

# 2025 Formulary

## Employer-sponsored small group (optimized) plans

List of covered drugs

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

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

T1a - \$

T1b - \$

T2 - \$\$

T3 - \$\$\$

T4 - \$\$\$\$

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

T6 - Vaccine Coverage

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

### Coverage Levels

**AL:** AL

**PA:** Prior Authorization

**PV:** Preventive Drug

**QL:** Quantity Limits

**SO:** SaveOn Drug

**SP:** Must be filled at Specialty Pharmacy

**SP Drug:** Limited to a 1-month supply per fill

**ST:** Step Therapy

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

### List of Patterns

**lowercase italics:** Generic T1a drugs,Generic T1b drugs,Generic T2 drugs,Generic T3 drugs,Generic T4 drugs,Generic T5 drugs,Generic T6 drugs,Generic drugs,Generic T9 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 drugs,Brand name drugs,Brand name T9 drugs



**CURRENT AS OF 1/1/2025**

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>abacavir sulfate oral solution</i>	T1b	AL (Max 9 Years)
<i>abacavir sulfate-lamivudine</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>abenor hp</i>	T9	
<b>ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK</b>	T9	
<b>ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK</b>	T9	
<b>ABILIFY ORAL TABLET</b>	T3	QL (60 tablets per 30 days)
<i>abiraterone acetate oral tablet 250 mg</i>	T1b	SP
<i>abiraterone acetate oral tablet 500 mg</i>	T9	
<b>ABRILADA</b>	T9	
<b>ABRILADA (1 PEN)</b>	T9	
<b>ABRILADA (2 PEN)</b>	T9	
<b>ABRILADA (2 SYRINGE)</b>	T9	
<b>ABRYSVO</b>	T6	PV; QL (1 dose per 1 year); AL (Min 60 Years)
<b>ABSORICA</b>	T9	
<b>ABSORICA LD</b>	T9	
<b>ACANYA</b>	T9	
<b>ACCRUFER</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<b>ACUTANE</b>	T2	QL (6 fills per 2 years)
<b>ACE AEROSOL CLOUD ENHANCER</b>	T3	QL (4 devices per 1 year)
<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>acidophilus lactobacillus powder</i>	T9	
<i>acioxia</i>	T9	
<b>ACIPHEX</b>	T9	
<b>ACIPHEX SPRINKLE</b>	T9	
<i>acitretin</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>ACTEMRA ACTPEN</b>	T9	
<b>ACTEMRA SUBCUTANEOUS</b>	T9	

Medication	Coverage Level	Restrictions
<b>ACTHAR</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>ACTHAR GEL</b>	T9	
<b>ACTHIB</b>	T9	
<b>ACTICLATE</b>	T9	
<b>ACTIMMUNE</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>ACTIQ</b>	T9	
<i>active fe</i>	T9	
<b>ACTONEL ORAL TABLET 150 MG</b>	T3	QL (1 tablet per 30 days)
<b>ACUICYN EXTERNAL LIQUID</b>	T9	
<b>ACUVAIL</b>	T9	
<i>acyclovir external cream</i>	T9	
<i>acyclovir external ointment</i>	T3	ST; QL (15 GM per 6 months)
<b>ACZONE</b>	T9	
<b>ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5</b>	T6	PV; QL (1 Dose per 1 Lifetime)
<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	
<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 Drug (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<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 Drug (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 Drug (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 Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP

Medication	Coverage Level	Restrictions
<i>adalimumab-adbm(cdluc/hs strt)</i>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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 Drug (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 (2 pen)</i>	T9	
<i>adalimumab-ryvk (2 syringe)</i>	T9	
<i>adapalene external cream</i>	T9	
<i>adapalene external gel 0.1 %</i>	T9	
<i>adapalene external lotion</i>	T9	
<i>adapalene external solution</i>	T9	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1b	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T9	
<b>ADASUVE</b>	T9	
<b>ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1-month supply per fill); QL (2 Pens per 28 days)
<b>ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
<b>ADCIRCA</b>	T9	
<b>ADDERALL XR</b>	T3	QL (60 capsules per 30 days); AL (Min 6 Years)
<b>ADDYI</b>	T9	
<i>adefovir dipivoxil</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>adeinзде</i>	T9	
<b>ADEMPAS ORAL TABLET 0.5 MG, 2.5 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (90 tablets per 30 days); SP
<b>ADEMPAS ORAL TABLET 1 MG, 2 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (90 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>ADEMPAS ORAL TABLET 1.5 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (90 tablets per 30 days); SP
<i>adermica hp</i>	T9	
<b>ADHANSIA XR</b>	T9	
<b>ADLARITY</b>	T9	
<b>ADMELOG INJECTION</b>	T3	ST
<b>ADMELOG SOLOSTAR</b>	T3	ST; AL (Max 21 Years)
<b>ADRENALIN NASAL</b>	T9	
<b>ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</b>	T1b	
<b>ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG</b>	T9	
<b>ADVAIR DISKUS</b>	T9	
<b>ADVAIR HFA</b>	T9	
<b>ADVATE</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (73600 billable units per 28 days)
<i>adynovate</i>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
<b>ADZENYS ER</b>	T9	
<b>ADZENYS XR-ODT</b>	T9	
<b>AEMCOLO</b>	T2	QL (12 tablets per 30 days); AL (Min 18 Years)
<b>AEROCHAMBER MINI CHAMBER</b>	T2	QL (4 chambers per 1 year)
<b>AEROCHAMBER MV</b>	T2	QL (4 chambers per 1 year)
<b>AEROCHAMBER Z-STAT PLUS</b>	T3	QL (4 chambers per 1 year)
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b>	T3	QL (4 chambers per 1 year)
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b>	T3	QL (4 chambers per 1 year)
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b>	T3	QL (4 chambers per 1 year)
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b>	T3	QL (4 chambers per 1 year)
<b>AEROTRACH PLUS</b>	T3	QL (4 chambers per 1 year)
<b>AEROVENT PLUS</b>	T3	QL (4 chambers per 1 year)
<b>AFINITOR DISPERZ</b>	T9	
<b>AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	T9	
<b>AFINITOR ORAL TABLET 7.5 MG</b>	T9	SP Drug ( )
<b>AFIRMELLE</b>	Tier 8	PV
<b>AFLURIA</b>	T6	PV; QL (1 dose per 180 days)

Medication	Coverage Level	Restrictions
<b>AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 dose per 180 days)
<b>AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 injection per 180 days)
<b>AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &amp; 60X8 &amp; 60X12 UNIT, 8 UNIT, 90 X 4 UNIT &amp; 90X8 UNIT, 90 X 8 UNIT &amp; 90X12 UNIT</b>	T3	ST
<b>AFSTYLA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (69000 billable units per 28 days)
<b>AGAMREE</b>	T9	
<b>AIMOVIG</b>	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
<b>AIRDUO DIGIHALER</b>	T9	
<b>AIRDUO RESPICLICK 113/14</b>	T9	
<b>AIRDUO RESPICLICK 232/14</b>	T9	
<b>AIRDUO RESPICLICK 55/14</b>	T9	
<b>AIRSUPRA</b>	T9	
<b>AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T2	PA; QL (1 autoinjector per 30 days); AL (Min 18 Years)
<b>AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
<b>AKEEGA</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>AKLIEF</b>	T9	
<b>AKTIPAK</b>	T9	
<b>AKYNZEO ORAL</b>	T9	
<b>ALA SCALP</b>	T9	
<i>ala-cort external cream 1 %</i>	T9	
<b>ALA-QUIN</b>	T9	
<i>albendazole oral</i>	T2	QL (6 tablets per 30 days)
<b>ALBENZA</b>	T9	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1b	QL (2 inhalers per 30 days)
<b>ALCORTIN A</b>	T9	



Medication	Coverage Level	Restrictions
<b>ALECENSA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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	
<b>ALINIA ORAL SUSPENSION RECONSTITUTED</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (60 ML per 6 months)
<b>ALINIA ORAL TABLET</b>	T5	SP Drug (Limited to a 1 month supply per fill ); QL (6 tablets per 6 months)
<i>aliskiren fumarate</i>	T2	ST
<b>ALKINDI SPRINKLE</b>	T9	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1a	
<i>allopurinol oral tablet 200 mg</i>	T9	
<b>ALLZITAL</b>	T9	
<i>almotriptan malate</i>	T3	ST; QL (12 tablets per 30 days)
<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)
<i>alomira</i>	T9	
<i>alomira hp</i>	T9	
<i>alomira lp</i>	T9	
<i>alosetron hcl</i>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>ALPAWASH</b>	T9	
<b>ALPHAGAN P</b>	T9	
<b>ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>ALPHANINE SD</b>	T5	PA; SP Drug (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)
<b>ALPRAZOLAM INTENSOL</b>	T1b	QL (120 ML per 30 days)
<i>alprazolam oral tablet</i>	T1a	
<i>alprazolam xr</i>	T1b	QL (60 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>ALPROLIX</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
<b>ALREX</b>	T9	
<b>ALTABAX</b>	T3	ST; QL (15 GM per 30 months)
<b>ALTAVERA</b>	Tier 8	PV
<b>ALTOPREV</b>	T9	
<b>ALTRENO</b>	T1b	QL (45 grams per 30 days); AL (Max 50 Years)
<b>ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (23000 billable units per 28 days)
<b>ALUNBRIG ORAL TABLET 180 MG, 90 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>ALUNBRIG ORAL TABLET 30 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>ALUNBRIG ORAL TABLET THERAPY PACK</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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 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	
<b>ALVAIZ</b>	T9	
<b>ALVESCO</b>	T9	
<i>alyacen 1/35</i>	Tier 8	PV
<i>alyacen 7/7/7</i>	Tier 8	PV
<b>ALZAIR ALLERGY NASAL SPRAY</b>	T9	

Medication	Coverage Level	Restrictions
<b>AMBIEN</b>	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<b>AMBIEN CR</b>	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ambrisentan</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); SP
<i>amcinonide external cream</i>	T1b	
<i>amcinonide external ointment</i>	T9	
<b>AMETHYST</b>	Tier 8	PV
<b>AMICAR ORAL SOLUTION</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>AMICAR ORAL TABLET</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral solution</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>aminocaproic acid oral tablet 1000 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>amiodarone hcl oral tablet 100 mg</i>	T1b	QL (30 tablets per 30 days)
<b>AMITIZA</b>	T3	QL (60 capsules per 30 days)
<b>AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T9	
<b>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML</b>	T9	
<b>AMJEVITA-PED 10KG TO &lt;15KG</b>	T9	
<b>AMJEVITA-PED 15KG TO &lt;30KG</b>	T9	
<i>amlodipine besylate oral</i>	T1a	
<i>amlodipine-atorvastatin</i>	T9	
<i>amlodipine-olmesartan</i>	T1b	
<i>ammonium lactate external</i>	T9	
<b>AMNESTEEM</b>	T2	QL (6 fills per 2 years)
<i>amoxicill-clarithro-lansopraz</i>	T3	
<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>amphet-dextroamphet 3-bead er</i>	T9	
<i>ampicillin oral capsule 250 mg</i>	T1a	
<b>AMPYRA</b>	T9	
<b>AMRIX</b>	T9	
<b>AMZEEQ</b>	T9	
<b>ANADROL-50</b>	T9	

Medication	Coverage Level	Restrictions
<b>ANAFRANIL ORAL CAPSULE 25 MG</b>	T3	QL (30 capsules per 30 Days)
<b>ANAFRANIL ORAL CAPSULE 50 MG</b>	T3	QL (60 capsules per 30 Days)
<b>ANAFRANIL ORAL CAPSULE 75 MG</b>	T3	QL (90 capsules per 30 Days)
<b>ANALPRAM-HC EXTERNAL LOTION</b>	T9	
<b>ANDRODERM TRANSDERMAL PATCH 24 HOUR</b>	T9	
<b>ANDROGEL</b>	T9	
<b>ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)</b>	T9	
<b>ANGELIQ</b>	T3	ST
<b>ANIMI-3</b>	T9	
<b>ANNOVERA</b>	T9	
<b>ANORO ELLIPTA</b>	T2	QL (1 inhaler per 30 days)
<b>ANTIVERT ORAL TABLET 50 MG</b>	T9	
<b>ANUSOL-HC RECTAL SUPPOSITORY</b>	T9	
<b>ANZEMET ORAL TABLET 50 MG</b>	T9	
<b>APADAZ</b>	T9	
<i>apap-caff-dihydrocodeine oral tablet 325-30-16 mg</i>	T9	
<b>APEXICON E</b>	T9	
<i>aphoria</i>	T9	
<b>APLENZIN</b>	T9	
<b>APLISOL</b>	T9	
<b>APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T9	
<i>apomorphine hcl subcutaneous</i>	T9	
<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)
<b>APRISO</b>	T3	QL (120 capsules per 30 days)
<b>APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG</b>	T3	QL (30 capsules per 30 days)
<b>APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 50 MG</b>	T3	QL (30 tablets per 30 days)
<b>APTIOM</b>	T3	PA; QL (60 tablets per 30 days)
<b>APTIVUS</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill)
<b>AQUORAL MOUTH/THROAT AEROSOL SOLUTION</b>	T9	
<b>ARAKODA</b>	T2	
<b>ARANELLE</b>	Tier 8	PV

Medication	Coverage Level	Restrictions
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML</b>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE</b>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<b>ARAVA</b>	T5	SP Drug (Limited to a 1 month supply per fill )
<b>ARAZLO</b>	T9	
<b>ARCALYST</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<b>AREXVY</b>	T6	PV; QL (1 dose per 1 year); AL (Min 60 Years)
<i>arformoterol tartrate</i>	T3	AL (Min 40 Years)
<b>ARIKAYCE</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (28 vials per 28 days)
<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	
<b>ARIXTRA</b>	T9	
<i>armodafinil</i>	T1b	QL (30 tablets per 30 days)
<b>ARMONAIR DIGIHALER</b>	T9	
<b>ARNUITY ELLIPTA</b>	T2	QL (1 Inhaler per 30 days)
<b>ARTHROTEC ORAL TABLET DELAYED RELEASE</b>	T9	
<i>artilis hp</i>	T9	
<b>ASCOMP-CODEINE</b>	T1b	QL (180 capsules per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	T2	QL (60 tablets per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	T2	QL (30 tablets per 30 days)
<b>ASHLYNA</b>	Tier 8	PV
<b>ASMANEX (120 METERED DOSES)</b>	T9	
<b>ASMANEX (14 METERED DOSES)</b>	T9	
<b>ASMANEX (30 METERED DOSES)</b>	T9	
<b>ASMANEX (60 METERED DOSES)</b>	T9	
<b>ASMANEX (7 METERED DOSES)</b>	T9	
<b>ASMANEX HFA</b>	T9	
<i>aspirin-dipyridamole er</i>	T1b	
<b>ASPRUZYO SPRINKLE</b>	T9	
<b>ASTAGRAF XL</b>	T3	ST

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>atazanavir sulfate</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>atenolol oral</i>	T1a	
<i>atenolol-chlorthalidone</i>	T1b	
<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)
<b>ATORVALIQ</b>	T9	
<i>atorvastatin calcium oral tablet 10 mg</i>	T1a	PV
<i>atovaquone oral</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>ATRALIN</b>	T3	AL (Max 50 Years)
<b>ATRAPRO HYDROGEL</b>	T9	
<b>ATRIPLA</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %</i>	T9	
<b>AUBAGIO</b>	T9	
<b>AUBRA</b>	Tier 8	PV
<b>AUBRA EQ</b>	Tier 8	PV
<b>AUDENZ</b>	T6	PV
<b>AUGTYRO ORAL CAPSULE 160 MG</b>	T5	PA; SP Drug (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)
<b>AUGTYRO ORAL CAPSULE 40 MG</b>	T5	PA; SP Drug (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	
<b>AUROVELA 1.5/30</b>	Tier 8	PV
<b>AUROVELA 1/20</b>	Tier 8	PV
<b>AUROVELA 24 FE</b>	Tier 8	PV
<b>AUROVELA FE 1.5/30</b>	Tier 8	PV
<b>AUROVELA FE 1/20</b>	Tier 8	PV
<b>AURYXIA</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (360 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>AUSTEDO</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); SP
<b>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); SP
<b>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG</b>	T5	PA; SP Drug (Limited to a 1-month supply per fill); QL (30 Tablets per 30 days)
<b>AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 &amp; 18 &amp; 24 &amp; 30 MG</b>	T5	PA; SP Drug (Limited to a 1-month supply per fill); QL (28 Tablets per 30 days)
<b>AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 &amp; 12 &amp; 24 MG</b>	T5	PA; SP Drug (Limited to 1 fill per lifetime); QL (1 kit per 1 lifetime); SP
<b>AUVELITY</b>	T9	QL (60 Tablets per 30 days)
<b>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR</b>	T9	
<i>avanafil</i>	T9	
<b>AVAR CLEANSER</b>	T9	
<b>AVAR EXTERNAL PAD</b>	T9	
<b>AVAR LS CLEANSER</b>	T9	
<b>AVAR LS EXTERNAL PAD</b>	T9	
<b>AVAR-E EMOLLIENT</b>	T9	
<b>AVAR-E GREEN</b>	T9	
<b>AVAR-E LS</b>	T9	
<i>aveida</i>	T9	
<i>avidora external cream</i>	T9	
<i>avidora hp</i>	T9	
<b>AVITA EXTERNAL CREAM</b>	T3	AL (Max 50 Years)
<b>AVITA EXTERNAL GEL</b>	T9	
<b>AVO CREAM</b>	T9	
<b>AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 pens per 28 days); SP
<b>AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 syringes per 28 days); SP
<i>av-phos 250 neutral</i>	T9	

Medication	Coverage Level	Restrictions
<i>awanis</i>	T9	
<b>AYUNA</b>	Tier 8	PV
<b>AYVAKIT</b>	T4	PA; SP Drug (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	
<b>AZASAN</b>	T9	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	T9	
<i>azelaic acid external</i>	T2	ST
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	T9	
<i>azelastine-fluticasone</i>	T9	
<b>AZELEX</b>	T3	ST; QL (50 GM per 30 days)
<b>AZMIRO</b>	T9	
<b>AZOPT</b>	T3	
<b>AZSTARYS</b>	T9	
<i>baclofen oral solution</i>	T9	
<i>baclofen oral suspension</i>	T9	
<i>baclofen oral tablet 15 mg</i>	T9	
<i>baclofen oral tablet 5 mg</i>	T1b	
<b>BACMIN</b>	T9	
<b>BAFIERTAM</b>	T9	
<b>BALCOLTRA</b>	T9	
<b>BALVERSA ORAL TABLET 3 MG, 4 MG</b>	T4	PA; SP Drug (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)
<b>BALVERSA ORAL TABLET 5 MG</b>	T4	PA; SP Drug (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)
<b>BALZIVA</b>	Tier 8	PV
<b>BANZEL ORAL SUSPENSION</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (2300 ML per 28 days)
<b>BANZEL ORAL TABLET 200 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)



Medication	Coverage Level	Restrictions
<b>BANZEL ORAL TABLET 400 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (240 tablets per 30 days)
<b>BAQSIMI ONE PACK</b>	T2	QL (2 devices per 30 Days)
<b>BAQSIMI TWO PACK</b>	T2	QL (2 devices per 30 Days)
<b>BARACLUDE ORAL TABLET</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>BASAGLAR KWIKPEN</b>	T9	
<b>BASAGLAR TEMPO PEN</b>	T9	
<b>BAXDELA INTRAVENOUS</b>	T9	
<b>BAXDELA ORAL</b>	T3	ST; QL (10 tablets per 30 days)
<i>bcg vaccine injection solution reconstituted</i>	T6	PV
<b>BECONASE AQ</b>	T9	
<b>BELBUCA</b>	T3	ST; QL (60 films per 30 days)
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	T9	
<b>BELSOMRA</b>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>benazepril hcl oral</i>	T1a	
<b>BENEFIX INTRAVENOUS KIT</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (46000 billable units per 28 days)
<b>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (4 ML per 28 days); SP
<b>BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
<i>bensal hp</i>	T9	
<b>BENZAC AC WASH EXTERNAL LIQUID</b>	T9	
<b>BENZACLIN</b>	T9	
<b>BENZACLIN WITH PUMP</b>	T9	
<b>BENZEPRO CREAMY WASH</b>	T9	
<b>BENZEPRO EXTERNAL FOAM 5.3 %</b>	T9	
<b>BENZEPRO FOAMING CLOTHS</b>	T9	
<b>BENZEPRO SHORT CONTACT</b>	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	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>benzonatate oral capsule 150 mg</i>	T9	
<i>benzoyl peroxide external foam 9.8 %</i>	T9	
<i>benzoyl peroxide external gel 10 %</i>	T9	
<i>benzoyl peroxide external liquid 10 %</i>	T9	
<i>benzoyl peroxide wash external liquid</i>	T9	
<i>benzphetamine hcl oral tablet 50 mg</i>	T1b	
<i>bepotastine besilate</i>	T3	ST; QL (5 ML per 30 days)
<b>BEPREVE</b>	T9	
<b>BERINERT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>BESIVANCE</b>	T3	QL (5 ML per 30 days)
<b>BESREMI</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days)
<i>betaine</i>	T3	SP
<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 sod phos &amp; acet injection suspension 7 (4-3) mg/ml</i>	T9	
<i>betamethasone valerate external foam</i>	T9	
<i>betamethasone valerate external lotion</i>	T1b	QL (60 ML per 30 days)
<b>BETASERON SUBCUTANEOUS KIT</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill.); SP
<i>bethanechol chloride oral tablet 5 mg</i>	T1b	
<b>BETHKIS</b>	T5	PA; SP Drug (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
<b>BETIMOL</b>	T9	
<b>BETOPTIC-S</b>	T9	
<i>bevacizumab intraocular solution prefilled syringe 2.75 mg/0.11ml</i>	T9	
<i>bevacizumab intravitreal solution prefilled syringe 2 mg/0.08ml, 2.75 mg/0.11ml</i>	T9	
<b>BEVESPI AEROSPHERE</b>	T3	ST; QL (1 inhaler per 30 days)
<b>BEVYXXA</b>	T9	
<i>bexarotene external</i>	T9	

Medication	Coverage Level	Restrictions
<i>bexarotene oral</i>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>BEXSERO</b>	T6	PV; QL (2 ML per 1 Lifetime)
<b>BEYAZ</b>	T9	
<b>BIAFINE</b>	T9	
<b>BIGFOOT UNITY PROGRAM</b>	T9	
<b>BIJUVA</b>	T9	
<b>BIKTARVY</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>BILTRICIDE</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<i>bimatoprost external</i>	T9	
<i>bimatoprost ophthalmic</i>	T1b	
<b>BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Allowed 2 auto-injectors per 28 day for first 4 fills only); QL (2 auto-injectors per 56 days); SP
<b>BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Allowed 2 syringes per 28 day for first 4 fills only); QL (2 syringes per 56 days); SP
<b>BIOTHRAX</b>	T9	
<i>bisacodyl ec</i>	Tier 8	PV
<i>bismuth/metronidazol/tetracyclin</i>	T3	ST
<i>bisoprolol-hydrochlorothiazide</i>	T1b	
<b>BLISOVI 24 FE</b>	Tier 8	PV
<b>BLISOVI FE 1.5/30</b>	Tier 8	PV
<b>BLISOVI FE 1/20</b>	Tier 8	PV
<b>BONJESTA</b>	T9	
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5</b>	T6	PV; QL (1 dose per 1 lifetime)
<b>BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 dose per 1 lifetime)
<i>bosentan oral tablet 125 mg</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<i>bosentan oral tablet 62.5 mg</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); SP

Medication	Coverage Level	Restrictions
<b>BOSULIF</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<i>bp vit 3</i>	T9	
<b>BRAFTOVI ORAL CAPSULE 75 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>BRENZAVVY</b>	T9	
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT</b>	T2	QL (1 inhaler per 30 days)
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH</b>	T2	QL (1 inhaler per 30 Days)
<b>BREXAFEMME</b>	T9	
<b>BREYNA</b>	T1b	QL (2 inhalers per 30 days)
<b>BREZTRI AEROSPHERE</b>	T9	
<i>briellyn</i>	Tier 8	PV
<b>BRILINTA ORAL TABLET 60 MG</b>	T2	
<i>brimonidine tartrate external</i>	T9	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	T2	
<i>brimonidine tartrate-timolol</i>	T1b	
<i>brimonidine-dorzolamide</i>	T9	
<i>brinzolamide</i>	T2	
<b>BRISDELLE</b>	T9	
<b>BRIVIACT ORAL SOLUTION</b>	T3	QL (300 ML per 30 days)
<b>BRIVIACT ORAL TABLET</b>	T3	QL (60 tablets per 30 days)
<b>BROMFED DM ORAL SYRUP 30-2-10 MG/5ML</b>	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)
<b>BROMSITE</b>	T9	
<b>BRONCHITOL</b>	T9	
<b>BROVANA</b>	T5	SP Drug (Limited to a 1 month supply per fill); AL (Min 40 Years)

Medication	Coverage Level	Restrictions
<b>BRUKINSA</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>BRYHALI</b>	T9	
<b>BSS</b>	T1b	
<b>BSS PLUS</b>	T3	
<i>budesonide er oral tablet extended release 24 hour</i>	T5	ST; SP Drug (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 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>bumetanide oral</i>	T1a	
<b>BUPAP ORAL TABLET 50-300 MG</b>	T9	
<b>BUPHENYL ORAL POWDER 3 GM/TSP</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill )
<b>BUPHENYL ORAL TABLET</b>	T5	PA; SP Drug (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 450 mg</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>buspirone hcl oral tablet 5 mg, 7.5 mg</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 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>butorphanol tartrate injection</i>	T3	
<i>butorphanol tartrate nasal</i>	T2	
<b>BUTRANS</b>	T9	
<b>BYDUREON BCISE</b>	T9	
<b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>BYLVAY</b>	T9	
<b>BYLVAY (PELLETS)</b>	T9	
<b>BYNFEZIA PEN</b>	T9	
<b>CABLIVI</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill. Limited to 2 fills per 720 days); QL (30 kits per 30 days)
<b>CABOMETYX</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>CABTREO</b>	T9	
<b>CAFERGOT</b>	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)
<i>calcipotriene external foam</i>	T9	
<i>calcipotriene external ointment</i>	T2	QL (120 GM per 30 days)
<i>calcipotriene-betameth diprop</i>	T9	
<i>calcitonin (salmon) injection</i>	T9	
<i>calcitriol external</i>	T3	ST; QL (100 GM per 30 days)

Medication	Coverage Level	Restrictions
<i>calcium-folic acid plus d</i>	T9	
<b>CALQUENCE ORAL TABLET</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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	
<b>CAMBIA</b>	T9	
<b>CAMZYOS</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 18 Years); SP
<b>CANDIN</b>	T9	
<i>capecitabine</i>	T4	SP Drug (Limited to a 1 month supply per fill ); SP
<b>CAPEX</b>	T9	
<b>CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>CAPLYTA ORAL CAPSULE 42 MG</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days)
<b>CAPRELSA</b>	T4	PA; SP Drug (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	
<b>CAPVAXIVE</b>	T6	PV; QL (1 dose per 1 Lifetime)
<b>CARAC</b>	T9	
<b>CARBAGLU ORAL TABLET SOLUBLE</b>	T9	SP Drug ( )
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	T1b	ST; QL (60 tablets per 30 days)
<i>carbamazepine oral tablet chewable 200 mg</i>	T9	
<i>carbidopa oral</i>	T3	ST; QL (5 tablets per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg</i>	T1b	
<i>carbinoxamine maleate er</i>	T9	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T9	
<b>CARDIOVID PLUS</b>	T9	

Medication	Coverage Level	Restrictions
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG</b>	T9	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</b>	T9	
<i>carglumic acid oral tablet soluble</i>	T4	PA; SP Drug (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)
<b>CARNITOR SF</b>	T3	
<b>CAROSPIR</b>	T3	QL (120 ML per 30 days); AL (Max 9 Years)
<i>carvedilol</i>	T1a	
<i>carvedilol phosphate er</i>	T2	ST
<b>CAVERJECT</b>	T9	
<b>CAVERJECT IMPULSE</b>	T9	
<b>CAYA</b>	Tier 8	PV
<b>CAYSTON</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>CAZIAN</b>	Tier 8	PV
<i>cefadroxil oral suspension reconstituted</i>	T1b	
<i>cefepodoxime proxetil oral tablet</i>	T1b	
<b>CELACYN</b>	T9	
<b>CELEBREX</b>	T3	QL (60 capsules per 30 days)
<i>celecoxib oral</i>	T1b	QL (60 capsules per 30 days)
<b>CELEXA ORAL TABLET 10 MG</b>	T3	QL (90 tablets per 30 days); AL (Min 18 Years)
<b>CELEXA ORAL TABLET 20 MG</b>	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<b>CELEXA ORAL TABLET 40 MG</b>	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<b>CENTRATEX</b>	T9	
<b>CEPROTIN</b>	T3	SP
<b>CEQUA</b>	T9	
<b>CERACADE</b>	T9	
<b>CERDELGA</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (60 capsules per 30 days); SP



Medication	Coverage Level	Restrictions
<b>CETACAINE EXTERNAL AEROSOL</b>	T9	
<i>cetorelix acetate</i>	T2	
<b>CETROTIDE SUBCUTANEOUS KIT 0.25 MG</b>	T2	SP
<i>cevimeline hcl</i>	T1b	QL (90 capsules per 30 days)
<b>CHARLOTTE 24 FE</b>	Tier 8	PV
<b>CHATEAL</b>	Tier 8	PV
<b>CHATEAL EQ</b>	Tier 8	PV
<b>CHEMET</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>chlohux</i>	T9	
<i>chlordiazepoxide hcl</i>	T1a	
<i>chlorpromazine hcl oral concentrate</i>	T3	QL (180 ML per 30 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T9	
<b>CHOLBAM ORAL CAPSULE 250 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill )
<b>CHOLBAM ORAL CAPSULE 50 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill )
<i>chorionic gonadotropin intramuscular</i>	T3	SP
<b>CIALIS</b>	T9	
<b>CIBINQO</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>CICLODAN EXTERNAL SOLUTION</b>	T1b	
<i>ciclopirox treatment</i>	T9	
<b>CIFEREX</b>	T9	
<b>CIMDUO</b>	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	
<b>CIMZIA (2 SYRINGE)</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP

Medication	Coverage Level	Restrictions
<b>CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (1 fill per 1 lifetime)
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>CIMZIA-STARTER</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (1 fill per 1 lifetime)
<i>cinacalcet hcl</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>CIPRODEX</b>	T3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	T1a	
<i>ciprofloxacin-dexamethasone</i>	T1b	
<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	
<b>CITRANATAL 90 DHA ORAL 90-1 &amp; 300 MG</b>	T3	QL (60 tablets per 30 days)
<b>CITRANATAL B-CALM</b>	T3	
<b>CITRANATAL BLOOM</b>	T3	
<b>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</b>	T3	
<b>CITRANATAL MEDLEY</b>	T3	
<b>CITRANATAL RX</b>	T3	
<b>CLARAVIS</b>	T2	QL (6 fills per 2 years)
<b>CLARINEX ORAL TABLET</b>	T9	
<b>CLARINEX-D 12 HOUR</b>	T9	
<b>CLENIA PLUS</b>	T9	
<b>CLENPIQ</b>	T3	
<b>CLEOCIN VAGINAL CREAM</b>	T3	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>CLEOCIN VAGINAL SUPPOSITORY</b>	T9	
<b>CLEOCIN-T EXTERNAL LOTION</b>	T9	
<b>CLIMARA</b>	T9	
<b>CLIMARA PRO</b>	T9	
<b>CLINDAGEL</b>	T9	
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	T1a	
<i>clindamycin palmitate hcl</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 1-5 %</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-tretinoin</i>	T3	
<b>CLINDESSE</b>	T3	ST
<i>clobazam oral suspension</i>	T2	QL (240 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</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	
<i>clobetasol propionate ophthalmic</i>	T9	
<b>CLOBEX</b>	T3	ST; QL (118 ML per 30 days)
<b>CLOBEX SPRAY</b>	T9	
<i>clocortolone pivalate</i>	T3	ST
<b>CLODAN EXTERNAL KIT</b>	T3	
<b>CLODAN EXTERNAL SHAMPOO</b>	T2	QL (118 ML per 30 days)
<b>CLOMID</b>	T3	
<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	

Medication	Coverage Level	Restrictions
<i>clopidogrel bisulfate oral tablet 300 mg</i>	T1a	
<i>clotrimazole external cream</i>	T9	
<i>clotrimazole external solution</i>	T9	
<i>clozapine oral tablet</i>	T1b	
<i>clozapine oral tablet dispersible</i>	T3	
<b>CLOZARIL ORAL TABLET 200 MG, 50 MG</b>	T9	
<b>COAGADEX</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>COARTEM</b>	T2	
<b>COBENFY</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<b>COBENFY STARTER PACK</b>	T5	PA; SP Drug (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	
<i>colchicine oral capsule</i>	T3	QL (120 capsules per 30 days)
<i>colchicine oral tablet</i>	T1b	QL (120 capsules per 30 days)
<b>COLCRYS</b>	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)
<i>colistimethate sodium (cba)</i>	T9	
<b>COMBIVENT RESPIMAT</b>	T2	QL (2 inhalers per 30 days)
<b>COMBIVIR</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</b>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</b>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>COMETRIQ (60 MG DAILY DOSE)</b>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>COMIRNATY</b>	T6	PV
<b>COMPACT SPACE CHAMBER</b>	T3	QL (4 chambers per 1 year)
<b>COMPACT SPACE CHAMBER/LG MASK</b>	T3	QL (4 chambers per 1 year)
<b>COMPACT SPACE CHAMBER/MED MASK</b>	T3	QL (4 chambers per 1 year)
<b>COMPACT SPACE CHAMBER/SM MASK</b>	T3	QL (4 chambers per 1 year)

