

2021 Formulary

Employer-sponsored small group (optimized) 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).

T1a - \$

T1b - \$

T2 - \$\$

T3 - \$\$\$

T4 - \$\$\$\$

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

T6 - Vaccine Coverage

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

Coverage levels

BE: Benefit Exclusion

AL: Age Limits

MB: Medical Benefit

PA: Prior Authorization

PV: Preventative Drugs

QL: Quantity Limits

SP: Limited to a 1 month supply per fill

SP: Specialty Drug

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 |
|---|----------------|--------------------------------------|
| FLUORAC | T9 | |
| <i>prenatabs obn</i> | T1b | |
| URELIEF PLUS | T1b | SP (Generic substitution mandatory.) |
| Antihistamine Drugs | | |
| Antihistamine Drugs | | |
| <i>promethazine hcl oral tablet 25 mg</i> | T1b | |
| Ethanolamine Derivatives | | |
| <i>carbinoxamine maleate oral solution</i> | T1b | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | T1b | |
| <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> | T1b | |
| 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 | |
| Ethylenediamine Derivatives | | |
| <i>pyril d</i> | T3 | |
| <i>pyrilamine-phenylephrine oral suspension</i> | T1b | |
| First Gen. Antihist. Derivatives, Misc. | | |
| <i>cyproheptadine hcl oral</i> | T1b | |
| First Generation Antihistamines | | |
| ANTIVERT ORAL TABLET 50 MG | T9 | |
| <i>carbinoxamine maleate oral solution</i> | T1b | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | T1b | |
| <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> | T1b | |
| <i>cyproheptadine hcl oral</i> | T1b | |
| DICOPANOL FUSEPAQ | T9 | |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|-----------------------------|
| <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> | T1b | |
| <i>hydroxyzine hcl oral tablet</i> | T1b | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i> | T1b | |
| 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> | T1b | |
| <i>promethazine hcl oral tablet 12.5 mg, 50 mg</i> | T1b | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | T1b | |
| 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 | T1b | |
| <i>cimetidine hcl oral solution 300 mg/5ml</i> | T9 | |
| <i>cimetidine oral</i> | T9 | |
| <i>famotidine oral tablet</i> | T9 | |
| <i>hydroxyzine hcl oral syrup</i> | T1b | |
| <i>hydroxyzine hcl oral tablet</i> | T1b | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i> | T1b | |
| <i>ketotifen fumarate ophthalmic</i> | T1b | |
| LASTACFT | T9 | |
| <i>nizatidine</i> | T9 | |
| <i>olopatadine hcl nasal</i> | T2 | |
| <i>olopatadine hcl ophthalmic solution 0.1 %</i> | T1b | QL (5 ML per 30 days) |
| <i>olopatadine hcl ophthalmic solution 0.2 %</i> | T1b | 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 | T9 | |
| PEPCID ORAL TABLET | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| <i>ranitidine hcl oral capsule</i> | T9 | |
| <i>ranitidine hcl oral syrup 75 mg/5ml</i> | T9 | |
| <i>ranitidine hcl oral tablet</i> | T9 | |
| VISTARIL | T3 | |
| ZADITOR | T1b | |
| ZANTAC 150 MAXIMUM STRENGTH | T9 | |
| ZANTAC ORAL TABLET 300 MG | T9 | |
| <i>Phenothiazine Derivatives</i> | | |
| <i>promethazine hcl oral syrup</i> | T1b | |
| <i>promethazine hcl oral tablet</i> | T1b | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | T1b | |
| <i>promethazine vc plain oral solution</i> | T1b | |
| <i>promethazine-codeine oral syrup</i> | T1b | |
| <i>promethazine-dm oral syrup</i> | T1b | |
| 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> | T1b | |
| <i>maxi-tuss cd</i> | T9 | |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i> | T1b | |
| RYCLORA ORAL SYRUP | T9 | |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | T9 | |
| <i>Second Generation Antihistamines</i> | | |
| ALAVERT | T9 | |
| ALAVERT ALLERGY/SINUS | 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 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| <i>cetirizine hcl oral tablet chewable</i> | T9 | |
| <i>cetirizine-pseudoephedrine er</i> | T9 | |
| <i>childrens loratadine oral syrup</i> | T9 | |
| 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 | |
| Anti-Infective Agents | | |
| 1St Generation Cephalosporin Antibiotics | | |
| <i>cefadroxil</i> | T1b | |
| <i>cephalexin oral capsule</i> | T1a | |
| <i>cephalexin oral suspension reconstituted</i> | T1b | |
| <i>cephalexin oral tablet</i> | T2 | |
| DAXBIA | T9 | |
| KEFLEX | T3 | |
| 2Nd Generation Cephalosporin Antibiotics | | |
| <i>cefaclor er</i> | T1b | |
| <i>cefaclor oral capsule 250 mg</i> | T1b | |
| <i>cefprozil</i> | T1b | |
| CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML | T3 | |
| CEFTIN ORAL TABLET | T3 | |
| <i>cefuroxime axetil oral tablet</i> | T1b | |
| 3Rd Generation Cephalosporin Antibiotics | | |
| CEDAX ORAL CAPSULE | T3 | ST |
| CEDAX ORAL SUSPENSION RECONSTITUTED 90 MG/5ML | T3 | ST |
| <i>cefdinir</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|---|
| <i>cefditoren pivoxil oral tablet 400 mg</i> | T1b | |
| <i>cefixime oral suspension reconstituted</i> | T1b | |
| <i>cefpodoxime proxetil oral suspension reconstituted</i> | T1b | |
| <i>cefpodoxime proxetil oral tablet</i> | T1b | SP (Quantity Limit: 14 day course of therapy) |
| SPECTRACEF | T3 | |
| SUPRAX ORAL CAPSULE | T2 | |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML | T3 | |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | T2 | |
| SUPRAX ORAL TABLET CHEWABLE | T3 | |
| <i>Adamantane Antivirals</i> | | |
| <i>amantadine hcl oral</i> | T1b | |
| GOCOVRI | T9 | |
| OSMOLEX ER | T9 | |
| <i>rimantadine hcl</i> | T1b | |
| <i>Allylamine Antifungals</i> | | |
| LAMISIL ORAL TABLET | T3 | |
| <i>terbinafine hcl oral</i> | T1b | |
| <i>Amebicides</i> | | |
| FLAGYL ORAL CAPSULE | T3 | |
| FLAGYL ORAL TABLET 500 MG | T3 | |
| METROGEL-VAGINAL | T3 | |
| <i>metronidazole benzoate</i> | T9 | |
| <i>metronidazole oral</i> | T1b | |
| <i>metronidazole vaginal</i> | T1b | |
| NUVESSA | T9 | |
| <i>paromomycin sulfate oral</i> | T1b | |
| VANDAZOLE | T1b | |
| <i>Aminoglycoside Antibiotics</i> | | |
| ARIKAYCE | T5 | PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days) |
| BETHKIS | T5 | PA; SP (Max of 31 days per dispensing.) |
| KITABIS PAK | T4 | PA; SP (Max of 31 days per dispensing.); QL (1 Kit per 56 days) |
| <i>paromomycin sulfate oral</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| TOBI | T5 | PA; SP (Max of 31 days per dispensing.); QL (56 ML per 28 days) |
| TOBI PODHALER | T5 | PA; SP (Max of 31 days per dispensing.); QL (224 capsules per 28 days) |
| <i>tobramycin inhalation nebulization solution 300 mg/4ml</i> | T4 | PA; SP (Max of 31 day supply per dispensing.) |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i> | T4 | PA; SP (Max of 31 days per dispensing.); QL (56 ML per 28 days) |
| <i>tobramycin sulfate injection solution 80 mg/2ml</i> | T1b | |
| ZEMDRI | T9 | |
| Aminomethylcyclines | | |
| NUZYRA INTRAVENOUS | T9 | |
| NUZYRA ORAL TABLET 150 MG | T9 | |
| SEYSARA | T9 | |
| Aminopenicillin Antibiotics | | |
| <i>amoxicill-clarithro-lansopraz</i> | T3 | |
| <i>amoxicillin er</i> | T1b | |
| <i>amoxicillin oral capsule</i> | T1b | |
| <i>amoxicillin oral suspension reconstituted</i> | T1b | |
| <i>amoxicillin oral tablet</i> | T1b | |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | T1b | |
| <i>amoxicillin-pot clavulanate er</i> | T1b | |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | T1b | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> | T1b | |
| <i>amoxicillin-pot clavulanate oral tablet chewable</i> | T1b | |
| <i>ampicillin oral capsule</i> | T1a | |
| <i>ampicillin oral suspension reconstituted</i> | T2 | |
| 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 | |
| MOXATAG | T3 | |
| PREVPAC | BE | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| 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> | T1b | QL (10 tablets per 1 claim) |
| STROMEKTOL | T3 | QL (5 tablets per 1 day) |
| Antifungals, Miscellaneous | | |
| BREXAFEMME | T9 | |
| GRIFULVIN V ORAL TABLET | T2 | |
| <i>griseofulvin microsize oral</i> | T1b | |
| <i>griseofulvin ultramicrosize</i> | T2 | |
| GRIS-PEG | T2 | |
| Anti-Infectives (Systemic), Misc. | | |
| PYLERA | T9 | |
| Antimalarials | | |
| ACTICLATE | T9 | |
| ADOXA | T3 | |
| ARAKODA | T3 | |
| ARALEN | T3 | |
| <i>atovaquone-proguanil hcl</i> | T1b | |
| <i>chloroquine phosphate oral</i> | T1b | |
| 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> | T1b | |
| <i>doxycycline hyclate oral tablet 100 mg</i> | T1b | |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i> | T9 | |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | T9 | |
| <i>doxycycline monohydrate oral capsule 100 mg</i> | T1b | |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i> | T9 | |
| <i>doxycycline monohydrate oral suspension reconstituted</i> | T1b | |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| <i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i> | T1b | |
| <i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i> | T9 | |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> | T1b | |
| KRINTAFEL | T1b | QL (2 tablets per 365 Days) |
| MALARONE | T3 | |
| <i>mefloquine hcl</i> | T1b | |
| MINOCIN ORAL CAPSULE 100 MG, 50 MG | T3 | |
| <i>minocycline hcl oral capsule</i> | T1b | |
| <i>minocycline hcl oral tablet 100 mg</i> | T9 | |
| <i>minocycline hcl oral tablet 50 mg, 75 mg</i> | T1b | |
| MONDOXYNE NL | T9 | |
| MONODOX ORAL CAPSULE 100 MG, 75 MG | T3 | |
| PLAQUENIL | T3 | |
| <i>primaquine phosphate oral</i> | T1b | |
| <i>pyrimethamine oral</i> | T4 | SP (Max of 31 days per dispensing.) |
| QUALAQUIN | T3 | PA |
| <i>quinidine gluconate er</i> | T4 | SP (Max day supply up to 31 days.) |
| <i>quinidine sulfate er</i> | T1b | |
| <i>quinidine sulfate oral</i> | T1a | |
| <i>quinine sulfate oral</i> | T1b | PA |
| TARGADOX | T9 | |
| <i>tetracycline hcl oral</i> | T1a | |
| VIBRAMYCIN ORAL CAPSULE | T3 | |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED | T3 | |
| VIBRAMYCIN ORAL SYRUP | T2 | |
| Antimycobacterials, Miscellaneous | | |
| <i>dapsone oral</i> | T1b | |
| 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 | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|--|
| <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> | T1b | |
| FLAGYL ORAL CAPSULE | T3 | |
| FLAGYL ORAL TABLET 500 MG | T3 | |
| IMPAVIDO | T4 | PA; SP (Limited to a 1 month supply per fill) |
| LAMPIT | T3 | QL (90 tablets per 30 days); AL |
| MEPRON | T3 | |
| <i>metronidazole benzoate</i> | T9 | |
| <i>metronidazole oral</i> | T1b | |
| 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> | T1b | |
| PYLERA | T9 | |
| SOLOSEC | T9 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | T1b | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | T1a | |
| TINDAMAX | T3 | |
| <i>tinidazole oral</i> | T1b | |
| Antituberculosis Agents | | |
| AVELOX ABC PACK | T3 | |
| AVELOX ORAL | T3 | |
| BIAXIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML | T3 | |
| BIAXIN ORAL TABLET | T3 | |
| BIAXIN XL | T3 | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | T3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | T3 | |
| <i>ciprofloxacin hcl oral</i> | T1a | |
| <i>ciprofloxacin oral</i> | T1b | |
| <i>ciprofloxacin-ciproflox hcl er</i> | T1b | |
| <i>clarithromycin er</i> | T1b | |
| <i>clarithromycin oral</i> | T1b | |
| <i>cycloserine oral</i> | T1b | |
| <i>ethambutol hcl oral</i> | T1b | |
| <i>isoniazid oral</i> | T1a | |
| LEVAQUIN ORAL | T3 | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|--|
| <i>levofloxacin oral</i> | T1b | |
| <i>moxifloxacin hcl oral</i> | T1b | |
| MYCOBUTIN | T2 | |
| <i>pretomanid</i> | T4 | QL (30 tablets per 30 days) |
| PRIFTIN | T2 | |
| <i>pyrazinamide oral</i> | T1b | |
| <i>rifabutin</i> | T4 | SP (Max of 31 days per dispensing) |
| RIFADIN ORAL | T3 | |
| <i>rifampin oral</i> | T1b | |
| SEROMYCIN | T3 | |
| 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) |
| <i>Antivirals, Miscellaneous</i> | | |
| 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 |
| <i>Azole Antifungals</i> | | |
| CRESEMBA ORAL | T4 | PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days) |
| DIFLUCAN | T3 | |
| <i>fluconazole oral</i> | T1b | |
| <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> | T1b | |
| 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) |
| ONMEL | T9 | |
| <i>posaconazole</i> | T4 | PA; SP (Max of 31 days per dispensing.); QL (180 tablets per 30 days) |
| SPORANOX ORAL CAPSULE | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| SPORANOX ORAL SOLUTION | T5 | PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 Day(s)) |
| 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 (600 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 | T1b | |
| E.E.S. GRANULES | T4 | SP (Max day supply up to 31 days.) |
| ERYPED 200 | T4 | SP (Max day supply up to 31 days.) |
| 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> | T1b | |
| <i>erythromycin base oral tablet</i> | T2 | |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i> | T2 | |
| <i>erythromycin ethylsuccinate oral tablet</i> | T1b | |
| <i>erythromycin-sulfisoxazole</i> | T1b | |
| PCE | T2 | |
| <i>Fluorocyclines</i> | | |
| XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <i>Glycopeptide Antibiotics</i> | | |
| FIRVANQ | T2 | |
| VANCOCIN HCL | T9 | |
| <i>vancomycin hcl intravenous solution reconstituted 1000 mg, 500 mg</i> | T1b | |
| <i>vancomycin hcl oral</i> | T9 | |
| <i>Hcv Polymerase Inhibitor Antivirals</i> | | |
| EPCLUSA ORAL PACKET | T9 | |
| EPCLUSA ORAL TABLET 200-50 MG | T9 | |
| EPCLUSA ORAL TABLET 400-100 MG | T9 | SP () |
| HARVONI | T9 | |
| <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 (1 tablet per 1 day) |
| <i>Hcv Protease Inhibitor Antivirals</i> | | |
| INCIVEK | T9 | |
| 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) |
| OLYSIO | T9 | |
| VICTRELIS | T9 | |
| 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 (1 tablet per 1 day) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| ZEPATIER | T4 | PA; SP (Limited to a 1 month supply per fill) |
| <i>Hcv Replication Complex Inhibitors</i> | | |
| EPCLUSA ORAL PACKET | T9 | |
| EPCLUSA ORAL TABLET 200-50 MG | T9 | |
| EPCLUSA ORAL TABLET 400-100 MG | T9 | SP () |
| HARVONI | T9 | |
| <i>ledipasvir-sofosbuvir</i> | T5 | PA; SP (Limited to a 1 month supply per fill) |
| MAVYRET ORAL PACKET | T4 | SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days) |
| MAVYRET ORAL TABLET | T4 | SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days) |
| <i>sofosbuvir-velpatasvir</i> | T5 | PA; SP (Limited to a 1 month supply per fill) |
| 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 (1 tablet per 1 day) |
| 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.) |
| 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) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| 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 (30 tablets per 30 days) |
| 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 | SP (Max of 31 days per dispensing.); QL (62 tablets per 31 days) |
| TIVICAY PD | T4 | SP (Max of 31 days per dispensing.) |
| TRIUMEQ | T4 | SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days) |
| VITEKTA | T4 | 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 | |
| <i>efavirenz</i> | T2 | |
| <i>efavirenz-emtricitab-tenofovir</i> | T4 | SP (Limited to a 1 month supply per fill) |
| <i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i> | T4 | SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days) |
| <i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i> | T4 | SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|--|
| <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 (Max of 31 days per dispensing.); QL (120 tablets per 30 days) |
| JULUCA | T4 | SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days) |
| <i>methocarbamol oral tablet 500 mg</i> | T1b | ST |
| <i>nevirapine er</i> | T3 | QL (30 tablets per 30 days) |
| <i>nevirapine oral suspension</i> | T1b | QL (1200 ML per 30 days) |
| <i>nevirapine oral tablet</i> | T1b | 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 days per dispensing.); QL (30 tablets per 30 Day(s)s) |
| SYMFI LO | T5 | SP (Max of 31 days 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> | T1b | |
| <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.) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| 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</i> | T1b | |
| 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 oral tablet 400-300-300 mg</i> | T4 | SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days) |
| <i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i> | T4 | SP (Max of 31 days 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 | |
| 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> | T1b | |
| <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 | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|--|
| RETROVIR ORAL SYRUP | T3 | |
| <i>stavudine oral capsule</i> | T1b | |
| STRIBILD | T4 | SP (Max of 31 days per dispensing.) |
| SYMFI | T5 | SP (Max of 31 days per dispensing.); QL (30 tablets per 30 Day(s)s) |
| SYMFI LO | T5 | SP (Max of 31 days 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> | T1b | |
| 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 | |
| <i>zidovudine oral syrup</i> | T1b | |
| <i>zidovudine oral tablet</i> | T2 | |
| <i>Hiv Protease Inhibitor Antiretrovirals</i> | | |
| 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 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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 (Max of 31 days per dispensing.) |
| 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 CAPSULE | T3 | |
| 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> | T1b | |
| 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.) |
| <i>Interferon Antivirals</i> | | |
| INTRON A INJECTION SOLUTION | T4 | SP (Limited to a 1 month supply per fill) |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT | T4 | SP (Limited to a 1 month supply per fill) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT | T4 | SP (Limited to a 1 month supply per fill) |
| PEGASYS PROCLICK | T4 | SP (Max of 31 days per dispensing.); QL (48 Treatments per 1 Lifetime) |
| PEGASYS SUBCUTANEOUS KIT | T4 | SP (Max of 31 days per dispensing.); QL (48 Treatments per 1 Lifetime) |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | T4 | SP (Max of 31 days per dispensing.); QL (48 Treatments per 1 Lifetime) |
| PEG-INTRON | T4 | SP (Max of 31 days per dispensing.) |
| PEG-INTRON REDIPEN | T4 | SP (Max of 31 days per dispensing.) |
| PEG-INTRON REDIPEN PAK 4 | T4 | SP (Max of 31 days per dispensing.) |
| <i>Ketolide Antibiotics</i> | | |
| KETEK | T3 | |
| <i>Lincomycin Antibiotics</i> | | |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG | T3 | |
| CLEOCIN ORAL CAPSULE 75 MG | T2 | |
| CLEOCIN ORAL SOLUTION RECONSTITUTED | T2 | |
| <i>clindamycin hcl oral</i> | T1a | |
| <i>clindamycin palmitate hcl</i> | T1b | |
| <i>Monobactam Antibiotics</i> | | |
| CAYSTON | T4 | PA; SP (Limited to a 1 month supply per fill) |
| <i>Natural Penicillin Antibiotics</i> | | |
| <i>penicillin v potassium</i> | T1b | |
| <i>Neuraminidase Inhibitor Antivirals</i> | | |
| <i>oseltamivir phosphate oral capsule</i> | T1b | QL (10 capsules per 1 fill) |
| <i>oseltamivir phosphate oral suspension reconstituted</i> | T1b | QL (120 ML per 1 fill) |
| RELENZA DISKHALER | T3 | |
| TAMIFLU ORAL CAPSULE | T3 | QL (10 capsules per 1 fill) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML | T3 | QL (120 ML per 1 fill) |
| <i>Nucleoside And Nucleotide Antivirals</i> | | |
| <i>acyclovir oral</i> | T1b | |
| <i>adefovir dipivoxil</i> | 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) |
| COPEGUS | T5 | |
| <i>entecavir</i> | T4 | SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days) |
| <i>famciclovir oral</i> | T1b | QL (120 tablets per 30 days) |
| FAMVIR | T3 | QL (120 tablets per 30 days) |
| HEPSERA | T5 | SP (Max of 31 days per dispensing.) |
| <i>ribavirin oral capsule</i> | T4 | SP (Max of 31 days per dispensing.) |
| <i>ribavirin oral tablet 200 mg</i> | T4 | SP (Max of 31 days per dispensing.) |
| SITAVIG | T9 | |
| <i>valacyclovir hcl oral</i> | T1b | |
| 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 EA 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 | |
| <i>Other Macrolide Antibiotics</i> | | |
| <i>amoxicill-clarithro-lansopraz</i> | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <i>azithromycin oral suspension reconstituted</i> | T1b | |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | T1b | |
| BIAXIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML | T3 | |
| BIAXIN ORAL TABLET | T3 | |
| BIAXIN XL | T3 | |
| <i>clarithromycin er</i> | T1b | |
| <i>clarithromycin oral</i> | T1b | |
| DIFICID ORAL TABLET | T5 | ST; SP (Max of 31 days per dispensing.); QL (20 tablets per 30 days) |
| PREVPAC | BE | |
| ZITHROMAX ORAL PACKET | T2 | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | T3 | |
| ZITHROMAX ORAL TABLET 600 MG | T3 | |
| ZITHROMAX TRI-PAK | T3 | |
| ZITHROMAX Z-PAK | T3 | |
| ZMAX | T3 | |
| <i>Oxazolidinone Antibiotics</i> | | |
| <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 | T9 | |
| 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 1 day) |
| <i>Penicillinase-Resistant Penicillins</i> | | |
| <i>dicloxacillin sodium</i> | T1b | |
| <i>Pleuromutilins</i> | | |
| XENLETA ORAL | T9 | |
| <i>Polyene Antifungals</i> | | |
| <i>nystatin mouth/throat</i> | T1b | |
| <i>nystatin oral tablet</i> | T1b | |
| <i>Polymyxin Antibiotics</i> | | |
| <i>colistimethate sodium (cba)</i> | T9 | |
| <i>Quinolone Antibiotics</i> | | |
| AVELOX ABC PACK | T3 | |
| AVELOX ORAL | T3 | |
| BAXDELA | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| CIPRO ORAL SUSPENSION RECONSTITUTED | T3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | T3 | |
| <i>ciprofloxacin hcl oral</i> | T1a | |
| <i>ciprofloxacin oral</i> | T1b | |
| <i>ciprofloxacin-ciprofloxac hcl er</i> | T1b | |
| FACTIVE | T3 | |
| LEVAQUIN ORAL | T3 | |
| <i>levofloxacin oral</i> | T1b | |
| <i>moxifloxacin hcl oral</i> | T1b | |
| NOROXIN | T2 | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | T1b | |
| 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> | T1b | |
| XIFAXAN ORAL TABLET 200 MG | T4 | SP (Max of 31 days per dispensing.); QL (9 tablets per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | T4 | PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.) |
| 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> | T1b | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | T1a | |
| <i>sulfasalazine oral</i> | T1b | |
| Tetracycline Antibiotics | | |
| ACTICLATE | T9 | |
| ADOXA | T3 | |
| <i>demeclocycline hcl oral</i> | T3 | |
| DORYX MPC | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG | T9 | |
| <i>doxycycline</i> | T9 | |
| <i>doxycycline hyclate oral capsule</i> | T1b | |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | T1b | |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i> | T9 | |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i> | T9 | |
| <i>doxycycline monohydrate oral capsule 100 mg</i> | T1b | |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i> | T9 | |
| <i>doxycycline monohydrate oral suspension reconstituted</i> | T1b | |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i> | T9 | |
| <i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i> | T1b | |
| 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> | T1b | |
| <i>minocycline hcl oral tablet 100 mg</i> | T9 | |
| <i>minocycline hcl oral tablet 50 mg, 75 mg</i> | T1b | |
| MINOLIRA | T9 | |
| MONDOXYNE NL | T9 | |
| MONODOX ORAL CAPSULE 100 MG, 75 MG | T3 | |
| 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> | T1a | |
| VIBRAMYCIN ORAL CAPSULE | T3 | |
| VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED | T3 | |
| VIBRAMYCIN ORAL SYRUP | T2 | |
| XIMINO | T9 | |
| Urinary Anti-Infectives | | |
| BACTRIM | T3 | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|--|
| BACTRIM DS | T3 | |
| <i>fosfomycin tromethamine</i> | T1b | QL (1 packet per 30 days) |
| FURADANTIN | T2 | |
| HYOPHEN | T9 | |
| MACROBID | T3 | |
| MACRODANTIN | T9 | |
| <i>methenamine hippurate</i> | T1b | |
| MONUROL | T3 | QL (1 packet per 30 days) |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | T1b | |
| <i>nitrofurantoin monohyd macro</i> | T1b | |
| PRIMSOL | T9 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> | T1b | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | T1a | |
| <i>trimethoprim oral</i> | T1b | |
| <i>trimpex</i> | T9 | |
| URIBEL | T9 | |
| UROPHEN MB | T9 | |
| Antineoplastic Agents | | |
| Antineoplastic Agents | | |
| <i>abiraterone acetate oral tablet 250 mg</i> | T4 | PA; SP (Max of 14 day supply per fill) |
| <i>abiraterone acetate oral tablet 500 mg</i> | T9 | |
| AFINITOR | T5 | PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days) |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG | T4 | PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days) |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG | T4 | 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 (14 tablets per 14 days) |
| ALUNBRIG ORAL TABLET 30 MG | T5 | PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| ALUNBRIG ORAL TABLET 90 MG | T5 | PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days) |
| ALUNBRIG ORAL TABLET THERAPY PACK | T5 | PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days) |
| <i>anastrozole oral</i> | T1b | |
| 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> | T1b | |
| BOSULIF ORAL TABLET 100 MG | T5 | PA; SP (Max for 14 day supply per fill) |
| BOSULIF ORAL TABLET 400 MG | T5 | PA; SP (Max of 14 day supply per fill) |
| BOSULIF ORAL TABLET 500 MG | T5 | PA; SP (Max of 14 day supply per fill) |
| 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) |
| 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</i> | T4 | SP (Limited to a 1 month supply per fill) |
| CAPRELSA | T4 | PA; SP (Max of 14 day supply per fill); QL (14 tablets 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) |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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 | 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 | 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) |
| <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 | T5 | PA; SP (Max of 14 day supply per fill); QL (6 Capsules per 1 Fill) |
| FEMARA | T3 | |
| <i>flutamide</i> | T1b | |
| 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 | T4 | PA; SP (Limited to a 1 month supply per fill)); QL (30 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| GLEEVEC | T9 | |
| GLEOSTINE | T3 | |
| HERZUMA | T9 | |
| HYCAMTIN ORAL CAPSULE 0.25 MG | T4 | SP (Limited to a 1 month supply per fill) |
| HYCAMTIN ORAL CAPSULE 1 MG | T4 | SP (Limited to a 1 month supply per fill) |
| HYDREA | T3 | |
| <i>hydroxyurea oral</i> | T1b | |
| IBRANCE ORAL CAPSULE | T4 | PA; SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days) |
| IBRANCE ORAL TABLET 100 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (21 Capsules per 28 days) |
| IBRANCE ORAL TABLET 125 MG, 75 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days) |
| ICLUSIG | 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</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, 420 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 | T5 | PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days) |
| IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML | T4 | PA; SP (Max of 14 days per dispensing.) |
| INLYTA ORAL TABLET 1 MG | T4 | PA; SP (Max of 14 day supply per fill) |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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 | T4 | SP (Limited to a 1 month supply per fill) |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT | T4 | SP (Limited to a 1 month supply per fill) |
| INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT | T4 | SP (Limited to a 1 month supply per fill) |
| IRESSA | T4 | PA; SP (Max of 14 day supply per fill) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG | T4 | PA; SP (Limited to a 1 month supply per fill) |
| JAKAFI ORAL TABLET 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 | 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 day supply per fill. Limited distribution medication) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| 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 days per dispensing.) |
| LENVIMA (14 MG DAILY DOSE) | T4 | PA; SP (Max of 15 days per dispensing.) |
| LENVIMA (18 MG DAILY DOSE) | T4 | PA; SP (Max of 15 days per dispensing.) |
| LENVIMA (20 MG DAILY DOSE) | T4 | PA; SP (Max of 15 days per dispensing.) |
| LENVIMA (24 MG DAILY DOSE) | T4 | PA; SP (Max of 15 days per dispensing.) |
| LENVIMA (4 MG DAILY DOSE) | T4 | PA; SP (Max of 15 days per dispensing.) |
| LENVIMA (8 MG DAILY DOSE) | T4 | PA; SP (Max of 15 days per dispensing.) |
| <i>letrozole oral</i> | T1b | |
| LEUKERAN | T4 | SP (Max of 31 days per dispensing.) |
| <i>leuprolide acetate injection</i> | T4 | SP (Max of 31 days per dispensing.) |
| <i>lomustine</i> | T1b | |
| LONSURF | T5 | PA; SP (Max of 31 days per dispensing.) |
| 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 capsules per 14 days) |
| LYSODREN | T4 | PA; SP (Limited to a 14 day supply per dispensing) |
| MATULANE | T4 | PA; SP (Limited to a 14 day supply per dispensing.) |
| MEGACE ES | T3 | ST |
| MEGACE ORAL | T3 | |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | T1b | |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | T9 | |
| <i>megestrol acetate oral tablet</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| MEKINIST | T5 | PA; SP (Max of 31 days per dispensing.) |
| MEKTOVI | T5 | PA |
| <i>melphalan</i> | T2 | |
| <i>mercaptopurine oral</i> | T1b | |
| <i>methotrexate oral</i> | T1b | |
| <i>methotrexate sodium (pf) injection solution 200 mg/8ml</i> | T1b | |
| <i>methotrexate sodium injection solution reconstituted</i> | T1b | |
| MYLERAN | T3 | |
| NERLYNX | T4 | PA; SP (Max of 31 days per dispensing.) |
| NEXAVAR | T4 | PA; SP (Max of 14 days per dispensing.) |
| <i>nilutamide</i> | T1a | |
| NINLARO | T4 | PA; SP (Max of 31 days per dispensing.); QL (3 capsules per 28 days) |
| NUBEQA | T4 | PA; SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days) |
| ODOMZO | T5 | PA; SP (Max of 14 days per dispensing.); QL (1 capsule per 1 day) |
| OGIVRI | T9 | |
| ONUREG ORAL TABLET 200 MG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days) |
| ONUREG ORAL TABLET 300 MG | 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 (Max of 31 days per dispensing.); QL (14 tablets per 21 days) |
| PIQRAY (200 MG DAILY DOSE) | T4 | PA; SP (Max of 31 days per dispensing.); QL (28 tablets per 28 days) |

| Medication | Coverage Level | Restrictions |
|--------------------------------------|----------------|--|
| PIQRAY (250 MG DAILY DOSE) | T4 | PA; SP (Max of 31 days per dispensing.); QL (56 tablets per 28 days) |
| PIQRAY (300 MG DAILY DOSE) | T4 | PA; SP (Max of 31 days per dispensing.); QL (56 tablets per 28 days) |
| POMALYST | T5 | PA; SP (Max of 31 days per dispensing.) |
| 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) |
| REVLIMID | T4 | SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days) |
| RHEUMATREX ORAL TABLET 2.5 MG | T2 | |
| ROZLYTREK ORAL CAPSULE 100 MG | T4 | PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL |
| ROZLYTREK ORAL CAPSULE 200 MG | T4 | PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL |
| RUBRACA | 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 days per dispensing.) |
| STIVARGA | T5 | PA; SP (Limited to 21 day supply per 28 day dispensing.); QL (84 tablets per 28 days) |
| <i>sunitinib malate</i> | T4 | PA; SP (Limited to a 1 month supply per fill) |
| SUTENT | T5 | PA; SP (Max of 14 days per dispensing.) |
| TABLOID | T5 | SP (Max of 31 days per dispensing.) |

| Medication | Coverage Level | Restrictions |
|-------------------------------------|----------------|--|
| 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) |
| TAGRISO | T4 | PA; SP (Max of 14 days per dispensing.); QL (1 tablet per 1 day) |
| TALZENNA | T5 | PA; SP (Max of 14 days per dispensing.); QL (1 capsule per 1 day) |
| <i>tamoxifen citrate oral</i> | T1b | |
| TARCEVA | T5 | PA; SP (Max of 14 days per dispensing.) |
| TARGRETIN ORAL | T5 | PA; SP (Max of 14 days per dispensing.) |
| TASIGNA | T4 | PA; SP (Max of 14 days per dispensing.); QL (56 capsules per 14 days) |
| TAZVERIK | T4 | PA; SP (Limited to a 14 day supply per fill); QL (8 tablets per 1 day) |
| TEMODAR ORAL | T5 | PA; SP (Max of 31 days per dispensing.) |
| <i>temozolomide</i> | T4 | PA; SP (Max of 31 days per dispensing.) |
| 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) |

| Medication | Coverage Level | Restrictions |
|-----------------------------------|----------------|---|
| 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) |
| TURALIO | T5 | PA; SP (Limited to a 14 day supply per dispensing); QL (120 capsules per 30 Days); AL |
| TYKERB | T5 | PA; SP (Max of 14 days per dispensing. Limited Distribution medication.) |
| UKONIQ | T5 | PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days) |
| VENCLEXTA | T5 | PA; SP (Max of 14 days per dispensing.) |
| VENCLEXTA STARTING PACK | T5 | PA; SP (Max of 14 days per dispensing.) |
| VERZENIO | T4 | PA; SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days) |
| VITRAKVI ORAL CAPSULE | T4 | PA; SP (Max of 14 days per dispensing.); QL (60 capsules per 30 days) |
| VITRAKVI ORAL SOLUTION | T4 | PA; SP (Max of 14 days per dispensing.); QL (1 bottle per 30 days) |
| VIZIMPRO ORAL TABLET 15 MG, 45 MG | T5 | PA; SP (Max of 14 day supply per fill) |
| VIZIMPRO ORAL TABLET 30 MG | T5 | PA; SP (Max of 14 day supply per fill) |
| VOTRIENT | T4 | PA; SP (Max of 14 days per dispensing.) |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|--|
| XALKORI | T4 | PA; SP (Max of 14 days per dispensing.)) |
| XATMEP | T3 | AL |
| XELODA | T5 | SP (Max of 31 days per dispensing.)) |
| 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 (Max of 31 days per dispensing.); QL (20 tablets per 28 days) |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | T5 | PA; SP (Max of 31 days per dispensing.); QL (8 tablets per 28 days) |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | T5 | PA; SP (Max of 31 days per dispensing.); QL (16 tablets per 28 days) |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | T5 | PA; SP (Max of 31 days per dispensing.); QL (12 tablets per 28 days) |
| XPOVIO (60 MG TWICE WEEKLY) | T5 | PA; SP (Max of 31 days per dispensing.); QL (28 tablets per 28 days) |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG | T5 | PA; SP (Max of 31 days per dispensing.); QL (16 EA per 28 days) |
| XPOVIO (80 MG TWICE WEEKLY) | T5 | PA; SP (Max of 31 days per dispensing.); QL (32 tablets per 28 days) |
| XTANDI ORAL CAPSULE | T4 | PA; SP (Max of 14 day supply per fill) |
| XTANDI ORAL TABLET 40 MG | T4 | PA; SP (Limited to a 14 day supply per fill); QL (120 tablets per 30 Days) |
| XTANDI ORAL TABLET 80 MG | T4 | PA; SP (Limited to a 14 day supply per fill); QL (60 tablets per 30 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 days per dispensing.)) |
| ZIRABEV | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| ZOLINZA | T4 | PA; SP (Max of 14 days per dispensing.)) |
| ZYDELIG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days) |
| ZYKADIA ORAL CAPSULE | T5 | PA; SP (Max of 14 days per dispensing.)) |
| ZYTIGA | T9 | |
| Antitoxins,Immune Glob,Toxoids,Vaccines | | |
| Allergenic Extracts (Therapeutic) | | |
| 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) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| PALFORZIA (80 MG DAILY DOSE) | T4 | PA; SP (Limited to a 1 month supply per fill) |
| PALFORZIA INITIAL ESCALATION | T4 | PA; SP (Limited to a 1 month supply per fill) |
| RAGWITEK | T3 | AL |
| Antitoxins And Immune Globulins | | |
| ZINPLAVA | T9 | |
| Toxoids | | |
| 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 years) |
| TENIVAC | T6 - \$0 Copay | QL (1 dose per 10 years) |
| <i>tetanus-diphtheria toxoids td</i> | T5 | QL (1 dose per 10 yearss) |
| VAXELIS | T6 - \$0 Copay | |
| Vaccines | | |
| ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 | T6 - \$0 Copay | QL (1 Dose per 1 Lifetime) |
| AFLURIA QUADRIVALENT | 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) |
| 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) |
| ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML | T6 - \$0 Copay | |
| ENGERIX-B INJECTION SUSPENSION 20 MCG/ML | T6 - \$0 Copay | AL |
| 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) |
| FLUBLOK QUADRIVALENT | T6 - \$0 Copay | QL (1 injection per 180 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---------------------------------|
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION | T6 - \$0 Copay | QL (1 injection per 180 days) |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 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 | |
| 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) |
| 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 INJECTION SOLUTION AUTO-INJECTOR | T9 | |
| 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 | |
| <i>cheratussin dac</i> | T1b | |
| CLARINEX-D 12 HOUR | T9 | |
| CLARITIN-D 12 HOUR | T9 | |
| CLARITIN-D 24 HOUR | T9 | |
| <i>droxidopa</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 |
|--|----------------|-----------------------------|
| HYCOFENIX | T9 | |
| <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> | T1b | |
| <i>pseudoephedrine hcl oral tablet 60 mg</i> | T9 | |
| SEMPREX-D | T9 | |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML | T2 | QL (4 syringes per 31 days) |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML | T2 | QL (4 syringes per 31 Days) |
| Alpha-Adrenergic Agonists | | |
| CATAPRES | T3 | |
| CATAPRES-TTS-1 | T3 | |
| CATAPRES-TTS-2 | T3 | |
| CATAPRES-TTS-3 | T3 | |
| <i>clonidine</i> | T1b | |
| <i>clonidine hcl er</i> | T2 | |
| <i>clonidine hcl oral</i> | T1a | |
| HISTEX-AC | T9 | |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR | T3 | |
| LUCEMYRA | T9 | |
| <i>maxi-tuss cd</i> | T9 | |
| <i>methyldopa oral</i> | T1b | |
| <i>midodrine hcl</i> | T1b | |
| <i>promethazine vc plain oral solution</i> | T1b | |
| <i>pyril d</i> | T3 | |
| <i>pyrilamine-phenylephrine oral suspension</i> | T1b | |
| 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> | T1b | |
| ATROVENT | T3 | |
| ATROVENT HFA | T2 | |
| <i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i> | T9 | |
| BENTYL ORAL CAPSULE | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---------------------------------|
| BENTYL ORAL TABLET | T3 | |
| BEVESPI AEROSPHERE | T2 | QL (1 inhaler per 30 days) |
| BREZTRI AEROSPHERE | T9 | |
| <i>chlordiazepoxide-clidinium</i> | T2 | |
| COMBIVENT RESPIMAT | T2 | QL (2 GM per 40 days) |
| CUVPOSA | T9 | |
| <i>dicyclomine hcl oral capsule</i> | T1a | |
| <i>dicyclomine hcl oral solution</i> | T1b | |
| <i>dicyclomine hcl oral tablet</i> | T1a | |
| <i>diphenoxylate-atropine oral liquid</i> | T1b | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | T1b | |
| 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> | T1b | |
| HYCODAN | T9 | |
| <i>hydrocodone-homatropine oral syrup</i> | T1b | |
| <i>hydromet</i> | T1b | |
| HYOPHEN | T9 | |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour</i> | T1b | |
| <i>hyoscyamine sulfate oral</i> | T1b | |
| <i>hyoscyamine sulfate sublingual</i> | T1b | |
| INCRUSE ELLIPTA | T2 | QL (30 Blisters per 30 Day(s)s) |
| <i>ipratropium bromide inhalation</i> | T1b | |
| <i>ipratropium bromide nasal</i> | T1b | |
| <i>ipratropium-albuterol</i> | T1b | 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 | T1b | |
| <i>oscimin sr</i> | T1b | |
| <i>pb-hyoscy-atropine-scopolamine oral tablet</i> | T9 | |
| <i>propantheline bromide oral</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---------------------------------|
| QBREXZA | T9 | |
| ROBINUL INJECTION SOLUTION 0.4 MG/2ML | T3 | |
| ROBINUL ORAL | T3 | |
| ROBINUL-FORTE | T3 | |
| <i>scopolamine</i> | T1b | |
| 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) |
| 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) | T9 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR | T9 | |
| TRELEGY ELLIPTA | T2 | |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT | T9 | |
| TUSSIGON | T2 | |
| URIBEL | T9 | |
| UROPHEN MB | T9 | |
| UTIBRON NEOHALER | T3 | QL (1 inhaler per 30 days) |
| YUPELRI | T9 | |
| Antiparkinsonian Agents | | |
| <i>benztropine mesylate oral</i> | T1b | |
| 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 oral elixir</i> | T1a | |
| <i>trihexyphenidyl hcl oral tablet</i> | T1b | |
| 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> | T1b | PV |
| KLS QUIT2 | T3 | PV |
| KLS QUIT4 | T3 | PV |

