

2021 Formulary

Employer-sponsored large group (traditional) 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://www.priorityhealth.com).

T1 - \$

T2 - \$\$

T3 - \$\$\$

T4 - \$\$\$\$

T5 - \$\$\$\$\$

T6 - Vaccine Coverage

T9 - \$\$\$\$\$\$\$\$\$

Coverage Levels

AL: Age Limits

PA: Prior Authorization

PV: Preventative Drugs

QL: Quantity Limits

SP: Limited to a 1 month supply per fill

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

CURRENT AS OF 11/1/2021

Medication	Coverage Level	Restrictions
Antihistamine Drugs		
Antihistamine Drugs		
<i>promethazine hcl oral tablet 25 mg</i>	T1	
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 syrup</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	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
FIRST-MOUTHWASH BLM	T2	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine hcl oral</i>	T1	
First Generation Antihistamines		
ANTIVERT ORAL TABLET 50 MG	T9	
<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 syrup</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	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<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	

Medication	Coverage Level	Restrictions
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T9	
<i>promethazine hcl oral syrup</i>	T1	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
RYCLORA ORAL SYRUP	T9	
RYVENT	T9	
VISTARIL	T3	
Other Antihistamines		
ALAWAY	T1	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T3	
<i>cimetidine oral tablet 200 mg</i>	T9	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T3	
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
<i>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>ketotifen fumarate ophthalmic</i>	T1	
LASTACFT	T3	ST; QL (1 bottle per 30 days); AL
<i>nizatidine</i>	T3	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANASE	T3	
PATANOL	T3	
PAZEO	T3	ST
PEPCID ORAL TABLET 20 MG	T9	
PEPCID ORAL TABLET 40 MG	T3	
<i>ranitidine hcl oral capsule</i>	T3	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T3	
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>ranitidine hcl oral tablet 300 mg</i>	T3	
VISTARIL	T3	
ZADITOR	T1	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZANTAC ORAL TABLET 300 MG	T3	
<i>Phenothiazine Derivatives</i>		
<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-codeine oral syrup</i>	T1	
<i>promethazine-dm oral syrup</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
<i>Propylamine Derivatives</i>		
BROMFED DM	T9	
<i>chlorpheniramine maleate er</i>	T9	
HISTEX-AC	T9	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>maxi-tuss cd</i>	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
RYCLORA ORAL SYRUP	T9	
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	
ALOMIDE	T2	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
<i>childrens loratadine oral syrup</i>	T9	

Medication	Coverage Level	Restrictions
CLARINEX ORAL TABLET	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>desloratadine oral tablet</i>	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	
QUZYTIR	T9	
SEMPREX-D	T9	
ZYRTEC ALLERGY ORAL TABLET	T9	
ZYRTEC-D ALLERGY & CONGESTION	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 oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil oral tablet</i>	T1	SP (Quantity Limit: 14 day course of therapy)
SPECTRACEF ORAL TABLET 400 MG	T3	
SUPRAX ORAL CAPSULE	T2	

Medication	Coverage Level	Restrictions
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T3	
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	
METROGEL-VAGINAL	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1	
<i>metronidazole vaginal</i>	T1	
NUVESSA	T9	
<i>paromomycin sulfate oral</i>	T1	
VANDAZOLE	T1	
Aminoglycoside Antibiotics		
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
BETHKIS	T5	PA; SP (Limited to a 1 month supply per fill)
KITABIS PAK	T4	PA; SP (Max of 31 days per dispensing.); QL (1 Kit per 56 days)
<i>paromomycin sulfate oral</i>	T1	
TOBI	T5	PA; SP (Limited to a 1 month supply per fill); QL (280 mls per 28 days)
TOBI PODHALER	T5	PA; SP (Limited to a 1 month supply per fill); QL (224 Capsules per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (280 ML per 28 days)

Medication	Coverage Level	Restrictions
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (280 mls 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</i>	T1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	T3	
AUGMENTIN XR	T3	
Anthelmintics		
<i>albendazole oral</i>	T4	SP (Max day supply up to 31 days.); QL (6 tablets per 30 Days)
ALBENZA	T9	
BILTRICIDE	T5	SP (Max of 31 days per dispensing.)
EMVERM	T9	
<i>ivermectin oral</i>	T1	QL (10 tablets per 1 claim)
STROMEKTOL	T3	QL (5 Tablets per 1 day)
Antifungals, Miscellaneous		
BREXAFEMME	T9	
<i>griseofulvin microsize oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>griseofulvin ultramicrosize</i>	T2	
Anti-Infectives (Systemic), Misc.		
PYLERA	T9	
Antimalarials		
ACTICLATE	T9	
ARAKODA	T3	
<i>atovaquone-proguanil hcl</i>	T1	
<i>chloroquine phosphate oral</i>	T1	
COARTEM	T2	
DARAPRIM	T9	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg</i>	T1	
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
KRINTAFEL	T1	QL (2 tablets per 365 Days)
MALARONE	T3	
<i>mefloquine hcl</i>	T1	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<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	
MONDOXYNE NL	T9	
PLAQUENIL	T3	
<i>primaquine phosphate oral</i>	T1	
<i>pyrimethamine oral</i>	T4	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
QUALAQUIN	T3	PA
<i>quinidine gluconate er</i>	T4	SP (Max day supply up to 31 days.)
<i>quinidine sulfate oral</i>	T1	
<i>quinine sulfate oral</i>	T1	PA
TARGADOX	T9	
<i>tetracycline hcl oral</i>	T1	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
Antimycobacterials, Miscellaneous		
<i>dapsone oral</i>	T1	
Antiprotozoals, Miscellaneous		
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>atovaquone oral</i>	T4	SP (Max of 31 days per dispensing.)
BACTRIM	T3	
BACTRIM DS	T3	
<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	T4	PA; SP (Limited to a 1 month supply per fill)
LAMPIT	T3	QL (90 tablets per 30 years); AL
MEPRON	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1	
NEBUPENT	T3	
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 TABLETS per 6 Months)
<i>pentamidine isethionate inhalation</i>	T1	
PYLERA	T9	
SOLOSEC	T9	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	

Medication	Coverage Level	Restrictions
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>tinidazole oral</i>	T1	
Antituberculosis Agents		
AVELOX ORAL	T3	
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>ciprofloxacin-ciproflox hcl er</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 oral</i>	T1	
MYCOBUTIN	T2	
<i>pretomanid</i>	T4	SP (Max of 31 days supply per dispensing); QL (30 tablets per 30 days)
PRIFTIN	T2	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T4	SP (Max of 31 days per dispensing)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1	
SIRTURO ORAL TABLET 100 MG	T4	SP (Max of 31 days per dispensing.)
SIRTURO ORAL TABLET 20 MG	T4	SP (Max of 31 day supply per dispensing)
Antivirals, Miscellaneous		
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	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; SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 Day(s)s)

Medication	Coverage Level	Restrictions
DIFLUCAN	T3	
<i>fluconazole oral</i>	T1	
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<i>ketoconazole oral</i>	T1	
NOXAFIL ORAL SUSPENSION	T4	PA; SP (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 Tablets per 30 days)
<i>posaconazole</i>	T4	PA; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
<i>tolsura</i>	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Max of 31 days per dispensing.); QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	SP (Max of 31 days per dispensing.); QL (120 Tablets per 30 days)
VFEND ORAL TABLET 50 MG	T5	SP (Max of 31 days per dispensing.); QL (480 tablets per 30 days)
<i>voriconazole oral suspension reconstituted</i>	T4	SP (Max of 31 days per dispensing.); QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (480 Tablets per 30 days)
<i>Erythromycin Antibiotics</i>		
E.E.S. 400 ORAL TABLET	T1	
E.E.S. GRANULES	T4	SP (Max day supply up to 31 days.)
ERYPED 200	T4	SP (Max day supply up to 31 days.)

Medication	Coverage Level	Restrictions
ERYPED 400	T4	SP (Max day supply up to 31 days.)
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	
Fluorocyclines		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
Glycopeptide Antibiotics		
FIRVANQ	T2	
VANCOCIN HCL	T9	
<i>vancomycin hcl intravenous solution reconstituted 500 mg</i>	T1	
<i>vancomycin hcl oral</i>	T9	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA	T9	
HARVONI ORAL PACKET	T9	
HARVONI ORAL TABLET 45-200 MG	T9	
HARVONI ORAL TABLET 90-400 MG	T9	SP ()
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>Hcv Protease Inhibitor Antivirals</i>		
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPATIER	T4	PA; SP (Limited to a 1 month supply per fill)
<i>Hcv Replication Complex Inhibitors</i>		
EPCLUSA	T9	
HARVONI ORAL PACKET	T9	
HARVONI ORAL TABLET 45-200 MG	T9	
HARVONI ORAL TABLET 90-400 MG	T9	SP ()
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPATIER	T4	PA; SP (Limited to a 1 month supply per fill)
<i>Hiv Entry And Fusion Inhibitors</i>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SELZENTRY	T4	SP (Max of 31 days per dispensing.)
<i>Hiv Integrase Inhibitor Antiretrovirals</i>		
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
DOVATO	T4	SP (Max of 31 days per dispensing.); QL (30 tablet per 30 days)
GENVOYA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
ISENTRESS	T4	SP (Max of 31 days per dispensing.)
ISENTRESS HD	T4	SP (Max of 31 days per dispensing.)
JULUCA	T4	SP (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
STRIBILD	T4	SP (Max of 31 days per dispensing.)
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Max of 31 days per dispensing.)
TIVICAY ORAL TABLET 50 MG	T4	QL (62 tablets per 31 days)
TIVICAY PD	T4	SP (Max of 31 day supply per dispensing)
TRIUMEQ	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>vocabria</i>	T9	
<i>Hiv Nonnucleoside Rev. Transcrip. Inhib.</i>		
ATRIPLA	T4	SP (Max of 31 days per dispensing.)
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
COMPLERA	T4	SP (Max of 31 days per dispensing.)
DELSTRIGO	T4	SP (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)
EDURANT	T2	

Medication	Coverage Level	Restrictions
<i>efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
JULUCA	T4	SP (Max of 31 days per dispensing.); QL (1 tablet per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	T1	
<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	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
PIFELTRO	T4	SP (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)
SUSTIVA	T3	
SYMFI	T5	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
VIRAMUNE ORAL SUSPENSION	T3	QL (1200 ML 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	

Medication	Coverage Level	Restrictions
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir-lamivudine-zidovudine</i>	T4	SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
ATRIPLA	T4	SP (Max of 31 days per dispensing.)
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
CIMDUO	T9	
COMBIVIR	T5	SP (Max of 31 days per dispensing.)
COMPLERA	T4	SP (Max of 31 days per dispensing.)
DELSTRIGO	T4	SP (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)
DESCOVY	T9	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1	
DOVATO	T4	SP (Max of 31 days per dispensing.); QL (30 tablet per 30 days)
<i>efavirenz-emtricitab-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df</i>	T4	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	SP ()
EPIVIR	T3	
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
EPZICOM	T4	SP (Max of 31 days per dispensing.)
GENVOYA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>lamivudine oral solution</i>	T1	

Medication	Coverage Level	Restrictions
<i>lamivudine oral tablet</i>	T2	
<i>lamivudine-zidovudine</i>	T2	
ODEFSEY	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
<i>stavudine oral capsule</i>	T1	
STRIBILD	T4	SP (Max of 31 days per dispensing.)
SYMFI	T5	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
TEMIXYS	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>tenofovir disoproxil fumarate</i>	T1	
TRIUMEQ	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
TRIZIVIR	T5	SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
TRUVADA	T4	SP (Limited to a 1 month supply per fill)
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 300 MG	T5	SP (Limited to a 1 month supply per fill)
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
<i>zidovudine oral capsule</i>	T2	

Medication	Coverage Level	Restrictions
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS	T4	ST; SP (Max of 31 days per dispensing.)
<i>atazanavir sulfate</i>	T4	SP (Max of 31 days per dispensing.)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
EVOTAZ	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>fosamprenavir calcium</i>	T4	SP (Max of 31 days per dispensing.)
INVIRASE ORAL TABLET	T4	SP (Max of 31 days per dispensing.)
KALETRA ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL SUSPENSION	T4	SP (Max of 31 days per dispensing.)
LEXIVA ORAL TABLET	T5	SP (Max of 31 days per dispensing.)
<i>lopinavir-ritonavir oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL SOLUTION	T3	
NORVIR ORAL TABLET	T3	
PREZCOBIX	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
PREZISTA ORAL SUSPENSION	T4	SP (Max of 31 days per dispensing.)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	SP (Max of 31 days per dispensing.)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	T5	SP (Max of 31 days per dispensing.)
REYATAZ ORAL PACKET	T4	SP (Max of 31 days per dispensing.)
<i>ritonavir</i>	T1	
SYMTUZA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
VIRACEPT ORAL TABLET	T4	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
Interferon Antivirals		
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Weeks per 1 Lifetime)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 weeks per 1 lifetime)
Lincomycin Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T1	
Monobactam Antibiotics		
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
Natural Penicillin Antibiotics		
penicillin v potassium	T1	
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral capsule	T1	QL (10 capsules per 1 fill)
oseltamivir phosphate oral suspension reconstituted	T1	QL (120 ML per 1 fill)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
Nucleoside And Nucleotide Antivirals		
acyclovir oral	T1	
adefovir dipivoxil	T4	SP (Max of 31 days per dispensing.)
BARACLUDE ORAL SOLUTION	T3	
BARACLUDE ORAL TABLET	T5	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>entecavir</i>	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)
HEPSERA	T5	SP (Max of 31 days per dispensing.)
<i>ribavirin oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
<i>ribavirin oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill)
SITAVIG	T9	
<i>valacyclovir hcl oral</i>	T1	
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
VALCYTE ORAL TABLET	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL
<i>valganciclovir hcl oral tablet</i>	T4	SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days)
VALTREX ORAL TABLET 1 GM	T2	
VALTREX ORAL TABLET 500 MG	T3	
VEMLIDY	T4	SP (Max of 31 days per dispensing.)
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; SP (Max of 31 days per dispensing.); 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	

Medication	Coverage Level	Restrictions
Oxazolidinone Antibiotics		
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL
<i>linezolid oral tablet</i>	T2	QL (28 tablets per 14 days)
SIVEXTRO ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	T1	
Pleuromutilins		
XENLETA ORAL	T9	
Polyene Antifungals		
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral tablet</i>	T1	
Polymyxin Antibiotics		
<i>colistimethate sodium (cba)</i>	T9	
Quinolone Antibiotics		
AVELOX ORAL	T3	
BAXDELA	T9	
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>ciprofloxacin-ciproflox hcl er</i>	T1	
LEVAQUIN ORAL TABLET	T3	
<i>levofloxacin oral</i>	T1	
<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	SP (Max of 31 days per dispensing)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1	

Medication	Coverage Level	Restrictions
XIFAXAN ORAL TABLET 200 MG	T4	SP (Max of 31 day supply per dispensing.); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
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, 80 MG	T9	
<i>doxycycline</i>	T9	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1	
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	

Medication	Coverage Level	Restrictions
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1	
MINOLIRA	T9	
MONDOXYNE NL	T9	
MORGIDOX COMBINATION	T9	
ORACEA	T9	
PYLERA	T9	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
TARGADOX	T9	
<i>tetracycline hcl oral</i>	T1	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
Urinary Anti-Infectives		
BACTRIM	T3	
BACTRIM DS	T3	
<i>fosfomycin tromethamine</i>	T1	QL (1 packet per 30 days)
FURADANTIN	T2	
HYOPHEN	T9	
MACROBID	T3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	T3	
MACRODANTIN ORAL CAPSULE 25 MG	T2	
<i>methenamine hippurate</i>	T1	
MONUROL	T3	QL (1 packet per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
PRIMSOL	T9	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>trimethoprim oral</i>	T1	
URIBEL	T9	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate oral tablet 250 mg</i>	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
AFINITOR	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
AFINITOR DISPERZ	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ALECENSA	T5	PA; SP (Max of 14 day supply per fill)
ALKERAN ORAL	T3	
ALUNBRIG ORAL TABLET 180 MG	T5	PA; SP (Max of 14 day supply per fill); QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
ALUNBRIG ORAL TABLET 90 MG	T5	PA; SP (Max of 14 day supply per fill); QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SP (Max of 14 day supply per fill); QL (1 tablet per 1 day)
<i>anastrozole oral</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 Tablets per 14 days)
AYVAKIT ORAL TABLET 25 MG, 50 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 Days)
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>bexarotene</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>bicalutamide</i>	T1	
BOSULIF ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill)
BOSULIF ORAL TABLET 400 MG, 500 MG	T5	PA; SP (Max of 14 day supply per fill)
BRAFTOVI	T5	PA; SP (Max of 15 day supply per fill)
BRUKINSA	T5	PA; SP (Max of 14 days supply per dispensing); QL (56 tablets per 14 Days)

Medication	Coverage Level	Restrictions
CABOMETYX	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
CALQUENCE	T5	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
<i>capecitabine oral tablet 150 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>capecitabine oral tablet 500 mg</i>	T4	SP (Limited to a 1 month supply per fill)
CAPRELSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablet per 14 days)
CASODEX	T3	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Max of 14 day supply per fill)
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Max of 14 day supply per fill)
COPIKTRA ORAL CAPSULE 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
<i>cyclophosphamide oral</i>	T3	
DAURISMO ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
DAURISMO ORAL TABLET 25 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
DROXIA	T3	
EMCYT	T2	
ERIVEDGE	T4	PA; SP (Limited to a 1 month supply per fill)
ERLEADA	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>erlotinib hcl</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>everolimus oral tablet 10 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 Days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 Days)
<i>exemestane</i>	T2	
FARESTON	T9	
FARYDAK ORAL CAPSULE 10 MG, 20 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 capsules per 1 fill)
FARYDAK ORAL CAPSULE 15 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 capsules per 1 fill)
FEMARA	T3	
<i>flutamide</i>	T1	
FOTIVDA	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 capsules per 28 days)
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
GILOTRIF ORAL TABLET 20 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
GILOTRIF ORAL TABLET 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
GILOTRIF ORAL TABLET 40 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T3	
HYCAMTIN ORAL	T4	SP (Limited to a 1 month supply per fill)
HYDREA	T3	
<i>hydroxyurea oral</i>	T1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
IBRANCE ORAL CAPSULE 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)

Medication	Coverage Level	Restrictions
IBRANCE ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days)
ICLUSIG ORAL TABLET 10 MG	T5	PA; SP (Max of 14 day supply per fill)
ICLUSIG ORAL TABLET 15 MG, 45 MG	T5	PA; SP (Max of 14 day supply per fill)
ICLUSIG ORAL TABLET 30 MG	T5	PA; SP (Max of 14 day supply per fill)
IDHIFA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Max of 14 day supply per fill)
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 560 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
INLYTA ORAL TABLET 1 MG	T4	PA; SP (Max of 14 day supply per fill)
INLYTA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill)
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days)
INREBIC	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
IRESSA	T4	PA; SP (Max of 14 day supply per fill)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG	T4	PA; SP (Limited to a 1 month supply per fill)
JAKAFI ORAL TABLET 25 MG, 5 MG	T4	PA; SP (Limited to a 1 month supply per fill)
KISQALI (200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KOSELUGO	T4	PA; SP (Limited to a 1 month supply per fill)
<i>lapatinib ditosylate</i>	T4	PA; SP (Max of 14 days per dispensing. Limited Distribution medication.)
LENVIMA (10 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (12 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (14 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (18 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (20 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (24 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)

