

2026 Formulary

Employer-sponsored small group (optimized) plans

List of covered drugs

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

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

CURRENT AS OF 1/1/2026

lowercase italics = Generic T1a drugs, Generic T1b drugs, Generic T2 drugs, Generic T3 drugs, Generic T4 drugs, Generic T5 drugs, Generic T6 - \$0 Copay drugs, Generic drugs, Generic T9 drugs, Generic drugs

UPPERCASE BOLD = Brand name T1a drugs, Brand name T1b drugs, Brand name T2 drugs, Brand name T3 drugs, Brand name T4 drugs, Brand name T5 drugs, Brand name T6 - \$0 Copay drugs, Brand name drugs, Brand name T9 drugs, Brand name drugs

Coverage Level

T1a = \$
T1b = \$
T2 = \$\$
T3 = \$\$\$
T4 = \$\$\$\$
T5 = \$\$\$\$\$
T6 - \$0 Copay = Vaccine Coverage
T9 = \$\$\$\$\$\$\$\$ Not Covered/Non-Formulary

Restrictions

AL = Age Limit
PA = Prior Authorization
PV = Preventive Drugs
QL = Quantity Limit
SO = SaveOn Drug
SP = Limited to a one month supply per fill
SP = Specialty Pharmacy
ST = Step Therapy

Medication	Coverage Level	Restrictions
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>abacavir sulfate oral solution</i>	T1b	AL (Max 9 Years)
<i>abacavir sulfate oral tablet</i>	T2	
<i>abacavir sulfate-lamivudine</i>	T4	SP (Limited to a 1 month supply per fill)
<i>abenor</i>	T9	
<i>abenor hp</i>	T9	
ABIGALE	Tier 8	PV
ABIGALE LO	Tier 8	PV
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	T9	
ABILIFY ORAL TABLET	T3	QL (60 tablets per 30 days)
<i>abiraterone acetate</i>	T1b	SP
ABIRTEGA	T1b	
ABRILADA	T9	
ABRILADA (1 PEN)	T9	
ABRILADA (2 PEN)	T9	
ABRILADA (2 SYRINGE)	T9	

Medication	Coverage Level	Restrictions
ABRYSVO	T6 - \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 50 Years)
ABSORICA	T9	
ABSORICA LD	T9	
<i>acamprosate calcium</i>	T1b	
ACANYA	T9	
<i>acarbose oral</i>	T1b	
ACCOLATE	T3	
ACCRUFER	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
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 FASTCLIX LANCET	T3	
ACCU-CHEK FASTCLIX LANCETS	T2	
ACCU-CHEK GUIDE IN VITRO	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK GUIDE TEST	T1b	QL (200 strips per 30 days)
ACCU-CHEK SMARTVIEW	T3	ST; QL (200 strips per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T3	
ACCU-CHEK SOFTCLIX LANCETS	T2	
ACCUPRIL	T3	
ACCURETIC	T3	
AC CUTANE	T2	QL (6 fills per 2 years)
AC CUTREND GLUCOSE	T3	ST; QL (200 strips per 30 days)
ACE AEROSOL CLOUD ENHANCER	T3	QL (4 devices per 1 year)
<i>acebutolol hcl oral</i>	T1b	
<i>acetaminophen intravenous solution prefilled syringe</i>	T9	
<i>acetaminophen-codeine</i>	T1b	
<i>acetaminophen-codeine #2</i>	T1b	
<i>acetaminophen-codeine #3</i>	T1b	
<i>acetaminophen-codeine #4</i>	T1b	
<i>acetazolamide er</i>	T1b	
<i>acetazolamide oral</i>	T1b	
<i>acetic acid otic</i>	T1b	
<i>acetylcysteine inhalation</i>	T1b	
<i>acidophilus lactobacillus powder</i>	T9	
<i>acioxia</i>	T9	
ACIPHEX	T9	
ACIPHEX SPRINKLE	T9	
<i>acitretin</i>	T1b	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>acne medication 10 external gel</i>	T1b	
<i>acne medication 5 external gel</i>	T1b	
ACTEMRA ACTPEN	T9	
ACTEMRA SUBCUTANEOUS	T9	
ACTHAR	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
ACTHAR GEL	T9	
ACTHIB	T9	
ACTICLATE	T9	
ACTIGALL	T3	
ACTIMMUNE	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
ACTIQ	T9	
<i>active fe</i>	T9	
ACTIVELLA ORAL TABLET 1-0.5 MG	T3	
ACTONEL ORAL TABLET 150 MG	T3	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 35 MG	T3	
ACTOPLUS MET ORAL TABLET 15-850 MG	T3	
ACTOS	T3	
ACUICYN EXTERNAL LIQUID	T9	
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T9	
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T3	QL (15 GM per 6 months)
<i>acyclovir oral capsule</i>	T1b	
<i>acyclovir oral suspension 200 mg/5ml</i>	T1b	
<i>acyclovir oral tablet</i>	T1b	
ACZONE	T9	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
ADALAT CC	T3	
<i>adalimumab-aacf (2 pen)</i>	T9	
<i>adalimumab-aacf (2 syringe)</i>	T9	
<i>adalimumab-aaty (1 pen)</i>	T9	
<i>adalimumab-aaty (2 pen)</i>	T9	
<i>adalimumab-aaty (2 syringe)</i>	T9	

Medication	Coverage Level	Restrictions
<i>adalimumab-aaty cd/uc/hs start</i>	T9	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (2 Pens per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>adalimumab-adbm (2 pen)</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adbm (2 syringe)</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>adalimumab-adbm(cd/uc/hs strt)</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<i>adalimumab-adbm(ps/uv starter)</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<i>adalimumab-fkjp (2 pen)</i>	T9	
<i>adalimumab-fkjp (2 syringe)</i>	T9	
<i>adalimumab-ryvk (1 pen)</i>	T9	
<i>adalimumab-ryvk (2 pen)</i>	T9	
<i>adalimumab-ryvk (2 syringe)</i>	T9	
<i>adalina</i>	T9	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external gel 0.3 %</i>	T2	QL (45 GM per 30 days)
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	

Medication	Coverage Level	Restrictions
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1b	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T9	
ADASUVE	T9	
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (2 Pens per 28 days); SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
ADCIRCA	T9	
ADDERALL	T3	AL (Min 6 Years)
ADDERALL XR	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
ADDYI	T4	
<i>adefovir dipivoxil</i>	T4	SP (Limited to a 1 month supply per fill)
<i>adeinзде</i>	T9	
ADEMPAS ORAL TABLET 0.5 MG, 2.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
ADEMPAS ORAL TABLET 1 MG, 2 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
ADEMPAS ORAL TABLET 1.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
<i>adermica</i>	T9	
<i>adermica hp</i>	T9	
ADHANSIA XR	T9	
ADLARITY	T9	
ADMELOG INJECTION	T3	ST
ADMELOG SOLOSTAR	T3	ST
<i>admirazol</i>	T9	
<i>admirazol hp</i>	T9	
ADRENALIN NASAL	T9	
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	T1b	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	T9	

Medication	Coverage Level	Restrictions
<i>adult blood pressure cuff lg</i>	T2	QL (1 monitor per 2 years)
ADVAIR DISKUS	T9	
ADVAIR HFA	T9	
ADVATE	T4	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days)
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID LOW	T3	
ADVOCATE LANCETS 30G	T2	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ADVOCATE REDI-CODE IN VITRO	T3	ST; QL (200 strips per 30 days)
ADVOCATE REDI-CODE+ TEST	T3	ST; QL (200 strips per 30 days)
ADVOCATE TEST	T3	ST; QL (200 strips per 30 days)
<i>adynovate</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
ADZENYS ER	T9	
ADZENYS XR-ODT	T9	
AEMCOLO	T2	QL (12 tablets per 30 days); AL (Min 18 Years)
AEROCHAMBER MINI CHAMBER	T2	QL (4 chambers per 1 year)
AEROCHAMBER MV	T2	QL (4 chambers per 1 year)
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)
AEROCHAMBER Z-STAT PLUS	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS CHAMBR	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/LARGE	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	T3	QL (4 chambers per 1 year)
AEROCHAMBER Z-STAT PLUS/SMALL	T3	QL (4 chambers per 1 year)
AEROTRACH PLUS	T3	QL (4 chambers per 1 year)
AEROVENT PLUS	T3	QL (4 chambers per 1 year)
AFEDITAB CR	T1b	
AFINITOR DISPERZ	T9	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG	T9	
AFINITOR ORAL TABLET 7.5 MG	T9	SP ()

Medication	Coverage Level	Restrictions
AFIRMELLE	Tier 8	PV
AFLURIA	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	T3	ST
AFSTYLA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (69000 billable units per 28 days)
AFTERA	Tier 8	PV
AFTERPILL	T3	PV
AGAMATRIX AMP TEST	T3	ST; QL (200 strips per 30 days)
AGAMREE	T9	
AGRYLIN	T3	
AIMOVIG	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
<i>aimsco lubricated</i>	Tier 8	PV
AIRDUO DIGIHALER	T9	
AIRDUO RESPICLICK 113/14	T9	
AIRDUO RESPICLICK 232/14	T9	
AIRDUO RESPICLICK 55/14	T9	
AIRSUPRA	T9	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 autoinjector per 30 days); AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
AKEEGA	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
AKLIEF	T9	
AKTIPAK	T9	
AKYNZEO ORAL	T9	
ALA SCALP	T9	

Medication	Coverage Level	Restrictions
<i>ala-cort external cream 1 %</i>	T9	
ALA-QUIN	T9	
ALAVERT ALLERGY/SINUS	T9	
ALAVERT ORAL TABLET DISPERSIBLE	T9	
ALAWAY	T1b	
<i>albendazole oral</i>	T2	QL (6 tablets per 30 days)
ALBENZA	T9	
<i>albuterol sulfate er</i>	T1b	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1b	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1b	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T1b	
<i>albuterol sulfate oral tablet</i>	T1b	
<i>alclometasone dipropionate</i>	T1b	
ALCORTIN A	T9	
ALDACTONE	T3	
ALDARA	T3	
ALECENSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 capsules per 30 days); SP
<i>alendronate sodium oral solution</i>	T2	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	T1a	
<i>alfuzosin hcl er</i>	T1b	
ALHEMO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days)
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>aliskiren fumarate</i>	T2	ST
<i>alixi</i>	T9	
<i>alixi hp</i>	T9	
ALKERAN ORAL	T3	
ALKINDI SPRINKLE	T9	

Medication	Coverage Level	Restrictions
ALLEGRA ALLERGY	T9	
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION	T9	
ALLEGRA-D ALLERGY & CONGESTION	T9	
ALLI	T9	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1a	
<i>allopurinol oral tablet 200 mg</i>	T9	
ALLZITAL	T9	
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
ALOCRIL	T3	ST
<i>alogliptin benzoate</i>	T3	ST; QL (30 tablets per 30 days)
<i>alogliptin-metformin hcl</i>	T3	ST; QL (60 tablets per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T3	ST; QL (30 tablets per 30 days)
ALOMIDE	T2	
<i>alomira</i>	T9	
<i>alomira hp</i>	T9	
<i>alomira lp</i>	T9	
ALORA	T2	
<i>alosetron hcl</i>	T1b	PA; QL (60 tablets per 30 days)
ALPAWASH	T9	
ALPHAGAN P	T9	
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	PA; SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
<i>alprazolam er</i>	T1b	QL (60 tablets per 30 days)
ALPRAZOLAM INTENSOL	T1b	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1a	
<i>alprazolam oral tablet dispersible</i>	T2	
<i>alprazolam xr</i>	T1b	QL (60 tablets per 30 days)
ALPROLIX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALREX	T9	
ALTABAX	T3	ST; QL (15 GM per 30 months)
ALTACE ORAL CAPSULE	T3	
ALTAVERA	Tier 8	PV

Medication	Coverage Level	Restrictions
ALTOPREV	T9	
ALTRENO	T1b	QL (45 grams per 30 days); AL (Max 50 Years)
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 750 UNIT	T4	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
ALUNBRIG ORAL TABLET 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>aluris</i>	T9	
<i>aluris hp</i>	T9	
<i>aluris hp plus</i>	T9	
<i>aluris lp</i>	T9	
<i>aluris lp plus</i>	T9	
<i>aluris plus</i>	T9	
<i>aluxof</i>	T9	
<i>aluxof hp</i>	T9	
ALVAIZ	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ALVESCO	T9	
<i>alvox</i>	T9	
<i>alvox hp</i>	T9	
<i>alyacen 1/35</i>	Tier 8	PV
<i>alyacen 7/7/7</i>	Tier 8	PV

Medication	Coverage Level	Restrictions
ALYFTREK ORAL TABLET 10-50-125 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
ALYFTREK ORAL TABLET 4-20-50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP
ALZAIR ALLERGY NASAL SPRAY	T9	
<i>amantadine hcl oral</i>	T1b	
AMARYL	T3	
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)
<i>ambrisentan</i>	T1b	PA; QL (30 tablets per 30 days); SP
<i>amcinonide external cream</i>	T1b	
<i>amcinonide external ointment</i>	T9	
AMETHIA	Tier 8	PV
AMETHYST	Tier 8	PV
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>amiloride hcl oral</i>	T1b	
<i>amiloride-hydrochlorothiazide</i>	T1b	
<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)
<i>amiodarone hcl oral tablet 100 mg</i>	T1b	QL (30 tablets per 30 days)
<i>amiodarone hcl oral tablet 200 mg</i>	T1b	
<i>amiodarone hcl oral tablet 400 mg</i>	T9	
AMITIZA	T3	QL (60 capsules per 30 days)
<i>amitriptyline hcl oral</i>	T1b	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T9	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	T9	
AMJEVITA-PED 10KG TO <15KG	T9	
AMJEVITA-PED 15KG TO <30KG	T9	
<i>amlodipine besy-benazepril hcl</i>	T1b	
<i>amlodipine besylate oral</i>	T1a	

Medication	Coverage Level	Restrictions
<i>amlodipine besylate-valsartan</i>	T1b	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1b	
<i>amlodipine-valsartan-hctz</i>	T1b	
<i>ammonium lactate external</i>	T9	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	T2	QL (6 fills per 2 years)
AMNESTEEM ORAL CAPSULE 30 MG	T2	QL (6 Fills per 2 years)
<i>amoxapine</i>	T1b	
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>amoxicillin oral capsule</i>	T1b	
<i>amoxicillin oral suspension reconstituted</i>	T1b	
<i>amoxicillin oral tablet</i>	T1b	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1b	
<i>amoxicillin-pot clavulanate er</i>	T1b	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1b	
<i>amphetamine er</i>	T9	
<i>amphetamine sulfate</i>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphet er</i>	T1b	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	T1b	AL (Min 6 Years)
<i>amphet-dextroamphet 3-bead er</i>	T9	
<i>ampicillin oral capsule 250 mg</i>	T1a	
<i>ampicillin oral capsule 500 mg</i>	T1b	
AMPYRA	T9	
AMRIX	T9	
AMZEEQ	T9	
ANADROL-50	T9	
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>anagrelide hcl</i>	T1b	
ANALPRAM-HC EXTERNAL LOTION	T9	
ANAPROX DS	T3	
ANASPAZ	T3	

Medication	Coverage Level	Restrictions
<i>anastrozole oral</i>	T1b	
ANDEMBRY	T9	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	T9	
ANDROGEL	T9	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	T9	
ANGELIQ	T3	ST
ANIMI-3	T9	
ANNOVERA	T9	
ANORO ELLIPTA	T2	QL (1 inhaler per 30 days)
ANTIVERT ORAL TABLET 50 MG	T9	
ANUSOL-HC RECTAL SUPPOSITORY	T9	
ANZEMET ORAL TABLET 50 MG	T9	
APADAZ	T9	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
APEXICON E	T9	
<i>apexol cleanser</i>	T9	
<i>apexol hp cleanser</i>	T9	
<i>aphoria</i>	T9	
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST
APLENZIN	T9	
APLISOL	T9	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	T9	
<i>apomorphine hcl subcutaneous</i>	T9	
<i>aporix</i>	T9	
<i>apraclonidine hcl</i>	T1b	
<i>aprepitant oral</i>	T1b	QL (6 capsules per 30 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T1b	QL (7 capsules per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	T1b	QL (6 capsules per 30 days)
APRI	Tier 8	PV
APRISO	T3	QL (120 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	T3	QL (30 capsules per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 50 MG	T3	QL (30 tablets per 30 days)
APTIOM	T3	PA; QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
APTIVUS	T4	ST; SP (Limited to a 1 month supply per fill)
AQNEURSA	T9	
AQUANIL HC	T1b	
AQUORAL MOUTH/THROAT AEROSOL SOLUTION	T9	
ARAKODA	T2	
ARANELLE	Tier 8	PV
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); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); SP
ARAVA	T5	SP (Limited to a 1 month supply per fill)
ARAZLO	T9	
ARCALYST	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
ARCAPTA NEOHALER	T3	
AREXVY	T6 - \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 50 Years)
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)
ARICEPT	T3	
ARIKAYCE	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 vials per 28 days)
ARIMIDEX	T3	
<i>aripiprazole oral solution</i>	T3	AL (Max 9 Years)
<i>aripiprazole oral tablet</i>	T1b	QL (60 tablets per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T9	
ARIXTRA	T9	
<i>armodafinil</i>	T1b	QL (30 tablets per 30 days)
ARMONAIR DIGIHALER	T9	
ARMOUR THYROID	T2	
ARNUITY ELLIPTA	T2	QL (1 Inhaler per 30 days)
AROMASIN	T3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	T9	
<i>artilis</i>	T9	
<i>artilis hp</i>	T9	
ASCOMP-CODEINE	T1b	QL (180 capsules per 30 days)

Medication	Coverage Level	Restrictions
ASCRIPITIN ORAL TABLET 325 MG	T1b	
<i>asenapine maleate</i>	T2	QL (60 tablets per 30 days)
ASHLYNA	Tier 8	PV
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	
ASPERFLEX LIDOCAINE EXTERNAL CREAM	T9	
<i>aspirin 81 oral tablet chewable</i>	T1b	PV
<i>aspirin adult low dose</i>	T1b	PV
<i>aspirin childrens</i>	T1b	PV
<i>aspirin ec low dose</i>	T1b	PV
<i>aspirin oral tablet delayed release 325 mg</i>	T9	
<i>aspirin-dipyridamole er</i>	T1b	
ASPRUZYO SPRINKLE	T9	
ASSURE 4 TEST	T3	ST; QL (200 strips per 30 days)
ASSURE DOSE CONTROL	T3	
ASSURE LANCE PLUS SAFETY 30G	T2	
ASSURE PLATINUM	T3	ST; QL (200 strips per 30 days)
ASSURE PRISM MULTI TEST	T3	ST; QL (200 strips per 30 days)
ASTAGRAF XL	T3	ST
ATACAND	T3	
ATACAND HCT	T3	
<i>atazanavir sulfate</i>	T4	SP (Limited to a 1 month supply per fill)
ATELVIA	T3	
<i>atenolol oral</i>	T1a	
<i>atenolol-chlorthalidone</i>	T1b	
ATIVAN ORAL	T3	
<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)
ATORVALIQ	T9	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1a	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1a	
<i>atovaquone oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>atovaquone-proguanil hcl</i>	T1b	

Medication	Coverage Level	Restrictions
ATRALIN	T3	AL (Max 50 Years)
ATRAPRO HYDROGEL	T9	
ATRIPLA	T5	SP (Limited to a 1 month supply per fill)
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1b	
<i>atropine sulfate intravenous solution prefilled syringe 0.4 mg/ml</i>	T9	
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %</i>	T9	
<i>atropine sulfate ophthalmic solution 1 %</i>	T1b	
ATROVENT	T3	
ATROVENT HFA	T2	
ATTRUBY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
AUBAGIO	T9	
AUBRA	Tier 8	PV
AUBRA EQ	Tier 8	PV
AUDENZ	T6 - \$0 Copay	PV
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML	T3	
AUGMENTIN ORAL TABLET 500-125 MG	T3	
AUGMENTIN XR	T3	
AUGTYRO ORAL CAPSULE 160 MG	T5	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (20 capsules per 30 days); SP
<i>augustil</i>	T9	
<i>auranofin</i>	T2	
AUROVELA 1.5/30	Tier 8	PV
AUROVELA 1/20	Tier 8	PV
AUROVELA 24 FE	Tier 8	PV
AUROVELA FE 1.5/30	Tier 8	PV
AUROVELA FE 1/20	Tier 8	PV

Medication	Coverage Level	Restrictions
AURYXIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days)
AUSTEDO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (28 Tablets per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	T5	PA; SP (Limited to 1 fill per lifetime); QL (1 kit per 1 lifetime); SP
AUTOLET LITE LANCING DEVICE	T3	
AUVELITY	T9	QL (60 Tablets per 30 days)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	T9	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	T3	
<i>avanafil</i>	T9	
AVAPRO	T3	
AVAR CLEANSER	T9	
AVAR EXTERNAL PAD	T9	
AVAR LS CLEANSER	T9	
AVAR LS EXTERNAL PAD	T9	
AVAR-E EMOLLIENT	T9	
AVAR-E GREEN	T9	
AVAR-E LS	T9	
<i>aveida</i>	T9	
AVERI	T9	
AVGEMSI	T9	
AVIANE	Tier 8	PV
<i>avidora</i>	T9	
<i>avidora hp</i>	T9	
AVITA EXTERNAL CREAM	T3	AL (Max 50 Years)
AVITA EXTERNAL GEL	T9	

Medication	Coverage Level	Restrictions
AVMAPKI FAKZYNJA CO-PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (66 tablets per 28 days)
AVO CREAM	T9	
AVODART	T3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 pens per 28 days); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
<i>av-phos 250 neutral</i>	T9	
<i>awanis</i>	T9	
AYGESTIN	T3	
AYUNA	Tier 8	PV
AYVAKIT	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>azalta</i>	T9	
<i>azalta hp</i>	T9	
AZASAN	T9	
AZASITE	T3	ST
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azathioprine oral tablet 50 mg</i>	T1b	
<i>azelaic acid external</i>	T2	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T9	
<i>azelastine hcl ophthalmic</i>	T1b	
<i>azelastine-fluticasone</i>	T9	
AZELEX	T3	ST; QL (50 GM per 30 days)
AZILECT	T3	ST; QL (30 tablets per 30 days)
<i>azithromycin oral suspension reconstituted</i>	T1b	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1b	
AZMIRO	T9	
AZOPT	T3	
AZOR	T3	ST
AZSTARYS	T9	
AZULFIDINE	T3	

Medication	Coverage Level	Restrictions
AZULFIDINE EN-TABS	T3	
AZURETTE	Tier 8	PV
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1b	
<i>bacitra-neomycin-polymyxin-hc</i>	T1b	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral suspension</i>	T3	QL (473 ML per 30 days); AL (Max 9 Years)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	T1b	
<i>baclofen oral tablet 15 mg</i>	T9	
BACMIN	T9	
BACTRIM	T3	
BACTRIM DS	T3	
BAFIERTAM	T9	
BALCOLTRA	T9	
<i>balsalazide disodium</i>	T1b	
<i>balsam peru-castor oil</i>	T9	
BALVERSA ORAL TABLET 3 MG, 4 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
BALVERSA ORAL TABLET 5 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
BALZIVA	Tier 8	PV
BANZEL ORAL SUSPENSION	T5	PA; SP (Limited to a 1 month supply per fill); QL (2300 ML per 28 days)
BANZEL ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
BANZEL ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
BAQSIMI ONE PACK	T2	QL (2 devices per 30 Days)
BAQSIMI TWO PACK	T2	QL (2 devices per 30 Days)
BARACLUDE ORAL SOLUTION	T5	SP (Limited to a 1 month supply per fill)
BARACLUDE ORAL TABLET	T9	
BASAGLAR KWIKPEN	T9	
BASAGLAR TEMPO PEN	T9	

Medication	Coverage Level	Restrictions
<i>batizia</i>	T9	
BAXDELA INTRAVENOUS	T9	
BAXDELA ORAL	T3	ST; QL (10 tablets per 30 days)
<i>baxonil</i>	T9	
BAYER ASPIRIN EC LOW DOSE	T9	
BAYER ASPIRIN ORAL TABLET	T9	
<i>bcg vaccine injection solution reconstituted</i>	T6 - \$0 Copay	PV
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 INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML, 31G X 5/16" 1 ML	T2	
BD PEN NEEDLE MINI U/F	T2	
BD PEN NEEDLE MINI ULTRAFINE	T2	
BECONASE AQ	T9	
BELBUCA	T3	ST; QL (60 films per 30 days)
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
BELSOMRA	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>benazepril hcl oral</i>	T1a	
<i>benazepril-hydrochlorothiazide</i>	T1b	
BENEFIX INTRAVENOUS KIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (46000 billable units per 28 days)
BENICAR	T3	
BENICAR HCT	T3	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
<i>bensal hp</i>	T9	
BENZAC AC WASH EXTERNAL LIQUID	T9	
BENZACLIN	T9	
BENZACLIN WITH PUMP	T9	
BENZEFOAM	T9	
BENZEFOAMULTRA	T9	

Medication	Coverage Level	Restrictions
BENZEPRO CREAMY WASH	T9	
BENZEPRO EXTERNAL FOAM 5.3 %	T9	
BENZEPRO FOAMING CLOTHS	T9	
BENZEPRO SHORT CONTACT	T9	
<i>benznidazole oral tablet 100 mg</i>	T3	QL (60 tablets per 1 lifetime); AL (Max 12 Years)
<i>benznidazole oral tablet 12.5 mg</i>	T9	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1b	
<i>benzonatate oral capsule 150 mg</i>	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 liquid 10 %</i>	T9	
<i>benzoyl peroxide external pad 9.5 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>benzphetamine hcl oral tablet 50 mg</i>	T1b	
<i>benztropine mesylate oral</i>	T1b	
<i>bepotastine besilate</i>	T3	ST; QL (5 ML per 30 days)
BEPREVE	T9	
BERINERT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
BESIVANCE	T3	QL (5 ML per 30 days)
BESREMI	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>betaine</i>	T3	SP
<i>betamethasone dipropionate aug external cream</i>	T1b	
<i>betamethasone dipropionate aug external gel</i>	T1b	QL (50 GM per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	T1b	QL (60 ML per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	T1b	QL (50 GM per 30 days)
<i>betamethasone dipropionate external cream</i>	T1b	
<i>betamethasone dipropionate external lotion</i>	T1b	QL (60 ML per 30 days)
<i>betamethasone dipropionate external ointment</i>	T2	
<i>betamethasone sod phos & acet injection suspension 7 (4-3) mg/ml</i>	T9	
<i>betamethasone valerate external cream</i>	T1b	
<i>betamethasone valerate external foam</i>	T9	

Medication	Coverage Level	Restrictions
<i>betamethasone valerate external lotion</i>	T1b	QL (60 ML per 30 days)
<i>betamethasone valerate external ointment</i>	T1b	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	T3	
BETASERON SUBCUTANEOUS KIT	T4	ST; SP (Limited to a 1 month supply per fill.); SP
<i>betaxolol hcl</i>	T1b	
<i>bethanechol chloride oral</i>	T1b	
BETHKIS	T5	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
BETIMOL	T2	
BETOPTIC-S	T9	
<i>bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml</i>	T9	
<i>bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.25 mg/0.09ml, 2.75 mg/0.11ml</i>	T9	
BEVESPI AEROSPHERE	T3	ST; QL (1 inhaler per 30 days)
BEVYXXA	T9	
<i>bexarotene external</i>	T9	
<i>bexarotene oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
BEXSERO	T6 - \$0 Copay	PV; QL (2 ML per 1 Lifetime)
BEYAZ	T9	
BIAFINE	T9	
<i>bicalutamide</i>	T1b	
BIDIL	T9	
BIGFOOT UNITY PROGRAM	T9	
BIJUVA	T9	
BIKTARVY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
BILTRICIDE	T5	SP (Limited to a 1 month supply per fill)
<i>bimatoprost external</i>	T9	
<i>bimatoprost ophthalmic</i>	T1b	
<i>bimatoprost-brimonidine-dorzol</i>	T9	
<i>bimatoprost-timolol maleate</i>	T9	

Medication	Coverage Level	Restrictions
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed 2 auto-injectors per 28 day for first 4 fills only); QL (2 auto-injectors per 56 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed 2 syringes per 28 day for first 4 fills only); QL (2 syringes per 56 days); SP
BINOSTO	T3	PA; ST
BIOTHRAX	T9	
<i>bisacodyl ec</i>	Tier 8	PV
<i>bisacodyl rectal</i>	T9	
<i>bismuth/metronidaz/tetracyclin</i>	T3	ST
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1b	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	T9	
<i>bisoprolol-hydrochlorothiazide</i>	T1b	
BKEMV	T9	
BLEPH-10	T3	
BLEPHAMIDE S.O.P.	T3	
BLISOVI 24 FE	Tier 8	PV
BLISOVI FE 1.5/30	Tier 8	PV
BLISOVI FE 1/20	Tier 8	PV
<i>blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<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)
BLULINK GLUCOSE MONITORING SYS	T9	
BLULINK GLUCOSE TEST	T3	ST; QL (200 Strips per 30 Days)
BONIVA ORAL TABLET 150 MG	T3	
BONJESTA	T9	

Medication	Coverage Level	Restrictions
BONSITY	T4	PA; SP (Limited to a 1-month supply per fill); QL (2 Years per 1 Lifetime); SP
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
<i>bosentan oral tablet 125 mg</i>	T1b	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>bosentan oral tablet 62.5 mg</i>	T1b	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>bosentan oral tablet soluble</i>	T1b	PA; SP (Limited to a 1-month supply per fill); QL (56 Tablets per 28 days); SP
BOSULIF	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>bp gel external gel 10 %, 5 %</i>	T9	
<i>bp vit 3</i>	T9	
<i>bp wash external liquid 10 %, 2.5 %, 5 %, 7 %</i>	T9	
<i>bpo foaming cloths external 6 %</i>	T9	
BPROTECTED PEDIA IRON	T1b	AL (Min 6 Months and Max 12 Months)
BRAFTOVI ORAL CAPSULE 75 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
BREATHERITE	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER ADULT	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER CHILD	T2	QL (4 EA per 365 days)
BREATHERITE COLL SPACER INFANT	T2	QL (4 EA per 365 days)
BREATHERITE RIGID SPACER/MASK	T2	QL (4 EA per 365 days)
BREATHERITE SPACER NEONATE	T2	QL (4 EA per 365 days)
BREATHERITE SPACER SMALL CHILD	T2	QL (4 EA per 365 days)
BREATHERITE/LARGE MASK	T2	QL (4 EA per 365 days)
BREATHERITE/MEDIUM MASK	T2	QL (4 EA per 365 days)
BREATHERITE/SMALL MASK	T2	QL (4 EA per 365 days)
BREKIYA	T9	
BRENZAVVY	T9	

Medication	Coverage Level	Restrictions
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T2	QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2	QL (1 inhaler per 30 Days)
BREXAFEMME	T9	
BREYNA	T1b	QL (2 inhalers per 30 days)
BREZTRI AEROSPHERE	T2	QL (1 inhaler per 30 days)
<i>briellyn</i>	Tier 8	PV
BRILINTA	T9	
<i>brimonidine tartrate external</i>	T3	ST; QL (30 GM per 30 days)
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1b	
<i>brimonidine tartrate-timolol</i>	T1b	
<i>brimonidine-dorzolamide</i>	T9	
<i>brinzolamide</i>	T2	
BRISDELLE	T9	
BRIVIACT ORAL SOLUTION	T3	QL (300 ML per 30 days)
BRIVIACT ORAL TABLET	T3	QL (60 tablets per 30 days)
BROMFED DM ORAL SYRUP 30-2-10 MG/5ML	T9	
<i>bromfenac sodium (once-daily)</i>	T2	ST; QL (1.7 ML per 30 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T9	
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	T1b	ST; QL (5 ML per 30 days)
<i>bromocriptine mesylate oral</i>	T2	
BROMSITE	T9	
BRONCHITOL	T9	
BROVANA	T5	SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
BRUKINSA ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
BRUKINSA ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Capsules per 30 days)
BRYHALI	T9	
BRYNOVIN	T9	

Medication	Coverage Level	Restrictions
BSS	T1b	
BSS PLUS	T3	
BUCAPSOL	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 inhalation suspension 0.25 mg/2ml, 1 mg/2ml</i>	T2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	T2	QL (240 ML per 30 days)
<i>budesonide nasal</i>	T9	
<i>budesonide oral</i>	T3	QL (90 capsules per 30 days)
<i>budesonide rectal foam 2 mg</i>	T3	QL (2 packages per 180 days)
<i>budesonide-formoterol fumarate</i>	T1b	QL (2 inhalers per 30 days)
<i>buffered aspirin</i>	T3	
BUFFERIN	T3	
<i>bumetanide oral</i>	T1a	
BUPAP ORAL TABLET 50-300 MG	T9	
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)
<i>bupivacaine hcl injection solution prefilled syringe 0.25 % (10 ml)</i>	T9	
<i>buprenorphine hcl sublingual</i>	T1b	QL (90 tablets per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1b	QL (60 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1b	QL (90 films per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1b	QL (90 tablets per 30 days)
<i>buprenorphine transdermal</i>	T2	ST; QL (4 patches per 28 days)
<i>bupropion hcl er (smoking det)</i>	Tier 8	PV
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	T1b	QL (90 tablets per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	T1b	QL (60 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1b	QL (90 tablets per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1b	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	T9	

Medication	Coverage Level	Restrictions
<i>bupropion hcl oral</i>	T1b	
<i>buspirone hcl oral</i>	T1a	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T9	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1b	QL (180 tablets per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T9	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1b	QL (180 capsules per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T9	
<i>butalbital-apap-caffeine oral solution</i>	T9	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1b	QL (180 tablets per 30 days)
<i>butalbital-asa-caff-codeine</i>	T2	QL (180 capsules per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	T1b	QL (180 tablets per 30 days)
<i>butenafine hcl</i>	T1b	
<i>butorphanol tartrate injection</i>	T3	
<i>butorphanol tartrate nasal</i>	T2	
BUTRANS	T9	
BYDUREON BCISE	T9	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
BYLVAY	T9	
BYLVAY (PELLETS)	T9	
BYNFEZIA PEN	T9	
BYSTOLIC	T3	
<i>cabergoline</i>	T1b	
CABLIVI	T4	PA; SP (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
CABOMETYX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
CABTREO	T9	
CADUET ORAL TABLET 10-10 MG, 5-10 MG	T3	
CAFERGOT	T9	
<i>caffeine citrate oral solution 60 mg/3ml</i>	T3	AL (Max 1 Years)
<i>calcipotriene external cream</i>	T1b	QL (120 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene external solution</i>	T1b	
<i>calcipotriene-betameth diprop</i>	T9	
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitonin (salmon) nasal</i>	T1b	
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)
<i>calcitriol oral capsule</i>	T1b	
<i>calcitriol oral solution</i>	T1b	AL (Max 9 Years)
<i>calcium acetate (phos binder) oral capsule</i>	T1b	
<i>calcium-folic acid plus d</i>	T9	
CALQUENCE ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>calsodore external kit</i>	T9	
CAMBIA	T9	
CAMILA	Tier 8	PV
CAMRESE	Tier 8	PV
CAMRESE LO	Tier 8	PV
CAMZYOS	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 18 Years); SP
CANASA	T5	SP (Limited to a 1 month supply per fill)
<i>candesartan cilexetil</i>	T1b	
<i>candesartan cilexetil-hctz</i>	T1b	
CANDIN	T9	
<i>capecitabine</i>	T4	SP (Limited to a 1 month supply per fill); SP
CAPEX	T9	
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)

Medication	Coverage Level	Restrictions
CAPRELSA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
<i>captopril oral</i>	T1b	
<i>captopril-hydrochlorothiazide</i>	T1b	
CAPVAXIVE	T6 - \$0 Copay	PV; QL (1 dose per 1 Lifetime)
CARAC	T9	
CARAFATE	T3	ST
CARBAGLU ORAL TABLET SOLUBLE	T9	SP ()
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1b	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1b	ST; QL (60 tablets per 30 days)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	T2	ST; QL (120 tablets per 30 days)
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1b	
<i>carbamazepine oral tablet</i>	T1b	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1b	
<i>carbamazepine oral tablet chewable 200 mg</i>	T9	
CARBATROL	T3	
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
<i>carbidopa-levodopa</i>	T1b	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1b	
<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>	T1b	
<i>carbinoxamine maleate er</i>	T9	
<i>carbinoxamine maleate oral solution</i>	T1b	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1b	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<i>carbzah</i>	T9	
<i>cardioplegia del nido formula</i>	T9	
CARDIOVID PLUS	T9	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	T3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	T9	

