

2023 Formulary

Employer-sponsored large group (traditional) plans

List of covered drugs

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

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

T1 - \$
T2 - \$\$
T3 - \$\$\$
T4 - \$\$\$\$
T5 - \$\$\$\$\$
T6 - Vaccine Coverage
T9 - \$\$\$\$\$\$\$\$\$

Coverage Levels

AL: Age Limits

PA: Prior Authroization

PV: Preventive Drug

QL: Quantity Limit

SO: SaveOn

SP: Limited to a 1 month supply per fill

ST: Step Therapy

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

List of Patterns

lowercase italics: Generic drugs

UPPERCASE BOLD: Brand name drugs

CURRENT AS OF 1/1/2023

Medication	Coverage Level	Restrictions
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T2	
<i>guanfacine hcl er</i>	T1	QL (60 tablets per 30 days)
INTUNIV	T3	QL (30 tablets per 30 days)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	T3	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	T3	QL (62 capsules per 31 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 100 MG, 80 MG	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
STRATTERA ORAL CAPSULE 60 MG	T3	QL (31 capsules per 31 days); AL (Min 6 Years)
*Amphetamine Mixtures***		
ADDERALL	T3	AL (Min 6 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphet er</i>	T1	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	T1	AL (Min 6 Years)
MYDAYIS	T9	
*Amphetamines***		
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 (Min 6 Years)

Medication	Coverage Level	Restrictions
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 (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution</i>	T1	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 6 Years)
DYANAVAL XR	T9	
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	T9	
<i>methamphetamine hcl</i>	T9	
PROCENTRA	T1	
VYVANSE ORAL CAPSULE	T2	QL (30 capsules per 30 days); AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T2	QL (30 tablets per 30 days); AL (Min 6 Years)
XELSTRYM	T3	ST; QL (30 patches per 30 Days); AL (Min 6 Years)
ZENZEDI ORAL TABLET 10 MG	T3	QL (180 tablets per 30 days); AL (Min 6 Years)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	T9	
ZENZEDI ORAL TABLET 5 MG	T3	QL (30 tablets per 30 days); AL (Min 6 Years)
*Analeptics***		
<i>caffeine citrate oral solution 60 mg/3ml</i>	T3	AL (Min 1 Years)
*Anorexiant Combinations***		
PLENITY	T9	
QSYMIA	T3	ST
*Anorexiants Non-Amphetamine***		
<i>benzphetamine hcl oral tablet 50 mg</i>	T1	
<i>diethylpropion hcl er</i>	T1	
<i>diethylpropion hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
LOMAIRA	T3	ST
<i>phendimetrazine tartrate</i>	T1	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>	T1	
<i>phentermine hcl oral tablet</i>	T1	
*Anti-Obesity - Glp-1 Receptor Agonists***		
SAXENDA	T9	
WEGOVY	T9	
*Anti-Obesity Agent Combinations**		
CONTRAVE	T3	ST
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI	T3	ST; QL (30 tablets per 30 days)
*Lipase Inhibitors***		
ALLI	T9	
<i>orlistat oral</i>	T9	
XENICAL	T9	
*Melanocortin 4 (Mc4) Receptor Agonists***		
IMCIVREE	T9	
*Stimulant Combinations***		
AZSTARYS	T9	
*Stimulants - Misc.***		
ADHANSIA XR	T9	
APTENSIO XR	T3	QL (30 capsules per 30 days)
<i>armodafinil</i>	T1	QL (30 tablets per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG	T3	QL (31 tablets per 31 days); AL (Min 4 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG, 54 MG	T3	QL (62 tablets per 31 days); AL (Min 4 Years)
COTEMPLA XR-ODT	T9	
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
<i>dexmethylphenidate hcl</i>	T1	AL (Min 4 Years)
<i>dexmethylphenidate hcl er</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
FOCALIN	T3	AL (Min 4 Years)
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
JORNAY PM	T9	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1	AL (Min 4 Years)
METHYLIN ORAL SOLUTION	T3	AL (Min 4 Years)

Medication	Coverage Level	Restrictions
<i>methylphenidate</i>	T3	ST; QL (30 patches per 30 Days); AL (Min 3 Years)
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	T9	
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	T3	QL (30 tablets per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	AL (Min 4 Years)
<i>methylphenidate hcl oral solution</i>	T1	AL (Min 4 Years and Max 10 Years)
<i>methylphenidate hcl oral tablet</i>	T1	AL (Min 4 Years)
<i>methylphenidate hcl oral tablet chewable</i>	T1	AL (Min 4 Years and Max 10 Years)
<i>modafinil</i>	T1	QL (60 tablets per 30 days)
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 tablets per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 tablets per 31 days)
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (600 ML per 30 days); AL (Min 4 Years)
RELEXXII	T9	
RITALIN	T3	AL (Min 4 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	T3	QL (31 capsules per 31 days); AL (Min 4 Years)
Allergenic Extracts/Biologicals Misc		
*Allergenic Extracts***		
GRASTEK	T3	AL (Min 5 Years and Max 65 Years)

Medication	Coverage Level	Restrictions
PALFORZIA (12 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (120 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (160 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (20 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (200 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (240 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (3 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (300 MG MAINTENANCE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (300 MG TITRATION)	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
PALFORZIA (40 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (6 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA (80 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill)
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)
<i>*Mixed Allergenic Extracts***</i>		
ODACTRA	T3	AL (Min 18 Years and Max 65 Years)
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)

Medication	Coverage Level	Restrictions
Alternative Medicines		
*Alternative Medicine - Co's***		
coenzyme q-10 oral capsule 100 mg	T9	
*Alternative Medicine - Ma's***		
maca	T9	
Amebicides		
*Amebicides***		
SOLOSEC	T9	
Aminoglycosides		
*Aminoglycosides***		
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill)
BETHKIS	T5	PA; SP (Limited to a 56 day supply per fill); QL (280 ML per 56 days)
KITABIS PAK	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ml per 56 days)
paromomycin sulfate oral	T1	
tobramycin inhalation	T4	PA; SP (Limited to a 56 day supply per fill); QL (280 ml per 56 days)
tobramycin sulfate injection solution 80 mg/2ml	T1	
ZEMDRI	T9	
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT ORAL TABLET 4 MG	T9	
*Antirheumatic Antimetabolites***		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	T9	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T9	
REDITREX	T3	ST
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
CELEBREX	T3	QL (60 capsules per 30 days)
celecoxib oral	T1	QL (60 capsules per 30 days)
*Gold Compounds***		
RIDAURA	T9	

Medication	Coverage Level	Restrictions
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Max of 31 days per dispensing.); QL (28 syringes per 28 days)
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
DUEXIS	T9	
<i>ibuprofen-famotidine</i>	T9	
<i>naproxen-esomeprazole</i>	T9	
<i>naproxen-esomeprazole mg</i>	T9	
VIMOVO	T9	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
ANAPROX DS	T3	
DAYPRO	T3	
<i>diclofenac</i>	T9	
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	T3	
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1	
FELDENE	T3	
<i>fenoprofen calcium oral</i>	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
<i>flurbiprofen oral</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>indomethacin rectal suppository 100 mg</i>	T9	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine nasal</i>	T9	

Medication	Coverage Level	Restrictions
<i>ketorolac tromethamine oral</i>	T1	QL (20 tablets per 30 days)
LOFENA	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mefenamic acid oral</i>	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1	
MOBIC ORAL TABLET	T3	
<i>nabumetone oral</i>	T1	
NALFON ORAL CAPSULE 400 MG	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL TABLET 250 MG, 500 MG	T3	
<i>naproxen oral suspension</i>	T1	QL (473 ML per 30 days); AL (Max 12 Years)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T9	
<i>naproxen sodium oral tablet 220 mg</i>	T9	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>oxaprozin</i>	T2	
<i>piroxicam oral</i>	T1	
QMIIZ ODT	T9	
RELAFEN DS	T9	
SPRIX	T9	
<i>sulindac oral</i>	T1	
TIVORBEX	T9	
<i>tolmetin sodium</i>	T2	
VIVLODEX	T9	
ZIPSOR	T9	
ZORVOLEX	T9	
*Pyrimidine Synthesis Inhibitors***		
ARAVA	T5	SP (Max of 31 days per dispensing.)
<i>leflunomide oral</i>	T1)
Analgesics - Nonnarcotic		
*Analgesics-Sedatives***		
ALLZITAL	T9	
BUPAP ORAL TABLET 50-300 MG	T9	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	T1	QL (180 tablets per 30 days)
<i>butalbital-aspirin-cafeine oral capsule</i>	T1	QL (180 tablets per 30 days)
ESGIC ORAL TABLET	T3	
FIORICET ORAL CAPSULE	T9	
FIORINAL	T3	QL (180 capsules per 30 days)
VANATOL LQ	T9	
VTOL LQ	T9	
*Salicylate Combinations***		
ASCRIPITIN ORAL TABLET 325 MG	T1	
<i>buffered aspirin</i>	T3	
BUFFERIN	T3	
<i>choline-mag trisalicylate</i>	T1	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1	
*Salicylates***		
<i>aspirin 81 oral tablet chewable</i>	T1	
<i>aspirin adult</i>	T1	
<i>aspirin ec low dose</i>	T1	
<i>aspirin ec oral tablet delayed release 325 mg</i>	T1	
<i>childrens aspirin</i>	T3	
<i>cvs aspirin adult low dose</i>	T1	
<i>cvs aspirin ec</i>	T1	
<i>cvs aspirin oral tablet 325 mg</i>	T1	
<i>diflunisal oral</i>	T1	
DOANS PILLS	T1	
ECOTRIN	T3	PV
ECOTRIN LOW STRENGTH	T3	PV
<i>eql aspirin</i>	T1	
<i>eql aspirin ec</i>	T1	
<i>eql aspirin low dose oral tablet chewable</i>	T1	
<i>goodsense aspirin oral tablet</i>	T1	
<i>goodsense aspirin oral tablet chewable</i>	T1	
<i>ra aspirin adult low dose</i>	T1	
<i>ra aspirin ec</i>	T1	
<i>ra aspirin oral tablet 325 mg</i>	T1	
<i>salsalate oral</i>	T1	
<i>sm aspirin ec low strength</i>	T1	

Medication	Coverage Level	Restrictions
ST JOSEPH ASPIRIN ORAL TABLET CHEWABLE	T3	
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine #2</i>	T1	
<i>acetaminophen-codeine #3</i>	T1	
<i>acetaminophen-codeine #4</i>	T1	
<i>acetaminophen-codeine oral solution</i>	T1	
ASCOMP-CODEINE	T2	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	QL (180 capsules per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	
*Dihydrocodeine Combinations***		
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1	QL (10 capsules per 1 day)
*Hydrocodone Combinations***		
<i>hydrocodone/acetaminophen</i>	T1	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	
IBUDONE ORAL TABLET 10-200 MG	T9	
LORTAB ORAL ELIXIR 10-300 MG/15ML	T9	
NORCO	T3	
VICODIN ES ORAL TABLET 7.5-300 MG	T9	
VICODIN HP ORAL TABLET 10-300 MG	T9	
VICODIN ORAL TABLET 5-300 MG	T9	
*Opioid Agonists***		
ACTIQ	T9	
<i>codeine sulfate oral tablet</i>	T1	
CONZIP	T9	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)

Medication	Coverage Level	Restrictions
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	
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (60 capsules per 30 days); AL (Min 18 Years)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days)
<i>hydromorphone hcl oral liquid</i>	T1	
<i>hydromorphone hcl oral tablet 2 mg</i>	T1	QL (32 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1	QL (16 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1	QL (8 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	T1	
HYSINGLA ER	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	T9	
LAZANDA	T9	
<i>levorphanol tartrate oral</i>	T9	
<i>meperidine hcl oral solution</i>	T1	
<i>meperidine hcl oral tablet 50 mg</i>	T1	
METHADONE HCL INTENSOL	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1	
MORPHABOND ER	T9	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	
<i>morphine sulfate er beads</i>	T9	

Medication	Coverage Level	Restrictions
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
<i>morphine sulfate rectal</i>	T1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T3	ST; QL (62 tablets per 31 days)
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	ST; QL (60 tablets per 30 days)
QDOLO	T9	
SUBSYS SUBLINGUAL LIQUID 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
SUBSYS SUBLINGUAL LIQUID 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 units per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er oral tablet extended release 24 hour</i>	T1	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	T9	
<i>tramadol hcl oral tablet 100 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (240 tablets per 30 days)
ULTRAM	T3	QL (240 tablets per 30 days)
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 (Min 18 Years)
*Opioid Combinations***		
APADAZ	T9	

Medication	Coverage Level	Restrictions
<i>oxycodone-acetaminophen oral solution</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	T9	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PRIMLEV	T9	
PROLATE	T9	
*Opioid 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)
<i>buprenorphine hcl sublingual</i>	T1	QL (90 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	T1	QL (90 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	T1	QL (30 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 tablets per 30 days)
<i>buprenorphine transdermal</i>	T2	ST; QL (4 patches per 28 days)
<i>butorphanol tartrate nasal</i>	T2	
BUTRANS	T9	
<i>pentazocine-naloxone hcl</i>	T2	ST
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)
*Tramadol Combinations***		
SEGLENTIS	T9	
<i>tramadol-acetaminophen</i>	T1	
ULTRACET	T3	
Androgens-Anabolic		
*Anabolic Steroids***		
ANADROL-50	T9	

Medication	Coverage Level	Restrictions
OXANDRIN	T3	
<i>oxandrolone oral</i>	T3	
*Androgens***		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
<i>danazol oral capsule 100 mg, 50 mg</i>	T3	QL (60 capsules per 30 days)
<i>danazol oral capsule 200 mg</i>	T3	QL (120 capsules per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	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	
STRIANT	T9	
TESTIM	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1	
<i>testosterone enanthate intramuscular solution</i>	T1	
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T9	
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	T2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA
<i>testosterone transdermal solution</i>	T9	
TLANDO	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
XYOSTED	T9	
Anorectal And Related Products		
*Intrarectal Steroids***		
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
<i>hydrocortisone rectal enema</i>	T2	

Medication	Coverage Level	Restrictions
UCERIS RECTAL	T3	QL (2 packages per 180 days)
*Nitrate Vasodilating Agents***		
RECTIV	T9	
*Rectal Anesthetic/Steroids***		
ANALPRAM-HC EXTERNAL LOTION	T9	
hydrocortisone ace-pramoxine rectal cream 2.5-1 %	T2	
hydrocortisone ace-pramoxine rectal suppository	T9	
lidocaine-hydrocortisone ace rectal gel	T9	
lidocaine-hydrocortisone ace rectal kit	T9	
*Rectal Steroids***		
ANUSOL-HC RECTAL SUPPOSITORY	T9	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
hydrocortisone acetate rectal suppository 25 mg	T1	
hydrocortisone acetate rectal suppository 30 mg	T9	
PROCTOCORT RECTAL SUPPOSITORY	T9	
Anthelmintics		
*Anthelmintics***		
albendazole oral	T4	SP (Max day supply up to 31 days.); QL (6 tablets per 30 Days)
ALBENZA	T9	
benznidazole oral tablet 100 mg	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
benznidazole oral tablet 12.5 mg	T9	
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
EMVERM	T9	
ivermectin oral	T1	QL (10 tablets per 1 claim)
STROMEKTOL	T3	QL (5 Tablets per 1 day)
Antianginal Agents		
*Antianginals-Other***		
ASPRUZYO SPRINKLE	T9	
RANEXA	T3	
ranolazine er	T1	
*Nitrates***		
GONITRO	T9	
ISORDIL TITRADOSE	T9	

Medication	Coverage Level	Restrictions
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
MINITRAN	T1	
NITRO-BID	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitroglycerin er</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	T2	
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T1	
NITRO-TIME	T1	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl oral</i>	T1	
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1	
<i>meprobamate</i>	T9	
VISTARIL	T3	
*Benzodiazepines***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1	QL (30 tablets per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	T1	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	T2	
ATIVAN ORAL	T3	
<i>chlordiazepoxide hcl</i>	T1	
<i>clorazepate dipotassium</i>	T1	
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1	

Medication	Coverage Level	Restrictions
<i>diazepam oral tablet</i>	T1	
LORAZEPAM INTENSOL	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
LOREEV XR	T9	
<i>oxazepam</i>	T1	
TRANXENE-T ORAL TABLET 7.5 MG	T3	
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)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate oral</i>	T1	
NORPACE	T3	
NORPACE CR	T2	
<i>quinidine gluconate er</i>	T4	SP (Max day supply up to 31 days.)
<i>quinidine sulfate oral</i>	T1	
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl oral</i>	T1	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T3	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl oral tablet 100 mg</i>	T1	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg</i>	T1	
<i>amiodarone hcl oral tablet 400 mg</i>	T9	
<i>dofetilide</i>	T2	
MULTAQ	T3	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1	
PACERONE ORAL TABLET 400 MG	T9	
TIKOSYN	T3	

Medication	Coverage Level	Restrictions
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
<i>zileuton er</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); AL (Min 12 Years)
ZYFLO	T9	
ZYFLO CR	T9	
*Adrenergic Combinations***		
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BREO ELLIPTA	T9	
BREZTRI AEROSPHERE	T9	
<i>budesonide-formoterol fumarate</i>	T9	
COMBIVENT RESPIMAT	T2	QL (2 inhaler per 40 days)
DUAKLIR PRESSAIR	T9	
DULERA	T2	QL (1 inhaler per 31 days)
<i>fluticasone furoate-vilanterol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol</i>	T1	QL (540 ML per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)
SYMBICORT	T2	QL (2 inhalers per 30 days)
TRELEGY ELLIPTA	T2	
UTIBRON NEOHALER	T3	QL (1 inhaler per 30 days)
WIXELA INHUB	T3	
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days)

Medication	Coverage Level	Restrictions
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation</i>	T9	
*Beta Adrenergics***		
<i>albuterol sulfate er</i>	T1	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	
<i>albuterol sulfate oral</i>	T1	
ARCAPTA NEOHALER	T3	
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1	
<i>levalbuterol tartrate hfa</i>	T2	
<i>metaproterenol sulfate oral syrup</i>	T1	
PERFOROMIST	T9	
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
PROVENTIL HFA	T9	
SEREVENT DISKUS	T2	
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL (Min 40 Years)
<i>terbutaline sulfate oral</i>	T1	
VENTOLIN HFA	T2	QL (2 inhalers per 25 days)
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
*Bronchodilators - Anticholinergics***		
ATROVENT HFA	T2	
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>ipratropium bromide inhalation</i>	T1	
LONHALA MAGNAIR REFILL KIT	T9	
LONHALA MAGNAIR STARTER KIT	T9	
SEEBRI NEOHALER	T3	QL (1 inhaler per 30 days)
SPIRIVA HANDIHALER	T2	

Medication	Coverage Level	Restrictions
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
YUPELRI	T9	
*Interleukin-5 Antagonists (Ilgg1 Kappa)***		
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 days for induction/starting dose only); QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days)
*Leukotriene Receptor Antagonists***		
ACCOLATE	T3	
<i>montelukast sodium oral</i>	T1	
SINGULAIR	T3	
<i>zafirlukast</i>	T1	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP ORAL TABLET 250 MCG	T3	PA; QL (1 Fill per 1 Lifetime)
DALIRESP ORAL TABLET 500 MCG	T3	PA
<i>roflumilast oral tablet 250 mcg</i>	T3	PA; QL (1 fill per 1 lifetime)
<i>roflumilast oral tablet 500 mcg</i>	T3	PA
*Steroid Inhalants***		
ALVESCO	T9	
ARMONAIR DIGIHALER	T9	
ARNUITY ELLIPTA	T1	QL (1 Inhaler per 30 days); AL (Min 12 Years)
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	
<i>budesonide inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
FLOVENT DISKUS	T1	QL (1 Inhaler per 30 Day(s)s)

Medication	Coverage Level	Restrictions
FLOVENT HFA	T1	QL (1 Inhaler per 30 Day(s)s)
<i>fluticasone propionate hfa</i>	T9	
PULMICORT FLEXHALER	T9	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	T3	
PULMICORT INHALATION SUSPENSION 1 MG/2ML	T3	QL (120 ML per 30 days)
QVAR REDIHALER	T1	
*Xanthines***		
ELIXOPHYLLIN	T3	
THEO-24	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
Anticoagulants		
*Coumarin Anticoagulants***		
COUMADIN ORAL	T2	
JANTOVEN	T1	
<i>warfarin sodium oral</i>	T1	
*Direct Factor Xa Inhibitors***		
BEVYXXA	T9	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 tablets per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 tablets per 30 days)
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	QL (310 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 tablets per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 tablets per 21 days)
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1	
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium injection solution</i>	T3	SP (Limited to a 1 month supply per fill)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)

Medication	Coverage Level	Restrictions
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	T5	SP (Limited to a 1 month supply per fill)
LOVENOX INJECTION SOLUTION	T3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
*Synthetic Heparinoid-Like Agents***		
ARIXTRA	T5	SP (Max of 31 days per dispensing.)
<i>fondaparinux sodium</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate</i>	T3	ST; QL (60 capsules per 30 days)
PRADAXA	T3	ST; QL (60 capsules per 30 days)
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL (Max 24 Months)
FYCOMPA ORAL TABLET	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
*Anticonvulsants - Benzodiazepines***		
<i>clobazam oral suspension</i>	T3	ST
<i>clobazam oral tablet</i>	T2	ST
<i>clonazepam oral</i>	T1	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
<i>diazepam rectal</i>	T3	
KLONOPIN	T3	
NAYZILAM	T3	QL (4 doses per 30 Days)

Medication	Coverage Level	Restrictions
ONFI ORAL SUSPENSION	T3	ST; QL (240 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
SYMPAZAN	T9	
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)
*Anticonvulsants - Misc.***		
APTOM	T3	PA; QL (60 tablets per 30 days)
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1	ST
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral</i>	T1	
CARBATROL	T3	ST
DIACOMIT ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
ELEPSIA XR	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days)
EPITOL	T1	
EPRONTIA	T9	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	

Medication	Coverage Level	Restrictions
KEPPRA ORAL	T3	
KEPPRA XR	T3	
<i>lacosamide oral solution</i>	T2	
<i>lacosamide oral tablet</i>	T2	QL (60 tablets per 30 days)
LAMICTAL ODT	T9	
LAMICTAL ORAL TABLET	T3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	T3	
LAMICTAL STARTER	T3	QL (1 kit per 365 days)
LAMICTAL XR ORAL KIT	T3	ST; QL (1 kit per 365 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	T3	ST; QL (30 tablets per 30 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	T9	
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1	QL (1 kit per 365 days)
<i>lamotrigine titration</i>	T9	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	T3	QL (90 capsules per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	T3	QL (60 capsules per 30 days)
LYRICA ORAL SOLUTION	T3	QL (473 ML per 30 days)
MYSOLINE ORAL TABLET 50 MG	T3	
NEURONTIN	T3	
<i>oxcarbazepine</i>	T1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 CAPSULES per 30 days)
<i>pregabalin oral capsule 225 mg</i>	T1	QL (60 capsules per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1	QL (473 ML per 30 days)
<i>primidone oral</i>	T1	
QUDEXY XR	T9	
<i>rufinamide oral suspension</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
SPRITAM	T3	ST; QL (60 tablets per 30 Days)
SUBVENITE STARTER KIT-BLUE	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-GREEN	T3	QL (1 kit per 365 Days)
SUBVENITE STARTER KIT-ORANGE	T3	QL (1 kit per 365 Days)
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
<i>topiramate er</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate oral capsule sprinkle</i>	T1	ST
<i>topiramate oral tablet</i>	T1	
TRILEPTAL	T3	
TROKENDI XR	T9	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>zonisamide oral</i>	T1	
ZTALMY	T4	PA; SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
*Carbamates***		
<i>felbamate oral suspension</i>	T2	QL (900 ml per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)

Medication	Coverage Level	Restrictions
<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)
XCOPRI (250 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
XCOPRI (350 MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Pack per 30 days)
*Gaba Modulators***		
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)
SABRIL	T9	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (90 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Min 2 Years)
<i>vigabatrin oral tablet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
VIGADRONE	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Min 2 Years)
*Hydantoins***		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1	

Medication	Coverage Level	Restrictions
<i>phenytoin oral tablet chewable</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 200 mg</i>	T2	
<i>phenytoin sodium extended oral capsule 300 mg</i>	T3	
*Succinimides***		
CELONTIN	T2	
<i>ethosuximide oral</i>	T1	
ZARONTIN	T3	
*Valproic Acid***		
DEPAKOTE	T3	
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
<i>valproate sodium oral solution</i>	T1	
<i>valproic acid oral capsule</i>	T1	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral</i>	T1	
REMERON ORAL TABLET 15 MG, 30 MG	T3	
REMERON SOLTAB	T3	
*Antidepressant - Miscellaneous Combinations***		
AUVELITY	T9	
*Antidepressants - Misc.***		
APLENZIN	T9	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	QL (90 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	T9	
<i>bupropion hcl oral</i>	T1	

Medication	Coverage Level	Restrictions
FORFIVO XL	T9	
<i>maprotiline hcl</i>	T1	
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	
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
MARPLAN	T2	QL (180 tablets per 30 days)
NARDIL	T3	
PARNATE	T3	
<i>phenelzine sulfate oral</i>	T1	
<i>tranylcypromine sulfate</i>	T2	
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablet per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 20 MG	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
CELEXA ORAL TABLET 40 MG	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>citalopram hydrobromide oral capsule</i>	T9	
<i>citalopram hydrobromide oral solution</i>	T1	
<i>citalopram hydrobromide oral tablet 10 mg</i>	T1	QL (90 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	T1	QL (60 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	T1	
<i>escitalopram oxalate oral</i>	T1	
<i>fluoxetine hcl oral capsule</i>	T1	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	
<i>fluoxetine hcl oral tablet 60 mg</i>	T9	
<i>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
LEXAPRO ORAL TABLET	T3	

Medication	Coverage Level	Restrictions
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	ST; QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	T2	ST; QL (60 tablets per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	
<i>paroxetine hcl oral tablet</i>	T1	
PAXIL	T3	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG	T3	ST; QL (30 tablets per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	ST; QL (60 tablets per 30 days)
PEXEVA	T9	
PROZAC ORAL CAPSULE	T3	
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	T1	
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
*Serotonin Modulators***		
<i>nefazodone hcl</i>	T1	
<i>trazodone hcl oral</i>	T1	
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
VIIBRYD ORAL TABLET	T3	ST; QL (30 tablets per 30 days)
VIIBRYD STARTER PACK	T3	ST; QL (30 tablets per 30 days)
<i>vilazodone hcl</i>	T2	QL (30 tablets per 30 Days)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG	T3	QL (60 capsules per 30 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG	T3	QL (90 capsules per 30 days)
<i>desvenlafaxine er</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	T1	QL (60 tablets per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	T1	QL (30 tablets per 30 days)
DRIZALMA SPRINKLE	T9	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (90 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T2	ST; QL (30 capsules per 30 days)
EFFEXOR XR	T3	
FETZIMA	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
FETZIMA TITRATION	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
PRISTIQ	T3	QL (31 EA per 31 days); AL (Min 18 Years)
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
*Tricyclic Agents***		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
ANAFRANIL ORAL CAPSULE 25 MG	T3	QL (30 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 50 MG	T3	QL (60 capsules per 30 Days)
ANAFRANIL ORAL CAPSULE 75 MG	T3	QL (90 capsules per 30 Days)
<i>clomipramine hcl oral capsule 25 mg</i>	T2	QL (30 capsules per 30 days)
<i>clomipramine hcl oral capsule 50 mg</i>	T2	QL (60 capsules per 30 days)
<i>clomipramine hcl oral capsule 75 mg</i>	T2	QL (90 capsules per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
<i>nortriptyline hcl oral capsule</i>	T1	
PAMELOR ORAL CAPSULE	T3	SP (Generic substitution mandatory.)
<i>protriptyline hcl</i>	T2	
SURMONTIL	T3	
TOFRANIL	T3	
<i>trimipramine maleate oral</i>	T2	

Medication	Coverage Level	Restrictions
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose oral</i>	T1	
GLYSET	T3	
PRECOSE	T3	
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	SP (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
*Biguanides***		
FORTAMET	T9	
GLUCOPHAGE	T3	
GLUCOPHAGE XR	T3	
GLUMETZA	T9	
<i>metformin hcl er</i>	T1	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	
<i>metformin hcl oral solution</i>	T9	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	
<i>metformin hcl oral tablet 625 mg</i>	T9	
RIOMET	T9	
*Diabetic Other***		
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)
GVOKE HYPOPEN 1-PACK	T2	
GVOKE HYPOPEN 2-PACK	T2	
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
PROGLYCEM	T9	
ZEGALOGUE	T3	QL (2 kits per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
NESINA	T9	
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
KAZANO	T9	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T3	ST; QL (60 tablets per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T3	ST; QL (30 tablets per 30 days)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET	T3	
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
<i>alogliptin-pioglitazone</i>	T3	QL (30 tablets per 30 days)
OSENI	T9	
*Human Insulin***		
ADMELOG	T3	ST
ADMELOG SOLOSTAR	T3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	
FIASP	T3	ST
FIASP FLEXTOUCH	T3	ST
FIASP PENFILL	T3	ST
HUMALOG	T1	
HUMALOG JUNIOR KWIKPEN	T1	

Medication	Coverage Level	Restrictions
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1	
HUMALOG MIX 50/50	T1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMALOG MIX 75/25	T1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMALOG TEMPO PEN	T9	
HUMULIN 70/30	T1	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN N	T1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1	
HUMULIN R	T1	
HUMULIN R U-500 (CONCENTRATED)	T1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
<i>insulin asp prot & asp flexpen</i>	T3	ST
<i>insulin aspart</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST
<i>insulin aspart prot & aspart</i>	T3	ST
<i>insulin degludec</i>	T9	
<i>insulin degludec flextouch</i>	T9	
<i>insulin glargine-yfgn</i>	T9	
<i>insulin lispro</i>	T9	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
LANTUS	T1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1	
LEVEMIR	T3	ST
LEVEMIR FLEXTOUCH	T3	ST
LYUMJEV	T1	
LYUMJEV KWIKPEN	T1	
LYUMJEV TEMPO PEN	T9	

Medication	Coverage Level	Restrictions
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST
NOVOLOG	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	
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
TOUJEO MAX SOLOSTAR	T1	
TOUJEO SOLOSTAR	T1	
TRESIBA	T9	
TRESIBA FLEXTOUCH	T9	
<i>*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***</i>		
MOUNJARO	T2	QL (4 pen-injectors per 28 days)
<i>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</i>		
ADLYXIN	T3	ST
ADLYXIN STARTER PACK	T3	ST
BYDUREON BCISE	T3	ST
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	T2	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	QL (3 ML per 28 Days)
OZEMPIC (2 MG/DOSE)	T2	QL (3 ML per 28 days)
RYBELSUS	T9	
TRULICITY	T2	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	