Medication	Coverage Level	Restrictions
COMPLERA	T4	SP Drug (Limited to a 1 month supply per fill)
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)
CONJUPRI	T9	
CONSENSI	T9	
CONTRAVE	T3	ST
CONZIP	T9	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T9	
COPIKTRA	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
CORDRAN	T9	
CORLANOR ORAL SOLUTION	T3	ST; AL (Max 9 Years)
CORLANOR ORAL TABLET	T9	
CORTIFOAM EXTERNAL	T3	ST
CORTROPHIN	T9	
CORVITA 150	T9	
CORVITA ORAL TABLET 1.25 MG	T9	
CORVITE 150 ORAL TABLET	T9	
<i>corvite fe</i>	T9	
CORVITE FREE	T9	
CORVITE ORAL TABLET 1.25 MG	T9	
COSENTYX (300 MG DOSE)	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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 Drug (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

Medication	Coverage Level	Restrictions
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>COSENTYX UNOREADY</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>COSOPT</b>	T3	
<b>COTELLIC</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>COTEMPLA XR-ODT</b>	T9	
<b>COVARYX</b>	T9	
<b>COVARYX HS</b>	T9	
<b>COXANTO</b>	T9	
<b>CRESEMBA ORAL CAPSULE 186 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (60 capsules per 30 days)
<b>CRESEMBA ORAL CAPSULE 74.5 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (150 capsules per 30 days)
<b>CREXONT</b>	T9	
<b>CRINONE VAGINAL GEL 4 %</b>	T9	
<b>CRINONE VAGINAL GEL 8 %</b>	T9	SP Drug ( )
<i>cromolyn sodium ophthalmic</i>	T1b	
<i>cromolyn sodium oral</i>	T3	

Medication	Coverage Level	Restrictions
<b>CRYODOSE TA</b>	T9	
<b>CUPRIMINE ORAL CAPSULE 250 MG</b>	T9	
<b>CUVPOSA</b>	T9	
<b>CUVRIOR</b>	T9	
<i>cyanocobalamin nasal</i>	T9	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T9	
<b>CYCLOMYDRIL</b>	T3	
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>	T1b	
<i>cyclophosphamide oral</i>	T3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	T1b	
<i>cyclosporine ophthalmic</i>	T2	QL (60 vials per 30 days)
<b>CYLTEZO (2 PEN)</b>	T9	
<b>CYLTEZO (2 SYRINGE)</b>	T9	
<b>CYLTEZO-CD/UC/HS STARTER</b>	T9	
<b>CYLTEZO-PSORIASIS/UV STARTER</b>	T9	
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 60 MG</b>	T3	QL (60 capsules per 30 days)
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG</b>	T3	QL (90 capsules per 30 days)
<b>CYRED</b>	Tier 8	PV
<b>CYRED EQ</b>	Tier 8	PV
<b>CYSTADANE</b>	T9	
<b>CYSTADROPS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (20 ML per 30 days)
<b>CYSTARAN</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 ML per 28 days)
<i>dabigatran etexilate mesylate</i>	T2	QL (60 capsules per 30 days)
<i>dalfampridine er</i>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>DALIRESP</b>	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)
<b>DANZITEN</b>	T4	PA; SP Drug (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	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>DARAPRIM</b>	T9	
<i>darifenacin hydrobromide er</i>	T2	QL (30 tablets per 30 days)
<b>DARTISLA ODT</b>	T9	
<i>darunavir</i>	T4	SP Drug (Limited to a 1 month supply per fill )
<i>dasatinib</i>	T1b	PA; SP Drug (Allowed up to a 15-day supply for first four fills. Limited to a 1-month supply per fill thereafter.); SP
<b>DASETTA 1/35</b>	Tier 8	PV
<b>DASETTA 7/7/7</b>	Tier 8	PV
<b>DAURISMO</b>	T5	PA; SP Drug (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
<b>DAXBIA</b>	T9	
<b>DAYBUE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); AL (Min 2 Years)
<b>DAYSEE</b>	Tier 8	PV
<b>DAYTRANA</b>	T3	ST; QL (30 patches per 30 days); AL (Min 4 Years)
<b>DAYVIGO</b>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<i>dazaveidaoxia</i>	T9	
<i>dazinia</i>	T9	
<i>dazomon</i>	T9	
<b>DDAVP PF</b>	T3	SP
<i>deferasirox granules</i>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<i>deferasirox oral tablet</i>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<i>deferasirox oral tablet soluble</i>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<i>deferiprone</i>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<i>deflazacort</i>	T9	
<i>delibon</i>	T9	
<b>DELSTRIGO</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>DELZICOL</b>	T3	QL (180 capsules per 30 days)



Medication	Coverage Level	Restrictions
<i>demeclocycline hcl oral tablet 150 mg</i>	T3	
<b>DEMSEK</b>	T9	
<b>DENAVIR</b>	T5	ST; SP Drug (Limited to one 6 month supply at a time); QL (5 GM per 6 months)
<b>DENGVAXIA</b>	T9	
<i>denvita</i>	T9	
<i>deoxiademtar</i>	T9	
<i>deoxiatar</i>	T9	
<i>deoxiavar</i>	T9	
<b>DEPEN TITRATABS</b>	T9	
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	Tier 8	PV; QL (1 syringe per 90 days)
<b>DERMA SILKRX SDS PAK</b>	T9	
<b>DERMACINRX PRIZOPAK</b>	T9	
<b>DERMACINRX PUREFOLIX</b>	T9	
<b>DERMASO PLUS</b>	T9	
<b>DERMASORB HC</b>	T9	
<b>DERMASORB TA</b>	T9	
<b>DERMASORB XM</b>	T9	
<b>DERMAZENE</b>	T9	
<b>DERMULCERA</b>	T9	
<b>DESCOVY ORAL TABLET 120-15 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill )
<b>DESCOVY ORAL TABLET 200-25 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill ); PV
<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 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
<b>DESONATE</b>	T9	
<i>desonide external cream</i>	T1b	
<i>desonide external gel</i>	T9	
<i>desonide external lotion</i>	T9	
<i>desonide external ointment</i>	T1b	
<b>DESOWEN EXTERNAL CREAM</b>	T9	
<b>DESOWEN EXTERNAL LOTION</b>	T9	
<i>desoximetasone external cream 0.05 %</i>	T9	
<i>desoximetasone external gel</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>desoximetasone external liquid</i>	T9	
<i>desoximetasone external ointment 0.05 %</i>	T9	
<b>DESOXYN</b>	T9	
<i>desvenlafaxine er</i>	T2	QL (30 tablets per 30 days)
<i>desvenlafaxine succinate er</i>	T1b	QL (60 tablets per 30 days)
<b>DETROL LA</b>	T3	QL (30 capsules per 30 days)
<i>dexabliss</i>	T9	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg</i>	T1b	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21)</i>	T9	
<b>DEXCOM G6 RECEIVER</b>	T2	ST; QL (1 receiver per 365 days)
<b>DEXCOM G6 SENSOR</b>	T2	ST; QL (1 box per 30 days)
<b>DEXCOM G6 TRANSMITTER</b>	T2	ST; QL (1 transmitter per 90 days)
<b>DEXCOM G7 RECEIVER</b>	T2	ST; QL (1 receiver per 1 year)
<b>DEXCOM G7 SENSOR</b>	T2	ST; QL (3 sensors per 30 days)
<b>DEXILANT</b>	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 er</i>	T1b	QL (30 capsules per 30 days); AL (Min 4 Years)
<b>DEXONTO 0.4%</b>	T3	
<b>DEXPAK 6 DAY ORAL TABLET THERAPY PACK</b>	T9	
<i>dextroamphetamine sulfate oral solution</i>	T1b	
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	T9	
<i>dextroamphetamine sulfate oral tablet 2.5 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)
<b>DEXYCU</b>	T9	
<b>DHIVY</b>	T3	
<b>DIACOMIT ORAL CAPSULE 250 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (180 capsules per 30 days)
<b>DIACOMIT ORAL CAPSULE 500 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (180 capsules per 30 days)
<b>DIACOMIT ORAL PACKET</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (180 packets per 30 days)

Medication	Coverage Level	Restrictions
<i>diadimaxia external cream</i>	T9	
<b>DIALYVITE</b>	T9	
<b>DIALYVITE 3000</b>	T9	
<b>DIALYVITE 5000</b>	T9	
<b>DIALYVITE SUPREME D ORAL TABLET 3 MG</b>	T9	
<b>DIALYVITE/ZINC</b>	T9	
<i>diasaxiatar</i>	T9	
<i>diasdimaxia external cream</i>	T9	
<i>diasoxia external cream</i>	T9	
<b>DIAZEPAM INTENSOL</b>	T2	
<i>diazepam oral solution 5 mg/5ml</i>	T1a	
<i>diazepam oral tablet</i>	T1a	
<i>diazepam rectal</i>	T3	
<i>diazoxide oral</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>DIBENZYLINE</b>	T9	
<i>dichlorphenamide</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<i>diclareal</i>	T9	
<b>DICLEGIS</b>	T9	
<i>diclofenac</i>	T9	
<i>diclofenac epolamine external</i>	T9	
<i>diclofenac potassium oral capsule</i>	T9	
<i>diclofenac potassium oral packet</i>	T9	
<i>diclofenac potassium oral tablet 25 mg</i>	T9	
<i>diclofenac potassium(migraine)</i>	T9	
<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-misoprostol oral tablet delayed release</i>	T9	
<b>DICOPANOL FUSEPAQ</b>	T9	
<i>dicyclomine hcl oral</i>	T1b	
<i>diethylpropion hcl oral</i>	T1b	
<b>DIFFERIN EXTERNAL CREAM</b>	T9	
<b>DIFFERIN EXTERNAL GEL 0.3 %</b>	T9	
<b>DIFFERIN EXTERNAL LOTION</b>	T9	
<b>DIFICID ORAL TABLET</b>	T5	ST; SP Drug (Limited to 2 fills per 6 months); QL (20 tablets per 10 days)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>diflorasone diacetate external cream</i>	T9	
<i>diflorasone diacetate external ointment</i>	T2	QL (15 GM per 30 days)
<i>difluprednate</i>	T1b	ST
<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 Drug (Limited to a 1 month supply per fill); QL (8 ML per 30 days)
<b>DILAUDID ORAL LIQUID</b>	T3	
<b>DILAUDID ORAL TABLET 2 MG</b>	T3	QL (32 tablets per 1 day)
<b>DILAUDID ORAL TABLET 4 MG</b>	T3	QL (16 tablets per 1 day)
<b>DILAUDID ORAL TABLET 8 MG</b>	T3	QL (8 tablets per 1 day)
<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>dimethyl fumarate oral</i>	T1b	SP Drug (Limited to a 1 month supply per fill ); QL (60 capsules per 30 days); SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1b	SP Drug (Limited to a 1 month supply per fill ); QL (60 capsules per 30 days); SP
<i>diooxia</i>	T9	
<b>DIOVAN</b>	T2	QL (60 tablets per 30 days)
<b>DIPENTUM</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<i>diphenhydramine hcl oral capsule</i>	T9	
<i>diphenhydramine hcl oral elixir</i>	T9	
<i>diphtheria-tetanus toxoids dt</i>	T9	
<i>divalproex sodium oral tablet delayed release 125 mg</i>	T1b	

Medication	Coverage Level	Restrictions
<b>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM</b>	T2	QL (30 packets per 30 days)
<b>DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM</b>	T2	QL (30 packets per 30 Days)
<i>dofetilide</i>	T2	
<b>DOJOLVI</b>	T9	
<b>DOLISHALE</b>	Tier 8	PV
<b>DOLOBID</b>	T9	
<i>domela</i>	T9	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	T1a	
<b>DONNATAL</b>	T9	
<b>DOPTELET ORAL TABLET 20 MG</b>	T9	
<b>DORYX MPC</b>	T9	
<b>DORYX ORAL TABLET DELAYED RELEASE 50 MG, 80 MG</b>	T9	
<b>DOTTI</b>	T1b	
<b>DOVATO</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablet per 30 days)
<i>doxepin hcl external</i>	T3	ST; QL (45 GM per 1 year)
<i>doxepin hcl oral capsule</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 Drug (Limited to a 1 month supply per fill)
<i>doxycycline</i>	T9	
<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 tablet 100 mg, 150 mg</i>	T9	
<i>doxylamine-pyridoxine</i>	T9	
<i>d-penammine</i>	T9	
<i>draxacey</i>	T9	
<b>DRIZALMA SPRINKLE</b>	T9	
<i>dronabinol oral capsule 10 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (60 Capsules per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	T3	QL (60 Capsules per 30 days)

Medication	Coverage Level	Restrictions
<i>drospiren-eth estrad-levomefol</i>	Tier 8	PV
<i>drospirenone-ethinyl estradiol</i>	Tier 8	PV
<b>DROXIA</b>	T3	
<i>droxidopa</i>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (180 capsules per 30 days); SP
<b>DSUVIA</b>	T9	
<b>DUAC</b>	T9	
<b>DUAKLIR PRESSAIR</b>	T9	
<b>DUAVEE</b>	T3	QL (30 tablets per 30 days)
<b>DUETACT</b>	T9	
<b>DUEXIS</b>	T9	
<b>DULERA</b>	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)
<b>DULOXICAINE</b>	T9	
<b>DUOBRII</b>	T9	
<b>DUOVISC INTRAOCULAR KIT 0.85-0.5 ML</b>	T9	
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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
<b>DURLAZA</b>	T9	
<i>dutasteride oral</i>	T1b	QL (30 capsules per 30 days)
<i>dutasteride-tamsulosin hcl</i>	T2	ST
<b>DUTOPROL</b>	T9	
<b>DUVYZAT</b>	T9	
<b>DUZALLO</b>	T3	ST
<b>DYANAVAL XR</b>	T9	
<b>DYMISTA</b>	T9	

Medication	Coverage Level	Restrictions
DYRENIUM	T9	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<i>econazole nitrate external</i>	T1b	QL (90 GM per 30 days)
ECOZA	T9	
EDECIN	T9	
EDEX	T9	
EDLUAR	T9	
<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	
EFFIENT	T3	QL (31 tablets per 31 days)
ELEPSIA XR	T9	
ELETONE	T9	
<i>eletriptan hydrobromide</i>	T3	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)
ELLA	Tier 8	PV
ELMIRON	T5	SP Drug (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
ELOCTATE	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (40250 billable units per 28 days)
ELURYNG	T2	PV; QL (1 ring per 28 days)
ELYXYB	T9	
<i>elyzia external cream</i>	T9	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	T9	
EMEND TRI-PACK	T9	
EMFLAZA	T9	

Medication	Coverage Level	Restrictions
<b>EMGALITY (300 MG DOSE)</b>	T2	PA; QL (3 syringes per 30 days); AL (Min 18 Years)
<b>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T2	PA; QL (1 Auto-injector per 30 days); AL (Min 18 Years)
<b>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T2	PA; QL (1 syringe per 30 days); AL (Min 18 Years)
<b>EMPAVELI</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill)
<i>emreal</i>	T9	
<b>EMROSI</b>	T9	
<b>EMSAM</b>	T4	ST; SP Drug (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>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T2	PV
<b>EMTRIVA ORAL CAPSULE</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>EMTRIVA ORAL SOLUTION</b>	T2	
<b>EMULSION SB</b>	T9	
<b>EMVERM</b>	T9	
<b>EMZAHH</b>	T1b	
<i>enalapril maleate oral solution</i>	T2	AL (Max 9 Years)
<i>enalapril maleate oral tablet</i>	T1a	
<b>ENBREL MINI</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (4 ML per 28 days); SP
<b>ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (8 vials per 28 days); SP
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (8 syringes per 28 days); SP
<b>ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (4 syringes per 28 days); SP



Medication	Coverage Level	Restrictions
<b>ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 Auto-Injectors per 28 days); SP
<b>ENDARI</b>	T9	
<b>ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG</b>	T9	
<b>ENDOMETRIN</b>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<b>ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML</b>	T6	PV
<b>ENGERIX-B INJECTION SUSPENSION 20 MCG/ML</b>	T6	PV; AL (Min 20 Years)
<b>ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML</b>	T6	PV
<b>ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML</b>	T6	PV; AL (Min 20 Years)
<b>ENILLORING</b>	T1b	PV; QL (1 ring per 28 days)
<b>ENJUVA</b>	T3	QL (30 tablets per 30 days)
<b>ENLYTE</b>	T9	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	T3	SP Drug (Limited to a 1 month supply per fill)
<i>enoxaparin sodium injection solution prefilled syringe</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
<b>ENOXILUV KIT</b>	T9	
<b>ENSKYCE ORAL TABLET 0.15-0.03 MG</b>	Tier 8	PV
<b>ENSPRYNG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
<b>ENSTILAR</b>	T9	
<b>ENTADFI</b>	T9	
<i>entecavir</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ENTRESTO ORAL CAPSULE SPRINKLE</b>	T2	QL (60 Capsules per 30 days); AL (Max 9 Years)
<b>ENTRESTO ORAL TABLET</b>	T2	QL (60 tablets per 30 days)
<b>ENTTY SPRAY EMULSION</b>	T9	
<b>ENTYVIO PEN</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP

Medication	Coverage Level	Restrictions
ENTYVIO SUBCUTANEOUS	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
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 Drug ( )
EPICERAM	T9	
EPIDIOLEX	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (200 ML per 30 days); SP
EPIDUO FORTE	T9	
EPIFOAM	T9	
<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 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	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	T5	SP Drug (Limited to a 1 month supply per fill); SP
EPRONTIA	T9	
EPSOLAY	T9	
EPZICOM	T4	SP Drug (Limited to a 1 month supply per fill)
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 Drug (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 Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>ERLEADA ORAL TABLET 60 MG</b>	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<i>erlotinib hcl</i>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>ERMEZA</b>	T9	
<b>ERVEBO</b>	T9	
<b>ERYGEL</b>	T1b	
<i>erythromycin base oral tablet delayed release</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>ERZOFRI</b>	T9	
<b>ESBRIET ORAL CAPSULE</b>	T9	SP Drug ( )
<b>ESBRIET ORAL TABLET 267 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (270 Tablets per 30 days); SP
<b>ESBRIET ORAL TABLET 801 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (90 capsules per 30 days); SP
<i>escitalopram oxalate oral tablet 20 mg</i>	T1b	
<b>ESGIC ORAL CAPSULE</b>	T3	QL (180 capsules per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	T9	
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	T9	
<b>ESPEROCT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (40250 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	
<b>ESTARYLLA</b>	Tier 8	PV
<i>estazolam</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<b>ESTRACE VAGINAL</b>	T9	
<i>estradiol implant pellet 6 mg</i>	T9	

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 0.075 mg/24hr</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	
<b>ESTRATEST F.S.</b>	T9	
<b>ESTRATEST H.S.</b>	T9	
<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>ethyl chloride</i>	T9	
<i>ethynodiol diac-eth estradiol</i>	Tier 8	PV
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>	T2	
<i>etonogestrel-ethinyl estradiol</i>	Tier 8	PV; QL (1 ring per 28 days)
<i>etoposide oral</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>etravirine oral tablet 100 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 Days)
<i>etravirine oral tablet 200 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 Days)
<b>EUCRISA</b>	T3	ST; QL (60 GM per 30 days)
<b>EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>EURAX EXTERNAL CREAM</b>	T3	ST; QL (60 GM per 30 days)
<b>EURAX EXTERNAL LOTION</b>	T9	
<b>EUTHYROX</b>	T3	
<b>EVEKEO</b>	T3	ST; QL (180 tablets per 30 days); AL (Min 6 Years)
<b>EVEKEO ODT</b>	T9	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill )
<i>everolimus oral tablet 1 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP Drug (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 Drug (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
<b>EVERSENSE 365 SENSOR/HOLDER</b>	T9	
<b>EVERSENSE 365 SMART TRANSMIT</b>	T9	
<b>EVOTAZ</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>EVOXAC</b>	T2	QL (90 capsules per 30 days)
<b>EVRYSDI</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (240 ML per 30 Days); SP
<b>EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML</b>	T9	
<b>EXELON TRANSDERMAL</b>	T3	QL (30 patches per 30 days)
<b>EXJADE</b>	T5	SP Drug (Limited to a 1 month supply per fill )
<b>EXKIVITY</b>	T4	PA; SP Drug (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)
<b>EXSERVAN</b>	T9	
<b>EXTAVIA SUBCUTANEOUS KIT</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill. ); QL (1 kit per 30 days); SP
<b>EXTAVIA SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill ); SP
<b>EXTINA</b>	T9	
<b>EYSUVIS</b>	T3	ST; QL (4 bottles per 1 year)
<b>EZALLOR SPRINKLE</b>	T9	
<i>ezetimibe-rosuvastatin</i>	T9	
<i>ezetimibe-simvastatin</i>	T1b	
<i>fabb</i>	T9	
<b>FABHALTA</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<b>FABIOR</b>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>famciclovir oral</i>	T1b	QL (120 tablets per 30 days)
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 20 mg</i>	T9	
<i>famotidine oral tablet 40 mg</i>	T3	
<b>FANAPT ORAL TABLET 1 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>FANAPT ORAL TABLET 10 MG</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<b>FANAPT TITRATION PACK</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>FARESTON</b>	T9	
<b>FARXIGA</b>	T2	QL (30 tablets per 30 days)
<b>FARYDAK</b>	T5	PA; SP Drug (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)
<b>FASENRA</b>	T4	PA; SP Drug (Limited to 1 syringe per 28 days for induction/starting dose only); QL (1 syringe per 56 days); SP
<b>FASENRA PEN</b>	T4	PA; SP Drug (Limited to 1 pen per 28 day fill for induction/starting dose only); QL (1 pen per 56 days); SP
<i>fe 90 plus</i>	T9	
<b>FE C PLUS</b>	T9	
<i>febuxostat</i>	T1b	QL (30 tablets per 30 days)
<b>FEIBA NF INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<i>felbamate oral tablet 400 mg</i>	T2	QL (210 tablets per 30 days)
<b>FELBATOL ORAL TABLET 400 MG</b>	T3	QL (210 tablets per 30 days)
<b>FEMCAP</b>	Tier 8	PV
<i>fenofibrate micronized oral capsule 130 mg, 30 mg, 90 mg</i>	T9	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T9	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T9	
<b>FENOGLIDE</b>	T9	
<i>fenopropfen calcium oral</i>	T9	
<b>FENORTHO ORAL CAPSULE 200 MG</b>	T9	

Medication	Coverage Level	Restrictions
<i>fentanyl citrate buccal lozenge on a handle</i>	T4	PA; SP Drug (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	
<b>FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>	T9	
<b>FERIVA 21/7</b>	T9	
<b>FERIVAF</b>	T9	
<i>ferocon</i>	T9	
<b>FERRALET 90</b>	T9	
<i>ferraplus 90</i>	T9	
<b>FERREX 28 ORAL TABLET</b>	T9	
<b>FERRIPROX ORAL SOLUTION</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>FERRIPROX ORAL TABLET 1000 MG</b>	T9	
<b>FERRIPROX ORAL TABLET 500 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>FERRIPROX TWICE-A-DAY</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>FERROCITE PLUS ORAL TABLET</b>	T9	
<i>fesoterodine fumarate er</i>	T1b	QL (30 tablets per 30 days)
<b>FETZIMA</b>	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
<b>FETZIMA TITRATION</b>	T3	ST; QL (30 capsules per 30 days); AL (Min 18 Years)
<b>FEXMID</b>	T9	
<b>FIASP FLEXTOUCH</b>	T3	ST; AL (Max 21 Years)
<b>FIASP INJECTION</b>	T3	ST
<b>FIASP PENFILL</b>	T3	ST; AL (Max 21 Years)
<b>FILSPARI</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); QL (30 tablet per 30 days); AL (Max 18 Years); SP
<b>FILSUVEZ</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (15 tubes per 30 days)
<b>FINACEA</b>	T9	
<i>finapid</i>	T9	
<i>finapodtar</i>	T9	
<i>finasteride oral tablet 1 mg</i>	T9	
<i>fingolimod hcl</i>	T1b	QL (30 capsules per 30 days); SP

Medication	Coverage Level	Restrictions
<b>FINTEPLA</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (360 ML per 30 days)
<b>FIORICET ORAL CAPSULE</b>	T9	
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	T9	
<b>FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T9	
<b>FIRDAPSE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (240 tablets per 30 days)
<b>FIRST-LANSOPRAZOLE</b>	T9	
<b>FIRST-OMEPRAZOLE</b>	T9	
<b>FIRVANQ</b>	T2	
<b>FLECTOR TRANSDERMAL</b>	T9	
<b>FLEQSUVY</b>	T9	
<b>FLEXICHAMBER</b>	T3	QL (4 devices per 1 year)
<b>FLEXICHAMBER ADULT MASK/SMALL</b>	T3	QL (4 masks per 1 year)
<b>FLEXICHAMBER CHILD MASK/LARGE</b>	T3	QL (4 masks per 1 year)
<b>FLEXICHAMBER CHILD MASK/SMALL</b>	T3	QL (4 masks per 1 year)
<i>flolipid</i>	T9	
<b>FLONASE</b>	T9	
<b>FLORIVA ORAL LIQUID</b>	T9	
<b>FLORIVA ORAL TABLET CHEWABLE 0.5 MG</b>	T9	
<b>FLORIVA PLUS</b>	T9	
<b>FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT</b>	T9	
<b>FLOWTUSS</b>	T9	
<b>FLUAD</b>	T6	PV; QL (1 dose per 180 days)
<b>FLUAD QUADRIVALENT</b>	T6	PV; QL (1 Injection per 180 days)
<b>FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 dose per 180 days)
<b>FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 Injection per 180 days)
<b>FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	T6	PV; QL (1 dose per 180 days)
<b>FLUBLOK QUADRIVALENT</b>	T6	PV; QL (1 injection per 180 days)
<b>FLUCELVAX INTRAMUSCULAR SUSPENSION</b>	T6	PV; QL (1 dose per 180 days)



Medication	Coverage Level	Restrictions
<b>FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 dose per 180 days)
<b>FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION</b>	T6	PV; QL (1 injection per 180 days)
<b>FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 Injection per 180 days)
<b>FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 Injection per 180 days)
<b>FLUMIST</b>	T6	PV; QL (1 dose per 180 days)
<b>FLUMIST QUADRIVALENT</b>	T6	PV; QL (1 inhalation per 180 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T9	
<i>fluocinolone acetonide external cream 0.01 %</i>	T1b	
<i>fluocinolone acetonide external solution</i>	T1b	QL (180 ML per 30 days)
<i>fluocinonide emulsified base</i>	T1b	
<i>fluocinonide external cream 0.1 %</i>	T9	
<i>fluocinonide external solution</i>	T1b	QL (60 ML per 30 days)
<b>FLUORAC</b>	T9	
<b>FLUORIMAX 5000</b>	T3	
<b>FLUORIMAX 5000 SENSITIVE</b>	T3	
<b>FLUROPLEX</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill)
<i>fluorouracil external cream 0.5 %</i>	T5	ST; SP Drug (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 1 mg</i>	T2	QL (60 tablets per 30 days)
<i>flurandrenolide</i>	T9	
<i>flurazepam hcl</i>	T1b	QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
<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 lotion</i>	T9	
<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	
<i>fluvoxamine maleate er</i>	T3	QL (60 capsules per 30 days)
<b>FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 dose per 180 days)
<b>FLUZONE HIGH-DOSE QUADRIVALENT</b>	T6	PV; QL (1 injection per 180 days)
<b>FLUZONE INTRAMUSCULAR SUSPENSION</b>	T6	PV; QL (1 dose per 180 days)
<b>FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (1 dose per 180 days)
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML</b>	T6	PV; QL (1 Injection per 180 days)
<b>FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML</b>	T6	PV; QL (1 Injection per 180 days)
<i>flyprogpidar</i>	T9	
<b>FOCALIN XR</b>	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
<i>folbee</i>	T9	
<b>FOLBEE AR</b>	T9	
<i>folbee plus</i>	T9	
<b>FOLBEE PLUS CZ</b>	T9	
<i>folic acid oral tablet 1 mg</i>	T1b	
<b>FOLIVANE-F</b>	T9	
<b>FOLIVANE-PLUS</b>	T9	
<b>FOLIXAPURE</b>	T9	
<b>FOLLISTIM AQ SUBCUTANEOUS</b>	T3	ST; SP
<i>folplex 2.2</i>	T9	
<b>FOLTANX</b>	T9	
<b>FOLTRATE</b>	T9	

Medication	Coverage Level	Restrictions
<i>fondaparinux sodium</i>	T9	
<b>FORFIVO XL</b>	T9	
<i>formoterol fumarate inhalation</i>	T4	ST; SP Drug (Limited to a 1 month supply per fill); AL (Min 40 Years)
<b>FORTAMET</b>	T9	
<b>FORTAVIT ORAL CAPSULE</b>	T9	
<b>FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML</b>	T9	
<b>FORTESTA</b>	T9	
<b>FOSAMAX PLUS D</b>	T3	ST; QL (4 tablets per 28 days)
<i>fosamprenavir calcium</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>fosfomycin tromethamine</i>	T1b	QL (3 packets per 30 days)
<b>FOSRENOL ORAL PACKET</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (180 packets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 500 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
<b>FOSRENOL ORAL TABLET CHEWABLE 750 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
<b>FOTIVDA</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (28 capsules per 28 days)
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 25000 UNIT/ML</b>	T5	SP Drug (Limited to a 1 month supply per fill )
<b>FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<i>fraiche 5000 previ</i>	T3	
<i>fraiche 5000 sensitive</i>	T3	
<b>FREEDOM DERMA-D</b>	T9	
<b>FREESTYLE LIBRE 14 DAY READER</b>	T2	ST; QL (2 kits per 28 days)
<b>FREESTYLE LIBRE 14 DAY SENSOR</b>	T2	ST; QL (2 sensors per 28 days)
<b>FREESTYLE LIBRE 2 PLUS SENSOR</b>	T2	ST; QL (2 Sensors per 28 days)
<b>FREESTYLE LIBRE 2 READER</b>	T2	ST; QL (1 reader per 365 days)
<b>FREESTYLE LIBRE 2 SENSOR</b>	T2	ST; QL (2 sensors per 28 days)
<b>FREESTYLE LIBRE 3 PLUS SENSOR</b>	T2	ST; QL (2 sensors per 28 days)
<b>FREESTYLE LIBRE 3 READER</b>	T2	ST; QL (1 reader per 1 year)
<b>FREESTYLE LIBRE 3 SENSOR</b>	T2	ST; QL (2 sensors per 28 days)

Medication	Coverage Level	Restrictions
<b>FROVA</b>	T9	
<i>frovatriptan succinate</i>	T3	ST; QL (12 tablets per 30 days)
<b>FRUZAQLA ORAL CAPSULE 1 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
<b>FRUZAQLA ORAL CAPSULE 5 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (21 capsules per 28 days)
<b>FULPHILA</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>FUROSCIX</b>	T9	
<i>furosemide oral solution 10 mg/ml</i>	T1a	
<i>furosemide oral tablet</i>	T1a	
<b>FUSION PLUS</b>	T9	
<b>FUSION SPRINKLES</b>	T9	
<b>FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T3	
<b>FYCOMPA ORAL SUSPENSION</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill); QL (680 ML per 30 days); AL (Max 24 Months)
<b>FYCOMPA ORAL TABLET</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
<b>FYLNETRA</b>	T9	
<b>FYREMADEL</b>	T3	ST
<i>gabapentin (once-daily)</i>	T9	
<i>gabapentin oral capsule</i>	T1a	
<b>GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML</b>	T9	
<b>GALAFOLD</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (14 capsules per 28 days); SP
<b>GALLIFREY</b>	T1b	
<b>GALZIN</b>	T9	

Medication	Coverage Level	Restrictions
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	ST; SP Drug (Limited to a 1 month supply per fill ); SP
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION</b>	T6	PV; QL (3 doses per 1 Lifetime); AL (Min 9 Years and Max 45 Years)
<b>GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (3 doses per 1 lifetime); AL (Min 9 Years and Max 45 Years)
<b>GATTEX</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>GAVILYTE-C</b>	Tier 8	PV
<b>GAVRETO</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
<i>gefitinib</i>	T4	PA; SP Drug (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
<b>GELCLAIR</b>	T9	
<b>GELFOAM COMPRESSED SIZE 100</b>	T9	
<b>GELFOAM-JMI SPONGE</b>	T9	
<b>GELNIQUE</b>	T9	
<i>gemfibrozil oral</i>	T1a	
<b>GEMMILY</b>	T9	
<b>GEMTESA</b>	T2	ST
<b>GENERESS FE</b>	T9	
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>GENVOYA</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>GEODON ORAL</b>	T3	
<b>GILENYA ORAL CAPSULE 0.25 MG</b>	T9	
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	T9	SP
<b>GILOTRIF</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); SP
<b>GIMOTI</b>	T9	

