYTROL	T9	
<i>solifenacin succinate</i>	T2	ST; QL (30 tablets per 30 days)
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T2	
TOVIAZ	T3	ST; QL (30 tablets per 30 days)
<i>trospium chloride</i>	T1	QL (60 tablets per 30 days)
<i>trospium chloride er</i>	T3	QL (30 capsules per 30 days)
VESICARE	T9	
Respiratory Smooth Muscle Relaxants		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
Selective Beta-3-Adrenergic Agonists		
MYRBETRIQ	T3	ST; QL (30 tablets per 30 days)
Vitamins		
Multivitamin Preparations		
<i>active fe</i>	T9	
<i>advanced am/pm</i>	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	
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
CORVITA	T9	
CORVITE 150 ORAL TABLET	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	
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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	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	T3	AL
<i>multivitamins oral capsule</i>	T9	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T9	AL
M-VIT	T9	
MYNATAL ADVANCE	T1	
MYNATAL ORAL TABLET	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
NEXA PLUS	T3	
NIVA-PLUS	T9	
NUTRICAP	T9	
O-CAL FA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
<i>pnv folic acid + iron</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
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	
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1	QL (30 tablets per 30 days)
<i>prenatal low iron oral tablet 27-0.8 mg</i>	T1	PV
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatal/iron oral tablet</i>	T1	PV
PRENATE AM	T3	

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	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
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STROVITE ONE	T9	
TARON-PREX	T2	
TEXAVITE LQ	T9	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl folate</i>	T3	
<i>tl-care dha</i>	T1	
<i>tl-fluorivite</i>	T9	
TRICARE	T1	
TRICARE PRENATAL DHA ONE ORAL CAPSULE 27-1-500 MG	T3	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
TRIVEEN-DUO DHA	T1	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
UDAMIN SP	T9	
<i>urosex</i>	T2	
<i>v-c forte</i>	T9	
VIC-FORTE	T9	
VINATE DHA RF	T3	QL (30 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	
<i>vol-nate</i>	T9	

Medication	Coverage Level	Restrictions
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<i>vol-tab rx</i>	T9	
<i>zyvit</i>	T9	
Vitamin A		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
Vitamin B Complex		
<i>active fe</i>	T9	
<i>advanced am/pm</i>	T9	
ANIMI-3	T9	
<i>av-vite fb forte</i>	T9	
BACMIN	T9	
BONJESTA	T9	
<i>bp vit 3</i>	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	
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
CORVITA	T9	
CORVITA 150	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
DERMACINRX PUREFOLIX	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800/ZINC	T9	
DIALYVITE SUPREME D	T9	
DIALYVITE/ZINC	T9	
DICLEGIS	T9	
<i>doxylamine-pyridoxine</i>	T9	
<i>durachol</i>	T9	
ENLYTE	T9	
<i>fabb</i>	T9	

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

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

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

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

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

Medication	Coverage Level	Restrictions
<i>calcitriol oral</i>	T1	
CIFEREX	T9	
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
DERMACINRX PUREFOLIX	T9	
DIALYVITE SUPREME D	T9	
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T9	
<i>doxercalciferol oral capsule 1 mcg</i>	T4	
DRISDOL ORAL CAPSULE	T3	
<i>durachol</i>	T9	
FLORIVA ORAL LIQUID	T9	
<i>folika-d</i>	T9	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
NUFERA	T9	
<i>ortho df</i>	T9	
<i>paricalcitol oral</i>	T2	
RAYALDEE	T9	
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	T9	
<i>revesta</i>	T9	
ROCALTROL	T3	
STROVITE ONE	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
VITAL-D RX	T9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1	PV; AL
<i>vitamin d3 oral liquid 400 unit/ml</i>	T1	PV; AL
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1	PV; AL
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)
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Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

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

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

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

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

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

සඳහා: ඔබ භාවිත කරන භාෂාවට අනුව, නිදහස් සහතික කිරීමේ සේවාවක් ලබා දීමට සූදානම්ව සිටිමු. (TTY: 711).

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

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

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

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

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

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

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

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

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

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

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