Medication	Coverage Level	Restrictions
<i>*Insulin-Incretin Mimetic Combinations***</i>		
SOLIQUA	T2	QL (15 ML per 25 days)
XULTOPHY	T2	QL (15 ML per 30 days)
<i>*Meglitinide Analogues***</i>		
nateglinide	T1	
PRANDIN ORAL TABLET 1 MG, 2 MG	T3	
repaglinide	T1	
STARLIX	T3	
<i>*Progesterone Receptor Antagonists***</i>		
KORLYM	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</i>		
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>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</i>		
GLYXAMBI	T2	QL (30 tablets per 30 days)
QTERN	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
<i>*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***</i>		
FARXIGA	T2	QL (31 tablets per 31 days)
INVOKANA	T3	ST; QL (31 tablets per 31 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
<i>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</i>		
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SYNJARDY	T2	QL (60 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 tablets per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
*Sulfonylurea-Biguanide Combinations***		
glipizide-metformin hcl	T1	
glyburide-metformin	T1	
*Sulfonylureas***		
AMARYL	T3	
glimepiride	T1	
glipizide er	T1	
glipizide oral	T1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg	T1	
GLUCOTROL	T3	
GLUCOTROL XL	T3	
glyburide micronized	T1	
glyburide oral	T1	
GLYNASE	T3	
*Sulfonylurea-Thiazolidinedione Combinations***		
DUETACT	T9	
pioglitazone hcl-glimepiride	T9	
*Thiazolidinedione-Biguanide Combinations***		
ACTOPLUS MET	T3	
ACTOPLUS MET XR	T2	QL (60 tablets per 30 days)
pioglitazone hcl-metformin hcl	T1	
*Thiazolidinediones***		
ACTOS	T3	
pioglitazone hcl	T1	
Antidiarrheal/Probiotic Agents		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI	T9	
*Antidiarrheal/Probiotic Combinations***		
RESTORA RX	T9	
RESTORA SPRINKLES	T9	
*Antiperistaltic Agents***		
diphenoxylate-atropine oral liquid	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	

Medication	Coverage Level	Restrictions
LOMOTIL ORAL TABLET	T3	
<i>loperamide hcl oral capsule</i>	T9	
<i>opium</i>	T9	
<i>paregoric</i>	T9	
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferasirox oral tablet soluble</i>	T4	SP (Limited to a 1 month supply per fill)
<i>deferiprone</i>	T4	SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	T9	
JADENU SPRINKLE ORAL PACKET 180 MG	T9	
JADENU SPRINKLE ORAL PACKET 360 MG, 90 MG	T9	SP ()
*Opioid Antagonists***		
KLOXXADO	T3	QL (2 doses per 365 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	QL (2 Vials per 1 year)
<i>naloxone hcl injection solution cartridge</i>	T1	QL (2 cartridges per 1 year)
<i>naloxone hcl injection solution prefilled syringe</i>	T1	QL (2 Syringes per 1 year)
<i>naloxone hcl nasal</i>	T1	QL (1 box per 1 year)
<i>naltrexone hcl oral</i>	T1	
NARCAN	T1	QL (2 units per 365 days)
ZIMHI	T2	QL (1 box per 1 year)
Antiemetics		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 50 MG	T9	
<i>granisetron hcl oral</i>	T2	QL (20 tablets per 30 days)
<i>ondansetron</i>	T1	
<i>ondansetron hcl oral</i>	T1	
SANCUSO	T4	ST; SP (Max day supply up to 31 days.); QL (1 patch per 28 days)
SUSTOL	T9	

Medication	Coverage Level	Restrictions
ZUPLENZ	T2	ST; QL (20 films per 30 days)
*Antiemetic Combinations***		
AKYNZEO ORAL	T9	
BONJESTA	T9	
DICLEGIS	T9	
doxylamine-pyridoxine	T9	
*Antiemetics - Anticholinergic***		
ANTIVERT ORAL TABLET 50 MG	T9	
meclizine hcl oral tablet 12.5 mg, 25 mg	T9	
scopolamine	T1	
TIGAN ORAL	T3	
TRANSDERM-SCOP (1.5 MG)	T3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T3	
trimethobenzamide hcl oral	T1	
*Antiemetics - Miscellaneous***		
dronabinol oral capsule 10 mg	T4	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
dronabinol oral capsule 2.5 mg, 5 mg	T3	QL (60 Capsules per 30 days)
MARINOL ORAL CAPSULE 10 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
MARINOL ORAL CAPSULE 2.5 MG, 5 MG	T3	QL (60 capsules per 30 days)
SYNDROS	T9	
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
aprepitant oral	T1	QL (6 capsules per 30 days)
aprepitant oral capsule	T1	QL (7 capsules per 30 days)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND TRI-PACK	T9	
VARUBI ORAL	T9	
Antifungals		
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***		
BREXAFEMME	T9	
*Antifungals***		
griseofulvin microsize oral	T1	
griseofulvin ultramicrosize	T2	
LAMISIL ORAL TABLET	T3	
nystatin oral tablet	T1	

Medication	Coverage Level	Restrictions
<i>terbinafine hcl oral</i>	T1	
*Imidazoles***		
<i>ketoconazole oral</i>	T1	
*Tetrazoles***		
VIVJOA	T9	
*Triazoles***		
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>	T1	
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
NOXAFIL ORAL TABLET DELAYED RELEASE	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 Tablets per 30 days)
<i>posaconazole</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
SPORANOX ORAL CAPSULE	T9	
SPORANOX ORAL SOLUTION	T5	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
SPORANOX PULSEPAK	T9	
<i>tolsura</i>	T9	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 Tablets per 30 days)
VFEND ORAL TABLET 50 MG	T5	SP (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
<i>voriconazole oral suspension reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
<i>voriconazole oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (480 Tablets per 30 days)

Medication	Coverage Level	Restrictions
Antihistamines		
*Antihistamines - Alkylamines***		
<i>chlorpheniramine maleate er</i>	T9	
RYCLORA ORAL SYRUP	T9	
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
DICOPANOL FUSEPAQ	T9	
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
RYVENT	T9	
*Antihistamines - Non-Sedating***		
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
<i>cetirizine hcl childrens alrgy oral solution</i>	T9	
<i>cetirizine hcl oral tablet</i>	T9	
<i>cetirizine hcl oral tablet chewable</i>	T9	
<i>childrens loratadine oral syrup</i>	T9	
CLARINEX ORAL TABLET	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
<i>desloratadine oral tablet</i>	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>loratadine oral tablet</i>	T9	
QUZYTIR	T9	
ZYRTEC ALLERGY ORAL TABLET	T9	
*Antihistamines - Phenothiazines***		
<i>promethazine hcl oral syrup</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	

Medication	Coverage Level	Restrictions
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral</i>	T1	
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL	T3	PA; QL (30 tablets per 30 days)
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl</i>	T2	PA
LOVAZA	T3	
<i>omega-3-acid ethyl esters</i>	T1	
VASCEPA	T9	PA
*Bile Acid Sequestrants***		
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1	
PREVALITE	T1	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
WELCHOL ORAL PACKET	T3	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	QL (180 tablets per 30 days)
*Fibric Acid Derivatives***		
ANTARA ORAL CAPSULE 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>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	

Medication	Coverage Level	Restrictions
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet</i>	T9	
FENOGLIDE	T9	
FIBRICOR	T9	
<i>gemfibrozil oral</i>	T1	
LIPOFEN	T9	
LOPID	T3	
TRICOR	T3	
TRIGLIDE ORAL TABLET 160 MG	T9	
TRILIPIX	T3	
*Hmg Coa Reductase Inhibitors***		
ALTOPREV	T9	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	
CRESTOR	T3	
EZALLOR SPRINKLE	T9	
<i>flolipid</i>	T9	
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	
LESCOL XL	T9	
LIPITOR	T3	
LIVALO	T9	
<i>lovastatin oral</i>	T1	PV
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1	PV
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1	
<i>simvastatin oral suspension</i>	T9	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	PV
<i>simvastatin oral tablet 80 mg</i>	T1	
ZOCOR	T3	QL (31 tablets per 31 days)
ZYPITAMAG	T9	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1	
ROSZET	T9	
VYTORIN	T3	

Medication	Coverage Level	Restrictions
*Intestinal Cholesterol Absorption Inhibitors***		
ezetimibe	T1	
ZETIA	T3	
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID ORAL CAPSULE 10 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 20 MG, 40 MG, 5 MG, 60 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 30 MG	T9	
*Nicotinic Acid Derivatives***		
niacin er (antihyperlipidemic)	T1	
NIACOR	T1	
NIASPAN	T3	
*Pcsk9 Inhibitors***		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
REPATHA	T2	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (1 cartridge per 30 days)
REPATHA SURECLICK	T2	PA; QL (2 pens per 28 days)
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
amlodipine besy-benazepril hcl	T1	
LOTREL ORAL CAPSULE 10-20 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG	T3	
PRESTALIA	T3	ST
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	T3	
trandolapril-verapamil hcl er	T1	
*Ace Inhibitors & Thiazide/Thiazide-Like***		
ACCURETIC	T3	
benazepril-hydrochlorothiazide	T1	
captopril-hydrochlorothiazide	T1	
enalapril-hydrochlorothiazide	T1	
fosinopril sodium-hctz	T1	
lisinopril-hydrochlorothiazide	T1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
quinapril-hydrochlorothiazide	T1	

Medication	Coverage Level	Restrictions
VASERETIC	T3	
ZESTORETIC	T3	
*Ace Inhibitors***		
ACCUPRIL	T3	
ALTACE ORAL CAPSULE	T3	
<i>benazepril hcl oral</i>	T1	
<i>captopril oral</i>	T1	
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1	
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
<i>fosinopril sodium</i>	T1	
<i>lisinopril oral</i>	T1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
MAVIK ORAL TABLET 4 MG	T3	
<i>moexipril hcl</i>	T1	
<i>perindopril erbumine</i>	T1	
PRINIVIL	T3	
QBRELIS	T3	AL (Max 9 Years)
<i>quinapril hcl</i>	T1	
<i>ramipril</i>	T1	
<i>trandolapril</i>	T1	
VASOTEC	T3	
ZESTRIL	T3	
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb***		
<i>methyldopa-hydrochlorothiazide</i>	T1	
*Agents For Pheochromocytoma***		
DEMSEER	T9	
DIBENZYLINE	T9	
<i>metyrosine</i>	T9	
<i>phenoxybenzamine hcl oral</i>	T9	
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
AZOR	T3	ST
EXFORGE	T3	
<i>telmisartan-amlodipine</i>	T1	
TWYNSTA	T3	

Medication	Coverage Level	Restrictions
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
ATACAND HCT	T3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
BENICAR HCT	T3	
<i>candesartan cilexetil-hctz</i>	T1	
DIOVAN HCT	T3	
EDARBYCLOR	T3	ST
HYZAAR	T3	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>losartan potassium-hctz</i>	T1	
MICARDIS HCT	T3	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>telmisartan-hctz</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
*Angiotensin II Receptor Antagonists***		
ATACAND	T3	
AVAPRO	T3	
BENICAR	T3	
<i>candesartan cilexetil</i>	T1	
COZAAR	T3	
DIOVAN	T3	QL (60 tablets per 30 days)
EDARBI	T3	ST
<i>irbesartan</i>	T1	
<i>losartan potassium oral</i>	T1	
MICARDIS	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>telmisartan</i>	T1	
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1	
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz</i>	T1	
EXFORGE HCT	T3	
<i>olmesartan-amlodipine-hctz</i>	T1	
TRIBENZOR	T3	
*Antiadrenergics - Centrally Acting***		
CATAPRES	T3	
CATAPRES-TTS-1	T3	

Medication	Coverage Level	Restrictions
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>clonidine</i>	T1	
<i>clonidine hcl er oral tablet extended release 24 hour</i>	T9	
<i>clonidine hcl oral</i>	T1	
<i>guanfacine hcl oral</i>	T1	
<i>methyldopa oral</i>	T1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
*Antiadrenergics - Peripherally Acting***		
CARDURA	T3	
<i>doxazosin mesylate oral</i>	T1	
MINIPRESS	T3	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
*Antihypertensives - Misc.***		
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
*Beta Blocker & Angiotensin II Receptor Antagonist Comb***		
BYVALSON	T3	ST
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
CORZIDE	T3	
DUTOPROL	T9	
LOPRESSOR HCT ORAL TABLET 50-25 MG	T3	
<i>metoprolol-hctz er</i>	T9	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	T1	
<i>propranolol-hctz</i>	T1	
TENORETIC 100	T3	
TENORETIC 50	T3	
ZIAC	T3	
*Direct Renin Inhibitors & Thiazide/Thiazide-Like Comb***		
TEKTURNA HCT	T2	ST
*Direct Renin Inhibitors***		
<i>aliskiren fumarate</i>	T2	ST
TEKTURNA	T3	

Medication	Coverage Level	Restrictions
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone</i>	T1	
INSPRA	T3	
*Vasodilators***		
<i>hydralazine hcl oral</i>	T1	
<i>minoxidil oral</i>	T1	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
AEMCOLO	T2	QL (12 tablets per 30 Days); AL (Min 18 Years)
FLAGYL	T3	
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
<i>metronidazole oral</i>	T1	
NEBUPENT	T3	
<i>pentamidine isethionate inhalation</i>	T1	
PRIMSOL	T9	
<i>tinidazole oral</i>	T1	
<i>trimethoprim oral</i>	T1	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Max of 31 day supply per dispensing.); QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG	T4	PA; SP (Limited to a 14 or 30 day supply per fill, depending on diagnosis.)
*Anti-Infective Misc. - Combinations***		
BACTRIM	T3	
BACTRIM DS	T3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
ALINIA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
LAMPIT	T3	QL (90 tablets per 30 years); AL (Max 17 Years)
MEPRON	T3	

Medication	Coverage Level	Restrictions
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 TABLETS per 6 Months)
*Glycopeptides***		
FIRVANQ	T2	
VANCOCIN HCL	T9	
VANCOCIN ORAL CAPSULE 125 MG	T9	
<i>vancomycin hcl intravenous solution reconstituted 1000 mg, 500 mg</i>	T1	
<i>vancomycin hcl oral</i>	T9	
*Leprostatics***		
<i>dapsone oral</i>	T1	
*Lincosamides***		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
*Monobactams***		
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill)
*Oxazolidinones***		
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T2	QL (28 tablets per 14 days)
SIVEXTRO ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to one 14 day supply per 6 months (180 days)); AL (Max 9 Years)
ZYVOX ORAL TABLET	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 14 days)
*Pleuromutilins***		
XENLETA ORAL	T9	
*Polymyxins***		
<i>colistimethate sodium (cba)</i>	T9	
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine</i>	T1	QL (1 packet per 30 days)
FURADANTIN	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
MACROBID	T3	
MACRODANTIN ORAL CAPSULE 100 MG, 50 MG	T3	
MACRODANTIN ORAL CAPSULE 25 MG	T2	
<i>methenamine hippurate</i>	T1	
MONUROL	T3	QL (1 packet per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd macro</i>	T1	
<i>nitrofurantoin oral suspension</i>	T4	SP (Limited to a 1 month supply per fill)
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***		
HYOPHEN	T9	
URIBEL	T9	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl</i>	T1	
COARTEM	T2	
MALARONE	T3	
*Antimalarials***		
ARAKODA	T3	
<i>chloroquine phosphate oral</i>	T1	
DARAPRIM	T9	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
KRINTAFEL	T1	QL (2 tablets per 365 Days)
<i>mefloquine hcl</i>	T1	
PLAQUENIL	T3	
<i>primaquine phosphate oral</i>	T1	
<i>pyrimethamine oral</i>	T4	SP (Limited to a 1 month supply per fill)
QUALAQUIN	T3	
<i>quinine sulfate oral</i>	T1	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	

Medication	Coverage Level	Restrictions
<i>pyridostigmine bromide er</i>	T9	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
RUZURGI	T4	PA; SP (Limited to a 1 month supply per fill)
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>cycloserine oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
MYCOBUTIN	T2	
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PRIFTIN	T2	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T4	SP (Max of 31 days per dispensing)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1	
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
MYLERAN	T3	
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate oral tablet 250 mg</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
YONSA	T9	
ZYTIGA	T9	
*Antiadrenals***		
LYSODREN	T4	PA; SP (Max of 14 day supply per fill)
*Antiandrogens***		
<i>bicalutamide</i>	T1	
CASODEX	T3	
<i>flutamide</i>	T1	
<i>nilutamide</i>	T1	
*Antiestrogens***		
FARESTON	T9	
SOLTAMOX	T9	

Medication	Coverage Level	Restrictions
<i>tamoxifen citrate oral</i>	T1	
<i>toremifene citrate</i>	T4	ST; SP (Max day supply up to 31 days.); QL (30 tablets per 30 days)
*Antimetabolites***		
<i>capecitabine oral tablet 150 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>capecitabine oral tablet 500 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>mercaptopurine oral</i>	T1	
<i>methotrexate oral</i>	T1	
<i>methotrexate sodium injection solution reconstituted</i>	T1	
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
TABLOID	T5	SP (Limited to a 1 month supply per fill)
TREXALL	T3	ST
XATMEP	T3	AL (Max 9 Years)
XELODA	T5	SP (Limited to a 1 month supply per fill)
*Antineoplastic - Alk Inhibitors***		
XALKORI ORAL CAPSULE 200 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
XALKORI ORAL CAPSULE 250 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
ZYKADIA ORAL TABLET	T5	PA; SP (Max of 14 day supply per fill)
*Antineoplastic - Anti-Her2 Agents***		
OGIVRI	T9	
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
GLEEVEC	T9	
<i>imatinib mesylate oral tablet 100 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (90 tablets per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	T4	PA; SP (Max of 14 day supply per fill); QL (60 tablets per 30 days)
SCEMBLIX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Antineoplastic - Btk Inhibitors***		
BRUKINSA	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl</i>	T4	PA; SP (Max of 14 day supply per fill)
EXKIVITY	T4	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days)
IRESSA	T4	PA; SP (Max of 14 day supply per fill)
TARCEVA ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill)
TARCEVA ORAL TABLET 150 MG, 25 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 15 MG	T5	PA; SP (Max of 14 day supply per fill)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	T5	PA; SP (Max of 14 day supply per fill)
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 tablets per 14 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
PEMAZYRE	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 Tablets per 21 days)
TRUSELTIQ (100MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
*Antineoplastic - Hedgehog Pathway Inhibitors***		
DAURISMO ORAL TABLET 100 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)

Medication	Coverage Level	Restrictions
DAURISMO ORAL TABLET 25 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
ODOMZO	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
*Antineoplastic - Hif-2-Alpha Inhibitors***		
WELIREG	T4	PA; SP (Max of 14 day supply per fill); QL (42 tablets per 14 days)
*Antineoplastic - Histone Deacetylase Inhibitors***		
FARYDAK ORAL CAPSULE 10 MG, 20 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 capsules per 1 fill)
FARYDAK ORAL CAPSULE 15 MG	T5	PA; SP (Max of 14 day supply per fill); QL (6 capsules per 1 fill)
ZOLINZA	T4	PA; SP (Max of 14 day supply per fill)
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill)
POMALYST ORAL CAPSULE 2 MG, 3 MG, 4 MG	T5	PA; SP (Limited to a 1 month supply per fill)
*Antineoplastic - Mek Inhibitors***		
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill)
*Antineoplastic - Met Inhibitors***		
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TEPMETKO	T5	PA; SP (Max of 15 day supply per fill); QL (30 tablets per 15 days)
*Antineoplastic - Mtor Kinase Inhibitors***		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
everolimus oral tablet soluble	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablets per 14 days)
*Antineoplastic - Multikinase Inhibitors***		
CAPRELSA	T4	PA; SP (Max of 14 day supply per fill); QL (14 tablet per 14 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Max of 14 day supply per fill)

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)
FOTIVDA	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 capsules per 28 days)
<i>lapatinib ditosylate</i>	T4	PA; SP (Max of 14 day supply per fill. Limited Distribution medication.)
NEXAVAR	T9	SP ()
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 Tablets per 30 days)
<i>sorafenib tosylate</i>	T4	PA; SP (Max of 14 day supply per fill)
<i>sunitinib malate</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TURALIO	T5	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days); AL (Min 18 Years)
UKONIQ	T5	PA; SP (Max of 14 day supply per fill); QL (56 tablets per 14 days)
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
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)
*Antineoplastic - Ret Inhibitors***		
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
ROZLYTREK	T4	PA; SP (Max of 14 day supply per fill); QL (42 capsules per 14 days); AL (Min 12 Years)
VITRAKVI ORAL CAPSULE 100 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL CAPSULE 25 MG	T4	PA; SP (Max of 14 day supply per fill); QL (28 capsules per 14 days)
VITRAKVI ORAL SOLUTION	T4	PA; SP (Max of 14 day supply per fill); QL (48 ML per 14 days)

Medication	Coverage Level	Restrictions
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	T5	PA; SP (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
*Antineoplastic Combinations***		
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 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)
*Antineoplastics Misc.***		
ACTIMMUNE	T4	SP (Limited to a 1 month supply per fill)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
HYDREA	T3	
<i>hydroxyurea oral</i>	T1	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	T4	SP (Limited to a 1 month supply per fill)
MATULANE	T4	PA; SP (Max of 14 day supply per fill)
TICE BCG	T6 - \$0 Copay	PV
*Aromatase Inhibitors***		
<i>anastrozole oral</i>	T1	
ARIMIDEX	T3	
AROMASIN	T3	
<i>exemestane</i>	T2	
FEMARA	T3	
<i>letrozole oral</i>	T1	
*Estrogens-Antineoplastic***		
EMCYT	T2	
*Folic Acid Antagonists Rescue Agents***		
<i>leucovorin calcium oral</i>	T1	
*Imidazotetrazines***		
TEMODAR ORAL CAPSULE 100 MG, 180 MG, 250 MG	T5	PA; SP (Limited to a 1 month supply per fill)
TEMODAR ORAL CAPSULE 140 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>temozolomide</i>	T4	PA; SP (Limited to a 1 month supply per fill)
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
TIBSOVO	T4	PA; SP (Max of 14 day supply per fill)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VONJO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
*Lhrh Analogs***		
<i>leuprolide acetate injection</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
*Mitotic Inhibitors***		
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)
*Nitrogen Mustards And Related Analogues***		
ALKERAN ORAL	T3	
<i>cyclophosphamide oral</i>	T3	
LEUKERAN	T4	SP (Limited to a 1 month supply per fill)
<i>melphalan</i>	T2	
*Nitrosoureas***		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T3	
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
COPIKTRA ORAL CAPSULE 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
RUBRACA ORAL TABLET 200 MG, 250 MG	T4	PA; SP (Max of 14 day supply per fill)
RUBRACA ORAL TABLET 300 MG	T4	PA; SP (Max of 14 day supply per fill)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	T5	PA; SP (Max of 14 day supply per fill); QL (14 capsules per 14 days)
*Progestins-Antineoplastic***		
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1	
<i>megestrol acetate oral tablet</i>	T1	
*Retinoids***		
<i>tretinoin oral</i>	T4	PA; SP (Limited to a 14 day supply per fill)
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene oral</i>	T4	PA; SP (Max of 14 day supply per fill)

Medication	Coverage Level	Restrictions
TARGRETIN ORAL	T5	PA; SP (Max of 14 day supply per fill)
*Topoisomerase I Inhibitors***		
HYCANTIN ORAL	T4	SP (Limited to a 1 month supply per fill)
*Urinary Tract Protective Agents***		
MESNEX ORAL	T4	SP (Limited to a 1 month supply per fill)
Antiparkinson And Related Therapy Agents		
*Adenosine Receptor Antagonist***		
NOURIANZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Antiparkinson Anticholinergics***		
benztropine mesylate oral	T1	
trihexyphenidyl hcl	T1	
*Antiparkinson Dopaminergics***		
amantadine hcl oral	T1	
bromocriptine mesylate oral	T2	
GOCOVRI	T9	
INBRIJA	T9	
OSMOLEX ER	T9	
PARLODEL	T3	
*Antiparkinson Monoamine Oxidase Inhibitors***		
AZILECT	T3	ST; QL (30 tablets per 30 days)
rasagiline mesylate oral	T2	QL (30 tablets per 30 days)
selegiline hcl oral tablet	T2	
XADAGO	T3	ST; QL (30 tablets per 30 days)
*Central/Peripheral Comt Inhibitors***		
TASMAR ORAL TABLET 100 MG	T3	
tolcapone	T5	SP (Limited to a 1 month supply per fill)
*Decarboxylase Inhibitors***		
carbidopa oral	T9	
LODOSYN	T9	
*Levodopa Combinations***		
carbidopa-levodopa	T1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1	

Medication	Coverage Level	Restrictions
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	
DHIVY	T3	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (270 capsules per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (300 capsules per 30 days)
SINEMET CR	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>apomorphine hcl subcutaneous</i>	T9	
KYNMOBI	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 films per 30 days)
MIRAPEX	T3	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T3	ST; QL (30 tablets per 30 days)
REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG	T3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 6 MG	T3	ST
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	ST
*Peripheral Comt Inhibitors***		
COMTAN	T3	
<i>entacapone</i>	T1	
ONGENTYS	T3	ST

Medication	Coverage Level	Restrictions
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
LITHOBID	T3	
*Antipsychotics - Misc.***		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 Capsules per 30 days)
EQUETRO	T3	ST
GEODON ORAL	T3	
LATUDA	T2	QL (30 tablets per 30 days)
NUPLAZID ORAL CAPSULE	T9	
NUPLAZID ORAL TABLET 10 MG	T9	
VRAYLAR	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<i>ziprasidone hcl</i>	T1	
*Benzisoxazoles***		
FANAPT	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INVEGA	T9	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	ST; QL (60 tablets per 30 days)
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible 0.25 mg</i>	T1	
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T2	

Medication	Coverage Level	Restrictions
*Butyrophenones***		
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
*Dibenzodiazepines***		
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T3	ST; QL (30 tablets per 30 days)
SAPHRIS	T9	
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 Patches per 30 days); AL (Min 18 Years)
*Dibenzothiazepines***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	T1	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	T1	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 150 mg</i>	T9	
<i>quetiapine fumarate oral tablet 400 mg</i>	T1	QL (60 tablets per 30 days)
SEROQUEL	T3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG	T3	QL (30 tablets per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG	T3	QL (60 tablets per 30 days)
*Dibenzoxazepines***		
ADASUVE	T9	
<i>loxapine succinate oral</i>	T1	
*Phenothiazines***		
<i>chlorpromazine hcl oral concentrate 100 mg/ml</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
COMPRO	T1	

Medication	Coverage Level	Restrictions
<i>fluphenazine hcl oral concentrate</i>	T1	
<i>fluphenazine hcl oral elixir</i>	T1	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>thioridazine hcl oral</i>	T1	
<i>trifluoperazine hcl oral</i>	T1	
*Quinolinone Derivatives***		
ABILIFY MYCITE	T9	
ABILIFY MYCITE MAINTENANCE KIT	T9	
ABILIFY MYCITE STARTER KIT	T9	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG	T3	QL (30 tablets per 30 days)
ABILIFY ORAL TABLET 30 MG, 5 MG	T3	QL (30 EA per 30 days)
<i>aripiprazole oral solution</i>	T3	AL (Max 9 Years)
<i>aripiprazole oral tablet</i>	T1	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Thienbenzodiazepines***		
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T2	
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
*Thioxanthenes***		
<i>thiothixene oral</i>	T1	
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir-lamivudine-zidovudine</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
BIKTARVY ORAL TABLET 30-120-15 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 Days)
BIKTARVY ORAL TABLET 50-200-25 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
CIMDUO	T9	

Medication	Coverage Level	Restrictions
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMPLERA	T4	SP (Limited to a 1 month supply per fill)
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DESCOVY	T9	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<i>efavirenz-emtricitab-tenofo df</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-emtricitab-tenofovir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>efavirenz-lamivudine-tenofovir</i>	T4	SP (Max of 31 day supply per dispensing.); QL (30 tablets per 30 Days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T2	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
KALETRA ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
<i>lamivudine-zidovudine</i>	T2	
<i>lopinavir-ritonavir</i>	T4	SP (Limited to a 1 month supply per fill)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREZCOBIX	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
STRIBILD	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
SYMFI	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMFI LO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TEMIXYS	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TRIUMEQ PD	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 150 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
SELZENTRY ORAL TABLET 25 MG, 75 MG	T4	SP (Limited to a 1 month supply per fill)
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
TIVICAY ORAL TABLET 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill)
TIVICAY ORAL TABLET 50 MG	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TIVICAY PD	T4	SP (Limited to a 1 month supply per fill)
<i>vocabria</i>	T9	
*Antiretrovirals - Protease Inhibitors***		
APTIVUS	T4	ST; SP (Limited to a 1 month supply per fill)
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
CRIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
<i>fosamprenavir calcium</i>	T4	SP (Limited to a 1 month supply per fill)
INVIRASE ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
LEXIVA ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
NORVIR ORAL TABLET	T9	
PREZISTA ORAL SUSPENSION	T4	SP (Limited to a 1 month supply per fill)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	T4	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL CAPSULE 200 MG, 300 MG	T5	SP (Limited to a 1 month supply per fill)
REYATAZ ORAL PACKET	T4	SP (Limited to a 1 month supply per fill)
<i>ritonavir</i>	T1	
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT	T2	
<i>efavirenz</i>	T2	
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)

Medication	Coverage Level	Restrictions
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1	QL (60 tablets per 30 days)
PIFELTRO	T4	SP (Max of 31 days supply per dispensing.); QL (30 tablets per 30 days)
SUSTIVA	T5	SP (Limited to a 1 month supply per fill)
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)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution</i>	T1	AL (Max 9 Years)
<i>abacavir sulfate oral tablet</i>	T2	
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	T1	
VIDEX EC	T3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine</i>	T3	
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	SP ()
EPIVIR	T3	

Medication	Coverage Level	Restrictions
<i>lamivudine oral solution</i>	T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T2	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
<i>stavudine oral capsule</i>	T1	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1	
<i>zidovudine oral tablet</i>	T2	
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate</i>	T1	
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL TABLET 300 MG	T5	SP (Limited to a 1 month supply per fill)
*Antiretrovirals Adjuvants***		
TYBOST	T2	QL (30 tablets per 30 days)
*Antiviral Combinations***		
PAXLOVID (300/100)	T2	
PAXLOVID ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	T2	
*Cmv Agents***		
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
PREVYMIS ORAL	T4	PA; SP (Limited to a 1 month supply per fill)
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Max of 31 days per dispensing.); QL (540 ML per 30 days); AL (Max 9 Years)
VALCYTE ORAL TABLET	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days); AL (Max 9 Years)
<i>valganciclovir hcl oral tablet</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Hepatitis B Agents***		
<i>adefovir dipivoxil</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
BARACLUDE ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>entecavir</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EPIVIR HBV ORAL SOLUTION	T2	
EPIVIR HBV ORAL TABLET	T3	
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
<i>lamivudine oral tablet 100 mg</i>	T2	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Hepatitis C Agent - Combinations***		
EPCLUSA	T9	
HARVONI ORAL PACKET	T9	
HARVONI ORAL TABLET 45-200 MG	T9	
HARVONI ORAL TABLET 90-400 MG	T9	SP ()
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill)
MAVYRET ORAL PACKET	T4	SP (Limited to a 1 month supply per fill); QL (140 packets per 28 days)
MAVYRET ORAL TABLET	T4	SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days)
VIEKIRA PAK	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
VOSEVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPATIER	T4	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
*Hepatitis C Agents***		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Weeks per 1 Lifetime)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 weeks per 1 lifetime)