Medication	Coverage Level	Restrictions
<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
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	T1b	SO (Eligible Members must be enrolled in SaveOn for coverage); QL (30 ML per 30 days); SP
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	T1b	SO (Eligible Members must be enrolled in SaveOn for coverage); QL (12 ML per 28 days); SP
<b>GLEEVEC</b>	T9	
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	T5	PA; SP Drug (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 oral tablet 10 mg, 5 mg</i>	T1a	
<i>glipizide oral tablet 2.5 mg</i>	T9	
<b>GLOPERBA</b>	T9	
<b>GLUMETZA</b>	T9	
<b>GLYCATE</b>	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>	T9	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1b	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	T9	
<b>GLYXAMBI</b>	T2	QL (30 tablets per 30 days)
<b>GOCOVRI</b>	T9	
<b>GONAL-F</b>	T2	QL (13500 units per 30 days); SP
<b>GONAL-F RFF</b>	T2	QL (13500 units per 30 days); SP
<b>GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T2	QL (13500 units per 30 days); SP
<b>GONITRO</b>	T9	
<b>GRALISE ORAL TABLET</b>	T9	
<i>granisetron hcl oral</i>	T1b	QL (20 tablets per 30 days)
<b>GRANIX</b>	T5	SP Drug (Limited to a 1 month supply per fill); SP
<i>guanfacine hcl er</i>	T1b	QL (60 tablets per 30 days)
<b>GVOKE HYOPEN 1-PACK</b>	T2	QL (2 packs per 30 days)
<b>GVOKE HYOPEN 2-PACK</b>	T2	QL (1 pack per 30 days)

Medication	Coverage Level	Restrictions
<b>GVOKE KIT</b>	T2	QL (2 vials per 30 days)
<b>GVOKE PFS</b>	T2	QL (2 syringes per 30 days)
<b>HADLIMA</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>HADLIMA PUSHTOUCH</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>HAILEY 1.5/30</b>	Tier 8	PV
<b>HAILEY 24 FE</b>	Tier 8	PV
<b>HAILEY FE 1.5/30</b>	Tier 8	PV
<b>HAILEY FE 1/20</b>	Tier 8	PV
<b>HALCION</b>	T3	QL (60 tablets per 30 days); AL (Min 18 Years)
<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)
<b>HALOETTE</b>	T1b	QL (1 ring per 28 days)
<b>HALOG</b>	T9	
<i>haloperidol oral</i>	T1b	
<i>harisis</i>	T9	
<i>harviva</i>	T9	
<i>harviva hp</i>	T9	
<b>HARVONI</b>	T9	
<b>HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML</b>	T6	PV; QL (2 Doses per 1 Lifetime)
<i>haxchlodrex</i>	T9	
<i>haxdrax</i>	T9	
<b>HEALON PRO INTRAOCULAR SOLUTION</b>	T9	
<b>HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>HEATHER</b>	Tier 8	PV
<b>HEMADY</b>	T9	

Medication	Coverage Level	Restrictions
<i>hematinic plus vit/minerals</i>	T9	
<i>hematinic/folic acid</i>	T9	
<b>HEMATOGEN FA</b>	T9	
<b>HEMATRON-AF (WITH DOCUSATE)</b>	T9	
<i>hemetab</i>	T9	
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP Drug (Limited to a 1 month supply per fill)
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill )
<b>HEMMOREX-HC RECTAL SUPPOSITORY 25 MG</b>	T1b	
<b>HEMMOREX-HC RECTAL SUPPOSITORY 30 MG</b>	T9	
<b>HEMOCYTE PLUS</b>	T9	
<b>HEMOCYTE-F ORAL TABLET</b>	T9	
<b>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT</b>	T4	PA; SP Drug (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, 2500 unit/ml, 5000 unit/ml</i>	T9	
<i>heparin sodium (porcine) intravenous solution</i>	T9	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	T9	
<b>HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	T6	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
<b>HEPSERA</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>HERZUMA</b>	T9	
<i>hesmilla</i>	T9	
<b>HETLIOZ</b>	T9	SP Drug ( )
<b>HETLIOZ LQ</b>	T9	



Medication	Coverage Level	Restrictions
<i>hevona</i>	T9	
<i>hexiounyl</i>	T9	
<b>HIBERIX INJECTION</b>	T9	
<b>HIDEX 6-DAY</b>	T9	
<i>holixia</i>	T9	
<i>holizar</i>	T9	
<i>honista</i>	T9	
<b>HORIZANT ORAL TABLET EXTENDED RELEASE</b>	T9	
<i>hovitra</i>	T9	
<i>hovyn</i>	T9	
<b>HULIO</b>	T9	
<b>HULIO (2 PEN)</b>	T9	
<b>HULIO (2 SYRINGE)</b>	T9	
<b>HUMALOG INJECTION</b>	T1b	
<b>HUMALOG JUNIOR KWIKPEN</b>	T1b	AL (Max 21 Years)
<b>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>	T1b	AL (Max 21 Years)
<b>HUMALOG MIX 50/50</b>	T1b	
<b>HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T1b	AL (Max 21 Years)
<b>HUMALOG MIX 75/25</b>	T1b	
<b>HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T1b	AL (Max 21 Years)
<b>HUMALOG SUBCUTANEOUS SOLUTION</b>	T1b	
<b>HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T1b	AL (Max 21 Years)
<b>HUMALOG TEMPO PEN</b>	T9	
<b>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<b>HUMATIN</b>	T3	SP
<b>HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG</b>	T9	SP Drug ( )
<b>HUMATROPE INJECTION CARTRIDGE 24 MG</b>	T9	
<b>HUMIRA (2 PEN)</b>	T9	
<b>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML</b>	T9	

Medication	Coverage Level	Restrictions
<b>HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT</b>	T9	
<b>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>	T9	
<b>HUMIRA-CD/UC/HS STARTER</b>	T9	
<b>HUMIRA-PED&lt;40KG CROHNS STARTER</b>	T9	
<b>HUMIRA-PED&gt;=40KG CROHNS START</b>	T9	
<b>HUMIRA-PED&gt;=40KG UC STARTER</b>	T9	
<b>HUMIRA-PS/UV/ADOL HS STARTER</b>	T9	
<b>HUMIRA-PSORIASIS/UEVIT STARTER</b>	T9	
<b>HUMULIN R U-500 (CONCENTRATED)</b>	T1b	
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T1b	AL (Max 21 Years)
<b>HYALGAN INTRA-ARTICULAR SOLUTION</b>	T9	
<b>HYCAMTIN ORAL CAPSULE 0.25 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill ); SP
<b>HYCAMTIN ORAL CAPSULE 1 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill ); SP
<b>HYCODAN</b>	T9	
<b>HYCOFENIX</b>	T9	
<i>hydralazine hcl oral</i>	T1a	
<i>hydrochlorothiazide oral</i>	T1a	
<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/acetaminophen</i>	T1b	
<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-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	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	T2	
<i>hydrocortisone ace-pramoxine rectal suppository</i>	T9	

Medication	Coverage Level	Restrictions
<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 complete kit</i>	T9	
<i>hydrocortisone external lotion 2 %</i>	T9	
<i>hydrocortisone external ointment 1 %</i>	T9	
<i>hydrocortisone external solution 2.5 %</i>	T9	
<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-iodoquinol external cream 1-1 %</i>	T9	
<b>HYDROFERA BLUE FOAM DRESSING</b>	T9	
<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	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T9	
<b>HYDROXYM EXTERNAL GEL</b>	T9	
<b>HYFTOR</b>	T9	
<b>HYLATOPIC</b>	T9	
<b>HYLATOPIC PLUS EXTERNAL FOAM</b>	T9	
<b>HYOPHEN</b>	T9	
<b>HYPOCYN ANTIPRURITIC</b>	T9	
<b>HYRIMOZ</b>	T9	
<b>HYRIMOZ-CROHNS/UC STARTER</b>	T9	
<b>HYRIMOZ-PED&lt;40KG CROHN STARTER</b>	T9	
<b>HYRIMOZ-PED&gt; =40KG CROHN START</b>	T9	
<b>HYRIMOZ-PLAQ PSOR/UEVIT START</b>	T9	
<b>HYRIMOZ-PLAQUE PSORIASIS START</b>	T9	
<b>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 60 MG, 80 MG</b>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)

Medication	Coverage Level	Restrictions
<b>HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG</b>	T3	ST; QL (30 tblets per 30 days); AL (Min 18 Years)
<b>IBRANCE ORAL CAPSULE</b>	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (21 tablets per 28 days); SP
<b>IBRANCE ORAL TABLET 100 MG</b>	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (21 Capsules per 28 days); SP
<b>IBRANCE ORAL TABLET 125 MG, 75 MG</b>	T5	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (21 capsules per 28 days); SP
<b>IBSRELA</b>	T9	
<b>IBUDONE</b>	T9	
<i>ibuprofen oral suspension</i>	T1a	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1a	
<i>ibuprofen-famotidine</i>	T9	
<b>ICAR-C PLUS</b>	T9	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP Drug (Limits apply, see quantity limitations); QL (3 syringes per 1 fill); AL (Min 18 Years)
<b>ICLEVIA</b>	Tier 8	PV
<b>ICLUSIG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>IDACIO (2 PEN)</b>	T9	
<b>IDACIO (2 SYRINGE)</b>	T9	
<b>IDACIO-CROHNS/UC STARTER</b>	T9	
<b>IDACIO-PSORIASIS STARTER</b>	T9	
<i>idaoxia</i>	T9	
<i>idaran</i>	T9	
<b>IDELVION</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (25300 billable units per 28 days)

Medication	Coverage Level	Restrictions
<b>IDHIFA</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<i>idyxiatar</i>	T9	
<b>IFEREX 150 FORTE</b>	T9	
<b>IHEEZO</b>	T9	
<b>ILEVRO</b>	T3	ST; QL (3 ML per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	T1b	PA; SP Drug (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
<i>imatinib mesylate oral tablet 400 mg</i>	T1b	PA; SP Drug (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
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>IMBRUVICA ORAL SUSPENSION</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (108 ML per 30 days); AL (Max 9 Years)
<b>IMBRUVICA ORAL TABLET 140 MG, 420 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>IMBRUVICA ORAL TABLET 280 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>IMCIVREE</b>	T9	
<i>imipramine pamoate oral capsule 100 mg, 150 mg</i>	T2	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 125 mg</i>	T3	ST; QL (60 capsules per 30 days)
<i>imipramine pamoate oral capsule 75 mg</i>	T2	ST; QL (30 capsules per 30 days)
<i>imiquimod external cream 3.75 %</i>	T9	

Medication	Coverage Level	Restrictions
<i>imiquimod pump</i>	T9	
<b>IMITREX</b>	T9	
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML</b>	T9	
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO- INJECTOR</b>	T9	
<b>IMPAVIDO</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<b>IMPEKLO</b>	T9	
<b>IMPOYZ</b>	T9	
<b>IMVEXXY</b>	T3	PA; QL (8 inserts per 28 days)
<b>IMVEXXY MAINTENANCE PACK</b>	T3	PA; QL (8 inserts per 28 days)
<b>IMVEXXY STARTER PACK</b>	T3	PA; QL (18 inserts per 360 days)
<b>INBRIJA</b>	T9	
<b>INCASSIA</b>	Tier 8	PV
<b>INCIVEK</b>	T9	
<b>INCRELEX</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>INCRUSE ELLIPTA</b>	T2	QL (30 Blisters per 30 Day(s)s)
<i>indapamide oral</i>	T1a	
<b>INDERAL LA</b>	T9	
<b>INDERAL XL</b>	T9	
<b>INDOCIN ORAL</b>	T9	
<b>INDOCIN RECTAL</b>	T9	
<i>indomethacin oral capsule 20 mg</i>	T9	
<i>indomethacin oral suspension</i>	T9	
<i>indomethacin rectal</i>	T9	
<i>infanate balance</i>	T3	
<b>INGREZZA ORAL CAPSULE 40 MG, 80 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days)
<b>INGREZZA ORAL CAPSULE 60 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)

Medication	Coverage Level	Restrictions
<b>INGREZZA ORAL CAPSULE SPRINKLE</b>	T5	PA; SP Drug (Limited to a 1-month supply per fill); QL (30 Capsules per 30 days)
<b>INGREZZA ORAL CAPSULE THERAPY PACK</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (1 dose pack per 28 days)
<b>INLYTA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>INNOPRAN XL</b>	T9	
<b>INPEFA</b>	T9	
<b>INPEN 100-BLUE-LILLY</b>	T9	
<b>INPEN 100-BLUE-LILLY-HUMALOG</b>	T9	
<b>INPEN 100-BLUE-NOVO</b>	T9	
<b>INPEN 100-BLUE-NOVOLOG-FIASP</b>	T9	
<b>INPEN 100-GRAY-LILLY</b>	T9	
<b>INPEN 100-GREY-LILLY-HUMALOG</b>	T9	
<b>INPEN 100-GREY-NOVO</b>	T9	
<b>INPEN 100-GREY-NOVOLOG-FIASP</b>	T9	
<b>INPEN 100-PINK-LILLY</b>	T9	
<b>INPEN 100-PINK-LILLY-HUMALOG</b>	T9	
<b>INPEN 100-PINK-NOVO</b>	T9	
<b>INPEN 100-PINK-NOVOLOG-FIASP</b>	T9	
<b>INQOVI</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (5 tablets per 28 days); SP
<b>INREBIC</b>	T5	PA; ST; SP Drug (Limited to a 1 month supply per fill ); QL (120 capsules per 30 days); SP
<b>INSPRA</b>	T3	QL (30 tablets per 30 days)
<i>insulin asp prot &amp; asp flexpen</i>	T3	ST; AL (Max 21 Years)
<i>insulin aspart flexpen</i>	T3	ST; AL (Max 21 Years)
<i>insulin aspart injection</i>	T3	ST
<i>insulin aspart penfill</i>	T3	ST; AL (Max 21 Years)
<i>insulin aspart prot &amp; aspart</i>	T3	ST
<i>insulin degludec</i>	T2	ST
<i>insulin degludec flextouch</i>	T2	ST
<i>insulin glargine max solostar</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>insulin glargine soloSTAR subcutaneous solution pen-injector 300 unit/ml</i>	T9	
<i>insulin glargine-yfgn</i>	T9	
<i>insulin lispro (1 unit dial)</i>	T9	
<i>insulin lispro injection</i>	T9	
<i>insulin lispro junior kwikpen</i>	T9	
<i>insulin lispro prot &amp; lispro</i>	T9	
<b>INTEGRA F</b>	T9	
<b>INTEGRA PLUS</b>	T9	
<b>INTELENCE ORAL TABLET 100 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>INTELENCE ORAL TABLET 200 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>INTELENCE ORAL TABLET 25 MG</b>	T4	SP Drug (Max of 31 days per dispensing. ); QL (120 tablets per 30 days)
<b>INTERMEZZO</b>	T9	
<b>INTRAROSA</b>	T3	PA
<b>INTUNIV</b>	T3	QL (60 tablets per 30 days)
<b>INVEGA</b>	T9	
<b>INVELTYS</b>	T3	ST
<b>INVIRASE ORAL TABLET</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>INVOKAMET</b>	T3	ST; QL (60 tablets per 30 days)
<b>INVOKAMET XR</b>	T3	ST; QL (60 tablets per 30 days)
<b>INVOKANA</b>	T3	ST; QL (30 tablets per 30 days)
<i>inzdeaxiatar</i>	T9	
<i>inzdeaxiavar</i>	T9	
<i>inzdeoxia</i>	T9	
<i>iodoquimez-hc</i>	T9	
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>	T9	
<b>IPOL INJECTION INJECTABLE</b>	T6	PV; QL (3 doses per 1 lifetime)
<b>IQIRVO</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>IRESSA</b>	T9	
<b>IROSPAN 24/6</b>	T9	
<b>ISENTRESS</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>ISENTRESS HD</b>	T4	SP Drug (Limited to a 1 month supply per fill)



Medication	Coverage Level	Restrictions
<b>ISIBLOOM</b>	Tier 8	PV
<i>isometheptene-caffeine-apap oral tablet 65-20-325 mg</i>	T9	
<i>isoniazid oral</i>	T1a	
<b>ISORDIL TITRADOSE</b>	T9	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	T2	
<i>isosorbide dinitrate oral tablet 20 mg</i>	T1b	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T9	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T2	QL (6 fills per 2 years)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T9	
<b>ISTALOL</b>	T9	
<b>ISTURISA ORAL TABLET 1 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>ISTURISA ORAL TABLET 5 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<i>itraconazole oral capsule</i>	T2	QL (120 capsules per 30 days)
<i>itraconazole oral solution</i>	T4	PA; SP Drug (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</i>	T1b	QL (10 tablets per 1 claim)
<b>IWILFIN</b>	T4	PA; SP Drug (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)
<b>IXIARO</b>	T9	
<b>IXINITY</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (36800 billable units per 28 days)
<b>IYUZEH</b>	T9	
<b>JADENU</b>	T5	SP Drug (Limited to a 1 month supply per fill); SP
<b>JADENU SPRINKLE</b>	T9	
<b>JAIMIESS</b>	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 Drug (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 Drug (Limited to a 1 month supply per fill ); SP
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 Drug (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
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	
JIVI	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (41400 billable units per 28 days)
JOENJA	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); AL (Min 12 Years)
JORNAY PM	T9	
JOYEAUX	T9	
JUBLIA	T9	
JULEBER	Tier 8	PV
JULUCA	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
JUNEL FE 24	Tier 8	PV

Medication	Coverage Level	Restrictions
JUST RIGHT 5000 DENTAL PASTE	T3	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG	T9	SP Drug ( )
JUXTAPID ORAL CAPSULE 20 MG, 5 MG	T9	
JYLAMVO	T3	AL (Max 9 Years)
JYNARQUE ORAL TABLET	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 90 & 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 60 & 30 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
JYNNEOS	T6	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 Drug (Limited to a 1 month supply per fill ); AL (Min 16 Years); SP
KALETRA ORAL SOLUTION	T5	SP Drug (Limited to a 1 month supply per fill)
KALETRA ORAL TABLET	T5	SP Drug (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 Drug (Limited to a 1 month supply per fill ); QL (60 packets per 30 days); AL (Max 1 Years); SP
KALYDECO ORAL PACKET 25 MG, 50 MG	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (60 packets per 30 days); SP

Medication	Coverage Level	Restrictions
<b>KALYDECO ORAL PACKET 5.8 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
<b>KALYDECO ORAL PACKET 75 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (60 packets per 30 days); SP
<b>KALYDECO ORAL TABLET</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 6 Years); SP
<b>KAMDOY</b>	T9	
<b>KAPSPARGO SPRINKLE</b>	T3	
<b>KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE</b>	T9	
<i>kataraxap</i>	T9	
<b>KATARVIA</b>	T9	
<b>KATERZIA</b>	T3	QL (150 ML per 30 days); AL (Max 6 Years)
<b>KAZANO</b>	T9	
<i>kazuri</i>	T9	
<b>KELNOR 1/50</b>	Tier 8	PV
<b>KENALOG EXTERNAL</b>	T9	
<b>KERALAC EXTERNAL CREAM 47 %</b>	T9	
<b>KERALYT EXTERNAL SHAMPOO</b>	T9	
<b>KERAMATRIX REPLICINE 10CMX10CM EXTERNAL PAD</b>	T9	
<b>KERAMATRIX REPLICINE 5CMX5CM EXTERNAL PAD</b>	T9	
<i>keraxa</i>	T9	
<b>KERENDIA</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>kerida</i>	T9	
<b>KERYDIN</b>	T9	
<b>KESIMPTA</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill. Allowed 3 pens for first month of therapy only. ); QL (1 pen per 28 days); SP

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	T9	
<i>ketoconazole external foam</i>	T9	
<i>ketoprofen er</i>	T2	QL (30 capsules per 30 days)
<i>ketorolac tromethamine nasal</i>	T9	
<i>ketorolac tromethamine oral</i>	T1b	QL (20 tablets per 30 days)
<i>kevaraxap</i>	T9	
<i>kevartia</i>	T9	
<b>KEVEYIS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days)
<b>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (2.28 ML per 28 days); SP
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (2.28 ML per 28 days); SP
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
<b>KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV
<b>KISQALI (200 MG DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
<b>KISQALI (400 MG DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
<b>KISQALI (600 MG DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (63 tablets per 28 days); SP
<b>KISQALI FEMARA (200 MG DOSE)</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (91 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
<b>KISQALI FEMARA (400 MG DOSE)</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (91 tablets per 28 days); SP
<b>KISQALI FEMARA (600 MG DOSE)</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (91 tablets per 28 days); SP
<b>KITABIS PAK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
<b>KLAYESTA</b>	T9	
<b>KLISYRI</b>	T9	
<b>KLISYRI (250 MG)</b>	T9	
<b>KLISYRI (350 MG)</b>	T9	
<b>KLOR-CON ORAL PACKET 20 MEQ</b>	T9	
<b>KLOR-CON/EF</b>	T1b	
<b>KLOXXADO</b>	T2	QL (2 doses per 365 days)
<b>KOATE</b>	T3	PA; SP Drug (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<b>KOGENATE FS</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (43125 billable units per 28 days)
<b>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG</b>	T3	ST; QL (60 tablets per 30 days)
<b>KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>KONVOMEF</b>	T3	AL (Max 9 Years)
<b>KORLYM</b>	T9	
<b>KOSELUGO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<i>kotaraxap</i>	T9	
<b>KOVALTRY</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
<b>K-PHOS-NEUTRAL</b>	T9	

Medication	Coverage Level	Restrictions
<b>KRAZATI</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>KRINTAFEL</b>	T1b	QL (2 tablets per 365 Days)
<b>KRISTALOSE</b>	T9	
<b>KURVELO</b>	Tier 8	PV
<i>kutar</i>	T9	
<i>kutarvia</i>	T9	
<b>KUVAN ORAL PACKET 100 MG</b>	T9	SP Drug ( )
<b>KUVAN ORAL PACKET 500 MG</b>	T9	
<b>KUVAN ORAL TABLET</b>	T9	
<i>kynara</i>	T9	
<b>KYZATREX ORAL CAPSULE 100 MG, 150 MG</b>	T3	PA; QL (60 capsules per 30 days)
<b>KYZATREX ORAL CAPSULE 200 MG</b>	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	
<b>LAC-HYDRIN</b>	T9	
<i>lacosamide oral solution 10 mg/ml</i>	T1b	
<i>lacosamide oral tablet</i>	T1b	QL (60 tablets per 30 days)
<b>LACRISERT</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>lactic acid e</i>	T9	
<i>lactulose oral packet</i>	T9	
<b>LAGEVRIO</b>	T4	SP Drug (Limited to a 1 fill per year); QL (1 pack per 1 fill)
<b>LAMICTAL ODT</b>	T9	
<b>LAMICTAL XR ORAL KIT 25 &amp; 50 &amp; 100 MG, 50 &amp; 100 &amp; 200 MG</b>	T3	ST; QL (1 kit per 365 days)
<i>lamivudine-zidovudine</i>	T2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	T1a	
<i>lamotrigine oral tablet dispersible</i>	T9	
<i>lamotrigine starter kit-blue</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-green</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine starter kit-orange</i>	T1b	QL (1 kit per 365 days)
<i>lamotrigine titration</i>	T9	
<b>LAMPIT</b>	T3	QL (90 tablets per 30 days); AL (Max 17 Years)

Medication	Coverage Level	Restrictions
<b>LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG</b>	T9	
<i>lanreotide acetate</i>	T4	SP Drug (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 oral tablet chewable 1000 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 500 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (210 tablets per 30 days)
<i>lanthanum carbonate oral tablet chewable 750 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (150 tablets per 30 days)
<b>LANTUS</b>	T1b	
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T1b	
<i>lapatinib ditosylate</i>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LARIN 1.5/30</b>	Tier 8	PV
<b>LARIN 1/20</b>	Tier 8	PV
<b>LARIN FE 1.5/30</b>	Tier 8	PV
<b>LARIN FE 1/20</b>	Tier 8	PV
<b>LASTACFT</b>	T9	
<b>LATISSE</b>	T9	
<b>LATUDA</b>	T3	QL (30 tablets per 30 days)
<b>LAYOLIS FE</b>	T9	
<b>LAZANDA</b>	T9	
<b>LAZCLUZE</b>	T5	PA; SP Drug (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 Drug (Limited to a 1 month supply per fill ); QL (28 tablets per 28 days); SP
<b>LEENA</b>	Tier 8	PV
<b>LEFLUNICLO</b>	T9	
<i>leflunomide oral</i>	T1b	
<b>LEMTRADA</b>	T9	



<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	T3	QL (30 capsules per 30 days); SP
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
<b>LENVIMA (10 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (12 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (14 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (18 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (20 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (24 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LENVIMA (4 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>LENVIMA (8 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>LESCOL XL</b>	T9	
<b>LESSINA</b>	Tier 8	PV
<b>LETAIRIS ORAL TABLET 10 MG</b>	T9	SP Drug ( )
<b>LETAIRIS ORAL TABLET 5 MG</b>	T9	
<b>LEUKERAN</b>	T4	SP Drug (Max of 31 days per dispensing.)
<i>leuprolide acetate injection</i>	T4	SP Drug (Max of 31 days per dispensing.); QL (2 kits per 28 days); SP
<i>levabuterol tartrate hfa</i>	T2	
<i>levamlodipine maleate oral tablet 5 mg</i>	T9	
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	T1a	
<b>LEVITRA</b>	T9	
<i>levocarnitine sf</i>	T1b	
<i>levocetirizine dihydrochloride oral</i>	T9	
<i>levofloxacin ophthalmic solution 1.5 %</i>	T1b	
<b>LEVONEST</b>	Tier 8	PV
<i>levonorgest-eth est &amp; eth est</i>	Tier 8	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	Tier 8	PV
<i>levonorgest-eth estradiol-iron</i>	T9	
<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
<b>LEVORA 0.15/30 (28)</b>	Tier 8	PV
<i>levorphanol tartrate oral tablet 3 mg</i>	T9	
<b>LEVO-T</b>	T3	
<i>levothyroxine sodium oral capsule</i>	T9	
<i>levothyroxine sodium oral tablet</i>	T1a	
<b>LEVOXYL</b>	T1b	
<b>LEXIVA ORAL SUSPENSION</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>LEXIVA ORAL TABLET</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>LEXTOL</b>	T9	
<i>l-glutamine oral packet</i>	T9	

Medication	Coverage Level	Restrictions
<b>LIALDA</b>	T3	QL (120 tablets per 30 days)
<b>LIBERVANT</b>	T3	AL (Min 2 Years and Max 5 Years)
<b>LIBRAX</b>	T9	
<b>LICART TRANSDERMAL</b>	T9	
<i>lidocaine external patch 5 %</i>	T9	
<i>lidocaine hcl external cream 3 %</i>	T9	
<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</i>	T9	
<b>LIDOCAN</b>	T9	
<b>LIDOCAN II</b>	T9	
<b>LIDOCAN III</b>	T9	
<b>LIDODERM</b>	T9	
<i>lido-epinephrine-tetracaine</i>	T9	
<i>lidolite</i>	T9	
<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	
<b>LIDOTRANS 5 PAK</b>	T9	
<b>LIDTOPIC</b>	T9	
<b>LIKMEZ</b>	T9	
<i>linezolid oral suspension reconstituted</i>	T4	SP Drug (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)
<b>LINZESS ORAL CAPSULE 72 MCG</b>	T2	QL (30 capsules per 30 days)
<b>LIPOFEN</b>	T9	
<b>LIPTRUZET</b>	T3	ST; QL (31 tablets per 31 days)
<b>LIQREV</b>	T9	
<i>liraglutide</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	

Medication	Coverage Level	Restrictions
<b>LITFULO</b>	T9	
<i>lithium carbonate oral</i>	T1a	
<b>LITHOSTAT</b>	T9	
<b>LIVALO</b>	T9	
<b>LIVDELZI</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>LIVIXIL PAK</b>	T9	
<b>LIVMARLI</b>	T9	
<b>LIVTENCITY</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (112 tablets per 28 days)
<i>l-leucine</i>	T9	
<b>L-MESITRAN SOFT WOUND</b>	T9	
<i>l-methylfolate-b6-b12 oral tablet 3-35-2 mg</i>	T9	
<b>LO LOESTRIN FE</b>	T3	ST
<b>LOCOID EXTERNAL CREAM</b>	T9	
<b>LOCOID EXTERNAL LOTION</b>	T9	
<b>LOCOID EXTERNAL OINTMENT</b>	T9	
<b>LOCOID LIPOCREAM</b>	T9	
<b>LOCORT 11-DAY</b>	T9	
<b>LOCORT 7-DAY</b>	T9	
<b>LODOCO</b>	T9	
<b>LODOSYN</b>	T9	
<b>LOESTRIN 1.5/30 (21)</b>	T9	
<b>LOFENA</b>	T9	
<i>lofexidine hcl</i>	T9	
<b>LOJAIMIESS</b>	Tier 8	PV
<b>LOKELMA</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<b>LOMAIRA</b>	T9	
<b>LONSURF</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Max of 31 days per dispensing.); SP
<i>loperamide hcl oral capsule</i>	T9	
<i>lopinavir-ritonavir</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>lorazepam oral tablet</i>	T1a	

Medication	Coverage Level	Restrictions
<b>LORBRENA ORAL TABLET 100 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>LORBRENA ORAL TABLET 25 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>LOREEV XR</b>	T9	
<i>lorenza</i>	T9	
<b>LORTAB ORAL ELIXIR 10-300 MG/15ML</b>	T9	
<b>LORYNA</b>	Tier 8	PV
<b>LORZONE</b>	T9	
<i>losartan potassium oral</i>	T1a	
<i>losartan potassium-hctz</i>	T1b	
<b>LOSEASONIQUE</b>	T9	
<b>LOTEMAX</b>	T9	
<b>LOTEMAX SM</b>	T3	ST
<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
<b>LOTREXONE</b>	T9	
<b>LOTRONEX</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days)
<i>lounzdomdioxatar</i>	T9	
<i>lovastatin oral</i>	T1a	PV
<b>LOVAZA</b>	T3	
<b>LOVENOX INJECTION SOLUTION</b>	T3	
<b>LOVENOX INJECTION SOLUTION PREFILLED SYRINGE</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 1 day)
<b>LOYON</b>	T9	
<b>LO-ZUMANDIMINE</b>	Tier 8	PV
<i>lubiprostone</i>	T1b	QL (60 capsules per 30 Days)
<b>LUCEMYRA</b>	T9	

Medication	Coverage Level	Restrictions
<b>LUDENT</b>	T3	PV
<i>luliconazole</i>	T9	
<b>LUMAKRAS ORAL TABLET 120 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>LUMAKRAS ORAL TABLET 240 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage.); SP Drug (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)
<b>LUMAKRAS ORAL TABLET 320 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>LUMRYZ</b>	T9	
<b>LUMRYZ STARTER PACK</b>	T9	
<b>LUNESTA</b>	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<b>LUPKYNIS</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>LUSTRA</b>	T9	
<b>LUSTRA-AF</b>	T9	
<b>LUSTRA-ULTRA</b>	T9	
<b>LUVOX CR</b>	T3	QL (60 capsules per 30 days)
<b>LUXAMEND</b>	T9	
<b>LUXIQ</b>	T9	
<b>LUZU</b>	T9	
<b>LYBALVI</b>	T9	
<b>LYLEQ</b>	Tier 8	PV
<b>LYLLANA</b>	T1b	
<b>LYMEPAK</b>	T9	

Medication	Coverage Level	Restrictions
<b>LYNPARZA ORAL TABLET</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>LYRICA CR</b>	T9	
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG</b>	T3	QL (120 capsules per 30 days)
<b>LYRICA ORAL CAPSULE 200 MG</b>	T3	QL (90 capsules per 30 days)
<b>LYRICA ORAL CAPSULE 225 MG, 300 MG</b>	T3	QL (60 capsules per 30 days)
<b>LYSIPLEX PLUS ORAL TABLET</b>	T9	
<b>LYSODREN</b>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>LYTGOBI (12 MG DAILY DOSE)</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>LYTGOBI (16 MG DAILY DOSE)</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>LYTGOBI (20 MG DAILY DOSE)</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>LYUMJEV</b>	T2	
<b>LYUMJEV KWIKPEN</b>	T2	AL (Max 21 Years)
<b>LYUMJEV TEMPO PEN</b>	T9	
<b>LYVISPAH</b>	T9	
<b>LYZA</b>	Tier 8	PV
<b>MACRODANTIN</b>	T9	
<i>macuvex</i>	T9	
<i>macuzin</i>	T9	
<i>mafenide acetate external</i>	T1b	

Medication	Coverage Level	Restrictions
<b>MAGNEBIND 400 ORAL TABLET 400-200-1 MG</b>	T9	
<i>mahova</i>	T9	
<i>maraviroc</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>MARINOL ORAL CAPSULE 10 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<b>MARINOL ORAL CAPSULE 2.5 MG, 5 MG</b>	T3	QL (60 capsules per 30 days)
<i>marlissa</i>	Tier 8	PV
<b>MARPLAN</b>	T2	QL (180 tablets per 30 days)
<b>MATULANE</b>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>MATZIM LA</b>	T9	
<b>MAVENCLAD (10 TABS)</b>	T9	
<b>MAVENCLAD (4 TABS)</b>	T9	
<b>MAVENCLAD (5 TABS)</b>	T9	
<b>MAVENCLAD (6 TABS)</b>	T9	
<b>MAVENCLAD (7 TABS)</b>	T9	
<b>MAVENCLAD (8 TABS)</b>	T9	
<b>MAVENCLAD (9 TABS)</b>	T9	
<b>MAVYRET ORAL PACKET</b>	T1b	QL (140 packets per 28 days); SP
<b>MAVYRET ORAL TABLET</b>	T1b	SP Drug ( ); QL (84 tablets per 28 days); SP
<b>MAXALT ORAL TABLET 10 MG</b>	T9	
<b>MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG</b>	T9	
<b>MAXARON FORTE ORAL TABLET</b>	T9	
<b>MAXFE ORAL TABLET 160-1 MG</b>	T9	
<b>MAYZENT ORAL TABLET 0.25 MG</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<b>MAYZENT ORAL TABLET 1 MG</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>MAYZENT ORAL TABLET 2 MG</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); SP
<b>MAYZENT STARTER PACK</b>	T4	ST; SP Drug (Limited to 1 fill per 2 years); QL (1 pack per 30 days); SP
<i>meclizine hcl oral tablet</i>	T9	