| Medication | Coverage Level | Restrictions |
|---|----------------|---------------------------------|
| NICODERM CQ | T9 | |
| NICORETTE | T9 | |
| <i>nicotine polacrilex mouth/throat gum</i> | T1b | PV |
| <i>nicotine polacrilex mouth/throat lozenge 2 mg</i> | T1b | PV |
| <i>nicotine transdermal patch 24 hour</i> | T1b | 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 Relaxant | | |
| AMRIX | T9 | |
| <i>carisoprodol oral tablet 350 mg</i> | T9 | |
| <i>carisoprodol-aspirin</i> | T9 | |
| <i>carisoprodol-aspirin-codeine</i> | T9 | |
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i> | T9 | |
| <i>chlorzoxazone oral tablet 500 mg</i> | T1b | ST |
| <i>cyclobenzaprine hcl er</i> | T1b | |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i> | T1b | |
| <i>cyclobenzaprine hcl oral tablet 7.5 mg</i> | T9 | |
| LORZONE | T9 | |
| <i>metaxalone oral tablet 800 mg</i> | T9 | |
| <i>methocarbamol oral</i> | T1b | ST |
| PARAFON FORTE DSC | T9 | |
| ROBAXIN ORAL | T9 | |
| ROBAXIN-750 | T9 | |
| SKELAXIN | T9 | |
| SOMA ORAL TABLET 350 MG | T9 | |
| <i>tizanidine hcl oral</i> | T1b | |
| ZANAFLEX | T3 | |
| Direct-Acting Skeletal Muscle Relaxants | | |
| DANTRIUM ORAL | T3 | |
| <i>dantrolene sodium oral</i> | T1b | |
| Gaba-Derivative Skeletal Muscle Relaxant | | |
| <i>baclofen oral</i> | T1b | |
| 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 |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| <i>carvedilol</i> | T1a | |
| <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> | T1b | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | T1b | |
| <i>nebivolol hcl</i> | T1b | |
| <i>pindolol</i> | T1b | |
| <i>propranolol hcl er</i> | T1b | |
| <i>propranolol hcl intravenous</i> | T1b | |
| <i>propranolol hcl oral</i> | T1a | |
| SORINE | T1b | |
| <i>sotalol hcl oral</i> | T1b | |
| SOTYLIZE | T3 | |
| <i>timolol maleate oral</i> | T1b | |
| TRANDATE ORAL | T3 | |
| Non-Sel.Alpha-1-Adrenergic Blocking Agts | | |
| CARDURA | T3 | |
| CARDURA XL | T3 | ST |
| <i>doxazosin mesylate oral</i> | T1b | |
| MINIPRESS | T3 | |
| <i>prazosin hcl oral</i> | T1b | |
| <i>terazosin hcl oral</i> | T1a | |
| Non-Sel.Alpha-Adrenergic Blocking Agents | | |
| CAFERGOT | T9 | |
| DIBENZYLINE | T9 | |
| <i>dihydroergotamine mesylate injection</i> | T9 | |
| <i>dihydroergotamine mesylate nasal</i> | T9 | |
| <i>ergoloid mesylates oral</i> | T1b | |
| <i>ergotamine-caffeine</i> | T3 | QL (40 tablets per 30 days) |
| MIGERGOT | T9 | |
| MIGRANAL | T9 | |
| <i>phenoxybenzamine hcl</i> | T9 | |
| TRUDHESA | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| Parasympathomimetic (Cholinergic Agents) | | |
| ARICEPT | T3 | |
| ARICEPT ODT | T3 | |
| <i>bethanechol chloride oral</i> | T1a | |
| <i>cevimeline hcl</i> | T1b | QL (90 capsules per 30 days) |
| <i>donepezil hcl oral tablet</i> | T1a | |
| <i>donepezil hcl oral tablet dispersible</i> | T1b | |
| EVOXAC | T2 | QL (90 capsules per 30 days) |
| EXELON ORAL CAPSULE | T3 | |
| EXELON TRANSDERMAL | T3 | QL (30 patches per 30 days) |
| <i>galantamine hydrobromide</i> | T1b | |
| <i>galantamine hydrobromide er</i> | T1b | |
| MESTINON ORAL SYRUP | T2 | |
| MESTINON ORAL TABLET | T3 | |
| MESTINON ORAL TABLET EXTENDED RELEASE | T9 | |
| NAMZARIC | T9 | |
| <i>pilocarpine hcl oral</i> | T1b | QL (120 tablets per 30 days) |
| <i>pyridostigmine bromide er</i> | T9 | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | T1b | |
| RAZADYNE | T3 | |
| RAZADYNE ER | T3 | SP (Drug name has been changed from Reminyl*) |
| <i>rivastigmine</i> | T3 | QL (30 patches per 30 days) |
| <i>rivastigmine tartrate</i> | T1b | QL (60 capsules per 30 days) |
| SALAGEN | T3 | |
| Selective Alpha-1-Adrenergic Block.Agent | | |
| <i>alfuzosin hcl er</i> | T1b | |
| <i>carvedilol</i> | T1a | |
| <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> | T1b | |
| RAPAFLO | T9 | |
| <i>silodosin</i> | T9 | |
| <i>tamsulosin hcl</i> | T1a | |
| TRANDATE ORAL | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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> | T1b | |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i> | T1b | 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> | T1b | |
| <i>albuterol sulfate oral</i> | T1b | |
| 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 | |
| BROVANA | T5 | SP (Limited to a 1 month supply per fill); AL |
| <i>budesonide-formoterol fumarate</i> | T9 | |
| COMBIVENT RESPIMAT | T2 | QL (2 GM per 40 days) |
| DUAKLIR PRESSAIR | T9 | |
| DULERA | T2 | QL (1 inhaler per 31 days) |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | T9 | |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i> | T1b | 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> | T1b | 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> | T1b | |
| <i>levalbuterol tartrate hfa</i> | T2 | |
| <i>metaproterenol sulfate oral syrup</i> | T1b | |
| PERFOROMIST | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------------------------|
| 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 INHALATION AEROSOL 160-4.5 MCG/ACT | T2 | QL (1 Inhaler per 30 days) |
| SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT | T2 | QL (1 Inhalers per 30 days) |
| <i>terbutaline sulfate oral</i> | T1b | |
| TRELEGY ELLIPTA | T2 | |
| UTIBRON NEOHALER | T3 | QL (1 inhaler per 30 days) |
| VENTOLIN HFA | T2 | QL (2 Inhalers per 30 days) |
| VOSPIRE ER | T3 | |
| WIXELA INHUB | T3 | ST |
| XOPENEX | T3 | |
| XOPENEX CONCENTRATE | T3 | |
| XOPENEX HFA | T9 | |
| Selective Beta-Adrenergic Blocking Agent | | |
| <i>acebutolol hcl oral</i> | T1b | |
| <i>atenolol oral</i> | T1a | |
| <i>betaxolol hcl oral</i> | T1b | |
| <i>bisoprolol fumarate oral</i> | T1b | |
| KERLONE | T3 | |
| LOPRESSOR ORAL | T3 | |
| <i>metoprolol succinate er</i> | T1b | |
| <i>metoprolol tartrate intravenous solution 5 mg/5ml</i> | T1b | |
| <i>metoprolol tartrate oral</i> | T1a | |
| SECTRAL | T3 | |
| TENORMIN | T3 | |
| TOPROL XL | T3 | |
| ZEBETA | T3 | |
| Skeletal Muscle Relaxants, Miscellaneous | | |
| <i>norgesic forte</i> | T9 | |
| <i>orphenadrine citrate er</i> | T1b | ST |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| 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 (Max of 31 days per dispensing.)) |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | 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 (Max of 31 days per dispensing.)) |
| PROCRIT | T4 | SP (Max of 31 days per dispensing.)) |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | T5 | SP (Max of 31 days per dispensing.)) |
| RETACRIT INJECTION SOLUTION 20000 UNIT/2ML | T5 | SP (Limited to a 1 month supply per fill.) |
| <i>Anticoagulants, Miscellaneous</i> | | |
| ARIXTRA | T9 | |
| <i>fondaparinux sodium</i> | T9 | |
| <i>Blood Form.,Coag,Thrombosis Agents Misc.</i> | | |
| OXBRYTA | T9 | |
| TAVALISSE | T9 | |
| <i>Coumarin Derivatives</i> | | |
| COUMADIN ORAL | T2 | |
| JANTOVEN | T1b | |
| <i>warfarin sodium oral</i> | T1a | |
| <i>Direct Factor Xa Inhibitors</i> | | |
| 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 tablets per 180 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| <i>Direct Thrombin Inhibitors</i> | | |
| PRADAXA | T3 | ST; QL (62 capsules per 31 days) |
| <i>Hematopoietic Agents</i> | | |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | T4 | SP (Max of 31 days per dispensing.) |
| ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | 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 (Max of 31 days per dispensing.) |
| FULPHILA | T4 | SP (Max of 31 days per dispensing.) |
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T5 | SP (Max of 31 days per dispensing.) |
| 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 | |
| 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 (Max of 31 days per dispensing.); QL (2 syringes per 28 days) |
| NEUMEGA | T4 | |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML | T5 | SP (Max of 31 days per dispensing.) |
| NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE | T5 | SP (Max of 31 days per dispensing.) |
| NIVESTYM INJECTION SOLUTION | T4 | SP (Max of 31 days per dispensing.) |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | T4 | SP (Max of 31 days per dispensing.) |
| NYVEPRIA | T4 | SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days) |
| OMONTYS | T5 | SP (Max of 31 days per dispensing.) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| PROCRIT | T4 | SP (Max of 31 days per dispensing.)) |
| PROMACTA ORAL PACKET | T4 | PA; SP (Limited to a 1 month supply per fill) |
| PROMACTA ORAL TABLET 12.5 MG, 75 MG | T4 | PA; SP (Limited to a 1 month supply per fill) |
| PROMACTA ORAL TABLET 25 MG | T4 | PA; SP (Limited to a 1 month supply per fill) |
| PROMACTA ORAL TABLET 50 MG | T4 | PA; SP (Limited to a 1 month supply per fill) |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | T5 | SP (Max of 31 days per dispensing.)) |
| RETACRIT INJECTION SOLUTION 20000 UNIT/2ML | T5 | SP (Limited to a 1 month supply per fill.) |
| ZARXIO | T4 | SP (Max of 31 days per dispensing.)) |
| Hemorrhologic Agents | | |
| <i>pentoxifylline er</i> | T1b | |
| Hemostatics | | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | T4 | SP (Max of 31 days per dispensing.)) |
| <i>adynovate intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 500 unit</i> | T4 | SP (Max of 31 days per dispensing.) |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | T4 | SP (Max of 31 days supply per dispensing.) |
| 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 INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT | T5 | SP (Max of 31 days supply per dispensing.) |
| 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.) |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|---|
| BENEFIX INTRAVENOUS KIT | T4 | SP (Max of 31 days supply per dispensing.) |
| COAGADEX | T4 | SP (Max of 31 days per dispensing.) |
| DDAVP ORAL | T3 | |
| DDAVP RHINAL TUBE | T3 | |
| <i>desmopressin ace spray refrig</i> | T2 | ST |
| <i>desmopressin acetate oral tablet 0.1 mg</i> | T1b | QL (180 tablets per 30 days) |
| <i>desmopressin acetate oral tablet 0.2 mg</i> | T1b | |
| <i>desmopressin acetate spray</i> | T2 | ST |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT | T5 | SP (Max of 31 days per dispensing.) |
| ESPEROCT | T5 | SP (Max of 31 days per dispensing.) |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT | T4 | SP (Limited to a 1 month supply per fill) |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 500 UNIT | T2 | |
| GELFOAM COMPRESSED SIZE 100 | T9 | |
| GELFOAM-JMI SPONGE | T9 | |
| 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 (Max of 31 days per dispensing.) |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | T5 | SP (Max of 31 days supply per dispensing.) |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT | T4 | SP (Max of 31 days per dispensing.) |
| JIVI | T5 | SP (Max of 31 days per dispensing.) |
| KOATE | T3 | SP (Limited to a 1 month supply per fill) |
| KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 3000 UNIT | T4 | SP (Max of 31 day supply per dispensing) |
| KOGENATE FS INTRAVENOUS KIT 250 UNIT, 500 UNIT | T4 | SP (Max of 31 day supply per dispensing.) |
| KOVALTRY | T4 | SP (Max of 31 days supply per dispensing.) |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| LYSTEDA | T3 | |
| MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT | T4 | SP (Max of 31 days per dispensing.) |
| NOCDURNA | T9 | |
| NOVOEIGHT | T4 | SP (Max of 31 days per dispensing.) |
| NOVOSEVEN RT | T4 | SP (Max of 31 days supply per dispensing.) |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | T4 | SP (Max of 31 days per dispensing.) |
| REBINYN | T5 | SP (Max of 31 days supply per dispensing.) |
| RECOMBIMATE INTRAVENOUS SOLUTION RECONSTITUTED 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT | T4 | SP (Max of 31 days per dispensing.) |
| <i>rixubis</i> | T5 | SP (Max of 31 days supply per dispensing); AL |
| SEVENFACT | T4 | SP (Limited to a 1 month supply per fill) |
| STIMATE | T4 | SP (Max of 31 days per dispensing.) |
| <i>tranexamic acid oral</i> | T1b | |
| TRETTEN | T5 | SP (Max of 31 days supply per dispensing.) |
| VONVENDI | T5 | SP (Max of 31 days per dispensing.) |
| XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT | T4 | SP (Max of 31 days per dispensing.) |
| Heparins | | |
| <i>enoxaparin sodium subcutaneous solution 100 mg/ml</i> | T4 | SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day) |
| <i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</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, 95000 UNIT/3.8ML | T5 | SP (Limited to a 1 month supply per fill) |
| 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, 2500 unit/ml, 5000 unit/ml</i> | T9 | |
| <i>heparin sodium (porcine) intravenous solution</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| LOVENOX SUBCUTANEOUS | T5 | SP (Max of 31 days per dispensing.); QL (2 syringes per 1 day) |
| <i>Iron Preparations</i> | | |
| 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 | |
| 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> | T1b | |
| <i>completenate</i> | T1b | |
| CORVITA 150 | T9 | |
| CORVITE 150 | T9 | |
| <i>corvite fe</i> | T9 | |
| DIALYVITE 800/IRON | T9 | |
| DUET DHA BALANCED ORAL 26-1 & 278 MG | T2 | |
| <i>fe 90 plus</i> | T9 | |
| FE C PLUS | T9 | |
| <i>fe c tab plus</i> | T9 | |
| FERIVA 21/7 | T9 | |
| FERIVAFA | T9 | |
| <i>ferocon</i> | T9 | |
| FERRALET 90 | T9 | |
| <i>ferraplus 90</i> | T9 | |
| FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG | T9 | |
| FERREX 150 FORTE PLUS | T9 | |
| FERREX 28 | T9 | |
| FERROCITE PLUS ORAL TABLET | T9 | |
| <i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i> | T1b | PV; AL |
| FOLIVANE-F | T9 | |
| FOLIVANE-PLUS | T9 | |
| FUSION PLUS | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-----------------------------|
| FUSION SPRINKLES | T9 | |
| GESTICARE DHA ORAL 27-1 & 250 MG | T2 | |
| <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 | |
| HEMOCYTE | T9 | |
| HEMOCYTE PLUS | T9 | |
| HEMOCYTE-F ORAL TABLET | T9 | |
| ICAR-C PLUS | T9 | |
| IFEREX 150 FORTE | T9 | |
| INATAL ADVANCE | T1b | |
| INATAL GT | T1b | |
| INATAL ULTRA ORAL TABLET | T1b | |
| <i>infanate balance</i> | T3 | |
| INTEGRA F | T9 | |
| INTEGRA PLUS | T9 | |
| IROSPAN 24/6 | T9 | |
| LACTOCAL-F | T1b | |
| MAXARON FORTE ORAL TABLET | T9 | |
| MAXFE ORAL TABLET | T9 | |
| MULTIGEN FOLIC | T9 | |
| MULTIGEN PLUS | T9 | |
| <i>multi-vit/fluorideliron</i> | T1b | AL |
| M-VIT | T9 | |
| <i>myferon 150 forte</i> | T9 | |
| MYKIDZ IRON | T9 | |
| MYKIDZ IRON 10 | T2 | AL |
| MYNATAL ORAL TABLET | T1b | |
| <i>mynatal plus</i> | T1b | |
| <i>mynatal-z</i> | T1b | |
| <i>mynate 90 plus</i> | T1b | |
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG | T3 | QL (30 tablets per 30 days) |
| NATALVIRT FLT | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-----------------------------|
| 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 | |
| NESTABS ABC | T3 | |
| NEXA PLUS | T3 | |
| NIVA-PLUS | T9 | |
| NOVAFERRUM ORAL SOLUTION RECONSTITUTED | T9 | |
| NUFERA | T9 | |
| OB-NATAL ONE | T1b | |
| O-CAL FA | T9 | |
| <i>pnv prenatal plus multivitamin</i> | T1a | |
| <i>pnv tabs 29-1</i> | T1b | |
| <i>pnv-dha</i> | T1b | |
| <i>pnv-dha+docusate</i> | T1b | |
| <i>pnv-omega</i> | T1b | |
| <i>pnv-select</i> | T1b | |
| POLY-IRON 150 | T9 | |
| PR NATAL 400 | T1b | |
| PR NATAL 400 EC | T1b | |
| PR NATAL 430 | T1b | |
| PR NATAL 430 EC | T1b | |
| PREFERA OB ORAL TABLET 28-6-1 MG | T3 | |
| PREFERAOB ONE | T3 | |
| <i>prefirst</i> | T1b | |
| <i>prenaplus</i> | T1b | |
| <i>prenatabs fa oral tablet 29-1 mg</i> | T1b | |
| PRENATABS RX | T1b | |
| <i>prenatal (w/iron & fa)</i> | T1b | 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> | T1b | QL (30 tablets per 30 days) |
| <i>prenatal low iron oral tablet 27-0.8 mg</i> | T1b | PV |
| <i>prenatal one daily</i> | T1b | PV |
| <i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i> | T1b | PV |
| <i>prenatal plus</i> | T1b | |
| <i>prenatal plus iron</i> | T1b | |
| <i>prenatal/iron oral tablet</i> | T1b | PV |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| 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 | T1b | |
| <i>se-natal 19 oral tablet chewable</i> | T1b | 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-care dha</i> | T1b | |
| <i>tl-hem 150</i> | T9 | |
| <i>triadvance</i> | T1b | |
| TRICARE | T1b | |
| TRICON | T9 | |
| <i>trigels-f forte</i> | T9 | |
| <i>trinatal rx 1</i> | T1a | |
| TRINATE | T2 | |
| <i>tristart dha</i> | T9 | |
| TRIVEEN-DUO DHA | T1b | |
| <i>tri-vit/fluoride/iron</i> | T1b | |
| <i>ultra tabs</i> | T1b | |
| VINATE AZ | T1b | |
| VINATE DHA | T3 | |
| VINATE DHA RF | T3 | QL (30 tablets per 30 days) |
| VINATE GT | T1b | |
| VINATE IC | T1b | |
| VINATE M | T1a | |
| VINATE ONE | T1b | |
| <i>vinate ultra</i> | T1b | |
| <i>virtprex</i> | T3 | |
| VITAFOL ORAL SYRUP | T2 | AL |
| VITAFOL ORAL TABLET | T9 | |
| VITAFOL-NANO | T3 | QL (30 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---------------------------------|
| VITAFOL-OB | T3 | |
| VITAFOL-ONE | T3 | |
| VITAPEARL | T3 | |
| VITATRUE | T3 | |
| vol-plus | T9 | |
| vol-tab rx | T9 | |
| wee care | T1b | PV; AL |
| Liver And Stomach Preparations | | |
| cyanocobalamin injection solution 1000 mcg/ml | T1b | |
| NASCOBAL | T9 | |
| neurin-sl | T9 | |
| Platelet-Aggregation Inhibitors | | |
| AGGRENOX | T3 | |
| ASCRIPITIN ORAL TABLET 325 MG | T1b | |
| aspirin ec low dose | T1b | PV |
| aspirin ec oral tablet delayed release 325 mg | T1b | PV; AL |
| aspirin-dipyridamole er | T1b | |
| BRILINTA | T2 | |
| buffered aspirin | T1b | |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |
| cilostazol | T1b | |
| clopidogrel bisulfate oral | T1a | |
| dipyridamole oral | T1b | |
| DURLAZA | T9 | |
| EFFIENT | T3 | QL (31 tablets per 31 days) |
| goodsense aspirin oral tablet chewable | T1b | PV; AL |
| PERSANTINE | T3 | |
| PLAVIX ORAL TABLET 75 MG | T3 | |
| PLETAL | T3 | |
| prasugrel hcl | T1b | QL (31 tablets per 31 days) |
| ticlopidine hcl | T1b | |
| YOSPRALA ORAL TABLET DELAYED RELEASE 81-40 MG | BE | |
| ZONTIVITY | T3 | ST; QL (30 tablets per 30 days) |
| Platelet-Reducing Agents | | |
| AGRYLIN | T3 | |
| anagrelide hcl | T1b | |
| Thrombolytic Agents | | |
| ASCRIPITIN ORAL TABLET 325 MG | T1b | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|----------------------------|
| <i>aspirin ec low dose</i> | T1b | PV |
| <i>aspirin ec oral tablet delayed release 325 mg</i> | T1b | PV; AL |
| <i>buffered aspirin</i> | T1b | |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |
| <i>goodsense aspirin oral tablet chewable</i> | T1b | PV; AL |
| Cardiovascular Drugs | | |
| Alpha-Adrenergic Blocking Agents | | |
| CARDURA | T3 | |
| CARDURA XL | T3 | ST |
| <i>carvedilol</i> | T1a | |
| <i>carvedilol phosphate er</i> | T2 | ST |
| COREG | T3 | |
| COREG CR | T3 | ST |
| <i>doxazosin mesylate oral</i> | T1b | |
| <i>labetalol hcl oral</i> | T1b | |
| MINIPRESS | T3 | |
| <i>prazosin hcl oral</i> | T1b | |
| <i>terazosin hcl oral</i> | T1a | |
| TRANDATE ORAL | T3 | |
| Alpha-Adrenergic Blocking Agt.(Hypoten) | | |
| CARDURA | T3 | |
| CARDURA XL | T3 | ST |
| <i>carvedilol</i> | T1a | |
| <i>carvedilol phosphate er</i> | T2 | ST |
| COREG | T3 | |
| COREG CR | T3 | ST |
| <i>doxazosin mesylate oral</i> | T1b | |
| <i>labetalol hcl oral</i> | T1b | |
| MINIPRESS | T3 | |
| <i>prazosin hcl oral</i> | T1b | |
| <i>terazosin hcl oral</i> | T1a | |
| TRANDATE ORAL | T3 | |
| Angiotensin li Receptor Antagon.(Hypotn) | | |
| ATACAND | T3 | |
| AVAPRO | T3 | |
| BENICAR | T3 | |
| <i>candesartan cilexetil</i> | T1b | |
| COZAAR | T3 | |
| DIOVAN | T2 | ST; QL (60 EA per 30 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| EDARBI | T3 | ST |
| <i>irbesartan</i> | T1b | |
| <i>losartan potassium oral</i> | T1a | |
| MICARDIS | T3 | |
| <i>olmesartan medoxomil oral</i> | T1b | |
| <i>telmisartan</i> | T1b | |
| TEVETEN | T3 | ST |
| TEVETEN HCT | T3 | ST |
| <i>valsartan</i> | T1b | |
| Angiotensin II Receptor Antagonists | | |
| <i>amlodipine besylate-valsartan</i> | T1b | |
| <i>amlodipine-olmesartan</i> | T1b | |
| <i>amlodipine-valsartan-hctz</i> | T1b | |
| 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> | T1b | |
| <i>candesartan cilexetil-hctz</i> | T1b | |
| COZAAR | T3 | |
| DIOVAN | T2 | ST; QL (60 EA 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> | T1b | |
| <i>irbesartan-hydrochlorothiazide</i> | T1b | |
| <i>losartan potassium oral</i> | T1a | |
| <i>losartan potassium-hctz</i> | T1a | |
| MICARDIS | T3 | |
| MICARDIS HCT | T3 | |
| <i>olmesartan medoxomil oral</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|--|
| <i>olmesartan medoxomil-hctz</i> | T1b | |
| <i>olmesartan-amlodipine-hctz</i> | T1b | |
| <i>telmisartan</i> | T1b | |
| <i>telmisartan-amlodipine</i> | T1b | |
| <i>telmisartan-hctz</i> | T1b | |
| TEVETEN | T3 | ST |
| TEVETEN HCT | T3 | ST |
| TRIBENZOR | T3 | |
| TWYNSTA | T3 | |
| <i>valsartan</i> | T1b | |
| <i>valsartan-hydrochlorothiazide</i> | T1b | |
| Angiotensin-Convert.Enzyme Inhib(Hypotn) | | |
| ACCUPRIL | T3 | |
| ALTACE ORAL CAPSULE | T3 | |
| <i>benazepril hcl oral</i> | T1a | |
| <i>captopril oral</i> | T1a | |
| <i>enalapril maleate oral solution</i> | T1b | AL |
| <i>enalapril maleate oral tablet</i> | T1a | |
| EPANED | T3 | AL |
| <i>fosinopril sodium</i> | T1b | |
| <i>lisinopril oral</i> | T1a | |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | T3 | |
| MAVIK | T3 | |
| <i>moexipril hcl</i> | T1b | SP (The generic version is preferred.) |
| <i>perindopril erbumine</i> | T1b | |
| PRESTALIA | T3 | ST |
| PRINIVIL | T3 | |
| <i>quinapril hcl</i> | T1b | |
| <i>ramipril</i> | T1a | |
| <i>trandolapril</i> | T1b | |
| UNIVASC | T3 | |
| VASOTEC | T3 | |
| ZESTRIL | T3 | |
| Angiotensin-Converting Enzyme Inhibitors | | |
| ACCUPRIL | T3 | |
| ACCURETIC | T3 | |
| ALTACE ORAL CAPSULE | T3 | |
| <i>amlodipine besy-benazepril hcl</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|--|
| <i>benazepril hcl oral</i> | T1a | |
| <i>benazepril-hydrochlorothiazide</i> | T1b | |
| <i>captopril oral</i> | T1a | |
| <i>captopril-hydrochlorothiazide</i> | T1b | |
| <i>enalapril maleate oral solution</i> | T1b | AL |
| <i>enalapril maleate oral tablet</i> | T1a | |
| <i>enalapril-hydrochlorothiazide</i> | T1b | |
| EPANED | T3 | AL |
| <i>fosinopril sodium</i> | T1b | |
| <i>fosinopril sodium-hctz</i> | T1b | |
| <i>lisinopril oral</i> | T1a | |
| <i>lisinopril-hydrochlorothiazide</i> | T1a | |
| 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, 2.5-10 MG, 5-10 MG, 5-20 MG | T3 | SP (Generic substitution mandatory.) |
| LOTREL ORAL CAPSULE 10-40 MG, 5-40 MG | T3 | |
| MAVIK | T3 | |
| <i>moexipril hcl</i> | T1b | SP (The generic version is preferred.) |
| <i>moexipril-hydrochlorothiazide</i> | T1b | |
| <i>perindopril erbumine</i> | T1b | |
| PRINIVIL | T3 | |
| QBRELIS | T3 | AL |
| <i>quinapril hcl</i> | T1b | |
| <i>quinapril-hydrochlorothiazide</i> | T1b | |
| <i>ramipril</i> | T1a | |
| TARKA | T3 | |
| <i>trandolapril</i> | T1b | |
| <i>trandolapril-verapamil hcl er</i> | T1b | |
| UNIRETIC ORAL TABLET 15-12.5 MG | T3 | |
| UNIVASC | T3 | |
| VASERETIC | T3 | |
| VASOTEC | T3 | |
| ZESTORETIC | T3 | |
| ZESTRIL | T3 | |
| <i>Antiarrhythmics, Miscellaneous</i> | | |
| DIGITEK | T1b | |
| DIGOX | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---------------------------------|
| <i>digoxin oral solution</i> | T1b | AL |
| <i>digoxin oral tablet</i> | T1b | |
| 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, 30 MG, 40 MG, 60 MG | T9 | SP () |
| JUXTAPID ORAL CAPSULE 20 MG, 5 MG | T9 | |
| LOVAZA | T3 | |
| NEXLETOL | T3 | PA; QL (30 Tablets per 30 days) |
| NEXLIZET | T3 | PA; QL (30 tablets per 30 Days) |
| <i>niacin er (antihyperlipidemic)</i> | T1a | |
| NIASPAN | T3 | |
| <i>omega-3-acid ethyl esters</i> | T1b | |
| VASCEPA | T3 | PA |
| <i>Beta-Adrenergic Blocking Agents</i> | | |
| <i>acebutolol hcl oral</i> | T1b | |
| <i>atenolol oral</i> | T1a | |
| <i>atenolol-chlorthalidone</i> | T1a | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | T3 | |
| <i>betaxolol hcl oral</i> | T1b | |
| <i>bisoprolol fumarate oral</i> | T1b | |
| <i>bisoprolol-hydrochlorothiazide</i> | T1a | |
| BYSTOLIC | T3 | ST |
| BYVALSON | T3 | ST |
| <i>carvedilol</i> | T1a | |
| <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 | |
| KERLONE | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------|
| <i>labetalol hcl oral</i> | T1b | |
| LEVATOL | T2 | |
| LOPRESSOR HCT ORAL TABLET 100-25 MG, 50-25 MG | T3 | |
| LOPRESSOR ORAL | T3 | |
| <i>metoprolol succinate er</i> | T1b | |
| <i>metoprolol tartrate intravenous solution 5 mg/5ml</i> | T1b | |
| <i>metoprolol tartrate oral</i> | T1a | |
| <i>metoprolol-hctz er</i> | T9 | |
| <i>metoprolol-hydrochlorothiazide</i> | T1b | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | T1b | |
| <i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i> | T1b | |
| <i>nebivolol hcl</i> | T1b | |
| <i>pindolol</i> | T1b | |
| <i>propranolol hcl er</i> | T1b | |
| <i>propranolol hcl intravenous</i> | T1b | |
| <i>propranolol hcl oral</i> | T1a | |
| <i>propranolol-hctz</i> | T1b | |
| SECTRAL | T3 | |
| SORINE | T1b | |
| <i>sotalol hcl oral</i> | T1b | |
| SOTYLIZE | T3 | |
| TENORETIC 100 | T3 | |
| TENORETIC 50 | T3 | |
| TENORMIN | T3 | |
| <i>timolol maleate oral</i> | T1b | |
| TOPROL XL | T3 | |
| TRANDATE ORAL | T3 | |
| ZEBETA | T3 | |
| ZIAC | T3 | |
| <i>Beta-Adrenergic Blocking Agt.(Hypoten)</i> | | |
| <i>acebutolol hcl oral</i> | T1b | |
| <i>atenolol oral</i> | T1a | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | T3 | |
| <i>betaxolol hcl oral</i> | T1b | |
| <i>bisoprolol fumarate oral</i> | T1b | |
| <i>carvedilol</i> | T1a | |
| <i>carvedilol phosphate er</i> | T2 | ST |
| COREG | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---------------------------------|
| COREG CR | T3 | ST |
| CORGARD | T3 | |
| HEMANGEOL | T3 | AL |
| INDERAL LA | T9 | |
| INDERAL XL | T9 | |
| INNOPRAN XL | T9 | |
| KERLONE | T3 | |
| <i>labetalol hcl oral</i> | T1b | |
| LOPRESSOR ORAL | T3 | |
| <i>metoprolol succinate er</i> | T1b | |
| <i>metoprolol tartrate intravenous solution 5 mg/5ml</i> | T1b | |
| <i>metoprolol tartrate oral</i> | T1a | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | T1b | |
| <i>pindolol</i> | T1b | |
| <i>propranolol hcl er</i> | T1b | |
| <i>propranolol hcl intravenous</i> | T1b | |
| <i>propranolol hcl oral</i> | T1a | |
| SECTRAL | T3 | |
| SORINE | T1b | |
| <i>sotalol hcl oral</i> | T1b | |
| SOTYLIZE | T3 | |
| TENORMIN | T3 | |
| <i>timolol maleate oral</i> | T1b | |
| TOPROL XL | T3 | |
| TRANDATE ORAL | T3 | |
| ZEBETA | T3 | |
| <i>Bile Acid Sequestrants</i> | | |
| <i>cholestyramine light</i> | T1b | |
| <i>cholestyramine oral</i> | T1b | |
| <i>colesevelam hcl oral packet</i> | T3 | QL (1 packet per 1 day) |
| <i>colesevelam hcl oral tablet</i> | T1b | QL (180 tablets per 30 days) |
| COLESTID | T3 | |
| <i>colestipol hcl</i> | T1b | |
| PREVALITE | T1b | |
| 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 |
| <i>Calcium-Channel Block.Agt,Misc(Hypoten)</i> | | |
| CALAN ORAL TABLET 120 MG, 80 MG | T3 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| 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 | T1b | |
| <i>dilt-cd</i> | T1b | |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1b | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1b | |
| <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> | T1a | |
| <i>dilt-xr</i> | T1b | |
| <i>diltzac</i> | T1b | |
| MATZIM LA | T9 | |
| TAZTIA XT | T1b | |
| TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1b | |
| TIAZAC | T3 | |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1b | |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i> | T3 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1b | |
| <i>verapamil hcl oral</i> | T1a | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG | T3 | |
| VERELAN PM | T3 | |
| <i>Calcium-Channel Blocking Agents, Misc.</i> | | |
| CALAN ORAL TABLET 120 MG, 80 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 | T1b | |
| <i>dilt-cd</i> | T1b | |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1b | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1b | |
| <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> | T1a | |
| <i>dilt-xr</i> | T1b | |
| <i>diltzac</i> | T1b | |
| MATZIM LA | T9 | |
| TARKA | T3 | |
| TAZTIA XT | T1b | |
| TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1b | |
| TIAZAC | T3 | |
| <i>trandolapril-verapamil hcl er</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1b | |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i> | T3 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1b | |
| <i>verapamil hcl oral</i> | T1a | |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG | T3 | |
| VERELAN PM | T3 | |
| Calcium-Channel Blocking Agents | | |
| AMTURNIDE ORAL TABLET 150-5-12.5 MG | T2 | QL (31 tablets per 31 days) |
| CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 30 MG, 60 MG | T3 | ST |
| Carbonic Anhydrase Inhibitors(Hypoten) | | |
| <i>acetazolamide er</i> | T1b | |
| <i>acetazolamide oral</i> | T1b | |
| DIAMOX SEQUELS | T3 | |
| <i>methazolamide oral</i> | T2 | |
| Cardiac Drugs, Miscellaneous | | |
| CORLANOR | T3 | ST |
| RANEXA | T3 | |
| <i>ranolazine er</i> | T1b | |
| 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 | T1b | |
| DIGOX | T1b | |
| <i>digoxin oral solution</i> | T1b | AL |
| <i>digoxin oral tablet</i> | T1b | |
| 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> | T1b | |
| <i>clonidine hcl er</i> | T2 | |
| <i>clonidine hcl oral</i> | T1a | |
| CLOPRES | T1b | |
| <i>guanfacine hcl oral</i> | T1b | |
| KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR | T3 | |
| <i>methyl dopa oral</i> | T1b | |
| <i>methyl dopa-hydrochlorothiazide</i> | T1b | |
| TENEX | T3 | |
| Cholesterol Absorption Inhibitors | | |
| <i>ezetimibe</i> | T1b | |
| <i>ezetimibe-rosuvastatin</i> | T9 | |
| <i>ezetimibe-simvastatin</i> | T1b | |
| LIPTRUZET | T3 | ST; QL (31 tablets per 31 days) |
| NEXLIZET | T3 | PA; QL (30 tablets per 30 Days) |
| ROSZET | T9 | |
| VYTORIN | T3 | |
| ZETIA | T3 | |
| Class Ia Antiarrhythmics | | |
| <i>disopyramide phosphate oral</i> | T1b | |
| NORPACE | T3 | |
| NORPACE CR | T2 | |
| <i>quinidine gluconate er</i> | T4 | SP (Max day supply up to 31 days.) |
| <i>quinidine sulfate er</i> | T1b | |
| <i>quinidine sulfate oral</i> | T1a | |
| Class Ib Antiarrhythmics | | |
| DILANTIN INFATABS | T2 | |
| DILANTIN ORAL CAPSULE 100 MG | T3 | |
| DILANTIN ORAL CAPSULE 30 MG | T2 | |
| DILANTIN ORAL SUSPENSION | T3 | |
| <i>mexiletine hcl oral</i> | T1b | |
| PHENYTEK | T2 | |
| <i>phenytoin oral suspension 125 mg/5ml</i> | T1b | |
| <i>phenytoin oral tablet chewable</i> | T1b | |
| <i>phenytoin sodium extended</i> | T1a | |
| Class Ic Antiarrhythmics | | |
| <i>flecainide acetate</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|------------------------------|
| <i>propafenone hcl</i> | T1b | |
| <i>propafenone hcl er</i> | T3 | |
| RYTHMOL ORAL TABLET 225 MG | T3 | |
| RYTHMOL SR | T3 | QL (60 capsules per 30 days) |
| Class I Antiarrhythmics | | |
| <i>acebutolol hcl oral</i> | T1b | |
| <i>atenolol oral</i> | T1a | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | T3 | |
| <i>betaxolol hcl oral</i> | T1b | |
| <i>bisoprolol fumarate oral</i> | T1b | |
| <i>carvedilol</i> | T1a | |
| <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 | |
| KERLONE | T3 | |
| <i>labetalol hcl oral</i> | T1b | |
| LOPRESSOR ORAL | T3 | |
| <i>metoprolol succinate er</i> | T1b | |
| <i>metoprolol tartrate intravenous solution 5 mg/5ml</i> | T1b | |
| <i>metoprolol tartrate oral</i> | T1a | |
| <i>pindolol</i> | T1b | |
| <i>propranolol hcl er</i> | T1b | |
| <i>propranolol hcl intravenous</i> | T1b | |
| <i>propranolol hcl oral</i> | T1a | |
| SECTRAL | T3 | |
| SORINE | T1b | |
| <i>sotalol hcl oral</i> | T1b | |
| SOTYLIZE | T3 | |
| TENORMIN | T3 | |
| <i>timolol maleate oral</i> | T1b | |
| TOPROL XL | T3 | |
| TRANDATE ORAL | T3 | |
| ZEBETA | T3 | |
| Class II Antiarrhythmics | | |
| <i>amiodarone hcl oral tablet 100 mg</i> | T1b | QL (30 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| <i>amiodarone hcl oral tablet 200 mg, 400 mg</i> | T1b | |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | T3 | |
| CORDARONE | T3 | |
| <i>dofetilide</i> | T2 | |
| MULTAQ | T3 | |
| PACERONE ORAL TABLET 100 MG, 400 MG | T2 | |
| PACERONE ORAL TABLET 200 MG | T1b | |
| SORINE | T1b | |
| <i>sotalol hcl oral</i> | T1b | |
| SOTYLIZE | T3 | |
| TIKOSYN | T3 | |
| <i>Class Iv Antiarrhythmics</i> | | |
| CALAN ORAL TABLET 120 MG, 80 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 | T1b | |
| <i>dilt-cd</i> | T1b | |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1b | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1b | |
| <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> | T1a | |
| <i>dilt-xr</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| <i>diltzac</i> | T1b | |
| MATZIM LA | T9 | |
| TAZTIA XT | T1b | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1b | |
| TIAZAC | T3 | |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1b | |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i> | T3 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1b | |
| <i>verapamil hcl oral</i> | T1a | |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG | T3 | |
| VERELAN PM | T3 | |
| <i>Dihydropyridines (Antihypertensive)</i> | | |
| ADALAT CC | T3 | |
| AFEDITAB CR | T1b | |
| <i>amlodipine besylate oral</i> | T1a | |
| AMTURNIDE ORAL TABLET 150-5-12.5 MG | T2 | QL (31 tablets per 31 days) |
| CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 30 MG, 60 MG | T3 | ST |
| CONJUPRI | T9 | |
| <i>felodipine er</i> | T1b | |
| <i>isradipine</i> | T1b | |
| KATERZIA | T3 | QL (150 ML per 30 days); AL |
| <i>nicardipine hcl oral</i> | T2 | |
| NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG | T1b | |
| NIFEDICAL XL | T1b | |
| <i>nifedipine er osmotic release</i> | T1b | |
| <i>nifedipine oral</i> | T1b | |
| <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.) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| NYMALIZE ORAL SOLUTION 6 MG/ML | T5 | ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 Days) |
| 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 | T1b | |
| <i>amlodipine besy-benazepril hcl</i> | T1b | |
| <i>amlodipine besylate oral</i> | T1a | |
| <i>amlodipine besylate-valsartan</i> | T1b | |
| <i>amlodipine-atorvastatin</i> | T9 | |
| <i>amlodipine-olmesartan</i> | T1b | |
| <i>amlodipine-valsartan-hctz</i> | T1b | |
| AMTURNIDE ORAL TABLET 150-5-12.5 MG | T2 | QL (31 tablets per 31 days) |
| AZOR | T3 | ST |
| CADUET ORAL TABLET 10-10 MG, 2.5-10 MG, 5-10 MG | T3 | |
| CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 30 MG, 60 MG | T3 | ST |
| CONJUPRI | T9 | |
| CONSENSI | T9 | |
| EXFORGE | T3 | |
| EXFORGE HCT | T3 | |
| <i>felodipine er</i> | T1b | |
| <i>isradipine</i> | T1b | |
| KATERZIA | T3 | QL (150 ML per 30 days); AL |
| LOTREL ORAL CAPSULE 10-20 MG, 2.5-10 MG, 5-10 MG, 5-20 MG | T3 | SP (Generic substitution mandatory.) |
| LOTREL ORAL CAPSULE 10-40 MG, 5-40 MG | T3 | |
| <i>nicardipine hcl oral</i> | T2 | |
| NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG | T1b | |
| NIFEDICAL XL | T1b | |
| <i>nifedipine er osmotic release</i> | T1b | |
| <i>nifedipine oral</i> | T1b | |
| <i>nimodipine oral</i> | T4 | SP (Max of 31 days per dispensing.); QL (21 capsules per 365 days) |
| <i>nisoldipine er</i> | T2 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| NORVASC | T3 | SP (Generic substitution mandatory.) |
| NYMALIZE ORAL SOLUTION 6 MG/ML | T5 | ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 Days) |
| <i>olmesartan-amlodipine-hctz</i> | T1b | |
| 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> | T1b | |
| TRIBENZOR | T3 | |
| TWYNSTA | T3 | |
| Direct Vasodilators | | |
| BIDIL | T2 | |
| <i>hydralazine hcl oral</i> | T1a | |
| <i>minoxidil oral</i> | T1b | |
| Diuretics, Miscellaneous (Hypotensive) | | |
| ELIXOPHYLLIN | T3 | |
| THEO-24 | T2 | |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i> | T1b | |
| <i>theophylline er oral tablet extended release 24 hour</i> | T1b | |
| Fibric Acid Derivatives | | |
| ANTARA ORAL CAPSULE 130 MG, 43 MG | T3 | |
| ANTARA ORAL CAPSULE 30 MG, 90 MG | T9 | |
| <i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i> | T9 | |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | T1b | |
| <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> | T1b | |
| <i>fenofibric acid oral capsule delayed release</i> | T1b | |
| <i>fenofibric acid oral tablet</i> | T9 | |
| FENOGLIDE | T9 | |
| FIBRICOR | T9 | |
| <i>gemfibrozil oral</i> | T1a | |
| LIPOFEN | T9 | |
| LOFIBRA ORAL CAPSULE | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---------------------------------|
| LOFIBRA ORAL TABLET 160 MG | T3 | |
| LOPID | T3 | |
| TRICOR | T3 | |
| TRIGLIDE ORAL TABLET 160 MG | T9 | |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG | T3 | QL (30 capsules per 30 days) |
| TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG | T3 | QL (60 capsules per 30 days) |
| <i>Hmg-Coa Reductase Inhibitors</i> | | |
| ADVICOR | T2 | |
| ALTOPREV | T9 | |
| <i>amlodipine-atorvastatin</i> | T9 | |
| <i>atorvastatin calcium oral</i> | T1a | |
| CADUET ORAL TABLET 10-10 MG, 2.5-10 MG, 5-10 MG | T3 | |
| CRESTOR | T3 | |
| EZALLOR SPRINKLE | T9 | |
| <i>ezetimibe-rosuvastatin</i> | T9 | |
| <i>ezetimibe-simvastatin</i> | T1b | |
| <i>flolipid</i> | T9 | |
| <i>fluvastatin sodium</i> | T9 | |
| <i>fluvastatin sodium er</i> | T9 | |
| LESCOL | T9 | |
| LESCOL XL | T9 | |
| LIPITOR | T3 | |
| LIPTRUZET | T3 | ST; QL (31 tablets per 31 days) |
| LIVALO | T9 | |
| <i>lovastatin oral</i> | T1a | |
| MEVACOR ORAL TABLET 20 MG, 40 MG | T3 | |
| PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG | T3 | |
| <i>pravastatin sodium</i> | T1b | |
| <i>rosuvastatin calcium</i> | T1b | |
| ROSZET | T9 | |
| SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-20 MG, 500-20 MG, 500-40 MG, 750-20 MG | T2 | QL (62 tablets per 31 days) |
| SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-40 MG | T2 | QL (60 tablets per 30 days) |
| <i>simvastatin oral suspension</i> | T9 | |
| <i>simvastatin oral tablet</i> | T1a | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| VYTORIN | T3 | |
| ZOCOR | T3 | QL (31 tablets per 31 days) |
| ZYPITAMAG | T9 | |
| Hypotensive Agents, Miscellaneous | | |
| CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 30 MG, 60 MG | T3 | ST |
| DIBENZYLINE | T9 | |
| <i>phenoxybenzamine hcl</i> | T9 | |
| VECAMYL | T4 | SP (Max of 31 days per dispensing.) |
| Loop Diuretics (Hypotensive Agents) | | |
| <i>bumetanide oral</i> | T1a | |
| DEMADEX ORAL TABLET 10 MG, 20 MG, 5 MG | T3 | |
| EDECRIN | T9 | |
| <i>ethacrynic acid oral</i> | T9 | |
| <i>furosemide injection solution 10 mg/ml</i> | T1b | |
| <i>furosemide oral solution 10 mg/ml</i> | T1a | |
| <i>furosemide oral solution 8 mg/ml</i> | T1b | |
| <i>furosemide oral tablet</i> | T1a | |
| LASIX | T3 | |
| <i>toremide oral</i> | T1a | |
| Mineralocorticoid (Aldosterone) Antagnts | | |
| ALDACTAZIDE ORAL TABLET 25-25 MG | T3 | |
| ALDACTAZIDE ORAL TABLET 50-50 MG | T2 | |
| ALDACTONE | T3 | |
| CAROSPIR | T9 | |
| <i>eplerenone</i> | T1b | |
| INSPRA | T3 | QL (30 tablets per 30 days) |
| KERENDIA | T4 | PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days) |
| <i>spironolactone oral</i> | T1a | |
| <i>spironolactone-hctz</i> | T1b | |
| Mineralocorticoid(Aldoster.)Antag(Hypot) | | |
| ALDACTONE | T3 | |
| CAROSPIR | T9 | |
| <i>eplerenone</i> | T1b | |
| INSPRA | T3 | QL (30 tablets per 30 days) |
| <i>spironolactone oral</i> | T1a | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| Nitrates And Nitrites | | |
| BIDIL | T2 | |
| GONITRO | T9 | |
| ISORDIL TITRADOSE | T9 | |
| <i>isosorbide dinitrate er</i> | T1b | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | T1a | |
| <i>isosorbide dinitrate oral tablet 40 mg</i> | T9 | |
| <i>isosorbide mononitrate</i> | T1b | |
| <i>isosorbide mononitrate er</i> | T1b | |
| MINITRAN | T1b | |
| NITRO-BID | T1b | |
| 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> | T1b | |
| <i>nitroglycerin sublingual</i> | T1b | |
| <i>nitroglycerin transdermal patch 24 hour</i> | T1b | |
| <i>nitroglycerin translingual solution</i> | T3 | |
| NITROLINGUAL | T3 | |
| NITROSTAT | T1b | |
| NITRO-TIME | T1b | |
| Pcsk9 Inhibitors | | |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T3 | PA; QL (2 pens per 28 days) |
| REPATHA | T3 | PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days) |
| REPATHA PUSHTRONEX SYSTEM | T3 | PA; SP (Limited to a 1 month supply per fill); QL (1 cartridge per 30 days) |
| REPATHA SURECLICK | T3 | PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days) |
| Peripheral Adrenergic Inhibitors | | |
| <i>reserpine oral</i> | T1b | |
| Phosphodiesterase Type 5 Inhibitors | | |
| ADCIRCA | T9 | |
| CIALIS | T9 | |
| <i>cilostazol</i> | T1b | |
| LEVITRA | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| PLETAL | 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 100 mg, 25 mg, 50 mg</i> | T1b | QL (6 tablets per 30 days) |
| <i>sildenafil citrate oral tablet 20 mg</i> | T3 | PA |
| STAXYN | T9 | |
| STENDRA | T9 | |
| <i>tadalafil (pah)</i> | T9 | SP () |
| <i>tadalafil oral tablet 10 mg, 20 mg</i> | T1b | QL (6 tablets per 30 days) |
| <i>tadalafil oral tablet 2.5 mg</i> | T1b | ST; QL (30 tablets per 30 days) |
| <i>tadalafil oral tablet 5 mg</i> | T1b | QL (30 tablets per 30 days) |
| <i>vardefafil hcl oral</i> | T2 | QL (6 tablets per 30 Days) |
| VIAGRA | T9 | |
| Potassium-Sparing Diuretics (Hypoten) | | |
| ALDACTONE | T3 | |
| <i>amiloride hcl oral</i> | T1b | |
| CAROSPIR | T9 | |
| DYRENIUM | T9 | |
| <i>eplerenone</i> | T1b | |
| INSPRA | T3 | QL (30 tablets per 30 days) |
| <i>spironolactone oral</i> | T1a | |
| Renin Inhibitors | | |
| <i>aliskiren fumarate</i> | T2 | ST |
| AMTURNIDE ORAL TABLET 150-5-12.5 MG | T2 | QL (31 tablets per 31 days) |
| TEKTURNA | T9 | |
| TEKTURNA HCT | T2 | ST |
| Renin-Angioten.-Aldost. Sys. Inhib, Misc | | |
| ENTRESTO | T2 | QL (60 tablets per 30 days) |
| Thiazide Diuretics(Hypotensive Agents) | | |
| AMTURNIDE ORAL TABLET 150-5-12.5 MG | T2 | QL (31 tablets per 31 days) |
| DIURIL | T2 | |
| <i>hydrochlorothiazide oral</i> | T1a | |
| <i>methyclothiazide oral</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| MICROZIDE | T3 | |
| TEVETEN HCT | T3 | ST |
| Thiazide-Like Diuretics(Hypotensive Agt) | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | T1b | |
| <i>indapamide oral</i> | T1a | |
| <i>metolazone</i> | T1b | |
| THALITONE | T9 | |
| ZAROXOLYN ORAL TABLET 2.5 MG, 5 MG | T3 | |
| Vasodilating Agents, Miscellaneous | | |
| ADALAT CC | T3 | |
| AFEDITAB CR | T1b | |
| <i>amlodipine besylate oral</i> | T1a | |
| AMTURNIDE ORAL TABLET 150-5-12.5 MG | T2 | QL (31 tablets per 31 days) |
| CALAN ORAL TABLET 120 MG, 80 MG | T3 | |
| CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG | T3 | |
| CARDENE SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 30 MG, 60 MG | T3 | ST |
| 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 | T1b | |
| CAVERJECT | T9 | |
| CAVERJECT IMPULSE | T9 | |
| CONJUPRI | T9 | |
| CORLANOR | T3 | ST |
| <i>dilt-cd</i> | T1b | |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> | T1b | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> | T1b | |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <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> | T1a | |
| <i>dilt-xr</i> | T1b | |
| <i>diltzac</i> | T1b | |
| <i>dipyridamole oral</i> | T1b | |
| EDEX | T9 | |
| KATERZIA | T3 | QL (150 ML per 30 days); AL |
| MATZIM LA | T9 | |
| MUSE | T9 | |
| <i>nicardipine hcl oral</i> | T2 | |
| NIFEDIAC CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG | T1b | |
| NIFEDICAL XL | T1b | |
| <i>nifedipine er osmotic release</i> | T1b | |
| <i>nifedipine oral</i> | T1b | |
| <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); QL (1 fill per 21 Days) |
| PERSANTINE | T3 | |
| PROCARDIA XL | T3 | |
| TAZTIA XT | T1b | |
| TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG | T1b | |
| TIAZAC | T3 | |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i> | T1b | |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i> | T3 | |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | T1b | |
| <i>verapamil hcl oral</i> | T1a | |
| VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------------------------------|
| VERELAN PM | T3 | |
| VERQUVO | T3 | PA; QL (30 tablets per 30 days) |
| Central Nervous System Agents | | |
| Adamantanes (Cns) | | |
| <i>amantadine hcl oral</i> | T1b | |
| GOCOVRI | T9 | |
| OSMOLEX ER | T9 | |
| Amphetamine Derivatives | | |
| <i>diethylpropion hcl oral</i> | T1b | |
| LOMAIRA | T9 | |
| <i>phendimetrazine tartrate</i> | T1b | |
| <i>phentermine hcl oral capsule 15 mg, 30 mg</i> | T1b | |
| <i>phentermine hcl oral tablet</i> | T1b | |
| Amphetamines | | |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG | T3 | AL |
| ADDERALL ORAL TABLET 5 MG, 7.5 MG | T3 | |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG | 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 | |
| <i>amphetamine er</i> | T9 | |
| <i>amphetamine sulfate</i> | T3 | ST; QL (180 tablets per 30 days); AL |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i> | T1b | QL (30 capsules per 30 days) |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i> | T1b | QL (60 capsules per 30 days) |
| <i>amphetamine-dextroamphetamine</i> | T1b | AL |
| <i>benzphetamine hcl oral tablet 50 mg</i> | T1b | |
| 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> | T1b | QL (180 tablets per 30 days); AL |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| <i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i> | T9 | |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> | T1b | QL (30 tablets per 30 days); AL |
| DYANAVEL 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 | T9 | |
| Analgesics And Antipyretics, Misc. | | |
| <i>acetaminophen-codeine #2</i> | T1b | |
| <i>acetaminophen-codeine #3</i> | T1b | |
| <i>acetaminophen-codeine #4</i> | T1b | |
| <i>acetaminophen-codeine oral solution</i> | T1b | |
| ALLZITAL | T9 | |
| APADAZ | T9 | |
| <i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i> | T9 | |
| BUPAP ORAL TABLET 50-300 MG | T9 | |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i> | T9 | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | T1b | 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> | T1b | 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> | T1b | QL (180 tablets per 30 days) |
| CAPACET | T1b | |
| CAPITAL/CODEINE | T2 | SP (Quantity Limit: 4 gm of APAP per day) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | T9 | |
| ESGIC ORAL TABLET | T3 | |
| FIORICET ORAL CAPSULE | T9 | |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| <i>gabapentin oral capsule</i> | T1a | |
| <i>gabapentin oral solution 250 mg/5ml</i> | T1b | |
| <i>gabapentin oral tablet</i> | T1b | |
| GRALISE ORAL TABLET | T9 | |
| HYCET | T3 | |
| <i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> | T1b | |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> | T9 | |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 5-500 mg, 7.5-325 mg, 7.5-750 mg</i> | T1b | |
| <i>hydrocodone-acetaminophen oral tablet 10-500 mg, 7.5-500 mg</i> | T1b | SP (Maximum of 4 grams of acetaminophen per day.) |
| HYOPHEN | T9 | |
| <i>isometheptene-caffeine-apap oral tablet 65-20-325 mg</i> | T9 | |
| <i>isometheptene-dichloral-apap</i> | T2 | |
| 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> | T1b | |
| <i>pentazocine-acetaminophen</i> | T1b | |
| PERCOCET | T3 | |
| PHRENILIN FORTE ORAL CAPSULE 50-650 MG | T2 | |
| <i>pregabalin er</i> | T9 | |
| PRIMLEV | T9 | |
| PROLATE | T9 | |
| ROXICET ORAL TABLET 5-325 MG | T1b | |
| <i>tramadol-acetaminophen</i> | T1b | |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | T1b | QL (10 capsules per 1 day) |
| TREZIX ORAL CAPSULE 356.4-30-16 MG | T1b | QL (6 capsules per 1 day) |
| TYLENOL WITH CODEINE #3 | T3 | |
| TYLENOL WITH CODEINE #4 | T3 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| ULTRACET | T3 | |
| URIBEL | T9 | |
| UROPHEN MB | T9 | |
| VANATOL LQ | T9 | |
| VTOL LQ | T9 | |
| Anorexigenic Agents And Stimulants, Misc | | |
| QSYMIA | T3 | ST |
| Anorexigenic Agents, Miscellaneous | | |
| CONTRAVE | T3 | ST |
| IMCIVREE | T9 | |
| Anticholinergic Agents (Cns) | | |
| <i>benztropine mesylate oral</i> | T1b | |
| 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> | T1b | ST |
| <i>trihexyphenidyl hcl oral elixir</i> | T1a | |
| <i>trihexyphenidyl hcl oral tablet</i> | T1b | |
| Anticonvulsants, Miscellaneous | | |
| <i>acetazolamide er</i> | T1b | |
| <i>acetazolamide oral</i> | T1b | |
| APTIOM | T3 | PA; QL (60 tablets per 30 days) |
| BANZEL ORAL SUSPENSION | T5 | PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days) |
| BANZEL ORAL TABLET 200 MG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days) |
| BANZEL ORAL TABLET 400 MG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (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> | T1b | ST |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i> | T1b | 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> | T1b | |
| 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 EA per 30 days) |
| DIACOMIT ORAL PACKET | T5 | PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days) |
| DIAMOX SEQUELS | T3 | |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | T1b | |
| <i>divalproex sodium oral capsule delayed release sprinkle</i> | T1b | |
| <i>divalproex sodium oral tablet delayed release</i> | T1a | |
| ELEPSIA XR | T9 | |
| EPIDIOLEX | T5 | PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days) |
| EPITOL | T1b | |
| 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> | T1a | |
| <i>gabapentin oral solution 250 mg/5ml</i> | T1b | |
| <i>gabapentin oral tablet</i> | T1b | |
| 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) |