Medication	Coverage Level	Restrictions
<i>ribavirin oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
<i>ribavirin oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill)
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill)
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral</i>	T1	
SITAVIG	T9	
<i>valacyclovir hcl oral</i>	T1	
VALTREX ORAL TABLET 1 GM	T2	
VALTREX ORAL TABLET 500 MG	T3	
ZOVIRAX ORAL	T3	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral</i>	T1	QL (120 tablets per 30 days)
*Influenza Agents***		
<i>rimantadine hcl</i>	T1	
*Misc. Antivirals***		
LAGEVRIO	T2	
<i>molnupiravir</i>	T2	
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate oral capsule</i>	T1	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (120 ML per 1 fill)
RELENZA DISKHALER	T3	
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	T2	QL (2 tablets per 1 fill); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)

Medication	Coverage Level	Restrictions
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	T2	QL (2 tablets per 1 fill); AL (Min 5 Years)
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T2	ST
COREG	T3	
COREG CR	T3	ST
<i>labetalol hcl oral</i>	T1	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral</i>	T1	
BYSTOLIC	T3	
KAPSPARGO SPRINKLE	T3	
LOPRESSOR ORAL	T3	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral</i>	T1	
<i>nebivolol hcl</i>	T1	
TENORMIN	T3	
TOPROL XL	T3	
*Beta Blockers Non-Selective***		
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
CORGARD	T3	
HEMANGEOL	T3	AL (Max 2 Years)
INDERAL LA	T9	
INDERAL XL	T9	
INNOPRAN XL	T9	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
SORINE	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
<i>timolol maleate oral</i>	T1	

Medication	Coverage Level	Restrictions
Calcium Channel Blockers		
*Calcium Channel Blocker-Nsaid Combinations***		
CONSENSI	T9	
*Calcium Channel Blockers***		
ADALAT CC	T3	
AFEDITAB CR	T1	
<i>amlodipine besylate oral</i>	T1	
CALAN ORAL TABLET 120 MG	T3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARTIA XT	T1	
CONJUPRI	T9	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
KATERZIA	T3	QL (150 ML per 30 yers); AL (Max 6 Years)
<i>levamlodipine maleate oral tablet 5 mg</i>	T9	
MATZIM LA	T9	

Medication	Coverage Level	Restrictions
<i>nicardipine hcl oral capsule 20 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>nicardipine hcl oral capsule 30 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T2	QL (21 day supply per 365 days)
<i>nisoldipine er</i>	T2	
NORLIQVA	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
NORVASC	T3	SP (Generic substitution mandatory.)
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill)
PROCARDIA XL	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
TAZTIA XT	T1	
TIADYL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1	
TIAZAC	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
Cardiotonics		
*Cardiac Glycosides***		
DIGITEK	T1	
DIGOX	T1	
<i>digoxin oral solution</i>	T1	AL (Max 9 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	T9	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	

Medication	Coverage Level	Restrictions
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
Cardiovascular Agents - Misc.		
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***		
amlodipine-atorvastatin	T9	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
*Cardiac Myosin Inhibitors***		
CAMZYOS	T9	
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***		
ENTRESTO	T2	QL (60 tablets per 30 days)
*Nitrate & Vasodilator Combinations***		
BIDIL	T9	
isosorb dinitrate-hydralazine	T2	
*Prostaglandin - Impotence Agents***		
CAVERJECT	T3	QL (6 injections per 30 days)
CAVERJECT IMPULSE	T3	QL (6 injections per 30 days)
EDEX	T3	QL (6 units per 30 days)
MUSE	T2	QL (6 pellets per 30 days)
*Prostaglandin Vasodilators***		
VENTAVIS	T4	PA
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1.5 MG, 2 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
ADEMPAS ORAL TABLET 1 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
ambrisentan	T4	PA; SP (Limited to a 1 month supply per fill)
bosentan	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)

Medication	Coverage Level	Restrictions
TRACLEER ORAL TABLET	T9	SP ()
TRACLEER ORAL TABLET SOLUBLE	T9	
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ADCIRCA	T9	
<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 (Max 5 Years)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA
<i>tadalafil (pah)</i>	T9	SP ()
TADLIQ	T9	
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 1400 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET 200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
UPTRAVI ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 tablets per 30 days)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
CIALIS	T9	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	T9	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
STAXYN	T9	
STENDRA	T9	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	T1	QL (6 tablets per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	QL (30 tablets per 30 days)
<i>varafenafil hcl oral</i>	T9	
VIAGRA	T9	
*Sinus Node Inhibitors**		
CORLANOR	T3	ST
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
VERQUVO	T3	PA; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil</i>	T1	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T2	
KEFLEX	T3	
*Cephalosporins - 2Nd Generation***		
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule 250 mg</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir</i>	T1	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1	
<i>cefixime oral suspension reconstituted</i>	T1	
<i>cefpodoxime proxetil</i>	T1	
SPECTRACEF ORAL TABLET 400 MG	T3	
SUPRAX ORAL CAPSULE	T2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML	T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T2	
SUPRAX ORAL TABLET CHEWABLE	T3	
Chemicals		
*Additional Solids***		
<i>coenzyme q10</i>	T2	
*Bulk Chemicals - La's***		
<i>acidophilus lactobacillus powder</i>	T9	
*Bulk Chemicals - Me's***		
<i>metronidazole benzoate</i>	T9	
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE	T1	PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1	PV
KARIVA	T1	PV
LO LOESTRIN FE	T3	ST
MIRCETTE	T9	
PIMTREA	T1	PV

Medication	Coverage Level	Restrictions
SIMLIYA	T1	PV
<i>viorele</i>	T1	PV
VOLNEA	T1	PV
*Combination Contraceptives - Oral***		
AFIRMELLE	T1	PV
ALTAVERA	T1	PV
<i>alyacen 1/35</i>	T1	PV
APRI	T1	PV
AUBRA	T1	PV
AUBRA EQ	T1	PV
AUROVELA 1.5/30	T1	PV
AUROVELA 1/20	T1	PV
AUROVELA 24 FE	T1	PV
AUROVELA FE 1.5/30	T1	PV
AUROVELA FE 1/20	T1	PV
AVIANE	T1	PV
AYUNA	T1	PV
BALCOLTRA	T9	
BALZIVA	T1	SP (Contraceptive Management rider is required.); PV
BEYAZ	T9	
BLISOVI 24 FE	T1	PV
BLISOVI FE 1.5/30	T1	PV
BLISOVI FE 1/20	T1	PV
<i>briellyn</i>	T1	PV
CHARLOTTE 24 FE	T1	PV
CHATEAL	T1	PV
CHATEAL EQ	T1	PV
CRYSELLE-28	T1	PV
CYCLAFEM 1/35	T1	PV
CYRED	T1	PV
CYRED EQ	T1	PV
DASETTA 1/35	T1	PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	T1	PV
<i>drospiren-eth estrad-levomefol</i>	T1	PV
<i>drospirenone-ethinyl estradiol</i>	T1	PV
ELINEST	T1	PV
ENSKYCE ORAL TABLET 0.15-0.03 MG	T1	PV
ESTARYLLA	T1	PV

Medication	Coverage Level	Restrictions
<i>ethynodiol diac-eth estradiol</i>	T1	PV
FALMINA	T1	PV
FEMYNOR	T1	PV
GEMMILY	T9	
GENERESS FE	T9	
GILDESS FE 1.5/30	T1	PV
GILDESS FE 1/20	T1	PV
HAILEY 1.5/30	T1	PV
HAILEY 24 FE	T1	PV
HAILEY FE 1.5/30	T1	PV
HAILEY FE 1/20	T1	PV
ISIBLOOM	T1	PV
JASMIEL	T1	PV
JULEBER	T1	PV
JUNEL 1.5/30	T1	PV
JUNEL 1/20	T1	PV
JUNEL FE 1.5/30	T1	PV
JUNEL FE 1/20	T1	PV
JUNEL FE 24	T1	PV
KAITLIB FE	T9	
KALLIGA	T1	PV
KELNOR 1/35	T1	PV
KELNOR 1/50	T1	PV
KURVELO	T1	PV
LARIN 1.5/30	T1	PV
LARIN 1/20	T1	PV
LARIN 24 FE	T1	PV
LARIN FE 1.5/30	T1	PV
LARIN FE 1/20	T1	PV
LARISSIA	T1	PV
LAYOLIS FE	T9	
LESSINA	T2	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	T1	PV
LEVORA 0.15/30 (28)	T1	PV
LILLOW	T1	PV
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	
LOESTRIN FE 1/20	T3	
LORYNA	T1	PV

Medication	Coverage Level	Restrictions
LOW-OGESTREL	T1	PV
LO-ZUMANDIMINE	T1	PV
LUTERA	T1	PV
<i>marlissa</i>	T1	PV
MELODETTA 24 FE	T9	
MIBELAS 24 FE	T9	
MICROGESTIN 1.5/30	T1	PV
MICROGESTIN 1/20	T1	PV
MICROGESTIN 24 FE	T3	PV
MICROGESTIN FE 1.5/30	T1	PV
MICROGESTIN FE 1/20	T1	PV
MILI	T1	PV
MINASTRIN 24 FE	T9	
MONO-LINYAH	T1	PV
NECON 0.5/35 (28)	T1	PV
NEXTSTELLIS	T9	
NIKKI	T1	PV
<i>norethin ace-eth estrad-fe oral capsule</i>	T9	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	T1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1	PV
<i>norethindrone acet-ethinyl est</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	T1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1	PV
NORTREL 0.5/35 (28)	T1	PV
NORTREL 1/35 (21)	T1	PV
NORTREL 1/35 (28)	T1	PV
NYLIA 1/35	T1	PV
NYMYO	T1	PV
OCELLA	T1	PV
ORSYTHIA	T1	PV
PHILITH	T1	PV
PIRMELLA 1/35	T1	PV
PORTIA-28	T1	PV
PREVIFEM	T1	PV
RECLIPSEN	T1	PV
SAFYRAL	T9	

Medication	Coverage Level	Restrictions
SPRINTEC 28	T1	PV
SRONYX	T1	PV
SYEDA	T1	PV
TARINA 24 FE	T1	PV
TARINA FE 1/20	T1	PV
TARINA FE 1/20 EQ	T1	PV
TAYTULLA	T9	
TYBLUME ORAL TABLET CHEWABLE	T3	
TYDEMY	T9	
VESTURA	T1	PV
VIENVA	T1	PV
VYFEMLA	T1	PV
VYLIBRA	T1	PV
WERA	T1	PV
WYMZYA FE	T1	PV
YASMIN 28	T9	
YAZ	T9	
ZARAH	T1	PV
ZOVIA 1/35 (28)	T1	PV
ZOVIA 1/35E (28)	T1	PV
ZUMANDIMINE	T1	PV
*Combination Contraceptives - Transdermal***		
TWIRLA	T9	
XULANE	T2	PV; QL (4 patches per 28 days)
ZAFEMY	T1	PV; QL (4 patches per 28 days)
*Combination Contraceptives - Vaginal***		
ANNOVERA	T9	
ELURYNG	T2	PV; QL (1 ring per 28 days)
etonogestrel-ethinyl estradiol	T1	PV; QL (1 ring per 28 days)
NUVARING	T9	
*Continuous Contraceptives - Oral***		
AMETHYST	T1	PV
DOLISHALE	T1	PV
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	T1	PV
*Emergency Contraceptives***		
AFTERA	T1	PV
AFTERPILL	T3	
ECONTRA EZ	T1	PV

Medication	Coverage Level	Restrictions
ECONTRA ONE-STEP	T1	PV
ELLA	T1	
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	PV
MY CHOICE	T1	PV
MY WAY	T1	PV
NEW DAY	T1	PV
OPCICON ONE-STEP	T1	PV
OPTION 2	T1	PV
PLAN B ONE-STEP	T1	PV
TAKE ACTION	T1	PV
*Extended-Cycle Contraceptives - Oral***		
AMETHIA	T1	PV
AMETHIA LO	T1	PV
ASHLYNA	T1	PV
CAMRESE	T1	PV
CAMRESE LO	T1	PV
DAYSEE	T1	PV
FAYOSIM	T9	
ICLEVIA	T1	PV
JAIMESS	T1	PV
JOLESSA	T1	PV
<i>levonorgest-eth est & eth est</i>	T1	PV
<i>levonorgest-eth estrad 91-day</i>	T1	PV
LOJAIMESS	T1	PV
LOSEASONIQUE	T9	
QUARTETTE	T9	
RIVELSA	T9	
SEASONIQUE	T9	
SETLAKIN	T1	PV
SIMPESSE	T1	PV
*Four Phase Contraceptives - Oral***		
NATAZIA	T9	
*Progestin Contraceptives - Injectable***		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	T3	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T3	PV; QL (1 syringe per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension</i>	T1	PV; QL (1 vial per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	T1	PV; QL (1 syringe per 90 days)

Medication	Coverage Level	Restrictions
*Progestin Contraceptives - Oral***		
CAMILA	T1	PV
DEBLITANE	T1	PV
ERRIN	T1	PV
HEATHER	T1	PV
INCASSIA	T1	PV
JENCYCLA	T1	PV
LYLEQ	T1	PV
LYZA	T1	PV
NORA-BE	T1	PV
norethindrone oral	T1	PV
NORLYDA	T1	PV
SHAROBEL	T1	PV
SLYND	T9	
TULANA	T1	PV
*Triphasic Contraceptives - Oral***		
alyacen 7/7/7	T1	PV
ARANELLE	T1	PV
CAZANT	T1	PV
CYCLAFEM 7/7/7	T1	PV
DASETTA 7/7/7	T1	PV
ENPRESSE-28	T1	PV
ESTROSTEP FE	T3	
LEENA	T1	PV
LEVONEST	T1	PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	PV
norethindron-ethinyl estrad-fe	T1	PV
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	T1	PV
norgestim-eth estrad triphasic	T1	PV
NORTREL 7/7/7	T1	PV
NYLIA 7/7/7	T1	PV
PIRMELLA 7/7/7	T1	PV
TILIA FE	T1	PV
TRI FEMYNOR	T1	PV
TRI-ESTARYLLA	T1	PV
TRI-LEGEST FE	T1	PV
TRI-LINYAH	T1	PV
TRI-LO-ESTARYLLA	T1	PV

Medication	Coverage Level	Restrictions
TRI-LO-MARZIA	T1	PV
TRI-LO-MILI	T1	PV
TRI-LO-SPRINTEC	T1	PV
TRI-MILI	T1	PV
TRI-NORINYL (28)	T3	
TRI-NYMYO	T1	PV
TRI-PREVIFEM	T1	PV
TRI-SPRINTEC	T1	PV
TRIVORA (28)	T1	PV
TRI-VYLIBRA	T1	PV
TRI-VYLIBRA LO	T1	PV
VELIVET	T1	PV
Corticosteroids		
*Glucocorticosteroids***		
ALKINDI SPRINKLE	T9	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>budesonide oral</i>	T3	QL (90 capsules per 30 days)
CORTEF	T3	
<i>cortisone acetate oral</i>	T1	
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
DEXONTO 0.4%	T3	
DEXPAK 6 DAY ORAL TABLET THERAPY PACK	T9	
EMFLAZA	T9	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	T3	QL (90 capsules per 30 days)
HEMADY	T9	
HIDEX 6-DAY	T9	
<i>hydrocortisone oral</i>	T1	
MEDROL	T3	
<i>methylprednisolone oral</i>	T1	
MILLIPRED	T9	
ORAPRED ODT	T9	

Medication	Coverage Level	Restrictions
ORTIKOS	T9	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
PREDNISONE INTENSOL	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>prednisone oral tablet 50 mg</i>	T2	
RAYOS	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARPEYO	T9	
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>zcort 7-day</i>	T9	
ZILRETTA	T9	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral</i>	T1	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T9	
TESSALON PERLES	T3	
*Antitussive - Opioid***		
HYCODAN	T9	
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1	
<i>hydrocodone-homatropine oral syrup</i>	T1	
<i>hydromet</i>	T1	
*Antitussive-Expectorant***		
<i>cheratussin ac oral syrup</i>	T1	
<i>guaifenesin-codeine oral solution</i>	T1	
<i>guaifenesin-dm oral syrup</i>	T9	
*Decongestant & Antihistamine***		
ALAVERT ALLERGY/SINUS	T9	

Medication	Coverage Level	Restrictions
ALLEGRA-D ALLERGY & CONGESTION	T9	
<i>cetirizine-pseudoephedrine er</i>	T9	
CLARINEX-D 12 HOUR	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
<i>loratadine-d 24hr</i>	T9	
SEMPREX-D	T9	
ZYRTEC-D ALLERGY & CONGESTION	T9	
*Expectorants***		
<i>guaifenesin oral liquid 100 mg/5ml</i>	T9	
<i>guaifenesin oral solution 100 mg/5ml</i>	T9	
<i>guaifenesin oral tablet 400 mg</i>	T9	
*Iodine Expectorants***		
<i>potassium iodide oral solution</i>	T2	
SSKI	T3	
*Misc. Respiratory Inhalants***		
HYPERSAL	T2	QL (240 ML per 30 days)
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1	
*Mucolytics***		
<i>acetylcysteine inhalation</i>	T1	
*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup</i>	T1	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
BROMFED DM	T9	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1	
*Opioid Antitussive-Antihistamine***		
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1	
<i>promethazine-codeine oral syrup</i>	T1	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
*Opioid Antitussive-Decongestant-Antihistamine***		
HISTEX-AC	T9	
<i>maxi-tuss cd</i>	T9	
<i>promethazine vc/codeine</i>	T1	

Medication	Coverage Level	Restrictions
Dermatologicals		
*Acne Antibiotics***		
ACZONE	T9	
AMZEEQ	T9	
CLEOCIN-T EXTERNAL GEL	T3	
CLEOCIN-T EXTERNAL LOTION	T3	
CLEOCIN-T EXTERNAL SOLUTION	T9	
CLEOCIN-T EXTERNAL SWAB	T3	
CLINDAGEL	T9	
<i>clindamycin phosphate external gel</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1	
<i>dapsone external</i>	T9	
<i>ery</i>	T1	
ERYGEL	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
KLARON	T3	
<i>sulfacetamide sodium (acne)</i>	T2	
*Acne Combinations***		
ACANYA	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T9	
AKTIPAK	T9	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>bp 10-1</i>	T9	
<i>bp cleansing wash</i>	T1	
CLENIA PLUS	T9	

Medication	Coverage Level	Restrictions
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin-tretinoin</i>	T3	
DUAC	T9	
EPIDUO	T3	
EPIDUO FORTE	T9	
NEUAC EXTERNAL GEL	T1	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
ONEXTON	T9	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 9-4.25 %</i>	T9	
SUMADAN	T3	
SUMADAN WASH	T3	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN WASH	T9	
TWYNEO	T9	
VANOXIDE-HC	T9	
VELTIN	T9	
ZIANA	T9	
*Acne Products***		
ABSORICA	T9	
ABSORICA LD	T9	

Medication	Coverage Level	Restrictions
ACCUTANE	T2	QL (6 fills per 2 years)
<i>acne medication 10 external gel</i>	T1	
<i>acne medication 5 external gel</i>	T1	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
AKLIEF	T9	
ALTRENO	T1	QL (45 grams per 30 days); AL (Max 50 Years)
AMNESTEEM	T2	QL (6 fills per 2 years)
ARAZLO	T9	
ATRALIN	T3	ST; AL (Max 50 Years)
AVITA	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
BENZAC AC WASH EXTERNAL LIQUID	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 cleanser external liquid</i>	T9	
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %, 2.5 %, 5 %</i>	T9	
<i>benzoyl peroxide external pad 9.5 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>bp foam external foam 9.8 %</i>	T9	
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
CLARAVIS	T2	QL (6 fills per 2 years)
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
EPSOLAY	T9	
FABIOR	T9	

Medication	Coverage Level	Restrictions
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
MYORISAN	T2	QL (6 fills per 2 years)
PR BENZOYL PEROXIDE WASH	T9	
RETIN-A	T3	AL (Max 50 Years)
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
RIAX EXTERNAL FOAM	T3	QL (1 GM per 30 days)
<i>tazarotene external foam</i>	T3	ST; QL (50 GM per 30 days)
<i>tretinoin external cream 0.025 %</i>	T1	AL (Max 50 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	T2	AL (Max 50 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 50 Years)
<i>tretinoin external gel 0.05 %</i>	T2	AL (Max 50 Years)
<i>tretinoin microsphere</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
WINLEVI	T9	
ZENATANE	T2	QL (6 fills per 2 years)
*Agents For External Genital And Perianal Warts***		
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
*Agents For Facial Wrinkles - Retinoids***		
REFISSA	T9	
RENOVA	T9	
RENOVA PUMP	T9	
<i>tretinoin (emollient)</i>	T9	
*Antibiotic Steroid Combinations - Topical***		
CORTISPORIN EXTERNAL	T2	
NEO-SYNALAR EXTERNAL CREAM	T9	
*Antibiotics - Topical***		
ALTABAX	T3	ST
CENTANY	T3	
<i>gentamicin sulfate external</i>	T1	
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1	QL (22 gm per 30 days)
XEPI	T9	
*Antifungals - Topical Combinations***		
ALA-QUIN	T9	
ALCORTIN A	T9	

Medication	Coverage Level	Restrictions
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T1	QL (30 gm per 30 days)
DERMAZENE	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
<i>iodoquimez-hc</i>	T9	
LOTRISONE EXTERNAL CREAM	T3	
<i>nystatin-triamcinolone</i>	T1	
VUSION	T9	
VYTON	T9	
*Antifungals - Topical***		
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>ciclopirox treatment</i>	T9	
LOPROX EXTERNAL SHAMPOO	T3	
MENTAX	T9	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
NAFTIN EXTERNAL CREAM 2 %	T9	
NAFTIN EXTERNAL GEL	T9	
NYAMYC	T1	QL (60 GM per 30 Days)
<i>nystatin external cream</i>	T1	SP (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	QL (60 GM per 30 Days)
NYSTOP	T1	QL (60 GM per 30 days)
*Anti-Inflammatory Agents - Topical***		
<i>diclofenac epolamine external</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>diclofenac sodium external solution</i>	T9	
FLECTOR EXTERNAL	T9	
LICART TRANSDERMAL	T9	
PENNSAID TRANSDERMAL SOLUTION 2 %	T9	
VOLTAREN TRANSDERMAL	T3	
*Anti-Inflammatory Combinations - Topical***		
PROFINAC	T9	
<i>ziclocin</i>	T9	
*Antineoplastic Antimetabolites - Topical***		
CARAC	T9	
EFUDEX EXTERNAL CREAM	T3	

Medication	Coverage Level	Restrictions
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1	
TOLAK	T2	QL (1 tube per 30 days)
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium external gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
*Antipruritics - Topical***		
<i>doxepin hcl external</i>	T9	
PRUDOXIN	T9	
ZONALON	T9	
*Antipsoriatics - Systemic***		
<i>acitretin</i>	T4	SP (Limited to a 1 month supply per fill)
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
SOTYKTU	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Antipsoriatics***		
<i>calcipotriene external cream</i>	T1	QL (120 GM per 30 days)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1	
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
DOVONEX EXTERNAL CREAM	T3	QL (120 GM per 30 days)
DRITHO-CREME HP	T9	
SORILUX	T9	
<i>tazarotene external cream</i>	T2	ST
<i>tazarotene external gel</i>	T9	
TAZORAC EXTERNAL CREAM	T3	ST
TAZORAC EXTERNAL GEL	T9	
VECTICAL	T3	ST; QL (100 GM per 30 days)
VTAMA	T9	
ZITHRANOL	T3	ST
ZORYVE	T9	

Medication	Coverage Level	Restrictions
*Antiseborrheic Combinations***		
PROMISEB	T9	
PROMISEB COMPLETE	T9	
*Antiseborrheic Products***		
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
PLEXION NS	T9	
selenium sulfide external lotion	T1	
selenium sulfide external shampoo 2.25 %	T1	
selenium sulfide external shampoo 2.3 %	T9	
SELRX	T9	
sodium sulfacetamide external shampoo	T9	
sodium sulfacetamide wash	T9	
sulfacetamide sodium (cleans)	T1	
sulfacetamide sodium external liquid	T1	
*Antiviral Topical Combinations***		
XERESE	T9	
*Antivirals - Topical***		
acyclovir external cream	T9	
acyclovir external ointment	T1	QL (15 GM per 6 months)
DENAVIR	T9	
penciclovir	T9	
ZOVIRAX EXTERNAL	T9	
*Astringents***		
DOMEBORO EXTERNAL PACKET	T9	
XERAC AC	T1	
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
OPZELURA	T9	
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days)

Medication	Coverage Level	Restrictions
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 pens for induction/starting dose only.); QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill. Allowed one time fill of 3 syringes for induction/starting dose only.); QL (2 syringes per 28 days)
*Burn Products***		
<i>mafenide acetate external</i>	T1	
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1	
SSD	T1	
SSD (SILVER SULFADIAZINE)	T1	
SULFAMYLON	T3	
*Corticosteroids - Topical***		
ALA SCALP	T9	
<i>ala-cort external cream 1 %</i>	T9	
<i>alclometasone dipropionate</i>	T1	
<i>amcinonide</i>	T9	
APEXICON E	T9	
AQUANIL HC	T1	
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external gel</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	
<i>betamethasone dipropionate external ointment</i>	T2	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1	
BRYHALI	T9	
CAPEX	T9	
<i>clobetasol prop emollient base</i>	T1	
<i>clobetasol propionate emulsion</i>	T3	QL (100 GM per 30 days)
<i>clobetasol propionate external cream</i>	T1	
<i>clobetasol propionate external foam</i>	T9	

Medication	Coverage Level	Restrictions
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T3	
<i>clobetasol propionate external lotion</i>	T3	QL (118 ML per 30 days)
<i>clobetasol propionate external ointment</i>	T1	QL (60 GM per 30 days)
<i>clobetasol propionate external shampoo</i>	T2	QL (118 ML per 30 days)
<i>clobetasol propionate external solution</i>	T1	
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
<i>clocortolone pivalate</i>	T9	
<i>clocortolone pivalate pump</i>	T9	
CLODERM	T9	
CLODERM PUMP	T9	
CORDRAN	T9	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
DERMASORB HC	T9	
DERMASORB TA	T9	
DESONATE	T9	
<i>desonide external cream</i>	T1	
<i>desonide external gel</i>	T9	
<i>desonide external lotion</i>	T2	ST
<i>desonide external ointment</i>	T1	
DESOWEN EXTERNAL CREAM	T3	ST
DESOWEN EXTERNAL LOTION	T3	ST
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T9	
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<i>desoximetasone external ointment 0.25 %</i>	T2	
<i>diflorasone diacetate external</i>	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL OINTMENT	T3	
ELOCON EXTERNAL CREAM	T3	
ELOCON EXTERNAL OINTMENT	T3	
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external cream</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1	

Medication	Coverage Level	Restrictions
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	QL (60 ML per 30 days)
<i>flurandrenolide</i>	T9	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1	
<i>halobetasol propionate external cream</i>	T2	ST; QL (50 GM per 30 days)
<i>halobetasol propionate external foam</i>	T9	
<i>halobetasol propionate external ointment</i>	T2	QL (50 GM per 30 days)
HALOG	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	
<i>hydrocortisone butyrate external ointment</i>	T9	
<i>hydrocortisone butyrate external solution</i>	T1	
<i>hydrocortisone external cream 1 %</i>	T9	
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 1 %</i>	T9	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	T9	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone valerate external cream</i>	T1	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
IMPEKLO	T9	
IMPOYZ	T9	
KENALOG EXTERNAL	T9	
LOCOID EXTERNAL CREAM	T9	
LOCOID EXTERNAL LOTION	T9	
LOCOID EXTERNAL SOLUTION	T3	
LOCOID LIPOCREAM	T9	
LUXIQ	T9	
<i>mometasone furoate external</i>	T1	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NUCORT	T3	
OLUX	T9	
OLUX-E	T3	

Medication	Coverage Level	Restrictions
PANDEL	T9	
<i>prednicarbate</i>	T1	
SCALPICIN MAXIMUM STRENGTH	T9	
SERNIVO	T9	
SYNALAR	T9	
TEMOVATE EXTERNAL OINTMENT	T3	
TEXACORT	T9	
TOPICORT EXTERNAL CREAM 0.05 %	T9	
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T9	
TOPICORT EXTERNAL OINTMENT 0.25 %	T3	
TOPICORT SPRAY	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
TRIANEX	T9	
TRIDERM EXTERNAL CREAM	T1	
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
VANOS	T9	
VERDESO	T9	
*Depigmenting Agents***		
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
*Depigmenting Combinations***		
TRI-LUMA	T9	
*Emollient Combinations***		
<i>lactic acid e</i>	T9	
*Emollient/Keratolytic Agents***		
DERMASORB XM	T9	
KERALAC EXTERNAL CREAM 47 %	T9	
<i>rynoderma</i>	T9	
<i>urea external cream 40 %, 45 %</i>	T9	
<i>urea external lotion 40 %</i>	T9	

Medication	Coverage Level	Restrictions
urea nail external gel 45 %	T9	
UTOPIC	T9	
xurea	T9	
*Emollient/Keratolytic Combinations***		
urea hydrating	T9	
*Emollients***		
ammonium lactate external	T9	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
LAC-HYDRIN EXTERNAL CREAM	T9	
lactic acid external lotion	T9	
*Enzymes - Topical***		
SANTYL	T3	QL (60 GM per 30 days)
*Eyelid Cleansers & Lubricants***		
ACUICYN EXTERNAL LIQUID	T9	
*Imidazole-Related Antifungals - Topical***		
clotrimazole external cream	T9	
clotrimazole external solution	T9	
econazole nitrate external	T1	QL (90 GM per 30 days)
ECOZA	T9	
ERTACZO	T3	ST
EXELDERM	T9	
EXTINA	T9	
JUBLIA	T9	
ketoconazole external cream	T1	QL (60 gm per 30 days)
ketoconazole external foam	T9	
ketoconazole external shampoo 2 %	T1	QL (120 ml per 30 days)
LOTRIMIN AF EXTERNAL CREAM	T9	
luliconazole	T9	
LUZU	T9	
NIZORAL	T3	
oxiconazole nitrate	T9	
OXISTAT EXTERNAL CREAM	T3	ST
OXISTAT EXTERNAL LOTION	T9	
sulconazole nitrate	T9	
XOLEGEL	T9	
*Immunomodulators Imidazoquinolinamines - Topical***		
ALDARA	T3	
imiquimod external cream 3.75 %	T9	