Medication	Coverage Level	Restrictions
LENVIMA (4 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
LENVIMA (8 MG DAILY DOSE)	T4	PA; SP (Max of 15 day supply per fill)
<i>letrozole oral</i>	T1	
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 kits per 28 days)
LONSURF	T5	PA; SP (Limited to a 1 month supply per fill)
LORBRENA	T5	PA; SP (Max of 14 day supply per fill)
LUMAKRAS	T4	PA; SP (Max of 14 day supply per fill); QL (112 tablets per 14 days)
LYNPARZA ORAL TABLET	T4	PA; SP (Max of 14 days per dispensing.); QL (56 tablets per 14 days)
LYSODREN	T4	PA; SP (Max of 14 day supply per fill)
MATULANE	T4	PA; SP (Max of 14 day supply per fill)
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; SP (Limited to a 1 month supply per fill)
MEKTOVI	T5	PA; SP (Max of 15 day supply per fill)
<i>melphalan</i>	T2	
<i>mercaptopurine oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
MYLERAN	T3	
NERLYNX	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
NEXAVAR	T4	PA; SP (Max of 14 day supply per fill.)
<i>nilutamide</i>	T1	
NINLARO ORAL CAPSULE 2.3 MG, 4 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
NINLARO ORAL CAPSULE 3 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days)
NUBEQA	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ODOMZO	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
ONUREG	T5	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days)
ORGOVYX	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PEMAZYRE	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)
PIQRAY (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
PIQRAY (250 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PIQRAY (300 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
POMALYST ORAL CAPSULE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 2 MG, 3 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
PURIXAN	T5	SP (Max of 31 days per dispensing.)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 Tablets per 30 days)
RETEVMO	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)

Medication	Coverage Level	Restrictions
REVLIMID ORAL CAPSULE 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 5 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ROZLYTREK	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL
RUBRACA ORAL TABLET 200 MG, 250 MG	T4	PA; SP (Max of 14 day supply per fill)
RUBRACA ORAL TABLET 300 MG	T4	PA; SP (Max of 14 day supply per fill)
RYDAPT	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days)
SOLTAMOX	T9	
SPRYCEL	T4	PA; SP (Max of 14 day supply per fill)
STIVARGA	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sunitinib malate</i>	T4	PA; SP (Limited to a 1 month supply per fill)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG	T5	PA; SP (Max of 14 day supply per fill)
SUTENT ORAL CAPSULE 50 MG	T5	PA; SP (Max of 14 day supply per fill)
TABLOID	T5	SP (Limited to a 1 month supply per fill)
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TAFINLAR	T5	PA; SP (Max of 14 day supply per fill)
TAGRISSO ORAL TABLET 40 MG	T4	PA; SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)
TAGRISSO ORAL TABLET 80 MG	T4	PA; SP (Max of 15 day supply per fill); QL (15 tablets per 15 days)

Medication	Coverage Level	Restrictions
TALZENNA	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
<i>tamoxifen citrate oral</i>	T1	
TARCEVA ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill)
TARCEVA ORAL TABLET 150 MG, 25 MG	T5	PA; SP (Max of 14 day supply per fill)
TARGRETIN ORAL	T5	PA; SP (Max of 14 day supply per fill)
TASIGNA	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsule per 14 days)
TAZVERIK	T4	PA; SP (Max of 14 day supply per fill); QL (112 Tablets per 14 days)
TEMODAR ORAL CAPSULE 100 MG, 180 MG, 250 MG	T5	PA; SP (Limited to a 1 month supply per fill)
TEMODAR ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>temozolomide</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TEPMETKO	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
TIBSOVO	T4	PA; SP (Max of 14 day supply per fill)
<i>toremifene citrate</i>	T4	ST; SP (Max day supply up to 31 days.); QL (30 tablets per 30 days)
<i>tretinoin oral</i>	T4	PA; SP (Limited to a 14 day supply per fill)
TREXALL	T3	ST
TRUSELTIQ (100MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TUKYSA	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
TURALIO	T5	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days); AL
TYKERB	T5	PA; SP (Max of 14 day supply per fill. Limited Distribution Medication.)
UKONIQ	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
VENCLEXTA ORAL TABLET 10 MG	T5	PA; SP (Max of 14 day supply per fill)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	T5	PA; SP (Max of 14 day supply per fill)
VENCLEXTA STARTING PACK	T5	PA; SP (Max of 14 day supply per fill)
VERZENIO ORAL TABLET 100 MG, 200 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VERZENIO ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL CAPSULE 25 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Max of 14 day supply per fill); QL (48 ML per 14 days)
VIZIMPRO ORAL TABLET 15 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	T5	PA; SP (Max of 14 day supply per fill)
VOTRIENT	T4	PA; SP (Max of 14 day supply per fill)
XALKORI ORAL CAPSULE 200 MG	T4	PA; SP (Max of 14 day supply per fill)
XALKORI ORAL CAPSULE 250 MG	T4	PA; SP (Max of 14 day supply per fill)
XATMEP	T3	AL

Medication	Coverage Level	Restrictions
XELODA	T5	SP (Limited to a 1 month supply per fill)
XOSPATA	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
XTANDI ORAL CAPSULE	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
XTANDI ORAL TABLET 40 MG	T4	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
XTANDI ORAL TABLET 80 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
YONSA	T9	
ZEJULA	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days)
ZELBORAF	T4	PA; SP (Max of 14 day supply per fill)
ZOLINZA	T4	PA; SP (Max of 14 day supply per fill)
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
ZYKADIA ORAL TABLET	T5	PA; SP (Max of 14 day supply per fill)
ZYTIGA	T9	
Antitoxins, Immune Glob, Toxoids, Vaccines		
<i>Allergenic Extracts (Therapeutic)</i>		
GRASTEK	T3	AL
ODACTRA	T3	AL
ORALAIR	T3	AL
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
RAGWITEK	T3	AL
<i>Antitoxins And Immune Globulins</i>		
ZINPLAVA	T9	
<i>Toxoids</i>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
<i>diphtheria-tetanus toxoids dt</i>	T9	
KINRIX INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	
PENTACEL	T6 - \$0 Copay	
QUADRACEL	T6 - \$0 Copay	
TDVAX	T6 - \$0 Copay	QL (1 injection per 10 yearss)
TENIVAC	T6 - \$0 Copay	QL (1 dose per 10 years)
<i>tetanus-diphtheria toxoids td</i>	T6 - \$0 Copay	QL (1 dose per 10 yearss)
VAXELIS	T6 - \$0 Copay	
<i>Vaccines</i>		
ACTHIB	T9	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	QL (1 injection per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	T6 - \$0 Copay	QL (1 injection per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - \$0 Copay	QL (1 Injection per 180 days)
<i>bcg vaccine</i>	T6 - \$0 Copay	
BEXSERO	T6 - \$0 Copay	QL (2 ML per 1 Lifetime)
BIOTHRAX	T9	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
ENGRIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime)
FLUAD	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUAD QUADRIVALENT	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 injection per 180 days)

Medication	Coverage Level	Restrictions
FLUBLOK QUADRIVALENT	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT	T6 - \$0 Copay	QL (1 injection per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUMIST QUADRIVALENT	T6 - \$0 Copay	QL (1 inhalation per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6 - \$0 Copay	QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - \$0 Copay	QL (1 injection per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime); AL
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (3 doses per 1 lifetime); AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6 - \$0 Copay	QL (2 Doses per 1 Lifetime)
HIBERIX INJECTION	T9	
IMOVAX RABIES	T6 - \$0 Copay	
IPOL INJECTION INJECTABLE	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime)
IXIARO	T9	
<i>janssen covid-19 vaccine</i>	T6 - \$0 Copay	
KINRIX INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	
MENACTRA	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
MENQUADFI INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	QL (1 dose per 1 lifetime)
MENVEO	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime)
M-M-R II INJECTION	T6 - \$0 Copay	QL (2 doses per 1 Lifetime)
<i>moderna covid-19 vaccine</i>	T6 - \$0 Copay	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	T9	
PENTACEL	T6 - \$0 Copay	
<i>pfizer covid-19 vac-tris 5-11y</i>	T6 - \$0 Copay	
<i>pfizer-biontech covid-19 vacc</i>	T6 - \$0 Copay	
PNEUMOVAX 23	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime)
PREVNAR 13	T6 - \$0 Copay	QL (2 Doses per 1 Lifetime)
PREVNAR 20	T6 - \$0 Copay	
QUADRACEL	T6 - \$0 Copay	
RABAVERT	T6 - \$0 Copay	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6 - \$0 Copay	QL (3 Doses per 1 Lifetime)

Medication	Coverage Level	Restrictions
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6 - \$0 Copay	QL (2 doses per 1 lifetime); AL
<i>stamaril</i>	T9	
TICOVAC	T9	
TRUMENBA	T6 - \$0 Copay	QL (3 ML per 1 Lifetime)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	QL (4 doses per 1 lifetime); AL
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6 - \$0 Copay	QL (2 Doses per 1 Lifetime)
VAXELIS	T6 - \$0 Copay	
VAXNEUVANCE	T6 - \$0 Copay	
VIVOTIF	T9	
YF-VAX	T9	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	T6 - \$0 Copay	QL (1 Dose per 1 Lifetime); AL
Autonomic Drugs		
<i>Alpha- And Beta-Adrenergic Agonists</i>		
ADRENALIN NASAL	T9	
ALAVERT ALLERGY/SINUS	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
BROMFED DM	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>droxidopa oral capsule 100 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days)
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	

Medication	Coverage Level	Restrictions
<i>loratadine-d 24hr</i>	T9	
NORTHERA ORAL CAPSULE 100 MG	T9	SP ()
NORTHERA ORAL CAPSULE 200 MG, 300 MG	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</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 30 days)
ZYRTEC-D ALLERGY & CONGESTION	T9	
Alpha-Adrenergic Agonists		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine</i>	T1	
<i>clonidine hcl er</i>	T2	
<i>clonidine hcl oral</i>	T1	
HISTEX-AC	T9	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
LUCEMYRA	T9	
<i>maxi-tuss cd</i>	T9	
<i>methyldopa oral</i>	T1	
<i>midodrine hcl</i>	T1	
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	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
BEVESPI AEROSPHERE	T2	QL (1 inhaler per 30 days)
BREZTRI AEROSPHERE	T9	
<i>chlordiazepoxide-clidinium</i>	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhaler per 40 days)
CUVPOSA	T3	AL

Medication	Coverage Level	Restrictions
<i>dicyclomine hcl oral</i>	T1	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</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	
HYCODAN	T9	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydromet</i>	T1	
HYOPHEN	T9	
<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 bromide nasal</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>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>propantheline bromide oral</i>	T1	
QBREXZA	T9	
<i>scopolamine</i>	T1	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
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)

Medication	Coverage Level	Restrictions
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
SYMAX DUOTAB	T3	
TRANSDERM-SCOP (1.5 MG)	T3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	
TRELEGY ELLIPTA	T2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
URIBEL	T9	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
YUPELRI	T9	
Antiparkinsonian Agents		
<i>benztropine mesylate oral</i>	T1	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>trihexyphenidyl hcl</i>	T1	
Autonomic Drugs, Miscellaneous		
<i>apo-varenicline</i>	T2	PV; QL (60 tablets per 30 Days)
CHANTIX	T2	PV; QL (60 tablets 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
KLS QUIT2	T3	PV
KLS QUIT4	T3	PV
NICODERM CQ	T9	
NICORETTE	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; QL (1 box per 30 days)
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
<i>varenicline tartrate</i>	T2	PV; QL (60 tablets 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	

Medication	Coverage Level	Restrictions
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
LORZONE	T9	
<i>metaxalone oral tablet 800 mg</i>	T9	
<i>methocarbamol oral</i>	T1	
ROBAXIN ORAL	T3	
ROBAXIN-750	T3	
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	
<i>labetalol hcl oral</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>nebivolol hcl</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
<i>timolol maleate oral</i>	T1	
Non-Selelpha-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-Selelpha-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 days)
MIGERGOT	T9	
MIGRANAL	T9	
<i>phenoxybenzamine hcl oral</i>	T9	
TRUDHESA	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	QL (90 capsulues per 30 days)
EXELON TRANSDERMAL	T3	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	T3	ST; QL (30 capsules per 30 days); AL
<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	

Medication	Coverage Level	Restrictions
RAZADYNE ER	T3	SP (Drug name has been changed from Reminyl*)
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	
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	T3	ST
<i>silodosin</i>	T2	ST
<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	
<i>arformoterol tartrate</i>	T4	SP (Limited to a 1 month supply per fill); AL
BEVESPI AEROSPHERE	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA	T9	
BREZTRI AEROSPHERE	T9	

Medication	Coverage Level	Restrictions
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL
<i>budesonide-formoterol fumarate</i>	T9	
COMBIVENT RESPIMAT	T2	QL (2 inhaler 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>	T3	ST
<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>formoterol fumarate inhalation</i>	T4	SP (Limited to a 1 month supply per fill); AL
<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>levalbuterol tartrate hfa</i>	T2	
<i>metaproterenol sulfate oral syrup</i>	T1	
PERFOROMIST	T9	
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	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
WIXELA INHUB	T3	ST
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>betaxolol hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
<i>bisoprolol fumarate oral</i>	T1	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
TENORMIN	T3	
TOPROL XL	T3	
<i>Skeletal Muscle Relaxants, Miscellaneous</i>		
<i>norgesic forte</i>	T9	
<i>orphenadrine citrate er</i>	T1	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
Blood Formation, Coagulation, Thrombosis		
<i>Antianemia Drugs</i>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T4	SP (Max of 31 days per dispensing.)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
<i>Anticoagulants, Miscellaneous</i>		
ARIXTRA	T5	SP (Max of 31 days per dispensing.)
CEPROTIN	T3	
<i>fondaparinux sodium</i>	T4	SP (Max of 31 days per dispensing.)
<i>Blood Form.,Coag,Thrombosis Agents Misc.</i>		
AXBRYTA	T9	
TAVALISSE	T9	

Medication	Coverage Level	Restrictions
Coumarin Derivatives		
COUMADIN ORAL	T2	
JANTOVEN	T1	
warfarin sodium oral	T1	
Direct Factor Xa Inhibitors		
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)
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (31 tablets per 31 days); AL
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days); AL
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days); AL
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
Direct Thrombin Inhibitors		
PRADAXA	T3	ST; QL (62 tablets per 31 days)
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	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T4	SP (Max of 31 days per dispensing.)
DOPTELET ORAL TABLET 20 MG	T9	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
FULPHILA	T4	SP (Limited to a 1 month supply per fill)
GRANIX	T5	SP (Limited to a 1 month supply per fill)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T4	SP (Max of 31 days per dispensing.); QL (2 syringes per 28 days)
MULPLETA	T9	

Medication	Coverage Level	Restrictions
NEULASTA ONPRO	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SP (Limited to a 1 month supply per fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill)
NIVESTYM	T4	SP (Limited to a 1 month supply per fill)
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
PROMACTA ORAL PACKET 12.5 MG	T4	PA; SP (Limited to a 1 month supply per fill)
PROMACTA ORAL PACKET 25 MG	T4	PA; SP (Limited to a 1 month supply per fill)
PROMACTA ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
UDENYCA	T9	
ZARXIO	T4	SP (Limited to a 1 month supply per fill)
ZIEXTENZO	T9	
Hemorrhologic Agents		
pentoxifylline er	T1	
Hemostatics		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT	T4	SP (Limited to a 1 month supply per fill)
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT, 500 UNIT	T4	SP (Max of 31 days per dispensing.)
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T4	

Medication	Coverage Level	Restrictions
<i>adynovate</i>	T4	SP (Limited to a 1 month supply per fill)
AFSTYLA	T4	SP (Limited to a 1 month supply per fill)
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	T3	
ALPROLIX	T5	SP (Limited to a 1 month supply per fill)
AMICAR ORAL SOLUTION	T5	SP (Max of 31 days per dispensing.)
AMICAR ORAL TABLET	T5	SP (Max of 31 days per dispensing.)
<i>aminocaproic acid oral solution</i>	T4	SP (Max of 31 days per dispensing.)
<i>aminocaproic acid oral tablet</i>	T4	SP (Max day supply up to 31 days.)
BENEFIX INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
COAGADEX	T4	SP (Max of 31 days per dispensing.)
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
<i>desmopressin ace spray refriger</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
ELOCTATE	T5	SP (Limited to a 1 month supply per fill)
ESPEROCT	T5	SP (Limited to a 1 month supply per fill)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T4	SP (Limited to a 1 month supply per fill)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 500 UNIT	T2	
GELFOAM COMPRESSED SIZE 100	T9	
GELFOAM-JMI SPONGE	T9	

Medication	Coverage Level	Restrictions
HEMLIBRA	T4	PA; SP (Limited to a 1 month supply per fill)
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SP (Limited to a 1 month supply per fill)
IDELVION	T5	SP (Limited to a 1 month supply per fill)
IXINITY	T4	SP (Limited to a 1 month supply per fill)
JIVI	T5	SP (Limited to a 1 month supply per fill)
KOATE	T4	SP (Limited to a 1 month supply per fill)
KOGENATE FS	T4	SP (Limited to a 1 month supply per fill)
KOVALTRY	T4	SP (Limited to a 1 month supply per fill)
LYSTEDA	T3	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T4	SP (Limited to a 1 month supply per fill)
NOC DURNA	T9	
NOVOEIGHT	T4	SP (Limited to a 1 month supply per fill)
NOVOSEVEN RT	T4	SP (Limited to a 1 month supply per fill)
NUWIQ	T4	SP (Limited to a 1 month supply per fill)
REBINYN	T5	SP (Limited to a 1 month supply per fill)
RECOMBINATE	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>rixubis</i>	T5	SP (Limited to a 1 month supply per fill); AL
SEVENFACT	T4	SP (Limited to a 1 month supply per fill)
STIMATE	T4	SP (Limited to a 1 month supply per fill)
<i>tranexamic acid oral</i>	T1	
TRETEN	T5	SP (Limited to a 1 month supply per fill)
VONVENDI	T5	SP (Limited to a 1 month supply per fill)
WILATE INTRAVENOUS SOLUTION RECONSTITUTED 450-450 UNIT, 900-900 UNIT	T2	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
XYNTHA SOLOFUSE	T3	SP (Limited to a 1 month supply per fill)
Heparins		
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	T4	SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	T4	SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T5	SP (Max of 31 days per dispensing.)
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	T3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
LOVENOX SUBCUTANEOUS	T5	SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day)
Iron Preparations		
ACCRUFER	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<i>active fe</i>	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	

Medication	Coverage Level	Restrictions
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	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	
DIALYVITE 800/IRON	T9	
<i>fe 90 plus</i>	T9	
FE C PLUS	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FERREX 28	T9	
FERROCITE PLUS ORAL TABLET	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL
FOLIVANE-F	T9	
FOLIVANE-PLUS	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	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	T9	

Medication	Coverage Level	Restrictions
HEMOCYTE	T9	
HEMOCYTE PLUS	T9	
HEMOCYTE-F ORAL TABLET	T9	
<i>hemocyte-plus oral tablet 106-1 mg</i>	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INATAL GT	T1	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
M-VIT	T9	
<i>myferon 150 forte</i>	T9	
MYKIDZ IRON FL	T9	
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)
NATALVIRT FLT	T9	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NEPHRON FA	T9	
NEXA PLUS	T3	
NIVA-PLUS	T9	
NUFERA	T9	
O-CAL FA	T9	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>pnv tabs 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>poly-iron 150 forte</i>	T9	