| Medication | Coverage Level | Restrictions |
|--|----------------|----------------------------------|
| GRALISE ORAL TABLET | T9 | |
| HORIZANT ORAL TABLET EXTENDED RELEASE | T9 | |
| KEPPRA ORAL | T3 | |
| KEPPRA XR | T3 | |
| LAMICTAL ODT | T9 | |
| LAMICTAL ORAL TABLET | T3 | |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG | T3 | |
| LAMICTAL STARTER | T3 | QL (1 kit per 365 days) |
| LAMICTAL XR ORAL KIT | T3 | ST; QL (1 kit per 365 days) |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG | T3 | ST; QL (30 tablets per 30 days) |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG | T3 | ST; QL (60 tablets per 30 days) |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i> | T3 | ST; QL (30 tablets per 30 days) |
| <i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i> | T3 | ST; QL (60 tablets per 30 days) |
| <i>lamotrigine oral tablet</i> | T1a | |
| <i>lamotrigine oral tablet chewable</i> | T1b | |
| <i>lamotrigine oral tablet dispersible</i> | T9 | |
| <i>lamotrigine starter kit-blue</i> | T1b | QL (1 kit per 365 days) |
| <i>lamotrigine starter kit-green</i> | T1b | QL (1 kit per 365 days) |
| <i>lamotrigine starter kit-orange</i> | T1b | QL (1 kit per 365 days) |
| <i>lamotrigine titration</i> | T9 | |
| <i>levetiracetam er</i> | T1b | |
| <i>levetiracetam oral solution</i> | T1b | |
| <i>levetiracetam oral tablet</i> | T1a | |
| 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> | T1b | |
| 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) |
| POTIGA | T3 | ST; QL (90 tablets per 30 days) |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i> | T1b | ST; QL (90 CAPSULES per 30 Days) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <i>pregabalin oral capsule 300 mg</i> | T1b | ST; QL (60 CAPSULES per 30 days) |
| <i>pregabalin oral solution</i> | T1b | 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 | SP () |
| SPRITAM | T3 | ST; QL (60 tablets per 30 days) |
| STAVZOR | T3 | ST |
| 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 | T3 | ST; QL (60 tablets per 30 days) |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG | T3 | ST; QL (60 tablets per 2 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 (30 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> | T1a | ST |
| <i>topiramate oral tablet</i> | T1a | |
| TRILEPTAL | T3 | |
| TROKENDI XR | T9 | |
| <i>valproate sodium oral solution</i> | T1b | |
| <i>valproic acid oral capsule</i> | T1b | |
| <i>vigabatrin oral packet</i> | T5 | PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <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 |
| 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 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG | T3 | PA; QL (1 Pack per 30 days) |
| XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG | T3 | PA; QL (1 pack per 30 days) |
| ZONEGRAN | T3 | |
| <i>zonisamide oral</i> | T1a | |
| Antidepressants, Miscellaneous | | |
| APLENZIN | T9 | |
| BUDEPRION SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG | T1b | QL (90 tablets per 30 days) |
| BUPROBAN | T1b | PV |
| <i>bupropion hcl er (smoking det)</i> | T1b | PV |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i> | T1b | QL (90 tablets per 30 days) |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i> | T1b | QL (60 tablets per 30 days) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> | T1b | QL (90 tablets per 30 days) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i> | T1b | |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i> | T9 | |
| <i>bupropion hcl oral</i> | T1b | |
| FORFIVO XL | T9 | |
| <i>mirtazapine oral tablet</i> | T1a | |
| <i>mirtazapine oral tablet dispersible</i> | T1b | |
| REMERON | T3 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|----------------------------------|
| REMERON SOLTAB | T3 | |
| WELLBUTRIN | 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 | |
| ABILIFY MYCITE STARTER KIT | T9 | |
| ABILIFY ORAL SOLUTION | T3 | ST |
| ABILIFY ORAL TABLET | T3 | QL (30 tablets per 30 days) |
| <i>aripiprazole oral solution</i> | T1b | |
| <i>aripiprazole oral tablet</i> | T1b | QL (30 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> | T1b | ST |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i> | T1b | 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> | T1b | |
| 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> | T1b | |
| <i>divalproex sodium oral capsule delayed release sprinkle</i> | T1b | |
| <i>divalproex sodium oral tablet delayed release</i> | T1a | |
| EPITOL | T1b | |
| EQUETRO | T3 | ST |