Medication	Coverage Level	Restrictions
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T9	
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
*Keratolytic And/Or Antimitotic Combinations***		
<i>bensal hp external ointment 3-6 %</i>	T9	
*Keratolytic/Antimitotic Agents***		
<i>bensal hp external ointment 3 %</i>	T9	
CONDYLOX EXTERNAL GEL	T3	ST
KERALYT EXTERNAL SHAMPOO	T9	
<i>podocon</i>	T9	
PODOCON-25	T9	
<i>podofilox external</i>	T1	
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 ointment</i>	T9	
<i>salicylic acid external shampoo</i>	T9	
<i>salicylic acid wart remover</i>	T9	
<i>salicylic acid-cleanser</i>	T9	
SALVAX	T9	
ULTRASAL-ER	T9	
XALIX	T9	
*Local Anesthetics - Topical***		
GLYDO EXTERNAL GEL	T3	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external gel 2 %</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
LIDODERM	T9	
<i>lidopin external cream 3 %</i>	T1	
<i>lidorx</i>	T9	
ZTLIDO	T9	

Medication	Coverage Level	Restrictions
*Macrolide Immunosuppressants - Topical***		
ELIDEL	T3	ST; QL (30 GM per 30 days)
HYFTOR	T9	
<i>pimecrolimus</i>	T1	ST; QL (30 GM per 30 days)
PROTOPIC	T3	ST; QL (30 GM per 30 days)
<i>tacrolimus external ointment</i>	T1	QL (30 GM per 30 days)
*Microtubule Inhibitors - Topical***		
KLISYRI	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 packets per 1 yer)
*Misc. Dermatological Products***		
CERACADE	T9	
ELESTONE	T9	
EMULSION SB	T9	
ENTTY SPRAY EMULSION	T9	
EPICERAM	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
KAMDOY	T9	
LOYON	T9	
NEOSALUS EXTERNAL FOAM	T9	
NIVATOPIC PLUS	T9	
NUVAIL	T9	
PHLAG SPRAY	T9	
PRESERA	T9	
PRUCLAIR	T9	
PRUMYX	T9	
<i>suvicort</i>	T9	
SYNERDERM	T9	
TETRIX EXTERNAL CREAM	T9	
*Misc. Topical***		
DRYSOL	T1	
QBREXZA	T9	
*Ornithine Decarboxylase (Odc) Inhibitors - Topical***		
VANIQA	T9	
*Oxaborole-Related Antifungals - Topical***		
KERYDIN	T9	
<i>tavaborole</i>	T9	
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA	T3	ST; QL (60 GM per 30 days)

Medication	Coverage Level	Restrictions
*Prostaglandins - Topical***		
<i>bimatoprost external</i>	T9	
LATISSE	T9	
*Rosacea Agents***		
<i>azelaic acid external</i>	T2	ST
<i>doxycycline</i>	T9	
FINACEA EXTERNAL FOAM	T3	ST
FINACEA EXTERNAL GEL	T9	
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROLOTION	T3	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole external lotion</i>	T2	
MIRVASO	T9	
NORITATE	T9	
ORACEA	T9	
RHOFADE	T3	ST; QL (60 GM per 30 days); AL (Min 18 Years)
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
ZILXI	T9	
*Scabicides & Pediculicides***		
EURAX	T9	
<i>ivermectin external lotion</i>	T1	
<i>lindane external shampoo</i>	T1	
<i>malathion external</i>	T1	
NATROBA	T9	
OVIDE	T3	
<i>permethrin external cream</i>	T1	
SKLICE	T3	
<i>spinosad</i>	T1	
ULESFIA	T3	
*Scar Treatment Products***		
CELACYN	T9	
KELO-COTE EXTERNAL GEL	T9	
RECEDO	T9	
*Steroid-Local Anesthetic Combinations***		
CORTANE-B EXTERNAL	T3	
EPIFOAM	T9	

Medication	Coverage Level	Restrictions
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	
NOVACORT EXTERNAL GEL 1-2 %	T9	
PRAMOSONE	T9	
<i>pramoxine-hc external cream</i>	T9	
*Tar Products***		
<i>coal tar external solution</i>	T2	
*Topical Anesthetic Combinations***		
CETACAIN EXTERNAL AEROSOL	T9	
DERMACINRX PRIZOPAK	T9	
<i>lidocaine-prilocaine external cream</i>	T1	
<i>lidopril external kit</i>	T9	
LIDOTRANS 5 PAK	T9	
LIVIXIL PAK	T9	
PLIAGLIS EXTERNAL CREAM	T9	
<i>prilovixil</i>	T9	
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
SYNERA	T9	
XRYLIDERM	T9	
*Topical Anesthetic Gases***		
<i>ethyl chloride</i>	T9	
GEBAUERS PAIN EASE	T3	
GEBAUERS SPRAY AND STRETCH	T3	
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external</i>	T9	
TARGRETIN EXTERNAL	T9	
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop external ointment</i>	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension</i>	T5	SP (Max of 31 day supply per dispensing)
CLODAN EXTERNAL KIT	T3	
DUOBRII	T9	
ENSTILAR	T9	
SYNALAR TS	T9	
TACLONEX EXTERNAL OINTMENT	T5	SP (Max of 31 day supply per dispensing); QL (100 GM per 30 days)

Medication	Coverage Level	Restrictions
TACLONEX EXTERNAL SUSPENSION	T9	
ULTRAVATE X (OINTMENT)	T9	
WYNZORA	T9	
*Type II 5-Alpha Reductase Inhibitors***		
finasteride oral tablet 1 mg	T9	
PROPECIA	T9	
*Vascular Agents***		
hair regrowth treatment men external solution	T9	
minoxidil for men external solution 2 %	T9	
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
*Wound Care - Growth Factor Agents***		
REGRANEX	T4	ST; SP (Limited to a 1 month supply per fill)
*Wound Care Combinations***		
DERMULCERA	T9	
VENELEX	T9	
*Wound Dressings***		
ATRAPRO HYDROGEL	T9	
AVO CREAM	T9	
BIAFINE	T9	
BIONECT EXTERNAL CREAM	T9	
BIONECT EXTERNAL FOAM	T9	
BIONECT EXTERNAL GEL	T9	
CELACYN POST-PROCEDURE PACK	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
LUXAMEND	T9	
PRUTECT	T9	
SONAFINE	T9	
Diagnostic Products		
*Diagnostic Biologicals***		
APLISOL	T9	
CANDIN	T9	
*Diagnostic Tests***		
ACCU-CHEK AVIVA PLUS IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK COMPACT PLUS	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
BAYER BREEZE 2 TEST	T3	ST
BAYER CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 Days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST
FORA 6 CONNECT	T3	ST
FORTISCARE G1 TEST STRIP	T3	ST; QL (200 strips per 30 days)
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LITE TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE PRECISION NEO TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE TEST	T3	ST; QL (200 strips per 30 days)
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
KETOSTIX	T3	
MICRODOT TEST	T3	ST
ONETOUCH ULTRA BLUE	T1	QL (200 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T1	QL (200 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 test strips per 30 Days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 strips per 30 days)
PRECISION QID TEST	T3	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>toxicology saliva collection</i>	T9	
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
UNISTRIPI1 GENERIC	T3	ST; QL (200 strips per 30 days)
Dietary Products/Dietary Management Products		
<i>*Dietary Management Product Combinations***</i>		
ENLYTE	T9	

Medication	Coverage Level	Restrictions
FOLBEE AR	T9	
FOLBIC	T9	
FOLTANX	T9	
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
METAFOLBIC PLUS	T9	
<i>methaver</i>	T9	
<i>methazel</i>	T9	
NIVA-FOL	T9	
PURALOR CI	T9	
<i>virt-vite forte</i>	T9	
VITA-RESPA	T9	
<i>zyvit</i>	T9	
Digestive Aids		
*Digestive Enzymes***		
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 (Limited to a 1 month supply per fill)
SUCRAID	T4	SP (Limited to a 1 month supply per fill)
VIOKACE	T5	ST; SP (Max of 31 days per dispensing.)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	T4	SP (Limited to a 1 month supply per fill)
Diuretics		
*Carbonic Anhydrase Inhibitors***		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>methazolamide oral</i>	T2	
*Diuretic Combinations***		
ALDACTAZIDE ORAL TABLET 25-25 MG	T3	

Medication	Coverage Level	Restrictions
ALDACTAZIDE ORAL TABLET 50-50 MG	T2	
<i>amiloride-hydrochlorothiazide</i>	T1	
MAXZIDE	T3	
MAXZIDE-25	T3	
<i>spironolactone-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
*Loop Diuretics***		
<i>bumetanide oral</i>	T1	
DEMADEX ORAL TABLET 10 MG	T3	
EDECIN	T9	
<i>ethacrynic acid oral</i>	T9	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
LASIX	T3	
SOAANZ	T9	
<i>torsemide oral</i>	T1	
*Potassium Sparing Diuretics***		
ALDACTONE	T3	
<i>amiloride hcl oral</i>	T1	
CAROSPIR	T9	
DYRENIUM	T9	
<i>spironolactone oral</i>	T1	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
DIURIL	T2	
<i>hydrochlorothiazide oral</i>	T1	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
THALITONE	T9	
Endocrine And Metabolic Agents - Misc.		
*Bisphosphonates***		
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 35 MG, 5 MG	T3	
<i>alendronate sodium</i>	T1	
ATELVIA	T3	
BINOSTO	T3	ST
BONIVA ORAL TABLET 150 MG	T3	
<i>etidronate disodium oral tablet 200 mg</i>	T3	ST
FOSAMAX ORAL TABLET 70 MG	T3	

Medication	Coverage Level	Restrictions
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>ibandronate sodium oral</i>	T1	
<i>risedronate sodium oral tablet 150 mg</i>	T1	ST; QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST; SP (Limited to a 1 month supply per fill)
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
*Calcimimetic Agents***		
<i>cinacalcet hcl</i>	T4	SP (Limited to a 1 month supply per fill)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
*Calcitonins***		
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1	
MIACALCIN NASAL	T3	
*Carnitine Replenisher - Agents***		
CARNITOR ORAL	T3	
CARNITOR SF	T3	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
*Corticotropin***		
ACTHAR	T4	PA; SP (Limited to a 1 month supply per fill)
CORTROPHIN	T9	
*Cortisol Synthesis Inhibitors***		
ISTURISA ORAL TABLET 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 Tablets per 30 days)
ISTURISA ORAL TABLET 10 MG, 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
RECORLEV	T9	
*Dopamine Receptor Agonists***		
<i>cabergoline</i>	T1	
*GnrhLhrh Antagonists***		
<i>cetrotorelix acetate</i>	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	

Medication	Coverage Level	Restrictions
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill)
ORILISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	T4	PA; SP (Limited to a 1 month supply per fill)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	T4	PA; SP (Limited to a 1 month supply per fill)
*Growth Hormones***		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T9	
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T9	
HUMATROPE INJECTION CARTRIDGE	T9	
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 6 MG	T9	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ()
SAIZEN	T9	SP ()
SKYTROFA	T9	
ZOMACTON	T9	

Medication	Coverage Level	Restrictions
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN	T9	
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
nitisinone	T9	
NITYR	T9	
ORFADIN	T9	
*Homocystinuria Treatment - Agents***		
betaine	T3	
CYSTADANE	T9	
*Hyperammonemia Treatment - Agents***		
carglumic acid	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Hyperparathyroid Treatment - Vitamin D Analogs***		
calcitriol oral capsule	T1	
calcitriol oral solution	T1	AL (Max 9 Years)
doxercalciferol oral capsule 0.5 mcg, 2.5 mcg	T9	
doxercalciferol oral capsule 1 mcg	T4	SP (Limited to a 1 month supply per fill)
paricalcitol oral	T2	
RAYALDEE	T9	
ROCALTROL	T3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX	T4	PA; SP (Limited to a 1 month supply per fill)
*Leptin Analogues***		
MYALEPT	T5	PA; SP (Limited to a 1 month supply per fill)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL	T9	
*Natriuretic Peptides***		
VOXZOGO	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days)

Medication	Coverage Level	Restrictions
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
*Ovulation Stimulants-Gonadotropins***		
<i>chorionic gonadotropin intramuscular</i>	T3	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST
GONAL-F	T2	QL (13500 units per 30 days)
GONAL-F RFF	T2	QL (13500 units per 30 days)
GONAL-F RFF REDIJECT	T2	QL (13500 units per 30 days)
MENOPUR	T2	
NOVAREL	T3	ST
OVIDREL	T2	
PREGNYL	T1	
*Ovulation Stimulants-Synthetic***		
<i>clomiphene citrate oral</i>	T1	
*Parathyroid Hormone And Derivatives***		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	T9	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
NATPARA SUBCUTANEOUS CARTRIDGE 25 MCG, 50 MCG, 75 MCG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>teriparatide (recombinant)</i>	T4	PA; SP (Limited to a 1 month supply per fill)
TYMLOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
*Phenylketonuria Treatment - Agents***		
JAVYGTOR ORAL PACKET 500 MG	T9	
JAVYGTOR ORAL TABLET	T9	
KUVAN ORAL PACKET	T9	
KUVAN ORAL TABLET	T9	
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
*Selective Estrogen Receptor Modulators (Serms)***		
EVISTA	T3	

Medication	Coverage Level	Restrictions
OSPHENA	T2	PA
<i>raloxifene hcl</i>	T1	
*Selective Vasopressin V2-Receptor Antagonists***		
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill)
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>tolvaptan</i>	T4	PA; SP (Limited to a 1 month supply per fill)
*Somatostatic Agents***		
BYNFEZIA PEN	T9	
<i>lanreotide acetate</i>	T4	SP (Limited to a 1 month supply per fill)
MYCAPSSA	T9	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill)
SIGNIFOR	T5	PA; SP (Limited to a 1 month supply per fill)
SOMATULINE DEPOT	T4	SP (Limited to a 1 month supply per fill)
*Urea Cycle Disorder - Agents***		
BUPHENYL ORAL POWDER 3 GM/TSP	T5	PA; SP (Limited to a 1 month supply per fill)
BUPHENYL ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill)
PHEBURANE	T9	
<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)
*Vasopressin***		
DDAVP ORAL	T3	
DDAVP RHINAL TUBE	T3	
<i>desmopressin ace spray refrig</i>	T2	ST; QL (10 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1	QL (180 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1	
<i>desmopressin acetate spray</i>	T2	ST; QL (10 ML per 30 days)
NOCDURNA	T9	
NOCTIVA	T9	
STIMATE	T4	SP (Limited to a 1 month supply per fill)
Estrogens		
*Estrogen & Androgen***		
COVARYX	T9	
COVARYX HS	T9	
<i>est estrogens-methyltest ds</i>	T9	
<i>est estrogens-methyltest hs</i>	T9	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	T9	
*Estrogen & Progestin***		
ACTIVELLA	T3	
ANGELIQ	T3	ST
BIJUVA	T9	
CLIMARA PRO	T9	
COMBIPATCH	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1	
FEMHRT	T3	
JINTELI	T1	
MIMVEY	T1	
MIMVEY LO	T1	
<i>norethindrone-eth estradiol</i>	T1	
PREFEST	T3	
PREMPHASE	T2	
PREMPRO	T2	
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
*Estrogens***		
ALORA	T2	
CLIMARA	T9	
DELESTROGEN	T3	

Medication	Coverage Level	Restrictions
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM	T2	QL (30 packets per 30 days)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM	T2	QL (30 packets per 30 Days)
DOTTI	T1	
ELESTRIN	T3	
ESTRACE ORAL	T3	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal gel</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	T1	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T2	
ESTROGEL	T2	QL (50 GM per 31 days)
EVAMIST	T2	
LYLLANA	T1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
MENOSTAR	T3	QL (4 patches per 28 days)
MINIVELLE	T3	
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
VIVELLE-DOT	T3	
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE	T3	QL (30 tablets per 30 days)
Fluoroquinolones		
*Fluoroquinolones***		
AVELOX ORAL	T3	
BAXDELA	T9	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
<i>ciprofloxacin hcl oral</i>	T1	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	T1	
<i>ciprofloxacin-ciproflox hcl er</i>	T1	
LEVAQUIN ORAL TABLET	T3	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	

Medication	Coverage Level	Restrictions
Gastrointestinal Agents - Misc.		
*5-Ht4 Receptor Agonists***		
MOTEGRITY	T3	ST; QL (30 tablets per 30 days)
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***		
TRULANCE	T2	QL (30 tablets per 30 days)
*Gallstone Solubilizing Agents***		
ACTIGALL	T3	
RELTONE	T9	
URSO 250	T3	
URSO FORTE	T3	
ursodiol oral capsule 200 mg, 400 mg	T9	
ursodiol oral capsule 300 mg	T2	
ursodiol oral tablet	T2	
*Gastrointestinal Antiallergy Agents***		
cromolyn sodium oral	T3	
GASTROCROM	T3	
*Gastrointestinal Chloride Channel Activators***		
AMITIZA	T3	ST; QL (60 capsules per 30 days)
lubiprostone	T3	ST; QL (60 capsules per 30 Days)
*Gastrointestinal Stimulants***		
GIMOTI	T9	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet	T1	
metoclopramide hcl oral tablet dispersible	T3	ST
REGLAN ORAL	T3	
*Ibs Agent - 5-Ht4 Receptor Partial Agonists***		
ZELNORM	T3	ST; QL (60 tablets per 30 days)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS	T2	QL (30 capsules per 30 days)
*Ibs Agent - Mu-Opioid Receptor Agonists***		
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
LOTRONEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
IBSRELA	T9	
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
LIVMARLI	T9	
*Inflammatory Bowel Agents***		
APRISO	T3	QL (120 capsules per 30 days)
ASACOL HD	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
<i>balsalazide disodium</i>	T1	
CANASA	T5	SP (Max day supply up to 31 days.)
COLAZAL	T5	SP (Max day supply up to 31 days.)
DELZICOL	T3	QL (180 capsules per 30 days)
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)
LIALDA	T3	QL (120 tablets per 30 days)
<i>mesalamine er oral capsule extended release</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>mesalamine er oral capsule extended release 24 hour</i>	T3	QL (120 capsules per 30 days)
<i>mesalamine oral capsule delayed release</i>	T3	SP (); QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	SP (); QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>mesalamine rectal enema</i>	T1	

Medication	Coverage Level	Restrictions
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
ROWASA RECTAL	T3	
SFROWASA	T3	QL (30 bottles per 30 days)
<i>sulfasalazine oral</i>	T1	
*Intestinal Acidifiers***		
<i>enulose</i>	T1	
<i>generlac</i>	T1	
*Peripheral Opioid Receptor Antagonists***		
MOVANTIK	T3	ST; QL (30 tablets per 30 days)
RELISTOR ORAL	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T5	PA; SP (Limited to a 1 month supply per fill)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	T5	PA; SP (Limited to a 1 month supply per fill)
SYMPROIC	T3	ST; QL (30 tablets per 30 days)
*Phosphate Binder Agents***		
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
<i>calcium acetate (phos binder) oral capsule</i>	T1	
FOSRENOL ORAL PACKET	T5	SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 1000 MG	T5	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 500 MG	T5	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
FOSRENOL ORAL TABLET CHEWABLE 750 MG	T5	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 1000 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
PHOSLO	T3	
PHOSLYRA	T3	ST
RENAGEL ORAL TABLET 800 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
REVELA ORAL PACKET 0.8 GM	T9	
REVELA ORAL PACKET 2.4 GM	T5	SP (Limited to a 1 month supply per fill)
REVELA ORAL TABLET	T9	
<i>sevelamer carbonate oral packet</i>	T5	SP (Limited to a 1 month supply per fill)
<i>sevelamer carbonate oral tablet</i>	T2	QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELPHORO	T5	ST; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
*Tumor Necrosis Factor Alpha Blockers***		
REMICADE	T9	
General Anesthetics		
*Anesthetics - Misc.***		
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
AVODART	T3	
<i>dutasteride oral</i>	T1	QL (30 tablets per 30 days)
<i>finasteride oral tablet 5 mg</i>	T1	
PROSCAR	T3	
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	T3	ST
FLOMAX	T3	
RAPAFLO	T3	ST
<i>silodosin</i>	T2	ST
<i>tamsulosin hcl</i>	T1	
UROXATRAL	T3	

Medication	Coverage Level	Restrictions
*Citrates***		
<i>cytra k crystals</i>	T1	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
ORACIT	T3	
<i>pot & sod cit-cit ac</i>	T1	
<i>potassium citrate er</i>	T1	
<i>potassium citrate-citric acid oral solution</i>	T1	
<i>sod citrate-citric acid</i>	T1	
<i>tricitrates</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
<i>virtrate-2</i>	T9	
<i>virtrate-3</i>	T9	
<i>virtrate-k</i>	T9	
*Cystinosis Agents***		
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
*Genitourinary Irrigants***		
<i>sodium chloride irrigation solution 0.9 %</i>	T1	
*Interstitial Cystitis Agents***		
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
*Prostatic Hypertrophy Agent Combinations***		
<i>dutasteride-tamsulosin hcl</i>	T2	ST
ENTADFI	T9	
JALYN	T3	ST
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
PYRIDIUM	T3	
*Urinary Stone Agents***		
LITHOSTAT	T9	
THIOLA	T9	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)

Medication	Coverage Level	Restrictions
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>tiopronin oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid</i>	T1	
*Gout Agents***		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>allopurinol oral tablet 200 mg</i>	T9	
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1	QL (120 tablets per 30 days)
COLCRYS	T9	
<i>febuxostat</i>	T1	QL (30 tablets per 30 days)
GLOPERBA	T9	
MITIGARE	T9	
ULORIC	T3	QL (30 tablets per 30 days)
ZYLOPRIM	T3	
*Uricosurics***		
<i>probenecid oral</i>	T1	
Hematological Agents - Misc.		
*Antihemophilic Products***		
ADVATE	T4	SP (Limited to a 1 month supply per fill)
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
ALPHANINE SD	T5	SP (Limited to a 1 month supply per fill)
BENEFIX INTRAVENOUS KIT	T4	SP (Limited to a 1 month supply per fill)
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T4	SP (Limited to a 1 month supply per fill)
KOATE	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	T4	SP (Limited to a 1 month supply per fill)
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)
<i>rixubis</i>	T5	SP (Limited to a 1 month supply per fill); AL (Min 21 Years)
SEVENFACT	T4	SP (Limited to a 1 month supply per fill)
*Bradykinin B2 Receptor Antagonists***		
FIRAZYR	T9	
<i>icatibant acetate</i>	T5	PA; SP (Limited apply, see quantity limitations); QL (3 syinges per 1 fill); AL (Min 18 Years)
SAJAZIR	T5	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 1 fill); AL (Min 18 Years)
*C1 Esterase Inhibitors***		
RUCONEST	T9	
*Complement C3 Inhibitors***		
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
*Complement C5a Receptor Inhibitors***		
TAVNEOS	T4	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
*Direct-Acting P2y12 Inhibitors***		
BRILINTA	T2	
*Hematorheologic Agents***		
<i>pentoxifylline er</i>	T1	
*Human Protein C***		
CEPROTIN	T3	
*Phosphodiesterase lii Inhibitors***		
<i>cilostazol</i>	T1	
*Plasma Kallikrein Inhibitors***		
KALBITOR	T5	PA; SP (Limited to a 1 month supply per fill); AL (Min 16 Years)
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er</i>	T1	
YOSPRALA	T9	

Medication	Coverage Level	Restrictions
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral</i>	T1	
DURLAZA	T9	
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
*Pyruvate Kinase Activators***		
PYRUKYND	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
PYRUKYND TAPER PACK	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
*Quinazoline Agents***		
AGRYLIN	T3	
<i>anagrelide hcl</i>	T1	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE	T9	
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate oral</i>	T1	
EFFIENT	T3	QL (31 tablets per 31 days)
PLAVIX ORAL TABLET 75 MG	T3	
<i>prasugrel hcl</i>	T1	QL (31 tablets per 31 days)
Hematopoietic Agents		
*Agents For Gaucher Disease***		
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill)
ZAVESCA	T9	
*Amino Acids***		
ENDARI	T9	
*Cobalamin Combinations***		
FOLTRATE	T9	
<i>neurin-sl</i>	T9	
*Cobalamins***		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
NASCOBAL	T9	
*Cytotoxic Agents***		
DROXIA	T3	
SIKLOS	T9	

Medication	Coverage Level	Restrictions
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML	T4	SP (Limited to a 1 month supply per fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 30 MCG/0.3ML	T4	SP (Limited to a 1 month supply per fill)
PROCRIT	T4	SP (Limited to a 1 month supply per fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
*Folic Acid/Folate Combinations***		
ANIMI-3	T9	
ANIMI-3/VITAMIN D	T9	
<i>bp vit 3</i>	T9	
CIFEREX	T9	
DERMACINRX PUREFOLIX	T9	
<i>durachol</i>	T9	
<i>fabb</i>	T9	
<i>folbee</i>	T9	
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIXAPURE	T9	
<i>folplex 2.2</i>	T9	
<i>noxifol-d</i>	T9	
<i>ortho df</i>	T9	
<i>revesta</i>	T9	
<i>roxifol-d</i>	T9	
<i>tl gard rx</i>	T9	

Medication	Coverage Level	Restrictions
VIRT-GARD	T9	
<i>virt-vite</i>	T9	
<i>zavara</i>	T9	
*Folic Acid/Folates***		
<i>cvs folic acid oral tablet 800 mcg</i>	T1	PV
<i>folic acid oral capsule</i>	T9	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1	PV; AL (Max 50 Years)
<i>gnp folic acid</i>	T1	PV; AL (Max 50 Years)
<i>ra folic acid</i>	T1	PV; AL (Max 50 Years)
<i>sm folic acid</i>	T1	PV; AL (Max 50 Years)
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
NYVEPRIA	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	
<i>releuko subcutaneous</i>	T5	
UDENYCA	T9	
ZIEXTENZO	T9	
*Hemoglobin S (Hbs) Polymerization Inhibitors***		
OXBRYTA	T9	
*Iron Combinations***		
<i>active fe</i>	T9	
CENTRATEx	T9	
CORVITA 150	T9	
CORVITE 150	T9	
<i>corvite fe</i>	T9	
FE C PLUS	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 150 PLUS	T9	
FERROCITE PLUS ORAL TABLET	T9	
FOLIVANE-PLUS	T9	
FUSION PLUS	T9	
<i>hematinic plus vit/minerals</i>	T9	
HEMATOGEN	T9	

Medication	Coverage Level	Restrictions
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON	T9	
HEMATRON-AF	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
HEMOCYTE PLUS	T9	
<i>hemocyte-plus oral tablet 106-1 mg</i>	T9	
ICAR-C PLUS	T9	
IFEREX 150 FORTE	T9	
INTEGRA PLUS	T9	
IROSPAN 24/6	T9	
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>myferon 150 forte</i>	T9	
NEPHRON FA	T9	
NUFERA	T9	
<i>poly-iron 150 forte</i>	T9	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
<i>se-tan plus</i>	T9	
TANDEM PLUS	T9	
<i>taron forte</i>	T9	
<i>tl icon</i>	T9	
<i>tl-hem 150</i>	T9	
TRICON	T9	
<i>trigels-f forte</i>	T9	
*Iron W/ Folic Acid***		
FOLIVANE-F	T9	
FUSION SPRINKLES	T9	
<i>hematinic/folic acid</i>	T9	
HEMOCYTE-F ORAL TABLET	T9	
INTEGRA F	T9	
PROFERRIN-FORTE	T9	
*Iron***		
ACCRUFER	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
BPROTECTED PEDIA IRON	T1	PV; AL (Min 6 Months and Max 12 Months)
FERREX 150	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	T1	PV; AL (Min 6 Months and Max 12 Months)
HEMOCYTE	T9	
<i>iron supplement childrens</i>	T3	PV; AL (Min 6 Months and Max 12 Months)
<i>pc pediatric iron drops</i>	T1	PV
<i>wee care</i>	T1	PV; AL (Min 6 Years and Max 12 Years)
*Iron-B12-Folate***		
<i>fe 90 plus</i>	T9	
FERIVA 21/7	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 28	T9	
<i>hemetab</i>	T9	
NATALVIRT FLT	T9	
*Thrombopoietin (Tpo) Receptor Agonists***		
DOPTELET ORAL TABLET 20 MG	T9	
MULPLETA	T9	
Hemostatics		
*Hemostatic Combinations - Topical***		
GELFOAM-JMI SPONGE	T9	
*Hemostatics - Systemic***		
AMICAR ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
AMICAR ORAL TABLET	T5	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral solution</i>	T4	SP (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
LYSTEDA	T3	
<i>tranexamic acid oral</i>	T1	
*Hemostatics - Topical***		
GELFOAM COMPRESSED SIZE 100	T9	

Medication	Coverage Level	Restrictions
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
SECONAL	T3	QL (28 capsules per 14 days); AL (Min 18 Years)
*Benzodiazepine Hypnotics***		
<i>estazolam</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>flurazepam hcl</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<i>midazolam hcl oral</i>	T1	
<i>quazepam</i>	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 18 Years)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 days)
SILENOR	T3	ST; QL (31 tablets per 31 days)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
AMBIEN	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
AMBIEN CR	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
EDLUAR	T9	
<i>eszopiclone</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
INTERMEZZO	T9	
LUNESTA	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zaleplon</i>	T1	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate er</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
<i>zolpidem tartrate oral</i>	T1	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate sublingual</i>	T9	
ZOLPIMIST	T9	
*Orexin Receptor Antagonists***		
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
DAYVIGO	T3	ST; QL (30 Tablets per 30 days); AL (Min 18 Years)
QUVIVIQ	T9	
*Selective Melatonin Receptor Agonists***		
HETLIOZ	T5	PA; SP (Limited to a 1 month supply per fill)
HETLIOZ LQ	T9	
<i>ramelteon</i>	T1	AL (Min 18 Years)
ROZEREM	T3	AL (Min 18 Years)
Laxatives		
*Bowel Evacuant Combinations***		
CLENPIQ	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
GAVILYTE-G	T1	PV
GAVILYTE-N WITH FLAVOR PACK	T1	PV
GOLYTELY	T3	
MOVIPREP	T3	
<i>na sulfate-k sulfate-mg sulf</i>	T3	
NULYTELY LEMON-LIME	T3	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	PV
<i>peg-3350/electrolytes</i>	T1	PV
<i>peg-3350/electrolytes/ascorbat</i>	T1	PV
PEG-PREP	T1	PV
PLENVU	T3	
SUPREP BOWEL PREP KIT	T3	
SUTAB	T9	
*Laxatives - Miscellaneous***		
CLEARLAX ORAL PACKET	T9	
CLEARLAX ORAL POWDER	T3	PV
EQL CLEARLAX	T3	PV
<i>gavilax</i>	T9	
<i>gentlelax oral powder</i>	T9	