<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>meclofenamate sodium oral</i>	T9	
<i>mecorix hp</i>	T9	
<i>medorfa</i>	T9	
<i>medorfa hp</i>	T9	
<i>medorfa lp</i>	T9	
<b>MEDROL ORAL TABLET THERAPY PACK</b>	T3	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier 8	PV
<i>medroxyprogesterone acetate oral</i>	T1a	
<i>mefenamic acid oral</i>	T3	ST; QL (30 capsules per 30 days)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	T9	
<i>mekam</i>	T9	
<i>mekam hp</i>	T9	
<b>MEKINIST ORAL SOLUTION RECONSTITUTED</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (900 ML per 30 days); AL (Min 1 Years and Max 9 Years); SP
<b>MEKINIST ORAL TABLET</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>MEKTOVI</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>MELODETTA 24 FE</b>	T9	
<i>meloxicam oral capsule</i>	T9	
<i>meloxicam oral suspension</i>	T9	
<i>meloxicam oral tablet</i>	T1a	
<i>melphalan</i>	T2	
<b>MELQUIN 3</b>	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)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 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)

Medication	Coverage Level	Restrictions
<b>MENACTRA INTRAMUSCULAR SOLUTION</b>	T6	PV; QL (1 Dose per 1 Lifetime)
<b>MENOPUR</b>	T3	SP
<b>MENOSTAR</b>	T3	QL (4 patches per 28 days)
<b>MENQUADFI INTRAMUSCULAR SOLUTION</b>	T6	PV; QL (1 dose per 1 lifetime)
<b>MENTAX</b>	T9	
<b>MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED</b>	T6	PV; QL (1 dose per 1 lifetime)
<i>meperidine hcl oral solution</i>	T1b	
<i>meperidine hcl oral tablet 50 mg</i>	T1b	
<b>MEPHYTON</b>	T3	QL (3 tablets per 30 days)
<i>meprobamate</i>	T3	
<b>MEPSEVII</b>	T9	
<b>MERZEE</b>	T9	
<i>mesalamine er oral capsule extended release</i>	T5	ST; SP Drug (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 Drug ( ); QL (180 capsules per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	SP Drug ( ); QL (120 tablets per 30 days)
<i>mesalamine oral tablet delayed release 800 mg</i>	T5	ST; SP Drug (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days)
<i>mesalamine rectal suppository</i>	T5	SP Drug (Limited to a 1 month supply per fill )
<b>MESNEX ORAL</b>	T4	SP Drug (Max of 31 days per dispensing. )
<b>MESTINON ORAL TABLET EXTENDED RELEASE</b>	T9	
<b>METADATE CD</b>	T9	QL (31 capsules per 31 days); AL (Min 4 Years)
<b>METAFOLBIC PLUS</b>	T9	
<i>metaxalone oral tablet 400 mg</i>	T9	
<i>metaxalone oral tablet 800 mg</i>	T1b	ST
<i>metdray</i>	T9	
<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</i>	T9	

Medication	Coverage Level	Restrictions
<i>metformin hcl oral tablet 850 mg</i>	Tier 8	PV
<b>METHADONE HCL DISKETTS</b>	T1b	
<i>methadone hcl oral tablet soluble</i>	T1b	
<b>METHADOSE ORAL TABLET SOLUBLE</b>	T1b	
<i>methamphetamine hcl</i>	T3	QL (150 tablets per 30 days)
<i>methaver</i>	T9	
<i>methazel</i>	T9	
<i>methazolamide oral tablet 50 mg</i>	T2	
<b>METHERGINE ORAL</b>	T3	QL (28 tablets per 365 days)
<i>methitest</i>	T9	
<i>methocarbamol oral tablet 1000 mg</i>	T9	
<i>methoxsalen rapid</i>	T4	SP Drug (Limited to a 1 month supply per fill )
<i>methsuximide</i>	T2	
<i>methylergonovine maleate oral</i>	T3	QL (28 tablets per 365 days)
<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</i>	T1b	QL (30 tablets per 30 days); AL (Min 4 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 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</i>	T9	
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	T1b	QL (30 tablets per 30 days)
<i>methylphenidate hcl er (xr)</i>	T3	QL (30 capsules per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	T1b	AL (Min 4 Years and Max 10 Years)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg</i>	T1b	
<i>methyltestosterone oral</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill)
<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 10 mg</i>	T3	ST
<i>metoprolol tartrate oral</i>	T1a	
<i>metoprolol-hctz er</i>	T9	

Medication	Coverage Level	Restrictions
<i>metronidazole benzoate</i>	T9	
<i>metyrosine</i>	T9	
<b>MIBELAS 24 FE</b>	T9	
<b>MICROCHAMBER</b>	T3	QL (4 chambers per 1 year)
<b>MICROGESTIN 24 FE</b>	Tier 8	PV
<b>MICROGESTIN FE 1.5/30</b>	Tier 8	PV
<b>MICROSPACER</b>	T3	QL (4 chambers per 1 year)
<i>micuraderm</i>	T9	
<i>midazolam hcl oral</i>	T1b	
<i>midazolam intravenous solution prefilled syringe 25 mg/25ml, 50 mg/50ml</i>	T9	
<b>MIEBO</b>	T2	QL (3 ML per 30 days)
<i>mifepristone oral tablet 300 mg</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>MIGERGOT</b>	T9	
<i>miglustat</i>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>MIGRANAL</b>	T9	
<b>MILI</b>	Tier 8	PV
<b>MILLIPRED</b>	T9	
<b>MINASTRIN 24 FE</b>	T9	
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR</b>	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 tablet 100 mg</i>	T9	
<b>MINOLIRA</b>	T9	
<i>minoxidil oral</i>	T1b	
<i>mirabegron er</i>	T9	
<b>MIRAPEX ER</b>	T3	ST; QL (30 tablets per 30 days)
<b>MIRCERA INJECTION SOLUTION PREFILLED SYRINGE</b>	T9	
<b>MIRCETTE</b>	T9	
<i>mirtazapine oral tablet 7.5 mg</i>	T1a	
<b>MIRVASO</b>	T9	
<b>MITIGARE</b>	T9	
<b>M-M-R II INJECTION</b>	T6	PV; QL (2 doses per 1 lifetime)
<i>modafinil oral</i>	T1b	QL (60 tablets per 30 days)
<b>MODERNA COVID-19 VAC 6M-11Y</b>	T6	PV

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>moexipril hcl</i>	T1b	
<i>mokura lp</i>	T9	
<i>mometasone furoate nasal</i>	T9	
<b>MONDOXYNE NL</b>	T9	
<b>MONOJECT MAGELLAN SYRINGE 21G X 1-1/2" 6 ML</b>	T2	
<b>MONOJECT SAFETY SYRINGE/SHIELD 21G X 1-1/2" 6 ML</b>	T2	
<b>MONOJECT SYRINGE 21G X 1-1/2" 6 ML</b>	T2	
<b>MONO-LINYAH</b>	Tier 8	PV
<b>MONOVISC</b>	T9	
<b>MONUROL</b>	T3	QL (3 packets per 30 days)
<b>MORGIDOX COMBINATION</b>	T9	
<b>MORPHABOND ER</b>	T9	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1b	
<i>morphine sulfate er beads</i>	T9	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	T9	
<i>morphine sulfate oral solution</i>	T1b	
<b>MOTEGRITY</b>	T3	ST; QL (30 tablets per 30 days)
<b>MOTPOLY XR</b>	T9	
<b>MOUNJARO</b>	T2	PA; QL (2 ML per 28 days)
<b>MOVANTIK</b>	T3	ST; QL (30 tablets per 30 days)
<i>moxifloxacin hcl (2x day)</i>	T1b	
<i>moxifloxacin hcl ophthalmic solution</i>	T1b	
<b>MRESVIA</b>	T6	PV; QL (1 dose per 1 year); AL (Min 60 Years)
<b>MUCOSITISRX</b>	T9	
<b>MUGARD</b>	T9	
<b>MULPLETA</b>	T9	
<b>MULTIGEN FOLIC</b>	T9	
<b>MULTIGEN PLUS</b>	T9	
<i>multivitamin w/fluoride</i>	T3	PV
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	T3	PV
<i>mupirocin calcium</i>	T9	
<b>MUSCUSOLICE</b>	T9	
<b>MUSE</b>	T9	
<b>MVC-FLUORIDE</b>	T3	PV
<b>M-VIT</b>	T9	

Medication	Coverage Level	Restrictions
<b>MYALEPT</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>MYCAPSSA</b>	T9	
<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)
<b>MYDAYIS</b>	T9	
<b>MYFEMBREE</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>myferon 150 forte</i>	T9	
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG</b>	T3	QL (240 tablets per 30 days)
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 360 MG</b>	T3	QL (120 tablets per 30 days)
<b>MYHIBBIN</b>	T9	
<b>MYLERAN</b>	T3	
<i>mynephrocaps</i>	T9	
<b>MYNEPHRON</b>	T9	
<b>MYORISAN</b>	T2	QL (6 fills per 2 years)
<b>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER</b>	T2	ST; QL (240 ML per 30 days); AL (Max 10 Years)
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	T2	ST; QL (30 tablets per 30 days)
<b>MYTESI</b>	T9	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gml/177ml</i>	T2	
<i>naftifine hcl external cream 1 %</i>	T3	ST; QL (90 GM per 30 days)
<i>naftifine hcl external cream 2 %</i>	T9	
<i>naftifine hcl external gel 2 %</i>	T9	
<b>NAFTIN</b>	T9	
<b>NALFON ORAL CAPSULE</b>	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)

Medication	Coverage Level	Restrictions
<i>naloxone hcl nasal</i>	T1b	QL (1 box per 1 year)
<b>NALTREX</b>	T9	
<b>NAMENDA ORAL TABLET</b>	T3	QL (60 tablets per 30 days); AL (Min 40 Years)
<b>NAMENDA TITRATION PAK</b>	T3	QL (1 tabpack per 365 days); AL (Min 40 Years)
<b>NAMENDA XR</b>	T3	QL (30 capsules per 30 days); AL (Min 40 Years)
<b>NAMZARIC</b>	T9	
<i>nanran</i>	T9	
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG</b>	T9	
<b>NAPROSYN ORAL SUSPENSION</b>	T3	QL (473 ML per 30 days); AL (Max 12 Years)
<b>NAPROTIN</b>	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 oral tablet extended release 24 hour 375 mg, 750 mg</i>	T1b	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1b	
<i>naproxen-esomeprazole mg</i>	T9	
<i>naratriptan hcl</i>	T1b	QL (12 tablets per 30 days)
<b>NARCAN</b>	T3	QL (1 box per 1 year)
<b>NASCOBAL</b>	T9	
<b>NASONEX</b>	T9	
<b>NATACHEW ORAL TABLET CHEWABLE 28-1 MG</b>	T3	QL (30 tablets per 30 days)
<i>natal pnv</i>	T9	
<b>NATALVIRT FLT</b>	T9	
<b>NATAZIA</b>	T9	
<b>NATESTO</b>	T9	
<b>NATROBA</b>	T9	
<b>NAYZILAM</b>	T3	QL (5 kits per 30 days)
<i>nebivolol hcl</i>	T1b	
<b>NEFFY</b>	T9	
<b>NEMLUVIO</b>	T9	
<i>nendrux</i>	T9	
<i>neonatal + dha</i>	T9	
<i>neonatal complete oral tablet 29-1 mg</i>	T9	
<b>NEONATAL PLUS</b>	T9	

Medication	Coverage Level	Restrictions
NEOSALUS EXTERNAL FOAM	T9	
NEO-SYNALAR EXTERNAL CREAM	T9	
<i>neo-vital rx</i>	T3	
NEPHPLEX RX	T9	
NEPHROCAPS QT	T9	
NEPHRON FA	T9	
NEPHRO-VITE RX	T9	
NERLYNX	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Max of 31 days per dispensing.); SP
NESINA	T9	
NESTABS	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 Drug (Limited to a 1 month supply per fill); SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	T5	SP Drug (Limited to a 1 month supply per fill); SP
NEUPRO	T3	ST; QL (30 patches per 30 days)
<i>neurin-sl</i>	T9	
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)
NEXAVAR	T9	SP Drug ( )
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	T9	
NEXIUM	T9	
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) oral tablet extended release 500 mg, 750 mg</i>	T1b	
NICADAN	T9	



Medication	Coverage Level	Restrictions
<b>NICAZEL</b>	T9	
<b>NICAZEL FORTE</b>	T9	
<b>NICOMIDE ORAL TABLET 750-27-2-0.5 MG</b>	T9	
<b>NICOTROL</b>	Tier 8	PV; QL (1 box per 30 days)
<b>NICOTROL NS</b>	Tier 8	PV; QL (40 mls per 30 days)
<b>NIKKI</b>	Tier 8	PV
<i>nilutamide</i>	T1a	
<i>nimodipine oral capsule</i>	T2	QL (21 day supply per 365 days)
<b>NINLARO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (3 capsules per 28 days); SP
<i>nitazoxanide oral</i>	T5	SP Drug (Limited to a 1 month supply per fill); QL (6 tablets per 6 months)
<i>nitisinone</i>	T9	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T4	SP Drug (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 Drug (Limited to a 1 month supply per fill); QL (60 ML per 30 Days)
<i>nitroglycerin rectal</i>	T9	
<i>nitroglycerin sublingual</i>	T1b	
<b>NITROMIST</b>	T3	
<b>NITYR</b>	T9	
<b>NIVA-PLUS</b>	T9	
<b>NIVATOPIC PLUS</b>	T9	
<b>NIVESTYM</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<i>nizatidine oral capsule</i>	T3	
<i>nizatidine oral solution</i>	T9	
<b>NOCDURNA</b>	T9	
<b>NOCTIVA</b>	T9	
<b>NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	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

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 8	PV
<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
<b>NORITATE</b>	T9	
<b>NORLIQVA</b>	T3	QL (150 ML per 30 Days); AL (Max 6 Years)
<b>NORTHERA ORAL CAPSULE 100 MG</b>	T9	SP Drug ( )
<b>NORTHERA ORAL CAPSULE 200 MG, 300 MG</b>	T9	
<b>NORTREL 1/35 (21)</b>	Tier 8	PV
<b>NOURIANZ</b>	T9	
<b>NOVACORT EXTERNAL GEL 1-2 %</b>	T9	
<b>NOVAFERRUM ORAL SOLUTION RECONSTITUTED</b>	T9	
<b>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT</b>	T3	ST; SP
<i>novavax covid-19 vaccine</i>	T6	PV
<b>NOVOEIGHT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
<b>NOVOLIN N FLEXPEN</b>	T3	ST; AL (Max 21 Years)
<b>NOVOLOG</b>	T9	
<b>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NOVOLOG MIX 70/30</b>	T9	
<b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	T9	
<b>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T9	

Medication	Coverage Level	Restrictions
<b>NOVOSEVEN RT</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<b>NOXAFIL ORAL PACKET</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (32 packets per 30 days); AL (Min 2 Years and Max 9 Years)
<b>NOXAFIL ORAL SUSPENSION</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<b>NOXAFIL ORAL TABLET DELAYED RELEASE</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>noxifol-d</i>	T9	
<b>NP THYROID</b>	T1b	
<b>NUBEQA</b>	T4	PA; ST; SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); SP
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
<b>NUCORT</b>	T3	
<b>NUCYNTA</b>	T3	ST
<b>NUCYNTA ER</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>NUEDEXTA</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 capsules per 30 days)
<b>NUFERA</b>	T9	
<i>nujo</i>	T9	
<i>nuju</i>	T9	
<b>NULYTELY LEMON-LIME</b>	T3	
<b>NUPLAZID</b>	T9	
<i>nuquin hp</i>	T9	
<b>NURTEC</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (8 tablets per 30 days)
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	

Medication	Coverage Level	Restrictions
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>NUVAIL</b>	T9	
<b>NUVARING</b>	T9	
<b>NUVESSA</b>	T9	
<b>NUVIGIL ORAL TABLET 150 MG, 250 MG</b>	T3	QL (30 tablets per 30 days)
<b>NUVIGIL ORAL TABLET 200 MG, 50 MG</b>	T9	
<b>NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (86250 billable units per 28 days)
<b>NUZYRA INTRAVENOUS</b>	T9	
<b>NUZYRA ORAL TABLET 150 MG</b>	T9	
<b>NYAMYC</b>	T1b	QL (60 GM per 30 Days)
<b>NYLIA 1/35</b>	T1b	PV
<b>NYLIA 7/7/7</b>	Tier 8	PV
<b>NYMALIZE ORAL SOLUTION 6 MG/ML</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (1 fill per 21 days)
<b>NYMYO</b>	Tier 8	PV
<i>nynutey</i>	T9	
<b>NYPOZI</b>	T9	
<i>nystatin external powder</i>	T1b	QL (60 GM per 30 Days)
<b>NYSTOP</b>	T1b	QL (60 GM per 30 days)
<b>NYVEPRIA</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>OBREDON</b>	T9	
<b>O-CAL FA</b>	T9	
<b>OCALIVA ORAL TABLET 10 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>OCALIVA ORAL TABLET 5 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablet per 30 days); SP

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<i>octreotide acetate subcutaneous</i>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<b>OCUVEL ORAL CAPSULE 0.5 MG</b>	T9	
<b>ODACTRA</b>	T3	AL (Min 12 Years and Max 65 Years)
<b>ODEFSEY</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ODOMZO</b>	T5	PA; SP Drug (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
<b>OFEV</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (60 capsules per 30 days); AL (Min 18 Years); SP
<i>ofloxacin ophthalmic</i>	T1b	
<b>OGIVRI</b>	T9	
<b>OGSIVEO ORAL TABLET 100 MG, 150 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>OGSIVEO ORAL TABLET 50 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>OHTUVAYRE</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 vials per 30 days)
<b>OJEMDA ORAL SUSPENSION RECONSTITUTED</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (96 ML per 28 days); AL (Max 6 Years)

Medication	Coverage Level	Restrictions
<b>OJEMDA ORAL TABLET 100 MG</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (1 box per 28 days); AL (Min 6 Years and Max 25 Years)
<b>OJJAARA</b>	T5	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>OLPRUVA (2 GM DOSE)</b>	T9	
<b>OLPRUVA (3 GM DOSE)</b>	T9	
<b>OLPRUVA (4 GM DOSE)</b>	T9	
<b>OLPRUVA (5 GM DOSE)</b>	T9	
<b>OLPRUVA (6 GM DOSE)</b>	T9	
<b>OLPRUVA (6.67 GM DOSE)</b>	T9	
<b>OLUMIANT ORAL TABLET 1 MG, 2 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); SP
<b>OLUMIANT ORAL TABLET 4 MG</b>	T9	
<b>OLUX</b>	T9	
<b>OLUX-E</b>	T9	
<b>OLYSIO</b>	T9	
<b>OMECLAMOX-PAK</b>	T9	
<i>omega-3-acid ethyl esters</i>	T1b	
<i>omeprazole oral capsule delayed release</i>	T3	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T9	
<b>OMEZA COLLAGEN MATRIX</b>	T9	
<b>OMNARIS</b>	T9	
<b>OMNIPOD 5 DEXG7G6 INTRO GEN 5</b>	T5	SP Drug (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)

Medication	Coverage Level	Restrictions
<b>OMNIPOD 5 DEXG7G6 PODS GEN 5</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
<b>OMNIPOD 5 G7 INTRO (GEN 5)</b>	T5	SP Drug (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
<b>OMNIPOD 5 G7 PODS (GEN 5)</b>	T5	SP Drug (Limited to a 1-month supply per fill); QL (2 Packs per 30 days)
<b>OMNIPOD 5 LIBRE2 PLUS G6</b>	T5	SP Drug (Limited to 1 kit per 2 years); QL (1 Kit per 2 Years)
<b>OMNIPOD 5 LIBRE2 PLUS G6 PODS</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (2 Packs per 30 days)
<b>OMNIPOD DASH INTRO (GEN 4)</b>	T5	SP Drug (Limited to 1 kit per 30 days); QL (1 kit per 2 yearss)
<b>OMNIPOD DASH PODS (GEN 4)</b>	T5	SP Drug (Limited to a 1 month supply per fill ); QL (2 packs per 30 days)
<b>OMNIPOD GO</b>	T9	
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
<b>OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SP Drug (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days); SP
<i>ondansetron hcl oral tablet 24 mg</i>	T1b	
<i>ondansetron oral tablet dispersible 16 mg</i>	T9	
<b>ONEXTON</b>	T9	
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	T3	ST
<b>ONGENTYS</b>	T3	ST
<b>ONGLYZA</b>	T3	ST; QL (30 tablets per 30 days)
<b>ONMEL</b>	T9	
<b>ONUREG ORAL TABLET 200 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (14 tablets per 28 days); SP

Medication	Coverage Level	Restrictions
<b>ONUREG ORAL TABLET 300 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (14 tablets per 28 days); SP
<i>onzdeaxiademtar</i>	T9	
<i>onzdeaxiatar</i>	T9	
<b>ONZETRA XSAIL</b>	T9	
<b>OPFOLDA</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (8 capsules per 30 days); SP
<b>OPIPZA</b>	T9	
<i>opium</i>	T9	
<b>OPSUMIT</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>OPSYNVI</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>OPVEE</b>	T2	QL (1 box per 1 year)
<b>OPZELURA</b>	T9	
<b>ORACEA</b>	T9	
<i>oral citrate</i>	T1b	
<b>ORALAIR</b>	T3	AL (Min 10 Years and Max 65 Years)
<b>ORAMAGICRX</b>	T9	
<b>ORAPRED ODT</b>	T9	
<b>ORAVIG</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill)
<b>ORENCIA CLICKJECT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 ML per 28 days); SP
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (1.6 ML per 28 days); SP



Medication	Coverage Level	Restrictions
<b>ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2.8 ML per 28 days); SP
<b>ORENITRAM MONTH 1</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
<b>ORENITRAM MONTH 2</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
<b>ORENITRAM MONTH 3</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (1 kit per 28 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (2880 tablets per 30 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (1440 tablets per 30 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (360 tablets per 30 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days); SP
<b>ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); SP
<b>ORFADIN</b>	T9	
<b>ORGOVYX</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>ORIAHNN</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (56 capsules per 28 days)
<b>ORLISSA ORAL TABLET 150 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (28 tablets per 28 days)

Medication	Coverage Level	Restrictions
<b>ORLISSA ORAL TABLET 200 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<b>ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (56 packets per 28 days); AL (Min 1 Years and Max 5 Years); SP
<b>ORKAMBI ORAL PACKET 75-94 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 packets per 30 days); AL (Min 1 Years); SP
<b>ORKAMBI ORAL TABLET 100-125 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years); SP
<b>ORKAMBI ORAL TABLET 200-125 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (112 tablets per 28 days); AL (Min 6 Years); SP
<b>ORLADEYO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); AL (Min 12 Years)
<i>orlistat oral</i>	T9	
<i>orphenadrine-asa-caffeine</i>	T9	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>ORPHENGESIC FORTE ORAL TABLET 770-60-50 MG</b>	T9	
<b>ORSERDU</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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>ortho df</i>	T9	
<b>ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>ORTIKOS</b>	T9	
<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)
<b>OSENI</b>	T9	

Medication	Coverage Level	Restrictions
<b>OSMOLEX ER</b>	T9	
<b>OSPHENA</b>	T2	ST
<b>OTEZLA ORAL TABLET 20 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1-month supply per fill); QL (60 Tablets per 30 days)
<b>OTEZLA ORAL TABLET 30 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); AL (Min 18 Years); SP
<b>OTEZLA ORAL TABLET THERAPY PACK 10 &amp; 20 &amp; 30 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (1 pack per 1 year); AL (Min 18 Years); SP
<b>OTEZLA ORAL TABLET THERAPY PACK 4 X 10 &amp; 51 X20 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1-month supply per fill); QL (1 Pack per 1 Year)
<b>OTOVEL</b>	T2	AL (Min 6 Months and Max 17 Years)
<b>OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML</b>	T9	
<b>OVACE PLUS</b>	T9	
<b>OVACE PLUS WASH</b>	T9	
<b>OVACE WASH</b>	T9	
<b>OVIDE</b>	T3	
<b>OXANDRIN</b>	T3	
<i>oxaprozin oral capsule</i>	T9	
<b>OXAYDO ORAL TABLET ABUSE-DETERRENT</b>	T3	ST
<b>OXBRYTA</b>	T9	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	T4	ST; QL (30 tablets per 30 days)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	T4	ST; QL (120 tablets per 30 days)
<b>OXERVATE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (8 weeks per 1 lifetime); SP
<i>oxiachlo</i>	T9	

Medication	Coverage Level	Restrictions
<i>oxiaice</i>	T9	
<i>oxianuji</i>	T9	
<i>oxiavar</i>	T9	
<i>oxiavary</i>	T9	
<i>oxiconazole nitrate</i>	T3	ST; QL (30 GM per 30 days)
<b>OXISTAT EXTERNAL LOTION</b>	T9	
<i>oxopid</i>	T9	
<i>oxopidaxiaqup</i>	T9	
<b>OXTELLAR XR</b>	T9	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T9	
<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 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	
<b>OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT</b>	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)
<b>OXYTROL</b>	T9	
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE)</b>	T9	
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	T9	
<b>OZEMPIC (2 MG/DOSE)</b>	T9	
<b>OZOBAX</b>	T9	
<b>OZOBAX DS</b>	T9	
<b>PALFORZIA (12 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<b>PALFORZIA (120 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<b>PALFORZIA (160 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )

Medication	Coverage Level	Restrictions
<b>PALFORZIA (20 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<b>PALFORZIA (200 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<b>PALFORZIA (240 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<b>PALFORZIA (3 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<b>PALFORZIA (300 MG MAINTENANCE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (30 packets per 30 days)
<b>PALFORZIA (300 MG TITRATION)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (30 packets per 30 days)
<b>PALFORZIA (40 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<b>PALFORZIA (6 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<b>PALFORZIA (80 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill)
<b>PALFORZIA INITIAL ESCALATION</b>	T4	PA; SP Drug (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)
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 syringes per 30 days); SP
<b>PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (30 syringes per 30 days); SP
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill )
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill)
<b>PANDEL</b>	T9	

Medication	Coverage Level	Restrictions
<i>pantoprazole sodium oral packet</i>	T9	
<i>pantoprazole sodium oral tablet delayed release</i>	T3	
<b>PARAFON FORTE DSC</b>	T9	
<i>paregoric</i>	T9	
<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	
<i>paroxetine hcl oral tablet</i>	T1a	
<i>paroxetine mesylate</i>	T9	
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 37.5 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG</b>	T3	ST; QL (60 tablets per 30 days)
<b>PAXLOVID (150/100)</b>	T4	SP Drug (Limited to 1 fill per year); QL (1 pack per 1 year)
<b>PAXLOVID (300/100)</b>	T4	SP Drug (Limited to 1 fill per year); QL (1 pack per 1 year)
<b>PAZEO</b>	T9	
<i>pazopanib hcl</i>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<i>pb-hyoscy-atropine-scopolamine oral tablet</i>	T9	
<i>pedipak</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
<b>PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (48 Treatments per 1 Lifetime); SP
<b>PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (48 treatments per 1 lifetime); SP
<b>PEG-PREP</b>	Tier 8	PV
<b>PEMAZYRE</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (14 tablets per 21 days)
<b>PEMGARDA</b>	T9	
<b>PEMRYDI RTU INTRAVENOUS SOLUTION 500 MG/50ML</b>	T9	
<b>PENBRAYA</b>	T6	PV; QL (2 doses per 1 lifetime)

Medication	Coverage Level	Restrictions
<i>penciclovir</i>	T5	ST; SP Drug (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 Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>PENNSAID TRANSDERMAL</b>	T9	
<b>PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	T6	PV
<i>pentamidine isethionate inhalation</i>	T1b	
<b>PENTASA</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (240 capsules per 30 days)
<i>pentazocine-naloxone hcl</i>	T2	ST
<b>PEPCID ORAL TABLET</b>	T9	
<b>PERFOROMIST</b>	T9	
<b>PERTZYE</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill)
<b>PEXEVA</b>	T9	
<b>PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML</b>	T6	PV
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	T6	PV
<i>pfizer-biontech covid-19 vacc</i>	T6	PV
<b>PHEBURANE</b>	T9	
<i>phedrax</i>	T9	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1b	
<i>phendimetrazine tartrate</i>	T1b	
<i>phenoxybenzamine hcl oral</i>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (90 capsules per 30 days)
<i>phentermine hcl oral</i>	T1b	
<i>phenytoin sodium extended</i>	T1b	
<i>pheoxia</i>	T9	
<b>PHEXXI</b>	T3	QL (12 tubes per 30 days)
<b>PHILITH</b>	T1b	PV
<b>PHLAG SPRAY</b>	T9	
<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	

Medication	Coverage Level	Restrictions
<b>PIFELTRO</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<i>pilocarpine hcl oral</i>	T1b	QL (120 tablets per 30 days)
<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)
<b>PIMTREA</b>	Tier 8	PV
<i>pioglitazone hcl-glimepiride</i>	T9	
<b>PIQRAY (200 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Max of 31 days per dispensing. ); QL (28 tablets per 28 days); SP
<b>PIQRAY (250 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Max of 31 days per dispensing. ); QL (56 tablets per 28 days); SP
<b>PIQRAY (300 MG DAILY DOSE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Max of 31 days per dispensing. ); QL (56 tablets per 28 days); SP
<i>pirfenidone oral capsule</i>	T9	
<i>pirfenidone oral tablet 267 mg</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (270 tablets per 30 days); SP
<i>pirfenidone oral tablet 534 mg</i>	T9	
<i>pirfenidone oral tablet 801 mg</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (90 tablets per 30 days); SP
<i>pitavastatin calcium</i>	T3	ST; QL (30 tablets per 30 Days)
<b>PLEGRIDY INTRAMUSCULAR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a one month supply per fill); QL (2 syringes per 28 days); SP
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP



Medication	Coverage Level	Restrictions
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<b>PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 pens per 28 days); SP
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>PLENITY</b>	T9	
<b>PLENVU</b>	T3	
<b>PLEXION CLEANSER EXTERNAL LIQUID</b>	T9	
<b>PLEXION CLEANSING CLOTH EXTERNAL PAD</b>	T9	
<b>PLEXION EXTERNAL CREAM</b>	T9	
<b>PLEXION NS</b>	T9	
<b>PLIAGLIS EXTERNAL CREAM</b>	T9	
<b>PNEUMOVAX 23</b>	T6	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	
<i>pnv-select</i>	T1b	
<i>podocon</i>	T9	
<b>PODOCON-25</b>	T9	
<i>podofilox external gel</i>	T3	ST
<i>podoxia</i>	T9	
<i>podprogtar</i>	T9	
<i>podtar</i>	T9	
<b>POKONZA</b>	T9	
<b>POLY-VI-FLOR ORAL TABLET CHEWABLE</b>	T9	
<b>POLY-VI-FLOR/IRON</b>	T9	

Medication	Coverage Level	Restrictions
<b>POMALYST</b>	T5	PA; SP Drug (Max of 31 days per dispensing.); SP
<b>PONVORY</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 tablet per 30 days); SP
<b>PONVORY STARTER PACK</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill); QL (1 pack per 2 years); SP
<b>PORTIA-28</b>	Tier 8	PV
<i>posaconazole oral suspension</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (450 ML per 30 days)
<i>posaconazole oral tablet delayed release</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<b>POSFREA</b>	T9	
<i>pot &amp; sod cit-cit ac</i>	T1b	
<b>POTABA ORAL CAPSULE</b>	T9	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	T1b	
<i>potassium chloride er oral tablet extended release 15 meq</i>	T1b	
<i>potassium chloride oral packet</i>	T9	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	T3	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>potassium citrate-citric acid oral solution</i>	T1b	
<i>potassium iodide (expectorant)</i>	T2	
<i>potassium iodide oral solution</i>	T2	
<b>POTIGA</b>	T3	ST; QL (90 tablets per 30 days)
<i>povidone-iodine ophthalmic</i>	T9	
<b>PR BENZOYL PEROXIDE WASH</b>	T9	
<b>PRADAXA ORAL CAPSULE</b>	T3	QL (62 capsules per 31 days)
<b>PRADAXA ORAL PACKET</b>	T9	
<b>PRAKETAMIDE</b>	T9	
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	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)
<b>PRAMOSONE</b>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>pramoxine-hc external cream</i>	T9	
<i>prasugrel hcl</i>	T1b	QL (31 tablets per 31 days)
<b>PRED-G S.O.P.</b>	T3	
<i>prednisolone oral tablet</i>	T9	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml</i>	T9	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	T1b	
<i>prednisolone-bromfenac ophthalmic solution</i>	T9	
<i>prednisolone-gatifloxacin ophthalmic solution</i>	T9	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution</i>	T9	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1a	
<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)
<b>PREGNYL</b>	T3	SP
<b>PREHEVBRIO</b>	T6	QL (3 doses per 1 lifetime); AL (Min 18 Years)
<b>PREMARIN ORAL</b>	T2	QL (30 tablets per 30 days)
<i>prena 1 true</i>	T1b	
<i>prena1</i>	T1b	
<i>prena1 pearl</i>	T1b	
<i>prenaissance</i>	T1b	
<i>prenaissance plus</i>	T1b	
<b>PRENATA</b>	T3	
<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 oral tablet 27-0.8 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	
<b>PRENATAL-U</b>	T1b	
<b>PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG, 28-0.6-0.4-300 MG</b>	T3	
<b>PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG, 26-0.6-0.4 MG</b>	T3	