Medication	Coverage Level	Restrictions
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	T2	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	T9	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	T3	
CARDURA	T3	
CARDURA XL	T3	ST
CARESENS CONTROL A	T3	
CARESENS N GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
CARETOUCH CONTROL SOL LEVEL 2	T3	
CARETOUCH LANCING/EJECTOR	T3	
CARETOUCH TEST	T3	ST; QL (200 strips per 30 days)
CARETOUCH TWIST LANCETS 28G	T2	
CARETOUCH TWIST LANCETS 30G	T2	
CARETOUCH TWIST LANCETS 33G	T2	
<i>carglumic acid oral tablet soluble</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	T2	QL (90 tablets per 30 days)
<i>carisoprodol-aspirin</i>	T9	
<i>carisoprodol-aspirin-codeine</i>	T1b	QL (120 tablets per 30 days)
CARNITOR ORAL	T3	
CARNITOR SF	T3	
CAROSPIR	T3	QL (120 ML per 30 days); AL (Max 9 Years)
<i>carteolol hcl</i>	T1b	
CARTIA XT	T1b	
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
CASODEX	T3	
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
CAVERJECT	T9	
CAVERJECT IMPULSE	T9	
CAYA	Tier 8	PV
CAYSTON	T4	PA; SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
CAZIENT	Tier 8	PV
<i>cefaclor er</i>	T9	
<i>cefaclor oral capsule 250 mg</i>	T1b	
<i>cefadroxil</i>	T1b	
<i>cefdinir</i>	T1b	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1b	
<i>cefixime oral suspension reconstituted</i>	T1b	
<i>cefpodoxime proxetil</i>	T1b	
<i>cefprozil</i>	T1b	
<i>cefuroxime axetil oral tablet</i>	T1b	
CELACYN	T9	
CELEBREX	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1b	QL (60 capsules per 30 days)
CELEXA ORAL TABLET 10 MG	T3	QL (90 tablets 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)
CELLCEPT ORAL CAPSULE	T3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	T3	AL (Max 9 Years)
CELLCEPT ORAL TABLET	T3	
CELONTIN	T3	
CENTANY	T3	QL (22 GM per 30 days)
CENTRATEX	T9	
<i>cephalexin oral capsule</i>	T1a	
<i>cephalexin oral suspension reconstituted</i>	T1b	
<i>cephalexin oral tablet</i>	T2	
CEPROTIN	T3	SP
CEQUA	T9	
CERACADE	T9	
CERDELGA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); SP
CETACAINE EXTERNAL AEROSOL	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>cetirizine-pseudoephedrine er</i>	T9	

Medication	Coverage Level	Restrictions
CETRAXAL	T3	
<i>cetorelix acetate</i>	T2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	T2	SP
<i>cevimeline hcl</i>	T1b	QL (90 capsules per 30 days)
CHARLOTTE 24 FE	Tier 8	PV
CHATEAL	Tier 8	PV
CHATEAL EQ	Tier 8	PV
CHEMET	T4	SP (Limited to a 1 month supply per fill)
<i>childrens aspirin</i>	T3	PV
<i>childrens loratadine oral solution</i>	T9	
<i>chlohux</i>	T9	
<i>chlordiazepoxide hcl</i>	T1a	
<i>chlordiazepoxide-amitriptyline</i>	T1b	
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorhexidine gluconate mouth/throat</i>	T1b	
<i>chloroquine phosphate oral</i>	T1b	
<i>chlorpheniramine maleate er</i>	T9	
<i>chlorpromazine hcl oral concentrate</i>	T3	QL (180 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1b	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<i>chlorzoxazone oral tablet 500 mg</i>	T1b	
CHOLBAM ORAL CAPSULE 250 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
CHOLBAM ORAL CAPSULE 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>cholestyramine light</i>	T1b	
<i>cholestyramine oral</i>	T1b	
<i>chorionic gonadotropin intramuscular</i>	T3	SP
CHOSEN LANCING DEVICE	T3	
CIALIS	T9	
CIBINQO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
CICLODAN EXTERNAL SOLUTION	T1b	

Medication	Coverage Level	Restrictions
<i>ciclopirox external</i>	T1b	
<i>ciclopirox olamine external</i>	T1b	
<i>ciclopirox treatment</i>	T9	
CIFEREX	T9	
<i>cilostazol</i>	T1b	
CILOXAN	T3	
CIMDUO	T9	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	T3	
<i>cimetidine oral tablet 200 mg</i>	T9	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	T3	
CIMZIA (2 SYRINGE)	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
CIMZIA-STARTER	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 fill per 1 lifetime)
<i>cinacalcet hcl</i>	T4	SP (Limited to a 1 month supply per fill)
CIPRO HC	T2	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET 250 MG, 500 MG	T3	
CIPRODEX	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1b	
<i>ciprofloxacin hcl oral</i>	T1a	
<i>ciprofloxacin hcl otic</i>	T1b	
<i>ciprofloxacin oral</i>	T1b	
<i>ciprofloxacin-dexamethasone</i>	T1b	

Medication	Coverage Level	Restrictions
<i>ciprofloxacin-fluocinolone pf</i>	T2	AL (Min 6 Months and Max 17 Years)
<i>citalopram hydrobromide oral capsule</i>	T9	
<i>citalopram hydrobromide oral solution</i>	T1a	
<i>citalopram hydrobromide oral tablet 10 mg</i>	T1a	QL (90 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	T1a	QL (60 tablets per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	T1a	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	T3	QL (60 tablets per 30 days)
CITRANATAL ASSURE ORAL 35-1 & 300 MG	T3	
CITRANATAL B-CALM	T3	
CITRANATAL BLOOM	T3	
CITRANATAL DHA	T3	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	T3	
CITRANATAL MEDLEY	T3	
CITRANATAL RX	T3	
<i>citrate of magnesia oral solution</i>	Tier 8	PV
CITROMA	Tier 8	PV
CLARAVIS	T2	QL (6 fills per 2 years)
CLARINEX ORAL TABLET	T9	
CLARINEX-D 12 HOUR	T9	
<i>clarithromycin er</i>	T1b	
<i>clarithromycin oral</i>	T1b	
CLARITIN ORAL SOLUTION	T9	
CLARITIN ORAL SYRUP	T9	
CLARITIN ORAL TABLET	T9	
CLARITIN REDITABS	T9	
CLARITIN-D 12 HOUR	T9	
CLARITIN-D 24 HOUR	T9	
<i>classic prenatal</i>	Tier 8	PV
CLEARLAX ORAL PACKET	T9	
CLEARLAX ORAL POWDER	Tier 8	PV
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 1.34 mg</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1b	
CLEMASZ	T9	
CLEMSZA	T9	
CLENIA PLUS	T9	
CLENPIQ	T3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	T3	

Medication	Coverage Level	Restrictions
CLEOCIN ORAL CAPSULE 75 MG	T2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	T2	
CLEOCIN VAGINAL CREAM	T3	
CLEOCIN VAGINAL SUPPOSITORY	T9	
CLEOCIN-T EXTERNAL LOTION	T9	
CLEVER CHOICE MICRO TEST	T3	ST; QL (200 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO	T3	ST; QL (200 strips per 30 days)
CLIMARA	T9	
CLIMARA PRO	T9	
CLINDAGEL	T9	
<i>clindamycin hcl oral</i>	T1a	
<i>clindamycin palmitate hcl</i>	T1b	
<i>clindamycin phos (once-daily)</i>	T1b	
<i>clindamycin phos (twice-daily)</i>	T1b	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	T9	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1b	QL (45 gm per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	T2	QL (50 GM per 30 days)
<i>clindamycin phosphate external gel 1 %</i>	T1b	
<i>clindamycin phosphate external lotion</i>	T1b	
<i>clindamycin phosphate external solution</i>	T1b	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1b	
<i>clindamycin phosphate vaginal</i>	T1b	
<i>clindamycin-tretinoin</i>	T3	
CLINDESSE	T3	ST
<i>clobazam oral suspension 2.5 mg/ml</i>	T2	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	T1b	
<i>clobetasol prop emollient base</i>	T1b	QL (60 GM per 30 days)
<i>clobetasol propionate emulsion</i>	T3	QL (100 GM per 30 days)
<i>clobetasol propionate external cream 0.025 %</i>	T9	
<i>clobetasol propionate external cream 0.05 %</i>	T1b	QL (60 GM per 30 days)
<i>clobetasol propionate external foam</i>	T9	
<i>clobetasol propionate external gel</i>	T1b	
<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>	T1b	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>	T1b	

Medication	Coverage Level	Restrictions
<i>clobetasol propionate ophthalmic</i>	T9	
CLOBEX	T3	ST; QL (118 ML per 30 days)
CLOBEX SPRAY	T9	
<i>clocortolone pivalate</i>	T3	ST
CLODAN EXTERNAL KIT	T3	
CLODAN EXTERNAL SHAMPOO	T2	QL (118 ML per 30 days)
CLOMID	T3	
<i>clomiphene citrate oral</i>	T1b	
<i>clomipramine hcl oral</i>	T1b	QL (90 capsules per 30 days)
<i>clonazepam oral tablet</i>	T1a	
<i>clonazepam oral tablet dispersible</i>	T1b	
<i>clonidine</i>	T1b	
<i>clonidine er</i>	T9	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T2	
<i>clonidine hcl er oral tablet extended release 24 hour</i>	T9	
<i>clonidine hcl oral</i>	T1a	
<i>clopidogrel bisulfate oral</i>	T1a	
<i>clorazepate dipotassium</i>	T1b	
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>clotrimazole mouth/throat troche</i>	T1b	
<i>clotrimazole-betamethasone external cream</i>	T1b	
<i>clotrimazole-betamethasone external lotion</i>	T1b	QL (30 gm per 30 days)
<i>clozapine oral tablet</i>	T1b	
<i>clozapine oral tablet dispersible</i>	T3	
CLOZARIL ORAL TABLET 100 MG, 25 MG	T3	
CLOZARIL ORAL TABLET 200 MG, 50 MG	T9	
COAGADEX	T4	SP (Limited to a 1 month supply per fill)
<i>coal tar external solution</i>	T2	
COARTEM	T2	
COBENFY	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
COBENFY STARTER PACK	T5	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
<i>codeine sulfate oral tablet</i>	T1b	
<i>coenzyme q10</i>	T9	

Medication	Coverage Level	Restrictions
<i>coenzyme q-10 oral capsule 100 mg</i>	T9	
COLAZAL	T5	SP (Limited to a 1 month supply per fill)
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1b	QL (120 capsules per 30 days)
<i>colchicine-probenecid</i>	T1b	
COLCRYS	T9	
<i>colesevelam hcl oral packet</i>	T3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	T1b	QL (180 tablets per 30 days)
COLESTID	T3	
<i>colestipol hcl</i>	T1b	
<i>colistimethate sodium (cba)</i>	T9	
COLY-MYCIN S	T3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM	T3	
COMBIGAN	T9	
COMBIPATCH	T2	
COMBIVENT RESPIMAT	T2	QL (2 inhalers per 30 days)
COMBIVIR	T5	SP (Limited to a 1 month supply per fill)
COMBOGESIC ORAL	T9	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
COMIRNATY	T6 - \$0 Copay	PV
COMIRNATY 5-11 YEARS	T6 - \$0 Copay	PV
COMPACT SPACE CHAMBER	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/LG MASK	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/MED MASK	T3	QL (4 chambers per 1 year)
COMPACT SPACE CHAMBER/SM MASK	T3	QL (4 chambers per 1 year)
COMPLERA	T4	SP (Limited to a 1 month supply per fill)
<i>complete natal dha</i>	T1b	
<i>completenate</i>	T1b	

Medication	Coverage Level	Restrictions
COMPRO	T1b	
COMTAN	T3	
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)
CONDYLOX EXTERNAL GEL	T3	ST
CONJUPRI	T9	
CONSENSI	T9	
CONTOUR CONTROL IN VITRO LIQUID NORMAL	T3	
CONTOUR NEXT TEST	T3	ST; QL (200 strips per 30 days)
CONTOUR PLUS BLUE	T9	
CONTOUR PLUS TEST	T3	ST; QL (200 Strips per 30 days)
CONTOUR TEST	T3	ST; QL (200 strips per 30 days)
CONTRACE	T3	ST
CONZIP	T9	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
COPIKTRA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CORDRAN	T9	
COREG	T3	
COREG CR	T3	ST
CORGARD	T3	
CORLANOR ORAL SOLUTION	T3	ST; AL (Max 9 Years)
CORLANOR ORAL TABLET	T9	
CORTANE-B EXTERNAL	T3	
CORTEF	T3	
CORTENEMA	T3	
CORTIFOAM EXTERNAL	T3	ST
<i>cortisone acetate oral</i>	T1b	
CORTISPORIN-TC	T3	
CORTROPHIN	T9	
CORTROPHIN GEL	T9	
CORVITA 150	T9	
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE 150 ORAL TABLET	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	

Medication	Coverage Level	Restrictions
CORVITE ORAL TABLET 1.25 MG	T9	
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days); SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 dose packs for induction/starting dose only.); QL (1 dose pack per 28 days); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 pens for induction/starting dose only.); QL (1 pen per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 28 days); SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 syringe per 30 days); SP
COSENTYX UNOREADY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed one time fill of 5 syringes for induction/starting dose only.); QL (1 pen per 28 days)
COSOPT	T3	
COTELLIC	T4	PA; SP (Limited to a 1 month supply per fill); SP
COTEMPLA XR-ODT	T9	
COUMADIN ORAL	T2	
COVARYX	T9	
COVARYX HS	T9	

Medication	Coverage Level	Restrictions
COXANTO	T9	
COZAAR	T3	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CRENESSITY ORAL CAPSULE 25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill.); QL (30 Capsules per 30 days); SP
CRENESSITY ORAL SOLUTION	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 ML per 30 days)
CREON	T4	SP (Limited to a 1 month supply per fill)
CRESEMBA ORAL CAPSULE 186 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CRESEMBA ORAL CAPSULE 74.5 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
CRESTOR	T3	
CREXONT	T9	
CRINONE VAGINAL GEL 4 %	T9	
CRINONE VAGINAL GEL 8 %	T9	SP ()
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	T2	
<i>cromolyn sodium inhalation</i>	T9	
<i>cromolyn sodium ophthalmic</i>	T1b	
<i>cromolyn sodium oral</i>	T3	
CRYODOSE TA	T9	
CRYSELLE-28	Tier 8	PV
CUPRIMINE ORAL CAPSULE 250 MG	T9	
CURAE	Tier 8	PV
CUVPOSA	T9	
CUVRIOR	T9	
CVS ADVANCED GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>cvs aspirin adult low dose</i>	T1b	PV
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1b	PV
<i>cvs aspirin oral tablet 325 mg</i>	T9	
<i>cvs folic acid oral tablet 800 mcg</i>	Tier 8	PV; AL (Max 50 Years)

Medication	Coverage Level	Restrictions
<i>cvs ibuprofen oral capsule</i>	T1a	
<i>cvs magnesium citrate oral solution</i>	Tier 8	PV
<i>cvs milk of magnesia oral suspension 400 mg/5ml</i>	Tier 8	PV
<i>cvs nicotine polacrilex</i>	Tier 8	PV
<i>cvs nicotine transdermal</i>	Tier 8	PV
<i>cvs prenatal multi+dha</i>	Tier 8	PV
<i>cvs prenatal oral tablet 27-0.8 mg</i>	Tier 8	PV
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1b	
<i>cyanocobalamin nasal</i>	T9	
<i>cyclobenzaprine hcl er</i>	T9	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1a	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %	T2	
CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1b	
<i>cyclophosphamide oral</i>	T2	
<i>cycloserine oral</i>	T4	QL (90 capsules per 30 days)
CYCLOSET	T3	
<i>cyclosporine modified</i>	T1b	
<i>cyclosporine ophthalmic</i>	T2	QL (60 vials per 30 days)
<i>cyclosporine oral capsule</i>	T4	SP (Limited to a 1 month supply per fill)
CYLTEZO (2 PEN)	T9	
CYLTEZO (2 SYRINGE)	T9	
CYLTEZO-CD/UC/HS STARTER	T9	
CYLTEZO-PSORIASIS/UV STARTER	T9	
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>cyproheptadine hcl oral</i>	T1b	
CYRED	Tier 8	PV
CYRED EQ	Tier 8	PV
CYSTADANE	T9	
CYSTADROPS	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 ML per 30 days)

Medication	Coverage Level	Restrictions
CYSTARAN	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 28 days)
CYTOMEL	T2	
CYTOTEC	T3	
<i>cytra k crystals</i>	T1b	
<i>cytra-2</i>	T9	
CYTRA-3	T9	
<i>cytra-k</i>	T9	
<i>dabigatran etexilate mesylate</i>	T2	QL (60 capsules per 30 days)
<i>dafilor</i>	T9	
<i>dalfampridine er</i>	T5	PA; SP (Limited to a 1 month supply per fill); SP
DALIRESP	T3	QL (30 tablets per 30 days)
<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)
DANTRIUM ORAL	T3	
<i>dantrolene sodium oral</i>	T1b	
DANZITEN	T4	PA; SP (Limited to a 1-month supply per fill); QL (112 Tablets per 28 days)
<i>dapagliflozin pro-metformin er</i>	T9	
<i>dapagliflozin propanediol</i>	T9	
<i>dapsone external</i>	T9	
<i>dapsone oral</i>	T1b	
DARAPRIM	T9	
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
DARTISLA ODT	T9	
<i>darunavir</i>	T4	SP (Limited to a 1 month supply per fill)
<i>dasatinib</i>	T1b	PA; QL (30 tablets per 30 days); SP
DASETTA 1/35 (28)	Tier 8	PV
DASETTA 7/7/7	Tier 8	PV
DAURISMO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
DAXBIA	T9	
DAYBUE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL (Min 2 Years)

Medication	Coverage Level	Restrictions
DAYPRO	T3	
DAYSEE	Tier 8	PV
DAYTRANA	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
DAYVIGO	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>dazaveidaoxia</i>	T9	
<i>dazinia</i>	T9	
<i>dazomon</i>	T9	
DDAVP ORAL	T3	
DDAVP PF	T3	SP
DEBLITANE	Tier 8	PV
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T1b	
<i>deferasirox granules</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deferasirox oral tablet</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deferasirox oral tablet soluble</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deferiprone</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>deflazacort</i>	T9	
<i>del nido cardioplegia</i>	T9	
DELESTROGEN	T3	
<i>delibon</i>	T9	
DELSTRIGO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DELZICOL	T3	QL (180 capsules per 30 days)
<i>demeclocycline hcl oral</i>	T3	
DEMSER	T9	
DENAVIR	T5	ST; SP (Limited to one 6 month supply at a time); QL (5 GM per 6 months)
DENGVAIXA	T9	
DENTA 5000 PLUS	T1b	
DENTAGEL	T1b	
<i>denvita</i>	T9	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	
<i>deoxiavar</i>	T9	
DEPAKOTE	T3	

Medication	Coverage Level	Restrictions
DEPAKOTE ER	T3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	T3	
DEPEN TITRATABS	T9	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 8	PV; QL (1 vial per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 8	PV; QL (1 syringe per 90 days)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	T9	
DERMA SILKRX SDS PAK	T9	
DERMACINRX PRIZOPAK	T9	
DERMACINRX PUREFOLIX	T9	
<i>derma-r</i>	T9	
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
DERMASO PLUS	T9	
DERMASORB AF	T9	
DERMASORB HC	T9	
DERMASORB TA	T9	
DERMASORB XM	T9	
DERMATOP	T3	
DERMAZENE	T9	
DERMULCERA	T9	
DESCOVY ORAL TABLET 120-15 MG	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
DESCOVY ORAL TABLET 200-25 MG	T5	SP (Limited to a 1 month supply per fill); PV; QL (30 tablets per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>desloratadine oral tablet</i>	T9	
<i>desmopressin ace spray refrig</i>	T2	ST; QL (10 ML per 30 days)
<i>desmopressin acetate oral tablet 0.1 mg</i>	T1b	QL (180 tablets per 30 days)
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1b	
<i>desmopressin acetate pf</i>	T3	SP
<i>desmopressin acetate spray</i>	T2	ST; QL (10 ML per 30 days)
<i>desogestrel-ethinyl estradiol</i>	Tier 8	PV
DESONATE	T9	
<i>desonide external cream</i>	T1b	
<i>desonide external gel</i>	T9	
<i>desonide external lotion</i>	T9	

Medication	Coverage Level	Restrictions
<i>desonide external ointment</i>	T1b	
DESOWEN EXTERNAL CREAM	T9	
DESOWEN EXTERNAL LOTION	T9	
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external cream 0.25 %</i>	T1b	
<i>desoximetasone external gel</i>	T9	
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<i>desoximetasone external ointment 0.25 %</i>	T2	
DESOXYN	T9	
<i>desvenlafaxine er</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er</i>	T1b	QL (60 tablets per 30 days)
DETROL	T3	
DETROL LA	T3	QL (30 capsules per 30 days)
<i>dexabliss</i>	T9	
DEXAMETHASONE INTENSOL	T2	
<i>dexamethasone oral elixir</i>	T1b	
<i>dexamethasone oral solution</i>	T1b	
<i>dexamethasone oral tablet</i>	T1b	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1b	
DEXCOM G6 RECEIVER	T2	ST; QL (1 receiver per 365 days)
DEXCOM G6 SENSOR	T2	ST; QL (1 box per 30 days)
DEXCOM G6 TRANSMITTER	T2	ST; QL (1 transmitter per 90 days)
DEXCOM G7 RECEIVER	T2	ST; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR	T2	ST; QL (3 sensors per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	T3	QL (120 capsules per 30 days)
DEXILANT	T9	
<i>dexlansoprazole</i>	T3	ST; QL (30 capsules per 30 days)
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe 20-0.9 mcg/5ml-%</i>	T9	
<i>dexmethylphenidate hcl</i>	T1b	AL (Min 4 Years)
<i>dexmethylphenidate hcl er</i>	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
DEXONTO 0.4%	T3	
DEXTAK 6 DAY ORAL TABLET THERAPY PACK	T9	
<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)

Medication	Coverage Level	Restrictions
<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>	T1b	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1b	QL (180 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T9	
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 5 mg</i>	T1b	QL (30 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 7.5 mg</i>	T1b	QL (90 tablets per 30 days); AL (Min 6 Years)
DEXYCU	T9	
DHIVY	T3	
DIABETA	T3	
DIACOMIT ORAL CAPSULE 250 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
DIACOMIT ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<i>diadimaxia external cream</i>	T9	
DIALYVITE	T9	
DIALYVITE 3000	T9	
DIALYVITE 5000	T9	
DIALYVITE 800 ORAL TABLET	Tier 8	PV
DIALYVITE 800/IRON ORAL TABLET 29-0.8 MG	T9	
DIALYVITE SUPREME D ORAL TABLET 3 MG	T9	
DIALYVITE/ZINC	T9	
DIAMOX SEQUELS	T3	
<i>diasaxiatar</i>	T9	
<i>diasdimaxia external cream</i>	T9	
<i>diasoxia external cream</i>	T9	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
<i>diatruue plus test</i>	T3	ST; QL (200 strips per 30 days)
DIAZEPAM INTENSOL	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1a	
<i>diazepam oral tablet</i>	T1a	
<i>diazepam rectal</i>	T3	

Medication	Coverage Level	Restrictions
<i>diazoxide oral</i>	T4	SP (Limited to a 1 month supply per fill)
DIBENZYLINE	T9	
<i>dichlorphenamide</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<i>diclareal</i>	T9	
DICLEGIS	T9	
<i>diclofenac epolamine external</i>	T3	ST; QL (60 patches per 30 days)
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium oral tablet 50 mg</i>	T1b	
<i>diclofenac potassium(migraine)</i>	T9	
<i>diclofenac sodium er</i>	T1b	
<i>diclofenac sodium external gel 1 %</i>	T1b	
<i>diclofenac sodium external gel 3 %</i>	T2	ST; QL (100 GM per 30 days)
<i>diclofenac sodium external solution</i>	T9	
<i>diclofenac sodium ophthalmic</i>	T1b	
<i>diclofenac sodium oral</i>	T1b	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T9	
<i>dicloxacillin sodium</i>	T1b	
DICOPANOL FUSEPAQ	T9	
<i>dicyclomine hcl oral capsule</i>	T1b	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1b	
<i>dicyclomine hcl oral tablet 20 mg</i>	T1b	
<i>dicyclomine hcl oral tablet 40 mg</i>	T9	
<i>didanosine</i>	T1b	
<i>diethylpropion hcl oral</i>	T1b	
DIFFERIN EXTERNAL CREAM	T9	
DIFFERIN EXTERNAL GEL 0.1 %	T1b	
DIFFERIN EXTERNAL GEL 0.3 %	T9	
DIFFERIN EXTERNAL LOTION	T9	
DIFICID ORAL TABLET	T5	ST; SP (Limited to 2 fills per 6 months); QL (20 tablets per 10 days)
<i>diflorasone diacetate external cream</i>	T9	
<i>diflorasone diacetate external ointment</i>	T2	QL (15 GM per 30 days)
DIFLUCAN	T3	
<i>diflunisal oral</i>	T1b	
<i>difluprednate</i>	T1b	ST
DIGITEK	T1b	

Medication	Coverage Level	Restrictions
DIGOX	T1b	
<i>digoxin oral solution</i>	T1b	AL (Max 9 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1b	
<i>digoxin oral tablet 62.5 mcg</i>	T9	
<i>dihydroergotamine mesylate injection</i>	T3	ST; QL (4 ML per 30 days)
<i>dihydroergotamine mesylate nasal</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (8 ML per 30 days)
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
DILAUDID ORAL LIQUID	T3	
DILAUDID ORAL TABLET 2 MG	T3	QL (32 tablets per 1 day)
DILAUDID ORAL TABLET 4 MG	T3	QL (16 tablets per 1 day)
DILAUDID ORAL TABLET 8 MG	T3	QL (8 tablets per 1 day)
<i>dilt-cd</i>	T1b	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1b	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T9	
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	T9	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T9	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T9	
<i>diltiazem hcl oral</i>	T1a	
<i>dilt-xr</i>	T1b	
<i>diltzac</i>	T1b	
<i>dimethyl fumarate oral</i>	T1b	QL (60 capsules per 30 days); SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1b	QL (60 capsules per 30 days); SP
<i>dionaris</i>	T9	
<i>diooxia</i>	T9	
DIOVAN	T2	QL (60 tablets per 30 days)
DIOVAN HCT	T3	
DIPENTUM	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	T9	
<i>diphenoxylate-atropine oral liquid</i>	T1b	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1b	
<i>diphtheria-tetanus toxoids dt</i>	T9	
DIPROLENE AF	T3	
DIPROLENE EXTERNAL LOTION	T3	
DIPROLENE EXTERNAL OINTMENT	T3	QL (50 GM per 30 days)
<i>dipyridamole oral</i>	T1b	
<i>disopyramide phosphate oral</i>	T1b	
<i>disulfiram oral</i>	T1b	
DIURIL	T2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1b	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1b	
<i>divalproex sodium oral tablet delayed release</i>	T1b	
<i>divendo</i>	T9	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 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)
<i>divinix</i>	T9	
DOANS PILLS	T1b	
<i>dofetilide</i>	T2	
DOJOLVI	T9	
DOLISHALE	Tier 8	PV
DOLOBID	T9	
DOMEBORO EXTERNAL PACKET	T9	
<i>domela</i>	T9	
<i>donepezil hcl oral tablet</i>	T1a	
<i>donepezil hcl oral tablet dispersible</i>	T1b	
DONNATAL	T9	
DOPTELET ORAL TABLET 20 MG	T9	
DORYX MPC	T9	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	T9	
<i>dorzolamide hcl ophthalmic</i>	T1b	
<i>dorzolamide hcl-timolol mal</i>	T1b	

Medication	Coverage Level	Restrictions
DOTTI	T1b	
DOVATO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<i>doxazosin mesylate oral</i>	T1b	
<i>doxepin hcl external</i>	T3	ST; QL (45 GM per 1 year)
<i>doxepin hcl oral capsule</i>	T1b	
<i>doxepin hcl oral concentrate</i>	T1b	
<i>doxepin hcl oral tablet</i>	T2	ST; QL (30 tablets per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 2.5 mcg</i>	T9	
<i>doxercalciferol oral capsule 1 mcg</i>	T4	SP (Limited to a 1 month supply per fill)
<i>doxycycline</i>	T9	
<i>doxycycline hyclate oral capsule</i>	T1b	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1b	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral capsule 100 mg</i>	T1b	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T9	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1b	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	T9	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1b	
<i>doxylamine-pyridoxine</i>	T9	
<i>d-penamine</i>	T9	
<i>draxacey</i>	T9	
DRISDOL ORAL CAPSULE	T3	
DRITHO-CREME HP	T9	
DRIZALMA SPRINKLE	T9	
<i>dronabinol oral capsule 10 mg</i>	T2	SP (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T2	QL (60 Capsules per 30 days)
<i>drospiren-eth estrad-levomefol</i>	Tier 8	PV
<i>drospirenone-ethinyl estradiol</i>	Tier 8	PV
DROXIA	T3	
<i>droxidopa</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days); SP

Medication	Coverage Level	Restrictions
DRYSOL	T1b	
DSUVIA	T9	
DUAC	T9	
DUAKLIR PRESSAIR	T9	
DUAVEE	T3	QL (30 tablets per 30 days)
DUET DHA BALANCED ORAL 26-1 & 278 MG	T2	
DUETACT	T9	
DUEXIS	T9	
DULCOLAX ORAL SUSPENSION	Tier 8	PV
DULERA	T2	QL (1 inhaler per 31 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1b	QL (60 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1b	QL (90 capsules per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	T2	ST; QL (30 capsules per 30 days)
DULOXICAINE	T9	
DUOBRII	T9	
DUOVISC INTRAOCULAR KIT 0.85-0.5 ML	T9	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); 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); SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); 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); SP
DUREX EXTRA SENSITIVE THIN	Tier 8	PV
DUREX REALFEEL	Tier 8	PV
DUREX TROPICAL	Tier 8	PV
DUREZOL	T3	ST
DURLAZA	T9	
<i>dutasteride oral</i>	T1b	QL (30 capsules per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
DUTOPROL	T9	
DUVYZAT	T9	
DUZALLO	T3	ST

Medication	Coverage Level	Restrictions
DYANAVAL XR	T9	
DYMISTA	T9	
<i>dynoma</i>	T9	
DYRENIUM	T9	
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)
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)
<i>easy comfort lancets</i>	T2	
EASY MAX T1 GLUCOSE SYSTEM	T9	
<i>easy mini lancing device</i>	T3	
<i>easy plus ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASY STEP CONTROL IN VITRO SOLUTION NORMAL	T3	
EASY STEP TEST	T3	ST; QL (200 strips per 30 days)
<i>easy talk blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy talk plus ii test strips</i>	T3	ST; QL (200 strips per 30 Days)
EASY TOUCH CONTROL HIGH & LOW	T3	
EASY TOUCH LANCING DEVICE	T3	
EASY TOUCH TEST	T3	ST; QL (200 strips per 30 days)
<i>easy trak blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>easy trak ii control</i>	T3	
<i>easy trak ii glucose test</i>	T3	ST; QL (200 strips per 30 days)
EASYGLUCO CONTROL IN VITRO SOLUTION NORMAL	T3	
EASYGLUCO IN VITRO	T3	ST; QL (200 strips per 30 days)
EASYMAX 15 TEST	T3	ST; QL (200 strips per 30 days)
EASYMAX TEST	T3	ST; QL (200 strips per 30 days)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
ECLIPSE TEST	T3	ST; QL (200 strips per 30 days)
EC-NAPROSYN	T3	
<i>econazole nitrate external cream</i>	T1b	QL (90 GM per 30 days)
ECONTRA EZ	Tier 8	PV

Medication	Coverage Level	Restrictions
ECONTRA ONE-STEP	Tier 8	PV
ECOTRIN	T3	
ECOTRIN ARTHRTIS PAIN	T3	
ECOTRIN LOW STRENGTH	T3	
ECOZA	T9	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EDECRIN	T9	
EDEX	T9	
EDLUAR	T9	
EDURANT	T4	SP (Limited to a 1 month supply per fill)
EDURANT PED	T4	SP (Limited to a 1 month supply per fill); AL (Max 9 Years)
<i>efavirenz</i>	T2	
<i>efavirenz-emtricitab-tenofo df</i>	T3	
<i>efavirenz-lamivudine-tenofovir</i>	T1b	QL (30 tablets per 30 days)
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	T1b	
<i>effervescent pot chloride</i>	T1b	
EFFEXOR XR	T3	
EFFIENT	T3	QL (31 tablets per 31 days)
EFUDEX EXTERNAL CREAM	T3	QL (40 GM per 30 days)
EGRIFTA SV	T9	
EGRIFTA WR	T9	
EKTERLY	T9	
ELDEPRYL	T3	
<i>element compact test</i>	T3	ST; QL (200 strips per 30 days)
ELEMENT TEST	T3	ST; QL (200 strips per 30 days)
ELEPSIA XR	T9	
ELESTAT	T3	
ELESTRIN	T3	
ELETONE	T9	
<i>eletriptan hydrobromide</i>	T2	ST; QL (12 tablets per 30 days)
ELIDEL	T3	QL (30 GM per 30 days)
ELINEST	Tier 8	PV
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)
ELIXOPHYLLIN	T3	

Medication	Coverage Level	Restrictions
ELLA	Tier 8	PV
ELMIRON	T5	SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
ELOCON	T3	
ELOCTATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
<i>eltrombopag olamine oral packet</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (30 Packets per 30 days); SP
<i>eltrombopag olamine oral tablet</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (30 Tablets per 30 days); SP
ELURYNG	T2	PV; QL (1 ring per 28 days)
ELYXYB	T9	
<i>elyzia</i>	T9	
EMBRACE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE GLUCOSE CONTROL	T3	
<i>embrace lancing device/ejector</i>	T3	
EMBRACE PRO GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION LOW	T3	
EMBRACE TALK GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EMBRACE WAVE GLUCOSE METER	T9	
EMCYT	T2	
EMEND BIPACK	T9	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND TRIPACK	T9	
EMFLAZA	T9	
EMGALITY (300 MG DOSE)	T2	PA; QL (3 syringes per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
EMPAVELI	T4	PA; SP (Limited to a 1 month supply per fill)
<i>emreal</i>	T9	
EMROSI	T9	

Medication	Coverage Level	Restrictions
EMSAM	T4	ST; SP (Limited to a 1 month supply per fill)
<i>emtricitabine</i>	T3	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	T1b	QL (30 tablets per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1b	PV; QL (30 tablets per 30 days)
<i>emtricitab-rilpivir-tenofov df</i>	T1b	QL (30 Tablets per 30 days)
EMTRIVA ORAL CAPSULE	T5	SP (Limited to a 1 month supply per fill)
EMTRIVA ORAL SOLUTION	T2	
EMULSION SB	T9	
EMVERM	T9	
EMZAHH	T1b	
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1a	
<i>enalapril-hydrochlorothiazide</i>	T1b	
ENBREL MINI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 vials per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 syringes per 28 days); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days); SP
ENDARI	T9	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T9	

Medication	Coverage Level	Restrictions
ENDOMETRIN	T4	SP (Limited to a 1 month supply per fill); SP
ENEMEEZ MINI	T3	QL (90 tubes per 30 days)
ENEMEEZ PLUS	T3	QL (90 tubes per 30 days)
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML	T6 - \$0 Copay	PV
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	T6 - \$0 Copay	PV; AL (Min 20 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML	T6 - \$0 Copay	PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML	T6 - \$0 Copay	PV; AL (Min 20 Years)
ENILLORING	T1b	PV; QL (1 ring per 28 days)
ENJUVA	T3	QL (30 tablets per 30 days)
ENLYTE	T9	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	SP (Limited to a 1 month supply per fill)
<i>enoxaparin sodium injection solution prefilled syringe</i>	T4	SP (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
ENOXILUV KIT	T9	
ENPRESSE-28	Tier 8	PV
ENSACOVE ORAL CAPSULE 100 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 8	PV
ENSPRYNG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
ENSTILAR	T9	
<i>entacapone</i>	T1b	
ENTADFI	T9	
<i>entecavir</i>	T2	QL (30 tablets per 30 days)
ENTRESTO ORAL CAPSULE SPRINKLE	T3	QL (60 Capsules per 30 days); AL (Max 9 Years)
ENTRESTO ORAL TABLET	T3	QL (60 tablets per 30 days)
ENTTY SPRAY EMULSION	T9	
ENTYVIO PEN	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP

Medication	Coverage Level	Restrictions
ENTYVIO SUBCUTANEOUS	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
<i>enulose</i>	T1b	
ENVARUSUS XR	T3	ST
EOHILIA	T3	PA; QL (60 packs per 30 days)
EPANED ORAL SOLUTION	T2	AL (Max 9 Years)
EPCLUSA ORAL PACKET	T9	
EPCLUSA ORAL TABLET 200-50 MG	T9	
EPCLUSA ORAL TABLET 400-100 MG	T9	SP ()
EPICERAM	T9	
EPIDIOLEX	T5	PA; SP (Limited to a 1 month supply per fill); QL (200 ML per 30 days); SP
EPIDUO	T3	
EPIDUO FORTE	T9	
EPIFOAM	T9	
<i>epinastine hcl</i>	T1b	
<i>epinephrine hcl (nasal)</i>	T9	
<i>epinephrine injection solution auto-injector</i>	T2	QL (4 pens per 30 days)
<i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml, 1 mg/ml</i>	T9	
EPINEPHRINESNAP-V	T9	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	T9	
EPITOL	T1b	
EPIVIR	T9	
<i>eplerenone</i>	T1b	
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); SP
EPRONTIA	T9	
EPSOLAY	T9	
EPYSQLI	T9	
EPZICOM	T4	SP (Limited to a 1 month supply per fill)
<i>eq aspirin adult low dose</i>	T1b	PV
<i>eq aspirin low dose oral tablet chewable</i>	T1b	PV
<i>eq aspirin oral tablet</i>	T9	

Medication	Coverage Level	Restrictions
<i>eq magnesium citrate</i>	Tier 8	PV
<i>eq nicotine polacrilex mouth/throat gum</i>	Tier 8	PV
<i>eq aspirin low dose</i>	T1b	PV
EQL CLEARLAX	Tier 8	PV
<i>eq magnesium citrate</i>	Tier 8	PV
<i>eq milk of magnesia oral suspension 400 mg/5ml</i>	Tier 8	PV
EQUETRO	T3	ST
<i>ergoloid mesylates oral</i>	T1b	
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T3	QL (40 tablets per 30 days)
ERIVEDGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
ERLEADA ORAL TABLET 240 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ERLEADA ORAL TABLET 60 MG	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	T1b	PA; QL (30 tablets per 30 days); SP
<i>erlotinib hcl oral tablet 25 mg</i>	T1b	PA; QL (60 tablets per 30 days); SP
ERMEZA	T9	
ERRIN	Tier 8	PV
ERTACZO	T3	ST
ERVEBO	T9	
<i>ery</i>	T1b	
ERYGEL	T1b	
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)
<i>erythromycin base oral</i>	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>erythromycin ethylsuccinate oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>erythromycin external gel</i>	T1b	
<i>erythromycin external solution</i>	T1b	
<i>erythromycin ophthalmic</i>	T1b	
ERZOFRI	T9	
ESBRIET	T9	SP ()
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T1b	
<i>escitalopram oxalate oral tablet</i>	T1b	
ESGIC ORAL CAPSULE	T3	QL (180 capsules per 30 days)
ESGIC ORAL TABLET	T3	QL (180 tablets per 30 days)
<i>eslicarbazepine acetate</i>	T2	QL (60 Tablets per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	T3	QL (30 capsules per 30 days)
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 5 mg</i>	T3	QL (30 packets per 30 days); AL (Max 9 Years)
<i>esomeprazole magnesium oral packet 20 mg, 40 mg</i>	T9	
ESOTERICA DAYTIME	T9	
ESOTERICA FACIAL	T9	
ESOTERICA FADE NIGHTTIME	T9	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (40250 billable units per 28 days)
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill); QL (41400 Billable units per 28 days)
<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	
ESTARYLLA	Tier 8	PV
<i>estazolam</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
ESTRACE ORAL	T3	
ESTRACE VAGINAL	T9	
<i>estradiol implant pellet 6 mg</i>	T9	
<i>estradiol oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	T2	QL (30 packets per 30 days)
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	T2	QL (37.5 GM per 30 Days)
<i>estradiol transdermal patch twice weekly</i>	T1b	
<i>estradiol transdermal patch weekly</i>	T1b	
<i>estradiol vaginal cream</i>	T1b	QL (42.5 GM per 30 days)
<i>estradiol vaginal tablet</i>	T1b	
<i>estradiol valerate intramuscular</i>	T2	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1b	
ESTRATEST F.S.	T9	
ESTRATEST H.S.	T9	
ESTRING VAGINAL RING 2 MG	T3	
ESTROGEL	T3	QL (50 GM per 31 days)
ESTROSTEP FE	T3	PV
<i>eszopiclone</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ethacrynic acid oral</i>	T3	ST; QL (60 tablets per 30 days)
<i>ethambutol hcl oral</i>	T1b	
<i>ethosuximide oral</i>	T1b	
<i>ethyl chloride</i>	T9	
<i>ethynodiol diac-eth estradiol</i>	Tier 8	PV
<i>etodolac er</i>	T2	
<i>etodolac oral</i>	T1b	
<i>etonogestrel-ethinyl estradiol</i>	Tier 8	PV; QL (1 ring per 28 days)
<i>etoposide oral</i>	T4	SP (Limited to a 1 month supply per fill)
<i>etravirine oral tablet 100 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
EUCRISA	T3	ST; QL (60 GM per 30 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
EURAX EXTERNAL CREAM	T3	ST; QL (60 GM per 30 days)
EURAX EXTERNAL LOTION	T9	
EUTHYROX	T3	
EVAMIST	T2	

Medication	Coverage Level	Restrictions
EVEKEO	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
EVEKEO ODT	T9	
EVENCARE G2 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE G3 TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE MINI GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<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)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
<i>everolimus oral tablet soluble</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
EVERSENSE 365 SENSOR/HOLDER	T9	
EVERSENSE 365 SMART TRANSMIT	T9	
EVISTA	T3	
EVOLUTION AUTOCODE IN VITRO	T3	ST; QL (200 strips per 30 Days)
EVOLUTION CONTROL	T3	
EVOTAZ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
EVOXAC	T2	QL (90 capsules per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (240 ML per 30 Days); SP
EVRYSDI ORAL TABLET	T5	PA; SP (Limited to a 1-month supply per fill.); QL (30 Tablets per 30 days)
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML	T9	
EXELDERM	T9	
EXELON ORAL CAPSULE	T3	
EXELON TRANSDERMAL	T3	QL (30 patches per 30 days)
<i>exemestane</i>	T2	
<i>exenatide</i>	T9	
EXFORGE	T3	

Medication	Coverage Level	Restrictions
EXFORGE HCT	T3	
EXJADE	T5	SP (Limited to a 1 month supply per fill)
EXKIVITY	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
EXSERVAN	T9	
EXTAVIA SUBCUTANEOUS KIT	T5	ST; SP (Limited to a 1 month supply per fill.); QL (1 kit per 30 days); SP
EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED	T5	ST; SP (Limited to a 1 month supply per fill); SP
EXTINA	T9	
<i>eye allergy itch relief</i>	T1b	QL (5 ML per 30 days)
<i>eye allergy itch/redness rel</i>	T1b	
EYSUVIS	T3	ST; QL (4 bottles per 1 year)
EZ SMART BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
EZ SMART PLUS GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
EZALLOR SPRINKLE	T9	
<i>ezetimibe</i>	T1b	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1b	
<i>fabb</i>	T9	
FABHALTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
FABIOR	T9	
FACTIVE	T3	
FALMINA	Tier 8	PV
<i>famciclovir oral</i>	T1b	QL (120 tablets per 30 days)
<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	
FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT ORAL TABLET 10 MG	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
FANAPT TITRATION PACK A	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
FANAPT TITRATION PACK B ORAL TABLET	T5	ST; QL (8 Tablets per 30 days)
FANAPT TITRATION PACK C ORAL TABLET	T5	ST; QL (8 Tablets per 30 days)
FANTASY LUBRICATED	Tier 8	PV
FARESTON	T9	
FARXIGA	T2	QL (30 tablets per 30 days)
FARYDAK	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (6 Capsules per 1 Fill)
FASENRA PEN	T4	PA; SP (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 pen per 56 days); SP
FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	T3	
FC2 FEMALE CONDOM	Tier 8	PV
<i>fe 90 plus</i>	T9	
FE C PLUS	T9	
<i>fe c tab plus</i>	T9	
<i>febuxostat</i>	T1b	QL (30 tablets per 30 days)
FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
FEIRZA 1.5/30	Tier 8	PV
FEIRZA 1/20	Tier 8	PV
<i>felbamate oral suspension</i>	T2	QL (900 ml per 30 days)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)
<i>felbamate oral tablet 600 mg</i>	T2	QL (180 tablets per 30 days)
FELBATOL ORAL SUSPENSION	T3	QL (900 ml per 30 days)
FELBATOL ORAL TABLET 400 MG	T3	QL (210 tablets per 30 days)
FELBATOL ORAL TABLET 600 MG	T3	QL (180 tablets per 30 days)
FELDENE	T3	
<i>felodipine er</i>	T1b	
FEMARA	T3	
FEMCAP	Tier 8	PV
FEMHRT	T3	
FEMLYV	T9	
FEMRING	T3	

Medication	Coverage Level	Restrictions
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1b	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1b	
<i>fenofibric acid oral capsule delayed release</i>	T1b	
<i>fenofibric acid oral tablet</i>	T9	
FENOGLIDE	T9	
<i>fenoprofen calcium oral</i>	T9	
FENOPRON	T9	
FENORTHO ORAL CAPSULE 200 MG	T9	
<i>fenovia</i>	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>	T1b	QL (20 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T9	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	T9	
FERIVA 21/7	T9	
FERIVA 21/7 (WITH DOCUSATE)	T9	
FERIVAFA	T9	
<i>ferocon</i>	T9	
FERRALET 90	T9	
<i>ferraplus 90</i>	T9	
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG	T9	
FERREX 150 FORTE PLUS	T9	
FERREX 28	T9	
<i>ferric citrate oral</i>	T5	PA; SP (Limited to a 1-month supply per fill.); QL (360 Tablets per 30 days)
FERRIPROX ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)
FERRIPROX ORAL TABLET 1000 MG	T9	
FERRIPROX ORAL TABLET 500 MG	T5	SP (Limited to a 1 month supply per fill)
FERRIPROX TWICE-A-DAY	T5	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
FERROCITE PLUS ORAL TABLET	T9	
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	Tier 8	PV; AL (Min 6 Months and Max 12 Months)
<i>fervina</i>	T9	
<i>fesoterodine fumarate er</i>	T1b	QL (30 tablets per 30 days)
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)
FEXMID	T9	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	T9	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	T9	
FIASP FLEXTOUCH	T3	ST
FIASP INJECTION	T3	ST
FIASP PENFILL	T3	ST
FIBRICOR	T9	
<i>fidaxomicin</i>	T5	ST; SO (Limited to 2 fills per 6 months); QL (20 Tablets per 10 days)
<i>fidila</i>	T9	
FIFTY50 SAFETY SEAL LANCETS	T2	
<i>filoma</i>	T9	
FILSPARI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); QL (30 tablet per 30 days); AL (Max 18 Years); SP
FILSUVEZ	T5	PA; SP (Limited to a 1 month supply per fill); QL (15 tubes per 30 days)
FINACEA	T9	
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
<i>finasteride oral tablet 5 mg</i>	T1b	
<i>fingolimod hcl</i>	T1b	QL (30 capsules per 30 days); SP
FINTEPLA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
FIORICET ORAL CAPSULE	T9	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	T9	

Medication	Coverage Level	Restrictions
FIORINAL	T3	QL (180 capsules per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
FIRDAPSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
FIRST-LANSOPRAZOLE	T9	
FIRST-MOUTHWASH BLM	T2	
FIRST-OMEPRAZOLE	T9	
FIRVANQ	T2	
FLAGYL ORAL CAPSULE	T3	
FLAGYL ORAL TABLET 500 MG	T3	
FLAREX	T2	
<i>flavoxate hcl</i>	T1b	
<i>flecainide acetate</i>	T1b	
FLECTOR TRANSDERMAL	T9	
FLEQSUVY	T9	
FLEXICHAMBER	T3	QL (4 devices per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/LARGE	T3	QL (4 masks per 1 year)
FLEXICHAMBER CHILD MASK/SMALL	T3	QL (4 masks per 1 year)
<i>flolipid</i>	T9	
FLOMAX	T3	
FLONASE	T9	
FLORIVA ORAL LIQUID	T9	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG	T9	
FLORIVA PLUS	T9	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	T9	
FLOVENT HFA	T9	
FLOWTUSS	T9	
FLUAD	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
FLUAD QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
FLUARIX INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)

Medication	Coverage Level	Restrictions
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
FLUBLOK QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV
FLUCELVAX INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
<i>fluconazole oral</i>	T1b	
<i>fludrocortisone acetate oral</i>	T1b	
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 Injection per 180 days)
FLUMIST	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
FLUMIST QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 inhalation per 180 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluocinolone acetonide body</i>	T1b	
<i>fluocinolone acetonide external cream</i>	T1b	
<i>fluocinolone acetonide external ointment</i>	T1b	
<i>fluocinolone acetonide external solution</i>	T1b	QL (180 ML per 30 days)
<i>fluocinolone acetonide scalp</i>	T1b	
<i>fluocinonide emulsified base</i>	T1b	
<i>fluocinonide external cream 0.05 %</i>	T1b	
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external gel</i>	T1b	
<i>fluocinonide external ointment</i>	T1b	
<i>fluocinonide external solution</i>	T1b	QL (60 ML per 30 days)
FLUORAC	T9	
FLUOR-A-DAY ORAL SOLUTION	T2	AL (Min 6 Months and Max 6 Years)
FLUORIMAX 5000	T3	
FLUORIMAX 5000 SENSITIVE	T3	
<i>fluorometholone ophthalmic</i>	T1b	
FLUOROPLEX	T4	ST; SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 grams per 30 days)
<i>fluorouracil external cream 5 %</i>	T1b	QL (40 GM per 30 days)
<i>fluorouracil external solution</i>	T1b	
<i>fluoxetine hcl (pmdd) capsule 10 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) capsule 20 mg oral</i>	T9	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T9	
<i>fluoxetine hcl oral capsule</i>	T1a	
<i>fluoxetine hcl oral capsule delayed release</i>	T2	ST
<i>fluoxetine hcl oral solution</i>	T1b	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1b	
<i>fluoxetine hcl oral tablet 60 mg</i>	T9	
<i>fluoxia</i>	T9	
<i>fluphenazine hcl oral concentrate</i>	T1b	
<i>fluphenazine hcl oral elixir</i>	T1b	
<i>fluphenazine hcl oral tablet</i>	T2	QL (60 tablets per 30 days)
<i>flurandrenolide</i>	T9	
<i>flurazepam hcl</i>	T1b	QL (30 capsules per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	T9	
<i>flurbiprofen oral tablet 50 mg</i>	T1b	
<i>flurbiprofen sodium</i>	T1b	
<i>flutamide</i>	T1b	
<i>fluticasone furoate ellipta</i>	T9	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T9	
<i>fluticasone propionate diskus</i>	T1b	QL (1 inhaler per 30 days)
<i>fluticasone propionate external cream</i>	T1b	
<i>fluticasone propionate external lotion</i>	T9	
<i>fluticasone propionate external ointment</i>	T1b	
<i>fluticasone propionate hfa</i>	T1b	QL (1 inhaler per 30 days)
<i>fluticasone propionate nasal</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol</i>	T9	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1b	QL (1 inhaler per 30 days)
<i>fluvastatin sodium</i>	T9	
<i>fluvastatin sodium er</i>	T9	

Medication	Coverage Level	Restrictions
<i>fluvoxamine maleate</i>	T1b	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT	T6 - \$0 Copay	PV; QL (1 injection per 180 days)
FLUZONE INTRAMUSCULAR INJECTABLE	T6 - \$0 Copay	PV
FLUZONE INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (1 dose per 180 days)
FLUZONE PEDIATRIC PF	T6 - \$0 Copay	PV
FLUZONE PRESERVATIVE FREE	T6 - \$0 Copay	PV
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)
<i>flyprogpitdar</i>	T9	
FML	T2	
FML FORTE	T3	
FML LIQUIFILM	T3	
FOCALIN	T3	AL (Min 4 Years)
FOCALIN XR	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>folbee</i>	T9	
FOLBEE AR	T9	
<i>folbee plus</i>	T9	
FOLBEE PLUS CZ	T9	
FOLBIC	T9	
<i>folic acid oral capsule</i>	T9	
<i>folic acid oral tablet 1 mg</i>	T1b	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 8	PV; AL (Max 50 Years)
<i>folic acid-vit b6-vit b12</i>	T9	
FOLIVANE-F	T9	
FOLIVANE-PLUS	T9	
FOLIXAPURE	T9	
FOLLISTIM AQ SUBCUTANEOUS	T3	ST; SP
<i>folplex 2.2</i>	T9	
FOLTABS 800	Tier 8	PV; AL (Max 50 Years)
FOLTANX	T9	
FOLTRATE	T9	

Medication	Coverage Level	Restrictions
FOLTX ORAL TABLET 1.13-25-2 MG	T3	
<i>fondaparinux sodium</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days)
FORA 6 CONNECT IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA 6 CONNECT/GTEL TEST	T3	ST; QL (200 strips per 30 days)
FORA BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA CONTROL IN VITRO SOLUTION NORMAL	T3	
FORA D40/G31 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
FORA GD20 TEST	T3	ST; QL (200 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA GTEL BLOOD KETONE TEST	T3	
FORA LANCETS	T2	
FORA LANCING DEVICE	T3	
FORA TN'G ADVANCE PRO IN VITRO	T3	ST; QL (200 strips per 30 days)
FORA TN'G/TN'G VOICE	T3	ST; QL (200 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
FORACARE GD40 TEST	T3	ST; QL (200 strips per 30 days)
FORFIVO XL	T9	
<i>formoterol fumarate inhalation</i>	T4	ST; SP (Limited to a 1 month supply per fill); AL (Min 40 Years)
FORTAMET	T9	
FORTAVIT ORAL CAPSULE	T9	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML, 600 MCG/2.4ML	T9	
FORTESTA	T9	
FORTICAL	T1b	
FOSAMAX ORAL TABLET 70 MG	T3	
FOSAMAX PLUS D	T3	ST; QL (4 tablets per 28 days)
<i>fosamprenavir calcium</i>	T4	SP (Limited to a 1 month supply per fill)
<i>fosfomycin tromethamine</i>	T1b	QL (3 packets per 30 days)
<i>fosinopril sodium</i>	T1b	
<i>fosinopril sodium-hctz</i>	T1b	
FOSRENOL ORAL PACKET	T9	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	T9	

Medication	Coverage Level	Restrictions
FOTIVDA	T5	PA; SP (Limited to a 1 month supply per fill)); QL (28 capsules per 28 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 25000 UNIT/ML	T5	SP (Limited to a 1 month supply per fill)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill)
<i>fraiche 5000 previ</i>	T3	
<i>fraiche 5000 sensitive</i>	T3	
FREEDOM DERMA-D	T9	
FREESTYLE CONTROL SOLUTION	T3	
FREESTYLE INSULINX TEST	T3	ST; QL (200 strips per 30 days)
FREESTYLE LANCETS	T2	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL (2 kits per 28 days)
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 Sensors per 28 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL (1 reader per 365 days)
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 reader per 1 year)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL (2 sensors per 28 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)
FRINDOVYX	T9	
<i>frivo</i>	T9	
FROVA	T9	
<i>frovatriptan succinate</i>	T3	ST; QL (12 tablets per 30 days)
FRUZAQLA ORAL CAPSULE 1 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
<i>ft aspirin low dose</i>	T1b	PV
<i>ft aspirin oral tablet</i>	T9	
<i>ft aspirin oral tablet chewable</i>	T1b	PV
<i>ft enteric coated aspirin</i>	T9	

Medication	Coverage Level	Restrictions
<i>full spectrum b/vitamin c</i>	Tier 8	PV; AL (Max 50 Years)
FULPHILA	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>fulvicin p/g 165</i>	T9	
FURADANTIN	T5	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days)
FUROSCIX	T9	
<i>furosemide injection solution 10 mg/ml</i>	T1b	
<i>furosemide oral solution 10 mg/ml</i>	T1a	
<i>furosemide oral solution 8 mg/ml</i>	T1b	
<i>furosemide oral tablet</i>	T1a	
FUSION PLUS	T9	
FUSION SPRINKLES	T9	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T3	
FYAVOLV	T1b	
FYCOMPA ORAL SUSPENSION	T4	ST; SP (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL (Min 4 Years and Max 12 Years)
FYCOMPA ORAL TABLET	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
FYLNETRA	T9	
FYREMADEL	T3	ST
<i>gabapentin (once-daily)</i>	T9	
<i>gabapentin oral capsule</i>	T1a	
<i>gabapentin oral solution 250 mg/5ml</i>	T1b	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1b	
GABARONE	T9	
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)
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML	T9	

Medication	Coverage Level	Restrictions
GALAFOLD	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 capsules per 28 days); SP
<i>galantamine hydrobromide</i>	T1b	
<i>galantamine hydrobromide er</i>	T1b	
GALBRIELA	T9	
GALLIFREY	T1b	
GALZIN	T9	
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP (Limited to a 1 month supply per fill); SP
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)
GASTROCROM	T3	
<i>gatifloxacin ophthalmic</i>	T1b	
GATTEX	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>gavilax oral packet 17 gm, 8.5 gm</i>	T9	
<i>gavilax oral powder</i>	T9	
GAVILYTE-C	Tier 8	PV
GAVILYTE-G	Tier 8	PV
GAVRETO	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
<i>ge100 blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
<i>ge100 control</i>	T3	
<i>gefitinib</i>	T1b	PA; QL (30 tablets per 30 days); SP
GELCLAIR	T9	
GELFOAM COMPRESSED SIZE 100	T9	
GELFOAM-JMI SPONGE	T9	
GELNIQUE	T9	
<i>gemfibrozil oral</i>	T1a	
GEMMILY	T9	
GEMTESA	T2	ST
GENERESS FE	T9	

Medication	Coverage Level	Restrictions
<i>generlac</i>	T1b	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T1b	
GENGRAF ORAL SOLUTION	T1b	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP (Limited to a 1 month supply per fill); SP
GENTAK OPHTHALMIC OINTMENT	T1b	
<i>gentamicin sulfate external</i>	T1b	
<i>gentamicin sulfate ophthalmic solution</i>	T1b	
<i>gentlelax oral powder</i>	T9	
GENVOYA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
GEODON ORAL	T3	
GERI-HYDROLAC 12	T9	
GERI-HYDROLAC 5	T9	
GESTICARE DHA ORAL 27-1 & 250 MG	T2	
GILENYA ORAL CAPSULE 0.25 MG	T9	
GILENYA ORAL CAPSULE 0.5 MG	T9	SP
GILOTRIF	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
GIMOTI	T9	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T1b	QL (30 ML per 30 days); SP
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T1b	QL (12 ML per 28 days); SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T1b	SO (Eligible Members must be enrolled in SaveOn for coverage); QL (30 ML per 30 days); SP
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T1b	SO (Eligible Members must be enrolled in SaveOn for coverage); QL (12 ML per 28 days); SP
GLEEVEC	T9	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1a	
<i>glimepiride oral tablet 3 mg</i>	T9	
<i>glipizide er</i>	T1b	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1a	

Medication	Coverage Level	Restrictions
<i>glipizide oral tablet 2.5 mg</i>	T9	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1b	
<i>glipizide-metformin hcl</i>	T1b	
GLOPERBA	T9	
GLUCAGEN HYPOKIT	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits 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 SHINE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCARD VITAL TEST	T3	ST; QL (200 strips per 30 days)
GLUCOCOM TEST	T3	ST; QL (200 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
GLUCOTROL XL	T3	
GLUCOVANCE	T3	
GLUMETZA	T9	
<i>glyburide micronized</i>	T1b	
<i>glyburide oral</i>	T1b	
<i>glyburide-metformin</i>	T1b	
GLYCATE	T9	
GLYCOLAX	T9	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T9	
<i>glycopyrrolate injection solution prefilled syringe</i>	T9	
<i>glycopyrrolate intravenous solution prefilled syringe 0.6 mg/3ml, 1 mg/5ml</i>	T9	
<i>glycopyrrolate oral solution</i>	T3	AL (Max 9 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1b	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	T9	
GLYNASE	T3	
GLYSET	T3	
GLYXAMBI	T2	QL (30 tablets per 30 days)
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1b	PV
<i>gnp aspirin low dose</i>	T1b	PV
<i>gnp aspirin oral tablet 325 mg</i>	T9	
GNP CLEARLAX ORAL PACKET	T9	
GNP CLEARLAX ORAL POWDER	Tier 8	PV
<i>gnp folic acid</i>	Tier 8	PV; AL (Max 50 Years)
<i>gnp laxative oral</i>	Tier 8	PV

Medication	Coverage Level	Restrictions
<i>gnp milk of magnesia</i>	Tier 8	PV
<i>gnp nicotine mini</i>	Tier 8	PV
<i>gnp nicotine mouth/throat</i>	Tier 8	PV
GOCOVRI	T9	
GOJJI BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 Days)
GOJJI BLOOD KETONE TEST	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOJJI STERILE LANCETS	T2	
GOLYTELY	T3	
GOMEKLI ORAL CAPSULE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 capsules per 28 days)
GOMEKLI ORAL TABLET SOLUBLE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 tablets per 28 days)
GONAL-F	T2	QL (13500 units per 30 days); SP
GONAL-F RFF	T2	QL (13500 units per 30 days); SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	QL (13500 units per 30 days); SP
GONITRO	T9	
<i>goodsense aspirin oral tablet chewable</i>	T1b	PV
GOODSENSE CLEARLAX	Tier 8	PV
<i>goodsense nicotine</i>	Tier 8	PV
GRALISE ORAL TABLET	T9	
<i>granisetron hcl oral</i>	T1b	QL (20 tablets per 30 days)
GRANIX	T5	SP (Limited to a 1 month supply per fill); SP
GRASTEK	T3	AL (Min 5 Years and Max 65 Years)
GRIFULVIN V ORAL TABLET	T2	
<i>griseofulvin microsize oral suspension</i>	T1b	
<i>griseofulvin microsize oral tablet</i>	T2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T2	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	T9	
GRIS-PEG	T2	
<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	

Medication	Coverage Level	Restrictions
<i>guaifenesin-codeine oral solution</i>	T1b	
<i>guaifenesin-dm oral syrup</i>	T9	
<i>guanfacine hcl er</i>	T1b	QL (60 tablets per 30 days)
<i>guanfacine hcl oral</i>	T1b	
GVOKE HYPOPEN 1-PACK	T2	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK	T2	QL (1 pack per 30 days)
GVOKE KIT	T2	QL (2 vials per 30 days)
GVOKE PFS	T2	QL (2 syringes per 30 days)
GYNAZOLE-1	T3	
HADLIMA	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
HADLIMA PUSHTOUCH	T4	PA; SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
HAILEY 1.5/30	Tier 8	PV
HAILEY 24 FE	Tier 8	PV
HAILEY FE 1.5/30	Tier 8	PV
HAILEY FE 1/20	Tier 8	PV
<i>hair regrowth treatment men external solution</i>	T9	
<i>halcinonide external solution</i>	T9	
HALCION	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
HALFLYTELY WITH FLAVOR PACKS	T2	
<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)
HALOETTE	T1b	QL (1 ring per 28 days)
HALOG	T9	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1b	
<i>haloperidol oral</i>	T1b	
<i>harisis</i>	T9	

Medication	Coverage Level	Restrictions
HARMONY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>harviva</i>	T9	
<i>harviva hp</i>	T9	
HARVONI	T9	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
HEALON PRO INTRAOCULAR SOLUTION	T9	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE	T9	
HEATHER	Tier 8	PV
HECTOROL ORAL	T3	
HEMADY	T9	
HEMANGEOL	T3	AL (Max 2 Years)
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
HEMATOGEN	T9	
HEMATOGEN FA	T9	
HEMATOGEN FORTE	T9	
HEMATRON	T9	
HEMATRON-AF	T9	
HEMATRON-AF (WITH DOCUSATE)	T9	
HEMAX EZY-DOSE	T9	
HEMAX ORAL TABLET	T9	
<i>hemetab</i>	T9	
HEMICLOR	T1b	QL (30 Tablets per 30 days)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1 month supply per fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	T1b	

Medication	Coverage Level	Restrictions
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	T9	
HEMOCYTE	T9	
HEMOCYTE PLUS	T9	
HEMOCYTE-F ORAL TABLET	T9	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<i>hemtara</i>	T9	
<i>hemtara hp</i>	T9	
<i>hentis</i>	T9	
<i>hentis hp</i>	T9	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 5000 unit/ml</i>	T1b	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
HEPSERA	T5	SP (Limited to a 1 month supply per fill)
HER STYLE	Tier 8	PV
HERCESSI	T9	
HERZUMA	T9	
<i>hesmilla</i>	T9	
HETLIOZ	T9	SP ()
HETLIOZ LQ	T9	
<i>hevona</i>	T9	
<i>hexiounyl</i>	T9	
HIBERIX INJECTION	T9	
HIDEX 6-DAY	T9	
HISTEX-AC	T9	
HM CLEARLAX ORAL POWDER	Tier 8	PV
<i>hm laxative oral</i>	Tier 8	PV
<i>hm magnesium citrate</i>	Tier 8	PV
<i>hm milk of magnesia</i>	Tier 8	PV
<i>hm nicotine</i>	Tier 8	PV
<i>hm nicotine polacrilex</i>	Tier 8	PV
<i>holixia</i>	T9	
<i>holizar</i>	T9	
HOMATROPAIRE	T1b	
<i>honista</i>	T9	
HORIZANT ORAL TABLET EXTENDED RELEASE	T9	

Medication	Coverage Level	Restrictions
<i>hovitra</i>	T9	
<i>hovyn</i>	T9	
HULIO	T9	
HULIO (2 PEN)	T9	
HULIO (2 SYRINGE)	T9	
HUMALOG INJECTION	T9	
HUMALOG JUNIOR KWIKPEN	T1b	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	T1b	
HUMALOG MIX 50/50	T1b	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	
HUMALOG MIX 75/25	T1b	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	
HUMALOG SUBCUTANEOUS	T1b	
HUMALOG TEMPO PEN	T9	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
HUMATIN	T3	SP
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG	T9	SP ()
HUMATROPE INJECTION CARTRIDGE 24 MG	T9	
HUMIRA (1 PEN)	T9	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	T9	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	T9	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T9	
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	T9	
HUMULIN 70/30	T1b	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	
HUMULIN N	T1b	

Medication	Coverage Level	Restrictions
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T1b	
HUMULIN R	T1b	
HUMULIN R U-500 (CONCENTRATED)	T1b	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1b	
HYALGAN INTRA-ARTICULAR SOLUTION	T9	
HYCANTIN ORAL CAPSULE 0.25 MG	T4	SP (Limited to a 1 month supply per fill); SP
HYCANTIN ORAL CAPSULE 1 MG	T4	SP (Limited to a 1 month supply per fill); SP
HYCET	T3	
HYCODAN	T9	
HYCOFENIX	T9	
<i>hydralazine hcl oral</i>	T1a	
HYDREA	T3	
<i>hydrochlorothiazide oral</i>	T1a	
<i>hydrocod poli-chlorphe poli er</i>	T1b	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1b	
<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>hydrocodone bit-homatrop mbr oral solution</i>	T1b	
<i>hydrocodone/acetaminophen</i>	T1b	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	T9	
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1b	
<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>	T1b	
<i>hydrocodone-homatropine oral syrup</i>	T1b	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1b	
<i>hydrocort lotion complete kit</i>	T9	
<i>hydrocortisone ace-pramoxine external cream 2.5-1 %</i>	T2	

Medication	Coverage Level	Restrictions
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	
<i>hydrocortisone acetate external cream 2.5 %</i>	T9	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1b	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	T9	
<i>hydrocortisone butyr lipo base</i>	T9	
<i>hydrocortisone butyrate external cream</i>	T9	
<i>hydrocortisone butyrate external lotion</i>	T9	
<i>hydrocortisone butyrate external ointment</i>	T9	
<i>hydrocortisone butyrate external solution</i>	T1b	
<i>hydrocortisone complete kit</i>	T9	
<i>hydrocortisone external cream 1 %</i>	T9	
<i>hydrocortisone external cream 2.5 %</i>	T1b	
<i>hydrocortisone external lotion 1 %, 2 %</i>	T9	
<i>hydrocortisone external lotion 2.5 %</i>	T1b	
<i>hydrocortisone external ointment 0.5 %, 1 %</i>	T9	
<i>hydrocortisone external ointment 2.5 %</i>	T1b	
<i>hydrocortisone external solution 2.5 %</i>	T9	
<i>hydrocortisone max st external cream</i>	T9	
<i>hydrocortisone oral</i>	T1b	
<i>hydrocortisone rectal enema</i>	T2	
<i>hydrocortisone sod suc (pf)</i>	T1b	QL (2 vials per 365 days)
<i>hydrocortisone valerate external cream</i>	T1b	QL (120 GM per 30 days)
<i>hydrocortisone valerate external ointment</i>	T2	ST
<i>hydrocortisone-aloe external cream 0.5 %</i>	T9	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	T9	
HYDROFERA BLUE FOAM DRESSING	T9	
<i>hydromet</i>	T1b	
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent</i>	T3	ST; QL (30 tablets per 30 days)
<i>hydromorphone hcl oral liquid</i>	T1b	
<i>hydromorphone hcl oral tablet 2 mg</i>	T1b	QL (32 tablets per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1b	QL (16 tablets per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1b	QL (8 tablets per 1 day)
<i>hydromorphone hcl rectal</i>	T1b	
<i>hydroquinone</i>	T9	
<i>hydroquinone external cream</i>	T9	
<i>hydroxocobalamin intramuscular</i>	T9	

Medication	Coverage Level	Restrictions
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1b	
HYDROXYM EXTERNAL GEL	T9	
<i>hydroxyurea oral</i>	T1b	
<i>hydroxyzine hcl oral syrup</i>	T1b	
<i>hydroxyzine hcl oral tablet</i>	T1b	
<i>hydroxyzine pamoate oral</i>	T1b	
HYFTOR	T9	
HYLATOPIC	T9	
HYLATOPIC PLUS EXTERNAL FOAM	T9	
HYMPAVZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 auto-injectors per 28 days); SP
HYOPHEN	T9	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1b	
<i>hyoscyamine sulfate oral</i>	T1b	
<i>hyoscyamine sulfate sublingual</i>	T1b	
HYPERSAL	T2	QL (240 ML per 30 days)
HYPOCYN ANTIPRURITIC	T9	
HYPOLANCE AST LANCING	T2	
HYRIMOZ	T9	
HYRIMOZ-CROHNS/UC STARTER	T9	
HYRIMOZ-PED<40KG CROHN STARTER	T9	
HYRIMOZ-PED>=40KG CROHN START	T9	
HYRIMOZ-PLAQ PSOR/UEIT START	T9	
HYRIMOZ-PLAQUE PSORIASIS START	T9	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 60 MG, 80 MG	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
HYZAAR	T3	
<i>ibandronate sodium oral</i>	T1b	
IBRANCE ORAL CAPSULE	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
IBRANCE ORAL TABLET 100 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 Capsules per 28 days); SP
IBRANCE ORAL TABLET 125 MG, 75 MG	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (21 capsules per 28 days); SP
IBSRELA	T9	
IBTROZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IBUDONE	T9	
<i>ibuprofen oral suspension 100 mg/5ml</i>	T1a	
<i>ibuprofen oral tablet 300 mg</i>	T9	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1a	
<i>ibuprofen-famotidine</i>	T9	
ICAR-C PLUS	T9	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL (Min 18 Years)
ICLEVIA	Tier 8	PV
ICLUSIG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>icosapent ethyl</i>	T2	ST
IDACIO (2 PEN)	T9	
IDACIO (2 SYRINGE)	T9	
IDACIO-CROHNS/UC STARTER	T9	
IDACIO-PSORIASIS STARTER	T9	
<i>idaoxia</i>	T9	
<i>idaran</i>	T9	
IDELVION	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)
IDHIFA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<i>idyyxiatar</i>	T9	