| Medication | Coverage Level | Restrictions |
|--|----------------|---------------------------------|
| 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) |
| <i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i> | T3 | ST; QL (60 tablets per 30 days) |
| <i>lamotrigine oral tablet</i> | T1a | |
| <i>lamotrigine oral tablet chewable</i> | T1b | |
| <i>lamotrigine oral tablet dispersible</i> | T9 | |
| <i>lamotrigine starter kit-blue</i> | T1b | QL (1 kit per 365 days) |
| <i>lamotrigine starter kit-green</i> | T1b | QL (1 kit per 365 days) |
| <i>lamotrigine starter kit-orange</i> | T1b | QL (1 kit per 365 days) |
| <i>lamotrigine titration</i> | T9 | |
| <i>lithium</i> | T1b | |
| <i>lithium carbonate er</i> | T1b | |
| <i>lithium carbonate oral</i> | T1a | |
| LITHOBID | T3 | |
| <i>olanzapine oral tablet</i> | T1a | |
| <i>olanzapine oral tablet dispersible</i> | T2 | |
| <i>quetiapine fumarate</i> | T1a | |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i> | T1b | QL (30 tablets per 30 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i> | T1b | 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> | T1b | |
| <i>risperidone oral tablet</i> | T1a | |
| <i>risperidone oral tablet dispersible</i> | T2 | |
| SAPHRIS | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| SECUADO | T4 | ST; SP (Max of 30 day supply 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) |
| STAVZOR | T3 | ST |
| 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 | T3 | ST; QL (60 tablets per 30 days) |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG | T3 | ST; QL (60 tablets per 2 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> | T1b | |
| <i>valproic acid oral capsule</i> | T1b | |
| <i>ziprasidone hcl</i> | T1b | |
| ZYPREXA ORAL | T3 | |
| ZYPREXA ZYDIS | T3 | |
| <i>Antimigraine Agents, Miscellaneous</i> | | |
| ANAPROX DS | T3 | |
| ASCRIPITIN ORAL TABLET 325 MG | T1b | |
| <i>aspirin ec low dose</i> | T1b | PV |
| <i>aspirin ec oral tablet delayed release 325 mg</i> | T1b | PV; AL |
| <i>buffered aspirin</i> | T1b | |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |
| <i>butorphanol tartrate nasal</i> | T2 | |
| CAFERGOT | T9 | |
| <i>caffeine citrate oral solution 60 mg/3ml</i> | T1b | AL |
| CAMBIA | T9 | |
| CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML | T1b | |
| <i>cvs ibuprofen oral capsule</i> | T1a | |
| <i>cvs naproxen sodium oral tablet</i> | T1a | |
| DEPAKOTE | T3 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|------------------------------|
| 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> | T1b | |
| <i>divalproex sodium oral capsule delayed release sprinkle</i> | T1b | |
| <i>divalproex sodium oral tablet delayed release</i> | T1a | |
| EC-NAPROSYN | T3 | |
| <i>ergotamine-caffeine</i> | T3 | QL (40 tablets per 30 days) |
| <i>goodsense aspirin oral tablet chewable</i> | T1b | PV; AL |
| HEMANGEOL | T3 | AL |
| <i>ibuprofen oral suspension</i> | T1a | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | T1a | |
| INDERAL LA | T9 | |
| INDERAL XL | T9 | |
| INNOPRAN XL | T9 | |
| <i>isometheptene-caffeine-apap oral tablet 65-20-325 mg</i> | T9 | |
| <i>isometheptene-dichloral-apap</i> | T2 | |
| <i>ketoprofen er</i> | T2 | QL (30 capsules per 30 days) |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | T1b | |
| MIGERGOT | T9 | |
| MIGRANAL | T9 | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | T9 | |
| NAPROSYN ORAL TABLET | T3 | |
| <i>naproxen oral suspension</i> | T1b | QL (473 ML per 30 days); AL |
| <i>naproxen oral tablet</i> | T1a | |
| <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> | T1a | |
| <i>propranolol hcl er</i> | T1b | |
| <i>propranolol hcl intravenous</i> | T1b | |
| <i>propranolol hcl oral</i> | T1a | |
| STAVZOR | T3 | ST |
| <i>timolol maleate oral</i> | T1b | |
| TOPAMAX | T3 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| TOPAMAX SPRINKLE | T3 | ST |
| <i>topiramate oral capsule sprinkle</i> | T1a | ST |
| <i>topiramate oral tablet</i> | T1a | |
| TROKENDI XR | T9 | |
| TRUDHESA | T9 | |
| <i>valproate sodium oral solution</i> | T1b | |
| <i>valproic acid oral capsule</i> | T1b | |
| Antipsychotics, Miscellaneous | | |
| ADASUVE | T9 | |
| <i>loxapine succinate oral</i> | T1b | |
| LOXITANE ORAL CAPSULE 5 MG | T3 | |
| ORAP ORAL TABLET 1 MG | T3 | QL (300 tablets per 30 days) |
| ORAP ORAL TABLET 2 MG | T3 | QL (150 tablets per 30 days) |
| <i>pimozide oral tablet 1 mg</i> | T1b | QL (300 tablets per 30 days) |
| <i>pimozide oral tablet 2 mg</i> | T1b | 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> | T1a | |
| DAYVIGO | T3 | ST; QL (30 tablets per 30 days); AL |
| 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 | |
| EDLUAR | T9 | |
| <i>eszopiclone</i> | T1b | QL (30 tablets per 30 days); AL |
| HETLIOZ | T5 | PA; SP (Limited to a 1 month supply per fill) |
| HETLIOZ LQ | T9 | |
| <i>hydroxyzine hcl oral syrup</i> | T1b | |
| <i>hydroxyzine hcl oral tablet</i> | T1b | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i> | T1b | |
| INTERMEZZO | T9 | |
| <i>isometheptene-dichloral-apap</i> | T2 | |
| LUNESTA | T3 | QL (30 tablets per 30 days); AL |
| <i>meprobamate</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| <i>promethazine hcl oral syrup</i> | T1b | |
| <i>promethazine hcl oral tablet</i> | T1b | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | T1b | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | T3 | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG | T9 | |
| <i>ramelteon</i> | T3 | ST; QL (30 tablets per 30 days); AL |
| ROZEREM | T3 | ST; QL (30 tablets per 30 days); AL |
| SONATA | T3 | QL (31 capsules per 31 days); AL |
| VISTARIL | T3 | |
| <i>zaleplon oral capsule 10 mg</i> | T1b | QL (30 capsules per 30 days); AL |
| <i>zaleplon oral capsule 5 mg</i> | T1b | QL (31 capsules per 31 days); AL |
| <i>zolpidem tartrate er</i> | T1b | QL (30 tablets per 30 days); AL |
| <i>zolpidem tartrate oral</i> | T1b | 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 SOLUTION | T3 | ST |
| ABILIFY ORAL TABLET | T3 | QL (30 tablets per 30 days) |
| <i>aripiprazole oral solution</i> | T1b | |
| <i>aripiprazole oral tablet</i> | T1b | QL (30 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) |
| CAPLYTA | T4 | PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days) |
| <i>clozapine oral tablet</i> | T1b | |
| <i>clozapine oral tablet dispersible</i> | T3 | |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | T3 | |
| CLOZARIL ORAL TABLET 200 MG, 50 MG | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | T4 | ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days) |
| FANAPT ORAL TABLET 10 MG | 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 | T9 | |
| <i>olanzapine oral tablet</i> | T1a | |
| <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</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>paliperidone er oral tablet extended release 24 hour 9 mg</i> | T3 | QL (30 tablets per 30 days) |
| <i>quetiapine fumarate</i> | T1a | |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i> | T1b | QL (30 tablets per 30 days) |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i> | T1b | QL (60 tablets per 30 days) |
| REXULTI | T4 | ST; SP (Limited to a 1 month supply per fill); QL (30 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> | T1b | |
| <i>risperidone oral tablet</i> | T1a | |
| <i>risperidone oral tablet dispersible</i> | T2 | |
| SAPHRIS | T9 | |
| SECUADO | T4 | ST; SP (Max of 30 day supply per dispensing.); QL (30 patches per 30 days); AL |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| 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 12-25 MG, 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> | T1b | |
| ZYPREXA ORAL | T3 | |
| ZYPREXA ZYDIS | T3 | |
| Barbiturates (Anticonvulsants) | | |
| MYSOLINE ORAL TABLET 50 MG | T3 | |
| <i>phenobarbital oral elixir</i> | T1b | |
| <i>phenobarbital oral tablet</i> | T1b | |
| <i>primidone oral</i> | T1a | |
| 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> | T1b | 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> | T1b | 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> | T1b | 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> | T1b | QL (180 tablets per 30 days) |
| CAPACET | T1b | |
| DONNATAL | T9 | |
| ESGIC ORAL TABLET | T3 | |
| FIORICET ORAL CAPSULE | T9 | |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|----------------------------------|
| FIORINAL | T3 | |
| FIORINAL/CODEINE #3 | T3 | |
| <i>pb-hyoscy-atropine-scopolamine oral tablet</i> | T9 | |
| <i>phenobarbital oral elixir</i> | T1b | |
| <i>phenobarbital oral tablet</i> | T1b | |
| PHRENILIN FORTE ORAL CAPSULE 50-650 MG | T2 | |
| 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 tablet</i> | T1a | |
| <i>clonazepam oral tablet dispersible</i> | T1b | |
| <i>clorazepate dipotassium</i> | T1b | |
| DIASTAT ACUDIAL | T2 | |
| DIASTAT PEDIATRIC | T2 | |
| DIAZEPAM INTENSOL | T2 | |
| <i>diazepam oral solution 5 mg/5ml</i> | T1a | |
| <i>diazepam oral tablet</i> | T1a | |
| <i>diazepam rectal</i> | T3 | |
| KLONOPIN | T3 | |
| LORAZEPAM INTENSOL | T1b | |
| <i>lorazepam oral tablet</i> | T1a | |
| NAYZILAM | T3 | QL (4 doses per 30 Days) |
| ONFI ORAL SUSPENSION | T3 | ST |
| ONFI ORAL TABLET 10 MG, 20 MG | T3 | ST |
| SYMPAZAN | T9 | |
| TRANXENE-T | T3 | |
| VALIUM | T3 | |
| VALTOCO 10 MG DOSE | T3 | QL (4 units per 30 days) |
| VALTOCO 15 MG DOSE | T3 | QL (8 units per 30 days) |
| VALTOCO 20 MG DOSE | T3 | QL (8 units per 30 days) |
| VALTOCO 5 MG DOSE | T3 | QL (4 units per 30 days) |
| <i>Benzodiazepines (Anxiolytic, Sedativ/Hyp)</i> | | |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i> | T1b | QL (30 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|--|----------------|----------------------------------|
| <i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i> | T1b | QL (60 tablets per 30 days) |
| ALPRAZOLAM INTENSOL | T1b | QL (120 ML per 30 days) |
| <i>alprazolam oral tablet</i> | T1a | |
| <i>alprazolam oral tablet dispersible</i> | T2 | |
| ATIVAN ORAL | T3 | |
| <i>chlordiazepoxide hcl</i> | T1a | |
| <i>chlordiazepoxide-amitriptyline</i> | T1b | |
| <i>chlordiazepoxide-clidinium</i> | T2 | |
| <i>clobazam oral suspension</i> | T3 | ST |
| <i>clobazam oral tablet</i> | T2 | ST |
| <i>clonazepam oral tablet</i> | T1a | |
| <i>clonazepam oral tablet dispersible</i> | T1b | |
| <i>clorazepate dipotassium</i> | T1b | |
| DIASTAT ACUDIAL | T2 | |
| DIASTAT PEDIATRIC | T2 | |
| DIAZEPAM INTENSOL | T2 | |
| <i>diazepam oral solution 5 mg/5ml</i> | T1a | |
| <i>diazepam oral tablet</i> | T1a | |
| <i>diazepam rectal</i> | T3 | |
| <i>estazolam</i> | T1b | QL (30 tablets per 30 days); AL |
| <i>flurazepam hcl</i> | T1a | QL (30 capsules per 30 days); AL |
| HALCION | T3 | QL (60 tablets per 30 days); AL |
| KLONOPIN | T3 | |
| LIBRAX | T9 | |
| LORAZEPAM INTENSOL | T1b | |
| <i>lorazepam oral tablet</i> | T1a | |
| <i>midazolam hcl oral</i> | T1b | |
| NIRAVAM | T3 | |
| ONFI ORAL SUSPENSION | T3 | ST |
| ONFI ORAL TABLET 10 MG, 20 MG | T3 | ST |
| <i>oxazepam</i> | T1b | |
| <i>quazepam</i> | T9 | |
| RESTORIL | T3 | QL (30 capsules per 30 days); AL |
| SYMPAZAN | T9 | |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | T1a | QL (30 capsules per 30 days); AL |
| <i>temazepam oral capsule 22.5 mg, 7.5 mg</i> | T9 | |
| TRANXENE-T | T3 | |
| <i>triazolam oral tablet 0.125 mg</i> | T1b | QL (30 tablets per 30 days); AL |
| <i>triazolam oral tablet 0.25 mg</i> | T1b | QL (60 tablets per 30 days); AL |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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> | T1b | |
| <i>haloperidol oral</i> | T1a | |
| 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 ORAL TABLET 100 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (10 tablet per 30 days) |
| UBRELVY ORAL TABLET 50 MG | 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> | T1b | |
| COMTAN | T3 | |
| <i>entacapone</i> | T1b | |
| ONGENTYS | T3 | ST |
| STALEVO 100 | T3 | |
| STALEVO 125 | T3 | |
| STALEVO 150 | T3 | |
| STALEVO 200 | T3 | |
| STALEVO 50 | T3 | |
| STALEVO 75 | T3 | |
| TASMAR ORAL TABLET 100 MG | T3 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| <i>tolcapone</i> | T5 | SP (Limited to a 1 month supply per fill) |
| Central Nervous System Agents, Misc. | | |
| <i>acamprosate calcium</i> | T1b | |
| ADDYI | T9 | |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> | T1b | QL (62 capsules per 31 days); AL |
| <i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> | T1b | QL (31 capsules per 31 days); AL |
| CAMPRAL | T3 | |
| EXSERVAN | T9 | |
| <i>guanfacine hcl er</i> | T1b | QL (60 tablets per 30 days) |
| <i>guanfacine hcl oral</i> | T1b | |
| 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</i> | T1b | QL (60 tablets per 30 days); AL |
| <i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i> | T1b | QL (1 pack per 365 days); AL |
| <i>memantine hcl oral tablet 5 mg</i> | T1b | QL (60 EA per 30 days); AL |
| NAMENDA ORAL SOLUTION | T3 | QL (300 ML per 30 days); AL |
| NAMENDA ORAL TABLET | T3 | QL (60 tablets per 30 days); AL |
| NAMENDA TITRATION PAK | T3 | QL (1 tablpack per 365 days); AL |
| NAMENDA XR | T3 | QL (30 capsules per 30 days); AL |
| NAMENDA XR TITRATION PACK | T3 | AL |
| NAMZARIC | T9 | |
| NOURIANZ | T9 | |
| NUEDEXTA | T4 | PA; 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> | T1b | 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 |
| TENEX | T3 | |
| TIGLUTIK | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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 | |
| Cyclooxygenase-2 (Cox-2) Inhibitors | | |
| CELEBREX | T3 | QL (60 capsules per 30 days) |
| <i>celecoxib oral</i> | T1b | QL (60 capsules per 30 days) |
| CONSENSI | T9 | |
| Dopamine Precursors | | |
| <i>carbidopa oral</i> | T9 | |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i> | T1b | |
| <i>carbidopa-levodopa oral tablet</i> | T1a | |
| <i>carbidopa-levodopa oral tablet dispersible</i> | T1b | |
| <i>carbidopa-levodopa-entacapone</i> | T1b | |
| INBRIJA | T9 | |
| LODOSYN | T3 | QL (150 tablets per 30 days) |
| RYTARY | T9 | |
| SINEMET CR | T3 | |
| STALEVO 100 | T3 | |
| STALEVO 125 | T3 | |
| STALEVO 150 | T3 | |
| STALEVO 200 | T3 | |
| STALEVO 50 | T3 | |
| STALEVO 75 | T3 | |
| Ergot-Deriv. Dopamine Receptor Agonists | | |
| <i>bromocriptine mesylate oral</i> | T1b | |
| <i>cabergoline</i> | T1b | |
| PARLODEL | T3 | |
| 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> | T1b | QL (60 capsules per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | T1b | QL (90 capsules per 30 days) |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|----------------------------------|
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i> | T1b | 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> | T1b | ST; QL (90 CAPSULES per 30 Days) |
| <i>pregabalin oral capsule 300 mg</i> | T1b | ST; QL (60 CAPSULES per 30 days) |
| <i>pregabalin oral solution</i> | T1b | ST; QL (473 ML per 30 days) |
| SAVELLA | T2 | ST; QL (60 tablets per 30 days) |
| SAVELLA TITRATION PACK | T2 | ST; QL (60 tablets per 30 days) |
| 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> | T1b | |
| <i>phenytoin oral tablet chewable</i> | T1b | |
| <i>phenytoin sodium extended</i> | T1a | |
| Monoamine Oxidase B Inhibitors | | |
| AZILECT | T3 | ST; QL (30 tablets per 30 days) |
| ELDEPRYL | T3 | |
| EMSAM | T3 | ST |
| <i>rasagiline mesylate oral</i> | T3 | ST; QL (30 tablets per 30 days) |
| <i>selegiline hcl oral tablet</i> | T2 | |
| XADAGO | T9 | |
| Monoamine Oxidase Inhibitors | | |
| AZILECT | T3 | ST; QL (30 tablets per 30 days) |
| ELDEPRYL | T3 | |
| EMSAM | T3 | ST |
| MARPLAN | T2 | QL (180 tablets per 30 days) |
| NARDIL | T3 | |
| PARNATE | T3 | |
| <i>phenelzine sulfate oral</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <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 | T9 | |
| Nonergot-Deriv.Dopamine Receptor Agonist | | |
| 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 ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG | T3 | |
| MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 2.25 MG, 3.75 MG | T3 | ST |
| NEUPRO | T3 | ST; QL (30 patches per 30 days) |
| <i>pramipexole dihydrochloride</i> | T1a | |
| <i>pramipexole dihydrochloride er</i> | T1b | 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> | T1a | |
| <i>ropinirole hcl er</i> | T1b | ST |
| Opiate Agonists | | |
| <i>acetaminophen-codeine #2</i> | T1b | |
| <i>acetaminophen-codeine #3</i> | T1b | |
| <i>acetaminophen-codeine #4</i> | T1b | |
| <i>acetaminophen-codeine oral solution</i> | T1b | |
| ACTIQ | T9 | |
| APADAZ | T9 | |
| <i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i> | T9 | |
| ASCOMP-CODEINE | T2 | |
| <i>aspirin-caff-dihydrocodeine</i> | T1b | |
| AVINZA | T3 | QL (30 capsules per 30 days) |
| <i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i> | T9 | |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i> | T9 | |
| <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i> | T1b | QL (180 capsules per 30 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| <i>butalbital-asa-caff-codeine</i> | T2 | QL (180 capsules per 30 days) |
| CAPITAL/CODEINE | T2 | SP (Quantity Limit: 4 gm of APAP per day) |
| <i>carisoprodol-aspirin-codeine</i> | T9 | |
| <i>codeine sulfate oral tablet</i> | T1b | |
| CONZIP | T9 | |
| DILAUDID ORAL TABLET 2 MG | T3 | QL (32 tablets per 1 day) |
| DILAUDID ORAL TABLET 4 MG | T3 | QL (16 tablets per 1 day) |
| DILAUDID ORAL TABLET 8 MG | T3 | QL (8 tablets per 1 day) |
| DOLOPHINE | T3 | |
| DSUVIA | T9 | |
| DURAGESIC-100 | T3 | QL (15 patches per 30 days) |
| DURAGESIC-12 | T3 | QL (15 patches per 30 days) |
| DURAGESIC-25 | T3 | QL (15 patches per 30 days) |
| DURAGESIC-50 | T3 | QL (15 patches per 30 days) |
| DURAGESIC-75 | T3 | QL (15 patches per 30 days) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | T9 | |
| EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT | T3 | ST; QL (30 tablets 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> | T1b | QL (20 patches per 30 days) |
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i> | T9 | |
| FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | T9 | |
| FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG | T9 | |
| FIORINAL/CODEINE #3 | T3 | |
| HYCET | 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> | T1b | |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 5-500 mg, 7.5-325 mg, 7.5-750 mg</i> | T1b | |
| <i>hydrocodone-acetaminophen oral tablet 10-500 mg, 7.5-500 mg</i> | T1b | SP (Maximum of 4 grams of acetaminophen per day.) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i> | T1b | |
| <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> | T1b | |
| <i>hydromorphone hcl oral tablet 2 mg</i> | T1b | QL (32 tablets per 1 day) |
| <i>hydromorphone hcl oral tablet 4 mg</i> | T1b | QL (16 tablets per 1 day) |
| <i>hydromorphone hcl oral tablet 8 mg</i> | T1b | QL (8 tablets per 1 day) |
| <i>hydromorphone hcl rectal</i> | T1b | |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 60 MG, 80 MG | T3 | ST; QL (30 tablets per 30 days); AL |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG | T3 | ST; QL (30 tablets per 30 days); AL |
| IBUDONE | T9 | |
| KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 150 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG, 80 MG | T9 | |
| LAZANDA | T9 | |
| <i>levorphanol tartrate oral</i> | T9 | |
| LORTAB ORAL ELIXIR 10-300 MG/15ML | T9 | |
| <i>mepredine hcl oral solution</i> | T1b | |
| <i>mepredine hcl oral tablet 50 mg</i> | T1b | |
| METHADONE HCL INTENSOL | T1b | |
| <i>methadone hcl oral concentrate</i> | T1b | |
| <i>methadone hcl oral solution</i> | T1b | |
| <i>methadone hcl oral tablet</i> | T1b | |
| METHADOSE ORAL CONCENTRATE 10 MG/ML | T1b | |
| MORPHABOND ER | T9 | |
| <i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i> | T1b | |
| <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> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|--|
| <i>morphine sulfate oral</i> | T1b | |
| <i>morphine sulfate rectal</i> | T1b | |
| MS CONTIN ORAL TABLET EXTENDED RELEASE | T3 | |
| NORCO | T3 | |
| NUCYNTA | T3 | ST |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG | T5 | ST; QL (62 EA per 31 days) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG, 50 MG | T5 | ST; QL (62 tablets per 31 days) |
| OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 30 MG, 5 MG | T9 | |
| OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG | T5 | ST; QL (93 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 10 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | T2 | QL (60 tablets per 30 days) |
| <i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg</i> | T2 | QL (62 tablets per 30 days) |
| <i>oxycodone hcl oral capsule</i> | T9 | |
| <i>oxycodone hcl oral solution</i> | T1b | |
| <i>oxycodone hcl oral tablet</i> | T1b | |
| <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> | T1b | |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT | T2 | QL (60 tablets per 30 days) |
| <i>oxymorphone hcl</i> | T2 | ST |
| <i>oxymorphone hcl er</i> | T2 | ST; QL (60 EA per 30 days) |
| PERCOCET | T3 | |
| PRIMLEV | T9 | |
| PROLATE | T9 | |
| QDOLO | T9 | |
| ROXICET ORAL TABLET 5-325 MG | T1b | |
| SUBSYS SUBLINGUAL LIQUID 100 MCG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days) |
| SUBSYS SUBLINGUAL LIQUID 400 MCG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days) |
| SUBSYS SUBLINGUAL LIQUID 600 MCG, 800 MCG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days) |
| SYNALGOS-DC | T3 | |
| <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> | T1b | QL (30 tablets per 30 days) |
| <i>tramadol hcl oral tablet 100 mg</i> | T9 | |
| <i>tramadol hcl oral tablet 50 mg</i> | T1a | QL (240 tablets per 30 days) |
| <i>tramadol-acetaminophen</i> | T1b | |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | T1b | QL (10 capsules per 1 day) |
| TREZIX ORAL CAPSULE 356.4-30-16 MG | T1b | QL (6 capsules per 1 day) |
| TYLENOL WITH CODEINE #3 | T3 | |
| TYLENOL WITH CODEINE #4 | T3 | |
| ULTRACET | T3 | |
| ULTRAM | T3 | QL (240 tablets per 30 days) |
| ULTRAM ER | T3 | QL (30 tablets per 30 days) |
| VICOPROFEN | T3 | |
| 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 |
| <i>Opiate Antagonists</i> | | |
| 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> | T1b | QL (60 films per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i> | T1b | QL (90 films per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i> | T1b | QL (30 films per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i> | T1b | QL (60 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i> | T1b | QL (93 tablets per 31 days) |
| EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| KLOXXADO | T3 | QL (2 doses per 365 Days) |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | T1b | 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> | T1b | QL (2 Vials/Syringes per 365 Day(s)s) |
| <i>naloxone hcl injection solution prefilled syringe</i> | T1b | QL (2 Vials/Syringes per 365 Day(s)s) |
| <i>naltrexone hcl oral</i> | T1b | |
| NARCAN | T1b | QL (2 doses 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, 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) |
| 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> | T1b | QL (90 tablets per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> | T1b | QL (60 films per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i> | T1b | QL (90 films per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i> | T1b | QL (30 films per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i> | T1b | QL (60 EA per 30 days) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i> | T1b | QL (93 tablets per 31 days) |
| <i>buprenorphine transdermal</i> | T3 | ST; QL (4 patches per 28 days) |
| <i>butorphanol tartrate nasal</i> | T2 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-----------------------------|
| BUTRANS | T9 | |
| <i>pentazocine-acetaminophen</i> | T1b | |
| <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 | |
| CATAFLAM | T3 | |
| CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML | T1b | |
| <i>cvs ibuprofen oral capsule</i> | T1a | |
| <i>cvs naproxen sodium oral tablet</i> | T1a | |
| DAYPRO | T3 | |
| <i>diclofenac</i> | T9 | |
| <i>diclofenac epolamine transdermal</i> | T9 | |
| <i>diclofenac potassium oral tablet 25 mg</i> | T9 | |
| <i>diclofenac potassium oral tablet 50 mg</i> | T1b | |
| <i>diclofenac sodium er</i> | T1b | |
| <i>diclofenac sodium oral</i> | T1b | |
| <i>diclofenac-misoprostol oral tablet delayed release</i> | T9 | |
| <i>diflunisal oral</i> | T1b | |
| DUEXIS | T9 | |
| EC-NAPROSYN | T3 | |
| <i>etodolac er</i> | T2 | |
| <i>etodolac oral</i> | T1b | |
| FELDENE | T3 | |
| <i>fenoprofen calcium oral</i> | T9 | |
| FENORTHO ORAL CAPSULE 200 MG | T9 | |
| FLECTOR TRANSDERMAL | T9 | |
| <i>flurbiprofen oral</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|------------------------------|
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg</i> | T1b | |
| IBUDONE | T9 | |
| <i>ibuprofen oral suspension</i> | T1a | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | T1a | |
| <i>ibuprofen-famotidine</i> | T9 | |
| INDOCIN ORAL | T9 | |
| INDOCIN RECTAL | T9 | |
| <i>indomethacin er</i> | T1b | |
| <i>indomethacin oral capsule 20 mg</i> | T9 | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | T1b | |
| <i>ketoprofen er</i> | T2 | QL (30 capsules per 30 days) |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | T1b | |
| <i>ketorolac tromethamine nasal</i> | T9 | |
| <i>ketorolac tromethamine oral</i> | T1b | 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> | T1a | |
| MOBIC ORAL TABLET | T3 | |
| <i>nabumetone oral</i> | T1b | |
| NALFON ORAL CAPSULE | T9 | |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | T9 | |
| NAPROSYN ORAL TABLET | T3 | |
| <i>naproxen oral suspension</i> | T1b | QL (473 ML per 30 days); AL |
| <i>naproxen oral tablet</i> | T1a | |
| <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> | T1a | |
| <i>naproxen-esomeprazole</i> | T9 | |
| <i>oxaprozin</i> | T2 | |
| <i>piroxicam oral</i> | T1b | |
| PROFENO | T9 | |
| QMIIZ ODT | T9 | |
| RELAFEN DS | T9 | |
| SPRIX | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|-------------------------------|
| <i>sulindac oral</i> | T1b | |
| <i>sumatriptan-naproxen sodium</i> | T9 | |
| TIVORBEX | T9 | |
| <i>tolmetin sodium</i> | T2 | |
| TREXIMET | T9 | |
| VICOPROFEN | T3 | |
| VIMOVO | BE | |
| VIVLODEX | T9 | |
| VOLTAREN-XR | T3 | |
| 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 | T1b | |
| <i>fluphenazine hcl oral concentrate</i> | T1b | |
| <i>fluphenazine hcl oral elixir</i> | T1b | |
| <i>fluphenazine hcl oral tablet</i> | T2 | QL (60 tablets per 30 days) |
| <i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i> | T1b | |
| <i>perphenazine-amitriptyline</i> | T1b | |
| <i>prochlorperazine</i> | T1b | |
| <i>prochlorperazine maleate oral</i> | T1a | |
| <i>thioridazine hcl oral</i> | T1b | |
| <i>trifluoperazine hcl oral</i> | T1b | |
| Respiratory And Cns Stimulants | | |
| ADHANSIA XR | T9 | |
| <i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i> | T9 | |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG | T3 | QL (30 capsules per 30 days) |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 50 MG | T3 | QL (30 tablets per 30 days) |
| ASCOMP-CODEINE | T2 | |
| <i>aspirin-caff-dihydrocodeine</i> | T1b | |
| 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> | T1b | 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> | T1b | 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> | T1b | QL (180 tablets per 30 days) |
| CAFERGOT | T9 | |
| <i>caffeine citrate oral solution 60 mg/3ml</i> | T1b | AL |
| CAPACET | T1b | |
| 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> | T1b | AL |
| <i>dexmethylphenidate hcl er</i> | T1b | 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 |
| <i>isometheptene-caffeine-apap oral tablet 65-20-325 mg</i> | T9 | |
| JORNAY PM | T9 | |
| METADATE CD | T3 | QL (31 capsules per 31 days); AL |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG | T1b | AL |
| METHYLIN ORAL SOLUTION | T3 | AL |
| METHYLIN ORAL TABLET CHEWABLE | T3 | AL |
| <i>methylphenidate hcl er (cd)</i> | T1b | 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> | T1b | QL (30 capsules per 30 days); AL |
| <i>methylphenidate hcl er (xr)</i> | T3 | QL (30 capsules per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg</i> | T1b | QL (30 tablets per 30 days); AL |

| Medication | Coverage Level | Restrictions |
|--|----------------|----------------------------------|
| <i>methylphenidate hcl er oral tablet extended release 20 mg</i> | T1b | AL |
| <i>methylphenidate hcl er oral tablet extended release 36 mg, 54 mg</i> | T1b | QL (60 tablets per 30 days); AL |
| <i>methylphenidate hcl er oral tablet extended release 72 mg</i> | T3 | QL (30 tablets per 30 days) |
| <i>methylphenidate hcl oral solution</i> | T1b | AL |
| <i>methylphenidate hcl oral tablet</i> | T1b | AL |
| <i>methylphenidate hcl oral tablet chewable</i> | T1b | AL |
| MIGERGOT | T9 | |
| <i>norgesic forte</i> | T9 | |
| ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG | T9 | |
| QUILLICHEW ER | T9 | |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | T9 | |
| 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 |
| RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG | T3 | QL (30 capsules per 30 days); AL |
| RITALIN SR | T3 | AL |
| SYNALGOS-DC | T3 | |
| THEO-24 | T2 | |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i> | T1b | |
| <i>theophylline er oral tablet extended release 24 hour</i> | T1b | |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | T1b | QL (10 capsules per 1 day) |
| TREZIX ORAL CAPSULE 356.4-30-16 MG | T1b | QL (6 capsules per 1 day) |
| VANATOL LQ | T9 | |
| VTOL LQ | T9 | |
| Salicylates | | |
| AGGRENOX | T3 | |
| ASCOMP-CODEINE | T2 | |
| ASCRIPITIN ORAL TABLET 325 MG | T1b | |
| <i>aspirin ec low dose</i> | T1b | PV |
| <i>aspirin ec oral tablet delayed release 325 mg</i> | T1b | PV; AL |
| <i>aspirin-caff-dihydrocodeine</i> | T1b | |
| <i>aspirin-dipyridamole er</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------------------------------|
| <i>buffered aspirin</i> | T1b | |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |
| <i>butalbital-asa-caff-codeine</i> | T2 | QL (180 capsules per 30 days) |
| <i>butalbital-aspirin-caffeine oral capsule</i> | T1b | QL (180 tablets per 30 days) |
| <i>carisoprodol-aspirin</i> | T9 | |
| <i>carisoprodol-aspirin-codeine</i> | T9 | |
| <i>choline & mag trisalicylate oral tablet 1000 mg</i> | T1b | |
| <i>choline-mag trisalicylate</i> | T1b | |
| DOANS PILLS | T1b | |
| DURLAZA | T9 | |
| FIORINAL | T3 | |
| FIORINAL/CODEINE #3 | T3 | |
| <i>goodsense aspirin oral tablet chewable</i> | T1b | PV; AL |
| <i>norgesic forte</i> | T9 | |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i> | T1b | |
| ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG | T9 | |
| <i>salsalate oral</i> | T1b | |
| SYNALGOS-DC | T3 | |
| <i>Sel. Serotonin, Norepi Reuptake Inhibitor</i> | | |
| 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> | T1b | QL (30 tablets per 30 days); AL |
| DRIZALMA SPRINKLE | T9 | |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i> | T1b | QL (60 capsules per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | T1b | QL (90 capsules per 30 days) |
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i> | T1b | 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 tablets per 31 days); AL |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| SAVELLA | T2 | ST; QL (60 tablets per 30 days) |
| SAVELLA TITRATION PACK | T2 | ST; QL (60 tablets per 30 days) |
| <i>venlafaxine hcl</i> | T1b | |
| <i>venlafaxine hcl er oral capsule extended release 24 hour</i> | T1a | |
| <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 | T9 | |
| <i>eletriptan hydrobromide</i> | T9 | |
| FROVA | T9 | |
| <i>frovatriptan succinate</i> | T4 | ST; SP (Max of 31 day supply per dispensing); QL (12 tablets per 30 days) |
| IMITREX | T9 | |
| IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML | T9 | |
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T9 | |
| MAXALT ORAL TABLET 10 MG | T9 | |
| MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG | T9 | |
| <i>naratriptan hcl</i> | T1b | QL (12 tablets per 30 days) |
| ONZETRA XSAIL | T9 | |
| RELPAX | T9 | |
| REYVOW | T9 | |
| <i>rizatriptan benzoate</i> | T1b | QL (12 tablets per 30 days) |
| <i>sumatriptan nasal</i> | T3 | QL (8 units per 30 days) |
| <i>sumatriptan succinate oral</i> | T1b | 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> | T1b | QL (8 cartridges per 30 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i> | T1b | |
| <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) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---------------------------------|
| <i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i> | T1b | |
| <i>sumatriptan-naproxen sodium</i> | T9 | |
| SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR | T9 | |
| TOSYMRA | T9 | |
| TREXIMET | T9 | |
| ZECUITY | 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 | T9 | |
| ZOMIG ZMT | T9 | |
| Selective Serotonin Receptor Agonists | | |
| BELVIQ | T3 | ST |
| Selective-Serotonin Reuptake Inhibitors | | |
| BRISDELLE | T9 | |
| CELEXA ORAL TABLET 10 MG | T3 | QL (90 tablets per 30 days); AL |
| CELEXA ORAL TABLET 20 MG | T3 | QL (60 tablets per 30 days); AL |
| CELEXA ORAL TABLET 40 MG | T3 | QL (30 tablets per 30 days); AL |
| <i>citalopram hydrobromide oral solution</i> | T1a | |
| <i>citalopram hydrobromide oral tablet 10 mg</i> | T1a | QL (90 tablets per 30 days) |
| <i>citalopram hydrobromide oral tablet 20 mg</i> | T1a | QL (60 tablets per 30 days) |
| <i>citalopram hydrobromide oral tablet 40 mg</i> | T1a | |
| <i>escitalopram oxalate</i> | T1b | |
| <i>fluoxetine hcl (pmd) capsule 10 mg oral</i> | T9 | |
| <i>fluoxetine hcl (pmd) capsule 20 mg oral</i> | T9 | |
| <i>fluoxetine hcl (pmd) oral tablet</i> | T9 | |
| <i>fluoxetine hcl oral capsule</i> | T1a | |
| <i>fluoxetine hcl oral capsule delayed release</i> | T2 | ST |
| <i>fluoxetine hcl oral solution</i> | T1b | |
| <i>fluoxetine hcl oral tablet</i> | T9 | |
| <i>fluvoxamine maleate</i> | T1b | |
| <i>fluvoxamine maleate er</i> | T3 | QL (60 capsules per 30 days) |
| LEXAPRO | T3 | |
| LUVOX CR | T3 | QL (60 capsules per 30 days) |
| <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) |