Medication	Coverage Level	Restrictions
<b>PRENATE ENHANCE</b>	T3	
<b>PRENATE PIXIE</b>	T3	QL (30 capsules per 30 days)
<b>PRENATE RESTORE</b>	T3	
<b>PRENATE STAR</b>	T3	
<b>PREPIDIL</b>	T3	
<b>PRESERA</b>	T9	
<b>PRESTALIA</b>	T3	ST; QL (30 tablets per 30 days)
<i>pretomanid</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG</b>	T9	
<b>PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG</b>	T9	
<b>PREVIDENT 5000 KIDS</b>	T3	
<b>PREVIDENT 5000 ORTHO DEFENSE</b>	T3	
<b>PREVNAR 13</b>	T6	PV; QL (2 doses per 1 lifetime)
<b>PREVNAR 20</b>	T6	PV
Prevpac	Benefit Exclusion	
<b>PREVYMIS ORAL</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill)
<b>PREZCOBIX</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>PREZISTA ORAL SUSPENSION</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>prilovix</i>	T9	
<i>primidone oral tablet 125 mg</i>	T9	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1a	
<b>PRIMLEV</b>	T9	
<b>PRIMSOL</b>	T9	
<b>PRIORIX</b>	T6	PV; QL (2 doses per 1 lifetime)
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG</b>	T3	QL (60 tablets per 30 days)
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG</b>	T3	QL (30 tablets per 30 days)
<b>PROAIR DIGIHALER</b>	T9	
<b>PROAIR HFA</b>	T9	
<b>PROAIR RESPICLICK</b>	T9	
<b>PROBUPHINE IMPLANT KIT</b>	T9	

Medication	Coverage Level	Restrictions
<b>PROCENTRA</b>	T1b	
<i>prochlorperazine maleate oral</i>	T1a	
<b>PROCRIT</b>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<b>PROCTOCORT RECTAL SUPPOSITORY</b>	T9	
<b>PROCTOFOAM HC EXTERNAL</b>	T2	QL (2 cans per 30 days)
<b>PROCYSBI ORAL CAPSULE DELAYED RELEASE</b>	T9	
<b>PROFENO</b>	T9	
<b>PROFILNINE</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>PROFINAC</b>	T9	
<b>PROGLYCEM</b>	T9	
<b>PROGRAF ORAL PACKET</b>	T3	AL (Max 9 Years)
<b>PROLATE</b>	T9	
<b>PROLENSA</b>	T9	
<b>PROMACTA ORAL PACKET</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 packets per 30 days); SP
<b>PROMACTA ORAL TABLET 12.5 MG, 75 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>PROMACTA ORAL TABLET 25 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>PROMACTA ORAL TABLET 50 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<i>promethazine vcl/codeine</i>	T1b	
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>	T9	
<b>PROMISEB</b>	T9	
<b>PROMISEB COMPLETE</b>	T9	
<b>PRONAL</b>	T9	
<i>prooxia</i>	T9	
<b>PROPECIA</b>	T9	
<i>propranolol hcl intravenous</i>	T1b	

Medication	Coverage Level	Restrictions
<i>propranolol hcl oral</i>	T1a	
<b>PROTONIX ORAL TABLET DELAYED RELEASE 20 MG</b>	T9	
<b>PROVENTIL HFA</b>	T9	
<i>provenza</i>	T9	
<b>PROVIGIL ORAL TABLET 100 MG</b>	T3	QL (31 tablets per 31 days)
<b>PROVIGIL ORAL TABLET 200 MG</b>	T3	QL (62 tablets per 31 days)
<b>PRUCLAIR</b>	T9	
<b>PRUDOXIN</b>	T9	
<b>PRUMYX</b>	T9	
<b>PRUTECT</b>	T9	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T9	
<b>PULMICORT FLEXHALER</b>	T1b	QL (1 inhaler per 28 days)
<b>PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>PURALOR CI</b>	T9	
<i>purefe plus</i>	T9	
<i>purevit dualfe plus</i>	T9	
<b>PURIXAN</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>PYLERA</b>	T3	ST
<b>PYRIDIUM</b>	T3	
<i>pyridostigmine bromide er</i>	T9	
<i>pyrimethamine oral</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); SP
<b>PYRUKYND</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<b>PYRUKYND TAPER PACK</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<b>QBRELIS</b>	T3	AL (Max 9 Years)
<b>QBREXZA</b>	T9	
<b>QDOLO</b>	T9	
<b>QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG</b>	T3	ST; QL (30 capsules per 30 days); AL (Min 6 Years)
<b>QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG</b>	T3	ST; QL (60 capsules per 30 days); AL (Min 6 Years)

Medication	Coverage Level	Restrictions
<b>QINLOCK</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (90 tablets per 30 days)
<b>QMIIZ ODT</b>	T9	
<b>QNASL</b>	T9	
<b>QNASL CHILDRENS</b>	T9	
<b>QSYMIA</b>	T3	ST
<b>QTERN</b>	T3	ST; QL (30 tablets per 30 days)
<b>QUADRACEL INTRAMUSCULAR SUSPENSION</b>	T6	PV
<b>QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV
<b>QUALAQUIN</b>	T3	
<b>QUARTETTE</b>	T9	
<i>quazepam</i>	T9	
<b>QUDEXY XR</b>	T9	
<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	
<b>QUFLORA FE</b>	T9	
<b>QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML</b>	T9	
<i>quidroxzar</i>	T9	
<i>quihoxaxia</i>	T9	
<b>QUILLICHEW ER</b>	T3	ST; QL (30 tablets per 30 days); AL (Min 4 Years and Max 9 Years)
<b>QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER</b>	T3	ST; QL (360 ML per 30 days); AL (Min 4 Years and Max 9 Years)
<i>quinidine gluconate er</i>	T4	SP Drug (Limited to a 1 month supply per fill )
<i>quinidine sulfate oral</i>	T1a	
<i>quinine sulfate oral</i>	T1b	
<i>quitar</i>	T9	
<b>QULIPTA</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>QUVIVIQ</b>	T9	
<b>QUZYTIR</b>	T9	
<b>QVAR REDHALER</b>	T2	

Medication	Coverage Level	Restrictions
<i>rabeprazole sodium oral tablet delayed release</i>	T3	
<b>RADICAVA ORS</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (50 ML per 28 days); SP
<i>ramelteon</i>	T1b	QL (30 tablets per 30 days); AL (Min 18 Years)
<i>ramipril oral capsule 2.5 mg</i>	T1a	
<b>RANEXA</b>	T3	
<i>ranolazine er</i>	T1b	
<b>RAPAFLO</b>	T9	
<b>RAPAMUNE</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<i>rasagiline mesylate oral</i>	T1b	ST; QL (30 tablets per 30 days)
<b>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</b>	T3	ST; QL (4 syringes per 28 days)
<b>RAVICTI</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (525 ML per 30 days); SP
<b>RAYALDEE</b>	T9	
<i>rayasal</i>	T9	
<b>RAYOS</b>	T9	
<b>RAZADYNE ER</b>	T3	
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (6 ML per 28 days); SP
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (6 ML per 28 days); SP
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (6 ML per 28 days); SP



Medication	Coverage Level	Restrictions
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (6 ML per 28 days); SP
<b>REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (23000 billable units per 28 days)
<b>REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (23000 billable units per 28 days)
<b>RECEDO</b>	T9	
<b>RECOMBINATE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (55200 billable units per 28 days)
<b>RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML</b>	T6	PV; QL (3 doses per 1 Lifetime)
<b>RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (3 doses per 1 Lifetime)
<b>RECORLEV</b>	T9	
<b>RECTIV</b>	T9	
<b>REFISSA</b>	T9	
<b>REGRANEX</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill)
<b>RELADOR PAK EXTERNAL KIT</b>	T9	
<b>RELADOR PAK PLUS</b>	T9	
<b>RELAFEN DS</b>	T9	
<b>RELEUKO INJECTION SOLUTION 300 MCG/ML</b>	T5	SP Drug (Limited to a 1 month supply per fill ); SP
<i>releuko injection solution 480 mcg/1.6ml</i>	T5	SP Drug (Limited to a 1 month supply per fill ); SP
<i>releuko subcutaneous</i>	T5	SP Drug (Limited to a 1 month supply per fill ); SP
<b>RELEXXII</b>	T9	
<b>RELISTOR ORAL</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill)
<b>RELISTOR SUBCUTANEOUS KIT</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill )

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill)
<b>RELPAX</b>	T9	
<b>RELTONE</b>	T9	
<b>RELYVRIO</b>	T9	
<b>RELYYKS</b>	T9	
<b>REMICADE</b>	T9	
<b>RENAL ORAL CAPSULE</b>	T9	
<b>RENOVA</b>	T9	
<b>RENOVA PUMP</b>	T9	
<b>REVELA ORAL PACKET 0.8 GM</b>	T9	
<b>REVELA ORAL PACKET 2.4 GM</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>REVELA ORAL TABLET</b>	T9	
<b>REPATHA</b>	T2	PA; QL (2 pens per 28 days)
<b>REPATHA PUSHTRONEX SYSTEM</b>	T2	PA; QL (1 cartridge per 30 days)
<b>REPATHA SURECLICK</b>	T2	PA; QL (2 pens per 28 days)
<b>REQ 49+</b>	T9	
<b>RESTASIS</b>	T9	
<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	T9	
<b>RESTORA RX</b>	T9	
<b>RESTORA SPRINKLES</b>	T9	
<b>RESTORIL</b>	T3	QL (30 capsules per 30 days); AL (Min 18 Years)
<b>RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/2ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML</b>	T5	SP Drug (Limited to a 1 month supply per fill); SP
<b>RETEVMO ORAL CAPSULE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>RETEVMO ORAL TABLET 120 MG, 160 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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

Medication	Coverage Level	Restrictions
<b>RETEVMO ORAL TABLET 40 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>RETEVMO ORAL TABLET 80 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>RETIN-A</b>	T3	AL (Max 50 Years)
<b>RETIN-A MICRO</b>	T9	
<b>RETIN-A MICRO PUMP</b>	T9	
<b>REUSABLE COMFORTSEAL MASK-LRG</b>	T3	QL (4 masks per 1 year)
<b>REUSABLE COMFORTSEAL MASK-MED</b>	T3	QL (4 masks per 1 year)
<b>REUSABLE COMFORTSEAL MASK-SML</b>	T3	QL (4 masks per 1 year)
<b>REVATIO ORAL SUSPENSION RECONSTITUTED</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (180 ML per 30 days); AL (Max 5 Years); SP
<b>REVATIO ORAL TABLET</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>REVCovi</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill.)
<i>revesta</i>	T9	
<b>REVLIMID</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
<b>REXTOVY</b>	T2	QL (1 Box per 1 Year)
<b>REXULTI</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>REYATAZ ORAL CAPSULE 200 MG, 300 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>REYATAZ ORAL PACKET</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>REYVOW</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (4 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>REZDIFFRA</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 18 Years); SP
<b>REZLIDHIA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>REZUROCK</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>REZVOGLAR KWIKPEN</b>	T9	
<b>RHINOCORT AQUA</b>	T9	
<b>RHOFADE</b>	T3	ST; QL (60 GM per 30 days); AL (Min 18 Years)
<b>RHOPRESSA</b>	T9	
<i>ribavirin oral capsule</i>	T1b	SP
<i>ribavirin oral tablet 200 mg</i>	T1b	SP
<i>rifabutin</i>	T4	SP Drug (Limited to a 1 month supply per fill )
<b>RILUTEK</b>	T9	
<i>riluzole</i>	T1b	QL (60 tablets per 30 days)
<i>rimi</i>	T9	
<b>RINVOQ LQ</b>	T5	PA; SP Drug (Limited to a 1-month supply per fill); QL (360 ML per 30 days)
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days); SP
<b>RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to 2 fills per 2 years); QL (30 tablets per 30 days); SP
<b>RIOMET</b>	T9	
<i>risedronate sodium oral tablet 150 mg</i>	T1b	ST; QL (1 tablets per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	T4	ST; SP Drug (Limited to a 1 month supply per fill )
<i>risedronate sodium oral tablet 35 mg, 5 mg</i>	T1b	ST
<i>risedronate sodium oral tablet delayed release</i>	T2	ST
<i>risperidone oral tablet</i>	T1a	
<i>risperidone oral tablet dispersible</i>	T2	

Medication	Coverage Level	Restrictions
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG</b>	T3	QL (31 capsules per 31 days); AL (Min 4 Years)
<b>RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG</b>	T3	QL (30 capsules per 30 days); AL (Min 4 Years)
<b>RITEFLO</b>	T3	QL (4 chambers per 1 year)
<i>ritonavir</i>	T1b	
<i>rivastigmine</i>	T3	QL (30 patches per 30 days)
<b>RIVELSA</b>	T9	
<i>rixubis</i>	T5	PA; SP Drug (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)
<b>ROBAXIN ORAL</b>	T9	
<b>ROBAXIN-750</b>	T9	
<b>ROCKLATAN</b>	T9	
<i>roflumilast</i>	T1b	QL (30 tablets per 30 days)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	T1a	
<b>ROSULA WASH</b>	T9	
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	T1b	PV
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	T1b	
<b>ROSZET</b>	T9	
<b>ROTARIX ORAL SUSPENSION RECONSTITUTED</b>	T6	PV
<b>ROXICODONE ORAL TABLET 15 MG, 30 MG</b>	T3	
<i>roxifol-d</i>	T9	
<b>ROXYBOND</b>	T3	
<b>ROZEREM</b>	T3	QL (30 tablets per 30 days); AL (Min 18 Years)
<b>ROZLYTREK ORAL CAPSULE</b>	T4	PA; SP Drug (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
<b>ROZLYTREK ORAL PACKET</b>	T4	PA; SP Drug (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
<b>RUBRACA</b>	T4	PA; SP Drug (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
<b>RUCONEST</b>	T9	
<i>rufinamide oral suspension</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (2300 ML per 28 days)
<i>rufinamide oral tablet</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>RUKOBIA</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>RYALTRIS</b>	T9	
<b>RYBELSUS</b>	T9	
<b>RYCLORA ORAL SYRUP</b>	T9	
<b>RYDAPT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (56 tablets per 21 days); SP
<i>rynoderma</i>	T9	
<b>RYTARY</b>	T9	
<b>RYTHMOL SR</b>	T3	QL (60 capsules per 30 days)
<b>RYVENT</b>	T9	
<b>SABRIL</b>	T9	SP Drug ( )
<b>SAFYRAL</b>	T9	
<b>SAIZEN</b>	T9	SP Drug ( )
<b>SAJAZIR</b>	T9	
<b>SALACYN</b>	T9	
<b>SALICATE</b>	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	
<b>SALVAX</b>	T9	
<b>SALYCIM</b>	T9	
<i>salynta</i>	T9	

Medication	Coverage Level	Restrictions
<b>SAMSCA ORAL TABLET 15 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); SP
<b>SAMSCA ORAL TABLET 30 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (60 tablets per 30 days); SP
<b>SANCUSO</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill ); QL (1 patch per 28 days)
<b>SANTYL</b>	T3	QL (60 GM per 30 days)
<b>SAPHRIS</b>	T9	
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); SP
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); SP
<i>saroxia</i>	T9	
<b>SAVAYSA</b>	T3	ST; QL (30 tablets per 30 days)
<b>SAVELLA</b>	T2	ST; QL (60 tablets per 30 days)
<b>SAVELLA TITRATION PACK</b>	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)
<b>SAXENDA</b>	T9	
<i>scalacort</i>	T9	
<b>SCARTRATE</b>	T9	
<b>SCEMBLIX ORAL TABLET 100 MG</b>	T5	PA; SP Drug (Limited to a 1-month supply per fill); QL (120 Tablets per 30 days)
<b>SCEMBLIX ORAL TABLET 20 MG, 40 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>scopolamine</i>	T1b	
<b>SEASONIQUE</b>	T9	
<b>SECUADO</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill ); QL (30 patches per 30 days); AL (Min 18 Years)
<b>SEGLENTIS</b>	T9	
<b>SEGLUROMET</b>	T3	ST; QL (60 tablets per 30 days)
<i>selenium sulfide external shampoo 2.3 %</i>	T9	
<b>SELRX</b>	T9	
<b>SELZENTRY ORAL SOLUTION</b>	T4	SP Drug (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<b>SELZENTRY ORAL TABLET 150 MG, 300 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>SELZENTRY ORAL TABLET 25 MG, 75 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>SEMGLEE</b>	T9	
<b>SEMGLEE (YFGN)</b>	T9	
<b>SEMPREX-D</b>	T9	
<i>se-natal 19 oral tablet chewable</i>	T1b	QL (30 tablets per 30 days)
<b>SENSIPAR</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>SERNIVO</b>	T9	
<b>SEROQUEL ORAL TABLET 100 MG</b>	T3	
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 50 MG</b>	T3	QL (30 tablets per 30 days)
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG</b>	T3	QL (60 tablets per 30 days)
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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	
<b>SETLAKIN</b>	Tier 8	PV
<i>sevelamer carbonate oral packet</i>	T5	SP Drug (Limited to a 1 month supply per fill )
<i>sevelamer carbonate oral tablet</i>	T2	QL (510 tablets per 30 days)
<i>sevelamer hcl</i>	T4	ST; SP Drug (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days)
<b>SEVENFACT</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<b>SEYSARA</b>	T9	
<b>SFROWASA</b>	T3	QL (30 bottles per 30 days)
<b>SHAROBEL</b>	Tier 8	PV



Medication	Coverage Level	Restrictions
<b>SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML</b>	T6	PV; QL (2 doses per 1 lifetime); AL (Min 18 Years)
<b>SIDEROL ORAL LIQUID†</b>	T9	
<b>SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill )
<b>SIGNIFOR SUBCUTANEOUS SOLUTION 0.9 MG/ML</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill )
<b>SIKLOS</b>	T9	
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; SP Drug (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
<b>SILENOR</b>	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)
<b>SILIQ</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-20 MG, 500-20 MG, 500-40 MG, 750-20 MG</b>	T2	QL (62 tablets per 31 days)
<b>SIMCOR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000-40 MG</b>	T2	QL (60 tablets per 30 days)
<b>SIMLANDI (1 PEN)</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP
<b>SIMLANDI (2 PEN)</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 auto-injectors per 28 days); SP

Medication	Coverage Level	Restrictions
<b>SIMLANDI (2 SYRINGE)</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1-month supply per fill); QL (2 Syringes per 28 days)
<b>SIMLIYA</b>	Tier 8	PV
<b>SIMPESSE</b>	Tier 8	PV
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (1 auto-syringe per 28 days); SP
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (1 auto-syringe per 28 days); SP
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SP Drug (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	
<b>SINELEE</b>	T9	
<b>SINUVA</b>	T9	
<i>sirolimus oral</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>SIRTURO</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>sitagliptin</i>	T9	
<i>sitagliptin base-metformin hcl</i>	T9	
<b>SITAVIG</b>	T9	
<b>SIVEXTRO</b>	T9	
<b>SKYCLARYS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (90 capsules per 30 days); AL (Min 16 Years and Max 40 Years)
<b>SKYRIZI PEN</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 12 week supply per fill); QL (1 pen per 12 weeks); SP
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to an 8 week supply per fill); QL (1 kit per 8 weekss); SP

Medication	Coverage Level	Restrictions
<b>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to an 8 week supply per fill); QL (1 kit per 8 weeks); SP
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 12 week supply per fill); QL (1 syringe per 12 weeks); SP
<b>SKYTROFA</b>	T9	
<b>SLYND</b>	T3	ST; QL (28 tablets per 28 days)
<b>SOAANZ</b>	T9	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</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 Drug (Limited to a 1 month supply per fill); QL (540 ML per 30 days)
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<i>sodium phenylbutyrate oral tablet</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill )
<i>sodium sulfacetamide external shampoo</i>	T9	
<i>sodium sulfacetamide wash</i>	T9	
<i>sofosbuvir-velpatasvir</i>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>SOGROYA</b>	T9	
<b>SOHONOS ORAL CAPSULE 1 MG, 1.5 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (112 capsules per 28 days)

Medication	Coverage Level	Restrictions
<b>SOHONOS ORAL CAPSULE 10 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (56 capsules per 28 days)
<b>SOHONOS ORAL CAPSULE 2.5 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (140 capsules per 28 days)
<b>SOHONOS ORAL CAPSULE 5 MG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (84 capsules per 28 days)
<b>SOLESTA</b>	T3	SP
<i>solifenacin succinate</i>	T1b	QL (30 tablets per 30 days)
<b>SOLQUA</b>	T2	QL (15 ML per 25 days)
<b>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG</b>	T9	
<b>SOLOSEC</b>	T9	
<b>SOLTAMOX</b>	T9	
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG</b>	T2	QL (2 vials per 1 year)
<b>SOMA ORAL TABLET 350 MG</b>	T9	
<b>SOMATULINE DEPOT</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>SONAFINE</b>	T9	
<b>SONATA</b>	T3	QL (31 capsules per 31 days); AL (Min 18 Years)
<b>SOOLANTRA</b>	T3	ST; QL (45 GM per 30 days)
<i>sorafenib tosylate</i>	T4	PA; SP Drug (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
<b>SORILUX</b>	T9	
<b>SOTYKTU</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>SOTYLIZE</b>	T3	
<b>SOVALDI ORAL PACKET</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>SOVALDI ORAL TABLET 200 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>SOVALDI ORAL TABLET 400 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); SP
<b>SOVUNA</b>	T9	
<b>SPIKEVAX</b>	T6	PV
<b>SPIKEVAX COVID-19 VACCINE</b>	T6	
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT</b>	T2	QL (1 Inhaler per 30 Days)
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>	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 25 mg</i>	T1a	
<b>SPORANOX ORAL CAPSULE</b>	T9	
<b>SPORANOX ORAL SOLUTION</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (600 ML per 30 days)
<b>SPORANOX PULSEPAK</b>	T9	
<b>SPRITAM</b>	T3	ST; QL (60 tablets per 30 days)
<b>SPRIX</b>	T9	
<b>SPRYCEL</b>	T9	
<b>SSKI</b>	T3	
<i>stamaril</i>	T9	
<b>STAXYN</b>	T9	
<b>STEGLATRO</b>	T3	ST; QL (30 tablets per 30 days)
<b>STEGLUJAN</b>	T3	ST; QL (30 tablets per 30 days)
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed 2 vials for first month starting dose); SP

Medication	Coverage Level	Restrictions
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed 2 syringes for first month starting dose ); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed 2 syringes for first month starting dose); SP
STENDRA	T9	
STIMATE	T4	SP Drug (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)
STIVARGA	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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 Drug (Limited to a 1 month supply per fill)
STRIANT	T9	
STRIBILD	T4	SP Drug (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)

Medication	Coverage Level	Restrictions
<b>SUCRAID</b>	T4	SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<b>SUDOGEST ORAL TABLET 60 MG</b>	T9	
<b>SUFLAVE</b>	T3	
<i>sulconazole nitrate external cream</i>	T3	ST
<i>sulconazole nitrate external solution</i>	T9	
<i>sulfacetamide sodium (acne)</i>	T2	
<i>sulfacetamide sodium (cleans)</i>	T1b	
<i>sulfacetamide sodium-sulfur external cream 9.8-4.8 %</i>	T9	
<i>sulfacetamide sodium-sulfur external liquid 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>sulfamethoxazole-trimethoprim oral tablet</i>	T1a	
<b>SULFAMYLON</b>	T9	
<b>SULFATRIM PEDIATRIC</b>	T1b	
<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	
<b>SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR</b>	T9	
<b>SUMAXIN</b>	T9	
<b>SUMAXIN CP</b>	T9	
<b>SUMAXIN TS</b>	T9	
<b>SUMAXIN WASH</b>	T9	

Medication	Coverage Level	Restrictions
<i>sunitinib malate</i>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>SUNLENCA ORAL</b>	T5	PA; SP Drug (Limited to 1 fill per year); QL (1 pouch per 1 year)
<b>SUNOSI</b>	T3	ST; QL (30 tablets per 30 days)
<b>SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>SUPERVITE</b>	T9	
<b>SUSTOL</b>	T9	
<b>SUTAB</b>	T9	
<b>SUTENT</b>	T9	
<i>suvicort</i>	T9	
<b>SYEDA</b>	Tier 8	PV
<b>SYMBICORT</b>	T9	
<b>SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 6-25 MG, 6-50 MG</b>	T9	
<b>SYMDEKO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>SYMFI</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>SYMFI LO</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML</b>	T2	QL (4 syringes per 31 days)
<b>SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML</b>	T2	QL (4 syringes per 31 Days)
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (6 ML per 30 days)
<b>SYMPAZAN</b>	T9	
<b>SYMPROIC</b>	T3	ST; QL (30 tablets per 30 days)
<b>SYMTUZA</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>SYNALAR</b>	T9	
<b>SYNALAR TS</b>	T9	
<b>SYNAREL</b>	T9	
<b>SYNDROS</b>	T9	



Medication	Coverage Level	Restrictions
<b>SYNERA</b>	T9	
<b>SYNERDERM</b>	T9	
<b>SYNJARDY</b>	T2	QL (60 tablets per 30 days)
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG</b>	T2	QL (30 tablets per 30 days)
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG</b>	T2	QL (60 tablets per 30 days)
<i>synvexia</i>	T9	
<b>SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>SYPRINE</b>	T9	
<b>TABLOID</b>	T5	SP Drug (Max of 31 days per dispensing. )
<b>TABRECTA</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days); SP
<b>TACLONEX</b>	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)
<i>tadalafil (pah)</i>	T9	SP Drug ( )
<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)
<b>TADLIQ</b>	T9	
<b>TAFINLAR ORAL CAPSULE</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>TAFINLAR ORAL TABLET SOLUBLE</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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>	T3	
<b>TAGRISSO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>TAKHZYRO SUBCUTANEOUS SOLUTION</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 vials per 28 days); SP
<b>TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 28 days); SP
<b>TALICIA</b>	T9	
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (1 auto-injector per 28 days); SP
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (1 syringe per 28 days); SP
<b>TALZENNA</b>	T5	PA; SP Drug (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
<b>TAMIFLU ORAL CAPSULE</b>	T3	QL (10 capsules per 1 fill)
<b>TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML</b>	T3	QL (120 ML per 1 fill)
<i>tamoxifen citrate oral tablet 10 mg</i>	T1b	
<i>tamsulosin hcl</i>	T1b	
<b>TANDEM MOBI CARTRIDGE 2ML</b>	T9	
<b>TANDEM MOBI SYSTEM STARTER</b>	T9	
<b>TANDEM PLUS</b>	T9	
<b>TANLOR</b>	T9	
<b>TAPERDEX 12-DAY</b>	T9	
<b>TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)</b>	T9	
<b>TARCEVA</b>	T9	
<b>TARGADOX</b>	T9	
<b>TARGETIN</b>	T9	
<b>TARINA 24 FE</b>	Tier 8	PV
<b>TARINA FE 1/20</b>	Tier 8	PV
<b>TARINA FE 1/20 EQ</b>	Tier 8	PV
<i>taron forte</i>	T9	

Medication	Coverage Level	Restrictions
<i>taroxia external cream</i>	T9	
<b>TARPEYO</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
<b>TASCENSO ODT</b>	T9	
<b>TASIGNA ORAL CAPSULE 150 MG, 200 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>TASIGNA ORAL CAPSULE 50 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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>tasimelteon</i>	T5	PA; SP Drug (Limited to a 1 month supply per fill); SP
<i>tavaborole</i>	T9	
<b>TAVALISSE</b>	T9	
<b>TAVNEOS</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (180 capsules per 30 days)
<b>TAYSOFY</b>	T9	
<b>TAYTULLA</b>	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	
<b>TAZORAC EXTERNAL CREAM 0.05 %</b>	T3	ST
<b>TAZORAC EXTERNAL CREAM 0.1 %</b>	T2	ST
<b>TAZORAC EXTERNAL GEL</b>	T9	
<b>TAZVERIK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>TDVAX</b>	T6	PV; QL (1 Injection per 10 years)

Medication	Coverage Level	Restrictions
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE</b>	T9	
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK</b>	T9	
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG</b>	T3	ST; QL (60 tablets per 30 days)
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 200 MG</b>	T3	ST; QL (60 tablets per 2 days)
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG</b>	T3	ST; QL (120 tablets per 30 days)
<b>TEGSEDI</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 syringes per 30 days); SP
<b>TEKTURNA</b>	T3	
<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	
<b>TEMIXYS</b>	T9	
<i>temozolomide</i>	T4	PA; SP Drug (Max of 31 days per dispensing.); SP
<b>TEMPO SMART BUTTON</b>	T9	
<b>TEMPO WELCOME</b>	T9	
<b>TENCON ORAL TABLET 50-325 MG</b>	T1b	
<b>TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU</b>	T6	PV; QL (1 dose per 10 years)
<i>tenofovir disoproxil fumarate</i>	T1b	
<b>TEPMETKO</b>	T5	PA; SP Drug (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>terazosin hcl oral</i>	T1a	
<i>terbinafine hcl oral</i>	T1b	
<i>teriflunomide</i>	T1b	QL (30 tablets per 30 days); SP
<i>teriparatide</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); SP
<b>TESTIM</b>	T9	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%)</i>	T2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T9	

Medication	Coverage Level	Restrictions
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	T2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T2	PA
<i>testosterone transdermal solution</i>	T9	
<b>TESTRED</b>	T9	
<i>tetanus-diphtheria toxoids td</i>	T6	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 Drug (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 Drug (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	
<b>TETRIX EXTERNAL CREAM</b>	T9	
<b>TEXACORT</b>	T9	
<b>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (1 pen per 28 days); SP
<b>TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T9	
<b>THALITONE</b>	T9	
<b>THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill ); SP
<b>THALOMID ORAL CAPSULE 50 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill); SP
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1b	
<b>THIOLA</b>	T9	
<b>THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (240 tablets per 30 days)
<b>THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (90 tablets per 30 days)
<i>thrivite 19 oral tablet 29-1 mg</i>	T9	
<b>THYQUIDITY</b>	T9	
<b>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 420 MG</b>	T1b	
<i>tiagabine hcl oral tablet 12 mg, 4 mg</i>	T3	QL (120 tablets per 30 days)

Medication	Coverage Level	Restrictions
<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)
<b>TIBSOVO</b>	T4	PA; SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>TICALAST</b>	T9	
<b>TICOVAC</b>	T9	
<b>TIGLUTIK</b>	T9	
<b>TILIA FE</b>	Tier 8	PV
<i>timolol maleate (once-daily)</i>	T9	
<i>timolol maleate ophthalmic solution 0.25 %</i>	T1a	
<i>timolol maleate ophthalmic solution 0.5 %</i>	T2	
<i>timolol maleate pf</i>	T9	
<i>timolol-dorzolamid-bimatoprost</i>	T9	
<b>TIMOPTIC OCUDOSE</b>	T9	
<i>tiopronin oral tablet</i>	T4	PA; SP Drug (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 Drug (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 Drug (Limited to a 1-month supply per fill); QL (90 Tablets per 30 days)
<i>tiotropium bromide monohydrate</i>	T9	
<b>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</b>	T9	
<b>TIROSINT-SOL ORAL SOLUTION 37.5 MCG/ML, 44 MCG/ML, 62.5 MCG/ML</b>	T9	
<b>TIVICAY ORAL TABLET 10 MG, 25 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>TIVICAY ORAL TABLET 50 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>TIVICAY PD</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>TIVORBEX</b>	T9	
<b>TLANDO</b>	T9	
<i>tl-hem 150</i>	T9	

Medication	Coverage Level	Restrictions
<b>TOBI</b>	T5	PA; SP Drug (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
<b>TOBI PODHALER</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (224 capsules per 28 days); SP
<b>TOBRADEX OPHTHALMIC OINTMENT</b>	T3	ST
<b>TOBRADEX ST</b>	T3	ST
<i>tobramycin inhalation</i>	T4	PA; SP Drug (Limited to 56 day supply per fill); QL (280 ML per 56 days); SP
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	T1b	
<i>tobramycin-vancomycin hcl</i>	T9	
<b>TOFIDENCE</b>	T9	
<b>TOFRANIL-PM ORAL CAPSULE 100 MG</b>	T3	ST; QL (60 capsules per 30 days)
<b>TOFRANIL-PM ORAL CAPSULE 75 MG</b>	T3	ST; QL (30 capsules per 30 days)
<b>TOLAK</b>	T2	QL (1 tube per 30 days)
<i>tolcapone</i>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>TOLECTIN 600</b>	T9	
<i>tolsura</i>	T9	
<i>tolvaptan</i>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>TOPICORT EXTERNAL CREAM 0.05 %</b>	T9	
<b>TOPICORT EXTERNAL GEL</b>	T9	
<b>TOPICORT SPRAY</b>	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 tablet 25 mg, 50 mg</i>	T1a	
<i>toremifene citrate</i>	T4	ST; SP Drug (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<b>TORPENZ</b>	T9	
<i>toremide oral tablet 10 mg, 20 mg</i>	T1a	
<b>TOSYMRA</b>	T9	
<b>TOUJEO MAX SOLOSTAR</b>	T1b	
<b>TOUJEO SOLOSTAR</b>	T1b	
<b>TOVET EXTERNAL FOAM</b>	T3	QL (100 GM per 30 days)
<b>TOVIAZ</b>	T3	QL (30 tablets per 30 days)
<i>toxicology saliva collection</i>	T9	