Medication	Coverage Level	Restrictions
IFEREX 150 FORTE	T9	
IHEALTH BLOOD GLUCOSE TEST STR	T3	ST
IHEALTH CONTROL SOLUTION	T3	
IHEEZO	T9	
ILEVRO	T3	ST; QL (3 ML per 30 days)
<i>ilxor</i>	T9	
<i>imatinib mesylate oral tablet 100 mg</i>	T1b	PA; QL (90 tablets per 30 days); SP
<i>imatinib mesylate oral tablet 400 mg</i>	T1b	PA; QL (60 tablets per 30 days); SP
IMBRUVICA ORAL CAPSULE 140 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
IMBRUVICA ORAL SUSPENSION	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)
IMBRUVICA ORAL TABLET 140 MG, 420 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMBRUVICA ORAL TABLET 280 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
IMCIVREE	T9	
<i>imipramine hcl oral</i>	T1b	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)
<i>imiquimod external cream 3.75 %</i>	T9	
<i>imiquimod external cream 5 %</i>	T1b	
<i>imiquimod pump</i>	T9	
IMITREX	T9	

Medication	Coverage Level	Restrictions
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	T9	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR	T9	
<i>imkeldi</i>	T9	
IMOVAX RABIES	T6 - \$0 Copay	PV
IMPAVIDO	T4	PA; SP (Limited to a 1 month supply per fill)
IMPEKLO	T9	
IMPOYZ	T9	
IMULDOSA	T9	
IMURAN	T3	
IMVEXXY	T3	PA; QL (8 inserts per 28 days)
IMVEXXY MAINTENANCE PACK	T3	PA; QL (8 inserts per 28 days)
IMVEXXY STARTER PACK	T3	PA; QL (18 inserts per 360 days)
INATAL ADVANCE	T1b	
INATAL GT	T1b	
INATAL ULTRA ORAL TABLET	T1b	
INBRIJA	T9	
INCASSIA	Tier 8	PV
INCIVEK	T9	
INCRELEX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
INCRUSE ELLIPTA	T2	QL (30 Blisters per 30 Day(s)s)
<i>indapamide oral</i>	T1a	
INDERAL LA	T9	
INDERAL XL	T9	
INDOCIN ORAL	T9	
INDOCIN RECTAL	T9	
<i>indomethacin er</i>	T1b	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1b	
<i>indomethacin oral suspension</i>	T9	
<i>indomethacin rectal</i>	T9	
<i>infanate balance</i>	T3	
INFINITY BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)

Medication	Coverage Level	Restrictions
INFINITY CONTROL IN VITRO SOLUTION NORMAL	T3	
INFINITY VOICE IN VITRO LIQUID	T3	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE 60 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE	T5	PA; SP (Limited to a 1-month supply per fill); QL (30 Capsules per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 dose pack per 28 days)
INLYTA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
INNOPRAN XL	T9	
INPEFA	T9	
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	
INQOVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (5 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
INREBIC	T5	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
INSPRA	T3	QL (30 tablets per 30 days)
<i>insulin asp prot & asp flexpen</i>	T3	ST
<i>insulin aspart flexpen</i>	T3	ST
<i>insulin aspart injection</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 max solostar</i>	T9	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	T9	
<i>insulin glargine-yfgn</i>	T1b	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro injection</i>	T1b	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot & lispro</i>	T9	
INTEGRA F	T9	
INTEGRA PLUS	T9	
INTELENCE ORAL TABLET 100 MG	T5	SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
INTELENCE ORAL TABLET 200 MG	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
INTELENCE ORAL TABLET 25 MG	T4	SP (Max of 31 days per dispensing.); QL (120 tablets per 30 days)
INTERMEZZO	T9	
INTRAROSA	T3	PA
INTROVALE	Tier 8	PV
INTUNIV	T3	QL (60 tablets per 30 days)
INVEGA	T9	
INVELTYS	T3	ST
INVIRASE ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
INVOKAMET	T3	ST; QL (60 tablets per 30 days)
INVOKAMET XR	T3	ST; QL (60 tablets per 30 days)
INVOKANA	T3	ST; QL (30 tablets per 30 days)
<i>inzdeaxiatar</i>	T9	

Medication	Coverage Level	Restrictions
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
INZIRQO	T3	QL (80 ML per 30 days); AL (Min 9 Years)
<i>iodoquimez-hc</i>	T9	
<i>iohexol</i>	T9	
IOPIDINE OPHTHALMIC SOLUTION 1 %	T9	
IPOL INJECTION INJECTABLE	T6 - \$0 Copay	PV; QL (3 doses per 1 lifetime)
<i>ipratropium bromide inhalation</i>	T1b	
<i>ipratropium bromide nasal</i>	T1b	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1b	QL (540 ML per 30 days)
IQIRVO	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<i>irbesartan</i>	T1b	
<i>irbesartan-hydrochlorothiazide</i>	T1b	
IRESSA	T9	
<i>iron supplement childrens</i>	T1b	AL (Min 6 Months and Max 12 Months)
IROSPAN 24/6	T9	
ISENTRESS	T4	SP (Limited to a 1 month supply per fill)
ISENTRESS HD	T4	SP (Limited to a 1 month supply per fill)
ISIBLOOM	Tier 8	PV
<i>isometheptene-caffeine-apap oral tablet 65-20-325 mg</i>	T9	
<i>isometheptene-dichloral-apap</i>	T2	
<i>isoniazid oral</i>	T1a	
ISOPTO ATROPINE	T3	
ISOPTO CARPINE	T3	
ISORDIL TITRADOSE	T9	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	T2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1b	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isosorbide mononitrate</i>	T1b	
<i>isosorbide mononitrate er</i>	T1b	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)

Medication	Coverage Level	Restrictions
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
<i>isradipine</i>	T1b	
ISTALOL	T9	
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 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ITOVEBI ORAL TABLET 3 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days); SP
ITOVEBI ORAL TABLET 9 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<i>ivabradine hcl</i>	T2	ST
<i>ivermectin external cream</i>	T2	ST; QL (45 GM per 30 days)
<i>ivermectin external lotion</i>	T1b	
<i>ivermectin oral tablet 3 mg</i>	T1b	QL (10 tablets per 1 claim)
<i>ivermectin oral tablet 6 mg</i>	T9	
<i>ivra</i>	T9	
IWILFIN	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
IXIARO	T9	
IXINITY	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
IYUZEH	T9	
JADENU	T5	SP (Limited to a 1 month supply per fill); SP
JADENU SPRINKLE	T9	
JAIMIESS	Tier 8	PV

Medication	Coverage Level	Restrictions
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
JAKAFI ORAL TABLET 5 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
JALYN	T3	ST
JANTOVEN	T1b	
JANUMET	T2	QL (60 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 tablets per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 tablets per 30 days)
JANUVIA	T2	QL (30 tablets per 30 days)
JARDIANCE	T2	QL (30 tablets per 30 days)
JASMIEL	Tier 8	PV
JATENZO	T9	
JAVYGTOR	T9	
JAYPIRCA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
<i>jaythari</i>	T9	
JENCYCLA	Tier 8	PV
JENTADUETO	T3	ST; QL (60 tablets per 30 days)
JENTADUETO XR	T3	ST; QL (30 tablets per 30 days)
JESDUVROQ	T9	
JINTELI	T1b	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	T4	PA; SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT	T4	PA; SP (Limited to a 1-month supply per fill); QL (41400 Billable units per 28 days)
JOBEVNE	T9	
JOENJA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)

Medication	Coverage Level	Restrictions
JOLESSA	Tier 8	PV
JORNAY PM	T9	
JOURNAVX	T9	
JOYEAUX	T9	
JUBLIA	T9	
JULEBER	Tier 8	PV
JULUCA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JUNEL 1.5/30	Tier 8	PV
JUNEL 1/20	Tier 8	PV
JUNEL FE 1.5/30	Tier 8	PV
JUNEL FE 1/20	Tier 8	PV
JUNEL FE 24	Tier 8	PV
JUST RIGHT 5000 DENTAL PASTE	T3	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG	T9	SP ()
JUXTAPID ORAL CAPSULE 20 MG, 5 MG	T9	
JYLAMVO	T3	AL (Max 9 Years)
JYNARQUE	T9	
JYNNEOS	T6 - \$0 Copay	PV
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 150 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG, 80 MG	T9	
KAITLIB FE	T9	
KALBITOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); AL (Min 16 Years); SP
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)
KALLIGA	Tier 8	PV
KALYDECO ORAL PACKET 13.4 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Max 1 Years); SP

Medication	Coverage Level	Restrictions
KALYDECO ORAL PACKET 25 MG, 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL PACKET 5.8 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL PACKET 75 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
KALYDECO ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 6 Years); SP
KAMDOY	T9	
KAPSPARGO SPRINKLE	T3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	T3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	T9	
KARIVA	Tier 8	PV
<i>kataraxap</i>	T9	
KATARVIA	T9	
KATERZIA	T3	QL (150 ML per 30 days); AL (Max 6 Years)
KAZANO	T9	
<i>kazuri</i>	T9	
<i>k-effervescent</i>	T1b	
KEFLEX	T3	
KEFUNOVA	T9	
KELNOR 1/35	Tier 8	PV
KELNOR 1/50	Tier 8	PV
KELO-COTE EXTERNAL GEL	T9	
KENALOG EXTERNAL	T9	
KEPPRA ORAL	T3	
KEPPRA XR	T3	
KERALAC EXTERNAL CREAM 47 %	T9	
KERALYT EXTERNAL SHAMPOO	T9	

Medication	Coverage Level	Restrictions
KERAMATRIX REPLICINE 10CMX10CM EXTERNAL PAD	T9	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL PAD	T9	
<i>keraxa</i>	T9	
KERENDIA ORAL TABLET 10 MG, 20 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
KERENDIA ORAL TABLET 40 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days)
<i>kerida</i>	T9	
KERYDIN	T9	
KESIMPTA	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only.); QL (1 pen per 28 days); SP
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
<i>ketoconazole external cream</i>	T1b	QL (60 gm per 30 days)
<i>ketoconazole external foam</i>	T9	
<i>ketoconazole external shampoo 2 %</i>	T1b	QL (120 ml per 30 days)
<i>ketoconazole oral</i>	T1b	
KETODAN EXTERNAL FOAM	T1b	QL (100 GM per 30 days)
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T1b	
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine ophthalmic</i>	T1b	
<i>ketorolac tromethamine oral</i>	T1b	QL (20 tablets per 30 days)
KETOSTIX	T3	
<i>ketotifen fumarate ophthalmic</i>	T1b	
<i>kevaraxap</i>	T9	
<i>kevartia</i>	T9	
KEVEYIS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP

Medication	Coverage Level	Restrictions
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.28 ML per 28 days); SP
KHINDIVI	T9	
<i>kimono</i>	Tier 8	PV
<i>kimono micro thin</i>	Tier 8	PV
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV
KIONEX COMBINATION	T2	
KIONEX ORAL SUSPENSION	T2	
KIRSTY	T9	
KISQALI (200 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KISQALI (400 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KISQALI (600 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
KISQALI FEMARA (200 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days); SP
KISQALI FEMARA (400 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days); SP
KISQALI FEMARA (600 MG DOSE)	T5	PA; SP (Limited to a 1 month supply per fill); QL (91 tablets per 28 days); SP
KITABIS PAK (W/ NEBULIZER)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
KLARON	T3	

Medication	Coverage Level	Restrictions
KLAYESTA	T9	
KLISYRI (250 MG)	T5	ST; QL (5 packets per 1 year)
KLISYRI (350 MG)	T5	ST; QL (5 packets per 1 year)
KLONOPIN	T3	
KLOR-CON 10	T1b	
KLOR-CON M10	T1b	
KLOR-CON M15	T1b	
KLOR-CON M20	T1b	
KLOR-CON ORAL PACKET 20 MEQ	T9	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T3	
KLOR-CON/EF	T1b	
KLOXXADO	T2	QL (2 doses per 365 days)
KLS QUIT2	Tier 8	PV
KLS QUIT4	Tier 8	PV
KOATE	T3	PA; SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<i>kobee</i>	Tier 8	PV; AL (Max 50 Years)
KOGENATE FS	T4	PA; SP (Limited to a 1 month supply per fill); QL (43125 billable units per 28 days)
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)
KONVOMEF	T3	AL (Max 9 Years)
KORLYM	T9	
KOSELUGO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>kotaraxap</i>	T9	
KOVALTRY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
K-PHOS-NEUTRAL	T9	
<i>kpn prenatal</i>	Tier 8	PV

Medication	Coverage Level	Restrictions
KRAZATI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
KRINTAFEL	T1b	QL (2 tablets per 365 Days)
KRISTALOSE	T9	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	T3	
KURVELO	Tier 8	PV
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	
KUVAN ORAL PACKET 100 MG	T9	SP ()
KUVAN ORAL PACKET 500 MG	T9	
KUVAN ORAL TABLET	T9	
<i>kynara</i>	T9	
KYXATA	T9	
KYZATREX ORAL CAPSULE 100 MG, 150 MG	T3	PA; QL (60 capsules per 30 days)
KYZATREX ORAL CAPSULE 200 MG	T3	PA; QL (120 tablets per 30 days)
<i>l.e.t. (racepinephrine) external solution</i>	T9	
<i>l.e.t. external solution</i>	T9	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1b	
<i>labetalol hcl oral tablet 400 mg</i>	T9	
LAC-HYDRIN	T9	
<i>lacosamide oral solution 10 mg/ml</i>	T1b	
<i>lacosamide oral tablet</i>	T1b	QL (60 tablets per 30 days)
LACRISERT	T4	SP (Limited to a 1 month supply per fill)
<i>lactic acid e</i>	T9	
<i>lactic acid external lotion</i>	T9	
LACTOCAL-F	T1b	
<i>lactulose oral packet</i>	T9	
<i>lactulose oral solution 10 gm/15ml</i>	T1b	
LAGEVRIO	T9	
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)

Medication	Coverage Level	Restrictions
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)
LAMISIL ORAL TABLET	T3	
LAMISIL SPRAY	T3	
<i>lamivudine oral solution 10 mg/ml</i>	T1b	
<i>lamivudine oral tablet</i>	T2	
<i>lamivudine-zidovudine</i>	T2	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	T3	ST; QL (30 tablets per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine oral tablet</i>	T1a	
<i>lamotrigine oral tablet chewable</i>	T1b	
<i>lamotrigine oral tablet dispersible</i>	T3	ST; QL (60 tablets per 30 days)
<i>lamotrigine starter kit-blue</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine titration</i>	T3	ST; QL (60 tablets per 30 days)
LAMPIT	T3	QL (90 tablets per 30 days); AL (Max 17 Years)
LANOXIN ORAL TABLET 125 MCG, 250 MCG	T3	
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	T9	
<i>lanreotide acetate</i>	T4	SP (Limited to a 1 month supply per fill); SP
<i>lansoprazole oral capsule delayed release</i>	T3	
<i>lansoprazole oral tablet delayed release dispersible</i>	T3	ST; QL (30 tablets per 30 days)
<i>lanthanum carbonate</i>	T1b	QL (90 tablets per 30 days)
LANTUS	T1b	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T1b	
<i>lapatinib ditosylate</i>	T1b	PA; QL (150 tablets per 30 days); SP
LARIN 1.5/30	Tier 8	PV
LARIN 1/20	Tier 8	PV
LARIN 24 FE	Tier 8	PV
LARIN FE 1.5/30	Tier 8	PV
LARIN FE 1/20	Tier 8	PV

Medication	Coverage Level	Restrictions
LASIX	T3	
LASTACRAFT	T9	
<i>latanoprost ophthalmic</i>	T1b	
LATISSE	T9	
LATUDA	T3	QL (30 tablets per 30 days)
<i>laxative oral tablet delayed release</i>	T9	
<i>laxative polyethylene glycol</i>	Tier 8	PV
LAYOLIS FE	T9	
LAZANDA	T9	
LAZCLUZE	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
<i>ledipasvir-sofosbuvir</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
LEENA	Tier 8	PV
LEFLUNICLO	T9	
<i>leflunomide oral</i>	T1b	
LEMTRADA	T9	
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	T4	QL (30 capsules per 30 days); SP
<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); SP
LENVIMA (10 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (12 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (14 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP

Medication	Coverage Level	Restrictions
LENVIMA (18 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (20 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (24 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (4 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LENVIMA (8 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
LEQEMBI IQLIK	T9	
LEQSELVI	T9	
LESCOL XL	T9	
LESSINA	Tier 8	PV
LETAIRIS ORAL TABLET 10 MG	T9	SP ()
LETAIRIS ORAL TABLET 5 MG	T9	
<i>letrozole oral</i>	T1b	
<i>leucovorin calcium oral</i>	T1b	
LEUKERAN	T4	SP (Max of 31 days per dispensing.)
<i>leuprolide acetate injection</i>	T4	SP (Max of 31 days per dispensing.); QL (2 kits per 28 days); SP
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	T1b	
<i>levalbuterol tartrate</i>	T2	

Medication	Coverage Level	Restrictions
<i>levamlodipine maleate oral tablet 5 mg</i>	T9	
LEVATOL	T2	
LEVEMIR	T9	
<i>levetiracetam er</i>	T1b	
<i>levetiracetam oral solution</i>	T1b	
<i>levetiracetam oral tablet</i>	T1a	
LEVITRA	T9	
<i>levobunolol hcl</i>	T1b	
<i>levocarnitine oral solution</i>	T1b	
<i>levocarnitine oral tablet</i>	T1b	
<i>levocarnitine sf</i>	T1b	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>levofloxacin ophthalmic</i>	T1b	
<i>levofloxacin oral</i>	T1b	
LEVONEST	Tier 8	PV
<i>levonorgest-eth est & eth est</i>	Tier 8	PV
<i>levonorgest-eth estrad 91-day</i>	Tier 8	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 8	PV
<i>levonorgestrel-ethinyl estrad</i>	Tier 8	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Tier 8	PV
LEVORA 0.15/30 (28)	Tier 8	PV
<i>levorphanol tartrate oral</i>	T9	
LEVO-T	T3	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1a	
LEVOXYL	T1b	
LEVSIN ORAL TABLET	T3	
LEVSIN/SL	T3	
LEXAPRO	T3	
LEXETTE	T9	
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)
LEXTOL	T9	
<i>l-glutamine oral packet</i>	T9	
LIALDA	T3	QL (120 tablets per 30 days)
LIBERVANT	T3	AL (Min 2 Years and Max 5 Years)

Medication	Coverage Level	Restrictions
LIBRAX	T9	
LICART TRANSDERMAL	T9	
<i>lidocaine external cream 4 %</i>	T9	
<i>lidocaine external ointment 5 %</i>	T1b	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %, 4 %</i>	T9	
<i>lidocaine hcl external gel 2 %</i>	T1b	
<i>lidocaine hcl external solution</i>	T1b	
<i>lidocaine viscous hcl</i>	T1b	
<i>lidocaine(bufferd)-epinephrine injection solution prefilled syringe 1 %-1:100000</i>	T9	
<i>lidocaine-hydrocortisone ace rectal gel</i>	T9	
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	T9	
<i>lidocaine-phenylephrine</i>	T9	
<i>lidocaine-prilocaine external cream</i>	T1b	
LIDOCAN	T9	
LIDOCAN II	T9	
LIDOCAN III	T9	
LIDODERM	T9	
<i>lido-epinephrine-tetracaine</i>	T9	
<i>lidolite</i>	T9	
<i>lidopin external cream 3 %</i>	T1b	
<i>lidopril external kit</i>	T9	
<i>lido-racepinephrine-tetracaine external solution</i>	T9	
<i>lidorx</i>	T9	
<i>lidosol</i>	T9	
<i>lidosol-50</i>	T9	
LIDOTRANS 5 PAK	T9	
LIDTOPIC	T9	
LIKMEZ	T9	
<i>lindane external</i>	T1b	
<i>linezolid oral suspension reconstituted</i>	T4	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)
<i>linezolid oral tablet</i>	T2	QL (28 tablets per 14 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	T2	QL (30 EA per 30 days)
LINZESS ORAL CAPSULE 72 MCG	T2	QL (30 capsules per 30 days)
LIOMNY	T2	
<i>liothyronine sodium oral</i>	T1b	

Medication	Coverage Level	Restrictions
LIPITOR	T3	
LIPOFEN	T9	
LIPTRUZET	T3	ST; QL (31 tablets per 31 days)
LIQREV	T9	
<i>liraglutide</i>	T9	
<i>liraglutide -weight management</i>	T9	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1b	QL (30 capsules per 30 Days); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	T1b	QL (30 tablets per 30 Days); AL (Min 6 Years)
<i>lisinopril oral</i>	T1a	
<i>lisinopril-hydrochlorothiazide</i>	T1a	
LITFULO	T9	
<i>lithium</i>	T1b	
<i>lithium carbonate er</i>	T1b	
<i>lithium carbonate oral</i>	T1a	
LITHOBID	T3	
LITHOSTAT	T9	
LIVALO	T9	
LIVDELZI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
LIVIXIL PAK	T9	
LIVMARLI	T9	
LIVTENCITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
<i>l-leucine</i>	T9	
L-MESITRAN SOFT WOUND	T9	
<i>l-methylfolate-b6-b12 oral tablet 1.13-25-2 mg</i>	T1b	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
LO LOESTRIN FE	T3	ST
LOCROID EXTERNAL CREAM	T9	
LOCROID EXTERNAL LOTION	T9	
LOCROID EXTERNAL OINTMENT	T9	
LOCROID EXTERNAL SOLUTION	T3	
LOCROID LIPOCREAM	T9	
LOCORT 11-DAY	T9	
LOCORT 7-DAY	T9	
LODOCO	T9	

Medication	Coverage Level	Restrictions
LODOSYN	T9	
LOESTRIN 1.5/30 (21)	T9	
LOESTRIN FE 1.5/30	T3	PV
LOESTRIN FE 1/20	T3	PV
LOFENA	T9	
<i>lofexidine hcl</i>	T9	
LOFIBRA ORAL CAPSULE	T3	
LOFIBRA ORAL TABLET 160 MG	T3	
LOJAIMIESS	Tier 8	PV
LOKELMA	T4	SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
LOMAIRA	T9	
LOMOTIL ORAL TABLET	T3	
LONSURF	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); SP
<i>loperamide hcl oral capsule</i>	T9	
LOPID	T3	
<i>lopinavir-ritonavir</i>	T4	SP (Limited to a 1 month supply per fill)
LOPRESSOR HCT ORAL TABLET 100-25 MG, 50-25 MG	T3	
LOPRESSOR ORAL SOLUTION	T9	
LOPRESSOR ORAL TABLET	T3	
LOPROX EXTERNAL GEL	T3	
LOPROX EXTERNAL SHAMPOO	T3	
<i>loratadine oral tablet</i>	T9	
<i>loratadine-d 24hr</i>	T9	
LORAZEPAM INTENSOL	T1b	
<i>lorazepam oral tablet</i>	T1a	
LORBRENA ORAL TABLET 100 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
LORBRENA ORAL TABLET 25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
LOREEV XR	T9	
<i>lorenza</i>	T9	
LORYNA	Tier 8	PV
LORZONE	T9	
<i>losartan potassium oral</i>	T1a	
<i>losartan potassium-hctz</i>	T1b	
LOSEASONIQUE	T9	
LOTEMAX	T9	
LOTEMAX SM	T3	ST
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	T3	
<i>loteprednol etabonate ophthalmic gel</i>	T2	ST
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	T3	ST
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	T2	ST
LOTREL ORAL CAPSULE 10-20 MG, 2.5-10 MG, 5-10 MG, 5-20 MG	T3	SP (Generic substitution mandatory.)
LOTREL ORAL CAPSULE 10-40 MG, 5-40 MG	T3	
LOTREXONE	T9	
LOTRIMIN AF EXTERNAL CREAM	T9	
LOTRISONE EXTERNAL CREAM	T3	
LOTRONEX	T9	
<i>lounzdomdioxatar</i>	T9	
<i>lovastatin oral</i>	T1a	PV
LOVAZA	T3	
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)
LOW-OGESTREL	Tier 8	PV
<i>loxapine succinate oral</i>	T1b	
LOXITANE ORAL CAPSULE 5 MG	T3	
LOYON	T9	
LO-ZUMANDIMINE	Tier 8	PV

Medication	Coverage Level	Restrictions
<i>lubiprostone</i>	T1b	QL (60 capsules per 30 Days)
LUCEMYRA	T9	
LUDENT	T3	PV
LUIZZA 1.5/30	Tier 8	PV
LUIZZA 1/20	Tier 8	PV
<i>luliconazole</i>	T9	
LUMAKRAS ORAL TABLET 120 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days); SP
LUMAKRAS ORAL TABLET 240 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Tablets per 30 days)
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days); SP
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	T9	
LUMRYZ	T9	
LUMRYZ STARTER PACK	T9	
LUNESTA	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
LUPKYNIS	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<i>lurasidone hcl</i>	T2	QL (30 tablets per 30 Days)
LURBIRO	T9	
LURIDE	T3	
LUSTRA	T9	
LUSTRA-AF	T9	
LUSTRA-ULTRA	T9	
LUTERA	Tier 8	PV
LUTRATE DEPOT	T9	
LUVOX CR	T3	QL (60 capsules per 30 days)
LUXAMEND	T9	
LUXIQ	T9	

Medication	Coverage Level	Restrictions
LUZU	T9	
LYBALVI	T9	
LYLEQ	Tier 8	PV
LYLLANA	T1b	
LYMEPAK	T9	
LYNPARZA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
LYRICA CR	T9	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	T3	QL (120 capsules per 30 days)
LYRICA ORAL CAPSULE 200 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)
LYSIPLEX PLUS ORAL TABLET	T9	
LYSODREN	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
LYSTEDA	T3	
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (84 tablets per 28 days)
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (112 tablets per 28 days)
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (140 tablets per 28 days)
LYUMJEV	T2	
LYUMJEV KWIKPEN	T2	
LYUMJEV TEMPO PEN	T9	
LYVISPAH	T9	
LYZA	Tier 8	PV

Medication	Coverage Level	Restrictions
<i>mac patch</i>	T9	
<i>maca</i>	T9	
MACROBID	T3	
MACRODANTIN	T9	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
<i>mafenide acetate external</i>	T1b	
MAGNEBIND 400	T9	
<i>magnesium citrate oral solution</i>	Tier 8	PV
<i>mahova</i>	T9	
MALARONE	T3	
<i>malathion external</i>	T1b	
<i>maprotiline hcl</i>	T1b	
<i>maraviroc</i>	T4	SP (Limited to a 1 month supply per fill)
MARINOL	T9	
<i>marlissa</i>	Tier 8	PV
MARPLAN	T2	QL (180 tablets per 30 days)
MASK VORTEX	T3	QL (4 masks per 1 year)
MASK VORTEX/CHILD/FROG	T3	QL (4 masks per 1 year)
MASK VORTEX/TODDLER/LADYBUG	T3	QL (4 masks per 1 year)
MATULANE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
MATZIM LA	T9	
MAVENCLAD (10 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (4 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (5 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (6 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (7 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
MAVENCLAD (8 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP

Medication	Coverage Level	Restrictions
MAVENCLAD (9 TABS)	T5	PA; SP (Limited to 4 fills per lifetime); QL (20 tablets per 1 year); SP
<i>mavilo hp</i>	T9	
MAVYRET ORAL PACKET	T1b	QL (140 packets per 28 days); SP
MAVYRET ORAL TABLET	T1b	SP (); QL (84 tablets per 28 days); SP
MAXALT ORAL TABLET 10 MG	T9	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	T9	
MAXARON FORTE ORAL TABLET	T9	
MAXFE ORAL TABLET	T9	
MAXIDEX	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1	T3	
<i>maxi-tuss cd</i>	T9	
MAXZIDE	T3	
MAXZIDE-25	T3	
MAYZENT ORAL TABLET 0.25 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
MAYZENT ORAL TABLET 1 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
MAYZENT ORAL TABLET 2 MG	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
MAYZENT STARTER PACK	T4	ST; SP (Limited to 1 fill per 2 years); QL (1 pack per 30 days); SP
<i>mb caps</i>	T9	
<i>meclizine hcl oral tablet</i>	T9	
<i>meclofenamate sodium oral</i>	T9	
<i>mecorix</i>	T9	
<i>mecorix hp</i>	T9	
<i>mecorix plus</i>	T9	
<i>medorfa</i>	T9	
<i>medorfa hp</i>	T9	
<i>medorfa hp plus</i>	T9	
<i>medorfa lp</i>	T9	
<i>medorfa plus</i>	T9	
MEDPURA HYDROCORTISONE	T9	

Medication	Coverage Level	Restrictions
MEDROL	T3	
<i>medroxyprogesterone acetate intramuscular</i>	Tier 8	PV
<i>medroxyprogesterone acetate oral</i>	T1a	
<i>mefenamic acid oral</i>	T3	ST; QL (30 capsules per 30 days)
<i>mefloquine hcl</i>	T1b	
MEGACE ES	T3	ST
MEGACE ORAL	T3	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>	T1b	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>megestrol acetate oral tablet</i>	T1b	
<i>mekam</i>	T9	
<i>mekam hp</i>	T9	
MEKINIST ORAL SOLUTION RECONSTITUTED	T5	PA; SP (Limited to a 1 month supply per fill); QL (900 ML per 30 days); AL (Min 1 Years and Max 9 Years); SP
MEKINIST ORAL TABLET	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
MEKTOVI	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
MELEYA	T1b	PV
<i>melidu</i>	T9	
MELODETTA 24 FE	T9	
<i>melondis plus</i>	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1a	
<i>melphalan</i>	T2	
MELQUIN 3	T9	
<i>melquin hp</i>	T9	
<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</i>	T1b	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>	T1b	QL (1 pack per 365 days); AL (Min 40 Years)
<i>memantine hcl oral tablet 5 mg</i>	T1b	QL (60 EA per 30 days); AL (Min 40 Years)
<i>memantine hcl-donepezil hcl</i>	T9	
MENACTRA INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	PV; QL (1 Dose per 1 Lifetime)
MENEST	T2	
MENOPUR	T3	SP
MENOSTAR	T3	QL (4 patches per 28 days)
MENQUADFI INTRAMUSCULAR SOLUTION	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
MENTAX	T9	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	T6 - \$0 Copay	PV; QL (1 dose per 1 lifetime)
<i>meperidine hcl oral solution</i>	T1b	
<i>meperidine hcl oral tablet 50 mg</i>	T1b	
<i>meprobamate</i>	T3	
MEPRON	T3	
MEPSEVII	T9	
<i>mercaptopurine oral suspension</i>	T4	SP
<i>mercaptopurine oral tablet</i>	T1b	
MERILOG	T9	
MERILOG SOLOSTAR	T9	
MERZEE	T9	
<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>	T1b	
<i>mesalamine rectal suppository</i>	T5	SP (Limited to a 1 month supply per fill)
<i>mesna oral</i>	T4	SP (Limited to a 1-month supply per fill)
MESNEX ORAL	T4	SP (Limited to a 1-month supply per fill)

Medication	Coverage Level	Restrictions
MESTINON ORAL SYRUP	T2	
MESTINON ORAL TABLET	T3	
MESTINON ORAL TABLET EXTENDED RELEASE	T9	
METADATE CD	T9	QL (31 capsules per 31 days); AL (Min 4 Years)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	T1b	AL (Min 4 Years)
METAFOLBIC PLUS	T9	
<i>metaproterenol sulfate oral syrup</i>	T1b	
<i>metaxalone oral tablet 400 mg, 640 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1b	ST
<i>metdray</i>	T9	
<i>metformin hcl er</i>	T1a	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	T9	
<i>metformin hcl oral solution</i>	T9	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	T1a	
<i>metformin hcl oral tablet 625 mg, 750 mg</i>	T9	
<i>metformin hcl oral tablet 850 mg</i>	Tier 8	PV
METHADONE HCL DISKETTS	T1b	
METHADONE HCL INTENSOL	T1b	
<i>methadone hcl oral</i>	T1b	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1b	
METHADOSE ORAL TABLET SOLUBLE	T1b	
<i>methamphetamine hcl</i>	T3	QL (150 tablets per 30 days)
<i>methaver</i>	T9	
<i>methazel</i>	T9	
<i>methazolamide oral</i>	T2	
<i>methenamine hippurate</i>	T1b	
<i>methimazole oral</i>	T1b	
<i>methitest</i>	T9	
<i>methocarbamol oral tablet 1000 mg</i>	T9	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1b	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	T1b	
<i>methotrexate sodium injection solution reconstituted</i>	T1b	
<i>methotrexate sodium oral</i>	T1b	

Medication	Coverage Level	Restrictions
<i>methoxsalen rapid</i>	T4	SP (Limited to a 1 month supply per fill)
<i>methscopolamine bromide oral</i>	T2	
<i>methsuximide</i>	T2	
<i>methyclothiazide oral</i>	T1b	
<i>methyldopa oral</i>	T1b	
<i>methyldopa-hydrochlorothiazide</i>	T1b	
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
METHYLIN ORAL SOLUTION	T3	AL (Min 4 Years and Max 10 Years)
METHYLIN ORAL TABLET CHEWABLE	T3	AL (Min 4 Years)
<i>methylphenidate</i>	T3	ST; QL (30 patches per 30 Days); AL (Min 3 Years)
<i>methylphenidate hcl er (cd)</i>	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (la)</i>	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T1b	QL (60 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg, 72 mg</i>	T9	
<i>methylphenidate hcl er (xr)</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1b	AL (Min 4 Years)
<i>methylphenidate hcl oral solution</i>	T1b	AL (Min 4 Years and Max 10 Years)
<i>methylphenidate hcl oral tablet</i>	T1b	AL (Min 4 Years)
<i>methylphenidate hcl oral tablet chewable</i>	T1b	AL (Min 4 Years and Max 10 Years)
<i>methyprednisolone oral</i>	T1b	
<i>methyltestosterone oral</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>metipranolol</i>	T1b	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1a	
<i>metoclopramide hcl oral tablet</i>	T1a	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	ST
<i>metolazone</i>	T1b	
<i>metoprolol succinate er</i>	T1b	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1b	
<i>metoprolol tartrate oral</i>	T1a	
<i>metoprolol-hctz er</i>	T9	

Medication	Coverage Level	Restrictions
<i>metoprolol-hydrochlorothiazide</i>	T1b	
METOZOLV ODT	T3	
METROCREAM	T3	
METROGEL EXTERNAL GEL	T3	
METROGEL-VAGINAL	T3	
METROLOTION	T3	
<i>metronidazole benzoate</i>	T9	
<i>metronidazole external cream</i>	T1b	
<i>metronidazole external gel</i>	T1b	
<i>metronidazole external lotion</i>	T2	
<i>metronidazole oral capsule</i>	T1b	
<i>metronidazole oral tablet 125 mg</i>	T9	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1b	
<i>metronidazole vaginal</i>	T1b	
<i>metyrosine</i>	T9	
MEVACOR ORAL TABLET 20 MG, 40 MG	T3	
MEXAR WASH	T1b	
<i>mexiletine hcl oral</i>	T1b	
MIACALCIN NASAL	T3	
MIBELAS 24 FE	T9	
MICARDIS	T3	
MICARDIS HCT	T3	
MICORT HC	T9	
MICORT-HC	T9	
MICROCHAMBER	T3	QL (4 chambers per 1 year)
MICRODOT TEST	T3	ST; QL (200 strips per 30 days)
MICROGESTIN 1.5/30	Tier 8	PV
MICROGESTIN 1/20	Tier 8	PV
MICROGESTIN 24 FE	Tier 8	PV
MICROGESTIN FE 1.5/30	Tier 8	PV
MICROGESTIN FE 1/20	Tier 8	PV
MICROSPACER	T3	QL (4 chambers per 1 year)
MICROZIDE	T3	
<i>micuraderm</i>	T9	
<i>midazolam hcl oral</i>	T1b	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	T9	
<i>midodrine hcl</i>	T1b	
MIEBO	T2	QL (3 ML per 30 days)