| Medication | Coverage Level | Restrictions |
|---|----------------|-------------------------------------|
| <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> | T1a | |
| <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 | |
| PROZAC WEEKLY | T3 | ST |
| SARAFEM ORAL TABLET 10 MG, 20 MG | T9 | |
| <i>sertraline hcl oral capsule</i> | T9 | |
| <i>sertraline hcl oral concentrate</i> | T1a | |
| <i>sertraline hcl oral tablet</i> | T1a | |
| SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-25 MG, 6-50 MG | T9 | |
| ZOLOFT ORAL CONCENTRATE | T3 | |
| 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> | T1b | |
| OLEPTRO | T3 | ST |
| <i>trazodone hcl oral</i> | T1a | |
| 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> | T1b | |
| ZARONTIN | T3 | |
| Thioxanthenes | | |
| <i>thiothixene oral</i> | T1b | |
| Tricyclics, Other Norepi-Ru Inhibitors | | |
| <i>amitriptyline hcl oral</i> | T1b | |
| <i>amoxapine</i> | T1b | |
| ANAFRANIL ORAL CAPSULE 25 MG | T3 | QL (30 capsules per 30 Days) |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|--|
| 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> | T1b | |
| <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> | T1b | |
| <i>doxepin hcl oral concentrate</i> | T1b | |
| <i>doxepin hcl oral tablet</i> | T2 | ST; QL (30 tablets per 30 days) |
| <i>imipramine hcl oral</i> | T1b | |
| <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> | T1b | |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | T3 | QL (60 tablets per 30 days) |
| NORPRAMIN ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG | T3 | |
| <i>nortriptyline hcl oral capsule</i> | T1b | |
| PAMELOR ORAL CAPSULE | T3 | SP (Generic substitution mandatory.) |
| <i>perphenazine-amitriptyline</i> | T1b | |
| <i>protriptyline hcl</i> | T2 | |
| SILENOR | T3 | ST; QL (31 tablets per 31 days) |
| TOFRANIL | T3 | |
| TOFRANIL-PM ORAL CAPSULE 100 MG | T3 | ST; QL (60 capsules per 30 days) |
| TOFRANIL-PM ORAL CAPSULE 125 MG, 150 MG | T3 | |
| TOFRANIL-PM ORAL CAPSULE 75 MG | T3 | ST; QL (30 capsules per 30 days) |
| <i>trimipramine maleate oral</i> | T2 | |
| VIVACTIL | T3 | |
| <i>Vesicular Monoamine Transport2 Inhibitor</i> | | |
| AUSTEDO ORAL TABLET 12 MG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days) |
| AUSTEDO ORAL TABLET 6 MG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days) |
| AUSTEDO ORAL TABLET 9 MG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| 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> | T1b | QL (30 tablets per 30 days) |
| <i>diclofenac sodium oral tablet delayed release 75 mg</i> | T1b | |
| <i>modafinil</i> | T1b | QL (60 tablets per 30 days) |
| NUVIGIL ORAL TABLET 150 MG, 250 MG | T3 | QL (30 tablets per 30 days) |
| NUVIGIL ORAL TABLET 200 MG, 50 MG | T9 | |
| PROVIGIL ORAL TABLET 100 MG | T3 | QL (31 tablets per 31 days) |
| PROVIGIL ORAL TABLET 200 MG | T3 | QL (62 tablets per 31 days) |
| SUNOSI | T9 | |
| WAKIX | T9 | |
| Dental Agents | | |
| Dental Agents | | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE | T3 | |
| <i>sodium fluoride 5000 sensitive</i> | T1b | |
| Devices | | |
| Devices | | |
| 10 SERIES BP MONITOR/UPPER ARM | T2 | QL (2 EA per 730 days) |
| 10 SERIES+ BP MONITR/UPPER ARM | T2 | QL (2 EA per 730 days) |
| 3 SERIES BP MONITOR/UPPER ARM | T2 | QL (2 EA per 730 days) |
| 3 SERIES BP MONITOR/WRIST | T2 | QL (2 EA per 730 days) |
| 5 SERIES BP MONITOR | T2 | QL (1 monitor per 2 years) |
| 5 SERIES BP MONITOR/UPPER ARM | T2 | QL (1 monitor per 2 years) |
| 7 SERIES BP MONITOR/UPPER ARM | T2 | QL (2 EA per 730 days) |
| 7 SERIES BP MONITOR/WRIST | T2 | QL (2 EA per 730 days) |
| ACCU-CHEK FASTCLIX LANCET | T2 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------------------------|
| 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) |
| AQUORAL MOUTH/THROAT AEROSOL SOLUTION | T9 | |
| BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.3 ML, 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 | |
| BIONECT EXTERNAL SOLUTION | T9 | |
| <i>blood pressure monitor</i> | T2 | QL (1 Monitor per 2 years) |
| BLOOD PRESSURE MONITOR 3 | T2 | QL (1 monitor per 2 years) |
| BLOOD PRESSURE MONITOR 7 | T2 | QL (1 monitor per 2 years) |
| <i>blood pressure monitor kit</i> | T2 | QL (1 monitor per 2 years) |
| BREATHERITE | T2 | QL (4 EA per 365 days) |
| BREATHERITE COLL SPACER ADULT | T2 | QL (4 EA per 365 days) |
| BREATHERITE COLL SPACER CHILD | T2 | QL (4 EA per 365 days) |
| BREATHERITE COLL SPACER INFANT | T2 | QL (4 EA per 365 days) |
| BREATHERITE RIGID SPACER/MASK | T2 | QL (4 EA per 365 days) |
| BREATHERITE SPACER NEONATE | T2 | QL (4 EA per 365 days) |
| BREATHERITE SPACER SMALL CHILD | T2 | QL (4 EA per 365 days) |
| BREATHERITE/LARGE MASK | T2 | QL (4 EA per 365 days) |
| BREATHERITE/MEDIUM MASK | T2 | QL (4 EA per 365 days) |
| BREATHERITE/SMALL MASK | T2 | QL (4 EA per 365 days) |
| DERMA SILKRX SDS PAK | T9 | |
| 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) |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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 SAFETY SYRINGE/SHIELD 21G X 1-1/2" 6 ML | 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 | SP (Limited to a 1 month supply per fill); 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 | |
| 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 | T1b | |
| ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML | T2 | |
| <i>valved holding chamber</i> | T1b | QL (4 EA per 365 days) |
| V-GO 20 | T2 | |
| V-GO 30 | T2 | |
| V-GO 40 | T2 | |
| VIVAGUARD INO CONTROL SOLUTION | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| Diagnostic Agents | | |
| <i>Adrenocortical Insufficiency</i> | | |
| ACTHAR | T4 | PA; SP (Limited to a 1 month supply per fill) |
| <i>Diabetes Mellitus</i> | | |
| ACCU-CHEK ACTIVE | T3 | ST; QL (200 strips per 30 days) |
| ACCU-CHEK AVIVA IN VITRO STRIP | T3 | ST; QL (200 strips per 30 days) |
| ACCU-CHEK AVIVA PLUS IN VITRO | T3 | ST; QL (200 strips per 30 days) |
| ACCU-CHEK COMFORT CURVE IN VITRO STRIP | T3 | ST; QL (200 strips per 30 days) |
| ACCU-CHEK COMPACT PLUS | T3 | ST; QL (200 strips per 30 days) |
| ACCU-CHEK COMPACT TEST DRUM | 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) |
| ASCENSIA AUTODISC TEST | T3 | ST |
| 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) |
| ECLIPSE TEST | T3 | ST; QL (200 strips per 30 days) |
| EVENCARE PROVIEW GLUCOSE TEST | T3 | ST |
| FASTTAKE TEST | T1b | |
| 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 |
| ONETOUCH ULTRA BLUE | T1b | QL (200 strips per 30 days) |
| ONETOUCH VERIO IN VITRO STRIP | T1b | 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) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| PRECISION XTRA BLOOD GLUCOSE | T3 | ST; QL (200 strips per 30 days) |
| RELION BLOOD GLUCOSE TEST | T3 | ST; QL (200 strips per 30 days) |
| RIGHTEST GT333 BLOOD GLUCOSE IN VITRO | T3 | ST |
| SURESTEP PRO TEST | T1b | |
| SURESTEP TEST | T1b | |
| TRUETRACK TEST | T3 | ST; QL (200 strips per 30 days) |
| UNISTRIP1 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> | T1b | |
| <i>cytra-2</i> | T9 | |
| CYTRA-3 | T9 | |
| <i>cytra-k</i> | T9 | |
| ORACIT | T3 | |
| <i>pot & sod cit-cit ac</i> | T1b | |
| <i>potassium citrate er</i> | T1b | |
| <i>potassium citrate-citric acid oral solution</i> | T1b | |
| <i>sod citrate-citric acid</i> | T1b | |
| <i>sodium citrate oral</i> | T1b | |
| <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) |
| BUPHENYL ORAL TABLET | T5 | PA; SP (Limited to a 1 month supply per fill) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| CARBAGLU | T4 | PA; SP (Limited to a 1 month supply per fill) |
| <i>enulose</i> | T1b | |
| <i>generlac</i> | T1b | |
| KRISTALOSE | T9 | |
| <i>lactulose oral packet</i> | T9 | |
| <i>lactulose oral solution 10 gm/15ml</i> | T1b | |
| 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 | |
| FOLBEE AR | T9 | |
| <i>l-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> | T1b | |
| <i>acetazolamide oral</i> | T1b | |
| DIAMOX SEQUELS | T3 | |
| 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> | T1b | |
| <i>theophylline er oral tablet extended release 24 hour</i> | T1b | |
| Irrigating Solutions | | |
| <i>sodium chloride irrigation solution 0.9 %</i> | T1b | |
| Loop Diuretics | | |
| <i>bumetanide oral</i> | T1a | |
| DEMADEX ORAL TABLET 10 MG, 20 MG, 5 MG | T3 | |
| EDECIN | T9 | |
| <i>ethacrynic acid oral</i> | T9 | |
| <i>furosemide injection solution 10 mg/ml</i> | T1b | |
| <i>furosemide oral solution 10 mg/ml</i> | T1a | |
| <i>furosemide oral solution 8 mg/ml</i> | T1b | |
| <i>furosemide oral tablet</i> | T1a | |
| LASIX | T3 | |
| <i>toremide oral</i> | T1a | |
| 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> | T1b | |
| 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) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| MAGNEBIND 400 ORAL TABLET 400-200-1 MG | T9 | |
| PHOSLO | T3 | |
| PHOSLYRA | T3 | ST |
| 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) |
| VELPHORO | T5 | ST; SP (Max day supply up to 31 days.); QL (180 tablets per 30 days) |
| Potassium-Removing Agents | | |
| KIONEX ORAL SUSPENSION | T1b | |
| LOKELMA | T4 | SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days) |
| <i>sodium polystyrene sulfonate oral powder</i> | T1b | |
| SPS | T1b | |
| 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 Fills) |
| Potassium-Sparing Diuretics | | |
| ALDACTONE | T3 | |
| <i>amiloride hcl oral</i> | T1b | |
| <i>amiloride-hydrochlorothiazide</i> | T1b | |
| CAROSPIR | T9 | |
| DYRENIUM | T9 | |
| <i>eplerenone</i> | T1b | |
| INSPRA | T3 | QL (30 tablets per 30 days) |
| MAXZIDE | T3 | |
| MAXZIDE-25 | T3 | |
| <i>spironolactone oral</i> | T1a | |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|---------------------|
| <i>triamterene-hctz oral tablet</i> | T1b | |
| Replacement Preparations | | |
| <i>active fe</i> | T9 | |
| <i>av-phos 250 neutral</i> | T9 | |
| BACMIN | T9 | |
| <i>calcium acetate (phos binder) oral capsule</i> | T1b | |
| <i>calcium-folic acid plus d</i> | T9 | |
| CENTRATEX | T9 | |
| <i>choice-tabs</i> | T9 | |
| <i>complete natal dha</i> | T1b | |
| 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 | T1b | |
| <i>effervescent pot chloride</i> | T1b | |
| 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 | |
| IROSPAN 24/6 | T9 | |
| <i>k-effervescent</i> | T1b | |
| KLOR-CON 10 | T1b | |
| KLOR-CON M10 | T1b | |
| KLOR-CON M15 | T1b | |
| KLOR-CON M20 | T1b | |
| KLOR-CON ORAL PACKET 20 MEQ | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------------------------------|
| KLOR-CON ORAL TABLET EXTENDED RELEASE | T3 | |
| KLOR-CON/EF | T1b | |
| 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>neonatal + dha</i> | T9 | |
| NEPHPLEX RX | T9 | |
| NESTABS ABC | T3 | |
| NICADAN | T9 | |
| NICAZEL | T9 | |
| NICAZEL FORTE | T9 | |
| NICOMIDE ORAL TABLET 750-27-2-0.5 MG | 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> | T1b | |
| <i>pnv-select</i> | T1b | |
| <i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i> | T1b | |
| <i>potassium chloride er oral capsule extended release</i> | T1b | |
| <i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i> | T1b | |
| <i>potassium chloride oral packet</i> | T9 | |
| <i>potassium chloride oral solution 20 meq/15ml (10%)</i> | T1b | |
| <i>potassium chloride oral solution 40 meq/15ml (20%)</i> | T4 | SP (Max of 31 days per dispensing.) |
| PR NATAL 400 | T1b | |
| PR NATAL 400 EC | T1b | |
| PR NATAL 430 | T1b | |
| PR NATAL 430 EC | T1b | |
| <i>prenafirst</i> | T1b | |
| <i>prenatal (wliron & fa)</i> | T1b | PV |
| <i>prenatalliron oral tablet</i> | T1b | PV |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| PRENATE AM | T3 | |
| 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 | T1b | |
| <i>tri-zel</i> | T9 | |
| UDAMIN SP | T9 | |
| <i>v-c forte</i> | T9 | |
| VIC-FORTE | T9 | |
| VINATE AZ | T1b | |
| VINATE DHA | T3 | |
| VINATE M | T1a | |
| <i>virt-phos 250 neutral</i> | T9 | |
| VITACEL | T1b | |
| 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> | T1b | |
| <i>amlodipine-valsartan-hctz</i> | T1b | |
| AMTURNIDE ORAL TABLET 150-5-12.5 MG | T2 | QL (31 tablets per 31 days) |
| ATACAND HCT | T3 | |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------|
| <i>benazepril-hydrochlorothiazide</i> | T1b | |
| BENICAR HCT | T3 | |
| <i>bisoprolol-hydrochlorothiazide</i> | T1a | |
| <i>candesartan cilexetil-hctz</i> | T1b | |
| <i>captopril-hydrochlorothiazide</i> | T1b | |
| CORZIDE | T3 | |
| DIOVAN HCT | T3 | |
| DIURIL | T2 | |
| DUTOPROL | T9 | |
| EDARBYCLOR | T3 | ST |
| <i>enalapril-hydrochlorothiazide</i> | T1b | |
| EXFORGE HCT | T3 | |
| <i>fosinopril sodium-hctz</i> | T1b | |
| <i>hydrochlorothiazide oral</i> | T1a | |
| HYZAAR | T3 | |
| <i>irbesartan-hydrochlorothiazide</i> | T1b | |
| <i>lisinopril-hydrochlorothiazide</i> | T1a | |
| LOPRESSOR HCT ORAL TABLET 100-25 MG, 50-25 MG | T3 | |
| <i>losartan potassium-hctz</i> | T1a | |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | T3 | |
| MAXZIDE | T3 | |
| MAXZIDE-25 | T3 | |
| <i>methyclothiazide oral</i> | T1b | |
| <i>methyldopa-hydrochlorothiazide</i> | T1b | |
| <i>metoprolol-hctz er</i> | T9 | |
| <i>metoprolol-hydrochlorothiazide</i> | T1b | |
| MICARDIS HCT | T3 | |
| MICROZIDE | T3 | |
| <i>moexipril-hydrochlorothiazide</i> | T1b | |
| <i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i> | T1b | |
| <i>olmesartan medoxomil-hctz</i> | T1b | |
| <i>olmesartan-amlodipine-hctz</i> | T1b | |
| <i>propranolol-hctz</i> | T1b | |
| <i>quinapril-hydrochlorothiazide</i> | T1b | |
| <i>spironolactone-hctz</i> | T1b | |
| TEKTURNA HCT | T2 | ST |
| <i>telmisartan-hctz</i> | T1b | |
| TEVETEN HCT | T3 | ST |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| <i>triamterene-hctz oral capsule 37.5-25 mg</i> | T1b | |
| <i>triamterene-hctz oral tablet</i> | T1b | |
| TRIBENZOR | T3 | |
| UNIRETIC ORAL TABLET 15-12.5 MG | T3 | |
| <i>valsartan-hydrochlorothiazide</i> | T1b | |
| VASERETIC | T3 | |
| ZESTORETIC | T3 | |
| ZIAC | T3 | |
| Thiazide-Like Diuretics | | |
| <i>atenolol-chlorthalidone</i> | T1a | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | T1b | |
| CLORPRES | T1b | |
| <i>indapamide oral</i> | T1a | |
| <i>metolazone</i> | T1b | |
| TENORETIC 100 | T3 | |
| TENORETIC 50 | T3 | |
| THALITONE | T9 | |
| ZAROXOLYN ORAL TABLET 2.5 MG, 5 MG | T3 | |
| Uricosuric Agents | | |
| <i>colchicine-probenecid</i> | T1b | |
| DUZALLO | T3 | ST |
| <i>probenecid oral</i> | T1b | |
| Vasopressin Antagonists | | |
| JYNARQUE ORAL TABLET | T4 | PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days) |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 90 & 30 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days) |
| JYNARQUE ORAL TABLET THERAPY PACK 60 & 30 MG | 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) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| Enzymes | | |
| <i>Enzymes</i> | | |
| CREON | T4 | SP (Max day supply up to 31 days.) |
| MEPSEVII | T9 | |
| 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.) |
| PULMOZYME | T4 | PA; SP (Max of 31 days per dispensing.); 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 ORAL TABLET 10440-39150 UNIT | T5 | ST; SP (Max of 31 days per dispensing) |
| VIOKACE ORAL TABLET 20880-78300 UNIT | 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. | | |
| <i>Alpha-Adrenergic Agonists (Eent)</i> | | |
| ALPHAGAN P | T9 | |
| <i>brimonidine tartrate ophthalmic solution 0.15 %</i> | T2 | |
| <i>brimonidine tartrate ophthalmic solution 0.2 %</i> | T1b | |
| <i>brimonidine-dorzolamide</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| COMBIGAN | T2 | |
| SIMBRINZA | T2 | |
| Antiallergic Agents | | |
| ALAWAY | T1b | |
| ALOCRIIL | T3 | ST |
| ALOMIDE | T2 | |
| ASTEPRO NASAL SOLUTION 0.15 % | T3 | |
| <i>azelastine hcl nasal solution 0.1 %, 0.15 %</i> | T1b | |
| <i>azelastine hcl ophthalmic</i> | T1b | |
| <i>azelastine-fluticasone</i> | T9 | |
| <i>bepotastine besilate</i> | T9 | |
| BEPREVE | T9 | |
| <i>cromolyn sodium inhalation</i> | T9 | |
| <i>cromolyn sodium ophthalmic</i> | T1b | |
| DYMISTA | T9 | |
| ELESTAT | T3 | |
| <i>epinastine hcl</i> | T1b | |
| <i>ketotifen fumarate ophthalmic</i> | T1b | |
| LASTACFT | T9 | |
| NAPHCON-A | T9 | |
| <i>olopatadine hcl nasal</i> | T2 | |
| <i>olopatadine hcl ophthalmic solution 0.1 %</i> | T1b | QL (5 ML per 30 days) |
| <i>olopatadine hcl ophthalmic solution 0.2 %</i> | T1b | 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 | T9 | |
| TICALAST | T9 | |
| ZADITOR | T1b | |
| Antibacterials (Eent) | | |
| AZASITE | T3 | ST |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> | T1b | |
| <i>bacitra-neomycin-polymyxin-hc</i> | T1b | |
| BESIVANCE | T3 | QL (5 ML per 30 days) |
| BLEPH-10 | T3 | |
| BLEPHAMIDE | T3 | ST |
| BLEPHAMIDE S.O.P. | T3 | |
| CETRAXAL | T3 | |
| CILOXAN | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------|
| CIPRO HC | T2 | |
| CIPRODEX | T3 | |
| <i>ciprofloxacin hcl ophthalmic</i> | T1b | |
| <i>ciprofloxacin hcl otic</i> | T1b | |
| <i>ciprofloxacin-dexamethasone</i> | T1b | |
| <i>ciprofloxacin-fluocinolone pf</i> | T2 | AL |
| COLY-MYCIN S | T3 | |
| CORTISPORIN-TC | T3 | |
| <i>erythromycin ophthalmic</i> | T1b | |
| <i>gatifloxacin ophthalmic</i> | T1b | |
| GENTAK OPHTHALMIC OINTMENT | T1b | |
| <i>gentamicin sulfate ophthalmic solution</i> | T1b | |
| <i>levofloxacin ophthalmic</i> | T1b | |
| MAXITROL | T3 | |
| MOXEZA | T3 | |
| <i>moxifloxacin hcl (2x day)</i> | T1b | |
| <i>moxifloxacin hcl ophthalmic solution</i> | T1b | |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> | T1b | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i> | T1b | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | T1b | |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i> | T1b | |
| <i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i> | T1b | |
| NEOSPORIN OPHTHALMIC | T3 | |
| OCUFLOX | T3 | |
| <i>ofloxacin ophthalmic</i> | T1b | |
| <i>ofloxacin otic</i> | T1b | |
| OTOVEL | T2 | AL |
| <i>polymyxin b-trimethoprim</i> | T1b | |
| 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> | T1b | |
| <i>sulfacetamide-prednisolone ophthalmic solution</i> | T1b | |
| TOBRADEX OPHTHALMIC OINTMENT | T3 | ST |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------|
| TOBRADEX OPHTHALMIC SUSPENSION | T3 | |
| TOBRADEX ST | T3 | ST |
| <i>tobramycin ophthalmic</i> | T1b | |
| <i>tobramycin-dexamethasone</i> | T1b | |
| 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> | T1b | |
| VIROPTIC | T3 | |
| ZIRGAN | T3 | |
| Beta-Adrenergic Blocking Agents (Eent) | | |
| BETAGAN | T3 | |
| <i>betaxolol hcl ophthalmic</i> | T2 | |
| BETIMOL | T9 | |
| BETOPTIC-S | T9 | |
| <i>carteolol hcl</i> | T1b | |
| COMBIGAN | T2 | |
| COSOPT | T3 | |
| <i>dorzolamide hcl-timolol mal</i> | T1b | |
| ISTALOL | T9 | |
| <i>levobunolol hcl</i> | T1b | |
| <i>metipranolol</i> | T1b | |
| <i>timolol maleate (once-daily)</i> | T9 | |
| <i>timolol maleate ophthalmic gel forming solution</i> | T2 | |
| <i>timolol maleate ophthalmic solution</i> | T1a | |
| <i>timolol maleate pf</i> | T3 | |
| TIMOPTIC | T3 | |
| TIMOPTIC OCUDOSE | T9 | |
| TIMOPTIC-XE | T3 | |
| Carbonic Anhydrase Inhibitors (Eent) | | |
| <i>acetazolamide er</i> | T1b | |
| <i>acetazolamide oral</i> | T1b | |
| AZOPT | T3 | |
| <i>brimonidine-dorzolamide</i> | T9 | |
| <i>brinzolamide</i> | T2 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|-------------------------------|
| COSOPT | T3 | |
| DIAMOX SEQUELS | T3 | |
| <i>dorzolamide hcl ophthalmic</i> | T1b | |
| <i>dorzolamide hcl-timolol mal</i> | T1b | |
| <i>methazolamide oral</i> | T2 | |
| SIMBRINZA | T2 | |
| TRUSOPT | T3 | |
| Corticosteroids (Eent) | | |
| ALREX | T9 | |
| <i>azelastine-fluticasone</i> | T9 | |
| <i>bacitra-neomycin-polymyxin-hc</i> | T1b | |
| 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> | T1b | |
| <i>ciprofloxacin-fluocinolone pf</i> | T2 | AL |
| COLY-MYCIN S | T3 | |
| CORTANE-B OTIC | T3 | |
| CORTISPORIN-TC | T3 | |
| <i>dexamethasone sodium phosphate ophthalmic</i> | T1b | |
| DEXYCU | T9 | |
| <i>difluprednate</i> | T1b | ST |
| DUREZOL | T3 | ST |
| DYMISTA | T9 | |
| EYSUVIS | T3 | ST; QL (4 bottles per 1 year) |
| FLAREX | T2 | |
| FLONASE | T9 | |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i> | T9 | |
| <i>fluorometholone ophthalmic</i> | T1b | |
| <i>fluticasone propionate nasal</i> | T9 | |
| FML | T2 | |
| FML FORTE | T3 | |
| FML LIQUIFILM | T3 | |
| INVELTYS | T3 | ST |
| LOTEMAX OPHTHALMIC GEL | T9 | |
| LOTEMAX OPHTHALMIC OINTMENT | T9 | |
| LOTEMAX OPHTHALMIC SUSPENSION | T3 | ST |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------|
| LOTEMAX SM | T3 | ST |
| <i>loteprednol etabonate</i> | T2 | ST |
| MAXIDEX | T3 | |
| MAXITROL | T3 | |
| <i>mometasone furoate nasal</i> | T9 | |
| NASACORT ALLERGY 24HR | T9 | |
| NASONEX | T9 | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i> | T1b | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> | T1b | |
| <i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i> | T1b | |
| OMNARIS | T9 | |
| <i>oto-end 10</i> | T1b | |
| OTOVEL | T2 | AL |
| PRED FORTE | T3 | |
| PRED MILD | T3 | |
| PRED-G | T2 | |
| PRED-G S.O.P. | T3 | |
| <i>prednisolone acetate ophthalmic</i> | T1b | |
| <i>prednisolone sodium phosphate ophthalmic</i> | T1b | |
| <i>prednisolone-bromfenac ophthalmic solution</i> | T9 | |
| <i>prednisolone-gatifloxacin ophthalmic solution</i> | T9 | |
| <i>prednisolon-gatiflox-bromfenac ophthalmic solution</i> | T9 | |
| QNASL | T9 | |
| QNASL CHILDRENS | T9 | |
| RHINOCORT AQUA | T9 | |
| SINUVA | T9 | |
| <i>sulfacetamide-prednisolone ophthalmic solution</i> | T1b | |
| TICALAST | T9 | |
| TOBRADEX OPHTHALMIC OINTMENT | T3 | ST |
| TOBRADEX OPHTHALMIC SUSPENSION | T3 | |
| TOBRADEX ST | T3 | ST |
| <i>tobramycin-dexamethasone</i> | T1b | |
| <i>triamcinolone acetate nasal aerosol</i> | T9 | |
| VERAMYST | T9 | |
| VEXOL | T2 | |
| XHANCE | T9 | |
| ZETONNA | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| ZYLET | T3 | ST |
| Eent Anti-Infectives, Miscellaneous | | |
| <i>chlorhexidine gluconate mouth/throat</i> | T1b | |
| CORTANE-B OTIC | T3 | |
| <i>oto-end 10</i> | T1b | |
| 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> | T1b | |
| <i>acetic acid-aluminum acetate</i> | T1b | |
| ALZAIR ALLERGY NASAL SPRAY | T9 | |
| <i>apraclonidine hcl</i> | T1b | |
| <i>cromolyn sodium ophthalmic</i> | T1b | |
| <i>cromolyn sodium oral</i> | T3 | |
| CYSTADROPS | T4 | SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days) |
| CYSTARAN | T4 | SP (Max of 31 days per dispensing.); QL (60 ML per 28 days) |
| GASTROCROM | T3 | |
| IOPIDINE OPHTHALMIC SOLUTION 1 % | T9 | |
| LACRISERT | T4 | SP (Max of 31 days per dispensing.) |
| MUCOSITISRX | T9 | |
| OXERVATE | T4 | PA; SP (Limited to a 1 month supply per fill); QL (8 weeks per 1 lifetime) |
| TICALAST | T9 | |
| Eent Nonsteroidal Anti-Inflam. Agents | | |
| ACULAR | T3 | |
| ACULAR LS | T3 | |
| ACUVAIL | T9 | |
| <i>bromfenac sodium ophthalmic</i> | T2 | ST; QL (1.7 ML per 30 days) |
| BROMSITE | T9 | |
| <i>diclofenac sodium ophthalmic</i> | T1b | |
| <i>flurbiprofen sodium</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| ILEVRO | T9 | |
| <i>ketorolac tromethamine ophthalmic</i> | T1b | |
| NEVANAC | T9 | |
| <i>prednisolone-bromfenac ophthalmic solution</i> | T9 | |
| <i>prednisolon-gatiflox-bromfenac ophthalmic solution</i> | T9 | |
| PROLENSA | T9 | |
| Local Anesthetics (Eent) | | |
| <i>antipyrine-benzocaine otic solution 5.4-1.4 %</i> | T1b | |
| CORTANE-B OTIC | T3 | |
| FIRST-MOUTHWASH BLM | T2 | |
| <i>lidocaine viscous</i> | T1b | |
| <i>oto-end 10</i> | T1b | |
| <i>treagan</i> | T2 | |
| Miotics | | |
| ISOPTO CARPINE | T3 | |
| PHOSPHOLINE IODIDE | T2 | |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i> | T1b | |
| PILOPINE HS | T2 | |
| Mydriatics | | |
| <i>atropine sulfate ophthalmic solution 1 %</i> | T1b | |
| CYCLOGYL OPHTHALMIC SOLUTION 0.5 % | T2 | |
| CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 % | T3 | |
| CYCLOMYDRIL | T3 | |
| <i>cyclopentolate hcl ophthalmic</i> | T1b | |
| HOMATROPAIRE | T1b | |
| ISOPTO ATROPINE | T3 | |
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i> | T1b | |
| <i>tropicamide-cyclopentolate-pe</i> | T9 | |
| Prostaglandin Analogs | | |
| <i>bimatoprost ophthalmic</i> | T1b | |
| <i>latanoprost ophthalmic</i> | T1b | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | T2 | ST |
| ROCKLATAN | T9 | |
| TRAVATAN Z | T3 | ST |
| <i>travoprost (bak free)</i> | T2 | ST |
| VYZULTA | T9 | |
| XALATAN | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| XELPROS | T2 | |
| ZIOPTAN | T3 | |
| <i>Rho Kinase Inhibitors</i> | | |
| RHOPRESSA | T9 | |
| ROCKLATAN | T9 | |
| <i>Vasoconstrictors</i> | | |
| ADRENALIN NASAL | T9 | |
| CYCLOMYDRIL | T3 | |
| <i>epinephrine hcl (nasal)</i> | T9 | |
| <i>naphazoline hcl ophthalmic</i> | T1b | |
| NAPHCON-A | T9 | |
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i> | T1b | |
| <i>tropicamide-cyclopentolate-pe</i> | T9 | |
| UPNEEQ | T9 | |
| Gastrointestinal Drugs | | |
| <i>5-Ht3 Receptor Antagonists</i> | | |
| 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> | T1b | |
| <i>ondansetron hcl oral</i> | T1b | |
| 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 | T9 | |
| <i>Antacids And Adsorbents</i> | | |
| ASCRIPITIN ORAL TABLET 325 MG | T1b | |
| <i>buffered aspirin</i> | T1b | |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |
| FIRST-MOUTHWASH BLM | T2 | |
| <i>omeprazole-sodium bicarbonate oral capsule</i> | BE | |
| PLENITY | T9 | |
| ZEGERID | BE | |
| ZEGERID OTC | BE | |
| <i>Antidiarrhea Agents</i> | | |
| <i>acidophilus lactobacillus powder</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| <i>diphenoxylate-atropine oral liquid</i> | T1b | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | T1b | |
| 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> | T1b | |
| <i>promethazine hcl oral tablet</i> | T1b | |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | T1b | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | T3 | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG | T9 | |
| <i>scopolamine</i> | T1b | |
| SYNDROS | T9 | |
| TRANSDERM-SCOP (1.5 MG) | T9 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR | T9 | |
| Antiflatulents | | |
| FIRST-MOUTHWASH BLM | T2 | |
| Antihistamines (Gi Drugs) | | |
| ANTIVERT ORAL TABLET 50 MG | T9 | |
| BONJESTA | T9 | |
| COMPRO | T1b | |
| DICLEGIS | T9 | |
| <i>doxylamine-pyridoxine</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|---|
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i> | T9 | |
| <i>prochlorperazine</i> | T1b | |
| <i>prochlorperazine maleate oral</i> | T1a | |
| TIGAN ORAL | T3 | |
| <i>trimethobenzamide hcl intramuscular</i> | T1b | |
| <i>trimethobenzamide hcl oral</i> | T1b | |
| 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> | T1b | |
| 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 | |
| GIAZO | T5 | QL (180 tablets per 30 days); AL |
| 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) |
| <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> | T1b | |
| <i>mesalamine rectal suppository</i> | T5 | SP (Limited to a 1 month supply per fill) |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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> | T1b | |
| Antiulcer Agents And Acid Suppress.,Misc | | |
| PYLERA | T9 | |
| TALICIA | T9 | |
| Antiulcer Agents And Acid Suppressants | | |
| <i>amoxicillin oral capsule</i> | T1b | |
| <i>amoxicillin oral suspension reconstituted</i> | T1b | |
| <i>amoxicillin oral tablet</i> | T1b | |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i> | T1b | |
| BIAXIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML | T3 | |
| BIAXIN ORAL TABLET | T3 | |
| BIAXIN XL | T3 | |
| <i>clarithromycin er</i> | T1b | |
| <i>clarithromycin oral</i> | T1b | |
| FLAGYL ORAL CAPSULE | T3 | |
| FLAGYL ORAL TABLET 500 MG | T3 | |
| <i>metronidazole benzoate</i> | T9 | |
| <i>metronidazole oral</i> | T1b | |
| <i>tetracycline hcl oral</i> | T1a | |
| Cathartics And Laxatives | | |
| ASCRIPITIN ORAL TABLET 325 MG | T1b | |
| <i>bisacodyl oral</i> | T3 | |
| <i>bisacodyl rectal</i> | T9 | |
| <i>buffered aspirin</i> | T1b | |
| BUFFERIN | T3 | PV; AL |
| BUFFERIN LOW DOSE ORAL TABLET | T3 | |
| 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 | T1b | PV |
| GAVILYTE-G | T1b | PV |
| GAVILYTE-N WITH FLAVOR PACK | T1b | PV |
| GLYCOLAX | T9 | |
| GOLYTELY | T3 | |
| HALFLYTELY WITH FLAVOR PACKS | T2 | |
| HEMATRON-AF | T9 | |
| HEMAX ORAL TABLET | T9 | |
| INATAL ADVANCE | T1b | |
| INATAL GT | T1b | |
| INATAL ULTRA ORAL TABLET | T1b | |
| <i>infanate balance</i> | T3 | |
| MAXFE ORAL TABLET | T9 | |
| MIRALAX ORAL POWDER | T9 | |
| MOVIPREP | T3 | |
| MYNATAL ORAL TABLET | T1b | |
| <i>mynate 90 plus</i> | T1b | |
| NATALVIRT FLT | T9 | |
| NEPHRON FA | T9 | |
| NEXA PLUS | T3 | |
| NULYTELY WITH FLAVOR PACKS | T3 | |
| OB-NATAL ONE ORAL CAPSULE 20-7-1 MG | T1b | |
| OSMOPREP | T3 | |
| <i>peg 3350 oral powder</i> | T9 | |
| <i>peg-3350/electrolytes</i> | T1b | PV |
| <i>peg-3350/electrolytes/ascorbat</i> | T1b | PV |
| PEG-PREP | T1b | PV |
| PLENVU | T3 | |
| <i>pnv-dha+docusate</i> | T1b | |
| <i>polyethylene glycol 3350 oral packet 17 gm</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| <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 | |
| SUCLEAR | T3 | |
| SUPREP BOWEL PREP KIT | T3 | |
| SUTAB | T9 | |
| TARON-PREX | T2 | |
| <i>thrivite 19 oral tablet 29-1 mg</i> | T9 | |
| <i>tl-care dha</i> | T1b | |
| <i>tl-hem 150</i> | T9 | |
| <i>triadvance</i> | T1b | |
| TRILYTE | T1b | PV |
| <i>ultra tabs</i> | T1b | |
| VINATE GT | T1b | |
| <i>vinate ultra</i> | T1b | |
| <i>virtprex</i> | T3 | |
| <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.) |
| VIKACE ORAL TABLET 10440-39150 UNIT | T5 | ST; SP (Max of 31 days per dispensing) |
| VIKACE ORAL TABLET 20880-78300 UNIT | T5 | ST; SP (Max of 31 days per dispensing.) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| 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 ORAL CAPSULE 250 MG | T4 | PA; SP (Limited to a 1 month supply per fill) |
| CHOLBAM ORAL CAPSULE 50 MG | 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) |
| 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, 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 | T4 | PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years) |
| HUMIRA PEN-PEDIATRIC UC START | T4 | PA; SP (Limited to a one month supply per fill); QL (1 fill per 2 yearss) |
| 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) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days) |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG | T2 | QL (30 EA per 30 days) |
| LINZESS ORAL CAPSULE 72 MCG | 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) |
| 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 tablet per 30 days) |
| <i>octreotide acetate</i> | T4 | SP (Max of 31 days per dispensing.) |
| RELISTOR ORAL | T5 | PA; SP (Limited to a 1 month supply per fill) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | T5 | PA; SP (Limited to a 1 month supply per fill) |
| REMICADE | T9 | |
| SANDOSTATIN | T5 | SP (Max of 31 days per dispensing.) |
| 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 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---------------------------------|
| Histamine H2-Antagonists | | |
| <i>cimetidine hcl oral solution 300 mg/5ml</i> | T9 | |
| <i>cimetidine oral</i> | T9 | |
| DUEXIS | T9 | |
| <i>famotidine oral tablet</i> | T9 | |
| <i>ibuprofen-famotidine</i> | T9 | |
| <i>nizatidine</i> | T9 | |
| PEPCID ORAL TABLET | T9 | |
| <i>ranitidine hcl oral capsule</i> | T9 | |
| <i>ranitidine hcl oral syrup 75 mg/5ml</i> | T9 | |
| <i>ranitidine hcl oral tablet</i> | T9 | |
| ZANTAC 150 MAXIMUM STRENGTH | T9 | |
| ZANTAC ORAL TABLET 300 MG | T9 | |
| Neurokinin-1 Receptor Antagonists | | |
| AKYNZEO ORAL | T9 | |
| <i>aprepitant oral capsule</i> | T1b | 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 injection</i> | T1b | |
| <i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i> | T1a | |
| <i>metoclopramide hcl oral tablet</i> | T1a | |
| <i>metoclopramide hcl oral tablet dispersible</i> | T3 | ST |
| METOZOLV ODT | T3 | |
| 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> | T1b | |
| Protectants | | |
| CARAFATE | T3 | ST |
| <i>sucralfate oral</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------|
| <i>Proton-Pump Inhibitors</i> | | |
| ACIPHEX | BE | |
| ACIPHEX SPRINKLE | BE | |
| <i>amoxicill-clarithro-lansopraz</i> | T3 | |
| DEXILANT | BE | |
| <i>esomeprazole magnesium oral capsule delayed release</i> | BE | |
| <i>esomeprazole magnesium oral packet</i> | Non-Formulary | |
| <i>esomeprazole strontium oral capsule delayed release 49.3 mg</i> | BE | |
| FIRST-LANSOPRAZOLE | T9 | |
| FIRST-OMEPRAZOLE | BE | |
| <i>lansoprazole oral capsule delayed release</i> | T3 | |
| <i>naproxen-esomeprazole</i> | T9 | |
| NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE | Non-Formulary | |
| NEXIUM 24HR ORAL TABLET DELAYED RELEASE | T3 | |
| NEXIUM ORAL CAPSULE DELAYED RELEASE | Non-Formulary | |
| NEXIUM ORAL PACKET | BE | |
| <i>omeprazole oral capsule delayed release</i> | T3 | |
| <i>omeprazole oral tablet delayed release</i> | T3 | |
| <i>omeprazole-sodium bicarbonate oral capsule</i> | BE | |
| <i>pantoprazole sodium oral packet</i> | T9 | |
| <i>pantoprazole sodium oral tablet delayed release</i> | T3 | |
| PREVACID | BE | |
| PREVACID 24HR | BE | |
| PREVPAC | BE | |
| PRILOSEC OTC | BE | |
| PROTONIX ORAL PACKET | BE | |
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG | BE | |
| <i>rabeprazole sodium oral tablet delayed release</i> | T3 | |
| VIMOVO | BE | |
| YOSPRALA ORAL TABLET DELAYED RELEASE 81-40 MG | BE | |
| ZEGERID | BE | |
| ZEGERID OTC | BE | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| Gold Compounds | | |
| <i>Gold Compounds</i> | | |
| RIDAURA | T2 | |
| 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 (Max of 31 days per dispensing.) |
| <i>deferasirox oral tablet</i> | T4 | SP (Max day supply up to 31 days.) |
| <i>deferasirox oral tablet soluble</i> | T4 | SP (Max of 31 days per dispensing.) |
| DEPEN TITRATABS | T9 | |
| EXJADE | T5 | |
| FERRIPROX ORAL SOLUTION | T4 | SP (Max of 31 day supply per dispensing) |
| FERRIPROX ORAL TABLET 1000 MG | T4 | SP (Max of 31 days per dispensing.) |
| FERRIPROX ORAL TABLET 500 MG | T5 | SP (Max of 31 day supply per dispensing.) |
| JADENU | T5 | SP (Max day supply up to 31 days.) |
| JADENU SPRINKLE | T9 | |
| <i>penicillamine oral capsule</i> | T9 | |
| <i>penicillamine oral tablet</i> | T4 | PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days) |
| SYPRINE | T9 | |
| <i>trientine hcl</i> | T5 | PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days) |
| Hormones And Synthetic Substitutes | | |
| <i>Adrenals</i> | | |
| ADVAIR DISKUS | T9 | |
| ADVAIR HFA | T9 | |
| AIRDUO DIGIHALER | T9 | |
| AIRDUO RESPICLICK 113/14 | T9 | |
| AIRDUO RESPICLICK 232/14 | T9 | |
| AIRDUO RESPICLICK 55/14 | T9 | |
| ALKINDI SPRINKLE | T9 | |
| ALVESCO | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| ARMONAIR DIGIHALER | T9 | |
| ARNUITY ELLIPTA | T2 | QL (1 Inhaler per 30 days); AL |
| ASMANEX (120 METERED DOSES) | T9 | |
| ASMANEX (14 METERED DOSES) | T9 | |
| ASMANEX (30 METERED DOSES) | T9 | |
| ASMANEX (60 METERED DOSES) | T9 | |
| ASMANEX (7 METERED DOSES) | T9 | |
| ASMANEX HFA | T9 | |
| BREO ELLIPTA | T9 | |
| 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> | T1b | |
| <i>dexabliss</i> | T9 | |
| DEXAMETHASONE INTENSOL | T2 | |
| <i>dexamethasone oral elixir</i> | T1b | |
| <i>dexamethasone oral solution</i> | T1b | |
| <i>dexamethasone oral tablet</i> | T1b | |
| <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 capsule per 30 days) |
| FLONASE | T9 | |
| FLOVENT DISKUS | T2 | QL (1 Inhaler per 30 Day(s)s) |
| FLOVENT HFA | T2 | QL (1 Inhaler per 30 Day(s)s) |
| <i>fludrocortisone acetate oral</i> | T1b | |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i> | T9 | |
| <i>fluticasone propionate nasal</i> | T9 | |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-----------------------------|
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i> | T1b | QL (1 inhaler per 30 days) |
| HEMADY | T9 | |
| HIDEX 6-DAY | T9 | |
| <i>hydrocortisone oral</i> | T1b | |
| INTRAROSA | T3 | PA |
| LOCORT 11-DAY | T9 | |
| LOCORT 7-DAY | T9 | |
| MEDROL | T3 | |
| <i>methylprednisolone oral</i> | T1b | |
| MILLIPRED | T9 | |
| <i>mometasone furoate nasal</i> | T9 | |
| NASONEX | T9 | |
| ORAPRED ODT | T9 | |
| ORTIKOS | T9 | |
| <i>prednisolone oral solution</i> | T1b | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i> | T1b | |
| <i>prednisolone sodium phosphate oral solution 20 mg/5ml</i> | T9 | |
| PREDNISONO INTENSOL | T2 | |
| <i>prednisone oral solution</i> | T2 | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i> | T1a | |
| <i>prednisone oral tablet 50 mg</i> | T2 | |
| <i>prednisone oral tablet therapy pack 5 mg (21)</i> | T1b | |
| PULMICORT FLEXHALER | T9 | |
| PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML | T3 | |
| PULMICORT INHALATION SUSPENSION 1 MG/2ML | T3 | QL (120 ML per 30 days) |
| QVAR REDHALER | T2 | |
| RAYOS | T9 | |
| SINUVA | T9 | |
| SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT | T2 | QL (1 Inhaler per 30 days) |
| SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT | T2 | QL (1 Inhalers per 30 days) |
| TAPERDEX 12-DAY | T9 | |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| TRELEGY ELLIPTA | T2 | |
| UCERIS ORAL | T5 | ST; SP (Limited to a 1 month supply per fill); QL (2 packages per 180 days) |
| VERAMYST | T9 | |
| WIXELA INHUB | T3 | ST |
| XHANCE | T9 | |
| <i>zcort 7-day</i> | T9 | |
| ZILRETTA | T9 | |
| ZODEX 12-DAY | T9 | |
| ZODEX 6-DAY | T9 | |
| ZONACORT 11 DAY | T9 | |
| ZONACORT 7 DAY | T9 | |
| Alpha-Glucosidase Inhibitors | | |
| <i>acarbose oral</i> | T1b | |
| GLYSET | T3 | |
| PRECOSE | T3 | |
| Amylinomimetics | | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION | T3 | |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | SP (Max of 31 days supply per dispensing) |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION | T3 | QL (6 ML per 30 Day(s)s) |
| 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 12.5 MG/ACT (1%), 20.25 MG/ACT (1.62%) | T9 | |
| ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 50 MG/5GM (1%) | T9 | |
| ANDROID | T9 | |
| AXIRON | T9 | |
| COVARYX | T9 | |
| COVARYX HS | T9 | |
| <i>danazol oral capsule 100 mg, 50 mg</i> | T3 | QL (60 capsules per 30 days) |
| <i>danazol oral capsule 200 mg</i> | T3 | QL (120 capsules per 30 days) |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION | T3 | |
| <i>est estrogens-methyltest ds</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| <i>est estrogens-methyltest hs</i> | T9 | |
| <i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i> | T9 | |
| FORTESTA | T9 | |
| JATENZO | T9 | |
| <i>methitest</i> | T9 | |
| <i>methyltestosterone oral</i> | T4 | PA; SP (Limited to a 1 month supply per fill) |
| NATESTO | T9 | |
| OXANDRIN | T3 | |
| <i>oxandrolone oral</i> | T2 | |
| STRIANT | T9 | |
| TESTIM | T9 | |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i> | T1b | |
| <i>testosterone enanthate intramuscular solution</i> | T1b | |
| <i>testosterone transdermal gel 10 mg/lact (2%)</i> | T9 | |
| <i>testosterone transdermal gel 12.5 mg/lact (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%), 20.25 mg/lact (1.62%)</i> | T1b | PA; QL (150 GM per 30 days) |
| <i>testosterone transdermal solution</i> | T9 | |
| TESTRED | 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> | T1b | 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> | T1b | |
| ARIMIDEX | T3 | |
| AROMASIN | T3 | |
| <i>exemestane</i> | T2 | |
| FEMARA | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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> | T1b | |
| Antigonadotropins | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | T2 | |
| <i>ganirelix acetate subcutaneous solution prefilled syringe</i> | T4 | ST; SP (Max day supply up to 31 days.) |
| MYFEMBREE | T5 | PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days) |
| 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) |
| ORLISSA ORAL TABLET 150 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days) |
| ORLISSA ORAL TABLET 200 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days) |
| Antihypoglycemic Agents, Miscellaneous | | |
| <i>diazoxide oral</i> | T4 | SP (Max of 31 days per dispensing.) |
| PROGLYCEM | T9 | |
| Antiparathyroid Agents | | |
| <i>calcitonin (salmon) injection</i> | T9 | |
| <i>calcitonin (salmon) nasal</i> | T1b | |
| <i>cinacalcet hcl</i> | T4 | SP (Max of 31 days per dispensing.) |
| FORTICAL | T1b | |
| MIACALCIN NASAL | T3 | |
| SENSIPAR | T5 | SP (Max of 31 days per dispensing.) |
| Antithyroid Agents | | |
| <i>methimazole oral</i> | T1b | |
| <i>propylthiouracil oral</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---------------------------------|
| TAPAZOLE | T3 | |
| Biguanides | | |
| ACTOPLUS MET | T3 | |
| ACTOPLUS MET XR | T2 | QL (60 tablets per 30 days) |
| <i>alogliptin-metformin hcl</i> | T2 | ST; QL (60 tablets per 30 days) |
| AVANDAMET | T2 | |
| FORTAMET | T9 | |
| <i>glipizide-metformin hcl</i> | T1b | |
| GLUCOPHAGE | T3 | |
| GLUCOPHAGE XR | T3 | |
| GLUCOVANCE | T3 | |
| GLUMETZA | T9 | |
| <i>glyburide-metformin</i> | T1b | |
| INVOKAMET | T3 | ST; QL (60 tablets per 30 days) |
| INVOKAMET XR | T3 | ST; QL (60 tablets per 30 days) |
| JANUMET | T2 | PA; QL (60 tablets per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | T2 | PA; QL (30 tablets per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | T2 | PA; QL (60 tablets per 30 days) |
| JENTADUETO | T2 | PA; QL (60 tablets per 30 days) |
| JENTADUETO XR | T2 | PA; QL (30 tablets per 30 days) |
| KAZANO | T9 | |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | T3 | ST; QL (60 tablets per 30 days) |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG | T3 | ST; QL (30 tablets per 30 days) |
| <i>metformin hcl er</i> | T1a | |
| <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> | T1a | |
| <i>pioglitazone hcl-metformin hcl</i> | T1b | |
| PRANDIMET | T3 | |
| 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) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| 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 | T1b | |
| ALTAVERA | T1b | PV |
| <i>alyacen 1/35</i> | T1b | PV |
| AMETHIA | T1b | PV |
| AMETHIA LO | T1b | PV |
| ANNOVERA | T9 | |
| APRI | T1b | PV |
| AUBRA | T1b | PV |
| AUBRA EQ | T1b | PV |
| AVIANE | T1b | PV |
| AYUNA | T1b | PV |
| AZURETTE | T1b | PV |
| BALCOLTRA | T9 | |
| BALZIVA | T1b | SP (Contraceptive Management rider is required.); PV |
| BEYAZ | T9 | |
| BLISOVI 24 FE | T1b | PV |
| CAMILA | T1b | PV |
| CAMRESE | T1b | PV |
| CAMRESE LO | T1b | PV |
| CHATEAL | T1b | PV |
| CHATEAL EQ | T1b | PV |
| CRYSSELLE-28 | T1b | PV |
| CYCLAFEM 1/35 | T1b | PV |
| CYCLAFEM 7/7/7 | T1b | PV |
| DEBLITANE | T1b | PV |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | T3 | PV |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | T3 | PV |
| DESOGEN | T3 | |
| ECONTRA EZ | T1b | PV |
| ECONTRA ONE-STEP | T1b | PV |
| ELLA | T1b | |
| ELURYNG | T2 | PV; QL (1 ring per 28 days) |
| ENPRESSE-28 | T1b | PV |
| ERRIN | T1b | PV |
| ESTROSTEP FE | T3 | PV |
| <i>etonogestrel-ethinyl estradiol</i> | T2 | PV; QL (1 ring per 28 days) |
| FALMINA | T1b | PV |
| FAYOSIM | T9 | |
| FEMCON FE | T3 | |
| GEMMILY | T9 | |
| GENERESS FE | T9 | |
| GIANVI | T1b | PV |
| GILDESS 24 FE | T1b | |
| GILDESS FE 1.5/30 | T1b | PV |
| GILDESS FE 1/20 | T1b | PV |
| HAILEY 24 FE | T1b | PV |
| HAILEY FE 1.5/30 | T1b | PV |
| HEATHER | T1b | PV |
| JENCYCLA | T1b | PV |
| JOLESSA | T1b | PV |
| JULEBER | T1b | |
| JUNEL 1.5/30 | T1b | PV |
| JUNEL 1/20 | T1b | PV |
| JUNEL FE 1.5/30 | T1b | PV |
| JUNEL FE 1/20 | T1b | PV |
| JUNEL FE 24 | T1b | PV |
| KAITLIB FE | T9 | |
| KARIVA | T1b | PV |
| KELNOR 1/35 | T1b | PV |
| KURVELO | T1b | PV |
| LARIN 24 FE | T1b | PV |
| LAYOLIS FE | T9 | |
| <i>levonorgest-eth est & eth est</i> | T1b | PV |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i> | T1b | PV |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------|
| <i>levonorgestrel oral tablet 1.5 mg</i> | T1b | PV |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i> | T1b | PV |
| LEVORA 0.15/30 (28) | T1b | PV |
| LILLOW | T1b | PV |
| LO LOESTRIN FE | T3 | ST |
| LOESTRIN 1.5/30 (21) | T9 | |
| LOESTRIN FE 1.5/30 | T3 | PV |
| LOESTRIN FE 1/20 | T3 | PV |
| LOMEDIA 24 FE | T1b | |
| LOSEASONIQUE | T9 | |
| LOW-OGESTREL | T1b | PV |
| LUTERA | T1b | PV |
| LYZA | T1b | PV |
| <i>marlissa</i> | T1b | PV |
| <i>medroxyprogesterone acetate intramuscular suspension</i> | T1b | PV |
| MELODETTA 24 FE | T9 | |
| MIBELAS 24 FE | T9 | |
| MICROGESTIN 1.5/30 | T1b | PV |
| MICROGESTIN 1/20 | T1b | PV |
| MICROGESTIN 24 FE | T3 | |
| MICROGESTIN FE 1.5/30 | T1b | PV |
| MICROGESTIN FE 1/20 | T1b | PV |
| MINASTRIN 24 FE | T9 | |
| MIRCETTE | T9 | |
| MY CHOICE | T1b | PV |
| MY WAY | T1b | PV |
| NATAZIA | T9 | |
| NECON 0.5/35 (28) | T1b | PV |
| NECON 10/11 (28) | T1b | |
| NECON 7/7/7 | T1b | |
| NEW DAY | T1b | PV |
| NEXT CHOICE ONE DOSE | T1b | PV |
| NEXTSTELLIS | T9 | |
| NORA-BE | T1b | 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> | T1b | PV |
| <i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i> | T1b | PV |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| <i>norethindrone oral</i> | T1b | 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> | T1b | PV |
| NORINYL 1+50 (28) | T3 | |
| NORLYDA | T1b | PV |
| NORTREL 0.5/35 (28) | T1b | PV |
| NORTREL 1/35 (28) | T1b | PV |
| NORTREL 7/7/7 | T1b | PV |
| NUVARING | T9 | |
| OCELLA | T1b | PV |
| OPCICON ONE-STEP | T1b | PV |
| OPTION 2 | T1b | PV |
| OVCON-35 (28) | T3 | |
| PLAN B ONE-STEP | T1b | |
| PORTIA-28 | T1b | PV |
| PREVIFEM | T1b | PV |
| QUARTETTE | T9 | |
| RECLIPSEN | T1b | PV |
| RIVELSA | T9 | |
| SAFYRAL | T9 | |
| SEASONIQUE | T9 | |
| SHAROBEL | T1b | PV |
| SLYND | T9 | |
| SPRINTEC 28 | T1b | PV |
| SRONYX | T1b | PV |
| SYEDA | T1b | |
| TAKE ACTION | T1b | |
| TAYTULLA | T9 | |
| TRI-ESTARYLLA | T1b | PV |
| TRI-LEGEST FE | T1b | PV |
| TRI-LINYAH | T1b | PV |
| TRI-LO-ESTARYLLA | T1b | PV |
| TRI-LO-SPRINTEC | T1b | PV |
| TRI-NORINYL (28) | T3 | PV |
| TRI-PREVIFEM | T1b | PV |
| TRI-SPRINTEC | T1b | PV |
| TRIVORA (28) | T1b | PV |
| TULANA | T1b | PV |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| TWIRLA | T9 | |
| TYDEMY | T9 | |
| VELIVET | T1b | PV |
| XULANE | T2 | PV |
| YASMIN 28 | T9 | |
| YAZ | T9 | |
| ZENCHENT | T1b | SP (Contraceptive Management rider is required.) |
| ZOVIA 1/35E (28) | T1b | PV |
| ZOVIA 1/50E (28) | T1b | |
| <i>Dipeptidyl Peptidase-4(Dpp-4) Inhibitors</i> | | |
| <i>alogliptin benzoate</i> | T2 | ST; QL (30 tablets per 30 days) |
| <i>alogliptin-metformin hcl</i> | T2 | ST; QL (60 tablets per 30 days) |
| <i>alogliptin-pioglitazone</i> | T2 | ST; QL (30 tablets per 30 days) |
| GLYXAMBI | T2 | QL (30 tablets per 30 days) |
| JANUMET | T2 | PA; QL (60 tablets per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG | T2 | PA; QL (30 tablets per 30 days) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG | T2 | PA; QL (60 tablets per 30 days) |
| JANUVIA | T2 | PA; QL (30 tablets per 30 days) |
| JENTADUETO | T2 | PA; QL (60 tablets per 30 days) |
| JENTADUETO XR | T2 | PA; QL (30 tablets per 30 days) |
| KAZANO | T9 | |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | T3 | ST; QL (60 tablets per 30 days) |
| KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG | T3 | ST; QL (30 tablets per 30 days) |
| 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 | PA; 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) |
| <i>Estrogen Agonist-Antagonists</i> | | |
| CLOMID | T3 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| <i>clomiphene citrate oral</i> | T1b | |
| DUAVEE | T3 | QL (31 tablets per 31 days) |
| EVISTA | T3 | |
| FARESTON | T9 | |
| OSPHENA | T2 | PA |
| <i>raloxifene hcl</i> | T1b | |
| SEROPHENE | T1b | |
| SOLTAMOX | T9 | |
| <i>tamoxifen citrate oral</i> | T1b | |
| <i>toremifene citrate</i> | T4 | ST; SP (Max day supply up to 31 days.); QL (30 tablets per 30 days) |
| Estrogens | | |
| ACTIVELLA | T3 | |
| ALORA | T2 | |
| ALTAVERA | T1b | PV |
| <i>alyacen 1/35</i> | T1b | PV |
| AMETHIA | T1b | PV |
| AMETHIA LO | T1b | PV |
| ANGELIQ ORAL TABLET 0.5-1 MG | T3 | ST |
| ANNOVERA | T9 | |
| APRI | T1b | PV |
| AUBRA | T1b | PV |
| AUBRA EQ | T1b | PV |
| AVIANE | T1b | PV |
| AYUNA | T1b | PV |
| AZURETTE | T1b | PV |
| BALCOLTRA | T9 | |
| BALZIVA | T1b | SP (Contraceptive Management rider is required.); PV |
| BEYAZ | T9 | |
| BIJUVA | T9 | |
| BLISOVI 24 FE | T1b | PV |
| CAMRESE | T1b | PV |
| CAMRESE LO | T1b | PV |
| CENESTIN ORAL TABLET 0.3 MG, 1.25 MG | T2 | |
| CHATEAL | T1b | PV |
| CHATEAL EQ | T1b | PV |
| CLIMARA | T9 | |
| CLIMARA PRO | T9 | |
| COMBIPATCH | T2 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-----------------------------|
| COVARYX | T9 | |
| COVARYX HS | T9 | |
| CRYSSELLE-28 | T1b | PV |
| CYCLAFEM 1/35 | T1b | PV |
| CYCLAFEM 7/7/7 | T1b | PV |
| DELESTROGEN | T3 | |
| DESOGEN | T3 | |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM | T2 | QL (30 packets per 30 days) |
| DIVIGEL TRANSDERMAL GEL 1 MG/GM | T2 | QL (30 GM per 30 days) |
| DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM | T2 | QL (30 packets per 30 Days) |
| DOTTI | T1b | |
| DUAVEE | T3 | QL (31 tablets per 31 days) |
| ELESTRIN | T3 | ST |
| ELURYNG | T2 | PV; QL (1 ring per 28 days) |
| ENJUVA | T3 | QL (30 tablets per 30 days) |
| ENPRESSE-28 | T1b | 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> | T1b | |
| <i>estradiol transdermal</i> | T1b | |
| <i>estradiol vaginal cream</i> | T1b | QL (42.5 GM per 30 days) |
| <i>estradiol vaginal tablet</i> | T1b | |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | T2 | |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> | T1b | |
| ESTRASORB | T2 | |
| ESTRING | T3 | |
| ESTROGEL | T2 | QL (50 GM per 31 days) |
| <i>estropipate oral</i> | T1b | |
| ESTROSTEP FE | T3 | PV |
| <i>etonogestrel-ethinyl estradiol</i> | T2 | PV; QL (1 ring per 28 days) |
| EVAMIST | T2 | |
| FALMINA | T1b | PV |
| FAYOSIM | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|------------------------------|
| FEMCON FE | T3 | |
| FEMHRT | T3 | |
| FEMHRT LOW DOSE | T3 | |
| FEMRING | T3 | |
| GEMMILY | T9 | |
| GENERESS FE | T9 | |
| GIANVI | T1b | PV |
| GILDESS 24 FE | T1b | |
| GILDESS FE 1.5/30 | T1b | PV |
| GILDESS FE 1/20 | T1b | PV |
| HAILEY 24 FE | T1b | PV |
| HAILEY FE 1.5/30 | T1b | PV |
| IMVEXXY MAINTENANCE PACK | T3 | QL (8 inserts per 28 Days) |
| IMVEXXY STARTER PACK | T3 | QL (18 inserts per 360 Days) |
| JINTELI | T1b | |
| JOLESSA | T1b | PV |
| JULEBER | T1b | |
| JUNEL 1.5/30 | T1b | PV |
| JUNEL 1/20 | T1b | PV |
| JUNEL FE 1.5/30 | T1b | PV |
| JUNEL FE 1/20 | T1b | PV |
| JUNEL FE 24 | T1b | PV |
| KAITLIB FE | T9 | |
| KARIVA | T1b | PV |
| KELNOR 1/35 | T1b | PV |
| KURVELO | T1b | PV |
| LARIN 24 FE | T1b | PV |
| LAYOLIS FE | T9 | |
| <i>levonorgest-eth est & eth est</i> | T1b | PV |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i> | T1b | PV |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i> | T1b | PV |
| LEVORA 0.15/30 (28) | T1b | PV |
| LILLOW | T1b | PV |
| LO LOESTRIN FE | T3 | ST |
| LOESTRIN 1.5/30 (21) | T9 | |
| LOESTRIN FE 1.5/30 | T3 | PV |
| LOESTRIN FE 1/20 | T3 | PV |
| LOMEDIA 24 FE | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| LOSEASONIQUE | T9 | |
| LOW-OGESTREL | T1b | PV |
| LUTERA | T1b | PV |
| <i>marlissa</i> | T1b | PV |
| MELODETTA 24 FE | T9 | |
| MENEST | T2 | |
| MENOSTAR | T3 | QL (4 patches per 28 days) |
| MIBELAS 24 FE | T9 | |
| MICROGESTIN 1.5/30 | T1b | PV |
| MICROGESTIN 1/20 | T1b | PV |
| MICROGESTIN 24 FE | T3 | |
| MICROGESTIN FE 1.5/30 | T1b | PV |
| MICROGESTIN FE 1/20 | T1b | PV |
| MIMVEY | T1b | |
| MIMVEY LO | T1b | |
| 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 days) |
| NATAZIA | T9 | |
| NECON 0.5/35 (28) | T1b | PV |
| NECON 10/11 (28) | T1b | |
| NECON 7/7/7 | T1b | |
| 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> | T1b | PV |
| <i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i> | T1b | PV |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | T1b | |
| <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> | T1b | PV |
| NORINYL 1+50 (28) | T3 | |
| NORTREL 0.5/35 (28) | T1b | PV |
| NORTREL 1/35 (28) | T1b | PV |