Medication	Coverage Level	Restrictions
GLYCOLAX	T9	
GNP CLEARLAX ORAL POWDER	T3	PV
GOODSENSE CLEARLAX	T3	PV
HM CLEARLAX ORAL POWDER	T3	PV
KRISTALOSE	T9	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1	
<i>laxative polyethylene glycol</i>	T3	PV
MIRALAX ORAL POWDER	T9	
<i>peg 3350 oral powder</i>	T9	
<i>polyethylene glycol 3350 oral packet</i>	T9	
<i>qc natura-lax</i>	T3	PV
SM CLEARLAX	T3	PV
SMOOTH LAX ORAL PACKET	T9	
SW CLEARLAX	T9	
TGT POWDERLAX ORAL PACKET 17 GM	T9	
TGT POWDERLAX ORAL POWDER	T3	PV
*Saline Laxative Mixtures***		
<i>oral saline laxative kit</i>	T3	PV
OSMOPREP	T3	
<i>phosphate laxative oral solution 2.7-7.2 gm/15ml</i>	T3	PV
*Saline Laxatives***		
<i>citrate of magnesia oral solution</i>	T3	PV
CITROMA	T3	PV
<i>cvs magnesium citrate oral solution</i>	T3	PV
<i>cvs milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
DULCOLAX ORAL SUSPENSION	T3	PV
<i>eq magnesium citrate</i>	T3	PV
<i>eql magnesium citrate</i>	T3	PV
<i>eql milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>gnp milk of magnesia</i>	T3	PV
<i>goodsense milk of magnesia</i>	T3	PV
<i>hm magnesium citrate</i>	T3	PV
<i>hm milk of magnesia</i>	T3	PV
<i>magnesium citrate oral solution</i>	T3	PV
<i>milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
<i>qc magnesium citrate</i>	T3	PV
<i>qc milk of magnesia</i>	T3	PV
<i>ra milk of magnesia oral suspension</i>	T3	PV

Medication	Coverage Level	Restrictions
<i>sm magnesium citrate</i>	T3	PV
<i>sm milk of magnesia oral suspension 400 mg/5ml</i>	T3	PV
*Stimulant Laxatives***		
<i>bisacodyl ec</i>	T3	PV
<i>bisacodyl rectal</i>	T9	
<i>gnp laxative oral</i>	T3	PV
<i>hm laxative oral</i>	T3	PV
<i>laxative oral tablet delayed release</i>	T9	
<i>ra laxative oral tablet delayed release</i>	T3	PV
<i>sm laxative oral</i>	T3	PV
*Surfactant Laxatives***		
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
Macrolides		
*Azithromycin***		
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
*Clarithromycin***		
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
*Erythromycins***		
E.E.S. 400 ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
E.E.S. GRANULES	T4	SP (Limited to a 1 month supply per fill)
ERYPED 200	T4	SP (Limited to a 1 month supply per fill)
ERYPED 400	T4	SP (Limited to a 1 month supply per fill)
ERY-TAB	T4	SP (Limited to a 1 month supply per fill)
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral tablet</i>	T4	SP (Limited to a 1 month supply per fill)
*Fidaxomicin***		
DIFICID ORAL TABLET	T5	ST; SP (Limited to a 1 month supply per fill); QL (20 tablets per 30 days)
Medical Devices And Supplies		
*Blood Pressure 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)
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor</i>	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 3	T2	QL (1 monitor per 2 years)
BLOOD PRESSURE MONITOR 7	T2	QL (1 monitor per 2 years)
<i>blood pressure monitor kit</i>	T2	QL (1 monitor per 2 years)
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
*Cervical Caps***		
FEMCAP	T3	PV
*Condoms - Female***		
FC2 FEMALE CONDOM	T3	PV
*Condoms - Male***		
<i>aimsco lubricated</i>	T3	PV
<i>condoms</i>	T3	PV
DUREX REALFEEL	T3	PV
FANTASY LUBRICATED	T3	PV
<i>kimono</i>	T3	PV
<i>kimono micro thin</i>	T3	PV
TRUSTEX LUBRICATED	T3	PV

Medication	Coverage Level	Restrictions
TRUSTEX NON-LUBRICATED	T3	PV
TRUSTEX RIA LUBRICATED	T3	PV
TRUSTEX RIA NON-LUBRICATED	T3	PV
*Diaphragms***		
CAYA	T3	PV
WIDE-SEAL DIAPHRAGM 60	T3	PV
WIDE-SEAL DIAPHRAGM 65	T3	PV
WIDE-SEAL DIAPHRAGM 70	T3	PV
WIDE-SEAL DIAPHRAGM 75	T3	PV
WIDE-SEAL DIAPHRAGM 80	T3	PV
WIDE-SEAL DIAPHRAGM 85	T3	PV
WIDE-SEAL DIAPHRAGM 90	T3	PV
WIDE-SEAL DIAPHRAGM 95	T3	PV
*Glucose Monitoring Test Supplies***		
ACCU-CHEK FASTCLIX LANCET	T2	
ACCU-CHEK MULTICLIX LANCET DEV	T2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T2	
CARETOUCH CONTROL SOL LEVEL 2	T3	
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)
<i>easy talk control in vitro solution high , low</i>	T3	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE LIBRE 14 DAY READER	T2	QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	QL (3 sensors per 30 days)
FREESTYLE LIBRE 2 READER	T2	QL (2 kits per 28 days)
FREESTYLE LIBRE 2 SENSOR	T2	QL (3 sensors per 30 days)
<i>freestyle libre 3 sensor</i>	T2	QL (3 sensors per 30 days)
HYPOLANCE AST LANCING	T2	
PIP GLUCOSE CONTROL SOLUTION	T3	
VIVAGUARD INO CONTROL SOLUTION	T3	
*Insulin Administration Supplies***		
OMNIPOD 5 G6 POD (GEN 5)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	

Medication	Coverage Level	Restrictions
<i>*Needles & Syringes***</i>		
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	T2	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
INPEN 100-BLUE-LILLY	T9	
INPEN 100-BLUE-LILLY-HUMALOG	T9	
INPEN 100-BLUE-NOVO	T9	
INPEN 100-BLUE-NOVOLOG-FIASP	T9	
INPEN 100-GRAY-LILLY	T9	
INPEN 100-GREY-LILLY-HUMALOG	T9	
INPEN 100-GREY-NOVO	T9	
INPEN 100-GREY-NOVOLOG-FIASP	T9	
INPEN 100-PINK-LILLY	T9	
INPEN 100-PINK-LILLY-HUMALOG	T9	
INPEN 100-PINK-NOVO	T9	
INPEN 100-PINK-NOVOLOG-FIASP	T9	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
NOVOFINE 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	
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
<i>*Spacer/Aerosol-Holding Chambers & Supplies***</i>		
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)
BREATHERITE	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
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)
EASIVENT	T2	QL (4 EA per 365 days)
EASIVENT MASK LARGE	T2	QL (4 EA per 365 days)
EASIVENT MASK MEDIUM	T2	QL (4 EA per 365 days)
EASIVENT MASK SMALL	T2	QL (4 EA per 365 days)
OPTICHAMBER 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)
valved holding chamber	T1	QL (4 EA per 365 days)
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UBRELVY	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
*Cgrp Receptor Antagonists - Monoclonal Antibodies***		
AIMOVIG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 autoinjector per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL (Min 18 Years)
EMGALITY (300 MG DOSE)	T4	PA; SP (Limited to a 1 month supply per fill); QL (3 syringes per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); AL (Min 18 Years)
*Ergot Combinations***		
CAFERGOT	T9	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
MIGERGOT	T9	
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***		
ELYXYB	T9	
*Migraine Products - Nsaids***		
CAMBIA	T9	
*Migraine Products***		
<i>dihydroergotamine mesylate injection</i>	T9	
<i>dihydroergotamine mesylate nasal</i>	T9	
ERGOMAR	T3	
MIGRANAL	T9	
TRUDHESA	T9	
*Selective Serotonin Agonist-Nsaid Combinations***		
<i>sumatriptan-naproxen sodium</i>	T9	
TREXIMET ORAL TABLET 85-500 MG	T9	
*Selective Serotonin Agonists 5-Ht(1)***		
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
AMERGE	T3	QL (12 tablets per 30 days)
<i>eletriptan hydrobromide</i>	T3	ST; QL (12 tablets per 30 days)
FROVA	T9	
<i>frovatriptan succinate</i>	T9	
IMITREX NASAL SOLUTION 20 MG/ACT	T3	SP (Quantity Limit: 1 box per 15 days)
IMITREX NASAL SOLUTION 5 MG/ACT	T3	SP (Quantity Limit: 2 boxes per 15 days)
IMITREX ORAL	T3	QL (12 tablets per 30 days)

Medication	Coverage Level	Restrictions
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR 6 MG/0.5ML	T3	
IMITREX SUBCUTANEOUS	T3	
MAXALT ORAL TABLET 10 MG	T3	QL (12 tablet per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T3	QL (12 tablet per 30 days)
<i>naratriptan hcl</i>	T1	QL (12 tablets per 30 days)
ONZETRA XSAIL	T9	
RELPAX	T9	
<i>rizatriptan benzoate</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1	QL (8 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 pens per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	T1	
TOSYMRA	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 SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T3	QL (12 tablets per 30 days)
*Selective Serotonin Agonists 5-Ht(1F)***		
REYVOW	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)

Medication	Coverage Level	Restrictions
Minerals & Electrolytes		
*Calcium Combinations***		
<i>calcium-folic acid plus d</i>	T9	
MAGNEBIND 400 ORAL TABLET 80-115 MG	T9	
*Fluoride Combinations***		
FLORIVA ORAL LIQUID	T9	
*Fluoride***		
LUDENT	T1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	
<i>sodium fluoride oral tablet</i>	T1	
<i>sodium fluoride oral tablet chewable</i>	T1	
*Magnesium Combinations***		
MAGNEBIND 400 ORAL TABLET 400-200-1 MG	T9	
*Phosphate***		
<i>av-phos 250 neutral</i>	T9	
K-PHOS-NEUTRAL	T9	
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>virt-phos 250 neutral</i>	T9	
*Potassium***		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1	
KLOR-CON 10	T1	
KLOR-CON M10	T1	
KLOR-CON M15	T1	
KLOR-CON M20	T1	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1	
<i>potassium chloride er oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	T1	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T3	

Medication	Coverage Level	Restrictions
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP (Limited to a 1 month supply per fill)
*Zinc***		
GALZIN	T9	
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
Miscellaneous Therapeutic Classes		
*Antileptics***		
THALOMID	T4	SP (Limited to a 1 month supply per fill)
*Chelating Agents***		
CUPRIMINE ORAL CAPSULE 250 MG	T9	
DEPEN TITRATABS	T9	
<i>d-penamine</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<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)
*Cyclosporine Analogs***		
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>cyclosporine modified oral capsule 50 mg</i>	T1	
<i>cyclosporine modified oral solution</i>	T1	
<i>cyclosporine oral capsule</i>	T1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1	
GENGRAF ORAL SOLUTION	T1	
NEORAL	T3	
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T3	
*Farnesyltransferase Inhibitors***		
ZOKINVY	T9	
*Fecal Incontinence Bulking Agent - Combinations***		
SOLESTA	T3	

Medication	Coverage Level	Restrictions
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 5 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
REVLIMID ORAL CAPSULE 2.5 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL (Max 9 Years)
CELLCEPT ORAL TABLET	T3	
<i>mycophenolate mofetil oral capsule</i>	T1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1	AL (Max 9 Years)
<i>mycophenolate mofetil oral tablet</i>	T1	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG	T3	QL (240 tablets per 30 days)
MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG	T3	QL (120 tablets per 30 days)
*Macrolide Immunosuppressants***		
ASTAGRAF XL	T3	ST
ENVARUSUS XR	T3	ST
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</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)
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)

Medication	Coverage Level	Restrictions
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>sirolimus oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>tacrolimus oral</i>	T1	
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
*Potassium Removing Agents***		
KIONEX ORAL SUSPENSION	T1	
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS	T1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
*Purine Analogs***		
AZASAN	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	T1	
IMURAN	T3	
*Rock Inhibitors***		
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral - Combinations***		
FIRST-MOUTHWASH BLM	T2	
*Anesthetics Topical Oral***		
<i>lidocaine viscous</i>	T1	
*Anti-Infectives - Throat***		
<i>clotrimazole mouth/throat troche</i>	T1	
<i>nystatin mouth/throat</i>	T1	

Medication	Coverage Level	Restrictions
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
PERIDEX	T3	
*Dental Products - Combinations***		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	T3	
<i>sodium fluoride 5000 sensitive</i>	T1	
*Dry Mouth Agents And Artificial Saliva***		
MUCOSITISRX	T9	
*Fluoride Dental Products***		
DENTA 5000 PLUS	T1	
DENTAGEL	T1	
JUST RIGHT 5000 DENTAL PASTE	T3	
PREVIDENT	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental gel</i>	T1	
<i>sodium fluoride 5000 ppm dental paste</i>	T1	
<i>sodium fluoride dental gel 1.1 %</i>	T1	
<i>sodium fluoride mouth/throat</i>	T1	
*Protectants - Mouth/Throat***		
GELCLAIR	T9	
MUGARD	T9	
ORAMAGICRX	T9	
*Saliva Stimulants***		
<i>cevimeline hcl</i>	T1	QL (90 Capsules per 30 days)
EVOXAC	T2	QL (90 capsules per 30 days)
<i>pilocarpine hcl oral</i>	T1	QL (120 tablets per 30 days)
SALAGEN	T3	
*Steroids - Mouth/Throat/Dental***		
ORALONE	T3	
<i>triamcinolone acetone mouth/throat</i>	T1	
Multivitamins		
*B-Complex W/ C & Folic Acid***		
DIALYVITE	T9	

Medication	Coverage Level	Restrictions
DIALYVITE 800 ORAL TABLET	T3	PV; AL (Max 50 Years)
<i>folbee plus</i>	T9	
<i>full spectrum b/vitamin c</i>	T3	PV; AL (Max 50 Years)
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
NEPHRO-VITE RX	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	T3	PV; AL (Max 50 Years)
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
<i>triphrocaps</i>	T9	
<i>virt-caps</i>	T9	
<i>virt-vite plus</i>	T9	
<i>vp-vite rx</i>	T9	
*B-Complex W/ C-Biotin-D-Zinc & Folic Acid***		
VITAL-D RX	T9	
*B-Complex W/ C-Biotin-E-Minerals & Folic Acid***		
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
*B-Complex W/ C-Biotin-Fe & Folic Acid***		
DIALYVITE 800/IRON	T9	
*B-Complex W/ C-Biotin-Minerals & Folic Acid***		
FOLBEE PLUS CZ	T9	
*B-Complex W/ C-Zn & Folic Acid***		
DIALYVITE/ZINC	T9	
NEPHPLEX RX	T9	
*B-Complex W/ Folic Acid***		
<i>b complex formula 1 (w/ fa)</i>	T3	PV; AL (Max 50 Years)
<i>kobee</i>	T3	PV; AL (Max 50 Years)
*B-Complex W/ Lysine-Zn & Folic Acid***		
SUPERVITE	T9	
*B-Complex W/ Minerals***		
SIDEROL ORAL LIQUID†	T9	
*B-Complex W/Biotin & Folic Acid***		
<i>ra balanced b-100</i>	T3	PV; AL (Max 50 Years)
SUPER QUINTS B-50	T3	PV; AL (Max 50 Years)

Medication	Coverage Level	Restrictions
*Iron W/ Vitamins***		
VITAFOL ORAL TABLET	T9	
*Multiple Vitamins W/ Iron***		
stress formula/iron	T3	PV
*Multiple Vitamins W/ Minerals & Fluoride-Iron-Folic Acid***		
QUFLORA FE	T9	
*Multiple Vitamins W/ Minerals & Folic Acid***		
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
DIALYVITE SUPREME D ORAL TABLET 3 MG	T9	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
UDAMIN SP ORAL TABLET 1 MG	T9	
*Multiple Vitamins W/ Minerals***		
BACMIN	T9	
choice-tabs	T9	
CORVITE FREE	T9	
FORTAVIT ORAL CAPSULE	T9	
LYSIPLEX PLUS ORAL TABLET	T9	
multivitamins oral tablet chewable	T9	
NICADAN	T9	
NICAZEL	T9	
NICAZEL FORTE	T9	
REQ 49+	T9	
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	T9	
tri-zel	T9	
v-c forte	T9	
VIC-FORTE	T9	
VITACEL	T1	
*Multivitamins***		
multivitamins oral capsule	T9	
*Niacinamide W/ Zinc-Copper & Folic Acid***		
NICOMIDE	T9	
*Ped Multiple Vitamins W/ Minerals & C***		
multivitamins pediatric	T9	
*Ped Mv W/ Fluoride***		
FLORIVA PLUS	T9	
multi-vit/fluoride oral solution 0.25 mg/ml	T1	AL (Max 10 Years)

Medication	Coverage Level	Restrictions
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	T1	AL (Max 10 Years)
<i>multivitamins/fluoride oral tablet chewable 0.5 mg</i>	T1	AL (Max 10 Years)
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	
*Ped Vitamins Acd & Fa W/ Fluoride***		
TRI-VI-FLOR	T9	
*Ped Vitamins Acd W/ Fluoride***		
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml</i>	T1	
*Pediatric Multiple Vitamins & Minerals W/ Fluoride***		
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
*Prenatal Mv & Min W/Fe-Fa***		
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL RX	T3	
<i>classic prenatal</i>	T3	PV
<i>completenate</i>	T1	
<i>cvs prenatal oral tablet 27-0.8 mg</i>	T3	PV
FOLTABS PRENATAL	T3	PV; AL (Max 50 Years)
<i>gnp prenatal vitamins</i>	T3	PV
INATAL GT	T1	
<i>kpn prenatal</i>	T3	PV
M-VIT	T9	
MYNATAL ORAL TABLET	T1	
<i>mynatal plus</i>	T1	
<i>mynatal-z</i>	T1	
<i>mynate 90 plus</i>	T1	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NESTABS	T3	
NESTABS DHA	T3	
NIVA-PLUS	T9	
O-CAL FA	T9	
PERRY PRENATAL	T3	PV
<i>pnv tabs 29-1</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	

Medication	Coverage Level	Restrictions
<i>prena1 pearl</i>	T1	
PRENATABS RX	T1	
<i>prenatal (w/iron & fa)</i>	T1	PV
<i>prenatal 19 oral tablet chewable</i>	T1	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T3	
<i>prenatal complete</i>	T3	PV
<i>prenatal one daily</i>	T1	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1	PV
<i>prenatal plus</i>	T1	
<i>prenatal plus iron</i>	T1	
<i>prenatal plus vitamin/mineral</i>	T3	
PRENATAL-U	T1	
PRENATE STAR	T3	
PROVIDA OB	T3	
<i>ra one daily</i>	T3	PV
<i>ra prenatal</i>	T1	PV
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1	
<i>se-natal 19 oral tablet chewable</i>	T1	QL (30 tablets per 30 days)
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
TRICARE	T1	
TRICARE PRENATAL COMPLEAT	T1	
<i>trinatal rx 1</i>	T1	
TRINATE	T2	
VINATE DHA RF	T3	QL (30 tablets per 30 days)
VINATE M	T1	
VINATE ONE	T1	
VITAFOL-NANO	T3	QL (30 tablets per 30 days)
VITAFOL-OB	T3	
VITAPEARL	T3	
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***		
<i>complete natal dha</i>	T1	
NESTABS ABC	T3	
PR NATAL 400	T1	
PR NATAL 400 EC	T1	
PR NATAL 430	T1	
PR NATAL 430 EC	T1	
TRIVEEN-DUO DHA	T1	

Medication	Coverage Level	Restrictions
*Prenatal Mv & Min W/Fe-Fa-Dha***		
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (60 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
<i>cvs prenatal multi+dha</i>	T3	PV
<i>neonatal + dha</i>	T9	
NEXA PLUS	T3	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>prena 1 true</i>	T1	
<i>prenaissance</i>	T1	
<i>prenaissance 90 dha</i>	T1	
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	T3	PV
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	
PRENATE PIXIE	T3	
PRENATE RESTORE	T3	
TARON-PREX	T2	
<i>tristart dha</i>	T9	
VITAFOL-ONE	T3	
VITATRUE	T3	
*Prenatal Vitamins***		
<i>prena1</i>	T1	
PRENATE AM	T3	
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
AMRIX	T9	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral tablet</i>	T1	
<i>carisoprodol oral tablet 350 mg</i>	T9	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T2	
<i>cyclobenzaprine hcl er</i>	T9	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	

Medication	Coverage Level	Restrictions
FEXMID	T9	
FLEQSUVY	T9	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	
LORZONE	T9	
LYVISPAH	T9	
metaxalone oral tablet 400 mg	T9	
metaxalone oral tablet 800 mg	T1	ST
methocarbamol oral tablet 1000 mg	T9	
methocarbamol oral tablet 500 mg, 750 mg	T1	
orphenadrine citrate er	T1	
OZOBAX	T9	
ROBAXIN ORAL	T3	
ROBAXIN-750	T3	
SKELAXIN	T9	
SOMA ORAL TABLET 350 MG	T9	
tizanidine hcl oral	T1	
ZANAFLEX	T3	
*Direct Muscle Relaxants***		
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	T3	
dantrolene sodium oral	T1	
*Muscle Relaxant Combinations***		
carisoprodol-aspirin	T9	
carisoprodol-aspirin-codeine	T9	
norgesic forte	T9	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	T9	
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
*Viscosupplements***		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
Nasal Agents - Systemic And Topical		
*Antihistamine-Steroid***		
azelastine-fluticasone	T1	ST
DYMISTA	T3	ST
RYALTRIS	T9	
TICALAST	T9	
*Nasal Agents - Misc.***		
ALZAIR ALLERGY NASAL SPRAY	T9	

Medication	Coverage Level	Restrictions
*Nasal Anticholinergics***		
<i>ipratropium bromide nasal</i>	T1	
*Nasal Antihistamines***		
ASTEPRO NASAL SOLUTION 0.15 %	T3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T1	
<i>olopatadine hcl nasal</i>	T2	
PATANASE	T3	
*Nasal Steroids***		
BECONASE AQ	T9	
<i>budesonide nasal</i>	T9	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	T3	
<i>fluticasone propionate nasal</i>	T3	
<i>mometasone furoate nasal</i>	T3	ST
NASACORT ALLERGY 24HR	T3	
NASONEX	T9	
OMNARIS	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
SINUVA	T9	
<i>triamcinolone acetanide nasal aerosol</i>	T3	
XHANCE	T9	
ZETONNA	T9	
*Systemic Decongestants***		
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
SUDOGEST ORAL TABLET 60 MG	T9	
*Topical Decongestants***		
ADRENALIN NASAL	T9	
<i>epinephrine hcl (nasal)</i>	T9	
Neuromuscular Agents		
*Benzathiazoles***		
EXSERVAN	T9	
RILUTEK	T9	
<i>riluzole</i>	T1	QL (60 tablets per 30 days)
TIGLUTIK	T9	
*Muscular Dystrophy Agents***		
EXONDYS 51	T9	
VILTEPSO	T9	

Medication	Coverage Level	Restrictions
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days)
Nutrients		
*Amino Acids-Single***		
<i>l-leucine</i>	T9	
*Lipids***		
DOJOLVI	T9	
*Misc. Nutritional Substances Combinations***		
CARDIOVID PLUS	T9	
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
<i>brimonidine-dorzolamide</i>	T9	
SIMBRINZA	T2	
*Artificial Tear Inserts***		
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol</i>	T1	
COMBIGAN	T9	
COSOPT	T3	
<i>dorzolamide hcl-timolol mal</i>	T1	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl ophthalmic</i>	T2	
BETIMOL	T3	
BETOPTIC-S	T3	ST
<i>carteolol hcl</i>	T1	
ISTALOL	T9	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate pf</i>	T3	
TIMOPTIC	T3	
TIMOPTIC OCUDOSE	T3	
TIMOPTIC-XE	T3	

Medication	Coverage Level	Restrictions
*Cholinergic Agonists***		
TYRVAYA	T9	
*Cycloplegic Mydriatic Combinations***		
CYCLOMYDRIL	T3	
tropicamide-cyclopentolate-pe	T9	
*Cycloplegic Mydriatics***		
atropine sulfate ophthalmic solution 1 %	T1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
cyclopentolate hcl ophthalmic	T1	
HOMATROPAIRE	T1	
ISOPTO ATROPINE	T3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	T1	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA	T2	QL (60 vials per 30 days)
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE	T2	
*Miotics - Direct Acting***		
ISOPTO CARPINE	T3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
VUITY	T9	
*Ophthalmic Antiallergic***		
ALAWAY	T1	
ALOCRIL	T3	ST
ALOMIDE	T2	
azelastine hcl ophthalmic	T1	
bepotastine besilate	T2	ST; QL (5 ML per 30 Days)
BEPREVE	T9	
cromolyn sodium ophthalmic	T1	
ELESTAT	T3	
epinastine hcl	T1	
ketotifen fumarate ophthalmic	T1	
LASTACAPT	T3	ST; QL (1 bottle per 30 days); AL (Min 2 Years)
olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANOL	T3	

Medication	Coverage Level	Restrictions
PAZEO	T3	ST
ZADITOR	T1	
ZERVIAE	T9	
*Ophthalmic Antibiotics***		
AZASITE	T3	ST
BESIVANCE	T3	QL (5 ML per 30 days)
CILOXAN	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
GENTAK OPHTHALMIC OINTMENT	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>levofloxacin ophthalmic</i>	T1	
MOXEZA	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	
OCUFLOX	T3	
<i>ofloxacin ophthalmic</i>	T1	
<i>tobramycin ophthalmic</i>	T1	
TOBREX OPHTHALMIC OINTMENT	T2	
TOBREX OPHTHALMIC SOLUTION	T3	
VIGAMOX	T3	
ZYMAXID	T3	ST
*Ophthalmic Antifungal***		
NATACYN	T3	
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
POLYTRIM	T3	
*Ophthalmic Antivirals***		
<i>trifluridine ophthalmic</i>	T1	
VIROPTIC	T3	
ZIRGAN	T3	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
AZOPT	T3	

Medication	Coverage Level	Restrictions
<i>brinzolamide</i>	T2	
<i>dorzolamide hcl ophthalmic</i>	T1	
TRUSOPT	T3	
*Ophthalmic Decongestant Combinations***		
NAPHCN-A	T9	
*Ophthalmic Immunomodulators***		
CEQUA	T9	
<i>cyclosporine ophthalmic</i>	T3	QL (64 vials per 30 days)
RESTASIS	T2	QL (64 vials per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T2	QL (1 bottle per 30 days)
VERKAZIA	T9	
*Ophthalmic Irrigation Solutions***		
BSS	T1	
BSS PLUS	T3	
*Ophthalmic Kinase Inhibitors - Combinations***		
ROCKLATAN	T3	ST
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	ST
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
BROMSITE	T3	ST; QL (5 ML per 30 days)
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen sodium</i>	T1	
ILEVRO	T3	ST; QL (3 ML per 30 days)
<i>ketorolac tromethamine ophthalmic</i>	T1	
NEVANAC	T3	ST
PROLENSA	T9	
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA	T3	ST
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P	T3	
<i>apraclonidine hcl</i>	T1	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	

Medication	Coverage Level	Restrictions
IOPIDINE OPHTHALMIC SOLUTION 1 %	T4	ST; SP (Limited to a 1 month supply per fill)
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
BLEPHAMIDE	T3	ST
BLEPHAMIDE S.O.P.	T3	
MAXITROL	T3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
PRED-G	T2	
PRED-G S.O.P.	T3	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin-dexamethasone</i>	T1	
ZYLET	T3	ST
*Ophthalmic Steroids***		
ALREX	T3	ST
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
DEXYCU	T9	
<i>difluprednate</i>	T1	ST
DUREZOL	T3	ST
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
FLAREX	T2	
<i>fluorometholone ophthalmic</i>	T1	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
INVELTYS	T3	ST
LOTEMAX	T9	
LOTEMAX SM	T3	ST
<i>loteprednol etabonate</i>	T2	ST
MAXIDEX	T3	

Medication	Coverage Level	Restrictions
PRED FORTE	T3	
PRED MILD	T3	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
*Ophthalmic Sulfonamides***		
BLEPH-10	T3	
<i>sulfacetamide sodium ophthalmic</i>	T1	
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ	T9	
*Ophthalmics - Cystinosis Agents**		
CYSTARAN	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
*Prostaglandins - Ophthalmic***		
<i>bimatoprost ophthalmic</i>	T1	
<i>latanoprost ophthalmic</i>	T1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T2	ST
<i>tafluprost (pf)</i>	T3	
TRAVATAN Z	T3	
<i>travoprost (bak free)</i>	T2	ST
VYZULTA	T9	
XALATAN	T3	
XELPROS	T2	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T3	
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid otic</i>	T1	
*Otic Analgesic Combinations***		
CORTANE-B OTIC	T3	
*Otic Anti-Infectives***		
CETRAXAL	T3	
<i>ciprofloxacin hcl otic</i>	T1	
<i>ofloxacin otic</i>	T1	
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC	T2	
CIPRODEX	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL (Min 6 Months and Max 17 Years)
COLY-MYCIN S	T3	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1	

Medication	Coverage Level	Restrictions
OTOVEL	T2	AL (Min 6 Months and Max 17 Years)
Oxytocics		
*Abortifacients/Cervical Ripening - Prostaglandins***		
PREPIDIL	T3	
*Oxytocics***		
METHERGINE ORAL	T3	QL (28 tablets per 365 days)
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
Passive Immunizing And Treatment Agents		
*Bacterial Monoclonal Antibodies***		
ZINPLAVA	T9	
Penicillins		
*Aminopenicillins***		
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>ampicillin oral capsule</i>	T1	
*Natural Penicillins***		
<i>penicillin v potassium</i>	T1	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1	
AUGMENTIN ORAL 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	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium</i>	T1	
Pharmaceutical Adjuvants		
*Semi Solid Vehicles***		
ALPAWASH	T9	
FREEDOM DERMA-D	T9	

Medication	Coverage Level	Restrictions
Progestins		
*Progestins***		
AYGESTIN	T3	
<i>medroxyprogesterone acetate oral</i>	T1	
MEGACE ES	T3	ST
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>norethindrone acetate oral</i>	T1	
<i>progesterone intramuscular</i>	T1	
<i>progesterone oral</i>	T1	
PROMETRIUM	T3	
PROVERA	T3	
Psychotherapeutic And Neurological Agents - Misc.		
*Agents For Opioid Withdrawal***		
LUCEMYRA	T9	
*Alcohol Deterrents***		
<i>acamprosate calcium</i>	T1	
ANTABUSE	T3	
<i>disulfiram oral</i>	T1	
*Anti-Cataleptic Agents***		
XYREM	T4	PA; SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
*Anti-Cataleptic Combinations***		
XYWAV	T9	
*Antidementia Agent Combinations***		
NAMZARIC	T3	ST; QL (30 capsules per 30 days); AL (Min 40 Years)
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline</i>	T1	
*Cholinomimetics - Ache Inhibitors***		
ADLARITY	T9	
ARICEPT	T3	
<i>donepezil hcl</i>	T1	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
RAZADYNE ER	T3	SP (Drug name has been changed from Reminyl*)
RAZADYNE ORAL TABLET	T3	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)