Medication	Coverage Level	Restrictions
<i>mifepristone oral tablet 300 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
MIGERGOT	T9	
<i>miglustat</i>	T5	PA; SP (Limited to a 1 month supply per fill); SP
MIGRANAL	T9	
MILI	Tier 8	PV
<i>milk of magnesia oral suspension 400 mg/5ml</i>	Tier 8	PV
MILLIPRED	T9	
<i>mimora</i>	T9	
MIMVEY	T1b	
MIMVEY LO	T1b	
MINASTRIN 24 FE	T9	
MINIPRESS	T3	
MINITRAN	T1b	
MINIVELLE	T3	
MINOCIN ORAL CAPSULE 100 MG, 50 MG	T3	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 90 mg</i>	T9	
<i>minocycline hcl oral capsule</i>	T1b	
<i>minocycline hcl oral tablet 100 mg</i>	T9	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1b	
MINOLIRA	T9	
<i>minoxidil external solution 5 %</i>	T9	
<i>minoxidil for men external solution 2 %</i>	T9	
<i>minoxidil oral</i>	T1b	
MINZOYA	T9	
MIPLYFFA	T9	
<i>mirabegron er</i>	T9	
MIRALAX ORAL POWDER	T9	
MIRAPEX	T3	
MIRAPEX ER	T3	ST; QL (30 tablets per 30 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	T9	
MIRCETTE	T9	
<i>mirtazapine oral tablet</i>	T1a	
<i>mirtazapine oral tablet dispersible</i>	T1b	
MIRVASO	T9	

Medication	Coverage Level	Restrictions
<i>misoprostol oral</i>	T1b	
MITIGARE	T9	
M-M-R II INJECTION	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime)
MNEXSPIKE	T6 - \$0 Copay	PV
<i>modafinil oral</i>	T1b	QL (60 tablets per 30 days)
MODERNA COVID-19 VAC 6M-11Y	T6 - \$0 Copay	PV
<i>moexipril hcl</i>	T1b	
<i>mokura</i>	T9	
<i>mokura lp</i>	T9	
<i>mokura mod</i>	T9	
<i>mokura plus</i>	T9	
<i>molexi</i>	T9	
<i>mometasone furoate external</i>	T1b	
<i>mometasone furoate nasal</i>	T9	
MONDOXYNE NL	T9	
MONODOX ORAL CAPSULE 100 MG, 75 MG	T3	
MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT PISTON SYRINGE	T2	
MONOJECT SAFETY SYRINGE/SHIELD 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE 21G X 1-1/2" 6 ML	T2	
MONOJECT SYRINGE LUER-LOCK TIP 140 ML	T2	
MONO-LINYAH	Tier 8	PV
MONOVISC	T9	
<i>montelukast sodium oral</i>	T1b	
MONUROL	T3	QL (3 packets per 30 days)
MORGIDOX COMBINATION	T9	
MORPHABOND ER	T9	
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml</i>	T1b	
<i>morphine sulfate er beads</i>	T9	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate er oral tablet extended release</i>	T1b	
<i>morphine sulfate oral</i>	T1b	
<i>morphine sulfate rectal</i>	T1b	
MOTEGRITY	T3	QL (30 tablets per 30 days)
MOTPOLY XR	T9	

Medication	Coverage Level	Restrictions
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML	T2	PA; QL (2 ML per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; QL (2 ML per 28 days)
MOVANTIK	T2	PA; QL (30 tablets per 30 days)
MOVIPREP	T3	
MOXATAG	T3	
MOXEZA	T3	
<i>moxifloxacin hcl (2x day)</i>	T1b	
<i>moxifloxacin hcl ophthalmic solution</i>	T1b	
<i>moxifloxacin hcl oral</i>	T1b	
<i>moxifloxacin-bromfenac</i>	T9	
MRESVIA	T6 - \$0 Copay	PV; QL (1 dose per 1 year); AL (Min 50 Years)
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
MUCOSITISRX	T9	
MUGARD	T9	
MULPLETA	T9	
MULTAQ	T3	
MULTIGEN FOLIC	T9	
MULTIGEN PLUS	T9	
<i>multivitamin w/fluoride</i>	T3	PV
<i>multivitamin/fluoride oral solution</i>	T3	PV
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	T3	PV
<i>multivitamin/fluoride oral suspension</i>	T3	PV
<i>mupirocin calcium</i>	T9	
<i>mupirocin external</i>	T1b	QL (22 gm per 30 days)
MUSCUSOLICE	T9	
MUSE	T9	
MVC-FLUORIDE	T3	PV
M-VIT	T9	
MY CHOICE	Tier 8	PV
MY WAY	Tier 8	PV
MYALEPT	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
MYCAPSSA	T9	
MYCOBUTIN	T2	
<i>mycophenolate mofetil oral capsule</i>	T1b	

Medication	Coverage Level	Restrictions
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1b	AL (Max 9 Years)
<i>mycophenolate mofetil oral tablet</i>	T1b	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	T3	QL (240 tablets per 30 days)
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	T3	QL (120 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>	T2	QL (240 tablets per 30 days)
<i>mycophenolic acid oral tablet delayed release 360 mg</i>	T2	QL (120 tablets per 30 days)
MYDAYIS	T9	
MYFEMBREE	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>myferon 150 forte</i>	T9	
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)
MYHIBBIN	T9	
MYLERAN	T3	
MYNATAL ORAL TABLET	T1b	
<i>mynatal plus</i>	T1b	
<i>mynatal-z</i>	T1b	
<i>mynate 90 plus</i>	T1b	
<i>mynephrocaps</i>	T9	
MYNEPHRON	T9	
MYORISAN	T2	QL (6 fills per 2 years)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T2	ST; QL (240 ML per 30 days); AL (Max 10 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (30 tablets per 30 days)
MYSOLINE ORAL TABLET 50 MG	T3	
MYTESI	T9	
<i>mythius</i>	T9	
<i>myvori</i>	T9	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	T2	
<i>nabumetone oral</i>	T1b	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1b	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	

Medication	Coverage Level	Restrictions
<i>naftifine hcl external gel 2 %</i>	T9	
NAFTIN	T9	
NALFON ORAL CAPSULE	T9	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1b	QL (2 Vials per 1 year)
<i>naloxone hcl injection solution cartridge</i>	T1b	QL (2 cartridges per 1 year)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T1b	QL (2 Syringes per 1 year)
<i>naloxone hcl nasal</i>	T1b	QL (1 box per 1 year)
NALTREX	T9	
<i>naltrexone hcl oral</i>	T1b	
NAMENDA ORAL SOLUTION	T3	QL (300 ML per 30 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 tabpack 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)
NAMZARIC	T9	
<i>nanran</i>	T9	
<i>naphazoline hcl ophthalmic</i>	T1b	
NAPHCON-A	T9	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	T9	
NAPROSYN ORAL SUSPENSION	T3	QL (473 ML per 30 days); AL (Max 12 Years)
NAPROSYN ORAL TABLET 500 MG	T3	
NAPROTIN	T9	
<i>naproxen oral suspension</i>	T1b	QL (473 ML per 30 days); AL (Max 12 Years)
<i>naproxen oral tablet</i>	T1a	
<i>naproxen oral tablet delayed release</i>	T9	
<i>naproxen sodium er</i>	T1b	
<i>naproxen sodium oral tablet</i>	T1b	
<i>naproxen-esomeprazole mg</i>	T9	
<i>naratriptan hcl</i>	T1b	QL (12 tablets per 30 days)
NARCAN	T3	QL (1 box per 1 year)
NARDIL	T3	
NASACORT ALLERGY 24HR	T9	
NASCOBAL	T9	
NASONEX	T9	

Medication	Coverage Level	Restrictions
NATACHEW ORAL TABLET CHEWABLE 28-1 MG	T3	QL (30 tablets per 30 days)
NATACYN	T3	
<i>natal pnv</i>	T9	
NATALVIRT FLT	T9	
NATAZIA	T9	
<i>nateglinide</i>	T1b	
NATESTO	T9	
NATROBA	T9	
NAYZILAM	T3	QL (5 kits per 30 days)
<i>nebivolol hcl</i>	T1b	
NEBUPENT	T3	
NECON 0.5/35 (28)	Tier 8	PV
NEEVO DHA ORAL CAPSULE 27-1.13 MG	T3	
<i>nefazodone hcl</i>	T1b	
NEFFY	T9	
NEMLUVIO	T9	
<i>nendrux</i>	T9	
<i>neomycin sulfate oral</i>	T1b	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1b	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1b	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1b	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1b	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	T1b	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
NEONATAL PLUS	T9	
NEORAL	T3	
NEOSALUS EXTERNAL FOAM	T9	
NEOSPORIN OPHTHALMIC	T3	
NEO-SYNALAR EXTERNAL CREAM	T9	
<i>neo-vital rx</i>	T3	
NEPHPLEX RX	T9	
NEPHROCAPS QT	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	

Medication	Coverage Level	Restrictions
NERLYNX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); SP
NESINA	T9	
NESTABS	T3	
NESTABS ABC	T3	
NESTABS DHA	T3	
NEUAC EXTERNAL GEL	T1b	QL (45 GM per 30 days)
NEUAC EXTERNAL KIT	T9	
NEULASTA ONPRO	T9	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	T5	SP (Limited to a 1 month supply per fill); SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SP (Limited to a 1 month supply per fill); SP
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>neurin-sl</i>	T9	
NEURONTIN	T3	
NEUTEK 2TEK TEST	T3	ST; QL (200 strips per 30 days)
NEUTRAGARD ADVANCED	T1b	
NEVANAC	T9	
<i>nevirapine er</i>	T3	QL (30 tablets per 30 days)
<i>nevirapine oral suspension</i>	T1b	QL (1200 ML per 30 days)
<i>nevirapine oral tablet</i>	T1b	QL (60 tablets per 30 days)
NEW DAY	Tier 8	PV
NEXA PLUS	T3	
NEXAVAR	T9	SP ()
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
NEXIUM	T9	
NEXIUM 24HR	T3	
NEXLETOL	T3	PA; QL (30 Tablets per 30 days)
NEXLIZET	T3	PA; QL (30 tablets per 30 days)
NEXTSTELLIS	T9	
NGENLA	T9	
<i>niacin er (antihyperlipidemic)</i>	T1b	
<i>niacin oral tablet 500 mg</i>	T9	
NIACOR	T1b	

Medication	Coverage Level	Restrictions
NICADAN	T9	
<i>nicardipine hcl oral</i>	T2	
NICAZEL	T9	
NICAZEL FORTE	T9	
NICODERM CQ	T9	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	T9	
NICORETTE	T9	
<i>nicotine</i>	Tier 8	PV
<i>nicotine mini</i>	Tier 8	PV
<i>nicotine polacrilex mouth/throat</i>	Tier 8	PV
NICOTROL	Tier 8	PV; QL (1 box per 30 days)
NICOTROL NS	Tier 8	PV; QL (40 mls per 30 days)
<i>nifedipine er osmotic release</i>	T1b	
<i>nifedipine oral</i>	T1b	
NIKKI	Tier 8	PV
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg</i>	T1b	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (112 Capsules per 28 days); SP
<i>nilotinib d-tartrate oral capsule 50 mg</i>	T1b	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Capsules per 30 days); SP
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	T1b	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (112 capsules per 28 days)
<i>nilotinib hcl oral capsule 50 mg</i>	T1b	PA; SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (120 Capsules per 30 days); SP
<i>nilutamide</i>	T1a	
<i>nimodipine oral capsule</i>	T2	QL (21 day supply per 365 days)
<i>nimodipine oral solution</i>	T5	ST
NINLARO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 capsules per 28 days); SP
NIRAVAM	T3	
<i>nisoldipine er</i>	T2	

Medication	Coverage Level	Restrictions
<i>nitazoxanide oral</i>	T5	SP (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>nitisinone</i>	T9	
NITRO-BID	T1b	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1b	
<i>nitrofurantoin monohyd macro</i>	T1b	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (120 ML per 30 days); AL (Max 9 Years)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	T4	SP (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
<i>nitroglycerin er</i>	T1b	
<i>nitroglycerin rectal</i>	T9	
<i>nitroglycerin sublingual</i>	T1b	
<i>nitroglycerin transdermal patch 24 hour</i>	T1b	
<i>nitroglycerin translingual solution</i>	T2	
NITROLINGUAL	T3	
NITROMIST	T3	
NITROSTAT	T1b	
NITRO-TIME	T1b	
NITYR	T9	
NIVA-FOL	T9	
NIVA-PLUS	T9	
NIVATOPIC PLUS	T9	
NIVESTYM	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>nizatidine oral capsule</i>	T3	
NIZORAL EXTERNAL SHAMPOO 2 %	T3	
<i>nobela</i>	T9	
NOBLE FORMULA HC EXTERNAL SOLUTION	T9	
NOCDURNA	T9	
NOCTIVA	T9	
<i>nolira</i>	T9	
NORA-BE	Tier 8	PV

Medication	Coverage Level	Restrictions
NORCO	T3	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
<i>norelgestromin-eth estradiol</i>	Tier 8	PV; QL (3 patches per 28 days)
<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>	Tier 8	PV
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 8	PV
<i>norethindrone acetate oral</i>	T1b	
<i>norethindrone acet-ethinyl est</i>	Tier 8	PV
<i>norethindrone oral</i>	Tier 8	PV
<i>norethindrone-eth estradiol</i>	T1b	
<i>norethindron-ethinyl estrad-fe</i>	Tier 8	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Tier 8	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	T9	
<i>norgesic forte</i>	T9	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Tier 8	PV
<i>norgestim-eth estrad triphasic</i>	Tier 8	PV
NORINYL 1+50 (28)	T3	
NORITATE	T9	
NORLIQVA	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
NORPACE	T3	
NORPACE CR	T2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	T3	QL (60 tablets per 30 days)
NORPRAMIN ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG	T3	
NORTHERA ORAL CAPSULE 100 MG	T9	SP ()
NORTHERA ORAL CAPSULE 200 MG, 300 MG	T9	
NORTREL 0.5/35 (28)	Tier 8	PV
NORTREL 1/35 (21)	Tier 8	PV
NORTREL 1/35 (28)	Tier 8	PV
NORTREL 7/7/7	Tier 8	PV
<i>nortriptyline hcl oral capsule</i>	T1b	
NORVASC	T3	SP (Generic substitution mandatory.)
NORVIR ORAL SOLUTION	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
NORVIR ORAL TABLET	T9	
NOURIANZ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
NOVA MAX GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
NOVACORT EXTERNAL GEL 1-2 %	T9	
NOVAFERRUM ORAL SOLUTION RECONSTITUTED	T9	
NOVAREL	T3	ST; SP
novavax covid-19 vaccine	T6 - \$0 Copay	PV
NOVOEIGHT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
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	
NOVOLIN 70/30	T3	ST
NOVOLIN 70/30 FLEXPEN	T3	ST; AL (Max 21 Years)
NOVOLIN N	T3	ST
NOVOLIN N FLEXPEN	T3	ST; AL (Max 21 Years)
NOVOLIN R	T3	ST
NOVOLIN R FLEXPEN	T3	ST; AL (Max 21 Years)
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	
NOVOSEVEN RT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
NOXAFIL ORAL PACKET	T9	
NOXAFIL ORAL SUSPENSION	T9	

Medication	Coverage Level	Restrictions
NOXAFIL ORAL TABLET DELAYED RELEASE	T9	SP ()
<i>noxifol-d</i>	T9	
NP THYROID	T1b	
NUBEQA	T4	PA; ST; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
NUCORT	T3	
NUCYNTA	T3	ST
NUCYNTA ER	T5	ST; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
NUEDEXTA	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
NUFERA	T9	
<i>nujo</i>	T9	
<i>nuju</i>	T9	
NULEV	T1b	
NULYTELY LEMON-LIME	T3	
NUPLAZID	T9	
<i>nuquin hp</i>	T9	
NURTEC	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
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	
NUVAIL	T9	
NUVARING	T9	
<i>nuvaxovid covid-19 vaccine</i>	T6 - \$0 Copay	PV
NUVESSA	T9	
NUVIGIL ORAL TABLET 150 MG, 250 MG	T3	QL (30 tablets per 30 days)
NUVIGIL ORAL TABLET 200 MG, 50 MG	T9	

Medication	Coverage Level	Restrictions
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
NUZYRA INTRAVENOUS	T9	
NUZYRA ORAL TABLET 150 MG	T9	
NYAMYC	T1b	QL (60 GM per 30 Days)
NYLIA 1/35	T1b	PV
NYLIA 7/7/7	Tier 8	PV
NYMALIZE ORAL SOLUTION 6 MG/ML	T5	ST; SP (Limited to a 1 month supply per fill); QL (1 fill per 21 days)
NYMYO	Tier 8	PV
<i>nynutey</i>	T9	
NYPOZI	T9	
<i>nystatin external cream</i>	T1b	SP (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1b	
<i>nystatin external powder</i>	T1b	QL (60 GM per 30 Days)
<i>nystatin mouth/throat</i>	T1b	
<i>nystatin oral tablet</i>	T1b	
<i>nystatin-triamcinolone</i>	T1b	
NYSTOP	T1b	QL (60 GM per 30 days)
NYVEPRIA	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
OBREDON	T9	
O-CAL FA	T9	
OCALIVA ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OCALIVA ORAL TABLET 5 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days); SP
OCELLA	Tier 8	PV
OCM WOUND CARE MATRIX	T9	

Medication	Coverage Level	Restrictions
<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); SP
<i>octreotide acetate subcutaneous</i>	T4	SP (Limited to a 1 month supply per fill); SP
OCUFLOX	T3	
OCUVEL ORAL CAPSULE 0.5 MG	T9	
ODACTRA	T3	AL (Min 5 Years and Max 65 Years)
ODEFSEY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ODOMZO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP
OFEV	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); AL (Min 18 Years); SP
<i>ofloxacin ophthalmic</i>	T1b	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1b	
<i>ofloxacin otic</i>	T1b	
OGIVRI	T9	
OGSIVEO ORAL TABLET 100 MG, 150 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (56 tablets per 28 days)
OGSIVEO ORAL TABLET 50 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (180 tablets per 30 days)
OHTUVAYRE	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 vials per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (96 ML per 28 days); AL (Max 6 Years)

Medication	Coverage Level	Restrictions
OJEMDA ORAL TABLET 100 MG	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 box per 28 days); AL (Min 6 Years and Max 25 Years)
OJJAARA	T5	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>olanzapine oral tablet</i>	T1a	
<i>olanzapine oral tablet dispersible</i>	T2	
<i>olanzapine-fluoxetine hcl</i>	T9	
<i>olmesartan medoxomil oral</i>	T1b	
<i>olmesartan medoxomil-hctz</i>	T1b	
<i>olmesartan-amlodipine-hctz</i>	T1b	
<i>olopatadine hcl nasal</i>	T2	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	T1b	QL (5 ML per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1b	QL (2.5 ML per 30 days)
OLPRUVA (2 GM DOSE)	T9	
OLPRUVA (3 GM DOSE)	T9	
OLPRUVA (4 GM DOSE)	T9	
OLPRUVA (5 GM DOSE)	T9	
OLPRUVA (6 GM DOSE)	T9	
OLPRUVA (6.67 GM DOSE)	T9	
OLUMIANT ORAL TABLET 1 MG, 2 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OLUMIANT ORAL TABLET 4 MG	T9	
OLUX	T9	
OLUX-E	T9	
OLYSIO	T9	
OMECLAMOX-PAK	T9	
<i>omega-3-acid ethyl esters</i>	T1b	
<i>omeprazole magnesium oral capsule delayed release</i>	T3	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole oral tablet delayed release</i>	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
OMEZA COLLAGEN MATRIX	T9	

Medication	Coverage Level	Restrictions
OMNARIS	T9	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 DEXG7G6 PODS GEN 5	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 G7 PODS (GEN 5)	T5	SP (Limited to a 1-month supply per fill); QL (2 Packs per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO G5	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6	T5	SP (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T5	SP (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
OMNIPOD DASH INTRO (GEN 4)	T5	SP (Limited to 1 kit per 30 days); QL (1 kit per 2 yearss)
OMNIPOD DASH PODS (GEN 4)	T5	SP (Limited to a 1 month supply per fill); QL (2 packs per 30 days)
OMNIPOD GO	T9	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T9	SP ()
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1-month supply per fill.); QL (2 Pens per 28 days)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1-month supply per fill.); QL (2 Syringes per 28 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days); SP
ON CALL EXPRESS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL EXPRESS GLUCOSE CONTR	T3	
ON CALL LANCETS	T2	
ON CALL LANCING DEVICE	T3	
ON CALL PLUS BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL PLUS GLUCOSE CONTROL	T3	

Medication	Coverage Level	Restrictions
ON CALL PLUS LANCETS	T2	
ON CALL PLUS LANCING DEVICE	T3	
ON CALL VIVID BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
ON CALL VIVID GLUCOSE CONTROL	T3	
<i>ondansetron hcl oral</i>	T1b	
<i>ondansetron oral tablet dispersible 16 mg</i>	T9	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1b	
ONETOUCH ULTRA TEST	T9	
ONETOUCH VERIO IN VITRO STRIP	T9	
ONEXTON	T9	
ONFI ORAL SUSPENSION	T3	ST
ONFI ORAL TABLET 10 MG, 20 MG	T3	ST
ONGENTYS	T3	ST
ONGLYZA	T3	ST; QL (30 tablets per 30 days)
ONMEL	T9	
ONUREG ORAL TABLET 200 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days); SP
ONUREG ORAL TABLET 300 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (14 tablets per 28 days); SP
<i>onzdeaxiademtar</i>	T9	
<i>onzdeaxiatar</i>	T9	
ONZETRA XSAIL	T9	
OPCICON ONE-STEP	Tier 8	PV
OPFOLDA	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 capsules per 30 days); SP
OPILL	T9	
OPIPZA	T9	
<i>opium</i>	T9	
OPSUMIT	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OPSYNVI	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
OPTICHAMBER ADVANTAGE-LG MASK	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
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)
OPTION 2	Tier 8	PV
OPTIONS GYNOL II CONTRACEPTIVE	Tier 8	PV
OPTIUM TEST	T3	ST; QL (200 strips per 30 days)
OPTIUMEZ TEST	T3	ST; QL (200 strips per 30 days)
OPVEE	T2	QL (1 box per 1 year)
OPZELURA	T9	
ORACEA	T9	
ORACIT	T3	
<i>oral citrate</i>	T1b	
<i>oral saline laxative kit</i>	Tier 8	PV
ORALAIR	T3	AL (Min 10 Years and Max 65 Years)
ORALONE	T3	
ORAMAGICRX	T9	
ORAPRED ODT	T9	
ORAVIG	T4	ST; SP (Limited to a 1 month supply per fill)
ORENCIA CLICKJECT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days); SP
ORENITRAM MONTH 1	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP

Medication	Coverage Level	Restrictions
ORENITRAM MONTH 2	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM MONTH 3	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (2880 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (1440 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
ORFADIN	T9	
ORGOVYX	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
ORIAHNN	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
ORILISSA ORAL TABLET 150 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
ORILISSA ORAL TABLET 200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 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); SP

Medication	Coverage Level	Restrictions
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); SP
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); SP
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); SP
ORLADEYO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
<i>orlistat oral</i>	T9	
ORMALVI	T4	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>orphenadrine citrate er</i>	T1b	
<i>orphenadrine-asa-caffeine</i>	T9	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG	T9	
ORQUIDEA	Tier 8	PV
ORSERDU	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days)
ORTHAPHEN	T9	
<i>ortho df</i>	T9	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
ORTIKOS	T9	
<i>oscimin sr</i>	T1b	
<i>oseltamivir phosphate oral capsule</i>	T1b	QL (10 capsules per 1 fill)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1b	QL (120 ML per 1 fill)
OSENI	T9	
OSMOLEX ER	T9	

Medication	Coverage Level	Restrictions
OSMOPREP	T3	
OSPHENA	T2	ST
OTEZLA ORAL TABLET 20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (60 Tablets per 30 days)
OTEZLA ORAL TABLET 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pack per 1 year); SP
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (1 Pack per 1 Year)
<i>oto-end 10</i>	T1b	
OTOVEL	T2	AL (Min 6 Months and Max 17 Years)
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	
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
OVACE PLUS	T9	
OVACE PLUS WASH	T9	
OVACE WASH	T9	
OVCON-35 (28)	T3	
OVIDE	T3	
OVIDREL	T2	SP
OXANDRIN	T3	
<i>oxaprozin oral capsule</i>	T9	
<i>oxaprozin oral tablet</i>	T2	
OXAYDO ORAL TABLET ABUSE-DETERRENT	T3	ST
<i>oxazepam</i>	T1b	
<i>oxcarbazepine</i>	T1b	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	T4	ST; QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	T4	ST; QL (120 tablets per 30 days)
OXERVATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (8 weeks per 1 lifetime); SP
<i>oxiachlo</i>	T9	
<i>oxiaice</i>	T9	
<i>oxianuji</i>	T9	
<i>oxiavar</i>	T9	
<i>oxiavary</i>	T9	
<i>oxiconazole nitrate</i>	T3	ST; QL (60 GM per 30 days)
OXISTAT EXTERNAL LOTION	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	T9	
OXTELLAR XR	T9	
<i>oxybutynin chloride er</i>	T1b	
<i>oxybutynin chloride oral solution</i>	T1b	
<i>oxybutynin chloride oral syrup</i>	T1b	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T9	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1b	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	T2	QL (60 tablets per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 15 mg</i>	T2	QL (62 tablets per 30 days)
<i>oxycodone hcl oral capsule</i>	T9	
<i>oxycodone hcl oral concentrate 20 mg/ml</i>	T1b	
<i>oxycodone hcl oral solution</i>	T1b	
<i>oxycodone hcl oral tablet</i>	T1b	
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	T1b	
<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>	T1b	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	T2	QL (60 tablets per 30 days)
<i>oxymorphone hcl</i>	T2	ST
<i>oxymorphone hcl er</i>	T2	ST; QL (60 EA per 30 days)
OXYTROL	T9	
OZEMPIC (0.25 OR 0.5 MG/DOSE)	T9	

Medication	Coverage Level	Restrictions
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T9	
OZEMPIC (2 MG/DOSE)	T9	
OZOBAX	T9	
OZOBAX DS	T9	
PACERONE ORAL TABLET 100 MG	T2	QL (30 tablets per 30 days)
PACERONE ORAL TABLET 200 MG	T1b	
PACERONE ORAL TABLET 400 MG	T2	
PALFORZIA (1 MG DAILY DOSE)	T4	PA; SP (Limited to a 1-month supply per fill.)
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 DOSE 1-3YRS	T4	PA; SP (Limited to a 1-month supply per fill.)

Medication	Coverage Level	Restrictions
PALFORZIA INITIAL ESCALATION	T4	PA; SP (Limited to a 1 month supply per fill)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T2	QL (30 tablets per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T2	QL (60 tablets per 30 days)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 syringes per 30 days); SP
PAMELOR ORAL CAPSULE	T3	SP (Generic substitution mandatory.)
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)
PANDA MASK LARGE	T3	QL (4 masks per 1 year)
PANDA MASK MEDIUM	T3	QL (4 masks per 1 year)
PANDA MASK SMALL	T3	QL (4 masks per 1 year)
PANDEL	T9	
PANOXYL EXTERNAL BAR 10 %	T9	
PANOXYL WASH	T9	
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
PARAFON FORTE DSC	T9	
<i>paregoric</i>	T9	
<i>paricalcitol oral</i>	T2	
PARLODEL	T3	
PARNATE	T3	
<i>paromomycin sulfate oral</i>	T1b	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	T2	QL (30 tablets per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	T2	QL (60 tablets per 30 days)
<i>paroxetine hcl oral suspension</i>	T2	

Medication	Coverage Level	Restrictions
<i>paroxetine hcl oral tablet</i>	T1a	
<i>paroxetine mesylate</i>	T9	
PATADAY OPHTHALMIC SOLUTION 0.1 %	T3	QL (5 ML per 30 years)
PATADAY OPHTHALMIC SOLUTION 0.2 %	T3	ST; QL (2.5 ML per 30 days)
PATANASE	T3	
PATANOL	T3	
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)
PAXLOVID (150/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAXLOVID (300/100)	T4	SP (Limited to 1 fill per year); QL (1 pack per 1 year)
PAZEO	T9	
<i>pazopanib hcl</i>	T1b	PA; QL (120 tablets per 30 days); SP
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>pc pediatric iron drops</i>	T1b	AL (Min 6 Months and Max 12 Months)
PCE	T2	
<i>pediatric medium mask</i>	T3	QL (4 masks per 1 year)
PEDIATRIC PANDA MASK	T3	QL (4 masks per 1 year)
<i>pediatric small mask</i>	T3	QL (4 masks per 1 year)
<i>pedipak</i>	T9	
<i>peg 3350 oral powder</i>	T9	
<i>peg 3350-kcl-na bicarb-nacl</i>	Tier 8	PV
<i>peg-3350/electrolytes</i>	Tier 8	PV
<i>peg-3350/electrolytes/ascorbat</i>	Tier 8	PV
PEGANONE	T3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	SP (Limited to a 1 month supply per fill); QL (48 Treatments per 1 Lifetime); SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	SP (Limited to a 1 month supply per fill); QL (48 treatments per 1 lifetime); SP
PEG-PREP	Tier 8	PV
PEMAZYRE	T4	PA; SP (Limited to a 1 month supply per fill); QL (14 tablets per 21 days)
PEMGARDA	T9	

Medication	Coverage Level	Restrictions
PEMRYDI RTU INTRAVENOUS SOLUTION 500 MG/50ML	T9	
PENBRAYA	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime)
<i>penciclovir</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (5 GM per 6 monthss)
<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)
<i>penicillin v potassium</i>	T1b	
<i>penmenvy</i>	T6 - \$0 Copay	PV; QL (2 doeses per 1 lifetime)
PENNSAID TRANSDERMAL	T9	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	T6 - \$0 Copay	PV
<i>pentamidine isethionate inhalation</i>	T1b	
PENTASA	T5	ST; SP (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>pentazocine-naloxone hcl</i>	T2	ST
<i>pentoxifylline er</i>	T1b	
PEPCID ORAL TABLET	T9	
<i>perampanel</i>	T4	ST; QL (30 Tablets per 30 Days); AL (Min 12 Years)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
PERFOROMIST	T9	
PERIDEX	T3	
<i>perindopril erbumine</i>	T1b	
<i>permethrin external cream</i>	T1b	
<i>permethrin external lotion</i>	T9	
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1b	
<i>perphenazine-amitriptyline</i>	T1b	
PERTZYE	T5	ST; SP (Limited to a 1 month supply per fill)
PEXEVA	T9	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	T6 - \$0 Copay	PV
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	T6 - \$0 Copay	PV
<i>pfizer-biontech covid-19 vacc</i>	T6 - \$0 Copay	PV
PHEBURANE	T9	

Medication	Coverage Level	Restrictions
<i>phedrax</i>	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1b	
<i>phendimetrazine tartrate</i>	T1b	
<i>phenelzine sulfate oral</i>	T1b	
<i>phenobarbital oral elixir</i>	T1b	
<i>phenobarbital oral tablet</i>	T1b	
<i>phenoxybenzamine hcl oral</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<i>phentermine hcl oral capsule</i>	T1b	
<i>phentermine hcl oral tablet 37.5 mg</i>	T1b	
<i>phentermine hcl oral tablet 8 mg</i>	T9	
<i>phentermine-topiramate er</i>	T2	ST
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1b	
PHENYTEK	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1b	
<i>phenytoin oral tablet chewable</i>	T1b	
<i>phenytoin sodium extended</i>	T1b	
<i>pheoxia</i>	T9	
PHEXXI	T3	QL (12 tubes per 30 days)
PHILITH	T1b	PV
PHLAG SPRAY	T9	
PHOS-FLUR	T1b	
PHOSLO	T3	
PHOSLYRA	T3	ST
<i>phos-nak</i>	T9	
PHOSPHA 250 NEUTRAL	T9	
<i>phosphate laxative oral solution 2.7-7.2 gm/15ml</i>	Tier 8	PV
PHOSPHOLINE IODIDE	T2	
PHRENILIN FORTE ORAL CAPSULE 50-650 MG	T2	
<i>phytonadione injection solution 1 mg/0.5ml</i>	T3	
<i>phytonadione oral</i>	T1b	QL (3 tablets per 30 Days)
<i>pidprogtar</i>	T9	
PIFELTRO	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1b	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>	T9	
<i>pilocarpine hcl oral</i>	T1b	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
PILOPINE HS	T2	
<i>pimecrolimus</i>	T1b	QL (30 GM per 30 days)
<i>pimozide oral tablet 1 mg</i>	T1b	QL (300 tablets per 30 days)
<i>pimozide oral tablet 2 mg</i>	T1b	QL (150 tablets per 30 days)
PIMTREA	Tier 8	PV
<i>pindolol</i>	T1b	
<i>pioglitazone hcl</i>	T1b	
<i>pioglitazone hcl-glimepiride</i>	T9	
<i>pioglitazone hcl-metformin hcl</i>	T1b	
PIP BLOOD GLUCOSE TEST STRIP	T3	ST; QL (200 test strips per 30 days)
PIP GLUCOSE CONTROL SOLUTION	T3	
<i>pip lancets 28g</i>	T2	
<i>pip lancets 30g</i>	T2	
PIQRAY (200 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (28 tablets per 28 days); SP
PIQRAY (250 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (56 tablets per 28 days); SP
PIQRAY (300 MG DAILY DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Max of 31 days per dispensing.); QL (56 tablets per 28 days); SP
<i>pirfenidone oral capsule</i>	T1b	PA; QL (270 capsules per 30 days); SP
<i>pirfenidone oral tablet 267 mg, 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T1b	PA; QL (90 tablets per 30 days); SP
<i>piroxicam oral</i>	T1b	
<i>pitavastatin calcium</i>	T1b	ST; QL (30 tablets per 30 days)
PLAN B ONE-STEP	Tier 8	PV
PLAQUENIL	T3	
PLASMA-LYTE 148	T4	PA; SP (Limited to a 1-month supply per fill.)
PLAVIX ORAL TABLET 75 MG	T3	

Medication	Coverage Level	Restrictions
PLEGRIDY INTRAMUSCULAR	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a one month supply per fill); QL (2 syringes per 28 days); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
PLENITY	T9	
<i>plenura</i>	T9	
PLENVU	T3	
PLEXION CLEANSER EXTERNAL LIQUID	T9	
PLEXION CLEANSING CLOTH EXTERNAL PAD	T9	
PLEXION EXTERNAL CREAM	T9	
PLEXION NS	T9	
PLIAGLIS EXTERNAL CREAM	T9	
PNEUMOVAX 23	T6 - \$0 Copay	PV; QL (3 doses per 1 lifetime)
<i>pnv tabs 29-1</i>	T1b	
<i>pnv-dha</i>	T1b	
<i>pnv-dha+docusate</i>	T1b	
<i>pnv-omega</i>	T1b	