Medication	Coverage Level	Restrictions
<b>TRACLEER ORAL TABLET</b>	T9	SP Drug ( )
<b>TRACLEER ORAL TABLET SOLUBLE</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>TRADJENTA</b>	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	
<i>trandolapril-verapamil hcl er</i>	T1b	
<b>TRANSDERM-SCOP (1.5 MG)</b>	T9	
<b>TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR</b>	T9	
<i>travoprost (bak free)</i>	T2	ST
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	T1b	
<b>TRELEGY ELLIPTA</b>	T2	
<b>TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limit of 2 pens the first fill.); QL (1 pen per 8 weeks); SP
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limit of 2 syringes the first fill. ); QL (1 syringe per 8 weeks); SP
<b>TRESIBA</b>	T9	
<b>TRESIBA FLEXTOUCH</b>	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 Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)



Medication	Coverage Level	Restrictions
<b>TRETTEN</b>	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>TREXALL</b>	T3	ST
<b>TREXIMET</b>	T9	
<b>TREZIX ORAL CAPSULE 320.5-30-16 MG</b>	T1b	QL (10 capsules per 1 day)
<b>TREZIX ORAL CAPSULE 356.4-30-16 MG</b>	T1b	QL (6 capsules per 1 day)
<i>triadime</i>	T9	
<i>triamcinolone acetonide external aerosol solution</i>	T9	
<i>triamcinolone acetonide external cream 0.5 %</i>	T1b	
<i>triamcinolone acetonide external lotion 0.1 %</i>	T1b	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T9	
<i>triamcinolone acetonide injection suspension 50 mg/ml</i>	T9	
<i>triamterene oral</i>	T9	
<b>TRIANEX</b>	T9	
<b>TRIASIL</b>	T9	
<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)
<b>TRICARE PRENATAL COMPLEAT</b>	T1b	
<i>tricitrates</i>	T9	
<b>TRICON</b>	T9	
<b>TRIDACAINE II</b>	T9	
<b>TRIDACAINE XL</b>	T9	
<b>TRIDERM EXTERNAL CREAM 0.5 %</b>	T1b	
<i>trientine hcl oral capsule 250 mg</i>	T5	PA; SP Drug (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 Drug (Limited to a 1 month supply per fill); QL (75 capsules per 30 days)
<i>trigels-f forte</i>	T9	
<i>trihexyphenidyl hcl oral elixir</i>	T1a	
<b>TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG</b>	T2	QL (30 Tablets per 30 days)
<b>TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG</b>	T2	QL (60 Tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>TRIKAFTA ORAL TABLET THERAPY PACK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (84 tablets per 28 days); SP
<b>TRIKAFTA ORAL THERAPY PACK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (56 packets per 28 days); SP
<b>TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG</b>	T3	QL (30 capsules per 30 days)
<b>TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG</b>	T3	QL (60 capsules per 30 days)
<b>TRI-LO-ESTARYLLA</b>	Tier 8	PV
<b>TRI-LO-MARZIA</b>	Tier 8	PV
<b>TRI-LO-MILI</b>	Tier 8	PV
<b>TRI-LO-SPRINTEC</b>	Tier 8	PV
<b>TRI-LUMA</b>	T9	
<b>TRI-MILI</b>	Tier 8	PV
<i>trimipramine maleate oral</i>	T2	
<i>trimpex</i>	T9	
<i>trinatal rx 1</i>	T1a	
<b>TRINTELLIX</b>	T3	ST; QL (30 tablets per 30 days); AL (Min 18 Years)
<b>TRI-NYMYO</b>	Tier 8	PV
<b>TRIONEX</b>	T9	
<i>triphrocaps</i>	T9	
<i>tristart dha</i>	T9	
<b>TRIUMEQ</b>	T4	SP Drug (Limited to a 1 month supply per fill ); QL (30 tablets per 30 days)
<i>triumeq pd</i>	T4	SP Drug (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days)
<b>TRI-VI-FLOR</b>	T9	
<i>tri-vitelfluoride</i>	T3	PV
<b>TRI-VYLIBRA</b>	Tier 8	PV
<b>TRI-VYLIBRA LO</b>	Tier 8	PV
<i>tri-zel</i>	T9	
<b>TRIZIVIR</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>TROKENDI XR</b>	T9	

Medication	Coverage Level	Restrictions
<i>tropicamide-cyclopentolate-pe</i>	T9	
<i>tropicamide-phenylephrine</i>	T9	
<i>tropium chloride</i>	T1b	QL (60 capsules per 30 days)
<i>tropium chloride er</i>	T3	QL (30 capsules per 30 days)
<b>TRUDHESA</b>	T9	
<b>TRULANCE</b>	T2	QL (30 tablets per 30 days)
<b>TRULICITY</b>	T2	PA; QL (2 ML per 28 days)
<b>TRUMENBA</b>	T6	PV; QL (3 ML per 1 Lifetime)
<b>TRUQAP ORAL TABLET</b>	T5	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (64 tablets per 28 days)
<b>TRUSOPT</b>	T3	
<b>TRUVADA</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>TRYVIO</b>	T9	
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT</b>	T9	
<b>TUKYSA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (120 tablets per 30 days)
<b>TULANA</b>	Tier 8	PV
<b>TURALIO ORAL CAPSULE 125 MG</b>	T5	PA; SP Drug (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)
<b>TURALIO ORAL CAPSULE 200 MG</b>	T5	PA; SP Drug (Max of 14 day supply per fill ); QL (56 capsules per 14 days); AL (Min 18 Years)
<b>TURQOZ</b>	Tier 8	PV
<b>TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE</b>	T9	
<b>TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE</b>	T6	PV; QL (4 doses per 1 lifetime)
<b>TWIRLA</b>	T9	
<b>TWYNEO</b>	T9	
<b>TYBLUME ORAL TABLET CHEWABLE</b>	T3	
<b>TYBOST</b>	T2	QL (30 tablets per 30 days)
<b>TYDEMY</b>	T9	

Medication	Coverage Level	Restrictions
<b>TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 auto-injectors per 28 days)
<b>TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (4 syringes per 28 days)
<b>TYKERB</b>	T9	
<b>TYMLOS</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (1 pen per 30 days); SP
<b>TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML</b>	T9	
<b>TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE</b>	T9	
<b>TYRVAYA</b>	T9	
<b>TYVASO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>TYVASO DPI MAINTENANCE KIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>TYVASO DPI TITRATION KIT</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>TYVASO REFILL KIT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); SP
<b>TYVASO STARTER KIT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<b>UBRELVY ORAL TABLET 100 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill ); QL (10 tablet per 30 days)
<b>UBRELVY ORAL TABLET 50 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (10 tablets per 30 days)

Medication	Coverage Level	Restrictions
<b>UCERIS ORAL</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>UCERIS RECTAL</b>	T3	QL (2 packages per 180 days)
<b>UDAMIN SP ORAL TABLET 1 MG</b>	T9	
<b>UDENYCA ONBODY</b>	T9	
<b>ULTRASAL-ER</b>	T9	
<b>ULTRAVATE EXTERNAL CREAM</b>	T9	
<b>ULTRAVATE EXTERNAL LOTION</b>	T9	
<b>ULTRAVATE X (OINTMENT)</b>	T9	
<b>UNITHROID ORAL TABLET 137 MCG</b>	T1b	
<b>UPNEEQ</b>	T9	
<b>UPTRAVI ORAL TABLET 1000 MCG, 1400 MCG, 200 MCG, 400 MCG, 800 MCG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>UPTRAVI ORAL TABLET 1200 MCG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>UPTRAVI ORAL TABLET 1600 MCG, 600 MCG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>UPTRAVI TITRATION</b>	T5	PA; SP Drug (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 lotion 40 %</i>	T9	
<i>urea hydrating</i>	T9	
<i>urea nail external gel 45 %</i>	T9	
<i>urevaz</i>	T9	
<b>URIBEL</b>	T9	
<b>URIMAR-T ORAL CAPSULE</b>	T9	
<i>urneva</i>	T9	
<b>UROPHEN MB</b>	T9	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	T9	
<b>UTOPIC</b>	T9	
<b>VAFSEO</b>	T9	
<b>VALCHLOR</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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

Medication	Coverage Level	Restrictions
<b>VALCYTE ORAL SOLUTION RECONSTITUTED</b>	T5	SP Drug (Limited to a 1 month supply per fill ); QL (540 ML per 30 days); AL (Max 9 Years)
<b>VALCYTE ORAL TABLET</b>	T9	
<i>valganciclovir hcl oral solution reconstituted</i>	T4	SP Drug (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)
<i>valsartan oral solution</i>	T9	
<b>VALTOCO 10 MG DOSE</b>	T3	QL (4 units per 30 days)
<b>VALTOCO 15 MG DOSE</b>	T3	QL (8 units per 30 days)
<b>VALTOCO 20 MG DOSE</b>	T3	QL (8 units per 30 days)
<b>VALTOCO 5 MG DOSE</b>	T3	QL (4 units per 30 days)
<b>VANATOL LQ</b>	T9	
<b>VANCOCIN HCL</b>	T9	
<b>VANCOCIN ORAL CAPSULE 125 MG</b>	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	ST; 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	
<b>VANFLYTA</b>	T4	PA; SP Drug (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)
<b>VANIQA</b>	T9	
<b>VANOS</b>	T9	
<b>VANOXIDE-HC</b>	T9	
<b>VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML</b>	T6	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	
<b>VARUBI ORAL</b>	T3	ST; QL (4 tablets per 30 days)
<b>VASCEPA</b>	T9	
<b>VASHE CLEANSING</b>	T9	

Medication	Coverage Level	Restrictions
<b>VAXELIS</b>	T6	PV
<b>VAXNEUVANCE</b>	T6	
<i>v-c forte</i>	T9	
<b>VECAMYL</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>VECTICAL</b>	T3	ST; QL (100 GM per 30 days)
<b>VELPHORO</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<b>VELSIPITY</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>VELTASSA ORAL PACKET 16.8 GM, 25.2 GM</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 packets per 30 days)
<b>VELTASSA ORAL PACKET 8.4 GM</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 Packets per 30 Fills)
<b>VELTIN</b>	T9	
<b>VEMLIDY</b>	T4	SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days)
<b>VENCLEXTA</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>VENCLEXTA STARTING PACK</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.)
<b>VENELEX</b>	T9	
<i>venlafaxine besylate er</i>	T9	
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	T1a	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	T9	
<b>VENTAVIS INHALATION SOLUTION 10 MCG/ML</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); SP
<b>VENTAVIS INHALATION SOLUTION 20 MCG/ML</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); SP
<b>VENTOLIN HFA</b>	T2	QL (2 Inhalers per 30 days)

Medication	Coverage Level	Restrictions
<b>VEOZAH</b>	T9	
<b>VERAMYST</b>	T9	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	T1b	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	T1a	
<b>VERDESO</b>	T9	
<b>VEREGEN</b>	T4	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 GM per 30 days)
<b>VERKAZIA</b>	T9	
<b>VERQUVO</b>	T3	PA; QL (30 tablets per 30 days)
<b>VERSACLOZ</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill)
<b>VERZENIO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>VESICARE</b>	T3	QL (30 tablets per 30 days)
<b>VESICARE LS</b>	T3	ST; QL (150 ML per 30 days); AL (Max 9 Years)
<b>VESTURA</b>	Tier 8	PV
<b>VEVYE</b>	T9	
<b>VFEND ORAL SUSPENSION RECONSTITUTED</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (300 ML per 30 days)
<b>VFEND ORAL TABLET 200 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<b>VFEND ORAL TABLET 50 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
<b>V-GO 20</b>	T2	
<b>V-GO 30</b>	T2	
<b>V-GO 40</b>	T2	
<b>VIAGRA</b>	T9	
<b>VIBERZI</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>VIBRANT</b>	T9	
<b>VIC-FORTE</b>	T9	
<b>VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T9	
<b>VICTRELIS</b>	T9	



Medication	Coverage Level	Restrictions
<b>VIENVA</b>	Tier 8	PV
<i>vigabatrin oral packet</i>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (180 packets per 30 days); AL (Max 2 Years); SP
<i>vigabatrin oral tablet</i>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days); AL (Min 2 Years); SP
<b>VIGADRONE ORAL PACKET</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (180 packets per 30 days); AL (Min 2 Years)
<b>VIGADRONE ORAL TABLET</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (180 tablets per 30 days); AL (Min 2 Years)
<b>VIGAFYDE</b>	T5	PA; SP Drug (Limited to a 1-month supply per fill); QL (150 ML per 30 days); AL (Max 2 Years)
<b>VIGPODER</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill ); QL (180 packets per 30 days); AL (Max 2 Years)
<b>VIIBRYD ORAL TABLET</b>	T3	QL (30 tablets per 30 days)
<b>VIJOICE ORAL PACKET</b>	T4	PA; SP Drug (Limited to a 1-month supply per fill); QL (56 Tablets per 28 days)
<b>VIJOICE ORAL TABLET THERAPY PACK</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (56 tablets per 28 days)
<i>vilazodone hcl</i>	T1b	QL (30 tablets per 30 Days)
Vimovo	Benefit Exclusion	
<b>VIMPAT ORAL SOLUTION</b>	T3	
<b>VIMPAT ORAL TABLET</b>	T3	QL (60 tablets per 30 days)
<b>VIOKACE</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill )
<i>viorele</i>	Tier 8	PV
<b>VIRACEPT ORAL TABLET</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>VIREAD ORAL POWDER</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>VIREAD ORAL TABLET 300 MG</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<i>virt-caps</i>	T9	

Medication	Coverage Level	Restrictions
<b>VIRT-GARD</b>	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	
<b>VISTOGARD</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (20 packets per 5 days)
<b>VITAFOL ORAL TABLET</b>	T9	
<b>VITAFOL-OB</b>	T3	
<b>VITAL-D RX</b>	T9	
<b>VITA-RESPA</b>	T9	
<b>VITATRUE</b>	T3	
<b>VITRAKVI ORAL CAPSULE</b>	T4	PA; SP Drug (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
<b>VITRAKVI ORAL SOLUTION</b>	T4	PA; SP Drug (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
<b>VIVJOA</b>	T9	
<b>VIVLODEX</b>	T9	
<b>VIVOTIF</b>	T9	
<b>VIZIMPRO</b>	T5	PA; SP Drug (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
<b>VOCABRIA</b>	T9	
<b>VOGELXO PUMP</b>	T9	
<b>VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)</b>	T9	
<b>VOLNEA</b>	Tier 8	PV
<i>vol-plus</i>	T9	
<i>vol-tab rx</i>	T9	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>VOLTAREN TRANSDERMAL</b>	T9	
<b>VONJO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (120 capsules per 30 days)
<b>VONVENDI</b>	T5	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<i>vopac mds transdermal</i>	T9	
<b>VOQUEZNA</b>	T9	
<b>VOQUEZNA DUAL PAK</b>	T9	
<b>VOQUEZNA TRIPLE PAK</b>	T9	
<b>VORANIGO ORAL TABLET 10 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); AL (Min 12 Years)
<b>VORANIGO ORAL TABLET 40 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); AL (Min 12 Years)
<i>voriconazole oral tablet 200 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (120 tablets per 30 days)
<i>voriconazole oral tablet 50 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill); QL (480 tablets per 30 days)
<b>VORTEX HOLDING CHAMBER/MASK</b>	T3	QL (4 chambers per 1 year)
<b>VOSEVI</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (28 tablets per 28 days); SP
<b>VOTRIENT</b>	T9	
<b>VOWST</b>	T9	
<b>VOXZOGO</b>	T5	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (3 boxes per 30 days); SP
<b>VOYDEYA</b>	T5	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (180 tablets per 30 days)
<i>vp-vite rx</i>	T9	

Medication	Coverage Level	Restrictions
<b>VRAYLAR</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days)
<b>VTAMA</b>	T9	
<b>VTOL LQ</b>	T9	
<b>VUITY</b>	T9	
<b>VUMERITY</b>	T9	
<b>VUSION</b>	T9	
<b>VYFEMLA</b>	Tier 8	PV
<b>VYLEESI</b>	T9	
<b>VYLIBRA</b>	Tier 8	PV
<b>VYNDAMAX</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 capsules per 30 days); SP
<b>VYNDAQEL</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (120 capsules per 30 days); SP
<b>VYTONE</b>	T9	
<b>VYVANSE ORAL CAPSULE</b>	T3	QL (30 capsules per 30 days); AL (Min 6 Years)
<b>VYVANSE ORAL TABLET CHEWABLE</b>	T9	
<b>VYZULTA</b>	T9	
<b>WAINUA</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (1 auto-injector per 30 days)
<b>WAKIX</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<i>warfarin sodium oral</i>	T1a	
<b>WEGOVIY</b>	T9	
<b>WELCHOL ORAL PACKET</b>	T3	QL (30 packets per 30 days)
<b>WELIREG</b>	T4	PA; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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)

Medication	Coverage Level	Restrictions
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)
WERA	Tier 8	PV
WESTHROID ORAL TABLET 195 MG, 97.5 MG	T1b	
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 Drug (Limited to a 1 month supply per fill )
WINLEVI	T9	
WINREVAIR	T4	PA; SP Drug (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	
XALIX	T9	
XALKORI	T4	PA; SP Drug (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 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)
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)

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>XARELTO ORAL TABLET 2.5 MG</b>	T2	QL (60 tablets per 30 days)
<b>XARELTO STARTER PACK</b>	T2	QL (1 pack per 180 days)
<b>XATMEP</b>	T3	AL (Max 9 Years)
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 &amp; 150 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days)
<b>XCOPRI (350 MG DAILY DOSE)</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
<b>XCOPRI ORAL TABLET 100 MG, 50 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (30 Tablets per 30 days)
<b>XCOPRI ORAL TABLET 150 MG, 200 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (60 Tablets per 30 days)
<b>XCOPRI ORAL TABLET 25 MG</b>	T4	PA; SP Drug (Limited to 1-month supply per fill); QL (30 Tablets per 30 days)
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG &amp; 14 X 25 MG, 14 X 150 MG &amp; 14 X200 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (1 Pack per 30 days)
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 50 MG &amp; 14 X100 MG</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (1 pack per 30 days)
<b>XDEMVIY</b>	T3	PA; QL (10 ML per 1 year); AL (Min 18 Years)
<b>XELJANZ ORAL SOLUTION</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (240 ML per 30 days); SP
<b>XELJANZ ORAL TABLET</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (60 tablets per 30 days); SP
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>XELODA</b>	T9	
<b>XELPROS</b>	T2	

Medication	Coverage Level	Restrictions
<b>XELSTRYM</b>	T3	ST; QL (30 patches per 30 days); AL (Min 6 Years)
<b>XENAZINE</b>	T9	
<b>XENICAL</b>	T9	
<b>XENLETA ORAL</b>	T9	
<b>XEPI</b>	T3	ST; QL (30 GM per 30 days)
<b>XERAC AC</b>	T1b	
<b>XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG</b>	T9	
<b>XERESE</b>	T9	
<b>XERMELO</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill)
<b>XHANCE</b>	T9	
<b>XIFAXAN ORAL TABLET 200 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill ); QL (9 tablets per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	T4	PA; SP Drug (Limited to a 14 or 30 day supply per fill, depending on diagnosis. )
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG</b>	T2	QL (30 tablets per 30 days)
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG</b>	T2	
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG</b>	T2	QL (60 tablets per 30 days)
<b>XIIDRA</b>	T2	QL (60 vials per 30 days)
<b>XIMINO</b>	T9	
<b>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG</b>	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
<b>XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG</b>	T2	QL (1 tablet per 1 fill); AL (Min 5 Years)
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1-month supply per fill); QL (2 Auto-injectors per 30 days); SP
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (1 Auto-injector per 30 days); SP

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (2 syringes per 30 days); SP
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (1 syringe per 30 days); SP
<b>XOLEGEL</b>	T9	
<b>XOLREMDI</b>	T9	
<b>XOPENEX HFA</b>	T9	
<b>XOSPATA</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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)
<b>XPHOZAH</b>	T9	
<b>XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (20 tablets per 28 days)
<b>XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (8 tablets per 28 days)
<b>XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
<b>XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (12 tablets per 28 days)
<b>XPOVIO (60 MG TWICE WEEKLY)</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (24 tablets per 28 days)
<b>XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (16 tablets per 28 days)
<b>XPOVIO (80 MG TWICE WEEKLY)</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (32 tablets per 28 days)
<b>XRYLIDERM</b>	T9	
<b>XTAMPZA ER</b>	T3	ST; QL (60 capsules per 30 days)



Medication	Coverage Level	Restrictions
<b>XTANDI ORAL CAPSULE</b>	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>XTANDI ORAL TABLET 40 MG</b>	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>XTANDI ORAL TABLET 80 MG</b>	T4	PA; ST; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
<b>XULANE</b>	Tier 8	PV; QL (3 patches per 28 days)
<b>XULTOPHY</b>	T3	ST; QL (15 ML per 30 days)
<i>xurea</i>	T9	
<b>XURIDEN</b>	T9	
<b>XYLIDERM</b>	T9	
<b>XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (41400 billable units per 28 days)
<b>XYNTHA SOLOFUSE</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill ); QL (41400 billable units per 28 days)
<b>XYOSTED</b>	T9	
<b>XYREM</b>	T9	
<b>XYWAV</b>	T9	
<b>YARGESA</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); SP
<b>YASMIN 28</b>	T9	
<i>yaxatarxyn</i>	T9	
<b>YAZ</b>	T9	
<b>YF-VAX SUBCUTANEOUS INJECTABLE</b>	T9	
<i>yokatar</i>	T9	
<b>YONSA</b>	T9	

Medication	Coverage Level	Restrictions
<b>YORVIPATH</b>	T4	PA; SP Drug (Limited to a 1 month supply per fill); QL (2 pens per 30 days)
Yosprala Oral Tablet Delayed Release 81-40 MG	Benefit Exclusion	
<b>YUFLYMA</b>	T9	
<b>YUFLYMA (1 PEN)</b>	T9	
<b>YUFLYMA (2 PEN)</b>	T9	
<b>YUFLYMA (2 SYRINGE)</b>	T9	
<b>YUFLYMA-CD/UC/HS STARTER</b>	T9	
<b>YUPELRI</b>	T9	
<b>YUSIMRY</b>	T9	
<b>YUVAFEM</b>	T1b	
<b>ZAFEMY</b>	Tier 8	PV; QL (3 patches per 28 days)
<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)
<b>ZANTAC ORAL TABLET 300 MG</b>	T9	
<b>ZARAH</b>	Tier 8	PV
<b>ZARXIO</b>	T4	SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); SP
<i>zavara</i>	T9	
<b>ZAVESCA</b>	T9	
<b>ZAVZPRET</b>	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (1 pack per 30 days); AL (Min 18 Years)
<i>zcort 7-day</i>	T9	
<b>ZECUITY</b>	T9	
<b>ZEGALOGUE</b>	T3	QL (2 kits per 30 days)
Zegerid	Benefit Exclusion	
<b>ZEJULA ORAL TABLET</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
<b>ZELBORAF</b>	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
<b>ZELNORM</b>	T3	ST; QL (60 tablets per 30 Days)
<b>ZEMBRACE SYMTOUCH</b>	T9	

Medication	Coverage Level	Restrictions
ZEMDRI	T9	
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 Drug (Limited to a 1 month supply per fill)
ZEPATIER	T4	SP Drug (Limited to a 1 month supply per fill ); QL (28 tablets per 28 days); SP
ZEPBOUND	T9	
ZEPOSIA	T4	PA; ST; SO (Eligible Members must be enrolled in SaveOn for coverage); SP Drug (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 Drug (Limited to a 1 month supply per fill); QL (30 tablets per 30 days); SP
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 Drug (Limited to a 1 month supply per fill ); QL (30 capsules per 30 days); SP
ZERVIATE	T3	ST; QL (30 ml per 30 days)
ZESTRIL ORAL TABLET 2.5 MG	T3	
ZETONNA	T9	
ZIANA	T9	
<i>ziclocin</i>	T9	
ZILBRYSQ	T5	PA; SP Drug (Limited to a 1 month supply per fill); QL (28 syringes per 28 days)
<i>zileuton er</i>	T5	ST; SP Drug (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>ziprasidone hcl</i>	T1b	
ZIPSOR	T9	
ZIRABEV	T9	
ZITHRANOL-RR	T9	

Medication	Coverage Level	Restrictions
ZITUVIMET	T9	
ZITUVIMET XR	T9	
ZITUVIO	T9	
ZMA CLEAR	T9	
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 Drug (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 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	
ZOLPIMIST	T9	
ZOMACTON	T9	
ZOMIG NASAL SOLUTION 2.5 MG	T3	ST; QL (12 units per 30 days)
ZOMIG NASAL SOLUTION 5 MG	T9	
ZOMIG ORAL	T9	
ZONACORT 11 DAY	T9	
ZONACORT 7 DAY	T9	
ZONALON	T9	
ZONISADE	T3	QL (150 ML per 30 days); AL (Max 9 Years)
<i>zonisamide oral capsule 25 mg</i>	T1a	
ZONTIVITY	T3	ST; QL (30 tablets per 30 days)
ZORTRESS	T5	SP Drug (Limited to a 1 month supply per fill)
ZORVOLEX	T9	
ZORYVE EXTERNAL CREAM 0.3 %	T9	
ZORYVE EXTERNAL FOAM	T9	
ZOVIA 1/35 (28)	Tier 8	PV

Medication	Coverage Level	Restrictions
ZOVIRAX EXTERNAL	T9	
ZTALMY	T4	PA; SO (Eligible members must be enrolled in SaveOn for coverage); SP Drug (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
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	T4	SP Drug (Limited to a 1 month supply per fill); QL (28 capsules per 1 year)
ZURZUVAE ORAL CAPSULE 30 MG	T4	SP Drug (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 Drug (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 Drug (Allowed up to a 15 day supply for first four fills. Limited to a 1 month supply per fill thereafter.); SP
ZYMFENTRA (1 PEN)	T9	
ZYMFENTRA (2 PEN)	T9	
ZYMFENTRA (2 SYRINGE)	T9	
ZYPITAMAG	T9	
ZYPREXA ORAL TABLET 10 MG	T3	
ZYPREXA ZYDIS	T3	
ZYTIGA	T9	
<i>zyvit</i>	T9	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T5	SP Drug (Limited to one 14 day supply per 6 months (180 days)); QL (840 ML per 14 days); AL (Max 9 Years)

Medication	Coverage Level	Restrictions
ZYVOX ORAL TABLET	T5	SP Drug (Limited to one 14 day supply per 6 months (180 days)); QL (28 tablets per 1 day)
<b>Analgesics</b>		
<i>Analgesics</i>		
PHRENILIN FORTE ORAL CAPSULE 50-650 MG	T2	
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>salsalate oral</i>	T1b	
<b>Opioid Analgesics, Long-Acting</b>		
<i>levorphanol tartrate oral tablet 2 mg</i>	T9	
METHADONE HCL INTENSOL	T1b	
<i>methadone hcl oral concentrate</i>	T1b	
<i>methadone hcl oral solution</i>	T1b	
<i>methadone hcl oral tablet</i>	T1b	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T1b	
<i>morphine sulfate er oral tablet extended release</i>	T1b	
<i>morphine sulfate oral tablet</i>	T1b	
<i>morphine sulfate rectal</i>	T1b	
MS CONTIN ORAL TABLET EXTENDED RELEASE	T3	
<b>Opioid Analgesics, Short-Acting</b>		
HYCET	T3	
NORCO	T3	
<i>oxycodone hcl oral capsule</i>	T9	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	T3	
ROXICET ORAL TABLET 5-325 MG	T1b	
ULTRACET	T3	
<b>Anesthetics</b>		
<i>Local Anesthetics</i>		
<i>lidocaine external ointment 5 %</i>	T1b	
<i>lidocaine hcl external gel 2 %</i>	T1b	
<i>lidocaine hcl external solution</i>	T1b	
<i>lidocaine-prilocaine external cream</i>	T1b	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>Alcohol Deterrents/Anti-Craving</i>		
<i>acamprosate calcium</i>	T1b	
<i>disulfiram oral</i>	T1b	

Medication	Coverage Level	Restrictions
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<b>GENTAK OPHTHALMIC OINTMENT</b>	T1b	
<i>gentamicin sulfate external</i>	T1b	
<i>gentamicin sulfate ophthalmic solution</i>	T1b	
<i>paromomycin sulfate oral</i>	T1b	
<i>tobramycin ophthalmic</i>	T1b	
<b>TOBREX OPHTHALMIC OINTMENT</b>	T2	
<b>TOBREX OPHTHALMIC SOLUTION</b>	T3	
<b>Antibacterials, Other</b>		
<b>CENTANY</b>	T3	QL (22 GM per 30 days)
<b>CLEOCIN ORAL CAPSULE 150 MG, 300 MG</b>	T3	
<b>CLEOCIN ORAL CAPSULE 75 MG</b>	T2	
<b>CLEOCIN ORAL SOLUTION RECONSTITUTED</b>	T2	
<i>clindamycin hcl oral capsule 300 mg</i>	T1a	
<i>clindamycin phosphate vaginal</i>	T1b	
<b>FLAGYL ORAL CAPSULE</b>	T3	
<b>FLAGYL ORAL TABLET 500 MG</b>	T3	
<b>FURADANTIN</b>	T5	SP Drug (Limited to a 1 month supply per fill); QL (120 ML per 30 days)
<b>MACROBID</b>	T3	
<i>methenamine hippurate</i>	T1b	
<b>METROCREAM</b>	T3	
<b>METROGEL EXTERNAL GEL</b>	T3	
<b>METROGEL-VAGINAL</b>	T3	
<b>METROLOTION</b>	T3	
<i>metronidazole external cream</i>	T1b	
<i>metronidazole external gel</i>	T1b	
<i>metronidazole external lotion</i>	T2	
<i>metronidazole oral</i>	T1b	
<i>metronidazole vaginal</i>	T1b	
<i>mupirocin external</i>	T1b	QL (22 gm per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1b	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1b	
<i>nitrofurantoin monohyd macro</i>	T1b	
<i>polymyxin b-trimethoprim</i>	T1b	
<b>POLYTRIM</b>	T3	
<b>SILVADENE</b>	T3	

Medication	Coverage Level	Restrictions
<i>silver sulfadiazine external</i>	T1b	
<b>SSD</b>	T1b	
<b>SSD (SILVER SULFADIAZINE)</b>	T1b	
<i>trimethoprim oral</i>	T1b	
<b>VANDAZOLE</b>	T1b	
<b>Beta-Lactam, Cephalosporins</b>		
<i>cefaclor er</i>	T9	
<i>cefaclor oral capsule 250 mg</i>	T1b	
<i>cefadroxil oral capsule</i>	T1b	
<i>cefadroxil oral tablet</i>	T1b	
<i>cefdinir</i>	T1b	
<i>cefditoren pivoxil oral tablet 400 mg</i>	T1b	
<i>cefixime oral suspension reconstituted</i>	T1b	
<i>cefepodoxime proxetil oral suspension reconstituted</i>	T1b	
<i>cefprozil</i>	T1b	
<i>cefuroxime axetil oral tablet</i>	T1b	
<i>cephalexin oral capsule</i>	T1a	
<i>cephalexin oral suspension reconstituted</i>	T1b	
<i>cephalexin oral tablet</i>	T2	
<b>KEFLEX</b>	T3	
<b>SPECTRACEF</b>	T3	
<b>SUPRAX ORAL CAPSULE</b>	T2	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML</b>	T3	
<b>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</b>	T2	
<b>SUPRAX ORAL TABLET CHEWABLE</b>	T3	
<b>Beta-Lactam, Penicillins</b>		
<i>amoxicillin oral capsule</i>	T1b	
<i>amoxicillin oral suspension reconstituted</i>	T1b	
<i>amoxicillin oral tablet</i>	T1b	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1b	
<i>amoxicillin-pot clavulanate er</i>	T1b	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	T1b	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	T1b	
<i>ampicillin oral capsule 500 mg</i>	T1b	



Medication	Coverage Level	Restrictions
<b>AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML, 250-62.5 MG/5ML</b>	T3	
<b>AUGMENTIN ORAL TABLET 500-125 MG</b>	T3	
<b>AUGMENTIN XR</b>	T3	
<i>dicloxacillin sodium</i>	T1b	
<b>MOXATAG</b>	T3	
<i>penicillin v potassium</i>	T1b	
<b>Macrolides</b>		
<b>AZASITE</b>	T3	ST
<i>azithromycin oral suspension reconstituted</i>	T1b	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1b	
<i>clarithromycin er</i>	T1b	
<i>clarithromycin oral</i>	T1b	
<b>E.E.S. 400 ORAL TABLET</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>E.E.S. GRANULES</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>ERYPED 200</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>ERYPED 400</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>ERY-TAB</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>ERYTHROCIN STEARATE ORAL TABLET 250 MG</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>erythromycin base oral capsule delayed release particles</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>erythromycin base oral tablet</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>erythromycin ethylsuccinate oral tablet</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<i>erythromycin ophthalmic</i>	T1b	
<b>PCE</b>	T2	
<b>ZITHROMAX ORAL PACKET</b>	T2	
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>ZITHROMAX ORAL TABLET 600 MG</b>	T3	
<b>ZITHROMAX TRI-PAK</b>	T3	
<b>ZITHROMAX Z-PAK</b>	T3	
<b>ZMAX</b>	T3	
<b>Quinolones</b>		
<b>CETRAXAL</b>	T3	