| Medication | Coverage Level | Restrictions |
|-------------------------------|----------------|---|
| NORTREL 7/7/7 | T1b | PV |
| NUVARING | T9 | |
| OCELLA | T1b | PV |
| ORIAHNN | T4 | PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days) |
| OVCON-35 (28) | T3 | |
| PORTIA-28 | T1b | PV |
| PREFEST | T3 | |
| PREMARIN ORAL | T2 | QL (30 tablets per 30 days) |
| PREMARIN VAGINAL | T3 | ST |
| PREMPHASE | T2 | |
| PREMPRO | T2 | |
| PREVIFEM | T1b | PV |
| QUARTETTE | T9 | |
| RECLIPSEN | T1b | PV |
| RIVELSA | T9 | |
| SAFYRAL | T9 | |
| SEASONIQUE | T9 | |
| SPRINTEC 28 | T1b | PV |
| SRONYX | T1b | PV |
| SYEDA | T1b | |
| TAYTULLA | T9 | |
| TRI-ESTARYLLA | T1b | PV |
| TRI-LEGEST FE | T1b | PV |
| TRI-LINYAH | T1b | PV |
| TRI-LO-ESTARYLLA | T1b | PV |
| TRI-LO-SPRINTEC | T1b | PV |
| TRI-NORINYL (28) | T3 | PV |
| TRI-PREVIFEM | T1b | PV |
| TRI-SPRINTEC | T1b | PV |
| TRIVORA (28) | T1b | PV |
| TWIRLA | T9 | |
| TYDEMY | T9 | |
| VAGIFEM VAGINAL TABLET 10 MCG | T3 | |
| VELIVET | T1b | PV |
| VIVELLE-DOT | T3 | |
| XULANE | T2 | PV |
| YASMIN 28 | T9 | |
| YAZ | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| YUVAFEM | T1b | |
| ZENCHENT | T1b | SP (Contraceptive Management rider is required.) |
| ZOVIA 1/35E (28) | T1b | PV |
| ZOVIA 1/50E (28) | T1b | |
| 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 And Antigonadotropins | | |
| FOLLISTIM AQ INJECTION SOLUTION 75 UNT/0.5ML | T3 | ST |
| REPRONEX | T2 | |
| Gonadotropins | | |
| <i>chorionic gonadotropin intramuscular</i> | T3 | |
| FOLLISTIM AQ INJECTION SOLUTION 75 UNT/0.5ML | T3 | ST |
| 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 REDIRECT | T2 | QL (13500 units per 30 days) |
| <i>leuprolide acetate injection</i> | T4 | SP (Max of 31 days per dispensing.)) |
| MENOPUR | T2 | |
| NOVAREL | T3 | ST |
| OVIDREL | T2 | |
| PREGNYL | T1b | |
| REPRONEX | T2 | |
| SYNAREL | T9 | |
| Incretin Mimetics | | |
| ADLYXIN | T3 | PA |
| ADLYXIN STARTER PACK | T3 | PA |
| BYDUREON BCISE | T3 | PA |
| BYDUREON SUBCUTANEOUS PEN-INJECTOR | T3 | PA |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | T3 | PA |
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | T3 | PA |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) | T3 | PA; QL (1.5 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML | T3 | PA; QL (3 ML per 28 days) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML | T3 | PA; QL (3 ML per 28 Days) |
| RYBELSUS | T9 | |
| SAXENDA | BE | |
| SOLIQUA | T3 | PA; QL (15 ML per 25 days) |
| TRULICITY | T2 | PA; QL (2 ML per 28 days) |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | T3 | PA |
| WEGOVY | T9 | |
| XULTOPHY | T3 | PA |
| <i>Intermediate-Acting Insulins</i> | | |
| HUMULIN 70/30 | T1b | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1b | AL |
| HUMULIN 70/30 PEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1b | AL |
| HUMULIN N | T1b | |
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1b | AL |
| NOVOLIN 70/30 | T3 | ST |
| NOVOLIN 70/30 FLEXPEN | T3 | ST; AL |
| NOVOLIN N | T3 | ST |
| NOVOLIN N FLEXPEN | T3 | ST; AL |
| <i>Leptins</i> | | |
| MYALEPT | T5 | PA; SP (Max of 31 days per dispensing.) |
| <i>Long-Acting Insulins</i> | | |
| BASAGLAR KWIKPEN | T9 | |
| <i>insulin glargine-yfgn</i> | T9 | |
| LANTUS | T1b | |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | T1b | |
| LEVEMIR | T3 | ST |
| LEVEMIR FLEXTOUCH | T3 | ST |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| SEMGLEE | T9 | |
| SEMGLEE (YFGN) | T9 | |
| SOLIQUA | T3 | PA; QL (15 ML per 25 days) |
| TOUJEO MAX SOLOSTAR | T1b | |
| TOUJEO SOLOSTAR | T1b | |
| TRESIBA | T9 | |
| TRESIBA FLEXTOUCH | T9 | |
| XULTOPHY | T3 | PA |
| Meglitinides | | |
| <i>nateglinide</i> | T1b | |
| PRANDIMET | T3 | |
| PRANDIN | T3 | |
| <i>repaglinide</i> | T1b | |
| STARLIX | T3 | |
| Parathyroid Agents | | |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | T9 | SP () |
| NATPARA | T5 | PA; SP (Max of 31 days per dispensing.) |
| <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 600 MCG/2.4ML | T9 | SP () |
| 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> | T1b | QL (180 tablets per 30 days) |
| <i>desmopressin acetate oral tablet 0.2 mg</i> | T1b | |
| <i>desmopressin acetate spray</i> | T2 | ST |
| GENOTROPIN | T4 | PA; SP (Max of 31 days per dispensing.) |
| GENOTROPIN MINIQUICK | T4 | PA; SP (Max of 31 days per dispensing.) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 5 MG, 6 MG | T9 | SP () |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 24 MG | T9 | |
| NOCDURNA | T9 | |
| NOCTIVA | T9 | |
| NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | PA; SP (Limited to a 1 month supply per fill) |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION | T9 | |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION | T9 | |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION | T9 | SP () |
| NUTROPIN AQ PEN SUBCUTANEOUS SOLUTION 10 MG/2ML | T9 | |
| NUTROPIN AQ PEN SUBCUTANEOUS SOLUTION 20 MG/2ML | T9 | SP () |
| OMNITROPE SUBCUTANEOUS SOLUTION | T9 | |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED | T9 | |
| SAIZEN | T9 | SP () |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG | T5 | PA; SP (Limited to a 1 month supply per fill) |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG | T5 | PA; SP (Limited to a 1 month supply per fill) |
| STIMATE | T4 | SP (Max of 31 days per dispensing.) |
| ZOMACTON | T9 | |
| ZORBTIVE | T5 | PA; SP (Limited to a 1 month supply per fill) |
| Progestins | | |
| ACTIVELLA | T3 | |
| AFTERA | T1b | |
| ALTAVERA | T1b | PV |
| alyacen 1/35 | T1b | PV |
| AMETHIA | T1b | PV |
| AMETHIA LO | T1b | PV |
| ANGELIQ ORAL TABLET 0.5-1 MG | T3 | ST |
| ANNOVERA | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| APRI | T1b | PV |
| AUBRA | T1b | PV |
| AUBRA EQ | T1b | PV |
| AVIANE | T1b | PV |
| AYGESTIN | T3 | |
| AYUNA | T1b | PV |
| AZURETTE | T1b | PV |
| BALCOLTRA | T9 | |
| BALZIVA | T1b | SP (Contraceptive Management rider is required.); PV |
| BEYAZ | T9 | |
| BIJUVA | T9 | |
| BLISOVI 24 FE | T1b | PV |
| CAMILA | T1b | PV |
| CAMRESE | T1b | PV |
| CAMRESE LO | T1b | PV |
| CHATEAL | T1b | PV |
| CHATEAL EQ | T1b | PV |
| CLIMARA PRO | T9 | |
| COMBIPATCH | T2 | |
| CRINONE VAGINAL GEL 4 % | T9 | |
| CRINONE VAGINAL GEL 8 % | T9 | SP () |
| CRYSELLE-28 | T1b | PV |
| CYCLAFEM 1/35 | T1b | PV |
| CYCLAFEM 7/7/7 | T1b | PV |
| DEBLITANE | T1b | PV |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | T3 | PV |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE | T3 | PV |
| DESOGEN | T3 | |
| ECONTRA EZ | T1b | PV |
| ECONTRA ONE-STEP | T1b | PV |
| ELLA | T1b | |
| ELURYNG | T2 | PV; QL (1 ring per 28 days) |
| ENDOMETRIN | T4 | SP (Max of 31 days per dispensing.) |
| ENPRESSE-28 | T1b | PV |
| ERRIN | T1b | PV |
| <i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| ESTROSTEP FE | T3 | PV |
| <i>etonogestrel-ethinyl estradiol</i> | T2 | PV; QL (1 ring per 28 days) |
| FALMINA | T1b | PV |
| FAYOSIM | T9 | |
| FEMCON FE | T3 | |
| FEMHRT | T3 | |
| FEMHRT LOW DOSE | T3 | |
| GEMMILY | T9 | |
| GENERESS FE | T9 | |
| GIANVI | T1b | PV |
| GILDESS 24 FE | T1b | |
| GILDESS FE 1.5/30 | T1b | PV |
| GILDESS FE 1/20 | T1b | PV |
| HAILEY 24 FE | T1b | PV |
| HAILEY FE 1.5/30 | T1b | PV |
| HEATHER | T1b | PV |
| JENCYCLA | T1b | PV |
| JINTELI | T1b | |
| JOLESSA | T1b | PV |
| JULEBER | T1b | |
| JUNEL 1.5/30 | T1b | PV |
| JUNEL 1/20 | T1b | PV |
| JUNEL FE 1.5/30 | T1b | PV |
| JUNEL FE 1/20 | T1b | PV |
| JUNEL FE 24 | T1b | PV |
| KAITLIB FE | T9 | |
| KARIVA | T1b | PV |
| KELNOR 1/35 | T1b | PV |
| KURVELO | T1b | PV |
| LARIN 24 FE | T1b | PV |
| LAYOLIS FE | T9 | |
| <i>levonorgest-eth est & eth est</i> | T1b | PV |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i> | T1b | PV |
| <i>levonorgestrel oral tablet 1.5 mg</i> | T1b | PV |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i> | T1b | PV |
| LEVORA 0.15/30 (28) | T1b | PV |
| LILLOW | T1b | PV |
| LO LOESTRIN FE | T3 | ST |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| LOESTRIN 1.5/30 (21) | T9 | |
| LOESTRIN FE 1.5/30 | T3 | PV |
| LOESTRIN FE 1/20 | T3 | PV |
| LOMEDIA 24 FE | T1b | |
| LOSEASONIQUE | T9 | |
| LOW-OGESTREL | T1b | PV |
| LUTERA | T1b | PV |
| LYZA | T1b | PV |
| <i>marlissa</i> | T1b | PV |
| <i>medroxyprogesterone acetate intramuscular suspension</i> | T1b | PV |
| <i>medroxyprogesterone acetate oral</i> | T1a | |
| MEGACE ES | T3 | ST |
| MEGACE ORAL | T3 | |
| <i>megestrol acetate oral suspension 40 mg/ml</i> | T1b | |
| <i>megestrol acetate oral suspension 625 mg/5ml</i> | T9 | |
| <i>megestrol acetate oral tablet</i> | T1b | |
| MELODETTA 24 FE | T9 | |
| MIBELAS 24 FE | T9 | |
| MICROGESTIN 1.5/30 | T1b | PV |
| MICROGESTIN 1/20 | T1b | PV |
| MICROGESTIN 24 FE | T3 | |
| MICROGESTIN FE 1.5/30 | T1b | PV |
| MICROGESTIN FE 1/20 | T1b | PV |
| MIMVEY | T1b | |
| MIMVEY LO | T1b | |
| MINASTRIN 24 FE | T9 | |
| MIRCETTE | T9 | |
| MY CHOICE | T1b | PV |
| MY WAY | T1b | PV |
| MYFEMBREE | T5 | PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days) |
| NATAZIA | T9 | |
| NECON 0.5/35 (28) | T1b | PV |
| NECON 10/11 (28) | T1b | |
| NECON 7/7/7 | T1b | |
| NEW DAY | T1b | PV |
| NEXT CHOICE ONE DOSE | T1b | PV |
| NEXTSTELLIS | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| NORA-BE | T1b | 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> | T1b | PV |
| <i>norethindrone acetate oral</i> | T1b | |
| <i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i> | T1b | PV |
| <i>norethindrone oral</i> | T1b | PV |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | T1b | |
| <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> | T1b | PV |
| NORINYL 1+50 (28) | T3 | |
| NORLYDA | T1b | PV |
| NORTREL 0.5/35 (28) | T1b | PV |
| NORTREL 1/35 (28) | T1b | PV |
| NORTREL 7/7/7 | T1b | PV |
| NUVARING | T9 | |
| OCELLA | T1b | PV |
| OPCICON ONE-STEP | T1b | PV |
| OPTION 2 | T1b | PV |
| ORIAHNN | T4 | PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days) |
| OVCON-35 (28) | T3 | |
| PLAN B ONE-STEP | T1b | |
| PORTIA-28 | T1b | PV |
| PREFEST | T3 | |
| PREMPHASE | T2 | |
| PREMPRO | T2 | |
| PREVIFEM | T1b | PV |
| <i>progesterone intramuscular</i> | T1b | |
| <i>progesterone micronized oral</i> | T1b | |
| <i>progesterone oral</i> | T1b | |
| PROMETRIUM | T3 | |
| PROVERA | T3 | |
| QUARTETTE | T9 | |
| RECLIPSEN | T1b | PV |
| RIVELSA | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| SAFYRAL | T9 | |
| SEASONIQUE | T9 | |
| SHAROBEL | T1b | PV |
| SLYND | T9 | |
| SPRINTEC 28 | T1b | PV |
| SRONYX | T1b | PV |
| SYEDA | T1b | |
| TAKE ACTION | T1b | |
| TAYTULLA | T9 | |
| TRI-ESTARYLLA | T1b | PV |
| TRI-LEGEST FE | T1b | PV |
| TRI-LINYAH | T1b | PV |
| TRI-LO-ESTARYLLA | T1b | PV |
| TRI-LO-SPRINTEC | T1b | PV |
| TRI-NORINYL (28) | T3 | PV |
| TRI-PREVIFEM | T1b | PV |
| TRI-SPRINTEC | T1b | PV |
| TRIVORA (28) | T1b | PV |
| TULANA | T1b | PV |
| TWIRLA | T9 | |
| TYDEMY | T9 | |
| VELIVET | T1b | PV |
| XULANE | T2 | PV |
| YASMIN 28 | T9 | |
| YAZ | T9 | |
| ZENCHENT | T1b | SP (Contraceptive Management rider is required.) |
| ZOVIA 1/35E (28) | T1b | PV |
| ZOVIA 1/50E (28) | T1b | |
| <i>Rapid-Acting Insulins</i> | | |
| ADMELOG | T3 | ST |
| ADMELOG SOLOSTAR | T3 | ST; AL |
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60 X 4 UNIT & 30X8 UNIT, 8 UNIT | T3 | ST |
| APIDRA | T3 | ST |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | T3 | ST; AL |
| FIASP | T3 | ST |
| FIASP FLEXTOUCH | T3 | ST; AL |
| FIASP PENFILL | T3 | ST; AL |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| HUMALOG JUNIOR KWIKPEN | T1b | AL |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | T1b | AL |
| HUMALOG MIX 50/50 | T1b | |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1b | AL |
| HUMALOG MIX 75/25 | T1b | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1b | AL |
| HUMALOG SUBCUTANEOUS SOLUTION | T1b | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | T1b | AL |
| <i>insulin asp prot & asp flexpen</i> | T3 | ST; AL |
| <i>insulin aspart</i> | T3 | ST |
| <i>insulin aspart flexpen</i> | T3 | ST; AL |
| <i>insulin aspart penfill</i> | T3 | ST; AL |
| <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 | T2 | |
| LYUMJEV KWIKPEN | T2 | AL |
| NOVOLOG | T9 | |
| NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | T9 | |
| NOVOLOG MIX 70/30 | T9 | |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T9 | |
| NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE | T9 | |
| Short-Acting Insulins | | |
| HUMULIN 70/30 | T1b | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1b | AL |
| HUMULIN 70/30 PEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | T1b | AL |
| HUMULIN R | T1b | |
| HUMULIN R U-500 (CONCENTRATED) | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | T1b | AL |
| NOVOLIN 70/30 | T3 | ST |
| NOVOLIN 70/30 FLEXPEN | T3 | ST; AL |
| NOVOLIN R | T3 | ST |
| NOVOLIN R FLEXPEN | T3 | ST; AL |
| <i>Sodium-Gluc Cotransport 2 (Sglt2) Inhib</i> | | |
| FARXIGA | T2 | QL (30 tablets per 30 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 (30 tablets per 30 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 | |
| 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</i> | T4 | SP (Max of 31 days per dispensing.) |
| SANDOSTATIN | T5 | SP (Max of 31 days per dispensing.) |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|--|
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML | T5 | PA; SP (Limited to a 1 month supply per fill) |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML | T5 | PA; SP (Limited to a 1 month supply per fill) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML | T4 | SP (Max of 31 days per dispensing. If not self-administered covered under medical benefit.) |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML | T4 | SP (Max of 31 days per dispensing. If not self-administered covered under medical benefit.) |
| <i>Somatotropin Agonists</i> | | |
| GENOTROPIN | T4 | PA; SP (Max of 31 days per dispensing.) |
| GENOTROPIN MINIQUICK | T4 | PA; SP (Max of 31 days per dispensing.) |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 5 MG, 6 MG | T9 | SP () |
| HUMATROPE INJECTION SOLUTION RECONSTITUTED 24 MG | T9 | |
| INCRELEX | T4 | PA; SP (Limited to a 1 month supply per fill) |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | PA; SP (Limited to a 1 month supply per fill) |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED | T9 | |
| SAIZEN | T9 | SP () |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG | T5 | PA; SP (Limited to a 1 month supply per fill) |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG | T5 | PA; SP (Limited to a 1 month supply per fill) |
| ZOMACTON | T9 | |
| ZORBTIVE | T5 | PA; SP (Limited to a 1 month supply per fill) |
| <i>Somatotropin Antagonists</i> | | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG | T4 | PA; SP (Limited to a 1 month supply per fill) |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG | T4 | PA; SP (Limited to a 1 month supply per fill) |
| Sulfonylureas | | |
| AMARYL | T3 | |
| AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG | T2 | |
| DIABETA | T3 | |
| DUETACT | T9 | |
| <i>glimepiride</i> | T1a | |
| <i>glipizide er</i> | T1b | |
| <i>glipizide oral</i> | T1a | |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i> | T1b | |
| <i>glipizide-metformin hcl</i> | T1b | |
| GLUCOTROL | T3 | |
| GLUCOTROL XL | T3 | |
| GLUCOVANCE | T3 | |
| <i>glyburide micronized</i> | T1b | |
| <i>glyburide oral</i> | T1b | |
| <i>glyburide-metformin</i> | T1b | |
| 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> | T2 | ST; QL (30 tablets per 30 days) |
| AVANDAMET | T2 | |
| AVANDARYL ORAL TABLET 4-1 MG, 4-2 MG, 4-4 MG | T2 | |
| AVANDIA | T2 | |
| DUETACT | T9 | |
| OSENI | T9 | |
| <i>pioglitazone hcl</i> | T1b | |
| <i>pioglitazone hcl-glimepiride</i> | T9 | |
| <i>pioglitazone hcl-metformin hcl</i> | T1b | |
| Thyroid Agents | | |
| ARMOUR THYROID | T2 | |
| CYTOMEL | T3 | |
| EUTHYROX | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-------------------------------------|
| <i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</i> | T5 | SP (Max of 31 days per dispensing.) |
| <i>levothyroxine sodium oral capsule</i> | T9 | |
| <i>levothyroxine sodium oral tablet</i> | T1a | |
| LEVOXYL | T1b | |
| <i>liothyronine sodium oral</i> | T1b | |
| <i>np thyroid</i> | T1b | |
| 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 | T1b | |
| WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG | T1b | |
| Local Anesthetics (Parenteral) | | |
| <i>Local Anesthetics (Parenteral)</i> | | |
| ZTLIDO | T9 | |
| Miscellaneous Therapeutic Agents | | |
| 5-Alpha-Reductase Inhibitors | | |
| AVODART | T3 | |
| <i>dutasteride oral</i> | T1b | QL (30 capsules per 30 days) |
| <i>dutasteride-tamsulosin hcl</i> | T2 | ST |
| <i>finasteride oral tablet 1 mg</i> | T9 | |
| <i>finasteride oral tablet 5 mg</i> | T1b | |
| JALYN | T3 | ST |
| PROPECIA | T9 | |
| PROSCAR | T3 | |
| Alcohol Deterrents | | |
| ANTABUSE | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <i>disulfiram oral</i> | T1b | |
| <i>naltrexone hcl oral</i> | T1b | |
| Antidotes | | |
| <i>acetylcysteine inhalation</i> | T1b | |
| <i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i> | T1b | |
| 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.) |
| EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML | T9 | |
| 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 | T1b | |
| <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> | T1b | |
| MEPHYTON | T3 | QL (3 tablets per 30 days) |
| <i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i> | T1b | QL (2 Vials/Syringes per 365 Day(s)) |
| <i>naloxone hcl injection solution auto-injector</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|--|
| <i>naloxone hcl injection solution cartridge</i> | T1b | QL (2 Vials/Syringes per 365 Day(s)) |
| <i>naloxone hcl injection solution prefilled syringe</i> | T1b | QL (2 Vials/Syringes per 365 Day(s)) |
| <i>naltrexone hcl oral</i> | T1b | |
| <i>phytonadione injection solution 1 mg/0.5ml</i> | T3 | |
| <i>phytonadione oral</i> | T1b | 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> | T1b | |
| SPS | T1b | |
| 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> | T1a | |
| <i>allopurinol sodium</i> | T1b | |
| ANAPROX DS | T3 | |
| <i>colchicine oral</i> | T2 | QL (120 capsules per 30 days) |
| <i>colchicine-probenecid</i> | T1b | |
| COLCRYS | T9 | |
| <i>cvs naproxen sodium oral tablet</i> | T1a | |
| DUZALLO | T3 | ST |
| EC-NAPROSYN | T3 | |
| <i>febuxostat</i> | T2 | ST |
| GLOPERBA | T9 | |
| INDOCIN ORAL | T9 | |
| INDOCIN RECTAL | T9 | |
| <i>indomethacin er</i> | T1b | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | T1b | |
| MITIGARE | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG | T9 | |
| NAPROSYN ORAL TABLET | T3 | |
| <i>naproxen oral suspension</i> | T1b | QL (473 ML per 30 days); AL |
| <i>naproxen oral tablet</i> | T1a | |
| <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> | T1a | |
| <i>probenecid oral</i> | T1b | |
| ULORIC | T3 | ST |
| ZYLOPRIM | T3 | |
| <i>Antisense Oligonucleotides</i> | | |
| EXONDYS 51 | T9 | |
| TEGSEDI | T4 | PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 30 days) |
| VILTEPSO | T9 | |
| <i>Bone Anabolic Agents</i> | | |
| FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML | T9 | SP () |
| NATPARA | T5 | PA; SP (Max of 31 days per dispensing.) |
| <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) |
| <i>Bone Resorption Inhibitors</i> | | |
| ACTONEL ORAL TABLET 150 MG | T3 | QL (1 tablet per 30 days) |
| ACTONEL ORAL TABLET 30 MG, 35 MG, 5 MG | T3 | |
| <i>alendronate sodium oral solution</i> | T1a | |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i> | T1a | |
| ALORA | T2 | |
| AELVIA | T3 | |
| BINOSTO | T3 | ST |
| BONIVA ORAL TABLET 150 MG | T3 | |
| <i>calcitonin (salmon) injection</i> | T9 | |
| <i>calcitonin (salmon) nasal</i> | T1b | |
| CLIMARA | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| DELESTROGEN | T3 | |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM | T2 | QL (30 packets per 30 days) |
| DIVIGEL TRANSDERMAL GEL 1 MG/GM | T2 | QL (30 GM per 30 days) |
| DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM | T2 | QL (30 packets per 30 Days) |
| DOTTI | T1b | |
| ELESTRIN | T3 | ST |
| ESTRACE ORAL | T3 | |
| ESTRACE VAGINAL | T9 | |
| <i>estradiol implant pellet 6 mg</i> | T9 | |
| <i>estradiol oral</i> | T1b | |
| <i>estradiol transdermal</i> | T1b | |
| <i>estradiol vaginal cream</i> | T1b | QL (42.5 GM per 30 days) |
| <i>estradiol vaginal tablet</i> | T1b | |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | T2 | |
| ESTRING | T3 | |
| ESTROGEL | T2 | QL (50 GM per 31 days) |
| <i>estropipate oral</i> | T1b | |
| <i>etidronate disodium oral tablet 200 mg</i> | T3 | ST |
| EVAMIST | T2 | |
| EVISTA | T3 | |
| FEMRING | T3 | |
| FORTICAL | T1b | |
| FOSAMAX ORAL TABLET 70 MG | T3 | |
| FOSAMAX PLUS D | T3 | ST; QL (4 tablets per 28 days) |
| <i>ibandronate sodium oral</i> | T1b | |
| MENEST | 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> | T1b | |
| <i>risedronate sodium oral tablet 150 mg</i> | T1b | ST; QL (1 tablets 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> | T1b | ST |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| <i>risedronate sodium oral tablet delayed release</i> | T2 | ST |
| SKELID | T4 | |
| VAGIFEM VAGINAL TABLET 10 MCG | T3 | |
| VIVELLE-DOT | T3 | |
| YUVAFEM | T1b | |
| <i>Carbonic Anhydrase Inhibitors (Misc.)</i> | | |
| KEVEYIS | T4 | PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days) |
| <i>Cariostatic Agents</i> | | |
| CAVIRINSE | T1b | |
| CONTROLRX DENTAL CREAM | T1b | |
| DENTA 5000 PLUS | T1b | |
| DENTAGEL | T1b | |
| FLORIVA ORAL LIQUID | T9 | |
| FLORIVA ORAL TABLET CHEWABLE 0.5 MG | T9 | |
| FLORIVA PLUS | T9 | |
| FLUOR-A-DAY ORAL SOLUTION | T2 | AL |
| FLUORIDEX DAILY DEFENSE | T1b | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE | T3 | |
| LURIDE | T3 | |
| <i>multi vitamin/fluoride oral tablet chewable 0.25 mg</i> | T1b | AL |
| <i>multi-vit/fluoride oral solution</i> | T1b | AL |
| <i>multi-vit/fluoride/iron</i> | T1b | AL |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | T3 | AL |
| <i>multi-vitamin/fluoride oral tablet chewable 0.5 mg</i> | T1b | AL |
| <i>multivitamins/fluoride oral tablet chewable 0.5 mg</i> | T1b | AL |
| NEUTRAGARD ADVANCED | T1b | |
| PHOS-FLUR | T1b | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE | T9 | |
| PREVIDENT | T3 | |
| PREVIDENT 5000 BOOSTER | 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> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| <i>sf 5000 plus</i> | T1b | |
| <i>sodium fluoride 5000 plus</i> | T1b | |
| <i>sodium fluoride 5000 ppm dental gel</i> | T1b | |
| <i>sodium fluoride 5000 ppm dental paste</i> | T1b | |
| <i>sodium fluoride 5000 sensitive</i> | T1b | |
| <i>sodium fluoride dental gel 1.1 %</i> | T1b | |
| <i>sodium fluoride mouth/throat</i> | T1b | |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i> | T1b | |
| <i>sodium fluoride oral tablet chewable</i> | T1b | |
| TRI-VI-FLOR | T9 | |
| <i>tri-vit/fluoride/iron</i> | T1b | |
| <i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i> | T1b | |
| 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 SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT | T5 | PA; SP (Limited to a 1 month supply per fill) |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT | T5 | PA; SP (Limited to a 1 month supply per fill) |
| <i>icatibant acetate</i> | T5 | PA; SP (Limited to a 1 month supply per fill); QL (3 synges 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); 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) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| <i>Disease-Modifying Antirheumatic Agents</i> | | |
| 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> | T1b | |
| 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 SUBCUTANEOUS KIT 2 X 200 MG | T5 | PA; SP (Limited to a 1 month supply per fill) |
| CUPRIMINE ORAL CAPSULE 250 MG | T9 | |
| <i>cyclosporine modified</i> | T1b | |
| <i>cyclosporine oral capsule</i> | T1b | |
| 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 | T1b | |
| GENGRAF ORAL SOLUTION | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years) |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | T4 | PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years) |
| HUMIRA PEN-PEDIATRIC UC START | T4 | PA; SP (Limited to a one month supply per fill); QL (1 fill per 2 yearss) |
| 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/UEVIT STARTER | T4 | PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days) |
| <i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i> | T9 | |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> | T1b | |
| 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 | 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> | T1b | |
| <i>methotrexate oral</i> | T1b | |
| <i>methotrexate sodium (pf) injection solution 200 mg/8ml</i> | T1b | |
| <i>methotrexate sodium injection solution reconstituted</i> | T1b | |
| NEORAL | T3 | |
| OLUMIANT | T5 | PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| 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 |
| 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 | |
| RHEUMATREX ORAL TABLET 2.5 MG | T2 | |
| RIDAURA | T2 | |
| 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) |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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> | T1b | |
| TREXALL | T3 | ST |
| 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 ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days) |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days) |
| <i>Gonadotropin-Releasing Hormone Antagnts</i> | | |
| CETROTIDE SUBCUTANEOUS KIT 3 MG | T2 | |
| <i>Immunomodulatory Agents</i> | | |
| 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 (Max of 31 days per dispensing.) |
| ARAVA | T5 | SP (Max of 31 days per dispensing.) |
| AUBAGIO | 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 | |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> | T3 | |
| <i>azathioprine oral tablet 50 mg</i> | T1b | |
| AZULFIDINE | T3 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| 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 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> | T1b | |
| <i>cyclosporine oral capsule</i> | T1b | |
| <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 | T1b | |
| GENGRAF ORAL SOLUTION | T1b | |
| GILENYA ORAL CAPSULE 0.5 MG | T4 | ST; SP (Limited to a 1 month supply per fill) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> | T4 | SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> | T4 | SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML | T4 | SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (30 ML per 30 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | T4 | SP (Limited to a 1 month supply per fill. Not covered in combination with other immunomodulatory drugs.); QL (12 ML per 28 days) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years) |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | T4 | PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (1 Kit per 2 years) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 2 years) |
| HUMIRA PEN-PEDIATRIC UC START | T4 | PA; SP (Limited to a one month supply per fill); QL (1 fill per 2 yearss) |
| 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, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days) |
| <i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i> | T9 | |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i> | T1b | |
| IMURAN | T3 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| INTRON A INJECTION SOLUTION | T4 | SP (Limited to a 1 month supply per fill) |
| INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT | T4 | SP (Limited to a 1 month supply per fill) |
| INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT | T4 | SP (Limited to a 1 month supply per fill) |
| 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> | T1b | |
| LEMTRADA | T9 | |
| 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 | T4 | ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years) |
| <i>methotrexate oral</i> | T1b | |
| <i>methotrexate sodium (pf) injection solution 200 mg/8ml</i> | T1b | |
| <i>methotrexate sodium injection solution reconstituted</i> | T1b | |
| 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 |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| 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 one month supply per fill); QL (2 ML per 28 years) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | ST; SP (Limited to a 1 month supply per fill); QL (2 ML per 28 days) |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T5 | 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 | T5 | PA; SP (Max of 31 days per dispensing.) |
| 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 | 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 | T4 | SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days) |
| RHEUMATREX ORAL TABLET 2.5 MG | T2 | |
| RIDAURA | T2 | |
| SANDIMMUNE ORAL | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| 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> | T1b | |
| TECFIDERA | T5 | ST; SP (Limited to a 1 month supply per fill) |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG | T4 | SP (Limited to a 1 month supply per fill) |
| THALOMID ORAL CAPSULE 50 MG | T4 | SP (Limited to a 1 month supply per fill) |
| TREXALL | T3 | ST |
| VUMERITY | T9 | |
| VUMERITY (STARTER) | 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> | T1b | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T4 | PA; SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 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> | T1b | |
| <i>cyclosporine oral capsule</i> | T1b | |
| ELIDEL | T3 | ST; QL (30 GM per 30 days) |
| ENVARUSUS XR | T3 | ST |
| <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 | T1b | |
| GENGRAF ORAL SOLUTION | T1b | |
| IMURAN | T3 | |
| <i>leflunomide oral</i> | T1b | |
| LUPKYNIS | T5 | PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 Days) |
| MAVENCLAD (10 TABS) | T9 | |
| MAVENCLAD (4 TABS) | T9 | |
| MAVENCLAD (5 TABS) | T9 | |
| MAVENCLAD (6 TABS) | T9 | |
| MAVENCLAD (7 TABS) | T9 | |
| MAVENCLAD (8 TABS) | T9 | |
| MAVENCLAD (9 TABS) | T9 | |
| <i>mercaptopurine oral</i> | T1b | |
| <i>methotrexate oral</i> | T1b | |
| <i>methotrexate sodium (pf) injection solution 200 mg/8ml</i> | T1b | |
| <i>methotrexate sodium injection solution reconstituted</i> | T1b | |
| <i>mycophenolate mofetil oral</i> | T1b | |
| <i>mycophenolate sodium oral tablet delayed release 180 mg</i> | T3 | QL (240 tablets per 30 days) |
| <i>mycophenolate sodium oral tablet delayed release 360 mg</i> | T3 | QL (120 tablets per 30 days) |
| MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG | T3 | QL (240 tablets per 30 days) |
| MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG | T3 | QL (120 tablets per 30 days) |
| NEORAL | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <i>pimecrolimus</i> | T1b | 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 | T5 | SP (Max of 31 days per dispensing.) |
| RHEUMATREX ORAL TABLET 2.5 MG | T2 | |
| SANDIMMUNE ORAL | T3 | |
| <i>sirolimus oral</i> | T4 | SP (Max of 31 days per dispensing.) |
| <i>tacrolimus external ointment 0.03 %</i> | T1b | ST; QL (30 GM per 30 days) |
| <i>tacrolimus external ointment 0.1 %</i> | T3 | ST; QL (30 GM per 30 days) |
| <i>tacrolimus oral</i> | T1b | |
| TREXALL | T3 | ST |
| XATMEP | T3 | AL |
| ZORTRESS | T5 | SP (Max of 31 days per dispensing.) |
| <i>Other Miscellaneous Therapeutic Agents</i> | | |
| AMPYRA | T9 | |
| ANIMI-3 | T9 | |
| ARCALYST | T4 | SP (Max of 31 days per dispensing.) |
| <i>bp vit 3</i> | T9 | |
| CARDIOVID PLUS | T9 | |
| CARNITOR ORAL | T3 | |
| CARNITOR SF | T3 | |
| CERDELGA | T4 | SP (Max of 31 days per dispensing.); 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>citrus bergamot</i> | T9 | |
| <i>coenzyme q10</i> | T9 | |
| <i>coenzyme q-10 oral capsule 100 mg</i> | T9 | |
| <i>complete natal dha</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <i>dalfampridine er</i> | T5 | PA; SP (Limited to a 1 month supply per fill) |
| DEMSE | 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) |
| HYALGAN INTRA-ARTICULAR SOLUTION | T9 | |
| <i>infanate balance</i> | T3 | |
| IROSPAN 24/6 | T9 | |
| ISTURISA ORAL TABLET 1 MG | T5 | PA; SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days) |
| ISTURISA ORAL TABLET 10 MG, 5 MG | T5 | PA; SP (Max of 31 days per dispensing.); QL (60 tablets per 30 days) |
| KUVAN ORAL PACKET 100 MG | T5 | PA; SP (Limited to a 1 month supply per fill) |
| KUVAN ORAL PACKET 500 MG | T5 | PA; SP (Limited to a 1 month supply per fill) |
| KUVAN ORAL TABLET | T5 | PA; SP (Limited to a 1 month supply per fill) |
| KUVAN ORAL TABLET SOLUBLE | T5 | PA; SP (Limited to a 1 month supply per fill) |
| <i>levocarnitine oral solution</i> | T1b | |
| <i>levocarnitine oral tablet</i> | T1b | |
| <i>levocarnitine sf</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| <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) |
| MONOVISC | T9 | |
| MULTIGEN FOLIC | T9 | |
| MULTIGEN PLUS | T9 | |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | T3 | |
| <i>neonatal + dha</i> | T9 | |
| NESTABS ABC | T3 | |
| NEXA PLUS | T3 | |
| <i>nitisinone</i> | T9 | |
| NITYR | T9 | |
| OB-NATAL ONE | T1b | |
| ORFADIN | T9 | |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | T9 | |
| <i>pnv-dha</i> | T1b | |
| <i>pnv-dha+docusate</i> | T1b | |
| <i>pnv-omega</i> | T1b | |
| PR NATAL 400 | T1b | |
| PR NATAL 400 EC | T1b | |
| PR NATAL 430 | T1b | |
| PR NATAL 430 EC | T1b | |
| PREFERAOB ONE | T3 | |
| 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 (Max of 31 day supply per dispensing.) |
| STRIBILD | T4 | SP (Max of 31 days per dispensing.) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | T9 | |
| SYMTUZA | T4 | SP (Max of 31 days per dispensing.); QL (30 tablets per 30 days) |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | T9 | |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE | T9 | |
| 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 Days) |
| <i>tl-care dha</i> | T1b | |
| <i>tristart dha</i> | T9 | |
| TRIVEEN-DUO DHA | T1b | |
| TYBOST | T2 | QL (30 tablets per 30 days) |
| URIBEL | T9 | |
| VINATE DHA RF | T3 | QL (30 tablets per 30 days) |
| <i>virtprex</i> | T3 | |
| VITAFOL-ONE | T3 | |
| VITAPEARL | T3 | |
| VITATRUE | T3 | |
| XURIDEN | T9 | |
| ZAVESCA | T9 | |
| ZOKINVY | T9 | |
| Protective Agents | | |
| MESNEX ORAL | T4 | SP (Max of 31 days per dispensing.) |
| Nonhormonal Contraceptives | | |
| <i>Nonhormonal Contraceptives</i> | | |
| CAYA | T3 | |
| PHEXXI | T9 | |
| Oxytocics | | |
| <i>Oxytocics</i> | | |
| METHERGINE ORAL | T3 | QL (28 tablets per 365 days) |