Medication	Coverage Level	Restrictions
<i>pnv-select</i>	T1b	
<i>podocon</i>	T9	
PODOCON-25	T9	
<i>podofilox external gel</i>	T3	ST
<i>podofilox external solution</i>	T1b	
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	
POGO AUTOMATIC TEST CARTRIDGES	T3	
POKONZA	T9	
<i>polyethylene glycol 3350 oral packet</i>	T9	
POLY-IRON 150	T9	
<i>polymyxin b-trimethoprim</i>	T1b	
POLYTRIM	T3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	T9	
POLY-VI-FLOR/IRON	T9	
POMALYST	T5	PA; SP (Max of 31 days per dispensing.); SP
PONVORY	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablet per 30 days); SP
PONVORY STARTER PACK	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years); SP
PORTIA-28	Tier 8	PV
<i>posaconazole oral suspension</i>	T1b	QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T1b	QL (180 tablets per 30 days)
POSFREA	T9	
<i>pot & sod cit-cit ac</i>	T1b	
POTABA ORAL CAPSULE	T9	
<i>potassium chloride crys er oral tablet extended release 15 meq, 20 meq</i>	T1b	
<i>potassium chloride er oral capsule extended release</i>	T1b	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 8 meq</i>	T1b	
<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)
<i>potassium citrate er</i>	T1b	
<i>potassium citrate-citric acid oral solution</i>	T1b	
<i>potassium iodide (expectorant)</i>	T2	
<i>potassium iodide oral solution</i>	T2	
POTIGA	T3	ST; QL (90 tablets per 30 days)
<i>povidone-iodine ophthalmic</i>	T9	
PR BENZOYL PEROXIDE WASH	T9	
PR NATAL 400	T1b	
PR NATAL 400 EC	T1b	
PR NATAL 430	T1b	
PR NATAL 430 EC	T1b	
PRADAXA ORAL CAPSULE	T3	QL (62 capsules per 31 days)
PRADAXA ORAL PACKET	T9	
PRAKETAMIDE	T9	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T3	PA; QL (2 pens per 28 days)
<i>pramipexole dihydrochloride</i>	T1b	
<i>pramipexole dihydrochloride er</i>	T3	ST; QL (30 tablets per 30 days)
PRAMOSONE	T9	
<i>pramoxine-hc external cream</i>	T9	
PRANDIMET	T3	
PRANDIN	T3	
PRASCION FC	T1b	
PRASCION RA	T1b	
<i>prasugrel hcl</i>	T1b	QL (31 tablets per 31 days)
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	T3	
<i>pravastatin sodium</i>	T1b	PV
<i>prazosin hcl oral</i>	T1b	
PRECISION PCX	T3	ST; QL (200 strips per 30 days)
PRECISION PCX PLUS TEST	T3	ST; QL (200 strips per 30 days)
PRECISION POINT OF CARE TEST	T3	ST; QL (200 strips per 30 days)
PRECISION QID TEST	T3	ST; QL (200 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
PRECOSE	T3	
PRED FORTE	T3	
PRED MILD	T3	
PRED-G	T2	

Medication	Coverage Level	Restrictions
PRED-G S.O.P.	T3	
<i>prednicarbate</i>	T1b	
<i>prednisolone acetate ophthalmic</i>	T1b	
<i>prednisolone oral solution</i>	T1b	
<i>prednisolone oral tablet</i>	T9	
<i>prednisolone sodium phosphate ophthalmic</i>	T1b	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	T1b	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</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>	T1a	
<i>prednisone oral tablet 50 mg</i>	T2	
<i>prednisone oral tablet therapy pack 5 mg (21)</i>	T1b	
PREFERA OB ORAL TABLET 28-6-1 MG	T3	
PREFERAOB ONE	T3	
PREFEST	T3	
<i>pregabalin er</i>	T9	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1b	QL (120 capsules per 30 days)
<i>pregabalin oral capsule 200 mg</i>	T1b	QL (90 CAPSULES per 30 Days)
<i>pregabalin oral capsule 225 mg</i>	T1b	QL (60 capsules per 30 days)
<i>pregabalin oral capsule 300 mg</i>	T1b	QL (60 CAPSULES per 30 days)
<i>pregabalin oral solution</i>	T1b	QL (473 ML per 30 days)
PREGNYL	T3	SP
PREHEVBRIO	T6 - \$0 Copay	QL (3 doses per 1 lifetime); AL (Min 18 Years)
PREMARIN ORAL	T2	QL (30 tablets per 30 days)
PREMARIN VAGINAL	T3	ST
<i>premium blood glucose test</i>	T3	ST; QL (200 strips per 30 days)
PREMPHASE	T2	
PREMPRO	T2	
<i>prena 1 true</i>	T1b	
<i>prena1</i>	T1b	
<i>prena1 pearl</i>	T1b	

Medication	Coverage Level	Restrictions
<i>prenafirst</i>	T1b	
<i>prenaissance</i>	T1b	
<i>prenaissance plus</i>	T1b	
<i>prenaplus</i>	T1b	
PRENATA	T3	
<i>prenatabs fa oral tablet 29-1 mg</i>	T1b	
PRENATABS RX	T1b	
<i>prenatal (wliron & fa)</i>	Tier 8	PV
<i>prenatal 19 oral tablet 29-1 mg</i>	T3	QL (30 tablets per 30 days)
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1b	QL (30 tablets per 30 days)
<i>prenatal complete oral tablet</i>	Tier 8	PV
<i>prenatal multi +dha oral capsule 27-0.8-250 mg</i>	Tier 8	PV
<i>prenatal one daily</i>	Tier 8	PV
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	Tier 8	PV
<i>prenatal plus</i>	T1b	
<i>prenatal plus iron</i>	Tier 8	PV
<i>prenatal plus vitamin/mineral</i>	T3	
<i>prenatal/iron oral tablet 28-0.8 mg</i>	Tier 8	PV
PRENATAL-U	T1b	
PRENATE AM	T3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG	T3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG, 26-0.6-0.4 MG	T3	
PRENATE ENHANCE	T3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG	T3	QL (30 capsules per 30 days)
PRENATE PIXIE	T3	QL (30 capsules per 30 days)
PRENATE RESTORE	T3	
PRENATE STAR	T3	
PREPIDIL	T3	
PRESERA	T9	
PRESTALIA	T3	ST; QL (30 tablets per 30 days)
<i>pretomanid</i>	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
PREVACID 24HR	T9	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	T9	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	T9	

Medication	Coverage Level	Restrictions
PREVALITE	T1b	
PREVIDENT	T3	
PREVIDENT 5000 BOOSTER	T3	
PREVIDENT 5000 KIDS	T3	
PREVIDENT 5000 ORTHO DEFENSE	T3	
PREVIDENT 5000 PLUS	T3	
PREVNAR 13	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime)
PREVNAR 20	T6 - \$0 Copay	PV
Prevpac	Benefit Exclusion	
PREVYMIS ORAL PACKET 120 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (30 Packs per 30 days)
PREVYMIS ORAL PACKET 20 MG	T4	PA; SP (Limited to a 1-month supply per fill); QL (120 Packs per 30 days)
PREVYMIS ORAL TABLET	T4	PA; SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days)
PREZCOBIX ORAL TABLET 800-150 MG	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
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)
PRIFTIN	T2	
<i>prilovix</i>	T9	
<i>primaquine phosphate oral</i>	T1b	
<i>primidone oral tablet 125 mg</i>	T9	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1a	
PRIMLEV	T9	
PRIMSOL	T9	
PRINIVIL	T3	
PRIORIX	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	T3	QL (60 tablets per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T3	QL (30 tablets per 30 days)
PROAIR DIGIHALER	T9	
PROAIR HFA	T9	
PROAIR RESPICLICK	T9	
<i>probenecid oral</i>	T1b	
PROBUPHINE IMPLANT KIT	T9	

Medication	Coverage Level	Restrictions
PROCARDIA XL	T3	
PROCENTRA	T1b	
<i>prochamber vhc</i>	T1b	QL (4 EA per 365 days)
<i>prochlorperazine</i>	T1b	
<i>prochlorperazine maleate oral</i>	T1a	
PROCRIT	T4	SP (Limited to a 1 month supply per fill); SP
PROCTOCORT RECTAL SUPPOSITORY	T9	
PROCTOFOAM HC EXTERNAL	T2	QL (2 cans per 30 days)
PROCYSBI ORAL CAPSULE DELAYED RELEASE	T9	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION LOW	T3	
PRODIGY LANCETS 26G	T2	
PRODIGY LANCETS 28G	T2	
PRODIGY LANCING DEVICE	T3	
PRODIGY NO CODING BLOOD GLUC IN VITRO	T3	ST; QL (200 strips per 30 days)
PRODIGY TWIST TOP LANCETS 28G	T2	
PROFENO	T9	
PROFERRIN-FORTE	T9	
PROFILNINE	T5	SP (Limited to a 1 month supply per fill)
PROFINAC	T9	
<i>progesterone intramuscular</i>	T1b	SP
<i>progesterone micronized oral</i>	T1b	
<i>progesterone oral</i>	T1b	
PROGLYCEM	T9	
PROGRAF ORAL CAPSULE	T3	
PROGRAF ORAL PACKET	T3	AL (Max 9 Years)
PROLATE	T9	
PROLENSA	T9	
PROMACTA ORAL PACKET	T9	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	T9	
PROMACTA ORAL TABLET 50 MG	T9	SP ()
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1b	
<i>promethazine hcl oral syrup</i>	T1b	
<i>promethazine hcl oral tablet</i>	T1b	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1b	

Medication	Coverage Level	Restrictions
<i>promethazine vc plain oral solution</i>	T1b	
<i>promethazine vc/codeine</i>	T1b	
<i>promethazine-codeine oral syrup</i>	T1b	
<i>promethazine-dm oral syrup</i>	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T9	
PROMETRIUM	T3	
PROMISEB	T9	
PROMISEB COMPLETE	T9	
PRONAL	T9	
<i>prooxia</i>	T9	
<i>propafenone hcl</i>	T1b	
<i>propafenone hcl er</i>	T1b	
<i>propantheline bromide oral</i>	T1b	
PROPECIA	T9	
<i>propranolol hcl er</i>	T1b	
<i>propranolol hcl intravenous</i>	T1b	
<i>propranolol hcl oral</i>	T1a	
<i>propranolol-hctz</i>	T1b	
<i>propylthiouracil oral</i>	T1b	
PROSCAR	T3	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG	T9	
<i>protriptyline hcl</i>	T2	
PROVENTIL HFA	T9	
<i>provenza</i>	T9	
PROVERA	T3	
PROVIDA OB	T3	
PROVIGIL ORAL TABLET 100 MG	T3	QL (31 tablets per 31 days)
PROVIGIL ORAL TABLET 200 MG	T3	QL (62 tablets per 31 days)
PROZAC ORAL CAPSULE	T3	
PROZAC WEEKLY	T3	ST
<i>prucalopride succinate</i>	T1b	QL (30 Tablets per 30 days)
PRUCLAIR	T9	
PRUDOXIN	T9	
PRUMYX	T9	
PRURADIK	T9	
PRUTECT	T9	

Medication	Coverage Level	Restrictions
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1b	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
PULMICORT FLEXHALER	T1b	QL (1 inhaler per 28 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 1 MG/2ML	T3	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 0.5 MG/2ML	T3	QL (240 ML per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
PURALOR CI	T9	
<i>purazil</i>	T9	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
PURIXAN	T5	SP (Limited to a 1 month supply per fill)
<i>px stop smoking aid mouth/throat lozenge</i>	Tier 8	PV
PYLERA	T3	ST
PYQUI	T9	
<i>pyrazinamide oral</i>	T1b	
PYRIDIUM	T3	
<i>pyridostigmine bromide er oral tablet extended release</i>	T9	
<i>pyridostigmine bromide oral solution</i>	T3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1b	
<i>pyril d</i>	T3	
<i>pyrilamine-phenylephrine oral suspension</i>	T1b	
<i>pyrimethamine oral</i>	T4	PA; SP (Limited to a 1 month supply per fill); SP
PYRUKYND	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PYRUKYND TAPER PACK	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
PYZCHIVA	T9	
QBRELIS	T3	AL (Max 9 Years)
QBREXZA	T9	

Medication	Coverage Level	Restrictions
<i>qc aspirin low dose</i>	T1b	PV
<i>qc aspirin oral tablet</i>	T9	
<i>qc magnesium citrate</i>	Tier 8	PV
<i>qc milk of magnesia</i>	Tier 8	PV
<i>qc natura-lax</i>	Tier 8	PV
QDOLO	T9	
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	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	T3	ST; QL (90 capsules per 30 days); AL (Min 6 Years)
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP (Limited to a 1 month supply per fill)
QINLOCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
QLOSI	T9	
QMIIZ ODT	T9	
QNASL	T9	
QNASL CHILDRENS	T9	
QSYMIA	T3	ST
QTERN	T3	ST; QL (30 tablets per 30 days)
QUADRACEL INTRAMUSCULAR SUSPENSION	T6 - \$0 Copay	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV
QUALAQUIN	T3	
QUARTETTE	T9	
<i>quazepam</i>	T9	
QUDEXY XR	T9	
QUESTRAN LIGHT ORAL POWDER	T3	
QUESTRAN ORAL POWDER	T3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1b	QL (30 tablets per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1b	QL (60 tablets per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T1a	
<i>quetiapine fumarate oral tablet 150 mg</i>	T1b	
QUFLORA FE	T9	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML	T9	

Medication	Coverage Level	Restrictions
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
QUILLICHEW ER	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
<i>quinapril hcl</i>	T1b	
<i>quinapril-hydrochlorothiazide</i>	T1b	
<i>quinidine gluconate er</i>	T4	SP (Limited to a 1 month supply per fill)
<i>quinidine sulfate er</i>	T1b	
<i>quinidine sulfate oral</i>	T1a	
<i>quinine sulfate oral</i>	T1b	
QUINTET AC BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>quitar</i>	T9	
QULIPTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
QUVIVIQ	T9	
QUZYTIR	T9	
QVAR REDHALER	T2	
<i>ra aspirin adult low dose</i>	T1b	PV
<i>ra aspirin ec oral tablet delayed release 325 mg</i>	T9	
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1b	PV
<i>ra aspirin oral tablet 325 mg</i>	T9	
<i>ra balanced b-100</i>	Tier 8	PV; AL (Max 50 Years)
<i>ra folic acid</i>	Tier 8	PV; AL (Max 50 Years)
<i>ra laxative oral tablet delayed release</i>	Tier 8	PV
<i>ra milk of magnesia oral suspension</i>	Tier 8	PV
<i>ra mini nicotine</i>	Tier 8	PV
<i>ra nicotine mouth/throat</i>	Tier 8	PV
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	Tier 8	PV
<i>ra one daily</i>	Tier 8	PV
<i>ra prenatal</i>	Tier 8	PV
RABAVERT	T6 - \$0 Copay	PV
<i>rabeprazole sodium oral tablet delayed release</i>	T3	

Medication	Coverage Level	Restrictions
RADICAVA ORS	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (50 ML per 28 days); SP
RAGWITEK	T3	AL (Min 18 Years and Max 65 Years)
RALDESY	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>raloxifene hcl</i>	T1b	PV
<i>ramelteon</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ramipril</i>	T1a	
RANEXA	T3	
<i>ranolazine er</i>	T1b	
RAPAFLO	T9	
RAPAMUNE	T5	SP (Limited to a 1 month supply per fill)
<i>rasagiline mesylate oral</i>	T1b	QL (30 tablets per 30 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	T3	ST; QL (4 syringes per 28 days)
RAVICTI	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (525 ML per 30 days); SP
RAYALDEE	T9	
<i>rayasal</i>	T9	
RAYOS	T9	
RAZADYNE ER	T3	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP

Medication	Coverage Level	Restrictions
REBIF SUBCUTANEOUS SOLUTION REFILLED SYRINGE	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION REFILLED SYRINGE	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (6 ML per 28 days); SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
RECEDO	T9	
RECLIPSEN	Tier 8	PV
RECOMBINATE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
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 REFILLED SYRINGE	T6 - \$0 Copay	PV; QL (3 doses per 1 Lifetime)
RECORLEV	T9	
RECTIV	T9	
REFISSA	T9	
REFUAH PLUS BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
REFUAH PLUS GLUCOSE CONTROL	T3	
REGLAN ORAL	T3	
REGRANEX	T4	ST; SP (Limited to a 1 month supply per fill)
RELADOR PAK EXTERNAL KIT	T9	
RELADOR PAK PLUS	T9	
RELAFEN DS	T9	
RELENZA DISKHALER	T3	

Medication	Coverage Level	Restrictions
RELEUKO INJECTION SOLUTION 300 MCG/ML	T5	SP (Limited to a 1 month supply per fill); SP
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP (Limited to a 1 month supply per fill); SP
<i>releuko subcutaneous</i>	T5	SP (Limited to a 1 month supply per fill); SP
RELEXXII	T9	
RELION BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
RELION CONFIRM/MICRO TEST	T3	ST; QL (200 strips per 30 days)
RELION PRIME TEST	T3	ST; QL (200 strips per 30 days)
RELISTOR ORAL	T9	
RELISTOR SUBCUTANEOUS KIT	T9	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	T9	
RELPAX	T9	
RELTONE	T9	
RELYVRIO	T9	
RELYYKS	T9	
REMERON	T3	
REMERON SOLTAB	T3	
REMICADE	T9	
<i>remyda</i>	T9	
RENAL ORAL CAPSULE	T9	
<i>rena-vite</i>	Tier 8	PV; AL (Max 50 Years)
<i>rena-vite rx</i>	T9	
<i>reno caps</i>	T9	
RENOVA	T9	
RENOVA PUMP	T9	
RENOVAR ADV SKIN/WOUND CLEANSE	T9	
RENOVAR ADV WOUND IRRIGATION	T9	
RENTHYROID	T1b	
RENVELA	T9	
<i>repaglinide</i>	T1b	
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)
REPLESTA	T9	
REPLESTA CHILDRENS	T9	
REPLESTA NX	T9	
REPRONEX	T2	
REQ 49+	T9	

Medication	Coverage Level	Restrictions
<i>reserpine oral</i>	T1b	
RESTASIS	T9	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	T9	
<i>restimo</i>	T9	
RESTORA RX	T9	
RESTORA SPRINKLES	T9	
RESTORIL	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
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); SP
RETEVMO ORAL CAPSULE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days); SP
RETEVMO ORAL TABLET 120 MG, 160 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Tablets per 30 days); SP
RETEVMO ORAL TABLET 40 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (90 Tablets per 30 days); SP
RETEVMO ORAL TABLET 80 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); QL (60 Tablet per 30 days); SP
RETIN-A	T3	AL (Max 50 Years)
RETIN-A MICRO	T9	
RETIN-A MICRO PUMP	T9	
RETROVIR ORAL CAPSULE	T3	
RETROVIR ORAL SYRUP	T3	
REUSABLE COMFORTSEAL MASK-LRG	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-MED	T3	QL (4 masks per 1 year)
REUSABLE COMFORTSEAL MASK-SML	T3	QL (4 masks per 1 year)

Medication	Coverage Level	Restrictions
REVATIO ORAL TABLET	T9	SP ()
REVCovi	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill.)
REVEAL BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
<i>revesta</i>	T9	
REVLIMID	T4	SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
REVUFORJ ORAL TABLET 110 MG, 160 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
REVUFORJ ORAL TABLET 25 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill.); QL (120 Tablets per 30 days)
REXTOVY	T2	QL (1 Box per 1 Year)
REXULTI	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
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)
REYVOW	T5	PA; SP (Limited to a 1 month supply per fill); QL (4 tablets per 30 days)
REZDIFFRA	T4	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years); SP
REZLIDHIA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); AL (Min 18 Years)
REZUROCK	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
REZVOGLAR KWIKPEN	T9	
RHEUMATREX ORAL TABLET 2.5 MG	T2	

Medication	Coverage Level	Restrictions
RHINOCORT AQUA	T9	
RHOFADE	T3	ST; QL (30 GM per 30 days); AL (Min 18 Years)
RHOPRESSA	T9	
<i>ribavirin oral capsule</i>	T1b	SP
<i>ribavirin oral tablet 200 mg</i>	T1b	SP
RIDAURA	T2	
<i>rifabutin</i>	T4	SP (Limited to a 1 month supply per fill)
RIFADIN ORAL	T3	
<i>rifampin oral</i>	T1b	
RIGHTEST GL300 LANCETS	T2	
RIGHTEST GS100 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE	T3	ST; QL (200 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	T3	ST; QL (200 strips per 30 days)
RILUTEK	T9	
<i>riluzole</i>	T1b	QL (60 tablets per 30 days)
<i>rimantadine hcl</i>	T1b	
<i>rimi</i>	T9	
RINVOQ LQ	T5	PA; SP (Limited to a 1-month supply per fill); QL (360 ML per 30 days); AL (Min 2 Years and Max 9 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 2 fills per 2 years); QL (30 tablets per 30 days); SP
RIOMET	T9	
<i>risedronate sodium oral tablet 150 mg</i>	T1b	QL (1 tablets per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T9	
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1b	
<i>risedronate sodium oral tablet delayed release</i>	T2	
RISPERDAL ORAL SOLUTION	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3	
<i>risperidone oral solution</i>	T1b	

Medication	Coverage Level	Restrictions
<i>risperidone oral tablet</i>	T1a	
<i>risperidone oral tablet dispersible</i>	T2	
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)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
RITALIN SR	T3	AL (Min 4 Years)
RITEFLO	T3	QL (4 chambers per 1 year)
<i>ritonavir</i>	T1b	
<i>rivaroxaban</i>	T9	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<i>rivastigmine tartrate</i>	T1b	QL (60 capsules per 30 days)
RIVELSA	T9	
<i>rixubis</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (73600 billable units per 28 days); AL (Min 21 Years)
<i>rizatriptan benzoate</i>	T1b	QL (12 tablets per 30 days)
ROBAXIN ORAL	T9	
ROBAXIN-750	T9	
ROBINUL INJECTION SOLUTION 0.4 MG/2ML	T3	
ROBINUL ORAL	T3	
ROBINUL-FORTE	T3	
ROCALTROL ORAL CAPSULE	T3	
ROCALTROL ORAL SOLUTION	T3	AL (Max 9 Years)
ROCKLATAN	T3	ST
<i>roflumilast</i>	T1b	QL (30 tablets per 30 days)
ROGAINE	T9	
ROGAINE MENS	T9	
ROGAINE MENS EXTRA STRENGTH	T9	
ROGAINE WOMENS EXTERNAL SOLUTION	T9	
ROMVIMZA	T5	PA; SP (Limited to a 1 month supply per fill); QL (8 capsules per 28 days)
<i>ropinirole hcl</i>	T1a	
<i>ropinirole hcl er</i>	T1b	ST
<i>rositara</i>	T9	
ROSULA WASH	T9	
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1b	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1b	

Medication	Coverage Level	Restrictions
ROSYRAH	T9	
ROSZET	T9	
ROTARIX ORAL SUSPENSION RECONSTITUTED	T6 - \$0 Copay	PV
<i>rovis</i>	T9	
ROWASA RECTAL	T3	
ROXICET ORAL TABLET 5-325 MG	T1b	
ROXICODONE ORAL TABLET 15 MG, 30 MG	T3	
<i>roxifol-d</i>	T9	
ROXYBOND	T3	
ROZEREM	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
ROZLYTREK ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 capsules per 30 days); SP
ROZLYTREK ORAL PACKET	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 packets per 30 days); SP
RUBRACA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
RUCONEST	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)
RUKOBIA	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>rumilo</i>	T9	
RYALTRIS	T9	
RYBELSUS	T9	
RYBELSUS (FORMULATION R2)	T9	
RYCLORA ORAL SYRUP	T9	
RYDAPT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 21 days); SP

Medication	Coverage Level	Restrictions
<i>rynoderma</i>	T9	
RYTARY	T5	PA; SP (Limited to a 1 month supply per fill); QL (360 capsules per 30 days)
RYTHMOL ORAL TABLET 225 MG	T3	
RYTHMOL SR	T3	QL (60 capsules per 30 days)
RYVENT	T9	
SABRIL	T9	SP ()
<i>sacubitril-valsartan</i>	T2	QL (60 Tablets per 30 days)
<i>safrycyn</i>	T9	
SAFYRAL	T9	
SAIZEN	T9	SP ()
SAJAZIR	T9	
SALACYN	T9	
SALAGEN	T3	QL (120 tablets per 30 days)
SALEX EXTERNAL KIT 6 % (CREAM), 6 % LOTION	T9	
SALEX EXTERNAL SHAMPOO	T9	
SALICATE	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	
<i>salsalate oral</i>	T1b	
SALVAX	T9	
SALY CIM	T9	
<i>salynta</i>	T9	
SAMSCA ORAL TABLET 15 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
SAMSCA ORAL TABLET 30 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
SANCTURA	T3	

Medication	Coverage Level	Restrictions
SANCUSO	T4	ST; SP (Limited to a 1 month supply per fill); QL (1 patch per 28 days)
SANDIMMUNE ORAL CAPSULE	T4	SP (Limited to a 1 month supply per fill)
SANDIMMUNE ORAL SOLUTION	T3	
SANTYL	T3	QL (60 GM per 30 days)
SAPHRIS	T9	
<i>sapropterin dihydrochloride oral packet</i>	T1b	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	T1b	PA; SP
SARAFEM ORAL TABLET 10 MG, 20 MG	T9	
<i>saroxia</i>	T9	
SAVAYSA	T3	ST; QL (30 tablets per 30 days)
SAVELLA	T2	ST; QL (60 tablets per 30 days)
SAVELLA TITRATION PACK	T2	ST; QL (60 tablets per 30 days)
<i>saxagliptin hcl</i>	T3	ST; QL (30 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg</i>	T3	ST; QL (60 tablets per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-500 mg</i>	T3	ST; QL (30 tablets per 30 days)
SAXENDA	T9	
<i>scalacort</i>	T9	
SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION	T9	
SCARTRATE	T9	
SCEMBLIX ORAL TABLET 100 MG	T5	PA; SP (Limited to a 1-month supply per fill); QL (120 Tablets per 30 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>scopolamine</i>	T1b	
SEASONIQUE	T9	
SECTRAL	T3	
SECUADO	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 patches per 30 days); AL (Min 18 Years)
SEGLENTIS	T9	
SEGLUROMET	T3	ST; QL (60 tablets per 30 days)
SELARSDI SUBCUTANEOUS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days)

Medication	Coverage Level	Restrictions
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	T1b	
<i>selegiline hcl oral tablet</i>	T2	
<i>selenium sulfide external lotion</i>	T1b	
<i>selenium sulfide external shampoo 2.25 %</i>	T1b	
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
<i>self-taking blood pressure</i>	T2	QL (2 EA per 730 days)
SELRX	T9	
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)
SEMGLEE	T9	
SEMGLEE (YFGN)	T9	
SEMPREX-D	T9	
<i>se-natal 19 oral tablet chewable</i>	T1b	QL (30 tablets per 30 days)
SENSIPAR	T5	SP (Limited to a 1 month supply per fill)
SEREVENT DISKUS	T2	
SERNIVO	T9	
SEROMYCIN	T3	
SEROPHENE	T1b	
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)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>sertraline hcl oral capsule</i>	T9	
<i>sertraline hcl oral concentrate</i>	T1a	
<i>sertraline hcl oral tablet</i>	T1a	
<i>se-tan plus</i>	T9	
SETLAKIN	Tier 8	PV

Medication	Coverage Level	Restrictions
<i>sevelamer carbonate oral packet</i>	T5	ST; SP (Limited to a 1 month supply per fill); QL (90 packets per 30 days)
<i>sevelamer carbonate oral tablet</i>	T1b	QL (180 tablets per 30 days)
<i>sevelamer hcl</i>	T1b	QL (180 tablets per 30 days)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG	T4	SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.)
SEYSARA	T9	
<i>sf</i>	T1b	
<i>sf 5000 plus</i>	T1b	
SFROWASA	T3	QL (30 bottles per 30 days)
SHAROBEL	Tier 8	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T6 - \$0 Copay	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
SIDEROL ORAL LIQUID†	T9	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
SIKLOS	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); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1b	QL (15 tablets per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	T3	PA; SP
SILENOR	T9	
<i>silicone mask/infant</i>	T3	QL (4 masks per 1 year)
<i>silicone mask/pediatric</i>	T3	QL (4 masks per 1 year)
SILIQ	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>silodosin</i>	T1b	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
SILVADENE	T3	
<i>silver sulfadiazine external</i>	T1b	
SIMBRINZA	T2	
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-20 MG, 500-20 MG, 500-40 MG, 750-20 MG	T2	QL (62 tablets per 31 days)
SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-40 MG	T2	QL (60 tablets per 30 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); QL (1 auto-injector per 28 days)
SIMLANDI (1 SYRINGE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); QL (1 Syringe per 28 days)
SIMLANDI (2 PEN)	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP (Limited to a 1-month supply per fill.); QL (2 Syringes per 28 days); SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days)
SIMLIYA	Tier 8	PV
SIMPESSE	Tier 8	PV
SIMPLERA SENSOR	T9	
SIMPLERA SYNC SENSOR	T9	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-syringe per 28 days); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-syringe per 28 days); SP

Medication	Coverage Level	Restrictions
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days); SP
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1a	PV
<i>simvastatin oral tablet 80 mg</i>	T1a	
SINELEE	T9	
SINEMET CR	T3	
SINGULAIR	T3	
SINUVA	T9	
<i>sirolimus oral</i>	T4	SP (Limited to a 1 month supply per fill)
SIRTURO	T4	SP (Limited to a 1 month supply per fill)
<i>sirvana</i>	T9	
<i>sitaglipt base-metform hcl er</i>	T9	
<i>sitagliptin</i>	T9	
<i>sitagliptin base-metformin hcl</i>	T9	
SITAVIG	T9	
SIVEXTRO	T9	
SKLICE	T3	
SKYCLARYS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (90 capsules per 30 days); AL (Min 16 Years and Max 40 Years)
SKYRIZI PEN	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weekss); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks); SP

Medication	Coverage Level	Restrictions
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	T9	
SLYND	T3	ST; QL (28 tablets per 28 days)
<i>sm aspirin ec</i>	T9	
<i>sm aspirin ec low strength</i>	T1b	PV
<i>sm aspirin low dose oral tablet chewable</i>	T1b	PV
SM CLEARLAX	Tier 8	PV
<i>sm folic acid</i>	Tier 8	PV; AL (Max 50 Years)
<i>sm laxative oral</i>	Tier 8	PV
<i>sm magnesium citrate</i>	Tier 8	PV
<i>sm milk of magnesia oral suspension 400 mg/5ml</i>	Tier 8	PV
<i>sm nicotine polacrilex</i>	Tier 8	PV
<i>sm nicotine transdermal</i>	Tier 8	PV
SMARTEST BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
SMARTEST LANCETS 28G	T2	
SMOOTH LAX ORAL PACKET	T9	
SOAANZ	T9	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	T1b	
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1b	
<i>sodium chloride irrigation solution 0.9 %</i>	T1b	
<i>sodium citrate oral</i>	T1b	
<i>sodium fluoride 5000 enamel dental paste</i>	T1b	
<i>sodium fluoride 5000 plus</i>	T1b	
<i>sodium fluoride 5000 ppm dental paste</i>	T1b	
<i>sodium fluoride dental gel 1.1 %</i>	T1b	
<i>sodium fluoride mouth/throat</i>	T1b	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T3	PV
<i>sodium fluoride oral tablet chewable</i>	T1a	PV
<i>sodium oxybate</i>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill)
<i>sodium polystyrene sulfonate oral powder</i>	T1b	

Medication	Coverage Level	Restrictions
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
SOFDRA	T9	
<i>sofosbuvir-velpatasvir</i>	T1b	SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
SOGROYA	T9	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (112 capsules per 28 days)
SOHONOS ORAL CAPSULE 10 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (140 capsules per 28 days)
SOHONOS ORAL CAPSULE 5 MG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
SOLESTA	T3	SP
<i>solifenacin succinate</i>	T1b	QL (30 tablets per 30 days)
SOLQUA	T2	QL (15 ML per 25 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	T9	
SOLOSEC	T9	
SOLTAMOX	T9	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	T2	QL (2 vials per 1 year)
SOMA ORAL TABLET 350 MG	T9	
SOMATULINE DEPOT	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
SONAFINE	T9	
SONATA	T3	QL (31 capsules per 31 days); AL (Min 18 Years)
SOOLANTRA	T3	ST; QL (45 GM per 30 days)
<i>sorafenib tosylate</i>	T1b	PA; QL (120 tablets per 30 days); SP
SORILUX	T9	
SORINE	T1b	
<i>sorixia</i>	T9	
<i>sotalol hcl oral</i>	T1b	
SOTYKTU	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
SOTYLIZE	T3	
SOVALDI ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); SP
SOVALDI ORAL TABLET 200 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
SOVALDI ORAL TABLET 400 MG	T5	PA; SP (Limited to a 1 month supply per fill); SP
SOVUNA	T9	
SPECTRACEF	T3	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T9	
SPIKEVAX	T6 - \$0 Copay	PV
SPIKEVAX 6M-11Y	T6 - \$0 Copay	PV
SPIKEVAX COVID-19 VACCINE	T6 - \$0 Copay	
<i>spinosad</i>	T1b	
SPIRIVA HANDIHALER	T9	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	T2	QL (1 Inhaler per 30 Days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>spironolactone oral suspension</i>	T3	QL (120 ML per 30 Days); AL (Max 9 Years)
<i>spironolactone oral tablet</i>	T1a	
<i>spironolactone-hctz</i>	T1b	

Medication	Coverage Level	Restrictions
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	
SPRINTEC 28	Tier 8	PV
SPRITAM	T3	ST; QL (60 tablets per 30 days)
SPRIX	T9	
SPRYCEL	T9	
SPS	T1b	
SPS (SODIUM POLYSTYRENE SULF)	T1b	
SRONYX	Tier 8	PV
SSD	T1b	
SSD (SILVER SULFADIAZINE)	T1b	
SSKI	T3	
STALEVO 100	T3	
STALEVO 125	T3	
STALEVO 150	T3	
STALEVO 200	T3	
STALEVO 50	T3	
STALEVO 75	T3	
<i>stamaril</i>	T9	
STARLIX	T3	
<i>stavudine oral capsule</i>	T1b	
STAVZOR	T3	ST
STAXYN	T9	
STEGLATRO	T3	ST; QL (30 tablets per 30 days)
STEGLUJAN	T3	ST; QL (30 tablets per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	T9	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
STENDRA	T9	
STEQEYMA SUBCUTANEOUS	T9	
STIMATE	T4	SP (Limited to a 1 month supply per fill); SP
STIMUFEND	T9	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 inhaler per 30 days)

Medication	Coverage Level	Restrictions
STIVARGA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to 21 day supply per 28 day dispensing.); QL (84 tablets per 28 days); SP
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)
STRENSIQ	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>stress formula/iron</i>	T3	PV
STRIANT	T9	
STRIBILD	T4	SP (Limited to a 1 month supply per fill)
STRIVERDI RESPIMAT	T2	QL (1 inhaler per 30 days); AL (Min 40 Years)
STROMEKTOL	T3	QL (5 tablets per 1 day)
STROVITE FORTE ORAL TABLET	T9	
STROVITE ONE	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)
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)
SUCLEAR	T3	
SUCRAID	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1b	
SUDOGEST ORAL TABLET 60 MG	T9	
SUFLAVE	T3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	T3	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	T9	

Medication	Coverage Level	Restrictions
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</i>	T1b	
<i>sulfacetamide sodium external liquid</i>	T1b	
<i>sulfacetamide sodium ophthalmic</i>	T1b	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external emulsion</i>	T1b	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	T1b	
<i>sulfacetamide sodium-sulfur external liquid 9-4 %, 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	T9	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external suspension</i>	T9	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	T9	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1b	
<i>sulfadiazine oral</i>	T2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1b	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1a	
SULFAMYLON	T9	
<i>sulfasalazine oral</i>	T1b	
SULFATRIM PEDIATRIC	T1b	
<i>sulindac oral</i>	T1b	
SUMADAN	T3	
SUMADAN WASH	T3	
<i>sumatriptan nasal</i>	T3	QL (8 units per 30 days)
<i>sumatriptan succinate oral</i>	T1b	QL (12 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	T1b	QL (8 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1b	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	T9	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	T3	QL (8 pens per 30 days)
<i>sumatriptan-naproxen sodium</i>	T9	

Medication	Coverage Level	Restrictions
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	T9	
SUMAXIN	T9	
SUMAXIN CP	T9	
SUMAXIN TS	T9	
SUMAXIN WASH	T9	
<i>sunitinib malate</i>	T1b	PA; QL (28 capsules per 28 days); SP
SUNLENCA ORAL TABLET THERAPY PACK	T5	PA; SP (Limited to 1 fill per year); QL (1 pouch per 1 year)
SUNOSI	T3	ST; QL (30 tablets per 30 days)
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SUPER QUINTS B-50	Tier 8	PV; AL (Max 50 Years)
SUPERVITE	T9	
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	
SUPREP BOWEL PREP KIT	T3	
SUSTIVA	T5	SP (Limited to a 1 month supply per fill)
SUSTOL	T9	
SUTAB	T9	
SUTENT	T9	
<i>suvicort</i>	T9	
SW CLEARLAX	T9	
SYEDA	Tier 8	PV
SYMAX DUOTAB	T3	
SYMBICORT	T9	
SYMBRAVO	T9	
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-25 MG, 6-50 MG	T9	
SYMDEKO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
SYMFI	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)