Medication	Coverage Level	Restrictions
<b>CILOXAN</b>	T3	
<b>CIPRO ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>CIPRO ORAL TABLET 250 MG, 500 MG</b>	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1b	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	T1a	
<i>ciprofloxacin hcl otic</i>	T1b	
<i>ciprofloxacin oral</i>	T1b	
<b>FACTIVE</b>	T3	
<i>gatifloxacin ophthalmic</i>	T1b	
<b>LEVAQUIN ORAL</b>	T3	
<i>levofloxacin ophthalmic solution 0.5 %</i>	T1b	
<i>levofloxacin oral</i>	T1b	
<b>MOXEZA</b>	T3	
<i>moxifloxacin hcl oral</i>	T1b	
<b>OCUFLOX</b>	T3	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1b	
<i>ofloxacin otic</i>	T1b	
<b>VIGAMOX</b>	T3	
<b>ZYMAXID</b>	T3	ST
<b>Sulfonamides</b>		
<b>BLEPH-10</b>	T3	
<i>sulfadiazine oral</i>	T2	
<b>Tetracyclines</b>		
<i>demeclocycline hcl oral tablet 300 mg</i>	T3	
<b>DORYX ORAL TABLET DELAYED RELEASE 200 MG</b>	T9	
<i>doxycycline hyclate oral capsule</i>	T1b	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1b	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1b	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	T1b	
<b>MINOCIN ORAL CAPSULE 100 MG, 50 MG</b>	T3	
<i>minocycline hcl oral capsule</i>	T1b	
<i>minocycline hcl oral tablet 50 mg, 75 mg</i>	T1b	
<b>MONODOX ORAL CAPSULE 100 MG, 75 MG</b>	T3	
<b>VIBRAMYCIN ORAL CAPSULE</b>	T3	
<b>VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED</b>	T3	
<b>VIBRAMYCIN ORAL SYRUP</b>	T2	

Medication	Coverage Level	Restrictions
<b>Anticonvulsants</b>		
<i>Anticonvulsants, Other</i>		
KEPPRA ORAL	T3	
KEPPRA XR	T3	
<i>levetiracetam er</i>	T1b	
<i>levetiracetam oral solution</i>	T1b	
<i>levetiracetam oral tablet 1000 mg, 750 mg</i>	T1a	
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	T3	
<i>ethosuximide oral</i>	T1b	
ZARONTIN	T3	
ZONEGRAN	T3	
<i>zonisamide oral capsule 100 mg, 50 mg</i>	T1a	
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clorazepate dipotassium</i>	T1b	
DIASTAT ACUDIAL	T2	
DIASTAT PEDIATRIC	T2	
<i>gabapentin oral solution 250 mg/5ml</i>	T1b	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1b	
GABITRIL ORAL TABLET 12 MG, 4 MG	T3	QL (120 tablets per 30 days)
GABITRIL ORAL TABLET 16 MG	T3	QL (90 tablets per 30 days)
GABITRIL ORAL TABLET 2 MG	T3	QL (60 tablets per 30 days)
MYSOLINE ORAL TABLET 50 MG	T3	
NEURONTIN	T3	
ONFI ORAL SUSPENSION	T3	ST
TRANXENE-T	T3	
<i>valproate sodium oral solution</i>	T1b	
<b>Glutamate Reducing Agents</b>		
<i>felbamate oral suspension</i>	T2	QL (900 ml 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 600 MG	T3	QL (180 tablets per 30 days)
<b>Sodium Channel Agents</b>		
DILANTIN INFATABS	T2	
DILANTIN ORAL CAPSULE 100 MG	T3	
DILANTIN ORAL CAPSULE 30 MG	T2	
DILANTIN ORAL SUSPENSION	T3	
<i>oxcarbazepine</i>	T1b	
PEGANONE	T3	

Medication	Coverage Level	Restrictions
<b>PHENYTEK</b>	T2	
<i>phenytoin oral suspension 125 mg/5ml</i>	T1b	
<i>phenytoin oral tablet chewable</i>	T1b	
<b>TRILEPTAL</b>	T3	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral</i>	T1b	
<b>Cholinesterase Inhibitors</b>		
<b>ARICEPT</b>	T3	
<i>donepezil hcl oral tablet 23 mg</i>	T1a	
<i>donepezil hcl oral tablet dispersible</i>	T1b	
<b>EXELON ORAL CAPSULE</b>	T3	
<i>galantamine hydrobromide</i>	T1b	
<i>galantamine hydrobromide er</i>	T1b	
<i>rivastigmine tartrate</i>	T1b	QL (60 capsules per 30 days)
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
<b>NAMENDA ORAL SOLUTION</b>	T3	QL (300 ML per 30 days); AL (Min 40 Years)
<b>NAMENDA XR TITRATION PACK</b>	T3	AL (Min 40 Years)
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1b	
<i>bupropion hcl oral</i>	T1b	
<i>maprotiline hcl</i>	T1b	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T1a	
<i>mirtazapine oral tablet dispersible</i>	T1b	
<i>nefazodone hcl</i>	T1b	
<b>REMERON</b>	T3	
<b>REMERON SOLTAB</b>	T3	
<i>trazodone hcl oral tablet 300 mg</i>	T1b	
<b>WELLBUTRIN</b>	T3	
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG</b>	T3	
<b>Monoamine Oxidase Inhibitors</b>		
<b>NARDIL</b>	T3	
<b>PARNATE</b>	T3	
<i>phenelzine sulfate oral</i>	T1b	
<i>tranylcypromine sulfate</i>	T2	

Medication	Coverage Level	Restrictions
<b>Serotonin/Norepinephrine Reuptake Inhibitors</b>		
<i>fluvoxamine maleate</i>	T1b	
<b>PROZAC ORAL CAPSULE</b>	T3	
<b>PROZAC WEEKLY</b>	T3	ST
<b>SARAFEM ORAL TABLET 10 MG, 20 MG</b>	T9	
<b>Tricyclics</b>		
<i>amitriptyline hcl oral</i>	T1b	
<i>amoxapine</i>	T1b	
<i>clomipramine hcl oral</i>	T1b	QL (90 capsules per 30 days)
<i>desipramine hcl oral</i>	T2	QL (60 tablets per 30 days)
<i>imipramine hcl oral</i>	T1b	
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	T3	QL (60 tablets per 30 days)
<b>NORPRAMIN ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG</b>	T3	
<i>nortriptyline hcl oral capsule</i>	T1b	
<b>PAMELOR ORAL CAPSULE</b>	T3	SP Drug (Generic substitution mandatory.)
<i>protriptyline hcl</i>	T2	
<b>TOFRANIL</b>	T3	
<b>TOFRANIL-PM ORAL CAPSULE 125 MG, 150 MG</b>	T3	
<b>VIVACTIL</b>	T3	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<b>TIGAN ORAL</b>	T3	
<i>trimethobenzamide hcl oral</i>	T1b	
<b>Emetogenic Therapy Adjuncts</b>		
<i>ondansetron hcl oral solution</i>	T1b	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1b	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1b	
<b>Antifungals</b>		
<b>Antifungals</b>		
<i>ciclopirox external</i>	T1b	
<i>ciclopirox olamine external</i>	T1b	
<i>clotrimazole mouth/throat troche</i>	T1b	
<b>DIFLUCAN</b>	T3	
<b>ERTACZO</b>	T3	ST
<b>EXELDERM</b>	T9	
<i>fluconazole oral</i>	T1b	
<b>GRIFULVIN V ORAL TABLET</b>	T2	

Medication	Coverage Level	Restrictions
<i>griseofulvin microsize oral suspension</i>	T1b	
<i>griseofulvin microsize oral tablet</i>	T2	
<i>griseofulvin ultramicrosize</i>	T2	
<b>GRIS-PEG</b>	T2	
<b>GYNAZOLE-1</b>	T3	
<i>ketoconazole external cream</i>	T1b	QL (60 gm per 30 days)
<i>ketoconazole external shampoo 2 %</i>	T1b	QL (120 ml per 30 days)
<i>ketoconazole oral</i>	T1b	
<b>KETODAN EXTERNAL FOAM</b>	T1b	QL (100 GM per 30 days)
<b>LAMISIL ORAL TABLET</b>	T3	
<b>LAMISIL SPRAY</b>	T3	
<b>LOPROX EXTERNAL GEL</b>	T3	
<b>LOPROX EXTERNAL SHAMPOO</b>	T3	
<b>NATACYN</b>	T3	
<b>NIZORAL EXTERNAL SHAMPOO 2 %</b>	T3	
<i>nystatin external cream</i>	T1b	SP Drug (Generic substitution mandatory.)
<i>nystatin external ointment</i>	T1b	
<i>nystatin mouth/throat</i>	T1b	
<i>nystatin oral tablet</i>	T1b	
<b>OXISTAT EXTERNAL CREAM</b>	T3	ST
<b>TERAZOL 7</b>	T3	
<i>terconazole vaginal cream 0.4 %</i>	T1b	
<i>terconazole vaginal suppository</i>	T1b	
<b>Antigout Agents</b>		
<i>Antigout Agents</i>		
<i>colchicine-probenecid</i>	T1b	
<i>probenecid oral</i>	T1b	
<b>ULORIC</b>	T3	QL (30 tablets per 30 days)
<b>ZYLOPRIM</b>	T3	
<b>Antimigraine Agents</b>		
<i>Antimigraine Agents</i>		
<i>isometheptene-dichloral-apap</i>	T2	
<b>Antimyasthenic Agents</b>		
<i>Parasympathomimetics</i>		
<b>MESTINON ORAL SYRUP</b>	T2	
<b>MESTINON ORAL TABLET</b>	T3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1b	

Medication	Coverage Level	Restrictions
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone oral</i>	T1b	
<b>MYCOBUTIN</b>	T2	
<b>Antituberculars</b>		
<i>cycloserine oral</i>	T4	QL (90 capsules per 30 days)
<i>ethambutol hcl oral</i>	T1b	
<b>PRIFTIN</b>	T2	
<i>pyrazinamide oral</i>	T1b	
<b>RIFADIN ORAL</b>	T3	
<i>rifampin oral</i>	T1b	
<b>SEROMYCIN</b>	T3	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<b>ALKERAN ORAL</b>	T3	
<b>Antiestrogens/Modifiers</b>		
<b>EMCYT</b>	T2	
<i>tamoxifen citrate oral tablet 20 mg</i>	T1b	PV
<b>Antimetabolites</b>		
<b>HYDREA</b>	T3	
<i>hydroxyurea oral</i>	T1b	
<b>Antineoplastics, Other</b>		
<i>leucovorin calcium oral</i>	T1b	
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral</i>	T1b	
<b>ARIMIDEX</b>	T3	
<b>AROMASIN</b>	T3	
<i>exemestane</i>	T2	
<b>FEMARA</b>	T3	
<i>letrozole oral</i>	T1b	
<b>Antiparasitics</b>		
<b>Antiprotozoals</b>		
<i>atovaquone-proguanil hcl</i>	T1b	
<i>chloroquine phosphate oral</i>	T1b	
<b>MALARONE</b>	T3	
<i>mefloquine hcl</i>	T1b	
<b>MEPRON</b>	T3	
<b>NEBUPENT</b>	T3	
<i>primaquine phosphate oral</i>	T1b	
<b>TINDAMAX</b>	T3	

Medication	Coverage Level	Restrictions
<i>tinidazole oral</i>	T1b	
<b>Pediculicides/Scabicides</b>		
<i>lindane external</i>	T1b	
<i>malathion external</i>	T1b	
<i>permethrin external cream</i>	T1b	
<b>SKLICE</b>	T3	
<i>spinosad</i>	T1b	
<b>ULESFIA</b>	T3	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral</i>	T1b	
<i>trihexyphenidyl hcl oral tablet</i>	T1b	
<b>Antiparkinson Agents, Other</b>		
<b>COMTAN</b>	T3	
<i>entacapone</i>	T1b	
<b>TASMAR ORAL TABLET 100 MG</b>	T3	
<b>Dopamine Agonists</b>		
<b>MIRAPEX</b>	T3	
<i>ropinirole hcl er</i>	T1b	ST
<i>ropinirole hcl oral tablet 5 mg</i>	T1a	
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1b	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	T1b	
<i>carbidopa-levodopa oral tablet dispersible</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	
<b>SINEMET CR</b>	T3	
<b>STALEVO 100</b>	T3	
<b>STALEVO 125</b>	T3	
<b>STALEVO 150</b>	T3	
<b>STALEVO 200</b>	T3	
<b>STALEVO 50</b>	T3	
<b>STALEVO 75</b>	T3	
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<b>AZILECT</b>	T3	ST; QL (30 tablets per 30 days)



Medication	Coverage Level	Restrictions
<b>Antipsychotics</b>		
<b>1St Generation/Typical</b>		
<i>ezetimibe</i>	T1b	
<i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	T2	QL (60 tablets per 30 days)
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1b	
<i>loxapine succinate oral</i>	T1b	
<b>LOXITANE ORAL CAPSULE 5 MG</b>	T3	
<i>thioridazine hcl oral</i>	T1b	
<i>thiothixene oral</i>	T1b	
<i>trifluoperazine hcl oral</i>	T1b	
<b>Treatment-Resistant</b>		
<b>CLOZARIL ORAL TABLET 100 MG, 25 MG</b>	T3	
<b>FAZACLO ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG</b>	T3	
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1b	
<b>DANTRIUM ORAL</b>	T3	
<i>dantrolene sodium oral</i>	T1b	
<i>tizanidine hcl oral</i>	T1b	
<b>ZANAFLEX</b>	T3	
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
<b>ZIRGAN</b>	T3	
<b>Antihepatitis Agents</b>		
<b>BARACLUDE ORAL SOLUTION</b>	T5	SP Drug (Limited to a 1 month supply per fill)
<b>Antitherpetic Agents</b>		
<i>acyclovir oral</i>	T1b	
<i>trifluridine ophthalmic</i>	T1b	
<i>valacyclovir hcl oral</i>	T1b	
<b>VALTREX</b>	T3	
<b>VIROPTIC</b>	T3	
<b>ZOVIRAX ORAL</b>	T3	
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors</b>		
<b>EDURANT</b>	T2	
<b>SUSTIVA</b>	T5	SP Drug (Limited to a 1 month supply per fill)

Medication	Coverage Level	Restrictions
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors</b>		
<i>abacavir sulfate oral tablet</i>	T2	
<i>didanosine</i>	T1b	
<b>EPIVIR</b>	T3	
<i>lamivudine oral tablet</i>	T2	
<b>RETROVIR ORAL CAPSULE</b>	T3	
<b>RETROVIR ORAL SYRUP</b>	T3	
<i>stavudine oral capsule</i>	T1b	
<b>VIDEX EC</b>	T3	
<b>VIDEX ORAL SOLUTION RECONSTITUTED 2 GM</b>	T2	
<b>ZIAGEN ORAL SOLUTION</b>	T2	
<b>ZIAGEN ORAL TABLET</b>	T3	
<i>zidovudine oral capsule</i>	T2	
<i>zidovudine oral syrup</i>	T1b	
<i>zidovudine oral tablet</i>	T2	
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
<b>CRIXIVAN ORAL CAPSULE 200 MG, 400 MG</b>	T2	
<b>NORVIR ORAL SOLUTION</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>NORVIR ORAL TABLET</b>	T9	
<b>Anti-Influenza Agents</b>		
<b>RELENZA DISKHALER</b>	T3	
<i>rimantadine hcl</i>	T1b	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>alprazolam oral tablet dispersible</i>	T2	
<b>ATIVAN ORAL</b>	T3	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg</i>	T1a	
<b>LORAZEPAM INTENSOL</b>	T1b	
<b>NIRAVAM</b>	T3	
<i>oxazepam</i>	T1b	
<b>XANAX</b>	T3	
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
<b>RISPERDAL ORAL SOLUTION</b>	T3	
<b>RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>	T3	
<i>risperidone oral solution</i>	T1b	

Medication	Coverage Level	Restrictions
<b>Mood Stabilizers</b>		
<i>lithium</i>	T1b	
<i>lithium carbonate er</i>	T1b	
<b>LITHOBID</b>	T3	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral</i>	T1b	
<b>ACTOPLUS MET ORAL TABLET 15-850 MG</b>	T3	
<b>ACTOS</b>	T3	
<b>AMARYL</b>	T3	
<b>CYCLOSET</b>	T3	
<b>DIABETA</b>	T3	
<i>glipizide er</i>	T1b	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg</i>	T1b	
<i>glipizide-metformin hcl</i>	T1b	
<b>GLUCOPHAGE</b>	T3	
<b>GLUCOPHAGE XR</b>	T3	
<b>GLUCOTROL XL</b>	T3	
<b>GLUCOVANCE</b>	T3	
<i>glyburide micronized</i>	T1b	
<i>glyburide oral</i>	T1b	
<i>glyburide-metformin</i>	T1b	
<b>GLYNASE</b>	T3	
<b>GLYSET</b>	T3	
<i>metformin hcl er</i>	T1a	
<i>nateglinide</i>	T1b	
<i>pioglitazone hcl</i>	T1b	
<i>pioglitazone hcl-metformin hcl</i>	T1b	
<b>PRANDIMET</b>	T3	
<b>PRANDIN</b>	T3	
<b>PRECOSE</b>	T3	
<i>repaglinide</i>	T1b	
<b>STARLIX</b>	T3	
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>Glycemic Agents</b>		
<b>GLUCAGEN HYPOKIT</b>	T2	QL (2 Kits per 30 days)
<i>glucagon emergency injection kit</i>	T2	QL (2 Kits per 30 days)

Medication	Coverage Level	Restrictions
<b>Insulins</b>		
APIDRA	T3	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3	ST; AL (Max 21 Years)
LEVEMIR	T9	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
COUMADIN ORAL	T2	
JANTOVEN	T1b	
<b>Blood Formation Modifiers</b>		
AGRYLIN	T3	
<i>anagrelide hcl</i>	T1b	
<b>Coagulants</b>		
<i>aminocaproic acid oral tablet 500 mg</i>	T4	SP Drug (Limited to a 1 month supply per fill)
BRILINTA ORAL TABLET 90 MG	T2	
LYSTEDA	T3	
<i>tranexamic acid oral</i>	T1b	
<b>Platelet Modifying Agents</b>		
<i>cilostazol</i>	T1b	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	T1a	
<i>dipyridamole oral</i>	T1b	
PLAVIX ORAL TABLET 75 MG	T3	
<i>ticlopidine hcl</i>	T1b	
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agonists</b>		
CATAPRES	T3	
CATAPRES-TTS-1	T3	
CATAPRES-TTS-2	T3	
CATAPRES-TTS-3	T3	
<i>guanfacine hcl oral</i>	T1b	
<i>methyldopa oral</i>	T1b	
<i>midodrine hcl</i>	T1b	
TENEX	T3	
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA XL	T3	ST
<i>reserpine oral</i>	T1b	
<b>Angiotensin II Receptor Antagonists</b>		
ATACAND	T3	
AVAPRO	T3	

Medication	Coverage Level	Restrictions
<b>BENICAR</b>	T3	
<i>candesartan cilexetil</i>	T1b	
<b>COZAAR</b>	T3	
<b>EDARBI</b>	T3	ST
<i>irbesartan</i>	T1b	
<b>MICARDIS</b>	T3	
<i>telmisartan</i>	T1b	
<b>TEVETEN</b>	T3	ST
<i>valsartan oral tablet</i>	T1b	
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>		
<b>ACCUPRIL</b>	T3	
<b>ALTACE ORAL CAPSULE</b>	T3	
<i>fosinopril sodium</i>	T1b	
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	T3	
<i>perindopril erbumine</i>	T1b	
<b>PRINIVIL</b>	T3	
<i>quinapril hcl</i>	T1b	
<i>ramipril oral capsule 1.25 mg, 10 mg, 5 mg</i>	T1a	
<i>trandolapril</i>	T1b	
<b>UNIVASC</b>	T3	
<b>VASOTEC</b>	T3	
<b>ZESTRIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG, 5 MG</b>	T3	
<b>Antiarrhythmics</b>		
<i>amiodarone hcl oral tablet 200 mg</i>	T1b	
<i>amiodarone hcl oral tablet 400 mg</i>	T9	
<b>BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG</b>	T3	
<i>disopyramide phosphate oral</i>	T1b	
<i>flecainide acetate</i>	T1b	
<i>mexiletine hcl oral</i>	T1b	
<b>MULTAQ</b>	T3	
<b>NORPACE</b>	T3	
<b>NORPACE CR</b>	T2	
<b>PACERONE ORAL TABLET 100 MG</b>	T2	QL (30 tablets per 30 days)
<b>PACERONE ORAL TABLET 200 MG</b>	T1b	
<b>PACERONE ORAL TABLET 400 MG</b>	T2	
<i>propafenone hcl</i>	T1b	
<i>propafenone hcl er</i>	T1b	

Medication	Coverage Level	Restrictions
<i>quinidine sulfate er</i>	T1b	
<b>RYTHMOL ORAL TABLET 225 MG</b>	T3	
<b>SORINE</b>	T1b	
<i>sotalol hcl oral</i>	T1b	
<b>TIKOSYN</b>	T3	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral</i>	T1b	
<i>betaxolol hcl oral</i>	T1b	
<i>bisoprolol fumarate oral</i>	T1b	
<b>BYSTOLIC</b>	T3	
<b>COREG</b>	T3	
<b>COREG CR</b>	T3	ST
<b>CORGARD</b>	T3	
<b>HEMANGEOL</b>	T3	AL (Max 2 Years)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1b	
<b>LEVATOL</b>	T2	
<b>LOPRESSOR ORAL</b>	T3	
<i>metoprolol succinate er</i>	T1b	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	T1b	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1b	
<i>pindolol</i>	T1b	
<i>propranolol hcl er</i>	T1b	
<b>SECTRAL</b>	T3	
<b>TENORMIN</b>	T3	
<i>timolol maleate oral</i>	T1b	
<b>TOPROL XL</b>	T3	
<b>TRANDATE ORAL</b>	T3	
<b>ZEBETA</b>	T3	
<b>Calcium Channel Blocking Agents</b>		
<b>ADALAT CC</b>	T3	
<b>AFEDITAB CR</b>	T1b	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG</b>	T3	
<b>CARTIA XT</b>	T1b	
<i>dilt-cd</i>	T1b	
<i>dilt-xr</i>	T1b	
<i>felodipine er</i>	T1b	
<i>isradipine</i>	T1b	
<i>nicardipine hcl oral</i>	T2	
<i>nifedipine er osmotic release</i>	T1b	

Medication	Coverage Level	Restrictions
<i>nifedipine oral</i>	T1b	
<i>nisoldipine er</i>	T2	
<b>NORVASC</b>	T3	SP Drug (Generic substitution mandatory.)
<b>PROCARDIA XL</b>	T3	
<b>SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG</b>	T3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg</i>	T3	
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	T1b	
<i>verapamil hcl oral tablet 40 mg</i>	T1a	
<b>VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 360 MG</b>	T3	
<b>VERELAN PM</b>	T3	
<b>Cardiovascular Agents, Other</b>		
<b>DIGITEK</b>	T1b	
<b>DIGOX</b>	T1b	
<i>digoxin oral solution</i>	T1b	AL (Max 9 Years)
<b>LANOXIN ORAL TABLET 125 MCG, 250 MCG</b>	T3	
<i>pentoxifylline er</i>	T1b	
<b>Diuretics, Loop</b>		
<b>DEMADEX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	T3	
<i>furosemide injection solution 10 mg/ml</i>	T1b	
<i>furosemide oral solution 8 mg/ml</i>	T1b	
<b>LASIX</b>	T3	
<i>toremide oral tablet 100 mg, 5 mg</i>	T1a	
<b>Diuretics, Potassium-Sparing</b>		
<b>ALDACTONE</b>	T3	
<i>amiloride hcl oral</i>	T1b	
<i>eplerenone</i>	T1b	
<i>spironolactone oral tablet 100 mg, 50 mg</i>	T1a	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1b	
<b>DIURIL</b>	T2	
<i>methyclothiazide oral</i>	T1b	
<i>metolazone</i>	T1b	
<b>MICROZIDE</b>	T3	

Medication	Coverage Level	Restrictions
<b>ZAROXOLYN ORAL TABLET 2.5 MG, 5 MG</b>	T3	
<b><i>Dyslipidemics, Fibrin Acid Derivatives</i></b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1b	
<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	
<b>FIBRICOR</b>	T9	
<b>LOFIBRA ORAL CAPSULE</b>	T3	
<b>LOFIBRA ORAL TABLET 160 MG</b>	T3	
<b>LOPID</b>	T3	
<b>TRICOR</b>	T3	
<b>TRIGLIDE ORAL TABLET 160 MG</b>	T9	
<b><i>Dyslipidemics, Hmg Coa Reductase Inhibitors</i></b>		
<i>atorvastatin calcium oral tablet 20 mg</i>	T1a	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1a	
<b>CRESTOR</b>	T3	
<b>LIPITOR</b>	T3	
<b>MEVACOR ORAL TABLET 20 MG, 40 MG</b>	T3	
<b>PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG</b>	T3	
<i>pravastatin sodium</i>	T1b	PV
<b><i>Dyslipidemics, Other</i></b>		
<i>cholestyramine light</i>	T1b	
<i>cholestyramine oral</i>	T1b	
<b>COLESTID</b>	T3	
<i>colestipol hcl</i>	T1b	
<b>PREVALITE</b>	T1b	
<b>QUESTRAN LIGHT ORAL POWDER</b>	T3	
<b>QUESTRAN ORAL POWDER</b>	T3	
<b>VYTORIN</b>	T3	
<b>ZETIA</b>	T3	
<b><i>Vasodilators, Direct-Acting Arterial/Venous</i></b>		
<b>BIDIL</b>	T9	
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	T1b	
<i>isosorbide mononitrate</i>	T1b	
<i>isosorbide mononitrate er</i>	T1b	
<b>MINITRAN</b>	T1b	
<b>NITRO-BID</b>	T1b	



Medication	Coverage Level	Restrictions
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR</b>	T3	
<b>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</b>	T2	
<i>nitroglycerin er</i>	T1b	
<i>nitroglycerin transdermal patch 24 hour</i>	T1b	
<i>nitroglycerin translingual solution</i>	T2	
<b>NITROLINGUAL</b>	T3	
<b>NITROSTAT</b>	T1b	
<b>NITRO-TIME</b>	T1b	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<b>ADDERALL</b>	T3	AL (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>	T1b	AL (Min 6 Years)
<b>DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG</b>	T3	QL (120 capsules per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T2	QL (120 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T2	QL (60 capsules per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1b	QL (180 tablets per 30 days); AL (Min 6 Years)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1b	QL (30 tablets per 30 days); AL (Min 6 Years)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
<i>dexmethylphenidate hcl</i>	T1b	AL (Min 4 Years)
<b>FOCALIN</b>	T3	AL (Min 4 Years)
<b>KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	T3	
<b>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</b>	T1b	AL (Min 4 Years)
<b>METHYLIN ORAL SOLUTION</b>	T3	AL (Min 4 Years and Max 10 Years)
<b>METHYLIN ORAL TABLET CHEWABLE</b>	T3	AL (Min 4 Years)
<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)
<b>RITALIN</b>	T3	AL (Min 4 Years)
<b>RITALIN SR</b>	T3	AL (Min 4 Years)

Medication	Coverage Level	Restrictions
<b>Central Nervous System Agents</b>		
<b>FIORINAL</b>	T3	QL (180 capsules per 30 days)
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>chlorhexidine gluconate mouth/throat</i>	T1b	
<b>FIRST-MOUTHWASH BLM</b>	T2	
<b>ORALONE</b>	T3	
<b>PERIDEX</b>	T3	
<b>SALAGEN</b>	T3	QL (120 tablets per 30 days)
<i>triamcinolone acetonide mouth/throat</i>	T1b	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<i>adapalene external gel 0.3 %</i>	T2	QL (45 GM per 30 days)
<b>ALDARA</b>	T3	
<b>BENZEFOAMULTRA</b>	T9	
<i>benzoyl peroxide-erythromycin</i>	T2	
<i>calcipotriene external solution</i>	T1b	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1b	QL (45 gm per 30 days)
<i>clindamycin phosphate external solution</i>	T1b	QL (180 ML per 30 days)
<i>clindamycin phosphate external swab</i>	T1b	
<i>coal tar external solution</i>	T2	
<b>CONDYLOX EXTERNAL GEL</b>	T3	ST
<b>CORTANE-B EXTERNAL</b>	T3	
<b>DERMA-SMOOTH/FS BODY</b>	T3	
<b>DERMA-SMOOTH/FS SCALP</b>	T3	
<b>DERMASORB AF</b>	T9	
<b>DRITHO-CREME HP</b>	T9	
<b>DRYSOL</b>	T1b	
<b>EFUDEX EXTERNAL CREAM</b>	T3	QL (40 GM per 30 days)
<b>EPIDUO</b>	T3	
<i>imiquimod external cream 5 %</i>	T1b	
<b>KLARON</b>	T3	
<i>lactic acid external lotion</i>	T9	
<b>MEXAR WASH</b>	T1b	
<i>podofilox external solution</i>	T1b	
<b>PRASCION FC</b>	T1b	
<b>PRASCION RA</b>	T1b	
<b>SALEX EXTERNAL KIT 6 % (CREAM), 6 % LOTION</b>	T9	

Medication	Coverage Level	Restrictions
<b>SALEX EXTERNAL SHAMPOO</b>	T9	
<i>selenium sulfide external lotion</i>	T1b	
<i>sulfacetamide sodium external liquid</i>	T1b	
<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 %</i>	T9	
<b>SUMADAN</b>	T3	
<b>SUMADAN WASH</b>	T3	
<b>TETRIX EXTERNAL KIT</b>	T3	QL (226.8 GM per 30 days)
<i>urea external gel</i>	T1b	
<b>VASOLEX</b>	T3	
<b>ZITHRANOL</b>	T3	ST
<b>Enzyme Replacement/Modifiers</b>		
<i>Enzyme Replacement/Modifiers</i>		
<b>CREON</b>	T4	SP Drug (Limited to a 1 month supply per fill )
<b>PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 4200-14200 UNIT</b>	T5	ST; SP Drug (Limited to a 1 month supply per fill )
<b>Gastrointestinal Agents</b>		
<i>Antispasmodics, Gastrointestinal</i>		
<b>ANASPAZ</b>	T3	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1b	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	T1b	
<i>hyoscyamine sulfate oral</i>	T1b	
<i>hyoscyamine sulfate sublingual</i>	T1b	
<b>LEVSIN ORAL TABLET</b>	T3	
<b>LEVSIN/SL</b>	T3	
<i>methscopolamine bromide oral</i>	T2	
<b>NULEV</b>	T1b	
<i>oscimin sr</i>	T1b	
<i>propantheline bromide oral</i>	T1b	
<b>ROBINUL INJECTION SOLUTION 0.4 MG/2ML</b>	T3	
<b>ROBINUL ORAL</b>	T3	
<b>ROBINUL-FORTE</b>	T3	
<b>SYMAX DUOTAB</b>	T3	

Medication	Coverage Level	Restrictions
<b>Gastrointestinal Agents, Other</b>		
<b>ACTIGALL</b>	T3	
<i>diphenoxylate-atropine oral liquid</i>	T1b	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1b	
<b>GASTROCROM</b>	T3	
<b>HALFLYTELY WITH FLAVOR PACKS</b>	T2	
<b>LOMOTIL ORAL TABLET</b>	T3	
<b>OSMOPREP</b>	T3	
<b>URSO 250</b>	T3	
<b>URSO FORTE</b>	T3	
<i>ursodiol oral capsule 300 mg</i>	T2	
<i>ursodiol oral tablet</i>	T2	
<b>Irritable Bowel Syndrome Agents</b>		
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG</b>	T2	QL (30 EA per 30 days)
<b>Laxatives</b>		
<b>COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 240 GM</b>	T3	
<i>enulose</i>	T1b	
<b>GAVILYTE-G</b>	Tier 8	PV
<i>generlac</i>	T1b	
<b>GOLYTELY</b>	T3	
<i>lactulose oral solution 10 gm/15ml</i>	T1b	
<b>MOVIPREP</b>	T3	
<b>SUPREP BOWEL PREP KIT</b>	T3	
<b>Protectants</b>		
<b>CARAFATE</b>	T3	ST
<i>sucralfate oral suspension</i>	T2	
<i>sucralfate oral tablet</i>	T1b	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<b>DETROL</b>	T3	
<b>DITROPAN XL</b>	T3	
<i>flavoxate hcl</i>	T1b	
<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 5 mg</i>	T1b	
<b>SANCTURA</b>	T3	
<i>tolterodine tartrate</i>	T1b	
<i>tolterodine tartrate er</i>	T2	

Medication	Coverage Level	Restrictions
<b>URELIEF PLUS</b>	T1b	SP Drug (Generic substitution mandatory.)
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er</i>	T1b	
<b>FLOMAX</b>	T3	
<b>UROXATRAL</b>	T3	
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>	T1b	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>betamethasone dipropionate aug external cream</i>	T1b	
<b>DIPROLENE AF</b>	T3	
<b>DIPROLENE EXTERNAL LOTION</b>	T3	
<b>DIPROLENE EXTERNAL OINTMENT</b>	T3	QL (50 GM per 30 days)
<i>fludrocortisone acetate oral</i>	T1b	
<i>methylprednisolone oral tablet therapy pack</i>	T1b	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>DDAVP ORAL</b>	T3	
<i>desmopressin acetate oral tablet 0.2 mg</i>	T1b	
<b>NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT</b>	T3	ST; SP
<b>OVIDREL</b>	T2	SP
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION</b>	T9	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	T1b	
<i>testosterone enanthate intramuscular solution</i>	T1b	
<b>Estrogens</b>		
<b>ALORA</b>	T2	
<b>DELESTROGEN</b>	T3	
<b>DIVIGEL TRANSDERMAL GEL 1 MG/GM</b>	T2	QL (30 packets per 30 days)
<b>ELESTRIN</b>	T3	
<b>ESTRACE ORAL</b>	T3	