Medication	Coverage Level	Restrictions
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
<i>prenatal (wliron & fa)</i>	T1	PV
<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>prenataliron 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>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
QUFLORA FE	T9	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<i>se-tan plus</i>	T9	
TANDEM PLUS	T9	
<i>taron forte</i>	T9	
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl icon</i>	T9	
<i>tl-hem 150</i>	T9	
TRICARE	T1	
TRICON	T9	
<i>trigels-f forte</i>	T9	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1	
VINATE DHA RF	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
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	
wee care	T1	PV; AL
Liver And Stomach Preparations		
cyanocobalamin injection solution 1000 mcg/ml	T1	
NASCOBAL	T9	
neurin-sl	T9	
Platelet-Aggregation Inhibitors		
AGGRENOX	T3	
ASCRIPITIN ORAL TABLET 325 MG	T1	
aspirin ec low dose	T1	PV; AL
aspirin ec oral tablet delayed release 325 mg	T1	PV; AL
aspirin-dipyridamole er	T1	
BRILINTA	T2	
BUFFERIN	T3	PV; AL
BUFFERIN LOW DOSE ORAL TABLET	T3	AL
cilostazol	T1	
clopidogrel bisulfate oral	T1	
dipyridamole oral	T1	
DURLAZA	T9	
EFFIENT	T3	QL (31 tablets per 31 days)
goodsense aspirin oral tablet chewable	T1	PV; AL
PLAVIX ORAL TABLET 75 MG	T3	
prasugrel hcl	T1	QL (31 tablets per 31 days)
YOSPRALA	T9	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
Platelet-Reducing Agents		
AGRYLIN	T3	
anagrelide hcl	T1	
Thrombolytic Agents		
ASCRIPITIN ORAL TABLET 325 MG	T1	
aspirin ec low dose	T1	PV; AL
aspirin ec oral tablet delayed release 325 mg	T1	PV; AL
BUFFERIN	T3	PV; AL

Medication	Coverage Level	Restrictions
BUFFERIN LOW DOSE ORAL TABLET	T3	AL
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
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	
Alpha-Adrenergic Blocking Agt.(Hypoten)		
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	
Angiotensin li Receptor Antagon.(Hypotn)		
ATACAND	T3	
AVAPRO	T3	
BENICAR	T3	
<i>candesartan cilexetil</i>	T1	
COZAAR	T3	
DIOVAN	T3	QL (60 tablets per 30 days)
EDARBI	T3	ST
<i>irbesartan</i>	T1	
<i>losartan potassium oral</i>	T1	
MICARDIS	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>telmisartan</i>	T1	

Medication	Coverage Level	Restrictions
<i>valsartan</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	
BYVALSON	T3	ST
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
COZAAR	T3	
DIOVAN	T3	QL (60 tablets per 30 days)
DIOVAN HCT	T3	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
ENTRESTO	T2	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	
<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	

Medication	Coverage Level	Restrictions
<i>valsartan-hydrochlorothiazide</i>	T1	
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
ACCUPRIL	T3	
ALTACE ORAL CAPSULE	T3	
<i>benazepril hcl oral</i>	T1	
<i>captopril oral</i>	T1	
<i>enalapril maleate oral solution</i>	T3	AL
<i>enalapril maleate oral tablet</i>	T1	
EPANED ORAL SOLUTION	T3	AL
<i>fosinopril sodium</i>	T1	
<i>lisinopril oral</i>	T1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
<i>moexipril hcl</i>	T1	SP (The generic version is preferred.)
<i>perindopril erbumine</i>	T1	
PRESTALIA	T3	ST
PRINIVIL	T3	
<i>quinapril hcl</i>	T1	
<i>ramipril</i>	T1	
<i>trandolapril</i>	T1	
VASOTEC	T3	
ZESTRIL	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 solution</i>	T3	AL
<i>enalapril maleate oral tablet</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	

Medication	Coverage Level	Restrictions
<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, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
<i>moexipril hcl</i>	T1	SP (The generic version is preferred.)
<i>perindopril erbumine</i>	T1	
PRINIVIL	T3	
QBRELIS	T3	AL
<i>quinapril hcl</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>ramipril</i>	T1	
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	T3	
<i>Antiarrhythmics, Miscellaneous</i>		
DIGITEK	T1	
DIGOX	T1	
<i>digoxin oral solution</i>	T1	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>icosapent ethyl</i>	T2	PA
JUXTAPID ORAL CAPSULE 10 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 20 MG, 40 MG, 5 MG, 60 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 30 MG	T9	
LOVAZA	T3	
NEXLETOL	T3	PA; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
NEXLIZET	T3	PA; QL (30 tablets per 30 Days)
<i>niacin er (antihyperlipidemic)</i>	T1	
NIASPAN	T3	
<i>omega-3-acid ethyl esters</i>	T1	
VASCEPA	T3	PA
Beta-Adrenergic Blocking Agents		
<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 oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
BYSTOLIC	T3	ST
BYVALSON	T3	ST
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
CORZIDE	T3	
DUTOPROL	T9	
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
<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 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>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1	
<i>nebivolol hcl</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
<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	
Beta-Adrenergic Blocking Agt.(Hypoten)		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral</i>	T1	
<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	
<i>labetalol hcl oral</i>	T1	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate 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 oral</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
TENORMIN	T3	
<i>timolol maleate oral</i>	T1	
TOPROL XL	T3	

Medication	Coverage Level	Restrictions
Bile Acid Sequestrants		
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1	
PREVALITE	T1	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
WELCHOL ORAL PACKET	T3	ST; QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	ST
Calcium-Channel Block.Agt,Misc(Hypoten)		
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
<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	

Medication	Coverage Level	Restrictions
TAZTIA XT	T1	
TIADYLt ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
<i>Calcium-Channel Blocking Agents, Misc.</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	

Medication	Coverage Level	Restrictions
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 tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
Carbonic Anhydrase Inhibitors(Hypoten)		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>methazolamide oral</i>	T2	
Cardiac Drugs, Miscellaneous		
CORLANOR	T3	ST
RANEXA	T3	
<i>ranolazine er</i>	T1	
VYNDAMAX	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VYNDAQEL	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
Cardiotonic Agents		
DIGITEK	T1	
DIGOX	T1	
<i>digoxin oral solution</i>	T1	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</i>	T1	
<i>clonidine hcl er</i>	T2	
<i>clonidine hcl oral</i>	T1	
<i>guanfacine hcl oral</i>	T1	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
<i>methyldopa oral</i>	T1	
<i>methyldopa-hydrochlorothiazide</i>	T1	
<i>Cholesterol Absorption Inhibitors</i>		
<i>ezetimibe</i>	T1	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1	
NEXLIZET	T3	PA; QL (30 tablets per 30 Days)
ROSZET	T9	
VYTORIN	T3	
ZETIA	T3	
<i>Class Ia Antiarrhythmics</i>		
<i>disopyramide phosphate oral</i>	T1	
NORPACE	T3	
NORPACE CR	T2	
<i>quinidine gluconate er</i>	T4	SP (Max day supply up to 31 days.)
<i>quinidine sulfate oral</i>	T1	
<i>Class Ib Antiarrhythmics</i>		
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	
<i>phenytoin sodium extended oral capsule 200 mg</i>	T2	
<i>phenytoin sodium extended oral capsule 300 mg</i>	T3	
<i>Class Ic Antiarrhythmics</i>		
<i>flecainide acetate</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T3	

Medication	Coverage Level	Restrictions
RYTHMOL SR	T3	QL (60 capsules per 30 days)
Class li Antiarrhythmics		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral</i>	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
HEMANGEOL	T3	AL
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
<i>labetalol hcl oral</i>	T1	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
TENORMIN	T3	
<i>timolol maleate oral</i>	T1	
TOPROL XL	T3	
Class lii 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	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1	
PACERONE ORAL TABLET 400 MG	T2	
SORINE	T1	

Medication	Coverage Level	Restrictions
<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	
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 tablet extended release 180 mg, 240 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
<i>Dihydropyridines (Antihypertensive)</i>		
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besylate oral</i>	T1	
CONJUPRI	T9	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
KATERZIA	T3	QL (150 ML per 30 yers); AL
<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	SP (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	SP (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill)
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<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	
CONJUPRI	T9	
CONSENSI	T9	
EXFORGE	T3	

Medication	Coverage Level	Restrictions
EXFORGE HCT	T3	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
KATERZIA	T3	QL (150 ML per 30 yers); AL
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 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	SP (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
<i>nisoldipine er</i>	T2	
NORVASC	T3	SP (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill)
<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	
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	

Medication	Coverage Level	Restrictions
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet</i>	T9	
FENOGLIDE	T9	
FIBRICOR	T9	
<i>gemfibrozil oral</i>	T1	
LIPOFEN	T9	
LOPID	T3	
TRICOR	T3	
TRIGLIDE ORAL TABLET 160 MG	T9	
TRILIPIX	T3	
Hmg-CoA Reductase Inhibitors		
ALTOPREV	T9	
<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-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1	
<i>flolipid</i>	T9	
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
LESCOL	T9	
LESCOL XL	T9	
LIPITOR	T3	
LIVALO	T9	
<i>lovastatin oral</i>	T1	
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1	
<i>rosuvastatin calcium</i>	T1	
ROSZET	T9	
<i>simvastatin oral suspension</i>	T9	

Medication	Coverage Level	Restrictions
<i>simvastatin oral tablet</i>	T1	
VYTORIN	T3	
ZOCOR	T3	QL (31 tablets per 31 days)
ZYPITAMAG	T9	
Hypotensive Agents, Miscellaneous		
DIBENZYLINE	T9	
<i>phenoxybenzamine hcl oral</i>	T9	
VECAMYL	T4	SP (Max of 31 days per dispensing.)
Loop Diuretics (Hypotensive Agents)		
<i>bumetanide oral</i>	T1	
DEMADEX ORAL TABLET 10 MG	T3	
EDECRIN	T9	
<i>ethacrynic acid oral</i>	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<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	
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
<i>spironolactone oral</i>	T1	
<i>spironolactone-hctz</i>	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
ALDACTONE	T3	
CAROSPIR	T9	
<i>eplerenone</i>	T1	
INSPRA	T3	
<i>spironolactone oral</i>	T1	
Nitrates And Nitrites		
BIDIL	T2	
GONITRO	T9	
ISORDIL TITRADOSE	T9	

Medication	Coverage Level	Restrictions
<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 sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	T3	
NITROLINGUAL	T3	
NITROSTAT	T1	
NITRO-TIME	T1	
<i>Pcsk9 Inhibitors</i>		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-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)
<i>Phosphodiesterase Type 5 Inhibitors</i>		
ADCIRCA	T9	
CIALIS	T9	
<i>cilostazol</i>	T1	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	T9	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 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	T9	

Medication	Coverage Level	Restrictions
<i>tadalafil (pah)</i>	T9	SP ()
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	QL (6 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	T1	ST; QL (30 tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days)
<i>vardeafil hcl oral</i>	T2	QL (6 tablets per 30 Days)
VIAGRA	T9	
Potassium-Sparing Diuretics (Hypoten)		
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1	
CAROSPIR	T9	
DYRENIUM	T9	
<i>eplerenone</i>	T1	
INSPRA	T3	
<i>spironolactone oral</i>	T1	
Renin Inhibitors		
<i>aliskiren fumarate</i>	T2	ST
TEKTURNA	T9	
TEKTURNA HCT	T2	ST
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO	T2	QL (60 tablets per 30 days)
Thiazide Diuretics(Hypotensive Agents)		
DIURIL	T2	
<i>hydrochlorothiazide oral</i>	T1	
Thiazide-Like Diuretics(Hypotensive Agt)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
THALITONE	T9	
Vasodilating Agents, Miscellaneous		
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besylate oral</i>	T1	
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	

Medication	Coverage Level	Restrictions
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	T3	QL (6 injections per 30 days)
CAVERJECT IMPULSE	T3	QL (6 injections per 30 days)
CONJUPRI	T9	
CORLANOR	T3	ST
<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	T3	QL (6 units per 30 days)
KATERZIA	T3	QL (150 ML per 30 yers); AL
MATZIM LA	T9	
MUSE	T2	QL (6 pellets per 30 days)
<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	SP (Max of 31 days per dispensing.); QL (21 capsules per 365 days)
NORVASC	T3	SP (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill)
PROCARDIA XL	T3	

Medication	Coverage Level	Restrictions
TAZTIA XT	T1	
TIADYL [®] ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg	T1	
verapamil hcl er oral tablet extended release 180 mg, 240 mg	T1	
verapamil hcl oral	T1	
VERELAN	T3	
VERELAN PM	T3	
VERQUVO	T3	PA; QL (30 tablets per 30 days)
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral	T1	
GOCOVRI	T9	
OSMOLEX ER	T9	
Amphetamine Derivatives		
diethylpropion hcl er	T1	
diethylpropion hcl oral	T1	
LOMAIRA	T3	ST
phendimetrazine tartrate	T1	
phentermine hcl oral capsule 15 mg, 30 mg	T1	
phentermine hcl oral tablet	T1	
Amphetamines		
ADDERALL	T3	AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	T3	QL (31 capsules per 31 days); AL
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	T3	QL (62 capsules per 31 days); AL
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
amphetamine er	T9	
amphetamine sulfate	T3	ST; QL (180 tablets per 30 days); AL
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	T1	QL (30 capsules per 30 days)
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	T1	QL (60 capsules per 30 days)
amphetamine-dextroamphetamine	T1	AL

Medication	Coverage Level	Restrictions
<i>benzphetamine hcl oral tablet 50 mg</i>	T1	
DESOXYN	T9	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	T3	QL (120 capsules per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	T3	QL (60 capsules per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (120 capsules per 30 days); AL
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 tablets per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T1	QL (60 tablets per 30 days); AL
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days); AL
DYANAVAL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL
EVEKEO ODT	T9	
<i>methamphetamine hcl</i>	T9	
MYDAYIS	T9	
VYVANSE ORAL CAPSULE 10 MG	T2	QL (30 capsules per 30 days); AL
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	T2	QL (31 capsules per 31 days); AL
VYVANSE ORAL TABLET CHEWABLE	T2	QL (30 tablets per 30 days); AL
ZENZEDI ORAL TABLET 10 MG	T1	QL (180 tablets per 30 days); AL
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	T3	ST; QL (60 tablets per 30 days); AL
ZENZEDI ORAL TABLET 2.5 MG	T3	ST; QL (30 tablets per 30 days); AL
ZENZEDI ORAL TABLET 5 MG	T1	QL (30 tablets per 30 days); AL
ZENZEDI ORAL TABLET 7.5 MG	T3	ST; QL (90 tablets per 30 days); AL
<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	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
BUPAP ORAL TABLET 50-300 MG	T9	

Medication	Coverage Level	Restrictions
<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)
ESGIC ORAL TABLET	T3	
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 ORAL TABLET	T3	PA; QL (90 tablets per 30 days)
<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, 5-300 mg, 7.5-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
HYOPHEN	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
LYRICA CR	T9	
NEURONTIN	T3	
NORCO	T3	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
<i>pregabalin er</i>	T9	
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	

Medication	Coverage Level	Restrictions
TYLENOL WITH CODEINE #4	T3	
ULTRACET	T3	
URIBEL	T9	
VANATOL LQ	T9	
VICODIN ES ORAL TABLET 7.5-300 MG	T9	
VICODIN HP ORAL TABLET 10-300 MG	T9	
VICODIN ORAL TABLET 5-300 MG	T9	
VTOL LQ	T9	
Anorexic Agents And Stimulants, Misc		
QSYMIA	T3	ST
Anorexic Agents, Miscellaneous		
CONTRACE	T3	ST
IMCIVREE	T9	
Anticholinergic Agents (Cns)		
<i>benztropine mesylate oral</i>	T1	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>orphenadrine citrate er</i>	T1	
<i>trihexyphenidyl hcl</i>	T1	
Anticonvulsants, Miscellaneous		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
APTOM	T3	PA; QL (60 tablets per 30 days)
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days); 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

Medication	Coverage Level	Restrictions
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
DIACOMIT ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<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	
ELEPSIA XR	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); 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 (210 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FINTEPLA	T5	PA; SP (Limited to a 1 month supply per fill); 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 ORAL TABLET	T3	PA; QL (90 tablets per 30 days)

Medication	Coverage Level	Restrictions
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	T3	ST; QL (30 tablets per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	T3	ST; QL (60 tablets per 30 days)
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 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	T9	
<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>lamotrigine titration</i>	T9	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	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	
<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)

Medication	Coverage Level	Restrictions
<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)
QUDEXY XR	T9	
<i>rufinamide oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
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 ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
<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	ST; SP (Max day supply up to 31 days.); 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>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL
<i>vigabatrin oral tablet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL
VIGADRONE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL

Medication	Coverage Level	Restrictions
VIMPAT INTRAVENOUS	T2	
VIMPAT ORAL TABLET	T2	QL (60 tablets per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	PA; QL (60 tablets per 30 Days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG	T3	PA; QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T3	PA; QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T3	PA; QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T3	PA; QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	PA; QL (1 Pack per 30 days)
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	
ZYBAN	T3	PV
Antimanic Agents		
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	

Medication	Coverage Level	Restrictions
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (30 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	QL (30 EA per 30 days)
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
<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
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)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	T9	
<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>lamotrigine titration</i>	T9	
<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	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 400 mg</i>	T1	QL (60 tablets per 30 days)
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
SAPHRIS	T9	
SECUADO	T4	ST; SP (Max of 31 days per dispensing.); QL (30 Patches per 30 days); AL
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)

Medication	Coverage Level	Restrictions
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>ziprasidone hcl</i>	T1	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
Antimigraine Agents, Miscellaneous		
ANAPROX DS	T3	
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>aspirin ec low dose</i>	T1	PV; AL
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL
BUFFERIN	T3	PV; AL
BUFFERIN LOW DOSE ORAL TABLET	T3	AL
<i>butorphanol tartrate nasal</i>	T2	
CAFERGOT	T9	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T1	AL
CAMBIA	T9	
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	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
<i>goodsense aspirin oral tablet chewable</i>	T1	PV; AL
HEMANGEOL	T3	AL
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
INDERAL LA	T9	

Medication	Coverage Level	Restrictions
INDERAL XL	T9	
INNOPRAN XL	T9	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
MIGERGOT	T9	
MIGRANAL	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG, 500 MG	T3	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>timolol maleate oral</i>	T1	
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
<i>topiramate oral capsule sprinkle</i>	T1	ST
<i>topiramate oral tablet</i>	T1	
TROKENDI XR	T9	
TRUDHESA	T9	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
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 (30 tablets per 30 days); AL
AMBIEN CR	T3	QL (30 tablets per 30 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
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
EDLUAR	T9	
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	T1	QL (30 tablets per 30 days); AL
<i>eszopiclone oral tablet 3 mg</i>	T1	QL (31 tablets per 31 days); AL
HETLIOZ	T5	PA; SP (Limited to a 1 month supply per fill)
HETLIOZ LQ	T9	
<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 (30 tablets per 30 days); AL
<i>meprobamate</i>	T9	
<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	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
<i>ramelteon</i>	T3	ST; AL
ROZEREM	T3	ST; AL
VISTARIL	T3	
<i>zaleplon</i>	T1	QL (30 capsules per 30 days); AL
<i>zolpidem tartrate er</i>	T1	QL (30 tablets per 30 days); AL
<i>zolpidem tartrate oral</i>	T1	QL (30 tablets per 30 days); AL
<i>zolpidem tartrate sublingual</i>	T9	
ZOLPIMIST	T3	ST; QL (1 bottle per 30 days)
Atypical Antipsychotics		
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (30 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	QL (30 EA per 30 days)
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>aripiprazole oral tablet dispersible</i>	T9	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
CAPLYTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 Capsules per 30 days)
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
FANAPT	T4	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
GEODON ORAL	T3	
INVEGA	T9	
LATUDA	T4	ST; SP (Limited to a 1 month supply per fill); 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	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 400 mg</i>	T1	QL (60 tablets per 30 days)
REXULTI	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	
SAPHRIS	T9	
SECUADO	T4	ST; SP (Max of 31 days per dispensing.); QL (30 Patches per 30 days); AL
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
VERSACLOZ	T5	ST; SP (Max of 31 days per dispensing.)
VRAYLAR	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<i>ziprasidone hcl</i>	T1	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
Barbiturates (Anticonvulsants)		
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)

Medication	Coverage Level	Restrictions
<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 tablets per 30 days)
DONNATAL	T9	
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>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<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
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
KLONOPIN	T3	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	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
SYMPAZAN	T9	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
VALIUM	T3	