Medication	Coverage Level	Restrictions
SYMFI LO	T5	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML	T2	QL (4 syringes per 31 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	T2	QL (4 syringes per 31 Days)
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)
SYMPAZAN	T9	
SYMPROIC	T3	PA; QL (30 tablets per 30 days)
SYMTUZA	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
SYNALAR	T9	
SYNALAR TS	T9	
SYNAREL	T9	
SYNDROS	T9	
SYNERA	T9	
SYNERDERM	T9	
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)
SYNTHERMA PLUS	T9	
SYNTHROID	T3	
<i>synvexia</i>	T9	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T9	
SYPRINE	T9	
TABLOID	T5	SP (Max of 31 days per dispensing.)
TABRECTA	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
TACLONEX	T9	
<i>tacrolimus external ointment 0.03 %</i>	T1b	QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.1 %</i>	T3	QL (30 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>tacrolimus oral</i>	T1b	
<i>tadalafil (pah)</i>	T9	SP ()
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg</i>	T1b	QL (15 tablets per 30 days)
<i>tadalafil oral tablet 5 mg</i>	T1b	QL (30 tablets per 30 days)
TADLIQ	T9	
TAFINLAR ORAL CAPSULE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TAFINLAR ORAL TABLET SOLUBLE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 bottles per 30 days); AL (Min 1 Years and Max 9 Years); SP
<i>tafluprost (pf)</i>	T2	
TAGRISSO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
TAKE ACTION	Tier 8	PV
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 vials per 28 days); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
TALICIA	T9	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days); SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 28 days); SP

Medication	Coverage Level	Restrictions
TALZENNA	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 capsules per 30 days); SP
TAMIFLU ORAL CAPSULE	T3	QL (10 capsules per 1 fill)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	T3	QL (120 ML per 1 fill)
<i>tamoxifen citrate oral tablet 10 mg</i>	T1b	
<i>tamoxifen citrate oral tablet 20 mg</i>	T1b	PV
<i>tamsulosin hcl</i>	T1b	
TANDEM MOBI CARTRIDGE 2ML	T9	
TANDEM MOBI SYSTEM STARTER	T9	
TANDEM PLUS	T9	
TANLOR	T9	
TAPAZOLE	T3	
TAPERDEX 12-DAY	T9	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	T9	
TARCEVA	T9	
TARGADOX	T9	
TARGRETIN	T9	
TARINA 24 FE	Tier 8	PV
TARINA FE 1/20	Tier 8	PV
TARINA FE 1/20 EQ	Tier 8	PV
TARKA	T3	
<i>taron forte</i>	T9	
TARON-PREX	T2	
<i>taroxia external cream</i>	T9	
TARPEYO	T5	PA; SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
TASCENSO ODT	T9	
TASIGNA	T9	
<i>tasimelteon</i>	T5	PA; SP (Limited to a 1 month supply per fill); SP
TASMAR ORAL TABLET 100 MG	T3	
<i>tavaborole</i>	T9	
TAVALISSE	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
TAVNEOS	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
TAYSOFY	T9	
TAYTULLA	T9	
<i>tazarotene external cream 0.05 %</i>	T3	ST; QL (30 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	T2	ST
<i>tazarotene external foam</i>	T9	
<i>tazarotene external gel</i>	T9	
TAZORAC EXTERNAL CREAM 0.05 %	T3	ST
TAZORAC EXTERNAL CREAM 0.1 %	T2	ST
TAZORAC EXTERNAL GEL	T9	
TAZTIA XT	T1b	
TAZVERIK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (240 tablets per 30 days)
TDVAX	T6 - \$0 Copay	PV; QL (1 Injection per 10 years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE	T9	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	T9	
TEGRETOL ORAL SUSPENSION	T3	
TEGRETOL ORAL TABLET	T3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG	T3	ST; QL (60 tablets per 30 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	ST; QL (60 tablets per 2 days)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	T3	ST; QL (120 tablets per 30 days)
TEKTURNA	T3	
TEKTURNA HCT	T2	ST
TELCARE BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TELCARE GLUCOSE CONTROL	T3	
<i>teliora</i>	T9	
<i>telmisartan</i>	T1b	
<i>telmisartan-amlodipine</i>	T1b	
<i>telmisartan-hctz</i>	T1b	

Medication	Coverage Level	Restrictions
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1a	QL (30 capsules per 30 days); AL (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T9	
TEMIXYS	T9	
<i>temozolomide</i>	T4	PA; SP (Max of 31 days per dispensing.); SP
TEMPO REFILL	T9	
TEMPO SMART BUTTON	T9	
TEMPO WELCOME	T9	
TENCON ORAL TABLET 50-325 MG	T1b	
TENEX	T3	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	T6 - \$0 Copay	PV; QL (1 dose per 10 years)
<i>tenofovir disoproxil fumarate</i>	T1b	
TENORETIC 100	T3	
TENORETIC 50	T3	
TENORMIN	T3	
TEPMETKO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days)
TERAZOL 7	T3	
<i>terazosin hcl oral</i>	T1a	
<i>terbinafine hcl oral</i>	T1b	
<i>terbutaline sulfate oral</i>	T1b	
<i>terconazole vaginal cream 0.4 %</i>	T1b	
<i>terconazole vaginal suppository</i>	T1b	
<i>teriflunomide</i>	T1b	QL (30 tablets per 30 days); SP
<i>teriparatide</i>	T4	PA; SP (Limited to a 1 month supply per fill); SP
TESSALON PERLES	T3	
TESTIM	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1b	
<i>testosterone enanthate intramuscular solution</i>	T1b	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<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)

Medication	Coverage Level	Restrictions
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA
<i>testosterone transdermal solution</i>	T9	
TESTRED	T9	
<i>tetanus-diphtheria toxoids td</i>	T6 - \$0 Copay	QL (1 dose per 10 years)
<i>tetoxia</i>	T9	
<i>tetpidtar</i>	T9	
<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); SP
<i>tetrabenazine oral tablet 25 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>tetracycline hcl oral capsule</i>	T3	
<i>tetracycline hcl oral tablet</i>	T9	
TETRIX EXTERNAL CREAM	T9	
TETRIX EXTERNAL KIT	T3	QL (226.8 GM per 30 days)
TEVETEN	T3	ST
TEVETEN HCT	T3	ST
TEXACORT	T9	
TEZRULY	T9	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pen per 28 days); SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
TGT POWDERLAX ORAL PACKET 17 GM	T9	
TGT POWDERLAX ORAL POWDER	Tier 8	PV
THALITONE	T9	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG	T4	SP (Limited to a 1 month supply per fill); SP
THALOMID ORAL CAPSULE 50 MG	T4	SP (Limited to a 1 month supply per fill); SP
THEO-24	T2	
<i>theophylline er</i>	T1b	
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)
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)

Medication	Coverage Level	Restrictions
<i>thioridazine hcl oral</i>	T1b	
<i>thiothixene oral</i>	T1b	
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
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	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG	T1b	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)
<i>tiagabine hcl oral tablet 16 mg</i>	T3	QL (30 tablets per 30 days)
<i>tiagabine hcl oral tablet 2 mg</i>	T3	QL (60 tablets per 30 days)
TIAZAC	T3	
TIBSOVO	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<i>ticagrelor oral tablet 60 mg</i>	T1b	QL (60 Tablets per 30 days)
<i>ticagrelor oral tablet 90 mg</i>	T1b	QL (60 Tablets per 30 Days)
TICALAST	T9	
<i>ticlopidine hcl</i>	T1b	
TICOVAC	T9	
TIGAN ORAL	T3	
TIGLUTIK	T9	
TIKOSYN	T3	
TILIA FE	Tier 8	PV
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<i>timolol maleate ophthalmic solution 0.25 %</i>	T1a	
<i>timolol maleate ophthalmic solution 0.5 %</i>	T1b	
<i>timolol maleate oral</i>	T1b	
<i>timolol maleate pf</i>	T3	
<i>timolol-dorzolamid-bimatoprost</i>	T9	
TIMOPTIC OCUDOSE	T9	

Medication	Coverage Level	Restrictions
TINDAMAX	T3	
<i>tinidazole oral</i>	T1b	
<i>tiopronin oral tablet</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (240 tablets per 30 days); SP
<i>tiopronin oral tablet delayed release 100 mg</i>	T5	PA; SP (Limited to a 1-month supply per fill); QL (240 Tablets per 30 days)
<i>tiopronin oral tablet delayed release 300 mg</i>	T5	PA; SP (Limited to a 1-month supply per fill); QL (90 Tablets per 30 days)
<i>tiotropium bromide monohydrate</i>	T9	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	T9	
TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML	T9	
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)
TIVORBEX	T9	
<i>tizanidine hcl oral</i>	T1b	
TLANDO	T9	
<i>tl-care dha</i>	T1b	
<i>tl-hem 150</i>	T9	
TOBI	T5	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
TOBI PODHALER	T5	PA; SP (Limited to a 1 month supply per fill); QL (224 capsules per 28 days); SP
TOBRADEX OPHTHALMIC OINTMENT	T3	ST
TOBRADEX OPHTHALMIC SUSPENSION	T3	
TOBRADEX ST	T3	ST
<i>tobramycin inhalation</i>	T4	PA; SP (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
<i>tobramycin ophthalmic</i>	T1b	
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1b	
<i>tobramycin-dexamethasone</i>	T1b	

Medication	Coverage Level	Restrictions
<i>tobramycin-vancomycin hcl</i>	T9	
TOBREX OPHTHALMIC OINTMENT	T2	
TOBREX OPHTHALMIC SOLUTION	T3	
TODAY SPONGE	Tier 8	PV
TOFIDENCE	T9	
TOFRANIL	T3	
TOFRANIL-PM ORAL CAPSULE 100 MG	T3	ST; QL (60 capsules per 30 days)
TOFRANIL-PM ORAL CAPSULE 125 MG, 150 MG	T3	
TOFRANIL-PM ORAL CAPSULE 75 MG	T3	ST; QL (30 capsules per 30 days)
TOLAK	T2	QL (1 tube per 30 days)
<i>tolcapone</i>	T5	SP (Limited to a 1 month supply per fill)
TOLECTIN 600	T9	
<i>tolmetin sodium</i>	T2	
<i>tolsura</i>	T9	
<i>tolterodine tartrate</i>	T1b	
<i>tolterodine tartrate er</i>	T2	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	T4	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>tolvaptan oral tablet therapy pack 15 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill); QL (56 Tablets per 28 days); SP
<i>tolvaptan oral tablet therapy pack 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	T4	PA; SP (Limited to a 1-month supply per fill.); QL (56 Tablets per 28 days); SP
TOPAMAX	T3	
TOPAMAX SPRINKLE	T3	ST
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>topiramate er oral capsule er 24 hour sprinkle</i>	T3	ST; QL (30 capsules per 30 days)
<i>topiramate er oral capsule extended release 24 hour</i>	T9	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	T1a	
<i>topiramate oral capsule sprinkle 50 mg</i>	T9	
<i>topiramate oral solution</i>	T9	
<i>topiramate oral tablet</i>	T1a	
TOPROL XL	T3	

Medication	Coverage Level	Restrictions
<i>toremifene citrate</i>	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
TORPENZ	T9	
<i>torsemide oral</i>	T1a	
TOSYMRA	T9	
TOUJEO MAX SOLOSTAR	T1b	
TOUJEO SOLOSTAR	T1b	
TOVET EXTERNAL FOAM	T3	QL (100 GM per 30 days)
TOVIAZ	T3	QL (30 tablets per 30 days)
<i>toxicology saliva collection</i>	T9	
TRACLEER ORAL TABLET	T9	SP ()
TRACLEER ORAL TABLET SOLUBLE	T9	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TRADJENTA	T3	ST; QL (30 tablets per 30 days)
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	T9	
<i>tramadol hcl er</i>	T1b	QL (30 tablets per 30 days)
<i>tramadol hcl oral solution</i>	T9	
<i>tramadol hcl oral tablet 100 mg, 25 mg, 75 mg</i>	T9	
<i>tramadol hcl oral tablet 50 mg</i>	T1a	QL (240 tablets per 30 days)
<i>tramadol-acetaminophen</i>	T1b	
TRANDATE ORAL	T3	
<i>trandolapril</i>	T1b	
<i>trandolapril-verapamil hcl er</i>	T1b	
<i>tranexamic acid oral</i>	T1b	
TRANSDERM-SCOP (1.5 MG)	T9	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	T9	
TRANXENE-T	T3	
<i>tranylcypromine sulfate</i>	T2	
TRAVATAN Z	T9	
<i>travoprost (bak free)</i>	T2	ST
<i>trazodone hcl oral</i>	T1b	
<i>treagan</i>	T2	
TRELEGY ELLIPTA	T2	
TREMFYA CROHNS INDUCTION	T9	
TREMFYA PEN	T9	

Medication	Coverage Level	Restrictions
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	SP ()
TRESIBA	T2	ST
TRESIBA FLEXTOUCH	T2	ST
TRESNI	T9	
<i>tretinoin external cream 0.025 %</i>	T1b	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>	T1b	AL (Max 50 Years)
<i>tretinoin external gel 0.05 %</i>	T2	AL (Max 50 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	T9	
<i>tretinoin microsphere pump</i>	T9	
<i>tretinoin oral</i>	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TREXALL	T3	ST
TREXIMET	T9	
TREZIX ORAL CAPSULE 320.5-30-16 MG	T1b	QL (10 capsules per 1 day)
TREZIX ORAL CAPSULE 356.4-30-16 MG	T1b	QL (6 capsules per 1 day)
<i>triadime</i>	T9	
<i>triadvance</i>	T1b	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream</i>	T1b	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1b	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1b	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide injection suspension 50 mg/ml</i>	T9	
<i>triamcinolone acetonide mouth/throat</i>	T1b	
<i>triamcinolone acetonide nasal aerosol</i>	T9	
<i>triamterene oral</i>	T9	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1b	
<i>triamterene-hctz oral tablet</i>	T1b	
TRIAMVEX	T9	
TRIAMVEX (CREAM)	T9	
TRIANEX	T9	
TRIASIL	T9	

Medication	Coverage Level	Restrictions
<i>triazolam oral tablet 0.125 mg</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	T1b	QL (60 tablets per 30 days); AL (Min 18 Years)
TRIBENZOR	T3	
<i>tri-buffered aspirin oral tablet 325 mg</i>	T1b	
TRICARE	T1b	
TRICARE PRENATAL COMPLEAT	T1b	
<i>tricitrates</i>	T9	
TRICON	T9	
TRICOR	T3	
TRIDACAINE II	T9	
TRIDACAINE XL	T9	
TRIDERM EXTERNAL CREAM	T1b	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
<i>trientine hcl oral capsule 500 mg</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)
TRI-ESTARYLLA	Tier 8	PV
<i>trifluoperazine hcl oral</i>	T1b	
<i>trifluridine ophthalmic</i>	T1b	
<i>trigels-f forte</i>	T9	
TRIGLIDE ORAL TABLET 160 MG	T9	
<i>trihexyphenidyl hcl oral elixir</i>	T1a	
<i>trihexyphenidyl hcl oral tablet</i>	T1b	
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)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP
TRIKAFTA ORAL THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 packets per 28 days); SP
TRI-LEGEST FE	Tier 8	PV

Medication	Coverage Level	Restrictions
TRILEPTAL	T3	
TRI-LINYAH	Tier 8	PV
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG	T3	QL (30 capsules per 30 days)
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG	T3	QL (60 capsules per 30 days)
TRI-LO-ESTARYLLA	Tier 8	PV
TRI-LO-MARZIA	Tier 8	PV
TRI-LO-MILI	Tier 8	PV
TRI-LO-SPRINTEC	Tier 8	PV
TRI-LUMA	T9	
<i>trimethobenzamide hcl intramuscular</i>	T1b	
<i>trimethobenzamide hcl oral</i>	T1b	
<i>trimethoprim oral</i>	T1b	
TRI-MILI	Tier 8	PV
<i>trimipramine maleate oral</i>	T2	
<i>trimpex</i>	T9	
<i>trinatal rx 1</i>	T1a	
TRINATE	T2	
TRI-NORINYL (28)	T3	PV
TRINTELLIX	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
TRI-NYMYO	Tier 8	PV
TRIONEX	T9	
<i>triphrocaps</i>	T9	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	T9	
TRI-SPRINTEC	Tier 8	PV
<i>tristart dha</i>	T9	
TRIUMEQ	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>triumeq pd</i>	T4	SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
TRIVEEN-DUO DHA	T1b	
TRI-VI-FLOR	T9	
<i>tri-vitel/fluoride</i>	T3	PV
TRIVORA (28)	Tier 8	PV
TRI-VYLIBRA	Tier 8	PV
TRI-VYLIBRA LO	Tier 8	PV
<i>tri-zel</i>	T9	

Medication	Coverage Level	Restrictions
TRIZIVIR	T5	SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
TROJAN	Tier 8	PV
TROKENDI XR	T9	
<i>tropicamide-cyclopentolate-pe</i>	T9	
<i>tropicamide-phenylephrine</i>	T9	
<i>trospium chloride</i>	T1b	QL (60 capsules per 30 days)
<i>trospium chloride er</i>	T3	QL (30 capsules per 30 days)
TRUDHESA	T9	
<i>true cover</i>	Tier 8	PV
TRUE METRIX BLOOD GLUCOSE TEST	T3	ST; QL (200 strips per 30 days)
TRUETEST TEST	T3	ST; QL (200 strips per 30 days)
TRUETRACK TEST	T3	ST; QL (200 strips per 30 days)
TRULANCE	T2	QL (30 tablets per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; QL (2 ML per 28 days)
TRUMENBA	T6 - \$0 Copay	PV; QL (3 ML per 1 Lifetime)
TRUQAP ORAL TABLET	T5	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (64 tablets per 28 days)
TRUSOPT	T3	
TRUSTEX LUBRICATED	Tier 8	PV
TRUSTEX RIA LUBRICATED	Tier 8	PV
TRUVADA	T5	SP (Limited to a 1 month supply per fill)
TRYNGOLZA	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
TRYPTYR	T9	
TRYVIO	T9	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	T9	
TUKYSA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
TULANA	Tier 8	PV

Medication	Coverage Level	Restrictions
TURALIO ORAL CAPSULE 125 MG	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days)
TURALIO ORAL CAPSULE 200 MG	T5	PA; SP (Max of 14 day supply per fill); QL (56 capsules per 14 days); AL (Min 18 Years)
TURQOZ	Tier 8	PV
TUSSIGON	T2	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	T9	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T6 - \$0 Copay	PV; QL (4 doses per 1 lifetime)
TWIRLA	T9	
TWYNEO	T9	
TWYNSTA	T3	
TYBLUME ORAL TABLET CHEWABLE	T3	
TYBOST	T2	QL (30 tablets per 30 days)
TYDEMY	T9	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 auto-injectors per 28 days)
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
TYKERB	T9	
TYMLOS	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 pen per 30 days); SP
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	T9	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T9	
TYRVAYA	T9	
TYVASO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
TYVASO DPI MAINTENANCE KIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TYVASO DPI TITRATION KIT	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TYVASO REFILL KIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
TYVASO STARTER KIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
UBRELVY ORAL TABLET 100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablet per 30 days)
UBRELVY ORAL TABLET 50 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)
UCERIS ORAL	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
UCERIS RECTAL	T3	QL (2 packages per 180 days)
UDAMIN SP ORAL TABLET 1 MG	T9	
UDENYCA ONBODY	T9	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
ULESFIA	T3	
ULORIC	T3	QL (30 tablets per 30 days)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	T1b	
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	T2	
<i>ultra tabs</i>	T1b	
ULTRACET	T3	
ULTRASAL-ER	T9	
ULTRATRAK ULTIMATE TEST	T3	ST; QL (200 strips per 30 days)
ULTRAVATE EXTERNAL CREAM	T9	
ULTRAVATE EXTERNAL LOTION	T9	
ULTRAVATE X (OINTMENT)	T9	
<i>umeclidinium-vilanterol</i>	T9	

Medication	Coverage Level	Restrictions
UNIRETIC ORAL TABLET 15-12.5 MG	T3	
UNISTRIPI1 GENERIC	T3	ST; QL (200 strips per 30 days)
UNITHROID	T1b	
UNIVASC	T3	
UPNEEQ	T9	
UPTRAVI ORAL TABLET 1000 MCG, 1400 MCG, 200 MCG, 400 MCG, 800 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
UPTRAVI ORAL TABLET 1200 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
UPTRAVI ORAL TABLET 1600 MCG, 600 MCG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
UPTRAVI TITRATION	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 2 years); SP
<i>urea external cream 20 %, 40 %, 45 %</i>	T9	
<i>urea external gel</i>	T1b	
<i>urea external lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
URELIEF PLUS	T1b	SP (Generic substitution mandatory.)
<i>urevaz</i>	T9	
URIBEL	T9	
URIMAR-T ORAL CAPSULE	T9	
<i>urneva</i>	T9	
UROCIT-K 10	T3	
UROCIT-K 15	T3	
UROCIT-K 5	T3	
UROPHEN MB	T9	
UROXATRAL	T3	
URSO 250	T3	
URSO FORTE	T3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T9	
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	
<i>ustekinumab-ttwe subcutaneous</i>	T9	
UTOPIC	T9	
VAFSEO	T9	
VAGIFEM VAGINAL TABLET 10 MCG	T3	

Medication	Coverage Level	Restrictions
<i>valacyclovir hcl oral</i>	T1b	
VALCHLOR	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 GM per 15 days); SP
VALCYTE ORAL SOLUTION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); 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>	T3	QL (120 tablets per 30 days)
VALIUM	T3	
<i>valproate sodium oral solution</i>	T1b	
<i>valproic acid oral capsule</i>	T1b	
<i>valsartan oral solution</i>	T9	
<i>valsartan oral tablet</i>	T1b	
<i>valsartan-hydrochlorothiazide</i>	T1b	
VALTOCO 10 MG DOSE	T3	QL (10 sprays per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T3	QL (10 sprays per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T3	QL (10 sprays per 30 days)
VALTOCO 5 MG DOSE	T3	QL (10 sprays per 30 days)
VALTREX	T3	
VALTYA 1/50	Tier 8	PV
VANATOL LQ	T9	
VANCOCIN HCL	T9	
VANCOCIN ORAL CAPSULE 125 MG	T9	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1000 mg, 500 mg</i>	T1b	
<i>vancomycin hcl oral capsule 125 mg</i>	T3	QL (56 capsules per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	T9	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	T1b	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	T9	
<i>vancomycin hcl oral solution reconstituted 50 mg/ml</i>	T2	
VANDAZOLE	T1b	

Medication	Coverage Level	Restrictions
VANFLYTA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (28 tablets per 28 days)
VANIQA	T9	
VANOS	T9	
VANOXIDE-HC	T9	
VANRAFIA	T5	PA; SP (Limited to a 1 month supply per fill); AL (Min 18 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T6 - \$0 Copay	PV; QL (2 Doses per 1 Lifetime)
<i>vardenafil hcl oral</i>	T9	
<i>varenicline tartrate (starter)</i>	T2	PV
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T2	PV; QL (60 tablets per 30 Days)
<i>varoxia external cream</i>	T9	
VARUBI ORAL	T3	ST; QL (4 tablets per 30 days)
VASCEPA	T9	
VASERETIC	T3	
VASHE CLEANSING	T9	
VASOLEX	T3	
VASOTEC	T3	
VAXELIS	T6 - \$0 Copay	PV
VAXNEUVANCE	T6 - \$0 Copay	
<i>v-c forte</i>	T9	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	Tier 8	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	Tier 8	PV
VECAMYL	T4	SP (Limited to a 1 month supply per fill)
VECTICAL	T3	ST; QL (100 GM per 30 days)
VELIVET	Tier 8	PV
VELPHORO	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
VELSIPITY	T5	PA; SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
VELTASSA ORAL PACKET 1 GM	T5	ST; SP (Limited to a 1-month supply per fill); QL (120 Packets per 30 days)

Medication	Coverage Level	Restrictions
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
VELTASSA ORAL PACKET 8.4 GM	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 Packets per 30 Fills)
VELTIN	T9	
VEMLIDY	T4	SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
VENCLEXTA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENCLEXTA STARTING PACK	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
VENELEX	T9	
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl</i>	T1b	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1a	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
VENNGEL TWO	T9	
VENTAVIS INHALATION SOLUTION 10 MCG/ML	T4	PA; SP (Limited to a 1 month supply per fill); SP
VENTAVIS INHALATION SOLUTION 20 MCG/ML	T4	PA; SP (Limited to a 1 month supply per fill); SP
VENTOLIN HFA	T2	QL (2 Inhalers per 30 days)
VENXXIVA	T9	
VEOZAH	T9	
VERAMYST	T9	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1b	
<i>verapamil hcl oral</i>	T1a	
VERDESO	T9	

Medication	Coverage Level	Restrictions
VEREGEN	T4	ST; SP (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG	T3	
VERELAN PM	T3	
VERKAZIA	T9	
VERQUVO	T3	PA; QL (30 tablets per 30 days)
VERSACLOZ	T5	ST; SP (Limited to a 1 month supply per fill)
VERZENIO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
VESICARE	T3	QL (30 tablets per 30 days)
VESICARE LS	T3	ST; QL (150 ML per 30 days); AL (Max 9 Years)
VESTURA	Tier 8	PV
<i>veven</i>	T9	
VEVYE	T9	
VEXOL	T2	
VFEND ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
VFEND ORAL TABLET 50 MG	T9	
V-GO 20	T2	
V-GO 30	T2	
V-GO 40	T2	
VIAGRA	T9	
VIBERZI	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
VIBRAMYCIN ORAL CAPSULE	T3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	T3	
VIBRAMYCIN ORAL SYRUP	T2	
VIBRANT	T9	
VIC-FORTE	T9	
VICOPROFEN	T3	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T9	
VICTRELIS	T9	
VIDEX EC	T3	

Medication	Coverage Level	Restrictions
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	T2	
VIENVA	Tier 8	PV
<i>vigabatrin oral packet</i>	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); SP
<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); SP
VIGADRONE ORAL PACKET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Min 2 Years)
VIGADRONE ORAL TABLET	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days); AL (Min 2 Years)
VIGAFYDE	T5	PA; SP (Limited to a 1-month supply per fill); QL (150 ML per 30 days); AL (Max 9 Years)
VIGAMOX	T3	
VIGPODER	T5	PA; SP (Limited to a 1 month supply per fill); QL (180 packets per 30 days); AL (Max 2 Years)
VIIBRYD ORAL TABLET	T3	QL (30 tablets per 30 days)
VIJOICE ORAL PACKET	T4	PA; SP (Limited to a 1-month supply per fill); QL (56 Tablets per 28 days)
VIJOICE ORAL TABLET THERAPY PACK	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<i>vilazodone hcl oral tablet 10 mg</i>	T1b	QL (60 tablets per 365 days)
<i>vilazodone hcl oral tablet 20 mg, 40 mg</i>	T1b	QL (30 tablets per 30 Days)
VIMKUNYA	T9	
Vimovo	Benefit Exclusion	
VIMPAT ORAL SOLUTION	T3	
VIMPAT ORAL TABLET	T3	QL (60 tablets per 30 days)
VIOKACE	T5	ST; SP (Limited to a 1 month supply per fill)
<i>viorele</i>	Tier 8	PV
VIRACEPT ORAL TABLET	T4	SP (Limited to a 1 month supply per fill)
VIREAD ORAL POWDER	T4	SP (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
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)
VIROPTIC	T3	
<i>virt-caps</i>	T9	
VIRT-GARD	T9	
<i>virt-phos 250 neutral</i>	T9	
<i>virtprex</i>	T3	
<i>virtrate-2</i>	T9	
<i>virtrate-3</i>	T9	
<i>virtrate-k</i>	T9	
<i>virt-vite</i>	T9	
<i>virt-vite forte</i>	T9	
<i>virt-vite plus</i>	T9	
VISTARIL	T3	
VISTOGARD	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
VITACEL	T1b	
VITAFOL ORAL SYRUP	T2	AL (Min 6 Months and Max 12 Months)
VITAFOL ORAL TABLET	T9	
VITAFOL-OB	T3	
VITAFOL-ONE	T3	
VITAL-D RX	T9	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1a	
<i>vitamin d3 oral capsule 25 mcg (1000 ut)</i>	T1a	PV; AL (Min 65 Years)
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i>	T1b	PV; AL (Min 65 Years)
VITAPEARL	T3	
VITA-RESPA	T9	
VITATRUE	T3	
VITRAKVI ORAL CAPSULE	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP

Medication	Coverage Level	Restrictions
VITRAKVI ORAL SOLUTION	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (100 ML per 30 days); SP
VIVACTIL	T3	
VIVAGUARD INO CONTROL SOLUTION	T3	
VIVAGUARD INO TEST STRIPS	T3	ST; QL (200 strips per 30 days)
VIVELLE-DOT	T3	
VIVJOA	T9	
VIVLODEX	T9	
VIVOTIF	T9	
VIZIMPRO	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (30 tablets per 30 days); SP
VOCABRIA	T9	
VOGELXO PUMP	T9	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	T9	
VOLNEA	Tier 8	PV
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	
VOLTAREN TRANSDERMAL	T9	
VOLTAREN-XR	T3	
VONJO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
VONVENDI	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>vopac mds transdermal</i>	T9	
VOQUEZNA	T9	
VOQUEZNA DUAL PAK	T9	
VOQUEZNA TRIPLE PAK	T9	
VORANIGO ORAL TABLET 10 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)

Medication	Coverage Level	Restrictions
VORANIGO ORAL TABLET 40 MG	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
<i>voriconazole oral suspension reconstituted</i>	T1b	
<i>voriconazole oral tablet 200 mg</i>	T1b	QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T1b	QL (480 tablets per 30 days)
VORTEX HOLDING CHAMBER/MASK	T3	QL (4 chambers per 1 year)
VOSEVI	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
VOSPIRE ER	T3	
VOTRIENT	T9	
VOWST	T9	
VOXZOGO	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (3 boxes per 30 days); SP
VOYDEYA	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>vp-vite rx</i>	T9	
VRAYLAR	T5	ST; SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
VTAMA	T9	
VTOL LQ	T9	
VUITY	T9	
VUMERITY	T9	
VUSION	T9	
VYFEMLA	Tier 8	PV
VYKAT XR	T9	
VYLEESI	T9	
VYLIBRA	Tier 8	PV
VYNDAMAX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP

Medication	Coverage Level	Restrictions
VYNDAQEL	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
VYTONE	T9	
VYTORIN	T3	
VYVANSE ORAL CAPSULE	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE	T9	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
VYZULTA	T9	
WAINUA	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
WAKIX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>warfarin sodium oral</i>	T1a	
<i>wayzen</i>	T9	
<i>wee care</i>	Tier 8	PV; AL (Min 6 Years and Max 12 Years)
WEGOVY	T9	
WELCHOL ORAL PACKET	T3	QL (30 packets per 30 days)
WELCHOL ORAL TABLET	T3	QL (180 tablets per 30 days)
<i>weleris</i>	T9	
WELIREG	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
WELLBUTRIN	T3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG	T3	QL (60 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T3	QL (90 tablets per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG	T3	

Medication	Coverage Level	Restrictions
WERA	Tier 8	PV
WESTCORT	T3	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	T1b	
WEZLANA	T9	
WIDE-SEAL DIAPHRAGM 60	Tier 8	PV
WIDE-SEAL DIAPHRAGM 65	Tier 8	PV
WIDE-SEAL DIAPHRAGM 70	Tier 8	PV
WIDE-SEAL DIAPHRAGM 75	Tier 8	PV
WIDE-SEAL DIAPHRAGM 80	Tier 8	PV
WIDE-SEAL DIAPHRAGM 85	Tier 8	PV
WIDE-SEAL DIAPHRAGM 90	Tier 8	PV
WIDE-SEAL DIAPHRAGM 95	Tier 8	PV
WILATE INTRAVENOUS KIT	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
WINLEVI	T9	
WINREVAIR	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 kit per 3 weeks); SP
WIXELA INHUB	T3	
WYMZYA FE	Tier 8	PV
WYNZORA	T9	
XACIATO	T3	ST
XADAGO	T9	
XALATAN	T9	
XALIX	T9	
XALKORI	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 capsules per 30 days); SP
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)
XARAH FE	Tier 8	PV
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)

Medication	Coverage Level	Restrictions
XARELTO ORAL TABLET 2.5 MG	T2	QL (60 tablets per 30 days)
XARELTO STARTER PACK	T2	QL (1 pack per 180 days)
XATMEP	T3	AL (Max 9 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	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 25 MG	T4	PA; SP (Limited to 1-month supply per fill); QL (30 Tablets per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 Pack per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG	T4	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days)
XDEMVEY	T3	PA; QL (10 ML per 1 year); AL (Min 18 Years)
XELJANZ ORAL SOLUTION	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (240 ML per 30 days); SP
XELJANZ ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
XELODA	T9	
XELPROS	T2	

Medication	Coverage Level	Restrictions
XELRIA FE	Tier 8	PV
XELSTRYM	T3	ST; QL (30 patches per 30 days); AL (Min 6 Years)
XENAZINE	T9	
XENICAL	T9	
XENLETA ORAL	T9	
XEPI	T3	ST; QL (30 GM per 30 days)
XERAC AC	T1b	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	T9	
XERESE	T9	
XERMELO	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill)
XHANCE	T9	
XIFAXAN ORAL TABLET 200 MG	T4	SP (Limited to a 1 month supply per fill); 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.)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	T2	QL (30 tablets per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	T2	QL (60 tablets per 30 days)
XIIDRA	T2	QL (60 vials per 30 days)
XIMINO	T9	
<i>xirun</i>	T9	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T2	QL (1 tablet 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)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1-month supply per fill); QL (2 Auto-injectors per 30 days); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); SP

Medication	Coverage Level	Restrictions
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 syringes per 30 days); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
XOLEGEL	T9	
XOLREMDI	T9	
XOPENEX	T3	
XOPENEX CONCENTRATE	T3	
XOPENEX HFA	T9	
XOSPATA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (90 tablets per 30 days)
XPHOZAH	T9	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 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 40 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 40 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 60 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 40 MG	T5	PA; SP (Limited to a 1 month supply per fill); QL (16 tablets 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)
XROMI	T3	QL (148 ML per 30 days); AL (Max 9 Years)
XRYLIDERM	T9	
XTAMPZA ER	T3	ST; QL (60 capsules per 30 days)

Medication	Coverage Level	Restrictions
XTANDI ORAL CAPSULE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 capsules per 30 days); SP
XTANDI ORAL TABLET 40 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (120 tablets per 30 days); SP
XTANDI ORAL TABLET 80 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); QL (60 tablets per 30 days); SP
XULANE	Tier 8	PV; QL (3 patches per 28 days)
XULTOPHY	T3	ST; QL (15 ML per 30 days)
<i>xurea</i>	T9	
XURIDEN	T9	
XYLIDERM	T9	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYNTHA SOLOFUSE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
XYOSTED	T9	
XYREM	T9	
XYWAV	T9	
YARGESA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
YASMIN 28	T9	
<i>yaxatarxyn</i>	T9	
YAZ	T9	