Medication	Coverage Level	Restrictions
<i>rivastigmine tartrate</i>	T1	QL (60 capsules per 30 days)
*Fibromyalgia Agent - Snris***		
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 pack per 30 days)
*Melanocortin Receptor Agonists***		
VYLEESI	T9	
*Movement Disorder Drug Therapy***		
<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	
*Multiple Sclerosis Agents - Antimetabolites***		
MAVENCLAD (10 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (4 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (5 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (6 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (7 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (8 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)
MAVENCLAD (9 TABS)	T5	PA; SP (Limited to a 1 month supply per fill. Limited to 2 years of treatment.); QL (20 tablets per 1 year)

Medication	Coverage Level	Restrictions
*Multiple Sclerosis Agents - Interferons***		
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 kit per 30 days)
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY INTRAMUSCULAR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM	T9	
<i>dimethyl fumarate oral</i>	T1	SP (Limited to a 1 month supply per fill.)
<i>dimethyl fumarate starter pack</i>	T1	SP (Limited to a 1 month supply per fill.)
VUMERITY	T9	
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
AMPYRA	T9	
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill)
*Multiple Sclerosis Agents***		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl er</i>	T2	QL (30 capsules per 30 days); AL (Min 40 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	T3	QL (300 ML per 30 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (60 tablets per 30 days); AL (Min 40 Years)

Medication	Coverage Level	Restrictions
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL (1 pak per 365 days); AL (Min 40 Years)
NAMENDA ORAL TABLET	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
NAMENDA TITRATION PAK	T3	QL (1 pak per 365 days); AL (Min 40 Years)
NAMENDA XR	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
NAMENDA XR TITRATION PACK	T3	AL (Min 40 Years)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline</i>	T1	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***		
GRALISE ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
LYRICA CR	T9	
<i>pregabalin er</i>	T9	
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***		
<i>fluoxetine hcl (pmdd) capsule 10 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) capsule 20 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T9	
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
*Pseudobulbar Affect Agent Combinations***		
NUDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral</i>	T1	
<i>pimozide oral tablet 1 mg</i>	T1	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1	QL (150 tablets per 30 days)
*Restless Leg Syndrome (RLs) Agents***		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	T3	ST; QL (30 tablets per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	T3	ST; QL (60 tablets per 30 days)
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***		
ADDYI	T3	QL (30 tablets per 30 days)
*Smoking Deterrents***		
<i>apo-varenicline</i>	T2	PV; QL (60 tablets per 30 Days)

Medication	Coverage Level	Restrictions
<i>bupropion hcl er (smoking det)</i>	T1	PV
<i>cvs nicotine polacrilex</i>	T1	PV
<i>cvs nicotine transdermal</i>	T1	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	T1	PV
<i>gnp nicotine mini</i>	T1	PV
<i>gnp nicotine mouth/throat</i>	T1	PV
<i>goodsense nicotine</i>	T1	PV
<i>hm nicotine</i>	T1	PV
<i>hm nicotine polacrilex</i>	T1	PV
KLS QUIT2	T3	PV
KLS QUIT4	T3	PV
NICODERM CQ	T9	
NICORETTE	T9	
<i>nicotine mini</i>	T1	PV
<i>nicotine polacrilex mouth/throat</i>	T1	PV
<i>nicotine transdermal kit</i>	T3	PV
<i>nicotine transdermal patch 24 hour</i>	T1	PV
NICOTROL	T2	PV; QL (1 box per 30 days)
NICOTROL NS	T3	PV; QL (40 mls per 30 days)
<i>px stop smoking aid mouth/throat lozenge</i>	T3	PV
<i>ra mini nicotine</i>	T1	PV
<i>ra nicotine mouth/throat</i>	T1	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	PV
<i>sm nicotine polacrilex</i>	T1	PV
<i>sm nicotine transdermal</i>	T1	PV
<i>varenicline tartrate oral</i>	T2	PV
<i>varenicline tartrate oral tablet</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varenicline tartrate oral tablet therapy pack</i>	T2	PV
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
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)
TASCENSO ODT	T9	
ZEPOSIA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
ZEPOSIA STARTER KIT	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>*Thienbenzodiazepines & Opioid Antagonists***</i>		
LYBALVI	T9	
<i>*Thienbenzodiazepines & Ssrís***</i>		
olanzapine-fluoxetine hcl	T9	
SYMBYAX ORAL CAPSULE 12-50 MG, 6-25 MG, 6-50 MG	T9	
<i>*Vasomotor Symptom Agents - Ssrís***</i>		
BRISDELLE	T9	
paroxetine mesylate	T9	
<i>*Respiratory Agents - Misc.*</i>		
<i>*Cystic Fibrosis Agent - Combinations***</i>		
ORKAMBI ORAL PACKET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years)
ORKAMBI ORAL PACKET 150-188 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years)
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years)
ORKAMBI ORAL TABLET 100-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
ORKAMBI ORAL TABLET 200-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years)
SYMDEKO	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>*Cystic Fibrosis Agents - Miscellaneous***</i>		
BRONCHITOL	T9	

Medication	Coverage Level	Restrictions
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE 100 MG	T4	PA; SP (Limited to a 1 month supply per fill)); QL (60 capsules per 30 days); AL (Min 18 Years)
OFEV ORAL CAPSULE 150 MG	T4	PA; SP (Limited to a 1 month supply per fill)); QL (60 capsules per 30 days); AL (Min 18 Years)
*Pulmonary Fibrosis Agents***		
ESBRIET ORAL CAPSULE	T9	PA; SP (Limited to a 1 month supply per fill)); QL (270 capsules per 30 days)
ESBRIET ORAL TABLET 267 MG	T5	PA; SP (Limited to a 1 month supply per fill)); QL (270 tablets per 30 days)
ESBRIET ORAL TABLET 801 MG	T5	PA; SP (Limited to a 1 month supply per fill)); QL (90 capsules per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (270 tablets per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral</i>	T2	
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
*Fluorocyclines***		
XERAIVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
*Tetracyclines***		
ACTICLATE	T9	
<i>demeclocycline hcl oral</i>	T3	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	

Medication	Coverage Level	Restrictions
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1	
LYMEPAK	T9	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<i>minocycline hcl er oral tablet extended release 24 hour 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1	
MINOLIRA	T9	
MONDOXYNE NL	T9	
MORGIDOX COMBINATION	T9	
SEYSARA	T9	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
TARGADOX	T9	
<i>tetracycline hcl oral</i>	T3	
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
XIMINO	T9	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral</i>	T1	
<i>propylthiouracil oral</i>	T1	
TAPAZOLE	T3	

Medication	Coverage Level	Restrictions
*Thyroid Hormones***		
ARMOUR THYROID	T2	
CYTOMEL	T2	
ERMEZA	T9	
EUTHYROX	T3	
LEVO-T	T3	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg</i>	T3	SP (Limited to a 1 month supply per fill)
<i>levothyroxine sodium intravenous solution reconstituted 500 mcg</i>	T5	SP (Limited to a 1 month supply per fill)
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1	
LEVOXYL	T1	
<i>liothyronine sodium oral</i>	T1	
NP THYROID	T1	
SYNTHROID	T3	
THYQUIDITY	T9	
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, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1	
Toxoids		
*Toxoid Combinations***		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)

Medication	Coverage Level	Restrictions
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
<i>diphtheria-tetanus toxoids dt</i>	T9	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6 - \$0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV
TDVAX	T6 - \$0 Copay	PV; QL (1 injection per 10 years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6 - \$0 Copay	PV; QL (1 dose per 10 years)
<i>tetanus-diphtheria toxoids td</i>	T6 - \$0 Copay	QL (1 dose per 10 years)
VAXELIS	T6 - \$0 Copay	PV
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<i>chlordiazepoxide-clidinium</i>	T3	
DONNATAL	T9	
LIBRAX	T9	
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
*Antispasmodics***		
<i>dicyclomine hcl oral</i>	T1	
*Belladonna Alkaloids***		
ANASPAZ	T3	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1	
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
NULEV	T1	
<i>oscimin sr</i>	T1	
SYMAX DUOTAB	T3	
*H-2 Antagonists***		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T3	

Medication	Coverage Level	Restrictions
<i>cimetidine oral tablet 200 mg</i>	T9	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T1	
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
<i>nizatidine</i>	T3	
PEPCID ORAL TABLET 20 MG	T9	
PEPCID ORAL TABLET 40 MG	T3	
<i>ranitidine hcl oral capsule</i>	T3	
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	T3	
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	T9	
<i>ranitidine hcl oral tablet 300 mg</i>	T3	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZANTAC ORAL TABLET 300 MG	T3	
*Misc. Anti-Ulcer***		
CARAFATE	T3	ST
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1	
*Proton Pump Inhibitor-Antacid Combinations***		
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
ZEGERID	T9	
ZEGERID OTC	T3	
*Proton Pump Inhibitors***		
ACIPHEX	T9	
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 5 MG	T9	
DEXILANT	T9	
<i>dexlansoprazole</i>	T9	
<i>esomeprazole magnesium oral packet</i>	T9	
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	T9	
FIRST-LANSOPRAZOLE	T3	
FIRST-OMEPRAZOLE	T3	
<i>lansoprazole oral capsule delayed release</i>	T3	
NEXIUM	T9	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	T9	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	T3	
<i>omeprazole oral capsule delayed release</i>	T3	

Medication	Coverage Level	Restrictions
<i>omeprazole oral tablet delayed release</i>	T3	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
PREVACID	T9	
PREVACID 24HR	T3	
PRILOSEC OTC	T3	
PROTONIX ORAL	T9	
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
*Quaternary Anticholinergics***		
CUVPOSA	T3	AL (Min 3 Years)
DARTISLA ODT	T9	
GLYCATE	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T3	AL (Min 3 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>methscopolamine bromide oral</i>	T2	
<i>propantheline bromide oral</i>	T1	
*Ulcer Anti-Infective W/ Bismuth Combinations***		
PYLERA	T9	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
<i>amoxicill-clarithro-lansopraz</i>	T3	
OMECLAMOX-PAK	T9	
TALICIA	T9	
*Ulcer Anti-Infective-Pcab Combinations***		
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	
*Ulcer Drugs - Prostaglandins***		
CYTOTEC	T3	
<i>misoprostol oral</i>	T1	
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	T3	
ENABLEX	T3	QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>fesoterodine fumarate er</i>	T1	QL (30 tablets per 30 days)
GELNIQUE TRANSDERMAL GEL 10 %	T9	
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral</i>	T1	
OXYTROL	T9	
<i>solifenacin succinate</i>	T2	ST; QL (30 tablets per 30 days)
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T2	
TOVIAZ	T3	QL (30 tablets per 30 days)
<i>trospium chloride</i>	T1	QL (60 capsules per 30 days)
<i>trospium chloride er</i>	T3	QL (30 capsules per 30 days)
VESICARE	T3	ST; QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL (Max 9 Years)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
GEMTESA	T9	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (240 ML per 30 days); AL (Max 10 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	ST; QL (30 tablets per 30 days)
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride oral</i>	T1	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl</i>	T1	
Vaccines		
*Bacterial Vaccines***		
ACTHIB	T9	
<i>bcg vaccine injection solution reconstituted</i>	T6 - \$0 Copay	PV
BEXSERO	T6 - \$0 Copay	PV; QL (2 ML per 1 Lifetime)
BIOTHRAX	T9	
HIBERIX INJECTION	T9	
MENACTRA INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
MENQUADFI INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
PEDVAX HIB INTRAMUSCULAR SUSPENSION	T9	
PNEUMOVAX 23	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
PREVNAR 13	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)

Medication	Coverage Level	Restrictions
PREVNAR 20	T6 - \$0 Copay	PV
TRUMENBA	T6 - \$0 Copay	PV; QL (3 ML per 1 Lifetime)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
VAXNEUVANCE	T6 - \$0 Copay	
VIVOTIF	T9	
<i>*Viral Vaccine Combinations***</i>		
M-M-R II INJECTION	T6 - \$0 Copay	PV; QL (2 doses per 1 Lifetime)
PRIORIX	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (4 doses per 1 lifetime); AL (Min 18 Years)
<i>*Viral Vaccines***</i>		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
COMIRNATY	T6 - \$0 Copay	
DENGVAIXA	T9	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
FLUAD QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUBLOK QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUMIST QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 inhalation per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)

Medication	Coverage Level	Restrictions
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
IMOVAX RABIES	T6 - \$0 Copay	PV
IPOL INJECTION INJECTABLE	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
IXIARO	T9	
<i>janssen covid-19 vaccine</i>	T6 - \$0 Copay	PV
JYNNEOS	T6 - \$0 Copay	PV
<i>moderna covid-19 bival booster</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vacc 6-11y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vacc 6m-5y</i>	T6 - \$0 Copay	PV
<i>moderna covid-19 vaccine</i>	T6 - \$0 Copay	PV
<i>novavax covid-19 vaccine</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac bival 5-11</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac bivalent</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 5-11y</i>	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 6m-4y</i>	T6 - \$0 Copay	PV
<i>pfizer-biontech covid-19 vacc</i>	T6 - \$0 Copay	PV
<i>prehevbrio</i>	T6 - \$0 Copay	QL (3 doses per 1 lifetime); AL (Min 18 Years)
RABAVERT	T6 - \$0 Copay	PV
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 Doses per 1 Lifetime)
ROTARIX	T6 - \$0 Copay	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 50 Years)
SPIKEVAX COVID-19 VACCINE	T6 - \$0 Copay	
<i>stamaril</i>	T9	
TICOVAC	T9	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
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TERAZOL 7	T3	
<i>terconazole vaginal cream 0.4 %</i>	T1	

Medication	Coverage Level	Restrictions
<i>terconazole vaginal suppository</i>	T1	
*Miscellaneous Vaginal Products***		
INTRAROSA	T3	PA
*Spermicides***		
OPTIONS GYNOL II CONTRACEPTIVE	T3	PV
TODAY SPONGE	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T3	PV
*Vaginal Anti-Infectives***		
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CLEOCIN VAGINAL SUPPOSITORY	T9	
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE	T3	ST
METROGEL-VAGINAL	T3	
<i>metronidazole vaginal</i>	T1	
NUVESSA	T9	
VANDAZOLE	T1	
*Vaginal Contraceptive Ph Modulator - Combinations***		
PHEXXI	T3	QL (12 tubes per 30 days)
*Vaginal Estrogens***		
ESTRACE VAGINAL	T9	
<i>estradiol vaginal cream</i>	T1	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1	
ESTRING	T3	
FEMRING	T3	
IMVEXXY MAINTENANCE PACK	T3	PA; QL (8 inserts per 28 days)
IMVEXXY STARTER PACK	T3	PA; QL (18 inserts per 360 days)
PREMARIN VAGINAL	T3	ST
VAGIFEM VAGINAL TABLET 10 MCG	T3	
YUVAFEM	T1	
*Vaginal Progestins***		
CRINONE	T9	
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
Vasopressors		
*Anaphylaxis Therapy Agents***		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 Days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 30 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
<i>droxidopa oral capsule 100 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill.); QL (180 capsules per 30 days)
NORTHERA ORAL CAPSULE 100 MG	T9	SP ()
NORTHERA ORAL CAPSULE 200 MG, 300 MG	T9	
*Vasopressors***		
<i>midodrine hcl</i>	T1	
Vitamins		
*Paba***		
POTABA ORAL CAPSULE	T9	
*Vitamin B-3***		
<i>niacin oral tablet 500 mg</i>	T9	
*Vitamin D***		
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1	
DRISDOL ORAL CAPSULE	T3	
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	T9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1	PV; AL (Min 65 Years)
<i>vitamin d3 oral liquid 400 unit/ml</i>	T1	PV; AL (Min 65 Years)
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1	PV; AL (Min 65 Years)

Medication	Coverage Level	Restrictions
*Vitamin K**		
MEPHYTON	T3	QL (3 tablets per 30 days)
<i>phytonadione oral</i>	T1	QL (3 tablets per 30 Days)

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FLUAD QUADRIVALENT	168	<i>folplex 2.2</i>	122	GALZIN	137
FLUARIX QUADRIVALENT	168	FOLTABS PRENATAL	143	<i>ganirelix acetate</i>	108
FLUBLOK QUADRIVALENT ...	168	FOLTANX	105	GARDASIL 9	168
FLUCELVAX		FOLTRATE	121	GASTROCROM	114
QUADRIVALENT	168	FOLTIX	105	<i>gatifloxacin</i>	150
<i>fluconazole</i>	41	<i>fondaparinux sodium</i>	24	<i>gavilax</i>	127
<i>fludrocortisone acetate</i>	85	FORA 6 CONNECT	104	GAVILYTE-G	127
FLULAVAL QUADRIVALENT ...	168	FORFIVO XL	30	GAVILYTE-N WITH FLAVOR	
FLUMIST QUADRIVALENT	168	<i>formoterol fumarate</i>	21	PACK	127
<i>flunisolide</i>	147	FORTAMET	33	GAVRETO	56
<i>fluocinolone acetonide</i>	95	FORTAVIT	142	GEBAUERS PAIN EASE	102
<i>fluocinolone acetonide body</i>	95	FORTEO	110	GEBAUERS SPRAY AND	
<i>fluocinolone acetonide scalp</i>	95	FORTESTA	16	STRETCH	102
<i>fluocinonide</i>	96	FORTISCARE G1 TEST STRIP		GELCLAIR	140
<i>fluocinonide emulsified base</i>	96	104	GELFOAM COMPRESSED	
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RELIEF	140	FOSAMAX PLUS D	107	GELFOAM-JMI SPONGE	125
<i>fluorometholone</i>	152	<i>fosamprenavir calcium</i>	67	GELNIQUE	167
FLUOROPLEX	92	<i>fosfomycin tromethamine</i>	50	<i>gemfibrozil</i>	44
<i>fluorouracil</i>	92	<i>fosinopril sodium</i>	46	GEMMILY	79
<i>fluoxetine hcl</i>	30	<i>fosinopril sodium-hctz</i>	45	GEMTESA	167
<i>fluoxetine hcl (padded)</i>	158	FOSRENOL	116	GENERESS FE	79
<i>fluphenazine hcl</i>	64	FOTIVDA	56	<i>generlac</i>	116
<i>flurandrenolide</i>	96	FRAGMIN	24	GENGRAF	137
<i>flurazepam hcl</i>	126	FREEDOM DERMA-D	154	GENOTROPIN	108
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<i>flutamide</i>	52	FREESTYLE INSULINX TEST	104	<i>gentamicin sulfate</i>	90, 150
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<i>fluticasone propionate hfa</i>	23	FREESTYLE LIBRE 14 DAY		GEODON	62
<i>fluticasone-salmeterol</i>	20	SENSOR	131	GERI-HYDROLAC 12	98
<i>fluvastatin sodium</i>	44	FREESTYLE LIBRE 2		GERI-HYDROLAC 5	98
<i>fluvastatin sodium er</i>	44	READER	131	GILDESS FE 1.5/30	79

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GIMOTI	114	<i>griseofulvin ultramicrosize</i>	40	<i>hm milk of magnesia</i>	128
GLEEVEC	53	<i>guaifenesin</i>	86	<i>hm nicotine</i>	159
GLEOSTINE	59	<i>guaifenesin-codeine</i>	85	<i>hm nicotine polacrilex</i>	159
<i>glimepiride</i>	38	<i>guaifenesin-dm</i>	85	HOMATROPAIRE	149
<i>glipizide</i>	38	<i>guanfacine hcl</i>	48	HORIZANT	158
<i>glipizide er</i>	38	<i>guanfacine hcl er</i>	3	HUMALOG	34
<i>glipizide xl</i>	38	GVOKE HYPOPEN 1-PACK	33	HUMALOG JUNIOR	
<i>glipizide-metformin hcl</i>	38	GVOKE HYPOPEN 2-PACK	33	KWIKPEN	34
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GLUCAGEN HYPOKIT	33	GVOKE PFS	33	HUMALOG MIX 50/50	35
<i>glucagon emergency</i>	33	GYNAZOLE-1	169	HUMALOG MIX 50/50	
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GLUCOCARD EXPRESSION		HAILEY FE 1.5/30	79	HUMALOG MIX 75/25	
TEST	104	HAILEY FE 1/20	79	KWIKPEN	35
GLUCOCARD VITAL TEST	104	<i>hair regrowth treatment men</i>	103	HUMALOG TEMPO PEN	35
GLUCOCARD X-SENSOR	104	HALCION	126	HUMATROPE	108
GLUCOPHAGE	33	<i>halobetasol propionate</i>	96	HUMULIN 70/30	35
GLUCOPHAGE XR	33	HALOG	96	HUMULIN 70/30 KWIKPEN	35
GLUCOTROL	38	<i>haloperidol</i>	63	HUMULIN N	35
GLUCOTROL XL	38	<i>haloperidol lactate</i>	63	HUMULIN N KWIKPEN	35
GLUMETZA	33	HARMONY BLOOD		HUMULIN R	35
<i>glyburide</i>	38	GLUCOSE TEST	104	HUMULIN R U-500	
<i>glyburide micronized</i>	38	HARVONI	70	(CONCENTRATED)	35
<i>glyburide-metformin</i>	38	HAVRIX	169	HUMULIN R U-500 KWIKPEN ..	35
GLYCATÉ	166	HEATHER	83	HYCANTIN	60
GLYCOLAX	128	HEMADY	84	HYCODAN	85
<i>glycopyrrolate</i>	166	HEMANGEOL	72	<i>hydralazine hcl</i>	49
GLYDO	99	<i>hematinic plus vit/minerals</i>	123	HYDREA	57
GLYNASE	38	<i>hematinic/folic acid</i>	124	<i>hydrochlorothiazide</i>	106
GLYSET	33	HEMATOGEN	123	<i>hydrocod polst-cpm polst er</i>	86
GLYXAMBI	37	HEMATOGEN FA	124	<i>hydrocodone bitartrate er</i>	13
GNP CLEARLAX	128	HEMATOGEN FORTE	124	<i>hydrocodone bit-homatrop mbr</i> ..	85
<i>gnp folic acid</i>	123	HEMATRON	124	<i>hydrocodone/acetaminophen</i>	12
<i>gnp laxative</i>	129	HEMATRON-AF	124	<i>hydrocodone-acetaminophen</i>	12
<i>gnp milk of magnesia</i>	128	HEMAX	124	<i>hydrocodone-homatropine</i>	85
<i>gnp nicotine</i>	159	HEMAX EZY-DOSE	124	<i>hydrocodone-ibuprofen</i>	12
<i>gnp nicotine mini</i>	159	<i>hemetab</i>	125	<i>hydrocortisone</i>	16, 84, 96
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GOLYTELY	127	<i>hemocyte-plus</i>	124	<i>hydrocortisone butyrate</i>	96
GONAL-F	110	HEMOFIL M	119	<i>hydrocortisone valerate</i>	96
GONAL-F RFF	110	<i>heparin sodium (porcine)</i>	23	<i>hydrocortisone-iodoquinol</i>	91
GONAL-F RFF REDIRECT	110	HEPLISAV-B	169	HYDROFERA BLUE FOAM	
GONITRO	17	HEPSERA	70	DRESSING	103
<i>goodsense aspirin</i>	11	HETLIOZ	127	<i>hydromet</i>	85
GOODSENSE CLEARLAX	128	HETLIOZ LQ	127	<i>hydromorphone hcl</i>	13
<i>goodsense milk of magnesia</i>	128	HIBERIX	167	<i>hydromorphone hcl er</i>	13
<i>goodsense nicotine</i>	159	HIDEX 6-DAY	84	<i>hydroquinone</i>	97
GRALISE	158	HISTEX-AC	86	<i>hydroxychloroquine sulfate</i>	51
<i>granisetron hcl</i>	39	HM CLEARLAX	128	<i>hydroxyurea</i>	57
GRASTEK	6	<i>hm laxative</i>	129	<i>hydroxyzine hcl</i>	18

<i>hydroxyzine pamoate</i>	18	INPEN 100-BLUE-NOVO	132	ISIBLOOM	79
HYFTOR	100	INPEN 100-BLUE-NOVOLOG- FIASP	132	<i>isoniazid</i>	52
HYLATOPIC PLUS	100	INPEN 100-GRAY-LILLY	132	ISOPTO ATROPINE	149
HYOPHEN	51	INPEN 100-GREY-LILLY- HUMALOG	132	ISOPTO CARPINE	149
<i>hyoscyamine sulfate</i>	164	INPEN 100-GREY-NOVO	132	ISORDIL TITRADOSE	17
<i>hyoscyamine sulfate er</i>	164	INPEN 100-GREY-NOVOLOG- FIASP	132	<i>isosorb dinitrate-hydralazine</i>	75
HYPERSAL	86	INPEN 100-PINK-LILLY	132	<i>isosorbide dinitrate</i>	18
HYPOLANCE AST LANCING	131	INPEN 100-PINK-LILLY- HUMALOG	132	<i>isosorbide mononitrate</i>	18
HYSINGLA ER	13	INPEN 100-PINK-NOVO	132	<i>isosorbide mononitrate er</i>	18
HYZAAR	47	INPEN 100-PINK-NOVOLOG- FIASP	132	<i>isotretinoin</i>	90
<i>ibandronate sodium</i>	107	INQOVI	57	<i>isradipine</i>	73
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IBUDONE	12	INSPIRA	49	ISTURISA	107
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<i>ibuprofen-famotidine</i>	9	<i>insulin aspart</i>	35	<i>ivermectin</i>	17, 101
ICAR-C PLUS	124	<i>insulin aspart flexpen</i>	35	IXIARO	169
<i>icatibant acetate</i>	120	<i>insulin aspart penfill</i>	35	JADENU SPRINKLE	39
ICLEVIA	82	<i>insulin aspart prot & aspart</i>	35	JAIMIESS	82
<i>icosapent ethyl</i>	43	<i>insulin degludec</i>	35	JALYN	118
IDHIFA	58	<i>insulin degludec flextouch</i>	35	<i>janssen covid-19 vaccine</i>	169
IFEREX 150 FORTE	124	<i>insulin glargine-yfgn</i>	35	JANTOVEN	23
ILEVRO	151	<i>insulin lispro</i>	35	JANUMET	34
<i>imatinib mesylate</i>	53	<i>insulin lispro (1 unit dial)</i>	35	JANUMET XR	34
IMCIVREE	5	<i>insulin lispro junior kwikpen</i>	35	JANUVIA	33
<i>imipramine hcl</i>	32	<i>insulin lispro prot & lispro</i>	35	JARDIANCE	37
<i>imipramine pamoate</i>	32	INTEGRA F	124	JASMIEL	79
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<i>imiquimod pump</i>	99	INTELENCE	68	JAVYGTOR	110
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IMPEKLO	96	INVELTYS	152	JORNAY PM	5
IMPOYZ	96	INVIRASE	67	JUBLIA	98
IMURAN	139	INVOKAMET	37	JULEBER	79
IMVEXXY MAINTENANCE PACK	170	INVOKAMET XR	37	JULUCA	65
IMVEXXY STARTER PACK	170	INVOKANA	37	JUNEL 1.5/30	79
INATAL GT	143	<i>iodoquimez-hc</i>	91	JUNEL 1/20	79
INBRIJA	60	IOPIDINE	152	JUNEL FE 1.5/30	79
INCASSIA	83	IPOL	169	JUNEL FE 1/20	79
INCRELEX	109	<i>ipratropium bromide</i>	21, 147	JUNEL FE 24	79
INCRUSE ELLIPTA	21	<i>ipratropium-albuterol</i>	20	JUST RIGHT 5000	140
<i>indapamide</i>	106	<i>irbesartan</i>	47	JUXTAPID	45
INDERAL LA	72	<i>irbesartan-hydrochlorothiazide</i> ...	47	JYNNEOS	169
INDERAL XL	72	IRESSA	54	KADIAN	13
INDOCIN	9	<i>iron supplement childrens</i>	125	KAITLIB FE	79
<i>indomethacin</i>	9	IROSPAN 24/6	124	KALBITOR	120
<i>indomethacin er</i>	9	ISENTRESS	66	KALETRA	65
INNOPRAN XL	72	ISENTRESS HD	66	KALLIGA	79
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INPEN 100-BLUE-LILLY- HUMALOG	132			KAPSPARGO SPRINKLE	72
				KAPVAY	3
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				KARIVA	77

KATERZIA	73	<i>labetalol hcl</i>	72	<i>levalbuterol hcl</i>	21
KAZANO	34	LAC-HYDRIN	98	<i>levalbuterol tartrate hfa</i>	21
KEFLEX	77	<i>lacosamide</i>	26	<i>levamlodipine maleate</i>	73
KELNOR 1/35	79	LACRISERT	148	LEVAQUIN	113
KELNOR 1/50	79	<i>lactic acid</i>	98	LEVEMIR	35
KELO-COTE	101	<i>lactic acid e</i>	97	LEVEMIR FLEXTOUCH	35
KENALOG	96	<i>lactulose</i>	128	<i>levetiracetam</i>	26
KEPPRA	26	LAGEVRIO	71	<i>levetiracetam er</i>	26
KEPPRA XR	26	LAMICTAL	26	LEVITRA	76
KERALAC	97	LAMICTAL ODT	26	<i>levobunolol hcl</i>	148
KERALYT	99	LAMICTAL STARTER	26	<i>levocarnitine</i>	107
KERENDIA	110	LAMICTAL XR	26	<i>levocarnitine sf</i>	107
KERYDIN	100	LAMISIL	40	<i>levocetirizine dihydrochloride</i>	42
<i>ketamine hcl</i>	117	<i>lamivudine</i>	69, 70	<i>levofloxacin</i>	113, 150
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<i>ketoprofen er</i>	9	<i>lamotrigine</i>	26	<i>levonorgest-eth est & eth est</i>	82
<i>ketorolac tromethamine</i> ..	9, 10, 151	<i>lamotrigine er</i>	26	<i>levonorgest-eth estrad 91-day</i>	82
KETOSTIX	104	<i>lamotrigine starter kit-blue</i>	26	<i>levonorgestrel</i>	82
<i>ketotifen fumarate</i>	149	<i>lamotrigine starter kit-green</i>	26	<i>levonorgestrel-ethinyl estrad</i> 79, 81	
<i>kimono</i>	130	<i>lamotrigine starter kit-orange</i>	26	<i>levonorg-eth estrad triphasic</i>	83
<i>kimono micro thin</i>	130	<i>lamotrigine titration</i>	26	LEVORA 0.15/30 (28)	79
KINERET	9	LAMPIT	49	<i>levorphanol tartrate</i>	13
KINRIX	164	LANOXIN	74, 75	LEVO-T	163
KIONEX	139	<i>lanreotide acetate</i>	111	<i>levothyroxine sodium</i>	163
KISQALI FEMARA (400 MG DOSE)	57	<i>lansoprazole</i>	165	LEVOXYL	163
KISQALI FEMARA (600 MG DOSE)	57	<i>lanthanum carbonate</i>	116, 117	LEVSIN	164
KISQALI FEMARA(200 MG DOSE)	57	LANTUS	35	LEVSIN/SL	164
KITABIS PAK	8	LANTUS SOLOSTAR	35	LEXAPRO	30
KLARON	87	<i>lapatinib ditosylate</i>	56	LEXIVA	67
KLISYRI	100	LARIN 1.5/30	79	LIALDA	115
KLONOPIN	24	LARIN 1/20	79	LIBRAX	164
KLOR-CON	136	LARIN 24 FE	79	LICART	91
KLOR-CON 10	136	LARIN FE 1.5/30	79	<i>lidocaine</i>	99
KLOR-CON M10	136	LARIN FE 1/20	79	<i>lidocaine hcl</i>	99
KLOR-CON M15	136	LARISSIA	79	<i>lidocaine viscous</i>	139
KLOR-CON M20	136	LASIX	106	<i>lidocaine-hydrocortisone ace</i>	17
KLOR-CON/EF	136	LASTACFT	149	<i>lidocaine-prilocaine</i>	102
KLOXXADO	39	<i>latanoprost</i>	153	LIDODERM	99
KLS QUIT2	159	LATISSE	101	<i>lidopin</i>	99
KLS QUIT4	159	LATUDA	62	<i>lidopril</i>	102
KOATE	119	<i>laxative</i>	129	<i>lidorx</i>	99
<i>kobee</i>	141	<i>laxative polyethylene glycol</i>	128	LIDOTRANS 5 PAK	102
KOMBIGLYZE XR	34	LAYOLIS FE	79	LILLOW	79
KORLYM	37	LAZANDA	13	<i>lindane</i>	101
K-PHOS-NEUTRAL	136	<i>ledipasvir-sofosbuvir</i>	70	<i>linezolid</i>	50
<i>kpn prenatal</i>	143	LEENA	83	LINZESS	114
KRINTAFEL	51	<i>leflunomide</i>	10	<i>liothyronine sodium</i>	163
KRISTALOSE	128	<i>lenalidomide</i>	138	LIPITOR	44
K-TAB	136	LESCOL XL	44	LIPOFEN	44
KURVELO	79	LESSINA	79	<i>lisinopril</i>	46
KUVAN	110	LETAIRIS	75	<i>lisinopril-hydrochlorothiazide</i>	45
KYNMOBI	61	<i>letrozole</i>	58	<i>lithium</i>	62
		<i>leucovorin calcium</i>	58	<i>lithium carbonate</i>	62
		LEUKERAN	59	<i>lithium carbonate er</i>	62
		<i>leuprolide acetate</i>	58	LITHOBID	62