Medication	Coverage Level	Restrictions
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	
<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
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>diazepam rectal</i>	T3	
<i>estazolam</i>	T1	QL (30 tablets per 30 days); AL
<i>flurazepam hcl</i>	T1	QL (30 capsules per 30 days); AL
HALCION	T3	QL (60 tablets per 30 days); AL
KLONOPIN	T3	
LIBRAX	T9	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
<i>midazolam hcl oral</i>	T1	
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
<i>oxazepam</i>	T1	
<i>quazepam</i>	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL

Medication	Coverage Level	Restrictions
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 oral tablet 0.125 mg</i>	T1	QL (30 tablets per 30 days); AL
<i>triazolam oral tablet 0.25 mg</i>	T1	QL (60 tablets per 30 days); AL
VALIUM	T3	
XANAX	T3	
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	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
AJOVY	T4	PA; SP (Limited to a 1 month supply per fill); AL
EMGALITY (300 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL
NURTEC	T9	
UBRELVY	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
Catechol-O-Methyltransferase(Comt)Inhib.		
<i>carbidopa-levodopa-entacapone</i>	T1	
COMTAN	T3	
<i>entacapone</i>	T1	
ONGENTYS	T3	ST
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	

Medication	Coverage Level	Restrictions
STALEVO 50	T3	
STALEVO 75	T3	
TASMAR ORAL TABLET 100 MG	T3	
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
Central Nervous System Agents, Misc.		
<i>acamprosate calcium</i>	T1	
ADDYI	T3	QL (30 tablets per 30 days)
<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
EXSERVAN	T9	
<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)
<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)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL (1 pak per 365 days)
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL
NAMENDA TITRATION PAK	T3	QL (1 pak per 365 days); AL
NAMENDA XR	T3	QL (30 capsules per 30 days); AL
NAMENDA XR TITRATION PACK	T3	AL
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL
NOURIANZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	ST; QL (60 capsules per 30 days); AL
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

Medication	Coverage Level	Restrictions
TIGLUTIK	T9	
VYLEESI	T9	
VYNDAMAX	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
XYREM	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
XYWAV	T9	
<i>Cyclooxygenase-2 (Cox-2) Inhibitors</i>		
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1	QL (60 EA per 30 days)
CONSENSI	T9	
<i>Dopamine Precursors</i>		
<i>carbidopa oral</i>	T9	
<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	
LODOSYN	T3	QL (150 tablets per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (300 capsules per 30 days)
SINEMET CR	T3	
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	
PARLODEL	T3	

Medication	Coverage Level	Restrictions
Fibromyalgia Agents		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
<i>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 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 pack per 30 days)
General Anesthetics, Miscellaneous		
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
Hydantoins		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
PEGANONE	T3	
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	
<i>phenytoin sodium extended oral capsule 200 mg</i>	T2	
<i>phenytoin sodium extended oral capsule 300 mg</i>	T3	
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	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>Monoamine Oxidase Inhibitors</i>		
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	
XADAGO	T3	ST; QL (30 tablets per 30 days)
<i>Nonergot-Deriv.Dopamine Receptor Agonist</i>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
KYNMOBI	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 films per 30 days)
MIRAPEX	T3	
MIRAPEX ER	T3	
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 ORAL TABLET 0.25 MG, 3 MG, 5 MG	T3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 6 MG	T3	ST
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	ST
<i>Opiate Agonists</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	
ACTIQ	T9	
APADAZ	T9	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
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	

Medication	Coverage Level	Restrictions
<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>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)
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Max of 31 day supply per dispensing.)
<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 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
FIORINAL/CODEINE #3	T3	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (60 capsules per 30 days); AL
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL
<i>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, 5-300 mg, 7.5-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</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 oral liquid</i>	T1	

Medication	Coverage Level	Restrictions
<i>hydromorphone hcl oral tablet 2 mg</i>	T1	QL (32 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1	QL (16 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1	QL (8 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	T1	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL
IBUDONE ORAL TABLET 10-200 MG	T9	
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</i>	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
<i>meperidine hcl oral solution</i>	T1	
<i>meperidine hcl oral tablet 50 mg</i>	T1	
METHADONE HCL INTENSOL	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
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	T3	ST; QL (62 tablets per 31 days)
OPANA ORAL	T3	
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral solution</i>	T1	

Medication	Coverage Level	Restrictions
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
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 tablets per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PRIMLEV	T9	
PROLATE	T9	
QDOLO	T9	
SUBSYS SUBLINGUAL LIQUID 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
<i>tramadol hcl er 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)
TYLENOL WITH CODEINE #3	T3	
TYLENOL WITH CODEINE #4	T3	
ULTRACET	T3	
ULTRAM	T3	QL (240 tablets per 30 days)
VICODIN ES ORAL TABLET 7.5-300 MG	T9	
VICODIN HP ORAL TABLET 10-300 MG	T9	
VICODIN ORAL TABLET 5-300 MG	T9	
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR	T3	ST; QL (60 capsules per 30 days); AL

Medication	Coverage Level	Restrictions
Opiate Antagonists		
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-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)
<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)
KLOXXADO	T3	QL (2 doses per 365 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)
<i>naltrexone hcl oral</i>	T1	
NARCAN	T1	QL (2 units per 365 days)
<i>pentazocine-naloxone hcl</i>	T2	ST
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
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)
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)

Medication	Coverage Level	Restrictions
BUNAVAIL BUCCAL FILM 4.2-0.7 MG	T3	ST; QL (60 films per 30 days)
<i>buprenorphine hcl buccal</i>	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)
<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</i>	T3	ST; QL (4 patches per 28 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	
DAYPRO	T3	
<i>diclofenac</i>	T9	
<i>diclofenac epolamine transdermal</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>diflunisal oral</i>	T1	
DUEXIS	T9	

Medication	Coverage Level	Restrictions
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1	
FELDENE	T3	
<i>fenoprofen calcium oral</i>	T9	
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	
IBUDONE ORAL TABLET 10-200 MG	T9	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine</i>	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	
<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	
LOFENA	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mefenamic acid oral</i>	T9	
<i>meloxicam oral capsule</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, 500 MG	T3	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>naproxen-esomeprazole</i>	T9	
<i>oxaprozin</i>	T2	
<i>piroxicam oral</i>	T1	
QMIIZ ODT	T9	
RELAFEN DS	T9	
SPRIX	T9	
<i>sulindac oral</i>	T1	
<i>sumatriptan-naproxen sodium</i>	T9	
TIVORBEX	T9	
<i>tolmetin sodium</i>	T2	
TREXIMET ORAL TABLET 85-500 MG	T9	
VIMOVO	T9	
VIVLODEX	T9	
ZIPSOR	T9	
ZORVOLEX	T9	
Phenothiazines		
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T2	QL (180 tablets per 30 days)
COMPRO	T1	
<i>fluphenazine hcl oral concentrate</i>	T1	
<i>fluphenazine hcl oral elixir</i>	T1	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>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	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
APTENSIO XR	T3	QL (30 capsules per 30 days)
ASCOMP-CODEINE	T2	
AZSTARYS	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-apap-caffeine oral capsule 50-300-40 mg</i>	T9	

Medication	Coverage Level	Restrictions
<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 tablets per 30 days)
CAFERGOT	T9	
<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
ELIXOPHYLLIN	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
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 (30 capsules per 30 days); AL
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg</i>	T3	QL (30 capdules per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg</i>	T1	QL (30 tablets per 30 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 (60 tablets per 30 days); AL

Medication	Coverage Level	Restrictions
<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
MIGERGOT	T9	
<i>norgesic forte</i>	T9	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (600 ML per 30 days); AL
RELEXXII	T9	
RITALIN	T3	AL
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL
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	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
VANATOL LQ	T9	
VTOL LQ	T9	
Salicylates		
AGGRENOX	T3	
ASCOMP-CODEINE	T2	
ASCRIPTIN ORAL TABLET 325 MG	T1	
<i>aspirin ec low dose</i>	T1	PV; AL
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	PV; AL
<i>aspirin-dipyridamole er</i>	T1	
BUFFERIN	T3	PV; AL
BUFFERIN LOW DOSE ORAL TABLET	T3	AL
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (180 tablets 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	

Medication	Coverage Level	Restrictions
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>salsalate oral</i>	T1	
Sel.Serotonin,Norepi Reuptake Inhibitor		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
<i>desvenlafaxine er</i>	T2	ST; QL (30 tablets per 30 days); AL
<i>desvenlafaxine succinate er</i>	T1	QL (30 tablets per 30 days); AL
DRIZALMA SPRINKLE	T9	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T1	ST; QL (30 capsules per 30 days)
EFFEXOR XR	T3	
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL
PRISTIQ	T3	QL (31 EA per 31 days); AL
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 pack 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; QL (12 tablets per 30 days)
AMERGE	T3	QL (12 tablets per 30 days)
<i>eletriptan hydrobromide</i>	T3	ST; QL (12 tablets per 30 days)
FROVA	T9	
<i>frovatriptan succinate</i>	T9	
IMITREX NASAL SOLUTION 20 MG/ACT	T3	SP (Quantity Limit: 1 box per 15 days)

Medication	Coverage Level	Restrictions
IMITREX NASAL SOLUTION 5 MG/ACT	T3	SP (Quantity Limit: 2 boxes per 15 days)
IMITREX ORAL	T3	QL (12 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	T3	
IMITREX SUBCUTANEOUS	T3	
MAXALT ORAL TABLET 10 MG	T3	QL (12 tablet per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T3	QL (12 tablet per 30 days)
<i>naratriptan hcl</i>	T1	QL (12 tablets per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
REYVOW	T9	
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1	QL (8 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 pens per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	T1	
<i>sumatriptan-naproxen sodium</i>	T9	
TOSYMRA	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
ZEMBRACE SYMTOUCH	T9	
<i>zolmitriptan nasal</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOMIG NASAL	T3	ST; QL (12 units per 30 days)
ZOMIG ORAL	T3	QL (12 tablets per 30 days)

Medication	Coverage Level	Restrictions
ZOMIG ZMT	T3	QL (12 tablets per 30 days)
Selective Serotonin Receptor Agonists		
BELVIQ	T3	ST
BELVIQ XR	T3	ST
Selective-Serotonin Reuptake Inhibitors		
BRISDELLE	T9	
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablet 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	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 37.5 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 tablets per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	
<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 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
PEXEVA	T9	
PROZAC ORAL CAPSULE	T3	
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
<i>sertraline hcl oral capsule</i>	T9	

Medication	Coverage Level	Restrictions
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	T1	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
Serotonin Modulators		
<i>nefazodone hcl</i>	T1	
<i>trazodone hcl oral</i>	T1	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL
VIIBRYD ORAL TABLET	T3	ST; QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	ST; QL (30 tablets per 30 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 ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
<i>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)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 days)
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)
<i>maprotiline hcl</i>	T1	

Medication	Coverage Level	Restrictions
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	SP (Generic substitution mandatory.)
<i>perphenazine-amitriptyline</i>	T1	
<i>protriptyline hcl</i>	T2	
SILENOR	T3	ST; QL (31 tablets per 31 days)
SURMONTIL	T3	
TOFRANIL	T3	
<i>trimipramine maleate oral</i>	T2	
Vesicular Monoamine Transport2 Inhibitor		
AUSTEDO ORAL TABLET 12 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
AUSTEDO ORAL TABLET 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
AUSTEDO ORAL TABLET 9 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XENAZINE	T9	
Wakefulness-Promoting Agents		
<i>armodafinil</i>	T1	QL (30 tablets per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	T1	
<i>modafinil</i>	T1	QL (60 tablets per 30 days)
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 tablets per 31 days)

Medication	Coverage Level	Restrictions
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 tablets per 31 days)
SUNOSI	T3	ST; QL (30 tablets per 30 days)
WAKIX	T9	
Dental Agents		
<i>Dental Agents</i>		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
<i>sodium fluoride 5000 sensitive</i>	T1	
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	
<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)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
<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)
BREATHERITE COLL SPACER INFANT	T2	QL (4 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
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)
DEXCOM G6 RECEIVER	T2	QL (1 receiver per 365 Days)
DEXCOM G6 SENSOR	T2	QL (1 box per 30 Days)
DEXCOM G6 TRANSMITTER	T2	QL (1 transmitter per 90 Days)
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)
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 (1 System per 365 Days)
FREESTYLE LIBRE SENSOR SYSTEM	T2	QL (3 Sensors 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	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
NOVOFINE 32G X 6 MM	T2	
NOVOFINE AUTOCOVER	T2	
NOVOFINE AUTOCOVER PEN NEEDLE	T2	
NOVOFINE PEN NEEDLE	T2	
NOVOFINE PLUS	T2	
NOVOFINE PLUS PEN NEEDLE	T2	
OMNIPOD DASH 5 PACK PODS	T5	QL (2 packs per 30 days)
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	

Medication	Coverage Level	Restrictions
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)
<i>self-taking 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	
VIVAGUARD INO CONTROL SOLUTION	T3	
Diagnostic Agents		
<i>Adrenocortical Insufficiency</i>		
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
<i>Diabetes Mellitus</i>		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK COMPACT PLUS	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
BAYER BREEZE 2 TEST	T3	ST
BAYER CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST
FORA 6 CONNECT	T3	ST
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS	T3	ST; QL (200 strips per 30 days)
GLUCOCARD EXPRESSION TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD X-SENSOR	T3	ST; QL (200 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
HARMONY BLOOD GLUCOSE TEST	T3	ST
MICRODOT TEST	T3	ST

Medication	Coverage Level	Restrictions
ONETOUCH ULTRA BLUE	T1	QL (200 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1	QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 strips per 30 days)
PRECISION QID TEST	T3	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
UNISTRIPI1 GENERIC	T3	ST; QL (200 strips per 30 days)
Diagnostic Agents		
<i>toxicology saliva collection</i>	T9	
Drug Hypersensitivity		
CANDIN	T9	
Ketones		
KETOSTIX	T3	
Tuberculosis		
APLISOL	T9	
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
ORACIT	T3	
<i>pot & sod cit-cit ac</i>	T1	
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T1	
<i>sod citrate-citric acid</i>	T1	
<i>tricitrates</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
<i>virtrate-2</i>	T9	
<i>virtrate-3</i>	T9	
<i>virtrate-k</i>	T9	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
CARBAGLU	T4	PA; SP (Limited to a 1 month supply per fill)
<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; SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
Caloric Agents		
DOJOLVI	T9	
ENLYTE	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FOLBEE AR	T9	
<i>I-leucine</i>	T9	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
METAFOLBIC PLUS	T9	
<i>methaver</i>	T9	
<i>methazel</i>	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
PURALOR CI	T9	
SUPERVITE	T9	
<i>zyvit</i>	T9	
Carbonic Anhydrase Inhibitors		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
Diuretics, Miscellaneous		
ELIXOPHYLLIN	T3	
THEO-24	T2	

Medication	Coverage Level	Restrictions
<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		
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
Loop Diuretics		
<i>bumetanide oral</i>	T1	
DEMADEX ORAL TABLET 10 MG	T3	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
LASIX	T3	
<i>toremide oral</i>	T1	
Phosphate-Removing Agents		
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
<i>calcium acetate (phos binder) oral capsule</i>	T1	
FOSRENOL ORAL PACKET	T5	SP (Max of 31 days per dispensing.); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	T9	
PHOSLO	T3	

Medication	Coverage Level	Restrictions
PHOSLYRA	T3	ST
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
RENEVELA	T9	
<i>sevelamer carbonate oral packet</i>	T5	SP (Max of 31 days per dispensing.)
<i>sevelamer carbonate oral tablet</i>	T4	SP (Max of 31 days per dispensing.); QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
VELPHORO	T5	ST; SP (Max day supply up to 31 days.); QL (180 tablets per 30 days)
Potassium-Removing Agents		
KIONEX ORAL SUSPENSION	T1	
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS	T1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
Potassium-Sparing Diuretics		
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
CAROSPIR	T9	
DYRENIUM	T9	
<i>eplerenone</i>	T1	
INSPRA	T3	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone oral</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
Replacement Preparations		
<i>active fe</i>	T9	
<i>av-phos 250 neutral</i>	T9	
BACMIN	T9	
<i>calcium acetate (phos binder) oral capsule</i>	T1	
<i>calcium-folic acid plus d</i>	T9	
CENTRATEX	T9	
<i>choice-tabs</i>	T9	
<i>complete natal dha</i>	T1	
CORVITA	T9	
CORVITA 150	T9	
CORVITE	T9	
CORVITE 150 ORAL TABLET 150-1.25 MG	T9	
CORVITE FREE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE SUPREME D	T9	
DIALYVITE/ZINC	T9	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	
FERIVA 21/7	T9	
FERIVAFA	T9	
FERROCITE PLUS ORAL TABLET	T9	
FOLBEE PLUS CZ	T9	
FORTAVIT ORAL CAPSULE	T9	
GALZIN	T9	
<i>hematinic plus vit/minerals</i>	T9	
HEMATRON	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
HEMOCYTE PLUS	T9	
<i>hemocyte-plus oral tablet 106-1 mg</i>	T9	
IROSPAN 24/6	T9	
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	

Medication	Coverage Level	Restrictions
KLOR-CON/EF	T1	
K-PHOS-NEUTRAL	T9	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
LYSIPLEX PLUS ORAL TABLET	T9	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T9	
MAXFE ORAL TABLET	T9	
<i>multivitamins oral tablet chewable</i>	T9	
<i>multivitamins pediatric</i>	T9	
<i>neonatal + dha</i>	T9	
NEPHPLEX RX	T9	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
NICOMIDE	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
PHOSLO	T3	
PHOSLYRA	T3	ST
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>pnv-dha</i>	T1	
<i>pnv-select</i>	T1	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1	
<i>potassium chloride er oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	T1	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T1	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP (Max of 31 days per dispensing.)
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
<i>prenatal (w/iron & fa)</i>	T1	PV
<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	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
QUFLORA FE	T9	
REQ 49+	T9	
<i>se-tan plus</i>	T9	
SIDEROL ORAL LIQUID†	T9	
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SUPERVITE	T9	
TANDEM PLUS	T9	
<i>tl-hem 150</i>	T9	
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1	
<i>tri-zel</i>	T9	
UDAMIN SP	T9	
<i>v-c forte</i>	T9	
VIC-FORTE	T9	
VINATE M	T1	
<i>virt-phos 250 neutral</i>	T9	
VITACEL	T1	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
VITATRUE	T3	
<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	
<i>candesartan cilexetil-hctz</i>	T1	

Medication	Coverage Level	Restrictions
<i>captopril-hydrochlorothiazide</i>	T1	
CORZIDE	T3	
DIOVAN HCT	T3	
DIURIL	T2	
DUTOPROL	T9	
EDARBYCLOR	T3	ST
<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>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1	
<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	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
THALITONE	T9	
Uricosuric Agents		
<i>colchicine-probenecid</i>	T1	
<i>probenecid oral</i>	T1	
Vasopressin Antagonists		
JYNARQUE ORAL TABLET 15 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET 30 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>tolvaptan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
Enzymes		
Enzymes		
CREON	T4	SP (Max day supply up to 31 days.)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PERTZYE	T5	ST; SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 ampules per 30 days)
REVCovi	T4	PA; SP (Limited to a 1 month supply per fill)
SANTYL	T3	QL (60 GM per 30 days)
STRENSIQ	T4	PA; SP (Limited to a 1 month supply per fill)
SUCRAID	T4	SP (Max of 31 days per dispensing.)
VIOKACE	T5	ST; SP (Max of 31 days per dispensing.)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
ALPHAGAN P	T3	
<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	
<i>azelastine hcl ophthalmic</i>	T1	
<i>azelastine-fluticasone</i>	T1	ST
<i>bepotastine besilate</i>	T2	ST; QL (5 ML per 30 Days)
BEPREVE	T9	
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1	
DYMISTA	T3	ST
ELESTAT	T3	
<i>epinastine hcl</i>	T1	
<i>ketotifen fumarate ophthalmic</i>	T1	