| Medication | Coverage Level | Restrictions |
|--|----------------|------------------------------|
| <i>methylergonovine maleate oral</i> | T3 | QL (28 tablets per 365 days) |
| Pharmaceutical Aids | | |
| <i>Pharmaceutical Aids</i> | | |
| ALPAWASH | T9 | |
| FREEDOM DERMA-D | T9 | |
| Respiratory Tract Agents | | |
| <i>Alpha And Beta Adrenergic Agonist(Respr)</i> | | |
| ADRENALIN INJECTION SOLUTION AUTO-INJECTOR | T9 | |
| 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 31 Days) |
| <i>Anticholinergic Agents (Respir. Tract)</i> | | |
| <i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i> | T1b | |
| ATROVENT | T3 | |
| ATROVENT HFA | T2 | |
| COMBIVENT RESPIMAT | T2 | QL (2 GM per 40 days) |
| <i>ipratropium bromide inhalation</i> | T1b | |
| <i>ipratropium bromide nasal</i> | T1b | |
| <i>ipratropium-albuterol</i> | T1b | 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) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| Antifibrotic Agents | | |
| ESBRIET ORAL CAPSULE | T4 | PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days) |
| ESBRIET ORAL TABLET 267 MG | 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) |
| OFEV | 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> | T1b | |
| <i>benzonatate oral capsule 150 mg</i> | T9 | |
| BROMFED DM | T9 | |
| <i>cheratussin ac oral syrup</i> | T1b | |
| <i>cheratussin dac</i> | T1b | |
| <i>codeine sulfate oral tablet</i> | T1b | |
| 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 | |
| FLOWTUSS | T9 | |
| <i>guaifenesin-dm oral syrup</i> | T9 | |
| HISTEX-AC | T9 | |
| HYCODAN | T9 | |
| HYCOFENIX | T9 | |
| <i>hydrocod polst-cpm polst er oral suspension extended release</i> | T1b | |
| <i>hydrocodone-homatropine oral syrup</i> | T1b | |
| <i>hydromet</i> | T1b | |
| <i>maxi-tuss cd</i> | T9 | |
| OBREDON | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| <i>promethazine-codeine oral syrup</i> | T1b | |
| <i>promethazine-dm oral syrup</i> | T1b | |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i> | T1b | |
| TESSALON PERLES | T3 | |
| TUSSIGON | T2 | |
| TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE | T9 | |
| <i>Cystic Fibrosis (Cftr) Correctors</i> | | |
| ORKAMBI ORAL PACKET | 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, 50 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL |
| KALYDECO ORAL PACKET 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 (60 tablets per 30 days); AL |
| ORKAMBI ORAL PACKET | 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> | T1b | |
| <i>cheratussin dac</i> | T1b | |
| FLOWTUSS | T9 | |
| <i>guaifenesin oral solution 100 mg/5ml</i> | T9 | |
| <i>guaifenesin oral tablet 400 mg</i> | T9 | |
| <i>guaifenesin-dm oral syrup</i> | T9 | |
| HYCOFENIX | T9 | |
| OBREDON | T9 | |
| First Generation Antihist.(Respir Tract) | | |
| <i>carbinoxamine maleate oral solution</i> | T1b | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | T1b | |
| <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> | T1b | |
| <i>cyproheptadine hcl oral</i> | T1b | |
| 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> | T1b | |
| <i>promethazine hcl oral tablet</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i> | T1b | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | T3 | |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG | T9 | |
| <i>pyril d</i> | T3 | |
| <i>pyrilamine-phenylephrine oral suspension</i> | T1b | |
| RYCLORA ORAL SYRUP | T9 | |
| RYVENT | T9 | |
| Interleukin Antagonists | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | T4 | PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days) |
| FASENRA PEN | T4 | PA; SP (Limited to 1 ml (30mg) every 28 days for 3 fills); QL (1 ML per 56 days) |
| Leukotriene Modifiers | | |
| ACCOLATE | T3 | |
| <i>montelukast sodium oral</i> | T1b | |
| SINGULAIR | T3 | |
| <i>zafirlukast</i> | T1b | |
| <i>zileuton er</i> | 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 |
| <i>cromolyn sodium inhalation</i> | T9 | |
| <i>cromolyn sodium ophthalmic</i> | T1b | |
| <i>cromolyn sodium oral</i> | T3 | |
| GASTROCROM | T3 | |
| Mucolytic Agents | | |
| <i>acetylcysteine inhalation</i> | T1b | |
| HYPERSAL | T2 | QL (240 ML per 30 days) |
| PULMOZYME | T4 | PA; SP (Max of 31 days per dispensing.); QL (60 ampules per 30 days) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------------------------|
| <i>sodium chloride inhalation nebulization solution 7 %</i> | T1b | |
| Nasal Preparations (Steroids) | | |
| <i>azelastine-fluticasone</i> | T9 | |
| BECONASE AQ | T9 | |
| <i>budesonide nasal</i> | T9 | |
| DYMISTA | T9 | |
| FLONASE | T9 | |
| <i>flunisolide nasal solution 25 mcg/act (0.025%)</i> | T9 | |
| <i>fluticasone propionate nasal</i> | T9 | |
| <i>mometasone furoate nasal</i> | T9 | |
| NASACORT ALLERGY 24HR | T9 | |
| NASONEX | T9 | |
| QNASL | T9 | |
| QNASL CHILDRENS | T9 | |
| RHINOCORT AQUA | T9 | |
| SINUVA | T9 | |
| TICALAST | T9 | |
| <i>triamcinolone acetonide nasal aerosol</i> | T9 | |
| VERAMYST | T9 | |
| XHANCE | T9 | |
| Orally Inhaled Preparations (Steroids) | | |
| ARMONAIR DIGIHALER | T9 | |
| ARNUITY ELLIPTA | T2 | 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 | T2 | QL (1 Inhaler per 30 Day(s)s) |
| FLOVENT HFA | T2 | 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 REDIHALER | T2 | |
| 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 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| 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 | 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> | T1b | |
| <i>azelastine hcl ophthalmic</i> | T1b | |
| <i>azelastine-fluticasone</i> | T9 | |
| <i>cetirizine hcl childrens alrgy oral solution</i> | T9 | |
| <i>cetirizine hcl oral tablet</i> | T9 | |
| <i>cetirizine hcl oral tablet chewable</i> | T9 | |
| <i>childrens loratadine oral syrup</i> | T9 | |
| CLARINEX ORAL TABLET | T9 | |
| CLARITIN ORAL SYRUP | T9 | |
| CLARITIN ORAL TABLET | T9 | |
| CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG | T9 | |
| <i>desloratadine oral tablet</i> | T9 | |
| DYMISTA | T9 | |
| <i>fexofenadine hcl oral tablet 180 mg, 60 mg</i> | T9 | |
| <i>loratadine oral tablet</i> | T9 | |
| QUZYTIR | T9 | |
| TICALAST | T9 | |
| Select.Beta-2-Adrenergic Agonist(Respir) | | |
| <i>albuterol sulfate er</i> | T1b | |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i> | T1b | 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> | T1b | |
| <i>albuterol sulfate oral</i> | T1b | |
| 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> | T1b | |
| <i>levalbuterol tartrate hfa</i> | T2 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| <i>metaproterenol sulfate oral syrup</i> | T1b | |
| 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> | T1b | |
| VENTOLIN HFA | T2 | QL (2 Inhalers per 30 days) |
| VOSPIRE ER | T3 | |
| XOPENEX | T3 | |
| XOPENEX CONCENTRATE | T3 | |
| XOPENEX HFA | T9 | |
| <i>Vasodilating Agents (Respiratory Tract)</i> | | |
| ADCIRCA | T9 | |
| ADEMPAS ORAL TABLET 0.5 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, 2 MG | T4 | PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days) |
| ADEMPAS ORAL TABLET 1.5 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 oral tablet 125 mg</i> | T4 | PA; SP (Limited to a 1 month supply per fill) |
| <i>bosentan oral tablet 62.5 mg</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) |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| 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> | T1b | QL (6 tablets per 30 days) |
| <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, 1400 MCG, 200 MCG, 400 MCG, 800 MCG | T5 | PA; SP (Limited to a 1 month supply per fill)); QL (60 tablets per 30 days) |
| UPTRAVI ORAL TABLET 1200 MCG | T5 | PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| UPTRAVI ORAL TABLET 1600 MCG, 600 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) |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML | T4 | PA; SP (Limited to a 1 month supply per fill) |
| VENTAVIS INHALATION SOLUTION 20 MCG/ML | T4 | PA; SP (Limited to a 1 month supply per fill) |
| 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> | T1b | |
| <i>theophylline er oral tablet extended release 24 hour</i> | T1b | |
| Skin And Mucous Membrane Agents | | |
| <i>Allylamines (Skin And Mucous Membrane)</i> | | |
| LAMISIL SPRAY | T3 | |
| <i>naftifine hcl external cream 1 %</i> | T3 | ST; QL (90 GM per 30 days) |
| <i>naftifine hcl external cream 2 %</i> | T9 | |
| NAFTIN | T9 | |
| <i>Antibacterials (Skin, Mucous Membrane)</i> | | |
| ACANYA | T9 | |
| ACZONE | T9 | |
| AKTIPAK | T9 | |
| ALTABAX | T9 | |
| 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 | |
| BACTROBAN | T3 | |
| BACTROBAN NASAL | T2 | |
| BENZACLIN | T9 | |
| BENZACLIN WITH PUMP | T9 | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|-------------------------|
| <i>benzoyl peroxide-erythromycin</i> | T2 | |
| <i>bp 10-1</i> | T9 | |
| <i>bp cleansing wash</i> | T1b | |
| CENTANY | T3 | |
| CLARIFOAM EF | T3 | |
| CLENIA PLUS | T9 | |
| CLEOCIN VAGINAL | T9 | |
| CLEOCIN-T | T9 | |
| 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> | T9 | |
| <i>clindamycin phosphate external lotion</i> | T9 | |
| <i>clindamycin phosphate external solution</i> | T1b | QL (180 ML per 30 days) |
| <i>clindamycin phosphate external swab</i> | T1b | |
| <i>clindamycin phosphate vaginal</i> | T1b | |
| <i>clindamycin-tretinoin</i> | T3 | |
| CLINDESSE | T3 | ST |
| CORTISPORIN EXTERNAL | T2 | |
| <i>dapsone external</i> | T9 | |
| DUAC | T9 | |
| <i>ery</i> | T1b | |
| <i>erythromycin external gel</i> | T1b | |
| <i>erythromycin external solution</i> | T1b | |
| <i>gentamicin sulfate external</i> | T1b | |
| KLARON | T3 | |
| METROCREAM | T3 | |
| METROGEL EXTERNAL GEL | T3 | |
| METROGEL-VAGINAL | T3 | |
| METROLOTION | T3 | |
| <i>metronidazole external</i> | T1b | |
| <i>metronidazole vaginal</i> | T1b | |
| MEXAR WASH | T1b | |
| <i>mupirocin calcium</i> | T9 | |
| <i>mupirocin external</i> | T1b | QL (22 gm per 30 days) |
| NEO-SYNALAR EXTERNAL CREAM | T9 | |
| NEUAC EXTERNAL GEL | T1b | QL (45 GM per 30 days) |
| NEUAC EXTERNAL KIT | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| 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> | T1b | |
| <i>sulfacetamide sodium external liquid</i> | T1b | |
| <i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i> | T9 | |
| <i>sulfacetamide sodium-sulfur external emulsion</i> | T1b | |
| <i>sulfacetamide sodium-sulfur external liquid 10-5 %</i> | T1b | |
| <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 TS | T9 | |
| SUMAXIN WASH | T9 | |
| VANDAZOLE | T1b | |
| VELTIN | T9 | |
| XEPI | T9 | |
| ZENCIA | T9 | |
| ZIANA | T9 | |
| ZILXI | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|----------------------------|
| Antifungals (Skin, Mucous Membrane), Misc | | |
| ALA-QUIN | T9 | |
| ALOQUIN | T9 | |
| <i>bensal hp external ointment 3-6 %</i> | T9 | |
| DERMASORB AF | T9 | |
| Anti-Inflammatory Agents, Misc (Skin) | | |
| EUCRISA | T3 | ST; QL (60 GM per 30 days) |
| Antipruritics And Local Anesthetics | | |
| <i>adazin</i> | T9 | |
| ANALPRAM-HC EXTERNAL LOTION | T2 | |
| <i>captracin</i> | T9 | |
| CETACAINE 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 | |
| <i>lidocaine external cream 4 %</i> | T9 | |
| <i>lidocaine external ointment 5 %</i> | T1b | |
| <i>lidocaine external patch 5 %</i> | T9 | |
| <i>lidocaine hcl external cream 3 %, 4 %</i> | T9 | |
| <i>lidocaine hcl external gel 2 %</i> | T1b | |
| <i>lidocaine hcl external solution</i> | T1b | |
| <i>lidocaine-hydrocortisone ace rectal gel</i> | T9 | |
| <i>lidocaine-hydrocortisone ace rectal kit</i> | T9 | |
| <i>lidocaine-prilocaine external cream</i> | T1b | |
| LIDODERM | T9 | |
| <i>lidopin external cream 3 %</i> | T1b | |
| <i>lidopril external kit</i> | T9 | |
| <i>lidorx</i> | T9 | |
| LIDOTRANS 5 PAK | T9 | |
| LIVIXIL PAK | T9 | |
| <i>lorenza</i> | T9 | |
| <i>mac patch</i> | T9 | |
| NOVACORT EXTERNAL GEL 1-2 % | T9 | |
| <i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i> | T1b | |
| PLIAGLIS EXTERNAL CREAM | T9 | |
| PRAMOSONE EXTERNAL CREAM | T9 | |
| PRAMOSONE EXTERNAL LOTION 1-1 % | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|------------------------|
| PRAMOSONE EXTERNAL LOTION 1-2.5 % | T3 | |
| PRAMOSONE EXTERNAL OINTMENT | T9 | |
| <i>pramoxine-hc external cream</i> | T9 | |
| <i>prilovix</i> | T9 | |
| <i>provenza</i> | T9 | |
| PRUDOXIN | T9 | |
| PYRIDIUM | T3 | |
| RELADOR PAK EXTERNAL KIT | T9 | |
| RELADOR PAK PLUS | T9 | |
| RELYYKS | T9 | |
| SINELEE | T9 | |
| SYNERA | T9 | |
| <i>synvexia</i> | 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 | T1b | |
| VUSION | T9 | |
| XERAC AC | T1b | |
| Azoles (Skin And Mucous Membrane) | | |
| <i>clotrimazole external cream</i> | T9 | |
| <i>clotrimazole external solution</i> | T9 | |
| <i>clotrimazole mouth/throat troche</i> | T1b | |
| <i>clotrimazole-betamethasone external cream</i> | T1b | |
| <i>clotrimazole-betamethasone external lotion</i> | T1b | QL (30 gm per 30 days) |
| <i>econazole nitrate external</i> | T1b | QL (90 GM per 30 days) |
| ECOZA | T9 | |
| ERTACZO | T3 | ST |
| EXELDERM | T3 | ST |
| EXTINA | T9 | |
| GNAZOLE-1 | T3 | |
| JUBLIA | T9 | |
| <i>ketoconazole external cream</i> | T1b | QL (60 gm per 30 days) |
| <i>ketoconazole external foam</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| <i>ketoconazole external shampoo 2 %</i> | T1b | QL (120 ml per 30 days) |
| KETODAN EXTERNAL FOAM | T1b | QL (100 GM 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> | T1b | |
| <i>terconazole vaginal suppository</i> | T1b | |
| VUSION | T9 | |
| XOLEGEL | T9 | |
| Basic Lotions And Liniments | | |
| <i>adazin</i> | T9 | |
| <i>ammonium lactate external</i> | T9 | |
| GERI-HYDROLAC 12 | T9 | |
| GERI-HYDROLAC 5 | T9 | |
| LAC-HYDRIN | 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 | |
| ALOQUIN | T9 | |
| DERMA SILKRX SDS PAK | T9 | |
| DERMASORB AF | T9 | |
| DERMASORB XM | T9 | |
| <i>hydrocortisone-aloe external cream 0.5 %</i> | T9 | |
| <i>iodoquimez-hc</i> | T9 | |
| <i>lactic acid e</i> | T9 | |
| NEUAC EXTERNAL KIT | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-------------------------------|
| VYTONE | T9 | |
| Benzylamines (Skin And Mucous Membrane) | | |
| MENTAX | T9 | |
| Cell Stimulants And Proliferants | | |
| ALTRENO | T1b | 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> | T1b | AL |
| <i>tretinoin external cream 0.05 %, 0.1 %</i> | T2 | AL |
| <i>tretinoin external gel 0.01 %, 0.025 %</i> | T1b | 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 | |
| Corticosteroids (Skin, Mucous Membrane) | | |
| ACLOVATE EXTERNAL CREAM | T3 | |
| ALA SCALP | T9 | |
| <i>ala-cort external cream 1 %</i> | T9 | |
| ALA-QUIN | T9 | |
| <i>alclometasone dipropionate</i> | T1b | |
| ALCORTIN A | T9 | |
| <i>amcinonide</i> | T9 | |
| ANALPRAM-HC EXTERNAL LOTION | T2 | |
| ANUSOL-HC RECTAL SUPPOSITORY | T9 | |
| APEXICON E | T9 | |
| AQUANIL HC | T1b | |
| <i>betamethasone dipropionate aug external cream</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|-----------------------------|
| <i>betamethasone dipropionate aug external gel</i> | T1b | QL (50 GM per 30 days) |
| <i>betamethasone dipropionate aug external lotion</i> | T2 | QL (60 ML per 30 days) |
| <i>betamethasone dipropionate aug external ointment</i> | T1b | QL (50 GM per 30 days) |
| <i>betamethasone dipropionate external cream</i> | T1b | |
| <i>betamethasone dipropionate external lotion</i> | T1b | |
| <i>betamethasone dipropionate external ointment</i> | T2 | |
| <i>betamethasone valerate external cream</i> | T1b | |
| <i>betamethasone valerate external foam</i> | T9 | |
| <i>betamethasone valerate external lotion</i> | T1b | QL (60 ML per 30 days) |
| <i>betamethasone valerate external ointment</i> | T1b | |
| BRYHALI | T3 | ST |
| <i>calcipotriene-betameth diprop</i> | T9 | |
| CAPEX | T9 | |
| <i>clobetasol prop emollient base</i> | T1b | |
| <i>clobetasol propionate emulsion</i> | T9 | |
| <i>clobetasol propionate external cream</i> | T1b | |
| <i>clobetasol propionate external foam</i> | T9 | |
| <i>clobetasol propionate external gel</i> | T1b | |
| <i>clobetasol propionate external liquid</i> | T9 | |
| <i>clobetasol propionate external lotion</i> | T3 | ST; QL (118 ML per 1 day) |
| <i>clobetasol propionate external ointment</i> | T1b | 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> | T1b | |
| 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> | T1b | |
| <i>clotrimazole-betamethasone external lotion</i> | T1b | QL (30 gm per 30 days) |
| CORDRAN | T9 | |
| CORTANE-B EXTERNAL | T3 | |
| CORTENEMA | T3 | |
| CORTIFOAM EXTERNAL | T2 | ST |
| CORTISPORIN EXTERNAL | T2 | |
| CUTIVATE EXTERNAL CREAM | T3 | |
| CUTIVATE EXTERNAL OINTMENT | T3 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-----------------------------|
| DERMA SILKRX SDS PAK | T9 | |
| DERMA-SMOOTH/FS BODY | T3 | |
| DERMA-SMOOTH/FS SCALP | T3 | |
| DERMASORB AF | T9 | |
| DERMASORB HC | T9 | |
| DERMASORB TA | T9 | |
| DERMATOP | T3 | |
| DERMAZENE | T9 | |
| DESONATE | T9 | |
| <i>desonide external</i> | T9 | |
| DESOWEN EXTERNAL CREAM | T9 | |
| DESOWEN EXTERNAL LOTION | T9 | |
| <i>desoximetasone external cream 0.05 %</i> | T9 | |
| <i>desoximetasone external cream 0.25 %</i> | T1b | |
| <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 | T3 | |
| DIPROLENE AF | T3 | |
| DUOBRII | T9 | |
| ELOCON | T3 | |
| ENSTILAR | T9 | |
| EPIFOAM | T9 | |
| <i>fluocinolone acetonide body</i> | T1b | |
| <i>fluocinolone acetonide external cream 0.01 %</i> | T1b | ST |
| <i>fluocinolone acetonide external cream 0.025 %</i> | T1b | |
| <i>fluocinolone acetonide external ointment</i> | T1b | |
| <i>fluocinolone acetonide external solution</i> | T1b | ST; QL (180 ML per 30 days) |
| <i>fluocinolone acetonide scalp</i> | T1b | |
| <i>fluocinonide emulsified base</i> | T1b | |
| <i>fluocinonide external cream 0.05 %</i> | T1b | |
| <i>fluocinonide external cream 0.1 %</i> | T9 | |
| <i>fluocinonide external gel</i> | T1b | |
| <i>fluocinonide external ointment</i> | T1b | |
| <i>fluocinonide external solution</i> | T1b | QL (60 ML per 30 days) |
| <i>flurandrenolide</i> | T9 | |
| <i>fluticasone propionate external cream</i> | T1b | |
| <i>fluticasone propionate external lotion</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|----------------------------|
| <i>fluticasone propionate external ointment</i> | T1b | |
| <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> | T1b | |
| <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> | T1b | |
| <i>hydrocortisone external cream 1 %</i> | T9 | |
| <i>hydrocortisone external cream 2.5 %</i> | T1b | |
| <i>hydrocortisone external lotion 1 %</i> | T9 | |
| <i>hydrocortisone external lotion 2.5 %</i> | T1b | |
| <i>hydrocortisone external ointment 0.5 %, 1 %</i> | T9 | |
| <i>hydrocortisone external ointment 2.5 %</i> | T1b | |
| <i>hydrocortisone rectal enema</i> | T1b | |
| <i>hydrocortisone valerate external cream</i> | T1b | QL (120 GM per 30 days) |
| <i>hydrocortisone valerate external ointment</i> | T2 | ST |
| <i>hydrocortisone-aloe external cream 0.5 %</i> | T9 | |
| <i>hydrocortisone-iodoquinol external cream 1-1 %</i> | T9 | |
| 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 OINTMENT | T9 | |
| LOCOID EXTERNAL SOLUTION | T3 | |
| LOCOID LIPOCREAM | T9 | |
| LOTRISONE EXTERNAL CREAM | T3 | |
| LUXIQ | T9 | |
| <i>mometasone furoate external</i> | T1b | |
| NEO-SYNALAR EXTERNAL CREAM | T9 | |
| NOBLE FORMULA HC EXTERNAL SOLUTION | T9 | |
| NOVACORT EXTERNAL GEL 1-2 % | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|------------------------|
| <i>nystatin-triamcinolone</i> | T1b | |
| OLUX | T9 | |
| OLUX-E | T9 | |
| 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> | T1b | |
| PROCTOCORT RECTAL SUPPOSITORY | T9 | |
| <i>scalacort</i> | T9 | |
| SCALPICIN MAXIMUM STRENGTH | T9 | |
| SERNIVO | T9 | |
| SYNALAR | T9 | |
| SYNALAR TS | T9 | |
| TACLONEX | T9 | |
| TEMOVATE EXTERNAL GEL | T3 | ST |
| TEMOVATE EXTERNAL OINTMENT | T3 | ST |
| TEMOVATE EXTERNAL SOLUTION | T3 | ST |
| TEXACORT | T9 | |
| TOPICORT EXTERNAL CREAM 0.05 % | T9 | |
| TOPICORT EXTERNAL CREAM 0.25 % | T3 | |
| TOPICORT EXTERNAL GEL | T9 | |
| TOPICORT EXTERNAL OINTMENT 0.25 % | T3 | |
| TOPICORT SPRAY | T9 | |
| <i>triamcinolone acetonide external aerosol solution</i> | T9 | |
| <i>triamcinolone acetonide external cream</i> | T1b | |
| <i>triamcinolone acetonide external lotion 0.1 %</i> | T1b | |
| <i>triamcinolone acetonide external ointment 0.025 % , 0.1 %</i> | T1b | |
| <i>triamcinolone acetonide external ointment 0.05 %</i> | T9 | |
| <i>triamcinolone acetonide mouth/throat</i> | T1b | |
| TRIANEX | T9 | |
| TRIDERM EXTERNAL CREAM | T1b | |
| TRI-LUMA | T9 | |
| UCERIS RECTAL | T3 | QL (2 GM per 180 days) |
| ULTRAVATE EXTERNAL CREAM | T9 | |
| ULTRAVATE EXTERNAL LOTION | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| ULTRAVATE X (OINTMENT) | T9 | |
| VANOS | T9 | |
| VANOXIDE-HC | T9 | |
| VERDESO | T9 | |
| VYTONE | T9 | |
| WESTCORT | T3 | |
| WYNZORA | T9 | |
| XERESE | T9 | |
| Depigmenting Agents | | |
| ACLARO | T9 | |
| ALPHAQUIN HP | T9 | |
| ESOTERICA DAYTIME | T9 | |
| ESOTERICA FACIAL | T9 | |
| ESOTERICA FADE NIGHTTIME | T9 | |
| <i>hydroquinone</i> | T9 | |
| <i>hydroquinone external cream</i> | T9 | |
| LUSTRA | T9 | |
| LUSTRA-AF | T9 | |
| LUSTRA-ULTRA | T9 | |
| MELQUIN 3 | T9 | |
| <i>melquin hp</i> | T9 | |
| <i>nuquin hp 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> | T1b | |
| <i>ciclopirox olamine external</i> | T1b | |
| <i>ciclopirox treatment</i> | T9 | |
| CNL8 NAIL | T9 | |
| LOPROX EXTERNAL GEL | T3 | |
| LOPROX EXTERNAL SHAMPOO | T3 | |
| <i>pedipak</i> | T9 | |
| Keratolytic Agents | | |
| AVAR CLEANSER | T9 | |
| AVAR EXTERNAL PAD | T9 | |
| AVAR LS CLEANSER | T9 | |
| AVAR LS EXTERNAL PAD | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| AVAR-E EMOLLIENT | T9 | |
| AVAR-E GREEN | T9 | |
| AVAR-E LS | T9 | |
| <i>bensal hp</i> | T9 | |
| <i>benzoyl peroxide creamy wash external kit</i> | T9 | |
| <i>bp 10-1</i> | T9 | |
| <i>bp cleansing wash</i> | T1b | |
| CLARIFOAM EF | T3 | |
| CLENIA PLUS | T9 | |
| DERMASORB XM | T9 | |
| KERALAC EXTERNAL CREAM 47 % | T9 | |
| KERALYT EXTERNAL SHAMPOO | T9 | |
| OSCION CLEANSER EXTERNAL LOTION 6 % | T1b | |
| <i>pedipak</i> | T9 | |
| PLEXION CLEANSER EXTERNAL LIQUID | T9 | |
| PLEXION CLEANSING CLOTH EXTERNAL PAD | T9 | |
| PLEXION EXTERNAL CREAM | T9 | |
| PRASCION FC | T1b | |
| PRASCION RA | T1b | |
| PROMISEB | T9 | |
| PROMISEB COMPLETE | T9 | |
| ROSULA WASH | T9 | |
| <i>rynoderma</i> | T9 | |
| SALACYN | T9 | |
| SALEX EXTERNAL KIT 6 % (CREAM), 6 % (LOTION) | 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> | T1b | |
| <i>selenium sulfide external shampoo 2.3 %</i> | T9 | |
| SELRX | T9 | |