LITHOSTAT	118	LO-ZUMANDIMINE	80	MAXIDEX	152
LIVALO	44	<i>lubiprostone</i>	114	MAXITROL	152
LIVIXIL PAK	102	LUCEMYRA	155	<i>maxi-tuss cd</i>	86
LIVMARLI	115	LUDENT	136	MAXZIDE	106
LIVTENCITY	69	<i>luliconazole</i>	98	MAXZIDE-25	106
<i>l-leucine</i>	148	LUMIGAN	153	<i>meclizine hcl</i>	40
<i>l-methylfolate-b6-b12</i>	105	LUNESTA	126	<i>meclofenamate sodium</i>	10
LO LOESTRIN FE	77	LUTERA	80	MEDROL	84
LOCOID	96	LUXAMEND	103	<i>medroxyprogesterone acetate</i>	
LOCOID LIPOCREAM	96	LUXIQ	96	82, 155
LODOSYN	60	LUZU	98	<i>mefenamic acid</i>	10
LOESTRIN 1.5/30 (21)	79	LYBALVI	160	<i>mefloquine hcl</i>	51
LOESTRIN FE 1.5/30	79	LYLEQ	83	MEGACE ES	155
LOESTRIN FE 1/20	79	LYLLANA	113	<i>megestrol acetate</i>	59, 155
LOFENA	10	LYMEPAK	162	MELODETTA 24 FE	80
LOJAIMIESS	82	LYRICA	26	<i>meloxicam</i>	10
LOKELMA	139	LYRICA CR	158	<i>melphalan</i>	59
LOMAIRA	5	LYSIPLEX PLUS	142	<i>memantine hcl</i>	157, 158
LOMOTIL	39	LYSODREN	52	<i>memantine hcl er</i>	157
LONHALA MAGNAIR REFILL		LYSTEDA	125	MENACTRA	167
KIT	21	LYUMJEV	35	MENEST	113
LONHALA MAGNAIR		LYUMJEV KWIKPEN	35	MENOPUR	110
STARTER KIT	21	LYUMJEV TEMPO PEN	35	MENOSTAR	113
<i>loperamide hcl</i>	39	LYVISPAH	146	MENQUADFI	167
LOPID	44	LYZA	83	MENTAX	91
<i>lopinavir-ritonavir</i>	65	<i>maca</i>	8	MENVEO	167
LOPRESSOR	72	MACROBID	51	<i>meperidine hcl</i>	13
LOPRESSOR HCT	48	MACRODANTIN	51	MEPHYTON	172
LOPROX	91	<i>macuvex</i>	105	<i>meprobamate</i>	18
<i>loratadine</i>	42	<i>macuzin</i>	105	MEPRON	49
<i>loratadine-d 24hr</i>	86	<i>mafenide acetate</i>	94	<i>mercaptopurine</i>	53
<i>lorazepam</i>	19	MAGNEBIND 400	136	<i>mesalamine</i>	115, 116
LORAZEPAM INTENSOL	19	<i>magnesium citrate</i>	128	<i>mesalamine er</i>	115
LOREEV XR	19	MALARONE	51	MESNEX	60
LORTAB	12	<i>malathion</i>	101	MESTINON	51
LORYNA	79	<i>maprotiline hcl</i>	30	METADATE ER	5
LORZONE	146	<i>maraviroc</i>	66	METAFOLBIC PLUS	105
<i>losartan potassium</i>	47	MARINOL	40	<i>metaproterenol sulfate</i>	21
<i>losartan potassium-hctz</i>	47	<i>marlissa</i>	80	<i>metaxalone</i>	146
LOSEASONIQUE	82	MARPLAN	30	<i>metformin hcl</i>	33
LOTEMAX	152	MATULANE	58	<i>metformin hcl er</i>	33
LOTEMAX SM	152	MATZIM LA	73	<i>metformin hcl er (mod)</i>	33
LOTENSIN	46	MAVENCLAD (10 TABS)	156	<i>methadone hcl</i>	13
LOTENSIN HCT	45	MAVENCLAD (4 TABS)	156	METHADONE HCL INTENSOL	13
<i>loteprednol etabonate</i>	152	MAVENCLAD (5 TABS)	156	METHADOSE	13
LOTREL	45	MAVENCLAD (6 TABS)	156	<i>methamphetamine hcl</i>	4
LOTRIMIN AF	98	MAVENCLAD (7 TABS)	156	<i>methaver</i>	105
LOTRISONE	91	MAVENCLAD (8 TABS)	156	<i>methazel</i>	105
LOTRONEX	115	MAVENCLAD (9 TABS)	156	<i>methazolamide</i>	105
<i>lovastatin</i>	44	MAVIK	46	<i>methenamine hippurate</i>	51
LOVAZA	43	MAVYRET	70	METHERGINE	154
LOVENOX	24	MAXALT	135	<i>methimazole</i>	162
LOW-OGESTREL	80	MAXALT-MLT	135	<i>methitest</i>	16
<i>loxapine succinate</i>	63	MAXARON FORTE	124	<i>methocarbamol</i>	146
LOYON	100	MAXFE	124	<i>methotrexate</i>	53

<i>methotrexate sodium</i>	53	<i>minocycline hcl</i>	162	MULPLETA	125
<i>methoxsalen rapid</i>	92	<i>minocycline hcl er</i>	162	MULTAQ	19
<i>methscopolamine bromide</i>	166	MINOLIRA	162	MULTIGEN FOLIC	124
<i>methyldopa</i>	48	<i>minoxidil</i>	49	MULTIGEN PLUS	124
<i>methyldopa-hydrochlorothiazide</i>	46	<i>minoxidil for men</i>	103	<i>multi-vit/fluoride</i>	142
<i>methylergonovine maleate</i>	154	MIRALAX	128	<i>multivitamin/fluoride</i>	143
METHYLIN	5	MIRAPEX	61	<i>multivitamins</i>	142
<i>methylphenidate</i>	6	MIRAPEX ER	61	<i>multivitamins pediatric</i>	142
<i>methylphenidate hcl</i>	6	MIRCERA	122	<i>multivitamins/fluoride</i>	143
<i>methylphenidate hcl er</i>	6	MIRCETTE	77	<i>mupirocin</i>	90
<i>methylphenidate hcl er (cd)</i>	6	<i>mirtazapine</i>	29	<i>mupirocin calcium</i>	90
<i>methylphenidate hcl er (la)</i>	6	MIRVASO	101	MUSE	75
<i>methylphenidate hcl er (osm)</i>	6	<i>misoprostol</i>	166	M-VIT	143
<i>methylphenidate hcl er (xr)</i>	6	MITIGARE	119	MY CHOICE	82
<i>methylprednisolone</i>	84	M-M-R II	168	MY WAY	82
<i>methyltestosterone</i>	16	MOBIC	10	MYALEPT	109
<i>metoclopramide hcl</i>	114	<i>modafinil</i>	6	MYCAPSSA	111
<i>metolazone</i>	106	<i>moderna covid-19 bival booster</i>	169	MYCOBUTIN	52
<i>metoprolol succinate er</i>	72	<i>moderna covid-19 vac (booster)</i>	169	<i>mycophenolate mofetil</i>	138
<i>metoprolol tartrate</i>	72	<i>moderna covid-19 vacc 6-11y.</i>	169	<i>mycophenolate sodium</i>	138
<i>metoprolol-hctz er</i>	48	<i>moderna covid-19 vacc 6m-5y.</i>	169	MYDAYIS	3
<i>metoprolol-hydrochlorothiazide</i>	48	<i>moderna covid-19 vaccine</i>	169	MYFEMBREE	112
METROCREAM	101	<i>moexipril hcl</i>	46	<i>myferon 150 forte</i>	124
METROGEL	101	<i>molnupiravir</i>	71	MYFORTIC	138
METROGEL-VAGINAL	170	<i>mometasone furoate</i>	96, 147	MYLERAN	52
METROLOTION	101	MONDOXYNE NL	162	MYNATAL	143
<i>metronidazole</i>	49, 101, 170	MONOJECT MAGELLAN SYRINGE	132	<i>mynatal plus</i>	143
<i>metronidazole benzoate</i>	77	MONOJECT PISTON SYRINGE	132	<i>mynatal-z</i>	143
<i>metyrosine</i>	46	MONOJECT SYRINGE	132	<i>mynate 90 plus</i>	143
<i>mexiletine hcl</i>	19	MONOJECT SYRINGE LUER- LOCK TIP	132	<i>mynephrocaps</i>	141
MIACALCIN	107	MONO-LINYAH	80	MYNEPHRON	141
MIBELAS 24 FE	80	MONONINE	120	MYORISAN	90
MICARDIS	47	<i>montelukast sodium</i>	22	MYRBETRIQ	167
MICARDIS HCT	47	MONUROL	51	MYSOLINE	26
MICRODOT TEST	104	MORGIDOX	162	MYTESI	38
MICROGESTIN 1.5/30	80	MORPHABOND ER	13	<i>na sulfate-k sulfate-mg sulf</i>	127
MICROGESTIN 1/20	80	<i>morphine sulfate</i>	14	<i>nabumetone</i>	10
MICROGESTIN 24 FE	80	<i>morphine sulfate (concentrate)</i>	13	<i>nadolol</i>	72
MICROGESTIN FE 1.5/30	80	<i>morphine sulfate er</i>	14	<i>nadolol-bendroflumethiazide</i>	48
MICROGESTIN FE 1/20	80	<i>morphine sulfate er beads</i>	13	<i>naftifine hcl</i>	91
<i>midazolam hcl</i>	126	MOTEGRITY	114	NAFTIN	91
<i>midodrine hcl</i>	171	MOUNJARO	36	NALFON	10
MIGERGOT	134	MOVANTIK	116	<i>naloxone hcl</i>	39
<i>miglustat</i>	121	MOVIPREP	127	<i>naltrexone hcl</i>	39
MIGRANAL	134	MOXEZA	150	NAMENDA	158
MILI	80	<i>moxifloxacin hcl</i>	113, 150	NAMENDA TITRATION PAK	158
<i>milk of magnesia</i>	128	<i>moxifloxacin hcl (2x day)</i>	150	NAMENDA XR	158
MILLIPRED	84	MS CONTIN	14	NAMENDA XR TITRATION PACK	158
MIMVEY	112	MUCOSITISRX	140	NAMZARIC	155
MIMVEY LO	112	MUGARD	140	NAPHCON-A	151
MINASTRIN 24 FE	80			NAPRELAN	10
MINIPRESS	48			NAPROSYN	10
MINITRAN	18			<i>naproxen</i>	10
MINIVELLE	113			<i>naproxen sodium</i>	10
MINOCIN	162				

<i>naproxen sodium er</i>	10	NEXLETOL	43	<i>norethindrone-eth estradiol</i>	112
<i>naproxen-esomeprazole</i>	9	NEXLIZET	43	<i>norethindron-ethinyl estrad-fe</i>	83
<i>naproxen-esomeprazole mg</i>	9	NEXTSTELLIS	80	<i>norethin-eth estradiol-fe</i>	80
<i>naratriptan hcl</i>	135	<i>niacin</i>	171	<i>norgesic forte</i>	146
NARCAN	39	<i>niacin er (antihyperlipidemic)</i>	45	<i>norgestimate-eth estradiol</i>	80, 83
NARDIL	30	NIACOR	45	<i>norgestim-eth estrad triphasic</i>	83
NASACORT ALLERGY 24HR	147	NIASPAN	45	NORITATE	101
NASCOBAL	121	NICADAN	142	NORLIQVA	74
NASONEX	147	<i>nicardipine hcl</i>	74	NORLYDA	83
NATACHEW	143	NICAZEL	142	NORPACE	19
NATACYN	150	NICAZEL FORTE	142	NORPACE CR	19
NATALVIRT FLT	125	NICODERM CQ	159	NORPRAMIN	32
NATAZIA	82	NICOMIDE	142	NORTHERA	171
<i>nateglinide</i>	37	NICORETTE	159	NORTREL 0.5/35 (28)	80
NATESTO	16	<i>nicotine</i>	159	NORTREL 1/35 (21)	80
NATPARA	110	<i>nicotine mini</i>	159	NORTREL 1/35 (28)	80
NATROBA	101	<i>nicotine polacrilex</i>	159	NORTREL 7/7/7	83
NAYZILAM	24	NICOTROL	159	<i>nortriptyline hcl</i>	32
<i>nebivolol hcl</i>	72	NICOTROL NS	159	NORVASC	74
NEBUPENT	49	NIFEDICAL XL	74	NORVIR	67
NECON 0.5/35 (28)	80	<i>nifedipine</i>	74	NOURIANZ	60
NEEVO DHA	143	<i>nifedipine er osmotic release</i>	74	NOVACORT	102
<i>nefazodone hcl</i>	31	NIKKI	80	NOVAREL	110
<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	150	<i>nilutamide</i>	52	<i>novavax covid-19 vaccine</i>	169
<i>neomycin-polymyxin-dexameth</i>	152	<i>nimodipine</i>	74	NOVOFINE	132
<i>neomycin-polymyxin-gramicidin</i>	150	<i>nisoldipine er</i>	74	NOVOFINE AUTOCOVER	132
<i>neomycin-polymyxin-hc</i>	153	<i>nitazoxanide</i>	50	NOVOFINE AUTOCOVER PEN NEEDLE	132
<i>neonatal + dha</i>	145	<i>nitisinone</i>	109	NOVOFINE PEN NEEDLE	132
<i>neonatal complete</i>	143	NITRO-BID	18	NOVOFINE PLUS	132
NEONATAL PLUS	143	NITRO-DUR	18	NOVOFINE PLUS PEN NEEDLE	132
NEORAL	137	<i>nitrofurantoin</i>	51	NOVOLIN 70/30	36
NEOSALUS	100	<i>nitrofurantoin macrocrystal</i>	51	NOVOLIN 70/30 FLEXPEN	36
NEO-SYNALAR	90	<i>nitroglycerin</i>	18	NOVOLIN N	36
NEPHPLEX RX	141	<i>nitroglycerin er</i>	18	NOVOLIN N FLEXPEN	36
NEPHRON FA	124	NITROLINGUAL	18	NOVOLIN R	36
NEPHRO-VITE RX	141	NITROMIST	18	NOVOLIN R FLEXPEN	36
NESINA	34	NITROSTAT	18	NOVOLOG	36
NESTABS	143	NITRO-TIME	18	NOVOLOG FLEXPEN	36
NESTABS ABC	144	NITYR	109	NOVOLOG MIX 70/30	36
NESTABS DHA	143	NIVA-FOL	105	NOVOLOG MIX 70/30 FLEXPEN	36
NEUAC	88	NIVA-PLUS	143	NOVOLOG PENFILL	36
NEUPRO	61	NIVATOPIC PLUS	100	NOXAFIL	41
<i>neurin-sl</i>	121	<i>nizatidine</i>	165	<i>noxifol-d</i>	122
NEURONTIN	26	NIZORAL	98	NP THYROID	163
NEVANAC	151	NOBLE FORMULA HC	96	NUCALA	22
<i>nevirapine</i>	68	NOC DURNA	112	NUCORT	96
<i>nevirapine er</i>	68	NOCTIVA	112	NUCYNTA	14
NEW DAY	82	NORA-BE	83	NUCYNTA ER	14
NEXA PLUS	145	NORCO	12	NUEDEXTA	158
NEXAVAR	56	NORDITROPIN FLEXPEN	108	NUFERA	124
NEXICLON XR	48	<i>norethin ace-eth estrad-fe</i>	80	NULEV	164
NEXIUM	165	<i>norethindrone</i>	83	NULYTELY LEMON-LIME	127
NEXIUM 24HR	165	<i>norethindrone acetate</i>	155		
		<i>norethindrone acet-ethinyl est</i>	80		

NUPLAZID	62	ONGENTYS	61	OXANDRIN	16
NURTEC	133	ONGLYZA	34	<i>oxandrolone</i>	16
NUTROPIN AQ NUSPIN 10	108	ONZETRA XSAIL	135	<i>oxaprozin</i>	10
NUTROPIN AQ NUSPIN 20	108	OPCICON ONE-STEP	82	OXAYDO	14
NUTROPIN AQ NUSPIN 5	108	<i>opium</i>	39	<i>oxazepam</i>	19
NUVAIL	100	OPSUMIT	75	OXBRYTA	123
NUVARING	81	OPTICHAMBER		<i>oxcarbazepine</i>	26
NUVESSA	170	ADVANTAGE-LG MASK	133	<i>oxiconazole nitrate</i>	98
NUVIGIL	6	OPTICHAMBER		OXISTAT	98
NUZYRA	161	ADVANTAGE-MED MASK	133	OXTELLAR XR	26
NYAMYC	91	OPTICHAMBER		<i>oxybutynin chloride</i>	167
NYLIA 1/35	80	ADVANTAGE-SM MASK	133	<i>oxybutynin chloride er</i>	167
NYLIA 7/7/7	83	OPTICHAMBER DIAMOND	133	<i>oxycodone hcl</i>	14
NYMALIZE	74	OPTICHAMBER FACE MASK-		<i>oxycodone hcl er</i>	14
NYMYO	80	LARGE	133	<i>oxycodone-acetaminophen</i>	15
<i>nystatin</i>	40, 91, 139	OPTICHAMBER FACE MASK-		OXYCONTIN	14
<i>nystatin-triamcinolone</i>	91	MEDIUM	133	<i>oxymorphone hcl</i>	14
NYSTOP	91	OPTICHAMBER FACE MASK-		<i>oxymorphone hcl er</i>	14
NYVEPRIA	123	SMALL	133	OXYTROL	167
O-CAL FA	143	OPTION 2	82	OZEMPIC (0.25 OR 0.5	
OCELLA	80	OPTIONS GYNOL II		MG/DOSE)	36
<i>octreotide acetate</i>	111	CONTRACEPTIVE	170	OZEMPIC (1 MG/DOSE)	36
OCUFLOX	150	OPZELURA	93	OZEMPIC (2 MG/DOSE)	36
OCUVEL	142	ORACEA	101	OZOBAX	146
ODACTRA	7	ORACIT	118	PACERONE	19
ODEFSEY	65	<i>oral saline laxative kit</i>	128	PALFORZIA (12 MG DAILY	
ODOMZO	55	ORALAIR	7	DOSE)	7
OFEV	161	ORALONE	140	PALFORZIA (120 MG DAILY	
<i>ofloxacin</i>	113, 150, 153	ORAMAGICRX	140	DOSE)	7
OGIVRI	53	ORAPRED ODT	84	PALFORZIA (160 MG DAILY	
<i>olanzapine</i>	64	ORAVIG	140	DOSE)	7
<i>olanzapine-fluoxetine hcl</i>	160	ORFADIN	109	PALFORZIA (20 MG DAILY	
<i>olmesartan medoxomil</i>	47	ORIAHNN	112	DOSE)	7
<i>olmesartan medoxomil-hctz</i>	47	ORILISSA	108	PALFORZIA (200 MG DAILY	
<i>olmesartan-amlodipine-hctz</i>	47	ORKAMBI	160	DOSE)	7
<i>olopatadine hcl</i>	147, 149	<i>orlistat</i>	5	PALFORZIA (240 MG DAILY	
OLUMIANT	8	<i>orphenadrine citrate er</i>	146	DOSE)	7
OLUX	96	<i>orphenadrine-aspirin-caffeine</i> ...146		PALFORZIA (3 MG DAILY	
OLUX-E	96	ORPHENGESIC FORTE	146	DOSE)	7
OMECLAMOX-PAK	166	ORSYTHIA	80	PALFORZIA (300 MG	
<i>omega-3-acid ethyl esters</i>	43	<i>ortho df</i>	122	MAINTENANCE)	7
<i>omeprazole</i>	165, 166	ORTIKOS	85	PALFORZIA (300 MG	
<i>omeprazole-sodium</i>		<i>oscimin sr</i>	164	TITRATION)	7
<i>bicarbonate</i>	165	<i>oseltamivir phosphate</i>	71	PALFORZIA (40 MG DAILY	
OMNARIS	147	OSENI	34	DOSE)	7
OMNIPOD 5 G6 POD (GEN 5)	131	OSMOLEX ER	60	PALFORZIA (6 MG DAILY	
OMNIPOD DASH PODS (GEN		OSMOPREP	128	DOSE)	7
4)	131	OSPHENA	111	PALFORZIA (80 MG DAILY	
OMNITROPE	108	OTOVEL	154	DOSE)	7
<i>ondansetron</i>	39	OTREXUP	8	PALFORZIA INITIAL	
<i>ondansetron hcl</i>	39	OVACE PLUS	93	ESCALATION	7
ONETOUCH ULTRA BLUE	104	OVACE PLUS WASH	93	<i>paliperidone er</i>	62
ONETOUCH VERIO	104	OVACE WASH	93	PAMELOR	32
ONEXTON	88	OVIDE	101	PANCREAZE	105
ONFI	25	OVIDREL	110	PANDEL	97

<i>pantoprazole sodium</i>	166	<i>phendimetrazine tartrate</i>	5	<i>podocon</i>	99
<i>paregoric</i>	39	<i>phenelzine sulfate</i>	30	PODOCON-25	99
<i>paricalcitol</i>	109	<i>phenobarbital</i>	126	<i>podofilox</i>	99
PARLODEL	60	<i>phenoxybenzamine hcl</i>	46	<i>polyethylene glycol 3350</i>	128
PARNATE	30	<i>phentermine hcl</i>	5	<i>poly-iron 150 forte</i>	124
<i>paromomycin sulfate</i>	8	<i>phenylephrine hcl</i>	149	<i>polymyxin b-trimethoprim</i>	150
<i>paroxetine hcl</i>	31	PHENYTEK	28	POLYTRIM	150
<i>paroxetine hcl er</i>	31	<i>phenytoin</i>	28, 29	POMALYST	55
<i>paroxetine mesylate</i>	160	<i>phenytoin sodium extended</i>	29	PONVORY	159
PATADAY	149	PHEXXI	170	PONVORY STARTER PACK ..	159
PATANASE	147	PHILITH	80	PORTIA-28	80
PATANOL	149	PHLAG SPRAY	100	<i>posaconazole</i>	41
PAXIL	31	PHOSLO	117	<i>pot & sod cit-cit ac</i>	118
PAXIL CR	31	PHOSLYRA	117	POTABA	171
PAXLOVID	69	<i>phos-nak</i>	136	<i>potassium chloride</i>	136, 137
PAXLOVID (300/100)	69	PHOSPHA 250 NEUTRAL	136	<i>potassium chloride crys er</i>	136
PAZEO	150	<i>phosphate laxative</i>	128	<i>potassium chloride er</i>	136
<i>pb-hyoscy-atropine-</i> <i>scopolamine</i>	164	PHOSPHOLINE IODIDE	149	<i>potassium citrate er</i>	118
<i>pc pediatric iron drops</i>	125	<i>phytonadione</i>	172	<i>potassium citrate-citric acid</i>	118
PEDVAX HIB	167	PIFELTRO	68	<i>potassium iodide</i>	86
<i>peg 3350</i>	128	<i>pilocarpine hcl</i>	140, 149	PR BENZOYL PEROXIDE WASH	90
<i>peg 3350-kcl-na bicarb-nacl</i>	127	<i>pimecrolimus</i>	100	PR NATAL 400	144
<i>peg-3350/electrolytes</i>	127	<i>pimozide</i>	158	PR NATAL 400 EC	144
<i>peg-3350/electrolytes/ascorbat</i>	127	PIMTREA	77	PR NATAL 430	144
PEGASYS	70	<i>pindolol</i>	72	PR NATAL 430 EC	144
PEG-PREP	127	<i>pioglitazone hcl</i>	38	PRADAXA	24
PEMAZYRE	54	<i>pioglitazone hcl-glimepiride</i>	38	PRALUENT	45
<i>penciclovir</i>	93	<i>pioglitazone hcl-metformin hcl</i>	38	<i>pramipexole dihydrochloride</i>	61
<i>penicillamine</i>	137	PIP BLOOD GLUCOSE TEST STRIP	104	<i>pramipexole dihydrochloride er</i> ..	61
<i>penicillin v potassium</i>	154	PIP GLUCOSE CONTROL SOLUTION	131	PRAMOSONE	102
PENNSAID	91	<i>pirfenidone</i>	161	<i>pramoxine-hc</i>	102
PENTACEL	164	PIRMELLA 1/35	80	PRANDIN	37
<i>pentamidine isethionate</i>	49	PIRMELLA 7/7/7	83	<i>prasugrel hcl</i>	121
PENTASA	116	<i>piroxicam</i>	10	PRAVACHOL	44
<i>pentazocine-naloxone hcl</i>	15	PLAN B ONE-STEP	82	<i>pravastatin sodium</i>	44
<i>pentoxifylline er</i>	120	PLAQUENIL	51	<i>prazosin hcl</i>	48
PEPCID	165	PLAVIX	121	PRECISION PCX PLUS TEST	104
PERCOCET	15	PLEGRIDY	157	PRECISION POINT OF CARE TEST	104
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PERIDEX	140	PLENITY	4	PRECISION XTRA BLOOD GLUCOSE	104
<i>perindopril erbumine</i>	46	PLENVU	127	PRECOSE	33
<i>permethrin</i>	101	PLEXION	88	PRED FORTE	153
<i>perphenazine</i>	64	PLEXION CLEANSER	88	PRED MILD	153
<i>perphenazine-amitriptyline</i>	158	PLEXION CLEANSING CLOTH	88	PRED-G	152
PERRY PRENATAL	143	PLEXION NS	93	PRED-G S.O.P.	152
PERTZYE	105	PLIAGLIS	102	<i>prednicarbate</i>	97
PEXEVA	31	PNEUMOVAX 23	167	<i>prednisolone</i>	85
<i>pfizer covid-19 vac bival 5-11</i> ...	169	<i>pnv tabs 29-1</i>	143	<i>prednisolone acetate</i>	153
<i>pfizer covid-19 vac bivalent</i>	169	<i>pnv-dha</i>	145	<i>prednisolone sodium phosphate</i>	85, 153
<i>pfizer covid-19 vac-tris 5-11y</i> ...	169	<i>pnv-dha+docusate</i>	145	<i>prednisolone-bromfenac</i>	152
<i>pfizer covid-19 vac-tris 6m-4y</i> ..	169	<i>pnv-omega</i>	143	<i>prednisolone-gatifloxacin</i>	152
<i>pfizer-biontech covid-19 vacc</i> ...	169	<i>pnv-select</i>	143		
PHEBURANE	111				
<i>phenazopyridine hcl</i>	118				