Medication	Coverage Level	Restrictions
LASTACFT	T3	ST; QL (1 bottle per 30 days); AL
NAPHCON-A	T9	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANASE	T3	
PATANOL	T3	
PAZEO	T3	ST
TICALAST	T9	
ZADITOR	T1	
Antibacterials (Eent)		
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>erythromycin ophthalmic</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
GENTAK OPHTHALMIC OINTMENT	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>levofloxacin ophthalmic</i>	T1	
MAXITROL	T3	
MOXEZA	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	

Medication	Coverage Level	Restrictions
<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	
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	T3	ST
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	
Antivirals (Eent)		
<i>trifluridine ophthalmic</i>	T1	
VIROPTIC	T3	
ZIRGAN	T3	
Beta-Adrenergic Blocking Agents (Eent)		
<i>betaxolol hcl ophthalmic</i>	T2	
BETIMOL	T3	
BETOPTIC-S	T3	ST
<i>carteolol hcl</i>	T1	

Medication	Coverage Level	Restrictions
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 (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate pf</i>	T3	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T3	
TIMOPTIC-XE	T3	
Carbonic Anhydrase Inhibitors (Eent)		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
AZOPT	T3	
<i>brimonidine-dorzolamide</i>	T9	
<i>brinzolamide</i>	T2	
COSOPT	T3	
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>methazolamide oral</i>	T2	
SIMBRINZA	T2	
TRUSOPT	T3	
Corticosteroids (Eent)		
ALREX	T3	ST
<i>azelastine-fluticasone</i>	T1	ST
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
BECONASE AQ	T9	
BLEPHAMIDE	T3	ST
BLEPHAMIDE S.O.P.	T3	
<i>budesonide nasal</i>	T9	
CIPRO HC	T2	
CIPRODEX	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL
COLY-MYCIN S	T3	
CORTANE-B OTIC	T3	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
DEXYCU	T9	

Medication	Coverage Level	Restrictions
<i>difluprednate</i>	T1	ST
DUREZOL	T3	ST
DYMISTA	T3	ST
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
FLAREX	T2	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T3	
<i>fluorometholone ophthalmic</i>	T1	
<i>fluticasone propionate nasal</i>	T3	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	ST
LOTEMAX OPHTHALMIC GEL	T9	
LOTEMAX OPHTHALMIC OINTMENT	T9	
LOTEMAX OPHTHALMIC SUSPENSION	T3	ST
LOTEMAX SM	T3	ST
<i>loteprednol etabonate</i>	T2	ST
MAXIDEX	T3	
MAXITROL	T3	
<i>mometasone furoate nasal</i>	T3	ST
NASACORT ALLERGY 24HR	T3	
NASONEX	T9	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1	
OMNARIS	T9	
OTOVEL	T2	AL
PRED FORTE	T3	
PRED MILD	T3	
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	

Medication	Coverage Level	Restrictions
QNASL CHILDRENS	T9	
SINUVA	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
TICALAST	T9	
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin-dexamethasone</i>	T1	
<i>triamcinolone acetonide nasal aerosol</i>	T3	
XHANCE	T9	
ZETONNA	T9	
ZYLET	T3	ST
Eent Anti-Infectives, Miscellaneous		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
CORTANE-B OTIC	T3	
PERIDEX	T3	
Eent Anti-Inflammatory Agents, Misc.		
CEQUA	T9	
RESTASIS	T2	QL (64 vials per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T2	QL (1 ML per 30 days)
XIIDRA	T2	QL (60 vials per 30 days)
Eent Drugs, Miscellaneous		
<i>acetic acid otic</i>	T1	
ALZAIR ALLERGY NASAL SPRAY	T9	
<i>apraclonidine hcl</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T3	
CYSTADROPS	T4	SP (Limited to a 1 month supply per dispensing); QL (20 ML per 30 days)
CYSTARAN	T4	SP (Max of 31 days per dispensing.); QL (60 ML per 30 days)
GASTROCROM	T3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	ST; SP (Limited to a 1 month supply per fill)
LACRISERT	T4	SP (Max of 31 days per dispensing.)
MUCOSITISRX	T9	

Medication	Coverage Level	Restrictions
OXERVATE	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 8 weeks of treatment.); QL (28 mls per 30 days)
TICALAST	T9	
Eent Nonsteroidal Anti-Inflam. Agents		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	ST
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
BROMSITE	T3	ST; QL (5 ML per 30 days)
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen sodium</i>	T1	
ILEVRO	T3	ST; QL (2 ML per 30 days)
<i>ketorolac tromethamine ophthalmic</i>	T1	
NEVANAC	T3	ST
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
PROLENSA	T3	ST; QL (3 ML per 30 days)
Local Anesthetics (Eent)		
CORTANE-B OTIC	T3	
FIRST-MOUTHWASH BLM	T2	
<i>lidocaine viscous</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</i>	T1	
HOMATROPAIRE	T1	
ISOPTO ATROPINE	T3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1	
<i>tropicamide-cyclopentolate-pe</i>	T9	

Medication	Coverage Level	Restrictions
Prostaglandin Analogs		
<i>bimatoprost ophthalmic</i>	T1	
<i>latanoprost ophthalmic</i>	T1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
ROCKLATAN	T3	ST
TRAVATAN Z	T3	
<i>travoprost (bak free)</i>	T2	ST
VYZULTA	T9	
XALATAN	T3	
XELPROS	T2	
ZIOPTAN	T3	
Rho Kinase Inhibitors		
RHOPRESSA	T3	ST
ROCKLATAN	T3	ST
Vasoconstrictors		
ADRENALIN NASAL	T9	
CYCLOMYDRIL	T3	
<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	
UPNEEQ	T9	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL	T9	
ANZEMET ORAL	T3	ST; QL (3 tablets per 30 days)
<i>granisetron hcl oral</i>	T2	QL (20 tablets per 30 days)
<i>ondansetron</i>	T1	
<i>ondansetron hcl oral</i>	T1	
SANCUSO	T4	ST; SP (Max day supply up to 31 days.); QL (1 patch per 28 days)
SUSTOL	T9	
ZOFRAN ORAL TABLET 4 MG	T3	SP (Quantity Limit: 20 tablets per 30 days)
ZUPLENZ	T2	ST; QL (20 films per 30 days)
Antacids And Adsorbents		
ASCRIPITIN ORAL TABLET 325 MG	T1	
BUFFERIN	T3	PV; AL
BUFFERIN LOW DOSE ORAL TABLET	T3	AL

Medication	Coverage Level	Restrictions
FIRST-MOUTHWASH BLM	T2	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
PLENITY	T9	
ZEGERID	T9	
ZEGERID OTC	T3	
Antidiarrhea Agents		
<i>acidophilus lactobacillus powder</i>	T9	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
FUSION SPRINKLES	T9	
LOMOTIL ORAL TABLET	T3	
<i>loperamide hcl oral capsule</i>	T9	
MYTESI	T9	
<i>opium</i>	T9	
<i>paregoric</i>	T9	
PYLERA	T9	
RESTORA RX	T9	
RESTORA SPRINKLES	T9	
XERMELO	T4	PA; SP (Limited to a 1 month supply per fill)
Antiemetics, Miscellaneous		
CESAMET	T3	ST
<i>dronabinol oral capsule 10 mg</i>	T4	SP (Max day supply up to 31 days.); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T3	QL (60 Capsules per 30 days)
MARINOL	T3	QL (60 capsules per 30 days)
<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	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
<i>scopolamine</i>	T1	
SYNDROS	T9	
TRANSDERM-SCOP (1.5 MG)	T3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	

Medication	Coverage Level	Restrictions
Antiflatulents		
FIRST-MOUTHWASH BLM	T2	
Antihistamines (Gi Drugs)		
ANTIVERT ORAL TABLET 50 MG	T9	
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; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
APRISO	T9	
ASACOL HD	T5	ST; SP (Max day supply up to 31 days.); QL (180 tablets per 30 days)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
<i>balsalazide disodium</i>	T1	
CANASA	T5	SP (Max day supply up to 31 days.)
COLAZAL	T5	SP (Max day supply up to 31 days.)
DELZICOL	T5	ST; SP (Max day supply up to 31 days.)
DIPENTUM	T3	
LIALDA	T5	SP (Max day supply up to 31 days.); QL (120 tablets per 30 days)
LOTRONEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>mesalamine er</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T5	ST; SP (Limited to a 1 month supply per fill)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
PENTASA	T5	SP (Max day supply up to 31 days.); QL (240 capsules per 30 days)
ROWASA RECTAL	T3	
SFROWASA	T3	QL (30 bottles per 30 days)
<i>sulfasalazine oral</i>	T1	
Antiulcer Agents And Acid Suppress.,Misc		
PYLERA	T9	
TALICIA	T9	
Antiulcer Agents And Acid Suppressants		
<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>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
FLAGYL	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole oral</i>	T1	
<i>tetracycline hcl oral</i>	T1	
Cathartics And Laxatives		
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>bisacodyl oral</i>	T3	
<i>bisacodyl rectal</i>	T9	
BUFFERIN	T3	PV; AL
BUFFERIN LOW DOSE ORAL TABLET	T3	AL
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	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL RX	T3	
CLENPIQ	T3	

Medication	Coverage Level	Restrictions
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
<i>fe 90 plus</i>	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FIRST-MOUTHWASH BLM	T2	
GAVILYTE-C	T1	PV
GAVILYTE-G	T1	PV
GAVILYTE-N WITH FLAVOR PACK	T1	PV
GLYCOLAX	T9	
GOLYTELY	T3	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
INATAL GT	T1	
MAXFE ORAL TABLET	T9	
MIRALAX ORAL POWDER	T9	
MOVIPREP	T3	
MYNATAL ORAL TABLET	T1	
<i>mynate 90 plus</i>	T1	
NATALVIRT FLT	T9	
NEPHRON FA	T9	
NEXA PLUS	T3	
NULYTELY WITH FLAVOR PACKS	T3	
OSMOPREP	T3	
<i>peg 3350 oral powder</i>	T9	
<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>pnv-dha+docusate</i>	T1	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T9	
<i>polyethylene glycol 3350 oral powder</i>	T9	
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)
SMOOTH LAX ORAL POWDER	T9	
SUPREP BOWEL PREP KIT	T3	

Medication	Coverage Level	Restrictions
SUTAB	T9	
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl-hem 150</i>	T9	
TRILYTE	T1	PV
<i>Cholelitholytic Agents</i>		
ACTIGALL	T3	
RELTONE	T9	
URSO 250	T3	
URSO FORTE	T3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T9	
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	
<i>Digestants</i>		
CREON	T4	SP (Max day supply up to 31 days.)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	T5	ST; SP (Limited to a 1 month supply per fill)
PERTZYE	T5	ST; SP (Max of 31 days per dispensing.)
VIOKACE	T5	ST; SP (Max of 31 days per dispensing.)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
<i>Gi Drugs, Miscellaneous</i>		
ALLI	T3	ST
AMITIZA	T3	ST; QL (60 capsules per 30 days)
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
BYNFEZIA PEN	T9	
CHOLBAM	T4	PA; SP (Limited to a 1 month supply per fill)
CIMZIA PREFILLED	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)

Medication	Coverage Level	Restrictions
CIMZIA STARTER KIT	T5	PA; SP (Limited to a 1 month supply per fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
GATTEX	T5	PA; SP (Limited to a 1 month supply per fill)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PEDIATRIC UC START	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-PSOR/UEIT STARTER	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
LINZESS	T2	QL (30 capsules per 30 days)
<i>lubiprostone</i>	T3	ST; QL (60 capsules per 30 Days)
MOTEGRITY	T2	QL (30 tablets per 30 days)
MOVANTI	T3	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
MYCAPSSA	T9	
OCALIVA ORAL TABLET 10 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OCALIVA ORAL TABLET 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill)
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
REMICADE	T9	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
SYMPROIC	T3	ST; QL (30 tablets per 30 days)
TRULANCE	T2	QL (30 tablets per 30 days)
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XENICAL	T9	
Histamine H2-Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T3	
<i>cimetidine oral tablet 200 mg</i>	T9	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T3	
DUEXIS	T9	

Medication	Coverage Level	Restrictions
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
<i>ibuprofen-famotidine</i>	T9	
<i>nizatidine</i>	T3	
PEPCID ORAL TABLET 20 MG	T9	
PEPCID ORAL TABLET 40 MG	T3	
<i>ranitidine hcl oral capsule</i>	T3	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T3	
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	T9	
<i>ranitidine hcl oral tablet 300 mg</i>	T3	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZANTAC ORAL TABLET 300 MG	T3	
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	T9	
<i>aprepitant oral capsule</i>	T1	QL (7 capsules per 30 days)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND TRI-PACK	T9	
VARUBI ORAL	T9	
Prokinetic Agents		
GIMOTI	T9	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
REGLAN ORAL	T3	
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	T9	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG	T9	

Medication	Coverage Level	Restrictions
<i>amoxicill-clarithro-lansopraz</i>	T3	
DEXILANT	T9	
<i>esomeprazole magnesium oral packet</i>	T9	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	T9	
FIRST-LANSOPRAZOLE	T3	
FIRST-OMEPRAZOLE	T3	
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>naproxen-esomeprazole</i>	T9	
NEXIUM	T9	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	T9	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	T3	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
PREVACID	T9	
PREVACID 24HR	T3	
PRILOSEC OTC	T3	
PROTONIX ORAL	T9	
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
VIMOVO	T9	
YOSPRALA	T9	
ZEGERID	T9	
ZEGERID OTC	T3	
Gold Compounds		
<i>Gold Compounds</i>		
RIDAURA	T9	
Heavy Metal Antagonists		
<i>Heavy Metal Antagonists</i>		
CHEMET	T4	SP (Max of 31 days per dispensing.)
CUPRIMINE ORAL CAPSULE 250 MG	T9	
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>deferasirox oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet soluble</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferiprone</i>	T4	SP (Limited to a 1 month supply per fill)
DEPEN TITRATABS	T9	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG	T5	SP (Limited to a 1 month supply per fill. Only available through the EPASS program. Please call 888 90-EPASS for more information.)
EXJADE ORAL TABLET SOLUBLE 500 MG	T5	SP (Limited to a 1 month supply per fill. Only available through the EPASS program. Please call 888 90-EPASS for more information.)
FERRIPROX ORAL SOLUTION	T4	SP (Max of 31 days supply per dispensing)
FERRIPROX ORAL TABLET 1000 MG	T4	SP (Max of 31 days supply per dispensing)
FERRIPROX ORAL TABLET 500 MG	T5	SP (Max of 31 day supply per dispensing.)
JADENU	T5	SP (Limited to a 1 month supply per fill)
JADENU SPRINKLE ORAL PACKET 180 MG	T9	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	T9	SP ()
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
SYPRINE	T9	
<i>trientine hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
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	

Medication	Coverage Level	Restrictions
ALKINDI SPRINKLE	T9	
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days); AL
ASMANEX (120 METERED DOSES)	T9	
ASMANEX (14 METERED DOSES)	T9	
ASMANEX (30 METERED DOSES)	T9	
ASMANEX (60 METERED DOSES)	T9	
ASMANEX (7 METERED DOSES)	T9	
ASMANEX HFA	T9	
BREO ELLIPTA	T9	
BREZTRI AEROSPHERE	T9	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Max day supply up to 31 days.); 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 capsules 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	T1	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T1	QL (1 Inhaler per 30 Day(s)s)
<i>fludrocortisone acetate oral</i>	T1	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T3	
<i>fluticasone propionate nasal</i>	T3	

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>	T3	ST
<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	T3	
<i>methylprednisolone oral</i>	T1	
MILLIPRED	T9	
<i>mometasone furoate nasal</i>	T3	ST
NASONEX	T9	
ORAPRED ODT	T9	
ORTIKOS	T9	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
PREDNISONE INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>prednisone oral tablet 50 mg</i>	T2	
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	T1	
RAYOS	T9	
SINUVA	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	
TRELEGY ELLIPTA	T2	
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (2 packages per 180 days)

Medication	Coverage Level	Restrictions
WIXELA INHUB	T3	ST
XHANCE	T9	
zcort 7-day	T9	
ZILRETTA	T9	
Alpha-Glucosidase Inhibitors		
acarbose oral	T1	
GLYSET	T3	
PRECOSE	T3	
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Max of 31 days supply per dispensing)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Max of 31 days supply per dispensing); 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	
COVARYX	T9	
COVARYX HS	T9	
danazol oral capsule 100 mg, 50 mg	T3	QL (60 capsules per 30 days)
danazol oral capsule 200 mg	T3	QL (120 capsules per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T3	
est estrogens-methyltest ds	T9	
est estrogens-methyltest hs	T9	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T9	
FORTESTA	T9	
JATENZO	T9	
methitest	T9	
methyltestosterone oral	T4	PA; SP (Limited to a 1 month supply per fill)
NATESTO	T9	
OXANDRIN	T3	
oxandrolone oral	T2	
STRIANT	T9	
TESTIM	T9	

Medication	Coverage Level	Restrictions
<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%)</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 gel 20.25 mg/1.25gm (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	T2	PA; QL (150 GM per 3 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)
CYCLOSET	T3	
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); 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; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA (600 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
KISQALI FEMARA(200 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days)
<i>letrozole oral</i>	T1	
Antigonadotropins		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	

Medication	Coverage Level	Restrictions
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill)
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 lifetimes)
ORGOVYX	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
ORILISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<i>Antihypoglycemic Agents, Miscellaneous</i>		
<i>diazoxide oral</i>	T4	SP (Max of 31 days per dispensing.)
PROGLYCEM	T9	
<i>Antiparathyroid Agents</i>		
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	
<i>cinacalcet hcl</i>	T4	SP (Max of 31 days per dispensing.)
MIACALCIN NASAL	T3	
SENSIPAR	T5	SP (Max of 31 days per dispensing.)
<i>Antithyroid Agents</i>		
<i>methimazole oral</i>	T1	
<i>propylthiouracil oral</i>	T1	
TAPAZOLE	T3	
<i>Biguanides</i>		
ACTOPLUS MET	T3	
ACTOPLUS MET XR	T2	QL (60 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
FORTAMET	T9	
<i>glipizide-metformin hcl</i>	T1	
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUMETZA	T9	

Medication	Coverage Level	Restrictions
<i>glyburide-metformin</i>	T1	
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JENTADUETO	T2	QL (60 tablets per 30 days)
JENTADUETO XR	T2	QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (62 tablets per 31 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	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>	T9	
<i>metformin hcl oral tablet</i>	T1	
<i>pioglitazone hcl-metformin hcl</i>	T1	
RIOMET	T9	
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
Contraceptives		
AFTERA	T1	
ALTAVERA	T1	PV

Medication	Coverage Level	Restrictions
<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
AYUNA	T1	PV
AZURETTE	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	SP (Contraceptive Management rider is required.); PV
BEYAZ	T9	
BLISOVI 24 FE	T1	PV
CAMILA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CRYSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYCLAFEM 7/7/7	T1	PV
DEBLITANE	T1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3	PV
ECONTRA EZ	T1	PV
ECONTRA ONE-STEP	T1	PV
ELLA	T1	
ELURYNG	T2	PV; QL (1 ring per 28 days)
EMOQUETTE	T1	
ENPRESSE-28	T1	PV
ERRIN	T1	PV
ESTROSTEP FE	T3	
<i>etonogestrel-ethinyl estradiol</i>	T2	QL (1 ring per 28 days)
FALMINA	T1	PV
FAYOSIM	T9	
GEMMILY	T9	

Medication	Coverage Level	Restrictions
GENERESS FE	T9	
GIANVI	T1	PV
GILDESS FE 1.5/30	T1	PV
GILDESS FE 1/20	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
HEATHER	T1	PV
JENCYCLA	T1	PV
JOLESSA	T1	PV
JULEBER	T1	
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
KURVELO	T1	PV
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
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
LILLOW	T1	PV
LO LOESTRIN FE	T3	ST
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	
LOESTRIN FE 1/20	T3	
LOSEASONIQUE	T9	
LOW-OGESTREL	T1	PV
LUTERA	T1	PV
LYZA	T1	PV
<i>marlissa</i>	T1	PV
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV

Medication	Coverage Level	Restrictions
MELODETTA 24 FE	T9	
MIBELAS 24 FE	T9	
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	
MIRCETTE	T9	
MY CHOICE	T1	PV
MY WAY	T1	PV
NATAZIA	T9	
NECON 0.5/35 (28)	T1	PV
NEW DAY	T1	PV
NEXT CHOICE ONE DOSE	T1	PV
NEXTSTELLIS	T9	
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 acet-ethinyl est oral tablet 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
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
NUVARING	T9	
OCELLA	T1	PV
OPCICON ONE-STEP	T1	PV
OPTION 2	T1	PV
PLAN B ONE-STEP	T1	
PORTIA-28	T1	PV
PREVIFEM	T1	PV
QUARTETTE	T9	
RECLIPSEN	T1	PV
RIVELSA	T9	
SAFYRAL	T9	

Medication	Coverage Level	Restrictions
SEASONIQUE	T9	
SHAROBEL	T1	PV
SLYND	T9	
SPRINTEC 28	T1	PV
SRONYX	T1	PV
SYEDA	T1	
TAKE ACTION	T1	
TAYTULLA	T9	
TRI-ESTARYLLA	T1	PV
TRI-LEGEST FE	T1	PV
TRI-LINYAH	T1	PV
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-NORINYL (28)	T3	
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TULANA	T1	PV
TWIRLA	T9	
TYDEMY	T9	
VELIVET	T1	PV
XULANE	T2	PV
YASMIN 28	T9	
YAZ	T9	
ZOVIA 1/35E (28)	T1	PV
<i>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</i>		
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone</i>	T3	QL (30 tablets per 30 days)
GLYXAMBI	T2	QL (30 tablets per 30 days)
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
JENTADUETO	T2	QL (60 tablets per 30 days)
JENTADUETO XR	T2	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	ST; QL (62 tablets per 31 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (31 tablets per 31 days)
NESINA	T9	
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
OSENI	T9	
QTERN	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
TRADJENTA	T2	QL (30 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 Tablets per 30 days)
Estrogen Agonist-Antagonists		
<i>clomiphene citrate oral</i>	T1	
DUAVEE	T3	QL (31 tablets per 31 days)
EVISTA	T3	
FARESTON	T9	
OSPHENA	T2	PA
<i>raloxifene hcl</i>	T1	
SOLTAMOX	T9	
<i>tamoxifen citrate oral</i>	T1	
<i>toremifene citrate</i>	T4	ST; SP (Max day supply up to 31 days.); QL (30 tablets per 30 days)
Estrogens		
ACTIVEVILLA	T3	
ALORA	T2	
ALTAVERA	T1	PV
<i>alyacen 1/35</i>	T1	PV
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
ANNOVERA	T9	
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV
AVIANE	T1	PV
AYUNA	T1	PV

Medication	Coverage Level	Restrictions
AZURETTE	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	SP (Contraceptive Management rider is required.); PV
BEYAZ	T9	
BIJUVA	T9	
BLISOVI 24 FE	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CLIMARA	T9	
CLIMARA PRO	T9	
COMBIPATCH	T2	
COVARYX	T9	
COVARYX HS	T9	
CRYSSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYCLAFEM 7/7/7	T1	PV
DELESTROGEN	T3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 packets per 30 days)
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
ELURYNG	T2	PV; QL (1 ring per 28 days)
EMOQUETTE	T1	
ENPRESSE-28	T1	PV
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol implant pellet 6 mg</i>	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	

Medication	Coverage Level	Restrictions
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
ESTRING	T3	
ESTROGEL	T2	QL (50 GM per 31 days)
ESTROSTEP FE	T3	
<i>etonogestrel-ethinyl estradiol</i>	T2	QL (1 ring per 28 days)
EVAMIST	T2	
FALMINA	T1	PV
FAYOSIM	T9	
FEMHRT	T3	
FEMHRT LOW DOSE	T3	
FEMRING	T3	
GEMMILY	T9	
GENERESS FE	T9	
GIANVI	T1	PV
GILDESS FE 1.5/30	T1	PV
GILDESS FE 1/20	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
IMVEXXY MAINTENANCE PACK	T3	QL (8 inserts per 28 Days)
IMVEXXY STARTER PACK	T3	QL (18 inserts per 360 Days)
JINTELI	T1	
JOLESSA	T1	PV
JULEBER	T1	
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
KURVELO	T1	PV
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

Medication	Coverage Level	Restrictions
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
LILLOW	T1	PV
LO LOESTRIN FE	T3	ST
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	
LOESTRIN FE 1/20	T3	
LOSEASONIQUE	T9	
LOW-OGESTREL	T1	PV
LUTERA	T1	PV
<i>marlissa</i>	T1	PV
MELODETTA 24 FE	T9	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MIBELAS 24 FE	T9	
MICROGESTIN 1.5/30	T1	PV
MICROGESTIN 1/20	T1	PV
MICROGESTIN FE 1.5/30	T1	PV
MICROGESTIN FE 1/20	T1	PV
MIMVEY	T1	
MIMVEY LO	T1	
MINASTRIN 24 FE	T9	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T3	
MIRCETTE	T9	
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 lifetimes)
NATAZIA	T9	
NECON 0.5/35 (28)	T1	PV
NEXTSTELLIS	T9	
<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 acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	T1	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	

Medication	Coverage Level	Restrictions
<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
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
NUVARING	T9	
OCELLA	T1	PV
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
PORTIA-28	T1	PV
PREFEST	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
PREMPHASE	T2	
PREMPRO	T2	
PREVIFEM	T1	PV
QUARTETTE	T9	
RECLIPSEN	T1	PV
RIVELSA	T9	
SAFYRAL	T9	
SEASONIQUE	T9	
SPRINTEC 28	T1	PV
SRONYX	T1	PV
SYEDA	T1	
TAYTULLA	T9	
TRI-ESTARYLLA	T1	PV
TRI-LEGEST FE	T1	PV
TRI-LINYAH	T1	PV
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-NORINYL (28)	T3	
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TWIRLA	T9	
TYDEMY	T9	
VAGIFEM VAGINAL TABLET 10 MCG	T3	
VELIVET	T1	PV

Medication	Coverage Level	Restrictions
VIVELLE-DOT	T3	
XULANE	T2	PV
YASMIN 28	T9	
YAZ	T9	
YUVAFEM	T1	
ZOVIA 1/35E (28)	T1	PV
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)
<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 Days)
ZEGALOGUE	T3	QL (2 kits per 30 days)
Gonadotropins		
<i>chorionic gonadotropin intramuscular</i>	T3	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT	T2	QL (13500 units per 30 days)
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 kits per 28 days)
MENOPUR	T2	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T1	
SYNAREL	T9	
Incretin Mimetics		
ADLYXIN	T3	ST
ADLYXIN STARTER PACK	T3	ST
BYDUREON BCISE	T3	ST
BYDUREON SUBCUTANEOUS PEN-INJECTOR	T3	ST
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T2	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T2	QL (3 ML per 28 days)

Medication	Coverage Level	Restrictions
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	QL (3 ML per 28 Days)
RYBELSUS	T9	
SAXENDA	T9	
SOLIQUA	T3	QL (15 ML per 25 days)
TRULICITY	T2	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	
WEGOVY	T9	
XULTOPHY	T3	QL (15 ML per 30 days)
<i>Intermediate-Acting Insulins</i>		
HUMULIN 70/30	T1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN N	T1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST
<i>Leptins</i>		
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill))
<i>Long-Acting Insulins</i>		
BASAGLAR KWIKPEN	T9	
<i>insulin glargine-yfgn</i>	T9	
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
SOLIQUA	T3	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR	T1	
TOUJEO SOLOSTAR	T1	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
XULTOPHY	T3	QL (15 ML per 30 days)

Medication	Coverage Level	Restrictions
Meglitinides		
<i>nateglinide</i>	T1	
PRANDIN ORAL TABLET 1 MG, 2 MG	T3	
<i>repaglinide</i>	T1	
STARLIX	T3	
Parathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
NATPARA SUBCUTANEOUS CARTRIDGE 25 MCG, 50 MCG, 75 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>teriparatide (recombinant)</i>	T5	PA; SP (Limited to a 1 month supply per fill)
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
Parathyroid And Antiparathyroid Agents		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
Pituitary		
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
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; SP (Limited to a 1 month supply per fill)
GENOTROPIN MINIQUICK	T4	PA; SP (Limited to a 1 month supply per fill)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	T9	
NOC DURNA	T9	
NOCTIVA	T9	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ()
SAIZEN	T9	SP ()
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill)
STIMATE	T4	SP (Limited to a 1 month supply per fill)
ZOMACTON	T9	
ZORBTIVE	T5	PA; SP (Limited to a 1 month supply per fill)
Progestins		
ACTIVEVILLA	T3	
AFTERA	T1	
ALTAVERA	T1	PV
<i>alyacen 1/35</i>	T1	PV
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ANGELIQ ORAL TABLET 0.5-1 MG	T3	ST
ANNOVERA	T9	
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV
AVIANE	T1	PV
AYGESTIN	T3	
AYUNA	T1	PV
AZURETTE	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	SP (Contraceptive Management rider is required.); PV
BEYAZ	T9	
BIJUVA	T9	
BLISOVI 24 FE	T1	PV
CAMILA	T1	PV

Medication	Coverage Level	Restrictions
CAMRESE	T1	PV
CAMRESE LO	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CLIMARA PRO	T9	
COMBIPATCH	T2	
CRINONE	T9	
CRYSSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYCLAFEM 7/7/7	T1	PV
DEBLITANE	T1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3	PV
ECONTRA EZ	T1	PV
ECONTRA ONE-STEP	T1	PV
ELLA	T1	
ELURYNG	T2	PV; QL (1 ring per 28 days)
EMOQUETTE	T1	
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill)
ENPRESSE-28	T1	PV
ERRIN	T1	PV
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
ESTROSTEP FE	T3	
<i>etonogestrel-ethinyl estradiol</i>	T2	QL (1 ring per 28 days)
FALMINA	T1	PV
FAYOSIM	T9	
FEMHRT	T3	
FEMHRT LOW DOSE	T3	
GEMMILY	T9	
GENERESS FE	T9	
GIANVI	T1	PV
GILDESS FE 1.5/30	T1	PV
GILDESS FE 1/20	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
HEATHER	T1	PV
JENCYCLA	T1	PV

Medication	Coverage Level	Restrictions
JINTELI	T1	
JOLESSA	T1	PV
JULEBER	T1	
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
KURVELO	T1	PV
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
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
LILLOW	T1	PV
LO LOESTRIN FE	T3	ST
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	
LOESTRIN FE 1/20	T3	
LOSEASONIQUE	T9	
LOW-OGESTREL	T1	PV
LUTERA	T1	PV
LYZA	T1	PV
<i>marlissa</i>	T1	PV
<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	
MELODETTA 24 FE	T9	
MIBELAS 24 FE	T9	

Medication	Coverage Level	Restrictions
MICROGESTIN 1.5/30	T1	PV
MICROGESTIN 1/20	T1	PV
MICROGESTIN FE 1.5/30	T1	PV
MICROGESTIN FE 1/20	T1	PV
MIMVEY	T1	
MIMVEY LO	T1	
MINASTRIN 24 FE	T9	
MIRCETTE	T9	
MY CHOICE	T1	PV
MY WAY	T1	PV
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 lifetimes)
NATAZIA	T9	
NECON 0.5/35 (28)	T1	PV
NEW DAY	T1	PV
NEXT CHOICE ONE DOSE	T1	PV
NEXTSTELLIS	T9	
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 acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	T1	PV
<i>norethindrone oral</i>	T1	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1	
<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
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (28)	T1	PV
NORTREL 7/7/7	T1	PV
NUVARING	T9	
OCELLA	T1	PV
OPCICON ONE-STEP	T1	PV
OPTION 2	T1	PV

Medication	Coverage Level	Restrictions
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
PLAN B ONE-STEP	T1	
PORTIA-28	T1	PV
PREFEST	T3	
PREMPHASE	T2	
PREMPRO	T2	
PREVIFEM	T1	PV
<i>progesterone intramuscular</i>	T1	
<i>progesterone oral</i>	T1	
PROMETRIUM	T3	
PROVERA	T3	
QUARTETTE	T9	
RECLIPSEN	T1	PV
RIVELSA	T9	
SAFYRAL	T9	
SEASONIQUE	T9	
SHAROBEL	T1	PV
SLYND	T9	
SPRINTEC 28	T1	PV
SRONYX	T1	PV
SYEDA	T1	
TAKE ACTION	T1	
TAYTULLA	T9	
TRI-ESTARYLLA	T1	PV
TRI-LEGEST FE	T1	PV
TRI-LINYAH	T1	PV
TRI-LO-ESTARYLLA	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-NORINYL (28)	T3	
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TULANA	T1	PV
TWIRLA	T9	
TYDEMY	T9	
VELIVET	T1	PV
XULANE	T2	PV
YASMIN 28	T9	

Medication	Coverage Level	Restrictions
YAZ	T9	
ZOVIA 1/35E (28)	T1	PV
Rapid-Acting Insulins		
ADMELOG	T3	ST
ADMELOG SOLOSTAR	T3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT	T3	ST
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
FIASP	T3	ST
FIASP FLEXTOUCH	T3	ST
FIASP PENFILL	T3	ST
HUMALOG	T1	
HUMALOG JUNIOR KWIKPEN	T1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1	
HUMALOG MIX 50/50	T1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMALOG MIX 75/25	T1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
<i>insulin asp prot & asp flexpen</i>	T3	ST
<i>insulin aspart</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
<i>insulin lispro subcutaneous solution</i>	T9	
LYUMJEV	T1	
LYUMJEV KWIKPEN	T1	
NOVOLOG	T9	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NOVOLOG MIX 70/30	T9	

Medication	Coverage Level	Restrictions
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	T9	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>Short-Acting Insulins</i>		
HUMULIN 70/30	T1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN R	T1	
HUMULIN R U-500 (CONCENTRATED)	T1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST
<i>Sodium-Gluc Cotransport 2 (Sglt2) Inhib</i>		
FARXIGA	T2	QL (31 tablets per 31 days)
GLYXAMBI	T2	QL (30 tablets per 30 days)
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
INVOKANA	T3	ST; QL (31 tablets per 31 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
QTERN	T3	ST; QL (30 tablets per 30 days)
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 Tablets per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5- 1000 MG	T2	QL (60 Tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	

Medication	Coverage Level	Restrictions
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
<i>Somatostatin Agonists</i>		
BYNFEZIA PEN	T9	
MYCAPSSA	T9	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill)
SIGNIFOR	T5	PA; SP (Limited to a 1 month supply per fill)
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill)
<i>Somatotropin Agonists</i>		
GENOTROPIN	T4	PA; SP (Limited to a 1 month supply per fill)
GENOTROPIN MINIQUEL	T4	PA; SP (Limited to a 1 month supply per fill)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	T9	
INCRELEX	T4	PA; SP (Limited to a 1 month supply per fill)
NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ()
SAIZEN	T9	SP ()
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
ZOMACTON	T9	
ZORBTIVE	T5	PA; SP (Limited to a 1 month supply per fill)
Somatotropin Antagonists		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	T4	PA; SP (Limited to a 1 month supply per fill)
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	
<i>glyburide-metformin</i>	T1	
GLYNASE	T3	
<i>pioglitazone hcl-glimepiride</i>	T9	
Thiazolidinediones		
ACTOPLUS MET	T3	
ACTOPLUS MET XR	T2	QL (60 tablets per 30 days)
ACTOS	T3	
<i>alogliptin-pioglitazone</i>	T3	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	

Medication	Coverage Level	Restrictions
Thyroid Agents		
ARMOUR THYROID	T2	
CYTOMEL	T3	
EUTHYROX	T3	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</i>	T5	SP (Max of 31 days per dispensing.)
<i>levothyroxine sodium intravenous solution reconstituted 200 mcg</i>	T1	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1	
LEVOXYL	T1	
<i>liothyronine sodium oral</i>	T1	
<i>np thyroid</i>	T1	
SYNTHROID	T3	
THYQUIDITY	T9	
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	T2	
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	T2	
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	T2	
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	T2	
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	T2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
UNITHROID 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, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1	
Local Anesthetics (Parenteral)		
Local Anesthetics (Parenteral)		
ZTLIDO	T9	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART	T3	
<i>dutasteride oral</i>	T1	QL (30 tablets per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST

Medication	Coverage Level	Restrictions
<i>finasteride oral tablet 1 mg</i>	T9	
<i>finasteride oral tablet 5 mg</i>	T1	
JALYN	T3	ST
PROPECIA	T9	
PROSCAR	T3	
Alcohol Deterrents		
ANTABUSE	T3	
<i>disulfiram oral</i>	T1	
<i>naltrexone hcl oral</i>	T1	
Antidotes		
<i>acetylcysteine inhalation</i>	T1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
CHEMET	T4	SP (Max of 31 days per dispensing.)
FOSRENOL ORAL PACKET	T5	SP (Max of 31 days per dispensing.); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Max of 31 days per dispensing.); 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 Days)
KIONEX ORAL SUSPENSION	T1	
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Max of 31 days per dispensing.); QL (150 tablets per 30 days)
<i>leucovorin calcium oral</i>	T1	

Medication	Coverage Level	Restrictions
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)
<i>naltrexone hcl oral</i>	T1	
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
RENVELA	T9	
<i>sevelamer carbonate oral packet</i>	T5	SP (Max of 31 days per dispensing.)
<i>sevelamer carbonate oral tablet</i>	T4	SP (Max of 31 days per dispensing.); QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS	T1	
VISTOGARD	T4	SP (Max of 31 days per dispensing.); QL (20 packets per 5 days)
ZEGALOGUE	T3	QL (2 kits per 30 days)
Antigout Agents		
<i>allopurinol oral</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 25 mg, 50 mg</i>	T1	

Medication	Coverage Level	Restrictions
MITIGARE	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG, 500 MG	T3	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>probenecid oral</i>	T1	
ULORIC	T3	ST
ZYLOPRIM	T3	
Antisense Oligonucleotides		
EXONDYS 51	T9	
TEGSEDI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 30 days)
VILTEPSO	T9	
Bone Anabolic Agents		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
NATPARA SUBCUTANEOUS CARTRIDGE 25 MCG, 50 MCG, 75 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>teriparatide (recombinant)</i>	T5	PA; SP (Limited to a 1 month supply per fill)
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 35 MG, 5 MG	T3	
<i>alendronate sodium</i>	T1	
ALORA	T2	
ATELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
<i>calcitonin (salmon) injection</i>	T9	

Medication	Coverage Level	Restrictions
<i>calcitonin (salmon) nasal</i>	T1	
CLIMARA	T9	
DELESTROGEN	T3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1	
ELESTRIN	T3	ST
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol implant pellet 6 mg</i>	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>	T2	
ESTRING	T3	
ESTROGEL	T2	QL (50 GM per 31 days)
<i>etidronate disodium oral tablet 200 mg</i>	T3	ST
EVAMIST	T2	
EVISTA	T3	
FEMRING	T3	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral</i>	T1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MIACALCIN NASAL	T3	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
<i>raloxifene hcl</i>	T1	
<i>risedronate sodium oral tablet 150 mg</i>	T1	ST; QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST; SP (Limited to a 1 month supply per fill)
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1	ST

Medication	Coverage Level	Restrictions
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
VAGIFEM VAGINAL TABLET 10 MCG	T3	
VIVELLE-DOT	T3	
YUVAFEM	T1	
Carbonic Anhydrase Inhibitors (Misc.)		
KEVEYIS	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
Cariostatic Agents		
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
FLORIVA ORAL LIQUID	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
LUDENT	T1	
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	T1	AL
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	T1	AL
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T1	AL
MYKIDZ IRON FL	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 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental gel</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 mouth/throat</i>	T1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	
TRI-VI-FLOR	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	