Medication	Coverage Level	Restrictions
<i>estradiol oral</i>	T1b	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	T1b	
<i>estradiol transdermal patch weekly</i>	T1b	
<b>ESTRING VAGINAL RING 2 MG</b>	T3	
<b>ESTROGEL</b>	T3	QL (50 GM per 31 days)
<b>EVAMIST</b>	T2	
<b>FEMRING</b>	T3	
<b>MENEST ORAL TABLET 0.3 MG</b>	T2	
<b>MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	T3	
<b>PREMARIN VAGINAL</b>	T3	ST
<b>VAGIFEM VAGINAL TABLET 10 MCG</b>	T3	
<b>VIVELLE-DOT</b>	T3	
<b><i>Progestins</i></b>		
<b>AYGESTIN</b>	T3	
<b>CAMILA</b>	Tier 8	PV
<b>DEBLITANE</b>	Tier 8	PV
<b>DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML</b>	Tier 8	PV; QL (1 vial per 90 days)
<b>ERRIN</b>	Tier 8	PV
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 8	PV
<b>MEGACE ES</b>	T3	ST
<b>MEGACE ORAL</b>	T3	
<i>megestrol acetate oral suspension 40 mg/ml</i>	T1b	
<i>megestrol acetate oral tablet</i>	T1b	
<b>NORA-BE</b>	Tier 8	PV
<i>norethindrone acetate oral</i>	T1b	
<i>progesterone intramuscular</i>	T1b	SP
<i>progesterone micronized oral</i>	T1b	
<i>progesterone oral</i>	T1b	
<b>PROMETRIUM</b>	T3	
<b>PROVERA</b>	T3	
<b><i>Selective Estrogen Receptor Modifying Agents</i></b>		
<i>clomiphene citrate oral</i>	T1b	
<b>EVISTA</b>	T3	
<i>raloxifene hcl</i>	T1b	PV

Medication	Coverage Level	Restrictions
SEROPHENE	T1b	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ARMOUR THYROID	T2	
CYTOMEL	T2	
<i>lithyronine sodium oral</i>	T1b	
SYNTHROID	T3	
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	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1b	
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG	T1b	
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<i>Hormonal Agents, Suppressant (Parathyroid)</i>		
<i>paricalcitol oral</i>	T2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	T1b	
REPRONEX	T2	
<b>Hormonal Agents, Suppressant (Sex Hormones/Modifiers)</b>		
<b>Antiandrogens</b>		
<i>bicalutamide</i>	T1b	
CASODEX	T3	
<i>flutamide</i>	T1b	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral</i>	T1b	
<i>propylthiouracil oral</i>	T1b	
TAPAZOLE	T3	

Medication	Coverage Level	Restrictions
<b>Immunological Agents</b>		
<b>Immune Suppressants</b>		
<i>azathioprine oral tablet 50 mg</i>	T1b	
<b>CELLCEPT ORAL CAPSULE</b>	T3	
<b>CELLCEPT ORAL SUSPENSION RECONSTITUTED</b>	T3	AL (Max 9 Years)
<b>CELLCEPT ORAL TABLET</b>	T3	
<i>cyclosporine modified oral capsule 50 mg</i>	T1b	
<i>cyclosporine modified oral solution</i>	T1b	
<i>cyclosporine oral capsule</i>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	T1b	
<b>GENGRAF ORAL SOLUTION</b>	T1b	
<b>IMURAN</b>	T3	
<i>methotrexate oral</i>	T1b	
<i>methotrexate sodium (pf) injection solution 200 mg/8ml</i>	T1b	
<i>methotrexate sodium injection solution reconstituted</i>	T1b	
<i>methotrexate sodium oral</i>	T1b	
<i>mycophenolate mofetil oral capsule</i>	T1b	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T1b	AL (Max 9 Years)
<i>mycophenolate mofetil oral tablet</i>	T1b	
<b>NEORAL</b>	T3	
<b>OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML</b>	T9	
<b>PROGRAF ORAL CAPSULE</b>	T3	
<b>RHEUMATREX ORAL TABLET 2.5 MG</b>	T2	
<b>SANDIMMUNE ORAL CAPSULE</b>	T4	SP Drug (Limited to a 1 month supply per fill)
<b>SANDIMMUNE ORAL SOLUTION</b>	T3	
<i>tacrolimus oral</i>	T1b	
<b>Immunomodulators</b>		
<b>RIDAURA</b>	T2	
<b>Vaccines</b>		
<b>IMOVAX RABIES</b>	T6	PV
<b>RABAVERT</b>	T6	PV
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium</i>	T1b	



Medication	Coverage Level	Restrictions
<b>CANASA</b>	T5	SP Drug (Limited to a 1 month supply per fill )
<b>COLAZAL</b>	T5	SP Drug (Limited to a 1 month supply per fill )
<i>mesalamine rectal enema</i>	T1b	
<b>ROWASA RECTAL</b>	T3	
<b><i>Sulfonamides</i></b>		
<b>AZULFIDINE</b>	T3	
<b>AZULFIDINE EN-TABS</b>	T3	
<i>sulfasalazine oral</i>	T1b	
<b>Metabolic Bone Disease Agents</b>		
<b><i>Metabolic Bone Disease Agents</i></b>		
<b>ACTONEL ORAL TABLET 35 MG</b>	T3	
<b>ATELVIA</b>	T3	
<b>BINOSTO</b>	T3	ST
<b>BONIVA ORAL TABLET 150 MG</b>	T3	
<i>calcitonin (salmon) nasal</i>	T1b	
<i>calcitriol oral capsule</i>	T1b	
<i>calcitriol oral solution</i>	T1b	AL (Max 9 Years)
<b>FORTICAL</b>	T1b	
<b>FOSAMAX ORAL TABLET 70 MG</b>	T3	
<b>HECTOROL ORAL</b>	T3	
<i>ibandronate sodium oral</i>	T1b	
<b>MIACALCIN NASAL</b>	T3	
<b>ROCALTROL ORAL CAPSULE</b>	T3	
<b>ROCALTROL ORAL SOLUTION</b>	T3	AL (Max 9 Years)
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	T3	
<b>Miscellaneous Therapeutic Agents</b>		
<b><i>Miscellaneous Therapeutic Agents</i></b>		
<b>AEROCHAMBER PLUS FLO-VU</b>	T2	QL (4 EA per 365 days)
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	T2	QL (4 EA per 365 days)
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	T2	QL (4 EA per 365 days)
<b>AEROCHAMBER PLUS FLO-VU W/MASK</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE COLL SPACER ADULT</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE COLL SPACER CHILD</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE COLL SPACER INFANT</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE RIGID SPACER/MASK</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE SPACER NEONATE</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE SPACER SMALL CHILD</b>	T2	QL (4 EA per 365 days)

Medication	Coverage Level	Restrictions
<b>BREATHERITE/LARGE MASK</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE/MEDIUM MASK</b>	T2	QL (4 EA per 365 days)
<b>BREATHERITE/SMALL MASK</b>	T2	QL (4 EA per 365 days)
<b>CARNITOR ORAL</b>	T3	
<b>EASIVENT</b>	T2	QL (4 EA per 365 days)
<b>EASIVENT MASK LARGE</b>	T2	QL (4 EA per 365 days)
<b>EASIVENT MASK MEDIUM</b>	T2	QL (4 EA per 365 days)
<b>EASIVENT MASK SMALL</b>	T2	QL (4 EA per 365 days)
<b>GRASTEK</b>	T3	AL (Min 5 Years and Max 65 Years)
<i>levocarnitine oral solution</i>	T1b	
<i>levocarnitine oral tablet</i>	T1b	
<b>MONOJECT PISTON SYRINGE</b>	T2	
<b>MONOJECT SYRINGE LUER-LOCK TIP 140 ML</b>	T2	
<b>OPTICHAMBER ADVANTAGE-LG MASK</b>	T2	QL (4 EA per 365 days)
<b>OPTICHAMBER ADVANTAGE-MED MASK</b>	T2	QL (4 EA per 365 days)
<b>OPTICHAMBER ADVANTAGE-SM MASK</b>	T2	QL (4 EA per 365 days)
<b>OPTICHAMBER DIAMOND</b>	T2	
<i>prochamber vhc</i>	T1b	QL (4 EA per 365 days)
<b>RAGWITEK</b>	T3	AL (Min 18 Years and Max 65 Years)
<i>sodium chloride irrigation solution 0.9 %</i>	T1b	
<b>Multiple Classifications</b>		
<b>Multiple Classifications</b>		
<b>ACCURETIC</b>	T3	
<i>acetazolamide oral</i>	T1b	
<b>ACTIVELLA ORAL TABLET 1-0.5 MG</b>	T3	
<i>alclometasone dipropionate</i>	T1b	
<b>ALOMIDE</b>	T2	
<i>amantadine hcl oral</i>	T1b	
<b>AMETHIA</b>	Tier 8	PV
<i>amiloride-hydrochlorothiazide</i>	T1b	
<i>amlodipine besy-benazepril hcl</i>	T1b	
<i>amlodipine besylate-valsartan</i>	T1b	
<i>amlodipine-valsartan-hctz</i>	T1b	
<b>ANAPROX DS</b>	T3	
<b>APRI</b>	Tier 8	PV
<b>ATACAND HCT</b>	T3	
<b>AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG</b>	T3	

Medication	Coverage Level	Restrictions
<b>AVIANE</b>	Tier 8	PV
<b>AVODART</b>	T3	
<b>AZOR</b>	T3	ST
<b>AZURETTE</b>	Tier 8	PV
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1b	
<i>bacitra-neomycin-polymyxin-hc</i>	T1b	
<b>BACTRIM</b>	T3	
<b>BACTRIM DS</b>	T3	
<i>benazepril-hydrochlorothiazide</i>	T1b	
<b>BENICAR HCT</b>	T3	
<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 valerate external cream</i>	T1b	
<i>betamethasone valerate external ointment</i>	T1b	
<b>BLEPHAMIDE S.O.P.</b>	T3	
<i>bromocriptine mesylate oral</i>	T2	
<b>CADUET ORAL TABLET 10-10 MG, 5-10 MG</b>	T3	
<b>CAMRESE</b>	Tier 8	PV
<b>CAMRESE LO</b>	Tier 8	PV
<i>candesartan cilexetil-hctz</i>	T1b	
<i>captopril-hydrochlorothiazide</i>	T1b	
<i>carbamazepine er oral capsule extended release 12 hour</i>	T1b	
<i>carbamazepine er oral tablet extended release 12 hour 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	
<b>CARBATROL</b>	T3	
<b>CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG</b>	T3	
<b>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG</b>	T2	
<b>CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG</b>	T3	
<b>CARDURA</b>	T3	
<i>chlordiazepoxide-amitriptyline</i>	T1b	

Medication	Coverage Level	Restrictions
<i>chlordiazepoxide-clidinium</i>	T3	
<i>chlorpromazine hcl oral tablet</i>	T3	QL (180 tablets per 30 days)
<b>CIPRO HC</b>	T2	
<i>clonazepam oral tablet</i>	T1a	
<i>clonazepam oral tablet dispersible</i>	T1b	
<i>clotrimazole-betamethasone external cream</i>	T1b	
<i>clotrimazole-betamethasone external lotion</i>	T1b	QL (30 gm per 30 days)
<b>COLY-MYCIN S</b>	T3	
<b>COMBIGAN</b>	T9	
<b>COMBIPATCH</b>	T2	
<b>COMPRO</b>	T1b	
<b>CORTEF</b>	T3	
<b>CORTENEMA</b>	T3	
<i>cortisone acetate oral</i>	T1b	
<b>CORTISPORIN-TC</b>	T3	
<b>CRYSSELLE-28</b>	Tier 8	PV
<b>CYTOTEC</b>	T3	
<b>DAYPRO</b>	T3	
<b>DENTA 5000 PLUS</b>	T1b	
<b>DENTAGEL</b>	T1b	
<b>DEPAKOTE</b>	T3	
<b>DEPAKOTE ER</b>	T3	
<b>DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE</b>	T3	
<b>DERMATOP</b>	T3	
<i>desoximetasone external cream 0.25 %</i>	T1b	
<i>desoximetasone external ointment 0.25 %</i>	T2	
<b>DEXAMETHASONE INTENSOL</b>	T2	
<i>dexamethasone oral elixir</i>	T1b	
<i>dexamethasone oral solution</i>	T1b	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 6 mg</i>	T1b	
<i>diclofenac potassium oral tablet 50 mg</i>	T1b	
<i>diclofenac sodium er</i>	T1b	
<i>diclofenac sodium oral</i>	T1b	
<i>diflunisal oral</i>	T1b	
<i>diltzac</i>	T1b	
<b>DIOVAN HCT</b>	T3	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1b	

Medication	Coverage Level	Restrictions
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1b	
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>	T1b	
<i>doxazosin mesylate oral</i>	T1b	
<i>doxepin hcl oral concentrate</i>	T1b	
<b>EC-NAPROSYN</b>	T3	
<b>EDARBYCLOR</b>	T3	ST
<b>EFFEXOR XR</b>	T3	
<b>ELDEPRYL</b>	T3	
<b>ELOCON</b>	T3	
<i>enalapril-hydrochlorothiazide</i>	T1b	
<b>ENPRESSE-28</b>	Tier 8	PV
<b>EPITOL</b>	T1b	
<b>EPIVIR HBV ORAL SOLUTION</b>	T2	
<b>EPIVIR HBV ORAL TABLET</b>	T3	
<b>EQUETRO</b>	T3	ST
<i>ery</i>	T1b	
<i>erythromycin external gel</i>	T1b	
<i>erythromycin external solution</i>	T1b	
<i>escitalopram oxalate oral solution</i>	T1b	
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	T1b	
<b>ESGIC ORAL TABLET</b>	T3	QL (180 tablets per 30 days)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	T1b	
<b>ESTROSTEP FE</b>	T3	PV
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>	T2	
<i>etodolac oral</i>	T1b	
<b>EXFORGE</b>	T3	
<b>EXFORGE HCT</b>	T3	
<b>FALMINA</b>	Tier 8	PV
<b>FELDENE</b>	T3	
<b>FEMHRT</b>	T3	
<i>finasteride oral tablet 5 mg</i>	T1b	
<i>fluocinolone acetonide body</i>	T1b	
<i>fluocinolone acetonide external cream 0.025 %</i>	T1b	
<i>fluocinolone acetonide external ointment</i>	T1b	
<i>fluocinolone acetonide scalp</i>	T1b	
<i>fluocinonide external cream 0.05 %</i>	T1b	
<i>fluocinonide external gel</i>	T1b	

<b>Medication</b>	<b>Coverage Level</b>	<b>Restrictions</b>
<i>fluocinonide external ointment</i>	T1b	
<i>flurbiprofen oral</i>	T1b	
<i>fluticasone propionate external cream</i>	T1b	
<i>fluticasone propionate external ointment</i>	T1b	
<i>fosinopril sodium-hctz</i>	T1b	
<i>hydrocod poli-chlorphe poli er</i>	T1b	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	T1b	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1b	
<i>hydrocortisone butyrate external solution</i>	T1b	
<i>hydrocortisone external cream 1 %</i>	T9	
<i>hydrocortisone external cream 2.5 %</i>	T1b	
<i>hydrocortisone external lotion 2.5 %</i>	T1b	
<i>hydrocortisone external ointment 2.5 %</i>	T1b	
<i>hydrocortisone oral</i>	T1b	
<i>hydrocortisone rectal enema</i>	T2	
<i>hydrocortisone valerate external ointment</i>	T2	ST
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1b	
<i>hydroxyzine hcl oral syrup</i>	T1b	
<i>hydroxyzine hcl oral tablet</i>	T1b	
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	T1b	
<b>HYZAAR</b>	T3	
<i>indomethacin er</i>	T1b	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1b	
<i>ipratropium-albuterol</i>	T1b	QL (540 ML per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	T1b	
<b>JALYN</b>	T3	ST
<b>JINTELI</b>	T1b	
<b>JOLESSA</b>	Tier 8	PV
<b>JUNEL 1.5/30</b>	Tier 8	PV
<b>JUNEL 1/20</b>	Tier 8	PV
<b>JUNEL FE 1.5/30</b>	Tier 8	PV
<b>JUNEL FE 1/20</b>	Tier 8	PV
<b>KARIVA</b>	Tier 8	PV
<b>KELNOR 1/35</b>	Tier 8	PV
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	T1b	
<b>KLONOPIN</b>	T3	
<b>LAMICTAL ORAL TABLET</b>	T3	

Medication	Coverage Level	Restrictions
<b>LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG</b>	T3	
<b>LAMICTAL STARTER</b>	T3	QL (1 kit per 365 days)
<b>LAMICTAL XR ORAL KIT 21 X 25 MG &amp; 7 X 50 MG</b>	T3	ST; QL (1 kit per 365 days)
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG</b>	T3	ST; QL (30 tablets per 30 days)
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 250 MG, 300 MG</b>	T3	ST; QL (60 tablets per 30 days)
<i>lamivudine oral solution</i>	T1b	
<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 25 mg</i>	T1a	
<i>lamotrigine oral tablet chewable</i>	T1b	
<b>LARIN 24 FE</b>	Tier 8	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg</i>	Tier 8	PV
<b>LEXAPRO</b>	T3	
<i>lidopin external cream 3 %</i>	T1b	
<b>LOCOID EXTERNAL SOLUTION</b>	T3	
<b>LOESTRIN FE 1.5/30</b>	T3	PV
<b>LOESTRIN FE 1/20</b>	T3	PV
<b>LOPRESSOR HCT ORAL TABLET 100-25 MG, 50-25 MG</b>	T3	
<b>LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG</b>	T3	
<b>LOTREL ORAL CAPSULE 10-20 MG, 2.5-10 MG, 5-10 MG, 5-20 MG</b>	T3	SP Drug (Generic substitution mandatory.)
<b>LOTREL ORAL CAPSULE 10-40 MG, 5-40 MG</b>	T3	
<b>LOTRISONE EXTERNAL CREAM</b>	T3	
<b>LOW-OGESTREL</b>	Tier 8	PV
<b>LUTERA</b>	Tier 8	PV
<b>LYRICA ORAL SOLUTION</b>	T3	QL (473 ML per 30 days)
<b>MAXITROL OPHTHALMIC OINTMENT</b>	T3	
<b>MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1</b>	T3	
<b>MAXZIDE</b>	T3	
<b>MAXZIDE-25</b>	T3	
<b>MEDROL ORAL TABLET</b>	T3	
<b>MENEST ORAL TABLET 0.625 MG, 1.25 MG, 2.5 MG</b>	T2	

Medication	Coverage Level	Restrictions
<i>mercaptopurine oral</i>	T1b	
<i>methazolamide oral tablet 25 mg</i>	T2	
<i>methyldopa-hydrochlorothiazide</i>	T1b	
<i>methylprednisolone oral tablet 8 mg</i>	T1b	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	T3	ST
<i>metoprolol-hydrochlorothiazide</i>	T1b	
<b>METOZOLV ODT</b>	T3	
<b>MICARDIS HCT</b>	T3	
<b>MICROGESTIN 1.5/30</b>	Tier 8	PV
<b>MICROGESTIN 1/20</b>	Tier 8	PV
<b>MICROGESTIN FE 1/20</b>	Tier 8	PV
<b>MIMVEY</b>	T1b	
<b>MIMVEY LO</b>	T1b	
<b>MINIPRESS</b>	T3	
<i>misoprostol oral</i>	T1b	
<b>MOBIC ORAL TABLET</b>	T3	
<i>mometasone furoate external</i>	T1b	
<i>nabumetone oral</i>	T1b	
<i>naltrexone hcl oral</i>	T1b	
<b>NAPROSYN ORAL TABLET 500 MG</b>	T3	
<i>naproxen sodium er oral tablet extended release 24 hour 500 mg</i>	T1b	
<b>NECON 0.5/35 (28)</b>	Tier 8	PV
<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	
<b>NEOSPORIN OPHTHALMIC</b>	T3	
<b>NEUTRAGARD ADVANCED</b>	T1b	
<b>NEXA PLUS</b>	T3	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg</i>	T1b	
<b>NORINYL 1+50 (28)</b>	T3	
<b>NORTREL 0.5/35 (28)</b>	Tier 8	PV
<b>NORTREL 1/35 (28)</b>	Tier 8	PV
<b>NORTREL 7/7/7</b>	Tier 8	PV
<i>nystatin-triamcinolone</i>	T1b	
<b>OCELLA</b>	Tier 8	PV



Medication	Coverage Level	Restrictions
<i>oto-end 10</i>	T1b	
<b>OVCON-35 (28)</b>	T3	
<i>oxaprozin oral tablet</i>	T2	
<b>PARLODEL</b>	T3	
<b>PAXIL</b>	T3	
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	T1b	
<i>perphenazine-amitriptyline</i>	T1b	
<i>phenobarbital oral elixir</i>	T1b	
<i>phenobarbital oral tablet</i>	T1b	
<b>PHOS-FLUR</b>	T1b	
<i>piroxicam oral</i>	T1b	
<b>PLAQUENIL</b>	T3	
<i>prazosin hcl oral</i>	T1b	
<b>PRED-G</b>	T2	
<i>prednicarbate</i>	T1b	
<i>prednisolone oral solution</i>	T1b	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1b	
<b>PREDNISON INTENSOL</b>	T2	
<i>prednisone oral solution</i>	T2	
<i>prednisone oral tablet 50 mg</i>	T2	
<i>prednisone oral tablet therapy pack 5 mg (21)</i>	T1b	
<b>PREFEST</b>	T3	
<b>PREMPHASE</b>	T2	
<b>PREMPRO</b>	T2	
<b>PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG</b>	T3	QL (30 capsules per 30 days)
<b>PREVIDENT</b>	T3	
<b>PREVIDENT 5000 BOOSTER</b>	T3	
<b>PREVIDENT 5000 PLUS</b>	T3	
<i>prochlorperazine</i>	T1b	
<i>promethazine hcl oral</i>	T1b	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1b	
<i>promethazine vc plain oral solution</i>	T1b	
<i>promethazine-codeine oral syrup</i>	T1b	
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>	T3	
<i>propranolol-hctz</i>	T1b	
<b>PROSCAR</b>	T3	

Medication	Coverage Level	Restrictions
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	T1b	
<i>quinapril-hydrochlorothiazide</i>	T1b	
<b>RECLIPSEN</b>	Tier 8	PV
<b>REGLAN ORAL</b>	T3	
<i>selegiline hcl oral tablet</i>	T2	
<i>selenium sulfide external shampoo 2.25 %</i>	T1b	
<b>SEROQUEL ORAL TABLET 200 MG, 25 MG, 300 MG, 400 MG, 50 MG</b>	T3	
<i>sf</i>	T1b	
<i>sf 5000 plus</i>	T1b	
<i>spironolactone-hctz</i>	T1b	
<b>SPRINTEC 28</b>	Tier 8	PV
<b>SRONYX</b>	Tier 8	PV
<b>STAVZOR</b>	T3	ST
<b>SUCLEAR</b>	T3	
<i>sulfacetamide sodium ophthalmic</i>	T1b	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1b	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	T1b	
<i>sulindac oral</i>	T1b	
<b>TARKA</b>	T3	
<b>TAZTIA XT</b>	T1b	
<b>TEGRETOL ORAL SUSPENSION</b>	T3	
<b>TEGRETOL ORAL TABLET</b>	T3	
<b>TEKTURNA HCT</b>	T2	ST
<i>telmisartan-amlodipine</i>	T1b	
<i>telmisartan-hctz</i>	T1b	
<b>TEMOVATE EXTERNAL GEL</b>	T3	ST
<b>TEMOVATE EXTERNAL OINTMENT</b>	T3	ST; QL (60 GM per 30 days)
<b>TEMOVATE EXTERNAL SOLUTION</b>	T3	ST
<b>TENORETIC 100</b>	T3	
<b>TENORETIC 50</b>	T3	
<b>TEVETEN HCT</b>	T3	ST
<b>TIAZAC</b>	T3	
<i>tl-care dha</i>	T1b	
<b>TOBRADEX OPHTHALMIC SUSPENSION</b>	T3	
<i>tobramycin-dexamethasone</i>	T1b	
<i>tolmetin sodium</i>	T2	
<b>TOPAMAX</b>	T3	

Medication	Coverage Level	Restrictions
<b>TOPAMAX SPRINKLE</b>	T3	ST
<b>TOPICORT EXTERNAL CREAM 0.25 %</b>	T3	
<b>TOPICORT EXTERNAL OINTMENT 0.25 %</b>	T3	
<i>topiramate oral capsule sprinkle</i>	T1a	ST
<i>topiramate oral tablet 100 mg, 200 mg</i>	T1a	
<i>treagan</i>	T2	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	T1b	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	T1b	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1b	
<i>triamterene-hctz oral tablet</i>	T1b	
<b>TRIBENZOR</b>	T3	
<b>TRIDERM EXTERNAL CREAM 0.1 %</b>	T1b	
<b>TRI-ESTARYLLA</b>	Tier 8	PV
<b>TRI-LEGEST FE</b>	Tier 8	PV
<b>TRI-LINYAH</b>	Tier 8	PV
<i>trimethobenzamide hcl intramuscular</i>	T1b	
<b>TRI-NORINYL (28)</b>	T3	PV
<b>TRI-SPRINTEC</b>	Tier 8	PV
<b>TRIVORA (28)</b>	Tier 8	PV
<b>TWYNSTA</b>	T3	
<b>UNIRETIC ORAL TABLET 15-12.5 MG</b>	T3	
<b>VALIUM</b>	T3	
<i>valproic acid oral capsule</i>	T1b	
<i>valsartan-hydrochlorothiazide</i>	T1b	
<b>VASERETIC</b>	T3	
<b>VELIVET</b>	Tier 8	PV
<i>venlafaxine hcl</i>	T1b	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 75 mg</i>	T1a	
<b>VICOPROFEN</b>	T3	
<b>VISTARIL</b>	T3	
<b>VITACEL</b>	T1b	
<b>VITAPEARL</b>	T3	
<b>VOLTAREN-XR</b>	T3	
<b>WELCHOL ORAL TABLET</b>	T3	QL (180 tablets per 30 days)
<b>WESTCORT</b>	T3	
<b>ZENZEDI</b>	T9	
<b>ZESTORETIC</b>	T3	

Medication	Coverage Level	Restrictions
<b>ZIAC</b>	T3	
<b>ZOLOFT ORAL CONCENTRATE</b>	T3	
<b>ZOVIA 1/35E (28)</b>	Tier 8	PV
<b>ZYLET</b>	T3	ST
<b>ZYPREXA ORAL TABLET 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG</b>	T3	
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Prostaglandin And Prostanoid Analogs</i></b>		
<i>latanoprost ophthalmic</i>	T1b	
<b>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</b>	T2	ST
<b>TRAVATAN Z</b>	T3	ST
<b>XALATAN</b>	T3	
<b>ZIOPATAN OPHTHALMIC SOLUTION 0.0015 %</b>	T3	
<b><i>Ophthalmic Agents, Other</i></b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1b	
<b>CYCLOGYL OPHTHALMIC SOLUTION 0.5 %</b>	T2	
<b>CYCLOGYL OPHTHALMIC SOLUTION 1 %, 2 %</b>	T3	
<i>cyclopentolate hcl ophthalmic solution 1 %, 2 %</i>	T1b	
<b>HOMATROPAIRE</b>	T1b	
<b>ISOPTO ATROPINE</b>	T3	
<i>naphazoline hcl ophthalmic</i>	T1b	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	T1b	
<b><i>Ophthalmic Anti-Allergy Agents</i></b>		
<b>ALOCRIAL</b>	T3	ST
<i>azelastine hcl ophthalmic</i>	T1b	
<b>ELESTAT</b>	T3	
<i>epinastine hcl</i>	T1b	
<b>PATANOL</b>	T3	
<b><i>Ophthalmic Antiglaucoma Agents</i></b>		
<i>apraclonidine hcl</i>	T1b	
<i>betaxolol hcl ophthalmic</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1b	
<i>carteolol hcl</i>	T1b	
<b>DIAMOX SEQUELS</b>	T3	
<i>dorzolamide hcl ophthalmic</i>	T1b	
<i>dorzolamide hcl-timolol mal</i>	T1b	
<b>ISOPTO CARPINE</b>	T3	
<i>levobunolol hcl</i>	T1b	

Medication	Coverage Level	Restrictions
<i>metipranolol</i>	T1b	
<b>PHOSPHOLINE IODIDE</b>	T2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1b	
<b>PILOPINE HS</b>	T2	
<b>SIMBRINZA</b>	T2	
<i>timolol maleate ophthalmic gel forming solution</i>	T2	
<b>TIMOPTIC</b>	T3	
<b>TIMOPTIC-XE</b>	T3	
<b>Ophthalmic Anti-Inflammatories</b>		
<b>ACULAR</b>	T3	
<b>ACULAR LS</b>	T3	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1b	
<b>DUREZOL</b>	T3	ST
<b>FLAREX</b>	T2	
<i>fluorometholone ophthalmic</i>	T1b	
<i>flurbiprofen sodium</i>	T1b	
<b>FML</b>	T2	
<b>FML FORTE</b>	T3	
<b>FML LIQUIFILM</b>	T3	
<i>ketorolac tromethamine ophthalmic</i>	T1b	
<b>MAXIDEX</b>	T3	
<b>PRED FORTE</b>	T3	
<b>PRED MILD</b>	T3	
<i>prednisolone acetate ophthalmic</i>	T1b	
<i>prednisolone sodium phosphate ophthalmic</i>	T1b	
<b>VEXOL</b>	T2	
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid otic</i>	T1b	
<b>Respiratory Tract Agents</b>		
<b>Antihistamines</b>		
<i>carbinoxamine maleate oral solution</i>	T1b	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1b	
<i>clemastine fumarate oral syrup</i>	T9	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1b	
<i>cyproheptadine hcl oral</i>	T1b	
<b>PATANASE</b>	T3	
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
<b>FLOVENT HFA</b>	T9	

Medication	Coverage Level	Restrictions
<b>PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 1 MG/2ML</b>	T3	QL (120 ML per 30 days)
<b>PULMICORT INHALATION SUSPENSION 0.5 MG/2ML</b>	T3	QL (240 ML per 30 days)
<b>Antileukotrienes</b>		
<b>ACCOLATE</b>	T3	
<i>montelukast sodium oral</i>	T1b	
<b>SINGULAIR</b>	T3	
<i>zafirlukast</i>	T1b	
<b>Bronchodilators, Anticholinergic</b>		
<b>ATROVENT</b>	T3	
<b>ATROVENT HFA</b>	T2	
<i>ipratropium bromide inhalation</i>	T1b	
<i>ipratropium bromide nasal</i>	T1b	
<b>SPIRIVA HANDIHALER</b>	T2	
<b>Bronchodilators, Phosphodiesterase Inhibitors (Xanthines)</b>		
<b>ELIXOPHYLLIN</b>	T3	
<b>THEO-24</b>	T2	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1b	
<i>theophylline er oral tablet extended release 24 hour</i>	T1b	
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er</i>	T1b	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1b	
<i>albuterol sulfate oral</i>	T1b	
<b>ARCAPTA NEOHALER</b>	T3	
<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>metaproterenol sulfate oral syrup</i>	T1b	
<b>SEREVENT DISKUS</b>	T2	
<i>terbutaline sulfate oral</i>	T1b	
<b>VOSPIRE ER</b>	T3	
<b>XOPENEX</b>	T3	
<b>XOPENEX CONCENTRATE</b>	T3	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium inhalation</i>	T9	

Medication	Coverage Level	Restrictions
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation</i>	T1b	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1b	
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1b	
<i>hydrocodone-homatropine oral syrup</i>	T1b	
<i>hydromet</i>	T1b	
<b>HYPERSAL</b>	T2	QL (240 ML per 30 days)
<i>promethazine-dm oral syrup</i>	T1b	
<i>sodium chloride inhalation nebulization solution 7 %</i>	T1b	
<b>TESSALON PERLES</b>	T3	
<b>TUSSIGON</b>	T2	
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>chlorzoxazone oral tablet 500 mg</i>	T2	ST
<i>cyclobenzaprine hcl er</i>	T9	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1a	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1b	
<i>orphenadrine citrate er</i>	T1b	
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<b>Electrolyte/Mineral Modifiers</b>		
<b>KIONEX COMBINATION</b>	T2	
<b>KIONEX ORAL SUSPENSION</b>	T2	
<i>sodium citrate oral</i>	T1b	
<i>sodium polystyrene sulfonate oral powder</i>	T1b	
<b>SPS</b>	T1b	
<b>SPS (SODIUM POLYSTYRENE SULF)</b>	T1b	
<b>Electrolyte/Mineral Replacement</b>		
<i>calcium acetate (phos binder) oral capsule</i>	T1b	
<i>cytra k crystals</i>	T1b	
<i>effervescent pot chloride</i>	T1b	
<b>FLUOR-A-DAY ORAL SOLUTION</b>	T2	AL (Min 6 Months and Max 6 Years)
<i>k-effervescent</i>	T1b	
<b>KLOR-CON 10</b>	T1b	
<b>KLOR-CON M10</b>	T1b	
<b>KLOR-CON M15</b>	T1b	
<b>KLOR-CON M20</b>	T1b	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE</b>	T3	

Medication	Coverage Level	Restrictions
<b>K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	T3	
<b>LURIDE</b>	T3	
<b>ORACIT</b>	T3	
<b>PHOSLO</b>	T3	
<b>PHOSLYRA</b>	T3	ST
<b>PHOSPHA 250 NEUTRAL</b>	T9	
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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](mailto: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](http://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](http://hhs.gov/ocr/office/file/index.html)*.



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

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

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

ማሳሰቢያ: ከእስፕሎክ ቋንቋ ላይ ለሚናገሩ ግለሰቦች ለቋንቋ ማስተላለፊያ አገልግሎት ለመስጠት ለማድረግ ለእኛ ግብይት ማድረግ ይቻላል። ይህ አገልግሎት ለእኛ ግብይት ማድረግ ይቻላል። (TTY: 711)።

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

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

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

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

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

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

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

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

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

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

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