<i>prednisolon-gatiflox-bromfenac</i>	152	<i>primidone</i>	27	<i>pseudoeph-bromphen-dm</i>	86
<i>prednisone</i>	85	PRIMLEV	15	<i>pseudoephedrine hcl</i>	147
PREDNISONE INTENSOL	85	PRIMSOL	49	PULMICORT	23
PREFEST	112	PRINIVIL	46	PULMICORT FLEXHALER	23
<i>pregabalin</i>	27	PRIORIX	168	PURALOR CI	105
<i>pregabalin er</i>	158	PRISTIQ	32	<i>purefe plus</i>	124
PREGNYL	110	PROAIR DIGIHALER	21	<i>purevit dualfe plus</i>	124
<i>prehevbrio</i>	169	PROAIR HFA	21	PURIXAN	53
PREMARIN	113, 170	PROAIR RESPICLICK	21	<i>px stop smoking aid</i>	159
PREMPHASE	112	<i>probenecid</i>	119	PYLERA	166
PREMPRO	112	PROBUPHINE IMPLANT KIT	15	<i>pyrazinamide</i>	52
<i>prena 1 true</i>	145	PROCARDIA XL	74	PYRIDIUM	118
<i>prena1</i>	145	PROCENTRA	4	<i>pyridostigmine bromide</i>	52
<i>prena1 pearl</i>	144	<i>prochlorperazine</i>	64	<i>pyridostigmine bromide er</i>	52
<i>prenaissance</i>	145	<i>prochlorperazine maleate</i>	64	<i>pyrimethamine</i>	51
<i>prenaissance 90 dha</i>	145	PROCRT	122	PYRUKYND	121
PRENATABS RX	144	PROCTOCORT	17	PYRUKYND TAPER PACK	121
<i>prenatal</i>	144	PROCYSBI	118	QBRELIS	46
<i>prenatal (w/iron & fa)</i>	144	PROFERRIN-FORTE	124	QBREXZA	100
<i>prenatal 19</i>	144	PROFILNINE	120	<i>qc magnesium citrate</i>	128
<i>prenatal complete</i>	144	PROFINAC	91	<i>qc milk of magnesia</i>	128
<i>prenatal multi +dha</i>	145	<i>progesterone</i>	155	<i>qc natura-lax</i>	128
<i>prenatal one daily</i>	144	PROGLYCEM	33	QDOLO	14
<i>prenatal plus</i>	144	PROGRAF	138	QELBREE	3
<i>prenatal plus iron</i>	144	PROLATE	15	QINLOCK	56
<i>prenatal plus vitamin/mineral</i>	144	PROLENSA	151	QMIIZ ODT	10
PRENATAL-U	144	<i>promethazine hcl</i>	42, 43	QNASL	147
PRENATE AM	145	<i>promethazine vcl/codeine</i>	86	QNASL CHILDRENS	147
PRENATE DHA	145	<i>promethazine-codeine</i>	86	QSYMIA	4
PRENATE ENHANCE	145	<i>promethazine-dm</i>	86	QTERN	37
PRENATE ESSENTIAL	145	PROMETHEGAN	43	QUADRACEL	164
PRENATE PIXIE	145	PROMETRIUM	155	QUALAQUIN	51
PRENATE RESTORE	145	PROMISEB	93	QUARTETTE	82
PRENATE STAR	144	PROMISEB COMPLETE	93	<i>quazepam</i>	126
PREPIDIL	154	<i>propafenone hcl</i>	19	QUDEXY XR	27
PRESERA	100	<i>propafenone hcl er</i>	19	QUESTRAN	43
PRESTALIA	45	<i>propantheline bromide</i>	166	QUESTRAN LIGHT	43
<i>pretomanid</i>	52	PROPECIA	103	<i>quetiapine fumarate</i>	63
PREVACID	166	<i>propranolol hcl</i>	72	<i>quetiapine fumarate er</i>	63
PREVACID 24HR	166	<i>propranolol hcl er</i>	72	QUFLORA FE	142
PREVALITE	43	<i>propranolol-hctz</i>	48	QUFLORA PEDIATRIC	143
PREVIDENT	140	<i>propylthiouracil</i>	162	QUILLICHEW ER	6
PREVIDENT 5000 ORTHO		PROSCAR	117	QUILLIVANT XR	6
DEFENSE	140	PROTONIX	166	<i>quinapril hcl</i>	46
PREVIDENT 5000 PLUS	140	PROTOPIC	100	<i>quinapril-hydrochlorothiazide</i>	45
PREVIFEM	80	<i>protriptyline hcl</i>	32	<i>quinidine gluconate er</i>	19
PREVNAR 13	167	PROVENTIL HFA	21	<i>quinidine sulfate</i>	19
PREVNAR 20	168	PROVERA	155	<i>quinine sulfate</i>	51
PREVYMIS	69	PROVIDA OB	144	QULIPTA	133
PREZCOBIX	65	PROVIGIL	6	QUVIVIQ	127
PREZISTA	67	PROZAC	31	QUZYTIR	42
PRIFTIN	52	PRUCLAIR	100	QVAR REDIHALER	23
PRIOSEC OTC	166	PRUDOXIN	92	<i>ra aspirin</i>	11
<i>prilovixil</i>	102	PRUMYX	100	<i>ra aspirin adult low dose</i>	11
<i>primaquine phosphate</i>	51	PRUTECT	103	<i>ra aspirin ec</i>	11

<i>ra balanced b-100</i>	141	RENOVA PUMP	90	ROCKLATAN	151
<i>ra folic acid</i>	123	REVELA	117	<i>roflumilast</i>	22
<i>ra laxative</i>	129	<i>repaglinide</i>	37	ROGAINE	103
<i>ra milk of magnesia</i>	128	REPATHA	45	ROGAINE MENS	103
<i>ra mini nicotine</i>	159	REPATHA PUSHTRONEX		ROGAINE MENS EXTRA	
<i>ra nicotine</i>	159	SYSTEM	45	STRENGTH	103
<i>ra one daily</i>	144	REPATHA SURECLICK	45	ROGAINE WOMENS	103
<i>ra prenatal</i>	144	REPLESTA	171	<i>ropinirole hcl</i>	61
RABAVERT	169	REPLESTA CHILDRENS	171	<i>ropinirole hcl er</i>	61
<i>rabeprazole sodium</i>	166	REPLESTA NX	171	<i>rosuvastatin calcium</i>	44
RAGWITEK	7	REQ 49+	142	ROSZET	44
<i>raloxifene hcl</i>	111	REQUIP	61	ROTARIX	169
<i>ramelteon</i>	127	REQUIP XL	61	ROWASA	116
<i>ramipril</i>	46	RESTASIS	151	<i>roxifol-d</i>	122
RANEXA	17	RESTASIS MULTIDOSE	151	ROZEREM	127
<i>ranitidine hcl</i>	165	RESTORA RX	38	ROZLYTREK	56
<i>ranolazine er</i>	17	RESTORA SPRINKLES	38	RUBRACA	59
RAPAFLO	117	RESTORIL	126	RUCONEST	120
RAPAMUNE	139	RETACRIT	122	<i>rufinamide</i>	27
<i>rasagiline mesylate</i>	60	RETIN-A	90	RUKOBIA	66
RASUVO	8	RETIN-A MICRO	90	RUZURGI	52
RAYALDEE	109	RETIN-A MICRO PUMP	90	RYALTRIS	146
RAYOS	85	RETROVIR	69	RYBELSUS	36
RAZADYNE	155	<i>revesta</i>	122	RYCLORA	42
RAZADYNE ER	155	REVLIMID	138	<i>rynoderm</i>	97
RECEDO	101	REXULTI	64	RYTARY	61
RECLIPSEN	80	REYATAZ	67	RYTHMOL SR	19
RECOMBIVAX HB	169	REYVOW	135	RYVENT	42
RECORLEV	107	REZUROCK	139	SABRIL	28
RECTIV	17	RHOFADE	101	SAFYRAL	80
REDITREX	8	RHOPRESSA	151	SAIZEN	108
REFISSA	90	RIAX	90	SAJAZIR	120
REGLAN	114	<i>ribavirin</i>	71	SALAGEN	140
REGRANEX	103	RIDAURA	8	SALEX	99
RELADOR PAK	102	<i>rifabutin</i>	52	<i>salicylic acid</i>	99
RELADOR PAK PLUS	102	RIFADIN	52	<i>salicylic acid er</i>	99
RELAFEN DS	10	<i>rifampin</i>	52	<i>salicylic acid wart remover</i>	99
RELENZA DISKHALER	71	RILUTEK	147	<i>salicylic acid-cleanser</i>	99
RELEUKO	123	<i>riluzole</i>	147	<i>salsalate</i>	11
<i>releuko</i>	123	<i>rimantadine hcl</i>	71	SALVAX	99
RELEXXII	6	RIOMET	33	SAMSCA	111
RELION BLOOD GLUCOSE		<i>risedronate sodium</i>	107	SANCUSO	39
TEST	104	RISPERDAL	62	SANDIMMUNE	137
RELISTOR	116	<i>risperidone</i>	62	SANTYL	98
RELPAK	135	RITALIN	6	SAPHRIS	63
RELTONE	114	RITALIN LA	6	<i>sapropterin dihydrochloride</i>	110
REMERON	29	<i>ritonavir</i>	67	SARAFEM	158
REMERON SOLTAB	29	<i>rivastigmine</i>	155	SAVAYSA	23
REMICADE	117	<i>rivastigmine tartrate</i>	156	SAVELLA	156
RENAGEL	117	RIVELSA	82	SAVELLA TITRATION PACK	156
RENAL	141	<i>rixubis</i>	120	SAXENDA	5
<i>rena-vite</i>	141	<i>rizatriptan benzoate</i>	135	SCALPICIN MAXIMUM	
<i>rena-vite rx</i>	141	ROBAXIN	146	STRENGTH	97
<i>reno caps</i>	141	ROBAXIN-750	146	SCEMBLIX	53
RENOVA	90	ROCALTROL	109	<i>scopolamine</i>	40

SEASONIQUE	82	SLYND	83	SSD	94
SECONAL	126	<i>sm aspirin ec low strength</i>	11	SSD (SILVER	
SECUADO	63	SM CLEARLAX	128	SULFADIAZINE)	94
SEEBRI NEOHALER	21	<i>sm folic acid</i>	123	SSKI	86
SEGLENTIS	15	<i>sm laxative</i>	129	ST JOSEPH ASPIRIN	12
SEGLUROMET	37	<i>sm magnesium citrate</i>	129	STALEVO 100	61
SELECT-OB	144	<i>sm milk of magnesia</i>	129	STALEVO 125	61
<i>selegiline hcl</i>	60	<i>sm nicotine</i>	159	STALEVO 150	61
<i>selenium sulfide</i>	93	<i>sm nicotine polacrilex</i>	159	STALEVO 200	61
<i>self-taking blood pressure</i>	130	SMOOTH LAX	128	STALEVO 50	61
SELRX	93	SOAANZ	106	STALEVO 75	61
SELZENTRY	66	<i>sod citrate-citric acid</i>	118	<i>stamaril</i>	169
SEMGLEE	36	<i>sodium chloride</i>	86, 118	STARLIX	37
SEMGLEE (YFGN)	36	<i>sodium fluoride</i>	136, 140	<i>stavudine</i>	69
SEMPREX-D	86	<i>sodium fluoride 5000 plus</i>	140	STAXYN	76
<i>se-natal 19</i>	144	<i>sodium fluoride 5000 ppm</i>	140	STEGLATRO	37
SENSIPAR	107	<i>sodium fluoride 5000 sensitive</i>	140	STEGLUJAN	37
SEREVENT DISKUS	21	<i>sodium phenylbutyrate</i>	111	STENDRA	76
SERNIVO	97	<i>sodium polystyrene sulfonate</i> ... 139		STIMATE	112
SEROQUEL	63	<i>sodium sulfacetamide</i>	93	STIOLTO RESPIMAT	20
SEROQUEL XR	63	<i>sodium sulfacetamide wash</i>	93	STRATTERA	3
<i>sertraline hcl</i>	31	SOLESTA	137	<i>stress formulaliron</i>	142
<i>se-tan plus</i>	124	<i>solifenacin succinate</i>	167	STRIANT	16
SETLAKIN	82	SOLIQUEA	37	STRIBILD	65
<i>sevelamer carbonate</i>	117	SOLODYN	162	STRIVERDI RESPIMAT	21
<i>sevelamer hcl</i>	117	SOLOSEC	8	STROMECTOL	17
SEVENFACT	120	SOLTAMOX	52	STROVITE FORTE	142
SEYSARA	162	SOLU-CORTEF	85	STROVITE ONE	142
<i>sf</i>	140	SOMA	146	SUBOXONE	15
<i>sf 5000 plus</i>	140	SOMATULINE DEPOT	111	SUBSYS	14
SFROWASA	116	SOMAVERT	108	SUBVENITE STARTER KIT-	
SHAROBEL	83	SONAFINE	103	BLUE	27
SHINGRIX	169	SOOLANTRA	101	SUBVENITE STARTER KIT-	
SIDEROL	141	<i>sorafenib tosylate</i>	56	GREEN	27
SIGNIFOR	111	SORILUX	92	SUBVENITE STARTER KIT-	
SIKLOS	121	SORINE	72	ORANGE	27
<i>sildenafil citrate</i>	76	<i>sotalol hcl</i>	72	SUCRAID	105
SILENOR	126	SOTYKTU	92	<i>sucralfate</i>	165
<i>silodosin</i>	117	SOTYLIZE	72	SUDOGEST	147
SILVADENE	94	SOVALDI	71	SULAR	74
<i>silver sulfadiazine</i>	94	SPECTRACEF	77	<i>sulconazole nitrate</i>	98
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SIMLIYA	78	VACCINE	169	<i>sulfacetamide sodium (acne)</i>	87
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<i>simvastatin</i>	44	SPIRIVA HANDIHALER	21	<i>sulfacetamide sodium-sulfur</i>88	
SINEMET CR	61	SPIRIVA RESPIMAT	22	<i>sulfacetamide-prednisolone</i>	152
SINGULAIR	22	<i>spironolactone</i>	106	<i>sulfadiazine</i>	161
SINUVA	147	<i>spironolactone-hctz</i>	106	<i>sulfamethoxazole-trimethoprim</i> ..	49
<i>sirolimus</i>	139	SPORANOX	41	SULFAMYLON	94
SIRTURO	52	SPORANOX PULSEPAK	41	<i>sulfasalazine</i>	116
SITAVIG	71	SPRINTEC 28	81	<i>sulindac</i>	10
SIVEXTRO	50	SPRITAM	27	SUMADAN	88
SKELAXIN	146	SPRIX	10	SUMADAN WASH	88
SKLICE	101	SPS	139	<i>sumatriptan</i>	135
SKYTROFA	108	SRONYX	81	<i>sumatriptan succinate</i>	135

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<i>sumatriptan-naproxen sodium</i> ..	134	TAPERDEX 12-DAY	85	TEXACORT	97
SUMAXIN	88	TAPERDEX 6-DAY	85	TGT POWDERLAX	128
SUMAXIN CP	88	TARCEVA	54	THALITONE	106
SUMAXIN WASH	88	TARGADOX	162	THALOMID	137
<i>sunitinib maleate</i>	56	TARGRETIN	60, 102	THEO-24	23
SUNOSI	5	TARINA 24 FE	81	<i>theophylline er</i>	23
SUPER QUINTS B-50	141	TARINA FE 1/20	81	THIOLA	118
SUPERVITE	141	TARINA FE 1/20 EQ	81	THIOLA EC	118, 119
SUPRAX	77	TARKA	45	<i>thioridazine hcl</i>	64
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SURMONTIL	32	TARON-PREX	145	<i>thrivite 19</i>	144
SUSTIVA	68	TARPEYO	85	THYQUIDITY	163
SUSTOL	39	TASCENSO ODT	159	THYROLAR-1	163
SUTAB	127	TASMAR	60	THYROLAR-1/2	163
<i>suvicort</i>	100	<i>tavaborole</i>	100	THYROLAR-1/4	163
SW CLEARLAX	128	TAVALISSE	121	THYROLAR-2	163
SYEDA	81	TAVNEOS	120	THYROLAR-3	163
SYMAX DUOTAB	164	TAYTULLA	81	TIADYLT ER	74
SYMBICORT	20	<i>tazarotene</i>	90, 92	<i>tiagabine hcl</i>	28
SYMBYAX	160	TAZORAC	92	TIAZAC	74
SYMDEKO	160	TAZTIA XT	74	TIBSOVO	58
SYMFI	66	TDVAX	164	TICALAST	146
SYMFI LO	66	TEGRETOL	27	TICE BCG	58
SYMJEPI	171	TEGRETOL-XR	27	TICOVAC	169
SYMLINPEN 120	33	TEKTURNA	48	TIGAN	40
SYMLINPEN 60	33	TEKTURNA HCT	48	TIGLUTIK	147
SYMPAZAN	25	<i>telmisartan</i>	47	TIKOSYN	19
SYMPROIC	116	<i>telmisartan-amlodipine</i>	46	TILIA FE	83
SYMTUZA	66	<i>telmisartan-hctz</i>	47	<i>timolol maleate</i>	72, 148
SYNALAR	97	<i>temazepam</i>	126	<i>timolol maleate (once-daily)</i>	148
SYNALAR TS	102	TEMIXYS	66	<i>timolol maleate pf</i>	148
SYNAREL	109	TEMODAR	58	TIMOPTIC	148
SYNDROS	40	TEMOVATE	97	TIMOPTIC OCUDOSE	148
SYNERA	102	<i>temozolomide</i>	58	TIMOPTIC-XE	148
SYNERDERM	100	TENIVAC	164	<i>tinidazole</i>	49
SYNJARDY	37	<i>tenofovir disoproxil fumarate</i>	69	<i>tiopronin</i>	119
SYNJARDY XR	37	TENORETIC 100	48	TIROSINT	163
SYNTHROID	163	TENORETIC 50	48	TIROSINT-SOL	163
SYPRINE	137	TENORMIN	72	TIVICAY	67
TABLOID	53	TEPMETKO	55	TIVICAY PD	67
TABRECTA	55	TERAZOL 7	169	TIVORBEX	10
TACLONEX	102, 103	<i>terazosin hcl</i>	48	<i>tizanidine hcl</i>	146
<i>tacrolimus</i>	100, 139	<i>terbinafine hcl</i>	41	<i>tl gard rx</i>	122
<i>tadalafil</i>	76	<i>terbutaline sulfate</i>	21	<i>tl icon</i>	124
<i>tadalafil (pah)</i>	76	<i>terconazole</i>	169, 170	TLANDO	16
TADLIQ	76	<i>teriparatide (recombinant)</i>	110	<i>tl-hem 150</i>	124
<i>tafluprost (pf)</i>	153	TESSALON PERLES	85	TOBRADEX	152
TAKE ACTION	82	TESTIM	16	TOBRADEX ST	152
TALICIA	166	<i>testosterone</i>	16	<i>tobramycin</i>	8, 150
TALZENNA	59	<i>testosterone cypionate</i>	16	<i>tobramycin sulfate</i>	8
TAMIFLU	71	<i>testosterone enanthate</i>	16	<i>tobramycin-dexamethasone</i>	152
<i>tamoxifen citrate</i>	53	<i>tetanus-diphtheria toxoids td</i>	164	TOBREX	150
<i>tamsulosin hcl</i>	117	<i>tetrabenazine</i>	156	TODAY SPONGE	170
TANDEM PLUS	124	<i>tetracycline hcl</i>	162	TOFRANIL	32

TOLAK	92	TRICARE PRENATAL		TRUSELTIQ (100MG DAILY	
<i>tolcapone</i>	60	COMPLEAT	144	DOSE)	54
<i>tolmetin sodium</i>	10	<i>tricitrates</i>	118	TRUSELTIQ (125MG DAILY	
<i>tolsura</i>	41	TRICON	124	DOSE)	54
<i>tolterodine tartrate</i>	167	TRICOR	44	TRUSELTIQ (50MG DAILY	
<i>tolterodine tartrate er</i>	167	TRIDERM	97	DOSE)	54
<i>tolvaptan</i>	111	<i>trientine hcl</i>	137	TRUSELTIQ (75MG DAILY	
TOPAMAX	27	TRI-ESTARYLLA	83	DOSE)	54
TOPAMAX SPRINKLE	27	<i>trifluoperazine hcl</i>	64	TRUSOPT	151
TOPICORT	97	<i>trifluridine</i>	150	TRUSTEX LUBRICATED	130
TOPICORT SPRAY	97	<i>trigels-f forte</i>	124	TRUSTEX NON-LUBRICATED	
<i>topiramate</i>	27	TRIGLIDE	44	131
<i>topiramate er</i>	27	<i>trihexyphenidyl hcl</i>	60	TRUSTEX RIA LUBRICATED	131
TOPROL XL	72	TRIJARDY XR	37	TRUSTEX RIA NON-	
<i>toremifene citrate</i>	53	TRI-LEGEST FE	83	LUBRICATED	131
<i>torsemide</i>	106	TRILEPTAL	27	TRUVADA	66
TOSYMRA	135	TRI-LINYAH	83	TUDORZA PRESSAIR	22
TOUJEO MAX SOLOSTAR	36	TRILIPIX	44	TULANA	83
TOUJEO SOLOSTAR	36	TRI-LO-ESTARYLLA	83	TURALIO	56
TOVIAZ	167	TRI-LO-MARZIA	84	TUZISTRA XR	86
<i>toxicology saliva collection</i>	104	TRI-LO-MILI	84	TWINRIX	168
TRACLEER	76	TRI-LO-SPRINTEC	84	TWIRLA	81
TRADJENTA	34	TRI-LUMA	97	TWYNEO	88
<i>tramadol hcl</i>	14	<i>trimethobenzamide hcl</i>	40	TWYNSTA	46
<i>tramadol hcl er</i>	14	<i>trimethoprim</i>	49	TYBLUME	81
<i>tramadol-acetaminophen</i>	15	TRI-MILI	84	TYBOST	69
<i>trandolapril</i>	46	<i>trimipramine maleate</i>	32	TYDEMY	81
<i>trandolapril-verapamil hcl er</i>	45	<i>trinatal rx 1</i>	144	TYMLOS	110
<i>tranexamic acid</i>	125	TRINATE	144	TYPHIM VI	168
TRANSDERM-SCOP	40	TRI-NORINYL (28)	84	TYRVAYA	149
TRANSDERM-SCOP (1.5 MG)	40	TRINTELLIX	31	UBRELVY	133
TRANXENE-T	19	TRI-NYMYO	84	UCERIS	17, 85
<i>tranylcypromine sulfate</i>	30	<i>triphrocaps</i>	141	UDAMIN SP	142
TRAVATAN Z	153	TRI-PREVIFEM	84	UDENYCA	123
<i>travoprost (bak free)</i>	153	TRI-SPRINTEC	84	UKONIQ	56
<i>trazodone hcl</i>	31	<i>tristart dha</i>	145	ULESFIA	101
TRELEGY ELLIPTA	20	TRIUMEQ	66	ULORIC	119
TRESIBA	36	TRIUMEQ PD	66	ULTICARE INSULIN SYRINGE	
TRESIBA FLEXTOUCH	36	TRIVEEN-DUO DHA	144	132
<i>tretinoin</i>	59, 90	TRI-VI-FLOR	143	ULTRACET	15
<i>tretinoin (emollient)</i>	90	<i>tri-vitamin/fluoride</i>	143	ULTRAM	14
<i>tretinoin microsphere</i>	90	TRIVORA (28)	84	ULTRASAL-ER	99
<i>tretinoin microsphere pump</i>	90	TRI-VYLIBRA	84	ULTRAVATE	97
TREXALL	53	TRI-VYLIBRA LO	84	ULTRAVATE X (OINTMENT)	103
TREXIMET	134	<i>tri-zel</i>	142	UNISTRIPI1 GENERIC	104
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TRIANEX	97	TRUDHESA	134	<i>urea nail</i>	98
<i>triazolam</i>	126	TRUETRACK TEST	104	URIBEL	51
TRIBENZOR	47	TRULANCE	114	UROCIT-K 10	118
<i>tri-buffered aspirin</i>	11	TRULICITY	36	UROCIT-K 15	118
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UROXATRAL	117	<i>verapamil hcl er</i>	74	<i>virt-vite plus</i>	141
URSO 250	114	VERDESO	97	VISTARIL	18
URSO FORTE	114	VEREGEN	90	VITACEL	142
<i>ursodiol</i>	114	VERELAN	74	VITAFOL	142
UTIBRON NEOHALER	20	VERELAN PM	74	VITAFOL-NANO	144
UTOPIC	98	VERKAZIA	151	VITAFOL-OB	144
VAGIFEM	170	VERQUVO	76	VITAFOL-ONE	145
<i>valacyclovir hcl</i>	71	VERSACLOZ	63	VITAL-D RX	141
VALCYTE	69	VESICARE	167	<i>vitamin d (ergocalciferol)</i>	171
<i>valganciclovir hcl</i>	69	VESICARE LS	167	<i>vitamin d3</i>	171
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<i>valproate sodium</i>	29	VFEND	41	VITA-RESPA	105
<i>valproic acid</i>	29	V-GO 20	131	VITATRUE	145
<i>valsartan</i>	47	V-GO 30	131	VITRAKVI	56
<i>valsartan-hydrochlorothiazide</i>	47	V-GO 40	131	VIVAGUARD INO CONTROL	
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VALTOCO 20 MG DOSE	25	VIBRAMYCIN	162	VIVJOA	41
VALTOCO 5 MG DOSE	25	VIC-FORTE	142	VIVLODEX	10
VALTREX	71	VICODIN	12	VIVOTIF	168
<i>valved holding chamber</i>	133	VICODIN ES	12	VIZIMPRO	54
VANATOL LQ	11	VICODIN HP	12	<i>vocabria</i>	67
VANCOCIN	50	VICTOZA	36	VOGELXO	16
VANCOCIN HCL	50	VIDEX	68	VOGELXO PUMP	16
<i>vancomycin hcl</i>	50	VIDEX EC	68	VOLNEA	78
VANDAZOLE	170	VIEKIRA PAK	70	VOLTAREN	91
VANIQA	100	VIENVA	81	VONJO	58
VANOS	97	<i>vigabatrin</i>	28	VOQUEZNA DUAL PAK	166
VANOXIDE-HC	88	VIGADRONE	28	VOQUEZNA TRIPLE PAK	166
VAQTA	169	VIGAMOX	150	<i>voriconazole</i>	41
<i>ardenafil hcl</i>	76	VIIBRYD	31	VOSEVI	70
<i>varenicline tartrate</i>	159	VIIBRYD STARTER PACK	31	VOXZOGO	109
VARUBI	40	VIJOICE	139	<i>vp-vite rx</i>	141
VASCEPA	43	<i>vilazodone hcl</i>	31	VRAYLAR	62
VASERETIC	46	VILTEPSO	147	VTAMA	92
VASOTEC	46	VIMOVO	9	VTOL LQ	11
VAXELIS	164	VIMPAT	27	VUITY	149
VAXNEUVANCE	168	VINATE DHA RF	144	VUMERITY	157
<i>v-c forte</i>	142	VINATE M	144	VUSION	91
VCF VAGINAL		VINATE ONE	144	VYFEMLA	81
CONTRACEPTIVE	170	VIOKACE	105	VYLEESI	156
VECAMYL	48	<i>viorele</i>	78	VYLIBRA	81
VECTICAL	92	VIRACEPT	67	VYTORIN	44
VELIVET	84	VIRAMUNE	68	VYVANSE	4
VELPHORO	117	VIRAMUNE XR	68	VYZULTA	153
VELTASSA	139	VIREAD	69	<i>warfarin sodium</i>	23
VELTIN	88	VIROPTIC	150	<i>wee care</i>	125
VEMLIDY	70	<i>virt-caps</i>	141	WEGOVY	5
VENELEX	103	VIRT-GARD	123	WELCHOL	43
<i>venlafaxine besylate er</i>	32	<i>virt-phos 250 neutral</i>	136	WELIREG	55
<i>venlafaxine hcl</i>	32	<i>virtrate-2</i>	118	WELLBUTRIN SR	30
<i>venlafaxine hcl er</i>	32	<i>virtrate-3</i>	118	WELLBUTRIN XL	30
VENTAVIS	75	<i>virtrate-k</i>	118	WERA	81
VENTOLIN HFA	21	<i>virt-vite</i>	123	WESTHROID	163
<i>verapamil hcl</i>	74	<i>virt-vite forte</i>	105		

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WIDE-SEAL DIAPHRAGM 65.	131	XPOVIO (60 MG TWICE WEEKLY)	57	ZETONNA	147
WIDE-SEAL DIAPHRAGM 70.	131	XPOVIO (80 MG ONCE WEEKLY)	57	ZIAC	48
WIDE-SEAL DIAPHRAGM 75.	131	XPOVIO (80 MG TWICE WEEKLY)	57	ZIAGEN	68
WIDE-SEAL DIAPHRAGM 80.	131	XRYLIDERM	102	ZIANA	88
WIDE-SEAL DIAPHRAGM 85.	131	XTAMPZA ER	14	ziclocin	91
WIDE-SEAL DIAPHRAGM 90.	131	XULANE	81	zidovudine	69
WIDE-SEAL DIAPHRAGM 95.	131	XULTOPHY	37	ZIEXTENZO	123
WINLEVI	90	xurea	98	zileuton er	20
WIXELA INHUB	20	XURIDEN	109	ZILRETTA	85
WYMZYA FE	81	XYOSTED	16	ZILXI	101
WYNZORA	103	XYREM	155	ZIMHI	39
XADAGO	60	XYWAV	155	zinc sulfate	137
XALATAN	153	YASMIN 28	81	ZINPLAVA	154
XALIX	99	YAZ	81	ZIOPTAN	153
XALKORI	53	YF-VAX	169	ziprasidone hcl	62
XANAX	19	YONSA	52	ZIPSOR	10
XANAX XR	19	YOSPRALA	120	ZIRGAN	150
XARELTO	23	YUPELRI	22	ZITHRANOL	92
XARELTO STARTER PACK	23	YUVAFEM	170	ZITHROMAX	129
XATMEP	53	ZADITOR	150	ZITHROMAX TRI-PAK	129
XCOPRI	28	ZAFEMY	81	ZITHROMAX Z-PAK	129
XCOPRI (250 MG DAILY DOSE)	28	zafirlukast	22	ZOCOR	44
XCOPRI (350 MG DAILY DOSE)	28	zaleplon	126	ZOHYDRO ER	14
XELODA	53	ZANAFLEX	146	ZOKINVY	137
XELPROS	153	ZANTAC	165	ZOLINZA	55
XELSTRYM	4	ZANTAC 150 MAXIMUM STRENGTH	165	zolmitriptan	135
XENAZINE	156	ZARAH	81	ZOLOFT	31
XENICAL	5	ZARONTIN	29	zolpidem tartrate	127
XENLETA	50	zavara	123	zolpidem tartrate er	126
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XERAVA	161	ZEGALOGUE	33	ZOMIG	135
XERESE	93	ZEGERID	165	ZONALON	92
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XIFAXAN	49	ZELNORM	114	ZONISADE	27
XIGDUO XR	37, 38	ZEMBRACE SYMTOUCH	135	zonisamide	27
XIIDRA	149	ZEMDRI	8	ZONTIVITY	121
XIMINO	162	ZEMPLAR	109	ZORTRESS	139
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XOFLUZA (80 MG DOSE)	71, 72	ZENPEP	105	ZORYVE	92
XOLAIR	20	ZENZEDI	4	ZOVIA 1/35 (28)	81
XOLEGEL	98	ZEPATIER	70	ZOVIA 1/35E (28)	81
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XOPENEX CONCENTRATE	21	ZEPOSIA 7-DAY STARTER PACK	159	ZTALMY	27
XOPENEX HFA	21	ZEPOSIA STARTER KIT	160	ZTLIDO	99
XPOVIO (100 MG ONCE WEEKLY)	57	ZERVIA TE	150	ZUBSOLV	15
XPOVIO (40 MG ONCE WEEKLY)	57	ZESTORETIC	46	ZUMANDIMINE	81
XPOVIO (40 MG TWICE WEEKLY)	57	ZESTRIL	46	ZUPLENZ	40
				ZYCLARA	99
				ZYCLARA PUMP	99
				ZYDELIG	59
				ZYFLO	20
				ZYFLO CR	20
				ZYKADIA	53

ZYLET	152
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Notice of Nondiscrimination and Language Assistance Services

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

Free aids and services

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

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

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

- Qualified interpreters
- Information written in other languages

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

To file a civil rights grievance

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

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

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

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

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

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

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

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

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

பெயர்: நீங்கள் பேசும் மொழியைப் பொறுத்தவரை, உதவிகள்
பெறும் மொழியைப் பொறுத்தவரை கிடைக்கும். உதவிகள் மொழி
பெறும் மொழியைப் பொறுத்தவரை கிடைக்கும். உதவிகள் மொழி
(TTY: 711).

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

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

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

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

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

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

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

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

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

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

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