Medication	Coverage Level	Restrictions
Complement Inhibitors		
BERINERT	T4	PA; SP (Limited to a 1 month supply per fill)
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
FIRAZYR	T9	
HAEGARDA	T5	PA; SP (Limited to a 1 month supply per fill)
<i>icatibant acetate</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 syinges per 1 fill); AL
KALBITOR	T5	PA; SP (Limited to a 1 month supply per fill); AL
ORLADEYO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL
RUCONEST	T9	
SAJAZIR	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 1 fill); AL
TAKHZYRO	T4	PA; SP (Limited to a 1 month supply per fill)
Disease-Modifying Antirheumatic Agents		
ACTEMRA ACTPEN	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ARAVA	T5	SP (Max of 31 days per dispensing.)
AZASAN	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T3	
<i>azathioprine oral tablet 50 mg</i>	T1	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
CIMZIA PREFILLED	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA STARTER KIT	T5	PA; SP (Limited to a 1 month supply per fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
CUPRIMINE ORAL CAPSULE 250 MG	T9	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
DEPEN TITRATABS	T9	
ENBREL MINI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PEDIATRIC UC START	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 2 years)

Medication	Coverage Level	Restrictions
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-PSOR/UEIT STARTER	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
IMURAN	T3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Max of 31 days per dispensing.)
<i>leflunomide oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
NEORAL	T3	
OLUMIANT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORENCIA CLICKJECT	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)

Medication	Coverage Level	Restrictions
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
OTEZLA ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); AL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
<i>penicillamine oral capsule</i>	T9	
<i>penicillamine oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
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	T9	
REDITREX	T3	ST
REMICADE	T9	
RIDAURA	T9	
RINVOQ	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SANDIMMUNE ORAL	T3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
<i>sulfasalazine oral</i>	T1	
TREXALL	T3	ST

Medication	Coverage Level	Restrictions
XATMEP	T3	AL
XELJANZ ORAL SOLUTION	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
XELJANZ ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XELJANZ XR	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Immunomodulatory Agents		
ACTEMRA ACTPEN	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days)
ACTEMRA SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ACTIMMUNE	T4	SP (Limited to a 1 month supply per fill)
ARAVA	T5	SP (Max of 31 days per dispensing.)
AUBAGIO ORAL TABLET 14 MG	T5	ST; SP (Limited to a 1 month supply per fill)
AUBAGIO ORAL TABLET 7 MG	T5	ST; SP (Limited to a 1 month supply per fill)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SP (Limited to a 1 month supply per fill)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SP (Limited to a 1 month supply per fill)
AZASAN	T9	
azathioprine oral tablet 100 mg, 75 mg	T3	
azathioprine oral tablet 50 mg	T1	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
BAFIERTAM	T9	
BETASERON SUBCUTANEOUS KIT	T4	ST; SP (Limited to a 1 month supply per fill)
CIMZIA PREFILLED	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
CIMZIA STARTER KIT	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
<i>dimethyl fumarate oral</i>	T4	SP (Limited to a 1 month supply per fill.)
<i>dimethyl fumarate starter pack</i>	T4	SP (Limited to a 1 month supply per fill.)
ENBREL MINI	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days)
ENSPRYNG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
GILENYA ORAL CAPSULE 0.5 MG	T4	ST; SP (Limited to a 1 month supply per fill)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	SP (Limited to a 1 month supply per fill.); QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	SP (Limited to a 1 month supply per fill.); QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4	SP (Limited to a 1 month supply per fill.)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	SP (Limited to a 1 month supply per fill.)

Medication	Coverage Level	Restrictions
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 30 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA PEN-PEDIATRIC UC START	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 fill per 2 years)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years)
HUMIRA PEN-PSOR/UEIT STARTER	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 40 MG/0.8ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
IMURAN	T3	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
KESIMPTA	T4	ST; SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); QL (1 pen per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Max of 31 days per dispensing.)
<i>leflunomide oral</i>	T1	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MAYZENT ORAL TABLET 2 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years)
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
NEORAL	T3	
ORENCIA CLICKJECT	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days)
OTEZLA ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); AL
PLAQUENIL	T3	
PLEGRIDY INTRAMUSCULAR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)

Medication	Coverage Level	Restrictions
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)
PLEGRIDY SUBCUTANEOUS	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days)
POMALYST ORAL CAPSULE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 2 MG, 3 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill)
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days)
REMICADE	T9	
REVLIMID ORAL CAPSULE 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 5 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
RIDAURA	T9	
SANDIMMUNE ORAL	T3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)

Medication	Coverage Level	Restrictions
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (0.5 ML per 28 days)
<i>sulfasalazine oral</i>	T1	
TECFIDERA	T5	ST; SP (Limited to a 1 month supply per fill)
THALOMID	T4	SP (Limited to a 1 month supply per fill)
TREXALL	T3	ST
VUMERITY	T9	
XATMEP	T3	AL
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA STARTER KIT	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>Immunosuppressive Agents</i>		
ARAVA	T5	SP (Max of 31 days per dispensing.)
ASTAGRAF XL	T5	ST; SP (Max of 31 days per dispensing.)
AZASAN	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T3	
<i>azathioprine oral tablet 50 mg</i>	T1	
BENLYSTA SUBCUTANEOUS	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days)
CELLCEPT	T3	
<i>cyclophosphamide oral</i>	T3	
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
ELIDEL	T3	ST; QL (30 GM per 30 days)
ENVARUSUS XR	T3	ST

Medication	Coverage Level	Restrictions
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>everolimus oral tablet 1 mg</i>	T4	SP (Limited to a 1 month supply per fill)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
IMURAN	T3	
<i>leflunomide oral</i>	T1	
LUPKYNIS	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 Days)
MAVENCLAD (10 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (4 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (5 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (6 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (7 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (8 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (9 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
<i>mercaptopurine oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
NEORAL	T3	
<i>pimecrolimus</i>	T1	ST; QL (30 GM per 30 days)
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL
PROTOPIC	T3	ST; QL (30 GM per 30 days)
PURIXAN	T5	SP (Max of 31 days per dispensing.)
RAPAMUNE ORAL SOLUTION	T5	SP (Max of 31 days per dispensing.)
RAPAMUNE ORAL TABLET 0.5 MG	T5	SP (Max of 31 days per dispensing.)
RAPAMUNE ORAL TABLET 1 MG	T5	SP (Max of 31 days per dispensing.)
RAPAMUNE ORAL TABLET 2 MG	T4	SP (Max of 31 days per dispensing.)
SANDIMMUNE ORAL	T3	
<i>sirolimus oral</i>	T4	SP (Max of 31 days per dispensing.)
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
<i>tacrolimus oral</i>	T1	
TREXALL	T3	ST
XATMEP	T3	AL
ZORTRESS	T5	SP (Max of 31 days per dispensing.)
Other Miscellaneous Therapeutic Agents		
AMPYRA	T9	
ANIMI-3	T9	
ANIMI-3/VITAMIN D	T9	
ARCALYST	T4	SP (Limited to a 1 month supply per fill)
<i>bp vit 3</i>	T9	
CARDIOVID PLUS	T9	
CARNITOR ORAL	T3	
CARNITOR SF	T3	

Medication	Coverage Level	Restrictions
CERDELGA	T4	SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
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 HARMONY ORAL CAPSULE 27-1-260 MG	T3	
<i>coenzyme q10</i>	T2	
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
<i>complete natal dha</i>	T1	
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill)
DEMSER	T9	
ELMIRON	T5	SP (Max of 31 days per dispensing.); QL (90 capsules per 30 days)
ENDARI	T9	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
EVOTAZ	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
FERIVA 21/7	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28	T9	
FIRDAPSE	T9	
FOLBEE AR	T9	
GALAFOLD	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days)
IROSPAN 24/6	T9	
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Max of 30 days per dispensing.); QL (120 Tablets per 30 days)
ISTURISA ORAL TABLET 10 MG, 5 MG	T5	PA; SP (Max of 31 days per dispensing.); QL (60 Tablets per 30 days)
KUVAN	T5	PA; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
<i>maca</i>	T9	
METAFOLBIC PLUS	T9	
<i>metyrosine</i>	T9	
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal + dha</i>	T9	
NEXA PLUS	T3	
<i>nitisinone</i>	T9	
NITYR	T9	
ORFADIN	T9	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATE AM	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PREZCOBIX	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
RUZURGI	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sapropterin dihydrochloride</i>	T4	PA; SP (Limited to a 1 month supply per fill)
SOLESTA	T3	
STRIBILD	T4	SP (Max of 31 days per dispensing.)

Medication	Coverage Level	Restrictions
SYMTUZA	T4	SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days)
TARON-PREX	T2	
THIOLA	T9	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tiopronin oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 dayss)
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1	
TYBOST	T2	QL (30 tablets per 30 days)
URIBEL	T9	
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VITAFOL-ONE	T3	
VITAPEARL	T3	
VITATRUE	T3	
XURIDEN	T9	
ZAVESCA	T9	
ZOKINVY	T9	
Protective Agents		
MESNEX ORAL	T4	SP (Limited to a 1 month supply per fill)
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
CAYA	T3	
PHEXXI	T9	
Oxytocics		
Oxytocics		
METHERGINE ORAL	T3	QL (28 tablets per 365 days)
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
Pharmaceutical Aids		
Pharmaceutical Aids		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	

Medication	Coverage Level	Restrictions
Respiratory Tract Agents		
<i>Alpha And Beta Adrenergic Agonist(Respr)</i>		
ADRENALIN NASAL	T9	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	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 30 days)
<i>Anticholinergic Agents (Respir.Tract)</i>		
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
ATROVENT HFA	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhaler per 40 days)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium bromide nasal</i>	T1	
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
SPIRIVA HANDIHALER	T2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>Antifibrotic Agents</i>		
ESBRIET ORAL CAPSULE	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
ESBRIET ORAL TABLET 267 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)

Medication	Coverage Level	Restrictions
OFEV ORAL CAPSULE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL
OFEV ORAL CAPSULE 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
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	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>guaifenesin-dm oral syrup</i>	T9	
HISTEX-AC	T9	
HYCODAN	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	
<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	
TESSALON PERLES	T3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	

Medication	Coverage Level	Restrictions
<i>Cystic Fibrosis (Cftr) Correctors</i>		
ORKAMBI ORAL PACKET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 granules per 30 days); AL
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 granules per 30 days); AL
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL
SYMDEKO	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 Days)
<i>Cystic Fibrosis (Cftr) Potentiators</i>		
KALYDECO ORAL PACKET 25 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL
KALYDECO ORAL PACKET 50 MG, 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL
KALYDECO ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 tablets per 30 days); AL
ORKAMBI ORAL PACKET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 granules per 30 days); AL
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 granules per 30 days); AL

Medication	Coverage Level	Restrictions
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill)); QL (120 tablets per 30 days); AL
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill)); QL (120 tablets per 30 days); AL
SYMDEKO	T4	PA; SP (Limited to a 1 month supply per fill)); QL (60 tablets per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 Days)
Expectorants		
<i>cheratussin ac oral syrup</i>	T1	
<i>guaifenesin oral solution 100 mg/5ml</i>	T9	
<i>guaifenesin oral tablet 400 mg</i>	T9	
<i>guaifenesin-dm oral syrup</i>	T9	
First Generation Antihist.(Respir Tract)		
<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 syrup</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	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
<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	T3	

Medication	Coverage Level	Restrictions
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
RYCLORA ORAL SYRUP	T9	
RYVENT	T9	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
FASENRA PEN	T4	PA; SP (Limited to 1ml (30mg) every 28 days for 3 fills); QL (1 ML per 56 days)
Leukotriene Modifiers		
ACCOLATE	T3	
montelukast sodium oral	T1	
SINGULAIR	T3	
zafirlukast	T1	
zileuton er	T5	ST; SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days); AL
ZYFLO	T9	
ZYFLO CR	T9	
Mast-Cell Stabilizers		
ALOCRIL	T3	ST
cromolyn sodium inhalation	T9	
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T3	
GASTROCROM	T3	
Mucolytic Agents		
acetylcysteine inhalation	T1	
HYPERSAL	T2	QL (240 ML per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 ampules per 30 days)
sodium chloride inhalation nebulization solution 7 %	T1	
Nasal Preparations (Steroids)		
azelastine-fluticasone	T1	ST
BECONASE AQ	T9	
budesonide nasal	T9	
DYMISTA	T3	ST
flunisolide nasal solution 25 mcg/act (0.025%)	T3	
fluticasone propionate nasal	T3	

Medication	Coverage Level	Restrictions
<i>mometasone furoate nasal</i>	T3	ST
NASACORT ALLERGY 24HR	T3	
NASONEX	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
TICALAST	T9	
<i>triamcinolone acetonide nasal aerosol</i>	T3	
XHANCE	T9	
Orally Inhaled Preparations (Steroids)		
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days); AL
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
FLOVENT DISKUS	T1	QL (1 Inhaler per 30 Day(s)s)
FLOVENT HFA	T1	QL (1 Inhaler per 30 Day(s)s)
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	T1	
Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET 250 MCG	T3	PA; QL (1 Fill per 1 Lifetime)
DALIRESP ORAL TABLET 500 MCG	T3	PA
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	T9	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)
Second Generation Antihist(Respir Tract)		
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ASTEPRO NASAL SOLUTION 0.15 %	T3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1	
<i>azelastine hcl ophthalmic</i>	T1	
<i>azelastine-fluticasone</i>	T1	ST
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	

Medication	Coverage Level	Restrictions
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>childrens loratadine oral syrup</i>	T9	
CLARINEX ORAL TABLET	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG	T9	
<i>desloratadine oral tablet</i>	T9	
DYMISTA	T3	ST
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>loratadine oral tablet</i>	T9	
QUZYTIR	T9	
TICALAST	T9	
ZYRTEC ALLERGY ORAL TABLET	T9	
Select.Beta-2-Adrenergic Agonist(Respir)		
<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	
ARCAPTA NEOHALER	T3	
<i>formoterol fumarate inhalation</i>	T4	SP (Limited to a 1 month supply per fill); AL
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
<i>levalbuterol tartrate hfa</i>	T2	
<i>metaproterenol sulfate oral syrup</i>	T1	
PERFOROMIST	T9	
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
<i>terbutaline sulfate oral</i>	T1	
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
XOPENEX	T3	

Medication	Coverage Level	Restrictions
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
Vasodilating Agents (Respiratory Tract)		
ADCIRCA	T9	
ADEMPAS ORAL TABLET 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>ambrisentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>bosentan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
LETAIRIS ORAL TABLET 10 MG	T9	SP ()
LETAIRIS ORAL TABLET 5 MG	T9	
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (6 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<i>tadalafil (pah)</i>	T9	SP ()
TRACLEER ORAL TABLET	T9	SP ()
TRACLEER ORAL TABLET SOLUBLE	T9	
TYVASO	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO REFILL	T4	PA; SP (Limited to a 1 month supply per fill)
TYVASO STARTER	T4	PA; SP (Limited to a 1 month supply per fill)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1400 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 tablets per 30 days)
VENTAVIS	T2	PA
VIAGRA	T9	
<i>Xanthine Derivatives</i>		
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		
<i>Allylamines (Skin And Mucous Membrane)</i>		
<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	
<i>Antibacterials (Skin, Mucous Membrane)</i>		
ACANYA	T9	

Medication	Coverage Level	Restrictions
ACZONE	T9	
AKTIPAK	T9	
ALTABAX	T3	ST
AMZEEQ	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	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
CENTANY	T3	
CLENIA PLUS	T9	
CLEOCIN VAGINAL CREAM	T3	
CLEOCIN VAGINAL SUPPOSITORY	T9	
CLEOCIN-T EXTERNAL GEL	T3	
CLEOCIN-T EXTERNAL LOTION	T3	
CLEOCIN-T EXTERNAL SOLUTION	T9	
CLEOCIN-T EXTERNAL SWAB	T3	
CLINDAGEL	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T2	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin phosphate external gel</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1	
<i>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	

Medication	Coverage Level	Restrictions
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>gentamicin sulfate external</i>	T1	
KLARON	T3	
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)
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	
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	
PLEXION NS	T9	
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</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 10-5 %</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	

Medication	Coverage Level	Restrictions
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
VANDAZOLE	T1	
VELTIN	T9	
XEPI	T9	
ZIANA	T9	
ZILXI	T9	
Antifulgals (Skin, Mucous Membrane), Misc		
ALA-QUIN	T9	
<i>bensal hp external ointment 3-6 %</i>	T9	
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	T3	ST; QL (60 GM per 30 days)
Antipruritics And Local Anesthetics		
ANALPRAM-HC EXTERNAL LOTION	T2	
CETACAIN EXTERNAL AEROSOL	T9	
CORTANE-B EXTERNAL	T3	
DERMACINRX PRIZOPAK	T9	
<i>doxepin hcl external</i>	T9	
EPIFOAM	T9	
<i>ethyl chloride</i>	T9	
FIRST-MOUTHWASH BLM	T2	
GEBAUERS PAIN EASE	T3	
GEBAUERS SPRAY AND STRETCH	T3	
GLYDO EXTERNAL GEL	T3	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external gel 2 %</i>	T1	
<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	

Medication	Coverage Level	Restrictions
<i>lidopril external kit</i>	T9	
<i>lidorx</i>	T9	
LIDOTRANS 5 PAK	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 EXTERNAL CREAM	T9	
PRAMOSONE EXTERNAL LOTION 1-1 %	T9	
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3	
PRAMOSONE EXTERNAL OINTMENT	T9	
<i>pramoxine-hc external cream</i>	T9	
<i>prilovixil</i>	T9	
PRUDOXIN	T9	
PYRIDIUM	T3	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
SYNERA	T9	
XRYLIDERM	T9	
ZONALON	T9	
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir external</i>	T9	
DENAVIR	T9	
XERESE	T9	
ZOVIRAX EXTERNAL	T9	
Astringents		
DOMEBORO EXTERNAL PACKET	T9	
DRYSOL	T1	
VUSION	T9	
XERAC AC	T1	
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 external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
<i>econazole nitrate external</i>	T1	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST
EXELDERM	T3	ST

Medication	Coverage Level	Restrictions
EXTINA	T9	
GYNAZOLE-1	T3	
JUBLIA	T9	
<i>ketoconazole external cream</i>	T1	QL (60 gm per 30 days)
<i>ketoconazole external foam</i>	T9	
<i>ketoconazole external shampoo 2 %</i>	T1	QL (120 ml per 30 days)
LOTRIMIN AF EXTERNAL CREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
<i>luliconazole</i>	T9	
LUZU	T9	
NIZORAL	T3	
ORAVIG	T4	ST; SP (Max of 31 days per dispensing.)
<i>oxiconazole nitrate</i>	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
<i>sulconazole nitrate</i>	T3	ST
TERAZOL 7	T3	
<i>terconazole vaginal cream 0.4 %</i>	T1	
<i>terconazole vaginal suppository</i>	T1	
VUSION	T9	
XOLEGEL	T9	
Basic Lotions And Liniments		
<i>ammonium lactate external</i>	T9	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
LAC-HYDRIN EXTERNAL CREAM	T9	
<i>lactic acid external lotion</i>	T9	
ULTRAVATE X (OINTMENT)	T9	
<i>urea hydrating</i>	T9	
Basic Oils And Other Solvents		
<i>lactic acid e</i>	T9	
Basic Ointments And Protectants		
ALCORTIN A	T9	
DERMASORB XM	T9	
<i>iodoquimez-hc</i>	T9	
<i>lactic acid e</i>	T9	
NEUAC EXTERNAL KIT	T9	
VYTONE	T9	

Medication	Coverage Level	Restrictions
<i>Benzylamines (Skin And Mucous Membrane)</i>		
MENTAX	T9	
<i>Cell Stimulants And Proliferants</i>		
ALTRENO	T1	QL (45 grams per 30 days); AL
ATRALIN	T3	ST; AL
AVITA	T9	
<i>clindamycin-tretinoin</i>	T3	
REFISSA	T9	
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
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	
TRI-LUMA	T9	
VELTIN	T9	
ZIANA	T9	
<i>Corticosteroids (Skin, Mucous Membrane)</i>		
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	
ANALPRAM-HC EXTERNAL LOTION	T2	
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)