Medication	Coverage Level	Restrictions
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 56 day supply per fill); QL (1 syringe per 56 days)
YEZTUGO ORAL	T2	PV; QL (4 tablets per 1 year)
YF-VAX SUBCUTANEOUS INJECTABLE	T9	
<i>yokatar</i>	T9	
YONSA	T9	
YORVIPATH	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (2 pens per 30 days)
Yosprala Oral Tablet Delayed Release 81-40 MG	Benefit Exclusion	
YUFLYMA	T9	
YUFLYMA (1 PEN)	T9	
YUFLYMA (2 PEN)	T9	
YUFLYMA (2 SYRINGE)	T9	
YUFLYMA-CD/UC/HS STARTER	T9	
YUPELRI	T9	
YUSIMRY	T9	
YUTREPIA	T9	
YUVAFEM	T1b	
ZADITOR	T1b	
ZAFEMY	Tier 8	PV; QL (3 patches per 28 days)
<i>zafirlukast</i>	T1b	
<i>zaleplon oral capsule 10 mg</i>	T1b	AL (Min 18 Years)
<i>zaleplon oral capsule 5 mg</i>	T1b	QL (31 capsules per 31 days); AL (Min 18 Years)
ZANAFLEX	T3	
ZANTAC 150 MAXIMUM STRENGTH	T9	
ZANTAC ORAL TABLET 300 MG	T9	
ZARAH	Tier 8	PV
ZARONTIN	T3	
ZAROXOLYN ORAL TABLET 2.5 MG, 5 MG	T3	
ZARXIO	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); SP
<i>zavara</i>	T9	
ZAVESCA	T9	
ZAVZPRET	T5	PA; SP (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
<i>zcort 7-day</i>	T9	
ZEBETA	T3	
ZECUITY	T9	
ZEGALOGUE	T3	QL (2 kits per 30 days)
Zegerid	Benefit Exclusion	
Zegerid OTC	Benefit Exclusion	
ZEJULA ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ZELBORAF	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZELNORM	T3	ST; QL (60 tablets per 30 Days)
ZELSUVMI	T9	
ZELVYSIA	T9	
ZEMBRACE SYMTOUCH	T9	
ZEMDRI	T9	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	T3	
ZENATANE	T2	QL (6 fills per 2 years)
ZENCIA	T9	
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, 60000-189600 UNIT	T4	SP (Limited to a 1 month supply per fill)
ZENZEDI	T9	
ZEPATIER	T9	SP ()
ZEPBOUND	T9	
ZEPOSIA	T4	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
ZEPOSIA 7-DAY STARTER PACK	T4	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	T4	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
ZERVIAE	T3	ST; QL (30 ml per 30 days)
ZESTORETIC	T3	
ZESTRIL	T3	
ZETIA	T3	
ZETONNA	T9	
ZIAC	T3	
ZIAGEN ORAL SOLUTION	T2	
ZIAGEN ORAL TABLET	T3	
ZIANA	T9	
<i>ziclocin</i>	T9	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1b	
<i>zidovudine oral tablet</i>	T2	
ZIEXTENZO	T9	
ZILBRYSQ	T5	PA; SP (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
<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)
ZILRETTA	T9	
ZILXI	T9	
ZIMHI	T2	QL (1 box per 1 year)
<i>zinc sulfate oral capsule 220 (50 zn) mg</i>	T9	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	T9	
<i>ziprasidone hcl</i>	T1b	
ZIPSOR	T9	
ZIRABEV	T9	
ZIRGAN	T3	
ZITHRANOL	T3	ST
ZITHRANOL-RR	T9	
ZITHROMAX ORAL PACKET	T2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	T3	
ZITHROMAX ORAL TABLET 600 MG	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	

Medication	Coverage Level	Restrictions
ZITUVIMET	T9	
ZITUVIMET XR	T9	
ZITUVIO	T9	
ZMA CLEAR	T9	
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ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	T3	QL (30 tablets per 30 days)
ZODEX 12-DAY	T9	
ZODEX 6-DAY	T9	
ZOKINVY	T9	
ZOLINZA	T4	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<i>zolmitriptan nasal solution 5 mg</i>	T3	ST; QL (12 units per 30 days)
<i>zolmitriptan oral</i>	T2	QL (12 tablets per 30 days)
ZOLOFT ORAL CONCENTRATE	T3	
ZOLOFT ORAL TABLET 100 MG	T3	QL (60 tablets per 30 days)
ZOLOFT ORAL TABLET 25 MG	T3	QL (90 tablets per 30 days)
ZOLOFT ORAL TABLET 50 MG	T3	QL (120 tablets per 30 days)
<i>zolpidem tartrate er</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate oral capsule</i>	T9	
<i>zolpidem tartrate oral tablet</i>	T1a	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>zolpidem tartrate sublingual</i>	T9	
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ZOMACTON	T9	
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
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ZONEGRAN	T3	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>zonisamide oral</i>	T1a	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
ZORTRESS	T5	SP (Limited to a 1 month supply per fill)
ZORVOLEX	T9	

Medication	Coverage Level	Restrictions
ZORYVE EXTERNAL CREAM 0.3 %	T9	
ZORYVE EXTERNAL FOAM	T9	
ZOVIA 1/35 (28)	Tier 8	PV
ZOVIA 1/35E (28)	Tier 8	PV
ZOVIRAX EXTERNAL	T9	
ZOVIRAX ORAL	T3	
ZTALMY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP (Limited to a 1 month supply per fill); QL (1100 ML per 30 days)
ZTLIDO	T9	
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)
ZUMANDIMINE	Tier 8	PV
ZUNVEYL	T9	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	T4	SP (Limited to a 1 month supply per fill); QL (28 capsules per 1 year)
ZURZUVAE ORAL CAPSULE 30 MG	T4	SP (Limited to a 1 month supply per fill); QL (14 capsules per 1 year)
ZYCLARA	T9	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	T3	ST
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	T9	
ZYDELIG	T5	PA; SP (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
ZYFLO	T9	
ZYFLO CR	T9	
ZYKADIA ORAL TABLET	T5	PA; SP (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZYLET	T3	ST
ZYLOPRIM	T3	
ZYMAXID	T3	ST
ZYMFENTRA (1 PEN)	T9	
ZYMFENTRA (2 PEN)	T9	
ZYMFENTRA (2 SYRINGE)	T9	
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Medication	Coverage Level	Restrictions
ZYPREXA ORAL	T3	
ZYPREXA ZYDIS	T3	
ZYTIGA	T9	
<i>zyvit</i>	T9	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 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 1 day)

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10 SERIES+ BP		ACCUTANE	3	<i>adalimumab-adbm(ps/uv</i>	
MONITR/UPPER ARM	2	ACCUTREND GLUCOSE	3	<i>starter)</i>	5
3 SERIES BP		ACE AEROSOL CLOUD		<i>adalimumab-fkjp (2 pen)</i>	5
MONITOR/UPPER ARM	2	ENHANCER	3	<i>adalimumab-fkjp (2 syringe)</i>	5
3 SERIES BP		<i>acebutolol hcl</i>	3	<i>adalimumab-ryvk (1 pen)</i>	5
MONITOR/WRIST	2	<i>acetaminophen</i>	3	<i>adalimumab-ryvk (2 pen)</i>	5
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BREATHERITE SPACER		<i>butalbital-aspirin-caffeine</i>	28	<i>carbzah</i>	30
SMALL CHILD	25	<i>butenafine hcl</i>	28	<i>cardioplegia del nido formula</i>	30
BREATHERITE/LARGE MASK	25	<i>butorphanol tartrate</i>	28	CARDIOVID PLUS	30
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BREKIYA	25	BYDUREON BCISE	28	CARDIZEM CD	30
BRENZAVVY	25	BYETTA 10 MCG PEN	28	CARDIZEM LA	31
BREO ELLIPTA	26	BYETTA 5 MCG PEN	28	CARDURA	31
BREXAFEMME	26	BYLVAY	28	CARDURA XL	31
BREYNA	26	BYLVAY (PELLETS)	28	CARESENS CONTROL A	31
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BRILINTA	26	<i>cabergoline</i>	28	LEVEL 2	31
<i>brimonidine tartrate</i>	26	CABLIVI	28	CARETOUCH	
<i>brimonidine tartrate-timolol</i>	26	CABOMETYX	28	LANCING/EJECTOR	31
<i>brimonidine-dorzolamide</i>	26	CABTREO	28	CARETOUCH TEST	31
<i>brinzolamide</i>	26	CADUET	28	CARETOUCH TWIST	
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BROMSITE	26	<i>calcium acetate (phos binder)</i>	29	<i>carisoprodol</i>	31
BRONCHITOL	26	<i>calcium-folic acid plus d</i>	29	<i>carisoprodol-aspirin</i>	31
BROVANA	26	CALQUENCE	29	<i>carisoprodol-aspirin-codeine</i>	31
BRUKINSA	26	<i>calsodore</i>	29	CARNITOR	31
BRYHALI	26	CAMBIA	29	CARNITOR SF	31
BRYNOVIN	26	CAMILA	29	CAROSPIR	31
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BSS PLUS	27	CAMRESE LO	29	CARTIA XT	31
BUCAPSOL	27	CAMZYOS	29	<i>carvedilol</i>	31
<i>budesonide</i>	27	CANASA	29	<i>carvedilol phosphate er</i>	31
<i>budesonide er</i>	27	<i>candesartan cilexetil</i>	29	CASODEX	31
<i>budesonide-formoterol fumarate</i>	27	<i>candesartan cilexetil-hctz</i>	29	CATAPRES	31
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<i>buprenorphine hcl</i>	27	CAPVAXIVE	30	CAZANT	32
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<i>bupropion hcl er (xl)</i>	27	<i>carbamazepine er</i>	30	<i>cefditoren pivoxil</i>	32
<i>buspirone hcl</i>	28	CARBATROL	30	<i>cefixime</i>	32
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<i>butalbital-apap-caff-cod</i>	28	<i>carbidopa-levodopa</i>	30	<i>cefprozil</i>	32
<i>butalbital-apap-caffeine</i>	28	<i>carbidopa-levodopa er</i>	30	<i>cefuroxime axetil</i>	32
<i>butalbital-asa-caff-codeine</i>	28	<i>carbidopa-levodopa-entacapone</i>	30	CELACYN	32
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		<i>carbinoxamine maleate er</i>	30	<i>celecoxib</i>	32

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<i>cephalexin</i>	32	<i>ciprofloxacin hcl</i>	34	CLODAN	37
CEPROTIN	32	<i>ciprofloxacin-dexamethasone</i>	34	CLOMID	37
CEQUA	32	<i>ciprofloxacin-fluocinolone pf</i>	35	<i>clomiphene citrate</i>	37
CERACADE	32	<i>citalopram hydrobromide</i>	35	<i>clomipramine hcl</i>	37
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<i>cetirizine hcl childrens alrgy</i>	32	CITRANATAL BLOOM	35	<i>clonidine hcl</i>	37
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<i>cetorelix acetate</i>	33	CITRANATAL MEDLEY	35	<i>clorazepate dipotassium</i>	37
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<i>cevimeline hcl</i>	33	<i>citrate of magnesia</i>	35	<i>clotrimazole-betamethasone</i>	37
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CHATEAL EQ	33	CLARINEX	35	COAGADEX	37
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<i>childrens loratadine</i>	33	<i>clarithromycin er</i>	35	COBENFY	37
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<i>chlorpromazine hcl</i>	33	CLEMASZ	35	COLCRYS	38
<i>chlorthalidone</i>	33	CLEMSZA	35	<i>colesevelam hcl</i>	38
<i>chlorzoxazone</i>	33	CLENIA PLUS	35	COLESTID	38
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CORDRAN	39	<i>cvs magnesium citrate</i>	42	DAXBIA	43
COREG	39	<i>cvs milk of magnesia</i>	42	DAYBUE	43
COREG CR	39	<i>cvs nicotine</i>	42	DAYPRO	44
CORGARD	39	<i>cvs nicotine polacrilex</i>	42	DAYSEE	44
CORLANOR	39	<i>cvs prenatal</i>	42	DAYTRANA	44
CORTANE-B	39	<i>cvs prenatal multi+dha</i>	42	DAYVIGO	44
CORTEF	39	<i>cyanocobalamin</i>	42	<i>dazaveidaoxia</i>	44
CORTENEMA	39	<i>cyclobenzaprine hcl</i>	42	<i>dazinia</i>	44
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DERMATOP	45	<i>diasaxiatar</i>	47	DIPROLENE AF	50
DERMAZENE	45	<i>diasdimaxia</i>	47	<i>dipyridamole</i>	50
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<i>desmopressin acetate pf</i>	45	<i>diazoxide</i>	48	DIVIGEL	50
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<i>desvenlafaxine er</i>	46	<i>diclofenac sodium</i>	48	<i>domela</i>	50
<i>desvenlafaxine succinate er</i>	46	<i>diclofenac sodium er</i>	48	<i>donepezil hcl</i>	50
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<i>dexamethasone</i>	46	<i>dicyclomine hcl</i>	48	DORYX MPC	50
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EASIVENT	53	ELEMENT TEST	54	ENBREL	56
EASIVENT MASK LARGE	53	ELEPSIA XR	54	ENBREL MINI	56
EASIVENT MASK MEDIUM	53	ELESTAT	54	ENBREL SURECLICK	56
EASIVENT MASK SMALL	53	ELESTRIN	54	ENDARI	56
<i>easy comfort lancets</i>	53	ELETONE	54	ENDOCET	56
EASY MAX T1 GLUCOSE		<i>eletriptan hydrobromide</i>	54	ENDOMETRIN	57
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<i>easy mini lancing device</i>	53	ELINEST	54	ENEMEEZ PLUS	57
<i>easy plus ii glucose test</i>	53	ELIQUIS	54	ENGERIX-B	57
EASY STEP CONTROL	53	ELIQUIS DVT/PE STARTER		ENILLORING	57
EASY STEP TEST	53	PACK	54	ENJUVIA	57
<i>easy talk blood glucose test</i>	53	ELIXOPHYLLIN	54	ENLYTE	57
<i>easy talk plus ii test strips</i>	53	ELLA	55	<i>enoxaparin sodium</i>	57
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ENTADFI	57	ERYTHROCIN STEARATE	59	SENSOR/HOLDER	62
<i>entecavir</i>	57	<i>erythromycin</i>	60	EVERSENSE 365 SMART	
ENTRESTO	57	<i>erythromycin base</i>	59	TRANSMIT	62
ENTTY SPRAY EMULSION	57	<i>erythromycin ethylsuccinate</i>	60	EVISTA	62
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<i>enulose</i>	58	<i>escitalopram oxalate</i>	60	EVOTAZ	62
ENVARUS XR	58	ESGIC	60	EVOXAC	62
EOHILIA	58	<i>eslicarbazepine acetate</i>	60	EVRYSDI	62
EPANED	58	<i>esomeprazole magnesium</i>	60	EVZIO	62
EPCLUSA	58	ESOTERICA DAYTIME	60	EXELDERM	62
EPICERAM	58	ESOTERICA FACIAL	60	EXELON	62
EPIDIOLEX	58	ESOTERICA FADE		<i>exemestane</i>	62
EPIDUO	58	NIGHTTIME	60	<i>exenatide</i>	62
EPIDUO FORTE	58	ESPEROCT	60	EXFORGE	62
EPIFOAM	58	<i>est estrogens-methyltest</i>	60	EXFORGE HCT	63
<i>epinastine hcl</i>	58	<i>est estrogens-methyltest ds</i>	60	EXJADE	63
<i>epinephrine</i>	58	<i>est estrogens-methyltest hs</i>	60	EXKIVITY	63
<i>epinephrine hcl (nasal)</i>	58	ESTARYLLA	60	EXSERVAN	63
EPINEPHRINESNAP-V	58	<i>estazolam</i>	60	EXTAVIA	63
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EPITOL	58	<i>estradiol valerate</i>	61	<i>eye allergy itch/redness rel</i>	63
EPIVIR	58	<i>estradiol-norethindrone acet</i>	61	EYSUVIS	63
<i>eplerenone</i>	58	ESTRATEST F.S.	61	EZ SMART BLOOD	
EPOGEN	58	ESTRATEST H.S.	61	GLUCOSE TEST	63
EPRONTIA	58	ESTRING	61	EZ SMART PLUS GLUCOSE	
EPSOLAY	58	ESTROGEL	61	TEST	63
EPYSQLI	58	ESTROSTEP FE	61	EZALLOR SPRINKLE	63
EPZICOM	58	<i>eszopiclone</i>	61	<i>ezetimibe</i>	63
<i>eq aspirin</i>	58	<i>ethacrynic acid</i>	61	<i>ezetimibe-rosuvastatin</i>	63
<i>eq aspirin adult low dose</i>	58	<i>ethambutol hcl</i>	61	<i>ezetimibe-simvastatin</i>	63
<i>eq aspirin low dose</i>	58	<i>ethosuximide</i>	61	<i>fabb</i>	63
<i>eq magnesium citrate</i>	59	<i>ethyl chloride</i>	61	FABHALTA	63
<i>eq nicotine polacrilex</i>	59	<i>ethynodiol diac-eth estradiol</i>	61	FABIOR	63
<i>eq aspirin low dose</i>	59	<i>etodolac</i>	61	FACTIVE	63
EQL CLEARLAX	59	<i>etodolac er</i>	61	FALMINA	63
<i>eq magnesium citrate</i>	59	<i>etonogestrel-ethinyl estradiol</i>	61	<i>famciclovir</i>	63
<i>eq milk of magnesia</i>	59	<i>etoposide</i>	61	<i>famotidine</i>	63
EQUETRO	59	<i>etravirine</i>	61	FANAPT	63
<i>ergoloid mesylates</i>	59	EUCRISA	61	FANAPT TITRATION PACK A	64
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<i>ergotamine-caffeine</i>	59	EURAX	61	FANAPT TITRATION PACK C	64
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ERLEADA	59	EVAMIST	61	FARESTON	64
<i>erlotinib hcl</i>	59	EVEKEO	62	FARXIGA	64
ERMEZA	59	EVEKEO ODT	62	FARYDAK	64
ERRIN	59	EVENCARE G2 TEST	62	FASENRA PEN	64
ERTACZO	59	EVENCARE G3 TEST	62	FAZACLO	64
ERVEBO	59	EVENCARE MINI GLUCOSE		FC2 FEMALE CONDOM	64
<i>ery</i>	59	TEST	62	<i>fe 90 plus</i>	64
ERYGEL	59	EVENCARE PROVIEW		FE C PLUS	64
ERYPED 200	59	GLUCOSE TEST	62	<i>fe c tab plus</i>	64

<i>febuxostat</i>	64	FILSPARI	66	<i>fluocinolone acetonide body</i>	68
FEIBA NF	64	FILSUVEZ	66	<i>fluocinolone acetonide scalp</i>	68
FEIRZA 1.5/30	64	FINACEA	66	<i>fluocinonide</i>	68
FEIRZA 1/20	64	<i>finapid</i>	66	<i>fluocinonide emulsified base</i>	68
<i>felbamate</i>	64	<i>finapodtar</i>	66	FLUORAC	68
FELBATOL	64	<i>finasteride</i>	66	FLUOR-A-DAY	68
FELDENE	64	<i>finolimid hcl</i>	66	FLUORIMAX 5000	68
<i>felodipine er</i>	64	FINTEPLA	66	FLUORIMAX 5000 SENSITIVE	68
FEMARA	64	FIORICET	66	<i>fluorometholone</i>	68
FEMCAP	64	FIORICET/CODEINE	66	FLUOROPLEX	68
FEMHRT	64	FIORINAL	67	<i>fluorouracil</i>	69
FEMLYV	64	FIRAZYR	67	<i>fluoxetine hcl</i>	69
FEMRING	64	FIRDAPSE	67	<i>fluoxetine hcl (pmdd)</i>	69
<i>fenofibrate</i>	65	FIRST-LANSOPRAZOLE	67	<i>fluoxia</i>	69
<i>fenofibrate micronized</i>	65	FIRST-MOUTHWASH BLM	67	<i>fluphenazine hcl</i>	69
<i>fenofibric acid</i>	65	FIRST-OMEPRAZOLE	67	<i>flurandrenolide</i>	69
FENOGLIDE	65	FIRVANQ	67	<i>flurazepam hcl</i>	69
<i>fenoprofen calcium</i>	65	FLAGYL	67	<i>flurbiprofen</i>	69
FENOPRON	65	FLAREX	67	<i>flurbiprofen sodium</i>	69
FENORTHO	65	<i>flavoxate hcl</i>	67	<i>flutamide</i>	69
<i>fenovia</i>	65	<i>flecainide acetate</i>	67	<i>fluticasone furoate ellipta</i>	69
<i>fentanyl</i>	65	FLECTOR	67	<i>fluticasone furoate-vilanterol</i>	69
<i>fentanyl citrate</i>	65	FLEQSUVY	67	<i>fluticasone propionate</i>	69
FENTORA	65	FLEXICHAMBER	67	<i>fluticasone propionate diskus</i>	69
FERIVA 21/7	65	FLEXICHAMBER ADULT	67	<i>fluticasone propionate hfa</i>	69
FERIVA 21/7 (WITH DOCUSATE)	65	MASK/SMALL	67	<i>fluticasone-salmeterol</i>	69
FERIVAF	65	FLEXICHAMBER CHILD	67	<i>fluvastatin sodium</i>	69
<i>ferocon</i>	65	MASK/LARGE	67	<i>fluvastatin sodium er</i>	69
FERRALET 90	65	FLEXICHAMBER CHILD	67	<i>fluvoxamine maleate</i>	70
<i>ferraplus 90</i>	65	MASK/SMALL	67	<i>fluvoxamine maleate er</i>	70
FERREX 150 FORTE	65	<i>flolipid</i>	67	FLUZONE	70
FERREX 150 FORTE PLUS	65	FLOMAX	67	FLUZONE HIGH-DOSE	70
FERREX 28	65	FLONASE	67	FLUZONE HIGH-DOSE QUADRIVALENT	70
<i>ferric citrate</i>	65	FLORIVA	67	FLUZONE PEDIATRIC PF	70
FERRIPROX	65	FLORIVA PLUS	67	FLUZONE PRESERVATIVE FREE	70
FERRIPROX TWICE-A-DAY	65	FLOVENT DISKUS	67	FLUZONE QUADRIVALENT	70
FERROCITE PLUS	66	FLOVENT HFA	67	<i>flyprogpitdar</i>	70
<i>ferrous sulfate</i>	66	FLOWTUSS	67	FML	70
<i>fervina</i>	66	FLUAD	67	FML FORTE	70
<i>fesoterodine fumarate er</i>	66	FLUAD QUADRIVALENT	67	FML LIQUIFILM	70
FETZIMA	66	FLUARIX	67	FOCALIN	70
FETZIMA TITRATION	66	FLUARIX QUADRIVALENT	67	FOCALIN XR	70
FEXMID	66	FLUBLOK	68	<i>folbee</i>	70
<i>fexofenadine hcl</i>	66	FLUBLOK QUADRIVALENT	68	FOLBEE AR	70
<i>fexofenadine-pseudoephed er</i> ... 66		FLUCELVAX	68	<i>folbee plus</i>	70
FIASP	66	FLUCELVAX QUADRIVALENT	68	FOLBEE PLUS CZ	70
FIASP FLEXTOUCH	66	<i>fluconazole</i>	68	FOLBIC	70
FIASP PENFILL	66	<i>fludrocortisone acetate</i>	68	<i>folic acid</i>	70
FIBRICOR	66	FLULAVAL	68	<i>folic acid-vit b6-vit b12</i>	70
<i>fidaxomicin</i>	66	FLULAVAL QUADRIVALENT ... 68		FOLIVANE-F	70
<i>fidila</i>	66	FLUMIST	68	FOLIVANE-PLUS	70
FIFTY50 SAFETY SEAL LANCETS	66	FLUMIST QUADRIVALENT	68	FOLIXAPURE	70
<i>filoma</i>	66	<i>flunisolide</i>	68	FOLLISTIM AQ	70
		<i>fluocinolone acetonide</i>	68		

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FOLTABS 800	70	SENSOR	72	GAVILYTE-C	74
FOLTANX	70	FREESTYLE LIBRE 2 PLUS		GAVILYTE-G	74
FOLTRATE	70	SENSOR	72	GAVRETO	74
FOLTX	71	FREESTYLE LIBRE 2		<i>ge100 blood glucose test</i>	74
<i>fondaparinux sodium</i>	71	READER	72	<i>ge100 control</i>	74
FORA 6 CONNECT	71	FREESTYLE LIBRE 2		<i>gefitinib</i>	74
FORA 6 CONNECT/GTEL		SENSOR	72	GELCLAIR	74
TEST	71	FREESTYLE LIBRE 3 PLUS		GELFOAM COMPRESSED	
FORA BLOOD GLUCOSE		SENSOR	72	SIZE 100	74
TEST	71	FREESTYLE LIBRE 3		GELFOAM-JMI SPONGE	74
FORA CONTROL	71	READER	72	GELNIQUE	74
FORA D40/G31 BLOOD		FREESTYLE LIBRE 3		<i>gemfibrozil</i>	74
GLUCOSE	71	SENSOR	72	GEMMILY	74
FORA GD20 TEST	71	FREESTYLE LITE TEST	72	GEMTESA	74
FORA GD50 BLOOD		FREESTYLE PRECISION NEO		GENERESS FE	74
GLUCOSE TEST	71	TEST	72	<i>generlac</i>	75
FORA GTEL BLOOD		FREESTYLE TEST	72	GENGRAF	75
GLUCOSE TEST	71	FRINDOVYX	72	GENOTROPIN	75
FORA GTEL BLOOD KETONE		<i>frivo</i>	72	GENOTROPIN MINIQUICK	75
TEST	71	FROVA	72	GENTAK	75
FORA LANCETS	71	<i>frovatriptan succinate</i>	72	<i>gentamicin sulfate</i>	75
FORA LANCING DEVICE	71	FRUZAQLA	72	<i>gentlelax</i>	75
FORA TN'G ADVANCE PRO	71	<i>ft aspirin</i>	72	GENVOYA	75
FORA TN'G/TN'G VOICE	71	<i>ft aspirin low dose</i>	72	GEODON	75
FORA V10 BLOOD GLUCOSE		<i>ft enteric coated aspirin</i>	72	GERI-HYDROLAC 12	75
TEST	71	<i>full spectrum b/vitamin c</i>	73	GERI-HYDROLAC 5	75
FORA V12 BLOOD GLUCOSE		FULPHILA	73	GESTICARE DHA	75
TEST	71	<i>fulvicin plg 165</i>	73	GILENYA	75
FORACARE GD40 TEST	71	FURADANTIN	73	GILOTRIF	75
FORFIVO XL	71	FUROSCIX	73	GIMOTI	75
<i>formoterol fumarate</i>	71	<i>furosemide</i>	73	<i>glatiramer acetate</i>	75
FORTAMET	71	FUSION PLUS	73	GLATOPA	75
FORTAVIT	71	FUSION SPRINKLES	73	GLEEVEC	75
FORTEO	71	FUZEON	73	GLEOSTINE	75
FORTESTA	71	FYAVOLV	73	<i>glimepiride</i>	75
FORTICAL	71	FYCOMPA	73	<i>glipizide</i>	75, 76
FOSAMAX	71	FYLNETRA	73	<i>glipizide er</i>	75
FOSAMAX PLUS D	71	FYREMADEL	73	<i>glipizide xl</i>	76
<i>fosamprenavir calcium</i>	71	<i>gabapentin</i>	73	<i>glipizide-metformin hcl</i>	76
<i>fosfomycin tromethamine</i>	71	<i>gabapentin (once-daily)</i>	73	GLOPERBA	76
<i>fosinopril sodium</i>	71	GABARONE	73	GLUCAGEN HYPOKIT	76
<i>fosinopril sodium-hctz</i>	71	GABITRIL	73	<i>glucagon emergency</i>	76
FOSRENOL	71	GABLOFEN	73	GLUCOCARD 01 SENSOR	
FOTIVDA	72	GALAFOLD	74	PLUS	76
FRAGMIN	72	<i>galantamine hydrobromide</i>	74	GLUCOCARD EXPRESSION	
<i>fraiche 5000 previ</i>	72	<i>galantamine hydrobromide er</i>	74	TEST	76
<i>fraiche 5000 sensitive</i>	72	GALBRIELA	74	GLUCOCARD SHINE TEST	76
FREEDOM DERMA-D	72	GALLIFREY	74	GLUCOCARD VITAL TEST	76
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FREESTYLE INSULINX TEST ..	72	GARDASIL 9	74	GLUCOSE TEST	76
FREESTYLE LANCETS	72	GASTROCROM	74	GLUCOTROL XL	76
FREESTYLE LIBRE 14 DAY		<i>gatifloxacin</i>	74	GLUCOVANCE	76
READER	72	GATTEX	74	GLUMETZA	76

<i>glyburide</i>	76	HAEGARDA	78	HEPSERA	80
<i>glyburide micronized</i>	76	HAILEY 1.5/30	78	HER STYLE	80
<i>glyburide-metformin</i>	76	HAILEY 24 FE	78	HERCESSI	80
GLYCATE	76	HAILEY FE 1.5/30	78	HERZUMA	80
GLYCOLAX	76	HAILEY FE 1/20	78	<i>hesmilla</i>	80
<i>glycopyrrolate</i>	76	<i>hair regrowth treatment men</i>	78	HETLIOZ	80
<i>glycopyrrolate pf</i>	76	<i>halcinonide</i>	78	HETLIOZ LQ	80
GLYNASE	76	HALCION	78	<i>hevona</i>	80
GLYSET	76	HALFLYTELY WITH FLAVOR		<i>hexiounyl</i>	80
GLYXAMBI	76	PACKS	78	HIBERIX	80
<i>gnp adult aspirin low strength</i>	76	<i>halobetasol propionate</i>	78	HIDEX 6-DAY	80
<i>gnp aspirin</i>	76	HALOETTE	78	HISTEX-AC	80
<i>gnp aspirin low dose</i>	76	HALOG	78	HM CLEARLAX	80
GNP CLEARLAX	76	<i>haloperidol</i>	78	<i>hm laxative</i>	80
<i>gnp folic acid</i>	76	<i>haloperidol lactate</i>	78	<i>hm magnesium citrate</i>	80
<i>gnp laxative</i>	76	<i>harisis</i>	78	<i>hm milk of magnesia</i>	80
<i>gnp milk of magnesia</i>	77	HARMONY BLOOD		<i>hm nicotine</i>	80
<i>gnp nicotine</i>	77	GLUCOSE TEST	79	<i>hm nicotine polacrilex</i>	80
<i>gnp nicotine mini</i>	77	<i>harviva</i>	79	<i>holixia</i>	80
GOCOVRI	77	<i>harviva hp</i>	79	<i>holizar</i>	80
GOJJI BLOOD GLUCOSE		HARVONI	79	HOMATROPAIRE	80
TEST	77	HAVRIX	79	<i>honista</i>	80
GOJJI BLOOD KETONE TEST	77	<i>haxchlodrex</i>	79	HORIZANT	80
GOJJI LANCING		<i>haxdrax</i>	79	<i>hovitra</i>	81
DEVICE/CLEAR CAP	77	HEALON PRO	79	<i>hovyn</i>	81
GOJJI STERILE LANCETS	77	HEALON5 PRO	79	HULIO	81
GOLYTELY	77	HEATHER	79	HULIO (2 PEN)	81
GOMEKLI	77	HECTOROL	79	HULIO (2 SYRINGE)	81
GONAL-F	77	HEMADY	79	HUMALOG	81
GONAL-F RFF	77	HEMANGEOL	79	HUMALOG JUNIOR	
GONAL-F RFF REDIRECT	77	<i>hematinic plus vit/minerals</i>	79	KWIKPEN	81
GONITRO	77	<i>hematinic/folic acid</i>	79	HUMALOG KWIKPEN	81
<i>goodsense aspirin</i>	77	HEMATOGEN	79	HUMALOG MIX 50/50	81
GOODSENSE CLEARLAX	77	HEMATOGEN FA	79	HUMALOG MIX 50/50	
<i>goodsense nicotine</i>	77	HEMATOGEN FORTE	79	KWIKPEN	81
GRALISE	77	HEMATRON	79	HUMALOG MIX 75/25	81
<i>granisetron hcl</i>	77	HEMATRON-AF	79	HUMALOG MIX 75/25	
GRANIX	77	HEMATRON-AF (WITH		KWIKPEN	81
GRASTEK	77	DOCUSATE)	79	HUMALOG TEMPO PEN	81
GRIFULVIN V	77	HEMAX	79	HUMATE-P	81
<i>griseofulvin microsize</i>	77	HEMAX EZY-DOSE	79	HUMATIN	81
<i>griseofulvin ultramicrosize</i>	77	<i>hemetab</i>	79	HUMATROPE	81
GRIS-PEG	77	HEMICLOR	79	HUMIRA (1 PEN)	81
<i>guaifenesin</i>	77	HEMLIBRA	79	HUMIRA (2 PEN)	81
<i>guaifenesin-codeine</i>	78	HEMMOREX-HC	79, 80	HUMIRA (2 SYRINGE)	81
<i>guaifenesin-dm</i>	78	HEMOCYTE	80	HUMIRA-CD/UC/HS STARTER	81
<i>guanfacine hcl</i>	78	HEMOCYTE PLUS	80	HUMIRA-PSORIASIS/UVEIT	
<i>guanfacine hcl er</i>	78	HEMOCYTE-F	80	STARTER	81
GVOKE HYOPEN 1-PACK	78	HEMOFIL M	80	HUMULIN 70/30	81
GVOKE HYOPEN 2-PACK	78	<i>hemtara</i>	80	HUMULIN 70/30 KWIKPEN	81
GVOKE KIT	78	<i>hemtara hp</i>	80	HUMULIN N	81
GVOKE PFS	78	<i>hentis</i>	80	HUMULIN N KWIKPEN	82
GYNAZOLE-1	78	<i>hentis hp</i>	80	HUMULIN R	82
HADLIMA	78	<i>heparin sodium (porcine)</i>	80	HUMULIN R U-500	
HADLIMA PUSHTOUCH	78	HEPLISAV-B	80	(CONCENTRATED)	82

HUMULIN R U-500 KWIKPEN ..	82	HYRIMOZ-PED<40KG CROHN		IMPOYZ	87
HYALGAN	82	STARTER	84	IMULDOSA	87
HYCAMTIN	82	HYRIMOZ-PED>/=40KG		IMURAN	87
HYCET	82	CROHN START	84	IMVEXXY	87
HYCODAN	82	HYRIMOZ-PLAQ PSOR/UEIT		IMVEXXY MAINTENANCE	
HYCOFENIX	82	START	84	PACK	87
<i>hydralazine hcl</i>	82	HYRIMOZ-PLAQUE		IMVEXXY STARTER PACK	87
HYDREA	82	PSORIASIS START	84	INATAL ADVANCE	87
<i>hydrochlorothiazide</i>	82	HYSINGLA ER	84	INATAL GT	87
<i>hydrocod poli-chlorphe poli er</i> ..	82	HYZAAR	84	INATAL ULTRA	87
<i>hydrocod polst-cpm polst er</i>	82	<i>ibandronate sodium</i>	84	INBRIJA	87
<i>hydrocodone bitartrate er</i>	82	IBRANCE	84, 85	INCASSIA	87
<i>hydrocodone bit-homatrop mbr</i> ..	82	IBSRELA	85	INCIVEK	87
<i>hydrocodone/acetaminophen</i>	82	IBTROZI	85	INCRELEX	87
<i>hydrocodone-acetaminophen</i>	82	IBUDONE	85	INCRUSE ELLIPTA	87
<i>hydrocodone-homatropine</i>	82	<i>ibuprofen</i>	85	<i>indapamide</i>	87
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<i>hydrocort lotion complete kit</i>	82	ICAR-C PLUS	85	INDERAL XL	87
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<i>inzdeoxia</i>	90	JENCYCLA	92	5CMX5CM	95
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<i>iodoquimez-hc</i>	90	JENTADUETO XR	92	KERENDIA	95
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<i>ipratropium-albuterol</i>	90	JOENJA	92	<i>ketoconazole</i>	95
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<i>iron supplement childrens</i>	90	JUBLIA	93	KETOSTIX	95
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<i>isosorbide dinitrate</i>	90	JYNNEOS	93	KIRSTY	96
<i>isosorbide mononitrate</i>	90	KADIAN	93	KISQALI (200 MG DOSE)	96
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KLARON	96	LAMISIL SPRAY	99	LESCOL XL	101
KLAYESTA	97	<i>lamivudine</i>	99	LESSINA	101
KLISYRI (250 MG)	97	<i>lamivudine-zidovudine</i>	99	LETAIRIS	101
KLISYRI (350 MG)	97	<i>lamotrigine</i>	99	<i>letrozole</i>	101
KLONOPIN	97	<i>lamotrigine er</i>	99	<i>leucovorin calcium</i>	101
KLOR-CON	97	<i>lamotrigine starter kit-blue</i>	99	LEUKERAN	101
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KLOR-CON M15	97	<i>lamotrigine titration</i>	99	<i>levabuterol tartrate</i>	101
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KRINTAFEL	98	LATUDA	100	<i>levonorg-eth estrad triphasic</i>	102
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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.

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).