| Medication | Coverage Level | Restrictions |
|---|-----------------------|---------------------|
| <i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i> | T9 | |
| <i>sulfacetamide sodium-sulfur external emulsion</i> | T1b | |
| <i>sulfacetamide sodium-sulfur external liquid 10-5 %</i> | T1b | |
| <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 TS | T9 | |
| SUMAXIN WASH | T9 | |
| ULTRASAL-ER | T9 | |
| <i>urea external cream 40 %, 45 %</i> | T9 | |
| <i>urea external gel</i> | T1b | |
| <i>urea external lotion 40 %</i> | T9 | |
| <i>urea hydrating</i> | T9 | |
| <i>urea nail external gel 45 %</i> | T9 | |
| <i>urevaz</i> | T9 | |
| UTOPIC | T9 | |
| XALIX | T9 | |
| <i>xurea</i> | T9 | |
| ZENCIA | T9 | |
| <i>Keratoplastic Agents</i> | | |
| <i>coal tar external solution</i> | T2 | |
| ZITHRANOL-RR | T9 | |
| <i>Local Anti-Infectives, Miscellaneous</i> | | |
| ACANYA | T9 | |
| <i>acne medication 10 external gel</i> | T1b | |
| <i>acne medication 5 external gel</i> | T1b | |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i> | T2 | |
| AKTIPAK | T9 | |
| ALCORTIN A | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|------------------------|
| 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 4 %, 8 %</i> | T9 | |
| <i>benzoyl peroxide external liquid 10 %, 5 %</i> | T9 | |
| <i>benzoyl peroxide wash external liquid</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</i> | T9 | |
| <i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i> | T9 | |
| <i>bpo</i> | T9 | |
| <i>bpo creamy wash</i> | T9 | |
| <i>bpo foaming cloths external 6 %</i> | T9 | |
| <i>bpo-10 wash</i> | T9 | |
| <i>bpo-5 wash</i> | T9 | |
| <i>chlorhexidine gluconate mouth/throat</i> | T1b | |
| <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 | |
| NEUAC EXTERNAL GEL | T1b | QL (45 GM per 30 days) |
| NEUAC EXTERNAL KIT | T9 | |
| ONEXTON | T9 | |
| PANOXYL EXTERNAL BAR 10 % | T9 | |
| PANOXYL WASH | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--|
| PERIDEX | T3 | |
| PR BENZOYL PEROXIDE WASH | T9 | |
| PRASCION FC | T1b | |
| PRASCION RA | T1b | |
| RIAX EXTERNAL FOAM | T3 | QL (1 GM per 30 days) |
| ROSULA WASH | T9 | |
| <i>selenium sulfide external lotion</i> | T1b | |
| <i>selenium sulfide external shampoo 2.25 %</i> | T1b | |
| <i>selenium sulfide external shampoo 2.3 %</i> | T9 | |
| SELRX | T9 | |
| SILVADENE | T3 | |
| <i>silver sulfadiazine external</i> | T1b | |
| SSD | T1b | |
| SSD (SILVER SULFADIAZINE) | T1b | |
| SULFAMYLON | T9 | |
| VANOXIDE-HC | T9 | |
| VYSTONE | T9 | |
| Nonsteroidal Anti-Inflammat.Agents(Skin) | | |
| <i>diclofenac sodium transdermal gel 1 %</i> | T1b | |
| <i>diclofenac sodium transdermal gel 3 %</i> | T2 | ST; QL (100 GM per 30 days) |
| <i>diclofenac sodium transdermal solution</i> | T9 | |
| PENNSAID TRANSDERMAL | T9 | |
| VOLTAREN TRANSDERMAL | T9 | |
| <i>vopac mds transdermal</i> | T9 | |
| 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 | T1b | QL (60 GM per 30 Days) |
| <i>nystatin external cream</i> | T1b | SP (Generic substitution mandatory.) |
| <i>nystatin external ointment</i> | T1b | |
| <i>nystatin external powder</i> | T1b | QL (60 GM per 30 Days) |
| <i>nystatin-triamcinolone</i> | T1b | |
| NYSTOP | T1b | QL (60 GM per 30 days) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------------------------------|
| Scabicides And Pediculicides | | |
| ACTICIN | T3 | |
| EURAX | T9 | |
| <i>ivermectin external cream</i> | T2 | ST; QL (45 GM per 30 days) |
| <i>ivermectin external lotion</i> | T1b | |
| <i>lindane external</i> | T1b | |
| <i>malathion external</i> | T1b | |
| NATROBA | T3 | ST; AL |
| OVIDE | T3 | |
| <i>permethrin external cream</i> | T1b | |
| <i>permethrin external lotion</i> | T9 | |
| SKLICE | T3 | |
| SOOLANTRA | T3 | ST; QL (45 GM per 30 days) |
| <i>spinosad</i> | T1b | |
| 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 | |
| <i>adazin</i> | T9 | |
| AKLIEF | T9 | |
| ALDARA | T3 | |
| AMNESTEEM | T2 | QL (6 fills per 2 yearsss) |
| 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 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| <i>bimatoprost external</i> | T9 | |
| BIONECT EXTERNAL CREAM | T9 | |
| BIONECT EXTERNAL FOAM | T9 | |
| BIONECT EXTERNAL GEL | T9 | |
| <i>calcipotriene external cream</i> | T1b | 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> | T1b | |
| <i>calcipotriene-betameth diprop</i> | T9 | |
| CALCITRENE | T1b | QL (120 GM per 30 days) |
| <i>calcitriol external</i> | T1b | ST; QL (100 GM per 30 days) |
| <i>captracin</i> | T9 | |
| CARAC | T9 | |
| CELACYN | T9 | |
| CELACYN POST-PROCEDURE PACK | T9 | |
| CERACADE | T9 | |
| CERTAIN DRI AM EXTERNAL SOLUTION | T9 | |
| CLARAVIS | T2 | QL (6 fills per 2 years) |
| <i>clindamycin-tretinoin</i> | T3 | |
| CONDYLOX EXTERNAL GEL | T3 | ST |
| CONDYLOX EXTERNAL SOLUTION | T3 | |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | T4 | PA; SP (Limited to a 1 month supply per fill. Limited to a once in lifetime fill of 4 packages in 28 days.); QL (1 pack per 28 days) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | T4 | PA; SP (Max of 31 days per dispensing. Limited to a once in lifetime fill of 4 packages in 28 days.); QL (1 pack per 28 days) |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | T4 | PA; 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> | T1b | |
| <i>diclofenac sodium transdermal solution</i> | T9 | |
| DIFFERIN EXTERNAL CREAM | T9 | |
| DIFFERIN EXTERNAL GEL 0.1 % | T1b | |
| DIFFERIN EXTERNAL GEL 0.3 % | T9 | |
| DIFFERIN EXTERNAL LOTION | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| DOVONEX EXTERNAL CREAM | T3 | QL (120 GM per 30 days) |
| <i>doxycycline</i> | T9 | |
| 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.); 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 | T9 | |
| FINACEA | 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> | T1b | QL (40 GM per 30 days) |
| <i>fluorouracil external solution</i> | T1b | |
| GELCLAIR | T9 | |
| <i>hair regrowth treatment men external solution</i> | T9 | |
| HYDROFERA BLUE FOAM DRESSING | T9 | |
| HYLATOPIC | T9 | |
| HYLATOPIC PLUS EXTERNAL FOAM | T9 | |
| <i>imiquimod external cream 3.75 %</i> | T9 | |
| <i>imiquimod external cream 5 %</i> | T1b | |
| <i>imiquimod pump</i> | T9 | |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | T2 | QL (6 fills per 2 years) |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| <i>isotretinoin oral capsule 25 mg, 35 mg</i> | T9 | |
| KAMDOY | T9 | |
| KELO-COTE EXTERNAL GEL | T9 | |
| KERAMATRIX REPLICINE 10CMX10CM EXTERNAL PAD | T9 | |
| KERAMATRIX REPLICINE 5CMX5CM EXTERNAL PAD | T9 | |
| KLISYRI | T9 | |
| LATISSE | T9 | |
| <i>lorenza</i> | T9 | |
| LOYON | T9 | |
| LUXAMEND | T9 | |
| <i>mac patch</i> | 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 external solution 5 %</i> | T9 | |
| <i>minoxidil for men external solution 2 %</i> | T9 | |
| MIRVASO | T9 | |
| MORGIDOX COMBINATION | T9 | |
| MUGARD | T9 | |
| MYORISAN | T2 | QL (6 fills per 2 years) |
| 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 | T9 | |
| PHLAG SPRAY | T9 | |
| PICATO | T5 | ST; SP (Max of 31 days per dispensing.); QL (1 carton per 180 days) |
| <i>pimecrolimus</i> | T1b | ST; QL (30 GM per 30 days) |
| <i>podocon</i> | T9 | |
| <i>podofilox external</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---|
| PRESERA | T9 | |
| PROPECIA | T9 | |
| PROTOPIC | T3 | ST; QL (30 GM per 30 days) |
| <i>provenza</i> | T9 | |
| PRUCLAIR | T9 | |
| 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); QL (2 syringes per 28 days) |
| SINELEE | T9 | |
| 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 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) |

| Medication | Coverage Level | Restrictions |
|--|----------------|--|
| 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 per 8 weeks); QL (1 syringe per 60 days) |
| <i>suvicort</i> | T9 | |
| SYNALAR TS | T9 | |
| SYNERDERM | T9 | |
| <i>synvexia</i> | T9 | |
| TACLONEX | T9 | |
| <i>tacrolimus external ointment 0.03 %</i> | T1b | ST; QL (30 GM per 30 days) |
| <i>tacrolimus external ointment 0.1 %</i> | T3 | ST; QL (30 GM per 30 days) |
| TALTZ | T9 | |
| TARGRETIN EXTERNAL | T9 | |
| <i>tazarotene external cream</i> | T1b | ST |
| <i>tazarotene external foam</i> | T9 | |
| TAZORAC EXTERNAL CREAM | T2 | ST |
| TAZORAC EXTERNAL GEL | T9 | |
| TETRIX EXTERNAL CREAM | T9 | |
| TETRIX EXTERNAL KIT | T3 | QL (226.8 GM per 30 days) |
| TOLAK | T2 | QL (1 tube per 30 days) |
| TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | T4 | PA; SP (Limit of 2 pens the first fill.); QL (1 pen per 8 weeks) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T4 | PA; SP (Limit of 2 syringes the 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 | |
| VASOLEX | T3 | |
| 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 GM per 30 days) |
| VOLTAREN TRANSDERMAL | T9 | |
| <i>vopac mds transdermal</i> | T9 | |
| WINLEVI | T9 | |
| WYNZORA | T9 | |
| XIMINO | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|---|
| ZENATANE | T2 | QL (6 fills per 2 yearss) |
| ZIANA | T9 | |
| ZITHRANOL | T3 | ST |
| ZYCLARA | T9 | |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 % | T3 | ST |
| Sunscreen Agents | | |
| <i>nuquin hp external gel</i> | T9 | |
| 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 | T3 | |
| ENABLEX | T3 | QL (30 tablets per 30 days) |
| <i>flavoxate hcl</i> | T1b | |
| GELNIQUE | T9 | |
| <i>oxybutynin chloride er</i> | T1b | |
| <i>oxybutynin chloride oral</i> | T1b | |
| OXYTROL | T9 | |
| SANCTURA | T3 | |
| <i>solifenacin succinate</i> | T2 | ST; QL (30 tablets per 30 days) |
| <i>tolterodine tartrate</i> | T1b | |
| <i>tolterodine tartrate er</i> | T2 | |
| TOVIAZ | T3 | ST; QL (30 tablets per 30 days) |
| <i>trospium chloride</i> | T1b | 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 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|---------------------------------|
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i> | T1b | |
| <i>theophylline er oral tablet extended release 24 hour</i> | T1b | |
| Selective Beta-3-Adrenergic Agonists | | |
| GEMTESA | T9 | |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER | T3 | ST; QL (240 ML per 30 days); AL |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | T3 | ST; QL (30 tablets per 30 days) |
| Vitamins | | |
| Multivitamin Preparations | | |
| 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> | T1b | |
| <i>completenate</i> | T1b | |
| CORVITA | T9 | |
| CORVITE | T9 | |
| CORVITE FREE | T9 | |
| DIALYVITE | T9 | |
| DIALYVITE 3000 | T9 | |
| DIALYVITE 5000 | T9 | |
| DIALYVITE SUPREME D | T9 | |
| DIALYVITE/ZINC | T9 | |
| DUET DHA BALANCED ORAL 26-1 & 278 MG | T2 | |
| FLORIVA ORAL TABLET CHEWABLE 0.5 MG | T9 | |
| FLORIVA PLUS | T9 | |
| <i>folbee plus</i> | T9 | |
| FOLBEE PLUS CZ | T9 | |
| FORTAVIT ORAL CAPSULE | T9 | |
| GESTICARE DHA ORAL 27-1 & 250 MG | T2 | |
| INATAL ADVANCE | T1b | |
| INATAL GT | T1b | |
| INATAL ULTRA ORAL TABLET | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| <i>infanate balance</i> | T3 | |
| LACTOCAL-F | T1b | |
| LYSIPLEX PLUS ORAL TABLET | T9 | |
| <i>multi vitamin/fluoride oral tablet chewable 0.25 mg</i> | T1b | AL |
| <i>multi-vit/fluoride oral solution</i> | T1b | AL |
| <i>multi-vit/fluoride/iron</i> | T1b | AL |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | T3 | AL |
| <i>multi-vitamin/fluoride oral tablet chewable 0.5 mg</i> | T1b | AL |
| <i>multivitamins/fluoride oral tablet chewable 0.5 mg</i> | T1b | AL |
| M-VIT | T9 | |
| MYKIDZ IRON | T9 | |
| MYNATAL ORAL TABLET | T1b | |
| <i>mynatal plus</i> | T1b | |
| <i>mynatal-z</i> | T1b | |
| <i>mynate 90 plus</i> | T1b | |
| <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 | |
| NESTABS ABC | T3 | |
| NEXA PLUS | T3 | |
| NICADAN | T9 | |
| NICAZEL | T9 | |
| NICAZEL FORTE | T9 | |
| NICOMIDE ORAL TABLET 750-27-2-0.5 MG | T9 | |
| NIVA-PLUS | T9 | |
| OB-NATAL ONE | T1b | |
| O-CAL FA | T9 | |
| OCUVEL ORAL CAPSULE 0.5 MG | T9 | |
| <i>pnv prenatal plus multivitamin</i> | T1a | |
| <i>pnv tabs 29-1</i> | T1b | |
| <i>pnv-dha</i> | T1b | |

| Medication | Coverage Level | Restrictions |
|---|----------------|-----------------------------|
| <i>pnv-dha+docusate</i> | T1b | |
| <i>pnv-omega</i> | T1b | |
| <i>pnv-select</i> | T1b | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE | T9 | |
| PR NATAL 400 | T1b | |
| PR NATAL 400 EC | T1b | |
| PR NATAL 430 | T1b | |
| PR NATAL 430 EC | T1b | |
| PREFERA OB ORAL TABLET 28-6-1 MG | T3 | |
| PREFERAOB ONE | T3 | |
| <i>prenafirst</i> | T1b | |
| <i>prenaplus</i> | T1b | |
| <i>prenatabs fa oral tablet 29-1 mg</i> | T1b | |
| PRENATABS RX | T1b | |
| <i>prenatal (w/iron & fa)</i> | T1b | 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> | T1b | QL (30 tablets per 30 days) |
| <i>prenatal low iron oral tablet 27-0.8 mg</i> | T1b | PV |
| <i>prenatal one daily</i> | T1b | PV |
| <i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i> | T1b | PV |
| <i>prenatal plus</i> | T1b | |
| <i>prenatal plus iron</i> | T1b | |
| <i>prenatall/iron oral tablet</i> | T1b | 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 | T1b | |
| <i>se-natal 19 oral tablet chewable</i> | T1b | QL (30 tablets per 30 days) |
| SIDEROL ORAL LIQUID† | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-----------------------------|
| STROVITE FORTE ORAL TABLET | T9 | |
| STROVITE ONE | T9 | |
| SUPERVITE | T9 | |
| TARON-PREX | T2 | |
| <i>thrivite 19 oral tablet 29-1 mg</i> | T9 | |
| <i>tl-care dha</i> | T1b | |
| <i>triadvance</i> | T1b | |
| TRICARE | T1b | |
| <i>trinatal rx 1</i> | T1a | |
| TRINATE | T2 | |
| <i>triphrocaps</i> | T9 | |
| <i>tristart dha</i> | T9 | |
| TRIVEEN-DUO DHA | T1b | |
| TRI-VI-FLOR | T9 | |
| <i>tri-vit/fluoridel/iron</i> | T1b | |
| <i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i> | T1b | |
| <i>tri-zel</i> | T9 | |
| UDAMIN SP | T9 | |
| <i>ultra tabs</i> | T1b | |
| <i>v-c forte</i> | T9 | |
| VIC-FORTE | T9 | |
| VINATE AZ | T1b | |
| VINATE DHA | T3 | |
| VINATE DHA RF | T3 | QL (30 tablets per 30 days) |
| VINATE GT | T1b | |
| VINATE IC | T1b | |
| VINATE M | T1a | |
| VINATE ONE | T1b | |
| VINATE PN CARE | T1b | |
| <i>vinate ultra</i> | T1b | |
| <i>virt-caps</i> | T9 | |
| <i>virtprex</i> | T3 | |
| <i>virt-vite plus</i> | T9 | |
| VITACEL | T1b | |
| VITAFOL ORAL SYRUP | T2 | AL |
| VITAFOL ORAL TABLET | T9 | |
| VITAFOL-NANO | T3 | QL (30 tablets per 30 days) |
| VITAFOL-OB | T3 | |
| VITAFOL-ONE | T3 | |
| VITAL-D RX | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|-----------------------------|
| VITAPEARL | T3 | |
| VITATRUE | T3 | |
| <i>vol-plus</i> | T9 | |
| <i>vol-tab rx</i> | T9 | |
| <i>vp-vite rx</i> | T9 | |
| Vitamin A | | |
| <i>active fe</i> | T9 | |
| MYKIDZ IRON | T9 | |
| <i>pnv-select</i> | T1b | |
| TRI-VI-FLOR | T9 | |
| <i>tri-vit/fluoridel/iron</i> | T1b | |
| <i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i> | T1b | |
| Vitamin B Complex | | |
| <i>active fe</i> | T9 | |
| ADVICOR | T2 | |
| ANIMI-3 | T9 | |
| <i>av-vite fb forte</i> | 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> | T1b | |
| <i>completenate</i> | T1b | |
| CORVITA | T9 | |
| CORVITA 150 | T9 | |
| CORVITE | T9 | |
| CORVITE 150 ORAL TABLET 150-1.25 MG | T9 | |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i> | T1b | |
| DERMACINRX PUREFOLIX | T9 | |
| DIALYVITE | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| DIALYVITE 3000 | T9 | |
| DIALYVITE 5000 | T9 | |
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| DIALYVITE SUPREME D | T9 | |
| DIALYVITE/ZINC | T9 | |
| DUET DHA BALANCED ORAL 26-1 & 278 MG | T2 | |
| <i>fabb</i> | T9 | |
| <i>fe 90 plus</i> | T9 | |
| FE C PLUS | T9 | |
| <i>fe c tab plus</i> | T9 | |
| FERIVA 21/7 | T9 | |
| FERIVAF A | 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 | |
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| <i>folic acid oral tablet 1 mg</i> | T9 | |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i> | T1b | 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 | |
| FOLT X ORAL TABLET 1.13-25-2 MG | T3 | |
| FUSION PLUS | T9 | |
| FUSION SPRINKLES | T9 | |
| GESTICARE DHA ORAL 27-1 & 250 MG | T2 | |
| <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>hydroxocobalamin intramuscular</i> | T9 | |
| ICAR-C PLUS | T9 | |
| IFEREX 150 FORTE | T9 | |
| INATAL ADVANCE | T1b | |
| INATAL GT | T1b | |
| INATAL ULTRA ORAL TABLET | T1b | |
| <i>infanate balance</i> | T3 | |
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| IROSPAN 24/6 | T9 | |
| LACTOCAL-F | T1b | |
| <i>leucovorin calcium oral</i> | T1b | |
| <i>l-methylfolate-b6-b12 oral tablet 1.13-25-2 mg</i> | T1b | |
| <i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i> | T9 | |
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| MULTIGEN PLUS | T9 | |
| <i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i> | T3 | AL |
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| <i>mynatal-z</i> | T1b | |
| <i>mynate 90 plus</i> | T1b | |
| <i>mynephrocaps</i> | T9 | |
| MYNEPHRON | T9 | |
| NASCOBAL | T9 | |
| NATACHEW ORAL TABLET CHEWABLE 28-1 MG | T3 | QL (30 tablets per 30 days) |

| Medication | Coverage Level | Restrictions |
|---|----------------|--------------|
| NATALVIRT FLT | T9 | |
| NEEVO DHA ORAL CAPSULE 27-1.13 MG | T3 | |
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| OB-NATAL ONE | T1b | |
| O-CAL FA | T9 | |
| OCUVEL ORAL CAPSULE 0.5 MG | T9 | |
| <i>ortho df</i> | T9 | |
| <i>pnv prenatal plus multivitamin</i> | T1a | |
| <i>pnv tabs 29-1</i> | T1b | |
| <i>pnv-dha</i> | T1b | |
| <i>pnv-dha+docusate</i> | T1b | |
| <i>pnv-omega</i> | T1b | |
| <i>pnv-select</i> | T1b | |
| POTABA ORAL CAPSULE | T9 | |
| PR NATAL 400 | T1b | |
| PR NATAL 400 EC | T1b | |
| PR NATAL 430 | T1b | |
| PR NATAL 430 EC | T1b | |
| PREFERA OB ORAL TABLET 28-6-1 MG | T3 | |
| PREFERAOB ONE | T3 | |
| <i>prenafirst</i> | T1b | |
| <i>prenaplus</i> | T1b | |
| <i>prenatabs fa oral tablet 29-1 mg</i> | T1b | |
| PRENATABS RX | T1b | |

| Medication | Coverage Level | Restrictions |
|--|-----------------------|-----------------------------|
| <i>prenatal (w/iron & fa)</i> | T1b | 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> | T1b | QL (30 tablets per 30 days) |
| <i>prenatal low iron oral tablet 27-0.8 mg</i> | T1b | PV |
| <i>prenatal one daily</i> | T1b | PV |
| <i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i> | T1b | PV |
| <i>prenatal plus</i> | T1b | |
| <i>prenatal plus iron</i> | T1b | |
| <i>prenatal/iron oral tablet</i> | T1b | PV |
| PRENATE AM | T3 | |
| PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG | T3 | |
| PRENATE PIXIE | T3 | |
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| PROVIDA OB | T3 | |
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| <i>purevit dualfe plus</i> | T9 | |
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| <i>reno caps</i> | T9 | |
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| <i>roxifol-d</i> | T9 | |
| SAFYRAL | T9 | |
| SELECT-OB ORAL TABLET CHEWABLE 29-1 MG | T1b | |
| <i>se-natal 19 oral tablet chewable</i> | T1b | QL (30 tablets per 30 days) |
| <i>se-tan plus</i> | T9 | |
| SIDEROL ORAL LIQUID† | T9 | |
| SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-20 MG, 500-20 MG, 500-40 MG, 750-20 MG | T2 | QL (62 tablets per 31 days) |
| SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-40 MG | T2 | QL (60 tablets per 30 days) |
| SUPERVITE | T9 | |
| TANDEM PLUS | T9 | |
| <i>taron forte</i> | T9 | |
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| Medication | Coverage Level | Restrictions |
|--|----------------|-----------------------------|
| <i>thrivite 19 oral tablet 29-1 mg</i> | T9 | |
| <i>tl-care dha</i> | T1b | |
| <i>tl-hem 150</i> | T9 | |
| <i>triadvance</i> | T1b | |
| TRICARE | T1b | |
| TRICON | T9 | |
| <i>trigels-f forte</i> | T9 | |
| <i>trinatal rx 1</i> | T1a | |
| TRINATE | T2 | |
| <i>triphrocaps</i> | T9 | |
| <i>tristart dha</i> | T9 | |
| TRIVEEN-DUO DHA | T1b | |
| TRI-VI-FLOR | T9 | |
| TYDEMY | T9 | |
| UDAMIN SP | T9 | |
| <i>ultra tabs</i> | T1b | |
| VINATE AZ | T1b | |
| VINATE DHA | T3 | |
| VINATE DHA RF | T3 | QL (30 tablets per 30 days) |
| VINATE GT | T1b | |
| VINATE IC | T1b | |
| VINATE M | T1a | |
| VINATE ONE | T1b | |
| <i>vinate ultra</i> | T1b | |
| <i>virt-caps</i> | T9 | |
| VIRT-GARD | T9 | |
| <i>virtprex</i> | T3 | |
| <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>vol-plus</i> | T9 | |
| <i>vol-tab rx</i> | T9 | |
| <i>vp-vite rx</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------|
| <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 | |
| <i>fe c tab plus</i> | T9 | |
| FERIVA 21/7 | T9 | |
| FERIVAFA | T9 | |
| <i>ferocon</i> | T9 | |
| FERRALET 90 | T9 | |
| <i>ferraplus 90</i> | T9 | |
| FERREX 150 FORTE 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 | |
| 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 | |
| ICAR-C PLUS | T9 | |
| INTEGRA F | T9 | |
| INTEGRA PLUS | T9 | |
| IROSPAN 24/6 | T9 | |
| MAXARON FORTE ORAL TABLET | T9 | |

| Medication | Coverage Level | Restrictions |
|--|----------------|--------------|
| MAXFE ORAL TABLET | T9 | |
| MOVIPREP | T3 | |
| MULTIGEN FOLIC | T9 | |
| MULTIGEN PLUS | T9 | |
| MYKIDZ IRON | T9 | |
| <i>mynephrocaps</i> | T9 | |
| MYNEPHRON | T9 | |
| NATALVIRT FLT | T9 | |
| NEPHPLEX RX | T9 | |
| NEPHROCAPS QT | T9 | |
| NEPHRON FA | T9 | |
| NEPHRO-VITE RX | T9 | |
| NOVAFERRUM ORAL SOLUTION RECONSTITUTED | T9 | |
| <i>peg-3350/electrolytes/ascorbat</i> | T1b | PV |
| PLENVU | T3 | |
| <i>pnv-select</i> | T1b | |
| <i>purefe plus</i> | T9 | |
| <i>purevit dualfe plus</i> | T9 | |
| RENAL ORAL CAPSULE | T9 | |
| <i>rena-vite</i> | T3 | |
| <i>rena-vite rx</i> | T9 | |
| <i>reno caps</i> | T9 | |
| <i>se-tan plus</i> | T9 | |
| TANDEM PLUS | T9 | |
| <i>taron forte</i> | T9 | |
| <i>tl-hem 150</i> | T9 | |
| TRICON | T9 | |
| <i>trigels-f forte</i> | T9 | |
| <i>triphrocaps</i> | T9 | |
| TRI-VI-FLOR | T9 | |
| <i>tri-vit/fluoride/iron</i> | T1b | |
| <i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i> | T1b | |
| <i>virt-caps</i> | T9 | |
| <i>virt-vite plus</i> | T9 | |
| VITAL-D RX | T9 | |
| <i>vp-vite rx</i> | T9 | |
| Vitamin D | | |
| <i>active fe</i> | T9 | |
| ANIMI-3 | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|------------------------------------|
| <i>calcitriol oral capsule</i> | T1b | |
| <i>calcitriol oral solution</i> | T1b | AL |
| <i>calcium-folic acid plus d</i> | T9 | |
| CIFEREX | T9 | |
| DECARA ORAL CAPSULE 1.25 MG (50000 UT) | T1b | |
| DERMACINRX PUREFOLIX | T9 | |
| <i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i> | T9 | |
| <i>doxercalciferol oral capsule 1 mcg</i> | T4 | SP (Max day supply up to 31 days.) |
| DRISDOL ORAL CAPSULE | T3 | |
| FLORIVA ORAL LIQUID | T9 | |
| FOLIXAPURE | T9 | |
| FOSAMAX PLUS D | T3 | ST; QL (4 tablets per 28 days) |
| HECTOROL ORAL | T3 | |
| MYKIDZ IRON | T9 | |
| NEPHROCAPS QT | T9 | |
| <i>noxifol-d</i> | T9 | |
| <i>ortho df</i> | T9 | |
| <i>paricalcitol oral</i> | T2 | |
| <i>pnv-select</i> | T1b | |
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| REPLESTA NX | T9 | |
| <i>revesta</i> | T9 | |
| ROCALTROL | T3 | |
| <i>roxifol-d</i> | T9 | |
| TRI-VI-FLOR | T9 | |
| <i>tri-vit/fluoride/iron</i> | T1b | |
| <i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i> | T1b | |
| VITAL-D RX | T9 | |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i> | T1b | |
| <i>vitamin d3 oral capsule 25 mcg (1000 ut)</i> | T1b | PV; AL |
| <i>vitamin d3 oral liquid 400 unit/ml</i> | T1b | PV; AL |
| <i>vitamin d3 oral tablet 25 mcg (1000 ut)</i> | T1b | PV; AL |
| <i>zavara</i> | T9 | |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | T3 | |
| Vitamin E | | |
| <i>active fe</i> | T9 | |

| Medication | Coverage Level | Restrictions |
|---|----------------|----------------------------|
| DIALYVITE 3000 | T9 | |
| DIALYVITE 5000 | T9 | |
| HEMATRON-AF | T9 | |
| HEMAX ORAL TABLET | T9 | |
| <i>pnv-select</i> | T1b | |
| <i>tl-hem 150</i> | T9 | |
| <i>Vitamin K Activity</i> | | |
| MEPHYTON | T3 | QL (3 tablets per 30 days) |
| <i>phytonadione injection solution 1 mg/0.5ml</i> | T3 | |
| <i>phytonadione oral</i> | T1b | QL (3 tablets per 30 Days) |

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