Medication	Coverage Level	Restrictions
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	
<i>betamethasone dipropionate external ointment</i>	T2	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
BRYHALI	T3	ST
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Max of 31 day supply per dispensing)
CAPEX	T9	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate external cream</i>	T1	
<i>clobetasol propionate external foam</i>	T9	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	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; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
<i>clocortolone pivalate</i>	T9	
<i>clocortolone pivalate pump</i>	T9	
CLODAN EXTERNAL KIT	T3	
CLODERM	T9	
CLODERM PUMP	T9	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
CORDRAN	T9	
CORTANE-B EXTERNAL	T3	
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
CORTISPORIN EXTERNAL	T2	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	

Medication	Coverage Level	Restrictions
DERMASORB HC	T9	
DERMASORB TA	T9	
DERMAZENE	T9	
DESONATE	T9	
<i>desonide external cream</i>	T1	ST
<i>desonide external gel</i>	T9	
<i>desonide external lotion</i>	T1	ST
<i>desonide external ointment</i>	T1	
DESOWEN EXTERNAL CREAM	T3	ST
DESOWEN EXTERNAL LOTION	T3	ST
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T9	
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<i>desoximetasone external ointment 0.25 %</i>	T2	
<i>diflorasone diacetate external</i>	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	
DUOBRII	T9	
ELOCON EXTERNAL CREAM	T3	
ELOCON EXTERNAL OINTMENT	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; QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	QL (60 ML per 30 days)
<i>flurandrenolide</i>	T9	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	

Medication	Coverage Level	Restrictions
<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 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-iodoquinol external cream 1-1 %</i>	T9	
IMPEKLO	T9	
IMPOYZ	T9	
<i>iodoquimez-hc</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	
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	
<i>nystatin-triamcinolone</i>	T1	
OLUX	T9	
OLUX-E	T3	

Medication	Coverage Level	Restrictions
ORALONE	T3	
PANDEL	T9	
PRAMOSONE EXTERNAL CREAM	T9	
PRAMOSONE EXTERNAL LOTION 1-1 %	T9	
PRAMOSONE EXTERNAL LOTION 1-2.5 %	T3	
PRAMOSONE EXTERNAL OINTMENT	T9	
<i>pramoxine-hc external cream</i>	T9	
<i>prednicarbate</i>	T1	
PROCTOCORT RECTAL SUPPOSITORY	T9	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
SYNALAR TS	T9	
TACLONEX EXTERNAL OINTMENT	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
TEMOVATE EXTERNAL OINTMENT	T3	
TEXACORT	T9	
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
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	
TRI-LUMA	T9	
UCERIS RECTAL	T3	QL (2 GM per 180 days)
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
ULTRAVATE X (OINTMENT)	T9	
VANOS	T9	
VANOXIDE-HC	T9	

Medication	Coverage Level	Restrictions
VERDESO	T9	
VYTONE	T9	
WYNZORA	T9	
XERESE	T9	
Depigmenting Agents		
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
TRI-LUMA	T9	
Detergents		
CLODAN EXTERNAL KIT	T3	
Emollients, Demulcents, And Protectants		
VUSION	T9	
Hydroxypyridones (Skin, Mucous Membrane)		
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
LOPROX EXTERNAL SHAMPOO	T3	
Keratolytic Agents		
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	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
CLENIA PLUS	T9	
DERMASORB XM	T9	
KERALAC EXTERNAL CREAM 47 %	T9	
KERALYT EXTERNAL SHAMPOO	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PROMISEB	T9	

Medication	Coverage Level	Restrictions
PROMISEB COMPLETE	T9	
<i>rynoderma</i>	T9	
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>selenium sulfide external shampoo 2.25 %</i>	T1	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
SELRX	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 10-5 %</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	T9	
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	

Medication	Coverage Level	Restrictions
Keratoplastic Agents		
<i>coal tar external solution</i>	T2	
Local Anti-Infectives, Miscellaneous		
ACANYA	T9	
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T2	
AKTIPAK	T9	
ALCORTIN A	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
BENZEFOAM	T9	
BENZEFOAMULTRA	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>benzoyl peroxide-erythromycin</i>	T2	
<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>chlorhexidine gluconate mouth/throat</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T2	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
CORTANE-B EXTERNAL	T3	
DERMAZENE	T9	
DUAC	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
<i>iodoquimez-hc</i>	T9	

Medication	Coverage Level	Restrictions
NEUAC EXTERNAL GEL	T1	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
ONEXTON	T9	
PERIDEX	T3	
PR BENZOYL PEROXIDE WASH	T9	
RIAX EXTERNAL FOAM	T3	QL (1 GM per 30 days)
<i>selenium sulfide external lotion</i>	T1	
<i>selenium sulfide external shampoo 2.25 %</i>	T1	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
SELRX	T9	
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1	
SSD	T1	
SSD (SILVER SULFADIAZINE)	T1	
SULFAMYLON	T3	
VANOXIDE-HC	T9	
VYTONE	T9	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
<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	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
VOLTAREN TRANSDERMAL	T3	
Oxaboroles		
KERYDIN	T9	
<i>tavaborole</i>	T9	
Pigmenting Agents		
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
OXSORALEN ULTRA	T5	SP (Max of 31 days per dispensing.)
Polyenes (Skin And Mucous Membrane)		
NYAMYC	T1	QL (60 GM per 30 Days)
<i>nystatin external cream</i>	T1	SP (Generic substitution mandatory.)
<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)

Medication	Coverage Level	Restrictions
Scabicides And Pediculicides		
EURAX	T9	
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1	
<i>lindane external shampoo</i>	T1	
<i>malathion external</i>	T1	
NATROBA	T3	ST; AL
OVIDE	T3	
<i>permethrin external cream</i>	T1	
SKLICE	T3	
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
<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	SP (Max of 31 days per dispensing.)
ACUICYN EXTERNAL LIQUID	T9	
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 external gel 0.1-2.5 %</i>	T2	
AKLIEF	T9	
ALDARA	T3	
AMNESTEEM	T2	QL (6 fills per 2 yearss)
ARAZLO	T9	
ATRAPRO HYDROGEL	T9	
AVO CREAM	T9	
<i>azelaic acid external</i>	T2	ST
AZELEX	T3	ST; QL (50 GM per 31 days)
BIAFINE	T9	
<i>bimatoprost external</i>	T9	
BIONECT EXTERNAL CREAM	T9	
BIONECT EXTERNAL FOAM	T9	

Medication	Coverage Level	Restrictions
BIONECT EXTERNAL GEL	T9	
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Max of 31 day supply per dispensing)
CALCITRENE	T1	QL (120 GM per 30 days)
<i>calcitriol external</i>	T1	ST; QL (100 GM per 30 days)
CARAC	T9	
CELACYN	T9	
CELACYN POST-PROCEDURE PACK	T9	
CERACADE	T9	
CLARAVIS	T2	QL (6 fills per 2 yearss)
<i>clindamycin-tretinoin</i>	T3	
CONDYLOX EXTERNAL GEL	T3	ST
COSENTYX (300 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill. Allowed 5 packs for first fill (induction dose) only.); QL (1 pack per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; SP (Limited to a 1 month supply per fill. Limited to a once in lifetime fill of 5 syringes in 28 days for induction.); QL (1 syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4	SP (Limited to a 1 month supply per fill. Allowed 5 syringes for first fill (induction dose) only.); QL (1 syringe per 30 Days)
<i>dapsone external</i>	T9	
DERMASORB HC	T9	
DERMULCERA	T9	
<i>diclofenac sodium transdermal gel 1 %</i>	T1	
<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	

Medication	Coverage Level	Restrictions
DRITHO-CREME HP	T9	
DUOBRII	T9	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 3 syringes for the first month.); QL (2 syringes per 28 days)
EFUDEX EXTERNAL CREAM	T3	
ELETONE	T9	
ELIDEL	T3	ST; QL (30 GM per 30 days)
EMULSION SB	T9	
ENSTILAR	T9	
ENTTY SPRAY EMULSION	T9	
EPICERAM	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
FABIOR	T3	ST; QL (50 GM per 30 days)
FINACEA EXTERNAL FOAM	T3	ST
FINACEA EXTERNAL GEL	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
FLUOROPLEX	T4	ST; SP (Max of 31 days per dispensing.)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
GELCLAIR	T9	
<i>hair regrowth treatment men external solution</i>	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T9	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 yearss)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	

Medication	Coverage Level	Restrictions
KAMDOY	T9	
KELO-COTE EXTERNAL GEL	T9	
KLISYRI	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 packets per 1 yer)
LATISSE	T9	
LOYON	T9	
LUXAMEND	T9	
<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	
MUGARD	T9	
MYORISAN	T2	QL (6 fills per 2 yearss)
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NUVAIL	T9	
ORACEA	T9	
ORAMAGICRX	T9	
OTEZLA ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); AL
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
PHLAG SPRAY	T9	
PICATO EXTERNAL GEL 0.015 %	T5	ST; SP (Max of 31 days per dispensing.); QL (3 gm per 180 days)
PICATO EXTERNAL GEL 0.05 %	T5	ST; SP (Max of 31 days per dispensing.); 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	
PRESERA	T9	
PROPECIA	T9	
PROTOPIC	T3	ST; QL (30 GM per 30 days)
PRUCLAIR	T9	

Medication	Coverage Level	Restrictions
PRUMYX	T9	
PRUTECT	T9	
QBREXZA	T9	
RECEDO	T9	
RECTIV	T9	
REGRANEX	T4	ST; SP (Max of 31 days per dispensing.)
REMICADE	T9	
RHOFADE	T3	QL (60 GM per 30 days); AL
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
SANTYL	T3	QL (60 GM per 30 days)
SILIQ	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 4 syringes for the first fill.); QL (2 syringes per 28 days)
SKYRIZI	T4	PA; SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks)
SKYRIZI (150 MG DOSE)	T4	PA; SP (Limited to 4 syringes for the first fill.); QL (2 syringes per 12 weeks)
SKYRIZI PEN	T4	PA; SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
SONAFINE	T9	
SORIATANE ORAL CAPSULE 10 MG, 25 MG	T5	SP (Max of 31 days per dispensing.); QL (60 capsules per 30 days)
SORILUX	T9	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 vial per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SP (Allowed 2 syringes for first month starting dose.); QL (1 syringe per 90 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SP (One fill every 8 weeks); QL (1 syringe per 60 days)
<i>suvicort</i>	T9	
SYNALAR TS	T9	

Medication	Coverage Level	Restrictions
SYNERDERM	T9	
TACLONEX EXTERNAL OINTMENT	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
TACLONEX EXTERNAL SUSPENSION	T9	
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill)
TARGRETIN EXTERNAL	T9	
<i>tazarotene external cream</i>	T1	ST
<i>tazarotene external foam</i>	T3	ST; QL (50 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	T2	ST
TAZORAC EXTERNAL CREAM 0.1 %	T3	ST
TAZORAC EXTERNAL GEL	T9	
TETRIX EXTERNAL CREAM	T9	
TOLAK	T2	QL (1 tube per 30 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to 2 pens on first fill.); QL (1 pen per 8 weeks)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limit of 2 syringes on first fill.); QL (1 syringe per 8 weeks)
VALCHLOR	T4	PA; SP (Limited to a 15 day supply per fill); QL (60 GM per 15 days)
VANIQA	T9	
VECTICAL	T3	ST; QL (100 GM per 30 days)
VELTIN	T9	
VENELEX	T9	
VEREGEN	T4	ST; SP (Max of 31 days per dispensing.); QL (30 grams per 30 days)
VOLTAREN TRANSDERMAL	T3	
WINLEVI	T9	
WYNZORA	T9	
XIMINO	T9	
ZENATANE	T2	QL (6 fills per 2 yearss)
ZIANA	T9	
ZITHRANOL	T3	ST
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	

Medication	Coverage Level	Restrictions
Smooth Muscle Relaxants		
Antimuscarinics		
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
ENABLEX	T3	QL (30 tablets per 30 days)
<i>flavoxate hcl</i>	T1	
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<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 capsules per 30 days)
<i>trospium chloride er</i>	T3	QL (30 capsules per 30 days)
VESICARE	T3	ST; QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL
Respiratory Smooth Muscle Relaxants		
ELIXOPHYLLIN	T3	
REVATIO ORAL SUSPENSION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
REVATIO ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 ML per 30 days); AL
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
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		
GEMTESA	T9	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (240 ML per 30 days); AL

Medication	Coverage Level	Restrictions
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	ST; QL (30 tablets per 30 days)
Vitamins		
<i>Multivitamin Preparations</i>		
BACMIN	T9	
<i>choice-tabs</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	
CITRANATAL B-CALM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL RX	T3	
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
CORVITA	T9	
CORVITE	T9	
CORVITE FREE	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE SUPREME D	T9	
DIALYVITE/ZINC	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FORTAVIT ORAL CAPSULE	T9	
INATAL GT	T1	
LYSIPLEX PLUS ORAL TABLET	T9	
<i>multi-vit/fluoride oral solution 0.25 mg/ml</i>	T1	AL
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	T1	AL
<i>multivitamins oral capsule</i>	T9	
<i>multivitamins oral tablet chewable</i>	T9	
<i>multivitamins pediatric</i>	T9	
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T1	AL
M-VIT	T9	
MYKIDZ IRON FL	T9	
MYNATAL ORAL TABLET	T1	

Medication	Coverage Level	Restrictions
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NEPHPLEX RX	T9	
NEPHRO-VITE RX	T9	
NEXA PLUS	T3	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
NICOMIDE	T9	
NIVA-PLUS	T9	
O-CAL FA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>pnv tabs 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
<i>prenatal (wliron & fa)</i>	T1	PV
<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	

Medication	Coverage Level	Restrictions
<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	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
REQ 49+	T9	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
SIDEROL ORAL LIQUID†	T9	
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
SUPERVITE	T9	
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
TRICARE	T1	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
<i>triphrocaps</i>	T9	
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1	
TRI-VI-FLOR	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
<i>tri-zel</i>	T9	
UDAMIN SP	T9	
<i>v-c forte</i>	T9	
VIC-FORTE	T9	
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VINATE M	T1	
VINATE ONE	T1	
<i>virt-caps</i>	T9	
<i>virt-vite plus</i>	T9	

Medication	Coverage Level	Restrictions
VITACEL	T1	
VITAFOL ORAL TABLET	T9	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
VITAPEARL	T3	
VITATRUE	T3	
<i>vp-vite rx</i>	T9	
Vitamin A		
<i>active fe</i>	T9	
MYKIDZ IRON FL	T9	
<i>pnv-select</i>	T1	
TRI-VI-FLOR	T9	
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
Vitamin B Complex		
<i>active fe</i>	T9	
ANIMI-3	T9	
ANIMI-3/VITAMIN D	T9	
BEYAZ	T9	
<i>bp vit 3</i>	T9	
<i>calcium-folic acid plus d</i>	T9	
CARDIOVID PLUS	T9	
CENTRATEX	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 B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL RX	T3	
<i>complete natal dha</i>	T1	
<i>completenate</i>	T1	
CORVITA	T9	
CORVITA 150	T9	
CORVITE	T9	
CORVITE 150 ORAL TABLET 150-1.25 MG	T9	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	

Medication	Coverage Level	Restrictions
DERMACINRX PUREFOLIX	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800/IRON	T9	
DIALYVITE SUPREME D	T9	
DIALYVITE/ZINC	T9	
<i>durachol</i>	T9	
<i>fabb</i>	T9	
<i>fe 90 plus</i>	T9	
FE C PLUS	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	T9	
FERROCITE PLUS ORAL TABLET	T9	
<i>folbee</i>	T9	
FOLBEE AR	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
<i>folic acid oral tablet 1 mg</i>	T9	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1	PV; AL
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FOLIXAPURE	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	

Medication	Coverage Level	Restrictions
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	T9	
HEMOCYTE PLUS	T9	
HEMOCYTE-F ORAL TABLET	T9	
<i>hemocyte-plus oral tablet 106-1 mg</i>	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INATAL GT	T1	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
<i>leucovorin calcium oral</i>	T1	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
METAFOLBIC PLUS	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	T1	AL
M-VIT	T9	
<i>myferon 150 forte</i>	T9	
MYNATAL ORAL TABLET	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NASCOBAL	T9	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NATALVIRT FLT	T9	
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	

Medication	Coverage Level	Restrictions
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
<i>neurin-sl</i>	T9	
NEXA PLUS	T3	
NIACOR	T1	
NICOMIDE	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
<i>noxifol-d</i>	T9	
O-CAL FA	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
<i>ortho df</i>	T9	
<i>pnv prenatal plus multivitamin</i>	T1	
<i>pnv tabs 29-1</i>	T1	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>poly-iron 150 forte</i>	T9	
POTABA ORAL CAPSULE	T9	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
PRENATABS RX	T1	
<i>prenatal (wliron & fa)</i>	T1	PV
<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	
PROFERRIN-FORTE	T9	

Medication	Coverage Level	Restrictions
PROVIDA OB	T3	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
QUFLORA FE	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
RESTORA RX	T9	
RESTORA SPRINKLES	T9	
<i>revesta</i>	T9	
<i>roxifol-d</i>	T9	
SAFYRAL	T9	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<i>se-tan plus</i>	T9	
SIDEROL ORAL LIQUID†	T9	
SUPERVITE	T9	
TANDEM PLUS	T9	
<i>taron forte</i>	T9	
TARON-PREX	T2	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<i>tl gard rx</i>	T9	
<i>tl icon</i>	T9	
<i>tl-hem 150</i>	T9	
TRICARE	T1	
TRICON	T9	
<i>trigels-f forte</i>	T9	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
<i>triphrocaps</i>	T9	
<i>tristart dha</i>	T9	
TRIVEEN-DUO DHA	T1	
TRI-VI-FLOR	T9	
TYDEMY	T9	
UDAMIN SP	T9	
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VINATE M	T1	
VINATE ONE	T1	

Medication	Coverage Level	Restrictions
<i>virt-caps</i>	T9	
VIRT-GARD	T9	
<i>virt-vite</i>	T9	
<i>virt-vite forte</i>	T9	
<i>virt-vite plus</i>	T9	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
VITAPEARL	T3	
VITA-RESPA	T9	
VITATRUE	T3	
<i>vp-vite rx</i>	T9	
<i>zavara</i>	T9	
Vitamin C		
<i>active fe</i>	T9	
CENTRATEX	T9	
CITRANATAL BLOOM	T3	
CORVITA 150	T9	
CORVITE 150 ORAL TABLET 150-1.25 MG	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800/IRON	T9	
DIALYVITE/ZINC	T9	
<i>fe 90 plus</i>	T9	
FE C PLUS	T9	
FERIVA 21/7	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FERREX 28	T9	
FERROCITE PLUS ORAL TABLET	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	

Medication	Coverage Level	Restrictions
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
<i>hematinic plus vit/minerals</i>	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON-AF	T9	
HEMAX ORAL TABLET	T9	
HEMOCYTE PLUS	T9	
<i>hemocyte-plus oral tablet 106-1 mg</i>	T9	
ICAR-C PLUS	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MOVIPREP	T3	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>multivitamins pediatric</i>	T9	
MYKIDZ IRON FL	T9	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NATALVIRT FLT	T9	
NEPHPLEX RX	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV
PLENVU	T3	
<i>pnv-select</i>	T1	
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<i>virt-caps</i>	T9	
<i>virt-vite plus</i>	T9	
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<i>calcium-folic acid plus d</i>	T9	
CIFEREX	T9	
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
DERMACINRX PUREFOLIX	T9	
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T9	
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FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
MYKIDZ IRON FL	T9	
<i>noxifol-d</i>	T9	
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Medication	Coverage Level	Restrictions
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<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
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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)

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- Qualified interpreters
- Information written in other languages

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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)

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